Globally, 35.3 million people were living with HIV in 2012: most were of working age. The Joint United Nations Programme on HIV/AIDS (UNAIDS) estimates that around half the people living with HIV around the world do not know their status, which prevents them from accessing treatment. This leads to serious consequences for individuals, their families, and for enterprises and national economies.

The workplace offers a unique setting to reach this large, vital, and productive segment of the population. It provides an environment where tailored messages and programmes to address discrimination, prevent HIV and facilitate access to health services can be delivered on a regular basis.

The ILO’s Strategic HIV/AIDS Response in Enterprises (SHARE) taps into the resources of the public and private sectors for the benefit of workers, their families, and enterprises – not to mention national economies. SHARE’s principal objectives are to help overcome HIV employment-related discrimination and to prevent HIV by reducing risky behaviours among workers in selected economic sectors, especially those who might be more vulnerable to HIV due to working and related living conditions.

Preventing HIV and making sure that workers living with HIV can access treatment is crucial for enterprises, as AIDS-related illnesses and deaths result in increases in absenteeism (due to illnesses and bereavements), in labour turnover (due to illnesses and deaths), in costs of recruitment, training and staff welfare (including health care and funeral costs), and in loss of skills and tacit knowledge. Enterprises partnering with SHARE benefit from a healthy and productive workforce.

At the national level, the ILO’s tripartite constituents receive HIV and AIDS training before working on strengthening the national legal and policy frameworks.

This provides a policy environment conducive to enterprise-level actions, with the support of key national players.

A range of targeted interventions are developed and implemented within partner enterprises. These interventions include, for example: the creation of an HIV and AIDS workplace committee; the development of a labour policy on HIV and AIDS; the development and implementation of behaviour change communication programmes; the training of women and men peer educators; the promotion of condom utilization; and the launching of a ‘know your status’ campaign, which promotes referrals to Voluntary Counselling and Testing (VCT) for HIV facilities. Referral services link workers to existing HIV services in the community. In addition, emphasis is placed on building the capacity of many occupational health services, factory hospitals, and clinics to facilitate workers’ access to antiretroviral drugs, HIV-related symptom relief and opportunistic infection treatment.
RESULTS

SHARE has been active in 24 countries. At the national level, over 16,500 key representatives of the tripartite constituents received HIV and AIDS awareness training and 16 countries now have a national tripartite policy on HIV and AIDS. At the enterprise level, the programme has partnered with over 700 workplaces – reaching over one million workers.

Workers’ surveys demonstrate improvements in the knowledge, attitudes and behaviour of the workers targeted by the programme. On average there was an overall increase of 16 per cent in the workers’ knowledge of at least three means of protection against HIV. China saw the largest change with a per cent increase. Workers also demonstrated a more supportive attitude towards HIV-positive co-workers (18 per cent increase).

Employers demonstrated a growing commitment to addressing HIV in the workplace. There was a significant increase of 63 per cent in the number of partner workplaces with an active joint committee addressing HIV/AIDS-related issues, and an average of 78 per cent of workplaces had allocated official working hours to HIV/AIDS education programmes, representing a 58 per cent increase over the baseline. There was also a 31 per cent increase in the number of workplaces that allocated a specific budget to implement HIV/AIDS programmes – from 9 per cent at the baseline to almost 40 per cent at the endline.

All this clearly demonstrates the value that employers see in tackling HIV in the workplace. Furthermore, HIV and AIDS education services became available in a further 56 cent of workplaces, totalling 91 per cent.

As regards the use of condoms, 34 per cent of workplaces already made these available to their workers before the SHARE programme; this figure rose to 78 per cent by the end of the programme. Furthermore, safer sex practices were observed; workers who reported using a condom the last two times they had sex with a non-regular partner rose on average by 14 per cent.

At the beginning of SHARE, 7 per cent of workplaces had an HIV and AIDS policy; by the end, 84 per cent of all workplaces had developed their own HIV and AIDS policy based on the principles of the ILO code of practice on HIV/AIDS and the world of work.

BENEFITS OF PARTNERING

Enterprises partnering with the ILO benefit from strategic guidance for the development and implementation of HIV and AIDS policies and programmes tailored to workplaces’ needs. This leads to the increased well-being of workers and higher productivity. Over the years, a wide array of resource materials, manuals and guides for programming have been developed.

Drawing upon the ILO’s recognized expertise and experience in dealing with HIV issues, enterprises can contribute to the national efforts to reduce HIV transmission and demonstrate their commitment to non-discrimination policies and the advancement of human rights by implementing and promoting the principles of the ILO HIV and AIDS Recommendation, 2010 (No. 200).