

Toolkit for Trade Unions on HIV and AIDS

Booklet 2:

Respect for rights:
the key to labour and
workplace responses

ILO Bureau for
Workers' Activities (ACTRAV)

INTERNATIONAL
LABOUR ORGANIZATION,
GENEVA

HIV/AIDS is not simply a medical issue but one with broad repercussions for social justice and development, needing a multisectoral response. This has not always included the world of work, though in recent years the trade union movement, employers' organizations and the ILO have achieved greater recognition of AIDS as a labour and workplace issue. Many AIDS planners, however, do not know how to develop a strategy for the world of work.

Underlying any successful strategy to deal with HIV/AIDS is the protection and promotion of rights. This booklet will explain why this is important and how a workplace policy on HIV/AIDS can provide a vital defence against stigma and discrimination as well as shaping a rights-based approach to prevention, care and treatment.

For trade unionists, the most important text promoting rights in the field of HIV/AIDS is the ILO's *Code of practice on HIV/AIDS and the world of work* - the basic reference for workplace action. This key text has had an enormous impact on the law and policies in many countries, and has now been endorsed and strengthened by the Recommendation on HIV/AIDS and the world of work, adopted at the International Labour Conference in June 2010. This booklet explains the development and key aspects of the new standard, and shows how trade unionists will be able to use it to enhance their work on HIV/AIDS.

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1. HIV/AIDS: A HUMAN RIGHTS ISSUE

The ILO approach to HIV/AIDS is a rights-based approach. What does this mean?

HIV/AIDS can be treated as a medical issue, a public health concern, or a socio-economic challenge – among other approaches. For many years the focus was on the medical implications of the epidemic, especially the search for a cure and a vaccine, but it has become increasingly clear that responses need to be multi-level and multi-sectoral.

Each approach has its place, but they all need to be pursued in parallel with the protection and promotion of human rights. A rights-based approach means applying human rights principles to the problem of HIV/AIDS and respecting the human rights of those affected.

1.1 Failure to respect rights leads to more infections

“Since the beginning of the epidemic, stigma, discrimination, and gender inequality have been identified...as major obstacles to effective responses to HIV.” Peter Piot, former Executive Director, UNAIDS

Human rights are broadly concerned with defining the relationship between individuals and the state. Governments are responsible for ensuring the conditions that enable people to realize their rights as fully as possible. With the applicability of international law to HIV/AIDS, governments are publicly accountable for their actions in relation to HIV and AIDS.

Protecting human rights and promoting public health are mutually reinforcing.

Two core sets of rights are at stake: human rights of people living with HIV/AIDS and human rights as a factor in determining people's vulnerability to HIV infection.

Several countries still have policies that interfere with the accessibility and effectiveness of HIV-related measures for prevention and care. Examples include laws criminalizing consensual sex between men, prohibiting condom and needle access for prisoners, and using residency status to restrict access to prevention and treatment services. Another is the failure to provide adequate sex education for young people. At the same time, laws and regulations protecting people with HIV from discrimination are not fully implemented or enforced. Where the state fails to provide adequate protection, the fear of discrimination drives many people to reject prevention messages, refuse voluntary testing, and forgo the opportunity for treatment.

- **Universal access to HIV prevention, treatment, care and support is the application of human rights in the context of HIV/AIDS**

Human rights are part of AIDS strategies but not fully implemented

The report [UNAIDS 2010 Global Report] also contains new data which shows that human rights efforts are increasingly being integrated into national AIDS strategies, with 89% of countries explicitly acknowledging or addressing human rights in their AIDS strategies and 91% having programmes in place to reduce stigma and discrimination. However, punitive laws continue to hamper access to AIDS-related services—79 countries worldwide criminalize same sex relations and six apply the death penalty. In the Asia-Pacific region, 90% of countries have laws which obstruct the rights of people living with HIV.

Source: UNAIDS website, November 2010

Rights relevant to HIV/AIDS

Important rights for all people, not just those who are HIV-positive, have been recognized by various United Nations bodies, most recently in the Political Declaration on HIV/AIDS of 2006.

The following rights should be protected so that people will come forward for HIV information, education and means of protection, and will be supported to avoid risky behaviour:

- *Non-discrimination: protected against discrimination if they seek help or are HIV-positive;*
- *Right to privacy: protected against mandatory testing; HIV status kept confidential;*
- *Right to liberty and freedom of movement : protected against imprisonment, segregation, or isolation in a special hospital ward;*
- *Right to information/ education: access to information/ education on sexual and reproductive health and on HIV prevention;*
- *Right to health: access to health care services, including for sexually transmitted infections, tuberculosis, voluntary counselling and testing, and to male and female condoms.¹*

1.2 Trade unions, human rights and HIV/AIDS

Trade unions are human rights organizations. Unions depend upon some of the most fundamental rights - such as the right to association and freedom of speech. They take a stand against discrimination and persecution. Workers need to be able to speak up on issues of concern at workplaces and in society at large, including human and labour rights.

The trade union movement regards as particularly important the human rights Conventions of the ILO - the core labour standards.

¹ See the *International Guidelines on HIV/AIDS and Human Rights 2006*
http://data.unaids.org/Publications/IRC-pub07/jc1252-internguidelines_en.pdf

Declaration of Principles from the Constitution of the International Trade Union Confederation (ITUC)

The Confederation commits itself to promote and to act for the protection of democracy everywhere, so that the conditions for the full exercise of all human rights, universal, indivisible and inalienable, may be enjoyed by all. It shall defend everywhere collective rights and individual liberties, including freedom of thought, expression and assembly.



(ITF)

It remains important to stress the rights-based approach, as there are still many countries where HIV-positive people are denied their rights, including their right to work, or where people are made more vulnerable to infection because their rights are not respected. This is an area where trade unions have an especially important role to play.

Workers' organizations have consistently made the links between human rights and campaigning against HIV/AIDS. As early as 1994, the 37th Congress of the International Transport Workers' Federation (ITF) adopted a resolution on AIDS, which included a call "on trade unions and transport workers to take measures to prevent people living with HIV/AIDS from being the object of discrimination."

In 2003, ORIT² (the Inter American Regional Organization of Workers, the ICFTU's organization for the Americas) started work with LACCASO (Latin American and Caribbean Council of AIDS Service Organizations) to combat discrimination and labour exclusion due to HIV/AIDS. They carried out a survey of discrimination against people living with HIV in the region, which found that it was widespread.

Perhaps the most blatant form of discrimination, and assault on other rights including to privacy and confidentiality, was the widespread practice by employers of requiring an HIV test before hiring or during employment. Employers would be given the test results but not the workers, whose consent for the test might not have been obtained.

In April 2004, a regional meeting of trade unions signed a political declaration on future work on HIV. The statement, the *Joint Declaration on HIV/AIDS and Human Rights in the Workplace*, committed all ORIT and LACCASO members in the region to urgent work on prevention and assistance on HIV.

Trade unions in the region were asked to take immediate action to increase campaigns and programmes for prevention, information and support. They became actively involved in national responses to the epidemic and in monitoring the enforcement of legislation in the workplace.

Source: Global Reach: How Trade Unions are Responding to AIDS – case studies of union action

Human rights

Human rights are entitlements which come to every person because they are human. Conventions and laws do not *create* rights - their purpose is to assert and defend them. Some of the most important characteristics of rights are:

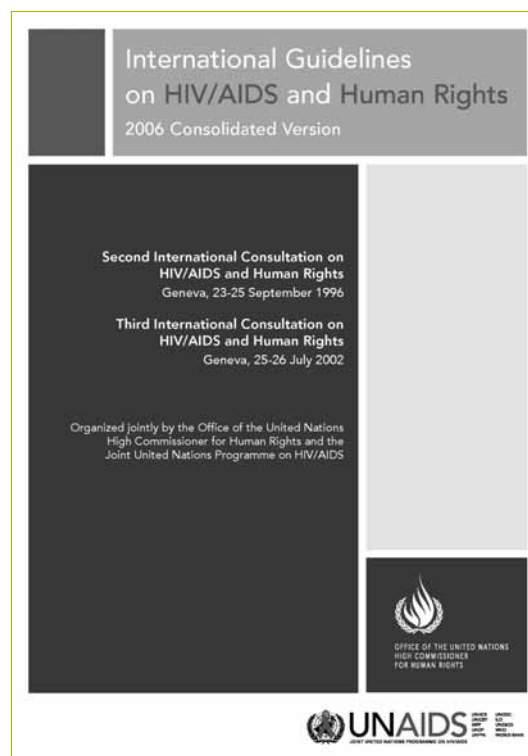
- they are founded on respect for the dignity and worth of each person
- they are universal, and apply equally to all people
- they are inalienable - no person can have his or her rights taken away, except in very specific situations: the right to liberty, for example, can be restricted if a person is convicted of a crime, in a proper court
- they are indivisible, interrelated and interdependent - if one right is violated, that may well affect respect for other rights.

Governments have obligations to recognize, protect and fulfil these rights - they cannot take them away.

² Now the TUCA Trade Union Confederation of the Americas/Confederación Sindical de Trabajadores Y Trabajadoras de las Américas (TUCA-CSA), the regional organisation of the International Trade Union Confederation (ITUC)

“...In most countries, discrimination remains legal against women, men who have sex with men, sex workers, drug users, and ethnic minorities. This must change. I call on all countries to live up to their commitments to enact or enforce legislation outlawing discrimination against people living with HIV and members of vulnerable groups...In countries without laws to protect sex workers, drug users, and men who have sex with men, only a fraction of the population has access to prevention. Conversely, in countries with legal protection and the protection of human rights for these people, many more have access to services. As a result, there are fewer infections, less demand for antiretroviral treatment, and fewer deaths. Not only is it unethical not to protect these groups: it makes no sense from a public health perspective. It hurts us all.”

Ban Ki-moon, Secretary-General of the United Nations



2. GENDER AND HIV/AIDS

Just about half of the adults living with HIV today are women. In sub-Saharan Africa, women already make up 60 per cent of adults living with HIV. The global proportion of women living with HIV has remained unchanged for the past decade, but in some countries is still rising. Of particular concern is the fact that in sub-Saharan Africa about three times more young women are being infected than young men (15-21 years), and over twice as many in the Caribbean.

There are important differences between women and men in their vulnerability to infection and to the consequences of AIDS. These stem from biology, sexual behaviour and gender differences between women and men affecting their roles and responsibilities, as well as access to resources and decision-making.

A gender perspective helps us see that responses should not only focus on women but also on men - because their attitudes and behaviour affect their own vulnerability as well as that of women and girls. Men's health and well-being is an end in itself as well as a contributory factor to the health and well-being of women, and to the AIDS response as a whole.

Open discussion of sexual relations and sexual roles, respecting rights and avoiding blame, is in the interest of public health and HIV prevention.

What is gender?

There is an important distinction between 'sex' and 'gender'.

Sex refers to the biological differences between men and women, which are universal and do not change.

Gender refers to social constructed differences and relations between males and females. These vary widely among societies and cultures and change over time. What is seen as 'normal' behaviour for men and women is often learnt or acquired.

Gender roles are defined by social groups and cultural traditions. They greatly affect the world of work and influence which activities, tasks and responsibilities are perceived as appropriate to men and to women. These divisions of labour are formed by age, race and ethnicity, religion and culture and are also influenced by class and the political environment.³

In many societies:

- women and girls are expected to be subordinate, dependent, chaste and obedient;
- men and boys are expected to be strong, fearless, dominant and independent.

It is important to remember that many men and women don't identify as masculine or feminine but as transgender.

3

ILO: *ABC of women workers' rights and gender equality*, second edition (Geneva, 2007), p. 89 ff.

2.1 A subject for the workplace?

Our attitudes about men and women, about the roles that each play in the family, in society and at work, are strongly held. Our feelings about sexual behaviour also run deep, and many think that this should remain a private and personal matter.

You may think that the trade union or workplace is not the place to discuss these matters. But people don't leave behind their cultural and sexual identity when they go to work. Trying to deal with HIV/AIDS without talking about gender and sex won't work. Globally, between 70 and 80 per cent of all HIV transmission is through sexual contact.

Trade unionists should set an example in facing up to the doubly sensitive issue of power relations between men and women, and their sexual relations.

The ILO Code of practice says: *more equal gender relations and the empowerment of women are vital to successfully prevent the spread of HIV infection and enable women to cope with HIV/AIDS.*

2.2 How does gender inequality promote the transmission of HIV?

Women and girls

Inequality in personal and sexual relations

Women in most cultures are systematically assigned inferior roles and have less power in their relationships with men. They are therefore often unable to resist men's expectations about sex. They cannot negotiate safe sex or refuse unsafe sex - even if their partner engages in high-risk behaviour. Some men may not want to use a condom, or they may want numerous sexual partners. They may insist on 'dry sex' which make it more likely for the vagina to tear and be vulnerable to infection.

In its most extreme form, this inequality results in violence against women - rape, sexual assault, beatings. This is most often perpetrated by the woman's partner. Studies show that up to 50 per cent of all women worldwide report being physically abused by an intimate partner.⁴

Sexual and social subordination often stems from economic dependency. Women are over-represented among the poor in all regions. Girls are more likely to be taken out of school and engage in child labour than boys, including in the worst forms of child labour. Women may be forced to make a living through commercial sex or exchanging sex for food, shelter and protection. The lack of independent means may also prevent women accessing health services. Sexist property, custody and support laws mean that women who have lost partners to AIDS or who have been abandoned because they are HIV-positive are deprived of financial security and economic opportunities.

According to UNAIDS, up to 80 per cent of HIV-positive women in long-term relationships acquired the virus from their partners.

⁴ UNAIDS, Gender and AIDS Almanac, New York, 2001

Education and health

Women are also disadvantaged because of lower levels of literacy - a result of a lack of investment in girl education by governments and families. They are therefore less able to access information and education about HIV/AIDS. Health services often fail to provide facilities for women, particularly reproductive health care.

Women as carers

The burden of caring for HIV-infected family and community members falls more often on women and girls, thus increasing workloads and diminishing income-generating and schooling possibilities. Where AIDS orphans are cared for by family members, it is usually women who are the carers.

The special vulnerability of girls

The average age of infection for females is much lower than for males. The girl child is especially vulnerable in a number of ways. There is the simple fact of biological development. Until her body is fully physically developed, a girl's vagina is more likely to be torn during sex, making her more vulnerable to STIs and HIV infection. Young women are also the least able to assert or protect themselves against older men who are likely to be in a position of authority and power over them.

Men and boys

Gender inequality has resulted in making women more vulnerable to HIV, but this does not mean blaming men, or ignoring the pressures on them to behave in certain ways. Men also have expectations and burdens placed upon them, which contribute to their vulnerability. Just as women are often expected to remain within the home, and assume the main responsibility for child care and domestic labour, men are expected to be the chief provider of income through work - however dangerous, dirty or unpleasant. This can be a source of pride, but also of stress. When men are unable to carry out this breadwinner role, they may feel so bad about themselves that they turn to alcohol or drugs.

Men are often unable to spend much time with their children. They may travel within their country, or even abroad to find work. Or they have to take jobs that mean they are away from their families for long periods - seafarers or truck drivers for example. Gender expectations may push them into risk-taking behaviour, such as having multiple partners, in order to prove they are "real men".

In some societies, men are also expected to be powerful and strong, not to show their feelings or talk about them. They often want to show they "know about sex and what to do", though they may not - this makes it harder for them to seek information about AIDS. In some countries HIV/AIDS services are provided mainly in family planning, prenatal and child health clinics, primarily targeting women. The ILO has found that some resistance to condom use stems from a lack of confidence in how to use them. .

Sexual relations between men are outlawed or surrounded by stigma, discrimination and taboos, and in many countries men who have sex with men face heightened HIV-related risks and vulnerabilities because they are less likely to have or seek access to HIV prevention information and treatment services.

Whether heterosexual or homosexual, unprotected receptive anal sex poses a higher risk than unprotected receptive vaginal risk, thus putting men who have sex with men at particular risk of acquiring HIV.

2.3 Sex workers

While some men are sex workers, the majority are women. Attitudes towards the sex sector vary enormously, from attempts to deny its existence in some countries, through punitive punishment, to regulation. It must be recognized that sex work is a profitable industry⁵. Although it is not recognized in official statistics or national accounts there are strong vested interests in maintaining it, even where it is officially condemned⁶. Most legislation still focuses on punishing the sex workers and is based on moral judgements. Because of the profits to be made (though rarely by the women involved), and political and police patronage, the sex trade continues to flourish.

Many women undertake sex work because of poverty; others are coerced into it by family members or agents. An ILO survey East Africa found that over 90 per cent of sex workers interviewed would stop if they had alternative work. In some circumstances sex workers have more freedom of choice and resent the assumption that they have been forced into prostitution.

Sex workers have the same rights as all people but social stigma and the lack of legal recognition mean their rights are less likely to be respected. Trade unionists recognize that sex workers have the right to non-discrimination, freedom from violence and access to HIV services. In cases where sex workers themselves have been empowered and involved in prevention campaigns these have had very positive outcomes. Sex workers are increasingly forming trade unions, or joining existing trade unions. Many unions now accept that recognition of sex workers *as workers* would help them and others to defend their rights, and make it easier to insist on the use of condoms and to refuse unsafe sex.

A coherent and consistent policy towards the sex sector by policy makers is lacking in most countries and UNAIDS, with the participation of the ILO, has produced a *Guidance note on HIV and sex work* which makes policy proposals for governments and the AIDS community generally.

The International Transport Workers Federation (ITF) carried out a study of truck drivers in East Africa. Separated from their families for a long time, waiting for days at border crossing points without proper facilities, they frequently went with sex workers. The ITF study concluded that:

*Transport workers'... complex variety of sexual relationships are strongly linked with the nature of their work and socio-economic conditions . Their sexual behavioural patterns are closely associated with their efforts to meet their basic needs and respond to poor social organization. Exclusion from a decent community life and victimization as carriers of HIV infection has contributed to the rapid spread of HIV among transport workers and the communities with which they closely interact. Therefore without observance of the rights of truckers, starting with a redress of their working and living conditions, no meaningful response to the control of HIV transmissionis possible.*⁷

⁵ Kevin Bales, *Disposable People*, 1999, page 55

⁶ Lin Lean Lim, *The Sex Sector: The economic and social bases of prostitution in Southeast Asia*, ILO Geneva, 1998

⁷ *AIDS and transport: the experience of Ugandan road and rail transport workers and their unions*, International Transport Workers Federation, London, 2000

2.4 Gender issues in the workplace

Gender equality is one of the key factors in the fight against HIV/AIDS. How does this apply in the workplace?

In many ways, *the world of work is unequal*. At work, relative to men, women still face:

- ▶ unequal hiring standards
- ▶ unequal opportunities for training and retraining
- ▶ unequal pay for equal work
- ▶ unequal access to productive resources
- ▶ segregation and concentration in a relatively small number of 'women's jobs'
- ▶ unequal participation in economic decision-making
- ▶ unequal promotion prospects
- ▶ greater likelihood of being unemployed.

Violence against women in the workplace

Violence against women at work is widespread. Research in Kenya's export-oriented industries, such as vegetables, flowers and light manufacturing, found that women experienced violence and harassment as a normal part of their working lives.⁸

- ▶ Over 90 per cent of women interviewed had experienced or observed sexual abuse within their workplace
- ▶ 95 per cent of all women who had suffered workplace sexual abuse were afraid to report the problem, for fear of losing their jobs
- ▶ 70 per cent of men interviewed viewed sexual harassment of women workers as normal and natural behaviour
- ▶ 60 per cent of women interviewed believed that workplace sexual abuse was a strong contributing factor to the spread of HIV.

These findings are not unique. Violence and sexual harassment at work exist in many countries. Violence also happens to women on their journey to and from work. In some societies, there is a view that it is justified to attack women who work outside the home. A study in Bangladesh (based on newspaper reports so it may well be an underestimate) found that more than fifty women were raped while travelling to and from work in a six-month period. Five of the victims were murdered.⁹

This level of violence at work occurs in a context of high levels of violence against women in the home. It was only in 1993 (at the Vienna Human Rights Conference) that it was internationally recognized that domestic violence was a denial of women's human rights. It seems that in many situations, if a woman asks her husband or partner to use a condom, this results in violence. Still many police and even judges refuse to treat violence in the home as a criminal issue.

⁸ Violence against women in the workplace in Kenya, International Labor Rights Fund, Washington, May 2002

⁹ Bangladesh Institute of Labour Studies, 2001

2.5 Trade union action against sexual harassment

What is sexual harassment?

Sexual harassment is any repeated and unwanted verbal, physical or gestural sexual advance, sexually explicit derogatory statement, or sexually discriminatory remark made by someone in the workplace or trade union environment, which is offensive to the trade union member or worker involved, which causes the person to feel threatened, humiliated, patronized or harassed, or which interferes with the person's job performance, undermines job security or creates a threatening or intimidating environment.

Sexual harassment is frequently a display of power, which is intended to intimidate, coerce or degrade another trade union member or worker.

Sexual harassment encompasses a wide range of repeated and unwanted sexual advances including:

- ▶ unnecessary physical contact, touching or patting;
- ▶ suggestive and unwelcome looks, remarks, jokes, comments on appearance;
- ▶ verbal abuse;
- ▶ compromising invitations or demands for sexual favours;
- ▶ use of pornographic pictures at the workplace;
- ▶ physical assault.

From *Sexual Harassment at Work: A Trade Union Guide*, International Confederation of Free Trade Unions (ICFTU - now ITUC)

Many trade unions campaign against sexual harassment and include the issue in their education programmes.

United Kingdom

In November 2008, the Women's Group of the Northern Region of the British TUC led a march to 'Reclaim the Night'. Such marches had been a London-based annual event for the previous five years, where women and supportive men challenged violence against women by taking to the streets to draw attention to the issue and reclaim the freedom to live free from fear.

India

In India, in August 2007, many of the national union centres issued a combined statement dealing with a range of demands, including the following:

- Immediately enact legislation against sexual harassment at work place.
- Ensure full protection for women against violence.

On 25 November 2009, International Day for the Elimination of Violence against Women, the South Central Railway Employees' Sangh (union) handed out leaflets to members and the public against sexual harassment, put up posters and organized a meeting with management, politicians as well as union speakers. This was the tenth year that the union had run a campaign on this international day.

South Africa

The South African Transport and Allied Workers' Union (SATAWU) has developed a code of practice on the handling of sexual harassment cases. The code is explicitly concerned that the behaviour of union members and office bearers towards each other, and follows South African legislation:

It is a policy of this union to provide an environment that is free of any form of unfair discrimination or harassment. This includes any acts or threats that interfere with the performance of any Union employee or member on account of gender, race, sexual orientation, ethnic, social origin, age, religion, age or disability.

Sexual harassment seriously undermines the attainment of trust and respect that is essential to a healthy working environment.

There is a clear complaints procedure, which protects individual's confidentiality
The full text of the SATAWU code can be found at www.satawu.org.za.

2.6 Working towards gender equality

Governments, employers and workers' organizations can cooperate to make the world of work more equal in general. They have immense influence and can play an important leadership role in modifying attitudes.

Any action that strengthens the position of women will help protect them from HIV in the long term, in two main ways - firstly, by challenging prevailing cultural attitudes towards women and secondly, by providing a greater range of economic alternatives. Simply put, women who have more money are under less pressure to continue in unequal relationships with men who refuse to practise safe sex. And women who are financially independent do not need to sell themselves and their daughters in order to survive.

Trade unions and employers have an important role to play in raising the status of women. The percentage of women in the formal sector is very low and has actually declined in the last fifty years in some industries in some countries. Unions and management need to review employment policies and structures to ensure they are non-discriminatory. If discrimination at work is opposed, this helps the process of challenging it in wider society.



Women mine workers in Sierra Leone lead the way in organizing on HIV/AIDS (ILO/AIDS)

Education, for men and women, should play a key part of this process. There is a place for separate workshops for men and women and combined workshops. Women-only education has become established in the education programmes of some trade unions, but men-only education programmes, where men are encouraged to re-examine the implications of their traditional roles in a safe and supporting environment, are still rare. Where a workplace has a women's committee, or a union committee has a women's section, these should be involved in drawing up the programmes.

Education should cover issues such as:

- ▶ why violence (including domestic violence) and sexual harassment are workplace issues
- ▶ men's and women's roles at work, in the home, in society
- ▶ reproductive health, and how women and men can promote each other's health and wellbeing.

Securing women's rights

Laws and policies that affirm and protect the rights of women are also vital for winning the struggle against AIDS. Some countries have passed important legislation on issues such as domestic violence, equality in marriage, HIV-related discrimination and property and inheritance rights. Yet strategies to enforce these laws and finance their implementation are rarely in place. Women's rights need to become women's realities.

Trade unions can join with other organizations to lobby national governments and the international community to:

- ▶ ensure that laws protect women against violence, and uphold their right to own and inherit property.
- ▶ invest in strategies to educate the police, the judiciary, social service providers, civil servants and community leaders about laws and their legal responsibilities.
- ▶ develop and fund programmes to improve legal aid services and other forms of support so that women can claim their rights.

In 2004, UNAIDS launched the Global Coalition on Women and AIDS. The Coalition works at global and national levels to highlight the effects of AIDS on women and girls and to stimulate concrete and effective action to prevent the spread of HIV.

It focuses on the following key issues:

- preventing new HIV infections by improving access to reproductive health care
- promoting equitable access to HIV care and treatment
- ensuring universal access to education
- securing women's property and inheritance rights
- reducing violence against women
- ensuring that women's care work is properly supported
- advocating for increased research and funding for female-controlled HIV prevention methods
- promoting women's leadership in the AIDS response.

3. SECTOR-SPECIFIC RISKS AND RESPONSES

Some groups of workers are at particular risk of HIV infection because of the nature and conditions of their work. Studies have identified, amongst others, miners, transport workers and construction workers as being at risk.

This is *not* because the virus can be passed from one worker to another during normal work in these sectors. It is usually because they are mobile workers, separated from their families, and with living and working conditions that are less than ideal.

3.1 Aspects of risk and vulnerability

An ILO report in 2005¹⁰ listed a number of work, employment and lifestyle factors which expose workers to the risk of HIV infection, including:

- ▶ High mobility, resulting in long periods spent away from home, isolation (or contact with highly mobile workers)
- ▶ Poor living and working conditions, stress, lack of respect for rights
- ▶ Misinformation or lack of information about HIV/AIDS
- ▶ Inadequate access to health services
- ▶ Demographics: a majority of workers are very young adults
- ▶ Male-dominated professions and a predominantly masculine environment, cultivating virility and valuing sexual conquest
- ▶ Availability of sex workers
- ▶ Access to alcohol and/or drugs
- ▶ Peer pressure to seek out entertainment and sex workers
- ▶ Receiving cash wages, with no safe storage for money

Migrant and mobile workers

Although many migrants, as well as sending and receiving countries, benefit from migration, they may also be more vulnerable to HIV infection. Factors of risk and vulnerability include separation from families and familiar social and cultural norms, language barriers, poverty, substandard living conditions, and exploitative working conditions, including sexual violence. The resulting isolation and stress may lead international labour migrants to engage in risk-taking behaviours. Vulnerability is exacerbated by inadequate access to HIV prevention information, services and tools, and fear of being stigmatized for seeking such information or services.

¹⁰ HIV/AIDS in a globalizing world 2005, ILO, Geneva 2005

Construction: a mobile workforce

Production in the construction industry often takes place on a project-by-project basis with the production site constantly moving. This means the labour force also has to be mobile.

The construction industry has a long tradition of employing migrant labour. During the process of economic development, work in construction provides a traditional point of entry to the labour force for migrant workers from the countryside. Construction work is often the only significant alternative to farm labour for those without any particular skill or education and it has special importance for the landless.

Labour may also be recruited from overseas. Migrant construction workers are generally from less developed and lower wage economies with labour surpluses. Many European countries rely heavily on migrant workers to fill jobs in the construction sector. Workers are from poorer countries in Europe or further afield (Turkey or Africa). Migrant labour is also important in the countries of the Arabian Gulf, with small populations and large construction programmes financed by oil. And in the past decade, migration for work in construction has become a significant phenomenon in East Asia.

*From the Construction pages of the website of the ILO's Sectoral Activities Department
<http://www.ilo.org/public/english/dialogue/sector/sectors/constr/migrant.htm555>*



3.2 Trade unions respond

The Global Union Federations (GUFs), who represent workers in particular industries and sectors, have been very active in raising the question of HIV/AIDS through advocacy, social dialogue, and through information and education activities aimed at their members.

On World AIDS Day 2003, the international trade union movement launched a global campaign on HIV/AIDS. In 2005 the campaign became a programme with a commitment to action over the longer term.

The goals of the Global Unions AIDS Programme (GUAP) are to:

- ▶ make HIV/AIDS a priority for trade unions
- ▶ advocate for workplace responses to HIV/AIDS and the participation of trade unionists in relevant bodies
- ▶ help trade unions take action in their organizations and at the workplace
- ▶ develop partnerships with relevant organizations at all levels
- ▶ mobilize resources.

More information can be found at the GUAP website: <http://www.global-unions.org/hiv-aids/>.

ITGLWF campaign with textile workers



The International Textile, Garment and Leather Workers Federation is a Global Union Federation bringing together 217 affiliated organisations in 110 countries.
<http://www.itglwf.org/>

Construction



Building and Wood Workers International (BWI)

<http://www.bwint.org/default.asp?Index=2460&Language=EN>

BWI has been working in Africa and Asia with its affiliates to promote better understanding of HIV/AIDS and to include the issue in occupational safety and health structures.

A survey in the construction sectors in Zambia, Zimbabwe and Angola found that campaigns by trade unions helped to increase access to condoms by construction workers. Awareness of trade union policies on HIV/AIDS has risen.

Several BWI affiliates have developed clauses on HIV/AIDS in their collective bargaining agreements (CBAs); in some instances, integrating clauses in CBAs have been found to be more effective in producing results than company policies.

Mining and energy



International Federation of Chemical, Energy, Mine and General Workers' Unions (ICEM)

<http://www.icem.org/en/72-HIV-AIDS>



The ICEM is the global union for the mining, pharmaceutical and energy sectors.

ICEM “firmly believes that HIV/AIDS is a trade union issue. The International and its affiliates are uniquely placed to make an important contribution in the fight against the pandemic through workplace activities.”

The ICEM HIV/AIDS project has been running since 2005, and covers all the sectors represented by the organization. Successful activities of the project include:

- ▶ Inclusion of an HIV/AIDS clause based on the *ILO Code of practice on HIV/AIDS and the world of work* in revised and new ICEM Global Agreements;
- ▶ An HIV/AIDS *Training Manual for Collective Bargaining*, which provides guidance on negotiating protection for workers living with HIV/AIDS, and other related issues;
- ▶ A *Guide to HIV/AIDS Resources and Funding*, aiming to help ICEM affiliates raise funds for their activities;
- ▶ The ICEM has also signed an agreement on HIV/AIDS cooperation with German pharmaceutical company Boehringer Ingelheim;
- ▶ Working relations on HIV/AIDS have been established with ILO/AIDS, UNAIDS, the Global Fund, WHO, the GTZ and the World AIDS Campaign as well as major companies;
- ▶ National coordinating committees and national coordinators are in place and HIV/AIDS programmes supported in Ghana and Zambia;
- ▶ Training of union activists and gender representatives is organized in collective bargaining, peer education, fundraising and project development in regional workshops for national coordinators.

The HIV/AIDS section of the ICEM’s website contains information on global and regional developments, as well as news from affiliates. The ICEM produces an HIV/AIDS e-bulletin, which is sent to affiliates and interested individuals.

Transport



International Transport Workers Federation (ITF)

<http://www.itfglobal.org/HIV-AIDS/index.cfm>

The ITF began its first project on HIV in 1999 in Uganda. The ITF Road Transport Section has been particularly active because of the known risks to long-distance truck drivers, particularly when they are held up at international frontiers and other nodal points. Since 1999 it has encouraged unions to set up programmes to educate members and employers, and has supported them with policy advice, technical information and training. The ITF has a full-time Global HIV/AIDS Project Coordinator, and activities in many countries.

The ITF approach has been extended to the maritime sector and to railway enterprises, in association with the global organizations of employers. A report showing the findings of a survey of affiliates in civil aviation, with the aim of preparing a programme in the industry, was launched on World AIDS Day 2010. The same is planned for ports. Resource materials include: the magazine 'Agenda – challenging HIV/AIDS in transport', fortnightly e-bulletins, a training manual, and a new collection of good practices and lessons learned.



UNI is the Global Union for skills and services. It represents 900 trade unions and 20 million workers worldwide.

See <http://www.uniglobalunion.org/>

UNI Africa has partnered with BBTK / ABVV / ISVI of Belgium to implement a trade union response to the AIDS epidemic in East and Southern Africa. The project targets 21 UNI affiliates in five countries - Kenya, Malawi, South Africa, Zambia and Zimbabwe.

The objective of the project is for trade unions to network, guarantee and monitor HIV/AIDS clauses in collective bargaining agreements.

Project coordinator Louise Plaatjies reports that the trade unions are now better placed to put the issue of HIV/AIDS on the union's bargaining agenda. A common training manual has been developed and 36 trainers have been trained to pass on HIV/AIDS knowledge and skills. Country coordinators have been appointed and peer educators identified and trained.

Education



Educational International (EI)

<http://www.ei-ie.org/ef aids/en/index.php>

Education sector workers - teachers, school leaders and support staff - are exposed to HIV risk in many countries. Disability and mortality among teachers, in particular, deprive affected countries of some of their most educated and skilled human resources.

Costs to education and training systems have increased in the form of redeployed sick teachers, training of new teachers to replace those who cannot work or who die, and overcrowded classes when teachers cannot be replaced. Access and quality suffer in many rural areas deprived of qualified teachers. School directors and teachers are often not trained or supported to deal with the HIV/AIDS crisis within schools, including large numbers of HIV/AIDS orphans, further exacerbating failure and repetition rates that are indicators of decline in educational quality.

Education International (EI) is the global union for organizations representing nearly 30 million teachers and other education workers across the world.

The Education for All AIDS (EFAIDS) programme is implemented by 46 teachers' unions in 35 countries and is coordinated by EI together with its partners the World Health Organization (WHO) and Education Development Centre (EDC). EFAIDS combines the goal of Education for All (EFA) - working to ensure that all children get free access to quality public education - with measures to prevent HIV and reduce its impact. It also covers related issues such as the elimination of child labour, developing gender-safe schools, and combating stigma and discrimination. The programme helps teachers gain the knowledge and skills they need to protect themselves, their colleagues and students from HIV infection. The EFAIDS Programme has provided training to over 150,000 teachers to date.



Public Services International (PSI)

<http://www.world-psi.org/>

PSI represents some 650 trade unions in the public sector of 148 countries. Together they organize more than 20 million workers in municipal and central government, health and social services, and public utilities.

In a number of countries the AIDS pandemic has overtaken all other health problems in terms of the demand it has placed on already over-stretched health services. It has brought to the fore the acute failure of health care systems in many countries. Health workers are increasingly exposed to HIV infection and other associated diseases such as TB. The fear of infection and the increased pressure of work are causing demoralization, leading to workers migrating overseas or leaving the profession altogether.

PSI campaigns on the issues of HIV/AIDS, migration, gender equality and quality public services – and the links between them.

Together with UK affiliate UNISON, and with financial support from DFID, PSI administers a programme to strengthen HIV/AIDS responses by public sector unions in 11 southern African countries (see <http://www.psufasa.org/>).

See PSI policy paper, leaflet and news on HIV/AIDS at <http://www.world-psi.org/TemplateEn.cfm?Section=Health2&Template=/TaggedPage/TaggedPageDisplay.cfm&TPLID=115&ContentID=12005>

PSI statement about health workers, World AIDS Day, 1 December 2009 (extract)

... Effective HIV prevention and treatment efforts require adequate numbers of health workers. Yet, the world is facing a shortage. The WHO estimates that we need an additional 4.3 million health workers to be able to provide basic primary care to all those who need it. Our efforts to deal with the AIDS epidemic will forever be hampered by this shortage, which, paradoxically, is more critical in those countries which have the highest prevalence of HIV infection and AIDS. ... Furthermore, those health workers need to be protected. They are at risk of becoming infected at their workplace, through contact with infected blood, most frequently through needle stick injuries with contaminated syringes. PSI launched a campaign at the end of 2007 to promote the use of safe injection devices, such as retractable syringes. The use of retractable syringes protects patients, as these devices can not be reused, and reuse of syringes is still a source of HIV infection in some poor countries. But they also protect nurses, laboratory personnel and doctors as well as waste collectors from the risk of HIV infection...

Sectoral guidelines

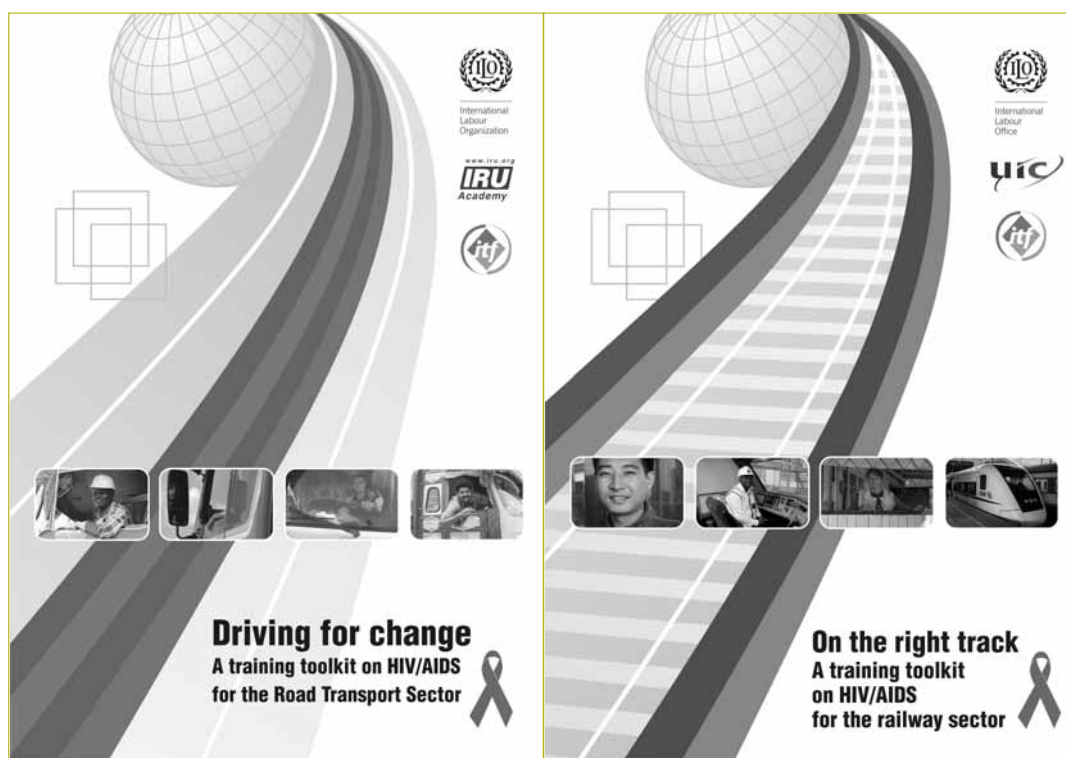
The Sectoral Activities Department of the ILO has worked with ILO/AIDS and other partners, including UN agencies, employers' and workers' organizations, to develop sector-specific guidelines and workplace policies.

These include:

- ▶ Joint ILO/WHO guidelines on health services and HIV/AIDS
- ▶ An HIV/AIDS workplace policy for the education sector in Southern Africa
- ▶ An HIV/AIDS workplace policy for the education sector in the Caribbean
- ▶ Guidelines for the transport sector
- ▶ Guidelines for the construction sector

These may be freely downloaded from the ILO/AIDS website:

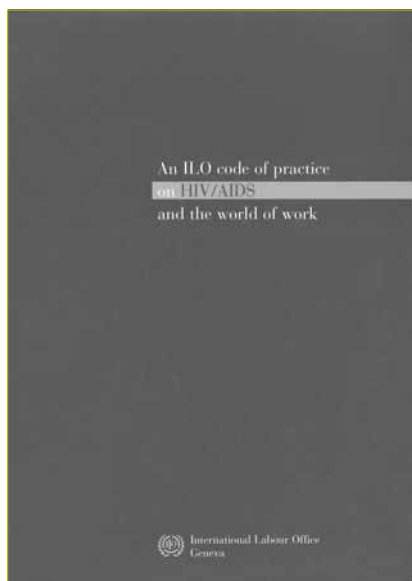
http://www.ilo.org/aids/Publications/lang—en/WCMS_126714/index.htm



4. THE ILO CODE OF PRACTICE ON HIV/AIDS AND THE WORLD OF WORK

The ILO firmly promotes a rights-based approach to HIV/AIDS. The Code of practice provides the policy framework for this approach and a blueprint for workplace action.

In May 2001, a tripartite group of experts from all regions discussed and finalized the code, which was approved by the Governing Body of the ILO in June 2001. Now translated into 60 languages, it has provided the basis for many national codes and laws, as well as sector-specific and workplace policies.



The ILO Code of practice rests on ten fundamental principles that protect the rights of workers in the context of HIV/AIDS, and provide practical guidance for activities. The full text of the Code is included in this toolkit. Read it along with these notes.

4.1 Ten key principles

1. Recognition of HIV/AIDS as a workplace issue

Two separate but linked points are covered here.

HIV/AIDS has a huge impact on the workplace. It affects mainly people of working age. It reduces the labour force and weakens the skill base of enterprises. The direct and indirect costs can be very high.

At the same time, the workplace is ideally suited to HIV/AIDS responses and is a key entry point for universal access (see Booklet 3).

2. Non-discrimination, and equal protection and treatment before the law

Discrimination in employment has been one of the most widespread forms of discrimination. It is contrary to fundamental human rights and also helps the spread of the disease. A policy of non-discrimination means workers are kept at work, earning income, and production is less disrupted.

3. Gender equality: right to non-discrimination on basis of gender, and equality before the law

See section 2.

4. Healthy working environment

Safety and health at work is itself a human right. The Universal Declaration of Human Rights says:

Everyone has the right to work, to free choice of employment, to just and favourable conditions of work. (Article 23)

This includes making the workplace safe from the point of view of HIV infection, including applying 'universal precautions' in situations of occupational risk and where there is a risk of accident. At the same time, for those workers living with HIV/AIDS, the working environment should be adapted, if necessary, to ensure it is safe and healthy for them.

It should not be taken to mean that workers with HIV should be excluded from the workplace, given that normal workplace contact carries no risk of transmission.

There is more on this in Booklet 3.

5. Social dialogue

HIV/AIDS causes fear and shame. The only way to counter this is to promote frank and open discussion about the impact of HIV/AIDS and how the disease is transmitted. One of the ways in which this happens is through social dialogue. When employers' and workers' organizations speak out, with one voice, this helps to break down the silence around HIV/AIDS. They also use their influence on governments to encourage wider discussion. Social dialogue provides the structures for bipartite and tripartite collaboration to build joint responses to HIV/AIDS through the workplace.

6. No screening

All forms of compulsory screening and testing of individuals for HIV/AIDS, in the workplace or more generally - as an immigration or residence requirement for example - are contrary to human rights, and do not help to prevent the spread of the disease.

7. Privacy

The HIV status of a worker or job applicant must be kept confidential unless she or he requests otherwise. Workers have the right to privacy and employers should not violate it. There is no practical reason why other workers need to know other workers' HIV status since casual workplace contact is not a means of transmission.

8. Continuation of employment relationship

Workers with HIV can, in most cases, carry on at their jobs for many years. If treatment is available, in most cases this will make it possible for people to lead a normal working life. It will benefit the enterprise as well as the worker if she or he can be helped to work for as long as medically fit. Dismissal should only be on grounds of fitness to work.

9. Prevention

Prevention is fundamental. While it is true that effective treatment is available, and should be provided all those who need it, prevention remains a priority. This is the trade union approach to occupational safety and health - preventing accidents and disease is more desirable than dealing with the consequences.

Prevention is not simply a matter of providing a few posters or leaflets, or even distributing condoms and giving talks. An environment of prevention needs to be created, a combination of measures covering knowledge, behaviour and respect for human rights.

There is more on this in Booklet 3.

10. Care and support

Workers with HIV should receive treatment, care and support, as should all those who need it. There are two reasons for saying this:

Firstly, someone who is unwell, or infected, is entitled to medical treatment. This is a human right. Secondly if treatment and care are *not* available for people, there is no incentive to come forward to be tested. The workplace may be able to provide care and treatment through occupational health services (OHS) or otherwise can arrange referrals to public services. There is more on this in Booklet 3.

The workplace has a vital role to play in the wider struggle to control the epidemic:

- Key contact point with the age group most affected by HIV
- Recognized venue for information, training and education – especially conducive to peer education
- Structures in place which can include HIV, ex. occupational health services
- Mechanisms in place for employee assistance
- Base for outreach to community
- Measures in place to counter discrimination and mitigate impact of AIDS on productivity



(ILO Jakarta)

4.2 Workplace policies

The Code of practice promotes social dialogue between employers and workers to develop an HIV/AIDS workplace policy and programme.

“The development of a workplace policy is the single most effective and important action employers can take on HIV/AIDS.” Keith Foster, Caribbean Employers' Confederation

Why have a workplace policy on HIV/AIDS?

A policy:

- ▶ commits the enterprise, raises morale
- ▶ provides a framework for action
- ▶ lays down rights, principles and standards of behaviour
- ▶ gives guidance to managers, supervisors and workforce representatives
- ▶ informs employees with HIV what care and support they can expect
- ▶ helps reduce new infections through prevention programmes
- ▶ helps the enterprise manage the impact of HIV/AIDS

The process can be compared to the adoption of a health and safety policy, which many laws on occupational safety and health require. A good policy provides the framework for an enterprise to voluntarily implement the law.

The ILO recommends a practical step-by step process to develop and implement a joint workplace policy on HIV/AIDS. It should be firmly based in existing structures of social dialogue, and planned, implemented and monitored in a sustained and ongoing manner. **The ILO recognizes, however, the enormous variations in the size, resources and organization of workplaces so the generic guidance must be adapted to circumstances.** In particular, existing structures and programmes should include HIV/AIDS where relevant.



(ILO/AIDS)

4.3 Ten steps to develop a workplace policy

1. HIV/AIDS committee is set up with representatives of top management, supervisors, workers, trade unions, human resources department, occupational health service, safety and health committee, and persons living with HIV/AIDS. There should be a representative balance between men and women.

In smaller workplaces, an existing committee - such as an OSH committee - may be used or a focal person appointed, but regular reports should be made to the boss or highest decision-making body in the workplace.

2. Committee (*focal person*) decides its (*his/her*) terms of reference: these must be approved by existing decision-making bodies (e.g. workplace committee, executive board).
3. Committee reviews national laws and their implications for the enterprise; this should go beyond any specific laws on HIV/AIDS and could include anti-discrimination laws, for example, and relevant ILO Conventions.
4. Committee assesses the impact of the HIV epidemic on the workplace (where size permits) and the needs of workers by carrying out a confidential baseline study - important for planning a programme and for monitoring the effectiveness of the response. The ILO or UNAIDS office can give advice. For information on local UNAIDS offices, see www.unaids.org, and search under Geographical area/By country.
5. Committee finds out what health and information services are already available - both at workplaces and in the local community: useful in avoiding duplication and reducing costs. Alliances can be made between businesses, as well as links with NGOs.
6. Committee formulates a draft policy: draft circulated for comment then revised and adopted - the wider the consultation, the fuller the 'ownership' and support. The policy should be written in clear and accessible language.
7. Committee draws up a budget, seeking funds from outside the enterprise if necessary and identifies existing resources in the local community; although funds are important, the absence of funding should not mean that action is impossible.
8. Committee establishes plan of action, with timetable and lines of responsibility, to implement policy. It is important to have at least one named HIV/AIDS coordinator to ensure implementation.
9. Policy and plan of action are widely disseminated (for example, via notice boards, mailings, pay slip inserts, special meetings, induction courses, training sessions) and programmes of information, education and care are put in place. Coordinators, focal persons and peer educators are trained first, then other relevant personnel (see Booklet 4).
10. Committee monitors the impact of the policy and revises it as necessary. The HIV epidemic is evolving rapidly and so is the response.

Workplace policies and programmes mustn't stand still. Regular updates on developments concerning HIV/AIDS in the world of work can be found on the ILO/AIDS website.

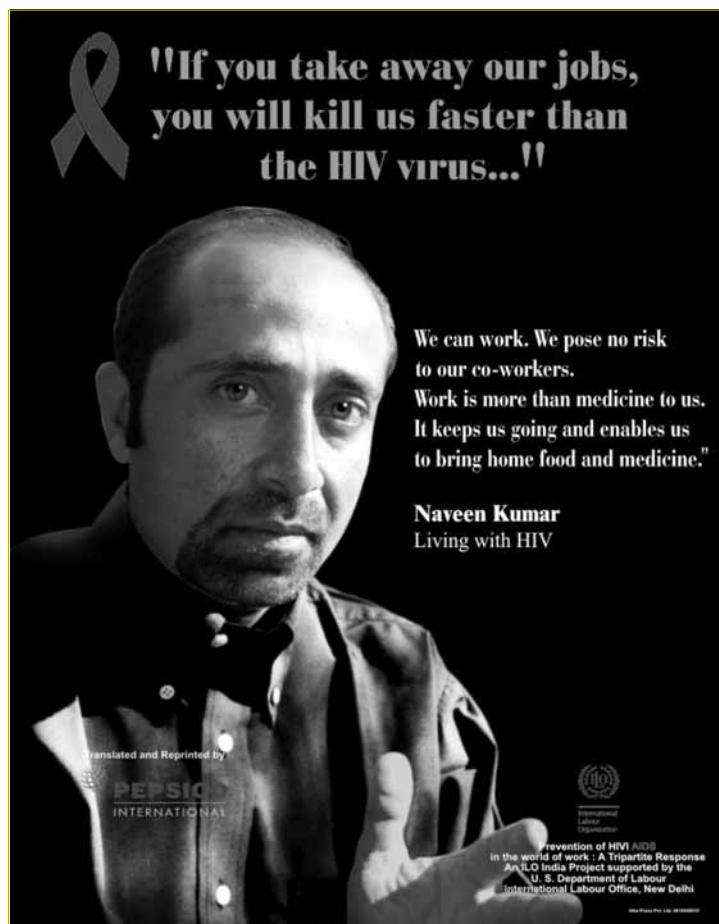
Workplace policy in place to oppose discrimination and provide support

On March 12 2009, the Kenya Port Authority (KPA) launched its workplace HIV/AIDS policy in Mombasa - a strategic port in the region and the gateway to central and eastern Africa. Around 6000 workers work for the KPA.

The Kenya Dockworkers' Union, affiliated to the ITF, played an important role in advocating for the policy and helping develop the contents; it will also be involved in monitoring its implementation. The KDU has organized HIV/AIDS education programmes for its members for many years.

The guiding principle of the policy is non-discrimination against employees, eligible dependants and job applicants in access to employment, training, promotion, employee benefits and services, on the basis of supposed or actual HIV status.

According to Simon Sang, the union's General Secretary, "this policy will help us to fight stigma and discrimination at the workplace. [It] will ensure mobilization of resources to support and sustain HIV and AIDS programmes at workplaces. This policy does not only cover workers but also their dependants, and includes antiretroviral treatment for all of them".



5. ILO STANDARDS AND HIV/AIDS

5.1 What are international labour standards?

These are the ILO Conventions and Recommendations which establish fundamental principles in relation to work and employment. They serve as guidelines for national authorities in putting policies into action to promote basic human rights, improve working and living conditions, and enhance employment opportunities.

They are “adopted” - formally agreed - by the International Labour Conference (ILC), held annually in Geneva, where there are delegates representing governments as well as employers' and workers' organizations.

Conventions

International Labour Conventions are drawn up under international law. When a text is finally adopted, countries can then choose to ratify. Once ratified, Conventions create binding obligations on countries to adapt national law and practice to their requirements, and to accept international supervision.

Recommendations

Recommendations are non-binding guidelines, intended to orient national policy and practice. If a Recommendation is adopted on its own, without accompanying a Convention, it is known as an “autonomous” Recommendation. In June 2010 the ILO adopted an autonomous Recommendation on HIV and AIDS – see the next section for full details.

Although non-binding, Recommendations nevertheless place a dual obligation on all Member states: first, they must bring the Recommendation before the competent authority (parliament), which can pave the way for it to be transformed into law or national policy; second, Members are in principle obliged to respond to requests from the Governing Body to report on the effect that has been given to the Recommendation. **These provisions of the ILO Constitution give trade unions the means to help ensure that the Recommendation is implemented.**

5.2 Conventions which can be applied to HIV/AIDS

In addition to the new Recommendation, several instruments exist which cover both protection against discrimination and prevention against infection. 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)
- ▶ Termination of Employment Convention, 1982 (no.158)

- ▶ Vocational Rehabilitation and Employment (Disabled persons) Convention, 1983 (no. 159)
- ▶ Social Security (Minimum Standards) Convention, 1952 (No. 102)
- ▶ Labour Inspection Convention, 1947 (No. 81) and Labour Inspection (Agriculture) Convention, 1969 (No.129)
- ▶ Maritime Labour Convention, 2006 (the only ILO instrument to contain explicit references to HIV/AIDS as a question of safety and health)
- ▶ Work in Fishing Convention, 2007 (No. 188).

Convention 111 on Discrimination (Employment and Occupation), adopted in 1958, is one of the eight Conventions which have been designated as fundamental human rights conventions, and is a key text on the issue of discrimination at work. It defines discrimination as:

(a) any distinction, exclusion or preference made on the basis of race, colour sex, religion, political opinion, national extraction or social origin, which has the effect of nullifying or impairing equality of opportunity or treatment in employment or occupation;

The Convention, which was adopted before the AIDS epidemic began, does not refer to HIV status but includes provisions for member states to include other types or grounds of discrimination. So it can include HIV status - adding HIV to the types of distinction or grounds listed would be one way of implementing the new Recommendation on HIV/AIDS (see next section).

The ILO supervisory system

The Committee of Experts on the Application of Conventions and Recommendations (CEACR) is an important part of the ILO's supervisory mechanism. It has examined the question of whether discrimination in employment on the grounds of HIV status might fall under the scope of Convention 111. The Committee's conclusion is very clear: **yes, Convention 111 could include HIV/AIDS within its scope.**

6. A NEW INTERNATIONAL LABOUR STANDARD ON HIV/AIDS

ILO conference adopts unprecedented new international labour standard on HIV and AIDS

GENEVA (ILO News, 17 June 2010) – Governments, employers and workers meeting at the annual conference of the International Labour Organization today adopted a new international labour standard on HIV and AIDS : the Recommendation concerning HIV and AIDS and the world of work, 2010 (No. 200). It is the first international human rights instrument to focus specifically on the issue in the world of work. The new standard was adopted by a vote of 439 to 4, with 11 abstentions by delegates to the International Labour Conference, following two years of intense and constructive debate.



The HIV/AIDS Committee, ILC 2010 (ILO)

To expand and strengthen relevant responses in the world of work, the ILO Governing Body decided in March 2007 to develop a new labour standard on HIV/AIDS. This took place through a “double discussion” procedure, lasting two years, which ensures maximum consultation and discussion.

In preparation, the Office assembled information for an overview 'law and practice' report¹¹, including the most comprehensive compilation to date of national laws and policies on HIV/AIDS, covering 170 countries. The report and its accompanying questionnaire were sent to the ILO's member States for consultation with its constituents on the form and content of the proposed standard. The first discussion took place at the 2009 International Labour Conference, with the second discussion and adoption of the standard in June 2010.

The standard is in the form of an autonomous Recommendation (see Section 5.1 above). Workers' organizations had argued that the standard should be a Convention, but the process of social dialogue led to their full support for the Recommendation and for the Resolution which accompanied it (full text at Annex 1).

¹¹ HIV/AIDS and the world of work, Report IV (1) to the 98th session of the International Labour Conference, ILO 2009

Why a new standard?

A Recommendation does not have the same force as a Convention - so why bother?

There are some good reasons:

1. The Recommendation must be discussed by the national parliament, in accordance with the ILO Constitution, thus giving the issue a high level of attention.
2. Governments must report on the action they have taken regarding a Recommendation adopted by the International Labour Conference.
3. These reports will be reviewed by the ILO's supervisory mechanism. This provides opportunities for trade unions to get involved and examine what governments have done.

Whatever its form, the instrument will strengthen efforts to ensure that workers' rights are respected as part of the global effort to deal with HIV/AIDS.

Trade unions in all regions have interacted intensively with the drafting process; it is even more important that they participate actively in its implementation. The section below reviews some of the options.

The ILO *Code of practice on HIV/AIDS and the world of work* (2001) has had a real impact, with an estimated 73 countries that have adopted a general HIV/AIDS law that covers the workplace; specific legislation dealing with the workplace; or “soft law” such as codes and protocols (the law and practice report contains detailed information). The Code of practice has also provided the basis for many sectoral and workplace policies and agreements.

It is, however, a voluntary instrument; uptake is optional, and there is no provision for monitoring its application, as there would be in the case of an international labour standard. Trade unions have noted continuing discrimination and contravention of Code of practice principles, for example related to mandatory HIV testing or the obligation to disclose HIV status.

A labour standard offers clearer definitions of state responsibilities and of the roles of the social partners. Recommendation No. 200 will not replace the *Code of practice on HIV/AIDS and the world of work* - it will reaffirm its validity and append the text of the Code. The focus of the new standard is on the adoption of national policies on HIV/AIDS and the world of work by Member states, in consultation with workers and employers.

The new instrument is based on the following principles:

- the response to HIV and AIDS [in the world of work] should be recognized as contributing to the realization of human rights, fundamental freedoms and gender equality;
- HIV and AIDS should be recognized and treated as a workplace issue, which should be included among the essential elements of the national, regional and international response to the pandemic with full participation of employers' and workers' organizations;
- there should be no discrimination against or stigmatization of workers, in particular jobseekers and job applicants, on the grounds of real or perceived HIV status ...;
- prevention of all modes of HIV transmission should be a fundamental priority;
- workers, their families and their dependants should have access to and benefit from prevention, treatment, care and support in relation to HIV and AIDS, and the workplace should play a role in facilitating access to these services;
- workers' participation and engagement in the design, implementation and evaluation of national and workplace programmes should be recognized and reinforced;
- workers should benefit from programmes to prevent specific risks of occupational transmission of HIV and related transmissible diseases, such as tuberculosis;
- workers, their families and their dependents should enjoy protection of their privacy, ... in particular with regard to their own HIV status;
- no workers should be required to undertake an HIV test or disclose their HIV status;
- measures to address HIV and AIDS in the world of work should be part of national development policies and programmes, including those related to labour, education, social protection and health; and,
- the protection of workers in occupations that are particularly exposed to the risk of HIV transmission.

6.1 Implementing the new standard

The Workers' Group at the ILC 2010 were instrumental in drafting and gaining tripartite support for a Resolution¹² designed to promote implementation. The Resolution was addressed to the ILO's Governing Body to make sure that the Office takes implementing the Recommendation into its core agenda.

Its main points are that the Conference:

1. Invites the Governing Body ...to **allocate the resources** within the existing budget and look for additional extra-budgetary resources **to carry out the work with the tripartite constituents to give effect to the Recommendation** ...
2. Invites the Governing Body to take action to promote collaborative efforts with the various international organizations concerning HIV and AIDS at the workplace.

¹² Resolution concerning the promotion and the implementation of the Recommendation on HIV and AIDS and the world of work, 2010

3. Invites the Governing Body to request that **a Global Action Plan be established .. with the representative employers' and workers' organizations to achieve widespread implementation** of the Recommendation ...
4. Invites the Governing Body to request the Director-General to give due regard to **fair allocation of the Office's technical cooperation resources to countries**. Member States and the most representative workers' and employers' organizations may request assistance in the implementation of the Recommendation in areas such as:
 - (a) technical assistance in developing and implementing tripartite national policies, programmes, and legislation to meet the requirements of this Recommendation;
 - (b) providing support and building capacity to train, communicate, monitor, implement and advocate...
5. Invites member States to use existing mechanisms or to establish mechanisms at the national level to **review progress, and monitor developments and share examples of good practice** ...
6. Invites the Governing Body to request **regular reports from member States** [on progress in implementing the Recommendation], prepared in consultation with the most representative employers' and workers' organizations...

In any case, governments are required to take the text of the Recommendation to the National Parliament or Assembly within a year of its adoption (or 18 months for federal states) and propose action to be taken to implement its provisions. Employers' and workers' organizations should be consulted before the government presents its suggestions. Governments must inform the ILO of the measures they have taken to submit and apply the texts. Their reports to the ILO must also be sent to the trade unions and employers, who can comment on them.

There are several possibilities in the course of this procedure for workers' organizations to intervene.

Check-list for follow-up action by trade unions

1. Work to ensure that the Recommendation is tabled for discussion in parliament by the end of 2011 at the latest (or a bit later for federal states).
2. Contact the Ministry of Labour and ask for a report on the submission process. What trade unionists will want is a good discussion in parliament, with the chance to lobby members of parliament and influence the debate.
3. Ensure that the government consults with trade unions and employers on what proposals it will make.
4. If the government has tabled the text of the Recommendation but without proposing any action, then you may wish to lobby, or even launch a campaign, to have its implications discussed fully, including action to follow up and implement its provisions. The goal is that governments should formally declare that the Recommendation will form the basis for a national law or policy on HIV/AIDS and the world of work. Then discussions must be held on amendments to the law or legal codes.

5. If your country has a federal system, it may be that provincial or state assemblies have to discuss the standard. You will need to check the procedure for your country - ask ACTRAV or the local ILO office.
6. Make sure the government has reported to the ILO regarding the submission to the competent authority and the views of workers' and employers' organizations.
6. Make sure the government informs and involves the AIDS community in your country of its plans and progress – support communications initiatives, or suggest them if necessary.
7. Within the trade union movement, promote the Recommendation at sectoral and enterprise level. Use it to review and support your own activities, including resource mobilization.
8. In everything you do, keep in contact with the ILO. Ask your ILO field office and the ACTRAV specialist for workers' activities how they plan to give effect to the Resolution (see Paragraph 4 in particular).

6.2 Developing new laws or policies: exercises and activities

The following exercise will help you identify the changes that need to be made to existing laws or policies in order to apply the provisions of the Recommendation. It looks long and complicated. In fact, it is simple, though it may take some time. Divide up the work among several groups. This exercise should also be done in the tripartite workshop (see next activity), if you are successful in getting one organized.



Activity:

Activity: Comparing the new labour standard on HIV/AIDS and existing law/ policy



Aim:

To help you identify gaps or errors in existing laws/policies on HIV/AIDS and the world of work (if any) and agree on additional provisions to propose



Task:

You should work in small groups. Each group will take one part of the Recommendation. Compare what it says with your current law, policy or code. Quote the exact section or part of the law which corresponds, if any. In the final box, suggest the wording for a clause to be added or amended in your national law.

ILO Recommendation section or clause	Current law or policy	Your proposal

Tripartite workshop

A useful part of your campaign could be a tripartite workshop on implementing the standard. This would be attended by equal numbers of representatives from government, employers' and workers' organizations, plus the National AIDS Council and some representatives from groups representing people living with HIV/AIDS.

The ILO will be very interested in promoting the new standard and local offices might, for that reason, be willing to help with/organize a workshop. If the ILO or the government has not already organized such a workshop, you might want to take the initiative.

Here is a sample letter to the ILO Director for your country requesting such a workshop. (Not every country has an ILO office - if you are not sure which ILO office covers your country, contact ACTRAV).

Director,
ILO Area Office,

Dear xxxxx,

I am writing to request your assistance in promoting the ILO Recommendation on HIV/AIDS in the world of work adopted at the International Labour Conference in 2010.

So far, there has not been a detailed discussion of the new standard on a tripartite basis. [*You can mention what action, if any, the government has taken*].

We consider that it would be helpful if there was a tripartite workshop to:

- inform all ILO constituents of the provisions of the Recommendation;
- inform other key stakeholders such as the National AIDS Council [*remember it may be called something different in your country*], the UN Theme Group on HIV/AIDS and associations of people living with HIV/ AIDS;
- identify the areas where national legislation would need to be changed to conform to the standard;
- agree the main lines of an action plan for implementing the standard;
- identify what technical cooperation might be required to help implement the standard.

We request that the ILO meet the costs of the workshop but would be happy to assist with the practical arrangements.

I look forward to your reply.

Yours sincerely,
General Secretary/President

Draft programme for a tripartite workshop on implementing the Recommendation concerning HIV and AIDS and the world of work, 2010 (No. 200)

Day 1

- ▶ Introduction of participants
- ▶ The contents of the instrument: an overview
- ▶ Initial views: one contribution, for no more than 10 minutes each, from:
 - Government
 - Employers
 - Workers
 - Person(s) living with HIV/AIDS
 - National AIDS Council
- ▶ Working groups on different roles and responsibilities such as
 - Action by governments
 - Action by employers' and workers' organizations
 - Action at the workplace
- ▶ or on key thematic areas such as
 - rights issues
 - prevention
 - care, support and treatment
 - occupational safety and health
 - community outreach

NOTE: Participants should be in mixed working groups and asked to identify how far existing law/ policy matches the Recommendation and where there are gaps

Day 2

- ▶ Reports from working groups
- ▶ Consolidation of reports. What steps if any need to be taken to amend national law or policy to bring it into line with the new instrument?
- ▶ Future plans
- ▶ Evaluation of the workshop
- ▶ Close

7. SOCIAL DIALOGUE AND HIV/AIDS

The ILO defines social dialogue broadly. Its working definition includes “all types of *negotiation, consultation or information sharing* among representatives of governments, employers and workers, or between those of employers and workers on issues of common interest relating to economic, social and workplace policy.” The ILO recognizes that the definition and the practice of social dialogue can vary between countries, according to the issue in question, and over time.

The two underlying principles of social dialogue are that

- ▶ combined action to address issues of common concern is more effective than separate action; and,
- ▶ social dialogue promotes participation and ownership, and supports both planning and implementation.

Social dialogue provides a framework and a procedure for identifying and applying rights. It can take many forms; some examples are provided below, and see the joint declaration on HIV/AIDS signed by the international organizations of workers and of employers in 2003 (Annex 2).

7.1 Tripartite collaboration

In October 2006 a tripartite meeting was held in Geneva as part of the ILO’s programme of sectoral activities, with a focus on ‘Labour and Social Issues Arising from Problems of Cross-border Mobility of International Drivers in the Road Transport Sector’.

Following the meeting, the ILO and the employers’ organization, the International Road Transport Union (IRU), and the workers’ organization, the International Transport Workers’ Federation (ITF), agreed to give priority to the development of HIV/AIDS training materials for the road transport sector.

A joint Task Force was set up to supervise a consultant to develop a toolkit, and to plan a series of workshops to test the materials.

This was a significant step forward for the IRU, which had not acknowledged previously that HIV/AIDS was an issue for their industry. By using the ILO’s structures for social dialogue, HIV/AIDS was included in the training programme of the International Road Transport Union (IRU) Academy which has a global network of institutions.

A similar approach is now being followed in the railway industry.

7.2 Collective bargaining

ILO Convention no. 98 protects and promotes “voluntary negotiation between employers or employers' organizations and workers' organizations, with a view to the regulation of terms and conditions of employment by means of collective agreements”.

The Collective Bargaining Convention further defines collective bargaining as

all negotiations which take place between an employer, a group of employers or one or more employers organizations, on the one hand, and one or more workers' organizations, on the other, for -

a) determining working conditions and terms of employment: and/or

b) regulating relations between employers and workers: and /or

*c) regulating relations between employers or their organizations and a workers' organization or workers' organizations*¹³

HIV/AIDS is a very suitable issue for negotiation and collective bargaining. The South African National Union of Mineworkers used it to establish key principles around testing, and improvements in welfare and housing. Collective bargaining, however, is not part of the industrial relations culture in all countries and sometimes it is easier to agree on a workplace policy.

7.3 Global framework agreements

Global framework agreements are widely used by trade unions to secure the best standards on trade union rights and decent working conditions in a particular industry worldwide. They are a potentially powerful instrument for employer-union cooperation on HIV.

These international agreements, signed by global union federations and multinationals, establish a set of principles for a company's conduct in its operations throughout the world. Typically they seek to ensure that a company adheres to international standards on trade union rights (usually ILO Conventions), health and safety, decent work and the environment in all countries where it operates.

The agreements do not override local or national collective bargaining but provide standards for collective agreements. They are underpinned by monitoring systems which enable trade unions to check the company's performance against the agreement and provide an opportunity for both parties to review the agreement on a regular basis. There are global agreements in many areas of the economy. Examples may be found on the websites of several global unions and of GUAP (see <http://www.global-unions.org/framework-agreements.html>).

Trade unions and employers can build on the global framework approach to agree a set of standards for dealing with HIV in the workplace. One way of doing this is to include reference in the agreement to the principles of the ILO Code of Practice . The framework agreement can also set out a series of goals for joint action by unions and employers on workplace HIV programmes.

There are also national framework agreements covering a particular industrial sector, such as mining or construction (see below).

¹³ ILO Collective Bargaining Convention, 1981 (No. 154)

AIDS AGREEMENT BETWEEN THE NATIONAL UNION OF MINeworker AND THE CHAMBER OF MINES OF SOUTH AFRICA

Concluded between the parties as provided for in the agreement of 31 July 1991, concerning the 1991 review of wages and other conditions of employment.

Objective

The objective of this agreement is to provide industry-level guidelines;

- a) to minimize the effect of HIV in the mining industry;
- b) to prevent the spread of HIV infection; and
- c) for the management of HIV infection in the employer/employee relationship.

Policy

1. General principle. Whilst recognising that there are circumstances unique to HIV infection, the fundamental principle to be applied is that HIV infection and AIDS should be approached on the same basis as any other serious condition.
2. Rights of the individual employee
 - 2.1 Rights of employees who are HIV-positive. HIV-positive employees will be protected against discrimination, victimisation or harassment.
 - 2.2 Testing. No employee should be required to undergo an HIV test at the request, or upon the initiative of management or an employee organization, provided that where HIV testing is intended in specified occupations on medical grounds, the employee will be required to undergo testing where this has been supported by the independent and objective medical assessment of a medical practitioner, mutually agreed to by the parties. Failing agreement the Medical Bureau for Occupational Diseases will be requested to select such a practitioner.
 - 2.3. Employment opportunities and termination of employment. No employee should suffer adverse consequences, whether dismissal or denial or appropriate alternative employment opportunities which ext, merely on the basis of HIV infection.
 - 2.4. Counselling. Appropriate support and counselling services will be made available to employees.
 - 2.5. Benefits. Employees who are clinically ill or medically unfit for work will enjoy benefits in terms of the relevant conditions of employment as negotiated from time to time between the parties.
3. Epidemiological testing
 - 3.1 Testing programmes for epidemiological purposes will be the subject of appropriate consultation with recognised employee organizations and will be subject to independent and objective evaluation and scrutiny.
 - 3.2. The statistical results of testing programmes will be shared with employees and recognised employee organizations.
 - 3.3. The results of epidemiological studies will not be used as a basis for discriminating against any class of employee in the workplace.
4. Testing Standards
 - 4.1 All testing will comply with generally accepted international standards (on pre-and post-test counselling, informed consent, confidentiality and support).

Checklist for HIV/AIDS negotiations

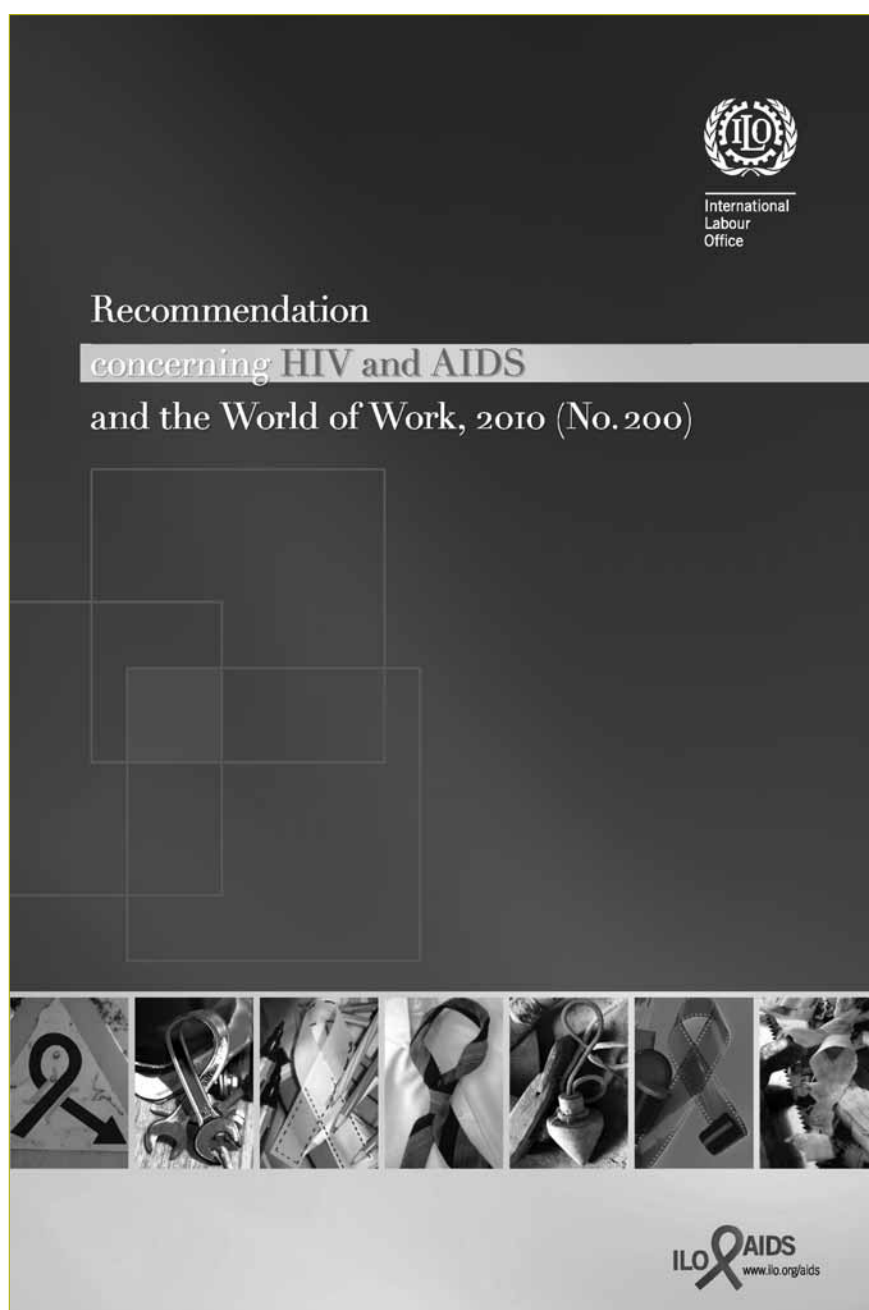
- ✓ What international, regional and national codes and legislation are in place?
- ✓ What is the union's HIV/AIDS policy?
- ✓ What are the target groups that you wish to protect?
- ✓ What is the best level to protect these groups? Sector, company, workplace?
- ✓ What other agreements, if any, has your union signed on HIV/AIDS?
- ✓ Does the union have agreements with this company at other workplaces?
- ✓ Are there any other unions that have HIV/AIDS agreements with this company?
- ✓ What HIV/AIDS policies has this company implemented in other countries and workplaces?
- ✓ Is your draft proposal consistent with the union's policy on incapacity, contract workers etc.?
- ✓ Does the draft proposal include:
 - Scope (what workers, family members, communities it covers)
 - Policy statement on the parties' position on HIV/AIDS
 - HIV testing, counselling confidentiality and disclosures
 - Non-discrimination policies including access to benefits, training, workplace accommodation and placement of HIV positive workers
 - Procedures for creating a safe working environment
 - Compensation for occupational exposure
 - Prevention strategies linked to treatment opportunities and job security
 - Awareness programmes and the role of peer educators
 - Assistance to be provided to persons infected or affected by HIV/AIDS
 - Wellness programme addressing overall health, including sexually transmitted infections, promotion of good nutrition and psycho-social health
 - Health management programme that address the various stages of the infection
 - Grievances procedures
 - Dispute procedures
 - Details of a workplace implementation programme
 - Mechanisms for monitoring and evaluating the programmes?

Bring to the meeting all the necessary information and documents to be used to support your arguments.

*From the ICEM HIV/AIDS Training Manual for Collective Bargaining, June 2006
Available at: www.icem.org/files/PDF/Key_issues_pdfs/AIDS/0606ICEMHIVAIDSManualEN.pdf*

Annex 1: Recommendation concerning HIV and AIDS and the world of work, 2010 (No. 200)

Recommendation concerning HIV and AIDS and the world of work, 2010 (No. 200), including Resolution concerning the promotion and the implementation of the Recommendation on HIV and AIDS and the world of work, 2010



RECOMMENDATION CONCERNING HIV AND AIDS AND THE WORLD OF WORK, 2010 (No. 200)

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PREFACE

This booklet contains the text of the ILO Recommendation concerning HIV and AIDS and the world of work, 2010 (No. 200), and the accompanying Resolution for the promotion and implementation of the Recommendation which reflect the strong support of the ILO's tripartite constituents.

The HIV pandemic is one of the most significant challenges to health, development, and economic and social progress facing the world today. In the countries that are worst affected, the impact of HIV and AIDS has eroded decades of development gains, undermined economies and destabilized societies. HIV is expected to continue to be a leading cause of mortality and morbidity in many countries and populations.

HIV poses a significant obstacle to the attainment of decent work and sustainable development. It has led to the loss of the livelihoods of millions of persons living with or affected by HIV and AIDS. Its effects are concentrated among the most productive age groups and it imposes huge costs on enterprises through falling productivity, increased labour costs and the loss of skills and experience. In addition, fundamental rights at work are often violated on the basis of real or perceived HIV status, particularly through discrimination and stigmatization directed at workers living with and affected by HIV and AIDS. To make matters worse, the pandemic tends to move along the fault lines of society, particularly affecting groups that are already disadvantaged or marginalized.

The world of work is playing a crucial role in addressing HIV and AIDS. It offers a valuable entry point to reach women and men workers in the setting where they spend much of their lives: the workplace. The development and implementation of workplace policies and programmes on HIV and AIDS facilitate access to prevention, treatment, care and support services for workers and their families and dependants, thereby also reaching out to the larger community. And yet, the important role of the world of work in addressing the pandemic has not been optimally utilized. If it is to make its full contribution to addressing the pandemic, it is essential for action in the world of work to form an integral part of national HIV and AIDS policies, programmes and strategies.

In 2001, the ILO adopted the Code of Practice on HIV/AIDS and the world of work, which has been widely accepted and used in many countries. In 2007, the Organization's constituents decided that the time had come to raise the response of the world of work to HIV and AIDS to a different level through the development and adoption of an international labour standard. The resulting Recommendation No. 200 constitutes an unequivocal commitment by the ILO's constituency of member States and the representatives of employers and workers, in close collaboration with organizations of people living with HIV and partner international organizations, in particular UNAIDS, to tap into the immense contribution that the world of work can make to ensuring universal access to prevention, treatment, care and support.

The Recommendation reflects the need to strengthen workplace prevention efforts and to facilitate access to treatment for persons living with or affected by HIV and AIDS. It calls for the design and implementation of national tripartite workplace policies and programmes on HIV and AIDS to be integrated into overall national policies and strategies on HIV and AIDS and on development and social

protection. It calls for respect for the fundamental human rights of all workers, including observance of the principle of gender equality and the right to be free from compulsory testing and disclosure of HIV status, while encouraging everyone to undertake voluntary confidential HIV counselling and testing as early as possible. The Recommendation also invites member States to implement its provisions through amendment or adoption of national legislation where appropriate.

Where workers are free from stigma and discrimination on the basis of real or perceived HIV status, they and their dependants benefit from improved access to HIV education, information, treatment, care and support at the national and workplace levels. Such access helps them to lead long and productive lives and to contribute to the national economy and the community.

Based on the Recommendation and its accompanying Resolution, the ILO is committed to strengthening its action to support the implementation of international and national commitments to protect the rights and dignity of workers and of all people living with or affected by HIV and AIDS.

Geneva, June 2010

Juan Somavia,
Director-General

INTERNATIONAL LABOUR CONFERENCE

Recommendation 200**RECOMMENDATION CONCERNING
HIV AND AIDS AND THE WORLD OF WORK**

The General Conference of the International Labour Organization, Having been convened at Geneva by the Governing Body of the International Labour Office, and having met in its 99th Session on 2 June 2010, and

Noting that HIV and AIDS have a serious impact on society and economies, on the world of work in both the formal and informal sectors, on workers, their families and dependants, on the employers' and workers' organizations and on public and private enterprises, and undermine the attainment of decent work and sustainable development, and

Reaffirming the importance of the International Labour Organization's role in addressing HIV and AIDS in the world of work and the need for the Organization to strengthen its efforts to achieve social justice and to combat discrimination and stigmatization with regard to HIV and AIDS in all aspects of its work and mandate, and

Recalling the importance of reducing the informal economy by attaining decent work and sustainable development in order to better mobilize the world of work in the response to HIV and AIDS, and

Noting that high levels of social and economic inequality, lack of information and awareness, lack of confidentiality and insufficient access to and adherence to treatment, increase the risk of HIV transmission, mortality levels, the number of children who have lost one or both parents and the number of workers engaged in informal work, and

Considering that poverty, social and economic inequality and unemployment increase the risk of lack of access to prevention, treatment, care and support, therefore increasing the risk of transmission, and

Noting that stigma, discrimination and the threat of job loss suffered by persons affected by HIV or AIDS are barriers to knowing one's HIV status, thus increasing the vulnerability of workers to HIV and undermining their right to social benefits, and

Noting that HIV and AIDS have a more severe impact on vulnerable and at-risk groups, and

Noting that HIV affects both men and women, although women and girls are at greater risk and more vulnerable to HIV infection and are disproportionately affected by the HIV pandemic compared to men as a result of gender inequality, and that women's empowerment is therefore a key factor in the global response to HIV and AIDS, and

Recalling the importance of safeguarding workers through comprehensive occupational safety and health programmes, and

Recalling the value of the ILO code of practice *An ILO code of practice on HIV/AIDS and the world of work*, 2001, and the need to strengthen its impact given that there are limits and gaps in its implementation, and

Noting the need to promote and implement the international labour Conventions and Recommendations and other international instruments that are relevant to HIV and AIDS and the world of work, including those that recognize the right to the highest attainable standard of health and to decent living standards, and

Recalling the specific role of employers' and workers' organizations in promoting and supporting national and international efforts in response to HIV and AIDS in and through the world of work, and

Noting the important role of the workplace as regards information about and access to prevention, treatment, care and support in the national response to HIV and AIDS, and

Affirming the need to continue and increase international cooperation, in particular in the context of the Joint United Nations Programme on HIV/AIDS, to support efforts to give effect to this Recommendation, and

Recalling the value of collaboration at the national, regional and international levels with the structures dealing with HIV and AIDS, including the health sector and with relevant organizations, especially those representing persons living with HIV, and

Affirming the need to set an international standard in order to guide governments and organizations of employers and workers in defining their roles and responsibilities at all levels, and

Having decided upon the adoption of certain proposals with regard to HIV and AIDS and the world of work, and

Having determined that these proposals shall take the form of a Recommendation;

adopts this seventeenth day of June of the year two thousand and ten the following Recommendation, which may be cited as the HIV and AIDS Recommendation, 2010.

I. DEFINITIONS

1. For the purposes of this Recommendation:

- (a) "HIV" refers to the human immunodeficiency virus, a virus that damages the human immune system. Infection can be prevented by appropriate measures;
- (b) "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;
- (c) "persons living with HIV" means persons infected with HIV;
- (d) "stigma" means the social mark that, when associated with a person, usually causes marginalization or presents an obstacle to the full enjoyment of social life by the person infected or affected by HIV;
- (e) "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;
- (f) "affected persons" means persons whose lives are changed by HIV or AIDS owing to the broader impact of the pandemic;

- (g) "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;
- (h) "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;
- (i) "workplace" refers to any place in which workers perform their activity; and
- (j) "worker" refers to any persons working under any form or arrangement.

II. SCOPE

2. This Recommendation covers:
 - (a) all workers working under all forms or arrangements, and at all workplaces, including:
 - (i) persons in any employment or occupation;
 - (ii) those in training, including interns and apprentices;
 - (iii) volunteers;
 - (iv) jobseekers and job applicants; and
 - (v) laid-off and suspended workers;
 - (b) all sectors of economic activity, including the private and public sectors and the formal and informal economies; and
 - (c) armed forces and uniformed services.

III. GENERAL PRINCIPLES

3. The following general principles should apply to all action involved in the national response to HIV and AIDS in the world of work:
 - (a) the response to HIV and AIDS should be recognized as contributing to the realization of human rights and fundamental freedoms and gender equality for all, including workers, their families and their dependants;
 - (b) HIV and AIDS should be recognized and treated as a workplace issue, which should be included among the essential elements of the national, regional and international response to the pandemic with full participation of organizations of employers and workers;
 - (c) there should be no discrimination against or stigmatization of workers, in particular jobseekers and job applicants, on the grounds of real or perceived HIV status or the fact that they belong to regions of the world or segments of the population perceived to be at greater risk of or more vulnerable to HIV infection;
 - (d) prevention of all means of HIV transmission should be a fundamental priority;
 - (e) workers, their families and their dependants should have access to and benefit from prevention, treatment, care and support in relation to HIV and AIDS; and
 - (f) workers' participation and engagement in the design, implementation and evaluation of national and workplace programmes should be recognized and reinforced;

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- (g) workers should benefit from programmes to prevent specific risks of occupational transmission of HIV and related transmissible diseases, such as tuberculosis;
- (h) workers, their families and their dependants should enjoy protection of their privacy, including confidentiality related to HIV and AIDS, in particular with regard to their own HIV status;
- (i) no workers should be required to undertake an HIV test or disclose their HIV status;
- (j) measures to address HIV and AIDS in the world of work should be part of national development policies and programmes, including those related to labour, education, social protection and health; and
- (k) the protection of workers in occupations that are particularly exposed to the risk of HIV transmission.

IV. NATIONAL POLICIES AND PROGRAMMES

4. Members should:
 - (a) adopt national policies and programmes on HIV and AIDS and the world of work and on occupational safety and health, where they do not already exist; and
 - (b) integrate their policies and programmes on HIV and AIDS and the world of work in development plans and poverty reduction strategies, including decent work, sustainable enterprises and income-generating strategies, as appropriate.
 5. In developing the national policies and programmes, the competent authorities should take into account the ILO code of practice on HIV/AIDS of 2001, and any subsequent revision, other relevant International Labour Organization instruments, and other international guidelines adopted on this subject.
 6. The national policies and programmes should be developed by the competent authorities, in consultation with the most representative organizations of employers and workers, as well as organizations representing persons living with HIV, taking into account the views of relevant sectors, especially the health sector.
 7. In developing the national policies and programmes, the competent authorities should take into account the role of the workplace in prevention, treatment, care and support, including the promotion of voluntary counselling and testing, in collaboration with local communities.
 8. Members should take every opportunity to disseminate information about their policies and programmes on HIV and AIDS and the world of work through organizations of employers and workers, other relevant HIV and AIDS entities, and public information channels.
- Discrimination and promotion of equality of opportunity and treatment*
9. Governments, in consultation with the most representative organizations of employers and workers should consider affording protection equal to that available under the Discrimination (Employment and Occupation) Convention, 1958, to prevent discrimination based on real or perceived HIV status.
 10. Real or perceived HIV status should not be a ground of discrimination preventing the recruitment or continued employment, or the pursuit of equal opportunities consistent with the provisions of the Discrimination (Employment and Occupation) Convention, 1958.

4

11. Real or perceived HIV status should not be a cause for termination of employment. Temporary absence from work because of illness or caregiving duties related to HIV or AIDS should be treated in the same way as absences for other health reasons, taking into account the Termination of Employment Convention, 1982.

12. When existing measures against discrimination in the workplace are inadequate for effective protection against discrimination in relation to HIV and AIDS, Members should adapt these measures or put new ones in place, and provide for their effective and transparent implementation.

13. Persons with HIV-related illness should not be denied the possibility of continuing to carry out their work, with reasonable accommodation if necessary, for as long as they are medically fit to do so. Measures to redeploy such persons to work reasonably adapted to their abilities, to find other work through training or to facilitate their return to work should be encouraged, taking into consideration the relevant International Labour Organization and United Nations instruments.

14. Measures should be taken in or through the workplace to reduce the transmission of HIV and alleviate its impact by:

- (a) ensuring respect for human rights and fundamental freedoms;
- (b) ensuring gender equality and the empowerment of women;
- (c) ensuring actions to prevent and prohibit violence and harassment in the workplace;
- (d) promoting the active participation of both women and men in the response to HIV and AIDS;
- (e) promoting the involvement and empowerment of all workers regardless of their sexual orientation and whether or not they belong to a vulnerable group;
- (f) promoting the protection of sexual and reproductive health and sexual and reproductive rights of women and men; and
- (g) ensuring the effective confidentiality of personal data, including medical data.

Prevention

15. Prevention strategies should be adapted to national conditions and the type of workplace, and should take into account gender, cultural, social and economic concerns.

16. Prevention programmes should ensure:

- (a) that accurate, up to date, relevant and timely information is made available and accessible to all in a culturally sensitive format and language through the different channels of communication available;
- (b) comprehensive education programmes to help women and men understand and reduce the risk of all modes of HIV transmission, including mother-to-child transmission, and understand the importance of changing risk behaviours related to infection;
- (c) effective occupational safety and health measures;
- (d) measures to encourage workers to know their own HIV status through voluntary counselling and testing;
- (e) access to all means of prevention, including but not limited to guaranteeing the availability of necessary supplies, in particular male and female condoms and, where appropriate, information about their correct use, and the availability of post-exposure prophylaxis;

- (f) effective measures to reduce high-risk behaviours, including for the most at-risk groups, with a view to decreasing the incidence of HIV; and
- (g) harm reduction strategies based on guidelines published by the World Health Organization (WHO), the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the United Nations Office on Drugs and Crime (UNODC) and other relevant guidelines.

Treatment and care

17. Members should ensure that their national policies and programmes on workplace health interventions are determined in consultation with employers and workers and their representatives and are linked to public health services. They should offer the broadest range of appropriate and effective interventions to prevent HIV and AIDS and manage their impact.

18. Members should ensure that workers living with HIV and their dependants benefit from full access to health care, whether this is provided under public health, social security systems or private insurance or other schemes. Members should also ensure the education and awareness raising of workers to facilitate their access to health care.

19. All persons covered by this Recommendation, including workers living with HIV and their families and their dependants, should be entitled to health services. These services should include access to free or affordable:

- (a) voluntary counselling and testing;
- (b) antiretroviral treatment and adherence education, information and support;
- (c) proper nutrition consistent with treatment;
- (d) treatment for opportunistic infections and sexually transmitted infections, and any other HIV-related illnesses, in particular tuberculosis; and
- (e) support and prevention programmes for persons living with HIV, including psychosocial support.

20. There should be no discrimination against workers or their dependants based on real or perceived HIV status in access to social security systems and occupational insurance schemes, or in relation to benefits under such schemes, including for health care and disability, and death and survivors' benefits.

Support

21. Programmes of care and support should include measures of reasonable accommodation in the workplace for persons living with HIV or HIV-related illnesses, with due regard to national conditions. Work should be organized in such a way as to accommodate the episodic nature of HIV and AIDS, as well as possible side effects of treatment.

22. Members should promote the retention in work and recruitment of persons living with HIV. Members should consider extending support through periods of employment and unemployment, including where necessary income-generating opportunities for persons living with HIV or persons affected by HIV or AIDS.

23. Where a direct link can be established between an occupation and the risk of infection, AIDS and infection by HIV should be recognized as an occupational disease or accident, in accordance with national procedures and definitions, and with reference to the List of Occupational Diseases Recommendation, 2002, as well as other relevant International Labour Organization instruments.

Testing, privacy and confidentiality

24. Testing must be genuinely voluntary and free of any coercion and testing programmes must respect international guidelines on confidentiality, counselling and consent.
25. HIV testing or other forms of screening for HIV should not be required of workers, including migrant workers, jobseekers and job applicants.
26. The results of HIV testing should be confidential and not endanger access to jobs, tenure, job security or opportunities for advancement.
27. Workers, including migrant workers, jobseekers and job applicants, should not be required by countries of origin, of transit or of destination to disclose HIV-related information about themselves or others. Access to such information should be governed by rules of confidentiality consistent with the ILO code of practice on the protection of workers' personal data, 1997, and other relevant international data protection standards.
28. Migrant workers, or those seeking to migrate for employment, should not be excluded from migration by the countries of origin, of transit or of destination on the basis of their real or perceived HIV status.
29. Members should have in place easily accessible dispute resolution procedures which ensure redress for workers if their rights set out above are violated.

Occupational safety and health

30. The working environment should be safe and healthy, in order to prevent transmission of HIV in the workplace, taking into account the Occupational Safety and Health Convention, 1981, and Recommendation, 1981, the Promotional Framework for Occupational Safety and Health Convention, 2006, and Recommendation, 2006, and other relevant international instruments, such as Joint International Labour Office and WHO guidance documents.
31. Safety and health measures to prevent workers' exposure to HIV at work should include universal precautions, accident and hazard prevention measures, such as organizational measures, engineering and work practice controls, personal protective equipment, as appropriate, environmental control measures and post-exposure prophylaxis and other safety measures to minimize the risk of contracting HIV and tuberculosis, especially in occupations most at risk, including in the health-care sector.
32. When there is a possibility of exposure to HIV at work, workers should receive education and training on modes of transmission and measures to prevent exposure and infection. Members should take measures to ensure that prevention, safety and health are provided for in accordance with relevant standards.
33. Awareness-raising measures should emphasize that HIV is not transmitted by casual physical contact and that the presence of a person living with HIV should not be considered a workplace hazard.
34. Occupational health services and workplace mechanisms related to occupational safety and health should address HIV and AIDS, taking into account the Occupational Health Services Convention, 1985, and Recommendation, 1985, the *Joint ILO/WHO guidelines on health services and HIV/AIDS*, 2005, and any subsequent revision, and other relevant international instruments.

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Children and young persons

35. Members should take measures to combat child labour and child trafficking that may result from the death or illness of family members or caregivers due to AIDS and to reduce the vulnerability of children to HIV, taking into account the ILO Declaration on Fundamental Principles and Rights at Work, 1998, the Minimum Age Convention, 1973, and Recommendation, 1973, and the Worst Forms of Child Labour Convention, 1999, and Recommendation, 1999. Special measures should be taken to protect these children from sexual abuse and sexual exploitation.
36. Members should take measures to protect young workers against HIV infection, and to include the special needs of children and young persons in the response to HIV and AIDS in national policies and programmes. These should include objective sexual and reproductive health education, in particular the dissemination of information on HIV and AIDS through vocational training and in youth employment programmes and services.

V. IMPLEMENTATION

37. National policies and programmes on HIV and AIDS and the world of work should:
- (a) be given effect, in consultation with the most representative organizations of employers and workers and other parties concerned, including relevant public and private occupational health structures, by one or a combination of the following means:
 - (i) national laws and regulations;
 - (ii) collective agreements;
 - (iii) national and workplace policies and programmes of action; and
 - (iv) sectoral strategies, with particular attention to sectors in which persons covered by this Recommendation are most at risk;
 - (b) involve the judicial authorities competent in labour issues, and labour administration authorities in the planning and implementation of the policies and programmes, and training in this regard should be provided to them;
 - (c) provide for measures in national laws and regulations to address breaches of privacy and confidentiality and other protection afforded under this Recommendation;
 - (d) ensure collaboration and coordination among the public authorities and public and private services concerned, including insurance and benefit programmes or other types of programmes;
 - (e) promote and support all enterprises to implement the national policies and programmes, including through their supply chains and distribution networks, with the participation of organizations of employers and workers and ensure that enterprises operating in the export processing zones comply;
 - (f) promote social dialogue, including consultation and negotiation, consistent with the Tripartite Consultation (International Labour Standards) Convention, 1976, and other forms of cooperation among government authorities, public and private employers and workers and their representatives, taking into account the views of occupational health personnel, specialists in HIV and AIDS, and other parties including organizations representing persons living with HIV, international organizations, relevant civil society organizations and country coordinating mechanisms;

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- (g) be formulated, implemented, regularly reviewed and updated, taking into consideration the most recent scientific and social developments and the need to mainstream gender and cultural concerns;
- (h) be coordinated with, among others, labour, social security and health policies and programmes; and
- (i) ensure that Members make reasonable provision for the means of their implementation, with due regard to national conditions, as well as to the capacity of employers and workers.

Social dialogue

- 38. Implementation of policies and programmes on HIV and AIDS should be based on cooperation and trust among employers and workers and their representatives, and governments, with the active involvement, at their workplace, of persons living with HIV.
- 39. Organizations of employers and workers should promote awareness of HIV and AIDS, including prevention and non-discrimination, through the provision of education and information to their members. These should be sensitive to gender and cultural concerns.

Education, training, information and consultation

- 40. Training, safety instructions and any necessary guidance in the workplace related to HIV and AIDS should be provided in a clear and accessible form for all workers and, in particular, for migrant workers, newly engaged or inexperienced workers, young workers and persons in training, including interns and apprentices. Training, instructions and guidance should be sensitive to gender and cultural concerns and adapted to the characteristics of the workforce, taking into account the risk factors for the workforce.
- 41. Up-to-date scientific and socio-economic information and, where appropriate, education and training on HIV and AIDS should be available to employers, managers and workers' representatives, in order to assist them in taking appropriate measures in the workplace.
- 42. Workers, including interns, trainees and volunteers should receive awareness-raising information and appropriate training in HIV infection control procedures in the context of workplace accidents and first aid. Workers whose occupations put them at risk of exposure to human blood, blood products and other body fluids should receive additional training in exposure prevention, exposure registration procedures and post-exposure prophylaxis.
- 43. Workers and their representatives should have the right to be informed and consulted on measures taken to implement workplace policies and programmes related to HIV and AIDS. Workers' and employers' representatives should participate in workplace inspections in accordance with national practice.

Public services

- 44. The role of the labour administration services, including the labour inspectorate, and of the judicial authorities competent in labour issues, in the response to HIV and AIDS, should be reviewed and, if necessary, strengthened.

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- 45. Public health systems should be strengthened and follow the *Joint ILO/WHO guidelines on health services and HIV/AIDS*, 2005, and any subsequent revision, to help ensure greater access to prevention, treatment, care and support, and reduce the additional strain on public services, particularly on health workers, caused by HIV and AIDS.

International cooperation

- 46. Members should cooperate, through bilateral or multilateral agreements, through their participation in the multilateral system or through other effective means, in order to give effect to this Recommendation.
- 47. Measures to ensure access to HIV prevention, treatment, care and support services for migrant workers should be taken by countries of origin, of transit and of destination, and agreements should be concluded among the countries concerned, whenever appropriate.
- 48. International cooperation should be encouraged between and among Members, their national structures on HIV and AIDS and relevant international organizations and should include the systematic exchange of information on all measures taken to respond to the HIV pandemic.
- 49. Members and multilateral organizations should give particular attention to coordination and to the necessary resources to satisfy the needs of all countries, especially high prevalence countries, in the development of international strategies and programmes for prevention, treatment, care and support related to HIV.
- 50. Members and international organizations should seek to reduce the price of supplies of any type, for the prevention, treatment and care of infection caused by HIV and other opportunistic infections and HIV-related cancers.

VI. FOLLOW-UP

- 51. Members should establish an appropriate mechanism or make use of an existing one, for monitoring developments in relation to their national policy on HIV and AIDS and the world of work, as well as for formulating advice on its adoption and implementation.
- 52. The most representative organizations of employers and workers should be represented, on an equal footing, in the mechanism for monitoring developments in relation to the national policy. In addition, these organizations should be consulted under the mechanism as often as necessary, taking into consideration the views of organizations of persons living with HIV, expert reports or technical studies.
- 53. Members should, to the extent possible, collect detailed information and statistical data and undertake research on developments at the national and sectoral levels in relation to HIV and AIDS in the world of work, taking into account the distribution of women and men and other relevant factors.
- 54. In addition to the reporting under article 19 of the Constitution of the International Labour Organization, a regular review of action taken on the basis of this Recommendation could be included in national reports to UNAIDS and reports under relevant international instruments.

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**RESOLUTIONS ADOPTED
BY THE INTERNATIONAL LABOUR CONFERENCE
AT ITS 99th SESSION
(Geneva, June 2010)**

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II

**Resolution concerning the promotion and the implementation
of the Recommendation on HIV and AIDS
and the world of work, 2010¹**

The General Conference of the International Labour Organization, meeting at its 99th Session, 2010,

Having adopted the Recommendation on HIV and AIDS and the world of work, 2010,

Noting that the success of the Recommendation will depend upon the effective promotion and implementation of its requirements,

Mindful that the core mandate of the Organization is to promote decent work and sustainable enterprises,

Noting the ILO's participation as a tripartite organization in the Joint United Nations Programme on HIV/AIDS (UNAIDS) efforts to address HIV and AIDS,

1. Invites the Governing Body of the International Labour Office to allocate the resources within the existing budget and look for additional extra-budgetary resources to carry out the work with the tripartite constituents to give effect to the Recommendation in the world of work.

2. Invites the Governing Body to take action to promote collaborative efforts with the various international organizations concerning HIV and AIDS at the workplace.

3. Invites the Governing Body to request that a Global Action Plan be established to achieve widespread implementation of the Recommendation in order to reduce the impact of HIV and AIDS in the workplace. This should be developed with the representative employers' and workers' organizations, taking into account the views of UNAIDS, organizations representing persons living with HIV and AIDS, and other relevant parties.

4. Invites the Governing Body to request the Director-General to give due regard to fair allocation of the Office's technical cooperation resources to countries, Member States and the most representative workers' and employers' organizations may request assistance in the implementation of the Recommendation in areas such as:

(a) technical assistance in developing and implementing tripartite national policies, programmes, and legislation to meet the requirements of this Recommendation;

¹ Adopted on 16 June 2010.

- (b) providing support and building capacity to train, communicate, monitor, implement and advocate, for example:
 - (i) the development of training programmes and materials to build capacity, including those with a sectoral focus;
 - (ii) the training of workplace HIV and AIDS focal persons and educators, including employers' and workers' representatives and labour administrators;
 - (iii) the development of promotional materials and advocacy tools related to the Recommendation; and
 - (iv) national and regional seminars and workshops promoting the Recommendation.
- 5. Invites member States to use existing mechanisms or to establish mechanisms at the national level to review progress, and monitor developments and share examples of good practice in relation to the implementation of the national policies and programmes on HIV and AIDS relevant to the world of work.
- 6. Invites the Governing Body to request regular reports from member States under article 19 of the ILO Constitution as part of the existing reporting mechanisms, in particular General Surveys. Governments' reports relating to HIV and AIDS should be prepared in consultation with the most representative employers' and workers' organizations, including details of progress made and, where possible, examples of good practice.
- 7. Invites the Governing Body to periodically review the progress made in the implementation of this Recommendation.
- 8. Invites the Governing Body to promote to member States the extension under Article 11(b) of the Discrimination (Employment and Occupation) Convention, 1958, so that the protection afforded under that Convention is extended to real or perceived HIV status.

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Annex 2: IOE-ICFTU Declaration ‘Fighting HIV/AIDS together’



FIGHTING HIV/AIDS TOGETHER **A PROGRAMME FOR FUTURE ENGAGEMENT**



The International Organisation of Employers (IOE) and the International Confederation of Free Trade Unions (ICFTU) jointly recognize the direct impact of the HIV/AIDS pandemic on the world of work. This joint statement gives voice to that mutual recognition, hereby calling on IOE and ICFTU affiliates and their member enterprises and trade unions, wherever located, to give the issue the highest priority. Efforts need to continue to be mobilized to fight this disease and its consequences. There is no room for complacency. We also call on both to work together to generate and maintain the momentum necessary for successful interventions.

HIV/AIDS has already devastated many countries and communities and is spreading rapidly in others. Workers' and employers' organizations need to recognize the common interest that exists on this issue and co-operate at both the workplace and at the national and international level to promote effective action to address this unprecedented public health crisis. We cannot afford to do anything less.

In addition to the destruction of communities and families, HIV/AIDS is reversing development in many countries, threatening the survival of workers and enterprises. Efforts to address the pandemic must therefore continue to be intense and must strategically target countries and regions where it can have the most impact.

Our work in this area will be built around the *ILO Code of Practice on HIV/AIDS and the World of Work*. That code is comprehensive and covers areas of education, prevention, training, assistance, workers' rights, issues of discrimination, occupational health and safety, and many other areas. It was developed through tripartite consensus and the ICFTU and the IOE played an important role in its adoption. It forms a sound basis for workplace partnerships as well as for effective action on HIV/AIDS beyond the workplace.

There are many examples of successful co-operation between employers and trade unions in the fight against HIV/AIDS, particularly in Africa. As recently as 7-9 April, 2003, in order to support such co-operation, the African Regional Organisation of the ICFTU organised a conference in Nairobi, with the full and active participation of the IOE, on the theme "Workers and Employers Together Against HIV/AIDS". The IOE and the ICFTU are convinced that employers and trade unions, working together and building on that experience and expanding co-operation in Africa as well as across the globe, can accomplish a great deal more, achieving greater results together than either can produce separately.

One strategy for implementing our efforts is to target population groups that are at high risk of contracting the virus. Such target groups include young people between the ages of 15 and 24, who represent one-sixth of the world's population, yet represent half of all HIV infections. The ICFTU and the IOE intend to continue to focus on youth and urge our respective national affiliates to do everything in their powers to stop the spread of HIV/AIDS among young people as one of the keys to controlling the disease.

There are also important gender dimensions to this problem, particularly among young people. In sub-Saharan Africa, for example, young women are five times more likely to contract HIV/AIDS than young men. Due to the devastating economic effects of the disease, people are forced to adopt survival strategies, which contribute to this vicious cycle. There are many other high-risk groups to focus on as well, especially migrant workers.

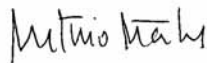
The ICFTU is working with its partners in the international trade union movement, the Global Union Federations, representing national trade unions grouped by sector and occupation. Several of them are already carrying out work in this area, often jointly with employers. This work must and will be expanded. It is also working with its national affiliates and its regional organizations, particularly in Africa.

The IOE is working closely with a number of its national affiliates and will intensify this work. Its recent publication with UNAIDS titled "Employers' Handbook on HIV/AIDS: A Guide for Action" looks to assist employers by sharing good practice/best practices in support of the ILO code of practice. It is also expanding its outreach to other international and regional groupings of employers. Similarly, the African Regional Organization of the ICFTU has developed and is using "A Training Manual for Shop Stewards on HIV/AIDS in the Workplace."

Given the nature of the virus and its direct impact on industry, the IOE and the ICFTU, both independently and in collaboration, acknowledge and stress the crucial added value of labour-management co-operation to combat its spread. In addition to promoting common efforts, including partnerships in support of sustainable development, we will work for effective tripartite action to help bring solutions to a whole series of problems that cannot be resolved by workplace action alone. Both approaches are vitally and urgently needed if victory over this terrible affliction is to be won.

The ICFTU and the IOE will encourage governments in developing and developed countries alike to take a comprehensive view of both the causes of current problems and the most effective ways to address them. Such a comprehensive approach should focus on healthcare delivery systems and infrastructure development, including education, international funding to help poor nations meet their healthcare needs, and effective and safe use of the best health care interventions, which include innovative medicines, in particular the quest for an AIDS vaccine, which offers the best hope ultimately to stop and reverse the spread of the pandemic.

As part of their joint commitment, both ICFTU and the IOE will explore opportunities to identify and develop joint action programmes. These will be done in partnership with their national members and will look to build on the efforts and initiatives taken to date at the workplace but which will, at the international level, seek to both increase the profile of the problem as well as looking to increase the resources available to fight this pandemic.



Antonio Peñalosa
Secretary General, IOE



Guy Ryder
ICFTU General Secretary

May 12, 2003, Geneva

The IOE and the ICFTU are the most representative employers and workers' organisations in the world. The IOE represents 137 national employers' organisations from 133 countries. The ICFTU has 231 affiliated national trade union centres in 150 countries representing 158 million members.

www.ioe-emp.org
www.icftu.org

