Strategic HIV/AIDS Response in Enterprises (SHARE)

Globally, 35.3 million people were living with HIV in 2012: most are of working age. UNAIDS estimates that around half of the people living with HIV globally do not know their status, preventing them from accessing treatment. This leads to serious consequences for individuals, their families, and for enterprises and national economies.

The workplace offers a unique setting to reach this large, vital, and productive segment of the population. It provides an environment where tailored messages and programmes to address discrimination, prevent HIV and facilitate access to health services can be delivered on a regular basis.

THE RESPONSE

The ILO’s Strategic HIV/AIDS Response in Enterprises (SHARE) taps into the resources of the public and private sectors for the benefit of workers, their families, and enterprises – not to mention national economies. SHARE’s principal objectives are to help overcome HIV employment-related discrimination and to prevent HIV by reducing risky behaviours among workers in selected economic sectors, especially those that might be more vulnerable to HIV due to working and related living conditions.

Preventing HIV and making sure workers living with HIV access treatment is crucial for enterprises as AIDS-related illnesses and deaths result in increases in absenteeism (due to illnesses and bereavements), in labour turnover (due to illnesses and deaths), in costs of recruitment, training and staff welfare (including health care and funeral costs) and in loss of skills and tacit knowledge. Enterprises partnering with SHARE benefit from a healthy and productive workforce.

A range of targeted interventions are developed and implemented within partner enterprises. These interventions include, for example: the creation of an HIV and AIDS workplace committee; the development of a labour policy on HIV and AIDS; the development and implementation of behaviour change communication programmes; the training of women and men peer educators; the promotion of condom utilization; and the launching of a ‘know your status’ campaign which promotes referrals to Voluntary Counseling and HIV Testing (VCT) facilities. Referral services link workers to existing HIV services in the community. Additionally, the capacity of many occupational health services, factory hospitals, and clinics is built to facilitate workers access to antiretroviral drugs, HIV-related symptom relief and opportunistic infection treatment.

FACTS AND FIGURES

Partners:
United States Department of Labor; The United States President’s Emergency Plan for AIDS Relief, and over 700 Enterprises at country level.

Beneficiary Countries
Barbados, Belize, Benin, Botswana, Burkina Faso, Cambo-dia, Cameroon, China, Ethiopia, Ghana, Guyana, India, Indonesia, Jamaica, Lesotho, Madagascar, Malawi, Nepal, Russia, South Africa, Sri Lanka, Swaziland, Togo, and Trinidad and Tobago.

Time frame: 2001 – 2014
Budget: USD 28,911,672
Enterprises partnering with the ILO benefit from strategic guidance for the development and implementation of HIV and AIDS policies and programmes tailored to workplaces’ needs. This leads to the increased well-being of workers and better productivity. Over the years, a wide array of resource material, manuals and guides for programming have been developed. Benefiting from ILO’s recognized expertise and experience in dealing with HIV issues, enterprise can contribute to the national efforts to reduce HIV transmission and demonstrate their commitment to non-discrimination policies and the advancement of human rights by implementing and promoting the principles of the ILO Recommendation No. 200 Concerning HIV and AIDS and the World of Work.

RESULTS

SHARE has been active in 24 countries. At the national level, over 16,500 key representatives of the tripartite constituents received HIV and AIDS awareness training and 16 countries now have a national tripartite policy on HIV and AIDS. At the enterprise level, the programme has partnered with over 700 workplaces reaching over one million workers. Workers’ surveys demonstrate improvements in the knowledge, attitudes and behaviour of the workers targeted by the programme. On average there was an overall increase of 16% in the workers’ knowledge of at least three means of protection against HIV. China saw the largest change with a 66% increase. Workers also demonstrated a more supportive attitude towards HIV positive co-workers (18% increase).

Employers demonstrated a growing commitment to addressing HIV in the workplace. The number of partner workplaces with an active HIV and AIDS joint committee increased by 63%. An average of 78% of workplaces had allocated official working hours to related education programmes, representing a 58% increase.

There was also an increase in workplaces with a budget dedicated to implementing HIV and AIDS programmes: from 9% to almost 40%.

This clearly demonstrates the value employers see in tackling HIV in the workplace. Furthermore, HIV and AIDS education services became available in 56% more workplaces, totaling 91%.

Looking at condom use, before the SHARE programme, 34% of workplaces already made condoms available to their workers; this figure rose to 78% by the end of the programme. Furthermore, safer sex practices were observed: workers who reported using a condom the last two times they had sex with a non-regular partner rose on average by 14%.

At the beginning of SHARE, 7% of workplaces had an HIV and AIDS policy, at the end 84% of all workplaces had developed their own HIV and AIDS policy based on the principles of the ILO Code of Practice on HIV/AIDS and the World of Work.

BENEFITS OF PARTNERING

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