HIV AND THE WORLD OF WORK:
WHY AND HOW WE SHOULD ALL ADVOCATE FOR THE IMPLEMENTATION OF THE ILO RECOMMENDATION ON HIV AND THE WORKPLACE
Introduction

The HIV pandemic is more than solely a health concern. HIV has a major impact on human rights, local economies, social progress, national development and economic sustainability\(^3\). The effects of HIV and AIDS are concentrated in the most productive age group (15-49 years), and people living with HIV and AIDS often face challenges from stigma and discrimination in all spheres of the world of work – as jobseekers and applicants, as workers in formal and informal workplaces, and as laid off and suspended workers\(^2\). This poses significant obstacles to the attainment of the decent work agenda, which paves the way for broader social and economic advancement, strengthening individuals, their families and communities\(^3\). This stigma and discrimination also impacts adversely upon sustainable development, respect for human rights and fundamental freedoms. Workers come from diverse backgrounds and cultures, and have overlapping needs and concerns. Workers also include: people living with HIV (PLHIV), women, young people, men who have sex with men, transgender people, sex workers, and people who use drugs. Thus, stigma and discrimination in the workplace and other labour issues affect all of these communities and as such, all of us can play a vital role in putting a stop to HIV-related stigma and discrimination in the workplace. Recommendation Number 200 (the Recommendation) set by the International Labour Organization (ILO) provides a foundation for doing just that. This factsheet highlights key aspects of the Recommendation and presents an overview of how it can be used as an advocacy tool by all constituencies.
What is the ILO HIV & AIDS Recommendation 200?

ILO recognises the role of the workplace as a key entry point for facilitating access to HIV prevention, treatment, care and support services in partnership with ministries of labour, employers, the private sector, trade unions, national AIDS programmes, organisations of persons living with HIV, civil society organisations, UNAIDS and other international organisations and donors. It calls for the development, adoption, monitoring and effective implementation of national policies and programmes on HIV and AIDS in the world of work, which are to be integrated into national development plans and poverty reduction strategies. The Recommendation takes a multi-sectoral approach and calls for wider partnerships to effectively integrate HIV and AIDS workplace policies and programmes in the AIDS response at the global, regional as well as national levels.

The Recommendation aims to guide governments, organisations of employers and workers, public and private enterprises, employers and workers to promote healthy workplaces, by defining their roles and responsibilities at all levels of policy and decision-making processes, implementation, and evaluation of programmes on HIV and AIDS in the workplace. The Recommendation has a broad scope of application, covering: (1) all workers in all workplaces, including persons in any employment or occupation, trainees, interns and apprentices, volunteers, jobseekers and job applicants, and laid-off or suspended workers; (2) private and public sectors, including formal and informal economies; and (3) the armed forces and uniformed services.

The Recommendation builds on and reinforces the ILO Code of Practice. Key points which policy and decision makers should consider in the development of national policies and programmes on HIV and the workplace are:

1. The response to HIV and AIDS should be recognised as contributing to the realisation of human rights and fundamental freedom and gender equality for all, including workers, their families and their dependants.
2. Workers should not be subjected to HIV-related stigma and discrimination in any aspect of the employment relationship, including selection and recruitment and terms and conditions of employment. Measures should be in place to ensure the application of the principle of non-discrimination. HIV status alone should not be a ground for termination of employment, denial of access to a job or occupation, or a ground for a medical finding of lack of fitness for work. The promotion of equality of opportunity and treatment must include respect for workers’ human rights; ensuring gender equality and the empowerment of women, and measures against violence and harassment in the workplace; empowerment of workers regardless of their sexual orientation; promotion and protection of reproductive health; and support for the confidentiality of workers’ personal medical data.
3. Prevention programmes and strategies should be adapted to workplace and national situations, and be sensitive to gender, cultural, social and economic concerns. Programmes should include access to comprehensive prevention packages such as availability of supplies (e.g. condoms, post-exposure prophylaxis, and other harm reduction tools), accuracy of information, provision of comprehensive education to reduce risk of transmission, promotion of voluntary testing to know one’s HIV status, and reduction of high-risk behaviors.
4. Workplaces should facilitate access to a broad range of HIV treatment, care and support services, including appropriate and effective prevention interventions, access to health care for workers and their dependants who are living with HIV, and education or awareness interventions to facilitate workers’ access to available services both within and outside the workplace.
5. Care and support services in the workplace should include measures of reasonable accommodation such as providing a worker living with HIV time off or working hours that are flexible to accommodate his/her needs to seek medical services, counseling, and other needs; and opportunities for recruitment and retention of persons living with or affected by HIV. Any kind of reasonable modification or adjustment to a job should enable a person living with HIV to have access to, or participate or advance in employment.

6. Workers should not be required to undergo compulsory testing and disclosure of their HIV status for purposes of recruitment and employment. Testing should be free from any forms of coercion and must be genuinely voluntary. For instance, workers should not be subjected to HIV testing unless they freely give their informed consent. Moreover, the confidentiality of the test results must be ensured.

7. Workplaces should be safe and healthy and protect workers from the risk of HIV transmission through appropriate measures to prevent workers’ exposure to HIV at work. Measures include the adherence to universal precautions such as strict adherence to safe use of needles and syringes, prevention of accidents and hazards, and education and training on all modes of HIV transmission, emphasising that casual physical contact in the workplace cannot transmit HIV.

8. Reduce the vulnerability of children and young workers to HIV by combating child labour and child trafficking, preventing sexual exploitation, and implementing protective measures for young people such as the inclusion of sexual and reproductive health education in programmes and services in the workplace.

The Recommendation also provides guidance on the implementation and monitoring of workplace HIV policies and programmes. The Recommendation emphasises the need for putting such HIV workplace policies and programmes into action and campaigning against inequality, with consideration to scientific and social developments and the need to mainstream gender and cultural concerns. Implementation and follow-up should be done through:

a. Informed consultations with relevant institutions and actors, including governments, employers’ and workers’ organisations, the health sector, networks of people living with HIV and the labour administration and judicial authorities;

b. Provision of easily accessible dispute resolution procedures to address violations of workers’ rights such as breaches of privacy and confidentiality;

c. Promotion of enterprises to implement national policies and programmes;

d. Promotion of social dialogue; and

e. Coordination and collaboration among the national AIDS authorities and relevant public and private entities.

The Recommendation suggests that necessary steps should be taken to assess and evaluate the developments of any implementation of workplace policies and programmes. This calls for the establishment of effective mechanisms to monitor progress, collect pertinent information or statistical data for evaluation purposes and conduct research at all levels.
What can I do?

The workplace is a strategic location to advocate for the rights of workers living with HIV because 90% of those affected by the pandemic are of working age\(^2\). Evidence from the PLHIV Stigma Index shows that people living with HIV across all geographical regions experience significant losses of jobs and income, as well as access to work, because of their positive HIV sero-status\(^3\). For example, in Bangladesh and Zambia, 14% and 16% of PLHIV respectively had experienced loss of jobs or income because of being HIV-positive. In Myanmar, 15% were refused jobs because they are living with HIV while in Paraguay and the Dominican Republic, 8.2% and 9.7% respectively of PLHIV were refused employment. In the workplace, through organisations such as trade unions, employers’ coalitions and governmental bodies, there is a potential to protect the rights of workers, support prevention efforts and provide access to treatment for HIV and medical services:

- **Trade unions** can advocate for the development of non-discriminatory policies and rights of workers to have HIV prevention, care and support services at workplaces.
- **Employers** can put in place a comprehensive programme based on Recommendation 200, in collaboration with unions in their workplaces.
- **Civil society organisations** can play a key role in expanding workplace programmes in collaboration with government, employers and unions as well as PLHIV.
- **Media** can play a key role by highlighting good examples of actions taken by stakeholders in giving effect to Recommendation 200 and developing policies and programmes for the protection of workers.

People living with HIV can work and lead a long productive life. It is important to keep them in employment. Work helps people achieve independence by earning money to support their daily needs and provides them with the opportunity to have some control over their lives. It gives people a sense of security and personal achievement, thus the attainment of decent work is a prerequisite for dignity. It is fundamental to recognise HIV as a possible fact rather than an occupational hazard in advocating for the rights of workers to have universal access to HIV prevention, treatment, care and support services through the world of work. The challenges in achieving universal access lie not only among policy-makers and implementers, but also among advocates, workers, and each of us, as stakeholders in promoting safe and healthy workplaces around the globe. Below are some actions, which you can take to improve the lives of many working people, particularly those living with or affected by HIV:

- **Be informed** about existing HIV related policies and programmes in the workplace at the international, country or local community level. Awareness-raising measures should be emphasised among members of the community. Some of these resources can be accessed at the ILO website: [http://www.ilo.org/aids/Publications/lang–en/index.htm](http://www.ilo.org/aids/Publications/lang–en/index.htm). If policies are not in place, **be an agent of change** by advocating or lobbying your governments (at the local and national levels) and employers regarding the need for HIV policies in the workplace. Lobby for the inclusion of HIV and AIDS workplace programmes in national AIDS plans or strategies, in national poverty reduction strategies, social protection and economic plans.

  Also, there are labour unions within your areas that can offer support in raising awareness, promoting healthy workplaces and providing good sources of information. Some international labour unions that include HIV & AIDS in their policies and programmes are:
• Ensure that what you do is evidence driven by the real concerns and experiences of PLHIV. In many countries, national networks of people living with HIV have gathered data about stigma and discrimination and human rights violations in workplace and employment situations. Regardless of the work that you do, it needs to be guided by evidence and the concerns and priorities of those most affected by working in partnership with them. For information about which countries have such evidence and data (at a national or regional level) and may want to work in partnership with you please contact GNP+ (info@gnpplus.net).

• Advocate for greater and meaningful involvement of persons living with HIV at all levels of HIV interventions in the workplace including, but not limited to the design or planning, implementation and evaluation of workplace HIV programmes and policies.

The active participation and involvement of workers living with HIV and their families and dependants can address the problems that are commonly experienced in the workplace. Local legislative bodies in the government should create social dialogue between employers and employees to discuss the challenges that occur or can occur in the workplace. Partnerships and cooperation at an international, national or local level should exist to exchange information for increased awareness of the needs and the rights that should be included in a workplace setting. In addition, the involvement of persons living with HIV particularly in providing education and awareness raising is one of the most effective ways to bring the realities of HIV and AIDS to co-workers and other employers. They are a living example that HIV can happen to anyone regardless of socio-economic status. Measuring the greater involvement of people living with HIV (GIPA) in the formulation of workplace strategies and initiatives are essential if such initiatives are to be meaningful and effective. Some resources to measure GIPA can be found at http://www.worldaidscampaign.org/en/Constituencies/People-Living-with-HIV-and-AIDS/Resources and http://www.gnpplus.net/en/programmes/empowerment/gipa-report-card

• Support the movement against stigma and discrimination to help persons living with HIV attain decent work and social justice. It is a fundamental right of every person to be treated fairly and justly. Equal treatment encourages openness, acceptance, and support. Through this, we are giving persons living with HIV and their affected families and dependants greater opportunities to achieve successful employment. Moreover, the creation of non-discriminatory working environments will help them feel that they are supported and are seen as productive members of society, and that privacy and confidentiality will be upheld if and when they opt to disclose their status.

• Support policies and programmes that maximize health care benefits for people living with HIV. If international, private, and public sectors, as well as government and commercial entities, support the adaptation and
implementation of these health care benefits programmes, affected employees can gain enough knowledge on how to access voluntary and rights-based testing and treatment to learn their HIV-serostatus. Health care support must be readily available for everyone.

Clear communication of the policy is vital as emphasized by the UK Consortium on AIDS and International Development (2003). According to their research, NGOs found that while they had policies in place to support people living with HIV, the benefits had not been taken up because of low awareness of the policies and because a safe and supportive environment was not perceived as having been created. One example is a report from the NGO Code of Good Practice (2009) where access to testing of pregnant women and babies is still not universal. Some studies have shown that only one third of HIV positive pregnant women are accessing drugs to reduce the risk of infection to children worldwide. In addition, treatment for children of infected parents remains more expensive and less accessible. Appropriate medication for children and infants is often not available [8].

• Be active in promoting occupational safety. Aside from full access to health care benefits, all workers, particularly persons living with HIV, their families and their dependants must also be guaranteed a safe and healthy working environment to prevent transmission of HIV or workers’ exposure to infections. Some measures that may be utilized in pursuance of this principle are universal precautions and the use of personal protective equipment, infection and environmental control measures, and hazard prevention measures. One good example of a policy to manage bloodborne infections and needlestick prevention in the workplace is offered by the Occupational Safety and Health Administration (OSHA) of the United States of America Department of Labour on their website at: http://www.osha.gov/SLTC/bloodbornepathogens/index.html In order to achieve successful workplace strategies and ensure their effective implementation, commitments from all staff levels to enforce these strategies must be ensured.

• Ensure access to all means of prevention including adequate occupational safety and health. Infected and affected persons must have full access to the health care benefits offered in the workplace including the availability of protective supplies such as condoms, educational materials, clean needles and syringes among other materials. Preventing HIV must be a multi-sectoral responsibility, particularly at the individual level. In this sense, everyone must take an active role to prevent HIV infection in the workplace, at all levels. Management can take measures to create a safe working environment by putting policies in place and providing supplies. Through systematic multi-strategic prevention approaches, employers are guided on the effective implementation of appropriate occupational safety and health measures to prevent transmission of HIV. The Recommendation also encourages independent management of one’s own health since it is the moral responsibility of every person, infected or not infected, to take care of themselves and others to avoid re-infection and further spread of HIV in the workplace.

References