Tripartite Partnership Strategy
on
HIV and AIDS Prevention in the World of Work
in the Republic of Tajikistan

This document was developed by the Ministry of Labour and Social Protection of the Republic of Tajikistan with the participation of social partners of the Employer’s Union and the Federation of Independent Trade Unions of the Republic of Tajikistan

and

approved by the Ministry of Health and the Committee for Women and Family Affairs under the Government of the Republic of Tajikistan

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2012
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References
Abbreviations:

HIV – human immunodeficiency virus
VCT – voluntary counselling and testing
WLHIV – women living with HIV
HB – healthy behaviours
PLHIV – people living with HIV
HIVAPs – persons affected by HIV
STIs – sexually transmitted infections
IEMs – information & educational materials
MH – Ministry of Health of the Republic of Tajikistan
ILO – International Labour Organization
IOE – International Organization of Employers
MoLSP – Ministry of Labour and Social Security of the Republic of Tajikistan
MSM – men who have sex with men
NCC – National Coordination Committee on HIV and AIDS, Tuberculosis and Malaria
NGO – nongovernmental organization
CSOs – civil society organizations
UN – United Nations Organization
AERT – Association of Employers of the Republic of Tajikistan
IDUs – Intravenous drug users
GR – regulation issued by the Government of the Republic of Tajikistan
AIDS – acquired immunodeficiency syndrome
PPE – personal protective equipment
CSWs – commercial sex workers
TB – tuberculosis
FITUT – Federation of Independent Trade Unions of Tajikistan
CFSS – Centre for Strategic Research
MDGs – Millennium Development Goals
UNAIDS – the Joint United Nations Programme on HIV and AIDS
1. **INTRODUCTION**

The HIV and AIDS epidemic hit hard all strata of the society. Workplaces play a very important role in expanding response measures. The situation in the Eastern Europe and the Central Asia is characterized by further growth in HIV cases. Three thousand eight hundred and forty six HIV cases, 2987 males and 859 females, including 989 new cases in 2011, were officially registered in the Republic of Tajikistan as of December 31, 2011, of which 552 persons died. HIV infection was registered in 66 of 68 regions and cities of the Republic of Tajikistan.¹

The Programme on the response to the epidemic of HIV/AIDS in the Republic of Tajikistan for the period of 2011-2015 (hereinafter referred to as “the National Programme”) based on the Strategy for Poverty Reduction in the Republic of Tajikistan for 2010-2012 which sets the prevention of HIV epidemic as a top-priority objective, provides for measures aimed at developing and implementing the national policy for HIV prevention at work in both public and private sectors, will have a strong impact upon information and educational programmes; legal and political measures for HIV prevention; development of programmes on HIV at work, namely factories, plants, mines and other industrial sites and facilities, as well as employment and social security support for people living with HIV (PLHIV).

The Country Progress Report as part of the Declaration of Commitment on HIV and AIDS which was adopted on March 31, 2010 by the Special Session of the United Nations General Assembly, indicates that a policy on HIV and AIDS at work is still to be developed in the Republic of Tajikistan.²

The ILO adopted the first international labour standard in June 2010, Recommendation concerning HIV and AIDS and the World of Work (No. 200). The Recommendation calls for the development of national policy and programmes at work to prevent discrimination and stigmatization of people living with or affected by HIV. It also provides for a ban on mandatory HIV testing, screening and disclosure of HIV status, protection of private life, including confidentiality of HIV-related information. Pursuant to the ILO Recommendation (No. 200), all persons covered by this Recommendation, including workers living with HIV and AIDS and their families and their dependants should be entitled to health services. These services should include access to free or affordable treatment for opportunistic infections and sexually transmitted infections and any other HIV-related illnesses, in particular tuberculosis. This Recommendation (No. 200)provides the basis for the development of national policy at work with regard to HIV and AIDS in every country, including in the Republic of Tajikistan.

A Tripartite Partnership Strategy on HIV and AIDS Prevention in the World of Work (hereinafter referred to as the “Strategy”) was developed in order to:

- accomplish the objectives approved by the national Programme on the response to the epidemic of HIV/AIDS in the Republic of Tajikistan for the period of 2011-2015.

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¹AccordingtotheRepublicanCentreforAIDS under the Ministry of Health of the Republic of Tajikistan.

- take joint measures under the Agreement Between the Parties of Social Partnership on HIV and AIDS in the World of Work in the Republic of Tajikistan dated November 23, 2011 (Attachment 2).

The Strategy was developed based on the principal provisions of the ILO Recommendation concerning HIV and AIDS in the World of Work (No. 200), 10 basic principles of the ILO Code of Practice on HIV and AIDS and the World of Work (adopted in 2001), and on the conclusions and recommendations developed as part of the National Analysis of the Law on HIV and AIDS and the World of Work completed under the auspices of the Ministry of Labour and Social Protection of the Republic of Tajikistan (MoLSP), the Presidential Centre for Strategic Research of Tajikistan (CFSS), the “IMRAN” Social and Economic Development Centre and with international expertise and technical assistance from the ILO Office in May-July 2011.

The Strategy was developed under the auspices of the Ministry of Labour and Social Protection of the Republic of Tajikistan and through valuable contribution of social partners (FITUT and AERT) and in cooperation with the representatives of the Republican Centre for AIDS Prevention (MH), the Committee for Women and Family affairs under the Government of Tajikistan, and civil society organizations working with PLHIV.

The approved Strategy will be complemented with a Plan of tripartite partnership specific measures and implementation of sectoral educational programmes on HIV (incl. TB) at pilot enterprises of Tajikistan within timeframe, budget and streamlined allocation of duties, monitoring and evaluation. The plan of actions and sectoral programmes at the workplaces will be approved and implemented by the Ministry of Labour and Social Security of the Republic of Tajikistan, social partners in close cooperation with and assistance from the MH, NCC and representatives of the PLHIV community.

1.1 Background

The HIV and AIDS epidemic is considered a big challenge to the development and social progress. The HIV epidemic provokes poverty and inequality and deteriorates the situation of the most vulnerable groups, particularly the elderly, women, children and the poor.

Countries and organizations which fail to take timely response measures, have to pay high costs at the expense of public and private enterprises because of reduced productivity, loss of skilled and qualified workforce and extra expenses on medical treatment of employees, as well as extra costs of growing demand for public services. The epidemic slows down the workforce inflow to the market, only to result in a loss of qualifications and skills of workers. Moreover, absence due to illnesses leads to higher wage costs.

The HIV and AIDS epidemic has resulted in a global crisis which hits all levels of the society. It has an ever-growing impact on the business community which is confronted with not only higher labour costs, but also a loss of profits and productivity, which brings about many new challenges for employers and employees. AIDS has direct and indirect impact on the business
community worldwide. For example, more than 20 per cent of the economically active population aged 15-49 live with HIV in South Africa.\(^3\) HIV cases in the same age group tend to grow in Tajikistan, in particular in the able-bodied population.

As estimated by the Joint United Nations Programme on HIV and AIDS (UNAIDS), about 34 million persons lived with HIV at the end of 2010\(^4\). At least 25 million of them are fully able-bodied persons aged 15-49, according to ILO estimates. This is why HIV infection hits not only enterprises and the national economy at large, but also workers and their families. According to ILO forecasts, the workforce in the countries with a high HIV and AIDS prevalence is expected to shrink 10-30 per cent by 2020 against the onset of the epidemic.

The effect of HIV and AIDS take the highest toll of vulnerable groups, including the poorest of the poor, i.e. women and children. The issues of unequal social protection, gender inequality and child labour have become more visible. In addition, some types of work are potentially more vulnerable to infection than the others, according to the ILO Code of Practice on HIV and AIDS and the World of Work. The document makes it clear that it ultimately depends on individual behaviour rather than occupation. This refers to jobs which require regular or long periods away from home and work in remote areas with restricted communications and medical assistance. Unsafe contacts with blood and other blood products incur additional occupational risk.

Discrimination of HIV-positive persons at workplace feeds fear and hostility and even makes the epidemic spread at a faster rate. Vice versa, effective policy of administration and information and educational campaigns helps combat the epidemic at workplace and contributes to tolerant attitude towards workers living with HIV and AIDS.

In September 2011, the able-bodied population of the Republic of Tajikistan (employed persons and those who were officially registered as unemployed) totalled 2,183,000, of which employed persons were 2,127,600 (97.4%) and officially unemployed persons 550,900, 2.6% of the able-bodied population. Women accounted for 52.9% (370,400) of those registered as unemployed.

It is the human capital that is considered most valuable economic asset in developing countries which normally have a small size of physical capital. HIV and AIDS have a deep impact on the ratio of dependants to workers and further load on the workforce in these countries. The impact is reflected not only in quantitative but also qualitative indicators of the workforce. According to ILO forecasts, population in 29 countries will shrink by 8% by 2020 through the mortality attributable to AIDS if the infection spreads 2% like in 1997. Many of those who live with HIV and AIDS are skilled workers in the capacity of managers and non-managers.

1.2 Situation in the Country

The population of the Republic of Tajikistan totalled 7,700,000 as of January 1, 2011. The ratio of men to women is almost equal. Tajikistan is confronted with serious economic problems and the effect of the global financial crisis.

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\(^3\) The Employers’ Handbook on HIV and AIDS – the Guidelines issued by the International Organization of Employers (IOE)

\(^4\) http://www.unaids.org/ru/
HIV spreads locally in the Republic of Tajikistan. The situation is far from being considered a nationwide epidemic, because HIV infection is transmitted only among the population at risk. The country has a unique opportunity to reverse the trend in HIV spreading and achieve the Millennium Development Goals by 2015. However, the available evidence suggests rapid HIV spreading among the high risk groups, as well as a trend for spill-over of the epidemic to other groups of population, i.e. women.

Three thousand eight hundred and forty six HIV cases, including 989 new cases in 2011, were officially registered in the Republic of Tajikistan as of December 31, 2011. HIV prevalence accounts for 43.4% per 100,000 persons, HIV-infection cases were registered in 66 of 68 cities and regions of the country. By the end of year 2011,552 HIV-positive persons died. The number of infected persons is estimated between 6,800 and 10,000 based on the quantity of registered HIV infection cases.

HIV-positive persons aged 15-49, of which 76% are persons aged 20-39, account for 94.3% of the confirmed cases. Children aged 14 or younger account for 2.8%. Men and women account for 77.6% and 22.4% of the registered cases respectively. The number of HIV-positive females has recently almost tripled. For example, the number of registered HIV-positive cases among women stood at 8.5% in 2005 and increased to 22.4% at the end of 2011. The data on officially registered HIV cases in the country shows that HIV infection is basically transmitted through injections which resulted in infection of most of the HIV-positive persons (52.6%), whereas 29.8% of the infected persons were infected through having sex. No way of infection transmission was revealed in 15.7% of the registered HIV cases. Most of these cases are very likely to be connected with the use of contaminated needles for injection of drugs.5

Tajikistan has constantly been tracing HIV prevalence since 2005 through a routine HIV sentinel surveillance of the key populations at higher risk (IDUs, CSWs) and other vulnerable groups, including prison inmates, STI pregnant women and migrant workers. A National study of knowledge, attitudes and practices among young people aged 15-24 was conducted in 2006-2007. Furthermore, a series of other studies were conducted at the national and regional levels, including a study of stigmatization and discrimination of HIV-positive persons among public at large and medical workers, a study of knowledge, attitudes and practices among the military, domestic violence, socio-economic effect of the HIV and AIDS epidemic, evaluation studies of the IDUs and CSW populations in Tajikistan.

Nevertheless, HIV prevalence and frequency as well as AIDS-related death rate were ultimately assessed on the basis of fairly reliable and complete statistical data, methods of demographic modelling. The assessment shows that 9992 persons are living with HIV in Tajikistan in 2010.

Gender and HIV. Women remain most vulnerable regardless of the predominance of IDUs in the course of HIV epidemic in Tajikistan. Women account for most of the CSWs and about 11% of the IDUs. Furthermore, most of MSM married and have unsafe sex with the spouse. As a result, women in Tajikistan may get HIV-infected in different ways. Most of the HIV-

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5 Based on the data provided by the Republican Centre for AIDS under the Ministry of Health of the Republic of Tajikistan.
positive pregnant women were sexual partners/spouses of migrant workers and spouses of IDUs. 

The gender dynamics of HIV in Tajikistan is complex and ambiguous. It is not only women that are exposed to the risk of being infected. Almost half of the men in the country are migrants working in distant and close by countries and away from their families and kin. Therefore, most of them engage in risky behaviours. It should be noted that migrant workers are the core able-bodied population in the country at large, and when back at home HIV-positive migrants may infect their spouses as well as CSWs with whom they have relations in their home country.

The role of migrant workers as principal breadwinners in Tajik households in combination with high cultural values focused on family preservation prevent women from discussing safe sex with the spouse, in particular the use of condoms.

The issues of women’s rights and gender equality have been in the focus over the last decade both internationally and nationally. Having a huge labour potential, women account for more than a half of the able-bodied population in the Republic of Tajikistan.

The current gender policies of the Government of the Republic of Tajikistan encourage women to be active publicly. The market-driven economy promotes individual initiative of women. The emergence and proliferation of business women contribute to formation of economically self-supporting female groups. New types of activity arouse interest, namely private enterprises, individual creativity, social sector.

1.3 HIV and AIDS and the World of Work

HIV and AIDS are a major threat to the world of work: while affecting the most productive segment of the workforce, they reduce earnings and impose huge costs on enterprises across the board through declining productivity, increasing labour costs and loss of skills and experience.

In addition, HIV and AIDS are affecting fundamental rights at work, particularly with respect to discrimination and stigmatization aimed at workers and people living with and affected by HIV. Stigma and discrimination at work result in a loss of jobs and earnings as well as boycott and isolation of workers due to confirmed or alleged HIV status.

The HIV threat is evident for the economically active population, because the most productive 15-49 age group accounts for almost 80% of all the registered HIV infection cases.

A lack of policies and programme on HIV in the world of work results in non-awareness of the majority of healthy population, with stigma and discrimination of HIV-positive persons gaining ground among workers. Enhanced stigma among the general public reinforces internal stigma among PLHIV thus increasing their self-depreciation, isolation and non-participation in the work process. All these factors result in acute mental and emotional disorders and growth in attempted and actual suicides among those living with HIV.

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7 Ibid 6, p.14.
15.1% of the interviewed PLHIV (15.6% of males and 14.7% of females) were confronted with discrimination at work, which is partially due to HIV testing requirement in employment. In this case PLHIV cannot get employed, because they are reluctant to disclose their HIV status. A list of occupations and positions which require mandatory HIV testing in employment is clearly provided for by the law. A requirement of mandatory HIV testing for employment in other occupations is a violation of human rights. This is another evidence of poor knowledge of the law among a majority of PLHIV.  

**Labour migration.** Increased migration has recently become a new distinctive phenomenon for Tajikistan. According to the State Agency for Employment and Migration under the Ministry of Labour and Social Security of the Republic of Tajikistan, 805,000 registered migrant workers left for the Russian Federation in 2008. Migrant workers are estimated at about 2 million, according to other studies and unofficial figures. Many migrate inside and outside the country in search of better employment and wages. Though migrant workers face different risks, the migration process enhances the likelihood of HIV infection, in particular for unmarried persons, those who work away from the family, and those who work under hard conditions.

It should be noted that migrants who often have no legal status in host countries, have no access to quality and timely medical assistance. Therefore, many HIV-positive persons learn about their HIV status only too late, when HIV infection of their spouses cannot be timely prevented, as evidenced by the growing share of spouses of migrants in new HIV infection cases.

2. **RATIONALE**

- Workplaces where many persons get together, is an ideal place to improve access to prevention, medical treatment, attendance and support for people living with or affected by HIV and AIDS, as well as to mitigate the adverse effect of HIV infection in the world of work.
- Response to HIV and AIDS is basically intended to address the issue of stigmatization and discrimination, and response measures play a pivotal role at workplaces where workers spend most of their time.
- The Government of the Republic of Tajikistan ratified on 26.11.1993 the ILO Convention on Discrimination in Employment and Occupation (No. 111), etc. It is therefore imperative to develop a policy statement on discrimination of workers with regard to confirmed or alleged HIV status.
- It is widely accepted that HIV and AIDS preventive measures at workplaces economically reasonable.
- Though some measures are already in place, a policy on informal sector workers remains to be developed in order to provide response to stigma and discrimination and address the HIV-related issues.

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- Many public and private sector employers have not yet launched measures at work because these risks seemed insignificant and there was no understanding of the urgency of this issue yet.
- People living with HIV need to be educated, retrained and employed, because they are vulnerable and dependant socially and economically.
- Women living HIV need more attention and options of education and employment, because women are far more vulnerable even among the PLHIV.
- Little involvement of private sector representatives in the prevention of HIV prevents an efficient response to mitigate HIV prevalence in the country.

Hence the Tripartite Partnership on the Prevention of HIV and AIDS in the World of Work is vital for coordination of all stakeholders and enhancing the mechanism of efficient cooperation and measures for the protection of workers from HIV infection and mitigation of its socio-economic effect.

2.1 Guidelines for the tripartite partners in HIV and AIDS prevention

The policy on HIV and AIDS at workplace provides the basis for joint measures to be approved by all stakeholders, namely the state, employers, employees, civil society, including institutions which represent people living with HIV, aimed at preventing transmission of HIV infection and mitigating the epidemic effect on the world of work through the opportunities it provides. The policy on HIV and AIDS at workplace also forms the basis for development of a strategy and programmes on HIV and AIDS at the sectoral and enterprise levels. With reference to principal provisions set forth in the Recommendation (No. 200), this policy must help tackle the issues of HIV and tuberculosis in relation to the situation in the country. Following are the goals of the policy on HIV and AIDS and the world of work:

- ensure compliance with the national policy and the programme on HIV response, and engage actors of the world of work in taking response measures to HIV infection;
- serve as a benchmark and reference for all stakeholders in the country in defining the role of those who take response measures to HIV and AIDS at work and in the world of work;
- take account of the cultural and gender aspects, and provide gender equality and more rights and opportunities for women within the society as part of the national response to HIV infection;
- ensure that information is provided to the target audience in accessible and apprehensible format.

Dissemination of the strategy and programmes for HIV and AIDS prevention in the world of work is the key component of the principal strategies as part of the implementation of the third stage of the National Programme. In doing so, it is both important and reasonable to follow the national political recommendations and employ the tools designed to develop measures with regard to HIV and AIDS and the world of work.

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The MoLSP, FITUT and AERT signed the first joint Agreement Between the Parties of Social Partnership with Regard to HIV and AIDS in the World of Work in the Republic of Tajikistan dated November 23, 2011, as part of the Country Programme for Cooperation on Decent Work between Tripartite Partners of the Republic of Tajikistan and the International Labour Organization for the Period of 2011-2013. The members of tripartite committee for social and labour relations:

- considering the HIV and AIDS prevalence as a potential threat for workers, enterprises and the national economy at large;
- expressing deep concern of a potential effect of HIV and AIDS and tuberculosis on the national workforce and, consequently, labour productivity;
- call for all stakeholders to pool their efforts in response to HIV and AIDS.

The Ministry of Labour and Social Security of the Republic of Tajikistan have developed this document jointly with social partners and with participation of civil society representatives in order to facilitate the achievement of a key objective set forth in the National Programme. (Objective 2. Vulnerable groups, including young people, orphans, military, migrants and women have adopted safe behaviours: 2.4 the development of programmes on HIV to be used at work, namely factories and plants, mines and other industrial sites and facilities).

The National Programme contains a series of cross-cutting issues concerning national response measures and creation of relevant enabling environments. These issues include:

- reducing HIV and AIDS-related stigma and discrimination at all levels. This will require the development of a national action plan on stigmatization and discrimination, and promotion of human rights with regard to HIV-positive persons; capacity building of agencies, specialists, experts and social organizations which provide services in the field of HIV and AIDS;

- it is worth noting the importance of accelerating the development of programmes on HIV prevention at work, given that many HIV-positive persons are able-bodied;

- preventive interventions must be focused on gender aspects of HIV and AIDS. National measures in response to the HIV and AIDS epidemic will help reduce sex-related violations, promote equality with regard to access to services providing for active participation of women in resolving gender issues;

- HIV and AIDS will be a key component of all the strategies developed at the country level, including amendments to the legislation. Moreover, it will be a part of sectoral programmes and plans of ministries;

- for improvement of the situation on the basis of actual data with actual information which will become a key factor in the development of monitoring, further efforts, mobilization of resources and assessment of measures;

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11 Attachment 2
12 P. 34
resource mobilization, plans, finances and personnel must be developed in all areas. The plan on technical assistance and international practice will serve as a resource mobilization pillar;

capacity building of the public sector and civil society must become an integral part of the national implementation programme.

-participation of new public, private and civil society partners in the national response policies will play a pivotal role in providing a solid response to the epidemic.

-improvement of across-sector approach to prevention of HIV and AIDS, social partnership, development and reinforcement must be integral parts of the programme,

-creating enabling environments which strengthen the robustness of national response measures aimed at enhancing the regulatory and legal framework by using the best international practice available;

-significant efforts must be input into modernization of the regional dialogue to ensure that a decision on consolidation of the HIV and AIDS-related issues is disseminated at the regional level;

- engaging representatives of the PLHIV community in decision-making at the national and regional levels;

- creating enabling environments for PLHIV socialization at workplace through approval of relevant statutes and regulations ensuring equal access to education and employment and better conditions for women living with HIV at work, given higher vulnerability and strong stigma and discrimination, through development of support programmes on social assistance.

2.2 Basic principles of the Tripartite Partnership Strategy

The Strategy is based on the following:

- The general principles and national ideology, policy and the Program on HIV and AIDS of the Government of the Republic of Tajikistan. Politically, a special focus is placed on the need to mobilize formal and informal sectors to address the issues related to the health of active able-bodied population.

- The principal provision of the ILO Recommendation concerning HIV and AIDS and the World of Work (No. 200) and 10 basic principles set forth in the ILO Code of Practice on HIV and AIDS and the World of Work.

- Human rights. This Strategy is based on the principles of humanity and democracy which proclaim human rights, in particular the Right to Decent Work and the Right to Health.

- Coordination of efforts. This Strategy places a special emphasis on the need to mobilize formal and informal sectors to address the issues related to the health of active able-bodied population.

- Cooperation and participation. It is important to develop and introduce implementation mechanisms of the Strategy in close cooperation with the tripartite partners, in particular ensure that people living with HIV engage in the development and implementation process.
- **Succession.** Take account of the principal provisions of the ILO Recommendation concerning HIV and AIDS and the World of Work (No. 200) (No. 200) (June 2011) and the principles set forth in the ILO Code of Practice on HIV and AIDS and the World of Work (2001).

- **Gender sensitivity.** This Strategy is gender-sensitive, with an important role attached to development of implementation mechanisms on the basis of gender aspects.

### 3. GUIDELINES FOR IMPLEMENTATION OF HIV PREVENTION STRATEGY IN THE WORLD OF WORK

#### 3.1 Pursuant to the Programme for Prevention of HIV and AIDS Epidemic in the Republic of Tajikistan in 2011-2015, the Tripartite Partnership Strategy is based on the following principles:

- Ensure that PLHIV are not discriminated and their rights and interests observed.
- Create environments for productive life and realization of the needs, including employment;
- Ensure that additional measures of social protection are implemented (the state benefit payable to HIV-positive persons’ children aged 16 or younger, GRNo. 232, dated May 3, 2010)
- Take comprehensive measures to raise awareness to address HIV and TB at work.

#### 3.2 Facts on HIV and AIDS

HIV-positive persons aged 15-49 account for 94.3% of the confirmed cases, of which 76% are people aged 20-39. Children aged 14 or younger account for 2.8%. Men and women account for 77.6% and 22.4% of the cases respectively. The number of HIV-positive women has recently almost tripled. For example, women accounted for 8.5% of the HIV-positive cases registered in 2005 and 22.4% at the end of 2011. HIV infection is basically transmitted through injection, according to the data on the officially registered HIV cases in the country. Most of the HIV-positive persons (52.6%) were infected through injection. Sexually transmitted infections account for 29.8% of the infected. The infection transmission method was not identified in 15.7% of the registered HIV cases. Most of these cases are very likely to be connected with the use of contaminated needles for injection of drugs.\(^\text{13}\)

#### 3.2 Objective

- Prevent HIV infection from spreading among workers and their family members;
- Protect the rights of HIV-positive persons and provide affordable social and medical services, medical treatment and support at work;
- Protect workers from HIV and AIDS-related stigmatization and discrimination through impartial and decent attitudes at work;

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\(^{13}\)According to the Republican Centre for AIDS under the Ministry of Health of the Republic of Tajikistan.
Create opportunities for safe (internal and external) migration and mobility as well as provide easy-to-access information of HIV and AIDS-related services.

3.3 Scope

This Strategy covers all employers and employees (including job seekers) in public and private sectors, all workplaces and labour contracts and all aspects of work: workers in both formal and informal sectors, self-employed persons, including spouses or children or other dependants of workers.

Associations of employers and employees, ministries and their subordinate agencies, public and private companies and other social partners are recommended to follow this Strategy in developing and implementing programmes and measures at enterprises and with regard to specific workplaces.

3.4 Core principles

This Strategy is based on the principal provisions of the ILO Recommendation No. 200 and the core principles of the ILO Code of Practice on HIV and AIDS and the World of Work. Following are the 10 (ten) principles of the ILO Code of Practice on HIV and AIDS and the World of Work:

3.4.1. HIV and AIDS constitute a job-related issue

HIV and AIDS constitute an issue related to every job, because it has an effect on workers and enterprises, increases labour costs and reduces labour productivity. Jobs may play a pivotal role in mitigating the effect of epidemic.

3.4.2 No discrimination

Workers must not be subject to discrimination or stigmatization on the ground of confirmed or alleged HIV infection. Discrimination and stigmatization of people living with HIV impede the implementation of preventive measures against HIV infection.

Mechanisms of control and monitoring of PLHIV stigma and discrimination cases at work as well as measures of prevention and punishment in such cases should be developed.

Documents and contracts which contain information on the impermissibility of stigma and discrimination based on the absence or existence of HIV infection, should be developed.

Specific measures should be taken to encourage workers to develop non-discriminative and tolerant attitude among the staff.

3.4.3. Gender equality

Women and girls are exposed to higher risk and effected more by HIV infection than men due to biological, socio-cultural and economic reasons. Equal gender relations and improved social status of women are extremely important for prevention of HIV infection and will allow women themselves to combat HIV and AIDS.
Given the fact that men account for a major part of the workforce, it is important to develop special programmes on the engagement of teenagers and adult males in response measures to HIV and TB at work, as well as more women and girls in awareness and outreach programmes on employment (e.g., trainings: “Business Women: Gain Success”) and measures for reduction of stigma and discrimination. This strategy is also needed to be able to more effectively prevent (internally and externally) HIV and TB among migrant workers.

MoLSP’s comprehensive measures in cooperation with regional Centres for HIV and AIDS should be reinforced to implement the Tripartite Partnership Strategy:

- on-the-job training;
- training of national couches and experts (peer educators);
- conducting information and educational programmes with participation of mass media;
- providing more access to VCT, psychological counselling;
- providing PLHIV with assistance and access to social and health services;

### 3.4.4. Safe and healthy working conditions

Working conditions must be safe and adapted to the physiological and psychological health and capabilities of workers.

Standardized models of workplaces should be developed to provide all opportunities required for prevention of HIV and TB at work.

Staff training should be conducted on a regular basis as a mandatory programme within a production period.

Rules of conduct at work on the basis of gender aspects should be established, which would allow for an adequate prevention of HIV.

The component of prevention of HIV and TB at work should be incorporated into the National Programme on Occupational Safety and Health in the Republic of Tajikistan.

The component of prevention of HIV and AIDS in the world of work should become a part of comprehensive measures to ensure occupational safety and health.

### 3.4.5 Social dialogue

Successful development and implementation of the Strategy and sectoral HIV/AIDS prevention programmes will require full cooperation and confidence among employers, workers and the Government.

Partnership relations should be developed on the basis of cooperation and service agreements to be concluded with multilateral partners.

Efforts and actions should be coordinated at the macro and micro levels to achieve an adequate response in terms of reduction of HIV infection incidence at work, mitigation of stigma and discrimination of PLHIV and provision of attendance and support to PLHIV and their families.
Social dialogue is still emerging in the country, with a great deal of work to be done to employ this dialogue as a tool for regulation of social and employment relations with regard to HIV prevention in the world of work. A civil service reform which is successfully implemented in the country is critical and decisive in terms of strategic approaches. Further development and strengthening of trade unions and associations of employers is an important objective for a civil society to be built.

The principal partners to promote social dialogue are ministries and agencies, enterprises and organizations, representatives of the private sector, SMEs, associations of dehkan (farmers) enterprises, large enterprises and civil society organizations, trade unions and other stakeholders. Civil society organizations within the PLHIV and WLHIV Network are considered principal partners which should be engaged at each stage of the National Programme.

3.4.6. No screening to deny access to employment

Job applicants or workers must not be subject to mandatory screening, i.e. HIV testing with the purpose of denying access to or deprived of a job. Employers may arrange for anonymous, non-job-related study to determine the degree of HIV and its effects on workers. Such studies can be conducted subject to compliance with the ethical principles applicable to scientific research, professional ethics and principles of human rights protection and confidentiality. Such studies must be conducted on the basis of consultations with and informed consent of workers. Testing cannot be considered anonymous if the HIV status could be revealed on the basis of the results obtained, or if both positive and negative result of screening are available to any third party.

3.4.7. Confidentiality

There are no circumstances that would require job applicants or workers to disclose their HIV-related personal data. Workers should not be forced to disclose personal data of their fellow workers.

Personal data containing private health information should be kept exclusively by the personnel who must observe the rules of confidentiality of private health information. In addition, the data must be kept separately from other personal data. Employers must provide confidential data storage.

In case of medical examination, employers should disclose only the information required to address a specific job-related issue. Medical examination reports must not contain information on HIV status. They only may note that the requirements are met or provide a list of types of work or working conditions which are not recommended temporally or permanently.

3.4.8. Term of employment relations

HIV infection may not be considered a reason to terminate an employment contract. Persons with HIV-related diseases are entitled to stay employed until their health status permits them to perform their job under relevant conditions.

3.4.9. Preventive measures

HIV infection can be prevented. Social partners are offered a unique opportunity to contribute to preventive measures through awareness and outreach thus raising the knowledge about HIV
and TB, stigma and discrimination, attendance and support to PLHIV, as well as help change the attitude towards the issue and behaviours of workers.

Special programmes on prevention should be developed with due account for the world of work and working conditions, gender, seniority and other job-related aspects.

Best domestic and international practices of developing prevention programmes with a proven efficiency record should be applied at the national level.

A higher level of cooperation should be achieved with civil society organisations and PLHIV communities which should be engaged in development and implementation of the programmes, proclaiming and demonstrating tolerant attitude towards people living with HIV.

A higher level of cooperation should be achieved with mass media with regard to preventive measures at work (including the informal sector).

3.4.10. Care and support

It is solidarity, attendance and support to people living with HIV that must become a response to the threat of HIV and AIDS in the world of work. Attendance and support include enabling of client-initiated testing and counselling, adjustment of working conditions, adoption of aid programmes to employees and their family members and provision of affordable services of social and health insurance and occupational safety.

All workers are entitled to affordable medical assistance, including counselling and testing, antiretroviral therapy, medical treatment for STIs and opportunistic infections, as well as benefits payable as part of the legal programmes on social security and occupational safety.

Affordable bundled and qualified services at work facilitate confidential client-initiated HIV testing and counselling, care and support, and contribute to prevention of HIV and TB.

Attendance and support must be provided at work and off work, when workers undergo medical treatment at hospital or at home.

A system of information should be developed and implemented at workplaces in order to provide workers with information on special institutions and services available in Tajikistan, which (can) provide medical, social, psychological and palliative assistance to HIV-affected persons and their families.

3.5 Guidelines for implementation of HIV Prevention Tripartite Partnership Strategy in the World of Work.

A) 3.5.1 HIV prevention at work.

- Contribute to education and training at all enterprises; take measures aimed at raising awareness, attitudes and practices of workers through training of colleagues; incorporate HIV-related issues (TB, pneumonia and hepatitis) into the existing and future training programmes on occupational safety, e.g., HR department’ straining as part of the programmes on social security and occupational safety, programmes on corporate social responsibility initiatives, etc.
- Develop measures for workers employed in public and informal sectors, as well as for migrant workers (including foreign migrant workers in Tajikistan) on the basis of analysis of the level of vulnerability to and assessment of risks.
- Provide access to condoms, treatment for STIs; ensure compliance with the universal precautions and post-contact prophylaxis of HIV infection.
- Consider a possibility of developing a tripartite sectoral programme at every enterprise with due account for the opinion of people living with HIV, which will reflect all aspects of care and support to people living with HIV, taking into account gender sensitivity.
- Maintain regular cooperation with the PLHIV networks and organizations representing PLHIV to ensure coordination and non-duplication of actions in the same territory.
- Develop active measures providing migrant workers (in and out of the country) with access to diagnostics, medical treatment and attendance in case of HIV infection and TB in both home and host countries.
- Provide families of PLHIV with access to social, psychological and health assistance through the development of social partnership or availability of services at work.
- -Workers in hazardous conditions (including junior service personnel) must be provided with PPE (gloves and face masks).

B) 3.5.2. Creating and enforcing an enabling environment to prevent stigmatization and discrimination of HIV and AIDS-positive persons in the world of work, to be achieved by:
- Developing and implementing a policy at work which prevents discrimination and takes account of the gender aspects relating to the issue;
  Integrating HIV/AIDS and TB-related services into other health services and developing quality medical services through awareness at every enterprise;
- Engaging those living with HIV in planning, implementing and monitoring the tripartite policy and measures;
- Providing those living with HIV and their families with a system of continued employment and social security.

C) 3.5.3 Providing counselling, attendance and support services:
- Provide a timely pre-and-post-testing psychological, social, legal or medical counselling to people living with HIV/their families/colleagues at work or through other public services or civil organizations by developing partnership relations;
- Strengthen partnership relations in terms of prevention and medical treatment for HIV and AIDS between public, civil and private sectors;
- Strengthen partnership relations between the private sector and public organizations on HIV and AIDS, NGOs/CSOs, international organizations in order to assist with development of sectoral programmes at work;
- Expand the measures in the scope of the Corporate Social Responsibility and enter HIV and AIDS-related issues therein;
- Establish and enhance a service of psychosocial care and support at work (including HIV and AIDS and TB voluntary counselling and other family and community issues);
− Contribute to development of social benefit packages, insurance policies/products which can provide support to HIV-positive persons and their families;
− Mobilize private sector resources in addition to the HIV/AIDS National Programme or civil society funds for HIV-infected persons.

3.6 Special provisions: the role of tripartite partners

The Ministry of Labour and Social Security of the Republic of Tajikistan shall be in charge of development and implementation of the Strategy in cooperation with constituents and also with approval and cooperation of the NCC and the Ministry of Health, as well as representatives of the civil society and PLHIV.

The Tripartite Partnership Strategy must be implemented by all stakeholders, namely ministries and their subordinate agencies, associations of employers, enterprises in informal and private sectors/civil society organisations subject to the policy principles and guidelines. However, a special status of these organizations allow them to broaden the opportunities for addressing the issue of vulnerability to HIV infection and its effect on the world of work, as the case may be.

1. The Tripartite Partnership Strategy for HIV and AIDS Prevention of in the World of Work must be implemented as part of the National Programme.
2. Though implementation of sectoral HIV prevention programmes will not require significant funding, the private sector and enterprises, institutions and organizations will need technical assistance in developing and implementing the plan pursuant to the approved Strategy.
3. For successful implementation of the plans as part of this Strategy, enterprises, institutions, organizations and the private sector should cooperate closely with HIV/AIDS regional centres and HB (MH) centres.
4. Enterprises should contribute to expand the scope & coverage of the programmes on HIV prevention and medical attendance services through the development of partnership relations.
5. Enterprises must assist workers living with HIV in terms of broadening the opportunities for training, skill development and means of living through employment.
6. Enterprises whose workers come into regular contact with human blood and other body fluids must conduct training on universal precautions. Personnel of public and private hospitals must have access to post-contact prophylaxis of HIV infection.

3.6.1 Ministries and their subordinate agencies

− Each ministry and its subordinate agencies should develop an action plan on the basis of the approved HIV/AIDS Prevention Strategy in the World of Work while taking gender sensitivity into account. To this end, a ministry must appoint a focal point and establish an internal committee for HIV and AIDS and raise the level of partnership relations with relevant organizations to obtain technical assistance in the course of development of the programmes for workers /their families or the action plan.
− It is recommended that the MoLSP in cooperation with the MH prepare guidelines for public and private subordinate agencies on development and implementation of a plan on HIV/AIDS and TB prevention (pneumonia and hepatitis) at work and response measures on the basis of this Strategy.
• The MoLSP in conjunction with domestic agencies will provide technical assistance to employers (in both formal and informal sectors) to implement the Strategy and develop sectoral programmes at work.

• The MLSSRT and domestic agencies (Public Labour Inspection) must provide assistance, make analysis and monitor results to be achieved in the course of implementation of the National Programme at work by putting HIV-related issues on the agenda of meetings held at the agencies.

• Ministries and their subordinate agencies must allocate personnel and take measures for allocation of available financial resources to implement a plan on HIV/AIDS prevention at work, as well as cooperate with international institutions/organizations in order to mobilize additional resources.

• Ministries must provide the NCC and other public institutions with progress reports on implementation of the National Programme urging them to take response steps to develop their own action plans at work.

• Ministries and their subordinate agencies must ensure that CSO/NGO and the PLHIV communities are involved in implementation of sectoral programmes at work.

• Contribute to strengthening cross-cutting approaches to occupational safety and health and HIV/AIDS prevention.

3.6.2 Association of Employers and Association of Dehkan Farmers

The Association of Employers/Association of Dehkan Farmers and the private sector must provide assistance with and contribute to implementation of the HIV/AIDS Prevention Strategy and sectoral programmes at work.

• Actively engage in programmes and events implemented on the occasion of memorable dates or major nationwide events (e.g., Occupational Safety Day, World AIDS Day).

• Actively engage in development and implementation of sectoral HIV/AIDS prevention programmes at work.

• Engage in and contribute to the implementation of the HIV/AIDS Prevention Strategy and the action plan in the world of work.

• Advocate and outreach to their members on the HIV/AIDS Strategy and the World of Work both at the national and regional levels (including dzhamohats, mahalla and hukumats).

• Engage CSOs/NGOs and PLHIV communities in implementation of tripartite measures locally.

3.6.3 Enterprises and private sector in Tajikistan

All public, private enterprises in public and informal sectors are invited to develop collective measures for HIV/AIDS prevention at work in line with the principles of this Strategy. They should take the following measures:

• Appoint a top manager as a coordinator on HIV and AIDS-related issues;
• Establish an internal committee for HIV and AIDS and engage personnel of selected divisions in development of a plan pursuant to the Strategy,
• Develop measures to be taken at work for full-time and outsourced personnel as well as their family members;
• Improve access to client-initiated HIV testing and counselling, which can be done directly where in-house medical service is available, by referring a worker to AIDS/TB centres.
• Establish a psychosocial service. Where an enterprise has no in-house medical service available, it should contact public/nongovernmental and private institutions where its personnel may receive medical services;
• Assist with measures aimed at preventing HIV at work among their suppliers and in the neighbourhood within the framework of corporate social responsibility;
• Allocate money to implement the plan, and establish partnership relations with expert organizations to address technical issues.
• Engage CSOs/NGOs and PLHIV communities in implementation of corporate sectoral programmes.

3.6.4 Federation of Independent Trade Unions of Tajikistan

Representing workers, the trade unions enjoy a special confidence and have a leadership role to play; they should be in charge of measures aimed at protecting workers affected by HIV and preventing stigmatization and discrimination of PLHIV.

Since the trade unions are the key entities in the world of work advocating the interests of workers, they must play a pivotal role in:

• Raising the level of cooperation with the Government of Tajikistan and enterprises in taking HIV prevention measures.
• Enter a provision on HIV prevention into national and sectoral agreements and labour contracts.
• Have regular consultations with employers on implementation of the policy at work to prevent HIV from spreading.
• Take measures for mitigation of stigma and discrimination of PLHIV at work.
• Contributing to better access to decent wages.
• Providing assistance to and protection of the rights and dignity of workers living HIV.
• Ensure safe working conditions.
• Assessing, in conjunction with the MoLSP and employers, the economic effects of HIV epidemic in the world of work and updating regulatory documents on HIV-related issues in the world of work.
• Enhancing the cross-sectoral approach to occupational safety and HIV/AIDS prevention.
• Assisting people living with HIV with education, retraining and employment.
• Contributing to development of measures and social protection to persons affected by HIV and lobbying thereof by employers.
• Participating in social dialogue to address job and HR-related issues at the national and local level.
• Raising the level of cooperation with PLHIV, employers and mass media with regard to prevention measures at specific enterprises.

3.6.5 Civil society organisations and NGOs working with PLHIV

• CSOs are invited to cooperate with tripartite partners and develop an Action Plan at work for their personnel on the basis of the principles set forth in this Strategy.
• CSOs are invited to build capacity for technical assistance to enterprises/associations and trade unions to develop/implement HIV/AIDS Prevention Strategy and sectoral programmes at work.
• CSOs are invited to take measures designed for public and informal sector workers at SMEs through establishing relevant partnerships in cooperation with the MoLSP and MH.
• CSOs are invited to focus on HIV/AIDS in the world of work in existing development programmes, particularly those designed for the vulnerable population, namely women, young people and indigenous population, as well as programmes on natural disasters, conflicts and informal jobs, e.g. construction industry, transport and agricultural sectors. This could help make these groups of population less vulnerable to adverse effects of HIV.
• CSOs must actively engage in implementation of the policy and action plan of tripartite partners at the level of all social partners.

4. IMPLEMENTATION AND MONITORING

4.1 At the country level

An action plan containing indicators and mechanisms to monitor and assess implementation of this Strategy, should be developed with participation of tripartite partners and in cooperation with the NCC and MH as well as civil society organisations and PLHIV communities.

Implementation of the approved Strategy must be monitored by the MoLSP of the Republic of Tajikistan in cooperation with the NCC and MH, and with participation of civil society organizations, trade unions, employers and representatives of PLHIV communities.

The results of such monitoring and assessment must be made available to tripartite partners and other stakeholders.

The results of such monitoring and assessment should be communicated through printed and electronic media.

4.2. At work

Every enterprise (including markets and the informal sector) must engage in implementation of this Strategy and develop and implement sectoral programmes on HIV prevention at work.
Implementation of the Strategy at work must be monitored at least once a year by a HIV/AIDS committee with participation of labour inspectors, representatives of trade unions, Association of Employers, and representatives of civil society institutions and persons affected by HIV. The list of eligible persons is subject to approval by a HIV committee at every enterprise.
Checklist of measures, planning. Implementation of the HIV/AIDS Prevention Strategy in the World of Work

The following checklist of measures can be used for development of action plan pursuant to the developed Strategy:

- Establishing a HIV/AIDS committee of executives, line management, workers, trade unions, HR department, training department, labour relations departments, occupational safety services, committee for occupational safety and people living with HIV;
- Defining a scope of competence and duties of the committee and its executive board;
- Studying and interpreting the national legislation;
- Assessing the degree of impact of the HIV and AIDS epidemic on the enterprise staff as well as the needs of HIV-positive workers or those affected by HIV through basic confidential testing;
- Defining health and information services already available at enterprises/organizations and locally, and actively engaging the latter in HIV prevention at work.
- Cooperating with CSOs and PLHIV communities to ensure effective implementation of this Strategy.
- Developing, discussing, refining and approving a draft action plan with due account for gender sensitivity aspects;
- Planning a budget, looking for sources of external financing, as appropriate, particularly for measures to benefit informal sector workers, and assessing locally available funds.
- Approving a working plan on implementation of the policy and programmes with dates and persons responsible for the implementation;
- Communicating the Strategy and the working plan to workers through bulletin boards, payroll-sheet note, mail, at special meetings, briefings and training sessions;
- Conducting monitoring of the Strategy’s implementation;
- Conducting regular reviews of the Strategy subject to the results of internal monitoring and external information on HIV and its effect on jobs.
- The foregoing stages must become a part of the corporate comprehensive policy to be planned, implemented and assessed on a consistent and regular basis.
Agreement between the Parties to Social Partnership on HIV and AIDS in the World of Work in the Republic of Tajikistan

as part of


The members of tripartite committee for social and labour relations:

• considering the HIV and AIDS prevalence as a potential threat for workers, enterprises and the national economy at large;
• expressing a deep concern over potential effects of HIV and AIDS and tuberculosis on the national workforce and, consequently, labour productivity;
• urge all stakeholders to pool their efforts in response to HIV and AIDS


The parties deem it necessary to observe and disseminate the foregoing principles through development and implementation of sectoral programmes at enterprises and organizations, which are aimed at:

• preventing HIV and AIDS and tuberculosis at work through education and hands-on assistance with changing behaviours and attitudes.
• eliminating discrimination of workers living with HIV
• providing assistance to workers living with HIV, including attendance, counselling, client-initiated testing and medical treatment for concomitant infections and access to antiviral treatment.

First Deputy Minister of Labour and Social Security of the Republic of Tajikistan

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Chairman of the Association of Employers of the Republic of Tajikistan

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Chairman of the Federation of Independent Trade Unions of the Republic of Tajikistan

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November 23, 2011

Dushanbe, Republic of Tajikistan
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