



Governing Body

322nd Session, Geneva, 30 October–13 November 2014

GB.322/POL/3(Rev.)

Policy Development Section
Employment and Social Protection Segment

POL

Date: 19 September 2014

Original: English

THIRD ITEM ON THE AGENDA

Chairing the UNAIDS Committee of Cosponsoring Organizations (CCO) in 2015: Opportunities for the ILO

Purpose of the document

The Governing Body is invited to discuss and advise the Office on the role that the Director-General could play as Chair of the Joint United Nations Programme on HIV/AIDS (UNAIDS) Committee of Cosponsoring Organizations (CCO) in 2015. The Governing Body is also invited to request the Office to:

- submit at its 326th Session (March 2016) a report on the results achieved during the Director-General's tenure as Chair of the UNAIDS CCO during 2015 and any follow-up implications;
- as appropriate, given the intergovernmental process, provide member States with all required and requested information and support needed to integrate HIV and AIDS into the post-2015 sustainable development agenda (see the draft decision in paragraph 23).

Relevant strategic objective: All.

Policy implications: Provides guidance for ILO chairmanship of UNAIDS CCO and future Office work.

Legal implications: None.

Financial implications: None.

Follow-up action required: A follow-up paper to be submitted in March 2016.

Author unit: HIV and AIDS and the World of Work Branch (ILOAIDS).

Related documents: GB.283/LILS/10.

Introduction

1. This paper presents proposals to be considered by the Governing Body in providing the Office with guidance on ways to optimize the leadership role that the Organization will play when the Director-General chairs the Joint United Nations Programme on HIV/AIDS (UNAIDS) Committee of Cosponsoring Organizations (CCO) in 2015. This is particularly important in light of the discussions regarding the post-2015 development agenda and its future implementation. The proposals are meant to enhance the ILO's contribution, relevance and visibility within UNAIDS to improving the lives of workers living with or affected by HIV and AIDS. They are also meant to strengthen the existing partnerships with the UNAIDS Secretariat and the other Cosponsors (United Nations Development Programme (UNDP); United Nations Educational, Scientific, and Cultural Organization (UNESCO); United Nations Population Fund (UNFPA); United Nations High Commissioner for Refugees (UNHCR); United Nations Children's Fund (UNICEF); United Nations Office on Drugs and Crimes (UNODC); UN-Women; World Food Programme (WFP); World Health Organization (WHO); and the World Bank) as well as partnerships with member States and other partner organizations.
2. In line with the strategic outcome areas and the cross-cutting issues under discussion within the context of the 2016–17 ILO programme and budget, the paper invites the Governing Body to provide guidance on the need for the Office to adopt a broader approach to addressing HIV and AIDS.
3. The paper identifies focus areas of action for which the Governing Body's consideration and guidance are required.

Background information on the ILO's participation in UNAIDS

4. On 25 October 2001, the ILO became a Cosponsor of UNAIDS. The Joint Programme is coordinated by the UNAIDS Secretariat and comprises 11 organizations (ILO, UNDP, UNESCO, UNFPA, UNHCR, UNICEF, UNODC, UN-Women, WFP, WHO and the World Bank). This mutually reinforcing partnership supports the ILO's tripartite response to HIV and AIDS in and through the workplace. The ILO provides UNAIDS with access to the world of work, where HIV and AIDS prevention, treatment, care and support services can reach women and men workers, their families and communities. The UNAIDS CCO is one of the governance structures of the Joint Programme. It includes the head of each of the Cosponsoring Organizations and the UNAIDS Secretariat. The CCO reports on Cosponsors' contributions to the global response to HIV through their respective mandates and makes recommendations to the UNAIDS Programme Coordinating Board (PCB). Cosponsors take turns chairing the CCO, for one calendar year, on a rotational basis; the ILO will assume this function for 2015.
5. Chairing the CCO in 2015 will reinforce the implementation of the revised ILO strategy to address HIV and AIDS and the world of work, adopted by the Governing Body in March 2012,¹ following a thorough independent evaluation of the Office's work in this area. The revised strategy provides the framework for accelerating action and support to ILO constituents with a view to scaling up HIV and AIDS workplace policies and programmes, particularly in high-impact countries targeted by UNAIDS.

¹ GB.313/POL/2.

The context

6. The target year set for achieving the goals of the 2011 UN General Assembly Political Declaration on HIV and AIDS and the Millennium Development Goals, including MDG 6 on combating HIV/AIDS, malaria and other diseases, is 2015. During 2015, the development community, including ILO member States, will intensify their efforts to achieve the 2015 targets while, at the same time, laying the foundations for the post-2015 sustainable development goals.
7. In its role as chair of the CCO at this critical time, the ILO will have the opportunity to influence UNAIDS discussions and decisions and to provide leadership regarding the prominent positioning of AIDS in the post-2015 development agenda, while addressing and championing the needs and interests of its constituents. These discussions are expected to contribute to the 2016 UN General Assembly High-Level Meeting on HIV and AIDS, which will chart the path of the global HIV response post-2015. Additionally, chairing the CCO will provide the ILO with an opportunity to lead by example in enhancing its contribution to achieving the vision of the global AIDS agenda: zero new HIV infections, zero discrimination and zero AIDS-related deaths.

The post-2015 development agenda: Ending AIDS by 2030 – Direct opportunities for the ILO

8. Despite unprecedented progress, it is as important today as it was 15 years ago to ensure that HIV and AIDS issues are integrated into the global development agenda. For example, the number of new HIV infections has fallen from 3.4 million in 2001 to 2.1 million in 2013.² Nonetheless, 2.1 million new infections a year is still unacceptably high. HIV remains a significant barrier to positive outcomes in health, economic development and human rights, with continued and profound effects on workers and their families, enterprises and employers and national economies. The significant progress made in HIV prevention, treatment, care and support has not yet halted the spread of HIV and the epidemic is still far from over.³
9. At its 34th Session in July 2014, the UNAIDS PCB committed to working towards ending the AIDS epidemic as a public health threat and an obstacle for sustainable development by 2030. The PCB defines “ending AIDS” as the rapid reduction of new infections, AIDS-related deaths, and HIV-related stigma and discrimination to 10 per cent of 2010 levels, so that they no longer represent a major health threat to any country or population.⁴ The PCB also recognized that ending the AIDS epidemic will not be possible unless HIV and AIDS are integrated into a range of strategic development goals, including poverty eradication, food security, education, gender equality and decent work.
10. Decent work applies to all women and men workers affected by the epidemic. The rights-based multi-sector response foreseen by the HIV and AIDS Recommendation, 2010 (No. 200), and its accompanying resolution call for universal access to prevention,

² UNAIDS Gap Report, 2014, pp. 12–13.

³ *ibid.*

⁴ See press release “UNAIDS Board calls for ending the AIDS epidemic as a public health threat by 2030”, available at <http://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2014/july/20140704prpcb34/>.

treatment, care and support. Workplaces can reach millions of workers and their families with HIV prevention, care and treatment services. They are also effective channels to reach vulnerable and hard-to-reach workers, including women and men in the rural and informal economy, as well as the youth and unemployed persons. As appropriate, given the intergovernmental process, the Office will provide member States with all required and requested information and support needed to integrate HIV and AIDS into the post-2015 sustainable development agenda.

11. The importance of continuing to strengthen the AIDS response in the post-2015 era and to complete unfinished business will be addressed in the 2016 UN General Assembly High-Level Meeting on HIV/AIDS. Preparations for this meeting will take place during 2015. As UNAIDS CCO Chair, the Director-General could use this opportunity to encourage ILO member States to involve their social partners in the preparatory processes and the 2016 meeting in order to ensure that decent work goals are integrated into the outcome document that will be adopted.
12. In 2015, the Economic and Social Council (ECOSOC) will also debate progress made in the AIDS response and the contribution of the Joint Programme on the basis of a report to be submitted by the UNAIDS Executive Director. As Chair of the CCO, the ILO will guide the Cosponsors in providing input into the report. Subsequently, ECOSOC will negotiate a resolution on the Joint Programme and the ILO will represent the Cosponsors in the negotiations on the text. The majority of the 54 members of ECOSOC are also ILO member States.
13. Finally, chairing the CCO will provide the Office with an opportunity to highlight the achievements of ILO constituents in the AIDS response and strengthen the application of ILO principles as essential elements of its global response to the epidemic. Additionally, the Director-General and the UNAIDS Executive Director could explore opportunities to coordinate planned commitments to organize a joint visit to ILO-led field projects where constituents are contributing to the AIDS response.

ILO HIV and AIDS focus in the post-2015 development framework

14. The ILO strategy to address HIV and AIDS and the world of work adopted by the Governing Body in 2012⁵ has strengthened the Organization's focus on UNAIDS high-impact countries in order to improve upon its results and efficiency. It has supported the generation of evidence to underpin programme implementation through three global studies relating to the impact of social protection on workers living with HIV, good practice in HIV and AIDS workplace programmes and the impact of employment on HIV treatment adherence. The strategy also provided the foundation for the UNAIDS-supported "Getting to Zero at Work" campaign which promotes non-discrimination in employment as well as the VCT@WORK initiative. This initiative promotes voluntary and confidential HIV counselling and testing through workplaces to allow women and men workers to know their HIV status and seek life-saving treatment if necessary.
15. In the post-2015 development framework, HIV and AIDS will remain a priority for the Office. Investments in HIV/AIDS represent important investments in health, gender equality, human rights and development. HIV/AIDS will thus be addressed across several of the strategic outcome areas and cross-cutting issues outlined in the ongoing 2016–17 programme and budget discussions. Being key drivers of the epidemic, gender-based

⁵ GB.313/POL/2 and GB.313/PV, para. 313.

inequalities as well as HIV-related stigma and discrimination will be addressed as part of the ILO's overall response to HIV/AIDS in the 2016–17 programme and budget and beyond.

16. It is proposed that the approach adopted by the Office, centred primarily on HIV and AIDS and to some extent on tuberculosis at country level, be broadened to include other diseases and occupational safety and health issues including gender-based violence, which can either increase HIV risks or disproportionately affect those living with HIV. Forging strategic partnerships at the country level to ensure that HIV workplace programmes form part of workers' well-being programmes which address the broader needs of women and men workers will be critical to producing enhanced outcomes. This integrated approach to workers health was widely endorsed by the XX World Congress on Safety and Health at Work 2014.⁶
17. In accordance with the ILO's strategic programme proposals for 2016–17, the focus for the delivery of quality and tailor-made support to constituents will be built around the outcome areas set out in the paragraphs below.
18. The well-being of workers living with or affected by HIV, and their ability to continue working is linked to the availability of and access to social protection services and benefits (outcome area 3) that address their different needs. Social protection enables workers to continue contributing to their country's economic growth, supporting their ability and that of their families to live with dignity. While social protection schemes provide opportunities for workers living with HIV to remain on HIV treatment, many workers living with HIV do not know their HIV status. UNAIDS states that more than half of the 35 million people currently living with HIV are unaware of their status, increasing the risk that they may transmit HIV to others. To strengthen the link between social protection and HIV treatment for workers living with HIV, the ILO-led VCT@WORK initiative will be further expanded.
19. In the context of addressing the protection of workers from unacceptable forms of work (outcome area 6), the ILO will scale up the development and implementation of non-discrimination policies and programmes. Stigma and discrimination impairs the rights of workers living with or affected by HIV and AIDS and also poses a serious challenge to HIV prevention and treatment efforts. Discrimination further marginalizes workers who belong to higher-risk populations (such as men who have sex with men; transgender populations; people who inject drugs; and sex workers and their clients) making it more difficult to reach them with information and services.
20. By improving compliance through labour inspection (outcome area 7) with national occupational safety and health legislation and safeguarding labour rights, labour administrations and labour inspectors can help reduce new HIV infections, AIDS-related deaths and HIV-related stigma and discrimination in workplaces. In their preventive and advisory capacities, labour inspectors will continue to provide the needed guidance to enterprises and workers, helping them to design, implement and monitor gender-responsive workplace policies and programmes, thus facilitating increased levels of productivity.
21. HIV-related travel restrictions in sending, transit and receiving countries for people living with HIV affect the rights of migrant workers and constitute a barrier to the promotion of fair and effective labour migration policies and programmes (outcome area 9). Fair and effective labour migration policies support and apply protective standards and enforcement

⁶ ILO: *Safety and Health at Work: A Vision for Sustainable Prevention*, XX World Congress on Safety and Health at Work 2014, Frankfurt, 24–27 August 2014.

mechanisms throughout the migration process. There is a strong link between human rights violations, abuses or lack of legal protection and increased risk of HIV infection. Conditions of travel, accommodation and work (including mandatory testing requirements) associated with labour migration and the consequent lack of access to legal protection or to health and social services can increase migrants' vulnerability to HIV.

22. Employers' and workers' organizations have a proven track record of influencing and shaping national policy environments in a manner that mitigates the impact of the epidemic on workers, their families, their dependants, workplaces and economies. Strong and representative employers' and workers' organizations (outcome area 10) are instrumental in facilitating the implementation of all relevant ILO standards including the HIV and AIDS Recommendation, 2010 (No. 200). Together with governments they drive the world of work response to the AIDS epidemic, providing care for HIV-affected workers through the promotion of decent employment and job creation, especially for young people, and promoting the fundamental principles of non-discrimination, gender equality, and well-being for all.

Draft decision

23. *The Governing Body requests the Office to:*

- (a) *submit at its 326th Session (March 2016) a report on the results achieved during the Director-General's tenure as Chair of the UNAIDS CCO in 2015 and any follow-up implications;*
- (b) *as appropriate, given the intergovernmental process, provide member States with all required and requested information and support needed to integrate HIV and AIDS into the post-2015 sustainable development agenda.*