



Policy brief

Cooperating out of HIV and AIDS

OVERVIEW

After more than 30 years of the HIV and AIDS epidemic, “the world has turned the corner – it has halted and begun to reverse the spread of HIV”.¹ HIV is no longer a death sentence; due to scientific and medical advances, effective treatment is available for managing HIV just as any other chronic health condition. Key achievements in tackling HIV and AIDS include:

- More than 8 million people were receiving HIV treatment at the end of 2011;
- Increased awareness and behaviour change has significantly reduced the number of new HIV infections in many countries, including those most affected by the epidemic;
- The need to provide for the protection of the fundamental human rights of people living with HIV is being addressed in an increasing number of national AIDS strategies as an essential component of HIV prevention programmes; and
- Knowledge of the epidemic and how to prevent transmission has increased among young people aged 15–24 years.

What are HIV and AIDS?

HIV

HIV refers to the ‘human immunodeficiency virus’. HIV is a virus that damages the human immune system, infecting immune system cells and destroying or impairing their function. Infection results in the progressive deterioration of the immune system, leading to ‘immunodeficiency’. The immune system is considered deficient when it can no longer fulfill its role of fighting off infections and diseases. Immuno-deficient people are thus more susceptible to a wide range of infections, most of which are rare among people without immune deficiency. Infections associated with severe immunodeficiency are known as ‘opportunistic infections’, because they take advantage of a weakened immune system.

AIDS

AIDS refers to the ‘acquired immunodeficiency syndrome’, which results from advanced stages of HIV infection and is a surveillance definition based on signs, symptoms, infections, and cancers associated with the deficiency of the immune system that stems from infection with HIV.

Source: UNAIDS, 2008.

Notwithstanding these gains, significant challenges remain to achieve the UNAIDS vision of “zero new infections, zero HIV-related deaths and zero discrimination.” While the number of people acquiring HIV infection in 2011 was 20 per cent lower than in 2001,² in some parts of the world, HIV trends (for children and adults) are still cause for concern.³ In addition, while it is estimated that in 2011, the majority (54 per cent) of people eligible for antiretroviral therapy in low- and middle-income countries were receiving it, still treatment coverage remains low among children (28 per cent) and men (47 per cent).⁴ To preserve the fragile gains made to date and achieve the vision of “Getting to Zero”, HIV responses must scale up investment “in health care and social support systems, working to eliminate violence against women and girls and promote gender equality and working to end stigma and discrimination against people living with HIV (...) helping to provide social environments that are effective against the spread of HIV”.⁵

There are an estimated 34 million people living with HIV globally. Given that the vast majority of those living with or affected by HIV are in the adult labour force, the epidemic impacts profoundly on labour supply, productivity, investment and employment, particularly in those countries most affected by the epidemic. The world of work is therefore a key entry point for scaling up HIV response, promoting access to HIV prevention, treatment, care and support for women and men, in formal and informal employment and in vocational training.⁶

All human beings, without any discrimination, have the right to life and livelihood, which includes the right to work and the right to equal pay for equal work.⁷ HIV-related stigma and discrimination in the world of work poses a clear obstacle to the attainment of decent work. People living with or affected by HIV may be unable to access or remain in employment as a result of stigma and discrimination. For many of them, denial of employment or loss of livelihood lead to denial of access to needed treatment. This highlights the crucial link between employment security and access to effective HIV treatment.⁸

The HIV and AIDS Recommendation, 2010 (No. 200)

Recommendation No. 200 was developed through an inclusive “tripartite-plus” dialogue process involving representatives of governments, employers’ and workers’ organizations and organizations of people living with HIV over a three-year period. It was adopted by overwhelming consensus through a 96.6 per cent majority vote in the International Labour Conference in June 2010, reflecting the unequivocal commitment of the ILO constituency. In adopting the 2011 Political Declaration on HIV and AIDS, UN Member States:

Commit to mitigate the impact of the epidemic on workers, their families, their dependants, workplaces and economies, including by taking into account all relevant conventions of the International Labour Organization, as well as the guidance provided by the relevant International Labour Organization recommendations, including the Recommendation on HIV and AIDS and the World of Work, 2010 (No. 200), and call upon employers, trade and labour unions, employees and volunteers to eliminate stigma and discrimination, protect human rights and facilitate access to HIV prevention, treatment, care and support.

UN General Assembly, Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS, Resolution 65/277 adopted 10 June 2011 (A/RES/65/277), paragraph 85.



The ILO Recommendation concerning HIV and AIDS and the World of Work, 2010 (No. 200) is the sole international labour standard aimed at preventing HIV and protecting rights at work. The United Nations Political Declaration on HIV and AIDS: Intensifying our Efforts to Eliminate HIV and AIDS, adopted in June 2011, highlights the importance of Recommendation No. 200 and the essential role of the world of work in putting an end to HIV and AIDS.

IMPACT OF THE EPIDEMIC ON COOPERATIVES

The International Co-operative Alliance (“ICA”), a non-governmental organization which constitutes the umbrella organization for cooperatives worldwide, defines cooperatives as an “autonomous association of persons united voluntarily to meet their common economic, social and cultural needs and aspirations through a jointly-owned and democratically-controlled enterprise”.⁹ Cooperatives are also employers. They provide 100 million jobs and have a membership of one billion members worldwide. Cooperatives operate in all sectors of the economy, including in the informal economy. Through their members and those with whom they interact, cooperatives are exposed to the negative social and economic effects of HIV and AIDS.

In agricultural cooperatives, HIV and AIDS may lead, among other things, to labour shortages, increased food insecurity, and loss of productive land. This is especially the case with AIDS widows in countries where legal frameworks may impede their ability to inherit and cultural constraints may block their access to justice. The impact of the epidemic on savings and credit cooperatives is also severe, including: increased borrowing for medical expenses or funerals, declining participation in savings and credit schemes, and higher risks of default. Insurance cooperatives are experiencing difficulties with insufficient capitalisation while pay-outs and administrative costs are increasing. In all cooperatives, HIV and AIDS come with a high human and economic cost, including the costs associated with replacing skilled and experienced workers.¹⁰

THE COOPERATIVE POTENTIAL

Given the values and principles they embody and as a resilient business model which has been shown to operate successfully in all sectors, cooperative enterprises can play a vital role in overcoming HIV and AIDS.

Different types of cooperatives have different strengths to contribute to HIV responses

- *Agricultural cooperatives* are well placed to reach people living in rural communities who are often the least informed about the epidemic. Agricultural co-operatives have well-established facilities and organizational infrastructures which can be used to disseminate HIV-related information.
- *Housing cooperatives*, by providing low-cost but decent housing for poorer members, can help reduce the number of people living in makeshift housing and can also help meet the housing needs of those who are HIV-positive or who are ill with AIDS-related illnesses.
- *Cooperative banks, insurers and credit unions* can provide members with savings facilities to help meet health-related expenditures and provide members with the means to launch and develop their own microenterprises. They can offer life insurance to members ensuring that a credit union debt dies with the member and is not transferred to other family members.
- *Health cooperatives* can facilitate affordable access to antiretroviral treatment for PLHIV.

Source: A. Bibby: HIV/AIDS and co-operatives, 2006.

Cooperatives can:

- Use their large membership and network to reach out to communities, especially those in remote areas and sensitize them on HIV-related issues such as HIV prevention, education and behavioural change to reduce risk)
- Provide access to health services for people living with or affected by HIV
- Help people living with HIV access or stay in employment, including by providing reasonable accommodation if necessary, for as long as they are fit to work.

Raising awareness

Conscious of the need for urgent measures to address HIV and AIDS in the cooperative workplace, the cooperative movement and its partners have taken a series of initiatives to raise awareness about the epidemic. In 2004, the ICA, adopted a strategy to accelerate the HIV response through strengthening HIV prevention and impact mitigation efforts. Implementation is carried out at global, regional and sectoral levels. The strategy is based on increasing awareness of HIV and AIDS, building training capacity, dissemination of good practices, networking at all levels and demonstrating ICA's political commitment to the HIV response. At the request of its members, ICA's offices in all regions have been actively engaged in implementing this strategy. The ICA Office for Asia and Pacific developed a project to prevent HIV transmission among members of cooperatives in the

region through education and training. As part of this project and in collaboration with UNAIDS, co-operative and government leaders in India were provided with training to raise their awareness and enhance their political commitment to the national HIV response. In Africa, cooperatives became engaged in 2001, when the ILO, in collaboration with the ICA and other cooperative stakeholders, organized a regional consultative meeting in Swaziland on the role of cooperatives in overcoming HIV¹¹. This meeting was followed by specific activities carried out by ICA regional Office for East, Central and Southern Africa in partnership with ILO, the Swedish Co-operative Centre and the Canadian Co-operative Association.

Considering the current and future repercussions of the epidemic on their operations, sectoral co-operative organizations are also playing an active role in conveying meaningful messages to promote HIV prevention and impact mitigation. For example, the World Council of Credit Unions (WOCCU)¹² has significantly contributed to the assessment of the financial impact of HIV and AIDS on financial cooperatives in Africa (e.g. Kenya and Rwanda). WOCCU has urged savings and credit cooperatives to take adequate measures such as establishing alliance with insurance firms to offer credit life and savings life policies to protect both the cooperatives and members' beneficiaries, especially in HIV-affected households in particular.

Given the strong correlation between inadequate shelter and increased HIV vulnerability in Kenya, the National Cooperative Housing Union (NACHU) undertook efforts to respond to the epidemic in 2002, recognizing its profound impact within NACHU as well as on its membership. Members were dying and cooperatives undertook to take care of orphaned children in a context of stigma and discrimination.¹³ In response, NACHU developed a policy to address HIV-related issues in and through the workplace and materials on HIV and AIDS awareness were produced and disseminated. Non-sectoral cooperative organizations have also been very active in this area.

The Vietnam Co-operative Alliance regularly conducts awareness and information workshops for cooperative members on HIV prevention, in close collaboration with relevant government organizations. With support from the ILO, the Tanzania Federation of Cooperatives developed an HIV and AIDS policy to mainstream HIV and AIDS issues in the cooperative sector and provides a framework to increase the engagement of cooperatives in responding to the epidemic. In Asia and Africa, health care cooperatives and hospital cooperatives run health awareness programmes on HIV and AIDS.

Meeting the needs of those living with and affected by HIV and AIDS

Cooperatives have a significant role to play in facilitating care and support to reach those living with HIV and supporting their families, even if this requires the development and delivery of new or additional services. For example, in Kenya, some SACCOs have introduced mandatory welfare or benevolent funds in an effort to develop a SACCO-wide mechanism to cover loan losses due to death and to assist members with burial expenses.¹⁴

In Singapore, the National Trade Union Congress Income, a cooperative insurance provider established by trade unionists from the industrial, service and public sectors, became one of the first insurers to offer coverage for AIDS to medical personnel such as doctors, nurses, ambulance workers and other health sector workers.



Coop-Seguros in the Dominican Republic is another successful example of an insurance cooperative that is responding to HIV and AIDS. Owned by 40 cooperatives, Coop-Seguros has been implementing a cooperative financial preparedness programme to develop financial management and financial risk-evaluation skills within cooperatives to help them develop risk mitigation strategies to mitigate the financial consequences of HIV and AIDS and other risks. The organization has also eliminated HIV and AIDS insurance exclusionary clauses in life insurance policies. It has also developed new policies that offer partial pay-outs in the event of illness, including HIV-related illness.¹⁵

To address the plight of increasing numbers of orphaned and vulnerable children (OVC) as a result of the HIV epidemic, the Kilimanjaro Native Co-operative Union (KNCU), in the northern Kilimanjaro Region of Tanzania, has designed a seven-year scholarship programme (2006 – 2012) that meets the secondary educational expenses of these orphaned and vulnerable children. The programme is financed through premium revenues that KNCU generates from sales of members' coffee through Fair Trade.¹⁶

Certain cooperatives are facilitating the provision of home-based care as a response to HIV and AIDS. The Soweto Home-Based Care Givers Co-operative set up in 2001 provides nursing care, counseling, hospital transport and food parcel distribution to people living with HIV.¹⁷

Employment creation

Cooperatives are an important source of employment for people living with HIV, particularly women and vulnerable groups, such as workers in the informal economy, and workers with disabilities. Many cooperatives have decided to put in place new income generating activities in order to support members living with or affected by the virus. For example, there are a growing number of agricultural cooperatives in Rwanda formed by farmers living with HIV who have embraced the cultivation of orange fleshed sweet potatoes, a type of root crop that curbs malnutrition, disease and hunger and generates income. Members of these cooperatives composed, primarily of young persons and older workers, have become economically empowered and improved their physical health¹⁸. This

trend is part of a general effort being made across the country to strengthen associations of people living with and affected by HIV and AIDS and is supported by development partners such as the Cooperative Housing Foundation (CHF). With financial support from USAID, CHF is helping HIV-affected individuals develop new productive enterprises and services through cooperative activities so that they can become more financially independent.

The cooperative business model also represents one way in which groups at higher risk of HIV infection, such as sex workers, can generate alternative or additional sources of income. For example, In India, the Usha multipurpose cooperative was founded in 1995 with 200 members. It provides loans to members, supplies condoms, helps members to develop self-employment opportunities. Its overall aim is to improve lives of sex workers and their family. The cooperative now has over 12,000 members. Similar initiatives exist in Africa and Americas.

ILO has recognized the enormous potential of cooperatives to prevent HIV and mitigate the impact of AIDS. Cooperatives can be particularly helpful in reaching informal workers who are not easily reached by HIV interventions. From 2008 to 2010, the ILO implemented a Swedish International Development Cooperation Agency-funded programme on ‘HIV and AIDS prevention and impact mitigation in the World of Work in Sub-Saharan Africa’. The programme coupled HIV awareness-raising with economic empowerment activities aimed at reducing HIV vulnerability. It made use of the ability of cooperatives to reach the most vulnerable and high risk segments of the population in five countries: Benin, Cameroon, Ethiopia, Mozambique and Tanzania. The programme strengthened the capacity of cooperatives to serve as channels for HIV prevention initiatives and as vehicles for impact mitigation. An “HIV and AIDS Education and Counseling Manual in Cooperatives and the Informal Economy” was produced by the programme to educate and sensitize cooperatives and informal workers about HIV.

Gender inequality and women’s lack of economic empowerment in particular plays a critical role in the spread of HIV, primarily due to unequal power relations between women and men. The programme also promotes prevention of mother-to-child transmission. The programme attached great importance to empowering women in countries such as Cameroon, where over 190 women in the informal economy living with or affected by HIV were assisted to start income generating activities a broad range of areas, including commerce, tailoring, rearing pigs and poultry, providing secretarial support and communication services. A second phase is being implemented in Southern Africa along the transport corridors which are “hotspots” for HIV transmission, with a high concentration of at-risk populations, including mobile and migrant populations. Sex workers, informal traders and young people operating along these corridors are being supported through a dual approach: 1) prevention and 2) economic empowerment through cooperatives or business formation, to enable them to make more informed choices to prevent HIV transmission.

Recommendation 200 and economic empowerment

“Members should: (...) 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.” (Section IV.4)

Voices from the field

The following stories illustrate the important role that cooperatives can play in responding to HIV and AIDS by helping to meet the basic needs of PLHIV.

A dairy cooperative in Tanzania is helping rural women help themselves

“I learnt that you need money or a business to generate enough income to be able to travel to town for regular check-ups and to collect antiretroviral drugs. We do not have these services at our village dispensary.”

These are the words of Faith. She is 61 years old and is one of the estimated 730,000 women living with HIV in Tanzania, where national prevalence is around 5.6 per cent. In her village in the northern Kilimanjaro region, Faith is a member of a women’s dairy cooperative which also provides financial services such as savings and credit services through the village community bank.

With support from an ILO programme funded by the Swedish International Development Cooperation Agency (SIDA), the cooperative organizes entrepreneurial skills-building and HIV awareness-raising activities. This is seen as an essential source of empowerment for rural women like Faith, who live far from the towns where most HIV-related services are located. Faith keeps three healthy dairy cows with good yields. She makes up to US\$ 250 a month from the milk she sells through the women’s dairy cooperative. “It is a lot of money for me,” she says. “The cooperative trained me and provided a market for my cow’s milk.”

She is one of the 1,600 women and men who participated in a *Start and Improve Your Own Business* training programme in Tanzania. The programme has a specific focus on cooperatives as businesses that can help reach workers in the informal economy with the aim of preventing HIV, mitigating its impact and improving conditions for workers living with or affected by the virus. When she tested HIV-positive in 2005, Faith decided to accept her status and be open about it, despite the high levels of stigma and discrimination in her community. After initial difficulties, Faith says that she has found acceptance and has become a peer educator, supporting other HIV-positive people who want to start their own businesses. She has now been able to diversify her sources of income and grows maize and other vegetables. “I get all the nutritious food recommended by doctors from my own farm. I use part of the money to pay for school fees for my two nieces.” According to Faith, her acceptance of her HIV status has given her a better life. Her self-confidence, sense of dignity and economic independence have grown immeasurably along with the opportunities created by the cooperative.

Source: UNAIDS (2011).

Helping HIV+ people find housing

HIV and AIDS are not just an issue for co-operatives in developing countries. Cooperatives also have a vital role to play in the industrialized world.

In Toronto, for example, the Margaret Laurence Housing Cooperative has been meeting the housing needs of people living with HIV since its creation in 1987. The cooperative is a 17-story apartment block in central Toronto, built in what had previously been a run-down neighbourhood. As well as the 149 apartments

(the majority available at levels of rent affordable by those on low and moderate incomes), there is also space for offices, meeting rooms and even a rooftop garden. Thirteen units are wheelchair-accessible. Subsidies are available for some apartments.

From the start, the Margaret Laurence cooperative has been providing accommodation for the needs of residents living with HIV. Currently, approximately one-third of the cooperative's residents are HIV-positive. The cooperative is committed to protecting the privacy and dignity of its members. It has traditionally had close links with the gay and lesbian community in the city, as well as with the Persons with AIDS Foundation, who are entitled to refer people to the cooperative for housing. The cooperative aims, however, to be an inclusive community with a diverse membership. Some people join the cooperative after waiting on the City of Toronto housing waiting list for somewhere to live.

The units that are specifically designed for those living with HIV are deliberately scattered throughout the building. Neighbours, and even the cooperative manager, may not be aware that a household, aside from those households occupying accessible apartments, includes someone living with HIV. A lot of informal volunteer work takes place among neighbours. The cooperative's board, which meets monthly, has seven directors elected by the members, who are often drawn from the special-needs group.

Members of the cooperative have had to cope with the death of other cooperative members, particularly in the early years of the epidemic. Nevertheless, the cooperative has successfully developed a strong, supportive culture. As one resident stated, "Everybody is so kind and friendly – there is a very home-like feeling".

Source: A. Bibby, 2006, Cooperative Housing Federation of Canada (Undated) and CHF (2011).

The cooperative movement has the potential to play a greater role in overcoming HIV and reducing the impact of AIDS. Its large membership and networks based on its presence in all countries and all sectors make cooperatives one of the most promising ways to mainstream HIV-related issues across a large section of society. Although cooperative enterprises are already helping to stop the spread of HIV as well as providing care and support to those living with or affected by HIV and AIDS, the potential of cooperatives in overcoming HIV has not been fully tapped. Governments, social partners and development partners often fail to take advantage of the mass mobilization networks that cooperatives have at their fingertips. Cooperatives can provide concrete solutions to challenges faced by people living or affected by the epidemic and their families. Cooperatives could be better and more actively involved in development and delivery of national and regional HIV and AIDS strategies. At the same time, they could enhance their effectiveness by better understanding the impact of HIV on their operations and addressing important crosscutting issues such as gender equality and poverty and increase the engagement of young women and men in the cooperative movement, promoting both strengthened cooperatives and an AIDS-free world for future generations.

For further reading

Bibby A. HIV/AIDS and Co-operatives. Oldham, 2006.

http://www.andrewbibby.com/pdf/coop_hiv_aids_booklet.pdf

[15 August 2012]

International Labour Organization: *Recommendation 200 concerning HIV and AIDS and the world of work*. International Labour Conference, 99th session, Geneva, 2010.

http://www.ilo.org/wcmsp5/groups/public/---ed_norm/---relconf/documents/meetingdocument/wcms_142613.pdf

[15 August 2012]

ILO/COOPAfrica/ILOAIDS. *Social economy approaches to mainstreaming HIV/AIDS – the case of the Kasojetua Youth Group*. Working Paper 5. Dar es Salaam, 2009.

http://www.ilo.org/public/english/employment/ent/coop/africa/download/wp5_youthgroupnamibia.pdf

[15 August 2012]

— *Fair Trade - Fair Futures: The Kilimanjaro Native Cooperative Union scholarship programme for Orphan and Vulnerable Children made vulnerable by AIDS*. Working Paper 6, Dar es Salaam, 2009.

http://www.ilo.org/public/english/employment/ent/coop/africa/download/wp6_kncutanzania.pdf

[15 August 2012]

— *Positive living with HIV in the Swazi social economy*. Working Paper 11. Dar es Salaam, 2011

http://www.ilo.org/public/english/employment/ent/coop/africa/download/wp11_livinghivswazi.pdf

[15 August 2012]

USAID: *Assessing the impact of Financial Impact of HIV/AIDS, A survey of Rwandan Credit Union Members*. 2005.

www.woccu.org/documents/Monograph_22

Notes

- ¹ UNAIDS: *Report on the Global AIDS Epidemic*, Geneva, 2010, p.7.
- ² UNAIDS: *Report on the Global AIDS Epidemic*, Geneva, 2012, p. 8.
- ³ Ibid., p. 10.
- ⁴ Ibid., p. 51.
- ⁵ UNAIDS: *Report on the Global AIDS Epidemic*, Geneva, 2010, p.7.
- ⁶ ILO: *HIV/AIDS and the world of work*, Report V(1) International Labour Conference, 99th Session, Geneva, 2009.
- ⁷ Universal Declaration of Human Rights, Articles 2, 23.
- ⁸ Global Network of People Living with HIV: *Stigma and Discrimination at Work* (Amsterdam, 2012)
http://www.ilo.org/wcmsp5/groups/public/@ed_protect/@protrav/@ilo_aids/documents/publication/wcms_185808.pdf [15 August 2012]
- ⁹ Statement on the Co-operative Identity by the International Co-operative Alliance (1995).
www.ica.coop
- ¹⁰ A. Bibby: *HIV/AIDS and co-operatives* (Oldham, 2006)
- ¹¹ ILO/COOPAfrica: *HIV/AIDS Prevention and impact mitigation in the world of work in Tanzania* (Dar es Salaam, 2009)
http://www.ilo.org/public/english/employment/ent/coop/africa/download/hiv_aids_pro.pdf [15 August 2012]
- ¹² World Council of Credit Unions is the global trade association and development agency for credit unions also knows as savings and credit cooperatives. www.woccu.org
- ¹³ Settlement Information Network Africa : *HIV, AIDS and Housing*; Newsletter (2009)
http://www.habitat.org/housing_finance/pdf/SINA_HMF_newsletter.pdf [15 August 2012]
- ¹⁴ WOCCU: *The unpaved road ahead: HIV/AIDS & Microfinance, an Exploration of Kenyan Credit Unions* (Wisconsin, 2002)
- ¹⁵ US Overseas Cooperative Development Council : *Cooperatives: Pathways to Economic, Democratic and Social Development in the Global Economy* (2010)
[http://www.acdivoca.org/site/Lookup/OCDC_Pathways_Paper/\\$file/OCDC_Pathways_Paper.pdf](http://www.acdivoca.org/site/Lookup/OCDC_Pathways_Paper/$file/OCDC_Pathways_Paper.pdf)
[15 August 2012]
- ¹⁶ ILO/COOPAfrica Working Paper 6: *Fair Trade - Fair Futures: The Kilimanjaro Native Cooperative Union scholarship programme for Orphan and Vulnerable Children made vulnerable by AIDS* (Dar es Salaam, 2009)
http://www.ilo.org/public/english/employment/ent/coop/africa/download/wp6_kncutanzania.pdf
[15 August 2012]
- ¹⁷ ILO: *Promising Practices: How cooperatives work for working women in Africa* (Dar es Salaam, 2010)
http://www.ilo.org/public/english/employment/ent/coop/africa/download/women_day_coop.pdf
[15 August 2012]
- ¹⁸ The New Times: *Farmers living with HIV/AIDS embrace farming to improve their lives*, Undated.
http://www.newtimes.co.rw/news/views/article_print.php?15020&a=54643&icon=Print [15 August 2012]

This is a joint publication of the HIV/AIDS and the World of Work Branch and the Cooperatives Unit



HIV/AIDS and the World of Work Branch

International Labour Office

Route des Morillons 4
CH-1211 Geneva 22
Switzerland

Tel: +41 22 799 6486
Fax: +41 22 799 6349

iloaids@ilo.org
www.ilo.org/aids

Cooperatives Unit

International Labour Office

Route des Morillons 4
CH-1211 Geneva 22
Switzerland

Tel: +41 22 799 7445
Fax: +41 22 799 8572

coop@ilo.org
Website: www.ilo.org/coop

