



International  
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# The workplace: gateway to universal access



**The role of the ILO in increasing access  
to prevention, care and treatment for HIV  
and AIDS**

**ILO Programme on HIV/AIDS and the World of Work  
Geneva, April 2006**

## *“Nine out of every ten people with HIV will get up today and go to work”*

Juan Somavia, Director-General of the ILO

Working people – and the families, workplaces and economies that depend on them – are bearing the brunt of the epidemic. HIV infection is concentrated among adults of working age: of the 40 million people estimated to be infected today, over 90 per cent are adults in their productive prime (15-49 years). This has repercussions for enterprise productivity, the provision of essential services and socio-economic security.

The ILO promotes decent work and combats HIV/AIDS through a unique combination of standard-setting to establish a conducive legal/policy framework with practical action at the workplace – both public and private, formal and informal. The workplace is one of the most important and effective points for tackling the HIV epidemic. Working people gather there each day, and structures and facilities exist which can be used for prevention, care and support.

*Workplace programmes are increasingly understood to be an investment not a cost, and treatment to be essential for the retention of skills and productivity.*

The world of work also comprises:

- employers' and workers' organizations with mass membership networks, education and training programmes, and experience of rights and policies; and
- ministries of labour with responsibility for labour and discrimination laws, industrial tribunals and labour courts, occupational safety and health systems, social security structures, human resource development and vocational training.

The ILO helps these partners buy into the national HIV/AIDS response, and spearheads a strategy to focus on the workplace as a key entry point to universal access. The *ILO Code of Practice on HIV/AIDS and the world of work* provides the framework for action based on three pillars: prevention, care and treatment, and the elimination of stigma and discrimination.

*The ILO's key partners at global level – the International Organisation of Employers (IOE) and the International Confederation of Free Trade Unions (ICFTU) – issued a joint statement in 2003 'Fighting HIV/AIDS together: a programme for future engagement', and support joint activities at country level.*

## Stigma and discrimination

The fear of stigma and discrimination is one of the main barriers to an effective response to HIV/AIDS. If people are fearful of the possibility of discrimination, rejection or reprisal, and conceal the fact they are HIV-positive, they will not seek treatment or obtain advice on preventing transmission to others.

In particular, people fear losing their jobs. As a result many companies find that uptake of treatment opportunities is low, and for this reason the ILO focuses on the creation of a non-discriminatory working environment<sup>1</sup> through the following strategic elements:

- a national legal and policy framework that prohibits discrimination,
- joint action by employers and workers,
- a workplace policy based on the ILO Code of Practice, and
- workplace education programmes, training for government officials, and leadership building among the social partners.

Protection against discrimination is founded on and reinforced by measures to ensure confidentiality<sup>2</sup>.

*73 countries have included AIDS-related provisions in their labour and discrimination laws and policies. An example is Mozambique, Act No. 5 of February 2002, which prohibits discrimination in employment rights, training, promotion, and career opportunities. It also prevents employers from requiring workers or job applicants to take an HIV test without their consent. The ILO/AIDS website may be consulted for the database of relevant legislation.*

*160 enterprises in ILO projects have policies that forbid discrimination and stigmatization. Sample policies may be consulted on the ILO/AIDS website.*

*Labour judges have already been trained on HIV/AIDS prevention, policy formulation and law enforcement in Southern, East and West Africa and Southeast Asia, using the ILO Guidelines on HIV/AIDS for labour judges and magistrates.*



## Care, support and treatment

Comprehensive care and support encompasses a range of services, responding to the needs of workers with HIV/AIDS and their families for treatment (including palliative care); for psycho-social and material support (including social protection); and for protection against discrimination and dismissal.

1 See the Discrimination (Employment and Occupation) Convention, 1958 (No. 111)

2 See the ILO Code of Practice on the protection of workers' personal data (1997)

3 For further guidance see the Occupational Health Services Convention, 1985 (No. 161)

4 A model of social policy costs of HIV/AIDS in the Russian Federation, ILO/AIDS, 2003

5 See too the Occupational Safety and Health Convention, 1981 (No. 155), and A hand book on HIV/AIDS for labour and factory inspectors, ILO 2005.



### Care and treatment

The ILO Code of Practice stipulates that HIV/AIDS should be treated like “any other serious illness or condition” that may affect a worker. The workplace significantly broadens access to treatment – by encouraging voluntary testing, by delivering antiretrovirals or systematically guiding and referring workers and their families to community services, and by providing a support structure to favour adherence to treatment. Where occupational health services exist, these can be adapted to treat HIV and opportunistic infections.

*Care and support are within the reach even of small enterprises: keeping HIV-positive employees at work is the first and best support they can get. “If you take away our jobs, you will kill us faster than the virus,” says Naveen Kumar, one of the ILO’s collaborators in India. Other practical measures include reasonable accommodation - adjustments to tasks or the work environment and rearrangement of working-time, rest breaks or leave - that assist workers with an illness or disability to manage their work.*

Occupational health services are responsible for helping ensure a working environment that promotes physical and mental health. The ILO recommends the use of multidisciplinary teams to provide services which include health promotion, first aid, health care, rehabilitation, compensation (when relevant) and strategies for return to work<sup>3</sup>.

*Start Your Business training in Zambia helps workers living with HIV to meet their basic needs and empowers them to participate in economic and other development activities. In India, the ILO works with the New Delhi Network of Positive People on developing skills and providing materials for HIV-positive women whose husbands have died of AIDS.*

### Support: income generation and social protection

In order to reduce vulnerability to the impact of HIV/AIDS, the ILO promotes skills development and income generation among affected populations, especially women and young people. Work opportunities need to be complemented by social protection, including access to social security, medical benefits, health insurance, as well as decentralized insurance and income support schemes. Innovative mechanisms already piloted by the ILO in some African countries include social transfers to poor households. These are regular and predictable transfers of cash or food to particular target populations, such as orphans, people living with HIV/AIDS or female-headed households. Research is under way on health financing mechanisms, social reinsurance, and decentralized systems of social protection, as well as the modelling of social policy costs<sup>4</sup>.

## Prevention

Prevention efforts need to be scaled up in tandem with efforts to expand access to care and treatment: all possible partners and entry points should be mobilized to this end. At the workplace prevention can be integrated in ongoing training programmes and existing structures – especially occupational safety and health committees and works councils. Training should include supervisors and senior managers as well as workers and their representatives.

Prevention has two key components: education and practical measures to reduce risk.

- Education builds on basic information and awareness. It helps people apply general messages to their own situation and behaviour, and gives them the tools to assess and reduce their personal risk.
- Practical measures include the provision of condoms, access to treatment for other sexually transmitted infections (STIs), and occupational safety and health (including the provision of protective clothing and application of Universal Precautions).

### Education for behaviour change

The ILO promotes behaviour change through its prevention programmes, tailored to specific populations and developing targeted messages and approaches with them. It trains and supports peer educators as well as enterprise focal points on HIV/AIDS. The ILO and Family Health International have jointly produced *HIV/AIDS behaviour change communication: a toolkit for the workplace*, which provides comprehensive guidance on designing, implementing, monitoring and evaluating BCC programmes.

*ILO-US Department of Labor HIV/AIDS Workplace Education Programme: almost 2800 government officials and key members of workers’ and employers’ organizations have received in-depth training on developing policies and implementing programmes on HIV/AIDS, and over 2000 workers have been trained as peer educators in partner enterprises and cooperatives.*

### Safety and health in the workplace<sup>5</sup>

Although HIV is an issue of occupational safety for health care, security and cleaning services in particular, the risk of infection is not confined to these settings. Any workplace can be the scene of an accident involving blood loss. Occupational exposure to HIV can arise where workers or others are exposed to infected blood and body fluids in the course of their work. Risk should be reduced to a minimum by the application of infection control procedures and related training.

*In order to address the particular issues related to managing HIV/AIDS in health services, and support the renewed emphasis on human resources for health, the ILO collaborated with WHO in 2005 to produce *Joint ILO-WHO Guidelines on health services and HIV/AIDS*. The ILO and WHO, with the health sector trade unions, are now working on the implementation of the guidelines by health workers, managers and policy-makers.*



## The ILO contributes to universal access through:

- advocating for the workplace to be the key delivery point for prevention, treatment and care to working adults;
- advising on legal and policy reform;
- demonstrating the benefits of comprehensive workplace programmes, including treatment, and engaging management support;
- strengthening the capacity of employers and workers to design, implement and sustain comprehensive workplace programmes, including treatment literacy;
- integrating HIV and AIDS in existing occupational safety and health structures, occupational health services and vocational training programmes;
- helping constituents and partner enterprises promote access to treatment and de-stigmatize HIV status by conducting 'Know your status' campaigns;
- developing public-private partnerships to extend programmes beyond the workplace;
- providing policy guidance and practical measures to extend social protection, including the development of innovative health and life insurance schemes; and
- mapping enterprise activity and sharing good practice.



By encouraging open discussion and providing compassionate programmes for prevention, care and support, enterprises can alleviate the community's fear of HIV infection, and reduce stigma and discrimination both inside and outside the workplace.

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