



HOW TO PROVIDE A PREVENTION PROGRAMME

Workplace information and education programmes are essential to help ensure universal access to prevention. Effective education can reduce fear and stigma, and help workers protect themselves and others. Investment in prevention will save costs in terms of treatment and care.

“HIV prevention, like treatment, is for life.” UNAIDS

First steps

- The workplace develops an HIV/AIDS policy and commits to a comprehensive programme covering prevention, care and the protection of rights (see fact sheet ‘A workplace policy and programme: how to get started’).
- The workplace agrees an action plan and sets up a structure for implementing the programme (an existing or new committee, an HIV/AIDS focal person).
- Prevention is integrated as far as possible in existing activities, especially ones which target women and young people: occupational safety and health structures, vocational training and apprenticeship programmes, in-service training, job creation schemes, entrepreneurship and business development services, trade union training, income-generating projects...
- Key staff (senior management, supervisors, workforce representatives/shop stewards, human resource and occupational health personnel) are trained to support the prevention programme, including addressing stigma and discrimination and providing support for those affected by HIV/AIDS.
- A survey of existing attitudes and behaviours provides baseline information to help monitor and review the effectiveness of the programme.

Key components of workplace prevention:

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.

An atmosphere of trust and open discussion of HIV and AIDS, based on the full involvement of the workforce, will make a great difference to the success of your programme. The involvement of people living with HIV in planning and implementation will also increase its effectiveness.

1. Education

Basic facts and awareness-raising

Provide key facts about HIV transmission and how to prevent it to all employees, their families, and extend to others in the local community if you can. Messages must be consistent, clear and accurate, provided in a variety of forms (not just written), and tailored to the workforce, taking into account age, gender, risk factors and cultural context.

Find out what resources are available locally, from materials to trainers and advisers: consult your national AIDS commission or UN office.



Behaviour change communication

The 2006 Report on the global AIDS epidemic (UNAIDS) says that behaviour change interventions have been found to reduce sexual risk behaviours in many different settings. Behaviour change communication is a form of participatory education which encourages people to understand their own attitudes to HIV, assess their risk, and build skills – such as negotiating the conditions of sex. Programmes work by tailoring messages and approaches to the needs of a particular group – this could be the workers at a factory or a sector such as mining.

Peer education

Peer education is one of the most effective ways of conducting HIV/AIDS education and inspiring behaviour change. Peer educators come from the same workplace or sector as the target group, and are trained to provide information on HIV/AIDS, organize education programmes and – in some cases – to do counselling as well.

2. Practical measures to support behaviour change

- Workplace campaigns that encourage people to know their HIV status: voluntary confidential testing with counselling supports prevention and provides access to care and treatment, if needed.
- HIV education in working hours.
- Provision of free or low-cost male and female condoms, ensuring people know how to use them.
- Early and effective STI and TB diagnosis, treatment and management (if your company does not have the resources to provide it, refer employees to public health services).
- Access to sterile needle and syringe exchange programmes, where relevant.
- Standard or universal precautions in place to protect workers from the risk of infection through occupational exposure or workplace accidents.

In the long run the best prevention is access to decent work and, for that purpose, access to appropriate education and skills training – especially for young people and women, who have the greatest deficit in economic security and who are at greatest risk of HIV.

Further information:

- *ILO Code of Practice on HIV/AIDS and the world of work*
- *Implementing the ILO Code of Practice on HIV/AIDS and the world of work, an education and training manual* – module 6
- *HIV/AIDS behaviour change communication: a toolkit for the workplace* (ILO and FHI)
- *Employers' organizations & HIV/AIDS: Information, tools and good practice for workplace action against HIV/AIDS*, CD-ROM
- *Using the ILO Code of Practice on HIV/AIDS: guidelines for trade unions*
- *Joint ILO-WHO guidelines on health services and HIV/AIDS*

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