

# HIV/AIDS AND THE WORKPLACE

## ILO Framework for a Workplace Response to HIV and AIDS

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...HIV and AIDS constitute a global emergency and pose one of the most formidable challenges to the development, progress and stability of our respective societies and the world at large, and require an exceptional and comprehensive global response...

...despite substantial progress over three decades since AIDS was first reported, the HIV epidemic remains an unprecedented human catastrophe inflicting immense suffering on countries, communities and families throughout the world...

*Political Declaration on HIV and AIDS  
High Level Political Meeting June 2011*



## 2011 HIV Statistics

	Global		Caribbean
	TOTAL	PER DAY	
Adults & Children living with HIV	34.2 million (Adults: 30.7 m) (Women: 16.7 m)		230,000
Adults and children newly infected with HIV	2.5 million (Adults: 2.2 m)	7,000 (Adults: 6,000 47% women 41% 15-24 ys)	13,000
Adult and child deaths due to AIDS	1.7 million (Adult 1.5 m)		10,000
Adults prevalence	0.8%		1.0%



### With respect to the workplace, Governments...

Commit to mitigate the impact of the epidemic on workers, their families, their dependants, workplaces and economies, including by taking into account all relevant conventions of the International Labour Organization, as well as the guidance provided by the relevant International Labour Organization recommendations, including the Recommendation on HIV and AIDS and the World of Work, 2010 (No. 200), and call upon employers, trade and labour unions, employees and volunteers to eliminate stigma and discrimination, protect human rights and facilitate access to HIV prevention, treatment, care and support.

*Paragraph 85: Political Declaration on HIV and AIDS High Level Political Meeting June 2011*



## Why focus on workers?

Where adults are well enough to work household well-being improves and health costs are reduced. Companies incur fewer costs from absenteeism, retraining and recruitment.

*Together we will end AIDS, pg 96, UNAIDS Publication 2012*



## Why focus on the workplace: Getting to Zero

**ZERO** NEW HIV INFECTIONS

**ZERO** DISCRIMINATION

**ZERO** AIDS-RELATED DEATHS

and

**An AIDS-Free Generation**



## Counting down to ZERO

A decade of antiretroviral treatment has transformed HIV from a death sentence to a manageable chronic disease . There is a real opportunity to eliminate new infections among children within the next three decades. *UN Secretary General Mr. Ban Ki Moon, 2012*

- Annual deaths fell from 2.3 m. in 2005 (peak) to 1.7 m. in 2011
- In Sub-saharan Africa 550,000 fewer persons died from AIDS-related causes than in 2005
- In the Caribbean about half as many persons died in 2011 as in 2001
- In the Caribbean, 38% fewer persons were infected in the 2011 than in 2001
- Prevention of Mother To Child Transmission (PMTCT) global target of 90% by 2015 is achieved by Botswana, South Africa and Swaziland



## Investing in Treatment

The 3.5 million people receiving ART through programmes co-funded by the Global Fund will gain 18.5 million life-years between 2011-2020 and return between US 12 billion and US 34 billion to society through increased labour productivity, averted orphan care and health care for opportunistic infections and end of life care.

*Together we will end AIDS, page 101*



## Investing in Treatment for Workers

People receiving ART are able to resume productive working lives and potentially earn their customary income again. A 7-year study in Kwa-Zulu Natal, S. Africa, found that 89% of the people living with HIV receiving treatment either regained or kept their employment

*Together we will end AIDS, page 100*



## Investing in Prevention

We don't have the money to treat our way out of this epidemic [...]. If we push for a new focus on efficiency, especially in prevention, we can, over the next two decades, drive down the number of new infections dramatically.



*Bill Gates,  
IAC, Vienna, Austria,  
July 2010*



## Challenges in Getting to Zero

- Thousands are newly infected daily
- There are still severe challenges regarding access to services including information and particularly for key populations
- There is significant gender inequality and gender-based violence that create increased risk to infection
- There is still severe stigma and discrimination based on HIV or perceived HIV status
- Many countries still possess punitive laws and policies that impact on universal access for key populations and persons living with or affected by HIV and AIDS



## What we can do in the workplace

- Reduce the impact of the epidemic on business
- Reduce personal risk to infection through prevention education and behaviour change
- Reduce stigma and discrimination against workers living with and affected by HIV and AIDS and ensure their human rights in the workplace
- Contribute to the goal of universal access to prevention, treatment, care and support



## **Workplace Response**

The development of a workplace policy is the single most effective and important action an enterprise can take in the fight against HIV



## **Workplace Policies: a framework for action**

- Makes an explicit commitment to workplace action regarding HIV
- Gives guidance to all workplaces and their supervisors & managers
- Specifies a standard of behaviour for all employees
- Helps PLHIV to understand the support and care they would receive
- Helps, through prevention programmes, to stop the spread of the virus
- Helps employers to plan for HIV/AIDS and manage its impact



# ILO Recommendation

concerning HIV and AIDS  
and the World of Work, 2010 (No. 200)



## Responsibilities of Member States

- Adopt national policies and programmes on HIV and AIDS and the world of work and on occupational safety and health; and
- Integrate their policies and programmes ... in development plans and poverty reduction strategies

*...in consultation with the most representative organizations of employers and workers, as well as organizations representing persons living with HIV*





## Recommendation No.200

...With this new human rights instrument we can harness the strength of the world of work and optimize workplace interventions to significantly improve access to prevention, treatment, care and support. We cannot do it alone but this standard will, I believe, provide a major contribution to making the dream of an AIDS-free generation a reality.



*Dr. Sophia Kisting, Director, ILOAIDS*



## Scope: All workers and all workplaces

- All workers under all forms or arrangements and at all workplaces
  - Persons in any employment or occupation
  - Those in training, including interns, apprentices
  - Volunteers
  - Job seekers and job applicants
  - Laid-off and suspended workers
- All sectors of economic activities
  - Private & public sectors; formal & informal economies
- Armed forces and uniformed services

*NB: Services extended to families and dependents*



## General principles: Recommendation No. 200

Human rights and  
gender equality

Universal  
access

No testing  
or disclosure

Workplace  
issue

Full engagement  
of workers

National  
development

No  
discrimination  
or stigma

Occupational  
transmission

Prevention as a  
fundamental  
priority

Privacy  
and confidentiality



## Key principles: ILO Code

non-discrimination

Social dialogue

workplace issue

No dismissal  
Reasonable accommodation

No screening

Prevention

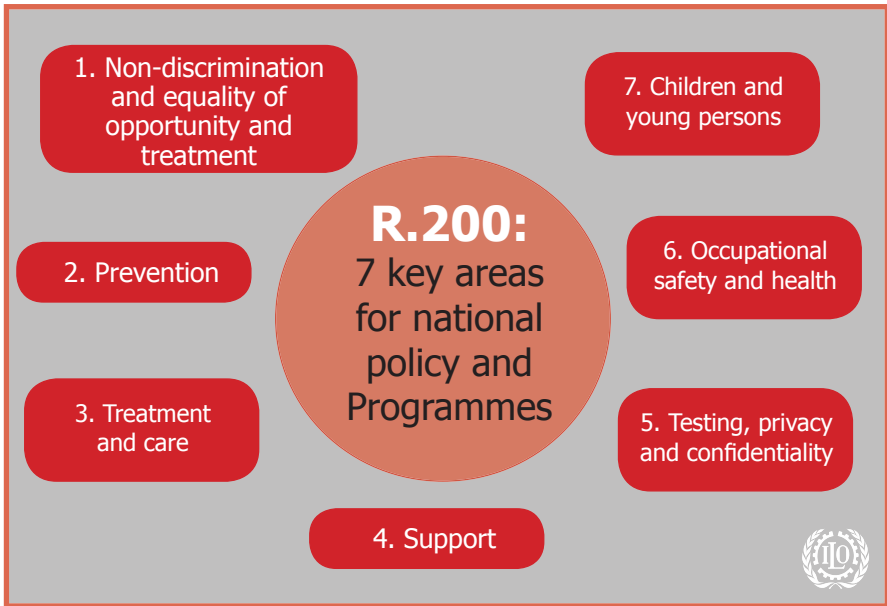
Confidentiality

Gender equality

Healthy work environment

Care and support





## **1. Discrimination and promotion of equality of opportunity and treatment**

Real or perceived HIV status...not a cause for termination of employment. Temporary absence from work because of illness or caregiving duties related to HIV...should be treated in the same way as absences for other health reasons, taking into account the Termination of Employment Convention, 1982 (Para. 11);

Persons with HIV-related illness should not be denied the possibility of continuing to carry out their work, with reasonable accommodation if necessary, for as long as they are medically fit to do so....(Para. 13)

*NB: Para. 12 calls for the adaptation or replacement of inadequate measures for protection against discrimination*



## 2. Prevention (Paras 15-16)

Prevention programmes should ensure:

- Accurate, up to date information available to all in a culturally sensitive form
- Education programmes to help women and men understand and reduce risk to all modes of transmission
- Measures to encourage workers to know their status through VCT
- Access to all means of prevention, including condoms and PEP
- Effective measures to reduce high risk behaviours
- Harm reduction strategies



## 3. Treatment and Care (Paras 17-20)

- Governments should ensure that workplace health interventions are linked to the public health services
- PLHIV and dependents should have full access to health care and education on accessing it
- Health care services should include free or affordable access to VCT, ARV treatment and adherence education, proper nutrition, treatment for OIs and STIs, support including psychosocial support
- There must be no discrimination against PLHIV and dependents in access to social security and occupational insurance schemes



#### 4. Support (Paras 21-23)

- Programmes should include measures of reasonable accommodation
- Work should be organized in such a way to accommodate the **episodic nature** of HIV and AIDS, as well as possible side effects of treatment (Para. 21);
- Members should promote the retention in work and recruitment of persons living with HIV (and) should consider extending support through periods of employment and unemployment, including where necessary income-generating opportunities for PLHIV.. (Para. 22).



#### 5. Testing, privacy and confidentiality (Paras 24-29)

- Testing must be genuinely voluntary and free of any coercion and testing programmes must respect international guidelines on confidentiality, counselling and consent
- Testing or other forms of screening for HIV should not be required of workers including job seekers....
- The results of testing should be confidential and not endanger access to jobs, tenure, job security or opportunities for advancement



## 6. Occupational safety and health(Paras 30-34)

Where a direct link can be established between an occupation and risk of infection, AIDS and infection by HIV should be recognized as an occupational disease or accident (Para. 23)

Safety and health measures to prevent workers' exposure to HIV should include universal precautions (Para. 31);

Where there is a possibility of exposure to HIV at work, workers should receive education and training (Para. 32);

... Workers whose occupations put them at risk of **exposure to human blood** [...] should receive **additional training** (Para. 42).



## 7. Targeting Children and Young Persons (and Other Vulnerable Groups)

Members should take measures to

- combat **child labour and child trafficking** that may result from the death or illness of family members....due to AIDS...(Para. 35);
- protect **young workers** against HIV infection...(Para. 36).
- promote the involvement and empowerment of all workers regardless of their **sexual orientation** and whether or not they belong to a vulnerable group (Para 14 (e);
- reduce high-risk behaviours, including for the **most-at-risk groups**.. (Para 16 (f);
- Include **harm reduction** strategies in prevention programmes (Para 16 (g);
- accord same rights at work to **migrant workers** (Paras 25/27/28/47)



## Gender-related measures to reduce transmission and impact of HIV

- Ensuring **gender equality and empowerment of women**;
- Ensuring actions to prevent and prohibit **violence and harassment** in the workplace;
- Promoting the **active participation** of both women and men in the response to HIV and AIDS;
- Promoting the protection of sexual and reproductive health and **sexual and reproductive rights of women** and men.

*(Para. 14)*



## IMPLEMENTATION(Paras 37-50)

Through:

National laws & regulations  
Collective agreements  
National and workplace policies  
Sectoral strategies

Within a framework of:

social dialogue, education and information and involvement  
of key public services (labour, health)



## **Workplace Policy: Form**

- Detailed document just on HIV/AIDS, setting out programme as well as policy issues?
- Part of a wider policy or agreement on safety, health (e.g. life-threatening illnesses or Chronic Non-Communicable Diseases or STIs) and working conditions?
- Short statement of principle?



## **Workplace Policy: Structure**

- General statement (why a policy, how it relates to other policies)
- General principles (see Key Principles ILO R.200 & Code)
- Specific provisions (protection of rights, prevention through education and training, care and support for workers and their families...) see 7 Areas in R. 200
- Implementation and monitoring





## **Planning and implementing a joint workplace policy: The process**

- HIV/AIDS Committee set up
- Committee sets its TORs & decision-making powers & responsibilities
- Review relevant national laws and their implications for the enterprise
- Committee undertakes a confidential baseline study to assess impact of HIV/AIDS on workplace and needs of workers infected and affected



## **Process cont'd**

- Committee establishes what health & information services already available at the workplace & in the community
- Committee formulates draft policy, circulates it for comments, revises and then adopts policy
- Committee draws up budget and identifies sources of funding



## Process cont'd

- Committee develops plan of action with timelines and implementers
- Policy & plan of action widely disseminated
- Committee monitors impact of policy
- Committee regularly reviews policy



## Managing HIV/AIDS in the workplace: Key elements

- A policy framework
  - 10 principles in the ILO Code of Practice
  - ILO Recommendation No. 200
- Workplace education programme
  - Myths, risk behaviour, stigma, gender issues
- Personnel policies
  - No testing, confidentiality, non-discrimination
- Care and support package
  - Time-off, reasonable accommodation, social benefits, counseling, referrals, healthy workplace
- Monitoring and evaluation mechanisms

