HIV/AIDS and the World of Work in South-East Asia and the Pacific

ILO Programme on HIV/AIDS and the World of Work

Briefing paper for the

2nd South-East Asia and the Pacific Subregional Tripartite Forum on Decent Work

5 - 8 April 2005, Melbourne, Australia

International Labour Office

Australia

Fiji

Indonesia

Kiribati

New Zealand

Papua New Guinea

Philippines

Samoa

Solomon Islands

Timor Leste

Vanuatu

DECENT WORK IN SOUTH-EAST ASIA AND THE PACIFIC

ILO Programme on HIV/AIDS and the World of Work

Briefing paper for the 2nd South-East Asia and the Pacific
Subregional Tripartite Forum on Decent Work
Melbourne, Australia
5-8 April 2005

International Labour Office

Copyright © International Labour Organization 2005
First published 2005

Publications of the International Labour Office enjoy copyright under Protocol 2 of the Universal Copyright Convention. Nevertheless, short excerpts from them may be reproduced without authorization, on condition that the source is indicated. For rights of reproduction or translation, application should be made to the Publications Bureau (Rights and Permissions), International Labour Office, CH-1211 Geneva 22, Switzerland. The International Labour Office welcomes such applications.

Libraries, institutions and other users registered in the United Kingdom with the Copyright Licensing Agency, 90 Tottenham Court Road, London W1T 4LP [Fax: (+44) (0)20 7631 5500; email: cla@cla.co.uk], in the United States with the Copyright Clearance Center, 222 Rosewood Drive, Danvers, MA 01923 [Fax: (+1) (978) 750 4470; email: info@copyright.com] or in other countries with associated Reproduction Rights Organizations, may make photocopies in accordance with the licences issued to them for this purpose.

ILO

HIV/AIDS and the World of Work in South-East Asia and the Pacific
Briefing paper for the 2nd South-East Asia and the Pacific Subregional Tripartite Forum on Decent Work
Melbourne, 5-8 April 2005

International Labour Office, 2005

ISBN 92-2-117114-0 (print)
92-2-117115-9 (pdf)

The designations employed in ILO publications, which are in conformity with United Nations practice, and the presentation of material therein do not imply the expression of any opinion whatsoever on the part of the International Labour Office concerning the legal status of any country, area or territory or of its authorities, or concerning the delimitation of its frontiers.

The responsibility for opinions expressed in signed articles, studies and other contributions rests solely with their authors, and publication does not constitute an endorsement by the International Labour Office of the opinions expressed in them.

Reference to names of firms and commercial products and processes does not imply their endorsement by the International Labour Office, and any failure to mention a particular firm, commercial product or process is not a sign of disapproval.

ILO publications can be obtained through major booksellers or ILO local offices in many countries, or direct from ILO Publications, International Labour Office, CH-1211 Geneva 22, Switzerland. Catalogues or lists of new publications are available free of charge from the above address, or by email: pubvente@ilo.org

This report may also be consulted on the ILO Subregional Office for South-East Asia and the Pacific website: www.ilo.org/manila

---

Printed in the Philippines

TABLE OF CONTENTS

I. HIV/AIDS: A CHALLENGE TO DECENT WORK 1

The impact of HIV/AIDS in the world of work 1

Women: a double burden 2

The growth in child labour 2

Overview of the epidemic in South-East Asia and the Pacific 2

Indonesia 3

Pacific Islands and Territories 4

The Philippines 4

Timor Leste 5

Australia and New Zealand 5

Factors of risk and vulnerability 6

Risk associated with different occupations 6

Major challenges 7

II. THE RESPONSE TO HIV/AIDS 9

The ILO's programme 9

The ILO Code of Practice on HIV/AIDS and the world of work 10

Action at regional and subregional levels 11

The UNAIDS partnership 12

Action at national level 13

Indonesia 13

Pacific Islands and Territories 14

The Philippines 15

Australia and New Zealand 16

III. INTENSIFYING THE WORLD OF WORK RESPONSE 16

Priority areas for action by the ILO, the constituents and other stakeholders 16

Government authorities at regional and national levels, especially Ministries of Labour 17

Organizations of employers and workers 17

Action at the workplace 17

At risk populations 18

Other relevant institutions and partnerships 18

ILO capacity 19

ANNEX I: THE LESSONS OF GOOD PRACTICE 20

LIST OF ABBREVIATIONS

AIDS	Acquired immunodeficiency syndrome
HIV	Human immunodeficiency virus
ICFTU	International Confederation of Free Trade Unions
WHO	World Health Organization
PICT	Pacific Island countries and territories
SPOCTU	South Pacific and Oceanic Council of Trade Unions
STI	Sexually transmitted infections
UNAIDS	Joint United Nations Programme of HIV/AIDS
YEN	Youth Employment Network

I. HIV/AIDS: A CHALLENGE TO DECENT WORK

The global HIV/AIDS epidemic is an emerging crisis in the South-East Asia and Pacific subregion, and over the long term could present an obstacle to achieving each of the ILO's strategic objectives. Where the epidemic developed earlier, it has been shown to reduce the supply of labour, and undermine the livelihood of millions of workers and those who depend on them. The loss of skills and experience in the workforce threatens productivity and diminishes the capacity of national economies to deliver goods and services on a sustainable basis. Fundamental principles and rights at work are undermined through discrimination against those affected. The informal economy - employing well over half of the subregion's workers - is particularly vulnerable to the epidemic because of its reliance on human resources. The well-being of future generations is threatened, as children are orphaned, forced to leave school to care for sick family members, or work as child labourers. This reduces work opportunities for young people, impoverishes the stock of human capital and makes it harder to achieve sustainable development.

At the same time, however, the Decent Work Agenda provides a strategic framework for tackling HIV/AIDS. Programmes to achieve the strategic objectives in employment, social protection, rights and social dialogue also help mitigate the spread and impact of AIDS in the world of work.

The impact of HIV/AIDS in the world of work

The majority of those who contract HIV are adults between 15 and 49 years of age - workers at their most productive. A report from the ILO, *HIV/AIDS and work: global estimates, impact and response* (Geneva, 2004), shows that as many as 36 million of the 39 million people living with HIV are engaged in some form of productive activity, and at least 26 million workers have the virus. As persons of working age die of AIDS, many countries will experience a "population chimney" whereby the young and the old are supported by a thin pillar of adults in their working prime.

The consequences are felt by families, the public and private sectors, and the national economy.

Enterprises in many countries report increases in absenteeism, staff turnover, and in the cost of recruitment and training. Other costs include medical care, insurance coverage, retirement funds and funeral expenses. More difficult to measure is the impact of an increasing burden of work, the loss of colleagues and the fear of infection, which can lower morale and productivity in the workplace. In addition, a decline in profits reduces the tax base, discourages foreign investment and adversely affects consumer and business confidence.

The public sector must cope with an increased demand for services, especially health and social security, at the same time as revenues from tax and investment may be reduced, and personnel losses undermine planning and delivery.

The most severe impact over the longer term may be the loss of skills, experience and institutional memory. Human resource development is jeopardized by a break in the informal transfer of skills between generations, as well as by the numbers of children not able to complete their schooling.

The consequences of HIV/AIDS include:

- reduced supply of labour
- discrimination in employment and stigma at the workplace
- absenteeism, loss of skilled and experienced workers
- increased labour costs for employers, from health insurance to retraining
- reduced productivity, contracting tax base and reduced government revenues
- investment discouraged and enterprise development undermined
- social protection systems and health services under pressure
- increased burden on women to combine care and productive work
- loss of family income and household productivity, exacerbating poverty
- orphans and other affected children forced out of school and into child labour
- increasing pressure on women and young people to survive through sexual services

Women: a double burden

Women bear the brunt of the HIV/AIDS epidemic. Half of those infected are women, but they make up 60 per cent of new infections – and an even higher proportion of younger women (15 – 24). They also take a greater share of the burden of care – this often includes girls being taken out of school to look after sick relatives, or contribute to family income.

The growth in child labour

HIV/AIDS is now a key factor affecting the education of children and the pattern of child labour across the world. Across the world there are estimated to be 15 million children under the age of 17 who have lost one or both parents to AIDS. By 2010, there could be 35 million. The epidemic forces children out of school and into child labour, often into exploitative and extremely hazardous forms of work. Young female orphans are especially vulnerable to sexual exploitation.

Overview of the epidemic in South-East Asia and the Pacific

By the end of 2004, 39.4 million people were estimated to be living with HIV worldwide. In the course of 2004, 4.9 million people were newly infected with HIV and 3.1 million died. Over 23 million people have died of AIDS-related conditions since 1981, when the disease was first identified. About the same number of people die each month from AIDS as were killed in the tsunami of December 2004.

Two-thirds of persons with HIV live in Africa, but substantial numbers are affected in Asia – over 8 million are living with HIV and there were 1.2 million new infections in 2004. A November 2004 study by the Asia Development Bank and UNAIDS warned that Asia-Pacific risks an AIDS crisis similar in scale to Africa's unless governments across the region step up efforts to control the disease.

The diversity of the region, as well as its size, means that a number of distinct epidemics can be identified and pockets of higher prevalence even where average rates are low. The main transmission route is intravenous drug use in most Asian countries, with commercial sex as a bridge into the general population. In the Pacific island states, however, heterosexual transmission is more significant, meaning the epidemic is increasingly generalized. Indonesia and Papua New Guinea are among the countries identified by UNAIDS as having

rapidly expanding epidemics, and a need to take urgent and effective action. The Philippines and Timor Leste are part of the group with low prevalence levels and “golden opportunities to pre-empt serious outbreaks”.

The epidemiological information that follows is drawn from the UNAIDS/WHO *AIDS epidemic update*, December 2004, and other information from the UN Population Division, the World Bank and the ILO, unless otherwise stated.

Indonesia

Indonesia is the largest Moslem nation and the fourth most populous country in the world, with a population of nearly 240 million. An average prevalence rate of 0.1 per cent hides serious localized epidemics. An eightfold increase in the infection rate among blood donors since 1995 provides strong evidence that HIV is spreading in the population at large.

Prevalence exceeds 5 per cent in Batam, Jakarta, East Java, and Papua. UNAIDS reports sharply rising prevalence in several populations whose behaviour puts them at risk of HIV – injecting drug users, sex workers and their clients, and men who have sex with men. Condom use among commercial sex workers is estimated to be under 4 per cent, while one in two injecting drug users in Jakarta test positive for HIV. HIV prevalence in prisons has also been rising over the past five years and appears to be over 20 per cent.

Recent surveillance data from the Ministry of Health indicate that a significant increase in prevalence has occurred among workers in certain sectors, especially entertainment and transportation, and also in parts of manufacturing industry and some isolated enterprises like mining.

Indonesia, Labour force by age, 2005

	10-14 years		15-64 years		65+ years	
	Male	Female	Male	Female	Male	Female
Population (thousands)	10,965	10,610	74,258	74,125	5,466	6,823
Labour force (LF) (thousands)	565	556	65,325	41,495	3,109	1,986
Labour force participation rate (%)	5.2	5.2	88.0	56.0	56.9	29.1

Indonesia, HIV/AIDS impact, 2003

	0-14 years	15-49 years	
		Men	Women
HIV prevalence rate (2003) (%)	na	0.1	
Number of people living with HIV (2003) (thousands)	na	95.0	15.0

There is considerable potential for the infection rate to keep rising because of high levels of labour mobility, migration, urbanization, tourism, poverty, resistance to condom use, a rapidly growing population of intravenous drug users and a lack of awareness about HIV/AIDS among large segments of the population. The National AIDS Commission has estimated that up to 20 million Indonesians may be at risk of HIV

infection. An ILO/UNAIDS/UNDP study, *Population Mobility and HIV/AIDS in Indonesia* (ILO, 2001), suggests that labour mobility, which has increased in recent years, is "the type of movement that is almost certainly most associated with the spread of HIV/AIDS". The report shows that domestic migrant workers constitute an important bridge between the commercial sex industry and the general population for the spread of the epidemic.

Pacific Islands and Territories

HIV/AIDS has affected most Pacific island countries and territories very gradually and relatively recently. Over 9000 people were reported as infected with HIV in 22 countries and territories at the end of 2003 (Secretariat of the Pacific Community, May, 2004). Rates of infection vary considerably: **Papua New Guinea** (PNG) has 67% of the total Pacific Islands population but almost 90 per cent of reported cases. The disease is now generalized in the population, and there is an associated epidemic of tuberculosis (TB). HIV prevalence among sex workers has reached 17 per cent, while approximately15 per cent of female sex workers report consistent condom use. The combination of widespread commercial sex and multiple non-commercial partners is likely to cause the epidemic to grow. The National AIDS Council is concerned at the high levels of fear and ignorance surrounding the disease, leading to rejection and stigmatization of those affected. It was reported by Agence France-Presse in January 2005 that the bodies of persons who had died of AIDS were lying unburied because the usual services refused to handle them.

Prevalence rates are generally very low, but starting to rise in **Guam, French Polynesia, New Caledonia and Kiribati**. Rates of other sexually transmitted infections, however, are high – STI prevalence is significant not only because HIV is primarily sexually transmitted but also because persons with an STI face a higher risk of contracting and transmitting HIV during sex. The official number of HIV cases in **Fiji** was 142 in January 2004, in a population of approximately 850 000, but it is estimated that this figure represents only about one third of the actual cases. Among the factors influencing HIV transmission are early sexual initiation, as well as taboos related to sexuality, high rates of sexually transmitted infections, gender inequalities, and a large, young, and transient population.

There is considerable under-reporting of cases due to a lack of testing facilities and fears surrounding testing. Surveillance systems are also extremely limited.

> A visual image used in HIV education in Pacific island countries is of a shark submerged in water, with only the fin visible above water. This fits with the concept of HIV/AIDS as a silent epidemic because the virus remains dormant for many years, hiding the true extent of infections. Once the body of the shark can be seen, it's already too close for safety – that is, it's too late to prevent a widespread epidemic with consequences for families, communities and the national economy. (*Source*: ILO-SPOCTU survey – see next page).

The Philippines

The Philippines has a population of 86 million (2004). The low HIV prevalence provides a window of opportunity to avert a widescale epidemic.

Philippines, Labour force by age, 2005

	10-14 years		15-64 years		65+ years	
	Male	Female	Male	Female	Male	Female
Population (thousands)	4,884	4,684	25,432	25,153	1,430	1,786
Labour force (LF) (thousands)	433	252	21,513	16,8181	1,108	678
Labour force participation rate (%)	8.9	5.4	84.6	66.9	77.5	38.0

Philippines, HIV/AIDS impact, 2003

	0-14 years	15-49 years	
		Men	Women
HIV prevalence rate (2003) (%)	na	<0.1	
Number of people living with HIV (2003) (thousands)	na	7	2

Early action by the government appears to have helped prevent the growth of a generalized epidemic, but there are fears of under-reporting and also perhaps of a weakening commitment as the country is faced with more visible challenges. The presence of a range of risk factors makes it necessary for the authorities and civil society to remain vigilant and proactive. These include the practice of multiple sexual partners - usually commercial and unprotected; high rates of sexually transmitted infections; uneven condom use (over half of registered sex workers using them in some cities, but only 6 per cent of night club hostesses); low perception of risk even among at-risk groups; sharing of unclean needles among injecting drug users; and men who have sex with men (and often with women as well). Recent household studies found between 5 and 10 per cent of men reporting recent sex with another man. There is also a growing concern for overseas Filipino workers, since 32 per cent of the reported cases now come from this population.

Timor Leste

While present prevalence is low, a survey reported in the *AIDS epidemic update* (UNAIDS, December 2004) found that over half the sex workers had never heard of AIDS, four out of ten did not recognize a condom, and none consistently used one. A quarter had another sexually transmitted infection.

Australia and New Zealand

In Australia, following a long-term decline, the annual number of new HIV diagnoses gradually increased over a five-year period, from around 650 cases in 1998 to around 800 in 2002. There has also been a slight increase in other STIs. HIV transmission continues to occur mainly through sexual contact between men. Among men diagnosed with newly acquired HIV infection between 1997 and 2002, more than 85 per cent were found to have had a history of sex with another man. Relatively small percentages of newly acquired infections were attributed to a history of injecting drug use (3.4 per cent), or heterosexual contact (8.5 per cent). Indigenous people have comparable prevalence rates to non-Indigenous people, but a higher proportion of them are women. The principal form of HIV transmission in New Zealand continues to be sexual contact between men. The rate of new infections here does not appear to be rising. At least half the estimated 14 000 people living with HIV in Australia are receiving antiretroviral therapy, reflecting both the age of the Australian epidemic and extensive treatment access.

Factors of risk and vulnerabiltiy

Social, economic, cultural and political factors that are significant in the context of HIV/AIDS include the status of women, the attitudes and behaviour of men, poverty (especially its consequences for health and education), migration and mobility of labour, religious belief and superstition, legal/political systems and the responsibilities of the state as employer, the strength of organized labour, respect for human rights, the capacity of the health service, the nature of the family, the needs of young people, labour markets and human resource capacity.

All are relevant in the South-East Asia and Pacific subregion. Additional features are low condom use, a widely dispersed sex industry, high rates of sexually-transmitted infections, many young people engaged in risky behaviour, and drug users sharing injecting equipment. The general lack of knowledge about AIDS, the myths and taboos in many countries, and the slow build-up of infections make it harder to tackle risk-taking behaviour.

The ILO and the South Pacific and Oceanic Council of Trade Unions (SPOCTU) undertook a survey of trade union responses to HIV/AIDS in the South Pacific, *Waiting for something to happen* (2004). This identifies the following constraints and vulnerabilities relevant to the epidemic in the Pacific Island countries and territories (PICT):

- There is a crisis of globalization, of economic development, of trade and production, of security and political leadership, with low commodity prices and mass youth unemployment.
- Many PICT have small populations, limited education provision and a small skills base - with consequences for labour force development and social leadership.
- The dispersed geography of countries and communities, high transport costs and difficult communications impact on the provision of all social programmes.
- The weakness of health services provision, and the dependence on France, USA, Australia and New Zealand for tertiary level medical services, limits access to those able to afford international travel and treatment costs. Only the Francophone countries have HIV treatment.
- Conservative religious and traditional cultures can exacerbate and entrench stigma about STI and HIV. Explicit public discussion of issues of illness and sexuality is often difficult.

Risk associated with different occupations

HIV is not spread through normal workplace contact. Nevertheless, accidents may occur in almost any working environment, and there may be exposure to blood or body fluids in a substantial number of occupations. Health care workers are the most obvious group but others are the emergency services, custodial and security staff, funeral attendants, waste disposal personnel, and body-piercing services.

Some occupations have working conditions that are more conducive to risk-taking behaviour, especially those that involve the separation of workers from their homes and families for substantial periods of time, sometimes associated with all-male living arrangements, long hours, and sufficient income to spend on alcohol or drugs and sex workers (women and men). This can apply to occupations as diverse as transport workers, security forces, miners, construction and plantation workers, and state workers such as teachers who may be transferred to other regions. Migrants and mobile workers suffer the same separation from their homes, and often families as well, and may be even more exposed to risk because they are often excluded from information, benefits, and respect for their rights.

An ILO regional conference on migration, July 2004, Bangkok, heard that the practice that is common in Asia of forcing migrant workers to take HIV tests hastens the spread of the disease rather than curbing it. Participants agreed that such tests are not only discriminatory, but that they "backfire" by inhibiting access to prevention and treatment.

For a number of reasons, operators in the informal economy are particularly vulnerable to HIV/AIDS, both in terms of risk of infection and impact of the epidemic. Enterprises in the informal economy are usually small and labour intensive, meaning that they rely heavily on one or a few operators. When a worker falls sick and eventually dies, it can often be very difficult for these small enterprises to stay in business. The precarious nature of informal employment, the lack of social protection and limited access to health services also worsen the impact of the epidemic for individual workers – as does the fact that in many countries the majority of these workers are women. As informal operators are usually not members of trade unions or business networks, and government involvement is by definition very limited, there is a particular challenge in reaching them with HIV/AIDS programmes.

Of concern throughout the world of work is the pressure on women to agree to sex in return for access to the labour market or security in employment. Many women have little choice when the alternative is dismissal, less pay, or the refusal of a permit to trade. In a broader sense, however, the world of work - especially decent work - is critical since the reduction of poverty and protection of rights are fundamental to an effective response to HIV/AIDS.

Major challenges

The Decent Work Forum offers the subregion the opportunity to analyse the nature of the epidemic and the factors driving it, and to agree priorities for action.

Poverty and gender inequality

HIV infection is rooted in poverty, ignorance and women's lack of autonomy. Poverty creates the conditions that favour HIV transmission and worsen its impact: individuals who are poor also have less access to prevention messages and education; may be under-nourished and in poor health so more susceptible to infection; have limited assets, savings or social protection to draw on in the event of sickness; may resort to commercial or transactional sex in order to survive; lack the power to defend their rights. The effects of HIV/AIDS can lead to an intensification of existing poverty and push some non-poor into poverty. Numbers below the poverty line in the subregion vary between 30 and 40 per cent.

Women are over-represented among the poor, and face particular risks and needs. These result from a range of factors that include their social roles, their lower legal status, their more limited access to

education and waged work, and their lack of rights to credit, property and other assets. Women everywhere experience discrimination in the labour market, are paid less than men, and more frequently perform work with no security or benefits. The combination of inferior status and economic dependence on men makes it impossible for many women to protect themselves from unsafe sex; poverty also drives women to risky behaviours for survival. The fact that women take a greater share of the burden of care undermines their income-raising opportunities and job security.

Governance and public sector capacity

Poor states already have weak health systems, inadequate human resources, insufficient funds, and other major obstacles to development without having to manage the AIDS crisis as well. In Papua New Guinea, for example, decreasing access to adequate health services and deteriorating infrastructure over the past few years have affected the capacity to respond to HIV/AIDS. A number of countries in the subregion have issues of national insecurity and public sector capacity, as well as lacking legislation to protect the rights of those affected by HIV/AIDS.

The Deputy Director of UNAIDS told a high-level regional forum in Manila in October 2004 that the ASEAN group "had made good progress in the last couple of years but, like most of Asia, it is moving too late and too slow." The meeting put the emphasis on the need for regional institutions – both economic and political - to accelerate their action both at the regional level and in support of individual countries.

Youth

Young people often have real difficulties in finding employment in the formal economy, with negative consequences for society as well as the individual. When income must be obtained at any cost, youth find work that is marginal, dangerous, or illegal. The lack of a sense of hope and purpose stemming from the lack of decent work opportunities encourages risk-taking behaviour linked to sex and/or drug and alcohol abuse, depending on custom and circumstances. HIV/AIDS means that many young people are growing up without the care of their parents and the guidance of other adults – teachers, employers, mentors, thus depriving them of the skills and knowledge that would help them enter the labour market.

Denial and discrimination

Refusal to recognize the severity of the global AIDS situation and its potential impact locally stems from fear, shame and taboos around sex, lack of understanding and complacency – to varying degrees and in combination. Fear of the disease has often been transferred to individuals or groups perceived or known to be infected or affected – this undermines the development of effective responses. One aspect of denial is the lack of recognition of AIDS as a workplace issue, or reluctance to commit the enterprise to take action.

A baseline survey on the implementation of the ILO Code of Practice, which the ILO conducted from April to June 2004 among 191 companies in Indonesia, showed that the majority of employers considered HIV/AIDS as a threat to the productivity of the enterprise. However, only 20 companies had a written

HIV/AIDS policy and the majority of companies required job applicants and employees to be free from HIV infection.

The tsunami disaster

As the tsunami relief efforts shift towards long-term strategies, the ILO is focusing on employment-intensive recovery, with special attention to the needs of the most vulnerable groups and the re-establishment of social protection mechanisms. As a cosponsoring agency of UNAIDS, the ILO is also pointing to the necessity of sustaining HIV prevention and care efforts, and of briefing the armed forces and other relief workers. Post-disaster conditions could increase the risk of HIV transmission in affected regions – on the one hand, basic services are disrupted, and on the other displaced persons, especially women and children, may be at particular risk. A guidance note to the ILO task force requests it to be alert to situations of increased risk of infection and possibility of discrimination; to include core information on HIV/AIDS in education and training programmes organized in the reconstruction process; and to make sure that any public works or other employment schemes which they support have basic workplace policies on HIV/AIDS, ensuring the provision of information and condoms, and the protection of rights (including medical care). Further assistance may be found in the UN *Guidelines for AIDS responses in emergency settings*.

II. THE RESPONSE TO HIV/AIDS

> *"The essential components in the fight against HIV/AIDS are: political commitment, community involvement, policy and resources. They are the four corners of the foundation for a successful and sustained response."*
>
> *UN Secretary General Kofi Annan*

The ILO's programme

The ILO strategy is to mainstream AIDS issues throughout the Office, as well as ensuring leadership and coordination through a dedicated unit - the ILO Programme on HIV/AIDS and the World of Work (ILO/AIDS). This was established in November 2000, and gave effect to the Resolution on HIV/AIDS and the World of Work passed at the International Labour Conference in June 2000.

The ILO took action because the HIV epidemic is a threat to the health and livelihoods of its constituents in all regions. It also recognizes the potential of its unique tripartite structure for mobilizing key stakeholders in the world of work, and the value of the workplace in delivering effective programmes. The workplace is an ideal setting to respond to HIV/AIDS, as it brings together those most affected and at risk, adults in their productive prime. It is conducive to prevention messages, care and support - including treatment through occupational health services, and the promotion of standards and rights; it provides conditions for monitoring the impact and effectiveness of interventions.

The Decent Work Agenda provides a framework for action. The ILO's priority is to mobilize the commitment and strengthen the capacity of its constituents to contribute to national efforts against HIV/AIDS. It seeks to ensure that national AIDS plans include the world of work, and that labour policy and legislation address the implications of HIV/AIDS. The ILO became a cosponsor of UNAIDS in 2001, and is the lead agency in the UN system for the world of work.

> While there is no International Labour Convention that specifically addresses the issue of HIV/AIDS in the workplace, many instruments exist which cover protection against discrimination as well as prevention and care at the workplace. The Conventions that are particularly relevant include: Discrimination (Employment and Occupation) Convention, 1958 (No.111); Occupational Safety and Health Convention 1981 (No. 155); Occupational Health Services Convention 1985 (No. 161); Vocational Rehabilitation and Employment (Disabled persons) Convention, 1983 (No. 159); Social Security (Minimum Standards) Convention, 1952 (No. 102); Labour Inspection Convention, 1947 (No. 81).

ILO/AIDS has three main areas of activity:

- research and policy analysis;
- information, communications and advocacy;
- technical cooperation and advisory services - projects in over 30 countries concentrate on enhancing the capacity of employers, workers and governments to plan and implement workplace policies and programmes on HIV/AIDS.

As the Programme has developed, there has been a rapid expansion of work at country level, and a shift towards mobilizing the capacity of the workplace – especially occupational health services - to provide care and treatment. The ILO is an active partner in the WHO-UNAIDS '3 by 5' initiative to provide antiretroviral therapy to three million people by the end of 2005.

The ILO Code of Practice on HIV/AIDS and the world of work

All activities take place with reference to the ILO *Code of Practice on HIV/AIDS and the world of work*, which was agreed by consensus at a tripartite meeting of experts from all regions in May 2001. The Code establishes principles for policy development and practical guidelines for programmes of care and prevention. It has been translated into over 30 languages and is being applied in over 50 countries. It is complemented by an education and training manual. The development of materials for technical and policy guidance to support training at all levels is a priority for the Programme. The following have been produced to date - all are freely available on the ILO/AIDS website (ww.ilo.org/aids):

Guidelines on HIV/AIDS	for employers
	for trade unions
	for labour judges and magistrates
	for labour and factory inspectors

for the transport sector
for small and medium enterprises (in preparation)
for the education sector (in preparation).

In addition, joint ILO-WHO guidelines on HIV/AIDS for health services are due to be finalized at a Meeting of Experts at the ILO, Geneva, 19-21 April 2005, and joint UN guidelines are being prepared on how to target youth populations and mainstream them in existing programmes, with a focus on supporting livelihoods.

The ten key principles of the *ILO Code of Practice on HIV/AIDS and the world of work* apply to all aspects of work and all workplaces. They are reproduced below in summary form:

A workplace issue
HIV/AIDS is a workplace issue because it affects the workforce, and because the workplace can play a vital role in limiting the spread and effects of the epidemic.

Non-discrimination
There should be no discrimination or stigma against workers on the basis of real or perceived HIV status.

Gender equality
More equal gender relations and the empowerment of women are vital to preventing the spread of HIV infection and helping people manage its impact.

Healthy work environment
The workplace should minimise occupational risk, and be adapted to the health and capabilities of workers.

Social dialogue
A successful HIV/AIDS policy and programme needs cooperation and trust between employers, workers, and governments.

No screening for purposes of employment
Testing for HIV at the workplace should be carried out as specified in the Code, should be voluntary and confidential, and never used to screen job applicants or employees.

Confidentiality
Access to personal data, including a worker's HIV status, should be bound by the rules of confidentiality set out in existing ILO instruments. Job applicants and workers should not be asked to disclose HIV-related personal information.

Continuing the employment relationship
Workers with HIV-related illnesses should be able to work for as long as medically fit in appropriate conditions.

Prevention

The social partners are in a unique position to promote prevention efforts through information, education and support for behaviour change.

Care and support

Workers are entitled to affordable health services and to benefits from statutory and occupational schemes.

Action at regional and subregional levels

Where prevalence rates are low, opportunities for prevention are high

The Asian Region as a whole has given a strong lead within the ILO in terms of advancing practical action on HIV/AIDS in the world of work. This has included support for a network of focal points in area offices, outreach and advocacy with the social partners, the development of projects, a growing training programme, and collaboration with outside partners including the Asian Business Coalition on HIV/AIDS and the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund).

In addition, the subregion is well placed to serve as a model in terms of project development and resource mobilization as the Jakarta office became the first and, to date, only ILO office to have succeeded in getting a substantial workplace component in the Indonesia proposal for the Global Fund, approved in 2004.

Selected activities and achievements:

A survey is currently being conducted among *Ministries of Labour in ASEAN countries* on how they have responded to HIV/AIDS. The analysis of responses will help identify good practice and lessons learnt, as well as policy gaps and obstacles to implementation.

Asia Pacific Regional Seminar on International Labour Standards and Equality Issues for Judges, Manila, 16-19 September 2003: High-level judges and workers' and employers' representatives from eleven Asia-Pacific countries convened to address the relevance and use of international labour standards and the ILO supervisory system. The seminar included sessions on HIV/AIDS.

The Asian Business Coalition on HIV/AIDS was set up with assistance from the ILO, UNAIDS, the Global Business Coalition on HIV/AIDS, other multilateral agencies and the Thai Business Coalition on HIV/AIDS. It is an alliance of companies that promote the development of workplace policies on HIV/AIDS, prevention programmes, and access to care and support facilities for affected employees.

The Youth Employment Network (YEN) has identified HIV/AIDS as part of its policy and programming framework and offers an integrated platform for countries to reduce youth vulnerability to HIV/AIDS; Indonesia is a 'YEN Champion country'. Activities will be supported, *inter alia*, by the forthcoming ICFTU-ILO kit for young workers on HIV/AIDS.

The UNAIDS partnership

The Joint UN Programme on HIV/AIDS now has ten cosponsors (including the ILO), and a regional consultation for Asia and the Pacific took place in New Delhi in September 2004. This started the planning process for the 2006-2007 programme and budget. Priorities agreed for South-East and the Pacific are (1) Cross border, remote areas and trafficking; (2) Scaling up of prevention and care, including treatment; (3) Targeted programmes for injecting drug users, sex workers, prisoners, men who have sex with men; and (4) Expanding prevention, sexual reproductive health and life skills education for young people in and out of schools. The ILO has a key role in the first area of action, and a supporting role in the others.

UNAIDS has funded a programme of ILO activities under the title 'Strengthening business and labour responses to HIV/AIDS in Southeast Asia' which have included materials, training and the survey of ASEAN Ministries of Labour (see above).

ILO-UNAIDS Private Sector Mobilization Workshop for the Asia Pacific Region, December 2003, Bali, Indonesia – this brought together companies, governments and UN officials, representatives from employers' and workers' organizations in a meeting that combined advocacy with the preparation of national action plans, including for Indonesia, the Pacific Islands, and the Philippines.

Underpinning action on AIDS throughout the UN is the HIV/AIDS Learning Strategy for UN personnel, which has the double objective of strengthening the capacity of UN personnel as well protecting their health and their rights as workers. The ILO's Regional Office in Bangkok has taken a lead in implementing the Strategy, and UN agencies in Indonesia and the Philippines are also part of the programme. Globally, the ILO has been instrumental in the harmonization of UN personnel policy on HIV/AIDS through a compliance report on implementing the ILO Code of Practice in the UN workplace, and the development of indicators to monitor action.

Action at national level

Indonesia

In 2003, Indonesia's National AIDS Commission revised the National HIV/AIDS Strategy, originally developed in 1993, as a result of the increase in HIV infections over recent years and in order to implement the commitments made at the UN General Assembly Special Session on HIV/AIDS (June 2001). The Strategy recognizes the importance of the workplace as one pillar of the multisectoral response, and the Ministry of Manpower and Transmigration issued a Decree on HIV/AIDS Prevention and Control at the Workplace (7 May 2004), based on the ILO Code of Practice, that obliges employers to provide prevention programmes, forbids compulsory screening and ensures non-discrimination. This follows up and helps implement the Tripartite Declaration on HIV/AIDS, signed by the ILO's constituents in February 2003 – similar Declarations have been signed in three provinces.

The Decree was launched using the slogan, "HIV/AIDS is everybody's business", in conjunction with ILO policy guidance tools, in particular the education and training manual for implementing the ILO Code of Practice – both Code and manual are now available in Indonesian. Activities have started in Papua province (the province with the highest prevalence rate and many mining companies) and Batam (a free-trade area close to Singapore). Legal amendments at national level ensure health insurance coverage for workers with HIV/AIDS.

Infrastructure- and capacity-building for effective workplace action will be strengthened in two main ways:

- through a substantial workplace component in Indonesia's Global Fund programme, and
- through funding by the US Department of Labor as Indonesia joins the well-established ILO-USDOL *International HIV/AIDS Workplace Education Programme*.

ILO Jakarta will ensure that the two programmes complement and reinforce each other for maximum effectiveness. It has also mainstreamed HIV/AIDS into country programme operations such as the Indonesian Action Plan for Decent Work, 2002-5, the ILO's Poverty Reduction Strategy Paper, and its survey on the school-to-work transition in Indonesia. The Jakarta Office is particularly well placed to both coordinate and stimulate action as the Director is also the current Chair of the UN Theme Group on HIV/AIDS. A baseline survey has already been carried out in four provinces, focusing on the implementation of the ILO Code of Practice.

Two key strategies inform the workplace response: the mobilization of occupational safety and health mechanisms for prevention (with an emphasis on behaviour change communication) and of occupational health services for care; and the identification of populations in the world of work at particular risk, taking into account occupational, behavioural and geographical factors.

Some constraints and challenges must nevertheless be recognized. These include engaging the social partners at all levels and reaching smaller and informal workplaces, especially in light of the practical difficulties of communication and coordination in such a huge and diverse country.

Pacific Islands and Territories

Unsurprisingly, since the health services are not fully mobilized, many states also lack a nationally coordinated multisectoral response that includes the world of work.

In **Papua New Guinea** political instability and civil insecurity pose obstacles to a coherent and multisectoral AIDS programme, but there is nevertheless a parliamentary committee on HIV/AIDS, as well as a functioning National AIDS Council that includes the social partners. The Global Fund will provide US$30 million over five years to the country for treatment and prevention programmes, beginning in 2005. To date AusAid has contributed about 90 per cent of all funding for HIV/AIDS activities. Legislation is in place for the protection and promotion of human rights in the context of the epidemic. The Pacific Islands Forum has adopted a code of practice on HIV/AIDS that includes provision for the workplace.

The ILO is executing the world of work component of a UNDP project to support the national response to HIV/AIDS. A consultant has developed a *Toolkit for Employers and Workers in Papua New Guinea*, and a training programme will shortly be put in place for employers' and workers' organizations.

The Papua New Guinea Trade Union Congress, in cooperation with the National AIDS Council and the Australian Agency for International Development (AusAid), held an HIV/AIDS awareness workshop in April 2003 in Port Moresby, and a second one in the highlands in June 2004. PNG unions have now put in place their own strategic plans, with assistance from APHEDA - Union Aid Abroad.

The National AIDS Programme in **Fiji** operates as a unit of the Ministry of Health and oversees the multisectoral National Advisory Committee on AIDS. The principal indigenous political body, the Great Council of Chiefs, has made HIV/AIDS one of the two priority advocacy issues for the coming five years. Fiji receives funds through the Global Fund in addition to bilateral support from Australia and New Zealand. ILO Suva held a tripartite workshop with UNAIDS on HIV/AIDS at the workplace in December 2003. The outcomes included a Declaration of Commitment and the formation of a support group to promote awareness, care and the respect of rights. The Ministry of Labour agreed to develop a workplace code on HIV/AIDS, based on the ILO Code of Practice. A tripartite sub-committee drafted the code, with ILO support, and it awaits approval by Parliament as an amendment to the Occupational Health and Safety Act.

The ILO Office organized activities in **Kiribati, Vanuatu and Solomon Islands** for awareness-raising on HIV/AIDS, training for representatives of the tripartite constituents, and the development of workplace HIV/AIDS policies. A consultant presented the ILO Code of Practice at the Pacific Parliamentarians' Meeting in October 2004, and then held three national training workshops for the constituents between October and November 2004. Sample workplace policies were produced, as were action plans for each of the constituents. The Kiribati Island Overseas Seamen's Union has taken part in the government task force on HIV/AIDS since 1998, and has been implementing its own strategic plan since 2000. **Samoa** only became a member of the ILO in July 2004, but the Suva office will introduce HIV/AIDS as a workplace issue, with support for the development of policies and programmes, in the course of 2005.

The Philippines

The Government was quick to respond to the growing HIV/AIDS epidemic, and the country is noted for its comprehensive legislation. In order to coordinate the multisectoral and multilevel dimensions of the national response, it created the Philippine National AIDS Council (PNAC) in 1992. In 1998 the Philippines AIDS Prevention and Control Act, No. 8504, was passed; it protects the human rights and civil liberties of people living with HIV/AIDS, bans mandatory testing for HIV, promotes confidentiality of personal medical data, and established a nationwide information and educational programme. It includes a section mandating that HIV/AIDS education should be provided in public and private offices: implementation is monitored by the labour inspectorate of the Department of Labor and Employment for the private sector, and the Civil Service Commission for the public sector.

The Manila office, in collaboration with the Department of Labor and Employment, Trade Union Congress of the Philippines and the Employers' Confederation of the Philippines, held a *National Tripartite Workshop on HIV/AIDS and the World of Work* in July 2002. The meeting made a Pledge of Multi-sectoral Commitment for the Promotion of HIV/AIDS Prevention and Control in the Workplace.

The Employers' Confederation of the Philippines (ECOP) has undertaken a series of advocacy and awareness-raising meetings and provided orientation on the implications for employers of the AIDS Prevention and Control Act. ECOP has put in place a policy on HIV/AIDS and hopes to help create a business alliance on HIV/AIDS. It is preparing a training of trainers' programme on HIV/AIDS to build the capacity of members to manage HIV/AIDS in the workplace. ECOP hopes to accelerate implementation of HIV/AIDS workplace action through its existing Corporate Social Responsibility Program.

The Philippines Trade Union Congress has put in place a network of 14 health centres that provide members with diagnosis, counselling and treatment in relation to reproductive, health, STIs and HIV/AIDS. It has also taken responsibility for awareness-raising among union leaders and educating workers, with a particular

emphasis on peer education. Training programmes are in place for officials and members, including trainers and peer educators, and a handbook has been prepared to ensure a correct understanding of how HIV is transmitted and how to prevent it - *HIV/AIDS awareness courses for workers*.

While the law remains a useful model, there have been problems of implementation and monitoring, and the National AIDS Council has been constrained by limited human resources and inadequate budget for its operations. There is a sense that some momentum has been lost and that complacency may be growing. Nevertheless the 4th AIDS Medium-term Development Plan (2004-8) sets out the goal of accelerating the national response. It includes a component for the world of work, and the ILO is well placed to offer support in promoting and implementing the law.

Australia and New Zealand

Both countries are actively involved in the subregional response to AIDS, providing support both to governments and to the social partners.

Australia is also cited as an early example of good practice in terms of national commitment, with particular reference to the strong partnership established between government, the gay community, and scientific and health-care professionals. Leadership was an important component at both political and community levels, together with the active involvement of affected populations in planning and implementing prevention and care programmes. A National Strategy on HIV/AIDS was in place by 1989.

APHEDA - Union Aid Abroad - is the international humanitarian aid agency of the Australian Council of Trade Unions and now supports over 50 projects in 15 countries, with trade union funding as well as funds from the Australian, Japanese and Canadian governments. APHEDA began HIV/AIDS education and prevention work in the late 1980s.

III. INTENSIFYING THE WORLD OF WORK RESPONSE TO HIV AND AIDS

HIV infection is rooted in poverty, ignorance and a lack of autonomy of women.

Core ILO activities for poverty reduction and gender equality help create conditions that are favourable to HIV prevention and impact mitigation.

Priority areas for action by the ILO, the constituents and other stakeholders

The strategy for the world of work should seek to pursue two parallel courses:

1. Integration of HIV/AIDS issues in existing structures and ongoing work of the ILO in the subregion

2. Identification of and programmes for populations at particular risk for reasons linked to their occupations, to gender inequality, and to the lack of social protection and respect for rights

Government authorities at regional and national levels, especially Ministries of Labour

- Help constituents ensure that the national AIDS plan has a strategy for the world of work
- Promote leadership and advocacy by national and regional institutions, including the commitment of resources
- Advise on the strengthening of social protection systems and the inclusion of provisions related to HIV/AIDS
- Support the implementation of relevant legislation, especially on discrimination and confidentiality, and the provisions of the Code of Practice, through advisory services and the training of key officials, especially labour and factory inspectors, labour judges and magistrates
- Advise the government as an employer (in many cases the largest employer in the formal economy) on the development and implementation of workplace policies and programmes
- Support research and policy analysis to guide planning and policy development, including monitoring impact, implementation of the Code of Practice and the effectiveness of responses at all levels

Organizations of employers and workers

- Scale up advocacy with the social partners to mobilize their leadership and commitment, so that they take action in their own organizations, educate their members, and become AIDS ‘champions’ in the wider community
- Make sure that the organizations have a policy on HIV/AIDS and an implementation plan that focuses on action at the workplace
- Encourage employers and workers to take joint action at national and enterprise levels, as well as organizing separate and specific activities
- Support and strengthen the capacity of the social partners through advice and training, and help them put in place a network of HIV/AIDS workplace focal points, trainers and peer educators
- Guide and support applications by the social partners to participate in country coordinating mechanisms (CCMs) and develop proposals for the Global Fund to Fight AIDS, TB and Malaria

Action at the workplace

- Help workplaces agree a policy based on the principles of the ILO Code of Practice
- Help workplaces implement comprehensive workplace programmes that include prevention, care and support, and the protection of rights
- Make sure that prevention activities cover gender issues, include behaviour change communication as well as basic information, and are supported by condom provision/ access

- Encourage workers to 'Know your status' and seek voluntary counselling and testing (VCT) through workplace campaigns and respect for rights
- Advise employers on low-cost measures for care and support
- Help employers find outside partners and funding for extended access to antiretroviral therapy in the workplace and beyond

At risk populations

- Through consultation, and rapid assessment where necessary, identify populations in particular sectors of economic activity at risk for reasons related to their activity, or for other reasons that concern the world of work
- A high priority is a subregional programme for migrant and mobile workers, which defends their rights and ensures they access necessary information and services
- In any case, populations for priority action should include women and youth (young workers and young unemployed, as well as those in vocational training)
- In collaboration with selected populations, develop targeted programmes for care and prevention, taking into account issues of rights and legal protection, and adapting behaviour change communication approaches

Other relevant institutions and partnerships

- Ensure representation of the social partners in national AIDS councils, support the role of the Ministry of Labour in governmental response, and make links between Ministry of Health, WHO offices, the social partners and the workplace to ensure multisectorality and the best use of the workplace as entry point for prevention and care
- Identify institutions such as vocational training colleges, health and safety institutes, research and academic bodies which could become partners in workplace action
- Pursue advocacy with UN bodies and the development community to help them understand the contribution of the social partners and the workplace to poverty reduction and sustainable development, with particular reference to HIV/AIDS

ILO capacity

- Arrange consultation between ILO/AIDS and technical programmes (Geneva and the subregion) to ensure fuller integration of AIDS-related activities wherever appropriate, e.g. informal economy, labour migration, child labour, trafficking, employment services – especially for youth, occupational safety and health, sectoral activities, support for workers with disabilities, and general work on poverty reduction, gender equality and the promotion of rights

- Recruit additional staff, training of new and existing staff, consultation between field offices and HQ on strategic planning – ensure that planning and training include employers and workers specialists and other technical specialists, not only HIV/AIDS focal points
- Conduct research and policy analysis to guide planning and policy development
- Develop and share a date base of good practices
- Assess availability of materials, gaps and needs, and adapt or produce targeted materials Ensure local ILO offices are able to play an active role in UN Theme Group and apply to the UNAIDS Programme Acceleration Fund (PAF) for activities in the world of work
- Increase budget provision for HIV/AIDS, including mobilization of external resources.

ANNEX I: THE LESSONS OF GOOD PRACTICE

Factors common to good practice in HIV/AIDS workplace policies and programmes:

1. ***Consultation, participation and partnership***
   Initiatives are most effective when they involve governments, employers and workers, and their respective organizations, and ensure 'ownership'.

2. **Leadership**
   Leadership from the three constituents at all levels helps inspire trust, mobilize support, and ensure implementation.

3. **An enabling environment of laws and rights**
   Successful workplace programmes depend on the presence of supportive legal and policy arrangements that recognize HIV/AIDS as a workplace issue, integrate workplace activities in national AIDS programmes, and ensure the protection of rights.

4. **Conditions of trust and non-discrimination**
   Stigma and discrimination are major obstacles to the take-up of essential services such as voluntary counselling and testing (VCT) and treatment, as well as behaviour change messages.

5. **Building on structures already in place**
   There is enormous value in including HIV/AIDS in existing systems and structures including, for example, safety and health committees, occupational health services, industrial tribunals, and workplace training programmes.

6. **A continuum of prevention, care and support, and access to treatment**
   Prevention programmes and VCT take-up are greatly enhanced where there is adequate access to care, support and treatment.

7. **Going beyond the workplace**
   Activities need to reach beyond the workplace and extend services to families and communities, in partnership with government and donors if necessary.

8. **Communication**
   Messages that are clear, understandable, and targeted are central to the success of information and education campaigns.

9. **Gender-specific programmes**
   Incorporating a gender dimension in all workplace activities is essential, addressing women's social and economic position as well as the factors that shape the behaviour of both men and women.

10. **Equity considerations: ensuring access for those in need**
    Targeting programmes to vulnerable groups helps tackle inequality, as does outreach to the local community and informal economy. Access to treatment is one of the core issues in terms of equity.

Source: Consensus Statement agreed at the Tripartite Interregional Meeting on Best Practices in HIV/AIDS Workplace Policies and Programmes, Geneva, December 2003