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Meeting Report ILO AIDS

5 IOE-ICFTU meeting to launch joint action plans on HIV/AIDS in Africa

ILO, Geneva

30-31 March 2004

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HIV/AIDS in Africa

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Introduction

On 12 May 2003 the General Secretaries of the International Confederation of Free Trade Unions (ICFTU) and the International Organisation of Employers (IOE)¹ signed a joint declaration on HIV/AIDS entitled “Fighting HIV/AIDS Together - A Programme for Future Engagement”. A further statement was signed by the International Confederation of Free Trade Unions–African Regional Organization (ICFTU-AFRO) and the Pan African Employers’ Conference (PEC) on 24th August 2003 in Nairobi. To prepare the way for action at country level, employers and workers submitted a joint resolution on HIV/AIDS that was adopted by the 10th ILO African Regional Meeting held in Addis Ababa on 2-5 December 2003.

As stated in the resolution, the intention is to implement joint action plans on HIV/AIDS in the workplace in eight African countries - Cote d’Ivoire, Ghana, Kenya, Malawi, Mali, Tanzania, Uganda, and Zambia - enabling IOE and ICFTU-AFRO members to come together to develop joint strategies and programmes. The process starts in Africa but lessons learned from the pilot programmes will be shared throughout the two organizations. A meeting was convened on 30 and 31 March to agree the main components of the plans and a strategy for implementation.

Opening session

Messages of welcome and opening presentations were given by Mr Antonio Peñalosa, Secretary-General of the IOE, Mr Andrew Kailembo, General Secretary of ICFTU-AFRO, Mrs Amadi-Njoku, Director of the ILO African Regional Office, and Mr Franklyn Lisk, Director of the ILO Programme on HIV/AIDS and the World of Work.

Mr Lisk welcomed participants, and reminded them of the stages that had led up to the meeting, starting the previous May with the signing of a declaration of collaboration between employers and workers on HIV/AIDS. He pointed out the role of the ILO in encouraging and supporting social dialogue, within the policy and technical framework provided by the ILO *Code of Practice on HIV/AIDS and the world of work*.

Mr. Peñalosa said that the development of the joint action plans was the practical outcome of a unique collaborative initiative. He made it clear that they would represent only the beginning of practical action - a pilot which, when tried and tested, would be replicated by the member organizations of the IOE and ICFTU in all regions. He reminded participants of the important developmental role played by IOE members worldwide, and the potential of working through them, and through ICFTU affiliates, to provide guidance and support to workers and their families, especially in the small and medium-size local enterprises in countries and populations of need.

Mr Andrew Kailembo drew attention to the unprecedented opportunity offered by the meeting to put aside traditional differences between unions and managers. He spoke of the programme to train union members as HIV/AIDS peer educators and the involvement of African employers in a review meeting the previous April, that had agreed recommendations for joint action. He stressed the importance of the pilot plans being scaled up and replicated widely in other countries.

¹ The IOE and the ICFTU are the most representative employers and workers’ organizations at the international level. The IOE represents 137 national employers’ organizations from 133 countries. The ICFTU has 231 affiliated national trade union centres in 150 countries, representing 158 million members. The two organizations have a long-established working relationship as they represent two of the three tripartite constituencies of the ILO.

Mrs Amadi-Njoku stressed the importance of the workplace and the partnership between workers and employers in breaking the vicious circle of HIV/AIDS and poverty. She saw the meeting as the birth of a strong strategic alliance between the IOE, ICFTU and ILO to halt the advance of the disease. She pointed out the need to integrate AIDS-related issues in development and national planning, with a special focus on women and youth, since the epidemic is dangerously undermining the skills, experience, and networks that support women and their families in Africa. Maintaining and expanding youth employment, taking into account the particular risks of HIV/AIDS to young people, is a priority for the African Region.

Country reports

Delegates from the employers' and workers' organizations in the eight countries then described their core activities, and exchanged experiences on what they had been able to achieve, as well as identifying obstacles and constraints (see also table at Annex IV).

From the country reports it emerged clearly that a vast range of innovative, practical and effective actions have been undertaken by the partners, both separately and together, and many lessons have been learned that can help shape future action.

Côte d'Ivoire

The presentation was made by Mr. N'guessan Loba, Conseil National du Patronat Ivoirien (CNPI); the worker delegate was unable to attend.

AIDS is the principal cause of death in the labour force and accounts for half of all absenteeism, with measurable impacts on productivity. As a result, 52 enterprises in the CNPI have put in place joint committees and workplace programmes in the framework of the national action plan on HIV/AIDS. These include prevention through sensitization campaigns for behaviour change, the treatment of STIs and promotion of VCT. The prevention campaigns resulted in a decrease of 70% in STIs generally. The programme also includes care, with 100% cover of treatment in larger companies, and the creation of solidarity funds. Future challenges are to mobilize resources to extend treatment to the spouses and children of workers, increase the number of enterprises with committees and programmes, and encourage enterprises with under 50 employees to take action. CNPI's bipartite HIV/AIDS unit helps to overcome these challenges by following four priorities: coordination, monitoring and evaluation; prevention; care; and resources mobilization.

Ghana

The presentation was made by Mr. K. Ampadu Yeboah, Ghana Employers' Association (GEA) and Mr. John Brimpong, Trade Union Congress of Ghana (TUC).

The GEA, TUC and the NGO Centre for Aids Information Network (CAIN) collaborate to provide information, awareness-raising and training activities for the formal and informal sectors. Following a survey sponsored by the ILO in 2001, the GEA decided to step up its own action and developed an HIV/AIDS policy for its own Secretariat and guidelines for enterprises. The organization carries out training (focal points, peer educators, counsellors) and develops materials, including a training manual. The greatest challenge to the GEA is the lack of capacity and understanding of HIV/AIDS among enterprise managers.

The TUC policy on HIV/AIDS is to create awareness and build capacity in the membership with the aim of integrating HIV/AIDS in collective bargaining agreements and implementing workplace programmes. The TUC helps its members develop their own policies and programmes, trains educators, and runs distance learning courses. It has also introduced

HIV/AIDS as a module in the Labour Studies Certificate programme. Union activities include campaigning, behaviour change communication, VCT promotion, and care and support.

Kenya

The presentation was made by Mr. Joel O. Momanyi, Federation of Kenya Employers (FKE) and Mr. Noah Chune, Central Organization of Trade Unions Kenya (COTU(K)).

The FKE has 2,600 members. It started work on AIDS in 1988 and set up an HIV/AIDS Advisory Committee which meets regularly. With FKE assistance, sugar, tea, coffee and service companies have developed workplace programmes including prevention - in collaboration with trade unions - and free treatment to workers and their immediate family. The organization has developed a Code of Conduct on HIV/AIDS, a training manual for facilitators, baseline surveys for monitoring and evaluation, and sector-based policies for plantations, hotels and tourism, and the flower-growing industry. It has also successfully negotiated with the pharmaceutical industry to have the price of ARVs reduced, and is in consultation with the insurance industry to provide cover for workers. FKE strategies to fight AIDS are based on strong prevention campaigns, knowledge of status through VCT, treatment of opportunistic infections, and affordable nutrition; it also promotes the involvement of the family and tripartite collaboration. The main challenge in order to further develop peer education and counselling, care and support is the mobilization of resources.

COTU(K) works with ICFTU-AFRO and the National AIDS Control Council to develop activities such as education of members and their families, counselling, and training of peer educators, shop stewards and union officials. It gives policy guidance for the incorporation of HIV/AIDS issues into collective bargaining agreements. The organization has an HIV/AIDS Coordinating Unit which oversees programme planning, implementation and resource mobilization, and is setting up a solidarity fund for members with HIV/AIDS. All training activities are developed in cooperation with the employers. The challenges to be overcome include assisting young people and reaching out to the informal sector.

Malawi

The presentation was made by Mr. Patrick Chikowi, Shire Buslines Ltd, for the employers' federation and Mr. Lurther Mambala, Hotel Food and Catering Workers' Union, for the Malawi Congress of Trade Unions (MCTU).

Both agreed that the epidemic is the greatest development challenge the country faces. In 1999, workplace awareness-raising programmes started with the help of NGOs. The government gives its support to companies for AIDS education associated with vocational training, and includes the workplace in campaigns to increase VCT take-up. Shire Buslines, among other companies, distributes condoms to the work force. Mr. Chiwoki ended by emphasizing the importance of the rights of PLWHA: discrimination is counter-productive and costly for employers as well as workers. He pointed to the need for more resources in order to extend workplace activities.

Mr. Mambala explained that Malawi has given priority to a multisectoral and multi-partner response, which has included strong employer-worker collaboration: an agreement exists with the employers to develop joint action on HIV/AIDS at the national level and through HIV/AIDS committees at the workplace. The trade unions are also represented in the National AIDS Commission. The Hotel Food and Catering Workers' Union held a workshop in July 2003 to alert the top union leadership and chart the way forward at enterprise level. The unions are committed to campaign against stigmatization, identified as one of the major obstacles in combating HIV and AIDS.

Mali

The presentation was made by Mr. Lassina Traoré, Conseil National du Patronat du Mali (CNPM) and Ms. Sidibe Kadiatou Touré, Confédération Syndicale des Travailleurs du Mali (CSTM).

There has been widespread mobilization in Mali to respond to HIV/AIDS, with a truly multisectoral response, strong NGO support and community involvement. Mr Traoré referred to the Appel de Douala and the follow-up campaign to raise awareness among chief executives, focusing on the cost-effectiveness of workplace prevention. The organization has developed sectoral plans with the Ministry of Health, starting with the transport sector. The MoH supports prevention activities in enterprises, and has helped the CNPM create a special fund for workers living with HIV/AIDS and their families. There is close collaboration with workers and their organizations, including a recent national planning meeting. The main obstacle to the further development of integrated activities is the lack of funding.

The Confédération Syndicale also organizes awareness-raising activities in enterprises, and recommends that prevention activities under the joint action plan should focus on behaviour change. Ms. Sidibe underlined the importance of work with women and young people, through the Inter-Federation Committee of Working Women and the CSTM training department. Future programmes would be developed in the sectors of transport, construction, and industry in the framework of a multisectoral response to HIV/AIDS.

Tanzania

The presentation was made by Mr. Mark K. Mfunguo, Association of Tanzania Employers (ATE) and Mr. Meja Kapalata, Trade Union Congress of Tanzania (TUCTA).

The partners agreed that AIDS should be seen as a human resource and workplace issue, with implications throughout society. ATE warns employers about falling production, enterprise collapse, loss of workers and contracting markets. It also shows how the workplace provides the best environment for prevention initiatives and measures to combat stigmatization and discrimination. The goal must be to give member organizations of ATE and TUCTA the capacity to run workplace programmes on their own, and a tripartite AIDS taskforce has been created to coordinate activities, covering care, counselling and VCT as well as prevention. Future work should include monitoring and evaluation, using baseline surveys. ATE encourages cooperation with national and local government, lobbies for a decrease in the price of ARVs, and campaigns for employers to be given incentives (tax) for workplace programmes, including treatment provision.

TUCTA developed an HIV/AIDS policy for trade unions with the collaboration of employers and government. It has also set up a national committee to oversee all matters regarding occupational safety and health and HIV/AIDS. TUCTA has developed bipartite programmes for care and support with the employers' organization, though recognizes that there are still some persisting problems among employers in terms of attitudes to HIV/AIDS activities and discrimination. Future challenges extending collaboration with employers, and training more shop stewards and peer educators – ideally in a tripartite seminar.

Uganda

The presentation was made by Mr. George Tamale, Federation of Uganda Employers (FUE) and Ms. Rose Nassanga, National Organization of Trade Unions Uganda (NOTU).

FUE started a workplace-based HIV/AIDS programme in 1988. The main activities focus on education and training for management and union officials, peer educators and counsellors,

trainers, and members of the labour force. FUE has also produced many materials (including film), runs advisory services, and sensitizes the mass media. A KAPB survey has shown substantial achievements in increasing knowledge and changing attitudes. In November 2002 the FUE adopted an Employers' Statement of Recommended Practices on HIV/AIDS at the Workplace, based on the ILO Code of Practice. Current priorities include reaching more employers - especially in rural areas, increasing the level of care and support, and taking measures against sexual harassment at the workplace. Future work will include cosponsoring between FUE and small employers, and income-generating projects for orphans and widows. The obstacles include the lack of resources, the need to establish a databank, and the high price of ARVs.

NOTU's workplace programme was scaled up in 2003 with assistance from ICFTU-AFRO and NORAD. Main activities include training of leaders, shop stewards and members on issues related to HIV/AIDS; of factory/labour inspectors notably on including HIV/AIDS in occupational health and safety briefings; and of counsellors. A drama group has been formed that performs at all major trade unions functions. NOTU advises on the inclusion of HIV/AIDS in collective bargaining agreements, and emphasizes the need to encourage VCT (and helps workers obtain counselling), to protect the rights of infected and affected workers (including sick leave), and to persuade employers to provide ARVs. Obstacles include the lack of funds to sensitize all workers in the country, the lack of co-operation from some employers, discrimination in some cases, and the lack of confidentiality. Ms Nassanga also highlighted the need to fight sexual harassment and to address poverty in rural areas.

Zambia

The presentation was made by Mr. Mostard Allan Simumba, Workers' Compensation Fund Control Board (Employers), Mr. Peter Mulenga, Zambia Congress of Trade Unions (ZCTU).

The Board has an HIV/AIDS policy based on the ILO Code of Practice, and provides information, education and counselling for its staff. It takes a strong stand on confidentiality and non-discrimination. The Board covers 70% of medical costs for all staff members and their immediate family members. Peer educators support prevention and encourage the take-up of VCT. The main challenges identified are how to promote behaviour change, the need for actions from all sectors (enterprises, donors, trade unions, churches, etc.), and funding shortages. Mr. Simumba underlined the importance of further reducing the price of ARVs.

ZCTU has launched a countrywide 'Crusade Against HIV/AIDS'. Union activities include training of peer educators, who carry out continuous education, prevention and supportive programme at the workplace; the development of sectoral policies for the health sector, schools and universities, and the hotel industry. Negotiators are given information on the ILO Code of Practice and trained to include key provisions in collective bargaining agreements. The ZCTU works in partnership with the employers, the Business Coalition on AIDS, the National AIDS Council, Kara Counselling, and the AIDS Law Project, but Mr Mulenga stressed the fact that it is the employers and workers who "own" the workplace, so NGOs should only be used to assist programme delivery. A Labour Day Award has been created for the best employer-worker partnership in responding to HIV/AIDS at the workplace. Future challenges include the development of real care and support for workers living with HIV/AIDS (nutrition and healthy living advice, counselling, ARVs). Obstacles include capacity and funding, the lack of national legislation, and the failure of donors to recognize the role and potential of trade unions.

A table presenting employer and worker activities in the countries concerned is contained at Annex IV, and lessons learned are summarized below.

The following points were agreed by all participants:

- employers and workers together are stronger than the sum of their parts;

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- employers and workers can provide leadership in mobilizing civil society against HIV/AIDS, in promoting open discussion of sensitive issues, and in ensuring a broad-based national programme that includes the world of work;
 - the workplace is ideally suited to the delivery of programmes for prevention and care – including treatment where drugs can be made available – in a framework of non-discrimination and confidentiality;
 - the *ILO Code of Practice on HIV/AIDS and the world of work* provides the framework for action at national, sectoral and workplace levels;
 - workplace policies and programmes need co-ownership by employers and workers if they are to be effective – involving unions helps create the essential conditions of trust and openness that help fight stigma and promote prevention measures, including VCT;
 - the particular vulnerabilities of women and needs of young people should be recognized and reflected in policies and programmes;
 - workplace programmes must be guided by a clear plan of action, and have the capacity to implement it – training should be focused on the specific needs of organizations and workplaces;
 - generalized messages have much less impact than targeted communication for behaviour change, especially when led by peer educators;
 - AIDS-related issues should be integrated in the ongoing activities and existing structures of organizations, enterprises and workplaces, rather than added on in a way that may not be sustainable;
 - monitoring and evaluation should be built into the programmes to measure their effectiveness.

Action at the workplace: panel discussion

The next session added information from companies, the Global Union Campaign on HIV/AIDS, and the World Health Organization '3 by 5' campaign. The moderator was Dr Jack Chow, Assistant Director-General, HIV/AIDS, Tuberculosis and Malaria, World Health Organization.

CFAO

The CFAO Group is a leading distributor in the automobile, pharmaceutical and IT sectors. It employs some 10,000 workers in 31 African countries and French overseas departments and territories. Aware of the consequences of HIV/AIDS for its workforce and for economic growth in Africa, the company set up an HIV/AIDS programme in early 2003, with the support of the trade unions, covering 24 countries and most of its employees and their families. This includes information, education and prevention activities, VCT, and treatment as necessary. The main features of the programme are the appointment of a country coordinator, the training of peer educators, the development of materials, and the organization of awareness-raising and prevention activities. The company has set up a special fund to cover the costs. CFAO is a founding member of SIDA-Entreprises, which was created in 2003 and brings together major French groups operating in Africa and in Asia to support efforts against AIDS in the countries in which they operate, share experience, develop partnerships, and pool costs. The CFAO chairman was the first chairman of SIDA-Entreprises.

Merck

Merck is a global pharmaceutical company, and has responded to HIV/AIDS both as a provider of pharmaceutical products and as an employer. The main focus of the company is on the development and delivery of medicines and vaccines. It helps increase access to ARVs by offering them at no profit to government, the private sector, and community groups in the least developed countries. Merck also contributes to the African Comprehensive HIV/AIDS Partnership (ACHAP) in Botswana, a public-private partnership with the Gates Foundation and the Government of Botswana. Merck believes that the success of ACHAP is due to the fact that it is fully integrated with Botswana's national strategy, that it leverages the benefits of the private sector to support public health aims, and that specific initiatives are locally driven. Most importantly, ACHAP is enhancing local capacity through the strengthening of the health care infrastructure and the transfer of managerial, leadership and technical skills.

As an employer, Merck has a workplace policy based on confidentiality, care and treatment, and non-discrimination. But obstacles remain and include employees not knowing their HIV status, the fear of stigmatization, and the failure to commit to treatment. Merck also recognizes that the needs of small businesses and the informal sector are not generally being met.

Lafarge

Lafarge is a world leader in the production of building materials and employs 75,000 workers in 75 countries. It started an HIV/AIDS programme in 2001 in eight Sub-Saharan African countries, and has collected examples of best practice from its subsidiaries. In 2002, the company became a member of the Global Business Coalition on AIDS. Lafarge published its Group HIV/AIDS Guidelines in 2003. These promote non-discrimination and confidentiality, and put in place comprehensive programmes covering awareness and prevention, VCT, and care and support (including ARV treatment). The Lafarge Africa Health Committee has also established a 'Road Map', based on local best practices. Lafarge recognizes a number of obstacles which compromise the implementation of its own and other workplace programmes:

- to be aware is not necessarily to believe or to change behaviour
- VCT is not popular unless there is trust and confidentiality
- low ARV take-up is related to problems of communication, privacy, and trust
- confidentiality and discrimination are particular issues in small companies.

At global and national levels, the collaboration with unions was key to the success of their campaign: Lafarge collaborates closely with the International Federation of Building and Wood Workers, and locally with worker representatives on workplace Safety and Health Committees. As a result 80% of staff agreed to be tested in Zambia and South Africa, for example. Lafarge also believes in building public-private partnerships and involving civil society in order to extend workplace programmes into the community.

Global Unions Campaign on HIV/AIDS

Ms. Clementine Dehwe, campaign coordinator, explained that the campaign had been launched on World AIDS Day (1 December) 2004 with the aim of extending and strengthening the trade union response to HIV/AIDS. Key activities include advocacy to make sure that HIV/AIDS is recognized as a central issue for national trade unions, capacity-building and the sharing of good practice to help unions implement relevant strategies and programmes,

developing partnerships, mobilizing additional resources for trade union-specific action, and strengthening information exchange and cooperation on HIV/AIDS among unions at all levels.

She emphasized the importance of training shop stewards both as workplace focal points/coordinators and as peer educators. She urged employers to work with rather than against trade unions, and also appealed for more funding to support local trade union initiatives and to ensure access to treatment for all those who need it.

World Health Organization

Participants were encouraged and motivated to hear Dr Jack Chow, in conclusion, express in the strongest possible terms his belief in the vital role of the workplace and the social partners in controlling HIV/AIDS. He placed particular emphasis on the ways that workplaces, both with and without occupational health services, can help massively extend access to ARVs within the framework of the '3 by 5' initiative. He also urged participants to see the ways that AIDS could provide an opportunity to strengthen existing structures and systems, especially the provision of public services. He explained that '3 by 5' had been conceived as a way of responding to the fact that over 8,000 people are dying every day as a result of AIDS. WHO is working to simplify drug regimes (the treatment will consist of two pills a day), to strengthen delivery systems, and to help countries access the Global Fund to ensure more resources. WHO has a vision of a "chain of concerted action" that links financial organizations, technical assistance, and implementers. This is set within the framework of WHO's existing strategy, which rests on three pillars: supporting public health (from health systems to prevention messages); mobilizing partners and communities; and strengthening leadership at all levels.

Resource mobilization

The issue of resources emerged as a high priority. Participants acknowledged that a number of actions are possible with little or no financial investment, especially in terms of policy and strategy development, but argued that core activities such as training and the production or distribution of materials could not be managed without more resources. They were particularly concerned at the fact that even where funds are available, the world of work is often excluded, and NGOs appear to find it much easier to find funding than trade unions, for example. A number of comments were made about the particular difficulty of taking part in the country coordinating mechanisms of the Global Fund. The donors present, however, were very positive and constructive about ways they could support workplace projects, and the ILO undertook to produce a fact file of resource mobilization opportunities, with guidance for applying.

A panel of donors made presentations, moderated by Mr. Christoph Benn, Director of External Relations, the Global Fund to Fight, AIDS, Tuberculosis and Malaria.

GTZ: the BACKUP Initiative and ACCA

Ms. Johanna Knoess presented the BACKUP Initiative, explaining that GTZ is a technical rather than donor agency of the German government but that it can help support resource mobilization. It has 10,000 employees in 130 countries, with the BACKUP Initiative concentrating on helping a range of civil society institutions, including the world of work partners, access the Global Fund and its CCMs, and other sources of funding. It also works to support CCMs, to develop partnerships (including with the ILO), to build capacity, and to strengthen monitoring and evaluation. The BACKUP Initiative has helped national business committees in Central Africa, for example, to get 25 million USD from the World Bank. It has also supported symposia on workplace policies and programmes and on public-private partnerships.

Ms. Ute Papkalla presented a further GTZ initiative, the project for AIDS Control in Companies in Africa (ACCA), whereby GTZ has given technical assistance and policy guidance for workplace programmes in about 30 companies to date. ACCA operates at multiple levels, including the workplace, sectoral and national levels (especially with business coalitions), mobilizing the business community and providing IEC, policy guidance, training, and help with drafting proposals for funding. Ms. Papkalla included a case study on Zambia, where ACCA has a project with the Agriflora company, a grower and exporter of vegetables and flowers, and the Zambia Export Growers' Association. By demonstrating how an HIV/AIDS workplace programme worked on a particular commercial farm, ACCA gained access to the wider agricultural business community. Building on this experience, ACCA intends to build up sectoral competence centres; it also publishes training and advisory materials.

Permanent Mission of Sweden to the United Nations, Geneva

Ms. Pia Stavas said that HIV/AIDS is the main priority for the Swedish technical cooperation agenda and budget. SIDA has channelled most of its funding to date through the UN system and the Global Fund, but plans to increase bilateral relations with some countries, and in particular to take a sectoral approach (e.g. health, education). There are many opportunities for employers and workers to work with SIDA in this respect – for example, support was given to Swedish metalworker unions to implement projects with their counterparts in Africa. The Swedish AIDS Secretariat in Lusaka has about 13 million USD for regional initiatives, and the Swedish embassies in different countries will also have an increasingly important role to play. Ms. Stavas recommended that the ILO's social partners visit the embassy in their own countries to discuss support either for their own projects or how they can become part of a bigger programme. Swedish embassies already use the ILO Code of Practice to guide their own employment policy.

Netherlands Ministry of Foreign Affairs

Ms. Ingeborg Denissen explained that the priorities for Dutch technical cooperation are the environment, basic education, health and HIV/AIDS. Partnerships with the private sector are starting to be created, while the development of workplace policies is being carried out through Pharmaccess: a pilot project is in place in Ghana. The HIV/AIDS workplace policy and action plan has three objectives: to strengthen political commitment and leadership, improve coordination, and strengthen capacity. The Ministry strategy includes exploring ways of partnering with civil society, including co-financing and joint activities. Partnership arrangements are also in place with the ILO, UNAIDS, the Global Fund, and some research institutions. The Ministry uses the ILO Code of Practice as the framework for its own employment policies.

Overview of US funding opportunities

Ms. Katherine Hagen presented information on the various HIV/AIDS funding initiatives of the US Government, and also provided a list and short description of major private foundations. She pointed out that the US is also increasing its support for bilateral programmes, and that the Global Fund will have its funding reduced in 2005 compared with 2004. The focus is now on the Presidents Emergency Plan for AIDS Relief (PEPFAR), which has been promised 15 billion USD over five years, to be allocated to 15 countries. The estimated impact is two million people treated, seven million lives saved, and ten million given help and support (for example orphans). A five-year strategic plan will be developed for each country concerned. In order for employers and workers to have access to PEPFAR, it will be important to help the US government understand the advantages of workplace action and a tripartite approach; Ms Hagen

pointed to the potential advocacy role of bodies such as the Corporate Council on Africa, which promotes US-African business exchange and investment.

The Global Fund to Fight AIDS, TB and Malaria

Mr. Christoph Benn stressed the fact that the involvement of civil society is important to the inclusive, multisectoral and country-owned vision of the Global Fund, as well as crucial to its functioning. This is true at national level, through the CCM, and globally where its Board includes representatives of business and NGOs as well as governments and donors. It has no field staff but relies on multilateral and bilateral partners, and indeed should be seen as a successful example of public-private partnership. The first round of funding disbursed 2.2 billion USD, 60% of it in Africa; the deadline for the 4th round was April 2004. Concerns include the level of funding, which falls short of needs, and the fact that most of it comes from public sources. The lack of private sector funding is a disappointment, though Mr Benn acknowledged that business contributes substantially in many practical ways. Other issues include the fact that the CCM is not always as broad-based as was hoped and intended, and that governments tend to control them.

Mr Benn urged trade union and employer representatives to be part of the CCMs, and explained that they can be recipients of funds and help implement activities even if they were not part of the original proposal, and are not members of the CCM. The more that civil society demands a place on CCMs and a role in the projects, the more inclusive the mechanisms will become, and the more effective the national response. A particular effort would be made in the fourth round to include the world of work, in cooperation with the ILO.

Working groups: developing the action plans

The second day provided the opportunity for participants to work in small groups – each one covering two countries – to work out the details of the joint action plans and how to implement them. The groups constructed time-bound plans in tabular form, covering the following main elements: objectives (including both the broad goals and the particular needs the plan should address), activities, output(s), timetable, responsible persons, and resources needed. Discussion included the roles of key partners, both local and international, the identification of target groups, and the process of consultation necessary in drawing up the plan. Consideration was also given to the different levels at which it would be necessary to act, and the particular need for more sector-specific activities.

A consolidated version of the four plans is contained at Annex I.

The joint plan of action

Three stages were identified by participants as being necessary, whatever the national specificities or differences in strategic details:

- the process of drafting and agreeing the plan;
- the contents of the plan;
- the process of implementing the plan.

1 - Developing the plan

- i. Identify the main parties responsible for drafting the plan – not just the organizations (national employers' federation, national

trade union centre) but the individuals who will form the drafting committee.

- ii. Set up other partnerships for policy, technical and funding support – the Ministry of Labour and other relevant ministries, national AIDS council, ILO, UNAIDS, WHO/ ‘3 by 5’, the Global Fund CCM, associations of people living with HIV/AIDS and other NGOs.
- iii. Establish what information and technical advice will be needed – for example, information about risk factors for particular groups, relevant national laws and policies, examples of existing workplace interventions, information about existing services in the community.
- iv. Agree what consultations will be carried out by the drafting committee before the plan is finalized.

2 - The plan – objectives and activities

The details will reflect the specific national situation and identified needs, but all plans should be comprehensive and integrated, based on the three ‘pillars’ of workplace action: prevention, care, and non-discrimination. All of these are covered in the ILO *Code of Practice on HIV/AIDS and the world of work*, which can be used as a guide for both policy principles and practical programme activities. The accompanying education and training manual explains and expands the provisions of the Code.

Prevention

Awareness-raising messages, notices and posters are not enough to make people understand their own risk and change their behaviour: gender-aware behaviour change communication is an essential part of prevention, and so are practical supporting measures such as the provision of condoms, access/referral to treatment for STDs and other diseases that can make the body more susceptible to infection.

VCT links prevention and care: if people know their status they can be guided and supported to take decisions that reduce their risk of getting infection (if the results are negative) or transmitting it to others (if the results are positive). It is also of course the first step to getting treatment.

Care

Care and support should be seen as a broad range of provisions including access to state and company benefits, reasonable accommodation, nutrition and healthy living advice, counselling, as well as treatment for opportunistic infections (especially TB) and ARV provision where possible – workplaces are encouraged to partner with the state and with donors to get access to ARVs for employees, their families, and the local community.

Non-discrimination

A policy of ‘zero tolerance’ for discrimination and stigmatization, and measures to protect the rights of those infected and affected by HIV/AIDS, are essential to ensure the take-up of both prevention and care.

3 - Implementing the plan

The plan must set out the steps that need to be taken to reach its objectives:

-
- identify the structures or individuals who will be responsible (or create a new structure/ mechanism) – an existing HIV/AIDS focal point for example, the occupational safety and health committee/officer, or a new committee with specific responsibility for HIV/AIDS;
 - include provisions to train and support them, and recruit/ train additional staff as necessary;
 - agree the activities that will be undertaken in working towards each objective, and put them in a time-frame;
 - identify the resources that will be needed - human (partner organizations, staff, volunteers...), cash, and kind (materials, rooms, equipment, technology ...) – invest some time in fund-raising, with advice from global bodies (IOE, ICFTU, ILO, the Global Fund) but focusing on country missions;
 - decide on a report-back mechanism that makes sure that the executive bodies of each organization follow the plan's implementation;
 - build in a monitoring and evaluation procedure, including a baseline survey/study before activities start, to track the effectiveness of the plan and help modify it as necessary.

Closing session

Mr. Assane Diop, Executive Director of the Social Protection Sector, ILO, made some closing comments on the work of the meeting and the issues involved. He reminded participants that the main emphasis of the resolution on HIV/AIDS passed at the 10th ILO African Regional meeting had been, first, on the importance of the increased involvement of employers and workers, and their organizations, both separately and together through the process of social dialogue; and secondly on the need for the ILO, its tripartite partners and the international community to support efforts to extend access to ARV treatment, especially in the framework of the '3 by 5' initiative.

In reflecting on the proceedings and findings of the two days of meeting, Mr. Diop pointed out the rich combination of experiences that had been shared by a range of stakeholders - the workplace partners, selected multinational companies, specialized institutions, and bilateral donor and technical assistance agencies. He had been especially struck by the strong emphasis on the benefits of joint programmes, and the strategic strength of the joint action plans that had been drafted during the meeting. What was most encouraging was the fact that the organizations of employers and workers in eight key countries now had practical steps that they could take immediately on their return. The social partners have enormous responsibilities ahead in tackling the epidemic, in protecting the members of their organizations and workplaces, in defending the rights of those at particular risk, especially women and children. Mr. Diop ended by reminding participants that the ILO stood at their sides to support their ongoing efforts in every way possible.

«As soon as we're back in our countries, we'll call together employer and worker representatives to report on this meeting, discuss the issues and share our vision of how to strengthen our response to the epidemic. We'll link our action plan to the national AIDS strategy, and reinforce national efforts through workplace action.» (Cote d'Ivoire/Mali working group)

Appendix I: IOE-ICFTU joint action plans in eight African countries

Consolidated workplan for employers' and workers' organizations, developed by participants at IOE-ICFTU meeting, Geneva, 30-31 March 2004

Main goal: To reduce mortality and morbidity due to HIV/AIDS through workplace programmes for prevention, care and support

Objectives	Activities	Partners & resources	Outputs	Time frame
Employers and workers mobilized to take collaborative action against HIV/AIDS	<ul style="list-style-type: none"> -Set up joint steering group -Organize a survey (rapid assessment) to determine current impact and needs regarding HIV/AIDS intervention in the workplace -Find examples of workplace action -Collect information & advocacy materials -Organize briefing meetings for employers & workers -Make contact with MoL 	National AIDS Council, MoL, MoH, MoE, ILO, IOE, ICFTU, UNAIDS, business coalitions on HIV/AIDS, small enterprise associations, informal sector organizations, NGOs, academic institutes	<ul style="list-style-type: none"> Steering group in place Report summarizing impact & needs, & making recommendations for priority action Collection of case studies/ lessons learned Briefing meetings held 	Complete first steps by September 2004
Strengthened capacity of employers and workers to plan, implement & sustain comprehensive workplace programmes	<p><i>i) structures & organization</i></p> <ul style="list-style-type: none"> -Appoint focal points in the EO & WO -Develop workplans in framework of ILO Code of Practice (adapt & translate code as necessary) – include monitoring & evaluation -Seek funds for programme activities, arrange meeting with CCM -Make contacts with workplaces & set up network of stakeholders <p><i>ii) guidance & training</i></p> <ul style="list-style-type: none"> -Train trainers, peer educators and HIV/AIDS focal points -Organize information exchange and learning from existing programmes -Gather/adapt/produce materials to guide programme development & training 	<p>As above</p> <p>Bilateral donors (national embassy, mission) esp. GTZ</p> <p>Global Fund & CCM</p> <p>Other multilateral donors through UN Theme Group</p> <p>ILO, UNAIDS, National AIDS Council, NGOs</p>	<ul style="list-style-type: none"> i) Focal points in place Agreed workplan Sufficient funds for 1st year of activities Contact list of workplace representatives (management & labour) implementing workplace programmes or willing to ii) Trainers identified Training planned or started Collection of materials 	<p>i) Starting June 2004, ongoing</p> <p>ii) Starting September 2004</p>

Expanded workplace programmes providing prevention, care, treatment and the protection of rights to workers and their families	<ul style="list-style-type: none"> -Create workplace environment free of discrimination & fear through policy & education -Adopt workplace policies & amend employment contracts to protect rights & provide prevention & care -Conduct gender-sensitive education for prevention, incl. behaviour change communication -Encourage VCT through 'know your status' campaigns -Find donor partners to co-fund treatment -Adapt/train occupational health services for the delivery of treatment 	<p>National AIDS Council, MoL, MoH, MoE, ILO, IOE, ICFTU, business coalitions on HIV/AIDS, small enterprise associations, informal sector organizations, NGOs, UNAIDS</p> <p>Labour education/ health & safety institutes (where exist)</p>	<p>Workplace policies agreed</p> <p>Workplace programmes being implemented</p>	ongoing
A legal, policy & organizational framework that supports workplace action	<ul style="list-style-type: none"> -Sensitize/lobby appropriate bodies (where necessary) to ensure that national AIDS plan includes workplace policy & involves social partners -Develop sectoral strategies on HIV/AIDS where relevant -Establish a regional coordinating committee to monitor progress and share good practice 	<p>MoL, IOE/PEC, ICFTU-AFRO, ILO, UNAIDS, National AIDS Council, CCM, Sectoral/trade associations</p> <p>IOE/PEC, ICFTU-AFRO, ILO Regional Office, UNAIDS</p>	<p>National HIV/AIDS policy for the world of work</p> <p>EO & WO represented on national AIDS body(ies), including CCM</p> <p>Regional committee in place</p>	Starting June 2004

EO = employers' organization

WO = workers' organization

IOE/PEC = International Organisation of Employers/PanAfrican Employers' Confederation

ICFTU-AFRO = African Regional Organization of the International Confederation of Free Trade Unions

MoL, MoH, MoE = ministries of labour, health, education

CCM = country coordinating mechanism for the Global Fund to Fight AIDS, TB & Malaria

Appendix II: Programme of the meeting

Launch of the IOE/ICFTU Joint Action Plans on HIV/AIDS in Africa: follow-up to the declaration of collaboration on HIV/AIDS

**30-31 March 2004
ILO, Geneva**

PROGRAMME

Tuesday 30 March

08.30 - 09.00 **Registration**

09.00 – 10.00 **Orientation meetings (employers, workers)**

10.00 – 10.15 **Opening session**

Welcome and opening remarks by
Mr. Franklyn Lisk, Director, ILO Programme on HIV/AIDS and the World
of Work (ILO/AIDS)
Mr. Antonio Peñalosa, Secretary General, International Organisation of
Employers (IOE)
Mr. Andrew Kailembo, Secretary General, African Regional Organization
of the International Confederation of Free Trade Unions (ICFTU-AFRO)
Mrs. Regina Amadi-Njoku, Director, ILO Regional Office for Africa

Moderator: Mr. Franklyn Lisk

10.15 – 13.00 **Presentation of delegates' reports** (10 to 12 minutes for each
country, including a short coffee break at 11.00)
Followed by general discussion

13.00 - 14.30 Lunch break

14.30 – 15.15 **Action at the workplace**

Moderated by Dr. Jack Chow, Assistant Director-General, HIV/AIDS,
Tuberculosis and Malaria, World Health Organization (WHO)
Presentations from multinational companies and trade unions: focus on
lessons learned from their active involvement in responding to HIV/AIDS

15.15 – 16.00 **Resource mobilization and involvement of specialized institutions and
bilateral agencies**

Moderated by Mr. Christoph Benn, Director of External Relations, the
Global Fund to Fight AIDS, TB & Malaria
Presentations from donors: focus on how they see their role in relation to
existing and planned action by employers and workers

16.00—16.15 *Coffee break*

16.15 – 18.00 **General discussion**

Wednesday 31 March

09.00 – 09.30 **Follow-up meetings (employers, workers)**

09.30 – 12.30 **Presentation of working groups - objectives and practical
arrangements**

**Work in groups: four working groups each covering two countries to
discuss the joint action plans at country level**

Groups proposed:

- Côte d'Ivoire and Mali
- Malawi and Zambia
- Ghana and Uganda
- Kenya and Tanzania

12.30 - 14.30 *Lunch break*

14.30 – 17.00 **Working groups report to plenary**

General discussion

17.20 **Closing comments**

Mr. Assane Diop, Executive Director, Social Protection Sector

17.30 **Close**

Appendix III: List of participants

The lists are in alphabetical order

Participants

COUNTRY	NAME	
	Employers	Workers
Côte d'Ivoire	Mr. Diack Diawar Président Conseil national du Patronat Ivoirien (CNPI) Mr. Loba N'Guessan Président, cellule focale de lutte contre le SIDA Conseil national du Patronat Ivoirien (CNP)	Unable to attend
Ghana	Mr. K. Ampadu Yeboah Focal Person on HIV/AIDS Ghana Employers Association	Mr. John Brimpong Ghana Trade Union Congress (GTUC)
Kenya	Mr. Joel O. Momanyi HIV/AIDS Programme Coordinator Federation of Kenya Employers	Mr. Noah Chune Central Organisation of Trade Unions Kenya (COTU (K))
Malawi	Mr. Patrick Chikowi Shire Buslines Ltd	Mr. Lurther Mambala Malawi Congress of Trade Unions (MCTU)
Mali	Mr. Lassina Traoré Conseil National du Patronat du Mali	Ms. Sidibe Kadiatou Toure Confédération Syndicale des Travailleurs du Mali (CSTM)
Tanzania	Mr. Mark K. Mfunguo Training Coordinator and HIV/AIDS Focal Point Association of Tanzania Employers	Mr. Meja Kapalata Trade Union Congress of Tanzania (TUCTA)
Uganda	Mr. George Tamale Federation of Uganda Employers	Ms. Rose Nassanga National Organisation of Trade Unions (NOTU Uganda)
Zambia	Mr. Mostard Allan Simumba Workers Compensation Fund Board	Mr. Peter Mulenga Zambia Congress of Trade Unions (ZACTU)

Observers and panellists

NAME	ORGANIZATION
Alain Jabot	Directeur du Développement Durable et de la Responsabilité Sociale Compagnie Française de l'Afrique Occidentale CFAO / SIDA-ENTREPRISES
Alan Leather	Public Services International (PSI)
Alke Bössiger	Union Network International (UNI)
Amrita Sietaram	ILO/ACTRAV
Clementine Dehwe	Global Unions HIV/AIDS Campaign Coordinator International Confederation of Free Trade Unions (ICFTU)
Duncan Pruett	Campaigns Coordinator Campaigns & Communications Department International Confederation of Free Trade Unions (ICFTU)
Edward Vela	Joint United Nations Programme on HIV/AIDS (UNAIDS) Partnerships Development Division
Ingeborg Denissen	Dutch Ministry of Foreign Affairs Netherlands
Jeffrey Kemprecos	Merck & Co., Inc. United States
Johanna Knoess	Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) BACKUP Initiative
Kizito Nsarhaza	Joint United Nations Programme on HIV/AIDS (UNAIDS)
Luc Barriere-Constantin	Programme Development Adviser, Division for Africa Joint United Nations Programme on HIV/AIDS (UNAIDS)
Marc Flegenheimer	International Committee of the Red Cross
Masahiko Hayashi	Permanent Mission of Japan to the United Nations Organization and other International Organizations in Geneva
Olivier Vilaça	Lafarge
Pia Stavas	Permanent Mission of Sweden to the United Nations Organization and other International Organizations in Geneva
Roger Sala Ntounga	Sub-Regional Coordinator, Deputy Associate Director for Africa Joint United Nations Programme on HIV/AIDS (UNAIDS)
Silvana Cappuccio	International Textile, Garment and Leather Workers Federation (ITGLWF)
Sue Longley	International Union of Food, Agricultural, Hotel, Restaurant, Catering, Tobacco and Allied Workers' Association (IUF)
Tina Draser	Fund Portfolio Manager, Africa The Global Fund to Fight AIDS, Tuberculosis and Malaria
Ute Papkalia	Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) ACCA project

Speakers and moderators

NAME	ORGANIZATION
Andrew Kailembo	Secretary General Africa Regional Office of the International Confederation of Free Trade Unions (ICFTU-AFRO)
Antonio Peñalosa	Secretary General International Organisation of Employers (IOE)
Assane Diop	Executive Director Social Protection Sector
Christoph Benn	Director of External Relations The Global Fund to Fight AIDS, TB & Malaria
Franklyn Lisk	Director ILO Programme on HIV/AIDS and the World of Work (ILO/AIDS)
Frederick Muia	Regional Adviser for Africa International Organisation of Employers (IOE)
Jack Chow	Assistant Director-General HIV/AIDS, Tuberculosis and Malaria, World Health Organization (WHO)
Regina Amadi Njoku	Director ILO Regional Office for Africa
Susan Leather	ILO Programme on HIV/AIDS and the World of Work (ILO/AIDS)

Appendix IV: Table summarizing activities of employers' and workers' organizations in the eight countries

Information	Employers	Workers
<p>1. Tripartite/bipartite response</p> <p>Social dialogue structures and initiatives (& further examples below)</p>	<p>CNPI: has set up bipartite HIV/AIDS unit: employers' representatives and three workers' organizations.</p> <p>GEA: working in collaboration with Ghana Trade Union Congress on several activities.</p> <p>FKE: involves tripartite partners. Corporate certification for members who sensitize entire workforces and adopt a Time-Bound Action Programme.</p> <p>ATE: Tripartite forum on HIV/AIDS. Prevention programme developed involving workers and their unions. Workshop in July 2000 with the Government of Tanzania and TUCTA (sponsored by the ILO). Lobbying with the government for tax incentives to business organizations investing in HIV/AIDS workplace interventions.</p> <p>FUE: Employer of the Year Award.</p>	<p>TUGG: Collaborates with Government, employers, & other stakeholders in HIV/AIDS awareness creation campaign for workers and their families. Joint activities with the Ghana Employers Association.</p> <p>COTU (K): collaborative seminars for union leaders, management, employees and employers.</p> <p>MCTU: Malawi Hotel Food and Catering Union organized a workshop in July 2003 to bring union leadership together to chart the way forward in the fight against HIV/AIDS at enterprise level. Objectives included formulating a framework of understanding with employers to guide joint action on HIV/AIDS.</p> <p>TUCTA: involved the Government and Association of Tanzania Employers (ATE) in formulating its Trade Union HIV/AIDS Policy.</p> <p>NOTU Uganda: collaborating with employers in the development of workplace policies on HIV/AIDS.</p>
<p>National legal and policy framework</p>	<p>FKE: participation in the programme of the National AIDS Control Council (NACC) to implement the National Strategic Plan.</p> <p>ATE: cooperation with Tanzania National Commission for AIDS in developing the Tanzania National Multisectoral Strategic Framework 2003-2007 (NMSF).</p>	<p>COTU (K): participation in the programme of the National AIDS Control Council (NACC) to implement the National Strategic Plan.</p> <p>MCTU: the government recognizes HIV/AIDS as a labour and productivity issues & promotes multisectoral response. National AIDS Commission includes the trade union movement.</p> <p>CSTM: a national HIV/AIDS policy is included in the health policy drafted with the WHO, the World Bank and the International Monetary Fund. Within this framework, a National Programme to fight against HIV/AIDS (PNLS) has been created, with a structure of care and support for people infected by HIV.</p> <p>TUCTA: cooperation with Tanzania National Commission for AIDS in developing the Tanzania National Multisectoral Strategic Framework 2003-2007.</p>

<p>2. Organizational strengthening & policy development</p>	<p>Codes of practice, policy guidelines, manuals, etc. (and see Part 3. Training)</p> <p>GEA: development of HIV/AIDS guidelines for enterprises, national workplace HIV/AIDS policy, and workplace policy for GEA Secretariat, and support for collaborating companies to develop their own training manual and policy (capacity building). Development of a training manual for education at the workplace.</p> <p>FKE: Code of conduct on HIV/AIDS in the workplace translated into Kiswahili and distributed to all employers of the FKE. Facilitators' training manual developed. Sector based policies and guidelines.</p> <p>ATE: draft code of practice in dealing with HIV/AIDS in Tanzania, HIV/AIDS policy being adapted to business setting.</p> <p>FUE: Employers' Statement of Recommended Practices on HIV/AIDS at the Workplace launched in November 2002 and based on the ILO Code of Practice</p> <p>WCFCB: the Board has an HIV/AIDS policy to provide information, education and counselling for its staff in all the provinces of Zambia.</p>	<p>COTU (K): training on HIV/AIDS policy drawing on ILO Code of Practice on HIV/AIDS and the FKE Code of Conduct. In partnership with ICFTU-AFRO, developed a training manual for Shop Stewards on HIV/AIDS in the workplace.</p> <p>MCTU: Shop stewards use training manuals produced by ICFTU-AFRO. Recent workshop agreed to use ILO Code as basis for workplace action, and the Government will intensify efforts to implement these documents in the workplace, to reduce discrimination and promote prevention.</p> <p>TUCTA: Trade Union HIV/AIDS Policy has been formulated, and HIV/AIDS Code of Practice for Agriculture and Plantation Workers' Union. The Code should form part and parcel of existing collective bargaining agreement.</p> <p>NOTU Uganda: inclusion of HIV/AIDS in Collective Bargaining Agreements of some companies and development of workplace policies on HIV/AIDS for some companies. Development of 2 manuals on HIV/AIDS: Basic Facts about HIV/AIDS, and Training Manual for Shop Stewards on HIV/AIDS at the Workplace.</p> <p>ZCTU: materials have been produced for training & policy guidance. Development of workplace policies for medical sector, education sector, universities and hotel industry.</p>
<p>Action plan</p>	<p>CNPI: bipartite unit has been set up to develop action plan to be launched in April 2004. Objectives include to persuade target group of 2500 enterprises of 50 workers and more to create internal committees, and 500 smaller enterprises to create joint committees over 2 to 3 years. First activity of unit: conference on peer education and awareness-raising.</p> <p>GEA: project drafted - to include workshops, training activities and VCT</p>	<p>UGTC: national and sectoral action plans for labour, and creation of a joint HIV/AIDS unit and focal points with the CNPI.</p> <p>COTU (K): national strategic plan with multi-sectoral approach, promoting comprehensive workplace programmes.</p> <p>CSTM: a biennial programme and an action plan including strategies for awareness-raising and IEC.</p>

	<p>campaign.</p> <p>FKE: CSR Strategy. Corporate certification for members who sensitize entire workforces and adopt a Time-Bound Action Programme; project includes a sustainability component.</p> <p>CNPM: programme established, including draft project to assist with the implementation of a workplace strategy on HIV/AIDS, with the participation of several partners.</p> <p>ATE: development of HIV/AIDS plan with budget, including provision of human resources and supportive environment.</p>	<p>awareness-raising and IEC.</p>
<p>Mechanisms established for implementation</p>	<p>CNPI: creation of a bipartite unit to deal with HIV/AIDS, supported by coordinating committee (& see above) - unit will supervise the activities of the enterprise committees, train peer educators, campaign to make ART accessible and affordable.</p> <p>FKE: HIV/AIDS Advisory Committee with membership from industry. Consultative role.</p> <p>ATE: creation of a Tripartite Task Force coordinating workplace prevention initiatives.</p>	<p>UGTC: creation of internal committees (training arranged), and internal coordination structure. Committees for teachers in the Central region.</p> <p>TUCG: HIV/AIDS has been identified as one of the core subjects to be included in the standard curriculum for trade union education. Union educators have regular meetings that focus on policy development, awareness-raising, training of trainers, and integrating HIV/AIDS issues in collective bargaining agreements.</p> <p>COTU (K): HIV/AIDS Co-ordinating Unit established under a Project Manager, which oversees programme planning, implementation and resource mobilization.</p> <p>MCTU: joint involvement with employers through HIV/AIDS Committees at workplace. The employers include capacity building for companies, promotion of best human resource management practices, awareness creation and policy formulation - Sunbirds Hotels, big chain of hotels with a workforce of over 1300 employees, is cited as example.</p> <p>CSM: activities in the action plan to be implemented by the Inter-federation Committee of Women Workers (Comité Confédéral des femmes travailleuses) with the support of the Training Department.</p> <p>TUCTA: Committee established to oversee all matters regarding OSH and HIV/AIDS - comprises representatives from all 12 affiliates.</p> <p>ZCTU: joint employer/trade union HIV/AIDS Consultative Team.</p> <p>Establishment of mobile counselling and training centres to encourage VCT, and a phone-in "Solidarity Life Mail" Counselling Centre in Lusaka/Kitwe.</p>
<p>Monitoring and evaluation</p>	<p>CNPI: monitoring of the activities of the enterprise committees undertaken by the bipartite unit, including draft and follow up of indicators. The response indicates the result of the awareness-raising campaign by 52 enterprises with a decrease in the infection rate of 70%. It also includes evaluation of the</p>	<p>UGTC: evaluation to be undertaken at national and regional level of technical and institutional capacity in view of the creation of 600 enterprise committees.</p> <p>COTU (K): Co-ordinating Unit undertakes joint programme reviews with other</p>

	<p>results of the introduction of ART with the following indicators: percentage of deaths caused by HIV/AIDS, absenteeism rate due to HIV/AIDS, hospitalization cost due to AIDS including the decrease evaluation, an funeral costs evaluation, evaluation of voluntary testing.</p> <p>ATE: in the framework of the National Multifactorial Strategic Framework.</p> <p>FUE: survey of knowledge, attitudes and practices to indicate the successes of the intervention.</p>	<p>stakeholders.</p>
<p>Financing – amount and source</p>	<p>CNPI: creation of enterprise solidarity funds for ART (with monthly contribution from employers and workers). Support for project proposals by the enterprise committees to the World Bank MAP, Global Fund, PEPFAR, etc.</p> <p>FKE: from UNDP, World Bank, ILO (and technical support); resources from Government agencies, NGOs and other community-based organizations to extend HIV/AIDS services from the workplace to the community.</p> <p>CNPM: special fund for the care of the workers infected by HIV/AIDS, and support for affected families.</p> <p>FUE: financial assistance from USAID, UNDP, NORAD (through the Confederation of Norwegian Business and Industry)</p>	<p>UGTC: financial support from the World Bank for the education sector programme.</p> <p>COTU (K): plans to establish a fund to mitigate socio economic impact.</p> <p>Donor support from ICFTU-AFRO and the National AIDS Control Council.</p> <p>MCTU: financial and technical support from USAID, UNDP and UNAIDS.</p> <p>TUCTA: DANIDA, Canadian Labour Congress (CLC), ICFTU AFRO.</p> <p>ZCTU: campaign materials produced with funds from ICFTU/AFRO. Trade unions negotiators training in collective bargaining techniques with financial support of FES and AFRO.</p>
<p>Partnerships with other institutions (outside tripartite constituency)</p>	<p>GEA: UNFPA and the Centre for AIDS Information Network (NGO).</p> <p>FKE: Family Health International, USAID, Dfid, AMREF, PSI, DeD (German development agency), the National AIDS Control Council (NACC).</p> <p>CNPM: collaborated with the government in the framework of the sectoral plans.</p> <p>ATE: civil society organizations, NGOs and faith organizations. AMREF: Tanzania National Commission for AIDS.</p> <p>WCFCB: help from the World Bank, the International Labour Organization, and the local community.</p>	<p>UGTC: recruitment of a joint focal point with the CNPI. Collaboration of the SYNEPPCI (teachers trade union) with the Ministry responsible for the fight against HIV/AIDS.</p> <p>COTU (K): shares results and collaborates with other stakeholders.</p> <p>NOTU Uganda: networking and co-ordination with organizations handling HIV/AIDS. Networking with AIDS Information Centre.</p> <p>TUCG: the TUC has set up a Certificate in Labour Studies in collaboration with the Center for Development Studies, University of Cape-Coast, including HIV/AIDS. The TUC Education Department collaborates with Ghana Social Marketing Foundation, an NGO engaged in HIV/AIDS education for workers.</p> <p>ZCTU: cooperation with the Zambia Business Coalition on HIV/AIDS, the Church Organisation – Kara Counselling, the National AIDS Council of Zambia, AIDS Law, the Zambia National Response to HIV/AIDS, and other NGOs.</p>

<p>3. Activities</p> <p>Advocacy and awareness-raising</p>	<p>CNPI: information to workers and their families for behaviour change, advocacy on VCT, distribution of condoms with the salary payment bulletin, creation of network of committees.</p> <p>FKE: website for purposes of making available various sector reports and documents to members and other interested stakeholders, a dedicated email address to facilitate communication with members, and sensitisation of over 10,000 workers among various enterprises. Conferences to identify examples of best practice.</p> <p>CNPM: Campaign of information based on the “Appel de Douala” to raise awareness of chief executives.</p> <p>ATE: forums to inform employers on the micro and macroeconomic consequences of HIV/AIDS, and to emphasize human resources dimension. Paper on “The Response of Business Employers to the challenge of HIV/AIDS and its Impact on Business” presented to the Annual General Meeting in April 2001- informed more than 100 Chief Executive Officers.</p> <p>WCFCB: arranges information activities (posters and pamphlets etc.) and trains peer educators.</p>	<p>UGTC: advocacy of the workers to encourage them to subscribe the trade unions’ programmes to fight against HIV/AIDS. Lobbying for awareness-raising.</p> <p>TUCG: mainstreaming of HIV/AIDS activities, including educational programmes, to enable members to make informed decision about their behaviour.</p> <p>COTU (K): education of members and their families through workers’ awareness workshops on the basics of HIV/AIDS. Production, distribution/circulation of newsletter. Awareness-raising of leaders in the National Executive and some affiliated unions.</p> <p>MCTU: programme focuses on the role of shop stewards. Carried out awareness-raising campaign in 2001, in collaboration with Ministry of Health, Ministry of Labour, employers’ association - AIDS posters on buses, condoms were distributed.</p> <p>CSTM: the trade unions and the private sector were mobilized for the National Day with awareness-raising and sensitization activities. CSTM organized training and information sessions, as well as discussion in the trade unions and the enterprises to systematize information and education.</p> <p>TUCTA: awareness-raising to the workers through campaign meetings at workplaces and seminars.</p> <p>NOTU Uganda: national and regional workshops to sensitize trade union members. Information and awareness campaigns.</p> <p>ZCTU: “Crusade Against HIV/AIDS” project to create critical awareness.</p>
<p>Legal and policy guidance (& see above in Codes and policies)</p>	<p>FKE: development of sector-based policies for fighting against HIV/AIDS in the workplace with a CSR component.</p> <p>FUE: initiation and implementation of policies at the workplace.</p>	<p>UGTC: supports the adoption and implementation of regulations protecting the workers living with HIV/AIDS.</p> <p>TUCG: union policy encourages affiliates to ensure there is workplace policy on HIV/AIDS.</p> <p>COTU (K): use of collective bargaining agreement process.</p> <p>MCTU: various policy agreements at international level through the ICFTU & Global Unions.</p> <p>NOTU Uganda: Protection of infected workers through negotiations especially in collective bargaining agreements. Provide information on relevant international labour standards, especially the Discrimination Convention No. 111 and national laws and regulations.</p>

<p>Training (& see Part 2. Training manuals, also Prevention below)</p>	<p>CNPI: training for members of the enterprise committees to become peer educators (carried out by bipartite unit). GEA: training of workplace HIV/AIDS focal persons and counsellors. FKE: training for human resources managers and heads of department. Training, equipping and facilitating an estimated 1,000 HR managers as animators in 2004 and 2005. ATE: training for key resource persons i.e. managers, supervisors, personnel officers, peer educators, workers' representatives, health and safety officers, and factory labour inspectors FUE: training for management and union officials, peer education model tailored to behaviour change, selection of trainers as counsellors, videotapes used for training purposes benefiting members of the labour force, families, and dependants and immediate neighbourhood.</p>	<p>ZCTU: encourages and guides collective bargaining to ensure HIV/AIDS provisions included in employment contracts and workplace policies. Development of specific policy for medical sector, education sector, universities and hotel industry.</p> <p>UGTCI: training of trainers and focal points in the nine regional unions, also the internal committees. Capacity building workshops and adaptation of the national multi-sectoral plans organized by the Ministry responsible for the fight against HIV/AIDS.</p> <p>TUCG: educators in the affiliated unions trained as focal persons – follow-up support through quarterly meetings. There is quarterly meeting for these educators to equip them. Also education programme for field officers, industrial relations officers and some workplace leaders. Five seminars held to train peer educators and create framework for sustainable trade union action on HIV/AIDS. Topics included: why HIV/AIDS is a trade union issue; workplace policy on HIV/AIDS; formation of HIV/AIDS committee and its role at the workplace; prevention of occupational exposure; and effects of HIV/AIDS on productivity.</p> <p>COTU (K): training of Occupational Health Inspectors, of peer educators, facilitation of training of counsellors, training of union officials on HIV/AIDS policy at the workplace. Leadership capacity building and project ownership. Training of 600 resourceful individuals (including VCT) and 200 shop stewards (on HIV/AIDS policy). Shop stewards introduced to counselling and home-based care.</p> <p>MCTU: shop stewards training.</p> <p>TUCTA: training of trainers and workplace peer educators for affiliated unions. 5 day basic course on OSH for Trade Union Trainers (2 from each affiliate) in August 2002 – those trained then train workplace OSH representatives. Subjects included: occupational hazards, HIV counselling, collective bargaining skills, formulating workplace policy and home-based care.</p> <p>NOTU Uganda: training of leaders, shop stewards and members on issues related to HIV/AIDS., also factory/labour inspectors notably on including HIV/AIDS into occupational health and safety briefings and workplace training. Training of counsellors, and assistance for workers with HIV/AIDS to obtain counselling.</p> <p>ZCTU: training of peer educators who carry out continuous education, prevention and support programme at workplace and district levels. Training</p>
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		<p>of negotiators from national unions in collective bargaining techniques to include HIV/AIDS. Advanced training for each of the 26 national union focal persons.</p>
<p>4. Key issues</p> <p>Stigma and discrimination/ human rights protection</p>	<p>CNPI: awareness-raising and advocacy campaigns, stressing the need to keep the infected person in the family, the enterprise and society.</p> <p>ATE: privacy and confidentiality, and promotion of a working environment free of stigma and discrimination for employees with HIV/AIDS or perceived to be infected by HIV/AIDS</p> <p>FUE: the Employers' Statement of Recommended Practices deals with discrimination and stigma, confidentiality, recruitment and continued employment.</p> <p>WCFCB: non-discrimination is a key principle: employees are not required to undergo HIV screening, directly or indirectly, all employees are given equal opportunities for promotion, training, transfers and any other incentives; HIV-positive employees are treated like workers with other chronic sickness/disability. Confidentiality also ensured.</p>	<p>TUCG: campaign for respect of the rights of people living with HIV with regard to employment and social services.</p> <p>NOTU Uganda: protection of vulnerable workers and elimination of HIV/AIDS discrimination at work. Identify individual workplace behaviour, conduct or practices which discriminate or alienate workers with HIV/AIDS, in order to effectively combat such conduct.</p>
<p>Prevention (including VCT and behaviour change)</p>	<p>CNPI: VCT, condom distribution, creation of coordinating committees in the enterprises, peer education, advocacy campaigns. Advocacy and IEC for behaviour change undertaken by the bipartite unit.</p> <p>GEA: advocacy and education (peer educators, IEC activities, sensitization of chief executives and managing directors), capacity building (with training), and creating enabling environment, boosting a VCT campaign.</p> <p>FKE: project includes a peer education component (training, equipping and facilitating HR managers as animators in 2004 and 2005).</p> <p>CNPM: collaborated with the Ministry of Health to launch information and sensitization campaigns for the transport sector. Distribution of posters. Free condoms distribution, IEC, VCT, and sensitization campaigns by the enterprises.</p> <p>ATE: VCT (for workers and their spouses), information and education, practical measures to support behaviour change.</p> <p>FUE: education and prevention programme – includes behaviour change. Achievements: over 10,000 peer educators trained, 750 trainers trained, 200 top executives sensitized, 170,000 workers reached, a dramatic videotape produced and distributed, over 10,000,000 condoms distributed. The Employers' Statement of Recommended Practices deals with communications</p>	<p>UGTC: training workshop for trainers, recruitment and training of focal points in the nine regional unions. IEC activities, including activities for teachers in the south and east regions. Care and support for 200 teachers and orphans. Prevention programme to reach 80% of the workers and their family in all the regions and to reduce the new infections by 90%, through peer educators and training of trainers.</p> <p>TUCG: educates and encourages members to prevent themselves and their families from being infected, encourages positive attitudes among workers towards people living with AIDS, promotes and supports counselling services for members. Sponsors media programmes on HIV/AIDS.</p> <p>COTU (K): mobilization and educational activities with seminars in leadership meetings, education of members and their families on prevention and care (including in the home), education of peer educators. National leadership seminars, prevention and advocacy workshops, shop stewards training workshop, Labour Day sensitization, ToT workshop, newsletter, Resource Centre developed equipped with video player and TV monitor, distribution of condoms and dispensers, training of counsellors for VCT site at HQ, handouts, IEC materials - pamphlets, fact sheets, T-shirts caps, banners etc.</p> <p>MCTU: workshop to show shop stewards how to educate workers in</p>

	<p>policy, HIV screening, prevention. Development and updating of HIV/AIDS materials for IEC (incl. audiovisual AIDS posters, tapes, training manual, brochures and comic books). Advice on mass media.</p> <p>WCFCB: information, education and prevention activities, including training of peer educators and workshop to empower employees with the knowledge and skills to prevent HIV/AIDS. The Board's HIV/AIDS policy is subject to review taking into account behaviour change by employees.</p>	<p>preventive measures.</p> <p>CSTM: IEC and sensitization activities are to be intensified in the next two years to change behaviour at the workplace.</p> <p>NOTU Uganda: improvement of attitudes through continued education and sensitization. Information and awareness campaigns. Instruct workers (especially health-care workers) on the use of Universal Precautions and inform them of procedures to be followed in case of exposure.</p> <p>ZCTU: campaign materials produced. Materials distributed to national unions with relation to workplace programmes. Establishment of mobile counselling and training centres to encourage VCT, and a phone-in "Solidarity Life Mail" Counselling Centre in Lusaka/Kitwe.</p>
<p>Care and support (including service provision)</p>	<p>CNPI: treatment of opportunistic infections and ART by the enterprises (financed at 100% by the enterprise) – children and spouses excluded. The extension of ARVs to relatives to the workers is part of the bipartite unit future goals.</p> <p>ATE: care and support, health promotion, occupational and other services, worker and family assistance programme, social security coverage, and provision of benefits and other services should be included in any intervention programme at the workplace. ATE will lobby the Government to make HAART accessible and affordable to workers and their immediate family members. Encourages the companies/organizations to mainstream HIV/AIDS in health care programmes.</p> <p>FUE: the Employers' Statement of Recommended Practices deals with social protection and care and support.</p> <p>WCFCB: a policy objective is to facilitate care and support to workers infected and affected by HIV/AIDS. Subsidies 70% of medical care cost to members of staff and their immediate family. The Board provides reasonable alternative working arrangements, encourages VCT, trains counsellors.</p>	<p>COTU (K): shop stewards introduced to counselling and home-based care. Programme targeting those infected and affected (especially widows and orphans).</p> <p>MCTU: organized workshop to give care and assistance to those affected.</p> <p>TUCTA: bipartite workplace HIV/AIDS programmes where employers provide ARVs - with the following companies: Tanzania Cigarettes Company, Tanzania Breweries Limited, Kahama Mining Bank of Tanzania, Tanzania Plantation and Agricultural sector through CBA.</p> <p>NOTU Uganda: helps workers with AIDS-related illnesses to access reasonable accommodation. Gives workers the opportunity to express and discuss their reactions and emotions caused by HIV/AIDS. Instructs workers (especially health-care workers) on the use of Universal Precautions and informs them of procedures to be followed in case of exposure.</p>
<p>Gender</p>	<p>ATE: gender-specific programmes part of interventions at workplace</p> <p>FUE: the Employers' Statement of Recommended Practices deals with gender.</p> <p>WCFCB: the Board exercises gender equality when facilitating the provision of care and support to all HIV/AIDS employees i.e. no segregation based on sex.</p>	<p>UGTCI: advocacy and awareness-raising in areas where enterprises employ many women.</p> <p>COTU (K): workshop for women (ICFTU/AFRO sponsorship) - twenty women leaders trained in various aspects of HIV/AIDS including prevention of mother to child transmission. Gender sensitive programmes (more than 200 mothers were sensitized exclusively on PMCT)</p> <p>MCTU: vulnerable persons such as young girls and women can be taken advantage of, and more women are coming into the labour force. Clear</p>

		<p>policies need to take into account the male dominance in society, the adverse consequences of HIV/AIDS on women, and issues of discrimination and termination in employment.</p> <p>NOTU Uganda: women stated as a target group with the trade union leaders, shop stewards, youth and rank and file members.</p> <p>UGTIC: peer educators and trainers training to reach 80% of the workers and their families in all the regions.</p> <p>TUCG: HIV/AIDS awareness –raising campaign especially for workers and their families.</p> <p>COTU (K): education and counselling for members on how to offer care and support in the workplace and at home. Workshop for elders, youth and women. Provides support to orphans and widows including the provision of basic necessities, food supplements, transport, school uniforms, books etc.</p> <p>NOTU Uganda: youth and rank and file members included in the target groups.</p>
Community outreach	<p>CNPI: goal is to extend care and support to the spouses and children of the workers.</p> <p>FKE: community outreach promoted in the Corporate Social Responsibility (CSR) strategy</p> <p>ATE: worker and family assistance programme, extension of intervention services to families and community, and lobbying to the governments to make HAART accessible to the workers and their immediate family members.</p> <p>FUE: videotapes used for training purposes benefitting members of the labour force, families, dependants and immediate neighbourhood population. Code of practice for the mitigation of HIV/AIDS impact on workers and their families.</p>	
Sectoral activities	<p>FKE: tea, sugar and coffee industries, flower-production and tourism. Facilitators' training manual and sector-specific policies and guidelines.</p> <p>CNPM: IEC campaign for the transport sector (with the Ministry of Health).</p> <p>ATE: road transport, mining, commercial agriculture plantations</p> <p>FUE: rural sector e.g. tea estates and sugar plantations.</p>	<p>UGTIC: cooperates with the sectoral plan of labour. Awareness-raising activities in fishing and conservation, zenith-plastic, trade, and food processing. Trade unions of the public sector have draft programmes, particularly in the education sector (primary school) where a broad programme of advocacy and prevention is being undertaken at national and regional level. Adaptation of the national multi-sectoral plans organized by the HIV/AIDS Ministry.</p> <p>COTU (K): sensitization of 6,000 plantation and factory workers.</p> <p>CSTM: activities to be developed in the transport, building and metallurgy sectors.</p> <p>TUCTA: multisectoral approach under which every sector currently involved. HIV/AIDS Code of Practice for Agriculture and Plantation Workers' Union.</p> <p>NOTU Uganda: health-care workers.</p> <p>ZCTU: medical sector, education sector, universities and hotel industry. National airports cooperation, banks, National Pension Social Security Authority, National Revenue Authority, Zambia Telecommunication Company, Zambia Electricity Supply Cooperation, mining industry, selected companies in the commercial and the industrial sectors.</p>
Informal sector	<p>GEA: collaborates with CAIN (NGO) to cover the informal sector</p>	<p>UGTIC: the UGTIC develops programmes in all enterprises of the formal and</p>

	<p>CNPM: the plan of action targets the informal as well as the formal sector. FUE: encourages all member and non-member organizations both in the formal and the informal sectors to follow the Statement while formulating individual organizational policies on HIV/AIDS at the workplace.</p> <p>GEA: initial lack of capacity and expertise relating to HIV/AIDS. Need for a full time coordinator. Lack of knowledge about the pandemic at the workplace which made it difficult to operate within the targeted population. Sero-positive workers were not willing to open up to help in the crusade. Need to involve all the operators in the workplace activities. Need for senior management commitment, including their support for peer educators. Need for enough Workplace HIV/AIDS Counsellors to ensure the success of VCT programmes. Joint programmes by all stakeholders to optimise scarce resources at the workplace.</p> <p>CNPM: the draft project mentioned in its "plan of action" needs funding partners for its implementation.</p> <p>FUE: time to be allocated by the enterprises for HIV/AIDS programmes, structural adjustment policies (which caused trainers to be lost through staff cutbacks), conflicting messages from faith-based organizations, poverty, difficulties to reach rural sector, establishment of a databank, funding and sustainability, high medical cost to expand care and treatment to families</p> <p>WCFCB: there is a need to encourage employees to change their life style – socially and morally. The Board needs the intervention of the Government of the Republic of Zambia and other stakeholders such as Churches and NGOs for them to actively disseminate information since they have the means to reach the grassroots level of society.</p>	the informal sector.
<p>5. Challenges/constraints</p>		<p>UGTC: stigma and discrimination are obstacles to VCT. COTU (K): lack of funds, lack of commitment from some trade union leaders, discrimination, behaviour among the youth, and failure to include HIV/AIDS provisions in collective bargaining agreements. Need to work in partnership with donor agencies, the management, the FKE, the ILO, the GFATM and the Government as a team. All trade unions should put in place HIV/AIDS education programme and generate training materials and incentives. More resources required to purchase and distribute ARVs.</p> <p>MTCU: cultural and religious practices, governance and poverty, diversity in terms of language, religion and ethnicity. Other challenges are the following: continuing discrimination, developing programmes for mobile populations and their partners, how to extend assistance to orphans, development of human capacity, how to provide care sustainable supply of drugs (ARVs). Need for increased sensitization campaigns through its affiliates, for increased partnerships, for the Government to commit increased resources, and for monitoring and evaluation of activities.</p> <p>NOTU Uganda: Lack of funds to sensitize all workers in the country. Lack of co-operation among some employers. Discrimination in some cases, and lack of confidentiality. Sexual harassment. Need to ensure VCT, protect the rights of both the infected and affected workers, including sick leave. Engage employers to provide ARVs and show that HIV does not mean AIDS. Set up network of HIV/AIDS Committees at workplaces, use drama. Translate training manual.</p>

Acronyms:

Employers:

- CNPI Conseil National du Patronat Ivoirien
- GEA Ghana Employers' Association
- FKE Federation of Kenya Employers
- CNPM Conseil National du Patronat du Mali

ATE Association of Tanzania Employers
FUE Federation of Uganda Employers

also included is the parastatal WCFCB (Workers' Compensation Fund Control Board, Zambia) as an example of individual employer action (but not representing the employers' federation of Zambia)

Workers:

UGTCI Union Générale des Travailleurs de Côte d'Ivoire
TUCG Trade Union Congress of Ghana
COTU (K) Central Organisation of Trade Unions Kenya
MCTU Malawi Congress of Trade Unions (Hotel Food and Catering Workers Union)
CSTM Confédération Syndicale des Travailleurs du Mali
TUCTA Trade Union Congress of Tanzania
NOTU Uganda National Organisation of Trade Unions (NOTU) Uganda
ZCTU Zambia Congress of Trade Unions

