NATIONAL TRIPARTITE SOCIAL AND ECONOMIC COUNCIL

Unofficial translation

NATIONAL STRATEGY FOR TRIPARTITE COOPERATION ON PREVENTION OF HIV/AIDS IN THE WORLD OF WORK

for the period of 2012-2017

Kyiv 2012

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Introduction

Acquired immunodeficiency syndrome (AIDS) is a pandemic, which has already reached 40 million people around the world, and the number of people infected with human immunodeficiency virus (HIV), is constantly growing.

Today, there is no denial of the fact that the problem of HIV/AIDS is not a purely medical problem, but represents one of the biggest threats to the social and economic progress in the world.

According to the experts and results of the studies, it is one of the hardest challenges faced by the international community which constitutes a threat to national security of the countries of the world.

At the same time, the international community recognizes the fact that the HIV/AIDS problem poses a particular threat in the world of work. In June 2000, during the 88-th session of the International Labour Conference adopted was the resolution, which called on the International Labour Office to strengthening actions in response to the threat posed by HIV/AIDS, and during the last decade the world of work has been recognized as a key field to which the focus of the fight against HIV/AIDS should be directed.

Today, the problem of HIV/AIDS in the world of work puts before us some new challenges. The answer to these new challenges was a new international labour standard of the ILO - Recommendation No. 200, which was adopted in June of 2010. This recommendation call for all Member States to the ILO to develop and to implement national programmes, which should cover all those employed in all spheres of economic activity, as well as members of their families.

Tripartite partners around the world are involved into activities aimed at prevention and counteracting HIV/AIDS epidemic, including in the world of work, and, given the pace of the spread of HIV in our country, Ukraine also is no exception to this fight.

During the years 2003-2010, social partners in Ukraine gained a certain experience in dealing with this epidemic. Awareness of the existence of an alarming situation regarding HIV/AIDS, desire to apply effective means for ensuring well-coordinated activities of the governmental institutions, trade unions and employers, facilitated and contributed to an emergence of an initiative, put forward by trade unions and employers' associations, to develop a draft of the National Tripartite Cooperation Strategy on HIV and AIDS in the world of work in Ukraine (hereinafter - the Strategy) and to present this draft Strategy to the National Tripartite Social and Economic Council (NTSEC).

The need to develop such a Strategy was confirmed by the NTSEC, and development of this Strategy was included into the list of the NTSEC’s principal activities for the year 2011.

The draft Strategy has been developed by the tripartite working group of experts delegated by the members of NTSEC, and this draft includes analysis of the current situation relating to HIV/AIDS impact in the world of work and proposes a "road
map” for tripartite partners in respect of organization and implementation of measures for combating impacts of this epidemic.

I. Definition of terms and acronyms

With reference to this Strategy, the following terms and abbreviations have the following meaning:

“HIV” refers to the human immunodeficiency virus, a virus that damages the human immune system.

AIDS - acquired immunodeficiency syndrome - a stage in the course of development of the disease caused by HIV (HIV infection), which is characterized by specific manifestations, resulting from heavy damage to human immune system under the influence of HIV; HIV infection acquires clinical manifestations in the form of a variety of infectious and parasitic diseases, malignant tumors and other diseases;

“AIDS” refers to the acquired immunodeficiency syndrome which results from advanced stages of HIV infection, and is characterized by opportunistic infections or HIV-related cancers, or both;

PLH - “people living with HIV” include those people who were infected with HIV and people suffering from a disease, caused by HIV infection;

“HIV-status” – status of the human organism in respect of the absence or presence in it of HIV: the HIV-negative status of the person is characterized by the absence in the body of a person of HIV, whereas, the HIV-positive status a person is characterized by the presence in his/her body of HIV;

“Stigma” is a social stamp which, when applied in respect of a person, usually causes social isolation of such a person and becomes an obstacle to ensuring full-fledged social life for a person infected or affected by the HIV-related disease;

“Discrimination” means any distinction, exclusion or preference which has the effect of nullifying or impairing equality of opportunity or treatment in employment or occupation, as referred to in the Discrimination (Employment and Occupation) Convention, 1958, and Recommendation, 1958;

“Affected persons” means persons whose lives are changed by HIV or AIDS owing to the broader impact of the pandemic;

“Reasonable accommodation” means any modification or adjustment to a job or to the workplace that is reasonably practicable and enables a person living with HIV or AIDS to have access to, or participate or
advance in, employment;

“Vulnerability” means the unequal opportunities, social exclusion, unemployment or precarious employment, resulting from the social, cultural, political and economic factors that make a person more susceptible to HIV infection and to developing AIDS;

“Worker” refers to any persons working under any form or arrangement.

«Enterprise» - any enterprise, institution, organization of all forms of ownership, economy sectors and spheres of activity;

"Social partners" – hired employees and their representatives (trade unions and freely-elected representatives) as well as employers and their representatives (employers' organizations and their associations);

"Tripartite partners” – Central and local bodies of executive power, trade unions and their associations, employers' organizations and their associations, which are parties to social dialogue of the appropriate level;

"Advocacy" – activities aimed at representation of interests, rights, protection of rights and freedoms of a person living with HIV/AIDS and members of his/her family.

PO - public organizations;
STI - sexually transmitted infections;
STD - sexually transmitted diseases;
ILO – International Labour Organization;
GIZ - German society for international cooperation;
ILO - International Labour Office;
UNO - United Nations Organization;
UNAIDS - Joint United Nations Programme on HIV/AIDS;
LCU - Labour Code of Ukraine;
MoH - Ministry of Health of Ukraine;
SEC - State Employment Center of Ukraine
2. HIV/AIDS and the world of work in Ukraine: current state and problems

From the time of detection of the first case of HIV in 1987, and until 01.07.2011, inclusively, officially registered in Ukraine were 193,5 thousand cases of HIV infection among the Ukrainian citizens (including children aged under 14 – 30,95 thousand), and also including 42,2 thous. cases of AIDS (including children aged under 14 – 1.08 thousand). The number of deaths caused by AIDS made up 22 thousand. In May of 2011, registered were 1.6 thousand of new HIV-infected persons. For the five months of 2011 there were registered 8,77 thousand new cases of the HIV infection, including 1.79 thous. persons in July of the same year.

During the year 2010, 20.5 thousand of new cases of HIV infection were registered in the country (44.8 persons per 100,000 of population). Thanks to implementation of a set of measures aimed at slowing down the spread of HIV epidemic, the rate of occurrence of new cases of HIV infection, starting since the year 2006, has been constantly falling. So, if in 2006, compared with the previous year (2005), the rate of prevalence of HIV infection in this country as a whole has increased by 17.7%, HIV prevalence rate growth in the year 2010, as compared to the year 2009, was increased just by 3.7%.

Among positive trends that were the result of the implementation of the disease-prevention programmes, including some information and educational activities, which were carried out in Ukraine, mentioned should be a notable reduction in the level of infection spread among young people – from 22.8% in 2003 down to 10% in 2010, indicating a change of behaviour pattern in respect of HIV among young people towards more safe and cautious.

The number of AIDS patients in the country has been increasing until 2006 inclusively. For the first time, in the year 2007, registered was some reduction in the rate of incidence of AIDS (from 10.1 persons per 100,000 population in 2006 down to 9.9 persons per 100,000 population in 2007). In the years 2008-2009, it was possible to hold on to the incidence rates of 9.5 and 9.7 persons per 100 thousand of the population, but in 2010, if compared to the year 2009, this figure increased to 12.8 persons per 100 thousand of the population. Rate of mortality from diseases caused by AIDS in 2010 has increased, in comparison with the previous five years, to 6.8 persons per 100 thousand population. In previous five years it was 4.6; 5.2; 5.4; 5.8; 5.6 per 100 thousand of the population.

The number of HIV-infected persons who were under medical dispensary control in Ukraine as for 01.01.2011, makes up more than 110 thousand people (242,1 persons per 100,000 population), of which over 14 thousand were diagnosed with AIDS (30.8 persons per 100,000 population).

Of the 110,000 HIV-infected persons who were under medical supervision as for the end of 2010, 55.9% were male, 44.1% were female, 81% of the HIV-infected people were residents of cities, and 19% of rural villages.

Among the HIV-infected persons about 88% were young people of the work-able and reproductive age. Though, the gender share among the new cases
of HIV infections, registered in 2010, remains the same, the residence-dependent ratio between new HIV cases tends to change, with the share of new HIV cases among rural population getting higher than among urban population. In 2010, the ratio between the inhabitants of towns and villages who acquired HIV in 2010 was 76.5% and 23.5%, respectively.

The highest rates of HIV infection spread are, as was the case in the previous years, registered in the South-Eastern regions of the country: in the Dnipropetrovsk region – 553.8 cases per 100,000 population (18,470 cases), in the Donetsk region - 536.7 per 100,000 population (23,738 cases), in the Odessa region – 521.3 per 100,000 population (12,395 cases), in the Mykolaiv region – 519.2 per 100,000 population (6,143 cases), in the city of Sevastopol – 402.3 per 100,000 population (1,524 cases), in the Autonomous Republic of Crimea – 331.6 per 100,000 population (6,482 cases), in Kyiv – 268.0 per 100,000 population (7,388 persons).

The highest rates of AIDS are also registered in the South-Eastern regions of the country: in the Donetsk region – 73.7 per 100 thousand population (3,258 persons) in the Dnipropetrovsk region - 70.3 per 100 thousand population (2,345 persons), in Sevastopol - 62.6 per 100 thousand population (237 persons), in the Odessa region - 58.6 per 100 thousand population (1,394 persons), in the Mykolaiv region - 35.9 per 100 thousand population (425 persons), in the Autonomous Republic of Crimea – 38.9 per 100 thousand population (761 persons), as well as in Kyiv – 39.2 per 100 thousand population (1,080 persons).

The estimation index of HIV infection prevalence rate among general population aged 15 to 49 years for the year 2010 was equal to 1.33%, which indicates that HIV epidemic spread goes beyond the risk groups population.

(Reference: in 2008, the index of the HIV infection prevalence rate was 1.63% and in 2010, it was equal to 1.33%. It should be noted that at the National programme for HIV prevention, treatment, care and support to HIV-infected people and AIDS patients for the period of 2009-2013 (See. the Law of Ukraine of 19.02.2009, N 1026-VI) it is pointed out that by the end of 2008 "estimation index of HIV infection prevalence rate in respect of the adult population was one of the highest in the European region and was equal to 1.63%. According to the criteria of the UN Joint Programme on HIV/AIDS and of the World Health Organization, the rate of spread and prevalence of HIV/AIDS in Ukraine is classified as “concentrated epidemic”).

According to the All-Ukrainian network of PLH people, in 2010 among the interviewed people living with HIV there were 14% of them who decided not to qualify for a job employment and to apply for a job position promotion because of their HIV status. What is important, is that such decisions are taken both by the
unemployed PLH (18%) and by currently employed PLH people (18%), as well as by migrants (24%).

At the same time, it is needed to be stressed that in Ukraine, starting since January 9, 1992, enacted was the law of Ukraine "On prevention of the spread of diseases, caused by the human immunodeficiency virus (HIV), and legal and social protection of people living with HIV” introduced into which, during 18 years of its existence, were some amendments. On December 23-rd, 2010 by the Law of Ukraine No. 2861-VI, it was presented in its new edition.

Also, at the present time Ukraine has the National strategy to prevent and control HIV/AIDS epidemic, which is being carried out through implementation of the National Programme for HIV prevention, treatment and care as well as support to HIV-infected people and AIDS patients for the period of 2009 – 2013, which programme was, for the first time in the history of the fight against HIV/AIDS epidemic in Ukraine, enacted as the law. This clearly confirms the fact that currently, control of HIV/AIDS epidemic is one of the priorities of the state policy in the field of health protection and social development.

In addition, the Cabinet of Ministers of Ukraine on July 11, 2007, by its Resolution No. 926, established the National Council for combating tuberculosis and HIV/AIDS. Its aim is to operate as a consultative and advisory body attached to the Cabinet of Ministers of Ukraine.

However, it must be recognized that the nation-wide measures taken in order to combat the epidemic of HIV/AIDS in Ukraine, still remain to be inadequate to seriously affect the epidemic prevalence.

It is especially true in respect of the world of work.

The world of work, especially if one takes into account the above-mentioned indices concerning the spread of the epidemic among young people of the reproductive and work-able age, plays a crucial role in combat against HIV/AIDS. The world of work is a valuable starting point because it involves people just where they spend most of their lives – in the workplace.

At the same time, HIV/AIDS is a common threat to both employers and workers, which is caused by the following negative consequences of this epidemic for the world of work:

- loss of health by a reproductive part of the population;
- reduction of manpower potential;
- loss of experienced and skilled workers;
- loss of working time and early retirement;
- stigmatization and discrimination of workers living with HIV/AIDS;
- rising costs for employers through additional spending for medical insurance and training of the staff;
• decreasing productivity, reduced taxes and, thus, negative impact on economic growth;
• reduction of purchasing capacity, shrinking investments, damage to some entire sectors of economic production;
• excessive spending for social welfare and health care;
• increased burden on women who are forced to treat patients-relatives and still, at the same time, to have an employment;
• reduction in the size of income of families, their households’ efficiency and growth of the poverty level;
• preclusion of access to education and employment for children, affected with HIV;
• pressure on women who, for the sake of survival, -- would often have to provide sexual services for a fee.

In Ukraine, HIV prevention activities in the world of work were initiated by the ILO and started actually in 2001 together with the initiation of a special program of HIV in the workplace by the headquarters of IOL in Geneva. Since that time, the ILO carried out some measures aimed at increasing the level of awareness of the tripartite partners of the ILO office in Ukraine in respect of the HIV-related problems, as well as the importance of this problem specifically in respect of work.

During the period of 2002-2007, a few ILO projects were implemented in Ukraine, aimed at raising awareness of its social partners about the HIV issues in the world of work. During the period of 2005-2010 these social partners, with the support of the ILO, were engaged in study of the socio-economic consequences of HIV/AIDS epidemic in Ukraine and developed measures aimed at overcoming these consequences within individual economic sectors and spheres of activity.

Within the framework of cooperation between the ILO and GIZ in Ukraine, on the basis of the signed, for the second time, Memorandum for cooperation, provided to the Federation of employers of Ukraine and to the Federation of employers of the transport sector as well as to the Union of entrepreneurs of small, medium-sized and privatized enterprises of Ukraine is an assistance in development and implementation by these organizations of a policy in respect of HIV and AIDS, which is based upon the key provisions of the ILO Recommendation No. 200.

Trade union organization, using as a basis, relevant legal regulations, recognized that HIV/AIDS pose a problem in the world of work for a number of reasons, namely:

• HIV/AIDS epidemic continues to spread both in Ukraine and in the world and, at the same time, the activities of public institutions and
authorities aimed at prevention of the spread of the epidemic are not sufficient to overcome the epidemic;

- To-day, HIV/AIDS epidemic went beyond the risk groups of population and starts more and more to embrace the group of the working population, as a whole, and causes negative social impacts (social stigma, discrimination of HIV-infected and AIDS patients);
- Trade unions represent the interests of all workers, including those living with HIV;
- Part of workers is forced to take care of their own family members who live with HIV;
- Workers of some individual professions are in contact or work with people living with HIV or are ill with AIDS, by virtue of their official duties (medical professionals, staff of emergency services, staff of the law enforcement bodies, correctional institutions, social workers, etc.);
- Part of workers tend to personally practice patterns of behavior that causes the risk of acquiring some HIV infection.

Considering these factors, formed in Ukraine is quite a conscious perception by trade unions of HIV/AIDS problem as a threat to social and economic stability of the society. The most representative trade unions have some individual HIV-related programs, which are implemented at the individual enterprises and in some sectors of economy.

However, programs and activities that are carried out by the tripartite partners with the aim of controlling HIV/AIDS problem are quite varied in their nature, covering only part of the economy sectors and regions of the country. There is insufficient level of awareness about this problem among workers, employers and the staff dealing with issues of labour, and, so far, the role of the world of work in the effective prevention of the spread of the epidemic is not duly recognized.

Analysis of activities of tripartite partners aimed at controlling HIV/AIDS problem, results of researches and the lessons they have learned in the course of implementation of the relevant projects and programs indicate that there is a number of issues that require solution in the framework of the national strategy for tripartite cooperation in the field of fight against HIV/AIDS in the world of work, in particular:

1) current level of HIV/AIDS prevention measures, undertaken at the workplace, is not adequate to the severity of the current HIV/AIDS related situation;
2) at the vast majority of individual enterprises, institutions and organizations, there are no HIV/AIDS prevention programmes.

The main reason for such a situation is the fact that the management of enterprises, institutions and organizations continues to believe that the problem of HIV is not of their concern. Most employers are not willing to bear additional financial costs, connected with the need to implement these programs. As a result of this, quite common is the view that implementation of programmes on HIV prevention
at enterprises will be postponed until the time when a significant number of workers will themselves personally feel the impact of the epidemic. However, under such conditions it will be difficult to find effective means to stop its spread;

3) Current level of awareness of employers about requirements of the national legislation and international norms in the field of HIV/AIDS is quite low and, as a result, enterprises do not carry out preventive measures, do not provide adequate protection for workers living with HIV against job loss, personal information disclosure, and do not ensure adequate access for such workers to social and health services;

4) There are no inter-sectoral mechanisms for information exchange in respect of implementation of measures for prevention of HIV/AIDS. There are also no relevant sources of information and accounting that would facilitate access to relevant information on this issue for governmental agencies, business leaders, trade unions, public organizations, etc.;

5) there are still remain unexplored issues of gender-related aspects of employment of persons living with HIV in different regions, economy sectors and at individual enterprises of the country.

A gender-related analysis of employment in various sectors of economic activity will allow, due to the use of authentic data regarding employment of women and men, to develop gender-sensitive policies at an enterprise level. Such information will greatly assist an employer to plan activities of his enterprise, with due account for the way its workers, both men and women, will solve the issues of their personal employment and the issue of possible restructuring of their personal social roles in case if the HIV problem affects them personally.

6) Existing statistics do not reflect the situation concerning estimation of the number of workers, who are living with HIV, employed at different economy sectors and at different spheres of activity. Also, there is quite scattered information about cases of acquiring HIV infection by workers in the course of performance by them of their professional duties and available official data, most likely do not fully reflect the real situation. This creates certain difficulties for formulation of specific recommendations in the context of HIV/AIDS incidence at different sectors of the economy and in the field of social and labour relations;

7) The level of provision of workers, whose professional activity is connected with possible risk of acquiring some HIV infection, with individual means of protection (rubber gloves, protective screens, etc.), especially at public health institutions, is not sufficient;

8) There are virtually no HIV/AIDS prevention programmes aimed at workers employed at the informal sector of economy and among self-employed people.

The tendency to reduce the number of formally employed people and growing number of those who become self-employed, observed in Ukraine for a long time, requires use of new approaches and strategies aimed at covering by HIV prevention programs of this particular category of workers;
9) No programs have been so far developed that would be focused upon the targeted groups of those workers who are potentially subject to a risk of getting HIV infection at their workplaces due to specific working conditions (truck drivers, who for a long time are on duty, small private entrepreneurs, workers of roadside food catering facilities, hotels, saunas, seasonal workers, etc.);

10) Also causing a concern are problems of social and labour sphere specifically relating to HIV-infected children, including: use of proper procedure for issue and registration of sick leaves for the purpose of child care, getting due benefits or assistance for such children (because, applicant has to hide the true disease diagnosis), resolve the question of enrollment of a child into school or pre-school institution, etc.

11) Requiring more detailed elaboration is the policy of reduction of the social impacts of HIV infection, provision of target-oriented assistance to families, who suffered from the HIV infection, for example, by providing micro-credits to support establishment of small businesses, professional training for adolescents from families which suffered from HIV infection, etc.

Because of the fear to be subject to discrimination, workers of enterprises do not want to notify the employer or the trade union about their status as HIV-positive person. Often, they simply are not willing to talk about their problems, because they feel some indifference towards them by their employers;

12) No adequate support is provided to professional groups, in the first place to those working in public health sphere (including private enterprises) and in other fields (law enforcement and insurance) in development and enforcement their own professional codes of conduct that would take into due account problems associated with human rights in the context of HIV/AIDS impact, because many of these problems are closely related to the issue of professional ethics and responsibility of workers. It especially applies to those professions that require public trust and which greatly affect the public environment health: medical workers, law enforcement staff, lawyers, attorneys, social workers, etc.;

13) There is no well-developed mechanism for provision of emergency help aimed at prevention of potential HIV-infection for specific categories of workers (in particular law enforcement authorities and institutions of the prison system), whose increased risk of getting HIV infection is recognized by many experts;

14) Still not fully resolved remains the issue of protection of confidentiality of information about individual HIV-status. Also, still unsolved remains the problem of creation of adequate conditions for ensuring well-informed and conscious consent to be personally subject to medical examination, as well as conditions for securing proper safety at personal workplace and proper approaches to fight against manifestations of stigma and discrimination;

15) Monitoring of the progress of HIV/AIDS preventive activities implementation at workplace as well as progress of introduction of HIV/AIDS prevention programmes at individual enterprises is not carried out.
III. Legal basis

Currently, established in Ukraine is a sufficient HIV/AIDS related legal framework needed for settlement of major legal relations between the state, employers and workers in the world of work:

**National legislation:**

- The Constitution of Ukraine
- \textit{Laws of Ukraine}:
- Labour Code of Ukraine

Other laws, such as:

- "On protection of population against infectious diseases", dated 6.04.2000, # 1645-II;
- “On collective contracts and agreements”, dated 1.07.1993, No. 3356-XII;
- "On protection of labour" dated 14.10.1992, No. 2694-XII;
- “On protection of personal data” dated 1.06.2010 No. 2297-VI;
- " On ensuring sanitary and epidemic well-being of the population”, dated 24.02.1994, № 4004-XII;

**Presidential Decrees:**


**Resolution of the Cabinet of Ministers of Ukraine:**

- “ On approval of the Procedure and conditions of compulsory insurance for health care workers and other persons against infection with human immunodeficiency virus (HIV) during execution by them of professional duties, as well as in the case of acquiring , as a result of such HIV infection,
disability or death and approval of the List of categories of health workers and other persons who are subject to compulsory insurance against cases of acquiring HIV infection in the course of carrying out their professional duties as well as in the case of acquiring job disability or death caused by diseases related to development of HIV infection”, dated 16.10.1998, No. 1642;

- “On the List and norms of usage of means of personal protection for workers of public health care institutions who carry out diagnostic studies of HIV infection status, provide medical aid to HIV-infected people and AIDS patients, as well as are in contact with blood and other biological materials from HIV-infected persons” dated 18.12.1998 (as amended on 27.06.2003), № 2026;


**International legal acts:**

- United Nations International Covenant on Civil and Political Rights, ratified by Ukraine 19.10.1973;
- ILO Convention No. 111 concerning Discrimination in Employment and Occupation, ratified by Ukraine 04.08.196;
- ILO Convention No. 156 on equal treatment and equal opportunities for men and women workers: workers with family responsibilities, ratified by Ukraine 22.10.1999 year;
- ILO Recommendation No. 200 on HIV / AIDS and the workplace.

This Strategy is built upon basic norms of the international law and domestic legislation, in particular:

1) ensuring the rights of citizens, including rights of the people living with HIV to:
• voluntary, free of charge HIV testing, pre-and post-test counseling (Article 7 of the Law of Ukraine "On Prevention of Acquired Immune Deficiency Syndrome (AIDS) and social protection of population");

• anonymity and confidentiality of medical examination (keeping confidential) information about state of health of a person, including in respect of his HIV status (securing “medical confidentiality”) - as stipulated by the Constitution of Ukraine and Articles 8.12 of the Law of Ukraine “On Prevention of Acquired Immune Deficiency Syndrome (AIDS) and social protection of population” and by provisions of the Law of Ukraine “On information”;

• compensation of damages related to restriction of rights, which occurred as a result of disclosure of information about the fact of acquiring HIV infection by a citizen (Article 17 of the Law of Ukraine “On Prevention of Acquired Immune Deficiency Syndrome (AIDS) and social protection of population”);


• if, due to conditions of the personal health, confirmed in accordance with the results of medical examination (on conditions of personal consent) required for a person is a transfer to easier work, a shift to more convenient schedule of work or a shift to a part-time working day or week, assistance in finding easier employment, assistance in job re-training or advanced vocational training – all of it should be provided to him. (Article 170 Labour Code);

2) When signing labour employment contracts employers are prohibited to require from people, applying for a job, to present those documents, provision of which is not stipulated by the law, including private information about state of
personal health and the HIV status and to deny a person a job he applied for, job position promotion or dismissal from the job because of his/her HIV status (Articles 22 and 25 Labour Code of Ukraine);

3) Obligations of the employer:

- to implement comprehensive measures to control spread of infectious diseases, including in the workplace;
- to ensure compliance with sanitary and sanitary-epidemiological rules and norms, as well as to organize and conduct medical examinations and inspections, preventive vaccination, as well as to arrange training of the staff on issues of disease prevention (Article 10 of the Law of Ukraine “On protection of population against infectious diseases”, the Law of Ukraine "On sanitary and epidemiological welfare of population");
- to insure workers against HIV infection which they may get in the course of performance by them of their professional duties, and against disability or death caused by impact of the HIV infection (article 26 of the Law of Ukraine “On Prevention of Acquired Immune Deficiency Syndrome (AIDS) and social protection of population”);
- to provide those workers, who conduct diagnosis of HIV infection, treat HIV-infected people and AIDS patients and are exposed to blood and other biological materials generated by the infected persons, with means of personal protection according to the list and norms established by the Cabinet of Ministers of Ukraine. In addition, the Ministry of Health of Ukraine should create appropriate conditions for undertaking, at the request of workers, relevant medical examinations in order to detect HIV infection;
- to ensure social protection and benefits, stipulated by the current laws, for all workers, including sick-leave payments and protection against unemployment, including finding a job with the help of state employment centers, payment of financial assistance grants, etc.;

Immune Deficiency Syndrome (AIDS) and social protection of population”, the ILO Recommendation No. 200);

5) Gender equality (article 24 of the Constitution of Ukraine, Article 11 of the UN Convention on the elimination of all forms of discrimination against women”, dated September 8, 2005, No. 2866-15);


A special place among international and national legal acts is occupied by the ILO Recommendation No. 200 on issues of HIV/AIDS at the workplace, adopted in the year 2010, which clearly requires that it should be a duty of the Member States of the ILO, representatives of employers and workers to get involved, in close cooperation with organizations representing the people living with HIV, and with international organizations, in particular such as UNAIDS, into activities securing a significant contribution of the world of work into reaching an objective of securing universal access to HIV/AIDS prevention, treatment as well as care and support for its victims.

This Recommendation reflects the need to strengthen disease prevention measures at the workplace and to ensure access of people, living with HIV and those who suffer from a disease caused by HIV, to required treatment. It calls for development and adoption of a national tripartite policy and tripartite programmes on HIV/AIDS control at the workplace, as well as for their integration into the general national policy and programmes concerning HIV/AIDS problem as well as the problems of social development and social protection.

It calls for observance of basic human rights in respect of all workers and workers, in particular observance of the principle of gender equality and the right to be free from compulsory HIV testing and disclosure of personal HIV status. However, this recommendation also encourages undertaking, as early as possible, voluntary and confidential counselling and HIV testing.

The Member States to the ILO are also proposed to ensure implementation of the provisions of this Recommendation through introduction of changes into national legislation or by adoption of the relevant laws, when it is necessary.

The Recommendation contains general principles to be applied in relation to all activities undertaken under national action programmes in respect of HIV/AIDS at the workplace:
• Measures in response to HIV/AIDS should be acknowledged as contributing to observance of human rights and fundamental freedoms and promoting gender equality for everyone, including workers, their families and dependants;

• HIV/AIDS should be viewed and treated as a problem affecting conditions in the workplace and, thus, should be treated as one of the most important elements of national, regional and international measures taken in response to the pandemic and based upon comprehensive participation in such measures of organizations of employers and workers;

• There should be no discrimination or stigmatization of workers, including job seekers and job applicants based upon their actual or assumed status of as HIV-infected persons or on the basis of the fact of their affiliation to the regions of the world or to the people who are generally considered more subject to the risk of HIV infection, or more vulnerable to HIV infection;

• Prevention of all the ways (means) of transmission of the HIV infection should be one of the fundamental priorities;

• Workers, their families and dependants must have access to the services aimed at prevention, treatment, care and support for HIV/AIDS patients and to be able to use them, and the measures, taken at the workplace, should play a role in facilitation of access to these services;

• Participation and role of workers in development, implementing and evaluating national programmes and programmes to be taken at the workplace should be recognized and strengthened;

• Workers should have benefits from implementation of programs aimed at prevention of the individual risks of acquiring HIV and tuberculosis infection and its further transmission in the workplace;

• Workers, their families and dependants should be ensured that their private life, including the privacy of information about their HIV/AIDS status, is adequately protected;

• It is not allowed to demand that workers should undergo a test for HIV infection or to present information about their personal HIV status without their preliminary consent;

• Measures to combat HIV/AIDS in the world of work should be a part of national policy and national development programs, in particular of those of them which relate to the issues of labor, education, social protection and public health protection;
• Ensured should be due level of protection of those workers whose occupations are particularly strongly exposed to the risk of contacting HIV.

These particular principles were applied by the tripartite partners as the framework of the Strategy.

IV. Goal, objectives and scope of coverage

The strategy provides a framework for coordination and combining efforts of public authorities, trade unions, employers, their organizations and associations aimed at combating the spread of HIV/AIDS at the workplace.

4.1 Goal:
• To ensure optimal use of the potential, posed by the world of work, in respect of combating the epidemic;
• To ensure an active engagement of the tripartite partners, operating at all levels, into efforts to fight HIV/AIDS;
• To significantly reduce the spread of the epidemic among the working population;
• To reduce social impact of HIV infection;
• To slow down negative trends currently observed in respect of demographic and socio-economic development.

4.2. Objective:

Development and implementation of a mechanism to support ongoing social dialogue between the Government, employers and trade unions aimed at development of joint approaches and a target-oriented policy and programmes on prevention of HIV/AIDS in the workplace;

Systematic conduct of information campaigns promoting partner relationships and interaction of the tripartite partners in the field of prevention of the spread of HIV/AIDS in the workplace;

Avoidance of discrimination of persons living with HIV in respect of their job employment application, performance of their professional duties and in respect of their ability to receive required services at medical institutions run by individual enterprises;

Development and introduction, with the participation of tripartite partners, of a mechanism to support those businesses which introduce some relevant social projects related to and in the context of HIV/AIDS problem (anti-discrimination policy in respect of the HIV-infected people; provision of required services for disease treatment, ensuring due level of care, support, advocacy and assistance as well as further expansion of voluntary counseling and testing services, etc.);
Development and promotion of measures ensuring commitment of the whole society to the cause of the fight against HIV/AIDS both at the national and local levels;

Introduction, with the participation of social partners, of a practice of annual review and detailed analysis of the outstanding issues of financing disease prevention measures in the context of HIV/AIDS with a clear-cut split of individual measures in the need of getting required funding;

Introduction of the practice of social advertising, through the use of the mass media, devoted to the issue of formation of healthy lifestyles and prevention of HIV/AIDS;

Creation of a system of training and advanced training of specialists involved into the work connected with fight against HIV/AIDS.

4.3. Scope of coverage:

All workers who work under any form of employment or in accordance with any agreements, as well as all job places, including:

- Individuals who have any type of employment or profession;
- Individuals who undergo some professional training, including interns and apprentices;
- Job seekers and contenders for jobs;
- Workers who are dismissed from job and workers who were temporarily suspended from their job positions;
- All sectors of economic activity, in particular, private and public sectors as well as other formal and informal sectors of economy.

V. Main directions of implementation of the Strategy

5.1. Study of the current situation in respect of HIV/AIDS, as observed in specific sectors of economy and professions

a) initiation of monitoring activities in respect of the incidence of HIV infection among workers of different sectors of the economy, including private and public sectors, formal and the informal economy and amongst the self-employed and migrant labour;

b) initiation of a study for assessment of the risks of infection and propensity to risky types of behavior among workers of those professional sectors which may potentially be treated as belonging to so-called “bridge-groups”, in particular, taxi drivers, TIR truck drivers, sailors, builders, workers of services provision sector;

c) tracking down changes that occur in the context of HIV infection of workers in the course of performance by them of their professional duties at individual regions and for the country as a whole;

d) initiation of a study in order to assess possible damage, caused by various aspects of production environment, to health of the HIV-infected persons during the
time when they perform their professional duties and to identify, through such a study, harmful and hazardous factors of production process and to assess their maximum-allowable levels from the point of view of their impact on the health status of workers with due account for HIV-positive status which they had already acquired. Another aim of such a study is to define those medical contraindications which would preclude the HIV-infected people from having some particular jobs or professions.

5.2. Ensuring gender equality:

a) Implementation of a well-grounded gender-related analysis of the situation regarding particular features of job employment of women and men in Ukraine (with the clear-cut disaggregation of statistical data by economy sectors, by regions) and by the levels of the spread of HIV by regions;

b) Implementation of work on collection and analysis of data (for individual economy sectors and regions) concerning existing socio-economic opportunities and needs of women and men; their educational and professional level; occupied job positions and features of their marital status, on the one hand, and carrying out of an assessment of the readiness of women and men to introduce changes into their, currently played social roles, their willingness to accept lower (or higher) ranking job position (or, perhaps, a transfer from one sphere of production to another), their readiness to make changes in the distribution of the family duties in case if they personally (or members of their family) get infected with HIV, on the other hand.

c) Carrying out sociological researches, which, on the one hand, will ensure better understanding of the gender-related features of labour employment in the context of HIV infection and the choice of vital strategies for women and men to overcome consequences of HIV epidemic in respect of individuals and households, and on the other hand, such researches will result in development of quantitative indicators on the basis of which it will be possible to develop more effective measures and to ensure more effective distribution of available resources;

d) Development of a list of measures aimed at prevention of HIV epidemic at individual companies and/or sectors of the economy, with due account to gender of workers predominantly employed at a company or an economy sector;

e) Carrying out information and educational campaigns, relating to the HIV issues, among the working population, ensuring that such campaigns should take into account, as much as possible, interests, as well as psychological and physiological characteristics of women and men.

5.3. Implementation of educational programs:

a) Development and implementation at enterprises of educational programs for those workers and/or members of their families who got HIV/AIDS infection. Such programmes should be integrated into general programs for health protection and instilling healthy ways of life;
It is envisaged that information, education and HIV prevention programmes will be developed jointly by employers and workers and will involve all workers, including people living with HIV, as well as family members of workers;

b) implementation of effective programs for workers and their families with the use of permanently functioning interactive classes, workshops of the "training of trainers" type, dissemination, with the support of public, charitable and international organizations, of condoms as well as relevant educational and disease-prevention materials.

These programmes will be directed not just at information provision to workers but will be used in order to adjust the patterns of their personal behavior, to bring to their attention the need to be aware about personal responsibility for the state of personal health and the need for workers to try to avoid and prevent personal infection with HIV. There is also a need to support and encouragement, by the state authorities, citizens' associations and by international organizations, of those employers which implement the best HIV preventive programs. Also needed is dissemination and sharing of "the best practices" among executives and top managers of other enterprises, institutions, establishments.

The “training of trainers” programs will help to spread information about measures on prevention of HIV/AIDS in the workplace. Involved into such educational programmes will be workers of personnel-search agencies and institutions of public health protection as well as representatives of trade unions, public organizations and informal leaders;

c) preparation and distribution among workers of printed scientific, methodological, information and educational materials devoted to the issue of HIV/AIDS, including those devoted to the problem of reduction of the level of stigma and discrimination.

It is envisaged that educational materials will be placed in places generally accessible by the public at enterprises, organizations and institutions, as well as at medical institutions and medical stations run by enterprises;

d) implementation of measures on instilling into workers of enterprises, staff of institutions and personnel of organizations some conscious and well-informed realization of the need to personally know possible ways of transmission of HIV, required precaution measures, including reduction of the level of stigma and discrimination in respect to the HIV-infected people, etc.

Contributing to this process may be introduction, with a support from employers, of educational programs presentation at the working time, use for such trainings of video materials, distribution of printed materials that have been tested in practice and have proven their effectiveness, as well as the compulsory control of the degree of mastering the learned knowledge. Attendance of such trainings, where and when they are held during the working hours, as well as the level of mastering required scope of knowledge about the issue should be controlled and viewed as a part of job functions and duties of workers;
e) wider introduction of the practice of teaching subjects presentation on the “peer to peer” basis, use of interactive forms of information presentation, in particular, by holding various competitions for the best content of a thematic poster or a newspaper, which could be be organized between the departments and units of an enterprise, etc.;

f) support for target-oriented programmes of professional training, on-line interactive training and exchange of information for the staff, which provides help to people living with HIV/AIDS;

g) creation and broadcast of radio programs on HIV/AIDS issues;

h) support to professional groups, in particular those operating in the field of public health protection as well as at private enterprises and other fields of employment (including the law enforcement sector and insurance sector) and their participation in development and enforcement of compliance with their own professional codes of conduct which also cover the issues of protection of human rights in the context of HIV/AIDS;

h) distribution of information materials (leaflets, postcards, posters) on HIV/AIDS, STDS, drug use, including those devoted to the issue of reduction of the level of stigma and discrimination;

i) arrangement of seminars, training courses for the top and middle level managers of enterprises, institutions and organizations on the issues of prevention of HIV/AIDS;

j) provision of individual, free of charge and voluntary counselling, on the HIV, STDS issues;

k) introduction of a permanently functioning information provision and consultative service/post and “confidence” telephone lines;

l) arrangement of radio broadcasts of the social issues-oriented ads devoted to the problem of prevention and fight against HIV/AIDS;

m) regular update of information materials – in order to prevent phenomenon of getting accustomed to presented information - so that, by getting it in an upgraded form, an employee “will again notice the message,” brought with such upgraded information;

n) inclusion of the HIV-related issues into a package of provided social services which can be facilitated if social workers get special training;

o) ensuring that educational campaigns are carried out on a systemic basis;

The issue promotion campaigns, undertaken on a one-time basis, do not provide the necessary "critical mass" of information that is necessary for starting to understand the essence of a problem and to start some changes in personal behavior.
Workers have to regularly receive relevant information and thanks to it be able to change the pattern of their behaviour.

5.4. Prevention of discrimination and stigmatization of workers:

a) formation of non-discriminatory environment at the workplace which will support maintenance of an optimal psychological climate at the workplace and among workers and would help to improve productivity and performance of an organization;

b) anti-discrimination policy and prevention of stigmatization of workers based on their real or alleged status as HIV-infected persons should become the norm for all enterprises, institutions and organizations when they:
   - recruit new workers;
   - consider professional advancement of workers;
   - arrange transfer of workers to another place of job;

c) ensuring that, when considering any changes in the status of job employment, such changes should be based upon due account for criteria of equality of opportunities, job achievements and ability to perform job assignments in compliance prescribed norms;

d) absence of stigma and discrimination, demonstration of really tolerant attitudes to HIV-infected workers by co-workers and management;

e) implementation of advocacy activities aimed at ensuring due representation of interests, protection of human rights and freedoms of a person living with HIV / AIDS and members of his/her family.

5.5. Prevention of HIV infection and protection of workers who are at risk of getting HIV infection when carrying out their professional duties:

a) ensuring implementation of a large-scale primary prevention measures in respect of spread of HIV infection among workers and their families involving some advocacy work, with the involvement of the mass media, promoting healthy lifestyles;

b) implementation, under guidance by the medical specialists, of programmes on the disease prevention ensuring, at the same time, that health workers, guiding
such programmes had received additional training on the subject of treatment and prevention of the HIV/AIDS-related diseases;

c) informing workers about availability and location of the medical institutions outside of the particular enterprise, establishment of ties with such medical institutions and services for the purpose of providing by the latter of medical assistance not only to workers, but also to members of their families, and, especially, to their children;

d) carrying out educational programmes dealing simultaneously both with issues of prevention of HIV/AIDS and STDs.

The content of such training programmes should include an accurate, from the medical point of view, information about infections that are sexually transmitted and they also should contain explanations concerning provision the voluntary counselling services and testing, information about organizations that provide services for treatment and care for persons living with HIV/AIDS;

d) strengthening impact of preventive measures, aimed at the raising the level of motivation to change personal behavior pattern from the risky one to less risky (safe) one in the course of carrying out professional occupational duties;

e) involvement into implementation of programmes on HIV prevention some medical and social workers, workers of state authorities, workers of local authorities, employers, representatives of trade unions, businesses and public organizations, as well as people living with HIV;

f) ensuring due protection of the workers of medical facilities and medical treatment institutions and medical-prophylactic institutions by:

- due compliance with the requirements for the safety of medical-diagnostic process and proper use of relevant precautionary measures ensuring labour safety protection;
- provision of means for the post-contact prevention of HIV/AIDS infection;

g) enhancement of the level of safety of blood donation activities in order to prevent transfer of the HIV infection with donor’s blood;

h) improvement of the mechanism of legal regulation of the work that is conducted among the population in respect of prevention of socially dangerous diseases;

i) improvement of mechanisms preventing transmission of the HIV infection from mother to child;

j) systematic informing of the population about problems related to HIV/AIDS with use of radio and TV broadcasts;

k) raising the level of awareness of workers, who are subject to a risk of getting HIV infection when carrying out their professional duties, about their personal rights and obligations arising from the relevant legal documents, collective
and bilateral agreements and contracts. In addition, requiring some constant explanation is the mechanism of settling labour disputes/conflicts, which mechanism envisages application of appeals by victims of such conflicts to certain other organizations/institutions, because the level of trust of the population in general and people living with HIV, in particular, only into judicial authorities is very low.

5.6. Access to institutions providing disease prevention, treatment, care, support and advocacy services:

a) provision of unrestricted access to voluntary and free counseling and HIV testing of workers and members of their families;
b) provision to workers living with HIV antiretroviral therapy and treatment of opportunistic and related diseases;
c) increase of access of injecting drug users, especially those of them who are HIV-infected, to the substitution-type supporting therapy and health rehabilitation programs and to harm reduction programs;
d) provision of social and psychological support to HIV-infected and AIDS patients;
f) improvement of efficiency of work of specialized services and institutions that provide social services to HIV-infected people;
e) strengthening efficiency of work of the epidemiological control system in respect of control by it of the spread of HIV infection in order to ensure increase in the effectiveness of the proposed prevention measures;

There is a list of approved standards for social services provision to people belonging to vulnerable and risk population groups and proposed also is a mechanism ensuring involvement of public organizations and NGOs in activities aimed at provision of such services;

f) provision to workers who are living with HIV of the following:

- Paid sick-leave to be used for receiving, according to medical prescription, medical and other services related to health status of a person;
- Financial and insurance assistance;
- Short-and long-term vacations;
- Opportunity to receive required medical treatment;

g) establishment of a unified system of monitoring and evaluation of efficiency of activities conducted at the national and regional levels;
h) incorporation into curriculum of higher education and postgraduate training institutions a training course for training specialists in prevention, treatment, care and support for the HIV-infected and AIDS patients.
5.7 Protection of private information on workers:

a) development of codes of professional conduct, which would contain a reference to professional liability in the context of HIV / AIDS and would ensure confidentiality and privacy of life of an individual;

b) prohibition of a direct or indirect mandatory HIV testing for the purpose of employment for a job;

c) ensuring proper confidentiality as well as compliance with the principle of voluntary testing and counseling of workers.

*Testing should be carried out by qualified personnel and should comply with requirements for strict confidentiality and information non-disclosure. Gender sensitive (with due account for special personal needs of men and women) pre-test and post-test counseling which discloses the nature and the purpose of HIV testing, its advantages and disadvantages as well as possible consequences of that or another received result of testing for an employee should become the most important part of any procedures for conducting medical examination;*

d) Employer should secure:

- protection of private information about workers;
- non-disclosure of the HIV status of workers and compliance with the rules of confidentiality when dealing with personal records of workers, regardless of whether the HIV-positive employee had informed employer about his HIV status or not;

e) Protection of rights of workers for:

- confidentiality of the diagnosis. The exclusive right of a HIV-infected employee is his right to inform (or not to inform) his employer about availability of the disease;
- to make independent decisions and to apply to the employer, for example, with a request to receive financial assistance, reasonable changes in his work schedule so as to enable him to visit doctor and for other relevant purposes.

f) arrangement at the local level of a number of educational seminars for managers of the different levels on the subject of application of standard procedures for reviewing and handling complaints and resolving labor disputes / conflicts associated with HIV;
g) development of legal and administrative procedures that would ensure independent, quickly and efficient redemption of moral damages to workers, which was inflicted upon them because of their personal status as HIV-infected persons. Such workers shall have the right to anonymity in initiating and filing a complaint through an authorized representative as well as to apply for help to trade unions or other POs in filing a complaint on behalf of HIV infected people and AIDS patients;

h) introduction of some benefits for legal entities working on the private basis in order to encourage them to provide to persons who live with HIV/AIDS, free of charge legal services aimed at protection of them against discrimination as well as protection of their labour and property rights and the right to receive required health care services.

VI. Mechanisms and means of implementation of the Strategy

6.1. Social dialogue at different stages of implementation.

Implementation of the Strategy should be based on cooperation and trust between employers, workers, their representatives and the Government and, also, with active participation in the workplace of persons living with HIV.

For the purpose of the strategy implementation it is planned to carry out the following measures:

a) to announce the approval by the tripartite partners of the Strategy and to give a primary impetus to the national movement the aim of which is to control impacts of HIV/AIDS in the workplace. (Early 2012);

b) to elaborate Recommendations on organization of works aimed at control of HIV/AIDS at the workplace. These recommendations should also define ways and means to be applied for inclusion of the HIV/AIDS related programmes into general strategic plans of activities to be implemented by companies and enterprises in their workplaces, as well as the ways of incorporation of the HIV/AIDS related provisions into general agreements, regional and sectoral agreements and into collective agreements in the form of sections of such agreements devoted to the issues of regulation of occupational safety and health of workers (2012);

c) to establish, on the basis of the existing educational centres, regional inter-agency training centers or facilities which would deal with organization of activities aimed at control of HIV/AIDS in the world of work and provision of a systematic training for representatives of the three parties to the social dialogue (2013-2014);
d) to establish a coordinating mechanism for promoting trilateral cooperation between local authorities and those businesses that operate on the public-private partnership basis aimed at control and fight against HIV/AIDS (2013);

e) to develop and to introduce a mechanism of evaluation and summarizing of the results of the activities undertaken under the framework of implementation of the Strategy which mechanism should be accountable to parties to the social dialogue (2015);

f) to conduct regular consultations between tripartite partners (at national, economy sector and regional levels) on the matters concerning development and implementation of programmes to combat the spread of HIV at the workplace (during the whole period of implementation of the Strategy);

g) to introduce a systematic exchange of information between the parties to social dialogue on the progress and outstanding problems of implementation of the Strategy and other target-oriented programmes of fight against HIV/AIDS as well as exchange of information on results of implemented HIV prevention so that the use of such data will enable to adopt joint decisions in this sphere (2013).

h) to hold trilateral scientific and practical seminars on the subjects of socially responsible activities in the context of HIV/AIDS.

Coordination of the activities of the parties to the social dialogue aimed at implementation of the Strategy is proposed to be entrusted to the National and territorial tripartite social and economic councils, since it is these bodies that, according to the Law on “Social dialogue in Ukraine” are authorized to elaborate consolidated positions of the parties to the social dialogue in respect of a strategy of economic and social development and ways to solve existing problems in this sphere, as well as to develop and submit, after reaching an agreement of all parties to the social dialogue, proposals to national programmes of socio-economic development, fight against poverty, provision of employment and development of labour potential, as well as proposals to drafts of legal bills that regulate social and labor relations.

6.2. Involvement of subjects of social dialogue into implementation of the Strategy.

The success in achievement of main goals and objectives of the Strategy depends on the proper definition of the role and place assigned to each subject of the social dialogue in this process, which assignment should be made in accordance and with due account for the level of their authority, competence and ability.

Ministries, central and local executive power authorities
In connection with currently implemented administrative reform in Ukraine, accompanied by redistribution of functions and powers between the bodies of executive authority, the role in implementation of measures aimed at combating HIV/AIDS in the world of work and in the workplace, currently played by labour safety inspection authorities and judicial bodies dealing with labour issues should be urgently reviewed and strengthened.

Urgent is also a need, which may be viewed as one of the tasks to be fulfilled by the executive power bodies, to encourage employers and trade unions to take an active part in HIV/AIDS prevention measures, to facilitate for them, from professional point of view, choice of forms and methods to counteract impacts of HIV/AIDS directly at their production facilities and outside them.

For implementation of the principal objectives of the strategy it is envisaged that governmental structures and local bodies of executive power, which are professionally involved in dealing with HIV/AIDS related issues, in collaboration with labour administration authorities should carry out a number of relevant measures:

a) to develop information and educational materials and tools to be used in the process of implementation of the Strategy;

b) to arrange training (teaching) for contact persons and instructors dealing with HIV/AIDS issues at the workplace, and, in particular, training for representatives of employers and for the staff in charge of settling labour issues;

c) to provide to employers, managers and representatives of labour collectives relevant scientific and socio-economic information, and, whenever necessary, to arrange training on the subject of HIV/AIDS in order to help them with implementation of the required measures at the workplace;

d) to ensure that state labor inspectors working at the territorial bodies of the State Labour Inspectorate of Ukraine carry out consultative and explanation work and to introduce practical mechanisms to be used for fight against discrimination of the HIV-infected people in the workplace. Such activities can be performed by them also in the course of regular inspections of enterprises;

e) to select, at the local level, those experts and services, that are specialized or have the right to provide advice and counselling on the issues of prevention of HIV/AIDS and its treatment;

f) to identify those local medical and non-medical institutions which may be useful for people living with HIV;

g) to ensure a wide-scale dissemination to the population of information about network of public and private institutions, functioning at particular city or district, which provide counselling, prevention services as well as medical treatment and diagnostics in respect of HIV/AIDS.

Trade unions, their organizations and associations
The actions of trade unions in respect of prevention of the spread of the epidemics of socially dangerous diseases in the workplace, and their main role in implementation of the Strategy include dissemination of information about epidemic diseases, means and methods of protection against infection by such diseases among workers and members of their families, as well as briefing workers about their rights and duties in respect of prevention of further spread of epidemics.

In order to ensure achievement of main objectives of the Strategy, trade unions of all levels will implement the following measures:

a) development by the Ukrainian national trade unions and their associations of their own programs and plans for implementation of the Strategy through involvement into implementation activities of their member-organizations of all levels and creation of uniform information and education materials and designs in order to facilitate and unify activities to be carried out by their primary organizations;

b) arrangement of periodic interlocutions and trainings involving members of trade unions and representatives of trade union officials, trainers, public organizations, medical and social workers as well as representatives of the bodies of executive power. Subjects of such interlocutions and trainings may include ways of spreading of epidemic diseases, peculiarities of such diseases, rules of conduct and labour protection rules to be observed in the cases when production works at individual enterprises and facilities involve both healthy and infected workers;

c) coordination of joint actions of trade unions and their local organizations aimed at arrangement of relevant training, ensuring participation at specific projects and mutual information provision in respect of the Strategy implementation measures planned by trade unions;

d) dissemination with the use of the mass-media tools of an appropriate information, training materials, reporting data on performed and planned activities;

e) development and dissemination of methodological materials, manuals and guidelines, developed by trade unions, among workers and members of their families;

f) preparation and submission to the bodies of state administration, management and owners of enterprises of proposals concerning possible changes into collective labour agreements, regional and sectoral agreements aimed at – 1) prohibition of discrimination against workers on grounds that they have socially dangerous diseases or are infected with such diseases, 2) provision to such workers of the possibility to work at safe working environment and 3) granting them an opportunities to obtain necessary assistance and social guarantees;

g) submission of relevant proposals and comments in the course of discussion of law bills, introduction of amendments into legal regulations concerning protection of health, labour hygiene and work safety as well as submission of suggestions concerning securing employment opportunities, with due account for the real,
existing situation, observed in respect of HIV/AIDS epidemic spread among the working population;

h) initiation of establishment at appropriate bodies of executive power, which are in charge of public health protection and social care provision services, of public boards and delegation for work at such public boards of the trade union representatives;

Employers, their organizations and associations

Employers recognize that the HIV epidemic poses a threat to the successful and efficient functioning of their enterprises, staffing of enterprises and, therefore, they wish to prevent spread of HIV/AIDS disease among their workers.

Their participation in implementation of the Strategy will be aimed at creation of adequate conditions of work, prevention of discrimination, promoting introduction of regular educational programs on the subject of prevention of HIV/AIDS, development and implementation of programmes of the fight against HIV/AIDS in different sectors of the economy.

Under the framework of implementation of the Strategy, subjects of coordination and organization of activities aimed at combating impacts of the epidemic in the production environment will be organizations of employers and their associations functioning at different levels.

In order to ensure ability of employers to conduct such work at their particular companies, carried out will be the following measures:

a) organization of educational work among employers in order to improve their awareness about problems related to HIV/AIDS and their awareness about national legislation on labour, social protection, protection of health, international labor and social standards;

b) development and dissemination of the “Code of conduct” of an employer, which would include main provisions in respect of prevention of discrimination and stigma against people living with HIV;

c) promoting implementation by labour inspectors, during routine inspections of enterprises, of consultative and clarification work among employers in respect of the need for employers to comply with provisions of the legislation;

d) study and introduction of the best practices and programs on HIV/AIDS prevention at enterprises;

e) development and introduction, in cooperation with the governmental authorities, of instruments aimed at reward and stimulation of those employers who provide funding for educational and disease prevention programmes concerning HIV/AIDS at enterprises, institutions and organizations.

Raising the awareness of employers about the HIV/AIDS problem and its impacts upon economic production sphere will promote implementation of measures
designed to carry out the Strategy at the level of the individual enterprises, including such measures as:

• protection of workers through introduction of specific policy on HIV / AIDS prevention at a specific enterprise. In practice, this policy will be implemented by issuing orders and decisions authorizing introduction of prevention programs, allocation of premises for carrying out preventive measures. Such orders will also deal with issues of remuneration for work of those workers who during formal working day hours attended staff training or other programs.

• implementation of prescribed work safety and work hygiene protection measures aimed at and facilitating prevention of the risk to be infected with HIV at the workplace. These measures include general work safety measures, measures to prevent accidents in the workplace and breach of job safety rules through use of appropriate organizational arrangements, control over the level of technical preparedness and methods of work performance, provision and proper use of relevant personal protection equipment, measures to control environmental conditions and post-exposure prophylaxis for workers, as well as other labour safety measures taken in order to minimize the risk of HIV and tuberculosis infection, especially by workers of those professions which are most subject to the greatest risk, particularly those who work at public health sector;

• implementation, with a support from employers, of educational programmes for workers, to be delivered during formal working hours, and inclusion into work (functional) duties of workers the need to attend training classes, which are held during working hours, as well as to demonstrate that they managed to master the volume of knowledge presented to them during such trainings;

• implementation at their enterprises of programmes of assistance and support for their workers or referral of such workers to other organizations that implement such assistance programs.

6.3. Role of informal/unorganized sector of economy in implementation of the Strategy.

One of the means of implementing the Strategy is the use of specific HIV/AIDS prevention programs which can be carried out with due account for all unique opportunities which are provided by an informal workplace.

These opportunities can be grouped into three categories:

a) material resources, such as infrastructure, finance, various services, which can be used to fight HIV/AIDS. Some production facilities of that sector have at their disposal quite developed system of supply and distribution, which can be used
for dissemination of different materials and information resources concerning the subject of fight against HIV/AIDS in the workplace among workers working at the informal economy sector;

b) a workplace is a place at which working are workers who have a sufficient base of various knowledge and skills, which can be used in fight against HIV, for example, such as marketing skills, information technology, intellectual property, management and planning skills;

c) informal/unorganized production enterprises have access to communication channels, which connect different segments of the society, including workers and their families, suppliers, customers, consumers, and other business circles.

Informal/unorganized private sector has a great influence and can mobilize significant labour potential both within its own limits and among other institutions (public institutions, business associations, chambers of trade, associations of entrepreneurs).

6.4. Collective labour contracts and agreements.

One of the effective forms of implementation of the Strategy is the inclusion into collective labour contracts and agreements, concluded at all levels, of mutual obligations of the parties in respect of carrying out an active work against HIV/AIDS at the workplace.

Within the framework of implementation of the Strategy envisaged is:

a) development of methodological recommendations for wording in the collective contracts and agreements of provisions concerning protection of work safety and social protection of workers, taking into account the new needs of workers in the context of the HIV/AIDS-related requirements and changes in the existing legislation;

b) inclusion into general and regional labour agreements provisions stipulating that funding of measures aimed at prevention and control of HIV/AIDS should be from state and local budgets;

c) inclusion of provisions concerning HIV/AIDS issue into an economy sector labour agreements;

d) implementation of an effective control over compliance with the terms of general and regional labour agreements concerning funding of HIV/AIDS prevention measures.
6.5. Improvement of legislative and regulatory framework

In order to ensure proper implementation of specific measures aimed at carrying out the Strategy as a whole, required is introduction of certain changes to the existing legislative acts and legal norms.

For this purpose planned is:

a) establishment at the National Tripartite Social and Economic Council of the permanent expert group the task of which should be assessment of the existing national legislation and regulations in the sphere of work and social protection from the point of view of existence at them of provisions concerning the issue of HIV/AIDS, and submission of suggestions as to how to improve existing labour legislation and regulations (2012);

b) initiation of the process of inclusion of HIV/AIDS-related provisions into currently developed drafts of legislative acts and legal norms concerning work sphere (if it is found to be necessary);

c) development of an effective taxation systems which would be beneficial to those sponsors who support HIV prevention programs, and preparation for this purpose of relevant legislative proposals.

6.6 Organization of training, information and counselling

One of the means of implementation of those aspects of the Strategy which concern prevention of HIV/AIDS is a development and carrying out training programs, information and counselling services directly at the level of individual enterprises.

It is envisaged that such programs will be designed with due account for individual features of each enterprise, depending on its production process specifics or profile, number of workers, working conditions, etc and would include not “one-time” events but a wide range of coordinated and agreed upon continuously carried out measures and services.

Concerning these programmes, it is important that staff members of an enterprise would be able to receive knowledge not only about the ways of transmission of the virus, but also information on the rights of people living with HIV, on population groups vulnerable to HIV, and about the concept of stigmatization and discrimination against HIV infected people.

The time terms for implementation of such information and education programs will be agreed upon with the employer in order to be compatible with regular working hours schedule of an enterprise.
Educational and information measures concerning the issue of fight against HIV/AIDS will contain the following programme components (or at least some of them):

- formal lectures – viewed as a convenient way to bring basic information about the problem simultaneously to large groups of people with the opportunity to put forward questions to the lecturer and to discuss presented material;
- informal educational activities, which are mainly carried out by the staff of an enterprise. Thanks to the fact that dialogue run with workers is of informal nature, created can be an environment that promotes better understanding and raising of awareness about the disease;
- training seminars at working groups, interactive discussions at small groups, which involve people who work in the same subdivision of an enterprise and who belong to the same category of workers who unite in a group in order to discuss a specific issue or to hold some event. Such trainings provide an opportunity to discuss those issues, connected with HIV, which are of the most interest or worry for workers;
- workshops for couples and families, taking part at which are not only workers but also their partners and family members. Also involved into such seminars can be representatives of local communities, including people living with HIV;
- presentations with the use of video tapes and DVDs, because if at presented materials listeners hear or see known or quite a familiar faces, recipients tend to trust such information much more;
- posters, placed in strategic locations throughout the enterprise, and used as a source of information about HIV/AIDS, or as tool to strengthen the level of basic knowledge about the subject;
- brochures and booklets that contain factual information about HIV/AIDS, and are an effective method for strengthening efficiency of educational measures concerning the issue of the disease prevention;
- information on the preventive activities run by an enterprise, institution, organization in respect of HIV/AIDS in the workplace posted at the Web site run by an enterprise or at printed publications, on radio and TV channels);
- consultations with public organizations concerning arrangement of joint events devoted to the issue of prevention of HIV/AIDS at the workplace.

6.7. Funding of the Strategy

Funding of the Strategy and its required logistic support are envisaged to be at the expense of the State and local budgets, and at the expense of trade union associations, employers’ organizations and associations as well as a support from international sponsors and other sources of funding.
VI. Monitoring of implementation of the Strategy

Effective system of monitoring and evaluation using well-defined indicators concerning costs, short-term and long-term results, will help to monitor the effectiveness of the practical implementation of the Strategy, and to assess its impact on the spread of the epidemic.

System of open accountability will ensure due attention and support from the society.

Moreover, due to existence of some shortage of funding resources both at the State and local budgets, proper coordination of the Strategy implementation activities, both at national and regional levels and in respect of the compliance of such activities with objectives of the Strategy will become more and more important.

Implementation of monitoring and evaluation should take place through a permanent assessment of the progress of implementation of the Strategy, regular collection of relevant information and analysis of the situation as well as analysis of the dynamics of social changes and evaluation of the effectiveness of constituent programs by applying one and the same methodology, both at the national and regional levels, and at the level of individual enterprises.

Social monitoring should begin with organization of work on collection and analysis of information and data, and should be ended up with the implementation phase, that is, with transition from conclusions about the effectiveness of the program and factors that determine it, to adoption of administrative management decisions aimed at adjustment of the way of implementation of the programme.

In order to carry out monitoring of the progress of the Strategy implementation it is necessary:

a) to develop and approve at the State level indicators for assessing and monitoring progress of work of central bodies of executive power, trade unions and employers' organizations in respect of prevention of HIV/AIDS at the workplace in Ukraine;

b) to establish permanently functioning mechanism (unit) for coordination of activities undertaken by the parties to the social dialogue with such unit been made responsible for continuous dissemination of information;

c) to regularly (e.g. on annual basis) conduct a forum involving all stakeholders and organizations who are authorized to approve relevant decisions regarding results of assessment and monitoring of the progress of implementation of the Strategy;

g) to create a mechanism ensuring control over the way parties to the social dialogue fulfill their duties and allowing to make an independent evaluation of the progress of carrying out programs and activities which are part of general efforts to implement the Strategy.

Such monitoring will include:
a) substantiated assessment of the progress of implementation of the national and regional programmes aimed at ensuring implementation of the Strategy as such and re-direction of available resources to the most effective programs;

b) evaluation of the efficiency of HIV/AIDS prevention programmes in the workplace in order to identify formal and informal obstacles to wide involvement of workers into such programmes and, development for this purpose, a system of appropriate indicators;

c) assessment of the degree of compliance, in the course of the implementation of the Strategy, with Recommendations of the ILO No. 200 concerning HIV and AIDS and the World of Work;

d) selective inspection of the contents of the documents approved by employers (instructions, orders) for assessing their compliance with the provisions of the current legislation concerning prevention of discrimination of workers on the grounds of their real or alleged status of HIV-infected persons;

e) selective interviewing of workers in order to assess how well are they covered with HIV/AIDS prevention and other relevant measures, which will be carried out in the framework of the implementation of the Strategy;

f) regular and open for the general public reporting. The progress of implementation of the Strategy will be indicated at annual progress reports, which will be made public in the end of each year.