Multi-regional Project on Strengthening the World of Work Response on HIV and AIDS

Since its estimated global peak in 1999, new HIV infections have fallen. Data from across the globe clearly shows steady progress is being made towards the goal of universal access to HIV prevention, treatment, care and support. Furthermore, the evidence is clear that prevention and treatment are working.

Further progress can be made: HIV continues to weigh heavily on affected populations and more needs to be done. For example, in 2009 alone there were an estimated 2.6 million new HIV infections and 1.8 million AIDS related deaths among adults and children. It is also true that though new infections have fallen, the total number of persons living with HIV and needing ongoing treatment continues to increase and reached a figure of 33.3 million in 2009.

Every day two-thirds of all the people living with HIV and AIDS go to work. For many this provides a livelihood and the hope of a decent future. The workplace can also be a vital source of life-saving information on both HIV prevention and treatment. For many this is not the case: employees may face stigma and discrimination from employers and fellow workers, they could lose a decent future. The workplace can also be a case of punitive laws affecting those with HIV exist.

FACTS AND FIGURES

Partners:
The OPEC Fund for International Development (OFID)

Beneficiary Countries:
Senegal, Ethiopia, Liberia, Sierra Leone, Kenya, Bolivia, Paraguay, Guyana, Honduras, Nicaragua, Dominican Republic and Haiti

Timeframe:
September 2011 – April 2012

Budget:
USD 2,500,000

THE RESPONSE

The ILO is the lead UN agency for HIV and AIDS policies and programmes in the world of work and private sector mobilization. The ILO programme on HIV and AIDS and the World of Work plays a key role in the global HIV responses through workplaces.

This project, the second phase of a partnership between OFID and the ILO contributed to the reduction of HIV incidence among individuals through effective world of work responses in eleven countries. In order to achieve this, the project focused on two key interventions tailored to the socio-economic conditions that increase HIV risks and vulnerabilities by country and economic sector:

(i) The development of national, tripartite HIV workplace policies for key economic sectors of participating countries, in accordance with the key principles of human rights, gender equality and non-discrimination outlined in the International Labour Standards;

(ii) Building the capacity of governments, and employers’ and workers’ organizations to develop enterprise level workplace policies and programmes within key economic sectors.
The programme demonstrated the value and cost-efficiency of workplace contributions to national HIV responses both in regard to policy development and implementation, and at the individual level for treatment adherence and behavioural change for HIV prevention.

The programme covered key economic sectors such as fisheries, manufacturing, maritime, mining, postal, rubber plantation, tourism, export processing and transport. Overall during the project, 13 national sectoral and 1 national HIV workplace policies were developed and more than 1.6 million persons benefitted from the projects' actions across 12 countries.

Specific examples of results include:

- Successful advocacy for the inclusion of Haitian migrant workers in the national HIV workplace policy in the Dominican Republic: particularly relevant due to the large number of Haitian workers in the Dominican Republic post-earthquake;

- Support to the development of a tripartite national rubber plantation workplace policy endorsed and launched by the president in Liberia;

- Following the end of the programme in Sierra Leone, the Sierra Rutile Mining Company agreed to provide direct support for the continued implementation of the HIV workplace policies through company workplace programmes. This programme had achieved an unprecedented level of treatment adherence (close to 100 per cent) in prevention of maternal to child HIV transmission and in anti-retroviral therapy;

- The development of a national policy through tripartite social dialogue was the first post-coup event which brought the government, workers and the employers to the same table. They collaborated on the common concern of HIV in the workplace and began rebuilding peace and a foundation for dialogue on other issues;

- In Senegal the HealthWISE tool, an ILO tool to improve occupational safety and health of workers, was piloted in partnership with the Ministry of Health, leading to its adoption as a national quality assurance tool for health services facilities;

- The first of its kind in South America, a baseline transport sector assessment on HIV and the reduction of homophobia and stigma, inspired further countries (Argentina, Bolivia, and Chile) along the bi-oceanic corridor to do the same. An on-going trucker strike in Paraguay was even paused to allow for participation in a consultation meeting concerning a sectoral HIV policy.