

**International Labour Conference, 98th Session, 2009**

**Report IV(2)**

# **HIV/AIDS and the world of work**

**Fourth item on the agenda**

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## ABBREVIATIONS AND ACRONYMS

### Employers' and workers' organizations

Algeria	CGEA	General Confederation of Algerian Enterprises
	UGTA	General Union of Algerian Workers
Angola	UNTA	National Union of Angolan Workers
Argentina	CGT-RA	General Labour Confederation of the Argentine Republic
Australia	ACTU	Australian Council of Trade Unions
Azerbaijan	AEC	Azerbaijan Employers' Confederation
Benin	CNP	National Employers' Council of Benin
	CSA-Benin	Autonomous Trade Unions Centre (Confederation)
	CSTB	Workers' Trade Union Confederation of Benin
Botswana	BFTU	Botswana Federation of Trade Unions
Brazil	CNC	National Confederation of Commerce
	CNF	National Confederation of Financial Institutions
Bulgaria	BCCI	Bulgarian Chamber of Commerce and Industry
	CITUB	Confederation of Independent Trade Unions in Bulgaria
	Podkrepa	Confederation of Labour (Podkrepa)
Cambodia	CAMFEBA	Cambodian Federation of Employers & Business Associations
Cameroon	CSTC	Cameroon Workers' Trade Union Confederations
	CGSTC	General Confederation of Transport Workers' Unions of Cameroon
	USLC	Free Trade Unions of Cameroon
Canada	CLC	Canadian Labour Congress
Chad	UST	Union of Trade Unions of Chad
Colombia	ANDI	National Association of Entrepreneurs

Costa Rica	UCCAEP	Costa Rica Union of Chambers and Associations of Private Enterprises
	CTRN	Rerum Novarum Confederation of Workers
Côte d'Ivoire	CGECI	General Confederation of Enterprises in Côte d'Ivoire
Croatia	HUP	Croatian Employers' Association
	SSSH	Union of Autonomous Trade Unions of Croatia
Czech Republic	CMKOS	Czech-Moravian Confederation of Trade Unions
Democratic Republic of the Congo	FEC	Federation of Industries of the Democratic Republic of the Congo
	UNTC	National Union of Congolese Workers
Denmark	DA	Danish Employers' Confederation
	FTF	Salaried Employees' and Civil Servants' Confederation
	LO	Danish Confederation of Trade Unions
Dominica	DEF	Dominica Employers' Federation
Egypt	FEI	Federation of Egyptian Industries
Fiji	FTU	Fiji Teachers Union
	FTUC	Fiji Trades Union Congress
Finland	EK	Confederation of Finnish Industries
	KT	Commission for Local Authority Employers
	SY	Federation of Finnish Enterprises
	SAK	Central Organization of Finnish Trade Unions
France	MEDEF	Movement of French Enterprises
	CFDT	French Democratic Federation of Labour
	CGT	General Confederation of Labour
	CGT-FO	Confédération générale du travail-Force ouvrière
Gambia	GWC	Gambia Workers' Confederation
Germany	DGB	German Confederation of Trade Unions
Ghana	GEA	Ghana Employers' Association
	TUC	Ghana Trades Union Congress
Greece	ESEE	National Confederation of Greek Trade Enterprises
	SEV	Hellenic Federation of Enterprises
	GSEE	General Confederation of Greek Workers
Guinea	CNTG	National Confederation of Guinean Workers

Honduras	COHEP	Private Enterprise Council of Honduras
Iceland	ASI	Icelandic Confederation of Labour
Indonesia	DPN-APINDO	Indonesian Employers' Association
	KSPI	Committee of Indonesian Labour Union
Islamic Republic of Iran	ICEA	Iran Confederation of Employers' Associations
Italy	CONFAPI	Italian Confederation of Small and Medium Private Industry
	CGIL	Italian General Confederation of Labour
	UGL	General Union of Labour
Jamaica	JEF	Jamaica Employers' Federation
Japan	NK	Japan Business Federation
	JTUC-RENGO	Japanese Trade Union Confederation
Kenya	FKE	Federation of Kenya Employers
Republic of Korea	KEF	Korean Employers Federation
	FKTU	Federation of Korean Trade Union
	KCTU	Korean Confederation of Trade Union
Lesotho	ALE	Association of Lesotho Employers and Business
Madagascar	SEKRIMA	Christian Confederation of Malagasy Trade Unions
Malaysia	MTUC	Malaysian Trades Union Congress
Mauritania	CNPM	General Confederation of Mauritanian Employers
Mauritius	MEF	Mauritius Employers' Federation
	MLC	Mauritius Labour Congress
Mexico	COPARMEX	Mexican Employers' Association
	CROC	Revolutionary Confederation of Workers and Campesinos
Mongolia	MONEF	Mongolian Employers' Federation
Morocco	CGEM	General Confederation of Morocco
	UGTM	General Union of Workers of Morocco
Namibia	NEF	Namibia Employers' Federation
Nepal	FNCCI	Federation of Nepalese Chamber of Commerce & Industry
Netherlands	VNO-NCW	Confederation of Netherlands Industry and Employers
	FNV	Netherlands Trade Union Federation
New Zealand	Business NZ	Business New Zealand

	NZCTU	New-Zealand Council of Trade Unions – Te Kauae Kaimahi
Nigeria	NUHPSW	National Union of Hotels and Personal Services Workers
Norway	NHO	Confederation of Norwegian Enterprise
Pakistan	EFP	Employers' Federation of Pakistan
Panama	CONEP	National Council of Private Enterprises o
	CGTP	General Autonomous Organization of Workers of Panama
Peru	CGTP	General Confederation of Workers of Peru
Poland	NSZZ	Independent and Self-Governing Trade Union Solidarnosc
Portugal	CCSP	Confederation of Trade and Services of Portugal
	CIP	Confederation of Portuguese Industry
	CTP	Portuguese Confederation of Tourism
	CGTP-IN	General Confederation of Portuguese Workers
	UGT	General Union of Workers
Romania	CNS-Cartel Alfa	National Trade Union Confederation
Rwanda	CESTRAR	Confederation of Trade Unions of Rwanda
	COTRAF	Congress of Labour and Brotherhood of Rwanda
Saint Lucia	SLEF	Saint Lucia Employers' Federation
San Marino	ANIS	National Association for Industry of San Marino
Senegal	CNTS	National Confederation of Workers of Senegal
Seychelles	SFWU	Seychelles Federation of Workers' Unions
Slovenia	ZDS	Association of Employers in Slovenia
	GZS	Chamber of Commerce and Industry of Slovenia
	ZSSS	Union of Free Trade Unions
South Africa	BUSA	Business Unity South Africa
Sri Lanka	EFC	Employers Federation of Ceylon
	NWC	National Workers Congress
Sweden	SN	Confederation of Swedish Enterprise
	SAV	Swedish Agency for Governments Employers
	SKL	Swedish Association of Local Authorities and Regions



	LO	Swedish Trade Union Confederation
Switzerland	UPS	Confederation of Swiss Employers
	USS	Swiss Federation of Trade Unions
Togo	CNP	National Employers' Council
	CNTT	National Confederation of Workers of Togo
	CSTT	Workers' Trade Union Confederation of Togo
Trinidad and Tobago	ECA	Employers' Consultative Association of Trinidad and Tobago
	NATUC	National Trade Union Centre of Trinidad and Tobago
Uganda	FUE	Federation of Uganda Employers
United Arab Emirates	FCCI	Federation of Chambers of Commerce and Industry
United Kingdom	UNISON	Public Service Union
	TUC	Trade Union Congress
Uruguay	CIU	Chamber of Manufacturers of Uruguay
Zimbabwe	EMCOZ	Employers' Confederation of Zimbabwe
	ZCTU	Zimbabwe Congress of Trade Unions

**Other abbreviations**

ITUC	International Trade Union Confederation
OATUU	Organization of African Trade Union Unity



## INTRODUCTION

At its 298th Session in March 2007, the Governing Body decided to place an item on HIV/AIDS and the world of work on the agenda of the 98th Session (2009) of the International Labour Conference, for a double discussion leading to the adoption of an autonomous Recommendation. It was decided that it was necessary to adopt an international labour standard in the form of an autonomous Recommendation on this subject in order to increase the attention devoted to the subject at the national and international levels, to promote united action among the key actors on HIV/AIDS, and to increase the impact of the ILO code of practice on HIV/AIDS and the world of work adopted in 2001 (hereinafter cited as the “code of practice” or “code”), and other action, as well as to review developments since 2001. The code of practice is reproduced in Appendix I to the preliminary report<sup>1</sup> drawn up by the Office in accordance with article 39 of the Standing Orders of the Conference and intended to serve as a basis for the first discussion of this question. That report accompanied by a questionnaire related to the issues discussed in the report and was communicated to the governments of the member States of the International Labour Organization, which were invited to send their replies to reach the Office not later than 30 August 2008.

At the time of preparing the present report, the Office had received replies from constituents representing 136 member States,<sup>2</sup> including the governments of the following 113 member States: Albania, Antigua and Barbuda, Armenia, Australia, Austria, Bahamas, Barbados, Belarus, Belgium, Belize, Benin, Bosnia and Herzegovina, Botswana, Brazil, Brunei Darussalam, Burkina Faso, Burundi, Cameroon, Canada, China, Colombia, Costa Rica, Côte d’Ivoire, Croatia, Cuba, Cyprus, Democratic Republic of the Congo, Denmark, Egypt, El Salvador, Estonia, Ethiopia, Finland, France, Gabon, Georgia, Germany, Ghana, Greece, Grenada, Honduras, Hungary, Iceland, India, Indonesia, Iraq, Israel, Italy, Jamaica, Japan, Jordan, Kazakhstan, Kenya, Republic of Korea, Kyrgyzstan, Latvia, Lebanon, Luxembourg, Malawi, Malaysia, Mali, Mauritius, Mexico, Republic of Moldova, Morocco, Myanmar, Netherlands, New Zealand, Nigeria, Oman, Panama, Peru, Philippines, Poland, Portugal, Qatar, Romania, Russian Federation, Rwanda, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, San Marino, Saudi Arabia, Senegal, Serbia, Seychelles, Sierra Leone, Singapore, Slovenia, South Africa, Spain, Sri Lanka, Sudan, Suriname, Sweden, Switzerland, Syrian Arab Republic, Tajikistan, United Republic of Tanzania, Thailand, Timor-Leste, Trinidad and Tobago, Tunisia, Ukraine, United Arab Emirates, United Kingdom, Uruguay, Vanuatu, Bolivarian Republic of Venezuela, Viet Nam, Zambia, Zimbabwe.

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<sup>1</sup> ILO: *HIV/AIDS and the world of work*, Report IV(1), International Labour Conference, 98th Session, Geneva, 2009.

<sup>2</sup> Owing to the large number of replies received, it was not possible to include all of them in full in this report. All the replies will be made available during the Conference.

In the case of 78 member States<sup>3</sup> governments stated specifically that their replies had been drawn up after consultation with organizations of employers and workers, while others included in their replies the replies of such organizations to questions, or referred to them, and in some cases replies were received directly from them. In addition, replies were received from employers' and workers' organizations in another 23 member States (Algeria, Angola, Argentina, Azerbaijan, Bulgaria, Cambodia, Chad, Czech Republic, Dominica, Fiji, Gambia, Guinea, Islamic Republic of Iran, Lesotho, Madagascar, Mauritania, Mongolia, Namibia, Nepal, Norway, Pakistan, Togo, Uganda). Replies were also received directly from two international workers' organizations (the International Trade Union Confederation (ITUC) and the Organization of African Trade Union Unity (OATUU)), which are reproduced in the report after replies from other workers' organizations.

Owing to the particular nature of the subject, it was suggested that it would be desirable for governments to consult other ministries and authorities, in addition to ministries of labour. A total of 37 governments<sup>4</sup> stated that they have done so.

In addition, owing to the particular nature of the subject, it was suggested that it would be desirable to consult other relevant organizations, including organizations of persons living with HIV and others working with them, and to reflect their advice in the government's report. In the case of nine member States, governments stated that they had done so (Burkina Faso, Ethiopia, Mauritius, Poland, Romania, South Africa, Sweden, Switzerland, Trinidad and Tobago). Where the replies of these organizations were communicated textually, the Office has reproduced them under each question, under the heading "Other".

This report has been drawn up on the basis of the replies received, the substance of which is given in the following pages. The proposed Conclusions appear at the end of the report immediately after the Office commentary on the replies received. If the Conference decides that it is advisable to adopt one or more international instruments, the Office will draw up, on the basis of the Conclusions adopted by the Conference, one or more draft instruments to be submitted to governments. It will then be for the Conference to make a final decision on the subject at a future session.

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<sup>3</sup> Antigua and Barbuda, Australia, Austria, Barbados, Belarus, Belgium, Belize, Benin, Botswana, Brazil, Burkina Faso, Cameroon, Canada, China, Colombia, Costa Rica, Côte d'Ivoire, Croatia, Cuba, Cyprus, Democratic Republic of the Congo, Denmark, Egypt, El Salvador, Ethiopia, Finland, France, Germany, Ghana, Greece, Honduras, Hungary, Iceland, India, Indonesia, Israel, Italy, Jamaica, Japan, Kenya, Republic of Korea, Lebanon, Malaysia, Mali, Mauritius, Mexico, Republic of Moldova, Morocco, Netherlands, New Zealand, Nigeria, Panama, Peru, Philippines, Poland, Portugal, Romania, Russian Federation, Rwanda, Saint Lucia, San Marino, Senegal, Seychelles, Singapore, Slovenia, South Africa, Spain, Sri Lanka, Sweden, Switzerland, Syrian Arab Republic, Trinidad and Tobago, United Arab Emirates, United Kingdom, Uruguay, Vanuatu, Bolivarian Republic of Venezuela, Zimbabwe.

<sup>4</sup> Antigua and Barbuda, Australia, Bahamas, Brazil, Burkina Faso, Cameroon, Costa Rica, Côte D'Ivoire, Croatia, Cuba, Denmark, El Salvador, Ethiopia, Finland, Greece, Grenada, India, Jordan, Lebanon, Malaysia, Mauritius, Mexico, Republic of Moldova, Myanmar, Panama, Peru, Romania, San Marino, Senegal, Sierra Leone, Sweden, Switzerland, Syrian Arab Republic, Trinidad and Tobago, Vanuatu, Bolivarian Republic of Venezuela.

## **REPLIES RECEIVED AND COMMENTARIES**

This section contains the substance of the replies to the questionnaire which accompanied the preliminary report (Report IV(1)). Each question is reproduced and followed by a list indicating the governments that replied to it, grouped in accordance with the nature of the replies (affirmative, negative or other). Whenever there is an observation qualifying or explaining the reply, the substance of each observation is given, in alphabetical order of countries, after the list. Where a reply deals with several questions or refers to an earlier question, the substance of the reply is given under the first of these questions and is referred to only briefly in the others.

A number of governments merely stated that the preliminary report formed a satisfactory basis for discussion, without giving answers to specific questions. Such replies have been taken as affirmative or negative as seemed appropriate in the context of the questions, or have been referred to in the general discussion.

Some governments in their replies gave information on their national law and practice. While this information is most useful for the work of the Office, it has not been reproduced in the report unless it is necessary for an understanding of the reply. Affirmative or negative replies from employers' and workers' organizations that are not accompanied by any observations are quoted only when they are contrary to the government's reply, when they add an important point, or when the government has not replied to the question.



## REPLIES TO QUESTIONS

### Form of the instrument

**Qu. 1**      *Do you consider that the International Labour Conference should adopt an instrument concerning HIV/AIDS in the world of work?*

#### Governments

*Total number of replies: 113.*

*Yes: 112.* Albania, Antigua and Barbuda, Armenia, Australia, Austria, Bahamas, Barbados, Belarus, Belgium, Belize, Benin, Bosnia and Herzegovina, Botswana, Brazil, Brunei Darussalam, Burkina Faso, Burundi, Cameroon, Canada, China, Colombia, Costa Rica, Côte d'Ivoire, Croatia, Cuba, Cyprus, Democratic Republic of the Congo, Denmark, Egypt, El Salvador, Estonia, Ethiopia, Finland, France, Gabon, Georgia, Germany, Ghana, Greece, Grenada, Honduras, Hungary, Iceland, India, Indonesia, Iraq, Israel, Italy, Jamaica, Japan, Jordan, Kazakhstan, Kenya, Republic of Korea, Kyrgyzstan, Latvia, Lebanon, Luxembourg, Malawi, Malaysia, Mali, Mauritius, Mexico, Republic of Moldova, Morocco, Myanmar, Netherlands, New Zealand, Nigeria, Oman, Panama, Peru, Philippines, Poland, Portugal, Qatar, Romania, Russian Federation, Rwanda, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, San Marino, Saudi Arabia, Senegal, Serbia, Seychelles, Sierra Leone, Slovenia, South Africa, Spain, Sri Lanka, Sudan, Suriname, Sweden, Switzerland, Syrian Arab Republic, Tajikistan, United Republic of Tanzania, Thailand, Timor-Leste, Trinidad and Tobago, Tunisia, Ukraine, United Arab Emirates, United Kingdom, Uruguay, Vanuatu, Bolivarian Republic of Venezuela, Viet Nam, Zambia and Zimbabwe.

*No: 1.* Singapore.

#### Comments

*Belgium.* To complement the code.

*Belize.* As a basis for standardization.

*Benin.* The guidelines hitherto proposed to States are not enough.

*Bosnia and Herzegovina.* To direct more attention to this issue at the national and international levels.

*Botswana.* As a guide for the tripartite constituents in member States.

*Brazil.* Any distinction, exclusion or preference affects equal opportunities and it is important to combat discrimination.

*Burkina Faso.* Justified by the impact of HIV/AIDS on economies.

*Burundi.* The pandemic's multifaceted impact on workers and their families and on enterprises call for strong action.

*Canada.* This would highlight the value of a tripartite approach.

*China.* This will contribute to the protection of the rights and interests (rights to work) of persons affected. But a common instrument in connection with other diseases may be considered.

*Colombia.* The situation of workers with HIV/AIDS should be dealt with in a national policy. An instrument supports conditions of equity and stability and of health and work security for workers.

*Côte d'Ivoire.* For many developing countries, this may constitute the only legal protection.

*Denmark.* We support the discussion and the possible adoption of an instrument depending on its content.

*El Salvador.* To provide regional and national guidance.

*Estonia.* HIV/AIDS is an extremely *important* and sensitive field in the context of working life.

*Finland.* HIV is a global health problem, and concerns especially developing countries and economies.

*Gabon.* To protect all PLHIV against all forms of discrimination.

*Honduras.* To promote greater attention to *the* issue at the national level.

*India.* To ensure commitment and attention at the national and international level for this subject and ensure a sustained impact of the code.

*Indonesia.* To stress the importance of an HIV/AIDS prevention programme in the world of work.

*Italy.* Discrimination still persists in several *countries*.

*Japan.* Must be flexible and versatile to *take* into consideration the different circumstances of member States.

*Jordan.* To ensure that all parties are engaged in the combat.

*Kyrgyzstan.* Since HIV/AIDS has an impact on the world of work.

*Malaysia.* As a guideline, clearly referring to the code of conduct so that infected workers, particularly women, do not face further discrimination at work.

*Mali.* Necessary since PLHIV are still growing in number.

*Mauritius.* PLHIV are in gainful employment and this will help to monitor the multifaceted impact of HIV/AIDS at workplaces. It may enhance UN/AIDS principles by being more specific to the world of work.

*Panama.* To provide ministries with greater support in their actions.

*Peru.* HIV/AIDS has a serious direct and indirect impact on the world of work.

*Philippines.* Statistics show that it affects most of the productive age group.

*Portugal.* The code should be strengthened and take into account new developments. Greater emphasis is needed on measures to be taken at the national and international levels.

*Romania.* HIV/AIDS should be recognized as a workplace issue and treated as other illnesses or conditions. The world of work has an important role to play in combating HIV/AIDS.

*Saint Lucia.* There is a lack of data on the world of work to inform national/international programmes.



*Senegal.* To allow united action by the principal actors.

*Seychelles.* To help prevent the spread of the epidemic and provide social protection.

*Sierra Leone.* HIV/AIDS threatens the livelihood of workers and employers and undermines employment rights, reduces the supply of labour and reduces productivity.

*Singapore.* Member States should be given flexibility to deal with the issue in the light of their circumstances and the measures required.

*Sri Lanka.* The workplace is an ideal venue for HIV prevention.

*Sudan.* HIV/AIDS will become the biggest concern for all the sectors of civil society, as well as for the world of work.

*Suriname.* To increase attention to the subject at the national and international levels.

*Sweden.* To promote human rights and combat and prevent discrimination against people with disabilities, including HIV. Consideration should also be given to the new UN Convention on the Rights of Persons with Disabilities.

*Tajikistan.* To enable us to use the legal standards in the world of work to fight discrimination in broader terms.

*United Arab Emirates.* This will have great social effects.

*United Republic of Tanzania.* To enforce rights of PLHIV in workplaces.

*Thailand.* This will benefit all tripartite partners and all PLHIV everywhere.

*Timor-Leste.* Because of the importance of the subject and the effect that HIV/AIDS has on the world of work.

*Tunisia.* To coordinate the work of the ILO and provide clarification of the roles of governments and the social partners.

*United Kingdom.* It should remain strictly limited to the workplace and actions are not to overlap with instruments adopted by other international bodies and existing national policies and practice. There are instances in which the workplace presents an increased risk of HIV proliferation, as well as an opportune platform to launch interventions, which should be proportionate, and based on risk of exposure. In low prevalence countries other systems (such as health care and social care) will be better placed to provide prevention, treatment, care and support.

*Uruguay.* Should also spell out the need to provide workers with information.

*Vanuatu.* Particularly for workers in hazardous work environments, such as hospitals, health facilities, armed forces, fishers and onboard vessels.

*Bolivarian Republic of Venezuela.* To unite the influence of all organizations, public institutions and private sectors to reach our goal of finally reversing the epidemic.

*Zambia.* For countries to come up with aggressive programmers to fight HIV and AIDS through a legal framework.

## Employers

*Total number of replies: 61.*

*Yes: 52.* AEC (Azerbaijan), CNP (Benin), CNC (Brazil), CNF (Brazil), BCCI (Bulgaria), CAMFEBA (Cambodia), UCCAEP (Costa Rica), CGECI (Côte d'Ivoire), HUP (Croatia), FEC

(Democratic Republic of the Congo), DA (Denmark), DEF (Dominica), FEI (Egypt), EK (Finland), KT (Finland), SY (Finland), MEDEF (France), GEA (Ghana), ESEE (Greece), SEV (Greece), COHEP (Honduras), DPN-APINDO (Indonesia), ICEA (Islamic Republic of Iran), JEF (Jamaica), NK (Japan), FKE (Kenya), KEF (Republic of Korea), CNPM (Mauritania), MEF (Mauritius), COPARMEX (Mexico), MONEF (Mongolia), CGEM (Morocco), NEF (Namibia), FNCCI (Nepal), Employers (Netherlands), NHO (Norway), CONEP (Panama), CCSP (Portugal), CTP (Portugal), SLEF (Saint Lucia), ANIS (San Marino), BUSA (South Africa), Organized Business (South Africa), EFC (Sri Lanka), SKL (Sweden), SAV (Sweden), CNP (Togo), ECA (Trinidad and Tobago), FUE (Uganda), FCCI (United Arab Emirates), CIU (Uruguay) and EMCOZ (Zimbabwe).

No: 9. CGEA (Algeria), ANDI (Colombia), Business NZ (New Zealand), EFP (Pakistan), CIP (Portugal), ZDS (Slovenia), GZS (Slovenia), SN (Sweden) and UPS (Switzerland).

## Comments

AEC (Azerbaijan): There is no international labour standard directly devoted to HIV/AIDS.

CNP (Benin): This health problem also affects enterprises productivity and the life of society. Development actors are thus concerned, hence the necessity of the world of work to fight it.

CNC (Brazil): It should be discussed as it concerns the workplace.

ANDI (Colombia): Should focus on technical support for preventive measures.

CGECI (Côte d'Ivoire): Should be of major concern for all actors but commitment is weak: enterprises still cannot perceive the real impact of HIV/AIDS, and workers are afraid of knowing their status, losing their jobs and being stigmatized and discriminated against.

DEF (Dominica): To enable the establishment of international standards and ensure even-handedness by all constituents in determining their response and treatment of the subject both qualitatively and quantitatively.

FEI (Egypt): To have a direct impact on HIV in the world of work.

MEDEF (France): If it is a non-binding document focused on prevention and providing assistance to enterprises.

GEA (Ghana): This will lay down the principles, rights and minimum standards, and provide guidance.

COHEP (Honduras): To provide more attention at the national level and to involve the tripartite parties.

DPN-APINDO (Indonesia): For humanity's sake, preventing losses for business and the world of work, and for community health and national prosperity.

NK (Japan): It is important to respect the code.

CNPM (Mauritania): This would give member States, employers' and workers' organizations a better structure for their actions and strategies to combat the pandemic.

MEF (Mauritius): Given the spread of the disease and its impact on the world of work

COPARMEX (Mexico): To provide for the basic elements of prevention.

FNCCI (Nepal): The ILC is the right place to discuss this.

Business NZ (New Zealand): Prefers guidelines to a more formal Convention or Recommendation.

NHO (Norway): This will depend on it adding to the value of the existing ILO code.

EFP (Pakistan): The code prepared the ground for acceptance of an instrument.

CONEP (Panama): To increase knowledge and disseminate the message.

CIP (Portugal): More time should be given for the code to have an effect.

ZDS (Slovenia): Our country has proper anti-discrimination legislation providing protection to all (even potentially) vulnerable social groups.

BUSA; Organized Business (South Africa): It must add value to the existing ILO code.

SN (Sweden): The code is enough for tackling the issue since it has the support of the parties and has been extensively used.

SAV (Sweden): Necessary in view of the consequences of the disease in general and for working life and growth in particular.

UPS (Switzerland): The code is enough.

ECA (Trinidad and Tobago): This is a universal problem. An instrument would provide a common basis for action by the tripartite partners.

FUE (Uganda): It will help to strengthen need for organization of policies and programmes.

## Workers

*Total number of replies: 69.*

*Yes:* 69. UGTA (Algeria), UNTA (Angola), CGT-RA (Argentina), ACTU (Australia), CSA-Bénin (Benin), CSTB (Benin), BFTU (Botswana), CITUB (Bulgaria), Podkrepa (Bulgaria), CSTC (Cameroon), CGSTC (Cameroon), USLC (Cameroon), CLC (Canada), UST (Chad), CTRN (Costa Rica), SSSH (Croatia), CMKOS (Czech Republic), UNTC (Democratic Republic of the Congo), FTF (Denmark), LO (Denmark), FTU (Fiji), FTUC (Fiji), SAK (Finland), CGT (France), CGT-FO (France), CFDT (France), GWC (Gambia), DGB (Germany), TUC (Ghana), GSEE (Greece), CNTG (Guinea), ASI (Iceland), KSPI (Indonesia), CGIL (Italy), UGL (Italy), JTUC-RENGO (Japan), FKTU (Republic of Korea), KCTU (Republic of Korea), SEKRIMA (Madagascar), MTUC (Malaysia), Workers (Mauritius), CROC (Mexico), UGTM (Morocco), Workers (Netherlands), NZCTU (New Zealand), NUHPSW (Nigeria), CGTP (Panama), CGTP (Peru), NSZZ (Poland), CGTP-IN (Portugal), UGT (Portugal), CNS-Cartel Alfa (Romania), CESTRAR (Rwanda), COTRAF (Rwanda), CNTS (Senegal), SFWU (Seychelles), ZSSS (Slovenia), Organized Labour (South Africa), NWC (Sri Lanka), LO (Sweden), USS (Switzerland), CNTT (Togo), CSTT (Togo), NATUC (Trinidad and Tobago), UNISON (United Kingdom), TUC (United Kingdom), ZCTU (Zimbabwe), ITUC (International Trade Union Confederation) and OATUU (Organization of African Trade Union Unity).

## Comments

UNTA (Angola): This will serve as a model to be applied by employers and workers.

CGT-RA (Argentina): Workplace actions are important for information, prevention, non-discrimination and access to treatment for HIV/AIDS, and are an entry point for numerous issues related to this pandemic.

CSA-Bénin (Benin): The world of work needs this to ensure protection and care.

BFTU (Botswana): To ensure the enactment of law in member States and have an effect on reducing workplace discrimination.

CGSTC (Cameroon): To establish the basis for action in the workplace.

USLC: (Cameroon): To guarantee efficiency, and contribute to the determination of policy.

UNTC (Democratic Republic of the Congo): To capitalize the rich experience already gained.

CTRN (Costa Rica): Many countries pay insufficient attention to this issue.

FTU (Fiji): To protect victims and promote the importance of the concept.

FTUC (Fiji): To legitimize and globalize the fact that HIV/AIDS is a workplace issue with an impact on workplace ethics and practices and on working out strategies on how to encompass this issue within the working environment.

CGT-FO (France): This should not result in ignoring the devastating effects of other comparable diseases, for which the same positions should be adopted.

GWC (Gambia): To be able to protect and support the working populace and equip them with knowledge.

TUC (Ghana): To prevent the spread, mitigate its impact, provide care and support for workers affected and eliminate discrimination in the world of work.

CNTG (Guinea): Should be a fundamental priority.

JTUC-RENGO (Japan): To promote measures for the types of occupations where people risk becoming infected through work and to strengthen measures at the national level. However, the reasons for singling out HIV/AIDS while there are still many other diseases with poor prognoses should be clearly stated.

SEKRIMA (Madagascar): This is necessary for member States to promote it, particularly in countries where no specific legislation exists.

Workers (Mauritius): Given the impact on the world of work.

UGTM (Morocco): It is a topic that is not completely and deeply raised, and the legislation is inadequate.

NZCTU (New Zealand): Even though a great advance, a voluntary code of practice is not sufficient. Uptake is optional and there is no provision for monitoring and review as there would be with a standard.

NUHPSW (Nigeria): Such an instrument will be acceptable to all workplace stakeholders.

CGTP (Panama): It is also necessary to combat other diseases, such as TB and malaria.

CGTP (Peru): This is a growing problem and solutions are urgently needed.

NSZZ (Poland): ILO responses need to be coordinated and to provide a broad and consistent front, stronger than the existing Code

CGTP-IN (Portugal): It is fundamentally a social and health issue but with the dimensions it has assumed in terms of numbers infected and affected, the world of work is directly affected.

CNTS (Senegal): Considering the impact of the epidemic in the world of work and the consequences on the financial and human resources of enterprises.

SWFU (Seychelles): Decent work enshrines social protection, and HIV/AIDS in the workplace has to be regulated and framed within the ILO's objectives.

Organized Labour (South Africa): To ensure that employers and government are accountable.

NWC (Sri Lanka): "Work" should be used in a broader sense to include all forms of economic activity, whether regulated by the standards or not, and include any service provided by one to another for compensation.

CNTT (Togo): This would oblige member States to take the issue more seriously.

ZCTU (Zimbabwe): The current Code does not have the force of law and remains optional in terms of implementation.

OATUU: Given the seriousness and magnitude at the workplace and its impact on the workers, their families, the employment, productivity, and the nation as a whole, and above all the continuing discrimination and stigmatization of PLHIV.

## Qu. 2 *Do you consider that the instrument should take the form of a Recommendation?*

### Governments

*Total number of replies: 113.*

*Yes: 104.* Albania, Antigua and Barbuda, Armenia, Australia, Austria, Bahamas, Barbados, Belarus, Belgium, Benin, Bosnia and Herzegovina, Botswana, Brazil, Brunei Darussalam, Burkina Faso, Burundi, Cameroon, Canada, China, Colombia, Costa Rica, Côte d'Ivoire, Croatia, Cuba, Cyprus, Democratic Republic of the Congo, Denmark, Egypt, Estonia, Ethiopia, Finland, France, Gabon, Georgia, Germany, Ghana, Greece, Grenada, Hungary, Iceland, India, Indonesia, Iraq, Israel, Italy, Jamaica, Japan, Jordan, Kazakhstan, Kenya, Republic of Korea, Kyrgyzstan, Latvia, Lebanon, Luxembourg, Malaysia, Mali, Mauritius, Mexico, Republic of Moldova, Morocco, Myanmar, Netherlands, New Zealand, Nigeria, Oman, Panama, Peru, Philippines, Poland, Portugal, Qatar, Romania, Russian Federation, Rwanda, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, San Marino, Saudi Arabia, Senegal, Serbia, Seychelles, Singapore, Slovenia, South Africa, Spain, Sri Lanka, Sudan, Suriname, Switzerland, Tajikistan, United Republic of Tanzania, Thailand, Trinidad and Tobago, Tunisia, Ukraine, United Arab Emirates, United Kingdom, Uruguay, Vanuatu, Bolivarian Republic of Venezuela, Viet Nam and Zimbabwe.

*No: 7.* Belize, El Salvador, Honduras, Malawi, Sierra Leone, Timor-Leste and Zambia.

*Other: 2.* Sweden, Syrian Arab Republic.

### Comments

*Australia.* To promote best practice and raise awareness.

*Austria.* Or a declaration.

*Barbados.* To commit governments to put systems, policies and mechanisms in place.

*Bosnia and Herzegovina.* To include measures and activities needed in the world of work.

*Brazil.* To enumerate principles for member States to integrate into their legal systems.

*Burkina Faso.* The Ministry of Health favours a Convention.

*Burundi.* Should take account of the different development levels of member States.

*Cameroon.* A Convention.

*Canada.* To provide concrete and practical guidelines in concise and clear language.

*Colombia.* To strengthen the protection and security of workers living with HIV and the normative and regulatory development in member States.

*Democratic Republic of the Congo.* Why not a Convention in due time?

*Côte d'Ivoire.* To provide obligations that would promote action.

*El Salvador.* A Convention accompanied by a Recommendation.

*Estonia.* More flexible and better than a Convention for such a complex and wide area.

*Ethiopia.* A Convention would be binding on ratifying States.

*Finland.* Policies based on voluntary action are good.

*Gabon.* If it is immediate and not too burdensome.

*Grenada.* As a first instance, until compliance is guaranteed widely.

*Honduras.* A Convention, to guarantee implementation.

*India.* To ensure uniform acceptance of all principles of the code and establish the basis for an institutional tripartite presence.

*Indonesia.* To strengthen the legal aspect of implementation of the HIV/AIDS programme in the world of work.

*Italy.* To make it easier to control and monitor the States' efforts to fight discrimination.

*Japan.* To make the instrument flexible and versatile taking into consideration the differing circumstances of member States.

*Jordan.* To engage all parties in the combat.

*Kenya.* To provide guidelines on dealing with the pandemic without imposing obligations.

*Kyrgyzstan.* Should be on a voluntary basis.

*Malawi.* A Convention accompanied by a Recommendation, since ratifying member States will be obliged to include HIV and AIDS issues in their laws.

*Malaysia.* Countries should not be compelled to sign an agreement, and national laws and regulations should be respected. This will encourage member States to voluntarily take appropriate measures.

*Mali.* To assist member States with their national policies irrespective of their development level.

*Mauritius.* Consideration may be given at a later stage to a Convention, to ensure that member States adopt mandatory measures.

*Republic of Moldova.* A more binding instrument might have the opposite effect from that intended, although application might be more certain.

*Panama.* This is sufficiently explicit for national action.

*Peru.* To allow member States to develop their own approach.

*Portugal.* It will be visible and more likely to be implemented than the code. Once adopted, it needs to be submitted to competent authorities and the option at the international level of general surveys under Article 19.

*Qatar.* A monitoring tool needed to measure compliance.

*Romania.* Should be adopted in national legislation.

*Saint Lucia.* To facilitate concrete action by policy-makers and actors.

*Saint Vincent and the Grenadines.* As a first step towards a Convention.

*Senegal.* As a first step.

*Serbia.* Should have legal effect.

*Seychelles.* Appropriate policies should be adopted in all workplaces.

*Sierra Leone.* Not binding, and therefore difficult for countries to abide by it.

*Singapore.* To allow flexibility for member States to respond in the light of their own circumstance. It should be advisory and promotional in nature to encourage more countries to adopt and implement it.

*South Africa.* No need for a Convention implementing other Conventions. Instruments and tools should remain recommendations in order to implement Conventions that have already been ratified.

*Spain.* Acceptable only if some questions are deleted or dealt with in greater detail. If the code is appended, these guidelines should also be dealt with in greater detail. Otherwise, what already exists should remain: the resolution adopted by the ILC in 2000 and the ILO code of practice.

*Sudan.* This would facilitate to a great extent its follow up in the world of work.

*Suriname.* A Convention.

*Syrian Arab Republic.* This will only contain practical and scientific guidance, so there is no need for an instrument.

*Tajikistan.* Specific laws and policy instruments are needed to fight HIV/AIDS in the world of work.

*Thailand.* A guideline would increase awareness among member States and preparedness for the impact of the disease on workers, without the stressful process of ratification.

*Timor-Leste.* A Convention, to protect job applicants and workers better.

*Tunisia.* To provide detailed orientation, good practices and an illustration of measures to “draw the lines” on the framework for national actions facilitating a greater application of the code.

*United Arab Emirate.* To provide guidelines for all constituents.

*United Kingdom.* On the understanding that this remains clearly focused and rooted firmly within the ILO’s remit, we support the adoption of a strong instrument.

*Uruguay.* It would reconfirm the importance of national response to HIV/AIDS in the world of work.

*Vanuatu.* It should cover all aspects of employment, and should be practical so that countries will be able to meet its terms and conditions.

*Zambia.* A Convention.

*Zimbabwe.* It should proceed to be a Convention, depending on the HIV and AIDS world impact after a number of years.

## Employers

*Total number of replies: 62.*

*Yes: 54.* CGEA (Algeria), AEC (Azerbaijan), CNP (Benin), CNC (Brazil), CNF (Brazil), BCCI (Bulgaria), CAMFEBA (Cambodia), UCCAEP (Costa Rica), CGECI (Côte d'Ivoire), HUP (Croatia), FEC (Democratic Republic of the Congo), DA (Denmark), DEF (Dominica), FEI (Egypt), EK (Finland), KT (Finland), SY (Finland), MEDEF (France), GEA (Ghana), ESEE (Greece), SEV (Greece), COHEP (Honduras), DPN-APINDO (Indonesia), ICEA (Islamic Republic of Iran), JEF (Jamaica), NK (Japan), FKE (Kenya), KEF (Republic of Korea), CNPM (Mauritania), MEF (Mauritius), COPARMEX (Mexico), CGEM (Morocco), NEF (Namibia), FNCCI (Nepal), Employers (Netherlands), NHO (Norway), CCSP (Portugal), CIP (Portugal), CTP (Portugal), ANIS (San Marino), ZDS (Slovenia), GZS (Slovenia), BUSA (South Africa), Organized Business (South Africa), EFC (Sri Lanka), SKL (Sweden), SAV (Sweden), UPS (Switzerland), CNP (Togo), ECA (Trinidad and Tobago), FUE (Uganda), FCCI (United Arab Emirates), CIU (Uruguay) and EMCOZ (Zimbabwe).

*No: 4.* ANDI (Colombia), MONEF (Mongolia), Business NZ (New Zealand) and CONEP (Panama).

*Other: 4.* ALE (Lesotho), EFP (Pakistan), SLEF (Saint Lucia) and SN (Sweden).

## Comments

AEC (Azerbaijan): It should be voluntary, to help raise awareness.

CNF (Brazil): Not a Convention.

ANDI (Colombia): An international instrument is not needed.

DEF (Dominica): At least in the initial stages.

MEDEF (France): Only if it is non-binding and adaptable to the different conditions in developed and developing countries.

ESEE; SEV (Greece): As a first step.

COHEP (Honduras): It should be voluntary, to ensure coordinated actions from all involved parties.

AEL (Lesotho): We prefer a declaration, would accept a Recommendation, but not a Convention.

Employers (Mali): It should be sufficiently flexible not to have serious consequences for enterprises.

CNPM (Mauritania): For countries where HIV/AIDS prevalence is below 1 per cent.

MEF (Mauritius): It should be flexible.

MONEF (Mongolia): A Convention.

FNCCI (Nepal): It should be implemented throughout the world.

Business NZ (New Zealand): Guidelines, rather than a Convention or Recommendation.

NHO (Norway): It needs to be unanimously supported by the ILC.

CIP (Portugal): Flexible enough not to create drastic consequences for employers.

ZDS (Slovenia): To provide extra guidelines for member States.

BUSA; Organized Business (South Africa): Not a Convention (the code is appropriate).

EFC (Sri Lanka): This would be most relevant for low-prevalence countries where there are no laws dealing with HIV/AIDS.

SAV (Sweden): This could streamline efforts to combat the spread and consequences of the disease.



## Workers

*Total number of replies: 69.*

*Yes: 57.* UGTA (Algeria), UNTA (Angola), CGT-RA (Argentina), ACTU (Australia), CSTB (Benin), BFTU (Botswana), CITUB (Bulgaria), Podkrepa (Bulgaria), CGSTC (Cameroon), USLC (Cameroon), CLC (Canada), UST (Chad), CTRN (Costa Rica), SSSH (Croatia), CMKOS (Czech Republic), FTF (Denmark), LO (Denmark), FTU (Fiji), FTUC (Fiji), CGT (France), CGT-FO (France), CFDT (France), GWC (Gambia), DGB (Germany), TUC (Ghana), GSEE (Greece), CNTG (Guinea), ASI (Iceland), KSPI (Indonesia), CGIL (Italy), UGL (Italy), JTUC-RENGO (Japan), FKTU (Republic of Korea), KCTU (Republic of Korea), SEKRIMA (Madagascar), MTUC (Malaysia), Workers (Mauritius), CROC (Mexico), UGTM (Morocco), Workers (Netherlands), NZCTU (New Zealand), CGTP (Panama), CGTP-IN (Portugal), UGT (Portugal), CNS-Cartel Alfa (Romania), CESTRAR (Rwanda), COTRAF (Rwanda), CNTS (Senegal), ZSSS (Slovenia), NWC (Sri Lanka), LO (Sweden), USS (Switzerland), CNTT (Togo), UNISON (United Kingdom), TUC (United Kingdom), and ITUC (International Trade Union Confederation) and OATUU (Organization of African Trade Union Unity).

*No: 12.* CSA-Bénin (Benin), CSTC (Cameroon), UNTC (Democratic Republic of the Congo), SAK (Finland), NUHPSW (Nigeria), CGTP (Peru), NSZZ (Poland), SFWU (Seychelles), Organized Labour (South Africa), CSTT (Togo), NATUC (Trinidad and Tobago) and ZCTU (Zimbabwe).

## Comments

CGT-RA (Argentina): To reinforce and extend the code and combine actions by governments, employers and workers in ensuring universal access to prevention, treatment, care and support.

ACTU (Australia): There should be scope in the future to consider whether a Convention is appropriate.

CSTC (Cameroon): A Convention.

USLC (Cameroon): As a tool for implementation.

CLC (Canada): There is scope to discuss the adoption of a Convention.

UNTC (Democratic Republic of the Congo): A Convention, for governments to integrate into their national legislation

CTRN (Costa Rica): Should provide explicit terms of reference for all countries.

FTUC (Fiji): To promote and integrate the issue in all awareness programmes.

FTU (Fiji): To assess how things work, and then a Convention.

SAK (Finland): A Convention.

CGT (France): A Convention.

CGT-FO (France): A Convention could be discussed.

GWC (Gambia): As a guide to facilitate ways for the working populace and the employers to understand the effects of HIV/AIDS.

DGB (Germany): A Convention could be discussed.

CNTG (Guinea): A Convention.

JTUC–RENGO (Japan): A balanced and flexible form would be desirable, taking into consideration differences in the infection situation and main infection routes in each country.

KCTU (Republic of Korea): A Convention.

SEKRIMA (Madagascar): Since it is “softer” than a Convention.

Workers (Mauritius): To ensure the backing of governments and employers.

CROC (Mexico): A Convention accompanied by a Recommendation.

UGTM (Morocco): For more applicability.

NZCTU (New Zealand): A Convention could be discussed.

NUHPSW (Nigeria): May not be respected by all.

CGTP (Panama): Since this is what governments will adopt.

CGTP (Peru): Something that is mandatory.

NSZZ (Poland): A Convention could still be discussed. Monitoring need to be implemented, ministries need to be full partners in the national response.

CGTP (Portugal): A Convention.

CNS (Romania): There is scope to discuss a Convention.

CNTS (Senegal): As a first step, and to discuss the adoption of a Convention.

SWFU (Seychelles): A Convention.

Organized Labour (South Africa): A Convention.

NWC (Sri Lanka): There is scope to discuss the adoption of a Convention.

CNTT (Togo): A Convention.

TUC (United Kingdom): There is a need and scope for a Convention.

ZCTU (Zimbabwe): A Convention in order to be enforceable upon ratification by member States.

OATUU: The code has not had a meaningful impact on the efforts of the social partners to reduce the spread of the pandemic or its impact.

*Others: No: 1. Community (South Africa).*

## Comments

Community (South Africa): A Convention will have greater effect.

## Preamble

**Qu. 3** *Should the instrument include a Preamble referring to:*

(a) *the impact of the HIV epidemic on workers and their families, and on enterprises;*

## Governments

*Total number of replies: 113.*

*Yes: 112.* Albania, Antigua and Barbuda, Armenia, Australia, Austria, Bahamas, Barbados, Belarus, Belgium, Belize, Benin, Bosnia and Herzegovina, Botswana, Brazil, Brunei Darussalam, Burkina Faso, Burundi, Cameroon, Canada, China, Colombia, Costa Rica, Côte d'Ivoire, Croatia, Cuba, Cyprus, Democratic Republic of the Congo, Denmark, Egypt, El Salvador, Estonia, Ethiopia, Finland, France, Gabon, Georgia, Germany, Ghana, Greece, Grenada, Honduras, Hungary, Iceland, India, Indonesia, Iraq, Israel, Italy, Jamaica, Japan, Jordan, Kazakhstan, Kenya, Republic of Korea, Kyrgyzstan, Latvia, Lebanon, Luxembourg, Malawi, Malaysia, Mali, Mauritius, Mexico, Republic of Moldova, Morocco, Myanmar, Netherlands, New Zealand, Nigeria, Oman, Panama, Peru, Philippines, Poland, Portugal, Qatar, Romania, Russian Federation, Rwanda, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, San Marino, Saudi Arabia, Senegal, Serbia, Seychelles, Sierra Leone, Singapore, Slovenia, South Africa, Spain, Sri Lanka, Sudan, Suriname, Sweden, Switzerland, Syrian Arab Republic, Tajikistan, United Republic of Tanzania, Thailand, Timor-Leste, Trinidad and Tobago, Tunisia, Ukraine, United Arab Emirates, Uruguay, Vanuatu, Bolivarian Republic of Venezuela, Viet Nam, Zambia and Zimbabwe.

*No: 1.* United Kingdom.

## Comments

*Bahamas.* Sufficient focus needs to be given to present and future possible repercussions.

*Brazil.* The issues raised in questions 3(a)–3(m) are extremely relevant for constructing the instrument to combat discrimination.

*Burkina Faso.* The Government has no comment, but the social partners stress the importance of this issue.

*Burundi.* The Preamble could provide guidance for those countries that have not yet carried out their own studies.

*Democratic Republic of the Congo.* The reasons for taking care of those infected and affected should be highlighted.

*Côte d'Ivoire.* It should be the impact of HIV/AIDS that convinces actors to participate in the fight. Epidemiological characteristics should form the basis of the responses to be given, and serve as an indicator of results achieved. Reference should also be made to the prevalence rate and the impact of HIV/AIDS in both private and public economic activities and in both the formal and informal economies.

*Honduras.* The effects of the epidemic are not only broad in nature but may also accumulate with time, given that 85 per cent of those affected are between 15 and 49 years of age (the economically active population).

*Indonesia.* It is necessary to explain in detail the impact of HIV/AIDS at workplaces.

*Japan.* Workers should not be faced with a situation that is damaging to their health and HIV infection at work should be prevented.

*Malaysia.* A good Preamble will serve as an educational platform, especially in enterprises where the issue of HIV/AIDS is considered taboo or is not discussed.

*Mauritius.* Such a provision will create awareness of the multifaceted impact of HIV/AIDS and will highlight the importance of involving enterprises and workers' families in efforts to combat the epidemic.

*Netherlands.* Some caution is needed here; otherwise, women may be blamed for bringing HIV/AIDS into the family or company.

*New Zealand.* Yes, but delete the words "and their families".

*Panama.* According to a report by the Department of Epidemiology of the Ministry of Health 7,025 out of a total of 9,014 people who are affected by HIV/AIDS are aged between 20 and 49 years (data collected up to December 2007). These figures show that the population of working and reproductive age is the most affected by the HIV epidemic.

*Poland.* It is necessary to define precisely the impact of the HIV epidemic on workers and their families, and on enterprises (rather than provide just a general statement).

*Sri Lanka.* Employers should be able to understand the social and employment-related implications of the epidemic.

*Sudan.* The Preamble would provide information and education about the virus, so that prevention and vigilance can be maintained and the extent of its risk and effect on the national economy can be known.

*Tajikistan.* A reference to the provision of medical services and social security benefits and allowances to PLHIV and their families should be included.

*United Republic of Tanzania.* Workers cannot be considered as separate from their families. The impact is felt by workers, employers and families.

*Thailand.* People affected by HIV should know how to prevent the spread of the disease within their families and in general. A Preamble on the impact of the epidemic would capture the attention of all parties concerned and create a strong point to the instrument.

*United Kingdom.* The instrument should retain its focus on the workplace, where it can be most effective. Reference to associated issues is likely to dilute the instrument and to overlap with other instruments already in place. The instrument should aim to encourage greater involvement by enterprises in helping workers to prevent HIV and to support the provision of care for those most affected.

*Vanuatu.* Would like to insert the words "or possible impacts".

## Employers

*Total number of replies: 62.*

*Yes:* 55. CGEA (Algeria), AEC (Azerbaijan), CNP (Benin), CNC (Brazil), CNF (Brazil), CAMFEBA (Cambodia), UCCAEP (Costa Rica), CGECI (Côte d'Ivoire), HUP (Croatia), FEC (Democratic Republic of the Congo), DA (Denmark), DEF (Dominica), FEI (Egypt), EK (Finland), KT (Finland), SY (Finland), GEA (Ghana), ESEE (Greece), SEV (Greece), COHEP (Honduras), DPN-APINDO (Indonesia), ICEA (Islamic Republic of Iran), JEF (Jamaica), NK (Japan), FKE (Kenya), KEF (Republic of Korea), ALE (Lesotho), CNPM (Mauritania), MEF (Mauritius), COPAMEX (Mexico), MONEF (Mongolia), CGEM (Morocco), NEF (Namibia), FNCCI (Nepal), Employers (Netherlands), Business NZ (New Zealand), NHO (Norway), EFP (Pakistan), CONEP (Panama), CCSP (Portugal), CIP (Portugal), CTP (Portugal), SLEF (Saint

Lucia), ANIS (San Marino), BUSA (South Africa), Organized Business (South Africa), EFC (Sri Lanka), SKL (Sweden), SAV (Sweden), CNP (Togo), ECA (Trinidad and Tobago), FUE (Uganda), FCCI (United Arab Emirates), CIU (Uruguay) and EMCOZ (Zimbabwe).

*No:* 6. BCCI (Bulgaria), ANDI (Colombia), MEDEF (France), ZDS (Slovenia), GZS (Slovenia) and UPS (Switzerland).

*Other:* 1. SN (Sweden).

## Comments

AEC (Azerbaijan): People are not informed about the economic consequences of the epidemic, which is usually treated as a medical problem. Therefore, the inclusion of such a reference in the Preamble is very important.

ANDI (Colombia): The adoption of such an instrument is not necessary.

EK (Finland): The Preamble should contain a sound justification establishing the link between working conditions and HIV.

MEDEF (France): The document should focus exclusively on the issue of AIDS in the world of work and should not try to encompass all sociological impacts of the disease.

DPN-APINDO (Indonesia): The inclusion of such a reference will provide all parties concerned with a more compelling reason to implement the instrument.

ICEA (Islamic Republic of Iran): The epidemic is different in different parts of the world. For example, its characteristics in Middle Eastern and North African countries are different from those in other parts of Africa or in southern Asia; accordingly, the impact of HIV on enterprises also varies.

AEL (Lesotho): Why is reference being made to HIV alone, and not to the HIV/AIDS pandemic?

Business NZ (New Zealand): Yes, if the words “and their families” are deleted. Business New Zealand agrees with the New Zealand Government in encouraging the ILO to focus on its mandate – the world of work.

EFP (Pakistan): On the condition that the instrument is in the form of a Recommendation.

UPS (Switzerland): This is primarily a public health issue and enterprises are affected indirectly.

ECA (Trinidad and Tobago): Gender issues related to the workplace should also be highlighted in the Preamble.

## Workers

*Total number of replies: 69.*

*Yes:* 69. UGTA (Algeria), UNTA (Angola), CGT-RA (Argentina), ACTU (Australia), CSA-Bénin (Benin), CSTB (Benin), BFTU (Botswana), CITUB (Bulgaria), Podkrepa (Bulgaria), CSTC (Cameroon), CGSTC (Cameroon), USLC (Cameroon), CLC (Canada), UST (Chad), CTRN (Costa Rica), SSSH (Croatia), CMKOS (Czech Republic), UNTC (Democratic Republic of the Congo), FTF (Denmark), LO (Denmark), FTU (Fiji), FTUC (Fiji), SAK (Finland), CGT (France), CGT-FO (France), CFDT (France), GWC (Gambia), DGB (Germany), TUC (Ghana), GSEE (Greece), CNTG (Guinea), ASI (Iceland), KSPI (Indonesia), CGIL (Italy), UGL (Italy), JTUC-RENGO (Japan), FKTU (Republic of Korea), KCTU (Republic of Korea), SEKRIMA (Madagascar), MTUC (Malaysia), Workers (Mauritius), CROC (Mexico), UGTM (Morocco), Workers (Netherlands), NZCTU (New Zealand), NUHPSW (Nigeria), CGTP (Panama), CGTP (Peru), NSZZ (Poland), CGTP-IN (Portugal), UGT (Portugal), CNS-Cartel Alfa (Romania),

CESTRAR (Rwanda), COTRAF (Rwanda), CNTS (Senegal), SFWU (Seychelles), ZSSS (Slovenia), Organized Labour (South Africa), NWC (Sri Lanka), LO (Sweden), USS (Switzerland), CNTT (Togo), CSTT (Togo), NATUC (Trinidad and Tobago), UNISON (United Kingdom), TUC (United Kingdom), ZCTU (Zimbabwe), ITUC (International Trade Union Confederation) and OATUU (Organization of African Trade Union Unity).

### Comments

GWC (Gambia): This will ensure that both employers and workers are more enlightened, not only about the economic burden on the enterprise, but also the human burden.

CNTG (Guinea): It is useless to refer to the devastating impact of HIV/AIDS when there continues to be a struggle to change attitudes in the world of work and in families.

JTUC-RENGO (Japan): It would be desirable to include a passage that places greater emphasis on the impact of HIV/AIDS on enterprises, to encourage them to address the issue.

UGTM (Morocco): To raise awareness and increase prevention, in accordance with international standards.

Workers (Netherlands): Since the impact can be quite substantial, it is important to refer to the risk of such an epidemic. On the business level, this is also important, because employers should know about the risks for their (potential) labour force and for their production.

NZCTU (New Zealand): The workplace is a vital front in the global struggle against HIV/AIDS. The workplace offers unique opportunities for HIV prevention, treatment and care.

Organized Labour (South Africa): The Preamble should include comments about the communities.

UNISON (United Kingdom): It should also mention that this relates also to wider society, and development services and public services should be included in addition to enterprises.

ITUC: It should emphasize in particular the devastating impact of HIV/AIDS in the world of work, but also the possibility of making good changes at workplaces.

*Other: Yes: I. Community (South Africa).*

### Comments

Community South Africa: It should also refer to the impact on surrounding communities where workers live.

## Qu. 3 (b) *the discrimination faced by persons affected by HIV;*

### Governments

*Total number of replies: 113.*

*Yes: 107.* Albania, Antigua and Barbuda, Armenia, Australia, Austria, Bahamas, Barbados, Belarus, Belgium, Belize, Benin, Bosnia and Herzegovina, Botswana, Brazil, Brunei Darussalam, Burkina Faso, Burundi, Cameroon, Canada, China, Colombia, Costa Rica, Côte d'Ivoire, Croatia, Cuba, Cyprus, Democratic Republic of the Congo, Egypt, El Salvador, Estonia, Ethiopia, Finland, France, Gabon, Georgia, Germany, Ghana, Greece, Grenada, Honduras, Hungary, Iceland, India, Indonesia, Iraq, Israel, Italy, Jamaica, Japan, Jordan, Kazakhstan, Republic of Korea, Kyrgyzstan, Latvia, Lebanon, Luxembourg, Malawi, Malaysia, Mali, Mauritius, Mexico, Republic of

Moldova, Morocco, Myanmar, New Zealand, Nigeria, Oman, Panama, Peru, Philippines, Poland, Portugal, Qatar, Russian Federation, Rwanda, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, San Marino, Saudi Arabia, Senegal, Serbia, Seychelles, Sierra Leone, Singapore, Slovenia, South Africa, Sri Lanka, Sudan, Suriname, Sweden, Switzerland, Syrian Arab Republic, Tajikistan, United Republic of Tanzania, Thailand, Timor-Leste, Trinidad and Tobago, Tunisia, Ukraine, United Arab Emirates, United Kingdom, Uruguay, Vanuatu, Bolivarian Republic of Venezuela, Zambia and Zimbabwe.

*No:* 4. Kenya, Romania, Spain and Viet Nam.

*Other:* 2. Denmark and Netherlands.

## Comments

*Bahamas.* The story of those who live through the daily challenges of this disease can never be overemphasized.

*Belgium.* Belgian law prohibits discrimination based on medical condition, and normally there is no discrimination in health care. While discrimination has to be discouraged, the general public's wish to protect itself is understandable.

*Benin.* Discrimination hinders preventive measures.

*China.* The thorough elimination of discrimination will be a long process.

*Democratic Republic of the Congo.* The instrument should highlight the fact that, even for those living with the virus, work can be more productive if discrimination is eliminated.

*Côte d'Ivoire.* Discrimination is omnipresent in our country and to talk about it openly helps to combat it. Discrimination hinders prevention efforts, reduces the number of people who seek access to VCT, limits certain leader opinions in enterprises, etc.

*Denmark.* The discussion should focus on the world of work and be kept within the mandate of the ILO.

*Germany.* The workplace is suitable for the integration of people living with and affected by HIV. Fears and prejudices that can lead to discrimination must be addressed at this point.

*India.* It is important to highlight the stigma and discrimination faced by persons affected by HIV and their families and dependants at the workplace and in society at large. HIV/AIDS-related stigma and discrimination is one of the key challenges to the prevention and control of the epidemic. The attitude of society, people at workplaces and employers puts affected persons into unnecessary hostile and embarrassing situations where they face discrimination and sometimes neglect in the form of loss of employment. Worse still, stigma leads to secrecy and denial which in turn hinders openness about HIV and prevents people from seeking counselling, testing and timely treatment.

*Indonesia.* It is necessary to explain the meaning and types of discrimination at the workplace.

*Kenya.* It is presumptuous to think that all persons affected by HIV are victims of discrimination.

*Latvia.* The instrument should take account of the gender-related aspects of the spread of HIV/AIDS as well as the different experiences of men and women living with HIV/AIDS.

*Malawi.* "Affected" should include persons living with HIV.

*Malaysia.* There should also be a write up on what has been done so far to minimize the effect of discrimination on the basis of HIV/AIDS (best practices).

*New Zealand.* Yes, but the point should refer to "workers" rather than "persons".

*Qatar.* Include a reference also to the impact of such discrimination on the spread of HIV/AIDS.

*Senegal.* Particularly discrimination when being hired and abusive dismissal during employment.

*Sri Lanka.* It is important to mention the consequences of discrimination in relation to employees and their families and other workers, and the social consequences.

*Sudan.* Discrimination should be in a positive sense in terms of creating a spirit of optimism and of living a normal life, and ensuring that the person affected by the virus does not harbour feelings of vengeance towards others.

*Thailand.* Since persons affected by HIV face a great deal of discrimination from the company owner, colleagues and their own families, adding this topic to the Preamble would raise the awareness of persons working with affected persons to adjust their attitudes. Everyone should be treated with equity no matter who they are.

*Trinidad and Tobago.* HIV/AIDS discrimination should be viewed in the context of general discrimination on the basis of gender, race, ethnicity and class.

*United Kingdom.* Eliminating discrimination against persons affected by HIV/AIDS is essential to any successful intervention in the workplace.

*Vanuatu.* Discrimination and stigma requires a separate policy to be adopted, and promotional measures should also be adopted to promote the awareness of stigma and discrimination.

## Employers

*Total number of replies: 60.*

*Yes: 45.* CGEA (Algeria), AEC (Azerbaijan), CNP (Benin), CNC (Brazil), BCCI (Bulgaria), CAMFEBA (Cambodia), CGECI (Côte d'Ivoire), HUP (Croatia), FEC (Democratic Republic of the Congo), DEF (Dominica), FEI (Egypt), SY (Finland), MEDEF (France), GEA (Ghana), ESEE (Greece), SEV (Greece), COHEP (Honduras), DPN-APINDO (Indonesia), ICEA (Islamic Republic of Iran), JEF (Jamaica), NK (Japan), ALE (Lesotho), CNPM (Mauritania), COPARMEX (Mexico), MONEF (Mongolia), CGEM (Morocco), NEF (Namibia), FNCCI (Nepal), Employers (Netherlands), Business NZ (New Zealand), NHO (Norway), CCSP (Portugal), SLEF (Saint Lucia), ANIS (San Marino), BUSA (South Africa), Organized Business (South Africa), EFC (Sri Lanka), SKL (Sweden), SAV (Sweden), CNP (Togo), ECA (Trinidad and Tobago), FUE (Uganda), FCCI (United Arab Emirates), CIU (Uruguay) and EMCOZ (Zimbabwe).

*No: 14.* CNF (Brazil), ANDI (Colombia), UCCAEP (Costa Rica), DA (Denmark), EK (Finland), KT (Finland), FKE (Kenya), KEF (Republic of Korea), MEF (Mauritius), EFP (Pakistan), CONEP (Panama), CIP (Portugal), CTP (Portugal) and GZS (Slovenia).

*Other: 1.* SN (Sweden).

## Comments

ANDI (Colombia): This is an item on which there is already a regulatory framework.

DA (Denmark): No. Including this topic will mean that the discussion will drift away from its necessary focus.

DEF (Dominica): Such background information would serve to put the instrument in its proper context.

MEDEF (France): Only if reference is made to the potential risk of discrimination: discrimination does not occur in all countries, and where it does occur, its nature and intensity varies.



ICEA (Islamic Republic of Iran): Discrimination is a very important issue, but there is a need to address stigma too.

ALE (Lesotho): Yes, but include infected persons as they are ones receiving the real and worse forms of discrimination as opposed to the affected.

CNPM (Mauritania): This is an important aspect and our experience confirms that infected and affected people should be strongly involved.

MEF (Mauritius): The Preamble should be broad rather than specific.

Business NZ (New Zealand): Yes, if the word “persons” is changed to “workers”. Business New Zealand agrees with the Government that any guidelines that are developed should be kept within the ILO’s mandate of the world of work.

EFP (Pakistan): This is not relevant for an instrument.

SAV (Sweden): Discrimination is a relevant work environment issue.

UPS (Switzerland): This reference could be stated in the conditional.

## Workers

*Total number of replies: 69.*

*Yes:* 68. UGTA (Algeria), UNTA (Angola), CGT-RA (Argentina), ACTU (Australia), CSA-Bénin (Benin), CSTB (Benin), BFTU (Botswana), CITUB (Bulgaria), Podkrepa (Bulgaria), CSTC (Cameroon), CGSTC (Cameroon), USLC (Cameroon), CLC (Canada), UST (Chad), CTRN (Costa Rica), SSSH (Croatia), CMKOS (Czech Republic), UNTC (Democratic Republic of the Congo), FTF (Denmark), LO (Denmark), FTU (Fiji), FTUC (Fiji), SAK (Finland), CGT (France), CGT-FO (France), CFDT (France), GWC (Gambia), DGB (Germany), TUC (Ghana), GSEE (Greece), CNTG (Guinea), ASI (Iceland), KSPI (Indonesia), CGIL (Italy), UGL (Italy), JTUC-RENGO (Japan), FKUTU (Republic of Korea), KCTU (Republic of Korea), SEKRIMA (Madagascar), MTUC (Malaysia), Workers (Mauritius), CROC (Mexico), UGTM (Morocco), Workers (Netherlands), NZCTU (New Zealand), NUHPSW (Nigeria), CGTP (Panama), CGTP (Peru), NSZZ (Poland), CGTP-IN (Portugal), UGT (Portugal), CNS-Cartel Alfa (Romania), CESTRAR (Rwanda), COTRAF (Rwanda), CNTS (Senegal), SFWU (Seychelles), ZSSS (Slovenia), NWC (Sri Lanka), LO (Sweden), USS (Switzerland), CNTT (Togo), CSTT (Togo), NATUC (Trinidad and Tobago), UNISON (United Kingdom), TUC (United Kingdom), ZCTU (Zimbabwe), ITUC and OATUU.

*No:* 1. Organized Labour (South Africa).

## Comments

UNTC (Democratic Republic of the Congo): Attention should be drawn to the negative effects at all levels (physical, psychological, social, professional, at home etc.)

CTRN (Costa Rica): Discrimination is often based on the lack of knowledge of this disease.

GWC (Gambia): To create awareness and room for mutual understanding among workers and employers.

TUC (Ghana): Alleged victims should be able to lodge complaints and it should be possible to impose penalties.

JTUC–RENGO (Japan): Rather than a general statement, there should be a statement with a focus on the theme of “HIV/AIDS in the world of work”, covering such issues as “discrimination at the time of hiring”, “discrimination from superiors/colleagues at the workplace”, etc.

KCTU (Republic of Korea): The discrimination faced by persons living with HIV/AIDS is the most important reason why the International Labour Conference should consider adopting a document on this issue. It is desirable to change the wording.

UGTM (Morocco): References to culture and to phobia against transmission of the disease should be included.

Organized Labour (South Africa): This should include reference to the infected.

CNTT (Togo): PLHIV are confronted with different forms of discrimination and it is important that this is highlighted.

TUC (United Kingdom): Both stigma and discrimination should be mentioned.

*Other: Yes: I. Community (South Africa).*

## Comments

Community South Africa: Especially in smaller workplaces and rural, outlying areas.

## Qu. 3 (c) *the socio-economic impact of the HIV epidemic on the world of work, and on society at large;*

## Governments

*Total number of replies: 113.*

*Yes: 110.* Albania, Antigua and Barbuda, Armenia, Australia, Austria, Bahamas, Barbados, Belarus, Belgium, Belize, Benin, Bosnia and Herzegovina, Botswana, Brazil, Brunei Darussalam, Burkina Faso, Burundi, Cameroon, Canada, China, Colombia, Costa Rica, Côte d'Ivoire, Croatia, Cuba, Cyprus, Democratic Republic of the Congo, Denmark, Egypt, El Salvador, Estonia, Ethiopia, Finland, France, Gabon, Georgia, Germany, Ghana, Greece, Grenada, Honduras, Hungary, Iceland, India, Indonesia, Iraq, Israel, Italy, Jamaica, Japan, Jordan, Kazakhstan, Kenya, Republic of Korea, Kyrgyzstan, Latvia, Lebanon, Luxembourg, Malawi, Malaysia, Mali, Mauritius, Mexico, Republic of Moldova, Morocco, Myanmar, New Zealand, Nigeria, Oman, Panama, Peru, Philippines, Poland, Portugal, Qatar, Romania, Russian Federation, Rwanda, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, San Marino, Saudi Arabia, Senegal, Seychelles, Sierra Leone, Singapore, Slovenia, South Africa, Spain, Sri Lanka, Sudan, Suriname, Sweden, Switzerland, Syrian Arab Republic, United Republic of Tanzania, Thailand, Timor-Leste, Trinidad and Tobago, Tunisia, Ukraine, United Arab Emirates, United Kingdom, Uruguay, Vanuatu, Bolivarian Republic of Venezuela, Viet Nam, Zambia and Zimbabwe.

*No: 2.* Serbia and Tajikistan.

*Other: 1.* Netherlands.

## Comments

*Bahamas.* Reference to broken families, dashed expectations, increased medical costs bankruptcy and economic stagnation should be added.

*Burundi.* The preamble should provide guidance for those countries that have not yet carried out their own studies.

*Côte d'Ivoire.* This would enhance the involvement of public authorities, the social partners and all other actors. Indeed, this would ensure that AIDS becomes a priority issue.

*Finland.* The preamble should contain only a short chapter on this subject.

*Ghana.* In addition to this, socio-cultural issues must also be discussed.

*Malaysia.* The preamble can note that, as women make up 50 per cent of a nation's human capital, an increase in infection among women will have a negative effect on a nation's socio-economic well-being.

*New Zealand.* Yes, but delete the words "and on society at large".

*Poland.* It is necessary to define the impact precisely, not just generally.

*Senegal.* This could provide a model for the state authorities and actors in the world of work.

*Seychelles.* Particularly in developing countries where resources are limited and where the system does not provide for social needs.

*Sudan.* People should be encouraged to learn about the negative effects of HIV on the economic and social areas and on the labour market. These effects are ultimately reflected in society at large.

*United Republic of Tanzania.* This will create an opportunity for changes in economic strategies to address the impact of HIV/AIDS.

*United Kingdom.* On the understanding that the instrument retains its focus on the workplace, where it can be most effective, the Government would support reference to the socio-economic impact of the HIV epidemic on the world of work.

*Zambia.* Yes, in order that all stakeholders appreciate the need for interventions to fight HIV/AIDS at all levels.

## Employers

*Total number of replies: 61.*

*Yes: 56.* CGEA (Algeria), AEC (Azerbaijan), CNP (Benin), CNC (Brazil), CNF (Brazil), CAMFEBA (Cambodia), UCCAEP (Costa Rica), CGECI (Côte d'Ivoire), FEC (Democratic Republic of the Congo), DA (Denmark), DEF (Dominica), FEI (Egypt), EK (Finland), KT (Finland), SY (Finland), MEDEF (France), GEA (Ghana), ESEE (Greece), SEV (Greece), COHEP (Honduras), DPN-APINDO (Indonesia), ICEA (Islamic Republic of Iran), JEF (Jamaica), NK (Japan), FKE (Kenya), KEF (Republic of Korea), ALE (Lesotho), CNPM (Mauritania), MEF (Mauritius), COPARMEX (Mexico), MONEF (Mongolia), CGEM (Morocco), NEF (Namibia), FNCCI (Nepal), Employers (Netherlands), Business NZ (New Zealand), NHO (Norway), EFP (Pakistan), CONEP (Panama), CCSP (Portugal), CIP (Portugal), CTP (Portugal), SLEF (Saint Lucia), ANIS (San Marino), BUSA (South Africa), Organized Business (South Africa), EFC (Sri Lanka), SKL (Sweden), SAV (Sweden), UPS (Switzerland), CNP (Togo), ECA (Trinidad and Tobago), FUE (Uganda), FCCI (United Arab Emirates), CIU (Uruguay) and EMCOZ (Zimbabwe).

*No: 4.* BCCI (Bulgaria), ANDI (Colombia), HUP (Croatia) and GZS (Slovenia).

*Other: 1.* SN (Sweden).

## Comments

ANDI (Colombia): It is important to have a clear idea of the impact of HIV on the world of work.

CNPM (Mauritania): The involvement of leaders (heads of companies, person responsible for trade unions, etc.) is important, as is the experience that can be gained from other countries.

Business NZ (New Zealand): Yes, but delete the words “and on society at large”.

EFP (Pakistan): On the condition that the instrument is in the form of a Recommendation.

UPS (Switzerland): This depends on the countries concerned.

## Workers

*Total number of replies: 69.*

*Yes: 68.* UGTA (Algeria), UNTA (Angola), CGT-RA (Argentina), ACTU (Australia), CSA-Bénin (Benin), CSTB (Benin), BFTU (Botswana), CITUB (Bulgaria), Podkrepa (Bulgaria), CSTC (Cameroon), CGSTC (Cameroon), USLC (Cameroon), CLC (Canada), UST (Chad), CTRN (Costa Rica), SSSH (Croatia), CMKOS (Czech Republic), UNTC (Democratic Republic of the Congo), FTF (Denmark), LO (Denmark), FTU (Fiji), FTUC (Fiji), SAK (Finland), CGT (France), CGT-FO (France), CFDT (France), GWC (Gambia), DGB (Germany), TUC (Ghana), GSEE (Greece), CNTG (Guinea), ASI (Iceland), KSPI (Indonesia), CGIL (Italy), UGL (Italy), JTUC-RENGO (Japan), FKTU (Republic of Korea), KCTU (Republic of Korea), SEKRIMA (Madagascar), MTUC (Malaysia), Workers (Mauritius), CROC (Mexico), UGTM (Morocco), Workers (Netherlands), NZCTU (New Zealand), NUHPSW (Nigeria), CGTP (Panama), CGTP (Peru), NSZZ (Poland), CGTP-IN (Portugal), UGT (Portugal), CNS-Cartel Alfa (Romania), CESTRAR (Rwanda), COTRAF (Rwanda), CNTS (Senegal), SFWU (Seychelles), ZSSS (Slovenia), NWC (Sri Lanka), LO (Sweden), USS (Switzerland), CNTT (Togo), CSTT (Togo), NATUC (Trinidad and Tobago), UNISON (United Kingdom), TUC (United Kingdom), ZCTU (Zimbabwe), ITUC and OATUU.

*No: 1.* Organized Labour (South Africa).

## Comments

CTRN Costa Rica: It is not an epidemic, but a pandemic, which has an impact on the whole world and people should understand its socio-economic impact.

CGT (France): At the same time emphasis should be placed on the positive impacts of work on PLHIV and the importance of their integration into society.

COTRAF Rwanda: Society is losing resources that cannot be quickly replaced. Creativity is also reduced, affecting sustainable development.

## Qu. 3 (d) the impact of HIV/AIDS on the attainment of decent work;

### Governments

*Total number of replies: 113.*

*Yes: 106.* Albania, Antigua and Barbuda, Armenia, Australia, Austria, Bahamas, Barbados, Belgium, Belize, Benin, Bosnia and Herzegovina, Botswana, Brazil, Brunei Darussalam, Burkina Faso, Burundi, Cameroon, Canada, China, Colombia, Costa Rica, Côte d'Ivoire, Croatia, Cyprus, Democratic Republic of the Congo, Denmark, Egypt, El Salvador, Estonia, Ethiopia, Finland,

France, Georgia, Germany, Ghana, Greece, Honduras, Hungary, Iceland, India, Indonesia, Iraq, Israel, Italy, Jamaica, Japan, Jordan, Kazakhstan, Kenya, Republic of Korea, Kyrgyzstan, Latvia, Luxembourg, Malawi, Malaysia, Mali, Mauritius, Mexico, Republic of Moldova, Morocco, Myanmar, New Zealand, Nigeria, Oman, Panama, Peru, Philippines, Poland, Portugal, Qatar, Russian Federation, Rwanda, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, San Marino, Saudi Arabia, Senegal, Serbia, Seychelles, Sierra Leone, Singapore, Slovenia, South Africa, Spain, Sri Lanka, Sudan, Suriname, Sweden, Switzerland, Syrian Arab Republic, Tajikistan, United Republic of Tanzania, Thailand, Timor-Leste, Trinidad and Tobago, Tunisia, Ukraine, United Arab Emirates, United Kingdom, Uruguay, Vanuatu, Bolivarian Republic of Venezuela, Viet Nam, Zambia and Zimbabwe.

*No:* 4. Belarus, Gabon, Grenada and Lebanon.

*Other:* 3. Cuba, Netherlands and Romania.

## Comments

*Belize.* The term “decent work” can be misleading here and should be more properly defined.

*Burkina Faso.* All consulted parties consider that the relationship between HIV, human resources and decent work is fundamental.

*Democratic Republic of the Congo.* If care is not taken, this epidemic can damage equality of treatment at work, the possibility of reconciling work and family life, health, and stable and secure working relationships.

*Côte d'Ivoire.* Decent work is productive work under the conditions of freedom, equality, security and dignity. HIV compromises productivity and changes the quality of professional relations, and thus does not correspond to decent work. HIV-infected workers are faced with a multitude of degrading work conditions. There is a tendency to ignore the professional risks of transmission. Support measures needed to ensure realization of decent work.

*Cuba.* There is not a direct relationship because this must be seen in the context of non-discrimination as provided for in the Declaration on Fundamental Principles and Rights at Work and Convention No. 111.

*Gabon.* No, given that HIV is not transmitted at the workplace, it should not be a factor that hinders the attainment of decent work.

*Honduras.* HIV/AIDS accentuates discrimination in employment, heightens the inequalities between men and women and propagates child labour, as children who have lost their parents because of the disease are forced to enter the labour market.

*Indonesia.* It makes a big difference for workers in the health sector if the HIV/AIDS issue is not raised, because their work can not be decently recognized without special procedures to prevent them from HIV/AIDS infection at the workplace.

*Mauritius.* There is a close correlation between the health of workers and their output. No workers, whether they are HIV-positive or not, should be denied their right to decent work.

*Qatar.* Poverty resulting from unemployment can worsen the epidemic.

*Thailand.* The meaning of decent work is not commonly known among employers, workers and people in general. This a good opportunity to disseminate the knowledge of HIV/AIDS in the world of work and create understanding of the meaning of decent work at the same time.

*Trinidad and Tobago.* The Preamble should not only address the attainment of decent work but also the need to maintain decent working conditions. Special mention should be made of the issue of employees having to declare their status as a prerequisite for employment.

*United Kingdom.* Investigating the impact of a variety of issues on decent work is central to the ILO's mandate.

## Employers

*Total number of replies: 62.*

*Yes: 46.* AEC (Azerbaijan), CNP (Benin), CNC (Brazil), BCCI (Bulgaria), CAMFEB (Cambodia), CGECI (Côte d'Ivoire), HUP (Croatia), FEC (Democratic Republic of the Congo), DA (Denmark), DEF (Dominica), FEI (Egypt), KT (Finland), SY (Finland), MEDEF (France), GEA (Ghana), ESEE (Greece), SEV (Greece), COHEP (Honduras), DPN-APINDO (Indonesia), ICEA (Islamic Republic of Iran), NK (Japan), FKE (Kenya), KEF (Republic of Korea), CNPM (Mauritania), MEF (Mauritius), COPARMEX (Mexico), MONEF (Mongolia), CGEM (Morocco), FNCCI (Nepal), Business NZ (New Zealand), NHO (Norway), CONEP (Panama), CIP (Portugal), SLEF (Saint Lucia), ANIS (San Marino), BUSA (South Africa), Organized Business (South Africa), EFC (Sri Lanka), SKL (Sweden), SAV (Sweden), CNP (Togo), ECA (Trinidad and Tobago), FUE (Uganda), FCCI (United Arab Emirates), CIU (Uruguay) and EMCOZ (Zimbabwe).

*No: 12.* CGEA (Algeria), CNF (Brazil), ANDI (Colombia), EK (Finland), ALE (Lesotho), MEF (Mauritius), NEF (Namibia), Employers (Netherlands), CCSP (Portugal), CTP (Portugal), GZS (Slovenia) and UPS (Switzerland).

*Other: 4.* UCCAEP (Costa Rica), JEF Jamaica, EFP (Pakistan) and SN (Sweden).

## Comments

CNP (Benin): It is impossible to implement a programme to combat HIV/AIDS in the world of work without referring to the necessity of decent work.

ALE (Lesotho): We do not see a connection between HIV/AIDS and the concept of decent work.

CNPM (Mauritania): In Mauritania, the AIDS committees established in the workplace provide the opportunity for individual workers to become engaged. Information on HIV's impact on decent work may help mobilize workers.

MEF (Mauritius): Decent work should be dealt with separately.

Employers (Netherlands): The attainment of decent work is a goal in itself and is already promoted in several ways by the ILO. It is not necessary to pay specific attention to it in the Preamble.

## Workers

*Total number of replies: 69.*

*Yes: 69.* UGTA (Algeria), UNTA (Angola), CGT-RA (Argentina), ACTU (Australia), CSA-Bénin (Benin), CSTB (Benin), BFTU (Botswana), CITUB (Bulgaria), Podkrepa (Bulgaria), CSTC (Cameroon), CGSTC (Cameroon), USLC (Cameroon), CLC (Canada), UST (Chad), CTRN (Costa Rica), SSSH (Croatia), CMKOS (Czech Republic), UNTC (Democratic Republic of the Congo), FTF (Denmark), LO (Denmark), FTU (Fiji), FTUC (Fiji), SAK (Finland), CGT (France), CGT-FO (France), CFDT (France), GWC (Gambia), DGB (Germany), TUC (Ghana), GSEE (Greece), CNTG (Guinea), ASI (Iceland), KSPI (Indonesia), CGIL (Italy), UGL (Italy), JTUC-RENGO (Japan), FKUTU (Republic of Korea), KCTU (Republic of Korea), SEKRIMA (Madagascar), MTUC (Malaysia), Workers (Mauritius), CROC (Mexico), UGTM (Morocco),

Workers (Netherlands), NZCTU (New Zealand), NUHPSW (Nigeria), CGTP (Panama), CGTP (Peru), NSZZ (Poland), CGTP-IN (Portugal), UGT (Portugal), CNS-Cartel Alfa (Romania), CESTRAR (Rwanda), COTRAF (Rwanda), CNTS (Senegal), SFWU (Seychelles), ZSSS (Slovenia), Organized Labour (South Africa), NWC (Sri Lanka), LO (Sweden), USS (Switzerland), CNTT (Togo), CSTT (Togo), NATUC (Trinidad and Tobago), UNISON (United Kingdom), TUC (United Kingdom), ZCTU (Zimbabwe), ITUC and OATUU.

## Comments

CSTB (Benin): This will permit the establishment of a relationship between the fight against HIV/AIDS and the implementation of existing international labour standards.

CNTG (Guinea): This devastating illness affects the organism and the workplace and an infected person cannot work without moral and material support.

KCTU (Republic of Korea): In many cases, persons living with HIV/AIDS find it hard to find employment. Even if they do, some voluntarily leave their work in fear of discrimination. Therefore, it is natural that decent work is hardly available for them.

Workers (Netherlands): The attainment of decent work is a goal in itself and is already promoted in several ways by the ILO. It is therefore not necessary to pay specific attention to this goal in the Preamble of this instrument.

Organized Labour (South Africa): The Preamble must include a reference to the retention of work and sustainable cooperative and other community projects.

*Other: Yes: 1. Community (South Africa).*

*No: 1. National Union of Organizations of People Living with HIV/AIDS (UNOPA) (Romania).*

## Comments

UNOPA (Romania): HIV status should not be accepted as a reason for annulling workers' employment contracts. PLHIV should be entitled to work as long as they are considered from a medical point of view to be able to perform their duties in accordance with their educational and occupational skills, as is the case with so many other illnesses.

## Qu. 3 (e) *the links between HIV/AIDS, poverty and sustainable development;*

## Governments

*Total number of replies: 113.*

*Yes: 107.* Albania, Antigua and Barbuda, Armenia, Australia, Austria, Bahamas, Barbados, Belarus, Belgium, Belize, Benin, Bosnia and Herzegovina, Botswana, Brazil, Brunei Darussalam, Burkina Faso, Burundi, Cameroon, Canada, China, Colombia, Costa Rica, Côte d'Ivoire, Croatia, Cuba, Cyprus, Democratic Republic of the Congo, Denmark, Egypt, El Salvador, Estonia, Ethiopia, Finland, France, Gabon, Georgia, Germany, Ghana, Greece, Grenada, Honduras, Hungary, Iceland, India, Indonesia, Iraq, Israel, Italy, Jamaica, Japan, Jordan, Kazakhstan, Kenya, Republic of Korea, Kyrgyzstan, Latvia, Lebanon, Luxembourg, Malawi, Malaysia, Mali, Mauritius, Mexico, Republic of Moldova, Morocco, Myanmar, , New Zealand, Nigeria, Oman, Panama, Peru, Philippines, Poland, Portugal, Qatar, Russian Federation, Saint Kitts and Nevis, Saint Vincent and the Grenadines, San Marino, Saudi Arabia, Seychelles, Sierra Leone,

Singapore, Slovenia, South Africa, Spain, Sri Lanka, Sudan, Suriname, Sweden, Switzerland, Syrian Arab Republic, Tajikistan, United Republic of Tanzania, Thailand, Timor-Leste, Trinidad and Tobago, Tunisia, Ukraine, United Arab Emirates, United Kingdom, Uruguay, Vanuatu, Bolivarian Republic of Venezuela, Viet Nam, Zambia and Zimbabwe.

*No:* 4. Rwanda, Saint Lucia, Senegal and Serbia.

*Other:* 2. Netherlands and Romania.

## Comments

*Burundi.* The preamble should provide guidance for those countries that have not yet carried out their own studies.

*Canada.* The Recommendation should focus on the role of the workplace in linking these elements.

*Côte d'Ivoire.* It is important to mention that HIV counteracts countries' development and increases poverty. Statistics and economic projections are vital to convince the social partners and fundraisers to become involved in the fight against HIV, and to invite decision makers (political and fund givers) to devote their attention to the necessity of taking coordinated action.

*El Salvador.* Special attention should be given to this point. Mention should be made not only of the links between HIV/AIDS and other chronic illnesses with poverty and sustainable development, but also of the ways of creating opportunities for workers to get away from poverty.

*Republic of Korea.* The link between HIV/AIDS, poverty and sustainable development is too broad to be dealt with within the mandate of the ILO.

*Malaysia.* The document should include figures on the socio-economic impact of HIV/AIDS.

*Lebanon.* No, this would result in discussions that would work against PLHIV.

*Senegal.* This would put too much strain on the Preamble, which should focus on priorities relating to the world of work. Maybe this issue could be dealt with in an annex.

*Seychelles.* This issue and the role that this instrument will play should definitely be highlighted.

*Sweden.* (LMA): Why not stick to the issue?

*Thailand.* Reference should also be made to the human security perspective, since HIV/AIDS has an impact on people's standard of living. All people should live in freedom from fear and want.

*United Kingdom.* The focus should be on the link between HIV/AIDS and a decent work deficit, and by extension its impact on poverty.

## Employers

*Total number of replies:* 61.

*Yes:* 49. CGEA (Algeria), AEC (Azerbaijan), CNP (Benin), CNC (Brazil), CNF (Brazil), UCCAEP (Costa Rica), CGECI (Côte d'Ivoire), HUP (Croatia), FEC (Democratic Republic of the Congo), DA (Denmark), DEF (Dominica), FEI (Egypt), SY (Finland), MEDEF (France), GEA (Ghana), ESEE (Greece), SEV (Greece), COHEP (Honduras), DPN-APINDO (Indonesia), ICEA (Islamic Republic of Iran), NK (Japan), KEF (Republic of Korea), ALE (Lesotho), CNPM (Mauritania), COPARMEX (Mexico), MONEF (Mongolia), CGEM (Morocco), FNCCI (Nepal), Employers (Netherlands), Business NZ (New Zealand), NHO (Norway), EFP (Pakistan), CONEP (Panama), CCSP (Portugal), CIP (Portugal), CTP (Portugal), SLEF (Saint Lucia), ANIS (San Marino), BUSA (South Africa), Organized Business (South Africa), EFC (Sri Lanka), SKL



(Sweden), SAV (Sweden), CNP (Togo), ECA (Trinidad and Tobago), FUE (Uganda), FCCI (United Arab Emirates), CIU (Uruguay) and EMCOZ (Zimbabwe).

*No:* 9. BCCI (Bulgaria), CAMFEBA (Cambodia), EK (Finland), KT (Finland), FKE (Kenya), MEF (Mauritius), NEF (Namibia), GZS (Slovenia) and UPS (Switzerland).

*Other:* 3. ANDI (Colombia), JEF (Jamaica) and SN (Sweden).

## Comments

ANDI (Colombia.): This affirmation needs to be backed by studies.

MEF (Mauritius). HIV/AIDS is not necessarily the root of poverty or unsustainable development.

ECA (Trinidad and Tobago): References to cultural influences and economic dependency should also be included.

## Workers

*Total number of replies: 69.*

*Yes:* 68. UGTA (Algeria), UNTA (Angola), CGT-RA (Argentina), ACTU (Australia), CSA-Bénin (Benin), CSTB (Benin), BFTU (Botswana), CITUB (Bulgaria), Podkrepa (Bulgaria), CSTC (Cameroon), CGSTC (Cameroon), USLC (Cameroon), CLC (Canada), UST (Chad), CTRN (Costa Rica), SSSH (Croatia), CMKOS (Czech Republic), UNTC (Democratic Republic of the Congo), FTF (Denmark), LO (Denmark), FTU (Fiji), FTUC (Fiji), SAK (Finland), CGT (France), CGT-FO (France), CFDT (France), GWC (Gambia), DGB (Germany), TUC (Ghana), GSEE (Greece), CNTG (Guinea), ASI (Iceland), KSPI (Indonesia), CGIL (Italy), UGL (Italy), JTUC-RENGO (Japan), FKTU (Republic of Korea), KCTU (Republic of Korea), SEKRIMA (Madagascar), MTUC (Malaysia), Workers (Mauritius), CROC (Mexico), UGTM (Morocco), Workers (Netherlands), NZCTU (New Zealand), NUHPSW (Nigeria), CGTP (Panama), CGTP (Peru), NSZZ (Poland), CGTP-IN (Portugal), UGT (Portugal), CNS-Cartel Alfa (Romania), CESTRAR (Rwanda), COTRAF (Rwanda), SFWU (Seychelles), ZSSS (Slovenia), Organized Labour (South Africa), NWC (Sri Lanka), LO (Sweden), USS (Switzerland), CNTT (Togo), CSTT (Togo), NATUC (Trinidad and Tobago), UNISON (United Kingdom), TUC (United Kingdom), ZCTU (Zimbabwe), ITUC and OATUU.

*No:* 1. CNTS (Senegal).

## Comments

BFTU (Botswana): This may lead to increased research on the correlation between HIV/AIDS and poverty.

CLC (Canada): The Preamble should also mention the links between HIV and other social determinants of health such as gender inequality, weak health systems, etc. as defined by Health Canada.

TUC (Ghana): HIV/AIDS prevention is an important aspect of poverty alleviation. Governments should therefore integrate their policies on HIV/AIDS in the world of work in development plans and poverty reduction strategies.

Workers (Netherlands): It is important to emphasize in the Preamble the strong link between HIV/AIDS and poverty and sustainable development. Countries with less risk of HIV/AIDS have better opportunities for reducing poverty and obtaining sustainable economic growth.

COTRAF (Rwanda): This also concerns solidarity.

CNTS (Senegal): This would put too much strain on the Preamble, which should focus on priorities relating to the world of work. Maybe this issue could be included in an annex.

*Other: Yes:* 2. Be With Us (Poland); Community (South Africa).

*No:* 1. UNOPA (Romania).

## Comments

Be With Us (Poland): Although poverty and low social status are conducive to the spread of the disease, HIV/AIDS concerns every part of society; poor as well as rich can be infected.

**Qu. 3** (f) *the fact that more women become HIV-positive and are more adversely affected by the HIV epidemic than men;*

## Governments

*Total number of replies: 113.*

*Yes:* 99. Albania, Antigua and Barbuda, Armenia, Australia, Austria, Bahamas, Barbados, Belgium, Belize, Benin, Bosnia and Herzegovina, Botswana, Brazil, Brunei Darussalam, Burkina Faso, Burundi, Cameroon, Canada, China, Costa Rica, Côte d'Ivoire, Croatia, Cuba, Cyprus, Democratic Republic of the Congo, Egypt, El Salvador, Ethiopia, Finland, France, Gabon, Germany, Ghana, Greece, Honduras, Hungary, Iceland, India, Indonesia, Iraq, Israel, Italy, Jamaica, Jordan, Kazakhstan, Kenya, Republic of Korea, Kyrgyzstan, Latvia, Lebanon, Luxembourg, Malawi, Malaysia, Mali, Mauritius, Republic of Moldova, Morocco, Myanmar, Netherlands, New Zealand, Nigeria, Oman, Panama, Philippines, Poland, Portugal, Qatar, Russian Federation, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, San Marino, Saudi Arabia, Senegal, Serbia, Seychelles, Sierra Leone, Singapore, Slovenia, South Africa, Spain, Sri Lanka, Sudan, Suriname, Sweden, Switzerland, Syrian Arab Republic, Tajikistan, United Republic of Tanzania, Trinidad and Tobago, Tunisia, Ukraine, United Arab Emirates, United Kingdom, Uruguay, Vanuatu, Bolivarian Republic of Venezuela, Zambia and Zimbabwe.

*No:* 12. Belarus, Colombia, Estonia, Georgia, Grenada, Japan, Mexico, Peru, Rwanda, Thailand, Timor-Leste and Viet Nam.

*Other:* 2. Denmark and Romania.

## Comments

*Australia.* This is not the current domestic situation in Australia, where more men than women are infected with HIV.

*Austria.* Regional differences and causes need to be examined with care. The situation in Europe with regard to drugs and homosexuality relating to HIV/AIDS should not be neglected.

*Bahamas.* The fact that many households are headed by women must be taken into consideration.

*Belgium.* This assertion needs to be verified.

*Bosnia and Herzegovina.* The fact that more women have become HIV-positive and new trends in HIV transmission should be outlined in the Preamble. There is a lack of international recommendations that should be transposed into national legislation. Care should be taken, especially when dealing with issue of discrimination, not to cause effects contrary to those which are desired.

*Burkina Faso.* Some of the social partners do not necessarily consider this to be the case.

*Colombia.* The Preamble should not limit itself to mentioning women, but rather should incorporate a gender perspective, which should reflect the differences between the sexes and in particular should refer to men who have sex with men, as this is the most affected group in countries where the epidemic is concentrated.

*Democratic Republic of the Congo.* A provision in addition to Convention No. 183 needs to be included to protect HIV-positive women.

*Costa Rica.* In Costa Rica, women are not more adversely affected; men and women are similarly affected by HIV/AIDS.

*Côte d'Ivoire.* More women are becoming infected, justifying the adoption of specific programmes for women to combat HIV. These programmes should outline the natural physical risks women are exposed to and take into account the social status of women and the fact that the majority of HIV-positive women live in highly indebted poor countries.

*Denmark.* The situation in Denmark is different, as more men than women are tested HIV-positive.

*Estonia.* It is irrelevant, doubtful and unreasonable to stress such a point of view in this context.

*Georgia.* In general it is a good idea, but it is not relevant to Georgia.

*Germany.* This does not however apply to Germany.

*India.* With the increasing feminization of HIV and also of poverty, it is important that the Recommendation include measures to counter the impact of HIV on women. This section would set the context and rationale for these measures.

*Japan.* On the contrary, 90 per cent of people infected in Japan are men.

*Republic of Korea.* The trend that women are more likely to be infected with HIV does not hold absolutely true at all times. Delete the words "more" and "become HIV-positive" so that the paragraph will not be limited in time.

*Malaysia.* This statement should be supported with empirical data. Cases of housewives being infected by their working husbands are on the increase. Subsequently, there will be more mother-to-child cases, causing women to be more adversely affected.

*Sierra Leone.* Women constitute a substantial part of the workforce and their contribution to the national economy is vital. More equal gender relations and the empowerment of women are vital to preventing the spread of HIV.

*Sudan.* This is of course because women are sensitive and delicate, and because the HIV epidemic comes from the most transparent of entrances, which is that of the heart.

*Timor-Leste.* Not necessarily.

*Trinidad and Tobago.* The higher number of recorded cases of HIV in women can be attributed to the fact that generally more women attend clinics and are more likely to be tested than men. It was suggested that the comparison of HIV infections of men and women should be re-examined to reflect this factor. It was also felt that the gender dimension of HIV needs to be highlighted since, in most countries, men dictate the sexual process.

*United Kingdom.* The ILO has an established history of examining the disproportionate effects of a variety of circumstances on women. This should continue. It should also examine whether disadvantaged groups, such as men who have sex with men, are disproportionately affected by the HIV epidemic in some countries, and whether this should be expressed in the instrument.

## Employers

*Total number of replies: 62.*

*Yes: 40.* CGEA (Algeria), AEC (Azerbaijan), CNP (Benin), CNC (Brazil), CNF (Brazil), CAMFEBA (Cambodia), UCCAEP (Costa Rica), CGECI (Côte d'Ivoire), HUP (Croatia), FEC (Democratic Republic of the Congo), DEF (Dominica), EK (Finland), GEA (Ghana), ESEE (Greece), SEV (Greece), COHEP (Honduras), DPN-APINDO (Indonesia), FKE (Kenya), ALE (Lesotho), CNPM (Mauritania), COPARMEX (Mexico), MONEF (Mongolia), CGEM (Morocco), NEF (Namibia), FNCCI (Nepal), Employers (Netherlands), NHO (Norway), CCSP (Portugal), CTP (Portugal), SLEF (Saint Lucia), ANIS (San Marino), BUSA (South Africa), Organized Business (South Africa), EFC (Sri Lanka), SKL (Sweden), SAV (Sweden), ECA (Trinidad and Tobago), FUE (Uganda), CIU (Uruguay) and EMCOZ (Zimbabwe).

*No: 17.* BCCI (Bulgaria), ANDI (Colombia), DA (Denmark), FEI (Egypt), KT (Finland), SY (Finland), ICEA (Islamic Republic of Iran), NK (Japan), KEF (Republic of Korea), MEF (Mauritius), Business NZ (New Zealand), EFP (Pakistan), CIP (Portugal), ZDS (Slovenia), GZS (Slovenia), UPS (Switzerland) and FCCI (United Arab Emirates).

*Other: 5.* MEDEF (France), JEF (Jamaica), CONEP (Panama), SN (Sweden) and CNP (Togo).

## Comments

CNF (Brazil): Care should be taken with regard to prevention and disclosure for both sexes so as not to discriminate against women.

ANDI (Colombia): The gender difference is one of the fundamental cross-cutting factors of the epidemiological context and of the comprehensive support of HIV/AIDS patients in Colombia. Today in Colombia, in spite of the fact that men represent 70 per cent of persons living with HIV, there is a tendency towards more women being infected.

UCCAEP (Costa Rica): Only when this relates to the workplace and the labour force.

DA (Denmark): The instrument should focus on the situation for men and women on equal terms.

France (MEDEF): The impact for women is greater in Africa, which is not the case in industrialized countries. Efforts to adoption of feminist policies should perhaps be avoided if the Recommendation is to be applied worldwide.

CNPM (Mauritania): Religious and cultural aspects, such as polygamy, usage of condoms, etc. should be taken into account, which would reinforce the actions taken for women.

EFP (Pakistan): The instrument should apply to all and hence there is no need to point out the gender issue.

CIP (Portugal): It is not necessary to refer to the specific situation of women.

SLEF (Saint Lucia): As a result of so many of these women also being the head of households, particularly in developing countries, the real impact is even more compounded.

FCCI (United Arab Emirates): This is very different in different countries.

## Workers

*Yes: 69.* UGTA (Algeria), UNTA (Angola), CGT-RA (Argentina), ACTU (Australia), CSA-Bénin (Benin), CSTB (Benin), BFTU (Botswana), CITUB (Bulgaria), Podkrepa (Bulgaria), CSTC (Cameroon), CGSTC (Cameroon), USLC (Cameroon), CLC (Canada), UST (Chad), CTRN

(Costa Rica), SSSH (Croatia), CMKOS (Czech Republic), UNTC (Democratic Republic of the Congo), FTF (Denmark), LO (Denmark), FTU (Fiji), FTUC (Fiji), SAK (Finland), CGT (France), CGT-FO (France), CFDT (France), GWC (Gambia), DGB (Germany), TUC (Ghana), GSEE (Greece), CNTG (Guinea), ASI (Iceland), KSPI (Indonesia), CGIL (Italy), UGL (Italy), JTUC-RENGO (Japan), FKTU (Republic of Korea), KCTU (Republic of Korea), SEKRIMA (Madagascar), MTUC (Malaysia), Workers (Mauritius), CROC (Mexico), UGTM (Morocco), Workers (Netherlands), NZCTU (New Zealand), NUHPSW (Nigeria), CGTP (Panama), CGTP (Peru), NSZZ (Poland), CGTP-IN (Portugal), UGT (Portugal), CNS-Cartel Alfa (Romania), CESTRAR (Rwanda), COTRAF (Rwanda), CNTS (Senegal), SFWU (Seychelles), ZSSS (Slovenia), Organized Labour (South Africa), NWC (Sri Lanka), LO (Sweden), USS (Switzerland), CNTT (Togo), CSTT (Togo), NATUC (Trinidad and Tobago), UNISON (United Kingdom), TUC (United Kingdom), ZCTU (Zimbabwe), ITUC and OATUU.

## Comments

CGT-RA (Argentina): There is no doubt that this would need to be more explicitly explained.

CSA-Bénin (Benin): Women are more exposed to HIV infection by ignorance or by polygamy.

CSTB (Benin): This is the reality out in the field but a cautious approach should be taken to avoid the impression of discrimination against women.

CLC (Canada): Particular mention of violence against women should be made, including sexual harassment and assault within the world of work. It is important to refer to the fact that more women, especially younger women, are at risk of HIV/AIDS.

UNTC (Democratic Republic of the Congo): It is very important to make reference to the situation of women, and especially young women, who are more likely to run the risk of being infected or affected by HIV/AIDS in the many countries facing conflict or post-conflict situations.

CGT (France): In order to avoid stigma, an explanation should be provided of the social, economic and biological contamination of women, reasons for particularly young women.

TUC (Ghana): It is important to refer to the situation of women, especially young women, who are more at risk of HIV/AIDS due to gender-related cultural factors, behavioural factors and socio-economic factors.

Workers (Netherlands): Some caution is needed here; otherwise, women may be blamed for bringing HIV/AIDS into the family or company. The unequal power relation is to be blamed, not women themselves. The empowerment of women is crucial to addressing the problem.

NZCTU (New Zealand): More than 50 per cent of PLHIV are women. The impact on younger women is devastating and the gender dimension of HIV/AIDS must be recognized. More equal gender relations and the empowerment of women are essential to prevent the spread of HIV/AIDS.

NSZZ (Poland): Certain harmful traditional practices such as female genital mutilation, the lack of social support for single women, sexual virginity testing, wife inheritance, rape and violence against women also have important consequences for HIV prevention. The inability of women to negotiate sex, let alone safer sex, their economic and societal reliance on men, their lower positioning within family and social structures and their traditional roles as caregivers all make it next to impossible for most women to ensure protection from HIV. In the ILO document, it is important to refer to the fact that more women and especially younger women are at risk of HIV/AIDS because of the general situation in the workplace.

*Other: Yes: I. Community (South Africa).*

*No: I. UNOPA (Romania).*

- Qu. 3** (g) *the need for the International Labour Organization (ILO) to strengthen its efforts with regard to HIV/AIDS in all aspects of its work;*

## Governments

*Total number of replies: 113.*

*Yes: 107.* Albania, Antigua and Barbuda, Armenia, Australia, Austria, Barbados, Belarus, Belgium, Belize, Benin, Bosnia and Herzegovina, Botswana, Brazil, Brunei Darussalam, Burkina Faso, Burundi, Cameroon, Canada, China, Colombia, Costa Rica, Côte d'Ivoire, Croatia, Cuba, Cyprus, Democratic Republic of the Congo, Egypt, El Salvador, Estonia, Ethiopia, Finland, France, Gabon, Georgia, Germany, Ghana, Greece, Grenada, Honduras, Hungary, Iceland, India, Indonesia, Iraq, Israel, Italy, Jamaica, Japan, Jordan, Kazakhstan, Kenya, Kyrgyzstan, Latvia, Lebanon, Luxembourg, Malawi, Malaysia, Mali, Mauritius, Mexico, Republic of Moldova, Morocco, Myanmar, Netherlands, New Zealand, Nigeria, Oman, Panama, Peru, Philippines, Poland, Portugal, Qatar, Russian Federation, Rwanda, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, San Marino, Saudi Arabia, Senegal, Serbia, Seychelles, Sierra Leone, Singapore, Slovenia, South Africa, Spain, Sri Lanka, Sudan, Suriname, Sweden, Switzerland, Syrian Arab Republic, Tajikistan, United Republic of Tanzania, Thailand, Timor-Leste, Trinidad and Tobago, Tunisia, Ukraine, United Arab Emirates, Vanuatu, Bolivarian Republic of Venezuela, Viet Nam, Zambia and Zimbabwe.

*No: 4.* Bahamas, Republic of Korea, Romania (National Youth Agency) and United Kingdom.

*Other: 2.* Denmark and Uruguay.

## Comments

*Austria.* A special HIV/AIDS strategy for the world of work does not seem necessary, though it would be relevant for primary target countries with relatively weak systems of social security and public health care.

*Belgium.* The ILO's action should be within the decent work framework and the strategic programme decided upon by the Governing Body.

*Benin.* HIV/AIDS is a cross-cutting problem that is an obstacle to all the ILO's objectives.

*Canada.* The ILO should focus its efforts on addressing HIV/AIDS in the workplace.

*China.* This is necessary since HIV/AIDS has already gone beyond the medical category and has become a social problem. If the ILO could address this issue from a labour perspective, it would be conducive to prevention and intervention.

*Côte d'Ivoire.* The four pillars provide a context for ILO's action. To include HIV/AIDS in each one of these pillars will enhance the fight against HIV and encourage the social partners to integrate their efforts in their field of occupational safety and health.

*Honduras.* HIV/AIDS has become a problem in the workplace and an obstacle to development, giving the ILO a special role to play in preventing the spread of the disease and minimizing its impact in the world of work.

*India.* As the UN agency with special responsibility for the world of work, the ILO plays an important role in mobilizing the workplace, employers' and workers' organizations and ministries of labour to support national efforts relating to HIV/AIDS. The ILO has a strong role to play in scaling up HIV prevention and care initiatives and promoting concerted action on all fronts as part of the global response to HIV/AIDS in both poor and rich countries, and needs to gear up accordingly. The ILO may document and

disseminate the global experiences, best practices and lessons learnt in the field of HIV/AIDS at the workplace with key stakeholders.

*Japan.* There is no doubt that the ILO needs to strengthen its efforts. An efficient method of implementation should be encouraged, with consideration being paid to the human resource and budgetary constraints of the ILO.

*Republic of Korea.* Replace the words “with regard to HIV/AIDS” by “with regard to HIV/AIDS in the world of work”.

*Mexico.* Yes, as long as the Preamble specifies that the ILO’s efforts should be directed at promoting best practices on information, prevention and non-discrimination in the workplace.

*New Zealand.* The New Zealand Government supports the wording “in all aspects of its work”, as a means of encouraging the ILO to work within its mandate, where it believes that the ILO could be more effective.

*Sri Lanka.* The comparative advantage of the ILO with tripartite constituents and being the lead agency addressing employment-related issues makes it important that the ILO strengthen its efforts in the world of work.

*Tunisia.* Particularly since the ILO code of practice is not enough, as it is not binding.

*United Kingdom.* While supporting a coherent approach across all aspects of the ILO’s work, the Government believes that the ILO should strengthen its efforts only in those aspects of its work where it is well placed to respond to HIV/AIDS.

*Vanuatu.* The role of the ILO needs to be strengthened and this should be carried out through greater collaboration of the ILO with both governments and NGOs).

## Employers

*Total number of replies: 61.*

*Yes:* 52. CGEA (Algeria), AEC (Azerbaijan), CNP (Benin), CNC (Brazil), CNF (Brazil), BCCI (Bulgaria), CAMFEBA (Cambodia), UCCAEP (Costa Rica), CGECI (Côte d’Ivoire), HUP (Croatia), FEC (Democratic Republic of the Congo), DA (Denmark), DEF (Dominica), FEI (Egypt), KT (Finland), MEDEF (France), GEA (Ghana), ESEE (Greece), SEV (Greece), COHEP (Honduras), DPN-APINDO (Indonesia), ICEA (Islamic Republic of Iran), NK (Japan), FKE (Kenya), KEF (Republic of Korea), ALE (Lesotho), CNPM (Mauritania), MEF (Mauritius), COPARMEX (Mexico), MONEF (Mongolia), CGEM (Morocco), NEF (Namibia), FNCCI (Nepal), Employers (Netherlands), Business NZ (New Zealand), NHO (Norway), EFP (Pakistan), CONEP (Panama), CTP (Portugal), SLEF (Saint Lucia), ANIS (San Marino), BUSA (South Africa), Organized Business (South Africa), EFC (Sri Lanka), SKL (Sweden), SAV (Sweden), CNP (Togo), ECA (Trinidad and Tobago), FUE (Uganda), FCCI (United Arab Emirates), CIU (Uruguay) and EMCOZ (Zimbabwe).

*No:* 6. EK (Finland), SY (Finland), CCSP (Portugal), CIP (Portugal), GZS (Slovenia) and UPS (Switzerland).

*Other:* 3. ANDI (Colombia), JEF (Jamaica) and SN (Sweden).

## Comments

DEF (Dominica): This would serve to create awareness of the extent of the ILO’s commitment to the cause and objectives of this instrument.

MEDEF (France): It would be preferable to refer to “continuing its efforts” since the ILO is already very active in this field (for example, the ILO code of practice).

Business NZ (New Zealand): Agrees with its Government in supporting the wording “in all aspects of its work”, as a means of encouraging the ILO to work within its mandate, where it believes that the ILO could be more effective.

CIP (Portugal): This reference is not essential for the Preamble.

UPS (Switzerland): HIV/AIDS is primarily a public health issue.

ECA (Trinidad and Tobago): Suggest that a sexual and reproductive health approach should also be incorporated.

FCCI (United Arab Emirates): This concerns different organizations, such as medical and civil societies.

## Workers

*Total number of replies: 69.*

*Yes: 68.* UGTA (Algeria), UNTA (Angola), CGT-RA (Argentina), ACTU (Australia), CSA-Bénin (Benin), CSTB (Benin), BFTU (Botswana), CITUB (Bulgaria), Podkrepa (Bulgaria), CSTC (Cameroon), CGSTC (Cameroon), USLC (Cameroon), CLC (Canada), UST (Chad), CTRN (Costa Rica), SSSH (Croatia), CMKOS (Czech Republic), UNTC (Democratic Republic of the Congo), FTF (Denmark), LO (Denmark), FTU (Fiji), FTUC (Fiji), SAK (Finland), CGT (France), CGT-FO (France), CFDT (France), GWC (Gambia), DGB (Germany), TUC (Ghana), GSEE (Greece), CNTG (Guinea), ASI (Iceland), KSPI (Indonesia), CGIL (Italy), JTUC-RENGO (Japan), FKTU (Republic of Korea), KCTU (Republic of Korea), SEKRIMA (Madagascar), MTUC (Malaysia), Workers (Mauritius), CROC (Mexico), UGTM (Morocco), Workers (Netherlands), NZCTU (New Zealand), NUHPSW (Nigeria), CGTP (Panama), CGTP (Peru), NSZZ (Poland), CGTP-IN (Portugal), UGT (Portugal), CNS-Cartel Alfa (Romania), CESTRAR (Rwanda), COTRAF (Rwanda), CNTS (Senegal), SFWU (Seychelles), ZSSS (Slovenia), Organized Labour (South Africa), NWC (Sri Lanka), LO (Sweden), USS (Switzerland), CNTT (Togo), CSTT (Togo), NATUC (Trinidad and Tobago), UNISON (United Kingdom), TUC (United Kingdom), ZCTU (Zimbabwe), ITUC and OATUU.

*Other: 1.* UGL (Italy).

## Comments

CTRN (Costa Rica): This should be a priority for the ILO, which does not yet pay enough attention to this subject.

CNTG (Guinea): The ILO should strengthen its efforts in all programmes to ensure that treatment is provided in workplaces, in particular in rural areas.

JTUC-RENGO (Japan): The ILO should promote efforts focusing on the workplace rather than simple hygiene measures. The ILO should ensure that its response reflects an awareness of its designated role as an international organization.

COTRAF (Rwanda): Workers’ organizations should be strengthened to address human resources, material and financial threats more effectively.

CNTS (Senegal): Measures to strengthen the ILO’s efforts are welcomed but would be more effective if there was a solid commitment towards integrating HIV/AIDS into the different programmes.

OATUU: This will help strengthen the argument for the adoption of the instrument.



*Other: Yes: 1. Community (South Africa).*

## Comments

Community (South Africa): The ILO particularly needs to strengthen its efforts with regard to commissioning, funding and circulating research related to casual or atypical workers.

**Qu. 3** (h) *the value of the ILO code of practice on HIV/AIDS and the world of work;*

## Governments

*Total number of replies: 113.*

*Yes: 109.* Albania, Antigua and Barbuda, Armenia, Australia, Austria, Barbados, Belarus, Belgium, Belize, Benin, Bosnia and Herzegovina, Botswana, Brazil, Brunei Darussalam, Burkina Faso, Burundi, Cameroon, Canada, China, Colombia, Costa Rica, Croatia, Cuba, Cyprus, Democratic Republic of the Congo, Denmark, Egypt, El Salvador, Estonia, Ethiopia, Finland, France, Gabon, Georgia, Germany, Ghana, Greece, Grenada, Honduras, Hungary, Iceland, India, Indonesia, Iraq, Israel, Italy, Jamaica, Japan, Jordan, Kazakhstan, Kenya, Republic of Korea, Kyrgyzstan, Latvia, Lebanon, Luxembourg, Malawi, Malaysia, Mali, Mauritius, Mexico, Republic of Moldova, Morocco, Myanmar, Netherlands, New Zealand, Nigeria, Oman, Panama, Peru, Philippines, Poland, Portugal, Qatar, Romania, Russian Federation, Rwanda, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, San Marino, Saudi Arabia, Senegal, Serbia, Seychelles, Sierra Leone, Singapore, Slovenia, South Africa, Sri Lanka, Sudan, Suriname, Sweden, Switzerland, Tajikistan, United Republic of Tanzania, Thailand, Timor-Leste, Trinidad and Tobago, Tunisia, Ukraine, United Arab Emirates, United Kingdom, Uruguay, Vanuatu, Bolivarian Republic of Venezuela, Viet Nam, Zambia and Zimbabwe.

*No: 1.* Spain.

*Other: 3.* Bahamas, Côte d'Ivoire and Syrian Arab Republic.

## Comments

*Belize.* Brevity is important but emphasis needs to be placed on the acceptance of the code.

*Benin.* The code is not only a unique tool to approach HIV/AIDS in the world of work but it has also demonstrated its efficiency.

*Burkina Faso.* The initial role played by the code in the world of work is recognized. The code should complement and support the Recommendation.

*Burundi.* The code is an important document that should be used as a reference in the struggle against HIV in the world of work.

*Canada.* The only international instrument that pertains directly to HIV/AIDS in the world of work should be referenced.

*Democratic Republic of the Congo.* It is worth its weight in gold, but does need to be updated with regard to methodology and to include specific policies.

*Gabon.* It is necessary to find ways to make it accessible at the tripartite level.

*Germany.* The code of practice is a very valuable instrument which, if given appropriate consideration, would make the development of a new instrument unnecessary.

*India.* The code provides invaluable practical guidance to policy-makers, employers' and workers' organizations and other social partners for formulating and implementing appropriate workplace policies and prevention and care programmes, and for establishing strategies for workers in the informal sector. The Recommendation document is based on the ILO code and should draw from it. The gaps that were not previously addressed by the code should also be highlighted.

*Mauritius.* The credibility of the ILO on this issue cannot be disputed and the code of practice will constitute a sound basis for the development of a new instrument.

*Peru.* It is essential to raise broad awareness that a document exists that contains recommendations on how to carry out activities with regard to HIV/AIDS in the world of work, so that member States recognize the adverse impact that this disease has on the world of work and develop standards to safeguard the rights at work of people living with HIV/AIDS, in accordance with the ILO's recommendations.

*Senegal.* The value of the code is as a model for the future Recommendation.

*Spain.* Some of the guidelines set out in the ILO code of practice are not acceptable, such as the one related to illegal work and the total prohibition on testing job applicants or workers.

*Trinidad and Tobago.* The ILO code of practice should be used as the basis for all workplace interventions with respect to HIV/AIDS.

*United Kingdom.* Evidence of the value of the code could be helpful in developing the tone and content of a new instrument.

*Vanuatu.* This is important since not all parties are aware of the code of practice and the protection it offers.

## Employers

*Total number of replies: 62.*

*Yes: 55.* CGEA (Algeria), AEC (Azerbaijan), CNP (Benin), CNC (Brazil), CNF (Brazil), BCCI (Bulgaria), CAMFEBA (Cambodia), UCCAEP (Costa Rica), CGECI (Côte d'Ivoire), FEC (Democratic Republic of the Congo), DA (Denmark), DEF (Dominica), FEI (Egypt), EK (Finland), KT (Finland), MEDEF (France), GEA (Ghana), ESEE (Greece), SEV (Greece), COHEP (Honduras), DPN-APINDO (Indonesia), ICEA (Islamic Republic of Iran), NK (Japan), FKE (Kenya), KEF (Republic of Korea), ALE (Lesotho), CNPM (Mauritania), MEF (Mauritius), COPARMEX (Mexico), MONEF (Mongolia), CGEM (Morocco), NEF (Namibia), FNCCI (Nepal), Employers (Netherlands), Business NZ (New Zealand), NHO (Norway), CCSP (Portugal), CIP (Portugal), CTP (Portugal), SLEF (Saint Lucia), ANIS (San Marino), ZDS (Slovenia), GZS (Slovenia), BUSA (South Africa), Organized Business (South Africa), EFC (Sri Lanka), SKL (Sweden), SAV (Sweden), UPS (Switzerland), CNP (Togo), ECA (Trinidad and Tobago), FUE (Uganda), FCCI (United Arab Emirates), CIU (Uruguay) and EMCOZ (Zimbabwe).

*No: 4.* HUP (Croatia), SY (Finland), EFP (Pakistan) and CONEP (Panama).

*Other: 3.* ANDI (Colombia), JEF (Jamaica) and SN (Sweden).

## Comments

DPN-APINDO (Indonesia): The ILO code of practice is very important as a basis for policies and programmes on HIV/AIDS.

EFP (Pakistan): This will devalue the instrument itself.

## Workers

*Total number of replies: 69.*

*Yes: 69.* UGTA (Algeria), UNTA (Angola), CGT-RA (Argentina), ACTU (Australia), CSA-Bénin (Benin), CSTB (Benin), BFTU (Botswana), CITUB (Bulgaria), Podkrepa (Bulgaria), CSTC (Cameroon), CGSTC (Cameroon), USLC (Cameroon), CLC (Canada), UST (Chad), CTRN (Costa Rica), SSSH (Croatia), CMKOS (Czech Republic), UNTC (Democratic Republic of the Congo), FTF (Denmark), LO (Denmark), FTU (Fiji), FTUC (Fiji), SAK (Finland), CGT (France), CGT-FO (France), CFDT (France), GWC (Gambia), DGB (Germany), TUC (Ghana), GSEE (Greece), CNTG (Guinea), ASI (Iceland), KSPI (Indonesia), CGIL (Italy), UGL (Italy), JTUC-RENGO (Japan), FKTU (Republic of Korea), KCTU (Republic of Korea), SEKRIMA (Madagascar), MTUC (Malaysia), Workers (Mauritius), CROC (Mexico), UGTM (Morocco), Workers (Netherlands), NZCTU (New Zealand), NUHPSW (Nigeria), CGTP (Panama), CGTP (Peru), NSZZ (Poland), CGTP-IN (Portugal), UGT (Portugal), CNS-Cartel Alfa (Romania), CESTRAR (Rwanda), COTRAF (Rwanda), CNTS (Senegal), SFWU (Seychelles), ZSSS (Slovenia), Organized Labour (South Africa), NWC (Sri Lanka), LO (Sweden), USS (Switzerland), CNTT (Togo), CSTT (Togo), NATUC (Trinidad and Tobago), UNISON (United Kingdom), TUC (United Kingdom), ZCTU (Zimbabwe), ITUC and OATUU.

## Comments

CSTB (Benin): This is necessary because the Recommendation should take into consideration all principles in the code and give them greater weight.

CGSTC (Cameroon): Fully recognizing the value of the code of practice would ensure the full engagement of all parties and better choice of policies and strategies.

USLC (Cameroon): In particular, reference should be made to the code's pedagogical value.

CLC (Canada): The ILO code is of great importance for workplace policies and it is important that all ten principles are implemented.

UNTC (Democratic Republic of the Congo): The code is of great importance for workplace policies and emphasis must be placed on the effective implementation of the ten principles.

CTRN (Costa Rica): The ILO code is very important to provide guidance to workers and the world of work and the ILO should place more emphasis on its principles.

NZCTU (New Zealand): The code of practice was an important advance – it is now important to build on the code and implement its principles.

NSZZ (Poland): The ILO code is of great importance for workplace policies and it is important that all ten principles are implemented. Also, there is a need for a stronger point of reference than a voluntary code of practice in the response to HIV/AIDS in the world of work.

COTRAF (Rwanda): Measures should be taken to make the code more accessible. For the moment, it is only easily being used and understood by bureaucratic experts.

SFWU (Seychelles): Maybe the code should be revised to take the form of a recommendation.

ITUC: The ILO code is of great importance for workplace policies but it is important that all ten principles are implemented.

OATUU: This is important as there are many aspects of the code which are still very relevant and useful.

*Other. Yes: 1.* Community (South Africa).

## Comments

Community (South Africa): Yes, but it should note in stronger terms the need to scale up access to antiretroviral treatment and treatment for the prevention of mother-to-child transmission as a matter of urgency (section 9.3 of the code).

**Qu. 3** (i) *international Conventions and Recommendations, including those of the ILO and the United Nations, that are relevant to HIV/AIDS in the world of work;*

## Governments

*Total number of replies: 109.*

*Yes: 105.* Albania, Antigua and Barbuda, Armenia, Australia, Austria, Bahamas, Barbados, Belarus, Belgium, Belize, Benin, Bosnia and Herzegovina, Botswana, Brazil, Brunei Darussalam, Burkina Faso, Burundi, Cameroon, China, Colombia, Costa Rica, Côte d'Ivoire, Croatia, Cuba, Cyprus, Denmark, Egypt, El Salvador, Estonia, Ethiopia, Finland, France, Gabon, Georgia, Germany, Ghana, Greece, Honduras, Hungary, Iceland, India, Indonesia, Iraq, Israel, Italy, Jamaica, Japan, Jordan, Kazakhstan, Kenya, Kyrgyzstan, Latvia, Lebanon, Luxembourg, Malawi, Malaysia, Mali, Mauritius, Mexico, Republic of Moldova, Morocco, Myanmar, Netherlands, New Zealand, Nigeria, Oman, Panama, Peru, Philippines, Poland, Portugal, Qatar, Russian Federation, Rwanda, Saint Lucia, San Marino, Saudi Arabia, Senegal, Serbia, Seychelles, Sierra Leone, Singapore, Slovenia, South Africa, Spain, Sudan, Suriname, Sweden, Switzerland, Syrian Arab Republic, Tajikistan, United Republic of Tanzania, Thailand, Timor-Leste, Trinidad and Tobago, Tunisia, Ukraine, United Arab Emirates, United Kingdom, Uruguay, Vanuatu, Bolivarian Republic of Venezuela, Viet Nam, Zambia and Zimbabwe.

*No: 4.* Canada, Grenada, Republic of Korea and Saint Vincent and the Grenadines.

## Comments

*Benin.* The Recommendation will thus be part of a solid legal framework.

*Bosnia and Herzegovina.* All international Conventions relevant to HIV/AIDS in the world of work should be listed.

*Burundi.* This would make the Preamble stronger.

*Cameroon.* This would establish the framework and foundation for all actions to be taken under this instrument.

*Canada.* Only international instruments that pertain directly to HIV/AIDS in the world of work should be referenced.

*China.* This would help the participating countries to make reference in their application.

*Cyprus.* No, in order not to make the Preamble too long.

*Finland.* The focus should be on the relevant ILO Conventions.

*Germany.* Yes, to argue the case for the added value of such a Recommendation.

*India.* It is critical to understand the genesis of and rationale behind the current Recommendations and the commitments made.

*Honduras.* The Recommendation should specifically mention the Discrimination (Employment and Occupation) Convention, 1958 (No. 111); it should also cite the Worst Forms of Child Labour Convention, 1999 (No. 182), and the ILO standards on social security and occupational health and safety.

*Republic of Korea.* The legal status (ratified or not, reservations made or not) of such Conventions and Recommendations might differ among member States.

*Kyrgyzstan.* International Conventions and Recommendations play a major role in terms of the studies carried out, the references made and the future incorporation in national legislation.

*Philippines.* Refer to the Promotional Framework for Occupational Safety and Health Convention, 2006 (No. 187).

*Sri Lanka.* Reference should be made to the ILO code of practice and Convention No. 111, as these are pertinent to employers and workers. It would not be necessary to refer to all the other international Conventions and Recommendations on the subject.

*Sudan.* International Conventions and Recommendations are extremely important, especially the recommendations of the ILO and the United Nations related directly to HIV.

*Tajikistan.* Reference should be made to the Social Security (Minimum Standards) Convention, 1952 (No. 102) and to Convention No. 111.

*Timor-Leste.* Yes, as mentioning other instruments will reinforce the relevance of this instrument and the urgency of its adoption by the International Labour Conference.

*United Kingdom.* To ensure consistency with, and to avoid duplication of, the aims of existing Conventions and Recommendations, limited and focused references should be made within the instrument. Such references must remain strictly relevant to the workplace.

*Vanuatu.* It is particularly important to make reference to human rights, the rights of the child and the right to human security, and to the fact that these rights should be guaranteed through partnership efforts at the regional, national and provincial levels.

## Employers

*Total number of replies: 62.*

*Yes: 53.* CGEA (Algeria), AEC (Azerbaijan), CNP (Benin), CNC (Brazil), CNF (Brazil), BCCI (Bulgaria), CAMFEBA (Cambodia), UCCAEP (Costa Rica), CGECI (Côte d'Ivoire), HUP (Croatia), FEC (Democratic Republic of the Congo), DA (Denmark), DEF (Dominica), FEI (Egypt), EK (Finland), KT (Finland), SY (Finland), MEDEF (France), GEA (Ghana), ESEE (Greece), SEV (Greece), COHEP (Honduras), DPN-APINDO (Indonesia), ICEA (Islamic Republic of Iran), JEF (Jamaica), NK (Japan), FKE (Kenya), KEF (Republic of Korea), ALE (Lesotho), CNPM (Mauritania), COPARMEX (Mexico), MONEF (Mongolia), CGEM (Morocco), NEF (Namibia), FNCCI (Nepal), Employers (Netherlands), Business NZ (New Zealand), EFP (Pakistan), CONEP (Panama), CCSP (Portugal), CIP (Portugal), CTP (Portugal), SLEF (Saint Lucia), ANIS (San Marino), Organized Business (South Africa), SKL (Sweden), SAV (Sweden), CNP (Togo), ECA (Trinidad and Tobago), FUE (Uganda), FCCI (United Arab Emirates), CIU (Uruguay) and EMCOZ (Zimbabwe).

*No: 7.* ANDI (Colombia), MEF (Mauritius), NHO (Norway), ZDS (Slovenia), GZS (Slovenia), BUSA (South Africa) and UPS (Switzerland).

*Other: 2.* EFC (Sri Lanka) and SN (Sweden).

## Comments

GEA (Ghana): This will enhance universal acceptance of the ILO instruments.

COHEP (Honduras): Especially Conventions Nos 111 and 182 and the ILO standards on social security, occupational health services and occupational health and safety.

DPN-APINDO (Indonesia): We do not need an ILO Convention on HIV/AIDS, but an ILO Recommendation will be very meaningful for country members as guidelines on the development of preventive programmes.

NK (Japan): We are concerned that Conventions and Recommendations that do not pertain to the issue in question might be included. The instrument should be based on the ILO code of practice and should refer only to relevant Conventions and Recommendations, such as Convention No. 111.

NHO (Norway): Only a reference to the ILO code of practice and Convention No. 111 should be included.

EFP (Pakistan): On the condition that the instrument is in the form of a Recommendation.

EFC (Sri Lanka): Reference should be made to the ILO code of practice and Convention No. 111, as these are pertinent to employers and workers. It would not be necessary to refer to all other international Conventions and Recommendations on the subject.

## Workers

*Total number of replies: 69.*

*Yes. 69.* UGTA (Algeria), UNTA (Angola), CGT-RA (Argentina), ACTU (Australia), CSA-Bénin (Benin), CSTB (Benin), BFTU (Botswana), CITUB (Bulgaria), Podkrepa (Bulgaria), CSTC (Cameroon), CGSTC (Cameroon), USLC (Cameroon), CLC (Canada), UST (Chad), CTRN (Costa Rica), SSSH (Croatia), CMKOS (Czech Republic), UNTC (Democratic Republic of the Congo), FTF (Denmark), LO (Denmark), FTU (Fiji), FTUC (Fiji), SAK (Finland), CGT (France), CGT-FO (France), CFDT (France), GWC (Gambia), DGB (Germany), TUC (Ghana), GSEE (Greece), CNTG (Guinea), ASI (Iceland), KSPI (Indonesia), CGIL (Italy), UGL (Italy), JTUC-RENGO (Japan), FKTU (Republic of Korea), KCTU (Republic of Korea), SEKRIMA (Madagascar), MTUC (Malaysia), Workers (Mauritius), CROC (Mexico), UGTM (Morocco), Workers (Netherlands), NZCTU (New Zealand), NUHPSW (Nigeria), CGTP (Panama), CGTP (Peru), NSZZ (Poland), CGTP-IN (Portugal), UGT (Portugal), CNS-Cartel Alfa (Romania), CESTRAR (Rwanda), COTRAF (Rwanda), CNTS (Senegal), SFWU (Seychelles), ZSSS (Slovenia), Organized Labour (South Africa), NWC (Sri Lanka), LO (Sweden), USS (Switzerland), CNTT (Togo), CSTT (Togo), NATUC (Trinidad and Tobago), UNISON (United Kingdom), TUC (United Kingdom), ZCTU (Zimbabwe), ITUC and OATUU.

## Comments

UNTC (Democratic Republic of the Congo): It is necessary to take into account and create synergies between all efforts made to date, to avoid wasteful duplication.

FTU (Fiji): It should be relevant to the world of work and in line with ILO and UN policies.

TUC (Ghana): This is important and it will increase attention to HIV/AIDS at both the international and national levels, promote united action among the key actors on HIV/AIDS and increase the impact of ILO and UN Conventions and Recommendations relevant to HIV/AIDS in the world of work.

CNTG (Guinea): Reference should be made to all those that are relevant to the world of work.

NZCTU (New Zealand): International Recommendations are very important as they can be used by national organizations with their governments as a pressure point, reference point and a benchmark. The Recommendations have been through a very thorough process and are an important source of reference to unions, NGOs and governments.

NSZZ (Poland): To underline that the new ILO instrument will aim at providing a coherent approach.

COTRAF (Rwanda): Particularly the fundamental Conventions, as there is a link between the implementation of these and successful actions to combat HIV/AIDS.

CNTS (Senegal): Particularly the pertinent ILO Conventions on occupational safety and health.

*Other: Yes: 1. Community (South Africa).*

*No: 1. UNOPA (Romania).*

## Comments

Community (South Africa): Yes, particularly the ILO code of practice on the protection of workers' personal data, 1997, and the ILO documents on casual and atypical work; agree to include reference to ILO code on HIV.

**Qu. 3** (j) *the critical role of the workplace for information and access to prevention, treatment, care and support in the national response to HIV/AIDS;*

## Governments

*Total number of replies: 113.*

*Yes: 107.* Albania, Antigua and Barbuda, Armenia, Australia, Austria, Bahamas, Barbados, Belarus, Belize, Benin, Bosnia and Herzegovina, Botswana, Brazil, Brunei Darussalam, Burkina Faso, Burundi, Cameroon, Canada, China, Colombia, Costa Rica, Côte d'Ivoire, Cuba, Cyprus, Democratic Republic of the Congo, Egypt, El Salvador, Estonia, Ethiopia, Finland, France, Gabon, Georgia, Germany, Ghana, Greece, Grenada, Honduras, Hungary, Iceland, India, Indonesia, Iraq, Israel, Italy, Jamaica, Japan, Jordan, Kazakhstan, Kenya, Republic of Korea, Kyrgyzstan, Latvia, Lebanon, Luxembourg, Malawi, Malaysia, Mali, Mauritius, Mexico, Republic of Moldova, Morocco, Myanmar, Netherlands, New Zealand, Nigeria, Oman, Panama, Peru, Philippines, Portugal, Qatar, Romania, Russian Federation, Rwanda, Saint Lucia, Saint Vincent and the Grenadines, San Marino, Saudi Arabia, Senegal, Serbia, Seychelles, Sierra Leone, Singapore, Slovenia, South Africa, Sri Lanka, Sudan, Suriname, Sweden, Switzerland, Syrian Arab Republic, Tajikistan, United Republic of Tanzania, Thailand, Timor-Leste, Trinidad and Tobago, Tunisia, Ukraine, United Arab Emirates, United Kingdom, Uruguay, Vanuatu, Bolivarian Republic of Venezuela, Viet Nam, Zambia and Zimbabwe.

*No: 4.* Belgium, Croatia, Poland and Spain.

*Other: 2.* Denmark and Saint Kitts and Nevis.

## Comments

*Austria.* The workplace appears to be an important entry point, particularly in target countries with weak or non-existent social security and public health care systems. Employers also have a role with regard to corporate social responsibility, but this cannot replace legally binding standards.

*Bahamas.* This is a good idea, but it must be done within the context of the social partners using a tripartite approach.

*Belgium.* There is no direct link between the workplace and the disease. The workplace is not the appropriate place for care and treatment – it is a public health question.

*Democratic Republic of the Congo.* The workplace is the appropriate place for discussing many things, including HIV/AIDS.

*Côte d'Ivoire.* Workers represent a homogeneous group, are often opinion leaders in their communities and are often the major supportive actor in this group. Reaching out to and convincing workers will have an immense impact on the national community. The workplace has both the means and the channels to communicate in the most efficient manner (safety and health services, committees to combat AIDS, committees on sexually transmitted diseases, organizations of workers and employers, etc.) and contribute to universal access at the workplace.

*Croatia.* The HIV/AIDS problem is basically a medical issue which undoubtedly has an impact on the world of work. The leading (and critical) role of information, prevention, treatment, care and support in the national response to HIV/AIDS is primarily the responsibility of the health sector.

*Cuba.* As concerns treatment, in Cuba access to the health-care system is universal and free, accessible to the entire population, has the necessary resources, materials and techniques and covers the entire national territory because our health system is decentralized and reaches everyone. In countries where this is not the situation, the formulation of this principle is appropriate.

*Denmark.* The workplace can be one of many places to provide information on the national response to HIV/AIDS and could be considered with special attention in developing countries.

*Ethiopia.* Workplaces as a major venue for promoting united action among key actors on HIV/AIDS should be underlined.

*Finland.* This should be worded in a way that does not place any obligation on employers.

*Germany.* It is important to differentiate between countries where public information and prevention campaigns exist and those where such campaigns do not exist.

*Greece.* Yes, as far as information, access to prevention and support are concerned. Regarding the treatment of persons living with HIV/AIDS, it should be pointed out that the role of the workplace is limited to providing information and guidance to workers.

*India.* The workplace offers a structured environment for sharing information, reinforcing notions of acceptable behaviour and implementing interventions. Employers are in a good position to contribute resources and skills, help influence employee behaviour and attitudes and provide clinical services. This would serve as a rationale for advocacy with employers as community outreach through involvement in HIV/AIDS prevention and care, which enhances a company's image and builds the confidence of the workforce.

*Indonesia.* The workplace is strategic because it is a place where many people gather and information concerning HIV/AIDS prevention could be disseminated.

*Japan.* It is important to take an active approach, for example with regard to the dissemination of information on AIDS, even in the workplace so that those who are infected with HIV are not treated unfairly there due to misconceptions or prejudice and so that workers do not become infected with HIV on the job.

*Kenya.* There is need for the workplace to be a one-stop information centre or reference point on HIV but not at the expense of the core mandate of the organization.

*New Zealand.* Yes, if the words “for workers” are inserted after the word “support”.



*Peru.* Given the impact of this disease on the world of work, workplaces should implement programmes on HIV/AIDS prevention (capacity-building and guidance) and care for people living with HIV/AIDS at the workplace, focusing primarily on their decreased productivity. The cost of implementing programmes to prevent this disease is considerably lower than the economic losses that are caused by HIV/AIDS in an enterprise.

*Poland.* The health-care system, social services and educational institutions, and not the workplace, should play the critical role in providing access to information, prevention, treatment, care and support in the national response to HIV/AIDS. However, actions taken by employers could be of a complementary nature.

*Spain.* Without denying that the workplace can play a role in the fight against HIV/AIDS, the critical role in this fight is not played by the workplace, but by society as a whole. The HIV/AIDS issue is not primarily a workplace issue, but rather a social issue. Consequently, Spain cannot accept this reference to the “critical” role of the workplace.

*Thailand.* The media and advertisements are the key to approaching people in a workplace.

*United Kingdom.* There are numerous instances where the workplace offers excellent opportunities to respond to HIV/AIDS, particularly insofar as workplaces present an organized gathering of people that may not otherwise be available. Of particular value would be the acceleration of private sector responses to HIV/AIDS in instances where the workplace does offer such opportunities. However, the Government also recognizes instances, especially in low prevalence countries, where the workplace should not play a critical role, for example, where there already exists a well-resourced national infrastructure to respond to HIV/AIDS and HIV/AIDS services are widely available. In these circumstances, there may be a risk of wasteful duplication of services.

## Employers

*Total number of replies: 62.*

*Yes: 49.* CGEA (Algeria), AEC (Azerbaijan), CNP (Benin), CNC (Brazil), CNF (Brazil), BCCI (Bulgaria), CAMFEBA (Cambodia), CGECI (Côte d’Ivoire), FEC (Democratic Republic of the Congo), DA (Denmark), DEF (Dominica), FEI (Egypt), KT (Finland), SY (Finland), MEDEF (France), GEA (Ghana), ESEE (Greece), SEV (Greece), COHEP (Honduras), DPN-APINDO (Indonesia), ICEA (Islamic Republic of Iran), JEF (Jamaica), NK (Japan), KEF (Republic of Korea), ALE (Lesotho), CNPM (Mauritania), MEF (Mauritius), COPARMEX (Mexico), MONEF (Mongolia), CGEM (Morocco), FNCCI (Nepal), Employers (Netherlands), Business NZ (New Zealand), EFP (Pakistan), CONEP (Panama), CCSP (Portugal), CTP (Portugal), SLEF (Saint Lucia), ANIS (San Marino), BUSA (South Africa), Organized Business, EFC (Sri Lanka), SKL (Sweden), SAV (Sweden), CNP (Togo), ECA (Trinidad and Tobago), FUE (Uganda), FCCI (United Arab Emirates), and EMCOZ (Zimbabwe).

*No: 12.* ANDI (Colombia), UCCAEP (Costa Rica), HUP (Croatia), EK (Finland), FKE (Kenya), NEF (Namibia), NHO (Norway), CIP (Portugal), ZDS (Slovenia), GZS (Slovenia), UPS (Switzerland) and CIU (Uruguay).

*Other: 1.* SN (Sweden).

## Comments

ANDI (Colombia): The responsibility of employers should be to facilitate, not to carry out actions in a direct way.

CGECI (Côte d’Ivoire): Some enterprises are acting in rural areas and many are already providing care to their workforce and the surrounding population.

EK (Finland): HIV/AIDS is rarely an occupational disease and employers should accordingly not be made responsible for such action.

MEDEF (France): If in certain less developed countries access to prevention and treatment is essential, this is not at all the case in developed countries. We could agree with the words “information on prevention” which could apply to all countries.

MEF (Mauritius): The role of the workplace has been undermined by many international organizations, which have not given priority to it.

FNCCI (Nepal): Many workplaces have no concept, policy or programme on HIV/AIDS and should adopt the ILO policy.

Employers (Netherlands): The employer has to assess the risks for the workplace and has to prevent or reduce them as much as is reasonably practical, but does not have to play a role or have any responsibility for the public health system.

Business NZ (New Zealand): Yes, if the words “for workers” are inserted after the word “support”. Business New Zealand endorses what the New Zealand Government has said about the need for the ILO to confine its activities to the world of work and to prevent duplication of the efforts of other international organizations in relation to HIV/AIDS.

SAV (Sweden): Particularly in countries where the care system does not function optimally.

CIU (Uruguay): The workplace is important but does not play a decisive role.

## Workers

*Total number of replies: 69.*

*Yes: 69.* UGTA (Algeria), UNTA (Angola), CGT-RA (Argentina), ACTU (Australia), CSA-Bénin (Benin), CSTB (Benin), BFTU (Botswana), CITUB (Bulgaria), Podkrepa (Bulgaria), CSTC (Cameroon), CGSTC (Cameroon), USLC (Cameroon), CLC (Canada), UST (Chad), CTRN (Costa Rica), SSSH (Croatia), CMKOS (Czech Republic), UNTC (Democratic Republic of the Congo), FTF (Denmark), LO (Denmark), FTU (Fiji), FTUC (Fiji), SAK (Finland), CGT (France), CGT-FO (France), CFDT (France), GWC (Gambia), DGB (Germany), TUC (Ghana), GSEE (Greece), CNTG (Guinea), ASI (Iceland), KSPI (Indonesia), CGIL (Italy), UGL (Italy), JTUC-RENGO (Japan), FKTU (Republic of Korea), KCTU (Republic of Korea), SEKRIMA (Madagascar), MTUC (Malaysia), Workers (Mauritius), CROC (Mexico), UGTM (Morocco), Workers (Netherlands), NZCTU (New Zealand), NUHPSW (Nigeria), CGTP (Panama), CGTP (Peru), NSZZ (Poland), CGTP-IN (Portugal), UGT (Portugal), CNS-Cartel Alfa (Romania), CESTRAR (Rwanda), COTRAF (Rwanda), CNTS (Senegal), SFWU (Seychelles), ZSSS (Slovenia), Organized Labour (South Africa), NWC (Sri Lanka), LO (Sweden), USS (Switzerland), CNTT (Togo), CSTT (Togo), NATUC (Trinidad and Tobago), UNISON (United Kingdom), TUC (United Kingdom), ZCTU (Zimbabwe), ITUC and OATUU.

## Comments

CLC (Canada): The workplace cannot be expected to become a substitute for national public health systems and it is a government responsibility to ensure that these are accessible to all.

UNTC (Democratic Republic of the Congo): It is important to highlight these issues; this will reinforce the experience in the field of our trade union since it started its campaign more than a decade ago.

FTUC (Fiji): This will require non-infected staff to work together to battle the vast impact of the problem and to curb discrimination and other ensuing problems at the workplace.

CGT (France): Work has positive effects, including being therapeutic. It should be stressed that enterprises have a responsibility to provide information and access to treatment.

CGT-FO (France): The critical role of the workplace implies the responsibility of enterprises and of the medical personnel at work.

GWC (Gambia): This would help reduce discrimination and stigmatization at workplaces.

KCTU (Republic of Korea): The workplace is the second “home” to workers, because they spend most of their time there. In responding to HIV/AIDS, the importance of the role of the workplace cannot be overemphasized

SEKRIMA (Madagascar): At the workplace, the easiest way to ensure that information and prevention measures are accessible to workers is to call upon staff representatives and unions.

UGTM (Morocco): Continuous awareness campaign, also distribution of free condoms.

CGTP-IN (Portugal): Such measures must be voluntary and confidentiality must be guaranteed, as long as the information is not vital to protect the safety and health of other workers or third persons.

UNISON (United Kingdom): Reference should also be made to the role of trade unions.

*Other. 2.* Yes: Be With Us (Poland), South Africa.

## Comments

Be With Us (Poland): Yes, but complementary to other measures.

**Qu. 3** (k) *the unique role of employers’ and workers’ organizations in promoting and supporting the national effort against HIV/AIDS in and through the world of work;*

## Governments

*Total number of replies: 114.*

*Yes: 109.* Albania, Antigua and Barbuda, Armenia (Ministry of Labour and Social Affairs), Australia, Austria, Barbados, Belarus, Belgium, Belize, Benin, Bosnia and Herzegovina, Botswana, Brazil, Brunei Darussalam, Burkina Faso, Burundi, Cameroon, Canada, China, Colombia, Costa Rica, Côte d’Ivoire, Croatia, Cuba, Cyprus, Democratic Republic of the Congo, Denmark, Egypt, El Salvador, Estonia, Ethiopia, Finland, France, Georgia, Germany, Ghana, Greece, Grenada, Honduras, Hungary, Iceland, India, Indonesia, Iraq, Israel, Italy, Jamaica, Japan, Jordan, Kazakhstan, Kenya, Republic of Korea, Kyrgyzstan, Latvia, Lebanon, Luxembourg, Malawi, Malaysia, Mali, Mauritius, Mexico, Republic of Moldova, Morocco, Myanmar, Netherlands, New Zealand, Nigeria, Oman, Panama, Peru, Philippines, Poland, Portugal, Qatar, Russian Federation, Rwanda, Saint Lucia, Saint Vincent and the Grenadines, San Marino, Saudi Arabia, Senegal, Serbia, Seychelles, Sierra Leone, Singapore, Slovenia, South Africa, Spain, Sri Lanka, Sudan, Suriname, Sweden, Switzerland, Syrian Arab Republic, Tajikistan, United Republic of Tanzania, Thailand, Timor-Leste, Trinidad and Tobago, Tunisia, Ukraine, United Arab Emirates, United Kingdom, Uruguay, Vanuatu, Bolivarian Republic of Venezuela, Viet Nam, Zambia and Zimbabwe.

*No: 2.* Armenia (Ministry of Health) and Gabon.

*Other: 3.* Bahamas, Romania and Saint Kitts and Nevis.

## Comments

*Bahamas.* This is a good idea, but it must be done within the context of the social partners using a tripartite approach.

*Cameroon.* This will enable the close collaboration needed for success in the struggle, even though there is not necessarily a consensus between employers and workers.

*Côte d'Ivoire.* This requires the participation of both employers and workers in the fight against AIDS. Their unified actions should be encouraged.

*El Salvador.* Employers' and workers' organizations play a unique role in promoting and supporting the health of workers.

*Gabon.* No, because activities must be developed in synergy with the other partners involved in this fight.

*Germany.* The extent to which the role of social partners is unique with respect to such efforts depends on the local situation in the respective country.

*India.* Employers' and workers' organizations can make an important contribution to combating HIV/AIDS by disseminating information to raise awareness and promote prevention, training peer educators in the workforce and key officials in the world of work, adapting existing medical services and employee assistance schemes for families of workers, ensuring the protection of rights and access to benefits and social security, encouraging workers to agree to voluntary counselling and testing and helping employers provide care, support and treatment where possible.

*Indonesia.* HIV/AIDS programmes at the workplace need support from all parties including unions, employers and the government.

*Qatar.* Employers and their organizations should seek to work closely with national AIDS committees and NGOs in this regard.

*Romania.* Employers should design and apply workplace policies in consultation with workers and their representatives with the aim of promoting prevention and providing information on the infection and protecting workers against HIV/AIDS discrimination.

*Serbia.* Education should be provided first to employers and then to workers.

*Trinidad and Tobago.* Employers' and workers' organizations have the ability to influence a wide cross-section of the population, particularly as workers may also be parents or heads of household. Their roles should be clearly defined.

## Employers

*Total number of replies: 61.*

*Yes: 54.* CGEA (Algeria), AEC (Azerbaijan), CNP (Benin), CNC (Brazil), CNF (Brazil), BCCI (Bulgaria), CAMFEBA (Cambodia), ANDI (Colombia), CGECI (Côte d'Ivoire), FEC (Democratic Republic of the Congo), DA (Denmark), DEF (Dominica), FEI (Egypt), KT (Finland), SY (Finland), MEDEF (France), GEA (Ghana), ESEE (Greece), SEV (Greece), COHEP (Honduras), DPN-APINDO (Indonesia), ICEA (Islamic Republic of Iran), JEF (Jamaica), NK (Japan), FKE (Kenya), KEF (Republic of Korea), ALE (Lesotho), CNPM (Mauritania), MEF (Mauritius), COPARMEX (Mexico), MONEF (Mongolia), CGEM (Morocco), NEF (Namibia), FNCCI (Nepal), Business NZ (New Zealand), NHO (Norway), EFP (Pakistan), CONEP (Panama), CCSP (Portugal), CIP (Portugal), CTP (Portugal), SLEF (Saint Lucia), ANIS (San Marino), BUSA (South Africa), Organized Business (South Africa), EFC (Sri Lanka), SKL

(Sweden), SAV (Sweden), CNP (Togo), ECA (Trinidad and Tobago), FUE (Uganda), FCCI (United Arab Emirates), CIU (Uruguay) and EMCOZ (Zimbabwe).

*No:* 5. HUP (Croatia), EK (Finland), Employers (Netherlands), GZS (Slovenia) and UPS (Switzerland).

*Other:* 2. UCCAEP (Costa Rica) and SN (Sweden).

## Comments

CGEA (Algeria): This will effectively reinforce employers' and workers' organizations at both the local and regional levels.

CNP (Benin): HIV/AIDS is the enemy of enterprises (for both employers and workers) and to confront it they should speak the same language.

CNF (Brazil): Social organizations and private initiatives should also be mentioned.

ANDI (Colombia): We should not lose sight of the fact that HIV/AIDS goes beyond the sphere of the workplace, and that it is a public health matter.

EK (Finland): The social partners do not play any special role.

CNPM (Mauritania): This should result in unified actions by workers' and employers' organizations.

MONEF (Mongolia): As the spread of HIV/AIDS is more limited in Mongolia, employers' and workers' organizations concentrate on its prevention.

Employers (Netherlands): There is no such role for such organizations in public health systems and activities.

CIP (Portugal): We do not agree that employers' (or workers') organizations have a unique role with respect to HIV/AIDS, which is a public health issue. The world of work is one among many places that has a role to play in the national struggle against HIV/AIDS.

ANIS (San Marino): The same critical and unique role should also be assigned to public institutions.

UPS (Switzerland): This is not only a role for the social partners.

## Workers

*Total number of replies: 69.*

*Yes:* 68. UGTA (Algeria), UNTA (Angola), CGT-RA (Argentina), ACTU (Australia), CSA-Bénin (Benin), CSTB (Benin), BFTU (Botswana), CITUB (Bulgaria), Podkrepa (Bulgaria), CSTC (Cameroon), CGSTC (Cameroon), USLC (Cameroon), CLC (Canada), UST (Chad), CTRN (Costa Rica), SSSH (Croatia), CMKOS (Czech Republic), UNTC (Democratic Republic of the Congo), FTF (Denmark), LO (Denmark), FTU (Fiji), FTUC (Fiji), SAK (Finland), CGT (France), CGT-FO (France), CFDT (France), DGB (Germany), TUC (Ghana), GSEE (Greece), CNTG (Guinea), ASI (Iceland), KSPI (Indonesia), CGIL (Italy), UGL (Italy), JTUC-RENGO (Japan), FK TU (Republic of Korea), KCTU (Republic of Korea), SEKRIMA (Madagascar), MTUC (Malaysia), Workers (Mauritius), CROC (Mexico), UGTM (Morocco), Workers (Netherlands), NZCTU (New Zealand), NUHPSW (Nigeria), CGTP (Panama), CGTP (Peru), NSZZ (Poland), CGTP-IN (Portugal), UGT (Portugal), CNS-Cartel Alfa (Romania), CESTRAR (Rwanda), COTRAF (Rwanda), CNTS (Senegal), SFWU (Seychelles), ZSSS (Slovenia), Organized Labour (South Africa), NWC (Sri Lanka), LO (Sweden), USS (Switzerland), CNTT (Togo), CSTT (Togo), NATUC (Trinidad and Tobago), UNISON (United Kingdom), TUC (United Kingdom), ZCTU (Zimbabwe), ITUC and OATUU.

No: 1. GWC (Gambia).

## Comments

CSTB (Benin): The tripartism of the ILO will hence be recognized.

USLC (Cameroon): This will strengthen the partners' sense of responsibility and involvement.

FTUC (Fiji): These two groups have the capacity to reach to the grassroots level of the society and are able to influence ethics and codes of conduct at the workplace; this should be utilized effectively to coordinate national efforts to combat HIV/AIDS.

FTU: There is a need to involve the tripartite partners as equal team players if action is to be effective.

CFDT (France): At same time, there should be respect for workers' right to freedom and the right to privacy.

CGT-FO: This position has the great advantage of preventing all forms of discrimination and exclusion at the workplace.

GSEE (Greece): With the reservation that the word "unique" should be replaced with the word "important".

CGTP (Panama): The social partners in Panama should fight together to mitigate the effects of HIV/AIDS. The implementation of an effective workplace policy will reduce the cost of preventive measures, improve the health and productivity of the workers and reduce the total impact of HIV on the community.

OATUU: This will set the tone for the essential collaboration of all the social partners, other stakeholders and the various programmes initiated and implemented outside the parameters of the world of work.

- Qu. 3** (1) *cooperation among international organizations, in the context of the Joint United Nations Programme on HIV/AIDS (UNAIDS) and beyond, to ensure universal access to HIV prevention, care and treatment and to mitigate the impact of AIDS;*

## Governments

*Total number of replies: 113.*

*Yes: 108.* Antigua and Barbuda, Armenia, Australia, Austria, Bahamas, Barbados, Belarus, Belgium, Belize, Benin, Bosnia and Herzegovina, Botswana, Brazil, Brunei Darussalam, Burkina Faso, Burundi, Cameroon, Canada, China, Colombia, Costa Rica, Côte d'Ivoire, Croatia, Cuba, Democratic Republic of the Congo, Denmark, Egypt, El Salvador, Estonia, Ethiopia, Finland, France, Gabon, Georgia, Germany, Ghana, Greece, Grenada, Honduras, Hungary, Iceland, India, Indonesia, Iraq, Israel, Italy, Jamaica, Japan, Jordan, Kazakhstan, Kenya, Republic of Korea, Kyrgyzstan, Latvia, Lebanon, Luxembourg, Malawi, Malaysia, Mali, Mauritius, Mexico, Republic of Moldova, Morocco, Myanmar, Netherlands, New Zealand, Nigeria, Oman, Panama, Peru, Philippines, Poland, Portugal, Qatar, Russian Federation, Rwanda, Saint Lucia, San Marino, Saudi Arabia, Senegal, Serbia, Seychelles, Sierra Leone, Singapore, Slovenia, South Africa, Spain, Sri Lanka, Sudan, Suriname, Sweden, Switzerland, Syrian Arab Republic, Tajikistan, United Republic of Tanzania, Thailand, Timor-Leste, Trinidad and Tobago, Tunisia, Ukraine,

United Arab Emirates, United Kingdom, Uruguay, Vanuatu, Bolivarian Republic of Venezuela, Viet Nam, Zambia and Zimbabwe.

*No:* 3. Albania, Cyprus and Saint Vincent and the Grenadines.

*Other:* 2. Romania and Saint Kitts and Nevis.

## Comments

*Austria.* Reference could be made here to the Global Fund to fight AIDS, Tuberculosis and Malaria, and to other sources of funding.

*Bosnia and Herzegovina.* All activities in the field of prevention, treatment and legislation should be synchronized.

*Canada.* The Preamble should recognize the respective roles of the ILO and other organizations in the context of HIV/AIDS.

*Côte d'Ivoire.* Cooperation is a necessity in order to prevent dispersed actions and to capitalize resources. Efforts should be made to develop a common platform for the partners and those providing the resources.

*France.* The Preamble should also refer to cooperation with other organizations such as the Global Fund to Fight AIDS, Tuberculosis and Malaria.

*Greece.* Multilateral cooperation will constitute an important means of strengthening efforts to tackle HIV/AIDS. Cooperation with international organizations or other entities (such as UNAIDS, WHO), the World Bank, UNICEF) and the European Union), which show effectiveness and have a coordinating or technical role in tackling HIV/AIDS, is of great importance.

*India.* A number of international organizations are engaged in efforts to fight HIV/AIDS. There is a need to coordinate multilateral programmes to ensure a comprehensive and efficient response and to capitalize on the comparative advantages offered by each organization including by targeting organizational strengths to address unique challenges.

*Seychelles.* A brief reference should be made so as to include the input of these organizations in this regard. Details could be provided under a separate topic.

*Sri Lanka.* This is important to ensure the implementation of the UNAIDS "Three Ones" principles and a coordinated response.

*United Republic of Tanzania.* The UN joint programmes are promoted in the United Republic of Tanzania.

*United Kingdom.* The Government strongly supports this approach. Measures taken by the ILO in response to HIV/AIDS should where possible be aligned with the "One UN" framework.

## Employers

*Total number of replies: 61.*

*Yes:* 56. CGEA (Algeria), AEC (Azerbaijan), CNP (Benin), CNC (Brazil), CNF (Brazil), BCCI (Bulgaria), CAMFEBA (Cambodia), UCCAEP (Costa Rica), CGECI (Côte d'Ivoire), HUP (Croatia), FEC (Democratic Republic of the Congo), DA (Denmark), DEF (Dominica), FEI (Egypt), EK (Finland), KT (Finland), SY (Finland), MEDEF (France), GEA (Ghana), ESEE (Greece), SEV (Greece), COHEP (Honduras), DPN-APINDO (Indonesia), ICEA (Islamic Republic of Iran), JEF (Jamaica), NK (Japan), FKE (Kenya), KEF (Republic of Korea), ALE (Lesotho), CNPM (Mauritania), MEF (Mauritius), COPARMEX (Mexico), MONEF (Mongolia), CGEM (Morocco), NEF (Namibia), Employers (Netherlands), Business NZ (New Zealand), NHO

(Norway), EFP (Pakistan), CONEP (Panama), CCSP (Portugal), CIP (Portugal), CTP (Portugal), SLEF (Saint Lucia), ANIS (San Marino), BUSA (South Africa), Organized Business (South Africa), EFC (Sri Lanka), SKL (Sweden), SAV (Sweden), CNP (Togo), ECA (Trinidad and Tobago), FUE (Uganda), FCCI (United Arab Emirates), CIU (Uruguay) and EMCOZ (Zimbabwe).

*No:* 3. ANDI (Colombia), GZS (Slovenia) and UPS (Switzerland).

*Other:* 2. FNCCI (Nepal) and SN (Sweden).

## Comments

CNP (Benin): The bigger the number involved, the more efficient.

ANDI (Colombia): The information provided by the Ministry of Social Protection and the other national and international actors specialized in HIV/AIDS is quite complete.

CGECI (Côte d'Ivoire): All actions taken without cooperation are bound to fail. The combat against HIV/AIDS is not only medical.

COHEP (Honduras): The fight against HIV/AIDS requires an integrated and coherent response and extends beyond the scope of any individual United Nations body.

DPN-APINDO (Indonesia): HIV prevention, care and treatment and mitigation of the impact of AIDS in one world are very important to solve this particular problem, and it is impossible to achieve successful outcomes without proper cooperation among countries and among international organizations as well.

FNCCI (Nepal): UNAIDS does not cover the workplace; hence, it should be covered by the efforts of the ILO.

Business NZ (New Zealand): Endorses its Government's statement recognizing that the global struggle takes place within a much larger context than just the world of work and encourages the ILO to work within its mandate while cooperating and coordinating with other international organizations better placed to respond to these broader issues.

## Workers

*Total number of replies: 69.*

*Yes:* 69. UGTA (Algeria), UNTA (Angola), CGT-RA (Argentina), ACTU (Australia), CSA-Bénin (Benin), CSTB (Benin), BFTU (Botswana), CITUB (Bulgaria), Podkrepa (Bulgaria), CSTC (Cameroon), CGSTC (Cameroon), USLC (Cameroon), CLC (Canada), UST (Chad), CTRN (Costa Rica), SSSH (Croatia), CMKOS (Czech Republic), UNTC (Democratic Republic of the Congo), FTF (Denmark), LO (Denmark), FTU (Fiji), FTUC (Fiji), SAK (Finland), CGT (France), CGT-FO (France), CFDT (France), GWC (Gambia), DGB (Germany), TUC (Ghana), GSEE (Greece), CNTG (Guinea), ASI (Iceland), KSPI (Indonesia), CGIL (Italy), UGL (Italy), JTUC-RENGO (Japan), FKTU (Republic of Korea), KCTU (Republic of Korea), SEKRIMA (Madagascar), MTUC (Malaysia), Workers (Mauritius), CROC (Mexico), UGTM (Morocco), Workers (Netherlands), NZCTU (New Zealand), NUHPSW (Nigeria), CGTP (Panama), CGTP (Peru), NSZZ (Poland), CGTP-IN (Portugal), UGT (Portugal), CNS-Cartel Alfa (Romania), CESTRAR (Rwanda), COTRAF (Rwanda), CNTS (Senegal), SFWU (Seychelles), ZSSS (Slovenia), Organized Labour (South Africa), NWC (Sri Lanka), LO (Sweden), USS (Switzerland), CNNT (Togo), CSTT (Togo), NATUC (Trinidad and Tobago), UNISON (United Kingdom), TUC (United Kingdom), ZCTU (Zimbabwe), ITUC and OATUU.



## Comments

GWC (Gambia): This is entirely dependent on governments' political will.

CNTG (Guinea): Let it be international or national organizations; if all are in agreement that HIV/AIDS is devastating, we should all be able to agree to fight it together.

*Other: Yes: I. Community (South Africa).*

*No: I. UNOPA (Romania).*

**Qu. 3** (m) *the value of cooperation with other relevant organizations, especially organizations of persons living with HIV, at the national and international levels.*

## Governments

*Total number of replies: 113.*

*Yes: 107.* Antigua and Barbuda, Armenia, Australia, Austria, Barbados, Belarus, Belgium, Belize, Benin, Bosnia and Herzegovina, Botswana, Brazil, Brunei Darussalam, Burkina Faso, Burundi, Cameroon, Canada, Colombia, Costa Rica, Côte d'Ivoire, Croatia, Cyprus, Democratic Republic of the Congo, Denmark, Egypt, El Salvador, Estonia, Ethiopia, Finland, France, Gabon, Germany, Ghana, Greece, Grenada, Honduras, Hungary, Iceland, India, Indonesia, Iraq, Israel, Italy, Jamaica, Japan, Jordan, Kazakhstan, Kenya, Republic of Korea, Kyrgyzstan, Latvia, Lebanon, Luxembourg, Malawi, Malaysia, Mali, Mauritius, Mexico, Republic of Moldova, Morocco, Myanmar, Netherlands, New Zealand, Nigeria, Oman, Panama, Peru, Philippines, Poland, Portugal, Qatar, Romania, Russian Federation, Rwanda, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, San Marino, Saudi Arabia, Senegal, Serbia, Seychelles, Sierra Leone, Singapore, Slovenia, South Africa, Spain, Sri Lanka, Sudan, Suriname, Sweden, Switzerland, Syrian Arab Republic, Tajikistan, United Republic of Tanzania, Thailand, Timor-Leste, Trinidad and Tobago, Tunisia, Ukraine, United Arab Emirates, United Kingdom, Vanuatu, Bolivarian Republic of Venezuela, Viet Nam, Zambia and Zimbabwe.

*No: I. Georgia.*

*Other: 5.* Albania, Bahamas, China, Cuba and Uruguay.

## Comments

*Armenia.* Cooperation with these organizations will allow a correct assessment of the needs and existing problems.

*Belize.* The effective engagement of networks of PLHIV continues to be a challenge. All areas are important and should be briefly described (but not in too much length).

*Benin.* The involvement of PLHIV at both the national and international levels ensures efficiency and is invaluable.

*Bosnia and Herzegovina.* This part should be mandatory and should be written in collaboration with associations of PLHIV, especially the part on exercising the right to work.

*Burkina Faso.* There is an urgent need to involve the victims of the epidemic through their organizations, as they are the first to be affected by the efficiency of the implementation of the future instrument.

*Burundi.* National experiences, particularly in the employment sectors, have shown that the participation of PLHIV is most effective when mobilizing for testing and when promoting behavioural change to reduce the risk of HIV contamination. It would therefore be very useful to mention this in the preamble.

*France.* The value of cooperation with civil society should be mentioned.

*Georgia.* The inclusion of such a reference is not necessary.

*Greece.* Civil society, especially organizations of persons living with HIV/AIDS, has contributed to raising awareness of the disease, as well as to the extension of prevention, care and treatment and has put pressure on public authorities, both in developing and developed countries, for the effective tackling of HIV/AIDS.

*Malaysia.* As more women are being infected with HIV/AIDS and as the mother-to-child mode of transfer increases, the value of HIV/AIDS organizations working with women's NGOs should be mentioned.

*Peru.* HIV/AIDS organizations could be developed in conjunction with coordinated activities, thus producing better results than those envisaged at the outset.

*Senegal.* A response cannot be effective without the involvement of organizations of PLHIV.

*Sierra Leone.* There is a need for cooperation with organizations of PLHIV for the effective planning, coordination and implementation of HIV programmes.

*Sweden (Jämo).* These organizations have knowledge of discrimination which has not resulted in legal disputes.

*Trinidad and Tobago.* The role of organizations of PLHIV should be clearly defined.

*Tunisia.* Organizations of PLHIV have an enormous contribution to make in terms of identifying high-risk groups and in awareness-raising campaigns.

*Zambia.* Yes, in order to bring out living testimonies that people who are HIV-positive can live a long life.

## Employers

*Total number of replies: 62.*

*Yes: 52.* AEC (Azerbaijan), CNP (Benin), CNC (Brazil), CNF (Brazil), BCCI (Bulgaria), CAMFEBA (Cambodia), UCCAEP (Costa Rica), CGECI (Côte d'Ivoire), HUP (Croatia), FEC (Democratic Republic of the Congo), DA (Denmark), DEF (Dominica), FEI (Egypt), EK (Finland), SY (Finland), MEDEF (France), GEA (Ghana), ESEE (Greece), SEV (Greece), COHEP (Honduras), DPN-APINDO (Indonesia), ICEA (Islamic Republic of Iran), NK (Japan), FKE (Kenya), ALE (Lesotho), CNPM (Mauritania), MEF (Mauritius), COPARMEX (Mexico), MONEF (Mongolia), CGEM (Morocco), NEF (Namibia), FNCCI (Nepal), Employers (Netherlands), Business NZ (New Zealand), NHO (Norway), CONEP (Panama), CCSP (Portugal), CIP (Portugal), CTP (Portugal), SLEF (Saint Lucia), ANIS (San Marino), BUSA (South Africa), Organized Business (South Africa), EFC (Sri Lanka), SKL (Sweden), SAV (Sweden), CNP (Togo), ECA (Trinidad and Tobago), FUE (Uganda), FCCI (United Arab Emirates), CIU (Uruguay) and EMCOZ (Zimbabwe).

*No: 8.* CGEA (Algeria), ANDI (Colombia), KT (Finland), KEF (Republic of Korea), EFP (Pakistan), ZDS (Slovenia), GZS (Slovenia), UPS (Switzerland).

*Other: 2.* JEF (Jamaica) and SN (Sweden).

## Comments

CNP (Benin): The struggle against HIV/AIDS in the world of work cannot be waged without the help of infected or affected persons, who through their testimony can raise public awareness.

CAMFEBA (Cambodia): This is important because these are the people who will be able to share their experiences and provide input to help us to understand and to help prevent HIV/AIDS.

MEF (Mauritius): This is a *sine qua non*.

FNCCI (Nepal): It is significant to share success stories with other relevant organizations of PLHIV which also help to implementing the programme.

NHO (Norway): We would give priority to cooperation between the social partners and the government (traditional tripartism).

EFP (Pakistan): This is not relevant to the instrument.

## Workers

*Total number of replies: 69.*

*Yes: 66.* UNTA (Angola), CGT-RA (Argentina), ACTU (Australia), CSA-Bénin (Benin), CSTB (Benin), BFTU (Botswana), CITUB (Bulgaria), Podkrepa (Bulgaria), CSTC (Cameroon), CGSTC (Cameroon), USLC (Cameroon), CLC (Canada), UST (Chad), CTRN (Costa Rica), SSSH (Croatia), CMKOS (Czech Republic), UNTC (Democratic Republic of the Congo), FTF (Denmark), LO (Denmark), FTU (Fiji), FTUC (Fiji), SAK (Finland), CGT (France), CGT-FO (France), CFDT (France), GWC (Gambia), DGB (Germany), TUC (Ghana), GSEE (Greece), CNTG (Guinea), ASI (Iceland), KSPI (Indonesia), CGIL (Italy), UGL (Italy), JTUC-RENGO (Japan), FKTU (Republic of Korea), KCTU (Republic of Korea), SEKRIMA (Madagascar), MTUC (Malaysia), Workers (Mauritius), UGTM (Morocco), Workers (Netherlands), NZCTU (New Zealand), NUHPSW (Nigeria), CGTP (Panama), Poland), CGTP-IN (Portugal), UGT (Portugal), CNS-Cartel Alfa (Romania), CESTRAR (Rwanda), COTRAF (Rwanda), CNTS (Senegal), SFWU (Seychelles), ZSSS (Slovenia), Organized Labour (South Africa), NWC (Sri Lanka), LO (Sweden), USS (Switzerland), CNTT (Togo), CSTT (Togo), NATUC (Trinidad and Tobago), UNISON (United Kingdom), TUC (United Kingdom), ZCTU (Zimbabwe), ITUC and OATUU.

*Other: 3.* UGTA (Algeria), CROC (Mexico) and CGTP (Peru).

## Comments

USLC (Cameroon): These are principles of solidarity.

UNTC (Democratic Republic of the Congo): It is important to highlight this, as the work of these organizations has greatly improved understanding of what AIDS actually is and what approach should be taken and has helped to put minds at rest and give renewed consideration to people living with HIV/AIDS.

CGT (France): This is indispensable.

CGT-FO (France): This should not result in persons being considered in terms of their HIV status and categorized as persons living or not living with HIV, which could put HIV sufferers in a “ghetto”.

CNTG (Guinea): Organizations of PLHIV are particularly important, as they have links to the population groups that are targeted.

KCTU (Republic of Korea): For effective actions, cooperation with organizations of PLHIV is essential.

NZCTU (New Zealand): It is very important for national organizations to be cooperating and working together. This strengthens and increases the visibility of the issue and ensures better responses and policies.

COTRAF (Rwanda): PLHIV are the most qualified to express their fundamental needs.

## I. Definitions and scope

**Qu. 4** *Should the proposed instrument contain the following definitions:*

(a) *“HIV” means the Human Immunodeficiency Virus, a virus that weakens the body’s immune system, ultimately causing AIDS;*

### Governments

*Total number of replies: 113.*

*Yes: 106.* Albania, Antigua and Barbuda, Armenia, Australia, Austria, Bahamas, Barbados, Belarus, Belgium, Belize, Benin, Bosnia and Herzegovina, Botswana, Brazil, Brunei Darussalam, Burkina Faso, Burundi, Cameroon, China, Costa Rica, Côte d’Ivoire, Cuba, Cyprus, Democratic Republic of the Congo, Egypt, El Salvador, Finland, France, Gabon, Georgia, Germany, Ghana, Greece, Grenada, Honduras, Hungary, Iceland, India, Indonesia, Iraq, Israel, Italy, Jamaica, Japan, Jordan, Kazakhstan, Kenya, Republic of Korea, Kyrgyzstan, Latvia, Lebanon, Luxembourg, Malawi, Malaysia, Mali, Mauritius, Republic of Moldova, Morocco, Myanmar, Netherlands, New Zealand, Nigeria, Oman, Panama, Peru, Philippines, Poland, Portugal, Qatar, Romania, Russian Federation, Rwanda, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, San Marino, Saudi Arabia, Senegal, Serbia, Seychelles, Sierra Leone, Singapore, Slovenia, South Africa, Spain, Sri Lanka, Sudan, Suriname, Sweden, Switzerland, Syrian Arab Republic, Tajikistan, United Republic of Tanzania, Thailand, Timor-Leste, Trinidad and Tobago, Tunisia, Ukraine, United Arab Emirates, United Kingdom, Uruguay, Vanuatu, Bolivarian Republic of Venezuela, Viet Nam, Zambia and Zimbabwe.

*No: 5.* Canada, Croatia, Colombia, Estonia and Mexico.

*Other: 2.* Denmark and Ethiopia.

### Comments

*Australia.* Our National Code defines “HIV” thus. “The Human Immunodeficiency Virus (HIV) can damage the body’s immune system so that it is unable to fight off infection. This is the cause of Acquired Immune Deficiency Syndrome (AIDS). An important feature of HIV infection is that there is usually a long period after initial infection during which the person has few or no symptoms of the disease”. We suggest replacing “ultimately causing AIDS” with “potentially causing AIDS” because some people have been infected for decades with minimal impact on their immune systems and with current antiretroviral therapies many people living with HIV do not develop AIDS.

*Canada.* Delete “ultimately causing AIDS”.

*Colombia.* Replace with “HIV, which becomes an immunodeficiency syndrome with a significant weakening of the immune system”.

*Croatia.* The definitions are not strictly accurate if treated properly and on a regular basis, neither HIV nor AIDS ultimately has these effects.

*Denmark.* This is not within the mandate of the ILO and should be defined by relevant UN agencies (WHO and UNAIDS).

*Estonia.* A person can be infected with HIV without developing AIDS.

*Hungary.* Proposes “virus that harms the body’s immune system. Finally the infected person develops AIDS.”

*Mexico.* No definitions should be provided but reference should be made to the competent members of the UN system.

*Peru.* Also need to indicate the meaning of HIV and AIDS and when HIV infection leads to AIDS, as well as the differences between these terms, which are often confused.

*Poland.* Proposes “one of the viruses that lead to the impairment of the immune system in humans. The end stage of the disease resulting from the HIV infection is AIDS”.

*Qatar.* But there are effective treatments.

## Employers

*Total number of replies: 62.*

*Yes: 58.* CGEA (Algeria), AEC (Azerbaijan), CNP (Benin), CNC (Brazil), CNF (Brazil), BCCI (Bulgaria), CAMFEBA (Cambodia), UCCAEP (Costa Rica), CGECI (Côte d’Ivoire), FEC (Democratic Republic of the Congo), DA (Denmark), DEF (Dominica), FEI (Egypt), EK (Finland), KT (Finland), SY (Finland), MEDEF (France), GEA (Ghana), ESEE (Greece), SEV (Greece), COHEP (Honduras), DPN-APINDO (Indonesia), ICEA (Islamic Republic of Iran), NK (Japan), FKE (Kenya), KEF (Republic of Korea), ALE (Lesotho), CNPM (Mauritania), MEF (Mauritius), COPARMEX (Mexico), MONEF (Mongolia), CGEM (Morocco), NEF (Namibia), FNCCI (Nepal), Employers (Netherlands), Business NZ (New Zealand), NHO (Norway), EFP (Pakistan), CONEP (Panama), CCSP (Portugal), CIP (Portugal), CTP (Portugal), SLEF (Saint Lucia), ANIS (San Marino), ZDS (Slovenia), GZS (Slovenia), BUSA (South Africa), Organized Labour (South Africa), EFC (Sri Lanka), SKL (Sweden), SAV (Sweden), UPS (Switzerland), CNP (Togo), ECA (Trinidad and Tobago), FUE (Uganda), FCCI (United Arab Emirates), CIU (Uruguay) and EMCOZ (Zimbabwe).

*No: 2.* ANDI (Colombia) and HUP (Croatia).

*Other: 2.* JEF (Jamaica) and SN (Sweden).

## Comments

ANDI (Colombia): This refers to a pathological condition and does not correspond to the nature of an international labour instrument.

## Workers

*Total number of replies: 69.*

*Yes: 66.* UGTA (Algeria), UNTA (Angola), CGT-RA (Argentina), ACTU (Australia), CSA-Bénin (Benin), CSTB (Benin), BFTU (Botswana), CITUB (Bulgaria), Podkrepa (Bulgaria), CSTC (Cameroon), CGSTC (Cameroon), USLC (Cameroon), CLC (Canada), UST (Chad), CTRN (Costa Rica), CMKOS (Czech Republic), UNTC (Democratic Republic of the Congo), FTF (Denmark), LO (Denmark), FTU (Fiji), FTUC (Fiji), SAK (Finland), CGT (France), CFDT (France), GWC (Gambia), DGB (Germany), TUC (Ghana), GSEE (Greece), CNTG (Guinea), ASI (Iceland), KSPI (Indonesia), CGIL (Italy), UGL (Italy), JTUC-RENGO (Japan), FK TU (Republic of Korea), KCTU (Republic of Korea), SEKRIMA (Madagascar), MTUC (Malaysia), Workers (Mauritius), CROC (Mexico), UGTM (Morocco), Workers (Netherlands), NZCTU (New Zealand), NUHPSW (Nigeria), CGTP (Panama), NSZZ (Poland), CGTP-IN (Portugal), UGT

(Portugal), CNS-Cartel Alfa (Romania), CESTRAR (Rwanda), COTRAF (Rwanda), CNTS (Senegal), SFWU (Seychelles), ZSSS (Slovenia), Organized Labour (South Africa), NWC (Sri Lanka), LO (Sweden), USS (Switzerland), CNTT (Togo), CSTT (Togo), NATUC (Trinidad and Tobago), UNISON (United Kingdom), TUC (United Kingdom), ZCTU (Zimbabwe), ITUC (International Trade Union Confederation) and OATUU (Organization of African Trade Union Unity).

*No: 2. SSSH (Croatia) and CGTP (Peru).*

*Other: 1. CGT-FO (France).*

## Comments

LO; FTF (Denmark): Important to have definitions. If this would constitute a problem reference could be made to WHO or UNAIDS definitions.

**Qu. 4** (b) *“AIDS” means the Acquired Immune Deficiency Syndrome, a cluster of medical conditions, often referred to as opportunistic infections and cancers and for which, to date, there is no cure;*

## Governments

*Total number of replies: 113.*

*Yes: 104.* Albania, Antigua and Barbuda, Armenia, Australia, Austria, Bahamas, Barbados, Belarus, Belgium, Belize, Benin, Bosnia and Herzegovina, Botswana, Brazil, Brunei Darussalam, Burkina Faso, Burundi, Cameroon, Canada, China, Costa Rica, Côte d’Ivoire, Cuba, Cyprus, Democratic Republic of the Congo, Egypt, El Salvador, Finland, France, Gabon, Georgia, Germany, Ghana, Greece, Grenada, Honduras, Hungary, Iceland, India, Indonesia, Iraq, Israel, Italy, Jamaica, Japan, Kazakhstan, Kenya, Republic of Korea, Kyrgyzstan, Latvia, Luxembourg, Malawi, Malaysia, Mali, Mauritius, Republic of Moldova, Morocco, Myanmar, Netherlands, New Zealand, Nigeria, Oman, Panama, Peru, Philippines, Poland, Portugal, Qatar, Romania, Russian Federation, Rwanda, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, San Marino, Saudi Arabia, Senegal, Serbia, Seychelles, Sierra Leone, Singapore, Slovenia, South Africa, Spain, Sri Lanka, Sudan, Suriname, Switzerland, Syrian Arab Republic, Tajikistan, United Republic of Tanzania, Thailand, Timor-Leste, Trinidad and Tobago, Tunisia, Ukraine, United Arab Emirates, United Kingdom, Uruguay, Vanuatu, Bolivarian Republic of Venezuela, Viet Nam, Zambia and Zimbabwe.

*No: 6.* Colombia, Croatia, Estonia, Jordan, Lebanon and Mexico.

*Other: 3.* Denmark, Ethiopia and Sweden.

## Comments

*Australia.* Suggests “A syndrome defined by the development of serious opportunistic infections, neoplasms or other life-threatening manifestations resulting from progressive HIV-induced immunosuppression. As the virus begins to destroy the immune system, symptoms such as weight loss, fever, diarrhoea and lymph gland enlargement may commence. This usually progresses to the full AIDS, which develops when the immune system is severely damaged. The person may become terminally ill with infections, cancers or neurological disorders.”

*Colombia.* Suggests “Symptoms which become Acquired Immunodeficiency Syndrome, which is understood as the whole of the symptoms and signs arising from a significant weakening of the immune system as a consequence of infection by HIV.

*Côte d'Ivoire.* Opportunistic infections are treatable and reference should be made to the role of antiretroviral medication.

*Croatia.* Since the introduction of antiretroviral treatments, AIDS has become reversible, and persons with severe opportunistic infection could be treated and no longer be described as having AIDS.

*Estonia.* A person can be infected with HIV without developing AIDS.

*Hungary.* Proposes “A syndrome often referred to as indicator diseases (opportunistic infections and tumours, AIDS dementia complex) for which, to date, there is no cure.”

*Honduras.* There are anti-retroviral treatments that improve health status.

*India.* Replace “Immune Deficiency” by “Immunodeficiency”

*Kazakhstan.* “There is no cure” should be deleted because the patient should have hope. Scientific research is aimed at finding new treatment technologies.

*Mauritius.* AIDS cannot be defined only as opportunistic infections. Most opportunistic infections occur at the end stage of HIV infection.

*Panama.* Replace “cancer” with “illness”.

*Peru.* Also needs to indicate the exact meaning of the acronym AIDS.

*Poland.* Suggests “the end stage of the disease resulting from the HIV infection and leading to impairment of the immune system, as well as opportunistic infections and types of cancer that are difficult to treat”.

*Qatar.* There is effective treatment which prevents such progression.

*Sweden (LMA).* Suggests “A cluster of medical conditions, often referred to as opportunistic infections and cancers affecting those infected with HIV, and which lead to death unless the patient receives adequate treatment”. With lifelong modern antiretroviral treatment, AIDS patients can live a “normal life” for decades and it is important to stress the difference between access and non-access to treatment. with correct treatment a person can still go on working and caring for a family; without it a patient usually dies within two years. This is a human rights issue, as most HIV-infected/AIDS patients in the world do not have access to treatment.

*United Kingdom.* HIV and AIDS should not be used interchangeably in the instrument through expressions such as “HIV/AIDS”. This can result in a “lumping together” of conditions requiring different responses.

## Employers

*Total number of replies: 62.*

*Yes: 53.* AEC (Azerbaijan), CNP (Benin), CNC (Brazil), CNF (Brazil), BCCI (Bulgaria), CAMFEBA (Cambodia), UCCAEP (Costa Rica), CGECI (Côte d'Ivoire), FEC (Democratic Republic of the Congo), DA (Denmark), DEF (Dominica), FEI (Egypt), EK (Finland), KT (Finland), SY (Finland), GEA (Ghana), ESEE (Greece), SEV (Greece), COHEP (Honduras), DPN-APINDO (Indonesia), ICEA (Islamic Republic of Iran), NK (Japan), KEF (Republic of Korea), ALE (Lesotho), CNPM (Mauritania), MEF (Mauritius), COPARMEX (Mexico), MONEF (Mongolia), CGEM (Morocco), NEF (Namibia), Employers (Netherlands), Business NZ (New Zealand), NHO (Norway), CONEP (Panama), CCSP (Portugal), CIP (Portugal), CTP (Portugal), SLEF (Saint Lucia), ANIS (San Marino), ZDS (Slovenia), GZS (Slovenia), BUSA (South Africa), Organized Business (South Africa), EFC (Sri Lanka), SKL (Sweden), SAV (Sweden), UPS

(Switzerland), CNP (Togo), ECA (Trinidad and Tobago), FUE (Uganda), FCCI (United Arab Emirates), CIU (Uruguay) and EMCOZ (Zimbabwe).

*No:* 6. CGEA (Algeria), ANDI (Colombia), CEA (Croatia), MEDEF (France), FKE (Kenya) and FNCCI (Nepal).

*Other:* 3. JEF (Jamaica), EFP (Pakistan) and SN (Sweden).

## Comments

ANDI (Colombia): This is a definition regarding a pathological condition and does not correspond to the nature of an international labour instrument.

MEDEF (France): This is not well defined. Even if there is no cure, the illness can be stabilized thanks to new therapies.

COHEP (Honduras): Add comment that there are antiviral treatments that improve health status.

EFP (Pakistan): AIDS should be explained the current definition deleted.

## Workers

*Total number of replies:* 69.

*Yes:* 63. UGTA (Algeria), UNTA (Angola), CGT-RA (Argentina), ACTU (Australia), CSA-Bénin (Benin), CSTB (Benin), BFTU (Botswana), CITUB (Bulgaria), Podkrepa (Bulgaria), CSTC (Cameroon), CGSTC (Cameroon), USLC (Cameroon), CLC (Canada), UST (Chad), CTRN (Costa Rica), CMKOS (Czech Republic), UNTC (Democratic Republic of the Congo), FTF (Denmark), LO (Denmark), FTU (Fiji), FTUC (Fiji), SAK (Finland), CGT (France), CFDT (France), GWC (Gambia), DGB (Germany), TUC (Ghana), GSEE (Greece), CNTG (Guinea), ASI (Iceland), KSPI (Indonesia), CGIL (Italy), JTUC-RENGO (Japan), FKTI (Republic of Korea), SEKRIMA (Madagascar), MTUC (Malaysia), CROC (Mexico), Workers (Netherlands), NZCTU (New Zealand), NUHPSW (Nigeria), CGTP (Panama), CGTP (Peru), NSZZ (Poland), CGTP-IN (Portugal), UGT (Portugal), CNS-Cartel Alfa (Romania), CESTRAR (Rwanda), COTRAF (Rwanda), CNTS (Senegal), SFWU (Seychelles), ZSSS (Slovenia), Organized Labour (South Africa), NWC (Sri Lanka), LO (Sweden), USS (Switzerland), CNTT (Togo), CSTT (Togo), NATUC (Trinidad and Tobago), UNISON (United Kingdom), TUC (United Kingdom), ZCTU (Zimbabwe) and ITUC (International Trade Union Confederation) and OATUU (Organization of African Trade Union Unity).

*No:* 4. SSSH (Croatia), UGL (Italy), KCTU (Republic of Korea) and Workers (Mauritius).

*Other:* 2. CGT-FO (France) and UGTM (Morocco).

## Comments

CGT-RA (Argentina): Although there is no cure for AIDS, opportunistic infections and associated neoplasias can be treated. Life expectancy of PLHIV is prolonged and extended with viral suppressive drugs.

LO (Denmark) and FTF (Denmark): Refers to definitions made by WHO and UNAIDS.

UGL (Italy): Treatments exist to slow the progression of the disease.

FKE (Kenya): There are cures for opportunistic infections, even though there is no cure for the HIV virus.



KCTU (Republic of Korea): To include the definition of HIV/AIDS seems fine but “but to date there is no cure” seems unnecessary.

**Qu. 4** (c) “persons living with HIV” means those infected with HIV;

**Governments**

*Total number of replies: 114.*

*Yes: 105.* Albania, Antigua and Barbuda, Armenia, Australia, Austria, Barbados, Belarus, Belize, Benin, Bosnia and Herzegovina, Albania, Botswana, Brazil, Brunei Darussalam, Burkina Faso, Burundi, Cameroon, China, Colombia, Costa Rica, Côte d’Ivoire, Croatia, Cuba, Cyprus, Democratic Republic of the Congo, Egypt, El Salvador, Estonia, Ethiopia, Finland, France, Gabon, Georgia, Germany, Ghana, Greece, Grenada, Honduras, Hungary, Iceland, India, Indonesia, Iraq, Israel, Italy, Jamaica, Japan, Jordan, Kazakhstan, Kenya, Republic of Korea, Kyrgyzstan, Latvia, Lebanon, Luxembourg, Malawi, Malaysia, Mali, Mauritius, Republic of Moldova, Myanmar, Netherlands, New Zealand, Nigeria, Oman, Panama, Peru, Philippines, Poland, Portugal, Qatar, Russian Federation, Rwanda, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, San Marino, Saudi Arabia, Senegal, Serbia, Seychelles, Sierra Leone, Singapore, Slovenia, South Africa, Spain, Sri Lanka, Sudan, Suriname, Sweden, Switzerland, Syrian Arab Republic, Tajikistan, United Republic of Tanzania, Thailand, Trinidad and Tobago, Tunisia, Ukraine, United Arab Emirates, United Kingdom, Uruguay, Vanuatu, Bolivarian Republic of Venezuela, Viet Nam, Zambia and Zimbabwe

*No: 5.* Bahamas, Canada, Mexico, Morocco and Timor-Leste,

*Other: 4.* Belgium, Denmark, Ethiopia and Romania.

**Comments**

*Belgium.* PLHIV should be defined.

*Canada.* We propose. “Persons living with HIV or who have a diagnosis of AIDS”.

*Japan.* Our guidelines definition of PLHIV is “carriers whose conditions are asymptomatic”.

*Peru.* This term covers persons infected with HIV, also known as persons living with HIV (PLHIV).

*United Kingdom.* Technical discussion will need to consider if this is diagnosed HIV – or undiagnosed, e.g. untested.

**Employers**

*Total number of replies: 62.*

*Yes: 56.* CGEA (Algeria), AEC (Azerbaijan), CNP (Benin), CNC (Brazil), CNF (Brazil), BCCI (Bulgaria), CAMFEBA (Cambodia), ANDI (Colombia), UCCAEP (Costa Rica), CGECI (Côte d’Ivoire), HUP (Croatia), DA (Denmark), DEF (Dominica), FEI (Egypt), EK (Finland), KT (Finland), SY (Finland), GEA (Ghana), ESEE (Greece), SEV (Greece), COHEP (Honduras), DPN-APINDO (Indonesia), ICEA (Islamic Republic of Iran), NK (Japan), FKE (Kenya), KEF (Republic of Korea), ALE (Lesotho), CNPM (Mauritania), MEF (Mauritius), COPARMEX (Mexico), MONEF (Mongolia), CGEM (Morocco), NEF (Namibia), Employers (Netherlands), Business NZ (New Zealand), NHO (Norway), EFP (Pakistan), CONEP (Panama), CCSP (Portugal), CIP (Portugal), CTP (Portugal), SLEF (Saint Lucia), ANIS (San Marino), ZDS (Slovenia), GZS (Slovenia), BUSA (South Africa), Organized Business (South Africa), EFC (Sri

Lanka), SKL (Sweden), SAV (Sweden), UPS (Switzerland), CNP (Togo), ECA (Trinidad and Tobago), FUE (Uganda), CIU (Uruguay) and EMCOZ (Zimbabwe).

*No:* 3. MEDEF (France), FNCCI (Nepal), FCCI (United Arab Emirates).

*Other:* 3. FEC (Democratic Republic of the Congo), JEF (Jamaica) and SN (Sweden).

## Comments

ANDI (Colombia): Yes, but it is clear that the definition does not correspond to the nature of an international labour instrument

MEDEF (France): This terminology is not very good. It would be simpler just to refer to “persons affected by HIV”. The reference “living with” simplifies and will make prevention more difficult.

## Workers

*Total number of replies: 69.*

*Yes:* 67. UGTA (Algeria), UNTA (Angola), CGT-RA (Argentina), ACTU (Australia), CSA-Bénin (Benin), CSTB (Benin), BFTU (Botswana), CITUB (Bulgaria), Podkrepa (Bulgaria), CSTC (Cameroon), CGSTC (Cameroon), USLC (Cameroon), CLC (Canada), UST (Chad), CTRN (Costa Rica), SSSH (Croatia), CMKOS (Czech Republic), UNTC (Democratic Republic of the Congo), FTF (Denmark), LO (Denmark), FTU (Fiji), FTUC (Fiji), SAK (Finland), CGT (France) CFDT (France), GWC (Gambia), DGB (Germany), TUC (Ghana), GSEE (Greece), CNTG (Guinea), ASI (Iceland), KSPI (Indonesia), CGIL (Italy), UGL (Italy), JTUC-RENGO (Japan), FKTU (Republic of Korea), KCTU (Republic of Korea), SEKRIMA (Madagascar), MTUC (Malaysia), Workers (Mauritius), CROC (Mexico), UGTM (Morocco), Workers (Netherlands), NZCTU (New Zealand), NUHPSW (Nigeria), CGTP (Panama), NSZZ (Poland), CGTP-IN (Portugal), UGT (Portugal), CNS-Cartel Alfa (Romania), CESTRAR (Rwanda), COTRAF (Rwanda), CNTS (Senegal), SFWU (Seychelles), ZSSS (Slovenia), Organized Labour (South Africa), NWC (Sri Lanka), LO (Sweden), USS (Switzerland), CNTT (Togo), CSTT (Togo), NATUC (Trinidad and Tobago), UNISON (United Kingdom), TUC (United Kingdom), ZCTU (Zimbabwe), ITUC (International Trade Union Confederation) and OATUU (Organization of African Trade Union Unity).

*No:* 1. CGTP (Peru).

*Other:* 1. CGT-FO (France).

## Comments

LO; FTF (Denmark): Reference could be made to definitions made by WHO and UNAIDS.

**Qu. 4** (d) “*affected persons*” means persons whose lives are changed in any way by HIV/AIDS due to the broader impact of this epidemic?

## Governments

*Total number of replies: 113.*

*Yes:* 103. Albania, Antigua and Barbuda, Armenia, Australia, Austria, Bahamas, Barbados, Belarus, Belize, Benin, Bosnia and Herzegovina, Botswana, Brazil, Brunei Darussalam, Burkina Faso, Burundi, Cameroon, China, Colombia, Costa Rica, Côte d’Ivoire, Cuba, Cyprus, Democratic Republic of the Congo, Egypt, El Salvador, Estonia, Finland, France, Gabon,

Georgia, Germany, Ghana, Greece, Honduras, Hungary, Iceland, India, Indonesia, Iraq, Israel, Italy, Jamaica, Japan, Kazakhstan, Kenya, Kyrgyzstan, Latvia, Lebanon, Luxembourg, Malawi, Malaysia, Mali, Mauritius, Republic of Moldova, Morocco, Myanmar, Netherlands, New Zealand, Nigeria, Oman, Panama, Peru, Philippines, Poland, Portugal, Qatar, Romania, Russian Federation, Rwanda, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, San Marino, Saudi Arabia, Senegal, Serbia, Seychelles, Sierra Leone, Singapore, Slovenia, South Africa, Spain, Sri Lanka, Sudan, Suriname, Sweden, Switzerland, Syrian Arab Republic, Tajikistan, United Republic of Tanzania, Thailand, Trinidad and Tobago, Tunisia, Ukraine, United Arab Emirates, United Kingdom, Uruguay, Vanuatu, Bolivarian Republic of Venezuela, Viet Nam, Zambia and Zimbabwe.

*No:* 7. Canada, Croatia, Grenada, Jordan, Republic of Korea, Mexico and Timor-Leste.

*Other:* 3. Belgium, Denmark and Ethiopia.

## Comments

*Bosnia and Herzegovina.* This part may be written in one article of the recommendation, including definition of some other concepts from the field of labour relations related to non-discrimination against persons with PLHIV.

*Canada.* Suggests. “Persons whose lives are directly affected by HIV/AIDS”.

*Croatia.* Seems to be too broad.

*Grenada.* Needs to be clarified since everyone is “affected” by the broader impact.

*Peru.* Include family members and other persons who are economically dependent on PLHIV.

*Portugal.* Should be in accordance with scientific and technical aspects.

## Employers

*Total number of replies:* 62.

*Yes:* 53. CGEA (Algeria), AEC (Azerbaijan), CNP (Benin), CNC (Brazil), CNF (Brazil), BCCI (Bulgaria), CAMFEBA (Cambodia), ANDI (Colombia), UCCAEP (Costa Rica), CGECI (Côte d’Ivoire), FEC (Democratic Republic of the Congo), DA (Denmark), DEF (Dominica), FEI (Egypt), EK (Finland), KT (Finland), SY (Finland), MEDEF (France), GEA (Ghana), ESEE (Greece), SEV (Greece), COHEP (Honduras), DPN-APINDO (Indonesia), ICEA (Islamic Republic of Iran), NK (Japan), FKE (Kenya), ALE (Lesotho), CNPM (Mauritania), MEF (Mauritius), COPARMEX (Mexico), MONEF (Mongolia), CGEM (Morocco), NEF (Namibia), Employers (Netherlands), Business NZ (New Zealand), NHO (Norway), CONEP (Panama), CCSP (Portugal), CIP (Portugal), CTP (Portugal), SLEF (Saint Lucia), ANIS (San Marino), BUSA (South Africa), Organized Business (South Africa), SKL (Sweden), SAV (Sweden), UPS (Switzerland), CNP (Togo), ECA (Trinidad and Tobago), FUE (Uganda), FCCI (United Arab Emirates), CIU (Uruguay) and EMCOZ (Zimbabwe).

*No:* 6. HUP (Croatia), KEF (Republic of Korea), FNCCI (Nepal), ZDS (Slovenia), GZS (Slovenia) and EFC (Sri Lanka).

*Other:* 3. JEF (Jamaica), EFP (Pakistan) and SN (Sweden).

## Comments

EFP (Pakistan): This points to stigma.

CIP (Portugal): These definitions should be in accordance with scientific and technical aspects.

## Workers

*Total number of replies: 69.*

*Yes:* 65. UGTA (Algeria), UNTA (Angola), ACTU (Australia), CSA-Bénin (Benin), CSTB (Benin), BFTU (Botswana), CITUB (Bulgaria), Podkrepa (Bulgaria), CSTC (Cameroon), CGSTC (Cameroon), USLC (Cameroon), CLC (Canada), UST (Chad), CTRN (Costa Rica), CMKOS (Czech Republic), UNTC (Democratic Republic of the Congo), FTF (Denmark), LO (Denmark), FTU (Fiji), FTUC (Fiji), SAK (Finland), CGT (France), CFDT (France), GWC (Gambia), DGB (Germany), TUC (Ghana), GSEE (Greece), CNTG (Guinea), ASI (Iceland), KSPI (Indonesia), CGIL (Italy), UGL (Italy), JTUC-RENGO (Japan), FKTU (Republic of Korea), KCTU (Republic of Korea), SEKRIMA (Madagascar), MTUC (Malaysia), Workers (Mauritius), CROC (Mexico), Workers (Netherlands), NZCTU (New Zealand), NUHPSW (Nigeria), CGTP (Panama), CGTP (Peru), NSZZ (Poland), CGTP-IN (Portugal), UGT (Portugal), CNS-Cartel Alfa (Romania), CESTRAR (Rwanda), COTRAF (Rwanda), CNTS (Senegal), SFWU (Seychelles), ZSSS (Slovenia), Organized Labour (South Africa), NWC (Sri Lanka), LO (Sweden), USS (Switzerland), CNTT (Togo), CSTT (Togo), NATUC (Trinidad and Tobago), UNISON (United Kingdom), TUC (United Kingdom), ZCTU (Zimbabwe), ITUC (International Trade Union Confederation) and OATUU (Organization of African Trade Union Unity).

*No:* 1. SSSH (Croatia).

*Other:* 3. CGT-RA (Argentina), CGT-FO (France) and UGTM (Morocco).

## Comments

CGT-RA (Argentina): Infected persons may develop a totally normal social and labour life. In order to do so they have to control their state of health, as do people with diabetes, hypertension and some other chronic pandemics.

CGTP (Panama): It seems necessary to apply some sort of glossary so that all of us understand a definition in the same manner.

**Qu. 5** *Should the proposed instrument cover:*

*(a) all workers, including self-employed persons, and applicants for work;*

## Governments

*Total number of replies: 113.*

*Yes:* 102. Albania, Antigua and Barbuda, Armenia, Australia, Austria, Bahamas, Barbados, Belarus, Belgium, Belize, Benin, Bosnia and Herzegovina, Botswana, Brazil, Brunei Darussalam, Burkina Faso, Burundi, Cameroon, Canada, China, Colombia, Costa Rica, Côte d'Ivoire, Croatia, Cuba, Cyprus, Democratic Republic of the Congo, Denmark, Egypt, El Salvador, Estonia, Ethiopia, France, Gabon, Georgia, Germany, Ghana, Greece, Grenada, Honduras, Hungary, Iceland, India, Indonesia, Iraq, Israel, Italy, Jamaica, Japan, Jordan, Kazakhstan, Kenya, Kyrgyzstan, Latvia, Lebanon, Luxembourg, Malawi, Malaysia, Mali, Mauritius, Mexico, Republic of Moldova, Myanmar, Netherlands, New Zealand, Nigeria, Panama, Peru, Philippines, Poland, Portugal, Qatar, Romania, Russian Federation, Rwanda, Saint Kitts and Nevis, Saint Lucia, San Marino, Saudi Arabia, Senegal, Serbia, Seychelles, Sierra Leone, Singapore, Slovenia, South Africa, Sri Lanka, Sudan, Suriname, Switzerland, Syrian Arab Republic, Tajikistan, Timor-Leste, Trinidad and Tobago, Tunisia, Ukraine, United Kingdom, Uruguay, Vanuatu, Bolivarian Republic of Venezuela, Viet Nam, and Zimbabwe.

*No:* 9. Finland, Republic of Korea, Morocco, Oman, Spain, United Republic of Tanzania, Thailand, United Arab Emirates and Zambia.

*Other:* 2. Saint Vincent and the Grenadines and Sweden.

## Comments

*Australia.* Also volunteers in the workplace.

*Austria.* There may be a problem reaching self-employed persons and others who cannot be reached through the workplace.

*Belize.* Would this also cover retired or mobile workers?

*Benin.* The International Code of Ethics for Occupational Safety and Health Workers includes independent workers in their definition of workers.

*Brunei Darussalam.* Should only cover nationals.

*Burundi.* Particularly since people without social protection are more vulnerable to HIV.

*Cameroon.* Workers in the informal sector are more vulnerable and do not benefit from social security.

*Canada.* Should take into account these groups' different needs and circumstances.

*Democratic Republic of the Congo.* The responsibility of employers and of workers' organizations as well as of governments must be reflected in the document.

*Côte d'Ivoire.* Job applicants must be protected from systematic testing for employment purposes and from discrimination in access to employment. In this respect, independent workers are also workers.

*Cuba.* In Cuba self-employed persons belong to trade unions. They have the same rights as everyone else under the public health-care system, and are included in prevention and treatment plans.

*Denmark.* Where relevant.

*Ethiopia.* Extending coverage to all workers should be done gradually.

*Finland.* Not the self-employed, since they do not have an employer.

*Malaysia.* Only workers with a contract of service.

*Oman.* There are problems in accessing and covering this category of workers, who are often not covered by national legislation.

*Peru.* Its scope should cover the entire workforce, as well as those within the age range of the economically active population, including both employed persons and people of working age looking for work.

*Poland.* Self-employed persons are not covered the by Polish labour law.

*Romania.* New approaches should be adopted for the needs of the informal sector.

*Spain.* Not self-employed persons.

*Sri Lanka.* The informal sector has less access to services and this should also be addressed.

*Sudan.* Not self-employed persons or job applicants.

*Sweden.* The integrity of applicants for work must not be affected.

*United Republic of Tanzania.* Self-employed need to be organized first, so start with employed workers.

*Thailand.* Self-employed persons means business owners and/or employees.

*United Kingdom.* How will the responsibilities for these categories be reflected in the draft text? Would employers be expected to grant job applicants the same access to HIV services as their regular staff?

*Zambia.* Only employed workers, but proposed interventions can be extended to self-employed.

*Zimbabwe.* Self-employed persons are both employers and workers and a conflict of responsibility may arise.

## Employers

*Total number of replies: 62.*

*Yes: 50.* AEC (Azerbaijan), CNP (Benin), CNC (Brazil), CNF (Brazil), BCCI (Bulgaria), CAMFEBA (Cambodia), ANDI (Colombia), UCCAEP (Costa Rica), CGECI (Côte d'Ivoire), HUP (Croatia), FEC (Democratic Republic of the Congo), DA (Denmark), DEF (Dominica), FEI (Egypt), KT (Finland), SY (Finland), MEDEF (France), GEA (Ghana), ESEE (Greece), SEV (Greece), COHEP (Honduras), DPN-APINDO (Indonesia), ICEA (Islamic Republic of Iran), NK (Japan), FKE (Kenya), CNPM (Mauritania), MEF (Mauritius), COPARMEX (Mexico), MONEF (Mongolia), CGEM (Morocco), NEF (Namibia), Employers (Netherlands), Business NZ (New Zealand), EFP (Pakistan), CIP (Portugal), CTP (Portugal), SLEF (Saint Lucia), ANIS (San Marino), ZDS (Slovenia), GZS (Slovenia), BUSA (South Africa), Organized Business (South Africa), SKL (Sweden), SAV (Sweden), CNP (Togo), ECA (Trinidad and Tobago), FUE (Uganda), FCCI (United Arab Emirates), CIU (Uruguay) and EMCOZ (Zimbabwe).

*No: 7.* EK (Finland), KEF (Republic of Korea), ALE (Lesotho), FNCCI (Nepal), NHO (Norway), CCSP (Portugal) and UPS (Switzerland).

*Other: 5.* CGEA (Algeria), JEF (Jamaica), CONEP (Panama), EFC (Sri Lanka) and SN (Sweden).

## Comments

AEC (Azerbaijan): Unsure for job applicants.

MEDEF (France): Should also cover job applicants but prevention should concern public authorities, not enterprises.

SEV (Greece): Different regulation is required for each of these groups.

COHEP (Honduras): This is the only way we can create a healthy working environment and avoid HIV-related stigmatization of job applicants.

Lesotho (ALE): Self-employed workers are both workers and employers.

CNPM (Mauritania): All workers should be covered, including job applicants who otherwise might be discriminated against during hiring.

MEF (Mauritius): Except self-employed, who are not "workers".

FNCCI (Nepal): Focus should initially be on the workplace. If successful its effects will gradually be extended to the rest of society.

NHO (Norway): Not necessarily job applicants.

SLEF (Saint Lucia): It is very important to cover entrepreneurs (women) as they are sometimes their families' only bread winner.

EFC (Sri Lanka): Self-employed and job applicants would have to be dealt with differently from employees.

FUE (Uganda): Add "and those in the informal sector".

FCCI (United Arab Emirates): It should only cover workers.

EMCOZ (Zimbabwe): Self-employed persons are difficult to include under a policy because they are both employers and workers, so a conflict of responsibility may arise.

## Workers

*Total number of replies: 69.*

*Yes: 68.* UGTA (Algeria), UNTA (Angola), CGT-RA (Argentina), ACTU (Australia), CSA-Bénin (Benin), CSTB (Benin), BFTU (Botswana), CITUB (Bulgaria), Podkrepa (Bulgaria), CSTC (Cameroon), CGSTC (Cameroon), USLC (Cameroon), CLC (Canada), UST (Chad), CTRN (Costa Rica), SSSH (Croatia), CMKOS (Czech Republic), UNTC (Democratic Republic of the Congo), FTF (Denmark), LO (Denmark), FTU (Fiji), FTUC (Fiji), SAK (Finland), CGT (France), CGT-FO (France), CFDT (France), GWC (Gambia), DGB (Germany), TUC (Ghana), GSEE (Greece), CNTG (Guinea), ASI (Iceland), KSPI (Indonesia), CGIL (Italy), UGL (Italy), JTUC-RENGO (Japan), FKTU (Republic of Korea), KCTU (Republic of Korea), SEKRIMA (Madagascar), MTUC (Malaysia), Workers (Mauritius), CROC (Mexico), UGTM (Morocco), Workers (Netherlands), NZCTU (New Zealand), NUHPSW (Nigeria), CGTP (Panama), CGTP (Peru), NSZZ (Poland), CGTP-IN (Portugal), UGT (Portugal), CNS-Cartel Alfa (Romania), CESTRAR (Rwanda), COTRAF (Rwanda), CNTS (Senegal), SFWU (Seychelles), ZSSS (Slovenia), NWC (Sri Lanka), LO (Sweden), USS (Switzerland), CNTT (Togo), CSTT (Togo), NATUC (Trinidad and Tobago), UNISON (United Kingdom), TUC (United Kingdom), ZCTU (Zimbabwe), ITUC (International Trade Union Confederation) and OATUU (Organization of African Trade Union Unity).

*Other: 1.* Organized Labour (South Africa).

## Comments

CGT-RA (Argentina): The instrument should not focus only on the workplace.

CGT (France): Particular account should be taken of sickness-related interruptions in employment.

CGT-FO (France): If prevention and access to treatment and care is supposed to cover all categories of workers, then it is important to avoid implementing a process which results in people being labelled according to whether they are affected by HIV/AIDS or not.

GWC (Gambia): To avoid discrimination on the basis of type of work, coverage should be universal.

CNTG (Guinea): It should cover everybody of all ages.

Workers (Mauritius): Also include those joining the labour market.

UGTM (Morocco): We need to decide on the scope.

COTRAF (Rwanda): There is a great mobility between types of work.

Organized Labour (South Africa): Including informal sector workers.

ZCTU (Zimbabwe): In Africa 40–80 per cent are employed in the informal economy.

OATUU: The problem, which may surface later, is its manageability.

*Other: Yes: 1. Community (South Africa).*

## Comments

Community (South Africa): Should include informal sector workers and extend to the families of workers and the surrounding communities.

## Qu. 5 (b) *all sectors of economic activity, public and private, in both the formal and informal economies?*

## Governments

*Total number of replies: 113.*

*Yes: 105.* Albania, Antigua and Barbuda, Armenia, Australia, Austria, Barbados, Belarus, Belgium, Belize, Benin, Bosnia and Herzegovina, Botswana, Brazil, Brunei Darussalam, Burkina Faso, Burundi, Cameroon, Canada, China, Colombia, Costa Rica, Côte d'Ivoire, Croatia, Cuba, Democratic Republic of the Congo, Denmark, Egypt, El Salvador, Estonia, Ethiopia, Finland, France, Gabon, Georgia, Germany, Ghana, Greece, Grenada, Honduras, Hungary, Iceland, India, Indonesia, Iraq, Israel, Italy, Jamaica, Japan, Jordan, Kazakhstan, Kenya, Kyrgyzstan, Latvia, Lebanon, Luxembourg, Malawi, Malaysia, Mali, Mauritius, Mexico, Republic of Moldova, Morocco, Myanmar, Netherlands, New Zealand, Nigeria, Oman, Panama, Peru, Philippines, Poland, Portugal, Qatar, Romania, Russian Federation, Rwanda, Saint Kitts and Nevis, Saint Vincent and the Grenadines, San Marino, Saudi Arabia, Senegal, Serbia, Seychelles, Sierra Leone, Singapore, Slovenia, South Africa, Sri Lanka, Sudan, Suriname, Sweden, Switzerland, Syrian Arab Republic, Thailand, Timor-Leste, Trinidad and Tobago, Tunisia, Ukraine, United Kingdom, Uruguay, Vanuatu, Bolivarian Republic of Venezuela, Viet Nam, Zambia and Zimbabwe.

*No: 7.* Bahamas, Cyprus, Republic of Korea, Saint Lucia, Spain, United Republic of Tanzania and United Arab Emirates.

*Other: 1.* Tajikistan.

## Comments

*Australia.* It is difficult locating informal economies and determining the employment status of those operating in them.

*Benin.* The informal sector cannot be ignored.

*Burundi.* The vast majority of workers are in the informal sector and agriculture.

*Canada.* Should provide for approaches that will be constructive for workers in the informal economy.

*Côte d'Ivoire.* All persons are concerned and all socio-economic sectors are affected by HIV/AIDS. In general, public State agencies and the informal economy are not covered by workplace health systems.

*Cyprus.* It is difficult to monitor informal economies.



*Ethiopia.* Special consideration should be given to ways of reaching informal sector operators.

*Honduras.* Most workers in developing countries work in the informal sector, which makes them far more vulnerable to HIV/AIDS.

*Malaysia.* Women in informal economies must be covered to prevent further marginalization.

*Mali.* We chose three sectors in response to HIV/AIDS. public sector, private sector and civil society.

*Mauritius.* Innovative strategies need to be devised for the informal sector.

*Peru.* Because all economic activity, whether public or private, formal or informal, implies that the workplace has an established structure subject to rules and regulations, which could include HIV/AIDS action aimed at workers.

*Poland.* The proposed Recommendation should include all sectors of economic activity. It is not clear that it should also cover the informal economy, where monitoring would be difficult.

*Saint Lucia.* It could be extremely difficult to obtain information from private activities and informal economies.

*Saint Vincent and the Grenadines.* Difficult to regulate the informal sector.

*Sierra Leone.* It helps sectors to determine the necessary actions.

*Sri Lanka.* All sectors should be covered but responsibilities and obligations in the informal sector would have to be addressed separately.

*Sudan.* The private sector has a very important role to play in this respect.

*United Republic of Tanzania.* Start with Organized Labour first.

*Timor-Leste.* Only for the formal sector.

*Trinidad and Tobago.* The informal economy falls outside the scope of formal regulation and would require revision and/or amendment of country's legislative systems.

*Tunisia.* The fragility of the informal sector should be taken into account.

*United Kingdom.* Wording such as "workers in all sectors" is preferred to "all sectors of economic activity", as the interests of workers not involved in economic activity should also be reflected.

*Bolivarian Republic of Venezuela.* Special attention should be given to the informal economy.

## Employers

*Total number of replies: 62.*

*Yes: 54.* CGEA (Algeria), AEC (Azerbaijan), CNP (Benin), CNC (Brazil), CNF (Brazil), BCCI (Bulgaria), CAMFEBA (Cambodia), ANDI (Colombia), CGECI (Côte d'Ivoire), HUP (Croatia), FEC (Democratic Republic of the Congo), DA (Denmark), DEF (Dominica), FEI (Egypt), KT (Finland), SY (Finland), MEDEF (France), GEA (Ghana), ESEE (Greece), SEV (Greece), COHEP (Honduras), DPN-APINDO (Indonesia), ICEA (Islamic Republic of Iran), JEF (Jamaica), NK (Japan), FKE (Kenya), KEF (Republic of Korea), ALE (Lesotho), CNPM (Mauritania), MEF (Mauritius), COPARMEX (Mexico), MONEF (Mongolia), CGEM (Morocco), NEF (Namibia), Employers (Netherlands), Business NZ (New Zealand), NHO (Norway), CCSP (Portugal), CIP (Portugal), CTP (Portugal), SLEF (Saint Lucia), ANIS (San Marino), ZDS (Slovenia), GZS (Slovenia), BUSA (South Africa), Organized Business (South Africa), SKL

(Sweden), SAV (Sweden), CNP (Togo), ECA (Trinidad and Tobago), FUE (Uganda), FCCI (United Arab Emirates), CIU (Uruguay) and EMCOZ (Zimbabwe).

*No:* 5. UCCAEP (Costa Rica), EK (Finland), FNCCI (Nepal), EFP (Pakistan) and UPS (Switzerland).

*Other:* 3. CONEP (Panama), EFC (Sri Lanka) and SN (Sweden).

## Comments

COHEP (Honduras): Governments are also employers. Most workers in developing countries work in the informal economy and are far more vulnerable to HIV/AIDS and poorer access to care, support and treatment than formal economy workers.

COPARMEX (Mexico): We should define the role of the State to shape health policies.

FNCCI (Nepal): The informal economy is vast. Once the policy is successfully implemented in the workplace it may have an impact on the informal economy later.

EFC (Sri Lanka): Responsibilities and obligations in the informal sector would have to be addressed separately.

FUE (Uganda): Need to add uniformed employees.

EMCOZ (Zimbabwe): There should be a special focus on the informal and public sectors as they are peculiar in their operations and differ from the private formal sector.

## Workers

*Total number of replies: 69.*

*Yes:* 68. UGTA (Algeria), UNTA (Angola), CGT-RA (Argentina), ACTU (Australia), CSA-Bénin (Benin), CSTB (Benin), BFTU (Botswana), CITUB (Bulgaria), Podkrepa (Bulgaria), CSTC (Cameroon), CGSTC (Cameroon), USLC (Cameroon), CLC (Canada), UST (Chad), CTRN (Costa Rica), SSSH (Croatia), CMKOS (Czech Republic), UNTC (Democratic Republic of the Congo), FTF (Denmark), LO (Denmark), FTU (Fiji), FTUC (Fiji), SAK (Finland), CGT (France), CGT-FO (France), CGT-FO (France), CFDT (France), GWC (Gambia), DGB (Germany), TUC (Ghana), GSEE (Greece), CNTG (Guinea), ASI (Iceland), KSPI (Indonesia), CGIL (Italy), UGL (Italy), JTUC-RENGO (Japan), FKTU (Republic of Korea), KCTU (Republic of Korea), SEKRIMA (Madagascar), MTUC (Malaysia), Workers (Mauritius), CROC (Mexico), Workers (Netherlands), NZCTU (New Zealand), NUHPSW (Nigeria), CGTP (Panama), CGTP (Peru), NSZZ (Poland), CGTP-IN (Portugal), UGT (Portugal), CNS-Cartel Alfa (Romania), CESTRAR (Rwanda), COTRAF (Rwanda), CNTS (Senegal), SFWU (Seychelles), ZSSS (Slovenia), Organized Labour (South Africa), NWC (Sri Lanka), LO (Sweden), USS (Switzerland), CNTT (Togo), CSTT (Togo), NATUC (Trinidad and Tobago), UNISON (United Kingdom), TUC (United Kingdom), ZCTU (Zimbabwe), ITUC (International Trade Union Confederation) and OATUU (Organization of African Trade Union Unity).

*No:* 1. UGTM (Morocco).

## Comments

CGT-RA (Argentina): It should not only focus on the workplace.

CSA-Bénin (Benin): No level of society should be neglected in the struggle against HIV/AIDS.

CTRN (Costa Rica): Particularly in the informal economy where very little protection is provided,

UGTM (Morocco): Formal sector first.

COTRAF (Rwanda): Family members often take part in all economic sectors which will help disseminating the information.

CNTS (Senegal): The informal sector is often not sufficiently covered.

OATUU: The problem, which may surface later, is its manageability.

## II. National policy

**Qu. 6** *Should the instrument provide that Members should adopt a national policy on HIV/AIDS in the world of work, in consultation with the most representative organizations of employers and workers and with organizations of persons living with HIV?*

### Governments

*Total number of replies: 113.*

*Yes: 104.* Albania, Antigua and Barbuda, Armenia, Australia, Austria, Bahamas, Barbados, Belarus, Belgium, Belize, Benin, Bosnia and Herzegovina, Botswana, Brazil, Brunei Darussalam, Burkina Faso, Burundi, Cameroon, Canada, China, Colombia, Costa Rica, Côte d'Ivoire, Croatia, Cuba, Democratic Republic of the Congo, Egypt, El Salvador, Ethiopia, France, Gabon, Georgia, Germany, Ghana, Greece, Grenada, Honduras, Iceland, India, Indonesia, Iraq, Israel, Italy, Jamaica, Japan, Jordan, Kazakhstan, Kyrgyzstan, Latvia, Lebanon, Luxembourg, Malawi, Malaysia, Mali, Mauritius, Mexico, Republic of Moldova, Morocco, Myanmar, Netherlands, New Zealand, Nigeria, Oman, Panama, Peru, Philippines, Poland, Portugal, Qatar, Russian Federation, Rwanda, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, San Marino, Saudi Arabia, Senegal, Serbia, Seychelles, Sierra Leone, Singapore, Slovenia, South Africa, Spain, Sri Lanka, Sudan, Suriname, Sweden, Switzerland, Syrian Arab Republic, Tajikistan, Thailand, Timor-Leste, Trinidad and Tobago, Tunisia, Ukraine, United Arab Emirates, United Kingdom, Uruguay, Vanuatu, Bolivarian Republic of Venezuela, Viet Nam, Zambia and Zimbabwe.

*No: 6.* Cyprus, Estonia, Finland, Hungary, Republic of Korea and United Republic of Tanzania.

*Other: 3.* Denmark, Kenya and Romania.

### Comments

*Australia.* This should be guided by a national government strategy.

*Austria.* Our policy emphasises national health care, not specifically for the world of work. The phrase "in the world of work" should be changed to "that can apply also to persons in the workplace".

*Bahamas.* Social dialogue is absolutely essential.

*Belize.* We already have a National Workplace Policy.

*Benin.* To ensure conformity with the principle of tripartism and social dialogue, and to promote efficiency.

*Brazil.* Including involvement of organizations of PLHIV.

*Burkina Faso.* One governmental member in the national consultations wished for only the employers and workers to be consulted (excluding organizations of PLHIV).

*Burundi.* The culture of dialogue and organizational structures are positive for organizing the combat.

*Cameroon.* Suggests adding “in enterprises” at the end of the sentence.

*Canada.* Should suggest guidelines for the development of a national policy, and suggest guidelines for employer workplace policies.

*Colombia.* The national policy on social security for prevention and care of HIV/AIDS should include strategies for prevention, risk reduction, and HIV/Aids diagnosis and treatment, covering all workers and the general population.

*Democratic Republic of the Congo.* So that joint efforts can be coherent.

*Côte d’Ivoire.* To respect tripartism and direct action towards target groups (workers, employers, PLHIV). National HIV/AIDS policy should be the reference for the social partners and protection of PLHIV.

*Croatia.* The national policy should cover all aspects and sectors related to HIV/AIDS, and the world of work should be just a part of it.

*Cuba.* See the National Response to the HIV Epidemic (forwarded to the Office) in the government’s Report to the UN General Assembly Special Session on HIV/AIDS (UNGASS).

*Cyprus.* A separate national policy is not required for all member States and it should be included in general employment/social inclusion policies.

*Denmark.* Should provide for the possibility of developing a national policy according to national circumstances and practices.

*Estonia.* Not necessarily a national policy. It could be incorporated into “soft law” documents and practice.

*Finland.* Aspects concerning occupational safety should be included in the national Occupational Safety and Health Policy.

*France.* Should also include TB.

*Gabon.* Good for strengthening tripartism and developing synergy with NGOs.

*India.* It should be inclusive and address all concerns of employers, employees as well as the families/communities affected.

*Indonesia.* A strong national legal umbrella is needed to ensure implementation through law.

*Japan.* It should take into consideration the actual conditions of each country. Consultations with employers’ and workers’ organizations and with organizations of PLHIV should be carried out when necessary.

*Jordan.* This will ensure active participation by all.

*Kenya.* There is need for a more inclusive process than is recommended here.

*Republic of Korea.* Replace “Members should adopt” with “Members should endeavour to adopt”.

*Kyrgyzstan.* Taking into account the interests of all parties.

*Malaysia.* Should also take into consideration organizations and individuals living with HIV/AIDS.

*Mali.* Mali adopted a Declaration of Policy on Fighting HIV/AIDS entitled “Combating HIV/AIDS is an investment in sustainable development” on 7 April 2004. This policy helps to set objectives and strategies and define priority areas of action.

*Mauritius.* This will ensure coordination and monitoring of measures and prevent duplication of activities.

*Republic of Moldova.* PLHIV must be included.

*New Zealand.* Delete “should” from the first line. We do not support overly prescriptive language and propose rewording the sentence to encourage members to consider a national policy.

*Peru.* Important to highlight the consequences of the illness at the workplace, so as to raise member States’ awareness and encourage development of national policies on HIV/AIDS after consultation with organizations of workers, employers and PLHIV. Action would then be guided by the activities of such organizations, and effective implementation of national HIV/AIDS policies would be easier to monitor.

*Philippines.* We developed already a multisectoral policy in 1997.

*Poland.* Should depend on the national situation.

*Romania.* Should be included in national legislation.

*Qatar.* Should also include national monitoring.

*Senegal.* All actors should be involved.

*Seychelles.* Involvement of all stakeholders and social partners will make the policy effective.

*Sierra Leone.* This will commit all stakeholders.

*Sri Lanka.* Either the national policy should specifically incorporate the world of work or a separate workplace policy should be adopted.

*Sweden.* This should be part of the existing national strategy or policy.

*Switzerland.* This would call for changes in the practical application, including amendments to national laws.

*Tajikistan.* This and development of legislative instruments should be carried out in close cooperation with the social partners.

*United Republic of Tanzania.* We need to develop workplace strategies.

*Trinidad and Tobago.* We adopted one in April 2008.

*Tunisia.* This will facilitate its implementation in the world of work.

*United Kingdom.* It should be acknowledged that comprehensive national policies consistent with its aims may already exist.

*Vanuatu.* This is necessary in order to ensure a safe workplace.

*Bolivarian Republic of Venezuela.* Should be both preventive and informative.

*Zambia.* This is already happening in some countries.

## Employers

*Total number of replies: 62.*

*Yes:* 50. CGEA (Algeria), AEC (Azerbaijan), CNP (Benin), CNC (Brazil), CNF (Brazil), BCCI (Bulgaria), CAMFEBA (Cambodia), CGECI (Côte d'Ivoire), HUP (Croatia), FEC (Democratic Republic of the Congo), DEF (Dominica), FEI (Egypt), KT (Finland), SY (Finland), GEA (Ghana), ESEE (Greece), SEV (Greece), COHEP (Honduras), DPN-APINDO (Indonesia), ICEA (Islamic Republic of Iran), JEF (Jamaica), NK (Japan), FKE (Kenya), ALE (Lesotho), CNPM (Mauritania), MEF (Mauritius), COPARMEX (Mexico), MONEF (Mongolia), CGEM (Morocco), NEF (Namibia), FNCCI (Nepal), Employers (Netherlands), Business NZ (New Zealand), NHO (Norway), EFP (Pakistan), CONEP (Panama), CTP (Portugal), SLEF (Saint Lucia), ANIS (San Marino), BUSA (South Africa), Organized Business (South Africa), EFC (Sri Lanka), SKL (Sweden), SAV (Sweden), CNP (Togo), ECA (Trinidad and Tobago), FUE (Uganda), FCCI (United Arab Emirates), CIU (Uruguay) and EMCOZ (Zimbabwe).

*No:* 9. ANDI (Colombia), EK (Finland), MEDEF (France), KEF (Republic of Korea), CCSP (Portugal), CIP (Portugal), ZDS (Slovenia), GZS (Slovenia) and UPS (Switzerland).

*Other:* 3. UCCAEP (Costa Rica), DA (Denmark) and SN (Sweden).

## Comments

AEC (Azerbaijan): It is necessary to engage all interested parties. Valid results can be achieved only through cooperation.

CNP (Benin): This will enable us to be more efficient.

CNC (Brazil): We have a national policy.

ANDI (Colombia): Our national policy does not only apply to the world of work and is more ambitious and comprehensive.

CGECI (Côte d'Ivoire): Such a policy was adopted in 2006.

DA (Denmark): The organizations in the labour market can play a role according to their respective mandates in accordance with national law and practice.

DEF (Dominica): This is in keeping with established ILO practice in such matters.

Finland (EK): This is a public health policy issue.

MEDEF (France): There is no need to develop this in enterprises in developed countries.

COHEP (Honduras): The Government, in consultation with the social partners and other sectors, should adopt a national HIV/AIDS policy incorporating the different response strategies. Dialogue with organizations of PLHIV and other affected by the epidemic must be included. Trade unions have a vital role to play. The social partners are well placed to promote a national HIV/AIDS policy focused on prevention and changing attitudes and behaviours, through information and education that meet the needs of employers, workers and the general public.

DPN-APINDO (Indonesia): For the sake of a successful programme all parties concerned and potential resources should be involved.

Lesotho (ALE): Yes, but why "organizations"? There can be only one most representative organization.

CNPM (Mauritania): A national workplace policy could be established by the tripartite national committees. This would create the full mobilization of leadership of the fight against HIV/AIDS in the world of work.

MEF (Mauritius): This will help for future national actions and strategies.

FNCCI (Nepal): The implementation of a national policy on HIV/AIDS should be done with priority.

New Zealand (BNZ): Delete the second “should”. We endorse our Government’s statement regarding the use of non-prescriptive language, otherwise countries are not encouraged to adopt international instruments as country circumstances vary widely. Guidelines by their nature would be non-prescriptive.

CIP (Portugal): The national policy should be one in general, not only the world of work.

SLEF (Saint Lucia): To be developed with the assistance of all relevant stakeholders, including associations of PLHIV and vulnerable groups.

CNTS (Senegal): This should ensure the formal involvement of all concerned and should also provide for a regular revision to be undertaken, based on lessons learnt and all available scientific information.

## Workers

*Total number of replies: 69.*

*Yes: 69.* UGTA (Algeria), UNTA (Angola), CGT-RA (Argentina), ACTU (Australia), CSA-Bénin (Benin), CSTB (Benin), BFTU (Botswana), CITUB (Bulgaria), Podkrepa (Bulgaria), CSTC (Cameroon), CGSTC (Cameroon), USLC (Cameroon), CLC (Canada), UST (Chad), CTRN (Costa Rica), SSSH (Croatia), CMKOS (Czech Republic), UNTC (Democratic Republic of the Congo), FTF (Denmark), LO (Denmark), FTU (Fiji), FTUC (Fiji), SAK (Finland), CGT (France), CGT-FO (France), CFDT (France), GWC (Gambia), DGB (Germany), TUC (Ghana), GSEE (Greece), CNTG (Guinea), ASI (Iceland), KSPI (Indonesia), CGIL (Italy), UGL (Italy), JTUC-RENGO (Japan), FKTU (Republic of Korea), KCTU (Republic of Korea), SEKRIMA (Madagascar), MTUC (Malaysia), Workers (Mauritius), CROC (Mexico), UGTM (Morocco), Workers (Netherlands), NZCTU (New Zealand), NUHPSW (Nigeria), CGTP (Panama), CGTP (Peru), NSZZ (Poland), CGTP-IN (Portugal), UGT (Portugal), CNS-Cartel Alfa (Romania), CESTRAR (Rwanda), COTRAF (Rwanda), CNTS (Senegal), SFWU (Seychelles), ZSSS (Slovenia), Organized Labour (South Africa), NWC (Sri Lanka), LO (Sweden), USS (Switzerland), CNTT (Togo), CSTT (Togo), NATUC (Trinidad and Tobago), UNISON (United Kingdom), TUC (United Kingdom), ZCTU (Zimbabwe), ITUC (International Trade Union Confederation) and OATUU (Organization of African Trade Union Unity).

## Comments

UNTA (Angola): This would facilitate social dialogue.

CGT-RA (Argentina): It is important to reflect on what the national policy should contain to prohibit discrimination against PLHIV.

CSA-Bénin (Benin): For the respect of fundamental human rights.

CSTB (Benin): This would respect the ILO’s tripartism.

BFTU (Botswana): This should be extended to all registered employers’ and workers’ representatives and organizations.

CGSTC (Cameroon): Needed to protect all workers, based on a national policy or strategy.

USLC: The advantages and disadvantages could be enumerated.

CLC (Canada): It should also be revised at times, taking into account lessons learned and scientific information available.

UNTC (Democratic Republic of the Congo): It is time for States to take action with the encouragement of these organizations. Once adopted, national policy must be regularly revised in the light of lessons learned and scientific data.

CTRN (Costa Rica): This should improve the relations between employers, workers and organizations of PLHIV.

CGT (France): National policies should be regularly revised.

TUC (Ghana): It should also be reviewed from time to time and be understandable to all persons (including workers).

CNTG (Guinea): This is in the interests of everybody without distinction.

JTUC-RENGO (Japan): As it is difficult for a labour organization to collect the direct voices of HIV-infected people, it would be desirable to conduct hearings in adopting the national policy.

SEKRIMA (Madagascar): National policy implies national strategies, and should be revised in the light of results.

Workers (Mauritius): To involve all actors.

UGTM (Morocco): So that all those involved consult and work towards pragmatically targeted measures.

NUHPSW (Nigeria): All parties in employment relations should be covered by the instrument.

CGTP (Panama): In a multisectoral manner.

NSZZ (Poland): Should also be periodically revised, taking into account lessons learned and scientific information available.

CNS-Cartel Alfa (Romania): It should also be revised regularly taking into account the lessons learnt, based on the most up to date scientific data.

CESTRAR (Rwanda): To ensure better implementation by the parties.

COTRAF: Without consultation the policy would not reflect the real needs of the people covered by it.

CNTS (Senegal): This will provide for the formal involvement of all concerned. It should also provide for a regular revision based on lessons learnt and all available scientific information.

NWC (Sri Lanka): Should also be revised at times, taking into account lessons learned and scientific information available.

CSTT (Togo): In this way the point of view of all parties will be taken into account.

ZCTU (Zimbabwe): We have already developed a policy.

ITUC: It should also be revised at times, taking into account lessons learned and scientific information available.

OATUU: Important in order to streamline the activities of all social partners and other stake holders and to ensure the ownership of the policy by all.



**Qu. 7**            *Should the national policy on HIV/AIDS in the world of work deal with the following areas:*

(a) *Prevention of HIV;*

## Governments

*Total number of replies: 113.*

*Yes: 109.* Albania, Antigua and Barbuda, Armenia, Australia, Austria, Barbados, Belarus, Belgium, Belize, Benin, Bosnia and Herzegovina, Botswana, Brazil, Brunei Darussalam, Burkina Faso, Burundi, Cameroon, Canada, China, Colombia, Costa Rica, Côte d'Ivoire, Croatia, Cuba, Cyprus, Democratic Republic of the Congo, Egypt, El Salvador, Estonia, Ethiopia, France, Gabon, Georgia, Germany, Ghana, Greece, Grenada, Honduras, Iceland, India, Indonesia, Iraq, Israel, Italy, Jamaica, Japan, Jordan, Kazakhstan, Kenya, Republic of Korea, Kyrgyzstan, Latvia, Lebanon, Luxembourg, Malawi, Malaysia, Mali, Mauritius, Mexico, Republic of Moldova, Morocco, Myanmar, Netherlands, New Zealand, Nigeria, Oman, Panama, Peru, Philippines, Poland, Portugal, Qatar, Romania, Russian Federation, Rwanda, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, San Marino, Saudi Arabia, Senegal, Serbia, Seychelles, Sierra Leone, Singapore, Slovenia, South Africa, Spain, Sri Lanka, Sudan, Suriname, Sweden, Switzerland, Syrian Arab Republic, Tajikistan, United Republic of Tanzania, Thailand, Timor-Leste, Trinidad and Tobago, Tunisia, Ukraine, United Arab Emirates, United Kingdom, Uruguay, Vanuatu, Bolivarian Republic of Venezuela, Viet Nam, Zambia and Zimbabwe.

*No: 2.* Bahamas and Hungary.

*Other: 2.* Denmark and Finland.

## Comments

*Australia.* The risk management procedure specified in our National Code is an example of addressing the importance of prevention by requiring employers to recognize that even inadvertent exposure is a risk and that employees should be made aware of exposure risks and preventative procedures.

*Austria.* See comment under question 6.

*Bahamas.* Should cover both HIV prevention and HIV cure by offering incentives to research facilities/grants to adopt research strategies.

*Belize.* It will need to ensure that all these areas are addressed in the existing policies.

*Benin.* More efficient and less costly than treatment and more appropriate for poor countries.

*Bosnia and Herzegovina.* The possibilities of aligning it with the existing national strategies for the fight against HIV/AIDS should be considered.

*Brazil.* We are in favour of including all issues referred to under 7(a) to 7(f) in a national policy.

*Burkina Faso.* Essential for the success of a national policy.

*Burundi.* Must be the first priority.

*Cameroon.* Prevention is the most efficient way to combat HIV/AIDS.

*Colombia.* Concerning (a)–(d). taking onto account the previous reply, the policy should not make distinctions based on work, social situation or education, but should be based on the human life cycle. The Recommendation should therefore include these points.

*Democratic Republic of the Congo.* Better safe than sorry, especially as there is no cure so far.

*Côte d'Ivoire.* The main weapon against HIV/AIDS.

*Denmark.* (Concerning 7(a)–(f)) Please refer to answer to question 6.

*El Salvador.* Has shown itself to be efficient and effective.

*Finland.* The national policy should cover the whole population and the instrument should be part of it. Aspects concerning occupational safety should be included in national OSH policy.

*Honduras.* Very important in halting the spread of the epidemic.

*Hungary.* See reply to 6.

*India.* The best and most feasible approach.

*Indonesia.* The first step in reducing the rate.

*Japan.* This is important so that everyone can enjoy a healthy working life.

*Jordan.* Better to prevent than to treat.

*Kyrgyzstan.* Should be given special attention through different activities, seminars and awareness-raising measures.

*Malaysia.* Should be holistic and not omit points on discrimination and stigmatization.

*Mauritius.* Is a must, particularly as there is presently no cure.

*New Zealand.* If the words “in the workplace” are added.

*Peru.* Spreading measures to prevent HIV is basic and must be part of any HIV/AIDS plan of action. It is also important to identify the main forms of transmission and means of detection, emphasizing confidentiality.

*Qatar.* Emphasizing that the only “cure” available is prevention.

*Romania.* The social partners are well placed to promote preventive action, especially as regards changing attitudes and behaviour, through information, education, and socio-economic measures.

*Saint Vincent and the Grenadines.* Prevention is the key.

*Senegal.* Key for a good programme.

*Seychelles.* To a certain extent, but mainly address social protection and socio-economic issues.

*Sierra Leone.* The workplace is the ideal setting for advocacy.

*Sudan.* Prevention is better than cure. Strategies and means to protect society and national economy should be put in place.

*Timor-Leste.* This is the way to raise awareness.

*United Kingdom.* Previous comments apply, as assessment of workplace risk may be needed.

*Vanuatu.* Should be done as soon as possible.

*Zambia.* Should be one of the major issues to be addressed in workplace interventions.

*Zimbabwe.* Education and awareness should also be included and dealt with as stand-alone items.

## Employers

*Total number of replies: 62.*

*Yes: 58.* CGEA (Algeria), AEC (Azerbaijan), CNP (Benin), CNC (Brazil), CNF (Brazil), BCCI (Bulgaria), CAMFEBA (Cambodia), UCCAEP (Costa Rica), CGECI (Côte d'Ivoire), HUP (Croatia), FEC (Democratic Republic of the Congo), DA (Denmark), DEF (Dominica), FEI (Egypt), KT (Finland), SY (Finland), MEDEF (France), GEA (Ghana), ESEE (Greece), SEV (Greece), COHEP (Honduras), DPN-APINDO (Indonesia), ICEA (Islamic Republic of Iran), JEF (Jamaica), NK (Japan), FKE (Kenya), KEF (Republic of Korea), ALE (Lesotho), CNPM (Mauritania), MEF (Mauritius), COPARMEX (Mexico), MONEF (Mongolia), CGEM (Morocco), NEF (Namibia), FNCCI (Nepal), Employers (Netherlands), Business NZ (New Zealand), NHO (Norway), EFP (Pakistan), CONEP (Panama), CCSP (Portugal), CIP (Portugal), CTP (Portugal), SLEF (Saint Lucia), ANIS (San Marino), ZDS (Slovenia), GZS (Slovenia), BUSA (South Africa), Organized Business (South Africa), EFC (Sri Lanka), SKL (Sweden), SAV (Sweden), CNP (Togo), ECA (Trinidad and Tobago), FUE (Uganda), FCCI (United Arab Emirates), CIU (Uruguay) and EMCOZ (Zimbabwe).

*No: 1.* UPS (Switzerland).

*Other: 3.* ANDI (Colombia), EK (Finland), SN (Sweden).

## Comments

AEC (Azerbaijan): Very important.

CNP (Benin): The basis of the struggle.

CGECI (Côte d'Ivoire): The starting point for effective action.

EK (Finland): This is a public health policy issue.

GEA (Ghana): To prevent all forms of transmission.

COHEP (Honduras): Strategies should be adapted to national conditions and cultural differences.

DPN-APINDO (Indonesia): Better than treatment.

CNPM (Mauritania): Should be a priority.

MEF (Mauritius): Better than treatment.

FNCCI (Nepal): Must be carried out without discrimination.

BNZ (New Zealand): Add "in the workplace".

NHO (Norway): The best way.

ZDS (Slovenia): Only in workplaces where the risk of HIV infection is higher, including health-care institutions and special social services.

UPS (Switzerland): Comes under "privacy".

CNP (Togo): Should be a priority.

## Workers

*Total number of replies: 69.*

*Yes:* 69. UGTA (Algeria), UNTA (Angola), CGT-RA (Argentina), ACTU (Australia), CSA-Bénin (Benin), CSTB (Benin), BFTU (Botswana), CITUB (Bulgaria), Podkrepa (Bulgaria), CSTC (Cameroon), CGSTC (Cameroon), USLC (Cameroon), CLC (Canada), UST (Chad), CTRN (Costa Rica), SSSH (Croatia), CMKOS (Czech Republic), UNTC (Democratic Republic of the Congo), FTF (Denmark), LO (Denmark), FTU (Fiji), FTUC (Fiji), SAK (Finland), CGT (France), CGT-FO (France), CFDT (France), GWC (Gambia), DGB (Germany), TUC (Ghana), GSEE (Greece), CNTG (Guinea), ASI (Iceland), KSPI (Indonesia), CGIL (Italy), UGL (Italy), JTUC-RENGO (Japan), FKTU (Republic of Korea), KCTU (Republic of Korea), SEKRIMA (Madagascar), MTUC (Malaysia), Workers (Mauritius), CROC (Mexico), UGTM (Morocco), Workers (Netherlands), NZCTU (New Zealand), NUHPSW (Nigeria), CGTP (Panama), CGTP (Peru), NSZZ (Poland), CGTP-IN (Portugal), UGT (Portugal), CNS-Cartel Alfa (Romania), CESTRAR (Rwanda), COTRAF (Rwanda), CNTS (Senegal), SFWU (Seychelles), ZSSS (Slovenia), Organized Labour (South Africa), NWC (Sri Lanka), LO (Sweden), USS (Switzerland), CNTT (Togo), CSTT (Togo), NATUC (Trinidad and Tobago), UNISON (United Kingdom), TUC (United Kingdom), ZCTU (Zimbabwe) and ITUC (International Trade Union Confederation) and OATUU (Organization of African Trade Union Unity).

## Comments

UNTA (Angola): Essential.

CGT-RA (Argentina): Essential.

CSA-Bénin (Benin): Better than treatment.

CGSTC (Cameroon): Necessary for behavioural changes.

USLC: To avoid lack of awareness.

CLC (Canada): Critical, since we are still not winning: for every person in treatment there are six new HIV infections.

Chad (UST): Very important.

UNTC (Democratic Republic of the Congo): Absolutely necessary: for every person given treatment, six persons become infected.

CTRN (Costa Rica): Need to be reinforced.

FTUC (Fiji): Will help to curtailing the spread.

FTU (Fiji): Vital.

CGT-FO (France): Particularly since the workplace is the key element in many countries.

GWC (Gambia): To make the working populace aware of the risk.

TUC (Ghana): Mostly appropriate.

CNTG (Guinea): Better to prevent than cure.

SEKRIMA (Madagascar): Even more important) than treatment.

Workers (Mauritius): To reduce new infections.

CGTP (Panama): Most effective if employers and workers implement it together.

NSZZ (Poland): Critically important: For every one person put on treatment there are six new infections.

CNS-Cartel Alfa (Romania): Extremely important: For every person receiving treatment, there are six new persons infected.

COTRAF (Rwanda): Better to prevent than to treat.

CNTS (Senegal): Remains extremely important.

Organized Labour (South Africa): Prevention is the key to reduction of infections. Sri Lanka: Critically important: for every one person in treatment there are 6 new infections.

CSTT (Togo): Permits you to avoid the worst.

ITUC: Critically important: For every one person on treatment there are six new HIV infections.

OATUU: Should be one of the most important aspects of the policy.

**Qu. 7** (b) *mitigation of the impact of HIV/AIDS on workers and on the world of work;*

**Governments**

*Total number of replies: 113*

*Yes: 107.* Albania, Antigua and Barbuda, Armenia, Australia, Austria, Barbados, Belarus, Belgium, Belize, Benin, Bosnia and Herzegovina, Botswana, Brazil, Brunei Darussalam, Burkina Faso, Burundi, Cameroon, Canada, China, Colombia, Costa Rica, Côte d'Ivoire, Croatia, Cuba, Cyprus, Democratic Republic of the Congo, Egypt, El Salvador, Estonia, Ethiopia, France, Gabon, Georgia, Germany, Ghana, Greece, Grenada, Honduras, Iceland, India, Indonesia, Iraq, Israel, Italy, Jamaica, Japan, Jordan, Kazakhstan, Kenya, Kyrgyzstan, Latvia, Lebanon, Luxembourg, Malawi, Malaysia, Mali, Mauritius, Mexico, Republic of Moldova, Morocco, Myanmar, Netherlands, New Zealand, Nigeria, Oman, Panama, Peru, Philippines, Poland, Portugal, Qatar, Romania, Russian Federation, Rwanda, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, San Marino, Saudi Arabia, Senegal, Serbia, Seychelles, Sierra Leone, Singapore, Slovenia, South Africa, Spain, Sri Lanka, Sudan, Suriname, Sweden, Switzerland, Syrian Arab Republic, United Republic of Tanzania, Thailand, Timor-Leste, Trinidad and Tobago, Tunisia, Ukraine, United Arab Emirates, United Kingdom, Uruguay, Vanuatu, Bolivarian Republic of Venezuela, Viet Nam, Zambia and Zimbabwe.

*No: 3* Hungary, Republic of Korea and Tajikistan.

*Other: 3.* Bahamas, Denmark and Finland.

**Comments**

*Austria.* This would not require proactive measures.

*Belgium.* Different options could be spelled out.

*Benin.* This is the only way to reduce the pandemic's impact on national life from the demographic, social, political and economic viewpoints.

*Burkina Faso.* Should not be limited to the world of work.

*Burundi.* Particularly in countries where social protection is weak.

*Cameroon.* Important that all parties are in agreement to combat HIV/AIDS more efficiently.

*Canada.* This could include policies relating to sick leave or leave to care for family members.

*Democratic Republic of the Congo.* In the hope of eliminating this disease one day.

*Côte d'Ivoire.* In order to avoid the economic and financial destruction caused by HIV.

*Cuba.* In Cuba this is dealt with in the General Basis for Safety and Health – a prevention Programme on HIV/AIDS which provides care to persons living with HIV to guarantee that they can continue to work at the lowest possible risk.

*Denmark.* See under (a).

*Honduras.* Measures are needed to minimize the impact of HIV/AIDS. Governments should do their utmost to guarantee medical treatment and work in collaboration with employers and workers.

*El Salvador.* Important to ensure that PLHIV opportunities to participate in the labour market are not diminished.

*Finland.* See reply under (a).

*Germany.* A healthy work environment should be created for all employees, which means that besides HIV/AIDS, other chronic illnesses also deserve particular attention. We therefore suggest including HIV-related services into occupational health services.

*Hungary.* See reply to 6.

*India.* Important, since it has had maximum impact on the most productive segment of the labour force.

*Indonesia.* Mitigation is through prevention.

*Japan.* Workers should not face with a situation of risk to their health by working. HIV infection at work should be prevented.

*Republic of Korea.* There could be controversy on the scope of activities covered by national policies to “mitigate” the impact of HIV/AIDS.

*Kyrgyzstan.* Should include the protection of workers’ interests, benefits, etc.

*Mauritius.* Will help to avoid stigma and discrimination and enable workers to preserve their rights at work.

*Peru.* Mitigation will be achieved through direct participation by the State and HIV/AIDS organizations, adopting measures and programmes to reduce HIV infection in different areas and thereby reduce the impact of the disease on the world of work.

*Romania.* Enterprises must provide advice and other forms of social support for workers. If workplace medical services cannot provide adequate treatment, workers must at least be informed of institutions which can. One advantage of such institutions is that they can also provide medical services for families, especially children.

*Seychelles.* Should also indicate who should be responsible.

*Sierra Leone.* Creates a strategic framework and should include payment of retirement benefits in a non-discriminatory manner, with adequate support.

*Sudan.* This will make workers more productive and reduce the impact of HIV.

*Tunisia.* To ensure protection against discrimination and to enable workers to remain in employment.

*Zambia.* Very important and should be included.

## Employers

*Total number of replies: 62.*

*Yes: 57.* CGEA (Algeria), AEC (Azerbaijan), CNP (Benin), CNC (Brazil), CNF (Brazil), BCCI (Bulgaria), CAMFEBA (Cambodia), UCCAEP (Costa Rica), CGECI (Côte d'Ivoire), HUP (Croatia), FEC (Democratic Republic of the Congo), DA (Denmark), DEF (Dominica), FEI (Egypt), KT (Finland), SY (Finland), GEA (Ghana), ESEE (Greece), SEV (Greece), COHEP (Honduras), DPN-APINDO (Indonesia), ICEA (Islamic Republic of Iran), JEF (Jamaica), NK (Japan), FKE (Kenya), KEF (Republic of Korea), ALE (Lesotho), CNPM (Mauritania), MEF (Mauritius), COPARMEX (Mexico), MONEF (Mongolia), CGEM (Morocco), NEF (Namibia), FNCCI (Nepal), Employers (Netherlands), Business NZ (New Zealand), NHO (Norway), EFP (Pakistan), CONEP (Panama), CCSP (Portugal), CIP (Portugal), CTP (Portugal), SLEF (Saint Lucia), ANIS (San Marino), ZDS (Slovenia), GZS (Slovenia), BUSA (South Africa), Organized Business (South Africa), EFC (Sri Lanka), SKL (Sweden), SAV (Sweden), CNP (Togo), ECA (Trinidad and Tobago), FUE (Uganda), FCCI (United Arab Emirates), CIU (Uruguay) and EMCOZ (Zimbabwe).

*No: 2.* MEDEF (France), UPS (Switzerland).

*Other: 3.* ANDI (Colombia), EK (Finland), SN (Sweden).

## Comments

ANDI (Colombia): Given the reply to question 6, this reply is not applicable.

CGECI (Côte d'Ivoire): One of the most important objectives.

EK (Finland): (See under (a)).

MEDEF (France): Too vague. We cannot see how "mitigation of the impact" of HIV/AIDS, especially on workers, will be achieved.

GEA (Ghana): To prevent the spread of the epidemic.

COHEP (Honduras): Should include measures to reduce the impact of HIV/AIDS at the level of individuals, families, the economy and enterprises. Governments should promote attention and support through public health programmes, social security systems and other relevant official measures. They should endeavour to guarantee medical treatment and collaborate with workers' and employers' organizations.

DPN-APINDO (Indonesia): For humanity, the prosperity of victims' families, and the world of business.

NK (Japan): Workers should not face a situation of risk to their health by working. HIV infection at work should be prevented because it also results in losses to the labour force.

MEF (Mauritius): This is a must.

FNCCI (Nepal): Yes, since it affects workers and the world of work

Employers (Netherlands): Mitigation should be restricted to workers' employability and ability to work.

## Workers

*Total number of replies: 69.*

*Yes: 69.* UGTA (Algeria), UNTA (Angola), CGT-RA (Argentina), ACTU (Australia), CSA-Bénin (Benin), CSTB (Benin), BFTU (Botswana), CITUB (Bulgaria), Podkrepa (Bulgaria), CSTC (Cameroon), CGSTC (Cameroon), USLC (Cameroon), CLC (Canada), UST (Chad), CTRN (Costa Rica), SSSH (Croatia), CMKOS (Czech Republic), UNTC (Democratic Republic of the Congo), FTF (Denmark), LO (Denmark), FTU (Fiji), FTUC (Fiji), SAK (Finland), CGT (France), CGT-FO (France), CFDT (France), GWC (Gambia), DGB (Germany), TUC (Ghana), GSEE (Greece), CNTG (Guinea), ASI (Iceland), KSPI (Indonesia), CGIL (Italy), UGL (Italy), JTUC-RENGO (Japan), FKTU (Republic of Korea), KCTU (Republic of Korea), SEKRIMA (Madagascar), MTUC (Malaysia), Workers (Mauritius), CROC (Mexico), UGTM (Morocco), Workers (Netherlands), NZCTU (New Zealand), NUHPSW (Nigeria), CGTP (Panama), CGTP (Peru), NSZZ (Poland), CGTP-IN (Portugal), UGT (Portugal), CNS-Cartel Alfa (Romania), CESTRAR (Rwanda), COTRAF (Rwanda), CNTS (Senegal), SFWU (Seychelles), ZSSS (Slovenia), Organized Labour (South Africa), NWC (Sri Lanka), LO (Sweden), USS (Switzerland), CNTT (Togo), CSTT (Togo), NATUC (Trinidad and Tobago), UNISON (United Kingdom), TUC (United Kingdom), ZCTU (Zimbabwe) and ITUC (International Trade Union Confederation) and OATUU (Organization of African Trade Union Unity).

## Comment

CSA-Bénin (Benin): Help has to be provided.

CGSTC (Cameroon): Priority should be given to care and support from public health programmes and social security to provide treatment.

CLC (Canada): Given that the age group most affected by the epidemic comprises working-age adults, workplaces play a critical role in securing jobs and sustaining businesses, and require particular attention.

UNTC (Democratic Republic of the Congo): Particularly since adults of working age are the worst affected.

CTRN (Costa Rica): We have statistical information on this which could be used

FTU (Fiji): This will help those affected.

CGT (France): Measures should be taken in accordance with a “KAP” (Knowledge, Aptitude and Practice) survey in the world of work.

GWC (Gambia): To enable employers to accept the effects.

TUC (Ghana): The devastating effect on workers of all categories and on productivity is alarming.

CNTG (Guinea): When awareness is still possible, it must be done and the workplace should be focused.

SEKRIMA (Madagascar): This will also help normalize relationships at the workplace and help workers to remain in employment.

Workers (Mauritius): To reduce poverty in workers' families.

CGTP (Panama): The impact on workers and their families is enormous, as their income is reduced by between 40 and 60 per cent. Accommodation provided for affected workers will help them and their families.



CGTP (Peru): Through quick and effective information.

NSZZ (Poland): Especially considering that the age group which is most affected by the epidemic comprises working-age adults, workplaces play a critically important role in securing jobs and sustaining businesses, so require particular attention.

CNS-Cartel Alfa (Romania): If we consider that adult persons constitute the age group most affected by the epidemic, the workplace is extremely important to ensure both sustainable employment and the survival of enterprises.

COTRAF (Rwanda): The psychological and physiological impact of the disease should be reduced for people infected and for their environment.

CNTS (Senegal): Highly necessary, considering that the adult group actively involved in work are the group most affected by the epidemic. Workplaces also play an extremely important role in ensuring durable employment and enterprises.

NWC (Sri Lanka): Considering that the age group most affected by the epidemic comprises working-age adults, workplaces play a critically important role in securing jobs and sustaining businesses, so require particular attention.

ITUC: Especially considering that the age group which is most affected by the epidemic comprises working-age adults. Workplaces play a critically important role in securing jobs and sustaining businesses, so require particular attention.

#### Qu. 7 (c) *care and support of workers affected by HIV/AIDS, and of their families;*

##### Governments

*Total number of replies: 113.*

*Yes: 110.* Albania, Antigua and Barbuda, Armenia, Australia, Austria, Barbados, Belarus, Belgium, Belize, Benin, Bosnia and Herzegovina, Botswana, Brazil, Brunei Darussalam, Burkina Faso, Burundi, Cameroon, Canada, China, Colombia, Costa Rica, Côte d'Ivoire, Croatia, Cuba, Cyprus, Democratic Republic of the Congo, Denmark, Egypt, El Salvador, Estonia, Ethiopia, France, Gabon, Georgia, Germany, Ghana, Greece, Grenada, Honduras, Iceland, India, Indonesia, Iraq, Israel, Italy, Jamaica, Japan, Jordan, Kazakhstan, Kenya, Republic of Korea, Kyrgyzstan, Latvia, Lebanon, Luxembourg, Malawi, Malaysia, Mali, Mauritius, Mexico, Republic of Moldova, Morocco, Myanmar, Netherlands, New Zealand, Nigeria, Oman, Panama, Peru, Philippines, Poland, Portugal, Qatar, Romania, Russian Federation, Rwanda, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, San Marino, Saudi Arabia, Senegal, Serbia, Seychelles, Sierra Leone, Singapore, Slovenia, South Africa, Spain, Sri Lanka, Sudan, Suriname, Sweden, Switzerland, Syrian Arab Republic, Tajikistan, United Republic of Tanzania, Thailand, Timor-Leste, Trinidad and Tobago, Tunisia, Ukraine, United Arab Emirates, United Kingdom, Uruguay, Vanuatu, Bolivarian Republic of Venezuela, Viet Nam, Zambia and Zimbabwe.

*No: 1.* Hungary.

*Other: 2.* Bahamas and Finland.

##### Comments

*Austria.* Should mention that costs should be borne by insurance.

*Belgium.* Through the social protection system.

*Belize.* As much as possible, but with some companies might be limited in what they can offer as support.

*Benin.* Necessary, as a matter of human rights and fundamental rights at work.

*Brunei Darussalam.* To be governed by national policies.

*Burkina Faso.* For employers this depends on their capacities.

*Burundi.* Essential that the mechanisms include global care and support organized in the workplace.

*Cameroon.* Should be considered like all other chronic illnesses.

*Democratic Republic of the Congo.* In order to extend the lives and working lives of workers and prevent their families falling into poverty.

*Costa Rica.* Owing to the impact, it is important.

*Côte d'Ivoire.* To diminish the impact on the world of work, to protect workers and their skills and knowledge, and to improve their social well-being

*Denmark.* See under (a).

*Honduras.* The approach should be one of solidarity and assistance; all have the right of access to medical services.

*El Salvador.* Access to treatment should go beyond access to medication.

*Ethiopia.* Should take into account the capacities of employers both terms of knowledge and resources to fully accommodate the issue of providing care and support.

*Finland.* Should include care and support of workers only, not their families.

*France.* Care and support should focus on the worker. The idea of the family should, if it is retained, be further defined.

*Germany.* "Care" and "support" are not per se the task of employers.

*India.* To ensure that universal access to care and support is provided to every individual at the workplace in both the organized and unorganized sectors.

*Indonesia.* Care and support are needed.

*Malaysia.* The inclusion of "families of HIV/AIDS patients" in the policy would reflect governments' commitment to the wellbeing of those infected and affected by HIV/AIDS. As the number of women infected increases, they and their families should be provided with necessary care and support.

*Mauritius.* The State has a duty of care.

*Netherlands.* Legally restricted to the framework of the national social security system.

*Republic of Moldova.* This support could consist primarily of financial assistance, rather than the direct provision of care, which should be left to specially trained persons.

*New Zealand.* Yes, if the words "and of their families" are removed.

*Peru.* Policies and programmes are needed to help PLHIV and their dependants, as they are the ones most directly affected.

*Philippines.* Should include economic and employment concerns.

*Qatar.* As part of the employment package.

*Romania.* Important to have solidarity, treatment and support, and to create support mechanisms for workers who openly acknowledge their HIV-positive status. All discrimination and stigmatization of HIV-infected workers should be eliminated. They and their families should have social insurance benefits and access to statutory occupational schemes.

*Senegal.* Highly necessary.

*Seychelles.* Who should be responsible for various aspects? Sierra Leone. Essential in mitigating the impact of the pandemic. Workers are entitled to affordable health services.

*Sudan.* So that people can feel the extent to which others are concerned about them and support them.

*Tajikistan.* It should be related to the public health system.

*Thailand.* Workers should get support and care from the government as long as they are alive.

*Timor-Leste.* This should be related to the responsibility of the public authorities.

*United Kingdom.* The United Kingdom Government believes, in the interests of specificity, that reference should be made to the “care and support of workers living with HIV/AIDS, and of their families”. It is not clear to what degree those affected in various ways by HIV/AIDS should expect support. As an alternative, the ILO may wish to explore the different groups affected by HIV/AIDS, and how they may need to be supported. This could then be discussed by Members at the technical committee.

*Vanuatu.* Should also cover housing benefits and family members and provide information on where to get help and financial support; and a work environment free of harassment.

*Zambia.* Necessary to provide a full package which should be extended to the family.

## Employers

*Total number of replies: 62*

*Yes: 49.* CGEA (Algeria), AEC (Azerbaijan), CNP (Benin), CNC (Brazil), CNF (Brazil), BCCI (Bulgaria), CAMFEBA (Cambodia), UCCAEP (Costa Rica), CGECI (Côte d’Ivoire), HUP (Croatia), FEC (Democratic Republic of the Congo), DA (Denmark), DEF (Dominica), FEI (Egypt), SY (Finland), GEA (Ghana), ESEE (Greece), SEV (Greece), COHEP (Honduras), DPN-APINDO (Indonesia), ICEA (Islamic Republic of Iran), NK (Japan), FKE (Kenya), KEF (Republic of Korea), ALE (Lesotho), CNPM (Mauritania), MEF (Mauritius), COPARMEX (Mexico), MONEF (Mongolia), CGEM (Morocco), NEF (Namibia), FNCCI (Nepal), Employers (Netherlands), Business NZ (New Zealand), CCSP (Portugal), CTP (Portugal), SLEF (Saint Lucia), ANIS (San Marino), BUSA (South Africa), Organized Business (South Africa), EFC (Sri Lanka), SKL (Sweden), SAV (Sweden), CNP (Togo), ECA (Trinidad and Tobago), FUE (Uganda), FCCI (United Arab Emirates), CIU (Uruguay) and EMCOZ (Zimbabwe).

*No: 6.* KT (Finland), MEDEF (France), CIP (Portugal), ZDS (Slovenia), GZS (Slovenia), UPS (Switzerland).

*Other: 7.* ANDI (Colombia), EK (Finland), JEF (Jamaica), NHO (Norway), EFP (Pakistan), CONEP (Panama), SN (Sweden).

## Comments

AEC (Azerbaijan): Should be treated like any other professional disease.

CNP (Benin): Will achieve the best results.

UCCAEP (Costa Rica): Medical assistance should be provided by the public health system.

CGECI (Côte d'Ivoire): Is a necessity providing support to workers deciding for VCT.

MEDEF (France): Does this refer to financial support (realized through insurance schemes in industrialized countries, but not always provided in less developed countries)? And what is the meaning of "support to their families"? This is not at all adapted to industrialized countries.

GEA (Ghana): To mitigate the impact and to encourage openness and acceptance.

COHEP (Honduras): Important to consider health care and social protection, including access to prevention, antiretroviral treatment when needed to counter opportunistic infections, health care for families, and other forms of support including confidentiality and employment security based on social dialogue. In the world of work, the attitude to HIV/AIDS should be based on solidarity and provision of care and support. All workers, including those infected with HIV, have a right to accessible health-care services, and they and their dependants should not be subjected to discrimination with regard to compulsory social security schemes and occupational schemes.

DPN-APINDO (Indonesia): For humanitarian reasons.

NK (Japan): Suggest adding phrase "regardless of the cause of infection".

MEF (Mauritius): One cannot go without the other.

COPARMEX (Mexico): Responsibility for this should be defined.

NEF (Namibia): This is real corporate social responsibility.

Employers (Netherlands): Should be legally restricted to the framework on national social security systems.

FNCCI (Nepal): Should be provided without discrimination

Business NZ (New Zealand): Delete "and of their families". The ILO should keep within its mandate and advocate coordination and cooperation with other international organizations to avoid duplication of effort.

EFP (Pakistan): Suggests adding "at workplaces" at the end.

CIP (Portugal): This is a general issue which is not applicable only to the world of work.

ZDS (Slovenia): This is not within the scope of the employment relationship and can be introduced within the scope of general social service.

## Workers

*Total number of replies: 69.*

*Yes:* 68. UGTA (Algeria), UNTA (Angola), CGT-RA (Argentina), ACTU (Australia), CSA-Bénin (Benin), CSTB (Benin), BFTU (Botswana), CITUB (Bulgaria), Podkrepa (Bulgaria), CSTC (Cameroon), CGSTC (Cameroon), USLC (Cameroon), CLC (Canada), UST (Chad), CTRN (Costa Rica), SSSH (Croatia), CMKOS (Czech Republic), UNTC (Democratic Republic of the Congo), FTF (Denmark), LO (Denmark), FTU (Fiji), FTUC (Fiji), SAK (Finland), CGT (France), CGT-FO (France), CFDT (France), GWC (Gambia), DGB (Germany), TUC (Ghana), GSEE (Greece), CNTG (Guinea), ASI (Iceland), KSPI (Indonesia), CGIL (Italy), UGL (Italy), JTUC-RENGO (Japan), FKTU (Republic of Korea), KCTU (Republic of Korea), SEKRIMA (Madagascar), MTUC (Malaysia), Workers (Mauritius), CROC (Mexico), UGTM (Morocco), Workers (Netherlands), NZCTU (New Zealand), NUHPSW (Nigeria), CGTP (Panama), CGTP (Peru), NSZZ (Poland), CGTP-IN (Portugal), UGT (Portugal), CNS-Cartel Alfa (Romania),

CESTRAR (Rwanda), COTRAF (Rwanda), CNTS (Senegal), ZSSS (Slovenia), Organized Labour (South Africa), NWC (Sri Lanka), LO (Sweden), USS (Switzerland), CNTT (Togo), CSTT (Togo), NATUC (Trinidad and Tobago), UNISON (United Kingdom), TUC (United Kingdom), ZCTU (Zimbabwe) and ITUC (International Trade Union Confederation) and OATUU (Organization of African Trade Union Unity).

*No: I.* SFWU (Seychelles).

## Comments

UNTA (Angola): The family is an integral aspect of the worker's life and should be covered.

CSA-Bénin (Benin): HIV/AIDS impoverishes families.

CGSTC (Cameroon): Solidarity should be integrated into all measures. All workers and their families have the right to health services that are accessible to all.

USLC (Cameroon): All family relations should be supported.

CLC (Canada): Social security arrangements can be negotiated at the workplace to allow workers and their families access where necessary.

UNTC (Democratic Republic of the Congo): Social security agreements can be negotiated at the workplace to allow workers and their families access to care, support and treatment where necessary.

CTRN (Costa Rica): This should be done, but is not done in our country.

FTU (Fiji): This is what they need the most.

FTUC (Fiji): These persons should be provided with enhanced care and support, so that more infected persons will open up to society and not feel stigmatized. Awareness of care and support available should therefore be included in the national policy.

CFDT (France): The term "family" should be clearly defined.

CGT (France): Should be global. Social security agreements could be negotiated in the workplace to permit workers and their families access.

CGT-FO (France): This requests the development of negotiated social security solidarity.

GWC (Gambia): To show empathy and protect the right to life.

TUC (Ghana): Workers produce the nation's wealth. They and their families need the uttermost attention.

CNTG (Guinea): Agreements exist and it is now for our partners to apply them in the field.

SEKRIMA (Madagascar): This is necessary and agreements can be reached.

Workers (Mauritius): To allow workers a life with dignity.

NUHPSW (Nigeria): To ensure the acceptance of responsibility to care for infected people.

NSZZ (Poland): Social security arrangements can be negotiated at the workplace to allow workers and their families' access to care, support and treatment where necessary.

CNS-Cartel Alfa (Romania): Social security agreements can be negotiated at the workplace to permit workers and their families' access to care, support and treatment, as necessary.

COTRAF (Rwanda): The psychological and physiological impact of the disease should be reduced for people infected and those around them.

CNTS (Senegal): Highly necessary, since social security agreements can be negotiated in the workplace to permit workers and their families access.

SWFU (Seychelles): This is the social protection component of decent work.

NWC (Sri Lanka): Visible support with food and medicines is recommended for clinics.

CSTT (Togo): Provides comfort and provides victims with a better health to continue their activities.

ITUC: Social security programmes can be negotiated at the workplace to allow workers and their families access to care, support and treatment when necessary.

OATUU: Should be included with some emphasis.

**Qu. 7** (d) *elimination of stigma and discrimination on the basis of real or perceived HIV status;*

## Governments

*Total number of replies: 113.*

*Yes: 110.* Albania, Antigua and Barbuda, Armenia, Australia, Austria, Bahamas, Barbados, Belarus, Belgium, Belize, Benin, Bosnia and Herzegovina, Botswana, Brazil, Brunei Darussalam, Burkina Faso, Burundi, Cameroon, Canada, China, Colombia, Costa Rica, Côte d'Ivoire, Croatia, Cuba, Cyprus, Democratic Republic of the Congo, Egypt, El Salvador, Estonia, Ethiopia, France, Gabon, Georgia, Germany, Ghana, Greece, Grenada, Honduras, Iceland, India, Indonesia, Iraq, Israel, Italy, Jamaica, Japan, Jordan, Kazakhstan, Kenya, Republic of Korea, Kyrgyzstan, Latvia, Lebanon, Luxembourg, Malawi, Malaysia, Mali, Mauritius, Mexico, Republic of Moldova, Morocco, Myanmar, Netherlands, New Zealand, Nigeria, Oman, Panama, Peru, Philippines, Poland, Portugal, Qatar, Romania, Russian Federation, Rwanda, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, San Marino, Saudi Arabia, Senegal, Serbia, Seychelles, Sierra Leone, Singapore, Slovenia, South Africa, Spain, Sri Lanka, Sudan, Suriname, Sweden, Switzerland, Syrian Arab Republic, Tajikistan, United Republic of Tanzania, Thailand, Timor-Leste, Trinidad and Tobago, Tunisia, Ukraine, United Arab Emirates, United Kingdom, Uruguay, Vanuatu, Bolivarian Republic of Venezuela, Viet Nam, Zambia and Zimbabwe.

*No: 1.* Hungary.

*Other: 2.* Denmark and Finland.

## Comments

*Austria.* This should be emphasized. Bahamas. Stigma is often more devastating than the disease itself. Benin. Part of basic and fundamental rights at work.

*Burkina Faso.* Should be combated.

*Burundi.* Would enable infected workers to continue to live positively with HIV and continue to lead productive lives.

*Cameroon.* Important for the success of the policy.

*Canada.* Requires not only appropriate workplace policies but also provision of information to reduce stigma attached to sexual orientation, gender, occupational status, ethnic or national origin and drug use.

*Colombia.* The policy should not make any distinction on the ground of work, social status or education. It should be based on the human life cycle. Consequently, we suggest a Recommendation in which the subsections mentioned will be included.

*Democratic Republic of the Congo.* These aspects are worth their weight in gold.

*Côte d'Ivoire.* To avoid lack of solidarity and for HIV to be treated equally with other diseases.

*El Salvador.* Should also refer to its negative effects on the epidemic and on employment.

*Germany.* Has to be fought everywhere, not just within the world of work.

*Honduras.* Continues to be widespread and legislation needs to be adopted.

*India.* Include human rights concerns and ensure that the Recommendation is rights-based.

*Indonesia.* Very important.

*Japan.* Important that workers are not treated unfairly in the workplace owing to misconceptions or prejudice.

*Kenya.* Any form of discrimination should be discouraged.

*Republic of Korea.* Delete "stigma or".

*Kyrgyzstan.* Continues to present acute problems.

*Malaysia.* Must be a priority, since it has made it more difficult to sustain employment, find shelter, obtain health insurance, or achieve a basic quality of life. It is essential to identify effective approaches.

*Mauritius.* They are the main deterrents to disclosure of status.

*Mexico.* Should be focused.

*New Zealand.* If the words "in the workplace" are added.

*Peru.* Stigma and discrimination against PLHIV at the workplace is reflected in acts directed against them, and such acts should be eliminated through awareness raising, and especially training for employees on topics relating to HIV transmission, given that the fear of infection is what prompts many people to perpetrate discriminatory acts not only against PLHIV but also against other vulnerable groups.

*Qatar.* Eliminates fear and anxiety of being discovered.

*Romania.* Employers must ensure that workers do not suffer discrimination or stigmatization because of being, or being assumed to be, HIV-positive. They must also ensure that such individuals can work as long as they are medically able to do so, and seek the best legal means of ending employment when someone is no longer fit to work, once extended sick leave has been used up. Stigmatization of sick people makes them reluctant to talk about their illness, contributing to a serious failure to grasp the scale of the problem at the local and national levels. This further complicates planning of effective responses at the individual or community level.

*Seychelles.* Needs a strong commitment by all stakeholders and social partners, including appropriate action when violations occur.

*Sudan.* This is one of the causes of the spread of the disease.

*Switzerland.* This is an important measure.

*Trinidad and Tobago.* We recommend rewording the sentence to reflect “reduction and eventual elimination of stigma and discrimination”, which may be difficult to eliminate entirely.

*Tunisia.* To ensure equal opportunities for all workers.

*United Kingdom.* Strongly supports this.

*Vanuatu.* Reiterates the importance of this, particularly for women. It is important for this issue to be addressed based on solid information.

*Bolivarian Republic of Venezuela.* Programmes for prevention, care and information should be in place to ensure reintegration of these people into society and to ensure them equal treatment and respect.

## Employers

*Total number of replies: 61.*

*Yes: 53.* CGEA (Algeria), AEC (Azerbaijan), CNP (Benin), CNC (Brazil), CNF (Brazil), BCCI (Bulgaria), CAMFEBA (Cambodia), UCCAEP (Costa Rica), CGECI (Côte d’Ivoire), HUP (Croatia), FEC (Democratic Republic of the Congo), DA (Denmark), DEF (Dominica), FEI (Egypt), SY (Finland), MEDEF (France), GEA (Ghana), ESEE (Greece), SEV (Greece), COHEP (Honduras), DPN-APINDO (Indonesia), ICEA (Islamic Republic of Iran), NK (Japan), FKE (Kenya), KEF (Republic of Korea), ALE (Lesotho), CNPM (Mauritania), MEF (Mauritius), COPARMEX (Mexico), MONEF (Mongolia), CGEM (Morocco), NEF (Namibia), FNCCI (Nepal), Employers (Netherlands), Business NZ (New Zealand), NHO (Norway), EFP (Pakistan), CONEP (Panama), CCSP (Portugal), SLEF (Saint Lucia), ANIS (San Marino), BUSA (South Africa), Organized Business (South Africa), EFC (Sri Lanka), SKL (Sweden), SAV (Sweden), UPS (Switzerland), CNP (Togo), ECA (Trinidad and Tobago), FUE (Uganda), FCCI (United Arab Emirates), CIU (Uruguay) and EMCOZ (Zimbabwe).

*No: 3.* EK (Finland), KT (Finland), CTP (Portugal).

*Other: 5.* ANDI (Colombia), JEF (Jamaica), ZDS (Slovenia), GZS (Slovenia), SN (Sweden).

## Comments

AEC (Azerbaijan): The question should be treated very seriously.

CNP (Benin): This is indispensable.

CGECI (Côte d’Ivoire): One of the major obstacles for workers to getting tested voluntarily.

FEI (Egypt): All of us are against all types of discrimination.

EK (Finland): The EU has extensive anti-discrimination legislation, including discrimination on the grounds of health.

GEA (Ghana): To encourage openness and transparency and promote human rights and dignity of individual workers.

COHEP (Honduras): Discrimination against PLHIV remains widespread. The response is not sufficiently rooted in promotion and protection of human rights. Some countries apply policies that undermine the accessibility and effectiveness of HIV prevention and care. Laws and regulations protecting persons infected with HIV from discrimination may be absent or poorly implemented.

DPN-APINDO (Indonesia): For humanity and human rights.



MEF (Mauritius): Otherwise it would be difficult to tackle the issue.

FNCCI (Nepal): This should be the main objective.

Business NZ (New Zealand): Add “in the workplace” since the ILO should stay within its mandate.

ZDS (Slovenia): Strong provisions on elimination may not prove effective; “soft” methods should therefore be applied in the national policy.

UPS (Switzerland): Dissemination of information has a vital role to play.

## Workers

*Total number of replies: 69.*

*Yes: 69.* UGTA (Algeria), UNTA (Angola), CGT-RA (Argentina), ACTU (Australia), CSA-Bénin (Benin), CSTB (Benin), BFTU (Botswana), CITUB (Bulgaria), Podkrepa (Bulgaria), CSTC (Cameroon), CGSTC (Cameroon), USLC (Cameroon), CLC (Canada), UST (Chad), CTRN (Costa Rica), SSSH (Croatia), CMKOS (Czech Republic), UNTC (Democratic Republic of the Congo), FTF (Denmark), LO (Denmark), FTU (Fiji), FTUC (Fiji), SAK (Finland), CGT (France), CGT-FO (France), CFDT (France), GWC (Gambia), DGB (Germany), TUC (Ghana), GSEE (Greece), CNTG (Guinea), ASI (Iceland), KSPI (Indonesia), CGIL (Italy), UGL (Italy), JTUC-RENGO (Japan), FKTU (Republic of Korea), KCTU (Republic of Korea), SEKRIMA (Madagascar), MTUC (Malaysia), Workers (Mauritius), CROC (Mexico), UGTM (Morocco), Workers (Netherlands), NZCTU (New Zealand), NUHPSW (Nigeria), CGTP (Panama), CGTP (Peru), NSZZ (Poland), CGTP-IN (Portugal), UGT (Portugal), CNS-Cartel Alfa (Romania), CESTRAR (Rwanda), COTRAF (Rwanda), CNTS (Senegal), SFWU (Seychelles), ZSSS (Slovenia), Organized Labour (South Africa), NWC (Sri Lanka), LO (Sweden), USS (Switzerland), CNTT (Togo), CSTT (Togo), NATUC (Trinidad and Tobago), UNISON (United Kingdom), TUC (United Kingdom), ZCTU (Zimbabwe) and ITUC (International Trade Union Confederation) and OATUU (Organization of African Trade Union Unity).

## Comments

UNTA (Angola): Stigma and discrimination affecting and excluding people should be combated.

CSA-Bénin (Benin): HIV-positive people are often rejected by their families, their enterprise and society in general.

CGSTC (Cameroon): Non-discrimination is a basic human right of all and part of respect for their dignity, so workers should be protected against both discrimination and stigmatization.

USLC (Cameroon): The legal principles should be respected.

CLC (Canada): Stigma and discrimination often come from fear and misunderstanding and steps can be taken at the workplace to highlight the ways in which HIV is transmitted.

UST (Chad): Many workers living with HIV are victims of stigma and discrimination.

UNTC (Democratic Republic of the Congo): Crucial to focus again on the needs of workers living with HIV. The resulting stigmatization, discrimination and exclusion are often the result of fear and misunderstandings, and measures can be adopted at the workplace to highlight the modes of HIV transmission.

CTRN (Costa Rica): This should apply to PLHIV and people with similar illnesses in the whole world.

FTU (Fiji): This is very important and will promote freedom.

FTUC (Fiji): This should assist in curbing the stigma placed by society on those infected, which is essential in eliminating discrimination and other related issues in the workplace.

CGT (France): This is very important, and affects all the dimensions of the relationship between workers and employers (recruitment, continued employment, career prospects, etc.).

CGT-FO (France): This is a priority to which the ILO must contribute by encouraging implementation of effective prevention, treatment and care policies.

TUC (Ghana): Stigma and discrimination are human rights issues, and as a workers' issue, it should be halted.

CNTG (Guinea): It is all an issue of awareness, comprehension and tolerance.

SEKRIMA (Madagascar): Very important because stigmatization only exacerbate social exclusion, which can also affect healthy people.

Workers (Mauritius): For respect of basic human rights.

NUHPSW (Nigeria): To ensure the sense of belonging.

CGTP (Panama): Discrimination and stigma should be combated.

NSZZ (Poland): Stigma and discrimination are often provoked by fear and misunderstanding and measures can be adopted in the workplace to provide accurate information on modes of transmission.

CNS-Cartel Alfa (Romania): Stigma and discrimination are often provoked by fear and misunderstanding. Measures can be adopted in the workplace to provide accurate information on modes of transmission.

COTRAF (Rwanda): There is a relation between respect for the fundamental Conventions and successful action to combat HIV/AIDS.

CNTS (Senegal): This is highly necessary. Stigma and discrimination are often caused by fear and misunderstandings, and measures can be taken at the workplace to provide accurate information on modes of transmission.

NWC (Sri Lanka): Employer collaboration and broad trade union support should be taught, as they are seen in very few workplaces. A large area remains on the periphery in unorganized sectors.

CSTT (Togo): Stigma and discrimination violate the law.

ITUC: Stigma and discrimination often come from fear and misunderstanding and steps can be taken at the workplaces to emphasise the ways in which HIV is transmitted.

OATUU: It should be included with some emphasis.

**Qu. 7** (e) *the role of the workplace for information and action, including voluntary counselling and testing, prevention, treatment, care and support;*

## Governments

*Total number of replies: 113.*

*Yes: 107.* Albania, Antigua and Barbuda, Armenia, Australia, Austria, Bahamas, Barbados, Belarus, Belgium, Belize, Benin, Bosnia and Herzegovina, Botswana, Brazil, Brunei Darussalam, Burkina Faso, Burundi, Cameroon, Canada, China, Costa Rica, Côte d'Ivoire, Cuba, Cyprus,

Democratic Republic of the Congo, Egypt, El Salvador, Estonia, Ethiopia, France, Gabon, Georgia, Germany, Ghana, Greece, Grenada, Honduras, Iceland, India, Indonesia, Iraq, Israel, Italy, Jamaica, Japan, Jordan, Kazakhstan, Kenya, Republic of Korea, Kyrgyzstan, Latvia, Lebanon, Luxembourg, Malawi, Malaysia, Mali, Mauritius, Mexico, Republic of Moldova, Morocco, Myanmar, Netherlands, New Zealand, Nigeria, Oman, Panama, Peru, Philippines, Poland, Portugal, Qatar, Russian Federation, Rwanda, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, San Marino, Saudi Arabia, Senegal, Serbia, Seychelles, Sierra Leone, Singapore, Slovenia, South Africa, Spain, Sri Lanka, Sudan, Suriname, Sweden, Switzerland, Syrian Arab Republic, Tajikistan, United Republic of Tanzania, Thailand, Timor-Leste, Trinidad and Tobago, Tunisia, Ukraine, United Arab Emirates, United Kingdom, Uruguay, Vanuatu, Bolivarian Republic of Venezuela, Viet Nam, Zambia and Zimbabwe.

*No:* 3. Colombia, Croatia and Hungary.

*Other:* 3. Denmark, Finland and Romania.

## Comments

*Australia.* Stresses the importance of counselling, and notes with concern that maintaining confidentiality of test results done in the workplace may be difficult.

*Austria.* Prevention of sexually transmitted diseases should be incorporated into occupational health services.

*Bahamas.* This needs to examine this more closely to determine how it will be funded, and will require a tripartite approach.

*Belgium.* To a limited degree in conformity with our answer to question 3(j).

*Belize.* Workplaces should be promoting such services and referring their staff to agencies offering this level of support, rather than providing the services themselves.

*Benin.* This is an opportunity to reach a homogenous group with respect to activities, age, sex, training levels, income, and language. Such homogenous groups are needed for efficient communication of behavioural change.

*Brazil.* “Voluntarily” should be more clearly defined.

*Burkina Faso.* The national constituents did not all agree on these points.

*Burundi.* The workplace could take the role of disseminating information and communication, since it is a meeting place of sustainable relations.

*Cameroon.* The role of peer educators is vital, particularly in communicating behavioural changes.

*Canada.* Testing, treatment and care are best provided through accessible high-quality public health systems; in the absence of these, workplaces may provide some or all of these services.

*Democratic Republic of the Congo.* Suggest inserting a reference to enterprise committees for the struggle against HIV/AIDS which are constituted for educational purposes.

*Costa Rica.* In our country, this is done and coordinated between the Ministry of Health and CONASIDA.

*Côte d’Ivoire.* Should be done through the occupational safety and health services as well as through other actors in the field of OSH.

*Croatia.* Primarily the task of other segments of society, especially the health sector. The workplace does not have a leading role in these activities.

*Cuba.* See reply concerning treatment under the preamble, question 3(j).

*Denmark.* See under (a).

*El Salvador.* These are necessary for an integral approach to the epidemic.

*Finland.* See comments under point 6.

*Germany.* This is possible through the framework of occupational health promotion.

*Greece.* The word “treatment” should be replaced with “actions facilitating treatment”.

*Honduras.* All of these services should be included. In enterprises offering health services, such services should also offer, in collaboration with the government and other interested parties, the most complete array of services of prevention and treatment.

*India.* Any successful policy must include this.

*Indonesia.* Integrated programmes should be implemented at the workplace.

*Japan.* It would be beneficial to clarify the role of the workplace, in what circumstances and to what extent it should offer voluntary counselling and testing, prevention, treatment, care and support.

*Kenya.* Necessary to consider small enterprises which may be unable to provide such services.

*Malaysia.* Fully agree with the role of employers. A woman knowing that she has been infected or affected may not have another avenue other than the workplace to access all of the above.

*Mauritius.* Confidentiality of information should be preserved. Voluntary testing and informed results will prompt treatment and help reduce the incidence of HIV/AIDS.

*Peru.* Given that workers are regarded as any workplace’s most precious capital, which must be protected, what better way than through workplace action on HIV/AIDS? Workers who are made aware of HIV/AIDS topics can make better choices to protect themselves against infection.

*Poland.* It should not be indicated that it has a primary role.

*Qatar.* The workplace must play an active role at work and in the community.

*Romania.* Employers must encourage workers with HIV/AIDS to consult appropriate specialist advisors within or outside the enterprise on a confidential basis.

*Senegal.* Highly necessary.

*Serbia.* If it concerns accessibility and information of workers on VCT.

*Seychelles.* Very important, and should also include confidentiality.

*Sierra Leone.* Workers and their organizations should use existing structures and facilities.

*Sudan.* The workplace has the most important role.

*Sweden.* This is the responsibility of the health-care sector.

*Tajikistan.* Workers and their representatives should consult with employers.

*Timor-Leste.* Testing and treatment are matter for each individual.

*Trinidad and Tobago.* Workers’ test results must be treated with strict confidentiality and be consistent with the ILO code of practice on the protection of workers’ personal data (1997).

*Tunisia.* The workplace is the ideal place for the concretization of the measures.

*Uruguay.* Important to recall the role of the workplace in combating HIV through information.

## Employers

*Total number of replies: 62.*

*Yes: 50.* CGEA (Algeria), AEC (Azerbaijan), CNP (Benin), CNC (Brazil), CNF (Brazil), BCCI (Bulgaria), CAMFEBA (Cambodia), CGECI (Côte d'Ivoire), FEC (Democratic Republic of the Congo), DA (Denmark), DEF (Dominica), FEI (Egypt), KT (Finland), SY (Finland), GEA (Ghana), ESEE (Greece), SEV (Greece), COHEP (Honduras), DPN-APINDO (Indonesia), ICEA (Islamic Republic of Iran), NK (Japan), FKE (Kenya), KEF (Republic of Korea), ALE (Lesotho), CNPM (Mauritania), MEF (Mauritius), COPARMEX (Mexico), MONEF (Mongolia), CGEM (Morocco), NEF (Namibia), FNCCI (Nepal), Employers (Netherlands), Business NZ (New Zealand), NHO (Norway), EFP (Pakistan), CONEP (Panama), CCSP (Portugal), CIP (Portugal), SLEF (Saint Lucia), ANIS (San Marino), BUSA (South Africa), Organized Business (South Africa), SKL (Sweden), SAV (Sweden), CNP (Togo), ECA (Trinidad and Tobago), FUE (Uganda), FCCI (United Arab Emirates), CIU (Uruguay) and EMCOZ (Zimbabwe).

*No: 7.* HUP (Croatia), EK (Finland), MEDEF (France), CTP (Portugal), ZDS (Slovenia), GZS (Slovenia), UPS (Switzerland).

*Other: 5.* ANDI (Colombia), UCCAEP (Costa Rica), JEF (Jamaica), EFC (Sri Lanka), SN (Sweden).

## Comments

AEC (Azerbaijan): The main efforts should be focused on the workplace.

CNP (Benin): The workplace is the ideal place where workers give themselves value and where they can become more self-aware.

CNF (Brazil): Information should be provided regularly and periodically.

CGECI (Côte d'Ivoire): Workers spend around two-thirds of their time at the workplace.

EK (Finland): This is a public health issue.

MEDEF (France): Caution is needed. The terms "testing" and "treatment" are understood differently in less developed countries compared to industrialized countries, where testing and treatment are covered by a totally different structure separated from enterprises.

GEA (Ghana): To promote a healthy and safe working environment and to encourage openness and trust.

COHEP (Honduras): Strengthening the national response to HIV/AIDS in workplaces in terms of employers' and workers' behaviour has shown the awareness of the seriousness of the epidemic and highlighted the importance of the workplace as a centre of action through prevention policies, mobilization campaigns encouraging people to know their own HIV status, programmes dealing with issues of stigmatization and discrimination, promoting access to treatment, and supporting infected workers through social security.

DPN-APINDO (Indonesia): Should be covered in the comprehensive HIV programme.

ALE (Lesotho): Who will meet the cost of all these activities?

CNPM (Mauritania): Voluntary testing is the only way to obtain precise prevalence rates in workplaces.

COPARMEX (Mexico): Special emphasis on economic instruments which favour its application in the enterprise.

FNCCI (Nepal): All actions should be voluntary.

Employers (Netherlands): No legal role is desirable, only voluntary actions.

NHO (Norway): Provided that all elements are voluntary.

CONEP (Panama): Regarding prevention, it should be recalled that condoms are not 100 per cent effective.

Employers (Poland): At the workplace, only information on the basic testing and counselling available, and on prevention, care and treatment, should be available.

ZDS (Slovenia): This does not fall within the scope of the employment relationship and should not become a burden on employers.

EFC (Sri Lanka): While reasonable accommodation in relation to work should be encouraged, responsibility for treatment, care and support should not fall on employers.

SAV (Sweden): This should apply in countries where medical care is inadequate.

ECA (Trinidad and Tobago): Training employees as focal points within the organization would better facilitate communication and peer counselling.

## Workers

*Total number of replies: 69.*

*Yes: 68.* UGTA (Algeria), UNTA (Angola), CGT-RA (Argentina), ACTU (Australia), CSA-Bénin (Benin), CSTB (Benin), BFTU (Botswana), CITUB (Bulgaria), Podkrepa (Bulgaria), CSTC (Cameroon), CGSTC (Cameroon), USLC (Cameroon), CLC (Canada), UST (Chad), SSSH (Croatia), CMKOS (Czech Republic), UNTC (Democratic Republic of the Congo), FTF (Denmark), LO (Denmark), FTU (Fiji), FTUC (Fiji), SAK (Finland), CGT (France), CGT-FO (France), CFDT (France), GWC (Gambia), DGB (Germany), TUC (Ghana), GSEE (Greece), CNTG (Guinea), ASI (Iceland), KSPI (Indonesia), CGIL (Italy), UGL (Italy), JTUC-RENGO (Japan), FK TU (Republic of Korea), KCTU (Republic of Korea), SEKRIMA (Madagascar), MTUC (Malaysia), Workers (Mauritius), CROC (Mexico), UGTM (Morocco), Workers (Netherlands), NZCTU (New Zealand), NUHPSW (Nigeria), CGTP (Panama), CGTP (Peru), NSZZ (Poland), CGTP-IN (Portugal), UGT (Portugal), CNS-Cartel Alfa (Romania), CESTRAR (Rwanda), COTRAF (Rwanda), CNTS (Senegal), SFWU (Seychelles), ZSSS (Slovenia), Organized Labour (South Africa), NWC (Sri Lanka), LO (Sweden), USS (Switzerland), CNTT (Togo), CSTT (Togo), NATUC (Trinidad and Tobago), UNISON (United Kingdom), TUC (United Kingdom), ZCTU (Zimbabwe) and ITUC (International Trade Union Confederation) and OATUU (Organization of African Trade Union Unity).

*No: 1.* CTRN (Costa Rica).

## Comments

UNTA (Angola): Under no circumstances should information on status have to be reported.

CSA-Bénin (Benin): The best place for it to be addressed.

CGSTC (Cameroon): Ideal place to implement programmes on training and education on all aspects (activities that will reinforce understanding of behaviour change and of discrimination and stigma).

USLC (Cameroon): Counselling should be encouraged.

CLC (Canada): Many workplaces already provide this and have community outreach programmes.

UNTC (Democratic Republic of the Congo): Access to prevention, care and support, and in certain cases treatment, is already ensured at many workplaces, and many also have awareness-raising programmes aimed at local communities.

CTRN (Costa Rica): Should not be a condition for being able to work.

FTU (Fiji): Very good, but working time will be affected.

CFDT (France): Does this not exist outside the workplace?

CGT (France): It is both a health issue and a workplace issue and confidentiality should be respected.

TUC (Ghana): Involvement and participation of workers and their organizations, and of employers, is the best way to succeed.

CNTG (Guinea): Vital for the different stages of HIV/AIDS.

UGL (Italy): Because there is a lack of knowledge, and provision should be in collaboration with the public health system.

JTUC-RENGO (Japan): Workplace physicians and local health centres are expected to collaborate and give full attention to the privacy of infected persons. Both workers and their families must be given the necessary information, with due regard to the privacy of those infected.

SEKRIMA (Madagascar): Already exists in many workplaces.

Workers (Mauritius): To provide an overview.

NSZZ (Poland): Many workplaces already provide this and have outreach programmes to surrounding communities.

CGTP (Panama): Should take into account social and cultural differences. Use could be made of trade union networking, which can help with implementation of national laws and policies.

CNS-Cartel Alfa (Romania): Is already provided in certain workplaces, especially larger ones.

COTRAF (Rwanda): Work creates the basis for solidarity, proximity and confidence.

CNTS (Senegal): Highly necessary, and already available in some workplaces. In addition, many workplaces have awareness programmes, particularly for neighbouring communities.

NWC (Sri Lanka): Employer collaboration and broad trade union support should be taught. A large area remains on the periphery in the unorganized sectors.

CSTT (Togo): It is easy to reach out to workers in the workplace.

ITUC: Many workplaces already provide this, and many have community outreach programmes.

OATUU: They should be part and parcel of the fight against HIV/AIDS.

- Qu. 7** (f) *the role of the workplace in collaborating with the local communities and in extending programmes through the supply chain and distribution networks?*

## Governments

*Total number of replies: 115.*

*Yes: 102.* Albania, Antigua and Barbuda, Armenia (Ministry of Labour and Social Affairs), Australia, Austria, Barbados, Belgium, Belize, Benin, Bosnia and Herzegovina, Botswana, Brazil, Brunei Darussalam, Burkina Faso, Burundi, Cameroon, Canada, China, Colombia, Costa Rica, Côte d'Ivoire, Croatia, Cuba, Democratic Republic of the Congo, Egypt, El Salvador, Estonia, Ethiopia, France, Gabon, Georgia, Ghana, Greece, Grenada, Honduras, Iceland, India, Indonesia, Iraq, Israel, Italy, Jamaica, Japan, Jordan, Kazakhstan, Kenya, Republic of Korea, Kyrgyzstan, Latvia, Lebanon, Luxembourg, Malawi, Malaysia, Mali, Mauritius, Republic of Moldova, Morocco, Myanmar, Netherlands, New Zealand, Nigeria, Oman, Panama, Peru, Philippines, Portugal, Qatar, Russian Federation, Rwanda, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, San Marino, Saudi Arabia, Senegal, Serbia, Seychelles, Sierra Leone, Singapore, Slovenia, South Africa, Spain, Sri Lanka, Sudan, Suriname, Sweden, Switzerland, Syrian Arab Republic, Tajikistan, United Republic of Tanzania, Thailand, Trinidad and Tobago, Tunisia, Ukraine, United Arab Emirates, United Kingdom, Uruguay, Vanuatu, Bolivarian Republic of Venezuela, Viet Nam, Zambia and Zimbabwe

*No: 8.* Armenia (Ministry of Health), Bahamas, Belarus, Cyprus, Hungary, Mexico, Romania (National Youth Agency) and Timor-Leste.

*Other: 5.* Belgium, Denmark, Finland, Germany and Poland.

## Comments

*Armenia* (Ministry of Health). Not applicable.

*Australia.* "Workplace" needs to be defined. It suggests specific employer responsibilities that extend beyond the provision of a safe, discrimination-free work environment.

*Austria.* Provision of access to antiretroviral drugs by the enterprise is an interesting issue for major corporations operating in developing countries.

*Bahamas.* Suggestions should be made as to how this can be achieved.

*Belgium.* The question is not clear.

*Benin.* The diversity of activities during the exchanges between supplier and clients at the workplace facilitates this collaboration. Actions at the workplace will thus be extended to the whole community.

*Burkina Faso.* The workplace as an actor is important in this respect.

*Burundi.* Makes a contribution both to workers and to local communities and can provide support for the implementation of programmes.

*Cameroon.* Workers are an integral part of local communities, and communities should benefit from this.

*Colombia.* The policy should not make any distinction on grounds of work, social status or education, since it has to be based on the human life cycle. A Recommendation should include the previous subsections.



*Democratic Republic of the Congo.* What happens in the world of work eventually moves into the wider community.

*Costa Rica.* Collaboration should be on a voluntary basis.

*Côte d'Ivoire.* Particularly the leadership role of enterprises and the solidarity between enterprises and their contractors.

*Cuba.* This is covered in our Safety and Health at Work Strategy.

*Cyprus.* This is not considered feasible, especially for smaller companies.

*Denmark.* See under (a).

*El Salvador.* Important, since workplaces are closely connected with their communities. Use should be made of this established infrastructure to provide more support to national efforts to implement programmes.

*Finland.* See comments under point 6.

*France.* "Supply chain and distribution networks" should be clarified.

*Germany.* Not applicable because of Germany's social security system.

*Honduras.* Enterprises measures impacts upon the local community.

*India.* Other stakeholders should be involved for a successful programme, and employers' responsibility should be highlighted. The role of corporate social responsibility is important in this context.

*Indonesia.* Companies should work together with the community.

*Japan.* The various circumstances of member States must be taken into account, and a flexible and versatile way of spreading awareness through supply chains and distribution networks is needed.

*Kenya.* Should be viewed as corporate social responsibility without disadvantaging investors.

*Malaysia.* It will be especially useful to reach out to women, particularly at the grass-roots level. Companies may initiate this as part of their corporate social responsibility.

*Mali.* Priority areas in Mali are. prevention; epidemiological monitoring; access to treatment, care and support; ethics, rights and HIV; training, studies and research; mobilization of resources; follow-up, assessment and partnership.

*Mauritius.* Will promote access to education, information and prevention.

*Mexico.* The instrument should concentrate on strengthening action within workplaces.

*Peru.* Will allow dissemination of all our actions throughout the community and involve all its members.

*Senegal.* Highly necessary since workers are above all part of the community.

*Serbia.* Inclusion in the local communities should be part of prevention.

*Seychelles.* All parties concerned should play their roles.

*Sierra Leone.* The workplace should play a leading role for the collaboration and active involvement of local communities. This generates greater commitment, mobilizes additional resources and improves the relevance and sustainability of interventions.

*Sri Lanka.* A collaborative approach is vital and should be encouraged as part of CSR. However, the ability to embark on such activities would vary from enterprise to enterprise.

*Sudan.* Because HIV concerns everybody and requires further collaboration.

*Sweden.* The extent of this policy should be reconsidered. It is assumed that the policy's main purpose is to counter discrimination against HIV-infected individuals at the workplace and in the labour market. The policy should focus on the major issues, which does not imply that the workplace would be a suitable arena for HIV testing, treatment and care.

*Timor-Leste.* Not necessarily, as the public authorities should be the ones handling this kind of approach.

*United Kingdom.* This approach has reportedly been successful in a number of cases, and is understood to present commercial benefits. The ILO should investigate in detail such commercial benefits, especially in supply chains in which they are not currently recognized.

*Vanuatu.* Collaboration is very important for all parties.

*Bolivarian Republic of Venezuela.* Collaboration is important.

*Zambia.* Some employers are already engaged in community-based activities as a matter of corporate social responsibility, which should be enhanced by the proposed instruments.

## Employers

*Total number of replies: 62.*

*Yes: 50.* CGEA (Algeria), AEC (Azerbaijan), CNP (Benin), CNC (Brazil), CNF (Brazil), BCCI (Bulgaria), CAMFEBA (Cambodia), CGECI (Côte d'Ivoire), HUP (Croatia), FEC (Democratic Republic of the Congo), DA (Denmark), DEF (Dominica), FEI (Egypt), SY (Finland), GEA (Ghana), ESEE (Greece), SEV (Greece), COHEP (Honduras), DPN-APINDO (Indonesia), ICEA (Islamic Republic of Iran), JEF (Jamaica), NK (Japan), FKE (Kenya), KEF (Republic of Korea), ALE (Lesotho), CNPM (Mauritania), MEF (Mauritius), COPARMEX (Mexico), MONEF (Mongolia), CGEM (Morocco), NEF (Namibia), FNCCI (Nepal), Employers (Netherlands), Business NZ (New Zealand), NHO (Norway), EFP (Pakistan), CCSP (Portugal), CTP (Portugal), SLEF (Saint Lucia), ANIS (San Marino), BUSA (South Africa), Organized Business (South Africa), EFC (Sri Lanka), SKL (Sweden), SAV (Sweden), ECA (Trinidad and Tobago), FUE (Uganda), FCCI (United Arab Emirates), CIU (Uruguay) and EMCOZ (Zimbabwe).

*No: 9.* EK (Finland), KT (Finland), MEDEF (France), CONEP (Panama), CIP (Portugal), ZDS (Slovenia), GZS (Slovenia), UPS (Switzerland), CNP (Togo).

*Other: 3.* ANDI (Colombia), UCCAEP (Costa Rica), SN (Sweden).

## Comments

CNP (Benin): The workplace is open and allows workers to make contacts, and that is where the combat should be made inside and outside its boundaries.

ANDI (Colombia): Given the reply to question 6, this reply is not applicable.

UCCAEP (Costa Rica): This collaboration should be on a voluntary basis, and not aim to provide medical care or implement standards.

CGECI (Côte d'Ivoire): Workplaces have a crucial role to play and should also play an important part in the supply chain.

MEDEF (France): Not for industrialized countries, where there is a totally different structure for testing and treatment that is separated from enterprises.

GEA (Ghana): To enhance awareness and cooperation.

COHEP (Honduras): Enterprises have many reasons to take action in response to infection. The effort reaches out to surrounding communities, by disseminating programmes to help combat the threat to the workforce exposed to ever greater risks which affect those in the most productive age groups. This is boosted by coordination with health service networks and the supply chain through civil society participation.

DPN-APINDO (Indonesia): All elements in society should be involved actively, and networking should be developed and regularly maintained.

CNPM (Mauritania): Action is needed.

MEF (Mauritius): For greater effectiveness.

Employers (Netherlands): No legal role is desirable, only voluntary actions.

COPARMEX (Mexico): Special emphasis should be on economic instruments which favour its application in the enterprise.

FNCCI (Nepal): This is vital since it also positively affects the streets and towns, families and society as a whole, and ensures effectiveness and sustainability.

CONEP (Panama): This cannot be imposed on employers who lack funds for this. This problem concerns everybody.

CIP (Portugal): The world of work is not the right place for implementing such programmes.

ZDS (Slovenia): If such cooperation ought to be introduced within national policy, it should be strictly a voluntary decision by employers.

EFC (Sri Lanka): A collaborative approach is vital and community outreach programmes should be encouraged as part of CSR. However, this would vary from enterprise to enterprise.

SAV (Sweden): They should do so where necessary.

ECA (Trinidad and Tobago): Particular importance should be placed on community-specific beliefs and practices, threats of violence, and gender-based power imbalances.

## Workers

*Total number of replies: 69*

*Yes:* 67. UGTA (Algeria), UNTA (Angola), CGT-RA (Argentina), ACTU (Australia), CSA-Bénin (Benin), CSTB (Benin), BFTU (Botswana), CITUB (Bulgaria), Podkrepa (Bulgaria), CSTC (Cameroon), CGSTC (Cameroon), USLC (Cameroon), CLC (Canada), UST (Chad), CTRN (Costa Rica), SSSH (Croatia), CMKOS (Czech Republic), UNTC (Democratic Republic of the Congo), FTF (Denmark), LO (Denmark), FTU (Fiji), FTUC (Fiji), SAK (Finland), CGT-FO (France), CFDT (France), GWC (Gambia), DGB (Germany), TUC (Ghana), GSEE (Greece), CNTG (Guinea), ASI (Iceland), KSPI (Indonesia), CGIL (Italy), UGL (Italy), JTUC-RENGO (Japan), FKTU (Republic of Korea), KCTU (Republic of Korea), SEKRIMA (Madagascar), MTUC (Malaysia), Workers (Mauritius), CROC (Mexico), UGTM (Morocco), Workers (Netherlands), NZCTU (New Zealand), NUHPSW (Nigeria), CGTP (Panama), CGTP (Peru), NSZZ (Poland), CGTP-IN (Portugal), UGT (Portugal), CNS-Cartel Alfa (Romania), COTRAF (Rwanda), CNTS (Senegal), SFWU (Seychelles), ZSSS (Slovenia), Organized Labour (South

Africa), NWC (Sri Lanka), LO (Sweden), USS (Switzerland), CNTT (Togo), CSTT (Togo), NATUC (Trinidad and Tobago), UNISON (United Kingdom), TUC (United Kingdom), ZCTU (Zimbabwe) and ITUC (International Trade Union Confederation) and OATUU (Organization of African Trade Union Unity).

*No:* 2. CGT-FO (France) and CESTRAT (Rwanda).

## Comments

UNTA (Angola): The workplace should collaborate and extend all its programmes.

CGSTC (Cameroon): Workplace cannot be separated from their local communities and have an obligation to collaborate.

USLC (Cameroon): There should be collaboration.

CLC (Canada): Involving the supply chain is a practice that more workplaces, especially bigger ones, are undertaking. Some workplaces have specific community outreach programmes. This should happen with the full participation of workers' and employers' organizations.

UNTC (Democratic Republic of the Congo): The practice of involving the supply chain has been adopted by many workplaces, especially larger enterprises, and some have established specific community programmes which should fully involve workers' and employers' organizations.

CTRN (Costa Rica): In order to ensure that these programmes really attempt to combat HIV/AIDS.

FTU (Fiji): This is good and will help local communities be part of this programme.

CFDT (France): Needs to be clarified.

CGT: Enterprises have a responsibility towards surrounding communities, including suppliers and distributors, and not only with regard to prevention. Programmes aimed at communities should also rely on the full involvement of employers' and workers' organizations.

TUC (Ghana): Participation of workers' and employers' organizations should be ensured.

CNTG (Guinea): It is best to have a programme disseminated at all levels of networking.

SEKRIMA (Madagascar): Some workplaces have set up specific community programmes which should fully involve employers and workers.

Workers (Mauritius): To ensure that everybody in the community is concerned.

CGTP (Panama): This will improve workers' health and productivity, reduce stigma, encourage preventive measures and reduce the impact of HIV in the world of work.

NSZZ (Poland): This is a practice that more workplaces, especially bigger ones, are undertaking. Some workplaces have specific community outreach programmes. This should happen with the full participation of workers' and employers' organizations.

CNS-Cartel Alfa (Romania): Specific programmes with the participation of local communities are already taking place in workplaces, particularly larger enterprises.

COTRAF (Rwanda): Family members often take part in the different sectors and information will be transmitted between them through family bonds.

CNTS (Senegal): This is highly necessary since the experience of certain national enterprises which reach out to communities has shown satisfactory results. Extending programmes is being adopted by more and more workplaces, particularly large enterprises. Specific programmes for community participation in

activities have been implemented in certain workplaces. These programmes should have the full participation of workers' and employers' organizations.

NWC (Sri Lanka): This is already happening and some workplaces have specific community outreach programmes. This should happen with the full participation of workers' and employers' organizations of but a large area remains on the periphery in unorganized sectors.

Organized Labour (South Africa): Funding must also be extended beyond the world of work.

ITUC: Involving the supply chain is a practice that more workplaces, especially bigger ones, are undertaking. Some workplaces have specific community outreach programmes. This should involve the full participation of organizations of workers and employers.

OATUU: Because workers come from, and/or live with the local communities.

*Other: Yes: I. Community (South Africa).*

## Comments

Community (South Africa): Because funds and labour capacity from business and labour in workplaces are vital to extending the work of NGOs and organizations of PLHIV in communities.

## Qu. 8

*Should the national policy on HIV/AIDS in the world of work:*

- (a) be given effect, in consultation with the most representative employers' and workers' organizations and other parties concerned:*
  - (i) in national laws and regulations;*

## Governments

*Total number of replies: 113.*

*Yes: 103.* Albania, Antigua and Barbuda, Armenia, Australia, Bahamas, Barbados, Belarus, Belgium, Belize, Benin, Bosnia and Herzegovina, Botswana, Brazil, Burkina Faso, Burundi, Cameroon, Canada, China, Colombia, Costa Rica, Côte d'Ivoire, Croatia, Cuba, Cyprus, Democratic Republic of the Congo, Egypt, El Salvador, Estonia, Ethiopia, Finland, France, Georgia, Germany, Ghana, Greece, Grenada, Honduras, Hungary, Iceland, India, Indonesia, Iraq, Israel, Italy, Jamaica, Japan, Jordan, Kazakhstan, Kenya, Kyrgyzstan, Latvia, Lebanon, Luxembourg, Malawi, Malaysia, Mali, Mauritius, Mexico, Republic of Moldova, Myanmar, Netherlands, Nigeria, Oman, Panama, Peru, Philippines, Poland, Portugal, Qatar, Romania, Russian Federation, Rwanda, Saint Lucia, Saint Vincent and the Grenadines, San Marino, Saudi Arabia, Senegal, Serbia, Seychelles, Sierra Leone, Slovenia, South Africa, Spain, Sri Lanka, Sudan, Suriname, Sweden, Switzerland, Syrian Arab Republic, Tajikistan, United Republic of Tanzania, Thailand, Timor-Leste, Trinidad and Tobago, Tunisia, Ukraine, United Arab Emirates, Uruguay, Vanuatu, Bolivarian Republic of Venezuela, Viet Nam, Zambia and Zimbabwe.

*No: 7.* Austria, Brunei Darussalam, Gabon, Morocco, New Zealand, Singapore and United Kingdom.

*Other: 3.* Denmark, Republic of Korea and Saint Kitts and Nevis.

## Comments

*Australia.* Our states and territories have their own relevant legislation, in addition to national practices.

*Bahamas.* Tripartite as well as bipartisan approach.

*Bosnia and Herzegovina.* Delete “(i) in national laws and regulations”.

*Brazil.* Should first be discussed among employers, workers and organizations of PLHIV.

*Burundi.* All labour legislation should take HIV into account.

*Cameroon.* Ensures direct involvement of all parties.

*Canada.* Where appropriate.

*Democratic Republic of the Congo.* Implies the need to adopt new provisions in the Labour Code.

*Denmark.* Taking into consideration national circumstances and practices.

*El Salvador.* Could be done through executive directives.

*Estonia.* Prefers incorporation of relevant provisions into different working life policy documents.

*Finland.* Particularly those sections of the national policy that contain work-related issues.

*India.* Necessary, since a national policy is guidelines/roadmap (not mandatory).

*Japan.* It is desirable for each country to respond flexibly taking their domestic conditions into consideration.

*Jordan.* This will facilitate application.

*Kenya.* Important to consult widely.

*Republic of Korea.* Add “should such policies exist” at the end.

*Malaysia.* Include other parties as well, such as women’s organizations.

*Mauritius.* Ensures more effective implementation.

*New Zealand.* Each member State should consider what is most effective and appropriate given their individual circumstances.

*Peru.* We have adopted Law No. 26626.

*Portugal.* This is an important health issue, as well as an issue of equality and non-discrimination

*Romania.* In order to eliminate discrimination in the world of work and to ensure prevention and social protection, including networks of PLHIV.

*Saint Kitts and Nevis.* NGOs should be involved as well.

*Senegal.* For coordinating all actors.

*Seychelles.* To make it work effectively.

*Sierra Leone.* A multisectoral approach will generate greater commitment and improve the relevance and sustainability of interventions.

*Singapore.* No need for a rigid approach. Some countries might prefer a promotional approach.

*Sri Lanka.* Where the country situation requires the promulgation of laws and regulations.

*Suriname.* We need everybody on board.

*Sweden (Sida).* If this is possible.

*Switzerland.* In accordance with international labour standards, for us that means the adoption of a federal law concerning persons with disabilities.

*Tajikistan.* Either national legislation (“hard law”), or “soft law” in the form of codes.

*Timor-Leste.* To ensure implementation.

*Tunisia.* By elaborating and revising OSH legislation.

*United Kingdom.* The instrument should acknowledge that comprehensive national policies consistent with its aims may already exist.

*Bolivarian Republic of Venezuela.* In collaboration with all parties, not only employers and workers.

*Zimbabwe.* Other partners should include ministries of health.

## Employers

*Total number of replies: 63.*

*Yes: 50.* CGEA (Algeria), AEC (Azerbaijan), CNP (Benin), CNC (Brazil), CNF (Brazil), BCCI (Bulgaria), CAMFEBA (Cambodia), UCCAEP (Costa Rica), CGECI (Côte d’Ivoire), FEC (Democratic Republic of the Congo), DA (Denmark), DEF (Dominica), FEI (Egypt), KT (Finland), MEDEF (France), GEA (Ghana), ESEE (Greece), SEV (Greece), COHEP (Honduras), DPN-APINDO (Indonesia), ICEA (Islamic Republic of Iran), JEF (Jamaica), NK (Japan), FKE (Kenya), KEF (Republic of Korea), ALE (Lesotho), CNPM (Mauritania), MEF (Mauritius), COPARMEX (Mexico), MONEF (Mongolia), CGEM (Morocco), NEF (Namibia), FNCCI (Nepal), Employers (Netherlands), EFP (Pakistan), CIP (Portugal), CTP (Portugal), SLEF (Saint Lucia), ANIS (San Marino), BUSA (South Africa), Organized Business (South Africa), SKL (Sweden), SAV (Sweden), UPS (Switzerland), CNP (Togo), ECA (Trinidad and Tobago), FUE (Uganda), FCCI (United Arab Emirates), CIU (Uruguay) and EMCOZ (Zimbabwe).

*No: 9.* HUP (Croatia), EK (Finland), SY (Finland), Business NZ (New Zealand), NHO (Norway), CONEP (Panama), CIP (Portugal), ZDS (Slovenia), GZS (Slovenia).

*Other: 4.* ANDI (Colombia), CCSP (Portugal), EFC (Sri Lanka), SN (Sweden).

## Comments

ANDI (Colombia): As provided in Decree No. 1543 in 1997.

GEA (Ghana): To ensure cooperation and acceptance.

DPN-APINDO (Indonesia): Should be covered in national regulations and guidelines, not necessarily in national laws.

Business NZ (New Zealand): Suggests adding “considered, where appropriate”, since national laws and regulations are only one method and consideration should be given to what would be most effective and appropriate in each member State.

MEF (Mauritius): HIV/AIDS is a non-controversial area

Employers (Netherlands): Employers bear limited responsibility for public health issues.

CIP (Portugal): This is the responsibility of member States.

EFC. (Sri Lanka): Where a country's situation requires this.

UPS (Switzerland): Only when such a policy is desired at the national level.

## Workers

*Total number of replies: 69.*

*Yes: 69.* UGTA (Algeria), UNTA (Angola), CGT-RA (Argentina), ACTU (Australia), CSA-Bénin (Benin), CSTB (Benin), BFTU (Botswana), CITUB (Bulgaria), Podkrepa (Bulgaria), CSTC (Cameroon), CGSTC (Cameroon), USLC (Cameroon), CLC (Canada), UST (Chad), CTRN (Costa Rica), SSSH (Croatia), CMKOS (Czech Republic), UNTC (Democratic Republic of the Congo), FTF (Denmark), LO (Denmark), FTU (Fiji), FTUC (Fiji), SAK (Finland), CGT (France), CGT-FO (France), CFDT (France), GWC (Gambia), DGB (Germany), TUC (Ghana), GSEE (Greece), CNTG (Guinea), ASI (Iceland), KSPI (Indonesia), CGIL (Italy), UGL (Italy), JTUC-RENGO (Japan), FKTU (Republic of Korea), KCTU (Republic of Korea), SEKRIMA (Madagascar), MTUC (Malaysia), Workers (Mauritius), CROC (Mexico), UGTM (Morocco), Workers (Netherlands), NZCTU (New Zealand), NUHPSW (Nigeria), CGTP (Panama), CGTP (Peru), NSZZ (Poland), CGTP-IN (Portugal), UGT (Portugal), CNS-Cartel Alfa (Romania), CESTRAR (Rwanda), COTRAF (Rwanda), CNTS (Senegal), SFWU (Seychelles), ZSSS (Slovenia), Organized Labour (South Africa), NWC (Sri Lanka), LO (Sweden), USS (Switzerland), CNTT (Togo), CSTT (Togo), NATUC (Trinidad and Tobago), UNISON (United Kingdom), TUC (United Kingdom), ZCTU (Zimbabwe) and ITUC (International Trade Union Confederation) and OATUU (Organization of African Trade Union Unity).

## Comments

UNTA (Angola): To ensure their involvement in the application.

CSA-Bénin (Benin): To ensure implementation.

CGSTC (Cameroon): National coherence needed in all appropriate legislation.

CLC (Canada): National laws could establish the basic principles based on the ILO code in which collective agreements and policies can be integrated.

UNTC (Democratic Republic of the Congo): Our National Assembly has adopted an HIV/AIDS Act now undergoing a second reading in the Senate. It is for the employers' and workers' organizations to ensure that the world of work is included in this Act and to ensure that it is applied.

FTU (Fiji): All stakeholders must be involved.

CGT (France): Dissemination is also needed.

TUC (Ghana): This will provide ownership by all parties.

CNTG (Guinea): Should be kept up to date and establish the roles of each party.

KSPI (Indonesia): National laws are binding.

UGL (Italy): The role of trade unions is mainly to safeguard privacy and non-discrimination along with health and safety in the workplace.



JTUC–RENGO (Japan): To ensure that accommodation is provided with shortened work hours with some amount of income guarantee.

Workers (Mauritius): To engage all actors.

(NZCTU) (New Zealand): Should be based on the principles of the ILO code.

NUHPSW (Nigeria): To ensure enforceability in workplaces.

CGTP (Peru): Together with regional guidelines.

COTRAF (Rwanda): This is the only way to reflect the real needs of the beneficiaries.

CNTS (Senegal): Based on principles based in ILO's code.

NWC (Sri Lanka): All stakeholders should be involved.

CNTT (Togo): Based on the principles of the ILO code.

CSTT: Ensures implementation.

TUC (United Kingdom): Should incorporate the principles of the ILO code. It is also necessary to raise awareness of the protection already available

ZCTU (Zimbabwe): The question of ownership is very important.

ITUC: Could establish the basic principles based on the ILO code.

OATUU: To ensure effective participation of all.

#### Qu. 8(a) (ii) *through collective agreements;*

#### Governments

*Total number of replies: 113.*

*Yes: 98.* Albania, Antigua and Barbuda, Armenia, Australia, Bahamas, Barbados, Belarus, Belgium, Belize, Benin, Bosnia and Herzegovina, Brazil, Brunei Darussalam, Burkina Faso, Burundi, Cameroon, Canada, China, Colombia, Costa Rica, Côte d'Ivoire, Cuba, Cyprus, Democratic Republic of the Congo, Egypt, El Salvador, Estonia, Ethiopia, France, Germany, Ghana, Greece, Grenada, Honduras, Hungary, Iceland, India, Indonesia, Israel, Italy, Jamaica, Japan, Jordan, Kazakhstan, Kyrgyzstan, Latvia, Lebanon, Luxembourg, Malawi, Malaysia, Mali, Mauritius, Mexico, Republic of Moldova, Myanmar, Netherlands, Nigeria, Oman, Panama, Peru, Philippines, Poland, Portugal, Qatar, Romania, Russian Federation, Rwanda, Saint Kitts and Nevis, Saint Lucia, San Marino, Saudi Arabia, Serbia, Seychelles, Sierra Leone, Slovenia, South Africa, Spain, Sri Lanka, Sudan, Suriname, Sweden, Switzerland, Syrian Arab Republic, Tajikistan, United Republic of Tanzania, Thailand, Timor-Leste, Trinidad and Tobago, Tunisia, Ukraine, United Arab Emirates, United Kingdom, Uruguay, Vanuatu, Bolivarian Republic of Venezuela, Viet Nam, Zambia and Zimbabwe.

*No: 12.* Austria, Botswana, Croatia, Gabon, Georgia, Iraq, Republic of Korea, Morocco, New Zealand, Saint Vincent and the Grenadines, Senegal and Singapore.

*Other: 3.* Denmark, Finland and Kenya.

## Comments

*Bosnia and Herzegovina.* We suggest indicating that the collective agreements are tripartite instruments (employer, unions and government).

*Burundi.* As a complement to legislation.

*Cameroon.* As for other illnesses and diseases.

*Côte d'Ivoire.* To reinforce the national laws and regulations.

*Croatia.* Collective agreements must conform to national laws and regulations.

*Denmark.* Collective agreements in Denmark are not used to implement national policies but reflect what can be agreed by the social partners.

*El Salvador.* In addition to laws and policies.

*Germany.* To the extent that concrete conditions of work are affected.

*India.* Collective agreements would not be the right option as no bargaining is involved in this case. The emphasis should be on consensus building through tripartite discussions.

*Iraq.* Each country's social, religious and political specificities must be taken into consideration.

*Japan.* Each country should respond flexibly taking domestic conditions into consideration.

*Kenya.* Dialogue is needed and should be voluntary.

*Malaysia.* Collective agreements are only one instrument for reaching agreement, and a "handbook" may be more appropriate for more flexibility.

*Mauritius.* Consensus leads to more effective implementation.

*New Zealand.* We support a consistent approach at a national or sectoral level, and therefore do not support leaving this issue to collective bargaining. Any conditions in collective agreements should be additional to, and consistent with, national policy.

*Nigeria.* Should be confined to issues contained in question 9(b)(i to v).

*Portugal.* Will allow the specificities of different sectors to be taken into consideration.

*Romania.* These should respect national legislation and practice

*Senegal.* Excellent for the formal sector, but would not apply to the informal sector.

*Sierra Leone.* Collective agreements are the most effective means to effect improvements in working conditions.

*Spain.* Should focus on sectors such as workplaces where workers are in contact with human tissues or blood.

*Sweden (LMA).* The rights of PLHIV are better regulated by law than by collective agreements.

*Timor-Leste.* Especially if collective agreements add a new protection or rights for workers living with HIV.

*Tunisia.* Through revision of OSH rules in collective agreements.

*Bolivarian Republic of Venezuela.* Collective agreements present one of the best commitments from employers and workers.

*Zimbabwe.* National law should include national referral guidelines and principles, while collective agreements should deal with administrative details and sector organization circumstances.

## Employers

*Total number of replies: 63.*

*Yes: 36.* CGEA (Algeria), AEC (Azerbaijan), CNP (Benin), CNC (Brazil), BCCI (Bulgaria), CGECI (Côte d'Ivoire), FEC (Democratic Republic of the Congo), DA (Denmark), DEF (Dominica), FEI (Egypt), GEA (Ghana), ESEE (Greece), COHEP (Honduras), DPN-APINDO (Indonesia), ICEA (Islamic Republic of Iran), JEF (Jamaica), NK (Japan), FKE (Kenya), ALE (Lesotho), CNPM (Mauritania), MEF (Mauritius), COPARMEX (Mexico), MONEF (Mongolia), CGEM (Morocco), FNCCI (Nepal), Employers (Netherlands), CIP (Portugal), SLEF (Saint Lucia), ANIS (San Marino), Organized Business (South Africa), SKL (Sweden), SAV (Sweden), ECA (Trinidad and Tobago), FUE (Uganda), FCCI (United Arab Emirates), and EMCOZ (Zimbabwe).

*No: 22.* CNF (Brazil), CAMFEBA (Cambodia), UCCAEP (Costa Rica), HUP (Croatia), EK (Finland), KT (Finland), SY (Finland), MEDEF (France), SEV (Greece), KEF (Republic of Korea), NEF (Namibia), Business NZ (New Zealand), NHO (Norway), EFP (Pakistan), CCSP (Portugal), CTP (Portugal), BUSA (South Africa), ZDS (Slovenia), GZS (Slovenia), UPS (Switzerland), CNP (Togo), CIU (Uruguay).

*Other: 5.* ANDI (Colombia), SEV (Greece), CONEP (Panama), EFC (Sri Lanka), SN (Sweden).

## Comments

CAMFEBA (Cambodia): A Ministerial Labour Decree has been issued requiring all business enterprises to set up HIV/AIDS Committees.

GEA (Ghana): To ensure acceptance and trust.

ESEE; SEV (Greece): Through a code of good practices, joint agreements, etc.

SEV (Greece): Through a code of practice, common agreements, etc.

DPN-APINDO (Indonesia): For a better commitment of both sides.

MEF (Mauritius): To address particular issues.

NEF (Namibia): There are too many instances where there are no collective agreements.

Employers (Netherlands): If this is a collective health insurance agreement; otherwise no.

Business NZ (New Zealand): An overall consistent approach is likely to be the most effective and relevant collective agreement should either reflect this fact or add to any national policy while being consistent with it.

NHO (Norway): Collective bargaining can support national policy but should not replace government action or seek to shift the costs of addressing HIV/AIDS in society on to enterprises.

CST (Portugal): Depending on the sector and the number of workers infected with HIV.

ANIS (San Marino): Provided that a national policy is implemented in national laws and regulations.

Organized Business (South Africa): The provisions of collective agreements are for parties to determine. Such provisions have to take account of the particular circumstances of the relevant sector.

Strategies which are appropriate for one sector may not be relevant for another sector. It could also result in costs to employers.

EFC (Sri Lanka): Should not be a document which enterprises are pressurized into incorporating in agreements with employees, as this would go against a fundamental principle of collective bargaining.

FUE (Uganda): Should be mainstreamed but is not appropriate for collective bargaining since that depends on the capacity of what employers can offer.

## Workers

*Total number of replies: 69.*

*Yes:* 67. UGTA (Algeria), UNTA (Angola), CGT-RA (Argentina), ACTU (Australia), CSA-Bénin (Benin), CSTB (Benin), BFTU (Botswana), CITUB (Bulgaria), Podkrepa (Bulgaria), CSTC (Cameroon), CGSTC (Cameroon), USLC (Cameroon), CLC (Canada), UST (Chad), CTRN (Costa Rica), SSSH (Croatia), CMKOS (Czech Republic), UNTC (Democratic Republic of the Congo), FTF (Denmark), LO (Denmark), FTU (Fiji), FTUC (Fiji), SAK (Finland), CGT (France), CGT-FO (France), CFDT (France), GWC (Gambia), DGB (Germany), TUC (Ghana), GSEE (Greece), CNTG (Guinea), KSPI (Indonesia), CGIL (Italy), UGL (Italy), JTUC-RENGO (Japan), FKUTU (Republic of Korea), KCTU (Republic of Korea), SEKRIMA (Madagascar), MTUC (Malaysia), Workers (Mauritius), CROC (Mexico), UGTM (Morocco), Workers (Netherlands), NZCTU (New Zealand), NUHPSW (Nigeria), CGTP (Panama), CGTP (Peru), NSZZ (Poland), CGTP-IN (Portugal), UGT (Portugal), CNS-Cartel Alfa (Romania), CESTRAR (Rwanda), COTRAF (Rwanda), SFWU (Seychelles), ZSSS (Slovenia), Organized Labour (South Africa), NWC (Sri Lanka), LO (Sweden), USS (Switzerland), CNTT (Togo), CSTT (Togo), NATUC (Trinidad and Tobago), UNISON (United Kingdom), TUC (United Kingdom), ZCTU (Zimbabwe) and ITUC (International Trade Union Confederation) and OATUU (Organization of African Trade Union Unity).

*No:* 2. ASI (Iceland) and CNTS (Senegal).

## Comments

CGT-RA (Argentina): Should be included in the national legislation.

CSA-Bénin (Benin): To provide legal protection for infected workers.

CGSTC (Cameroon): Considering the multiple engagements needed for an efficient struggle, national coherence is needed in all collective agreements.

CLC (Canada): Very good workplace policies are often based on collective agreements.

CTRN (Costa Rica): Yes, where they exist. In many countries they have been eliminated.

UNTC (Democratic Republic of the Congo): Excellent workplace policies are often based on collective agreements.

TUC (Ghana): Helps implementing policies.

DGB (Germany): Good workplace policies are often based on collective agreements.

GSEE (Greece): Suggests adding that governments should, while considering legislation, take collective agreements into consideration.

KSPI (Indonesia): Very good workplace policies are often based on collective agreements.

JTUC-RENGO (Japan): Particularly for occupations where there is a risk of infection through work.

FKTU (Republic of Korea): Very good workplace policies are often based on collective agreements.

SEKRIMA (Madagascar): This would establish a good internal policy for the workplace.

Workers (Mauritius): To ensure respect for agreements.

Workers (Netherlands): For specific or relevant sectors and without restrictions. The importance of the right to organize in free and independent trade unions and the right of collective bargaining should be stressed.

NZCTU (New Zealand): They provide for the establishment and implementation of policies.

NUHPSW (Nigeria): Will enable workers to demand implementation.

NSZZ (Poland): Very good workplace policies are often based on collective agreements.

CNS-Cartel Alfa (Romania): Excellent workplace policies are often based on collective agreements.

CESTRAR (Rwanda): Will provide a practical approach.

COTRAF (Rwanda): The only way to reflect the real needs of beneficiaries.

CNTS (Senegal): Excellent workplace policies are often based on collective agreements.

SWFU (Seychelles): Where applicable, but national legislation on industrial relations in our country is weak or non-existent.

NWC (Sri Lanka): The best guarantee if collective agreements with health provision are recognized in workplace culture.

LO (Sweden): Collective agreements must not stipulate screening before or after hiring.

CNTT (Togo): Many excellent workplace policies are based on collective agreements.

CSTT (Togo): This will engage both employers and workers

ZCTU (Zimbabwe): Some policies are developed at bipartite levels at workplaces and national employment council level.

ITUC: Very good workplace policies are often based on collective agreements, and on willingness and good will from each party.

OATUU: Other bipartite arrangements can also be used instead of the formal collective agreements.

*Other:* Community (South Africa).

## Comments

Community (South Africa). These are for parties to determine in their regions and sectors, but parties should still be bound by any national standards or regulations.

**Qu. 8(a)**                      *(iii) in national, sectoral and workplace policies and programmes of action?*

## Governments

*Total number of replies: 113.*

*Yes: 108.* Albania, Antigua and Barbuda, Armenia, Australia, Austria, Barbados, Belarus, Belgium, Belize, Benin, Bosnia and Herzegovina, Botswana, Brazil, Brunei Darussalam, Burkina Faso, Burundi, Cameroon, Canada, China, Colombia, Costa Rica, Côte d'Ivoire, Croatia, Cuba, Cyprus, Democratic Republic of the Congo, Egypt, El Salvador, Estonia, Ethiopia, Finland, France, Gabon, Georgia, Germany, Ghana, Greece, Grenada, Honduras, Hungary, Iceland, India, Indonesia, Iraq, Israel, Italy, Jamaica, Japan, Jordan, Kazakhstan, Kenya, Kyrgyzstan, Latvia, Lebanon, Luxembourg, Malawi, Malaysia, Mali, Mauritius, Mexico, Republic of Moldova, Morocco, Myanmar, Netherlands, Nigeria, Oman, Panama, Peru, Philippines, Poland, Portugal, Qatar, Romania, Russian Federation, Rwanda, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, San Marino, Saudi Arabia, Serbia, Seychelles, Sierra Leone, Singapore, Slovenia, South Africa, Spain, Sri Lanka, Sudan, Suriname, Sweden, Switzerland, Syrian Arab Republic, Tajikistan, United Republic of Tanzania, Thailand, Timor-Leste, Trinidad and Tobago, Tunisia, Ukraine, United Arab Emirates, United Kingdom, Uruguay, Vanuatu, Bolivarian Republic of Venezuela, Viet Nam, Zambia and Zimbabwe.

*No: 1.* New Zealand.

*Other: 4.* Bahamas, Denmark, Republic of Korea and Senegal.

## Comments

*Austria.* Should be on a voluntary basis.

*Benin.* Should be in conformity with the aspects at the national level.

*Brazil.* All programmes and policies should involve employers, workers and organizations of PLHIV.

*Burkina Faso.* Will allow adaptation to circumstances at each level.

*Burundi.* Necessary to ensure participation of the social partners.

*Costa Rica.* Could be done through sectoral programmes adopted by governments. Employers and workers should include these in their OSH programmes.

*Côte d'Ivoire.* Necessary to ensure synergy among different policies and organizations.

*Democratic Republic of the Congo.* In order to capitalize on successes achieved.

*Denmark.* In accordance with national circumstances and practices.

*Honduras.* Including reference to national legislation and practice.

*Peru.* Should be multisectoral.

*El Salvador.* Will facilitate operational implementation.

*India.* Necessary for better collaboration and coordination.

*Indonesia.* Need the support of all parties.

*Japan.* Depends on the content. Each country should respond flexibly taking domestic conditions into consideration.

*Kenya.* Mainstreaming is important.

*Republic of Korea.* Add "according to national circumstances" at the end.

*Malaysia.* It is important to mobilize and promote strong partnerships.

*Mauritius.* Will ensure wider application.

*New Zealand.* Each member State should consider which method is the most effective and appropriate given their individual circumstances.

*Portugal.* Should be integrated into national laws.

*Seychelles.* To ensure the effectiveness through the support of all parties concerned.

*Sierra Leone.* Should involve all parties.

*Sweden* (Swedish Work Environment Authority). Should apply when it is convenient.

*Tunisia.* Particularly through consultative organizations.

*United Kingdom.* The more flexibly and knowledgeably interventions are deployed, the more likely they are to find necessary resources and political support in varied national contexts.

*Uruguay.* Necessary to ensure that the national policy combines all these levels.

*Vanuatu.* Important to mainstream.

*Zimbabwe.* National law should include national referral guidelines and principles, while collective agreements should deal with administrative details and sector organization circumstances.

## Employers

*Total number of replies:* 62.

*Yes:* 53. CGEA (Algeria), AEC (Azerbaijan), CNP (Benin), CNC (Brazil), CNF (Brazil), BCCI (Bulgaria), CAMFEBA (Cambodia), CGECI (Côte d'Ivoire), HUP (Croatia), FEC (Democratic Republic of the Congo), DA (Denmark), DEF (Dominica), FEI (Egypt), KT (Finland), SY (Finland), GEA (Ghana), ESEE (Greece), SEV (Greece), COHEP (Honduras), DPN-APINDO (Indonesia), ICEA (Islamic Republic of Iran), JEF (Jamaica), NK (Japan), FKE (Kenya), ALE (Lesotho), CNPM (Mauritania), MEF (Mauritius), COPARMEX (Mexico), MONEF (Mongolia), CGEM (Morocco), NEF (Namibia), FNCCI (Nepal), Employers (Netherlands), NHO (Norway), EFP (Pakistan), CCSP (Portugal), CIP (Portugal), CTP (Portugal), SLEF (Saint Lucia), ANIS (San Marino), ZDS (Slovenia), GZS (Slovenia), BUSA (South Africa), Organized Business (South Africa), EFC (Sri Lanka), SKL (Sweden), SAV (Sweden), CNP (Togo), ECA (Trinidad and Tobago), FUE (Uganda), FCCI (United Arab Emirates), CIU (Uruguay) and EMCOZ (Zimbabwe).

*No:* 6. UCCAEP (Costa Rica), EK (Finland), MEDEF (France), KEF (Republic of Korea), Business NZ (New Zealand), UPS (Switzerland).

*Other:* 3. ANDI (Colombia), CONEP (Panama), SN (Sweden).

## Comments

CGECI (Côte d'Ivoire): At all levels and at each step.

MEDEF (France): This is divided too much into different levels and too soft, mixing “national policies” with “national programmes”.

GEA (Ghana): To sensitize and provide a comprehensive framework policy for sectors.

DPN-APINDO (Indonesia): For a wider commitment.

MEF (Mauritius): For coordination and sharing of experience.

FNCCI (Nepal): Would ensure coherence between different policies.

Employers (Netherlands): Should be limited to workability and employability issues.

Business NZ (New Zealand): This is an overly prescriptive proposal.

EMCOZ (Zimbabwe): Sectors differ and require different approaches.

## Workers

*Total number of replies: 69.*

*Yes:* 67. UGTA (Algeria), UNTA (Angola), CGT-RA (Argentina), ACTU (Australia), CSA-Bénin (Benin), CSTB (Benin), BFTU (Botswana), CITUB (Bulgaria), Podkrepa (Bulgaria), CSTC (Cameroon), CGSTC (Cameroon), USLC (Cameroon), CLC (Canada), UST (Chad), CTRN (Costa Rica), SSSH (Croatia), CMKOS (Czech Republic), UNTC (Democratic Republic of the Congo), FTF (Denmark), LO (Denmark), FTU (Fiji), FTUC (Fiji), SAK (Finland), CGT (France), CGT-FO (France), CFDT (France), GWC (Gambia), DGB (Germany), TUC (Ghana), GSEE (Greece), CNTG (Guinea), ASI (Iceland), KSPI (Indonesia), CGIL (Italy), UGL (Italy), JTUC-RENGO (Japan), FKTU (Republic of Korea), KCTU (Republic of Korea), SEKRIMA (Madagascar), MTUC (Malaysia), Workers (Mauritius), CROC (Mexico), UGTM (Morocco), Workers (Netherlands), NZCTU (New Zealand), NUHPSW (Nigeria), CGTP (Panama), CGTP (Peru), NSZZ (Poland), CGTP-IN (Portugal), UGT (Portugal), CNS-Cartel Alfa (Romania), COTRAF (Rwanda), SFWU (Seychelles), ZSSS (Slovenia), Organized Labour (South Africa), NWC (Sri Lanka), LO (Sweden), USS (Switzerland), CNTT (Togo), CSTT (Togo), NATUC (Trinidad and Tobago), UNISON (United Kingdom), TUC (United Kingdom), ZCTU (Zimbabwe) and ITUC (International Trade Union Confederation) and OATUU (Organization of African Trade Union Unity).

*No:* 2. CESTRAR (Rwanda), CNTS (Senegal).

## Comments

UNTA (Angola): All towards the same goal.

CGT-RA (Argentina): At all different levels.

CSA-Bénin (Benin): To improve awareness, information and training for all.

CGSTC (Cameroon): Important that there be national coherence in all policies and programmes.

USLC (Cameroon): A broad approach is needed.

CLC (Canada): The agreement between the IOE and ICFTU should be emphasized as a basis for these national actions.

CTRN (Costa Rica): To ensure the full realization of programmes.

UNTC (Democratic Republic of the Congo): The agreement between the IOE and ICFTU should be emphasized as a basis for these national actions.

TUC (Ghana): International workers' and employers' agreements, conventions, recommendations, treaties, etc. should be a reference point.

DGB (Germany): The agreement between the IOE and ICFTU should be emphasized as a basis for these national actions.



KSPI (Indonesia): The IOE and ITUC signed a global agreement. This consensus should be emphasized, as a basis for national action.

JTUC-RENGO (Japan): Necessary to develop a proper policy and action plans concerning the industries and occupations where there is a risk of HIV infection through work.

Workers (Mauritius): For a holistic approach.

NZCTU (New Zealand): International and global unions must work together, and social partners must collaborate with other relevant groups.

CGTP (Panama): Workers' health is best protected through collective agreements following dialogue and negotiations between workers and employers.

NSZZ (Poland): The agreement between the IOE and ICFTU should be emphasized as a basis for these national actions.

CNS-Cartel Alfa (Romania): The agreement between the IOE and ICFTU should be emphasized as a basis for these national actions.

CNTS (Senegal): The agreement between the IOE and ICFTU should be emphasized as a basis for these national actions.

NWC (Sri Lanka): The agreement between the IOE and ICFTU should be emphasized as a basis for these national actions.

ITUC: The IOE and ITUC signed a global agreement. This consensus should be emphasised as a basis for national action.

OATUU: To ensure ownership and effective implementation.

**Qu. 8** (b) *be brought to the attention of labour justice and labour administration authorities, and training on it be provided to them;*

## Governments

*Total number of replies: 113.*

*Yes: 110.* Albania, Antigua and Barbuda, Armenia, Australia, Austria, Bahamas, Barbados, Belarus, Belize, Benin, Bosnia and Herzegovina, Botswana, Brazil, Brunei Darussalam, Burkina Faso, Burundi, Cameroon, Canada, China, Colombia, Costa Rica, Côte d'Ivoire, Cuba, Cyprus, Democratic Republic of the Congo, Denmark, Egypt, El Salvador, Estonia, Ethiopia, Finland, France, Gabon, Georgia, Germany, Ghana, Greece, Grenada, Honduras, Hungary, Iceland, India, Indonesia, Iraq, Israel, Italy, Jamaica, Japan, Jordan, Kazakhstan, Kenya, Republic of Korea, Kyrgyzstan, Latvia, Lebanon, Luxembourg, Malawi, Malaysia, Mali, Mauritius, Mexico, Republic of Moldova, Morocco, Myanmar, Netherlands, New Zealand, Nigeria, Oman, Panama, Peru, Philippines, Poland, Portugal, Qatar, Russian Federation, Rwanda, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, San Marino, Saudi Arabia, Senegal, Serbia, Seychelles, Sierra Leone, Singapore, Slovenia, South Africa, Spain, Sri Lanka, Sudan, Suriname, Sweden, Switzerland, Syrian Arab Republic, Tajikistan, United Republic of Tanzania, Thailand, Timor-Leste, Trinidad and Tobago, Tunisia, Ukraine, United Arab Emirates, United Kingdom, Uruguay, Vanuatu, Bolivarian Republic of Venezuela, Viet Nam, Zambia and Zimbabwe.

*No: 2.* Belgium, Croatia.

*Other: 1.* Romania.

## Comments

*Austria.* Functional responsibility depends on national legislation.

*Belgium.* Training may be appreciated in a different manner in different regional context of the ILO.

*Benin.* In accordance with national law and jurisprudence.

*Cameroon.* All persons responsible should be involved.

*Côte d'Ivoire.* In our country the labour administration also has a role for social justice.

*Cuba.* This is part of the training provided in our country.

*India.* It is vital to include justice and labour administration departments which are more involved with employers and employees through tripartite dialogue and deal with labour issues like labour laws, industrial disputes and arbitration, social security, welfare, women and child labour.

*Japan.* Regulations must be flexible and take account of national conditions.

*Kenya.* Information is power and removes stereotypes.

*Mauritius.* This will ensure more effective implementation.

*Nigeria.* Should be limited to issues of discrimination, Convention No. 111, termination of employment, temporary absences and gender dimensions.

*Sierra Leone.* To ensure that workers who suffer discrimination can take legal action.

*South Africa.* Needs to include bargaining councils, labour court judges, trade unions, and Department of Labour inspectors.

*Tajikistan.* For the moment such activities are not carried out in our country.

*Timor-Leste.* To ensure application.

*Trinidad and Tobago.* Important to also include there for the formulation of the policy.

*Vanuatu.* Legislation should be adopted in this respect.

*Bolivarian Republic of Venezuela.* In order to redress labour and social human rights.

*Zimbabwe.* Capacity building of employers' organizations needs strengthening.

## Employers

*Total number of replies: 62.*

*Yes: 50.* CGEA (Algeria), AEC (Azerbaijan), CNP (Benin), CNC (Brazil), BCCI (Bulgaria), CAMFEBA (Cambodia), CGECI (Côte d'Ivoire), HUP (Croatia), FEC (Democratic Republic of the Congo), DEF (Dominica), FEI (Egypt), KT (Finland), GEA (Ghana), ESEE (Greece), SEV (Greece), COHEP (Honduras), DPN-APINDO (Indonesia), ICEA (Islamic Republic of Iran), JEF (Jamaica), NK (Japan), FKE (Kenya), KEF (Republic of Korea), ALE (Lesotho), CNPM (Mauritania), MEF (Mauritius), COPARMEX (Mexico), MONEF (Mongolia), CGEM (Morocco), NEF (Namibia), Employers (Netherlands), Business NZ (New Zealand), NHO (Norway), EFP (Pakistan), CONEP (Panama), CCSP (Portugal), CIP (Portugal), CTP (Portugal), SLEF (Saint Lucia), ANIS (San Marino), BUSA (South Africa), Organized Business (South Africa), EFC (Sri Lanka), SKL (Sweden), SAV (Sweden), CNP (Togo), ECA (Trinidad and Tobago), FUE (Uganda), FCCI (United Arab Emirates), CIU (Uruguay) and EMCOZ (Zimbabwe).

*No: 10.* CNF (Brazil), UCCAEP (Costa Rica), DA (Denmark), EK (Finland), SY (Finland), MEDEF (France), FNCCI (Nepal), ZDS (Slovenia), GZS (Slovenia), UPS (Switzerland).

*Other: 2.* ANDI (Colombia), SN (Sweden).

## Comments

CNF (Brazil): Should be the responsibility of governments.

CGECI (Côte d'Ivoire): This would be the operational part of the adopted national policy.

DA (Denmark): In the Danish context it does not make sense to involve labour justice and labour administration authorities.

MEDEF (France): It would be a curious situation if employers were declared to be responsible for public health issues which they have taken no part in establishing.

COHEP (Honduras): Necessary to eradicate discrimination.

DPN-APINDO (Indonesia): Important for sustainable development of a policy.

FNCCI (Nepal): Should be voluntary, and should not concern the labour justice system.

Employers (Netherlands): Should be limited to employability and ability to work.

Business NZ (New Zealand): The relevant authorities will need to be aware of what any guidelines developed might recommend.

CIP (Portugal): This is the responsibility of governments.

ECA (Trinidad and Tobago): This is of specific importance in the collective bargaining arena.

EMCOZ (Zimbabwe): There is a need for capacity building of employers' organizations.

## Workers

*Total number of replies: 69.*

*Yes: 69.* UGTA (Algeria), UNTA (Angola), CGT-RA (Argentina), ACTU (Australia), CSA-Bénin (Benin), CSTB (Benin), BFTU (Botswana), CITUB (Bulgaria), Podkrepa (Bulgaria), CSTC (Cameroon), CGSTC (Cameroon), USLC (Cameroon), CLC (Canada), UST (Chad), CTRN (Costa Rica), SSSH (Croatia), CMKOS (Czech Republic), UNTC (Democratic Republic of the Congo), FTF (Denmark), LO (Denmark), FTU (Fiji), FTUC (Fiji), SAK (Finland), CGT (France), CGT-FO (France), CFDT (France), GWC (Gambia), DGB (Germany), TUC (Ghana), GSEE (Greece), CNTG (Guinea), ASI (Iceland), KSPI (Indonesia), CGIL (Italy), UGL (Italy), JTUC-RENGO (Japan), FKTU (Republic of Korea), KCTU (Republic of Korea), SEKRIMA (Madagascar), MTUC (Malaysia), Workers (Mauritius), CROC (Mexico), UGTM (Morocco), Workers (Netherlands), NZCTU (New Zealand), NUHPSW (Nigeria), CGTP (Panama), CGTP (Peru), NSZZ (Poland), CGTP-IN (Portugal), UGT (Portugal), CNS-Cartel Alfa (Romania), CESTRAR (Rwanda), COTRAF (Rwanda), CNTS (Senegal), SFWU (Seychelles), ZSSS (Slovenia), Organized Labour (South Africa), NWC (Sri Lanka), LO (Sweden), USS (Switzerland), CNTT (Togo), CSTT (Togo), NATUC (Trinidad and Tobago), UNISON (United Kingdom), TUC (United Kingdom), ZCTU (Zimbabwe) and ITUC (International Trade Union Confederation) and OATUU (Organization of African Trade Union Unity).

## Comments

CSA-Bénin (Benin): To ensure that they carry out their responsibilities.

CGSTC (Cameroon): Appropriate sanctions should be imposed.

CLC (Canada): Collaboration between federal and provincial authorities is essential.

UNTC (Democratic Republic of the Congo): In our country labour inspection is already involved, and our labour courts are to be set up shortly and should participate.

FTU (Fiji): Follow-up is important.

FTUC: Will ensure justice is done.

CGT (France): Assuming that countries have adopted this, it should be continued and extended.

CNTG (Guinea): Discrimination should be pursued at all levels.

KSPI (Indonesia): Should be extended.

CGTP (Peru): Not only the authorities, but also trade union leaders.

NSZZ (Poland): If already involved, it should be extended.

CNTS (Senegal): In order to ensure respect and full application of the policy.

NWC (Sri Lanka): All agencies, including associations of PLHIV, should be part of the process.

CSTT (Togo): This will ensure a better application of legislation.

TUC (United Kingdom): This should be strengthened, especially in the implementation of anti-discrimination laws and regulations.

ZCTU (Zimbabwe): To fight the pandemic effectively.

ITUC: The labour inspectorate is already involved in some workplace HIV policy supervision. This can and should be extended. The labour justice system can help to address issues of workplace discrimination.

**Qu. 8** (c) *provide incentives to encourage national and international enterprises to implement the national policy, including in export processing zones;*

## Governments

*Total number of replies: 113.*

*Yes:* 96. Albania, Antigua and Barbuda, Armenia, Australia, Austria, Bahamas, Belarus, Belgium, Belize, Benin, Bosnia and Herzegovina, Brunei Darussalam, Burkina Faso, Burundi, Cameroon, Canada, China, Costa Rica, Côte d'Ivoire, Croatia, Cuba, Cyprus, Egypt, El Salvador, Estonia, Ethiopia, France, Gabon, Georgia, Germany, Ghana, Greece, Grenada, Honduras, Hungary, Iceland, India, Indonesia, Iraq, Israel, Italy, Jamaica, Japan, Jordan, Kazakhstan, Republic of Korea, Kyrgyzstan, Latvia, Lebanon, Luxembourg, Malawi, Malaysia, Mali, Mauritius, Republic of Moldova, Morocco, Netherlands, New Zealand, Nigeria, Oman, Panama, Peru, Philippines, Poland, Portugal, Qatar, Rwanda, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, San Marino, Saudi Arabia, Senegal, Serbia, Sierra Leone, Singapore, Slovenia, South Africa, Spain, Sri Lanka, Sudan, Suriname, Switzerland, Syrian Arab Republic, United Republic of Tanzania, Thailand, Trinidad and Tobago, Tunisia, Ukraine, United Arab Emirates, United Kingdom, Vanuatu, Bolivarian Republic of Venezuela, Viet Nam, Zambia and Zimbabwe

*No:* 8. Barbados, Botswana, Brazil, Colombia, Finland, Mexico, Seychelles and Timor-Leste.

*Other:* 9. Democratic Republic of the Congo, Denmark, Kenya, Myanmar, Romania, Russian Federation, Sweden, Tajikistan and Uruguay.

## Comments

*Brazil.* All stakeholders, including EPZs.

*Burundi.* No workplace should be ignored.

*Cameroon.* Private sector involvement is essential.

*Canada.* All workplaces should be covered.

*Côte d'Ivoire.* All workplaces should be concerned.

*Democratic Republic of the Congo.* Especially multinationals, with the help of the WTO. The struggle should also be taken up through conditionality imposed by the World Bank and the IMF.

*Denmark.* National circumstances and practices should be taken in consideration.

*Germany.* This applies to enterprises operating in countries where there is no public HIV policy.

*Honduras.* It is important to motivate enterprises with financial incentives or recognition, and perhaps certification.

*India.* Both national and international enterprises should adopt and implement the national policy. Social recognition through awards or honours could be helpful.

*Indonesia.* Needs to be discussed further because each country has a different policy.

*Japan.* Provision of incentives depends on the content of the policy.

*Kenya.* Need to clarify the idea of incentives.

*Republic of Korea.* Where appropriate, provide incentives to encourage action.

*Malaysia.* Incentives should be given to those who comply with specific criteria, and should be decided by governments.

*Mexico.* It is not clear what "provide incentives" means.

*Mauritius.* This will ensure more effective implementation.

*Philippines.* Should also include emerging industries and the maritime industry.

*Russian Federation.* Requires further consideration.

*Sierra Leone.* Incentives act as motivators in the implementation of such programmes.

*Singapore.* If resources are available.

*South Africa.* This might include tax incentives.

*Timor-Leste.* Not necessarily, as the enterprise has to accept the responsibility for implementing national policy as it is defined and approved by a country's competent authorities.

*United Kingdom.* Any incentives structure would need to be well-regulated and policed, particularly in the informal sector. In general, most employers in medium- and high-prevalence countries quickly realize that it is in their own commercial interest to provide education and services. The challenge is to encourage the same response from employer in low-prevalence countries.

*Uruguay.* We do not understand the use of “incentives”. The only incentive should be to work together to stop this pandemic.

*Bolivarian Republic of Venezuela.* Incentives to encourage information on transmission, prevention and treatment should be provided by all employers and all organizations of PLHIV.

*Zambia.* Companies should receive tax relief on expenditure regarding workplace interventions on HIV/AIDS.

*Zimbabwe.* Through tax incentives.

## Employers

*Total number of replies: 62.*

*Yes: 55.* CGEA (Algeria), AEC (Azerbaijan), CNP (Benin), CNC (Brazil), BCCI (Bulgaria), CAMFEBA (Cambodia), CGECI (Côte d’Ivoire), HUP (Croatia), FEC (Democratic Republic of the Congo), DA (Denmark), DEF (Dominica), FEI (Egypt), KT (Finland), SY (Finland), MEDEF (France), GEA (Ghana), ESEE (Greece), SEV (Greece), COHEP (Honduras), DPN-APINDO (Indonesia), ICEA (Islamic Republic of Iran), NK (Japan), FKE (Kenya), KEF (Republic of Korea), ALE (Lesotho), CNPM (Mauritania), MEF (Mauritius), COPARMEX (Mexico), MONEF (Mongolia), CGEM (Morocco), FNCCI (Nepal), Employers (Netherlands), Business NZ (New Zealand), NHO (Norway), EFP (Pakistan), CONEP (Panama), CCSP (Portugal), CIP (Portugal), CTP (Portugal), SLEF (Saint Lucia), ANIS (San Marino), ZDS (Slovenia), GZS (Slovenia), BUSA (South Africa), Organized Business (South Africa), EFC (Sri Lanka), SKL (Sweden), SAV (Sweden), UPS (Switzerland), CNP (Togo), ECA (Trinidad and Tobago), FUE (Uganda), FCCI (United Arab Emirates), CIU (Uruguay) and EMCOZ (Zimbabwe).

*No: 3.* CNF (Brazil), EK (Finland), NEF (Namibia).

*Other: 4.* ANDI (Colombia), UCCAEP (Costa Rica), JEF (Jamaica), SN (Sweden).

## Comments

CNF (Brazil): Tax incentives for corporate social responsibility.

MEDEF (France): Only if this is made as a simple statement.

GEA (Ghana): To motivate stakeholders to implement policy.

COHEP (Honduras): To motivate employers.

DPN-APINDO (Indonesia): Such as tax reduction.

NEF (Namibia): This is not practical.

FNCCI (Nepal): Both national and international enterprises should be encouraged to implement it.

Employers (Netherlands): But if there is national legislation, enterprises will have to comply with it.

NHO (Norway): As long as it remains voluntary.

CIP (Portugal): This is the responsibility of member States.

## Workers

*Total number of replies: 69.*

*Yes:* 64. UGTA (Algeria), UNTA (Angola), ACTU (Australia), CSA-Bénin (Benin), CSTB (Benin), BFTU (Botswana), CITUB (Bulgaria), Podkrepa (Bulgaria), CSTC (Cameroon), CGSTC (Cameroon), USLC (Cameroon), CLC (Canada), CTRN (Costa Rica), SSSH (Croatia), CMKOS (Czech Republic), UNTC (Democratic Republic of the Congo), FTF (Denmark), LO (Denmark), FTU (Fiji), FTUC (Fiji), SAK (Finland), CGT (France), CGT-FO (France), CFDT (France), DGB (Germany), TUC (Ghana), GSEE (Greece), CNTG (Guinea), ASI (Iceland), KSPI (Indonesia), CGIL (Italy), UGL (Italy), JTUC-RENGO (Japan), FKTU (Republic of Korea), KCTU (Republic of Korea), SEKRIMA (Madagascar), MTUC (Malaysia), Workers (Mauritius), CROC (Mexico), UGTM (Morocco), Workers (Netherlands), NZCTU (New Zealand), NUHPSW (Nigeria), CGTP (Panama), CGTP (Peru), NSZZ (Poland), CGTP-IN (Portugal), UGT (Portugal), CNS-Cartel Alfa (Romania), CESTRAR (Rwanda), COTRAF (Rwanda), CNTS (Senegal), SFWU (Seychelles), ZSSS (Slovenia), NWC (Sri Lanka), USS (Switzerland), CNTT (Togo), CSTT (Togo), NATUC (Trinidad and Tobago), UNISON (United Kingdom), TUC (United Kingdom), ZCTU (Zimbabwe) and ITUC (International Trade Union Confederation) and OATUU (Organization of African Trade Union Unity).

*No:* 2. GWC (Gambia) and LO (Sweden).

*Other:* 3. CGT-RA (Argentina), UST (Chad) and Organized Labour (South Africa).

## Comments

UNTA (Angola): The best way to motivate such action in export processing zones.

CGT-RA (Argentina): We cannot see how incentives are to be established, since HIV is a problem that affects all of society.

USLC (Cameroon): The approach should be broad and should cross borders.

CTRN (Costa Rica): What types of incentives?

FTU (Fiji): Will motivate implementation.

FTUC (Fiji): EPZ workers are very vulnerable and a national policy that initiates dialogue by the ILO would be effective.

GSEE (Greece): The obligation to respect a minimum international level of protection of workers should be emphasized.

CNTG (Guinea): Competition could be created among enterprises with incentives, such as bonuses and recognition.

UGL (Italy): This is also part of corporate social responsibility.

NHO (Norway): As long as it remains voluntary.

COTRAF (Rwanda): HIV/AIDS is a universal issue which should be taken on by all actors.

CNTS (Senegal): This is necessary.

Organized Labour (South Africa): Not sure what kind of incentives are contemplated.

NWC (Sri Lanka): Incentives should be measured and monitored for review of best performance.

LO (Sweden): All undertakings, including those in EPZs, should pursue a national policy, without any special incentives needed. The section of the ILO's tripartite MNE Declaration dealing with multinationals and social policy is relevant in this context.

CNTT (Togo): The national policy should be imposed on the EPZs.

CSTT: All workers in export processing zones are equal to all other workers.

ZCTU (Zimbabwe): Enterprises should have the passion to implement the policy and should not have to be driven by incentives.

OATUU: To ensure the success of the policy.

- Qu. 8** (d) *promote social dialogue, consultation, negotiation and other forms of cooperation among government authorities, employers and workers and their representatives, occupational health personnel, specialists in HIV/AIDS, and other parties concerned, including organizations of persons living with HIV;*

## Governments

*Total number of replies: 113.*

*Yes: 112.* Albania, Antigua and Barbuda, Armenia, Australia, Austria, Bahamas, Barbados, Belarus, Belgium, Belize, Benin, Bosnia and Herzegovina, Botswana, Brazil, Brunei Darussalam, Burkina Faso, Burundi, Cameroon, Canada, China, Colombia, Costa Rica, Côte d'Ivoire, Croatia, Cuba, Cyprus, Democratic Republic of the Congo, Egypt, El Salvador, Estonia, Ethiopia, Finland, France, Gabon, Georgia, Germany, Ghana, Greece, Grenada, Honduras, Hungary, Iceland, India, Indonesia, Iraq, Israel, Italy, Jamaica, Japan, Jordan, Kazakhstan, Kenya, Republic of Korea, Kyrgyzstan, Latvia, Lebanon, Luxembourg, Malawi, Malaysia, Mali, Mauritius, Mexico, Republic of Moldova, Morocco, Myanmar, Netherlands, New Zealand, Nigeria, Oman, Panama, Peru, Philippines, Poland, Portugal, Qatar, Romania, Russian Federation, Rwanda, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, San Marino, Saudi Arabia, Senegal, Serbia, Seychelles, Sierra Leone, Singapore, Slovenia, South Africa, Spain, Sri Lanka, Sudan, Suriname, Sweden, Switzerland, Syrian Arab Republic, Tajikistan, United Republic of Tanzania, Thailand, Timor-Leste, Trinidad and Tobago, Tunisia, Ukraine, United Arab Emirates, United Kingdom, Uruguay, Vanuatu, Bolivarian Republic of Venezuela, Viet Nam, Zambia and Zimbabwe.

*Other: 1.* Denmark.

## Comments

*Australia.* PLHIV are involved at all levels of strategy development in Australia.

*Benin.* A broad consensus offers more opportunities for application.

*Burkina Faso.* This is the ultimate model for guaranteed success.

*Cameroon.* This will strengthen the contributions from all parties.

*Colombia.* It must provide for the participation, responsibility and contributions of each.

*Côte d'Ivoire.* It is also vital to reinforce the role of the State, and to harmonize the procedures concerned in combating AIDS.



*Cuba.* A multisectoral approach is necessary.

*Denmark.* Taking into consideration national circumstances and practices.

*El Salvador.* An integral participatory approach is needed.

*Ethiopia.* This can help monitoring of gaps and limitations and designing ways and means of addressing problems on a continuous basis.

*Germany.* Efforts to put more emphasis on the provision of occupational health services and thereby on HIV/AIDS in the world of work are generally supported. Regarding occupational health personnel, it is generally felt that the existing channels of dialogue are sufficient.

*Honduras.* With the aim of strengthening the legal system.

*India.* There is need for greater cooperation between various ministries.

*Malaysia.* Effective cooperation is the primary vehicle to achieve the desired outcome.

*Mauritius.* A multisectoral approach is necessary.

*Peru.* A multisectoral response is needed.

*Qatar.* This will increase tolerance and reduce stigma.

*Sierra Leone.* To ensure that the programme is holistic and consensus is found.

*Trinidad and Tobago.* Wide stakeholder consultation is necessary to ensure a comprehensive response, which was used in developing our National Workplace Policy in April 2008.

*Vanuatu.* Including other agencies, such as WHO.

## Employers

*Total number of replies: 62.*

*Yes: 55.* CGEA (Algeria), AEC (Azerbaijan), CNP (Benin), CNC (Brazil), CNF (Brazil), BCCI (Bulgaria), CAMFEBA (Cambodia), CGECI (Côte d'Ivoire), HUP (Croatia), FEC (Democratic Republic of the Congo), DA (Denmark), DEF (Dominica), FEI (Egypt), EK (Finland), KT (Finland), SY (Finland) GEA (Ghana), ESEE (Greece), SEV (Greece), COHEP (Honduras), DPN-APINDO (Indonesia), ICEA (Islamic Republic of Iran), NK (Japan), FKE (Kenya), KEF (Republic of Korea), ALE (Lesotho), CNPM (Mauritania), MEF (Mauritius), COPARMEX (Mexico), MONEF (Mongolia), CGEM (Morocco), NEF (Namibia), FNCCI (Nepal), Employers (Netherlands), Business NZ (New Zealand), EFP (Pakistan), CCSP (Portugal), CIP (Portugal), CTP (Portugal), SLEF (Saint Lucia), ANIS (San Marino), ZDS (Slovenia), GZS (Slovenia), BUSA (South Africa), Organized Business (South Africa), EFC (Sri Lanka), SKL (Sweden), SAV (Sweden), UPS (Switzerland), CNP (Togo), ECA (Trinidad and Tobago), FUE (Uganda), FCCI (United Arab Emirates), CIU (Uruguay) and EMCOZ (Zimbabwe).

*No: 3.* UCCAEP (Costa Rica), MEDEF (France), NHO (Norway).

*Other: 4.* ANDI (Colombia), JEF (Jamaica), CONEP (Panama), SN (Sweden).

## Comments

CNP (Benin): Impossible to be successful without all parties adhering.

MEDEF (France): Enterprises cannot be transformed into a public discussion forum for resolving public health issues, particularly one that is the responsibility of the State.

COHEP (Honduras): To ensure effective application.

Employers (Netherlands): Should be limited to the employability of workers and potential workers and their ability to work.

NHO (Norway): Cooperation in this field should stick to the traditional tripartite bodies.

SLEF (Saint Lucia): Church groups and youth groups should be included.

ZDS (Slovenia): Strictly on voluntary basis.

## Workers

*Total number of replies: 69.*

*Yes: 69.* UGTA (Algeria), UNTA (Angola), CGT-RA (Argentina), ACTU (Australia), CSA-Bénin (Benin), CSTB (Benin), BFTU (Botswana), CITUB (Bulgaria), Podkrepa (Bulgaria), CSTC (Cameroon), CGSTC (Cameroon), USLC (Cameroon), CLC (Canada), UST (Chad), CTRN (Costa Rica), SSSH (Croatia), CMKOS (Czech Republic), UNTC (Democratic Republic of the Congo), FTF (Denmark), LO (Denmark), FTU (Fiji), FTUC (Fiji), SAK (Finland), CGT (France), CGT-FO (France), CFDT (France), GWC (Gambia), DGB (Germany), TUC (Ghana), GSEE (Greece), CNTG (Guinea), ASI (Iceland), KSPI (Indonesia), CGIL (Italy), UGL (Italy), JTUC-RENGO (Japan), FKTU (Republic of Korea), KCTU (Republic of Korea), SEKRIMA (Madagascar), MTUC (Malaysia), Workers (Mauritius), CROC (Mexico), UGTM (Morocco), Workers (Netherlands), NZCTU (New Zealand), NUHPSW (Nigeria), CGTP (Panama), CGTP (Peru), NSZZ (Poland), CGTP-IN (Portugal), UGT (Portugal), CNS-Cartel Alfa (Romania), CESTRAR (Rwanda), COTRAF (Rwanda), CNTS (Senegal), SFWU (Seychelles), ZSSS (Slovenia), Organized Labour (South Africa), NWC (Sri Lanka), LO (Sweden), USS (Switzerland), CNTT (Togo), CSTT (Togo), NATUC (Trinidad and Tobago), UNISON (United Kingdom), TUC (United Kingdom), ZCTU (Zimbabwe) and ITUC (International Trade Union Confederation) and OATUU (Organization of African Trade Union Unity).

## Comments

CGSTC (Cameroon): Essential for policies and programmes to be successful.

CTRN (Costa Rica): Tripartite organs could be created to promote the Recommendation.

CGT (France): Particularly when elaborating, following-up, supervising and evaluating policies.

DGB (Germany): This would ensure results.

CNTT (Togo): Would make the fight more effective and less costly.

CSTT (Togo): To ensure the harmonization of actions from all parties.

OATUU: For effective implementation of the policy.

**Qu. 8** (e) *take into account scientific and social developments when the policy is formulated, reviewed and implemented;*

## Governments

*Total number of replies: 113.*

*Yes: 112.* Albania, Antigua and Barbuda, Armenia, Australia, Austria, Barbados, Belarus, Belgium, Belize, Benin, Bosnia and Herzegovina, Botswana, Brazil, Brunei Darussalam, Burkina Faso, Burundi, Cameroon, Canada, China, Colombia, Costa Rica, Côte d'Ivoire, Croatia, Cuba, Cyprus, Democratic Republic of the Congo, Denmark, Egypt, El Salvador, Estonia, Ethiopia, Finland, France, Gabon, Georgia, Germany, Ghana, Greece, Grenada, Honduras, Hungary, Iceland, India, Indonesia, Iraq, Israel, Italy, Jamaica, Japan, Jordan, Kazakhstan, Kenya, Republic of Korea, Kyrgyzstan, Latvia, Lebanon, Luxembourg, Malawi, Malaysia, Mali, Mauritius, Mexico, Republic of Moldova, Morocco, Myanmar, Netherlands, New Zealand, Nigeria, Oman, Panama, Peru, Philippines, Poland, Portugal, Qatar, Romania, Russian Federation, Rwanda, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, San Marino, Saudi Arabia, Senegal, Serbia, Seychelles, Sierra Leone, Singapore, Slovenia, South Africa, Spain, Sri Lanka, Sudan, Suriname, Sweden, Switzerland, Syrian Arab Republic, Tajikistan, United Republic of Tanzania, Thailand, Timor-Leste, Trinidad and Tobago, Tunisia, Ukraine, United Arab Emirates, United Kingdom, Uruguay, Vanuatu, Bolivarian Republic of Venezuela, Viet Nam, Zambia and Zimbabwe.

*Other: 1.* Bahamas.

## Comments

*Australia.* Policy decisions should be well informed and relevant to work.

*Belize.* Should include the social determinants of HIV.

*Benin.* Should be taken into account for periodic revisions of national policies, so that they remain adapted to new realities and applicable.

*Cameroon.* Important to adjust policies and strategies in the light of new developments.

*China.* The question of whether or not this research and knowledge is operational should be taken into account.

*Côte d'Ivoire.* Taking into account scientific advances and social/cultural changes, in order to update policies (social upheavals caused by war, sex used as a weapon in wars, etc.).

*Democratic Republic of the Congo.* Capacity-building and information are indispensable because advances in knowledge are undeniable.

*Denmark.* National circumstances and national practices should also be taken into account.

*Finland.* Should be an evidence-based policy concerning the entire population.

*Gabon.* Adapting national policies to all forms of development is essential for the best results.

*Honduras.* Should include results disaggregated by sex, using studies conducted by employers' and workers' organizations.

*India.* At the formulation stage, the policy has to keep in view a country's social, economic and industrial development and growth and its intrinsic problems and adversities. There should also be a definite time frame for periodical review.

*Mauritius.* National policy should be dynamic and evolve with time.

*South Africa.* Should also refer to when the policy is reviewed, evaluated and updated; this must be a continual process.

*Sudan.* Every day there are new scientific and social developments and experiences which should also be taken into account.

*United Kingdom.* Important to benefit from the lessons learned by early innovative programmes to avoid “re-inventing the wheel”, and to use training materials that have already been pre-tested and validated.

*Bolivarian Republic of Venezuela.* Society itself should be up to date on all fronts of HIV/AIDS, such as its development, prevention and new treatments.

## Employers

*Total number of replies: 62.*

*Yes: 59.* CGEA (Algeria), AEC (Azerbaijan), CNP (Benin), CNC (Brazil), CNF (Brazil), BCCI (Bulgaria), CAMFEBA (Cambodia), UCCAEP (Costa Rica), CGECI (Côte d’Ivoire), HUP (Croatia), FEC (Democratic Republic of the Congo), DA (Denmark), DEF (Dominica), FEI (Egypt), EK (Finland), KT (Finland), SY (Finland), MEDEF (France), GEA (Ghana), ESEE (Greece), SEV (Greece), COHEP (Honduras), DPN-APINDO (Indonesia), ICEA (Islamic Republic of Iran), NK (Japan), FKE (Kenya), KEF (Republic of Korea), ALE (Lesotho), CNPM (Mauritania), MEF (Mauritius), COPARMEX (Mexico), MONEF (Mongolia), CGEM (Morocco), NEF (Namibia), FNCCI (Nepal), Employers (Netherlands), Business NZ (New Zealand), NHO (Norway), EFP (Pakistan), CONEP (Panama), CCSP (Portugal), CIP (Portugal), CTP (Portugal), SLEF (Saint Lucia), ANIS (San Marino), ZDS (Slovenia), GZS (Slovenia), BUSA (South Africa), Organized Business (South Africa), EFC (Sri Lanka), SKL (Sweden), SAV (Sweden), UPS (Switzerland), CNP (Togo), ECA (Trinidad and Tobago), FUE (Uganda), FCCI (United Arab Emirates), CIU (Uruguay) and EMCOZ (Zimbabwe).

*Other: 3.* ANDI (Colombia), JEF (Jamaica), SN (Sweden).

## Comments

COHEP (Honduras): To ensure the coherence of the policy and update it continuously, also taking into account the socio-economic effects.

DPN-APINDO (Indonesia): To maintain sustainability.

CIP (Portugal): Scientific and social developments must be taken into account.

FUE (Uganda): Success sometimes depends on this.

## Workers

*Total number of replies: 69.*

*Yes: 69.* UGTA (Algeria), UNTA (Angola), CGT-RA (Argentina), ACTU (Australia), CSA-Bénin (Benin), CSTB (Benin), BFTU (Botswana), CITUB (Bulgaria), Podkrepa (Bulgaria), CSTC (Cameroon), CGSTC (Cameroon), USLC (Cameroon), CLC (Canada), UST (Chad), CTRN (Costa Rica), SSSH (Croatia), CMKOS (Czech Republic), UNTC (Democratic Republic of the Congo), FTF (Denmark), LO (Denmark), FTU (Fiji), FTUC (Fiji), SAK (Finland), CGT (France), CGT-FO (France), CFDT (France), GWC (Gambia), DGB (Germany), TUC (Ghana), GSEE (Greece), CNTG (Guinea), ASI (Iceland), KSPI (Indonesia), CGIL (Italy), UGL (Italy), JTUC-RENGO (Japan), FKTU (Republic of Korea), KCTU (Republic of Korea), SEKRIMA

(Madagascar), MTUC (Malaysia), Workers (Mauritius), CROC (Mexico), UGTM (Morocco), Workers (Netherlands), NZCTU (New Zealand), NUHPSW (Nigeria), CGTP (Panama), CGTP (Peru), NSZZ (Poland), CGTP-IN (Portugal), UGT (Portugal), CNS-Cartel Alfa (Romania), CESTRAR (Rwanda), COTRAF (Rwanda), CNTS (Senegal), SFWU (Seychelles), ZSSS (Slovenia), Organized Labour (South Africa), NWC (Sri Lanka), LO (Sweden), USS (Switzerland), CNTT (Togo), CSTT (Togo), NATUC (Trinidad and Tobago), UNISON (United Kingdom), TUC (United Kingdom), ZCTU (Zimbabwe) and ITUC (International Trade Union Confederation) and OATUU (Organization of African Trade Union Unity).

## Comments

CGSTC (Cameroon): Social and scientific discoveries should obviously be taken into account.

TUC (Ghana): Governments should integrate their policies in development plans and poverty reduction strategies.

COTRAF (Rwanda): Social and scientific discoveries may give other points of view.

CNTS (Senegal): This would ensure that the policy would be dynamic.

CNTT (Togo): To re-adjust itself continuously.

CSTT (Togo): To adapt to developments.

OATUU: This will ensure its success.

## Qu. 8 (f) *be coordinated with national health and social security systems?*

## Governments

*Total number of replies: 113.*

*Yes: 112.* Albania, Antigua and Barbuda, Armenia, Australia, Austria, Bahamas, Barbados, Belarus, Belgium, Belize, Benin, Bosnia and Herzegovina, Botswana, Brazil, Brunei Darussalam, Burkina Faso, Burundi, Cameroon, Canada, China, Colombia, Costa Rica, Côte d'Ivoire, Croatia, Cuba, Cyprus, Democratic Republic of the Congo, Egypt, El Salvador, Estonia, Ethiopia, Finland, France, Gabon, Georgia, Germany, Ghana, Greece, Grenada, Honduras, Hungary, Iceland, India, Indonesia, Iraq, Israel, Italy, Jamaica, Japan, Jordan, Kazakhstan, Kenya, Republic of Korea, Kyrgyzstan, Latvia, Lebanon, Luxembourg, Malawi, Malaysia, Mali, Mauritius, Mexico, Republic of Moldova, Morocco, Myanmar, Netherlands, New Zealand, Nigeria, Oman, Panama, Peru, Philippines, Poland, Portugal, Qatar, Romania, Russian Federation, Rwanda, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, San Marino, Saudi Arabia, Senegal, Serbia, Seychelles, Sierra Leone, Singapore, Slovenia, South Africa, Spain, Sri Lanka, Sudan, Suriname, Sweden, Switzerland, Syrian Arab Republic, Tajikistan, United Republic of Tanzania, Thailand, Timor-Leste, Trinidad and Tobago, Tunisia, Ukraine, United Arab Emirates, United Kingdom, Uruguay, Vanuatu, Bolivarian Republic of Venezuela, Viet Nam, Zambia and Zimbabwe.

*Other: 1.* Denmark.

## Comments

*Austria.* Important if sustainable results are to be achieved.

*Bahamas.* Reduces duplication and assures a more focused cohesive effort on the part of all concerned.

*Benin.* HIV/AIDS is a development issue but development cannot be envisaged separately from health and social security.

*Burundi.* Good coordination of health systems and social security will ensure quality of care and access to services.

*Democratic Republic of the Congo.* Not “coordination”, but rather “work in synergy with” these systems.

*Denmark.* Important to take into consideration national circumstances and practices.

*El Salvador.* This is done by CONASIDA in our country.

*Gabon.* Working together and networking are the best approaches.

*Grenada.* Needed to sustain efforts and products.

*Honduras.* To optimize resources and offer better quality of services, increasing access and coverage.

*India.* Should cover workers in both the formal and informal sectors.

*Japan.* If established systems are not harmonized, they are a wasteful bureaucracy.

*Malawi.* Coordination institutions are already in place in most countries and emphasis should therefore be on their involvement.

*Mauritius.* This will help avoid duplication and facilitate better management of resources.

*New Zealand.* To ensure that work is not duplicated.

*Portugal.* The approach should be multidisciplinary.

*Saint Kitts and Nevis.* Should also be coordinated with insurance companies.

*Sierra Leone.* The two schemes are interrelated, and a breakdown in one of the systems will have a negative impact on the other.

*Sudan.* This would spare the affected person a lot of effort in working through the channels.

*United Kingdom.* Coordination is essential to prevent waste and duplication of effort and to maximise effectiveness.

## Employers

*Total number of replies: 62.*

*Yes: 60.* CGEA (Algeria), AEC (Azerbaijan), CNP (Benin), CNC (Brazil), CNF (Brazil), BCCI (Bulgaria), CAMFEBA (Cambodia), ANDI (Colombia), UCCAEP (Costa Rica), CGECI (Côte d'Ivoire), HUP (Croatia), FEC (Democratic Republic of the Congo), DA (Denmark), DEF (Dominica), FEI (Egypt), EK (Finland), KT (Finland), SY (Finland), MEDEF (France), GEA (Ghana), ESEE (Greece), SEV (Greece), COHEP (Honduras), DPN-APINDO (Indonesia), ICEA (Islamic Republic of Iran), NK (Japan), FKE (Kenya), KEF (Republic of Korea), ALE (Lesotho), CNPM (Mauritania), MEF (Mauritius), COPARMEX (Mexico), MONEF (Mongolia), CGEM (Morocco), NEF (Namibia), FNCCI (Nepal), Employers (Netherlands), Business NZ (New Zealand), NHO (Norway), EFP (Pakistan), CONEP (Panama), CCSP (Portugal), CIP (Portugal), CTP (Portugal), SLEF (Saint Lucia), ANIS (San Marino), ZDS (Slovenia), GZS (Slovenia),

BUSA (South Africa), Organized Business (South Africa), EFC (Sri Lanka), SKL (Sweden), SAV (Sweden), UPS (Switzerland), CNP (Togo), ECA (Trinidad and Tobago), FUE (Uganda), FCCI (United Arab Emirates), CIU (Uruguay) and EMCOZ (Zimbabwe).

*Other:* 2. JEF (Jamaica), SN (Sweden).

## Comments

CNP (Benin): The struggle cannot succeed without social protection.

EK (Finland): This is not part of employers' responsibility.

DPN-APINDO (Indonesia): It must be inseparable from the national health and social security systems.

NEF (Namibia): Money, time and materials are already wasted through duplication.

Business NZ (New Zealand): To avoid duplication.

## Workers

*Total number of replies:* 69.

*Yes:* 69. UGTA (Algeria), UNTA (Angola), CGT-RA (Argentina), ACTU (Australia), CSA-Bénin (Benin), CSTB (Benin), BFTU (Botswana), CITUB (Bulgaria), Podkrepa (Bulgaria), CSTC (Cameroon), CGSTC (Cameroon), USLC (Cameroon), CLC (Canada), UST (Chad), CTRN (Costa Rica), SSSH (Croatia), CMKOS (Czech Republic), UNTC (Democratic Republic of the Congo), FTF (Denmark), LO (Denmark), FTU (Fiji), FTUC (Fiji), SAK (Finland), CGT (France), CGT-FO (France), CFDT (France), GWC (Gambia), DGB (Germany), TUC (Ghana), GSEE (Greece), CNTG (Guinea), ASI (Iceland), KSPI (Indonesia), CGIL (Italy), UGL (Italy), JTUC-RENGO (Japan), FKTU (Republic of Korea), KCTU (Republic of Korea), SEKRIMA (Madagascar), MTUC (Malaysia), Workers (Mauritius), CROC (Mexico), UGTM (Morocco), Workers (Netherlands), NZCTU (New Zealand), NUHPSW (Nigeria), CGTP (Panama), CGTP (Peru), NSZZ (Poland), CGTP-IN (Portugal), UGT (Portugal), CNS-Cartel Alfa (Romania), CESTRAR (Rwanda), COTRAF (Rwanda), CNTS (Senegal), SFWU (Seychelles), ZSSS (Slovenia), Organized Labour (South Africa), NWC (Sri Lanka), LO (Sweden), USS (Switzerland), CNTT (Togo), CSTT (Togo), NATUC (Trinidad and Tobago), UNISON (United Kingdom), TUC (United Kingdom), ZCTU (Zimbabwe) and ITUC (International Trade Union Confederation) and OATUU (Organization of African Trade Union Unity).

## Comments

CLC (Canada): Additional resources will be needed in many countries to strengthen the public health system.

CTRN (Costa Rica): This could be in a tripartite structure so that associations and funds can all participate.

UNTC (Democratic Republic of the Congo): Additional resources would be needed to strengthen the public health sector in many countries.

CNTG (Guinea): Tripartism should be applied.

FTUC (Fiji): Health and security systems have the potential to reach grassroots level of the community as they are also rural based and this would increase outreach and awareness.

KSPI (Indonesia): Additional resources will be needed.

FKTU (Republic of Korea): The public health sector is important and additional resources will be needed in many countries to strengthen it.

NZCTU (New Zealand): Additional resources are needed in the Pacific countries to strengthen responses and reduce HIV/AIDS.

NSZZ (Poland): The public health sector is important and additional resources will be needed in many countries to strengthen it.

CGTP-IN (Portugal): Without the support and collaboration of the social security and OSH systems, combating HIV/AIDS in the world of work cannot be effective.

CNS-Cartel Alfa (Romania): The public health sector is important and supplementary resources are needed for it.

COTRAF (Rwanda): It is evident that a national policy cannot be an isolated issue within the national context.

CNTS (Senegal): This is necessary, since the public health sector is very important. Many countries would need additional resources to reinforce their national health and social security system.

NWC (Sri Lanka): We still do not have a national AIDS policy for migrant and informal sector occupations or any policy instrument at all.

CNTT (Togo): Health and security sectors are important and should be strengthened financially in order to become efficient.

TUC (United Kingdom): The strengthening of health and social security systems should be considered an integral part of an effective national strategy on HIV/AIDS.

ZCTU (Zimbabwe): Especially where there is a transparent health and social security system.

ITUC: The public health sector is important and additional resources will be needed to strengthen it.

OATUU: To ensure its adequate funding.

### III. Principles

**Qu. 9** *Should the instrument express the following principles and provide for them to be taken into account in the national policy?*

(a) *General principles:*

(i) *HIV/AIDS should be recognized as a workplace issue.*

#### Governments

*Total number of replies: 113.*

*Yes: 104.* Albania, Antigua and Barbuda, Armenia, Australia, Bahamas, Barbados, Belgium, Belize, Benin, Bosnia and Herzegovina, Botswana, Brazil, Brunei Darussalam, Burkina Faso, Burundi, Cameroon, Canada, China, Colombia, Costa Rica, Côte d'Ivoire, Croatia, Cuba, Cyprus, Egypt, El Salvador, Estonia, Ethiopia, Finland, France, Gabon, Ghana, Greece, Grenada, Honduras, Hungary, Iceland, India, Indonesia, Iraq, Israel, Italy, Jamaica, Japan, Jordan, Kenya, Republic of Korea, Latvia, Lebanon, Luxembourg, Malawi, Malaysia, Mali, Mauritius, Mexico, Republic of Moldova, Morocco, Myanmar, Netherlands, New Zealand, Nigeria, Oman, Panama, Peru, Philippines, Poland, Portugal, Qatar, Russian Federation, Rwanda, Saint Kitts and Nevis,



Saint Lucia, Saint Vincent and the Grenadines, San Marino, Saudi Arabia, Senegal, Serbia, Seychelles, Sierra Leone, Singapore, Slovenia, South Africa, Spain, Sri Lanka, Sudan, Suriname, Sweden, Switzerland, Syrian Arab Republic, Tajikistan, United Republic of Tanzania, Thailand, Timor-Leste, Trinidad and Tobago, Tunisia, Ukraine, United Arab Emirates, United Kingdom, Uruguay, Vanuatu, Bolivarian Republic of Venezuela, Viet Nam, Zambia and Zimbabwe.

*No:* 5. Belarus, Democratic Republic of the Congo, Georgia, Kazakhstan and Kyrgyzstan

*Other:* 4. Austria, Denmark, Germany and Romania.

## Comments

*Australia.* It is a national issue and as part of that a workplace issue.

*Austria.* Workplaces can be entry points for general prevention programmes (under the public health-care system), which is sensible in countries with weak systems of public health care and social security.

*Benin.* Should be treated like all other serious illnesses.

*Brazil.* In favour of all principles.

*Burkina Faso.* All constituents except employers consider it to have an immense impact on the world of work.

*Burundi.* Particularly essential for countries where social protection systems are not fully developed.

*Cameroon.* Applies every where.

*Colombia.* Suggest following wording: "HIV must be recognized as one of the themes of health promotion and prevention of the disease which are workplace issues."

*Denmark.* Necessary to look at national circumstances.

*Finland.* Both a safety and an equity issue.

*Greece.* Emphasis on health-care sector.

*Honduras.* Like other serious occupational disease.

*India.* Should be reiterated.

*Indonesia.* This would provide better support.

*Kazakhstan.* Should include unemployed.

*Kenya.* Related to poverty.

*Latvia.* Employers' duties should be proportional to size of enterprise.

*Mauritius.* Not exclusively.

*Peru.* Recognition of the adverse impact of HIV/AIDS in the workplace is the starting point for launching action from the workplace in order to slow down the spread of the disease.

*Romania* (National Agency for Young Persons, National Union of Organizations of PLHIV and National Council of Small and Medium-Sized Enterprises). Relevant to PLHIV access to employment.

*Saint Kitts and Nevis.* Affects all of society.

*Sierra Leone.* Workplaces can play a vital role.

*Sri Lanka.* Should ensure a collaborative approach and mobilizing resources.

*Democratic of Timor-Leste.* Much more than a workplace issue.

*Tunisia.* Given its impact.

*United Kingdom.* Should not be limited and should continue to be vigorously dealt with by other institutions beyond the workplace.

*Zambia.* This is the direction some countries are moving in.

## Employers

*Total number of replies: 61.*

*Yes: 46.* CGEA (Algeria), AEC (Azerbaijan), CNP (Benin), CNC (Brazil), BCCI (Bulgaria), CAMFEBA (Cambodia), CGECI (Côte d'Ivoire), HUP (Croatia), FEC (Democratic Republic of the Congo), DEF (Dominica), FEI (Egypt), KT (Finland), SY (Finland), MEDEF (France), GEA (Ghana), COHEP (Honduras), DPN-APINDO (Indonesia), ICEA (Islamic Republic of Iran), JEF (Jamaica), NK (Japan), FKE (Kenya), ALE (Lesotho), CNPM (Mauritania), COPARMEX (Mexico), MONEF (Mongolia), CGEM (Morocco), FNCCI (Nepal), Employers (Netherlands), Business NZ (New Zealand), EFP (Pakistan), CCSP (Portugal), CIP (Portugal), CTP (Portugal), SLEF (Saint Lucia), ANIS (San Marino), BUSA (South Africa), Organized Business (South Africa), EFC (Sri Lanka), SKL (Sweden), SAV (Sweden), CNP (Togo), ECA (Trinidad and Tobago), FUE (Uganda), FCCI (United Arab Emirates), CIU (Uruguay) and EMCOZ (Zimbabwe).

*No: 10.* CNF (Brazil), EK (Finland), SEV (Greece), ESEE (Greece), KEF (Republic of Korea), NEF (Namibia), NHO (Norway), ZDS (Slovenia), GZS (Slovenia), UPS (Switzerland).

*Other: 5.* ANDI (Colombia), UCCAEP (Costa Rica), DA (Denmark), CONEP (Panama), SN (Sweden).

## Comments

CNP (Benin): Has impact on enterprise productivity.

CNF (Brazil): Not a workplace issue.

DA (Denmark): Has an important role to play.

FEI (Egypt): Because it influences the world of work directly.

EK (Finland): Not a workplace issue, although in some occupations the risk of infection may arise from work (health care, social services).

MEDEF (France): May concern the workplace, but not more or less than other long-term chronic illnesses, the problem being the same (regardless of the specificities of certain occupations such as medical personnel).

GEA (Ghana): Also part of the larger society.

COHEP (Honduras): HIV/AIDS is a workplace problem and should be considered just like any other serious occupational illness, not only because it affects workers but also because it affects enterprise production and productivity. Since the workplace is an integral part of local life, it should provide a response to the spread and effects of the epidemic.

NK (Japan): Some aspects.

MEF (Mauritius): Not only, both a national and international issue.

NEF (Namibia): Not only.

Employers (Netherlands): Only as far as it is a threat for workers' health and safety.

NHO (Norway): A social issue, not only focused on the workplace.

CIP (Portugal): HIV/AIDS also occurs in workplaces.

ZDS (Slovenia): HIV/AIDS is not a workplace issue, although it may have an impact on work like any other illness.

Organized Business (South Africa): Should be recognized as a workplace issue and as a much broader social issue.

EFC (Sri Lanka): Is also a socio-economic and public health issue

SAV (Sweden): In countries where it is widespread.

UPS (Switzerland): It is a health problem.

## Workers

*Total number of replies: 69.*

*Yes: 67.* UGTA (Algeria), UNTA (Angola), CGT-RA (Argentina), ACTU (Australia), CSA-Bénin (Benin), CSTB (Benin), BFTU (Botswana), CITUB (Bulgaria), Podkrepa (Bulgaria), CSTC (Cameroon), CGSTC (Cameroon), USLC (Cameroon), CLC (Canada), UST (Chad), CTRN (Costa Rica), SSSH (Croatia), CMKOS (Czech Republic), UNTC (Democratic Republic of the Congo), FTF (Denmark), LO (Denmark), FTU (Fiji), FTUC (Fiji), SAK (Finland), CGT (France), CGT-FO (France), CFDT (France), GWC (Gambia), DGB (Germany), TUC (Ghana), GSEE (Greece), CNTG (Guinea), ASI (Iceland), KSPI (Indonesia), CGIL (Italy), JTUC-RENGO (Japan), FK TU (Republic of Korea), KCTU (Republic of Korea), SEKRIMA (Madagascar), MTUC (Malaysia), Workers (Mauritius), UGTM (Morocco), Workers (Netherlands), NZCTU (New Zealand), NUHPSW (Nigeria), CGTP (Panama), CGTP (Peru), NSZZ (Poland), CGTP-IN (Portugal), UGT (Portugal), CNS-Cartel Alfa (Romania), CESTRAR (Rwanda), COTRAF (Rwanda), CNTS (Senegal), SFWU (Seychelles), ZSSS (Slovenia), Organized Labour (South Africa), NWC (Sri Lanka), LO (Sweden), USS (Switzerland), CNTT (Togo), CSTT (Togo), NATUC (Trinidad and Tobago), UNISON (United Kingdom), TUC (United Kingdom), ZCTU (Zimbabwe), ITUC (International Trade Union Confederation) and OATUU (Organization of African Trade Union Unity).

*No: 1.* UGL (Italy).

*Other: 1.* CROC (Mexico).

## Comments

UNTA (Angola): All workplaces are affected by HIV/AIDS and this should be discussed and analysed.

CGT-RA (Argentina): Work is an essential part of a person's life.

CSA-Bénin (Benin): HIV/AIDS is an illness like any other.

CGSTC (Cameroon): It has devastating impacts on the economy and productivity.

USLC (Cameroon): This is today's reality.

UNTC (Democratic Republic of the Congo): This is how it is dealt with in our country.

FTU (Fiji): Should be incorporated in all labour laws.

FTUC (Fiji): Converge for a common purpose and the impact overflows directly into the workplace environment.

GWC (Gambia): To prevent victimization.

DGB (Germany): This is the component where the wealth of the society emerges.

TUC (Ghana): The most effective place for tackling HIV.

CNTG (Guinea): Important to pursue this.

UGL (Italy): A public health issue.

FKTU (Republic of Korea): Also a health and development issue.

SEKRIMA (Madagascar): Should be treated like other chronic illnesses.

Workers (Mauritius): To eliminate discrimination.

NZCTU (New Zealand): As well as a development and poverty issue.

NSZZ (Poland): A successful response will not be developed without including the workplace.

COTRAF (Rwanda): Because the world is living on income from work and the workplace is where the income is made.

CNTS (Senegal): Should be considered as an occupational risk.

NWC (Sri Lanka): More than a workplace issue.

CNTT (Togo): Should be dealt with like other chronic illnesses.

ZCTU (Zimbabwe): High time to adopt such a clause.

**Qu. 9(a)** (ii) *Governments should integrate their policies on HIV/AIDS in the world of work in development plans and poverty reduction strategies.*

## Governments

*Total number of replies: 114.*

*Yes: 107.* Antigua and Barbuda, Armenia, Australia, Austria, Bahamas, Barbados, Belarus, Belgium, Belize, Benin, Bosnia and Herzegovina, Botswana, Brazil, Brunei Darussalam, Burkina Faso, Burundi, Cameroon, Canada, China, Colombia, Costa Rica, Côte d'Ivoire, Croatia, Cuba, Democratic Republic of the Congo, Denmark, Egypt, El Salvador, Estonia, Ethiopia, Finland, France, Georgia, Germany, Ghana, Greece, Grenada, Honduras, Hungary, Iceland, India, Indonesia, Iraq, Israel, Italy, Jamaica, Japan, Jordan, Kazakhstan, Kenya, Republic of Korea, Kyrgyzstan, Latvia, Lebanon, Luxembourg, Malawi, Malaysia, Mali, Mauritius, Mexico, Republic of Moldova, Myanmar, Netherlands, New Zealand, Nigeria, Oman, Panama, Peru, Philippines, Poland, Portugal, Qatar, Russian Federation, Rwanda, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, San Marino, Saudi Arabia, Senegal, Serbia, Seychelles, Sierra Leone, Singapore, Slovenia, South Africa, Spain, Sri Lanka, Sudan, Suriname, Sweden,

Switzerland, Syrian Arab Republic, Tajikistan, United Republic of Tanzania, Thailand, Timor-Leste, Trinidad and Tobago, Ukraine, United Arab Emirates, United Kingdom, Uruguay, Vanuatu, Bolivarian Republic of Venezuela, Viet Nam, Zambia and Zimbabwe.

*No:* 5. Albania, Cyprus, Gabon, Morocco and Tunisia.

*Other:* 2. Kenya and Romania.

## Comments

*Austria.* Change “in the world of work” to “that can also address persons in workplaces”.

*Benin.* These are the recommendations from the Millennium Development Goals.

*Burundi.* Considering the impact on development and human capital.

*Burkina Faso.* Has an impact on poverty and reduces sustainable development.

*Cameroon.* Needs to be institutionalized and integrated into all policies/ strategies.

*Gabon.* Should also take into consideration malaria and hepatitis B.

*Greece.* Special provision should be made for women.

*India.* For a comprehensive approach to poverty and development.

*Indonesia.* Integrated policies will allow better coordination.

*Jamaica.* This would be a major step.

*Japan.* The provisions must be flexible.

*Kenya.* There should be exceptions.

*Malawi.* Should be a priority.

*Malaysia.* The economic planning unit should also take a lead role.

*Mauritius.* These go hand in hand.

*New Zealand.* Encourages coordination and cooperation with other international organizations to avoid duplication of work.

*Peru.* Because HIV/AIDS is strongly linked to poverty, and the poorer social groups lack access to information and education on prevention and become vulnerable to infection.

*Poland.* Difficult to agree on wording that would cover the situation in different countries.

*Portugal.* Since it has implications for the labour force, productivity, investment and employment.

*Qatar.* This should be in the mandate of national AIDS committees.

*Sierra Leone.* Governments should establish an enabling framework of policies and laws which should be integrated in development plans.

*Senegal.* Highly necessary.

*United Republic of Tanzania.* Reduces the risks.

*Timor-Leste.* Could help make prevention more effective.

*Tunisia.* Is part of public health established in development plans on economic and social issues.

*United Kingdom.* Many national AIDS plans fail to mention the important role of the private sector and interventions in the workplace.

*Bolivarian Republic of Venezuela.* Should be specified in governments' policies, plans and programmes.

*Zambia.* Otherwise it will have devastating impact on economic development.

## Employers

*Total number of replies: 62.*

*Yes: 53.* CGEA (Algeria), AEC (Azerbaijan), CNP (Benin), CNC (Brazil), CNF (Brazil), BCCI (Bulgaria), CAMFEBA (Cambodia), UCCAEP (Costa Rica), CGECI (Côte d'Ivoire), HUP (Croatia), FEC (Democratic Republic of the Congo), DA (Denmark), DEF (Dominica), FEI (Egypt), KT (Finland), SY (Finland), GEA (Ghana), ESEE (Greece), SEV (Greece), COHEP (Honduras), DPN-APINDO (Indonesia), ICEA (Islamic Republic of Iran), JEF (Jamaica), NK (Japan), FKE (Kenya), ALE (Lesotho), CNPM (Mauritania), COPARMEX (Mexico), MONEF (Mongolia), CGEM (Morocco), NEF (Namibia), FNCCI (Nepal), Employers (Netherlands), Business NZ (New Zealand), NHO (Norway), EFP (Pakistan), CONEP (Panama), CCSP (Portugal), CIP (Portugal), CTP (Portugal), SLEF (Saint Lucia), ANIS (San Marino), BUSA (South Africa), Organized Business (South Africa), EFC (Sri Lanka), SKL (Sweden), SAV (Sweden), CNP (Togo), ECA (Trinidad and Tobago), FUE (Uganda), FCCI (United Arab Emirates), CIU (Uruguay) and EMCOZ (Zimbabwe).

*No: 7.* EK (Finland), MEDEF (France), KEF (Republic of Korea), MEF (Mauritius), ZDS (Slovenia), GZS (Slovenia), UPS (Switzerland).

*Other: 2.* ANDI (Colombia), and SN (Sweden).

## Comments

AEC (Azerbaijan): Is necessary.

CNP (Benin): This will reduce the transmission of the virus.

FEI (Egypt): Eradication of HIV/AIDS will enhance development and reduce poverty.

MEDEF (France): Does not concern industrialized countries.

GEA (Ghana): To promote social protection.

SEV (Greece): If it supplements national measures.

COHEP (Honduras): Otherwise it will increase vulnerability.

MEF (Mauritius): It is a disease, not an economic issue.

FNCCI (Nepal): It will be more much effective.

Employers (Netherlands): This is a responsibility of public health authorities, not of employers.

Business NZ (New Zealand): Coordination and cooperation with other international organizations are needed, to avoid duplication of work.

CIP (Portugal): Should be considered as other serious illnesses.

SAV (Sweden): There is a direct link between the incidence of poverty and the disease.

## Workers

*Total number of replies: 69.*

*Yes:* 67. UGTA (Algeria), UNTA (Angola), CGT-RA (Argentina), ACTU (Australia), CSA-Bénin (Benin), CSTB (Benin), BFTU (Botswana), CITUB (Bulgaria), Podkrepa (Bulgaria), CSTC (Cameroon), CGSTC (Cameroon), USLC (Cameroon), CLC (Canada), UST (Chad), CTRN (Costa Rica), SSSH (Croatia), CMKOS (Czech Republic), UNTC (Democratic Republic of the Congo), FTF (Denmark), LO (Denmark), FTU (Fiji), FTUC (Fiji), SAK (Finland), CGT (France), CGT-FO (France), CFDT (France), GWC (Gambia), DGB (Germany), TUC (Ghana), GSEE (Greece), CNTG (Guinea), ASI (Iceland), KSPI (Indonesia), CGIL (Italy), JTUC-RENGO (Japan), FKTU (Republic of Korea), KCTU (Republic of Korea), SEKRIMA (Madagascar), MTUC (Malaysia), Workers (Mauritius), CROC (Mexico), UGTM (Morocco), Workers (Netherlands), NZCTU (New Zealand), NUHPSW (Nigeria), CGTP (Panama), CGTP (Peru), NSZZ (Poland), CGTP-IN (Portugal), UGT (Portugal), CNS-Cartel Alfa (Romania), COTRAF (Rwanda), CNTS (Senegal), SFWU (Seychelles), ZSSS (Slovenia), Organized Labour (South Africa), NWC (Sri Lanka), LO (Sweden), USS (Switzerland), CNTT (Togo), CSTT (Togo), NATUC (Trinidad and Tobago), UNISON (United Kingdom), TUC (United Kingdom), ZCTU (Zimbabwe) and ITUC (International Trade Union Confederation) and OATUU (Organization of African Trade Union Unity).

*No:* 2. UGL (Italy) and CESTRAR (Rwanda).

## Comments

CGT-RA (Argentina): No related policy should be omitted.

CSA (Benin): Particularly since it affects development and poverty.

CGSTC (Cameroon): These cannot be promoted without including HIV/AIDS.

USLC (Cameroon): Should be encouraged.

CLC (Canada): Both a development and health issue.

UST (Chad): Already integrated into our national development plan.

UNTC (Democratic Republic of the Congo): HIV/AIDS figures among the MDGs and was discussed at the Ouagadougou Summit. This is a development issue as well as a health issue. In the DRC this has been included in the programme to combat the disease.

CTRN (Costa Rica): These are connected.

FTU (Fiji): Will promote socio-economic development and help to eradicate poverty.

FTUC (Fiji): Otherwise, policies would not be effective.

SAK (Finland): It is a development issue, not only a health issue.

CGT (France): Concerns both health and development.

GWC (Gambia): This needs funding.

DGB (Germany): There is a strong link between income, education and health.

TUC (Ghana): Is a development issue and not only a health issue.

CNTG (Guinea): There should also be a follow-up mechanism and supervisory tools to make employers responsible.

KSPI (Indonesia): It is both a development and a health issue.

UGL (Italy): In Italy there is no significant connection.

SEKRIMA (Madagascar): Since productivity is affected.

Workers (Mauritius): To avert the worst poverty.

NZCTU (New Zealand): Very important.

NSZZ (Poland): Both a development and health issue.

CGTP-IN (Portugal): As part of the general policy.

CNS Cartel Alfa (Romania): Related to development as well as health.

CESTRAR (Rwanda): Not essential to mention this.

COTRAF (Rwanda): For sustainable development.

CNTS (Senegal): Is not only an issue relating to health, but to development as well.

NWC (Sri Lanka): In order to provide for the unexpected loss of labour and capital, to train and to compensate.

CNTT (Togo): Both a health and development issue.

CSTT (Togo): Ensure attention be given and solutions found.

TUC (United Kingdom): A serious impediment to development initiatives.

UNISON: There are wider concerns about the policies of PRSPs and consultation process.

ZCTU (Zimbabwe): It is now a development issue.

**Qu. 9(a)** (iii) *Governments should adopt and implement policies and programmes on HIV/AIDS for all workers employed in the public sector.*

## Governments

*Total number of replies: 113.*

*Yes: 102.* Albania, Antigua and Barbuda, Armenia, Australia, Austria, Bahamas, Barbados, Belarus, Belgium, Belize, Benin, Bosnia and Herzegovina, Botswana, Brazil, Brunei Darussalam, Burkina Faso, Burundi, Cameroon, Canada, Costa Rica, Côte d'Ivoire, Croatia, Cuba, Cyprus, Democratic Republic of the Congo, Egypt, El Salvador, Ethiopia, Finland, France, Ghana, Greece, Grenada, Honduras, Hungary, Iceland, India, Indonesia, Iraq, Israel, Italy, Jamaica, Japan, Jordan, Kazakhstan, Kenya, Kyrgyzstan, Latvia, Lebanon, Luxembourg, Malawi, Malaysia, Mali, Mauritius, Mexico, Republic of Moldova, Morocco, Myanmar, Netherlands, New Zealand, Nigeria, Oman, Panama, Peru, Philippines, Portugal, Qatar, Russian Federation, Rwanda, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, San Marino, Saudi Arabia, Senegal, Serbia, Seychelles, Sierra Leone, Singapore, Slovenia, South Africa, Spain, Sri Lanka, Sudan, Suriname, Sweden, Switzerland, Syrian Arab Republic, Tajikistan, United Republic of



Tanzania, Timor-Leste, Trinidad and Tobago, Tunisia, Ukraine, United Arab Emirates, United Kingdom, Uruguay, Vanuatu, Bolivarian Republic of Venezuela, Viet Nam, Zambia and Zimbabwe.

*No:* 5. Colombia, Estonia, Gabon, Georgia and Republic of Korea.

*Other:* 6. China, Denmark, Germany, Poland, Romania and Thailand.

## Comments

*Albania.* This is the most important tool for governments.

*Australia.* Our National Code covers all employees in the public sector.

*Austria.* Provided that a Recommendation (not a Declaration) is adopted.

*Bahamas.* Governments should adopt legislation covering both public and private sectors.

*Barbados.* Should include adoption of legislation covering the private sector.

*Belize.* Greater awareness needed.

*Benin.* The public sector is in charge of rules and the life of the nation.

*Burkina Faso.* Both private and public sectors.

*Cameroon.* All workers, both private and public sector.

*China.* Each country decides in accordance with its conditions.

*Costa Rica.* Should apply for both sectors.

*Denmark.* Important to take into account national circumstances and practices.

*Estonia.* Should be an integrated approach.

*Gabon.* Should be global.

*Honduras.* Government should provide leadership at the national level.

*India.* Confirming that governments are committed.

*Indonesia.* All sectors without discrimination.

*Japan.* Should be flexible to suit the conditions of each country.

*Republic of Korea.* Suggest “endeavour to adopt and” be inserted.

*Luxembourg.* Also the private sector.

*Malaysia.* Would set a good example for the private sector to follow.

*Mauritius.* Should apply equally to all workers.

*Panama.* Also private sector.

*Peru.* Both public and private sector.

*Philippines.* Should include the private sector.

*Poland.* Should treat employees all the sectors equally.

*Portugal.* Should be applied in a non-discriminatory manner to both public and private sector.

*Qatar.* Should be part of the total health care.

*Romania* (National Agency for Young Persons). The government should ensure coherence.

*Romania* (National Agency for the Protection of the Right of Children). Should apply equally to the private sector.

*Rwanda.* All sectors.

*Saint Lucia.* Private sector tends to follow.

*Senegal.* Highly necessary and to be done together with other sectors.

*Seychelles.* All sectors should be covered.

*Sierra Leone.* This is essential to establish guidelines.

*South Africa.* All workers.

*Sudan.* This will guide the private sector.

*Tajikistan.* All strata of the population.

*Thailand.* Particular actions needed for military services.

*Timor-Leste.* Serves as an example for the private sector.

*Tunisia.* Both sectors without any discrimination.

*United Kingdom.* Governments should act as responsible employers. In low-prevalence countries, concentrate on high-risk groups or settings and keep in mind the needs of the wider population.

*Vanuatu.* Should include gender discrimination.

*Bolivarian Republic of Venezuela.* In many countries, this is the biggest employer.

## Employers

*Total number of replies: 62.*

*Yes:* 52. CGEA (Algeria), CNP (Benin), CNC (Brazil), CNF (Brazil), BCCI (Bulgaria), CAMFEBA (Cambodia), UCCAEP (Costa Rica), CGECI (Côte d'Ivoire), HUP (Croatia), FEC (Democratic Republic of the Congo), DA (Denmark), DEF (Dominica), FEI (Egypt), KT (Finland), SY (Finland), MEDEF (France), GEA (Ghana), ESEE (Greece), SEV (Greece), COHEP (Honduras), DPN-APINDO (Indonesia), JEF (Jamaica), NK (Japan), FKE (Kenya), ALE (Lesotho), CNPM (Mauritania), MEF (Mauritius), COPARMEX (Mexico), MONEF (Mongolia), CGEM (Morocco), NEF (Namibia), FNCCI (Nepal), Employers (Netherlands), Business NZ (New Zealand), NHO (Norway), EFP (Pakistan), CCSP (Portugal), CIP (Portugal), CTP (Portugal), SLEF (Saint Lucia), ANIS (San Marino), BUSA (South Africa), Organized Business (South Africa), EFC (Sri Lanka), SKL (Sweden), SAV (Sweden), CNP (Togo), ECA (Trinidad and Tobago), FUE (Uganda), FCCI (United Arab Emirates), CIU (Uruguay) and EMCOZ (Zimbabwe).

*No:* 7. ANDI (Colombia), EK (Finland), ICEA (Islamic Republic of Iran), KEF (Republic of Korea), ZDS (Slovenia), GZS (Slovenia), UPS (Switzerland).

*Other:* 3. AEC (Azerbaijan), CONEP (Panama), SN (Sweden).

## Comments

AEC (Azerbaijan): Also those who work in the private sector.

CNP (Benin): All workers not protected should be included.

CAMFEBA (Cambodia): All workers in general.

FEI (Egypt): All workers in all sectors.

MEDEF (France): No discrimination between public and private sectors.

GEA (Ghana): To protect human rights for all.

COHEP (Honduras): Governments are also employers and account for a high proportion of the economically active population. In Honduras, a significant proportion of public sector employees suffer from HIV.

ICEA (Islamic Republic of Iran): Both public and private sectors.

FKTU (Republic of Korea): Would serve as a model for the private sector.

MEF (Mauritius): There should be no discrimination.

NEF (Namibia): Exactly as for the private sector.

FNCCI (Nepal): Initially in the public sector.

Employers (Netherlands): As far as it is work-related.

CCSP (Portugal): Should apply equally to all workers.

CIP (Portugal): This is the responsibility of governments.

ZDS (Slovenia): We only represent the private sector.

BUSA (South Africa): What will the role of governments be in the private sector?

CNP (Togo): The informal sector as well.

## Workers

*Total number of replies: 69.*

*Yes:* 67. UGTA (Algeria), UNTA (Angola), CGT-RA (Argentina), ACTU (Australia), CSA-Bénin (Benin), CSTB (Benin), BFTU (Botswana), CITUB (Bulgaria), Podkrepa (Bulgaria), CSTC (Cameroon), CGSTC (Cameroon), USLC (Cameroon), CLC (Canada), UST (Chad), CTRN (Costa Rica), SSSH (Croatia), CMKOS (Czech Republic), UNTC (Democratic Republic of the Congo), FTF (Denmark), LO (Denmark), FTU (Fiji), FTUC (Fiji), SAK (Finland), CGT (France), CGT-FO (France), CFDT (France), GWC (Gambia), DGB (Germany), TUC (Ghana), GSEE (Greece), CNTG (Guinea), KSPI (Indonesia), CGIL (Italy), UGL (Italy), JTUC-RENGO (Japan), FK TU (Republic of Korea), KCTU (Republic of Korea), SEKRIMA (Madagascar), MTUC (Malaysia), Workers (Mauritius), CROC (Mexico), UGTM (Morocco), Workers (Netherlands), NZCTU (New Zealand), NUHPSW (Nigeria), CGTP (Panama), CGTP (Peru), NSZZ (Poland), CGTP-IN (Portugal), UGT (Portugal), CNS-Cartel Alfa (Romania), COTRAF (Rwanda), CNTS (Senegal), SFWU (Seychelles), ZSSS (Slovenia), Organized Labour (South Africa), NWC (Sri Lanka), LO (Sweden), USS (Switzerland), CNTT (Togo), CSTT (Togo), NATUC (Trinidad and Tobago), UNISON (United Kingdom), TUC (United Kingdom), ZCTU (Zimbabwe) and ITUC

(International Trade Union Confederation) and OATUU (Organization of African Trade Union Unity).

*No: I. CESTRAR (Rwanda).*

*Other: I. ASI (Iceland).*

## Comments

UNTA (Angola): Affects the whole society.

CGT-RA (Argentina): All sectors should be included.

CSA (Benin): Concerns all workers.

CSTC (Cameroon): All workers, including private and informal sector.

CGSTC (Cameroon): A worker is a worker, regardless of sector.

USLC (Cameroon): Both the private and public sectors, including informal.

CLC (Canada): This would also serve as a model for the private sector.

CTRN (Costa Rica): Both in private and public sectors.

FTU (Fiji): This will be model and help the private sectors to follow.

FTUC (Fiji): A huge proportion of the total workforce.

SAK (Finland): Serve as a model for the private sector.

CGT (France): May serve as a model for the private sector.

GWC (Gambia): To support all infected people at their workplaces.

DGB (Germany): This would also serve as a model for the private sector.

TUC (Ghana): This will encourage the private sector.

GSEE (Greece): All sectors of economic activity, both public and private, as well as the employed in the rural and maritime sectors.

CNTG (Guinea): All men and women.

KSPI-CITU (Indonesia): This will be a model for the private sector.

SEKRIMA (Madagascar): All workers, whether public or private sector, are concerned by HIV/AIDS and must be treated in the same way.

Workers (Mauritius): All workers should be concerned.

NZCTU (New Zealand): Can provide a model for the private sector.

NSZZ (Poland): This would serve as a model for the private sector.

CNS Cartel Alfa (Romania): This will serve as a model for the private sector.

CESTRAR (Rwanda): Not strictly necessary.

COTRAF (Rwanda): Due to the peculiarities of work relations.

CNTS (Senegal): This would equally provide a model for the private sector.

Organized Labour (South Africa): Workers in general.

CNTT (Togo): To encourage the private sector to do the same.

TUC (United Kingdom): Governments have an obligation to adopt and implement appropriate and adequate policies and programmes for their workers.

## Qu. 9

### (b) *Discrimination:*

- (i) *There should be no discrimination against workers on the basis of real or perceived HIV status, nor on the basis of belonging to parts of the population perceived to be at greater risk of HIV infection, taking into account the Discrimination (Employment and Occupation) Convention, 1958 (No. 111).*

## Governments

*Total number of replies: 114.*

*Yes: 109.* Albania, Antigua and Barbuda, Armenia, Australia, Austria, Bahamas, Barbados, Belarus, Belgium, Belize, Benin, Bosnia and Herzegovina, Botswana, Brazil, Brunei Darussalam, Burkina Faso, Burundi, Cameroon, Canada, Colombia, Costa Rica, Côte d'Ivoire, Croatia, Cuba, Cyprus, Democratic Republic of the Congo, Denmark, Egypt, El Salvador, Estonia, Ethiopia, Finland, France, Gabon, Georgia, Germany, Ghana, Greece, Grenada, Honduras, Hungary, Iceland, India, Indonesia, Iraq, Israel, Italy, Jamaica, Japan, Jordan, Kazakhstan, Kenya, Republic of Korea, Kyrgyzstan, Latvia, Lebanon, Luxembourg, Malawi, Malaysia, Mali, Mauritius, Republic of Moldova, Morocco, Myanmar, Netherlands, New Zealand, Nigeria, Oman, Panama, Peru, Philippines, Portugal, Qatar, Romania, Russian Federation, Rwanda, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, San Marino, Saudi Arabia, Senegal, Serbia, Seychelles, Sierra Leone, Singapore, Slovenia, South Africa, Spain, Sri Lanka, Sudan, Suriname, Sweden, Switzerland, Syrian Arab Republic, Tajikistan, United Republic of Tanzania, Thailand, Timor-Leste, Trinidad and Tobago, Tunisia, Ukraine, United Arab Emirates, United Kingdom, Uruguay, Vanuatu, Viet Nam, Zambia and Zimbabwe.

*No: 4.* China, Mexico, Poland and Bolivarian Republic of Venezuela.

*Other: 1.* Denmark.

## Comments

*Australia.* All our states and territories have relevant legislation on equal opportunities and disability discrimination.

*Austria.* Our Equality Act covers this.

*Benin.* Nothing justifies discrimination.

*Brazil.* There is a lacuna in fully applying international labour standards at the national level.

*Burkina Faso.* Should be treated like other illnesses.

*Burundi.* Discrimination is detrimental.

*Cameroon.* Necessary to eradicate discrimination.

*China.* Convention No. 111 does not include the ground of discrimination on the basis of diseases.

*Denmark.* Danish legislation regards HIV/AIDS in the same way as any other illness or disease. It is not regarded as a specific issue in respect of anti-discrimination legislation, and any extension of Convention No. 111 should be a strictly national decision.

*Egypt.* Consideration should be given to customs, traditions and cultural differences.

*El Salvador.* This is stipulated in our law.

*Finland.* Our Constitution provides that one should not place persons in various categories without justifiable grounds, including person's health.

*Gabon.* Convention No. 111 should be promoted.

*Greece.* Precautions should be taken if workers can transmit the disease at their workplace.

*India.* It is also necessary to provide for other measures required to root out discrimination by listing some concrete steps or plan of action.

*Indonesia.* This could prevent solving problems at the workplace.

*Malaysia.* Other organizations as well.

*Mauritius.* This reinforces the spirit of decent work.

*Mexico.* Convention No. 111 does not provide for discrimination on the basis of health, and the only body that can give an interpretation of an ILO Convention is the International Court of Justice. We could accept this point if mention of Convention No. 111 were deleted.

*Peru.* Sanctions should also be imposed.

*Poland.* "Belonging to parts of the population perceived to be at greater risk of HIV infection" is too broad and imprecise.

*Qatar.* This will reduce the spread.

*Senegal.* Very important.

*Sri Lanka.* Reasonable accommodation should also be an option in certain situations.

*Sweden (JämO).* Besides HIV status, workers have been discriminated against on grounds of both disability and sexual orientation.

*Switzerland.* Our daily allowance insurance, which covers the continued payment of wages in case of illness, is a voluntary form of insurance and insurers are entitled to conduct risk selection. This results in some PLHIV being refused cover, and national legislation must be amended to counteract this. The most comprehensive way of achieving this would be through a separate anti-discrimination law. Another way would be to amend existing legal provisions concerning labour contracts in the Code of Obligations. Job application procedures normally require applicants to declare their marital status. This can lead to discrimination against persons in same-sex relationships who have registered their partnerships under the Registered Partnerships Act. The "registered" status created by the Act should therefore be renamed, so that people filling in job applications are not forced to declare their homosexuality if they do not wish to.

*Syrian Arab Republic.* The Ministry of Local Administration answered no to this question.

*Tajikistan.* Discrimination impedes the implementation of preventive measures.

*Timor-Leste.* Regulations should be adopted.

*United Republic of Tanzania.* This is in line with the labour laws.

*Tunisia.* Important to highlight this principle.

*United Kingdom.* Care should also be taken to avoid inadvertently stigmatizing HIV, e.g. by treating it differently from other chronic conditions.

*Vanuatu.* Should not be considered discrimination if it is a threat to other workers, such as for medical reasons, but an HIV-positive person should never be harassed.

*Bolivarian Republic of Venezuela.* This is both a violation of Convention No. 111 and of human rights.

## Employers

*Total number of replies: 62.*

*Yes: 53.* CGEA (Algeria), AEC (Azerbaijan), CNP (Benin), CNC (Brazil), CNF (Brazil), BCCI (Bulgaria), CAMFEBA (Cambodia), UCCAEP (Costa Rica), CGECI (Côte d'Ivoire), HUP (Croatia), FEC (Democratic Republic of the Congo), DEF (Dominica), FEI (Egypt), KT (Finland), SY (Finland), MEDEF (France), GEA (Ghana), ESEE (Greece), SEV (Greece), DPN-APINDO (Indonesia), ICEA (Islamic Republic of Iran), JEF (Jamaica), NK (Japan), FKE (Kenya), KEF (Republic of Korea), ALE (Lesotho), CNPM (Mauritania), MEF (Mauritius), COPARMEX (Mexico), MONEF (Mongolia), CGEM (Morocco), NEF (Namibia), FNCCI (Nepal), Employers (Netherlands), Business NZ (New Zealand), NHO (Norway), CCSP (Portugal), CIP (Portugal), CTP (Portugal), SLEF (Saint Lucia), ANIS (San Marino), BUSA (South Africa), Organized Business (South Africa), EFC (Sri Lanka), SKL (Sweden), SAV (Sweden), UPS (Switzerland), CNP (Togo), ECA (Trinidad and Tobago), FUE (Uganda), FCCI (United Arab Emirates), CIU (Uruguay) and EMCOZ (Zimbabwe).

*No: 5.* ANDI (Colombia), EK (Finland), COHEP (Honduras), ZDS (Slovenia), GZS (Slovenia).

*Other: 4.* DA (Denmark), EFP (Pakistan), CONEP (Panama), SN (Sweden).

## Comments

CNP (Benin): The success of this struggle relies on non-discrimination.

UCCAEP (Costa Rica): National policies should ensure this, and there is no need to adopt a specific provision.

DA (Denmark): The discussion will drift away from its core mandate if discrimination is to be an element of the instrument, and away from its purpose to actually help persons affected by HIV/AIDS.

FEI (Egypt): We are against all forms of discrimination.

EK (Finland): In some professions, HIV may constitute a significant risk.

GEA (Ghana): To protect human rights.

COHEP (Honduras): Employers should not allow any staff regulations or practices that would discriminate against workers infected or affected by HIV/AIDS. They should in particular ensure that there is no discrimination or stigmatization at work on grounds of actual or presumed HIV/AIDS infection. They should also encourage those with HIV or an AIDS-related illness to work in suitable employment as long as they are medically fit for work, and should ensure through social security services that when workers suffering from an AIDS-related illness are too ill to work, and other options, including long-term sick leave, have been exhausted, it is possible to terminate employment in accordance with labour law and procedures and with due regard to all the worker's entitlements.

DPN-APINDO (Indonesia): We should make strong efforts on this.

FNCCI (Nepal): Should treat both infected and affected workers equally without any discrimination.

Business NZ (New Zealand): As emphasized in our Workplace Guidelines.

EFP (Pakistan): We suggest the text be amended by deleting “nor on the basis of belonging to parts of the population perceived to be at greater risk of HIV infection, taking into account the Discrimination (Employment and Occupation) Convention, 1958 (No. 111)”.

CCSP (Portugal): There should be no discrimination, particularly in occupations at risk.

CIP (Portugal): HIV/AIDS is like other serious illnesses.

SLEF (Saint Lucia): Consideration should be given to allowing special mention of those workers who work closely with infected persons or with more vulnerable groups.

ZDS (Slovenia): Generally “no”, but considering the particularities or nature of certain jobs, some restrictions can and should be allowed.

EFC (Sri Lanka): Except on the inherent requirements of a particular job.

UPS (Switzerland): This should cover providing information in an objective manner on the risk of transmission and the development of the disease.

## Workers

*Total number of replies: 69.*

*Yes: 69.* UGTA (Algeria), UNTA (Angola), CGT-RA (Argentina), ACTU (Australia), CSA-Bénin (Benin), CSTB (Benin), BFTU (Botswana), CITUB (Bulgaria), Podkrepa (Bulgaria), CSTC (Cameroon), CGSTC (Cameroon), USLC (Cameroon), CLC (Canada), UST (Chad), CTRN (Costa Rica), SSSH (Croatia), CMKOS (Czech Republic), UNTC (Democratic Republic of the Congo), FTF (Denmark), LO (Denmark), FTU (Fiji), FTUC (Fiji), SAK (Finland), CGT (France), CGT-FO (France), CFDT (France), GWC (Gambia), DGB (Germany), TUC (Ghana), GSEE (Greece), CNTG (Guinea), ASI (Iceland), KSPI (Indonesia), CGIL (Italy), UGL (Italy), JTUC-RENGO (Japan), FKTU (Republic of Korea), KCTU (Republic of Korea), SEKRIMA (Madagascar), MTUC (Malaysia), Workers (Mauritius), CROC (Mexico), UGTM (Morocco), Workers (Netherlands), NZCTU (New Zealand), NUHPSW (Nigeria), CGTP (Panama), CGTP (Peru), NSZZ (Poland), CGTP-IN (Portugal), UGT (Portugal), CNS-Cartel Alfa (Romania), CESTRAR (Rwanda), COTRAF (Rwanda), CNTS (Senegal), SFWU (Seychelles), ZSSS (Slovenia), Organized Labour (South Africa), NWC (Sri Lanka), LO (Sweden), USS (Switzerland), CNTT (Togo), CSTT (Togo), NATUC (Trinidad and Tobago), UNISON (United Kingdom), TUC (United Kingdom), ZCTU (Zimbabwe) and ITUC (International Trade Union Confederation) and OATUU (Organization of African Trade Union Unity).

## Comments

ACTU (Australia): Victims must be able to lodge complaints and seek remedies.

CGT-RA (Argentina): There should be no discrimination.

CSA-Bénin (Benin): Like other illnesses.

CGSTC (Cameroon): Discrimination in itself is a major violation of human rights and dignity. Not to consider a worker because of her/his HIV status is a grave violation.

USLC (Cameroon): This should be revitalized.



CLC (Canada): More is needed. Victims should be able to lodge complaints and it should be possible to impose penalties.

UNTC (Democratic Republic of the Congo): Victims should be able to lodge complaints and it should be possible to impose penalties, which will be the responsibility of our future labour courts.

LO; FTF (Denmark): Since prejudices sometimes exist and are expressed despite any legislation.

CGT (France): Not enough to confirm the principle of non-discrimination; victims should also be able to lodge complaints and sanctions should be imposed.

CGT-FO (France): For the struggle to be effective this should include the possibility of legal redress procedures for victims of discrimination. This should also include a supervisory mechanism as well as sanctions for violations.

DGB (Germany): Alleged victims should be able to lodge complaints and penalties should be imposed.

TUC (Ghana): All those discriminating should be punished.

KSPI (Indonesia): More is needed. Alleged victims should be able to lodge complaints and penalties should be imposed.

UGL (Italy): Persons affected by HIV should be employed in jobs that do not involve risks to public health.

SEKRIMA (Madagascar): More is needed; alleged victims should be able to lodge complaints and penalties should be imposed.

Workers (Mauritius): Human rights must be respected.

NZCTU (New Zealand): As established in our Human Rights Act.

CGTP (Panama): Stigma and discrimination creates social injustice.

NSZZ (Poland): More is needed; alleged victims should be able to lodge complaints and penalties should be imposed.

CNS-Cartel Alfa (Romania): This is not enough; alleged victims should be able to make appeals and penalties should be imposed.

COTRAF (Rwanda): No one should be held responsible for a situation he/she has not sought.

CNTS (Senegal): Victims should also be able to lodge complaints and sanctions should be imposed.

NWC (Sri Lanka): Equality of treatment in all cases.

CNTT (Togo): For discrimination to disappear, victims should be able to complain and sanctions for violations should be imposed.

CSTT: Convention No. 111 is a fundamental one and should be fully respected.

TUC (United Kingdom): Governments should be encouraged to introduce and enforce anti-discrimination legislation to protect the rights and entitlements of PLHIV in line with Convention No. 111.

ZCTU (Zimbabwe): A number of member States have allowed discrimination against workers to go unnoticed. The instrument should include a strict clause on discrimination.

*Other: I. Be With Us (Poland).*

## Comments

Be With Us (Poland): Belonging to the occupational group considered as vulnerable, meaning: nurses, medical doctors, law enforcement services in the course of performing duties, as there are no occupational groups of risk.

- Qu. 9(b)** (ii) *Governments, in consultation with the most representative employers' and workers' organizations, should ensure that coverage of Convention No. 111 is extended to persons living with HIV, under Article 1(1)(b) of that Convention.*

## Governments

*Total number of replies: 114.*

*Yes: 109.* Albania, Antigua and Barbuda, Armenia, Australia, Austria, Bahamas, Barbados, Belarus, Belgium, Belize, Benin, Bosnia and Herzegovina, Botswana, Brazil, Brunei Darussalam, Burkina Faso, Burundi, Cameroon, Canada, Colombia, Costa Rica, Côte d'Ivoire, Croatia, Cuba, Cyprus, Democratic Republic of the Congo, Egypt, El Salvador, Estonia, Ethiopia, Finland, France, Gabon, Georgia, Germany, Ghana, Greece, Grenada, Honduras, Hungary, Iceland, India, Indonesia, Iraq, Israel, Italy, Jamaica, Japan, Jordan, Kazakhstan, Kenya, Republic of Korea, Kyrgyzstan, Latvia, Lebanon, Luxembourg, Malawi, Malaysia, Mali, Mauritius, Republic of Moldova, Morocco, Myanmar, Netherlands, New Zealand, Nigeria, Oman, Panama, Peru, Philippines, Poland, Portugal, Qatar, Russian Federation, Rwanda, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, San Marino, Saudi Arabia, Senegal, Serbia, Seychelles, Sierra Leone, Singapore, Slovenia, South Africa, Spain, Sri Lanka, Sudan, Suriname, Sweden, Switzerland, Syrian Arab Republic, Tajikistan, United Republic of Tanzania, Thailand, Timor-Leste, Trinidad and Tobago, Tunisia, Ukraine, United Arab Emirates, United Kingdom, Uruguay, Vanuatu, Bolivarian Republic of Venezuela, Viet Nam, Zambia and Zimbabwe.

*No: 2.* China and Mexico.

*Other: 3.* Denmark, Myanmar and Romania.

## Comments

*Austria.* Comprehensive protection from discrimination is necessary, covering every type of infectious disease.

*Benin.* Also justified by the fact that PLHIV are capable of working for a long time and pose no risk to other workers.

*Burkina Faso.* The Recommendation concerns the respect of human rights in the context of HIV/AIDS.

*Burundi.* Particularly since it does not necessarily reduce competence in the work force.

*Cameroon.* It is not fully applied.

*Canada.* Should include gay, lesbian, bisexual and transgender persons as belonging to parts of the population perceived to be at a greater risk of HIV infection.

*China.* We do not include the ground of discrimination on the basis of disease.

*Cyprus.* Because HIV status does not have the effect of nullifying or impairing equality of opportunity or treatment in employment or occupation, as stated in the Article referred to above.

*Denmark.* HIV/AIDS is regarded like any other illness or disease. Any extension of Convention No. 111 should be a strictly national decision.

*Gabon.* Promotion actions should be carried out.

*Indonesia.* Participation of everybody in the workplace is necessary.

*Kenya.* Including other illnesses.

*Mauritius.* This will protect PLHIV fundamental rights.

*Philippines.* Also to include illness in general.

*Senegal.* Convention No. 111 should be revised.

*Seychelles.* This should be covered.

*Sierra Leone.* Convention No.111 does not explicitly prohibit discrimination on grounds of HIV status, but governments can choose to cover HIV after consultations with stakeholders.

*Sudan.* This is the responsibility of the authorities implementing labour laws.

*Sweden.* Consideration should be given to the new UN Convention on the Rights of Persons with Disabilities.

*United Republic of Tanzania.* This is supported by our National Policy.

*Timor-Leste.* Even those not having ratified should apply these principles.

*Tunisia.* Convention No. 111 should be revised.

*Bolivarian Republic of Venezuela.* This should not only refer to employers and workers but also to all parties concerned.

## Employers

*Total number of replies: 62.*

*Yes: 50.* AEC (Azerbaijan), CNP (Benin), CNC (Brazil), CNF (Brazil), BCCI (Bulgaria), CAMFEBA (Cambodia), UCCAEP (Costa Rica), CGECI (Côte d'Ivoire), HUP (Croatia), FEC (Democratic Republic of the Congo), DEF (Dominica), FEI (Egypt), KT (Finland), SY (Finland), MEDEF (France), GEA (Ghana), ESEE (Greece), SEV (Greece), COHEP (Honduras), DPN-APINDO (Indonesia). ICEA (Islamic Republic of Iran), NK (Japan), FKE (Kenya), KEF (Republic of Korea), ALE (Lesotho), CNPM (Mauritania), COPARMEX (Mexico), MONEF (Mongolia), CGEM (Morocco), NEF (Namibia), FNCCI (Nepal), Employers (Netherlands), Business NZ (New Zealand), EFP (Pakistan), CCSP (Portugal), CIP (Portugal), CTP (Portugal), SLEF (Saint Lucia), ANIS (San Marino), BUSA (South Africa), Organized Business (South Africa), EFC (Sri Lanka), SKL (Sweden), SAV (Sweden), CNP (Togo), ECA (Trinidad and Tobago), FUE (Uganda), FCCI (United Arab Emirates), CIU (Uruguay) and EMCOZ (Zimbabwe).

*No: 6.* ANDI (Colombia), EK (Finland), MEF (Mauritius), ZDS (Slovenia), GZS (Slovenia), UPS (Switzerland).

*Other: 6.* CGEA (Algeria), DA (Denmark), JEF (Jamaica), NHO (Norway), CONEP (Panama), SN (Sweden).

## Comments

CNP (Benin): Failure to do this will encourage discrimination.

DA (Denmark): The discussion will drift away from its core mandate if discrimination is to be an element of the instrument, and away from its purpose of actually helping persons affected by HIV/AIDS.

DPN-APINDO (Indonesia): Even though some countries have still not ratified this Convention.

FNCCI (Nepal): Implementation should be carried out in consultation with employers' and workers' organizations.

Employers (Netherlands): Why not mention all other dangerous illnesses?

MEF (Mauritius): Should relate to workers.

ZDS (Slovenia): Unless included in general anti-discrimination provisions, e.g. within the general definition of "social group".

CCSP (Portugal): Particularly in occupations at risk.

## Workers

*Total number of replies: 69.*

*Yes: 67.* UGTA (Algeria), UNTA (Angola), CGT-RA (Argentina), ACTU (Australia), CSA-Bénin (Benin), CSTB (Benin), BFTU (Botswana), CITUB (Bulgaria), Podkrepa (Bulgaria), CSTC (Cameroon), CGSTC (Cameroon), USLC (Cameroon), CLC (Canada), UST (Chad), CTRN (Costa Rica), SSSH (Croatia), CMKOS (Czech Republic), UNTC (Democratic Republic of the Congo), FTF (Denmark), LO (Denmark), FTU (Fiji), FTUC (Fiji), SAK (Finland), CGT (France), CGT-FO (France), CFDT (France), GWC (Gambia), DGB (Germany), TUC (Ghana), GSEE (Greece), CNTG (Guinea), ASI (Iceland), KSPI (Indonesia), CGIL (Italy), UGL (Italy), JTUC-RENGO (Japan), FKTU (Republic of Korea), KCTU (Republic of Korea), SEKRIMA (Madagascar), MTUC (Malaysia), Workers (Mauritius), CROC (Mexico), UGTM (Morocco), Workers (Netherlands), NZCTU (New Zealand), NUHPSW (Nigeria), CGTP (Panama), CGTP (Peru), NSZZ (Poland), CGTP-IN (Portugal), UGT (Portugal), CNS-Cartel Alfa (Romania), CESTRAR (Rwanda), COTRAF (Rwanda), SFWU (Seychelles), ZSSS (Slovenia), Organized Labour (South Africa), NWC (Sri Lanka), LO (Sweden), USS (Switzerland), CNTT (Togo), CSTT (Togo), NATUC (Trinidad and Tobago), TUC (United Kingdom), ZCTU (Zimbabwe) and ITUC (International Trade Union Confederation) and OATUU (Organization of African Trade Union Unity).

*Other: 2.* CNTS (Senegal) and UNISON (United Kingdom).

## Comments

UNTA (Angola): No distinction should be made among grounds for discrimination.

CSA-Bénin (Benin): To eliminate the fear related to the illness.

USLC (Cameroon): The legal system should be reinforced.

FTU (Fiji): This is good.

TUC (Ghana): This will ensure equal opportunities.

UGL (Italy): Only limitations for objective reasons of public health.

Workers (Mauritius): All ILO Conventions should be respected.

COTRAF (Rwanda): No one should be held responsible for a situation he/she has not sought.

CNTS (Senegal): Convention No. 111 should be revised and include this aspect.

CNTT (Togo): For effective application, a supervisory mechanism for application should be established.

**Qu. 9(b)** (iii) *HIV status should not be a cause for termination of employment. Persons with HIV-related illnesses should be allowed to work for as long as medically fit, in available, appropriate work.*

## Governments

*Total number of replies: 113.*

*Yes: 107.* Albania, Antigua and Barbuda, Armenia, Australia, Austria, Bahamas, Barbados, Belarus, Belgium, Belize, Benin, Bosnia and Herzegovina, Botswana, Brazil, Brunei Darussalam, Burkina Faso, Burundi, Cameroon, Canada, China, Colombia, Costa Rica, Côte d'Ivoire, Croatia, Cyprus, Democratic Republic of the Congo, Egypt, El Salvador, Estonia, Ethiopia, Finland, France, Gabon, Georgia, Germany, Ghana, Greece, Grenada, Honduras, Hungary, Iceland, India, Indonesia, Iraq, Israel, Italy, Jamaica, Japan, Jordan, Kazakhstan, Kenya, Republic of Korea, Kyrgyzstan, Latvia, Lebanon, Luxembourg, Malawi, Malaysia, Mali, Mauritius, Republic of Moldova, Morocco, Myanmar, Netherlands, New Zealand, Nigeria, Oman, Panama, Peru, Philippines, Portugal, Qatar, Romania, Russian Federation, Rwanda, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, San Marino, Saudi Arabia, Senegal, Serbia, Seychelles, Sierra Leone, Singapore, Slovenia, South Africa, Spain, Sri Lanka, Sudan, Suriname, Sweden, Switzerland, Syrian Arab Republic, Tajikistan, United Republic of Tanzania, Thailand, Timor-Leste, Trinidad and Tobago, Tunisia, Ukraine, United Arab Emirates, United Kingdom, Vanuatu, Viet Nam, Zambia and Zimbabwe.

*No: 3.* Mexico, Uruguay and Bolivarian Republic of Venezuela.

*Other: 3.* Cuba, Denmark and Poland.

## Comments

*Australia.* Suggests that consideration should be given to a definition of “appropriate work” within the Recommendation.

*Austria.* The formulation. “medically fit” is an elastic term and potentially risky, and there is no reference to treatment.

*Belgium.* Preventive measures need to be taken for certain occupations (health personnel).

*Benin.* Justified by the fact that PLHIV are capable of working for a long time; in addition, they pose no risk to other workers in most employment situations.

*Bosnia and Herzegovina.* Loss of employment would have social and psychological consequences.

*Botswana.* The principle of reasonable accommodation should be considered.

*Brunei Darussalam.* To be governed by national policies, laws and regulations (i.e. labour, immigration and infectious diseases legislation).

*Burkina Faso.* If considered as other illnesses, appropriate work would be made available.

*Burundi.* As shown in the employers' manual on HIV/AIDS, employers' failure to take charge of workers living with HIV costs them more than the costs of action.

*Cameroon.* This would help the legal system to protect workers.

*Canada.* As long as they are able to carry out substantive or accommodated duties.

*Colombia.* Our Labour Code establishes this clearly.

*Cyprus.* Our legislation provides for this.

*Denmark.* HIV/AIDS is in this respect regarded as any other illness or disease and is not considered as a specific issue in respect of anti-discrimination legislation; any extension of Convention No. 111 should be a strictly national decision.

*El Salvador.* This is in accordance with Article 1(b) of Convention No. 111.

*Ethiopia.* Should be followed by designing a strong, workable system for implementing the principles.

*Finland.* Taking into account the risks that there may be for other employees and customers.

*Georgia.* Except some professions.

*India.* It is necessary to sensitize the employers so that suitable duties are entrusted to HIV-affected workers.

*Indonesia.* As long as PLHIV are medically fit to work.

*Japan.* Infection in itself is not a valid reason for dismissal.

*Kenya.* Medically fit as defined by a medical doctor.

*Malaysia.* There are cases where women are infected unknowingly by their husbands or by other means. It is not right to punish them by terminating her employment. What is needed is proper support and care for those in need.

*Mauritius.* By being allowed to work for as long as medically fit, persons will continue earning a living and continue providing their skills and experiences.

*Mexico.* There is no definition of the expression "medically fit, in available, appropriate work".

*New Zealand.* Supports the words "appropriate work" as there may be situations where allowing persons with HIV-related illnesses to work would be unsafe for the affected person or others.

*Peru.* It has been established that persons infected with HIV, given appropriate treatment, can delay the onset of AIDS for many years. An infected person can therefore continue to work as long as he or she is fit to do so, as stated in section 6 of our Act No. 26626.

*Poland.* The character of the job and possible risks for third persons should be taken into consideration (with a possibility of transfer to another job or, in some cases, termination of employment). The proposed wording is acceptable on condition that it is also possible to terminate employment in accordance with the binding provisions of law, so that there are no grounds for favourable treatment of HIV-positive persons.

*Portugal.* Should only be terminated when the person is no longer able to perform her/his duties or when considered disabled.

*Qatar.* This is an important step in fighting poverty.

*Senegal.* Should be considered like other chronic illnesses, and workers living with HIV should benefit from occupational reclassification as needed.

*Seychelles.* Should be allowed to work.

*Sudan.* This could encourage PLHIV to disclose their status.

*Sweden (JämO).* The opposite is discrimination.

*Switzerland.* This is unlawful under our legislation but it is for the worker to prove that HIV status was the reason. The penalty imposed should be made more severe and the burden of proof should be shifted from the employee – who is the weaker party to the employment contract – to the employer.

*Tajikistan.* In accordance with our Constitution.

*Thailand.* Everyone should have equal treatment.

*Timor-Leste.* As long as the work would not affect their health and integrity.

*Uruguay.* It should be the task of trade unions to ensure this is applied.

*Vanuatu.* Should be covered by health insurance.

*Zambia.* This is already the case but it can be enhanced by the proposed instrument.

*Zimbabwe.* The instrument should have a clause dealing with accommodating situations where an employee genuinely cannot provide appropriate work.

## Employers

*Total number of replies: 62.*

*Yes: 57.* CGEA (Algeria), AEC (Azerbaijan), CNP (Benin), CNC (Brazil), CNF (Brazil), BCCI (Bulgaria), CAMFEBA (Cambodia), UCCAEP (Costa Rica), CGECI (Côte d'Ivoire), HUP (Croatia), FEC (Democratic Republic of the Congo), DEF (Dominica), FEI (Egypt), KT (Finland), SY (Finland), MEDEF (France), GEA (Ghana), ESEE (Greece), SEV (Greece), COHEP (Honduras), DPN-APINDO (Indonesia), ICEA (Islamic Republic of Iran), NK (Japan), FKE (Kenya), KEF (Republic of Korea), ALE (Lesotho), CNPM (Mauritania), MEF (Mauritius), COPARMEX (Mexico), MONEF (Mongolia), CGEM (Morocco), NEF (Namibia), FNCCI (Nepal), Employers (Netherlands), Business NZ (New Zealand), NHO (Norway), EFP (Pakistan), CONEP (Panama), CCSP (Portugal), CIP (Portugal), CTP (Portugal), SLEF (Saint Lucia), ANIS (San Marino), ZDS (Slovenia), GZS (Slovenia), BUSA (South Africa), Organized Business (South Africa), EFC (Sri Lanka), SKL (Sweden), SAV (Sweden), UPS (Switzerland), CNP (Togo), ECA (Trinidad and Tobago), FUE (Uganda), FCCI (United Arab Emirates), CIU (Uruguay) and EMCOZ (Zimbabwe).

*No: 1.* EK (Finland).

*Other: 4.* ANDI (Colombia), DA (Denmark), JEF (Jamaica), SN (Sweden).

## Comments

AEC (Azerbaijan): It is necessary to raise employers' awareness in this area.

CNP (Benin): The capacity to work is not related to HIV status but to the workers' physical capacity.

CAMFEBA (Cambodia): This should not be allowed.

DA (Denmark): The discussion will drift away from its core mandate if discrimination is to be an element of the instrument and away from its purpose to actual help persons affected by HIV/AIDS.

EK (Finland): Ability to work must be judged on a case-by-case basis.

GEA (Ghana): To provide employment security.

COHEP (Honduras): HIV infection is not a legitimate reason for dismissal. Infected workers should, as long as medically fit, continue to work to the extent their physical condition permits. They do not necessarily develop AIDS and, in most cases, can continue to work for years, to their own benefit and that of the enterprise. Alternatively, they may be transferred to another post, with an adjusted timetable and using equipment and machinery suited to their physical capacity.

DPN-APINDO (Indonesia): Basically they are still fit for appropriate work.

MEF (Mauritius): As a general policy and best practice.

MONEF (Mongolia): The number of HIV-infected persons in the country is not high (46 persons) and they have fewer employment opportunities.

NEF (Namibia): Yes of course, but who will determine when the employee is no longer able to work effectively?

FNCCI (Nepal): HIV status should not be a cause of termination of employment, and appropriate work should be provided and proper care and treatment made available.

Business NZ (New Zealand): Agrees with the Government. There may be situations where allowing persons with HIV-related illnesses to work would be unsafe for the affected person or others (as is also the case with a disease such as hepatitis).

CCSP (Portugal): This is very appropriate since this would provide incentives.

ZDS (Slovenia): The key term is “medically fit”, considering the particularities of certain jobs. In this respect, AIDS should be considered like any other illness, and no additional provisions are required.

EFC (Sri Lanka): This may be difficult to apply strictly in the health care sector, where it may also not always be possible to find alternative work.

UPS (Switzerland): With the exception of medical occupations when a replacement post cannot be offered.

FCCI (United Arab Emirates): On the condition that the Recommendation defines capacity to work.

## Workers

*Total number of replies: 69.*

*Yes:* 68. UGTA (Algeria), UNTA (Angola), CGT-RA (Argentina), ACTU (Australia), CSA-Bénin (Benin), CSTB (Benin), BFTU (Botswana), CITUB (Bulgaria), Podkrepa (Bulgaria), CSTC (Cameroon), CGSTC (Cameroon), USLC (Cameroon), CLC (Canada), UST (Chad), CTRN (Costa Rica), SSSH (Croatia), CMKOS (Czech Republic), UNTC (Democratic Republic of the Congo), FTF (Denmark), LO (Denmark), FTU (Fiji), FTUC (Fiji), SAK (Finland), CGT (France), CGT-FO (France), CFDT (France), GWC (Gambia), DGB (Germany), TUC (Ghana), GSEE (Greece), CNTG (Guinea), ASI (Iceland), KSPI (Indonesia), CGIL (Italy), UGL (Italy), JTUC-RENGO (Japan), FKTU (Republic of Korea), KCTU (Republic of Korea), SEKRIMA (Madagascar), MTUC (Malaysia), Workers (Mauritius), CROC (Mexico), UGTM (Morocco), Workers (Netherlands), NZCTU (New Zealand), NUHPSW (Nigeria), CGTP (Panama), CGTP (Peru), NSZZ (Poland), CGTP-IN (Portugal), UGT (Portugal), CNS-Cartel Alfa (Romania),



COTRAF (Rwanda), CNTS (Senegal), SFWU (Seychelles), ZSSS (Slovenia), Organized Labour (South Africa), NWC (Sri Lanka), LO (Sweden), USS (Switzerland), CNTT (Togo), CSTT (Togo), NATUC (Trinidad and Tobago), UNISON (United Kingdom), TUC (United Kingdom), ZCTU (Zimbabwe) and ITUC (International Trade Union Confederation) and OATUU (Organization of African Trade Union Unity).

*No: I. CESTRAR (Rwanda).*

## Comments

UNTA (Angola): Neither intellectual nor professional capacities are affected

CGT-RA (Argentina): No related illness should justify termination.

CSA-Bénin (Benin): As employers do for partially disabled workers.

CGSTC (Cameroon): Should be treated as all other chronic illnesses and diseases.

USLC: This results in exclusion.

CLC (Canada): Employment should be encouraged for as long as possible, and opportunities for skills development should be considered.

UST (Chad): Unfortunately, employers often do the contrary.

CTRN (Costa Rica): Today treatment is available and people can continue to live.

FTU (Fiji): Otherwise the individual will have financial problems, and hence will need more funds to look after him and family.

CFDT (France): Confidentiality issue?

CGT: National policies should provide for this.

CGT-FO: Accommodation of work posts, reclassification and retraining should be given priority.

DGB (Germany): Employment should be encouraged for as long as possible, and opportunities for skills development should be considered.

TUC (Ghana): Employment should be encouraged for as long as possible, and opportunities for skills development should be considered.

CNTG (Guinea): Employment of workers with HIV should be encouraged for as long as they are fit and accommodation should be provided.

KSPI (Indonesia): Employment should be encouraged for as long as possible, and opportunities for skills development should be considered.

SEKRIMA (Madagascar): Should be treated as other illnesses.

Workers (Mauritius): As long as the worker has the courage to continue to work.

NZCTU (New Zealand): Employment should be extended as long as possible with opportunities for retraining and skill development.

NUHPSW (Nigeria): Preventing them from working will contribute to their early death.

NSZZ (Poland): Employment should be encouraged for as long as possible, and opportunities for skills development should be considered.

CNS-Cartel Alfa (Romania): Continuation of employment for HIV-positive workers should be encouraged for as long as possible and opportunities for skills development should be considered.

CESTRAR (Rwanda): This could have different nuances; certain occupations would require determination of employment in case of the HIV status.

COTRAF (Rwanda): No one should be held responsible for a situation he/she has not sought.

CNTS (Senegal): HIV should be treated like other chronic illnesses and should profit from occupational reclassification. Continued employment should be encouraged as long as possible and the possibilities to improve their capacities should be taken into account.

NWC (Sri Lanka): Disclosure should be guaranteed and safeguarded.

CNTT (Togo): Employment should be encouraged for as long as possible and measures should be taken to accommodate them as long as possible.

TUC (United Kingdom): Retraining and skills development opportunities should be made available to those able and willing to make use of them. Employers should be required to make appropriate adjustments to the job or working hours and workplace.

**Qu. 9(b)** (iv) *Temporary absences from work because of illness related to HIV/AIDS should not constitute a valid reason for termination, in accordance with Article 6 of the Termination of Employment Convention, 1982 (No. 158).*

## Governments

*Total number of replies: 113.*

*Yes: 101.* Albania, Antigua and Barbuda, Armenia, Australia, Austria, Bahamas, Barbados, Belarus, Belgium, Belize, Benin, Bosnia and Herzegovina, Botswana, Brazil, Brunei Darussalam, Burkina Faso, Burundi, Cameroon, Canada, China, Colombia, Costa Rica, Côte d'Ivoire, Croatia, Cyprus, Democratic Republic of the Congo, Egypt, El Salvador, Estonia, Ethiopia, Finland, France, Gabon, Ghana, Greece, Grenada, Honduras, Hungary, Iceland, India, Indonesia, Iraq, Israel, Italy, Jamaica, Jordan, Kazakhstan, Republic of Korea, Kyrgyzstan, Latvia, Lebanon, Luxembourg, Malawi, Malaysia, Mali, Mauritius, Mexico, Republic of Moldova, Morocco, Myanmar, Netherlands, New Zealand, Nigeria, Oman, Panama, Peru, Philippines, Portugal, Qatar, Romania, Russian Federation, Rwanda, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, San Marino, Saudi Arabia, Senegal, Serbia, Seychelles, Sierra Leone, Singapore, Slovenia, South Africa, Spain, Sudan, Suriname, Sweden, Switzerland, Syrian Arab Republic, United Republic of Tanzania, Thailand, Timor-Leste, Trinidad and Tobago, Tunisia, Ukraine, United Arab Emirates, Vanuatu, Viet Nam, Zambia and Zimbabwe.

*No: 6.* Georgia, Germany, Tajikistan, United Kingdom, Uruguay and Bolivarian Republic of Venezuela.

*Other: 6.* Cuba, Denmark, Japan, Kenya, Poland and Sri Lanka.

## Comments

*Australia.* Sick leave and other leave entitlements should be no different than for other illnesses.

*Austria.* Should be dealt with like any other chronic illness.

*Belgium.* Normally employers would not need to know the reason for absence and national legislation makes no differentiation between illnesses.

*Belize.* Temporary absences will need to be defined.

*Benin.* Most labour legislation envisages long-term leave due to serious illnesses and AIDS should be added to this list.

*Burkina Faso.* Most of our constituents agree with this, with the employers stating “as long as this does not interrupt the work of the enterprise”.

*Burundi.* National law permits employers to avoid the impacts of absenteeism due to HIV status and to capitalize the support from employers towards HIV-positive workers.

*Cameroon.* This would help the legal system to protect workers and most labour laws already regulate this issue.

*Costa Rica.* Rules like this are applicable in Costa Rica.

*Denmark.* HIV/AIDS is regarded as any other illness or disease.

*Gabon.* Convention No. 158 should be taken into consideration in our national legislation.

*India.* An exception for HIV-related illness must be clearly provided for in the national policy.

*Indonesia.* Same rules should apply as for other illnesses.

*Japan.* It is necessary to prescribe flexible regulations that take into account the conditions of each country.

*Kenya.* Ratification of Convention No. 158 should be promoted.

*Mali.* This is envisaged in our Labour Code.

*Mauritius.* Will encourage better adherence to treatment.

*Peru.* Should be treated as other illnesses.

*Poland.* Depends on the duration of inability to work due to a disease.

*Portugal.* Should be treated like other chronic illnesses

*San Marino.* Should be justified by adequate medical certification.

*Senegal.* A revision of Article 6 of Convention No. 158 should be envisaged.

*Serbia.* The term AIDS should be excluded.

*South Africa.* Termination of employment should be on incapacity.

*Sudan.* Should be treated as other illnesses.

*Switzerland.* Our national law provide that a person cannot be dismissed during a specific time-period.

*Thailand.* Should submit a medical certificate.

*Timor-Leste.* Depending on the length of leave and if it affects the performance of the company. Adaptation could be a way to avoid termination.

*Trinidad and Tobago.* Should be treated the same as other illnesses.

*United Kingdom.* We agree in principle but we have not ratified this Convention.

## Employers

*Total number of replies: 62.*

*Yes: 49.* AEC (Azerbaijan), CNP (Benin), CNC (Brazil), CNF (Brazil), BCCI (Bulgaria), CAMFEBA (Cambodia), UCCAEP (Costa Rica), CGECI (Côte d'Ivoire), HUP (Croatia), FEC (Democratic Republic of the Congo), DEF (Dominica), FEI (Egypt), EK (Finland), SY (Finland), MEDEF (France), GEA (Ghana), ESEE (Greece), SEV (Greece), DPN-APINDO (Indonesia), ICEA (Islamic Republic of Iran), FKE (Kenya), KEF (Republic of Korea), ALE (Lesotho), CNPM (Mauritania), MEF (Mauritius), COPARMEX (Mexico), MONEF (Mongolia), CGEM (Morocco), NEF (Namibia), FNCCI (Nepal), Employers (Netherlands), Business NZ (New Zealand), NHO (Norway), CCSP (Portugal), CIP (Portugal), CTP (Portugal), SLEF (Saint Lucia), ANIS (San Marino), ZDS (Slovenia), GZS (Slovenia), EFC (Sri Lanka), SKL (Sweden), SAV (Sweden), UPS (Switzerland), CNP (Togo), ECA (Trinidad and Tobago), FUE (Uganda), CIU (Uruguay) and EMCOZ (Zimbabwe).

*No: 7.* CGEA (Algeria), KT (Finland), COHEP (Honduras), EFP (Pakistan), BUSA (South Africa), Organized Business (South Africa), FCCI (United Arab Emirates).

*Other: 6.* ANDI (Colombia), DA (Denmark), JEF (Jamaica), NK (Japan), CONEP (Panama), SN (Sweden).

## Comments

CNP (Benin): Should be classified like other illnesses that permit long-term leave for illness.

UCCAEP (Costa Rica): Not when it affects workplace productivity or if the work will affect workers' health.

DA (Denmark): The discussion will drift away from the core mandate of helping people.

EK (Finland): Should be justified.

GEA (Ghana): To promote employment security.

COHEP (Honduras): Should be justified.

DPN-APINDO (Indonesia): As long as it is still in line with existing regulations.

NEF (Namibia): This places an enormous financial burden on employers, especially smaller employers.

CCSP (Portugal): When it is no longer temporary and it is impossible for the worker to continue, he/she should be provided with retraining and/or accommodation through the public employment services.

ANIS (San Marino): Should be justified by adequate medical certification.

BUSA (South Africa): It should be left to national legislation. Temporary but long-term absences may justify dismissal.

EFC (Sri Lanka): Sri Lanka has not ratified Convention No. 158.

ECA (Trinidad and Tobago): Guidelines should be developed.

FCCI (United Arab Emirates): Work environments should be safe and healthy for all workers.

## Workers

*Total number of replies: 69.*

*Yes: 69.* UGTA (Algeria), UNTA (Angola), CGT-RA (Argentina), ACTU (Australia), CSA-Bénin (Benin), CSTB (Benin), BFTU (Botswana), CITUB (Bulgaria), Podkrepa (Bulgaria), CSTC (Cameroon), CGSTC (Cameroon), USLC (Cameroon), CLC (Canada), UST (Chad), CTRN (Costa Rica), SSSH (Croatia), CMKOS (Czech Republic), UNTC (Democratic Republic of the Congo), FTF (Denmark), LO (Denmark), FTU (Fiji), FTUC (Fiji), SAK (Finland), CGT (France), CGT-FO (France), CFDT (France), GWC (Gambia), DGB (Germany), TUC (Ghana), GSEE (Greece), CNTG (Guinea), ASI (Iceland), KSPI (Indonesia), CGIL (Italy), UGL (Italy), JTUC-RENGO (Japan), FKTU (Republic of Korea), KCTU (Republic of Korea), SEKRIMA (Madagascar), MTUC (Malaysia), Workers (Mauritius), CROC (Mexico), UGTM (Morocco), Workers (Netherlands), NZCTU (New Zealand), NUHPSW (Nigeria), CGTP (Panama), CGTP (Peru), NSZZ (Poland), CGTP-IN (Portugal), UGT (Portugal), CNS-Cartel Alfa (Romania), CESTRAR (Rwanda), COTRAF (Rwanda), CNTS (Senegal), SFWU (Seychelles), ZSSS (Slovenia), Organized Labour (South Africa), NWC (Sri Lanka), LO (Sweden), USS (Switzerland), CNTT (Togo), CSTT (Togo), NATUC (Trinidad and Tobago), UNISON (United Kingdom), TUC (United Kingdom), ZCTU (Zimbabwe) and ITUC (International Trade Union Confederation) and OATUU (Organization of African Trade Union Unity).

## Comments

ACTU (Australia): The scope of “temporary” should be clearly specified.

CSA-Bénin (Benin): This would otherwise push workers into poverty.

CGSTC (Cameroon): Should be treated like all other chronic illnesses and diseases. Labour and social security measures should provide rules on this.

CLC (Canada): “Temporary” should be clearly stated.

CTRN (Costa Rica): As for other chronic illnesses.

DGB (Germany): “Temporary” should be clearly stated.

CNTG (Guinea): “Temporary” should be defined.

KSPI (Indonesia): “Temporary” should be clearly stated.

SEKRIMA (Madagascar): “Temporary” should be defined.

Workers (Mauritius): A worker who feels strong enough should be able to resume work.

NSZZ (Poland): “Temporary” should be clearly stated.

CNS-Cartel Alfa (Romania): “Temporary” should be clearly defined.

COTRAF (Rwanda): No one should be held responsible for a situation he/she has not sought.

CNTS (Senegal): This is necessary, but Article 6 of Convention No. 158 should be revised to cover this aspect. What is considered as “temporary” should also be clearly defined.

Organized Labour (South Africa): Workers who are ill should be provided with reasonable accommodation before they are given temporary leave of absence, and their jobs must be secure for when they are fit to resume their duties.

NWC (Sri Lanka): How to realize this through joint action? Collective bargaining may provide an opportunity.

CNTT (Togo): “Temporary” should be clearly defined.

TUC (United Kingdom): Dismissal on the grounds of HIV status should be made illegal.

- Qu. 9(b)** (v) *Measures should be taken to promote equal gender relations and the empowerment of women in order to reduce the transmission of HIV and enable women to cope with HIV/AIDS.*

## Governments

*Total number of replies: 113.*

*Yes: 111.* Albania, Antigua and Barbuda, Armenia, Australia, Austria, Barbados, Belarus, Belgium, Belize, Benin, Bosnia and Herzegovina, Botswana, Brazil, Brunei Darussalam, Burkina Faso, Burundi, Cameroon, Canada, China, Colombia, Costa Rica, Côte d’Ivoire, Croatia, Cuba, Cyprus, Democratic Republic of the Congo, Egypt, El Salvador, Estonia, Ethiopia, Finland, France, Gabon, Georgia, Germany, Ghana, Greece, Grenada, Honduras, Hungary, Iceland, India, Indonesia, Iraq, Israel, Italy, Jamaica, Japan, Jordan, Kazakhstan, Kenya, Republic of Korea, Kyrgyzstan, Latvia, Lebanon, Luxembourg, Malawi, Malaysia, Mali, Mauritius, Mexico, Republic of Moldova, Morocco, Myanmar, Netherlands, New Zealand, Nigeria, Oman, Panama, Peru, Philippines, Poland, Portugal, Qatar, Romania, Russian Federation, Rwanda, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, San Marino, Saudi Arabia, Senegal, Serbia, Seychelles, Sierra Leone, Singapore, Slovenia, South Africa, Spain, Sri Lanka, Sudan, Suriname, Sweden, Switzerland, Syrian Arab Republic, Tajikistan, United Republic of Tanzania, Thailand, Timor-Leste, Trinidad and Tobago, Tunisia, Ukraine, United Arab Emirates, United Kingdom, Uruguay, Vanuatu, Bolivarian Republic of Venezuela, Viet Nam, Zambia and Zimbabwe.

*Other: 2.* Bahamas and Denmark.

## Comments

*Australia.* This issue is of greater relevance to other member States.

*Austria.* The empowerment of women in this context is of great importance; however, the responsibility of men regarding the risks of HIV transmission needs to be equally emphasized.

*Benin.* Policies on HIV/AIDS should attempt to correct and compensate for this inequality as far as possible.

*Burkina Faso.* This is even more justified considering what is taking place in reality.

*Burundi.* Gender equality is also an efficient way of combating discrimination and sexual violence, and provides women with the opportunity to participate in the struggle against HIV/AIDS.

*Cameroon.* Emphasis should be placed on communication to change current behaviour.

*Canada.* Gender equality should be advanced with a view to promoting women’s empowerment and prohibiting sexual harassment in the world of work.

*China.* This reflects the principle of gender equality.

*Cyprus.* This is not directly relevant to employment.

*Greece.* Cultural practices and customs that endanger the health and integrity of women and girls should be overcome.

*India.* Coordination among all government ministries and organizations is crucial.

*Indonesia.* Gender issues related to HIV/AIDS should be abolished so as to ensure protection of female workers.

*Latvia.* Measures should also be taken to facilitate prevention among men

*Portugal.* Other factors in society have to be dealt with.

*Qatar.* This will reduce poverty among women.

*Senegal.* Should be given priority.

*Seychelles.* This should be done.

*Sweden (LMA).* The right of women to get a job and work without suffering the risk of being sexually abused or raped should be stressed.

*Sweden (National Board of Health and Welfare).* Sexual orientation must also be included on the same lines as gender relations.

*Trinidad and Tobago.* Women need equitable treatment, rather than equal treatment. The two are not the same.

*United Kingdom.* Measures should also consider disadvantaged groups, including men who have sex with men.

## Employers

*Total number of replies: 62.*

*Yes: 53.* CGEA (Algeria), AEC (Azerbaijan), CNP (Benin), CNC (Brazil), CNF (Brazil), BCCI (Bulgaria), CAMFEBA (Cambodia), CGECI (Côte d'Ivoire), HUP (Croatia), FEC (Democratic Republic of the Congo), DA (Denmark), DEF (Dominica), FEI (Egypt), EK (Finland), SY (Finland), GEA (Ghana), ESEE (Greece), SEV (Greece), COHEP (Honduras), DPN-APINDO (Indonesia), ICEA (Islamic Republic of Iran), NK (Japan), FKE (Kenya), ALE (Lesotho), CNPM (Mauritania), MEF (Mauritius), COPARMEX (Mexico), MONEF (Mongolia), CGEM (Morocco), NEF (Namibia), FNCCI (Nepal), Employers (Netherlands), Business NZ (New Zealand), CONEP (Panama), CCSP (Portugal), CIP (Portugal), CTP (Portugal), SLEF (Saint Lucia), ANIS (San Marino), ZDS (Slovenia), GZS (Slovenia), BUSA (South Africa), Organized Business (South Africa), EFC (Sri Lanka), SKL (Sweden), SAV (Sweden), UPS (Switzerland), CNP (Togo), ECA (Trinidad and Tobago), FUE (Uganda), FCCI (United Arab Emirates), CIU (Uruguay) and EMCOZ (Zimbabwe).

*No: 6.* ANDI (Colombia), KT (Finland), MEDEF (France), KEF (Republic of Korea), NHO (Norway), EFP (Pakistan).

*Other: 3.* UCCAEP (Costa Rica), JEF (Jamaica), SN (Sweden).

## Comments

CNF (Brazil): Prevention and information should be provided to both men and women without discrimination.

DA (Denmark): The discussion will drift away from its core mandate.

MEDEF (France): This does not concern industrialized countries.

GEA (Ghana): To promote gender equality.

NEF (Namibia): The question is unclear.

Business NZ (New Zealand): Proposes adding “in the world of work”.

NHO (Norway): We do not see why women should have special conditions.

EFP (Pakistan): No gender issues should be involved in an HIV/AIDS policy.

UPS (Switzerland): This is an issue for society and should not impose obligations on employers.

## Workers

*Total number of replies: 69.*

*Yes:* 68. UGTA (Algeria), UNTA (Angola), CGT-RA (Argentina), ACTU (Australia), CSA-Bénin (Benin), CSTB (Benin), BFTU (Botswana), CITUB (Bulgaria), Podkrepa (Bulgaria), CSTC (Cameroon), CGSTC (Cameroon), USLC (Cameroon), CLC (Canada), UST (Chad), CTRN (Costa Rica), SSSH (Croatia), CMKOS (Czech Republic), UNTC (Democratic Republic of the Congo), FTF (Denmark), LO (Denmark), FTU (Fiji), FTUC (Fiji), SAK (Finland), CGT (France), CGT-FO (France), CFDT (France), GWC (Gambia), DGB (Germany), TUC (Ghana), GSEE (Greece), CNTG (Guinea), ASI (Iceland), KSPI (Indonesia), CGIL (Italy), UGL (Italy), JTUC-RENGO (Japan), FKTU (Republic of Korea), KCTU (Republic of Korea), SEKRIMA (Madagascar), MTUC (Malaysia), Workers (Mauritius), CROC (Mexico), UGTM (Morocco), Workers (Netherlands), NZCTU (New Zealand), NUHPSW (Nigeria), CGTP (Panama), CGTP (Peru), NSZZ (Poland), CGTP-IN (Portugal), UGT (Portugal), CNS-Cartel Alfa (Romania), COTRAF (Rwanda), CNTS (Senegal), SFWU (Seychelles), ZSSS (Slovenia), Organized Labour (South Africa), NWC (Sri Lanka), LO (Sweden), USS (Switzerland), CNTT (Togo), CSTT (Togo), NATUC (Trinidad and Tobago), UNISON (United Kingdom), TUC (United Kingdom), ZCTU (Zimbabwe) and ITUC (International Trade Union Confederation) and OATUU (Organization of African Trade Union Unity).

*No:* 1. CESTRAR (Rwanda).

## Comments

CGT-RA (Argentina): Strategies for diminishing vertical transmission are equally important.

CLC (Canada): Such measures should be designed for self-employed workers as well as employers. This may involve adjustments in other spheres in society, such as inheritance, property rights, and divorce rights.

DGB (Germany): This may involve adjustments in other spheres of society, such as inheritance, property rights, and divorce rights.

TUC (Ghana): In all spheres of society.

CNTG (Guinea): This might have to be taken into account in other spheres, such as divorce, inheritance, and property rights.

UGL (Italy): Should target both sexes equally (also from a cultural point of view).

FKTU (Republic of Korea): This may involve adjustments in other spheres, such as inheritance, property rights, and divorce rights.



SEKRIMA (Madagascar): Women have to learn about their rights.

NSZZ (Poland): This may involve adjustments in other spheres, such as inheritance, property rights, and divorce rights.

CGTP-IN (Portugal): The objectives of this instrument cannot be realized if the role of women in the society is not taken into account.

CNS-Cartel Alfa (Romania): Adaptations may be necessary in other spheres such as rights of inheritance, property, and divorce.

COTRAF (Rwanda): Before this, in-depth research should be carried out to provide information on measures to be taken, such as education of young persons and making adults more sensitive.

CNTS (Senegal): Amendments could also be envisaged in other spheres, particularly rules concerning inheritance, property rights, and divorce rights.

NWC (Sri Lanka): This is doubtful. The answer is “maybe”.

CNTT (Togo): This would necessitate the revision of the right to inheritance, property rights and divorce laws.

TUC (United Kingdom): This should be considered a priority in the fight against the pandemic.

## Qu. 9

### (c) *Social dialogue:*

- (i) *Implementation of an HIV/AIDS policy and programme should be based on cooperation and trust between employers, workers and their representatives, and, where appropriate, government, with the active involvement of workers living with HIV.*

## Governments

*Total number of replies: 113.*

*Yes: 111.* Albania, Antigua and Barbuda, Armenia, Australia, Austria, Barbados, Belarus, Belgium, Belize, Benin, Bosnia and Herzegovina, Botswana, Brazil, Brunei Darussalam, Burkina Faso, Burundi, Cameroon, Canada, China, Colombia, Costa Rica, Côte d'Ivoire, Croatia, Cuba, Cyprus, Democratic Republic of the Congo, Denmark, Egypt, El Salvador, Estonia, Ethiopia, Finland, France, Gabon, Georgia, Germany, Ghana, Greece, Grenada, Honduras, Hungary, Iceland, India, Indonesia, Iraq, Israel, Italy, Jamaica, Japan, Jordan, Kazakhstan, Kenya, Republic of Korea, Kyrgyzstan, Latvia, Lebanon, Luxembourg, Malawi, Malaysia, Mali, Mauritius, Republic of Moldova, Morocco, Myanmar, Netherlands, New Zealand, Nigeria, Oman, Panama, Peru, Philippines, Poland, Portugal, Qatar, Romania, Russian Federation, Rwanda, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, San Marino, Saudi Arabia, Senegal, Serbia, Seychelles, Sierra Leone, Singapore, Slovenia, South Africa, Spain, Sri Lanka, Sudan, Suriname, Sweden, Switzerland, Syrian Arab Republic, Tajikistan, United Republic of Tanzania, Thailand, Timor-Leste, Trinidad and Tobago, Tunisia, Ukraine, United Arab Emirates, United Kingdom, Uruguay, Vanuatu, Bolivarian Republic of Venezuela, Viet Nam, Zambia and Zimbabwe.

*No: 2.* Bahamas and Mexico.

## Comments

*Bahamas.* This should be mandatory, whether they trust each other or not.

*Cameroon.* Success depends on this.

*Gabon.* There should be some provisions to guarantee this.

*Honduras.* Gives it a higher probability of being implemented.

*Indonesia.* This will ensure application.

*Luxembourg.* Medical secrecy must be fully respected.

*Mexico.* Should be “reinforced by”, not “based on” cooperation.

*Saint Vincent and the Grenadines.* Should include a wider cross section.

*Tajikistan.* Should be a wider group, including NGOs, voluntary associations and partnership between state and private sector.

## Employers

*Total number of replies: 62.*

*Yes: 55.* CGEA (Algeria), AEC (Azerbaijan), CNP (Benin), CNC (Brazil), CNF (Brazil), BCCI (Bulgaria), CAMFEBA (Cambodia), CGECI (Côte d’Ivoire), HUP (Croatia), FEC (Democratic Republic of the Congo), DA (Denmark), DEF (Dominica), FEI (Egypt), KT (Finland), SY (Finland), MEDEF (France), GEA (Ghana), ESEE (Greece), SEV (Greece), COHEP (Honduras), DPN-APINDO (Indonesia), ICEA (Islamic Republic of Iran), JEF (Jamaica), NK (Japan), FKE (Kenya), KEF (Republic of Korea), ALE (Lesotho), CNPM (Mauritania), MEF (Mauritius), COPARMEX (Mexico), MONEF (Mongolia), CGEM (Morocco), NEF (Namibia), FNCCI (Nepal), Employers (Netherlands), Business NZ (New Zealand), NHO (Norway), EFP (Pakistan), CCSP (Portugal), CIP (Portugal), CTP (Portugal), SLEF (Saint Lucia), ANIS (San Marino), ZDS (Slovenia), GZS (Slovenia), BUSA (South Africa), Organized Business (South Africa), EFC (Sri Lanka), SKL (Sweden), SAV (Sweden), CNP (Togo), ECA (Trinidad and Tobago), FUE (Uganda), CIU (Uruguay) and EMCOZ (Zimbabwe).

*No: 4.* ANDI (Colombia), UCCAEP (Costa Rica), EK (Finland), FCCI (United Arab Emirates).

*Other: 3.* CONEP (Panama), SN (Sweden), UPS (Switzerland).

## Comments

CNP (Benin): Can only be done in an atmosphere of confidence.

CNF (Brazil): This should be government policy.

DA (Denmark): The questionnaire on this point mixes different levels of policies. How workers living with HIV/AIDS can be involved depends on the national context and situation.

Employers (Netherlands): This is the responsibility of employers.

BUSA (South Africa): The understanding would be that this relates to national policy. Sectoral or company policies will be agreed by employers and employees.

UPS (Switzerland): Depends on the national situation.

ECA (Trinidad and Tobago): Appropriate institutional mechanisms should be established to facilitate dialogue among the partners.

## Workers

*Total number of replies: 69.*

*Yes: 69.* UGTA (Algeria), UNTA (Angola), CGT-RA (Argentina), ACTU (Australia), CSA-Bénin (Benin), CSTB (Benin), BFTU (Botswana), CITUB (Bulgaria), Podkrepa (Bulgaria), CSTC (Cameroon), CGSTC (Cameroon), USLC (Cameroon), CLC (Canada), UST (Chad), CTRN (Costa Rica), SSSH (Croatia), CMKOS (Czech Republic), UNTC (Democratic Republic of the Congo), FTF (Denmark), LO (Denmark), FTU (Fiji), FTUC (Fiji), SAK (Finland), CGT (France), CGT-FO (France), CFDT (France), GWC (Gambia), DGB (Germany), TUC (Ghana), GSEE (Greece), CNTG (Guinea), ASI (Iceland), KSPI (Indonesia), CGIL (Italy), UGL (Italy), JTUC-RENGO (Japan), FKTU (Republic of Korea), KCTU (Republic of Korea), SEKRIMA (Madagascar), MTUC (Malaysia), Workers (Mauritius), CROC (Mexico), UGTM (Morocco), Workers (Netherlands), NZCTU (New Zealand), NUHPSW (Nigeria), CGTP (Panama), CGTP (Peru), NSZZ (Poland), CGTP-IN (Portugal), UGT (Portugal), CNS-Cartel Alfa (Romania), CESTRAR (Rwanda), COTRAF (Rwanda), CNTS (Senegal), SFWU (Seychelles), ZSSS (Slovenia), Organized Labour (South Africa), NWC (Sri Lanka), LO (Sweden), USS (Switzerland), CNTT (Togo), CSTT (Togo), NATUC (Trinidad and Tobago), UNISON (United Kingdom), TUC (United Kingdom), ZCTU (Zimbabwe) and ITUC (International Trade Union Confederation) and OATUU (Organization of African Trade Union Unity).

## Comments

CGT-RA (Argentina): The response should be global.

CGSTC (Cameroon): Failure to involve these will guarantee failure of the programmes and policies.

USLC (Cameroon): Charters could be adopted.

FTU (Fiji): Government should provide some financial support to employers and unions that are focused to promote this.

CGT (France): This often assumes implementation of training in areas such as rules on confidentiality.

GSEE (Greece): The role of the State and of national policy should be primary, not subsidiary.

Workers (Mauritius): To create the synergy for enterprise programmes.

CGTP-IN (Portugal): Must also respect the principle of information being given on a voluntary basis and with full respect for confidentiality.

## Qu. 9(c)

*(ii) Employers' and workers' organizations should be encouraged to promote prevention and non-discrimination through the provision of information and education.*

## Governments

*Total number of replies: 113.*

*Yes: 111.* Albania, Antigua and Barbuda, Armenia, Australia, Austria, Bahamas, Barbados, Belarus, Belgium, Belize, Benin, Bosnia and Herzegovina, Botswana, Brazil, Brunei Darussalam, Burkina Faso, Burundi, Cameroon, Canada, China, Colombia, Costa Rica, Côte d'Ivoire, Croatia, Cuba, Democratic Republic of the Congo, Denmark, Egypt, El Salvador, Estonia, Ethiopia,

Finland, France, Gabon, Georgia, Germany, Ghana, Greece, Grenada, Honduras, Hungary, Iceland, India, Indonesia, Iraq, Israel, Italy, Jamaica, Japan, Jordan, Kazakhstan, Kenya, Republic of Korea, Kyrgyzstan, Latvia, Lebanon, Luxembourg, Malawi, Malaysia, Mali, Mauritius, Mexico, Republic of Moldova, Morocco, Myanmar, Netherlands, New Zealand, Nigeria, Oman, Panama, Peru, Philippines, Poland, Portugal, Qatar, Romania, Russian Federation, Rwanda, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, San Marino, Saudi Arabia, Senegal, Serbia, Seychelles, Sierra Leone, Singapore, Slovenia, South Africa, Spain, Sri Lanka, Sudan, Suriname, Sweden, Switzerland, Syrian Arab Republic, United Republic of Tanzania, Thailand, Timor-Leste, Trinidad and Tobago, Tunisia, Ukraine, United Arab Emirates, United Kingdom, Uruguay, Vanuatu, Bolivarian Republic of Venezuela, Viet Nam, Zambia and Zimbabwe.

*No:* 1. Cyprus.

*Other:* 1. Tajikistan.

## Comments

*Australia.* This should include the targeting of education programmes to work environments, where the issue is relevant.

*Benin.* They can have an influence on their partners because they know that their rights are defended and they have confidence.

*Cameroon.* They are the key actors.

*El Salvador.* This will contribute to realizing the goals.

*India.* In view of their reach.

*Japan.* It is necessary to take account of the fact that each organization is independently organized and administered.

*New Zealand.* We do not support overly prescriptive language in this instrument and propose rewording the sentence “to encourage workers and employers to consider, where appropriate, [measures] to promote ...”.

*Peru.* Particularly to disseminate information on national laws and regulations.

*Qatar.* Information could be spread through seminars, sessions, dialogue, pamphlets, posters, etc.

*Rwanda.* As well as disseminating information.

*Saint Kitts and Nevis.* Should also encourage the promotion of tolerance.

*Senegal.* By prioritizing role models.

*Sierra Leone.* Including workers’ rights.

*Tajikistan.* The competent authorities should promote this.

*Tunisia.* Still the best tools to fight discrimination.

*United Kingdom.* Such programmes need to be carefully designed, pre-tested and evaluated for impact.

## Employers

*Total number of replies: 62.*

*Yes:* 59. CGEA (Algeria), AEC (Azerbaijan), CNP (Benin), CNC (Brazil), CNF (Brazil), BCCI (Bulgaria), CAMFEBA (Cambodia), UCCAEP (Costa Rica), CGECI (Côte d'Ivoire), HUP (Croatia), FEC (Democratic Republic of the Congo), DA (Denmark), DEF (Dominica), FEI (Egypt), KT (Finland), SY (Finland), MEDEF (France), GEA (Ghana), ESEE (Greece), SEV (Greece), COHEP (Honduras), DPN-APINDO (Indonesia), ICEA (Islamic Republic of Iran), JEF (Jamaica), NK (Japan), FKE (Kenya), KEF (Republic of Korea), ALE (Lesotho), CNPM (Mauritania), MEF (Mauritius), COPARMEX (Mexico), MONEF (Mongolia), CGEM (Morocco), NEF (Namibia), FNCCI (Nepal), Employers (Netherlands), Business NZ (New Zealand), NHO (Norway), EFP (Pakistan), CONEP (Panama), CCSP (Portugal), CIP (Portugal), CTP (Portugal), SLEF (Saint Lucia), ANIS (San Marino), ZDS (Slovenia), GZS (Slovenia), BUSA (South Africa), Organized Business (South Africa), EFC (Sri Lanka), SKL (Sweden), SAV (Sweden), UPS (Switzerland), CNP (Togo), ECA (Trinidad and Tobago), FUE (Uganda), FCCI (United Arab Emirates), CIU (Uruguay) and EMCOZ (Zimbabwe).

*No:* 2. ANDI (Colombia), EK (Finland).

*Other:* 1. SN (Sweden).

## Comments

CNP (Benin): To permanently change behavioural attitudes.

MEDEF (France): Is this really an issue in enterprises in industrialized countries?

GEA (Ghana): Including rights.

MEF (Mauritius): Not only encouraged but given incentives.

FNCCI (Nepal): It is a joint responsibility of employers and workers.

Employers (Netherlands): Not the responsibility of employers' and workers' organizations.

NHO (Norway): Where appropriate.

UPS (Switzerland): Definitely with respect to non-discrimination. As regards prevention, this in Switzerland falls mainly within the sphere of privacy.

ECA (Trinidad and Tobago): Employers' and workers' organizations should be the focal point for information.

## Workers

*Total number of replies: 69.*

*Yes:* 69. UGTA (Algeria), UNTA (Angola), CGT-RA (Argentina), ACTU (Australia), CSA-Bénin (Benin), CSTB (Benin), BFTU (Botswana), CITUB (Bulgaria), Podkrepa (Bulgaria), CSTC (Cameroon), CGSTC (Cameroon), USLC (Cameroon), CLC (Canada), UST (Chad), CTRN (Costa Rica), SSSH (Croatia), CMKOS (Czech Republic), UNTC (Democratic Republic of the Congo), FTF (Denmark), LO (Denmark), FTU (Fiji), FTUC (Fiji), SAK (Finland), CGT (France), CGT-FO (France), CFDT (France), GWC (Gambia), DGB (Germany), TUC (Ghana), GSEE (Greece), CNTG (Guinea), ASI (Iceland), KSPI (Indonesia), CGIL (Italy), UGL (Italy), JTUC-RENGO (Japan), FKTU (Republic of Korea), KCTU (Republic of Korea), SEKRIMA (Madagascar), MTUC (Malaysia), Workers (Mauritius), CROC (Mexico), UGTM (Morocco), Workers (Netherlands), NZCTU (New Zealand), NUHPSW (Nigeria), CGTP (Panama), CGTP

(Peru), NSZZ (Poland), CGTP-IN (Portugal), UGT (Portugal), CNS-Cartel Alfa (Romania), CESTRAR (Rwanda), COTRAF (Rwanda), CNTS (Senegal), SFWU (Seychelles), ZSSS (Slovenia), Organized Labour (South Africa), NWC (Sri Lanka), LO (Sweden), USS (Switzerland), CNTT (Togo), CSTT (Togo), NATUC (Trinidad and Tobago), UNISON (United Kingdom), TUC (United Kingdom), ZCTU (Zimbabwe) and ITUC (International Trade Union Confederation) and OATUU (Organization of African Trade Union Unity).

### Comments

CSA-Bénin (Benin): Necessary for the well-being of workers and the development of enterprises.

CSTC (Cameroon): Should be done by the public authorities on a regular basis.

CNTG (Guinea): All people at all levels should be involved.

JTUC-RENGO (Japan): Should not be limited to HIV/AIDS.

COTRAF (Rwanda): They need to have the necessary means.

CNTS (Senegal): Models should be promoted.

ZCTU (Zimbabwe): Through organized workplace programmes.

**Qu. 9(c)** (iii) *Workers and employers should be encouraged to include the matter of HIV/AIDS in collective agreements.*

### Governments

*Total number of replies: 113.*

*Yes: 102.* Albania, Antigua and Barbuda, Armenia, Australia, Austria, Bahamas, Barbados, Belarus, Belgium, Belize, Benin, Bosnia and Herzegovina, Botswana, Brazil, Brunei Darussalam, Burkina Faso, Burundi, Cameroon, Canada, China, Costa Rica, Cuba, Cyprus, Democratic Republic of the Congo, Egypt, El Salvador, Estonia, Ethiopia, France, Gabon, Georgia, Germany, Ghana, Greece, Grenada, Honduras, Hungary, Iceland, Indonesia, Iraq, Israel, Italy, Jamaica, Japan, Jordan, Kazakhstan, Kenya, Republic of Korea, Kyrgyzstan, Latvia, Lebanon, Malawi, Malaysia, Mali, Mauritius, Republic of Moldova, Myanmar, Netherlands, New Zealand, Nigeria, Oman, Panama, Peru, Philippines, Poland, Portugal, Qatar, Romania, Russian Federation, Rwanda, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, San Marino, Saudi Arabia, Senegal, Serbia, Seychelles, Sierra Leone, Slovenia, South Africa, Spain, Sri Lanka, Sudan, Suriname, Switzerland, Syrian Arab Republic, Tajikistan, United Republic of Tanzania, Thailand, Timor-Leste, Trinidad and Tobago, Tunisia, Ukraine, United Arab Emirates, United Kingdom, Uruguay, Vanuatu, Bolivarian Republic of Venezuela, Viet Nam, Zambia and Zimbabwe.

*No: 8.* Colombia, Côte d'Ivoire, Croatia, India, Luxembourg, Mexico, Morocco and Singapore.

*Other: 3.* Denmark, Finland and Sweden.

## Comments

*Australia.* Where relevant.

*Austria.* Comes under the autonomy of the social partners. Interference by governments in the negotiation of collective agreements is not permissible.

*Burkina Faso.* This will take into account the specificities of each sector and branch.

*Cameroon.* Urgently needed in all formal sectors; important to prevent discrimination between the different diseases.

*Canada.* Workplace parties should be urged to incorporate HIV/AIDS as a component of broader anti-discrimination terms related to disability in collective agreements.

*Denmark.* The social partners must decide what is included in collective agreements, without government interference.

*Honduras.* Collective agreements should contain clauses providing for conflict resolution mechanisms.

*India.* To begin with, it would suffice to reach a consensus on providing prevention, support and care to HIV/AIDS-affected workers through tripartite dialogue and mutual consultations.

*Japan.* The content of collective agreements and the conclusion of such agreements must be left to the initiative of workers and employers.

*Malaysia.* Or any other work agreements/work rules/handbooks. Not all enterprises have unions.

*Mexico.* This is a decision that has to be taken freely and jointly by workers and employers.

*New Zealand.* Proposes rewording the sentence “to encourage workers and employers to consider, where appropriate, including the matter of HIV/AIDS in collective agreements”.

*San Marino.* Provided that this encouragement is already included in national laws and regulations.

*Sierra Leone.* Collective agreements are the most effective means of improving working conditions and environment.

*Singapore.* The issue of HIV/AIDS at the workplace should be addressed through collaboration between employers and unions, and need not be regulated through collective agreements or legislation.

*Sweden (LMA).* The rights of HIV-infected individuals should be regulated by general laws against discrimination. But workers’ organizations have to fight actively against stigmatization and discrimination.

*Switzerland.* Mention of HIV in collective agreements would be particularly useful in the sense that a special clause could be included obliging employers to play an active role in combating discrimination against people with HIV (such as by unconditionally including HIV-positive employees in daily allowance insurance). This would set an important example in the fight against workplace discrimination.

*Timor-Leste.* When it is possible and the matters covered in the collective agreement allow it.

*United Kingdom.* Where appropriate. In contexts where HIV/AIDS services are well established, or could best be delivered by means other than through the workplace, this would not be appropriate.

## Employers

*Total number of replies: 63.*

*Yes:* 35. CGEA (Algeria), AEC (Azerbaijan), CNP (Benin), BCCI (Bulgaria), CGECI (Côte d'Ivoire), FEC (Democratic Republic of the Congo), DA (Denmark), DEF (Dominica), FEI (Egypt), GEA (Ghana), COHEP (Honduras), DPN-APINDO (Indonesia), ICEA (Islamic Republic of Iran), JEF (Jamaica), NK (Japan), FKE (Kenya), ALE (Lesotho), CNPM (Mauritania), MEF (Mauritius), COPARMEX (Mexico), MONEF (Mongolia), CGEM (Morocco), FNCCI (Nepal), Employers (Netherlands), Business NZ (New Zealand), CIP (Portugal), CTP (Portugal), SLEF (Saint Lucia), EFC (Sri Lanka), SKL (Sweden), SAV (Sweden), CNP (Togo), ECA (Trinidad and Tobago), FCCI (United Arab Emirates), and EMCOZ (Zimbabwe).

*No:* 27. CNC (Brazil), CNF (Brazil), CAMFEBA (Cambodia), ANDI (Colombia), UCCAEP (Costa Rica), HUP (Croatia), EK (Finland), KT (Finland), SY (Finland), MEDEF (France), ESEE (Greece), SEV (Greece), KEF (Republic of Korea), NEF (Namibia), NHO (Norway), EFP (Pakistan), CONEP (Panama), CCSP (Portugal), ANIS (San Marino), ZDS (Slovenia), GZS (Slovenia), UPS (Switzerland), BUSA (South Africa), Organized Business (South Africa), UPS (Switzerland), FUE (Uganda), CIU (Uruguay).

*Other:* 1. SN (Sweden).

## Comments

CNP (Benin): This will permit a greater adherence to the policy.

EK (Finland): Non-discrimination law is absolute and not subject to collective bargaining.

GEA (Ghana): To make HIV/AIDS an important labour issue.

MEF (Mauritius): To address specific issues.

Employers (Netherlands): Only on health-care insurance.

NEF (Namibia): This has no relevance in collective agreements.

FNCCI (Nepal): Represents a permanent solution.

Business NZ (New Zealand): Proposes rewording to “encourage workers and employers to consider, where appropriate ...”.

CCSP (Portugal): Only if justified by the number of HIV-positive workers in the sector.

ANIS (San Marino): No, if this encouragement is already included in national legislative instruments.

ZDS (Slovenia): The content of collective agreements is strictly a matter of agreement between two contracting parties; there should be no mandatory content.

BUSA (South Africa): Inclusion in collective agreements would be inappropriate and could result in costs to employers.

EFC (Sri Lanka): Where appropriate in the national context.

ECU (Trinidad and Tobago): The right to decent work and gender issues should be emphasized.

FUE (Uganda): Should be mainstreamed.

CIU (Uruguay): Prefers this to be regulated in national laws and regulations.



## Workers

*Total number of replies: 69.*

*Yes:* 68. UGTA (Algeria), UNTA (Angola), CGT-RA (Argentina), ACTU (Australia), CSA-Bénin (Benin), CSTB (Benin), BFTU (Botswana), CITUB (Bulgaria), Podkrepa (Bulgaria), CSTC (Cameroon), CGSTC (Cameroon), USLC (Cameroon), CLC (Canada), UST (Chad), CTRN (Costa Rica), SSSH (Croatia), CMKOS (Czech Republic), UNTC (Democratic Republic of the Congo), FTF (Denmark), LO (Denmark), FTU (Fiji), FTUC (Fiji), SAK (Finland), CGT (France), CFDT (France), GWC (Gambia), DGB (Germany), TUC (Ghana), GSEE (Greece), CNTG (Guinea), ASI (Iceland), KSPI (Indonesia), CGIL (Italy), UGL (Italy), JTUC-RENGO (Japan), FK TU (Republic of Korea), KCTU (Republic of Korea), SEKRIMA (Madagascar), MTUC (Malaysia), Workers (Mauritius), CROC (Mexico), UGTM (Morocco), Workers (Netherlands), NZCTU (New Zealand), NUHPSW (Nigeria), CGTP (Panama), CGTP (Peru), NSZZ (Poland), CGTP-IN (Portugal), UGT (Portugal), CNS-Cartel Alfa (Romania), CESTRAR (Rwanda), COTRAF (Rwanda), CNTS (Senegal), SFWU (Seychelles), ZSSS (Slovenia), Organized Labour (South Africa), NWC (Sri Lanka), LO (Sweden), USS (Switzerland), CNTT (Togo), CSTT (Togo), NATUC (Trinidad and Tobago), UNISON (United Kingdom), TUC (United Kingdom), ZCTU (Zimbabwe) and ITUC (International Trade Union Confederation) and OATUU (Organization of African Trade Union Unity).

*No:* 1. CGT-FO (France).

## Comments

UNTA (Angola): Should establish standards and issues relating to HIV/AIDS.

CGT-RA (Argentina): Should ideally be regulated in national legislation.

CGSTC (Cameroon): Will ensure the necessity of adapting the measures to the workplace.

USLC: Should be made compulsory.

CTRN (Costa Rica): Should be a directive for governments, employers and workers.

FTUC (Fiji): This will provide the importance of staff welfare policies.

TUC (Ghana): Should be treated like any other illness or disease.

Workers (Mauritius): For mutual respect.

NZCTU (New Zealand): This provides policy and protection that can be implemented and monitored.

COTRAF (Rwanda): Issues that have been freely agreed upon are more easily implemented.

Organized Labour (South Africa): Should also include rules on time off, and recognition of peer educators.

CNTT (Togo): This is even more important, as HIV is often difficult to link to work.

CSTT: Will ensure application.

ZCTU (Zimbabwe): Workers and employers are already doing this.

**Qu. 9** (d) *Occupational safety and health:*

- (i) *The work environment should be healthy and safe, taking into account the Occupational Safety and Health Convention, 1981 (No. 155), and the Promotional Framework for Occupational Safety and Health Convention, 2006 (No. 187), and other relevant ILO instruments, in order to prevent transmission of HIV.*

**Governments**

*Total number of replies: 113.*

*Yes: 111.* Albania, Antigua and Barbuda, Armenia, Australia, Austria, Bahamas, Barbados, Belarus, Belgium, Belize, Benin, Bosnia and Herzegovina, Botswana, Brazil, Brunei Darussalam, Burkina Faso, Burundi, Cameroon, Canada, China, Colombia, Costa Rica, Côte d'Ivoire, Croatia, Cuba, Cyprus, Democratic Republic of the Congo, Egypt, El Salvador, Estonia, Ethiopia, Finland, France, Gabon, Georgia, Germany, Ghana, Greece, Grenada, Honduras, Hungary, Iceland, India, Indonesia, Iraq, Israel, Italy, Jamaica, Japan, Jordan, Kazakhstan, Republic of Korea, Kyrgyzstan, Latvia, Lebanon, Luxembourg, Malawi, Malaysia, Mali, Mauritius, Mexico, Republic of Moldova, Morocco, Myanmar, Netherlands, New Zealand, Nigeria, Oman, Panama, Peru, Philippines, Poland, Portugal, Qatar, Romania, Russian Federation, Rwanda, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, San Marino, Saudi Arabia, Senegal, Serbia, Seychelles, Sierra Leone, Singapore, Slovenia, South Africa, Spain, Sri Lanka, Sudan, Suriname, Sweden, Switzerland, Syrian Arab Republic, Tajikistan, United Republic of Tanzania, Thailand, Timor-Leste, Trinidad and Tobago, Tunisia, Ukraine, United Arab Emirates, United Kingdom, Uruguay, Vanuatu, Bolivarian Republic of Venezuela, Viet Nam, Zambia and Zimbabwe.

*Other: 2.* Denmark and Kenya.

**Comments**

*Australia.* Risk of HIV/AIDS transmission would not be considered a workplace issue and in the health sector, universal precautions are the norm.

*Austria.* Suggests adding “in due consideration of the key principles of the Convention ...”

*Bahamas.* Should be done within the context of specific protocols defining what is required, depending on the work environment.

*Benin.* Should not be used as a pretext for mandatory testing with the motive of protecting workers who are not HIV-positive.

*Cameroon.* Productivity is related to workers' state of health.

*Colombia.* In the framework of labour legislation and social security.

*Greece.* Conventions Nos 155 and 187 should be taken into consideration on a non-binding basis.

*India.* The deteriorating health of PLHIV in various occupations, especially hazardous ones, predisposes them to accidents and needs to be addressed.

*Indonesia.* Should be part of a company's overall OSH programme.

*Japan.* The inclusion of general OSH matters could weaken this instrument.

*Kenya.* Change the last part to read “in order to prevent infections”.

*New Zealand.* Proposes rewording the sentence “to encourage workers and employers to consider, where appropriate”.

*Peru.* Particularly for vulnerable workers, such as health workers.

*Qatar.* Should also include aspects of psychological and mental health.

*Singapore.* This concerns preventing work-related blood-borne transmission in the health-care sector.

*Sudan.* Depends on the level of awareness of employers and workers and on the application of laws, regulations and conventions.

*Switzerland.* No need to make a specific reference to Conventions Nos 155 and 187.

## Employers

*Total number of replies: 62.*

*Yes: 57.* CGEA (Algeria), AEC (Azerbaijan), CNP (Benin), CNC (Brazil), CNF (Brazil), BCCI (Bulgaria), CAMFEBA (Cambodia), ANDI (Colombia), CGECI (Côte d’Ivoire), HUP (Croatia), FEC (Democratic Republic of the Congo), DA (Denmark), DEF (Dominica), FEI (Egypt), EK (Finland), KT (Finland), SY (Finland), GEA (Ghana), ESEE (Greece), SEV (Greece), COHEP (Honduras), DPN-APINDO (Indonesia), ICEA (Islamic Republic of Iran), JEF (Jamaica), NK (Japan), FKE (Kenya), KEF (Republic of Korea), ALE (Lesotho), CNPM (Mauritania), MEF (Mauritius), COPARMEX (Mexico), MONEF (Mongolia), CGEM (Morocco), NEF (Namibia), FNCCI (Nepal), Employers (Netherlands), Business NZ (New Zealand), NHO (Norway), EFP (Pakistan), CCSP (Portugal), CIP (Portugal), CTP (Portugal), SLEF (Saint Lucia), ANIS (San Marino), ZDS (Slovenia), GZS (Slovenia), BUSA (South Africa), Organized Business (South Africa), EFC (Sri Lanka), SKL (Sweden), SAV (Sweden), CNP (Togo), ECA (Trinidad and Tobago), FUE (Uganda), FCCI (United Arab Emirates), CIU (Uruguay) and EMCOZ (Zimbabwe).

*No: 2.* MEDEF (France), UPS (Switzerland).

*Other: 3.* UCCAEP (Costa Rica), CONEP (Panama) and SN (Sweden).

## Comments

UCCAEP (Costa Rica): HIV is transmitted mainly through sexual contacts, not through the work environment.

MEDEF (France): This is totally beyond the subject and dangerous. Only in very specific cases, such as prostitution or exceptional work accidents (transmission through needle prick), is the workplace implicated in HIV/AIDS transmission.

NEF (Namibia): The working environment is not the only place for transmission of HIV. The seven last words should be deleted.

FNCCI (Nepal): Occupational safety and health should also be linked to the prevention of transmission.

Business NZ (New Zealand): Suggests re-wording to ensure that any guidelines focus on the workplace.

CIP (Portugal): Should be treated like other chronic illnesses. There is no need to refer to Conventions Nos 155 and 187.

UPS (Switzerland): Should be regulated in a practical manner based on national conditions, not by reference to Conventions.

ECA (Trinidad and Tobago): Industry-specific guidelines should apply.

## Workers

*Total number of replies: 69.*

*Yes: 69.* UGTA (Algeria), UNTA (Angola), CGT-RA (Argentina), ACTU (Australia), CSA-Bénin (Benin), CSTB (Benin), BFTU (Botswana), CITUB (Bulgaria), Podkrepa (Bulgaria), CSTC (Cameroon), CGSTC (Cameroon), USLC (Cameroon), CLC (Canada), UST (Chad), CTRN (Costa Rica), SSSH (Croatia), CMKOS (Czech Republic), UNTC (Democratic Republic of the Congo), FTF (Denmark), LO (Denmark), FTU (Fiji), FTUC (Fiji), SAK (Finland), CGT (France), CGT-FO (France), CFDT (France), GWC (Gambia), DGB (Germany), TUC (Ghana), GSEE (Greece), CNTG (Guinea), ASI (Iceland), KSPI (Indonesia), CGIL (Italy), UGL (Italy), JTUC-RENGO (Japan), FKTU (Republic of Korea), KCTU (Republic of Korea), SEKRIMA (Madagascar), MTUC (Malaysia), Workers (Mauritius), CROC (Mexico), UGTM (Morocco), Workers (Netherlands), NZCTU (New Zealand), NUHPSW (Nigeria), CGTP (Panama), CGTP (Peru), NSZZ (Poland), CGTP-IN (Portugal), UGT (Portugal), CNS-Cartel Alfa (Romania), CESTRAR (Rwanda), COTRAF (Rwanda), CNTS (Senegal), SFWU (Seychelles), ZSSS (Slovenia), Organized Labour (South Africa), NWC (Sri Lanka), LO (Sweden), USS (Switzerland), CNTT (Togo), CSTT (Togo), NATUC (Trinidad and Tobago), UNISON (United Kingdom), TUC (United Kingdom), ZCTU (Zimbabwe) and ITUC (International Trade Union Confederation) and OATUU (Organization of African Trade Union Unity).

## Comments

CTRN (Costa Rica): Workers don't have the capacity, so how could they prevent?

FTU (Fiji): This comes under decent work.

CFDT (France): If this question is not properly defined it could result in the exclusion of HIV-positive workers.

CGT-FO (France): Employers' responsibilities should be mentioned.

DGB (Germany): Many workplaces do this already.

TUC (Ghana): Workplaces should be encouraged to do so.

COTRAF (Rwanda): The environment provides the preconditions for the disease or aggravates it through interactions between body and spirit.

CNTS (Senegal): These services are already available in numerous workplaces.

Organized Labour (South Africa): This provision should be extended to lay counsellors, home-based caregivers, and student nurses. Governments must review their regulations to make them inclusive.

CNTT (Togo): Workers' and employers' organizations should ensure the effective application of these Conventions in enterprises.

ZCTU (Zimbabwe): There is a need for workshops, mainly awareness programmes. OSH has been marginalized; most workers and employers have not appreciated its links with HIV/AIDS.

- Qu. 9(d)** (ii) *Occupational health services and occupational safety and health-related workplace mechanisms should address HIV/AIDS concerns.*

## Governments

*Total number of replies: 113.*

*Yes: 113.* Albania, Antigua and Barbuda, Armenia, Australia, Austria, Bahamas, Barbados, Belarus, Belgium, Belize, Benin, Bosnia and Herzegovina, Botswana, Brazil, Brunei Darussalam, Burkina Faso, Burundi, Cameroon, Canada, China, Colombia, Costa Rica, Côte d'Ivoire, Croatia, Cuba, Cyprus, Democratic Republic of the Congo, Denmark, Egypt, El Salvador, Estonia, Ethiopia, Finland, France, Gabon, Georgia, Germany, Ghana, Greece, Grenada, Honduras, Hungary, Iceland, India, Indonesia, Iraq, Israel, Italy, Jamaica, Japan, Jordan, Kazakhstan, Kenya, Republic of Korea, Kyrgyzstan, Latvia, Lebanon, Luxembourg, Malawi, Malaysia, Mali, Mauritius, Mexico, Republic of Moldova, Morocco, Myanmar, Netherlands, New Zealand, Nigeria, Oman, Panama, Peru, Philippines, Poland, Portugal, Qatar, Romania, Russian Federation, Rwanda, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, San Marino, Saudi Arabia, Senegal, Serbia, Seychelles, Sierra Leone, Singapore, Slovenia, South Africa, Spain, Sri Lanka, Sudan, Suriname, Sweden, Switzerland, Syrian Arab Republic, Tajikistan, United Republic of Tanzania, Thailand, Timor-Leste, Trinidad and Tobago, Tunisia, Ukraine, United Arab Emirates, United Kingdom, Uruguay, Vanuatu, Bolivarian Republic of Venezuela, Viet Nam, Zambia and Zimbabwe.

## Comments

*Australia.* The Universal Standard Precautions should routinely apply in all workplace situations

*Austria.* The main concern should be proper application of general hygiene standards and regular monitoring to avoid the transmission of diseases.

*Belgium.* As long as this is put in relationship with the workplace.

*Belize.* The emphasis should be on ensuring that it does not become discriminatory or affect confidentiality.

*Benin.* As long as the confidentiality of medical and personal information is respected.

*Bosnia and Herzegovina.* It is important to establish good relations with institutions and the NGOs in providing psychosocial support.

*Burundi.* Particularly the care of workers infected with HIV.

*Cameroon.* Should be treated equally with other illnesses.

*Canada.* Should be undertaken with a view to enhancing protection of employees potentially at risk, such as health-care workers, emergency and rescue personnel, and law enforcement personnel.

*Colombia.* Especially for enterprises or activities involving exposure to biological risk.

*Cyprus.* Employers should take into consideration the possible presence of the said agent while assessing the risks at the workplace.

*Denmark.* Where relevant.

*Ethiopia.* Needs to be supported by an international instrument such as this.

*Republic of Korea.* Replace “should address” with “should, where appropriate, address”.

*Mexico.* Suggests replacing “should address HIV/AIDS concerns” by “should address some aspects of HIV/AIDS”.

*Peru.* This already exists.

*Portugal.* HIV/AIDS cannot be dealt with in the world of work without the involvement of OSH personnel.

*Qatar.* Should also offer voluntary testing and counselling.

*Senegal.* Should even be made better by coordinating action for jointly defining and applying enterprise policies and programmes to combat HIV.

*Sudan.* This is one way of disseminating information.

*Sweden (LMA).* They should address anti-stigmatization, as well as safety for women and children.

*Timor-Leste.* When possible and relevant.

*United Kingdom.* Strongly supports such a statement.

*Bolivarian Republic of Venezuela.* Should periodically be revised in collaboration with PLHIV.

## Employers

*Total number of replies: 62.*

*Yes: 56.* CGEA (Algeria), AEC (Azerbaijan), CNP (Benin), CNC (Brazil), CNF (Brazil), BCCI (Bulgaria), CAMFEBA (Cambodia), CGECI (Côte d’Ivoire), HUP (Croatia), FEC (Democratic Republic of the Congo), DA (Denmark), DEF (Dominica), FEI (Egypt), EK (Finland), KT (Finland), SY (Finland), MEDEF (France), GEA (Ghana), ESEE (Greece), SEV (Greece), COHEP (Honduras), DPN-APINDO (Indonesia), ICEA (Islamic Republic of Iran), NK (Japan), FKE (Kenya), KEF (Republic of Korea), ALE (Lesotho), CNPM (Mauritania), MEF (Mauritius), COPARMEX (Mexico), MONEF (Mongolia), CGEM (Morocco), FNCCI (Nepal), Employers (Netherlands), Business NZ (New Zealand), NHO (Norway), EFP (Pakistan), CONEP (Panama), CCSP (Portugal), CTP (Portugal), SLEF (Saint Lucia), ANIS (San Marino), ZDS (Slovenia), GZS (Slovenia), BUSA (South Africa), Organized Business (South Africa), EFC (Sri Lanka), SKL (Sweden), SAV (Sweden), UPS (Switzerland), CNP (Togo), ECA (Trinidad and Tobago), FUE (Uganda), FCCI (United Arab Emirates), CIU (Uruguay) and EMCOZ (Zimbabwe).

*No: 4.* ANDI (Colombia), UCCAEP (Costa Rica), NEF (Namibia), CIP (Portugal).

*Other: 2.* JEF (Jamaica), SN (Sweden).

## Comments

AEC (Azerbaijan): This could contribute to expanding universal access to HIV prevention, care and treatment.

CNP (Benin): While respecting confidentiality issues.

CNF (Brazil): They should provide prevention measures and information.

EK; KT; SY (Finland): Any work-related risks should be addressed by OSH services and mechanisms.

MEDEF (France): In France, occupational physicians deal with these aspects.

MEF (Mauritius): For a comprehensive approach.

NEF (Namibia): HIV in most instances is not workplace-related.

Employers (Netherlands): As long as it is work-related and influences employability and the ability to work.

CCSP (Portugal): This is part of OSH.

ECA (Trinidad and Tobago): Capacity building for each worker is necessary.

## Workers

*Total number of replies: 69.*

*Yes: 69.* UGTA (Algeria), UNTA (Angola), CGT-RA (Argentina), ACTU (Australia), CSA-Bénin (Benin), CSTB (Benin), BFTU (Botswana), CITUB (Bulgaria), Podkrepa (Bulgaria), CSTC (Cameroon), CGSTC (Cameroon), USLC (Cameroon), CLC (Canada), UST (Chad), CTRN (Costa Rica), SSSH (Croatia), CMKOS (Czech Republic), UNTC (Democratic Republic of the Congo), FTF (Denmark), LO (Denmark), FTU (Fiji), FTUC (Fiji), SAK (Finland), CGT (France), CGT-FO (France), CFDT (France), GWC (Gambia), DGB (Germany), TUC (Ghana), GSEE (Greece), CNTG (Guinea), ASI (Iceland), KSPI (Indonesia), CGIL (Italy), UGL (Italy), JTUC-RENGO (Japan), FKTU (Republic of Korea), KCTU (Republic of Korea), SEKRIMA (Madagascar), MTUC (Malaysia), Workers (Mauritius), CROC (Mexico), UGTM (Morocco), Workers (Netherlands), NZCTU (New Zealand), NUHPSW (Nigeria), CGTP (Panama), CGTP (Peru), NSZZ (Poland), CGTP-IN (Portugal), UGT (Portugal), CNS-Cartel Alfa (Romania), CESTRAR (Rwanda), COTRAF (Rwanda), CNTS (Senegal), SFWU (Seychelles), ZSSS (Slovenia), Organized Labour (South Africa), NWC (Sri Lanka), LO (Sweden), USS (Switzerland), CNTT (Togo), CSTT (Togo), NATUC (Trinidad and Tobago), UNISON (United Kingdom), TUC (United Kingdom), ZCTU (Zimbabwe) and ITUC (International Trade Union Confederation) and OATUU (Organization of African Trade Union Unity).

## Comments

UNTA (Angola): All services in the workplace should deal with HIV/AIDS.

CGT-RA (Argentina): For work environments with a work-related risk of HIV infection.

USLC (Cameroon): This should be made compulsory.

CLC (Canada): Many workplaces already do this.

CTRN (Costa Rica): Should be a priority but is often ignored.

FTU (Fiji): There should be a separate team of officials to look into this.

SAK (Finland): Any work-related risks should be addressed by OSH services and mechanisms.

CGT-FO (France): OSH personnel should respect the confidentiality of medical information.

TUC (Ghana): HIV/AIDS is an OSH issue. A prevention approach is necessary.

CNTG (Guinea): Are already available in many workplaces.

KSPI (Indonesia): Many workplaces are already doing this.

COTRAF (Rwanda): Because HIV/AIDS is a health issue.

CNTS (Senegal): Should even be made stronger; they should coordinate their actions in order to establish and apply policies and programmes in enterprises to fight HIV.

Organized Labour (South Africa): Measures to prevent and compensate for occupational exposure to HIV and TB must be enhanced.

USS (Switzerland): This should only apply to the enterprises concerned.

CNTT (Togo): These services are already available in many workplaces, but workers' organizations should ensure that they are available in all enterprises and that the necessary resources are made available to them.

CSTT (Togo): HIV/AIDS is a workplace health issue.

## Qu. 9

(e) *Testing and confidentiality:*

(i) *HIV screening should not be required of workers or job applicants.*

## Governments

*Total number of replies: 113.*

*Yes: 102.* Albania, Antigua and Barbuda, Armenia, Australia, Austria, Barbados, Belarus, Belgium, Belize, Benin, Bosnia and Herzegovina, Botswana, Brazil, Burkina Faso, Burundi, Cameroon, Canada, China, Colombia, Costa Rica, Côte d'Ivoire, Croatia, Cuba, Democratic Republic of the Congo, Denmark, Egypt, El Salvador, Estonia, Ethiopia, Finland, France, Gabon, Georgia, Germany, Ghana, Greece, Grenada, Honduras, Hungary, Iceland, India, Indonesia, Iraq, Israel, Italy, Jamaica, Japan, Jordan, Kazakhstan, Kenya, Republic of Korea, Kyrgyzstan, Latvia, Lebanon, Luxembourg, Malawi, Mali, Mauritius, Mexico, Republic of Moldova, Morocco, Netherlands, New Zealand, Nigeria, Oman, Panama, Peru, Philippines, Poland, Portugal, Qatar, Russian Federation, Rwanda, Saint Lucia, Saint Vincent and the Grenadines, San Marino, Saudi Arabia, Senegal, Serbia, Seychelles, Sierra Leone, Singapore, Slovenia, South Africa, Spain, Sri Lanka, Suriname, Sweden, Switzerland, Syrian Arab Republic, Tajikistan, United Republic of Tanzania, Thailand, Timor-Leste, Trinidad and Tobago, Tunisia, Ukraine, United Kingdom, Vanuatu, Viet Nam, Zambia and Zimbabwe.

*No: 8.* Brunei Darussalam, Cyprus, Malaysia, Saint Kitts and Nevis, Sudan, United Arab Emirates, Uruguay and Bolivarian Republic of Venezuela.

*Other: 3.* Bahamas, Myanmar and Romania.

## Comments

*Australia.* Our legislation provides that such screening should not be carried out unless relevant for assessing medical fitness for work. An exemption may be necessary where there is a risk of transmission.

*Austria.* Appears both inadmissible and unnecessary from an OSH perspective.

*Bahamas.* Many jobs, while not requiring HIV screening, do require a health certificate.

*Benin.* Screening results quickly go out of date.

*Brazil.* HIV Status can change quickly, which casts doubt on the value of screening.

*Brunei Darussalam.* Depending on national policies and workplace requirements.



*Burkina Faso.* Should only be required, if at all, for very specific jobs.

*Cameroon.* If done, the need for confidentiality must be emphasized.

*Democratic Republic of the Congo.* If required by law and medical ethics.

*Costa Rica.* If it is to be done, confidentiality must be respected.

*Cyprus.* Should be required in certain cases.

*Denmark.* Only under very specific circumstances.

*Ethiopia.* Our national policy exempts civil and military pilots from this provision. There is a need to consider such circumstances and national conditions.

*Finland.* Not all workers should have to undergo screening.

*Gabon.* Confidentiality and private life must be respected.

*Germany.* If there is an occupation-related risk of HIV exposure (such as regular contact with body fluids), screening may be necessary for health and safety reasons. Employees should be offered testing in cases of potential exposure risk (e.g. needle injury). Such screening must always be voluntary, never compulsory, and the result subject to medical secrecy and confidentiality rules.

*India.* To avoid identification and resulting exclusion/discrimination.

*Indonesia.* Should not be required for job applicants.

*Malaysia.* Depends on the job requirements. Workers in the food industry and health services should be required to undergo HIV/AIDS screening but should not be discriminated against merely based on their HIV status. Instead, employers must be able to plan appropriate steps to help infected employees, especially women, to get treatment.

*Mali.* To impose testing is a source of discrimination.

*Mauritius.* Screening will infringe basic human rights.

*Republic of Moldova.* Our HIV/AIDS Act prohibits HIV screening for employment (section 15).

*New Zealand.* PLHIV should be entitled to work unless there is a genuine risk of an accident. In almost all occupations there is minimal risk of an infected person passing HIV to others. It is the responsibility of health-care workers to be aware of their potential to transmit blood-borne viruses and to minimize the risks to patients. Accordingly, health-care workers who perform exposure-prone procedures should regularly have their blood-borne virus status tested.

*Panama.* This should also be supervised in order to avoid discrimination against job applicants.

*Peru.* Under our Law (No. 26626) screening is not permitted for employment purposes.

*Philippines.* Nor should screening be undertaken for job applicants from one country to another. Exceptions could be made to protect public safety and health.

*Poland.* Unless justified by the particular characteristics of the job.

*Portugal.* To know your status should be encouraged, and confidentiality and employment security guaranteed.

*Qatar.* No requirement, unless there is a risk to others.

*Romania* (National Agency for Young Persons). Routine pre-employment or periodical medical examinations should not include mandatory HIV testing.

*Romania* (National Agency for the Protection of the Rights of Children). Certain exceptions could be permitted (pilots, air-traffic controllers, etc.).

*Senegal*. Our national legislation provides this.

*Seychelles*. No screening should be undertaken solely for employment purposes.

*South Africa*. Should only be voluntary and done with confirmed consent.

*Sri Lanka*. In certain jobs it is a requirement, such as armed forces, airlines employees, etc.

*Sudan*. Job applicants should undergo screening to know whether they are affected or not, but it should not deprive them of their jobs.

*Switzerland*. Suggest following wording. "HIV screening must not (not "should not") be required of workers or job applicants".

*Timor-Leste*. It is for the workers or job applicants to decide whether to undergo testing.

*Thailand*. Since it is a personal matter, it should not be compulsory.

*Tunisia*. Should only be voluntary and anonymous.

*United Kingdom*. There is considerable controversy surrounding so-called "provider-initiated" testing and increasing concerns about rights abuses. It is unethical to use testing without offering pre-test discussion and post-test counselling, education and services for those found to be positive.

*Bolivarian Republic of Venezuela*. It is prohibited as a discriminatory act under our legislation.

*Zambia*. This is already happening in most countries (if not all) but could still be strengthened by the proposed instrument.

## Employers

*Total number of replies: 62.*

*Yes: 50.* CGEA (Algeria), AEC (Azerbaijan), CNP (Benin), CNC (Brazil), CNF (Brazil), BCCI (Bulgaria), CAMFEBA (Cambodia), UCCAEP (Costa Rica), CGECI (Côte d'Ivoire), HUP (Croatia), FEC (Democratic Republic of the Congo), DA (Denmark), DEF (Dominica), FEI (Egypt), KT (Finland), SY (Finland), MEDEF (France), GEA (Ghana), ESEE (Greece), SEV (Greece), DPN-APINDO (Indonesia), ICEA (Islamic Republic of Iran), NK (Japan), KEF (Republic of Korea), ALE (Lesotho), CNPM (Mauritania), MEF (Mauritius), COPARMEX (Mexico), MONEF (Mongolia), CGEM (Morocco), NEF (Namibia), FNCCI (Nepal), Employers (Netherlands), NHO (Norway), CONEP (Panama), CCSP (Portugal), CIP (Portugal), CTP (Portugal), SLEF (Saint Lucia), ANIS (San Marino), Organized Business (South Africa), EFC (Sri Lanka), SKL (Sweden), SAV (Sweden), UPS (Switzerland), CNP (Togo), ECA (Trinidad and Tobago), FUE (Uganda), CIU (Uruguay) and EMCOZ (Zimbabwe).

*No: 10.* ANDI (Colombia), EK (Finland), COHEP (Honduras), FKE (Kenya), Business NZ (New Zealand), EFP (Pakistan), ZDS (Slovenia), GZS (Slovenia), BUSA (South Africa), FCCI (United Arab Emirates).

*Other: 2.* JEF (Jamaica), SN (Sweden).

## Comments

CNP (Benin): Is a violation of a person's right to privacy.

CNF (Brazil): This would constitute discrimination.

UCCAEP (Costa Rica): Testing should be voluntary.

DA (Denmark): Only makes sense in countries severely affected by HIV.

EK (Finland): No, because in some professions HIV can constitute a significant risk.

GEA (Ghana): To prevent violations of human and workers' rights and protect them from exclusion.

COHEP (Honduras): The Special HIV/AIDS Law does not allow such a requirement, which would not only violate the right to confidentiality but would also be impracticable and unnecessary. The principles of informed and voluntary consent and confidentiality of the results are fundamental. Also, a person infected with HIV can remain fit for work for many years in good health.

DPN-APINDO (Indonesia): It should also be implemented normally in domestic employment, and also for migrant workers from one country to other country.

FKE (Kenya): No, as we move toward diagnostic testing. Such clauses hamper those efforts and contribute to stigma. We should work towards making screening possible for purely non-discriminatory applications.

MEF (Mauritius): Except in specific occupations.

MONEF (Mongolia): HIV/AIDS testing is required for employment abroad, for example, to South Korea. These issues should be regulated at the international level.

NEF (Namibia): The wording is unclear. Suggest "testing must not be a requirement".

FNCCI (Nepal): There should be no screening for job applicants or for recruitment.

Employers (Netherlands): Generally, but it will depend on the occupational risks of the job.

Business NZ (New Zealand): In some situations occupational testing will be necessary, particularly in the health sector. Under our OSH legislation, employers have overall responsibility and are not in a position to rely entirely on the willingness of staff to engage in voluntary testing.

NHO (Norway): In principle, but in certain occupations it may be reasonable to include screening in order to establish the person's ability to undertake a special job.

EFP (Pakistan): Employers need to know the health status of an employee. However, a no discrimination policy should apply.

CCSP (Portugal): But with exceptions for certain occupations which are incompatible with HIV-positive status because of the risk of transmission.

CIP: As regards medical examinations, HIV/AIDS should be treated like other chronic illnesses.

SLEF (Saint Lucia): Should only be done voluntarily.

ZDS (Slovenia): Some exceptions for certain workplaces should be applied for the purpose of ensuring safety.

Organized Business (South Africa): The question should be adjusted to provide for circumstances where screening may be required in certain fields of employment.

EFC (Sri Lanka): While this principle is generally acceptable, screening is allowed in a very few occupation (e.g. the airline industry).

ECA (Trinidad and Tobago): This should be consistent with the ILO's code of practice and industry-specific guidelines.

CIU (Uruguay): This is related to preventive measures.

## Workers

*Total number of replies: 69.*

*Yes:* 67. UGTA (Algeria), UNTA (Angola), ACTU (Australia), CSA-Bénin (Benin), CSTB (Benin), BFTU (Botswana), CITUB (Bulgaria), CSTC (Cameroon), CGSTC (Cameroon), USLC (Cameroon), CLC (Canada), UST (Chad), CTRN (Costa Rica), SSSH (Croatia), CMKOS (Czech Republic), UNTC (Democratic Republic of the Congo), FTF (Denmark), LO (Denmark), FTU (Fiji), FTUC (Fiji), SAK (Finland), CGT (France), CGT-FO (France), CFDT (France), GWC (Gambia), DGB (Germany), TUC (Ghana), GSEE (Greece), CNTG (Guinea), ASI (Iceland), KSPI (Indonesia), CGIL (Italy), UGL (Italy), JTUC-RENGO (Japan), FKTU (Republic of Korea), KCTU (Republic of Korea), SEKRIMA (Madagascar), MTUC (Malaysia), Workers (Mauritius), CROC (Mexico), UGTM (Morocco), Workers (Netherlands), NZCTU (New Zealand), NUHPSW (Nigeria), CGTP (Panama), CGTP (Peru), NSZZ (Poland), CGTP-IN (Portugal), UGT (Portugal), CNS-Cartel Alfa (Romania), CESTRAR (Rwanda), COTRAF (Rwanda), CNTS (Senegal), SFWU (Seychelles), ZSSS (Slovenia), Organized Labour (South Africa), NWC (Sri Lanka), LO (Sweden), USS (Switzerland), CNNT (Togo), CSTT (Togo), NATUC (Trinidad and Tobago), UNISON (United Kingdom), TUC (United Kingdom), ZCTU (Zimbabwe) and ITUC (International Trade Union Confederation) and OATUU (Organization of African Trade Union Unity).

*No:* 2. CGT-RA (Argentina) and Podkrepa (Bulgaria).

## Comments

UNTA (Angola): Should only be on a voluntary basis.

CGT-RA (Argentina): In absolutely no cases should detection of HIV status be imposed.

CSA-Bénin (Benin): This should be penalized.

Podkrepa (Bulgaria): Screening could be permitted for medical providers or for the Department of Surgery.

CGSTC (Cameroon): To protect against discrimination and stigma.

USLC (Cameroon): This is a principle of human rights that should be respected.

CLC (Canada): The rights of many workers are violated by HIV testing, which especially affects migrant workers.

UST (Chad): Strict confidentiality rules should apply to protect workers.

CTRN (Costa Rica): This is against the right to privacy and the moral rights of workers.

FTU (Fiji): This is their individual right.

FTUC (Fiji): This would infringe on the privacy of employees and there would be no guarantee that the results would still be confidential. It would also tend to discourage potentially qualified workers from applying for advertised positions.

CFDT (France): This right of workers should also be established in law with a possibility to appeal against its violation.

CGT (France): Under no circumstances should testing be made mandatory.

TUC (Ghana): HIV/AIDS is just like any ordinary disease. It is not contagious.

UGL (Italy): But only for jobs that do not involve risk of a pandemic.

Workers (Mauritius): Should be voluntary.

CROC (Mexico): The rights of workers must not be violated.

MONEF (Mongolia): HIV/AIDS testing is required for employment abroad, for example, in South Korea. These issues should be regulated at the international level.

Workers (Netherlands): Will depend on the occupational risks of the job.

SLEF (Saint Lucia): Should only be voluntary.

NWC (Sri Lanka): Phase out mandatory testing and make testing “migrant friendly”.

USS (Switzerland): Exceptions should be permitted (hospitals, etc.).

CNP (Togo): This should be in accordance with respect for human rights.

*Other: 1. Be With Us (Poland):*

## Comments

Be With Us (Poland): Such a requirement would be discriminatory.

- Qu. 9(e)** (ii) *Workers should be encouraged to know their HIV status through voluntary testing and counselling. Job security and confidentiality should be ensured, and access to treatment made available if it becomes necessary.*

## Governments

*Total number of replies: 113.*

*Yes: 106.* Albania, Antigua and Barbuda, Armenia, Australia, Austria, Bahamas, Barbados, Belarus, Belgium, Belize, Benin, Bosnia and Herzegovina, Botswana, Brazil, Brunei Darussalam, Burkina Faso, Burundi, Cameroon, Canada, China, Colombia, Costa Rica, Côte d'Ivoire, Croatia, Cuba, Cyprus, Democratic Republic of the Congo, Egypt, El Salvador, Estonia, Ethiopia, Finland, France, Gabon, Ghana, Greece, Grenada, Honduras, Hungary, Iceland, India, Indonesia, Iraq, Israel, Italy, Jamaica, Japan, Jordan, Kazakhstan, Kenya, Republic of Korea, Kyrgyzstan, Latvia, Lebanon, Luxembourg, Malawi, Malaysia, Mali, Mauritius, Republic of Moldova, Morocco, Myanmar, Netherlands, New Zealand, Nigeria, Oman, Peru, Philippines, Poland, Portugal, Qatar, Russian Federation, Rwanda, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, San Marino, Saudi Arabia, Senegal, Serbia, Seychelles, Sierra Leone, Singapore, Slovenia, South Africa, Spain, Sri Lanka, Sudan, Suriname, Switzerland, Syrian Arab Republic, Tajikistan, United Republic of Tanzania, Thailand, Timor-Leste, Trinidad and Tobago, Tunisia, Ukraine, United Arab Emirates, United Kingdom, Uruguay, Vanuatu, Bolivarian Republic of Venezuela, Viet Nam, Zambia and Zimbabwe.

*No:* 3. Georgia, Mexico and Panama.

*Other:* 4. Denmark, Germany, Romania and Sweden.

## Comments

*Austria.* “If it becomes necessary” should be deleted. The phrase would mean that in many regions of the world treatment would only be granted if symptoms are manifest. Such voluntary testing should only be carried out through public health systems and not at the workplace.

*Belgium.* But not by the workplace physician.

*Benin.* Knowledge of your status offers many advantages, notably the possibility to be provided with care in time.

*Burkina Faso.* Our employers insist on this being dependent on sources available at the workplace, as well as access to treatment.

*Cameroon.* PLHIV can only be provided with care, support and treatment if they make their status known.

*Democratic Republic of the Congo.* Access to treatment should be guaranteed, and for other illnesses as well.

*Côte d’Ivoire.* Applies to workers and their families. Without well organized care arrangements that respect the worker’s dignity, voluntary testing and counselling are of little use. Legally binding instruments are needed.

*Denmark.* This question cannot be answered yes or no.

*El Salvador.* This is included in our law.

*Gabon.* Feasible only if all necessary measures are taken to combat discrimination and stigmatization.

*Georgia.* Workers should not be encouraged. It should be on a voluntary basis.

*Germany.* This is not a question for employment protection legislation.

*Greece.* Especially for workers of the health-care sector.

*India.* Encouraging voluntary testing and counselling would bring about behaviour change and help workers to adopt safe behaviour. HIV-positive people would get the opportunity to avail themselves of choices for healthy living.

*Indonesia.* The workers should be provided with information on VCT and where they could access it.

*Mali.* Training on the advantages of knowing one’s HIV status can encourage this.

*Mauritius.* This provision will have the double advantage of contributing to the fight against HIV/AIDS and not infringing workers’ human rights.

*Mexico.* We agree with the first part of the question, but as concerns the second part we can agree if security of employment depends on the activity being undertaken and if in this case there is complete incapacity.

*New Zealand.* Does not support overly prescriptive language in this instrument and proposes deleting the words “and access to treatment made available if it becomes necessary”.

*Peru.* Workers need to be made more aware in accordance with applicable legislation.

*Romania.* Voluntary tests should be carried out in medical services in the community, not in the workplace. If there are appropriate medical services in the enterprise, a test could be carried out there at the request and with the consent of the worker. The opinion of workers' representatives could also be requested, if necessary.

*Sri Lanka.* It is important to ensure provision of high quality VCT services which is not the case in many settings. Availability of trained counsellors is inadequate and also private health institutions should be encouraged to provide high quality services.

*Sweden* (Swedish Work Environment Authority). This is the responsibility of the health-care sector.

*Tajikistan.* Measures should be taken to prevent stigmatization and discrimination of workers through the introduction of changes in working conditions and the provision of accessible medical care and social security and other benefits and allowances, established by the law.

*Timor-Leste.* When possible.

*Tunisia.* At the same time reinforcing awareness.

*Vanuatu.* Confidentiality rules must be respected.

*Zambia.* This is already provided for in the workplace policies of most employers but can still be enhanced by the proposed instrument.

## Employers

*Total number of replies: 69.*

*Yes: 50.* CGEA (Algeria), AEC (Azerbaijan), CNP (Benin), CNC (Brazil), BCCI (Bulgaria), CAMFEBA (Cambodia), ANDI (Colombia), CGECI (Côte d'Ivoire), HUP (Croatia), FEC (Democratic Republic of the Congo), DEF (Dominica), FEI (Egypt), EK (Finland), KT (Finland), SY (Finland), MEDEF (France), GEA (Ghana), ESEE (Greece), SEV (Greece), COHEP (Honduras), DPN-APINDO (Indonesia), ICEA (Islamic Republic of Iran), NK (Japan), FKE (Kenya), KEF (Republic of Korea), ALE (Lesotho), CNPM (Mauritania), MEF (Mauritius), COPARMEX (Mexico), MONEF (Mongolia), CGEM (Morocco), NEF (Namibia), FNCCI (Nepal), Employers (Netherlands), Business NZ (New Zealand), EFP (Pakistan), CCSP (Portugal), CIP (Portugal), CTP (Portugal), SLEF (Saint Lucia), ANIS (San Marino), BUSA (South Africa), Organized Business (South Africa), SKL (Sweden), SAV (Sweden), CNP (Togo), ECA (Trinidad and Tobago), FUE (Uganda), CIU (Uruguay) and EMCOZ (Zimbabwe).

*No: 7.* CNF (Brazil), UCCAEP (Costa Rica), CONEP (Panama), ZDS (Slovenia), GZS (Slovenia), UPS (Switzerland), FCCI (United Arab Emirates).

*Other: 5.* DA (Denmark), JEF (Jamaica), NHO (Norway), EFC (Sri Lanka), SN (Sweden).

## Comments

CNF (Brazil): This should not be done as long as it is not done for other chronic illnesses/diseases.

DA (Denmark): This only makes sense in severely affected countries.

GEA (Ghana): To ensure privacy and welfare of HIV/AIDS workers.

COHEP (Honduras): This assumes access to treatment.

FKE (Kenya): But also important to encourage stigma-free diagnostic testing.

MEF (Mauritius): To ensure non-discrimination and prevent stigmatization.

Business NZ (New Zealand): The extent to which employees need to be encouraged to know their HIV status is likely to vary from one country to another.

NHO (Norway): But responsibility for access to treatment should not be borne by employers.

CONEP (Panama): Access to treatment is defined by the limited resources available.

CCSP (Portugal): Treatment should be provided through national public health systems and should not be the responsibility of employers.

EFC (Sri Lanka): Should be encouraged and confidentiality assured. However, treatment is not available in most cases. In many countries, Sri Lanka included, medical insurance does not cover HIV and AIDS.

## Workers

*Total number of replies: 69.*

*Yes: 69.* UGTA (Algeria), UNTA (Angola), CGT-RA (Argentina), ACTU (Australia), CSA-Bénin (Benin), CSTB (Benin), BFTU (Botswana), CITUB (Bulgaria), Podkrepa (Bulgaria), CSTC (Cameroon), CGSTC (Cameroon), USLC (Cameroon), CLC (Canada), UST (Chad), CTRN (Costa Rica), SSSH (Croatia), CMKOS (Czech Republic), UNTC (Democratic Republic of the Congo), FTF (Denmark), LO (Denmark), FTU (Fiji), FTUC (Fiji), SAK (Finland), CGT (France), CGT-FO (France), CFDT (France), GWC (Gambia), DGB (Germany), TUC (Ghana), GSEE (Greece), CNTG (Guinea), ASI (Iceland), KSPI (Indonesia), CGIL (Italy), UGL (Italy), JTUC-RENGO (Japan), FKTU (Republic of Korea), KCTU (Republic of Korea), SEKRIMA (Madagascar), MTUC (Malaysia), Workers (Mauritius), CROC (Mexico), UGTM (Morocco), Workers (Netherlands), NZCTU (New Zealand), NUHPSW (Nigeria), CGTP (Panama), CGTP (Peru), NSZZ (Poland), CGTP-IN (Portugal), UGT (Portugal), CNS-Cartel Alfa (Romania), CESTRAR (Rwanda), COTRAF (Rwanda), CNTS (Senegal), SFWU (Seychelles), ZSSS (Slovenia), Organized Labour (South Africa), NWC (Sri Lanka), LO (Sweden), USS (Switzerland), CNTT (Togo), CSTT (Togo), NATUC (Trinidad and Tobago), UNISON (United Kingdom), TUC (United Kingdom), ZCTU (Zimbabwe) and ITUC (International Trade Union Confederation) and OATUU (Organization of African Trade Union Unity).

## Comments

CGT-RA (Argentina): Should be part of education and prevention.

CGSTC (Cameroon): This should not be in the workplace unless all standards are fully respected: voluntary with confirmed consent, conducted by a qualified person, and strict confidentiality.

USLC: "Confidentiality" should be clearly defined and fully integrated into the different cultures.

CTRN (Costa Rica): There is a serious problem with discretion in the workplace and how confidentiality is assured so that workers can have access to treatment.

LO; FTF (Denmark): Besides job security and confidentiality, workers must also be guaranteed anonymity, which is not always the same as confidentiality.

FTU (Fiji): If a test is positive the individual should be treated normally without discrimination.

CFDT (France): This must be voluntary.

CGT: The rules of confidentiality are a central issue. Workers cannot be encouraged to know their status unless confidentiality, continued employment, and access to treatment, are all guaranteed. Access to treatment is vital but should be globally assured, including not only medication but also psychological support, examinations, transportation, etc.



GSEE (Greece): With full protection of personal data.

CNTG (Guinea): The best workplace policies have this integrated.

SEKRIMA (Madagascar): Confidentiality must be assured.

LO (Sweden): This presupposes that all clauses here mentioned can be guaranteed unconditionally.

USS (Switzerland): This is a privacy issue.

CNTT (Togo): That would be an advantage for both workers and employers, and should be encouraged everywhere.

CSTT: This will encourage workers to know their status.

## Comments

Be With US (Poland): Whether to undergo testing is a private and personal matter. Spreading knowledge on HIV/AIDS – yes.

- Qu. 9(e)** (iii) *Workers and job applicants should not be required to disclose HIV-related personal information about themselves or others. Access to such information should be bound by rules of confidentiality consistent with the ILO's code of practice on the protection of workers' personal data, 1997.*

## Governments

*Total number of replies: 113.*

*Yes: 106.* Albania, Antigua and Barbuda, Armenia, Australia, Austria, Bahamas, Barbados, Belarus, Belgium, Belize, Benin, Bosnia and Herzegovina, Botswana, Brazil, Brunei Darussalam, Burkina Faso, Burundi, Cameroon, Canada, China, Colombia, Costa Rica, Côte d'Ivoire, Croatia, Cuba, Democratic Republic of the Congo, Denmark, Egypt, El Salvador, Estonia, Ethiopia, Finland, France, Gabon, Georgia, Ghana, Greece, Grenada, Hungary, Iceland, India, Indonesia, Iraq, Israel, Italy, Jamaica, Japan, Jordan, Kazakhstan, Kenya, Republic of Korea, Kyrgyzstan, Latvia, Lebanon, Luxembourg, Malawi, Malaysia, Mali, Mauritius, Mexico, Republic of Moldova, Morocco, Myanmar, Netherlands, New Zealand, Nigeria, Oman, Panama, Peru, Philippines, Poland, Portugal, Qatar, Romania, Russian Federation, Rwanda, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, San Marino, Saudi Arabia, Senegal, Serbia, Seychelles, Sierra Leone, Singapore, Slovenia, South Africa, Spain, Sri Lanka, Suriname, Sweden, Switzerland, Syrian Arab Republic, United Republic of Tanzania, Thailand, Timor-Leste, Trinidad and Tobago, Tunisia, Ukraine, United Arab Emirates, United Kingdom, Vanuatu, Bolivarian Republic of Venezuela, Zambia and Zimbabwe.

*No: 4.* Cyprus, Sudan, Uruguay and Viet Nam.

*Other: 3.* Germany, Honduras and Tajikistan.

## Comments

*Australia.* Essential that confidentiality be protected in all matters relating to HIV status. Many jurisdictions have specific legislation, including privacy provisions.

*Austria.* It should also be verified how far certain occupations bearing the risk of transmission might justify the requirement not to be HIV-positive.

*Belgium.* This is a problem for some professions, e.g. medical personnel.

*Botswana.* In certain occupations there may be a need for testing of workers for purposes of compensation and early prevention procedures.

*Burkina Faso.* Only the worker her/himself and the concerned medical personnel should have access to this information.

*Burundi.* Such information, as for other illnesses, should come under confidentiality rules in order to prevent discrimination and stigma.

*Benin.* Respect of the principles is indispensable for all prevention measures, particularly for encouraging VCT.

*Cameroon.* Confidentiality rules must be respected.

*Democratic Republic of the Congo.* There should be no possibility of opening access to this kind of information. A certificate of fitness for work should suffice.

*Côte d'Ivoire.* Also a principle of medical deontology and occupational health. Facilitates access to employment for HIV-infected or affected persons with due regard to workers' dignity.

*Cyprus.* In certain cases disclosure should be required.

*Denmark.* In Denmark it is illegal for any employer to require such information except under very specific circumstances.

*El Salvador.* This is included in our law.

*Finland.* Information concerning HIV/AIDS is confidential and sensitive personal data. Finnish law includes provisions on employers' rights to handle this information.

*Gabon.* Awareness-raising campaigns needed.

*Germany.* The confidentiality of employees' and job applicants' HIV-related data is guaranteed by our legislation.

*India.* This will help to avoid exclusion and discrimination on the basis of HIV status.

*Indonesia.* HIV-related personal information should not be disclosed, as provided in the existing regulation.

*Japan.* However, attention may be required in cases where disclosure of personal information is necessary in the course of one's work.

*Mauritius.* This will protect workers against stigmatization and possible discrimination and preserve their chances of employment.

*New Zealand.* PLHIV should be entitled to work unless there is a genuine risk of an accident. It is generally recommended that healthcare workers carrying out invasive procedures should be encouraged to discuss their circumstances with their employer and their insurer.

*Peru.* Should be integrated into all national policies.

*Romania.* All HIV/AIDS-related information on workers should be strictly confidential and kept in the medical files.

*Saint Vincent and the Grenadines.* In some occupations there may be a risk to persons with whom they come into contact, e.g. health-care workers, or professional athletes who engage in contact sports.

*Senegal.* Unless a worker voluntarily decides to disclose her/his HIV status to the enterprise physician or by being a role model.

*Serbia.* In Serbia this is regulated by law.

*Sudan.* This disease should be disclosed in the interest of the worker concerned, provided that absolute confidentiality is assured.

*Sweden (JämO).* Inability to speak frankly about one's HIV status is a heavy burden.

*Switzerland.* Refers to its comments under question 9(e)(i) with respect to the right to privacy.

*Tajikistan.* Our Labour Code does not contain such requirements.

*Timor-Leste.* In most cases.

*United Kingdom.* For clarity, the Government supports this in general (please see response to question 9(e)(i) above), but as reference is made to "occupational health" it assumes that this statement does not also include healthcare workers. In the United Kingdom some healthcare professionals undertaking certain procedures where there is potential risk of transmission (e.g. surgery) may be required to undergo HIV testing.

*Uruguay.* Existing mechanisms for confidentiality are not sufficient.

*Vanuatu.* We question whether the management should be informed at the recruitment stage.

*Bolivarian Republic of Venezuela.* Non-respect of this principle constitutes discrimination. Existing mechanisms for confidentiality are not sufficient.

## Employers

*Total number of replies: 62.*

*Yes: 50.* CGEA (Algeria), AEC (Azerbaijan), CNP (Benin), CNC (Brazil), CNF (Brazil), BCCI (Bulgaria), CAMFEB (Cambodia), UCCAEP (Costa Rica), CGECI (Côte d'Ivoire), HUP (Croatia), FEC (Democratic Republic of the Congo), DA (Denmark), DEF (Dominica), FEI (Egypt), KT (Finland), SY (Finland), MEDEF (France), GEA (Ghana), ESEE (Greece), SEV (Greece), DPN-APINDO (Indonesia), ICEA (Islamic Republic of Iran), NK (Japan), FKE (Kenya), KEF (Republic of Korea), ALE (Lesotho), CNPM (Mauritania), MEF (Mauritius), COPARMEX (Mexico), MONEF (Mongolia), CGEM (Morocco), NEF (Namibia), FNCCI (Nepal), Employers (Netherlands), NHO (Norway), CONEP (Panama), CCSP (Portugal), CIP (Portugal), CTP (Portugal), SLEF (Saint Lucia), ANIS (San Marino), EFC (Sri Lanka), SKL (Sweden), SAV (Sweden), UPS (Switzerland), CNP (Togo), ECA (Trinidad and Tobago), FUE (Uganda), CIU (Uruguay) and EMCOZ (Zimbabwe).

*No: 10.* ANDI (Colombia), EK (Finland), COHEP (Honduras), Business NZ (New Zealand), EFP (Pakistan), ZDS (Slovenia), GZS (Slovenia), BUSA (South Africa), Organized Business (South Africa), FCCI (United Arab Emirates).

*Other: 2.* JEF (Jamaica), SN (Sweden).

## Comments

CNP (Benin): Indispensable for the success of the policy.

DA (Denmark): This only makes sense in countries severely affected.

EK (Finland): No, because in some professions this information is relevant and needs to be disclosed.

GEA (Ghana): To protect workers' rights and avoid mandatory testing.

COHEP (Honduras): There is no reason to require job applicants or workers to provide personal information on HIV status, or to divulge personal information on a colleague (prohibited by the Special HIV/AIDS Law).

MEF (Mauritius): Except in specific occupations.

FNCCI (Nepal): Confidentiality must be respected, and disclosure should not be compulsory.

BNZ (New Zealand): Under our OSH legislation employers are required to eliminate risk, where this is reasonable and practicable. They therefore need, in some situations, to retain the right to ask workers and job applicants about their HIV status. Where this happens, confidentiality must be ensured.

EFP (Pakistan): It should not be considered as "personal information" as it affects others and business too.

ZDS (Slovenia): Some exceptions for certain workplaces should be applied, to ensure the safety of people.

Organized Business (South Africa): Disclosure should be required where inherent job requirements demand it.

## Workers

*Total number of replies: 69.*

*Yes:* 68. UGTA (Algeria), UNTA (Angola), CGT-RA (Argentina), ACTU (Australia), CSA-Bénin (Benin), CSTB (Benin), BFTU (Botswana), CITUB (Bulgaria), Podkrepa (Bulgaria), CSTC (Cameroon), CGSTC (Cameroon), USLC (Cameroon), CLC (Canada), UST (Chad), CTRN (Costa Rica), SSSH (Croatia), CMKOS (Czech Republic), UNTC (Democratic Republic of the Congo), FTF (Denmark), LO (Denmark), FTU (Fiji), FTUC (Fiji), SAK (Finland), CGT (France), CGT-FO (France), CFDT (France), GWC (Gambia), DGB (Germany), TUC (Ghana), GSEE (Greece), CNTG (Guinea), ASI (Iceland), KSPI (Indonesia), CGIL (Italy), UGL (Italy), JTUC-RENGO (Japan), FKTU (Republic of Korea), KCTU (Republic of Korea), SEKRIMA (Madagascar), MTUC (Malaysia), Workers (Mauritius), CROC (Mexico), Workers (Netherlands), NZCTU (New Zealand), NUHPSW (Nigeria), CGTP (Panama), CGTP (Peru), NSZZ (Poland), CGTP-IN (Portugal), UGT (Portugal), CNS-Cartel Alfa (Romania), CESTRAR (Rwanda), COTRAF (Rwanda), CNTS (Senegal), SFWU (Seychelles), ZSSS (Slovenia), Organized Labour (South Africa), NWC (Sri Lanka), LO (Sweden), USS (Switzerland), CNTT (Togo), CSTT (Togo), NATUC (Trinidad and Tobago), UNISON (United Kingdom), TUC (United Kingdom), ZCTU (Zimbabwe) and ITUC (International Trade Union Confederation) and OATUU (Organization of African Trade Union Unity).

*No:* 1. UGTM (Morocco).

## Comments

UNTA (Angola): Should be provided for in national laws in accordance with ILO standards.

CTRN (Costa Rica): This is a great problem since the confidentiality is not respected.

DGB (Germany): Special rules should be adopted on voluntary disclosure of HIV information.

TUC (Ghana): Confidentiality should be respected.

CNS-Cartel Alfa (Romania): Specific rules should be adopted on voluntary disclosure of HIV information.

CNTS (Senegal): Specific rules should be adopted on voluntary disclosure of HIV information, unless the workers themselves voluntarily disclose their HIV status to the occupational doctor, or if disclosure occurs as a result of being a role model.

USS (Switzerland): In accordance with Swiss law.

CSTT (Togo): This will reassure workers.

*Other: Yes: I. Community (South Africa).*

## Comments

Be With Us (Poland): Such a requirement would be discriminatory.

Community (South Africa): There is no current occupation for which it is an inherent requirement to be HIV negative (wet-nursing, i.e. breast-feeding someone else's child, is outdated; plus there is new research on making breast milk safer, where there is no access to milk substitutes). We disagree with business that some occupations inherently require HIV negative status.

## Qu. 9

*(f) Prevention, treatment care and support:*

*(i) Prevention of all means of HIV transmission should be a fundamental priority. Prevention strategies should be adapted to national conditions and the workplace concerned, and should be sensitive to gender and culture.*

## Governments

### (General comments)

*Belgium.* Questions 9(f)(i) and (ii) go well beyond the workplace, and are questions of public health.

*Poland.* Almost the entire point needs to be re-edited, so that the Recommendation deals with risks exclusively in the world of work and not generally, as is suggested.

## Governments

*Total number of replies: 113.*

*Yes: 112.* Albania, Antigua and Barbuda, Armenia, Australia, Austria, Bahamas, Barbados, Belarus, Belgium, Belize, Benin, Bosnia and Herzegovina, Botswana, Brazil, Brunei Darussalam, Burkina Faso, Burundi, Cameroon, Canada, China, Colombia, Costa Rica, Côte d'Ivoire, Croatia, Cuba, Cyprus, Democratic Republic of the Congo, Denmark, Egypt, El Salvador, Estonia, Ethiopia, Finland, France, Gabon, Georgia, Germany, Ghana, Greece, Grenada, Hungary, Iceland, India, Indonesia, Iraq, Israel, Italy, Jamaica, Japan, Jordan, Kazakhstan, Kenya, Republic of Korea, Kyrgyzstan, Latvia, Lebanon, Luxembourg, Malawi, Malaysia, Mali, Mauritius, Mexico, Republic of Moldova, Morocco, Myanmar, Netherlands, New Zealand, Nigeria, Oman, Panama, Peru, Philippines, Poland, Portugal, Qatar, Romania, Russian Federation, Rwanda, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, San Marino, Saudi Arabia, Senegal, Serbia, Seychelles, Sierra Leone, Singapore, Slovenia, South Africa, Spain, Sri Lanka, Sudan, Suriname, Sweden, Switzerland, Syrian Arab Republic, Tajikistan, United Republic of Tanzania, Thailand,

Timor-Leste, Trinidad and Tobago, Tunisia, Ukraine, United Arab Emirates, United Kingdom, Uruguay, Vanuatu, Bolivarian Republic of Venezuela, Viet Nam, Zambia and Zimbabwe.

*Other:* 1. Honduras.

## Comments

*Austria.* Delete second sentence. From a purely medical standpoint, prevention is gender-specific. The virus ignores domestic and cultural issues. Efforts should be made to avoid reigniting the whole condom and “safe abortion” debate. Ways of transmission, risk factors and possible prevention methods need to be described in an objective, impartial manner.

*Benin.* Emphasizing one mode of transmission could lead to confusion and emotion at the social and religious levels. It would be best to explain all modes of transmission so that preventive measures become accessible and voluntary.

*Burundi.* Should take into account each country’s situation and national culture, and should promote behaviour that offers the smallest risk of transmission.

*Cameroon.* Must be adapted to national realities or they will fail.

*Côte d’Ivoire.* Consideration should be given to occupational and non-occupational risks.

*Denmark.* Parts of the broad areas covered in this section on prevention, treatment, care and support are outside the ILO’s mandate and should be managed by the responsible UN agencies (WHO and UNAIDS).

*Finland.* Important, but does it have a connection with work and the workplace?

*Greece.* Should also be sensitive to sexual orientation.

*India.* To facilitate protection and mitigate the impact of HIV. With the increasing feminization of HIV, it would be vital to account for specific gender concerns to be included and addressed by the instrument.

*Indonesia.* Should be based on the workplace culture and conditions.

*Malaysia.* There has been an increasing trend for women, to be infected, particularly young women. Thus gender perspectives must be taken into consideration in addressing HIV/AIDS issues.

*Mali.* The policy of free care is reflected in free access to ARVs, to treatment for opportunistic infections, coverage of follow-up testing in hospitals and health centres and some private clinics, and psychosocial and social-economic support for PLHIV.

*Mauritius.* Culture is an important dimension which cannot be overlooked by prevention strategies.

*New Zealand.* If the words “in the workplace” are added after “transmission”.

*Peru.* This should respect social, cultural and economic conditions of countries.

*Poland.* The issue regards health-care policy. Since the Recommendation may refer to the national policy on HIV/AIDS prevention and counteracting, it exceeds the powers of the ILO and the first sentence should be deleted.

*Sierra Leone.* Using various methods such as training of peer educators/counsellors at the workplace.

*Sudan.* It is well known that prevention is better than treatment.

*Sweden* (National Board of Health and Welfare). Sexual orientation must be included here; suggest adding the following text. “and should be sensitive to gender, sexual orientation and culture”.

*Zambia*. This is the case in most countries and most employers have accepted this principle.

## Employers

*Total number of replies: 63.*

*Yes: 57.* CGEA (Algeria), AEC (Azerbaijan), CNP (Benin), CNC (Brazil), CNF (Brazil), BCCI (Bulgaria), CAMFEBA (Cambodia), CGECI (Côte d’Ivoire), HUP (Croatia), FEC (Democratic Republic of the Congo), DEF (Dominica), FEI (Egypt), KT (Finland), SY (Finland), GEA (Ghana), ESEE (Greece), SEV (Greece), COHEP (Honduras), DPN-APINDO (Indonesia), ICEA (Islamic Republic of Iran), JEF (Jamaica), NK (Japan), FKE (Kenya), KEF (Republic of Korea), ALE (Lesotho), CNPM (Mauritania), MEF (Mauritius), COPARMEX (Mexico), MONEF (Mongolia), CGEM (Morocco), NEF (Namibia), FNCCI (Nepal), Employers (Netherlands), Business NZ (New Zealand), NHO (Norway), EFP (Pakistan), CONEP (Panama), CCSP (Portugal), CIP (Portugal), CTP (Portugal), SLEF (Saint Lucia), ANIS (San Marino), ZDS (Slovenia), GZS (Slovenia), BUSA (South Africa), Organized Business (South Africa), EFC (Sri Lanka), SN (Sweden), SKL (Sweden), SAV (Sweden), UPS (Switzerland), CNP (Togo), ECA (Trinidad and Tobago), FUE (Uganda), FCCI (United Arab Emirates), CIU (Uruguay) and EMCOZ (Zimbabwe).

*No: 2.* EK (Finland), MEDEF (France).

*Other: 4.* ANDI (Colombia), UCCAEP (Costa Rica), DA (Denmark), SN (Sweden).

## Comments

UCCAEP (Costa Rica): Workplaces could serve as a place for providing preventive information even though workplaces in themselves are not transmitting HIV.

DA (Denmark): This is outside the ILO’s mandate and should be managed by the responsible UN agencies (WHO and UNAIDS). This also covers (f) (ii) – (v).

EK; KT; SY (Finland): Sexual behaviour is not a workplace issue.

MEDEF (France): We do not agree with mixing general prevention issues (combating drug use and unprotected sexual relations) and the workplace.

GEA (Ghana): To prevent risk and vulnerability.

COHEP (Honduras): Since different strategies can be used.

MEF (Mauritius): Particularly culture and beliefs.

Employers (Netherlands): This is important but not fundamental. The workplace is concerned in so far as it affects employability and ability to work.

Business NZ (New Zealand): Add “in the workplace” after “transmission”. The ILO should keep within its world of work mandate

## Workers

*Total number of replies: 69.*

*Yes:* 68. UGTA (Algeria), UNTA (Angola), CGT-RA (Argentina), ACTU (Australia), CSA-Bénin (Benin), CSTB (Benin), BFTU (Botswana), CITUB (Bulgaria), Podkrepa (Bulgaria), CSTC (Cameroon), CGSTC (Cameroon), USLC (Cameroon), CLC (Canada), UST (Chad), CTRN (Costa Rica), SSSH (Croatia), CMKOS (Czech Republic), UNTC (Democratic Republic of the Congo), FTF (Denmark), LO (Denmark), FTU (Fiji), FTUC (Fiji), SAK (Finland), CGT (France), CGT-FO (France), CFDT (France), GWC (Gambia), DGB (Germany), TUC (Ghana), GSEE (Greece), CNTG (Guinea), ASI (Iceland), KSPI (Indonesia), CGIL (Italy), UGL (Italy), JTUC-RENGO (Japan), FKTU (Republic of Korea), KCTU (Republic of Korea), SEKRIMA (Madagascar), MTUC (Malaysia), Workers (Mauritius), CROC (Mexico), UGTM (Morocco), Workers (Netherlands), NZCTU (New Zealand), NUHPSW (Nigeria), CGTP (Panama), CGTP (Peru), NSZZ (Poland), CGTP-IN (Portugal), UGT (Portugal), CNS-Cartel Alfa (Romania), COTRAF (Rwanda), CNTS (Senegal), SFWU (Seychelles), ZSSS (Slovenia), Organized Labour (South Africa), NWC (Sri Lanka), LO (Sweden), USS (Switzerland), CNTT (Togo), CSTT (Togo), NATUC (Trinidad and Tobago), UNISON (United Kingdom), TUC (United Kingdom), ZCTU (Zimbabwe) and ITUC (International Trade Union Confederation) and OATUU (Organization of African Trade Union Unity).

*No:* 1. CESTRAR (Rwanda).

## Comments

USLC (Cameroon): Prevention should take priority.

UNTC (Democratic Republic of the Congo): Very important, in particular for involving everyone in workplace programmes.

CTRN (Costa Rica): All chronic illnesses should be treated equally for all human beings.

FTU (Fiji): This is the area one should focus more on.

CGT (France): The workplace is the best place for preventive measures. Intervention strategies should be revised regularly to take into account new developments and the needs of vulnerable populations, as well as technical innovations.

TUC (Ghana): Gender, especially gender inequality, increase vulnerability to HIV infection and influences the quality of prevention strategies and treatments, and is affected by negative social and economic consequences of HIV/AIDS.

Workers (Mauritius): Individual beliefs must be respected.

CGTP (Panama): We need to improve both our services and access to treatment.

CESTRAR (Rwanda): It is not necessary to mention this.

COTRAF (Rwanda): Methods should be adapted to the target group.

NWC (Sri Lanka): Suggest adding references to gender, culture and the social status of victims.

CNTT (Togo): The gender issue is very important but there are religious particulars.

*Other: Yes:* 1. Community (South Africa).

## Comments

Community (South Africa). This should include at least provision of ARVs and information and education on safer sex and provision of condoms.



**Qu. 9(f)**(ii) *Prevention programmes should ensure:*(1) *the provision of accurate and relevant information, including prevention of mother-to-child transmission;***Governments***Total number of replies: 113.*

*Yes: 108.* Albania, Antigua and Barbuda, Armenia, Australia, Austria, Bahamas, Barbados, Belarus, Belgium, Belize, Benin, Bosnia and Herzegovina, Botswana, Brazil, Brunei Darussalam, Burkina Faso, Burundi, Cameroon, Canada, China, Colombia, Costa Rica, Côte d'Ivoire, Croatia, Cuba, Cyprus, Democratic Republic of the Congo, Egypt, El Salvador, Estonia, Ethiopia, Finland, France, Gabon, Georgia, Germany, Ghana, Greece, Grenada, Hungary, Iceland, India, Indonesia, Iraq, Israel, Italy, Jamaica, Japan, Jordan, Kazakhstan, Kenya, Republic of Korea, Kyrgyzstan, Latvia, Lebanon, Luxembourg, Malawi, Malaysia, Mauritius, Mexico, Republic of Moldova, Morocco, Myanmar, Netherlands, New Zealand, Nigeria, Oman, Panama, Peru, Philippines, Portugal, Qatar, Romania, Russian Federation, Rwanda, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, San Marino, Saudi Arabia, Senegal, Serbia, Seychelles, Sierra Leone, Singapore, Slovenia, South Africa, Spain, Sri Lanka, Sudan, Suriname, Sweden, Switzerland, Syrian Arab Republic, United Republic of Tanzania, Thailand, Timor-Leste, Trinidad and Tobago, Tunisia, Ukraine, United Arab Emirates, United Kingdom, Uruguay, Vanuatu, Bolivarian Republic of Venezuela, Viet Nam, Zambia and Zimbabwe.

*Other: 5.* Denmark, Honduras, Mali, Poland and Tajikistan.

**Comments**

*Australia.* Where such potential transmission is work-related.

*Austria.* This formulation is inadequate. Vertical transmission and its prevention is a key issue and should therefore be prioritized. Care for HIV-positive pregnant women has to be part of the world of work response. The word "including" should be replaced with "in particular".

*Burkina Faso.* Necessary for the success of the policy.

*Cameroon.* All transmission modes should be included at all levels.

*Denmark.* Please refer to the answer to question 9(f) (i).

*India.* Such as condom availability, management of STIs and voluntary counselling and testing facilities should be provided. It should specifically address mother-to-child transmission to protect the child from infection and to support the mother during the pre-natal and post-natal stages.

*Indonesia.* Working mothers with HIV/AIDS have to be cooperative in preventing mother-to-child transmission.

*Mexico.* In addition to mother-to-child transmission, it would be desirable to consider all means of transmission, whether pre-natal or by blood or sexual activity.

*New Zealand.* If the words "in the workplace" are added at the end. UNICEF has a number of key focus areas including prevention of parent-to-child transmission of HIV.

*Peru.* Information should be disseminated not only during pregnancy but also after pregnancy starts (HIV test) and after delivery (ensuring that an HIV-infected mother does not breast feed).

*Qatar.* Information should be made readily available and regularly updated.

*Timor-Leste.* In accordance with national policies and programmes.

*United Kingdom.* Such programmes need to be carefully designed, pre-tested and evaluated for impact (this also applies to other answers in this section).

*Vanuatu.* Important that all women workers are informed on mother-to-child transmission, which should also be communicated to men.

*Bolivarian Republic of Venezuela.* Prevention through education is the most effective tool for preventing infection.

## Employers

*Total number of replies: 62.*

*Yes: 57.* CGEA (Algeria), AEC (Azerbaijan), CNP (Benin), CNC (Brazil), CNF (Brazil), BCCI (Bulgaria), CAMFEBA (Cambodia), UCCAEP (Costa Rica), CGECI (Côte d'Ivoire), HUP (Croatia), FEC (Democratic Republic of the Congo), DEF (Dominica), FEI (Egypt), EK (Finland), KT (Finland), SY (Finland), MEDEF (France), GEA (Ghana), ESEE (Greece), SEV (Greece), COHEP (Honduras), DPN-APINDO (Indonesia), ICEA (Islamic Republic of Iran), JEF (Jamaica), NK (Japan), FKE (Kenya), KEF (Republic of Korea), ALE (Lesotho), CNPM (Mauritania), MEF (Mauritius), COPARMEX (Mexico), MONEF (Mongolia), CGEM (Morocco), NEF (Namibia), FNCCI (Nepal), Employers (Netherlands), NHO (Norway), EFP (Pakistan), CONEP (Panama), CCSP (Portugal), CIP (Portugal), CTP (Portugal), SLEF (Saint Lucia), ANIS (San Marino), ZDS (Slovenia), GZS (Slovenia), BUSA (South Africa), Organized Business (South Africa), EFC (Sri Lanka), SKL (Sweden), SAV (Sweden), CNP (Togo), ECA (Trinidad and Tobago), FUE (Uganda), FCCI (United Arab Emirates), CIU (Uruguay) and EMCOZ (Zimbabwe).

*No: 2.* Business NZ (New Zealand), UPS (Switzerland).

*Other: 3.* ANDI (Colombia), DA (Denmark), SN (Sweden).

## Comments

DA (Denmark): The focus of the proposed instrument should be within the ILO mandate.

COHEP (Honduras): Ignorance, prejudice and lack of awareness spread HIV. It is essential to keep people informed on the infection, its modes of transmission and methods of prevention, to combat myths and taboos regarding sexual behaviour, and to encourage changes in high-risk behaviour.

MEF (Mauritius): To be provided by competent persons and organizations.

FNCCI (Nepal): Many children are infected unknowingly, so accurate and relevant information to concerned parties is even more important.

Business NZ (New Zealand): UNICEF is better placed to provide accurate and relevant information on this subject area. The ILO should concentrate on areas within the world of work.

USS (Switzerland): This is not the role of employers.

## Workers

*Total number of replies: 69.*

*Yes: 69.* UGTA (Algeria), UNTA (Angola), CGT-RA (Argentina), ACTU (Australia), CSA-Bénin (Benin), CSTB (Benin), BFTU (Botswana), CITUB (Bulgaria), Podkrepa (Bulgaria), CSTC (Cameroon), CGSTC (Cameroon), USLC (Cameroon), CLC (Canada), UST (Chad), CTRN (Costa Rica), SSSH (Croatia), CMKOS (Czech Republic), UNTC (Democratic Republic of the

Congo), FTF (Denmark), LO (Denmark), FTU (Fiji), FTUC (Fiji), SAK (Finland), CGT (France), CGT-FO (France), CFDT (France), GWC (Gambia), DGB (Germany), TUC (Ghana), GSEE (Greece), CNTG (Guinea), ASI (Iceland), KSPI (Indonesia), CGIL (Italy), UGL (Italy), JTUC-RENGO (Japan), FKTU (Republic of Korea), KCTU (Republic of Korea), SEKRIMA (Madagascar), MTUC (Malaysia), Workers (Mauritius), CROC (Mexico), UGTM (Morocco), Workers (Netherlands), NZCTU (New Zealand), NUHPSW (Nigeria), CGTP (Panama), CGTP (Peru), NSZZ (Poland), CGTP-IN (Portugal), UGT (Portugal), CNS-Cartel Alfa (Romania), CESTRAR (Rwanda), COTRAF (Rwanda), CNTS (Senegal), SFWU (Seychelles), ZSSS (Slovenia), Organized Labour (South Africa), NWC (Sri Lanka), LO (Sweden), USS (Switzerland), CNTT (Togo), CSTT (Togo), NATUC (Trinidad and Tobago), UNISON (United Kingdom), TUC (United Kingdom), ZCTU (Zimbabwe) and ITUC (International Trade Union Confederation) and OATUU (Organization of African Trade Union Unity).

## Comments

CSA-Bénin (Benin): To benefit pregnant women.

CGSTC (Cameroon): This is obvious.

USLC (Cameroon): This is basic information on HIV/AIDS.

CTRN (Costa Rica): If done in time it will save a child from infection.

CGT (France): Prevention measures should also include treatment of children and sexuality between couples in which one partner is HIV-positive.

CGTP (Panama): Panama is a transit country for many migrants, which makes it more difficult to implement prevention measures.

ZCTU (Zimbabwe): This area should be seriously emphasized. Most infected children under the age of five years are infected through mother-to-child transmission.

## Qu. 9(f)(ii)

(2) *education to help men and women understand and reduce risk;*

## Governments

*Total number of replies: 113.*

*Yes: 109.* Albania, Antigua and Barbuda, Armenia, Australia, Austria, Bahamas, Barbados, Belarus, Belgium, Belize, Benin, Bosnia and Herzegovina, Botswana, Brazil, Brunei Darussalam, Burkina Faso, Burundi, Cameroon, Canada, China, Colombia, Costa Rica, Côte d'Ivoire, Croatia, Cuba, Cyprus, Democratic Republic of the Congo, Egypt, El Salvador, Estonia, Ethiopia, Finland, France, Gabon, Georgia, Germany, Ghana, Greece, Grenada, Hungary, Iceland, India, Indonesia, Iraq, Israel, Italy, Jamaica, Japan, Jordan, Kazakhstan, Kenya, Republic of Korea, Kyrgyzstan, Latvia, Lebanon, Luxembourg, Malawi, Malaysia, Mauritius, Mexico, Republic of Moldova, Morocco, Myanmar, Netherlands, New Zealand, Nigeria, Oman, Panama, Peru, Philippines, Portugal, Qatar, Romania, Russian Federation, Rwanda, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, San Marino, Saudi Arabia, Senegal, Serbia, Seychelles, Sierra Leone, Singapore, Slovenia, South Africa, Spain, Sri Lanka, Sudan, Suriname, Sweden, Switzerland, Syrian Arab Republic, Tajikistan, United Republic of Tanzania, Thailand, Timor-Leste, Trinidad and Tobago, Tunisia, Ukraine, United Arab Emirates, United Kingdom, Uruguay, Vanuatu, Bolivarian Republic of Venezuela, Viet Nam, Zambia and Zimbabwe.

*Other: 4.* Denmark, Honduras, Mali and Poland.

## Comments

*Benin.* Information and awareness raising do not always lead to changes in behaviour; the risks of HIV/AIDS are mainly linked to personal behaviours.

*Burkina Faso.* This will enhance changes, promote less risky behaviours, and ensure greater trust in programmes and policies.

*Burundi.* Each country and enterprise should promote behavioural changes that will ensure the smallest risks of transmitting HIV.

*Denmark.* Please refer to the answer to question 9(f) (i).

*Greece.* Educational programmes should address the gap between knowledge and attitudes and behaviours. Knowledge is not enough to reduce danger - attitudes and behaviours should change as well.

*India.* To reduce vulnerability and risk due to lack of information and awareness and to promote safer sexual practices and behaviour.

*Malaysia.* In most societies, gender determines how and what men and women are expected to know about sexual matters and sexual behaviour. As a result, girls and women are often poorly informed about reproductive health, while men are often expected to know much more. Educating both men and women on HIV/AIDS is thus essential to minimize the individual's risk of infection.

*New Zealand.* If the words "in the workplace" are added after "education".

*Peru.* This is crucial.

*Sierra Leone.* They should promote respect for human rights and dignity, and indicate the behaviours that men and women should avoid or adopt in order to reduce risk.

*Sri Lanka.* How individual enterprises ensure quality programmes depends on whether the government health system should (and could, given that resources are already stretched) collaborate with enterprises in this area, or whether employers' and workers' organizations should provide support.

*Sweden* (Swedish Work Environment Authority). This will apply with respect to workplace-related cases, such as blood-borne infections transmitted through needle pricks.

*Thailand.* Should also include transgender people who are increasing and likely to be accepted in current society.

*Vanuatu.* Important that employers have an assigned HIV/AIDS unit to provide information, help, care and assistance to workers.

## Employers

*Total number of replies: 62.*

*Yes:* 59. CGEA (Algeria), AEC (Azerbaijan), CNP (Benin), CNC (Brazil), CNF (Brazil), BCCI (Bulgaria), CAMFEBA (Cambodia), ANDI (Colombia), UCCAEP (Costa Rica), CGECI (Côte d'Ivoire), HUP (Croatia), FEC (Democratic Republic of the Congo), DEF (Dominica), FEI (Egypt), EK (Finland), KT (Finland), SY (Finland), MEDEF (France), GEA (Ghana), ESEE (Greece), SEV (Greece), COHEP (Honduras), DPN-APINDO (Indonesia), ICEA (Islamic Republic of Iran), JEF (Jamaica), NK (Japan), FKE (Kenya), KEF (Republic of Korea), ALE (Lesotho), CNPM (Mauritania), MEF (Mauritius), COPARMEX (Mexico), MONEF (Mongolia), CGEM (Morocco), NEF (Namibia), FNCCI (Nepal), Employers (Netherlands), Business NZ (New Zealand), NHO (Norway), EFP (Pakistan), CONEP (Panama), CCSP (Portugal), CIP (Portugal), CTP (Portugal), SLEF (Saint Lucia), ANIS (San Marino), ZDS (Slovenia), GZS

(Slovenia), BUSA (South Africa), Organized Business (South Africa), EFC (Sri Lanka), SKL (Sweden), SAV (Sweden), CNP (Togo), ECA (Trinidad and Tobago), FUE (Uganda), FCCI (United Arab Emirates), CIU (Uruguay) and EMCOZ (Zimbabwe).

*No:* 1. UPS (Switzerland).

*Other:* 2. DA (Denmark), SN (Sweden).

## Comments

CNP (Benin): One would have to insist on a permanent change of behaviours.

DA (Denmark): The proposed instrument's focus should be within the ILO mandate.

COHEP (Honduras): It is important to work on risk perception and promote behavioural change. This is not easy, and people need help to understand and reduce risk. The different situations of men and women, and the pressures they face, need to be taken into account, as well as other gender-related issues such as power and control in relationships.

FNCCI (Nepal): Education reduces the risk.

Business NZ (New Zealand): Add "in the workplace" after "education". The ILO should only provide guidance within its world of work mandate.

MEF (Mauritius): This point should refer to workers.

ECA (Trinidad and Tobago): Sexual and reproductive health programmes that are sensitive to the decision-making context, the threat of violence or coercion, and cultural influences and beliefs and practices, should be advocated.

## Workers

*Total number of replies:* 69.

*Yes:* 68. UGTA (Algeria), UNTA (Angola), CGT-RA (Argentina), ACTU (Australia), CSA-Bénin (Benin), CSTB (Benin), BFTU (Botswana), CITUB (Bulgaria), Podkrepa (Bulgaria), CSTC (Cameroon), CGSTC (Cameroon), USLC (Cameroon), CLC (Canada), UST (Chad), CTRN (Costa Rica), SSSH (Croatia), CMKOS (Czech Republic), UNTC (Democratic Republic of the Congo), FTF (Denmark), LO (Denmark), FTU (Fiji), FTUC (Fiji), SAK (Finland), CGT (France), CGT-FO (France), CFDT (France), GWC (Gambia), DGB (Germany), TUC (Ghana), GSEE (Greece), CNTG (Guinea), ASI (Iceland), KSPI (Indonesia), CGIL (Italy), UGL (Italy), JTUC-RENGO (Japan), FKTU (Republic of Korea), KCTU (Republic of Korea), SEKRIMA (Madagascar), MTUC (Malaysia), Workers (Mauritius), CROC (Mexico), UGTM (Morocco), Workers (Netherlands), NZCTU (New Zealand), NUHPSW (Nigeria), CGTP (Panama), CGTP (Peru), NSZZ (Poland), CGTP-IN (Portugal), UGT (Portugal), CNS-Cartel Alfa (Romania), COTRAF (Rwanda), CNTS (Senegal), SFWU (Seychelles), ZSSS (Slovenia), Organized Labour (South Africa), NWC (Sri Lanka), LO (Sweden), USS (Switzerland), CNTT (Togo), CSTT (Togo), NATUC (Trinidad and Tobago), UNISON (United Kingdom), TUC (United Kingdom), ZCTU (Zimbabwe) and ITUC (International Trade Union Confederation) and OATUU (Organization of African Trade Union Unity).

*No:* 1. CESTRAR (Rwanda).

## Comments

UNTA (Angola): This is necessary.

USLC (Cameroon): To inform is to educate.

UNTC (Democratic Republic of the Congo): Vital for the success of policies.

CTRN (Costa Rica): Prevention, prevention and again prevention.

CGT (France): Combining medical personnel with organizations of PLHIV.

TUC (Ghana): Recalls “My people perished for lack of education”. There is also the need for continuous training and retraining.

SEKRIMA (Madagascar): Both men and women must be involved.

COTRAF (Rwanda): Men and women should have the same understanding of the phenomenon.

NWC (Sri Lanka): These programmes may be best conducted during working hours and/or near to workplaces.

CNTT (Togo): Education activities should be adapted to the environment, the social groups and culture.

ECA (Trinidad and Tobago): Sexual and reproductive health programmes that are sensitive to the decision-making context, the threat of violence or coercion, and cultural influences and beliefs and practices, should be advocated.

**Qu. 9(f)(ii)** (3) *practical measures, such as improving condom availability.*

**Governments**

*Total number of replies: 114.*

*Yes: 106.* Albania, Antigua and Barbuda, Armenia, Australia, Austria, Barbados, Belarus, Belgium, Belize, Benin, Bosnia and Herzegovina, Botswana, Brazil, Brunei Darussalam, Burkina Faso, Burundi, Cameroon, Canada, China, Colombia, Costa Rica, Côte d’Ivoire, Cuba, Cyprus, Democratic Republic of the Congo, Egypt, El Salvador, Estonia, Ethiopia, Finland, France, Gabon, Georgia, Germany, Ghana, Greece, Grenada, Hungary, Iceland, India, Indonesia, Iraq, Israel, Italy, Jamaica, Japan, Jordan, Kazakhstan, Kenya, Republic of Korea, Kyrgyzstan, Latvia, Lebanon, Luxembourg, Malawi, Malaysia, Mauritius, Mexico, Republic of Moldova, Morocco, Myanmar, Netherlands, New Zealand, Nigeria, Oman, Panama, Peru, Philippines, Portugal, Qatar, Romania, Russian Federation, Rwanda, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, San Marino, Saudi Arabia, Senegal, Serbia, Seychelles, Sierra Leone, Singapore, Slovenia, South Africa, Spain, Sri Lanka, Sudan, Suriname, Sweden, Switzerland, Syrian Arab Republic, Tajikistan, United Republic of Tanzania, Thailand, Trinidad and Tobago, Tunisia, Ukraine, United Arab Emirates, United Kingdom, Uruguay, Vanuatu, Bolivarian Republic of Venezuela, Viet Nam, Zambia and Zimbabwe.

*No: 2.* Serbia and Timor-Leste.

*Other: 6.* Croatia, Bahamas, Denmark, Honduras, Mali and Poland.

**Comments**

*Austria.* “Improving” should be replaced with “guaranteeing”.

*Bahamas.* Condoms have their disadvantages. Abstinence should also be encouraged.

*Belgium.* We have special provisions under the social security regime in favour of young women and young people generally.

*Benin.* Making condoms available is one of the most effective ways of combating HIV/AIDS.

*Burkina Faso.* This is not enough; it should also include how to use a condom properly, encourage abstinence, fidelity, etc.

*Cameroon.* Also encouraging their correct use.

*Democratic Republic of the Congo.* There should also be a campaign to instruct people on how to use condoms correctly.

*Côte d'Ivoire.* Also promote abstinence and fidelity. Distribution of condoms should mainly be for risk groups.

*Denmark.* Please refer to the answer to question (9(f)(i).

*Egypt.* Within a country's cultural context.

*El Salvador.* Abstinence and fidelity are not enough.

*Georgia.* Good but not necessary.

*India.* To eliminate risks taken because of non-availability of protective measures such as condoms (both male and female). It is also about translating commitment into action.

*Malaysia.* Should also take into consideration local cultures, sensitivities and national policies.

*Mauritius.* This will be tantamount to empowerment at a practical level.

*New Zealand.* If reworded as follows. "practical measures in the workplace, such as improving condom availability, where appropriate." The UNFPA focuses its AIDS response on comprehensive male and female condom programming.

*Oman.* But consideration should be given to certain countries' customs and traditions.

*Panama.* Should also include instructions on how to use them correctly.

*Peru.* Should be made available at the workplace.

*Philippines.* Should also include hygienic measures and risk-free sexual practices.

*Romania.* (National Agency for the Protection of the Rights of Children). Should also include promotion of using this method of prevention.

*Russian Federation.* A delicate matter that requires further consideration.

*Seychelles.* Should be free of charge.

*Sierra Leone.* Help providers develop positive attitudes to make condoms available to young people and integrate condoms for STI/HIV prevention into sexual reproductive health programmes.

*Singapore.* Add "and accessibility" after "availability", to address cost as a potential barrier for adoption by certain groups that are resource-constrained.

*South Africa.* Provision should be made for both male and female condoms.

*Sri Lanka.* This is necessary, but may be subject to cultural constraints as well as financial constraints for smaller enterprises. The cultural barriers need to be addressed through education and advocacy. Donor assistance will be necessary to ensure uninterrupted supplies.

*Sweden (Sida).* This is good.

*Sweden (LMA).* This loses sight of the issue.

*Timor-Leste.* The availability of condoms would not diminish the number of infections. What really could change the reality of HIV/AIDS is a change of mentality and behaviour.

*Trinidad and Tobago.* It is also necessary to teach condom use skills.

*Tunisia.* The socio-cultural aspects of each country must be taken into account.

*Vanuatu.* If employers agree, they should promote the use of condoms and also make them available, including providing information on the advantage of using them and instructions for proper use. Vanuatu also needs to deal with domestic violence against women who carry condoms on them.

*Bolivarian Republic of Venezuela.* These programmes should provide information on the importance of using condoms correctly. They should include promotional campaigns in health services and free distribution, including at the workplace.

*Zambia.* Employers' and workers' organizations should receive condoms for distribution to their members.

## Employers

*Total number of replies: 62.*

*Yes: 56.* CGEA (Algeria), AEC (Azerbaijan), CNP (Benin), CNC (Brazil), CNF (Brazil), BCCI (Bulgaria), CAMFEBA (Cambodia), CGECI (Côte d'Ivoire), FEC (Democratic Republic of the Congo), DA (Denmark), DEF (Dominica), FEI (Egypt), EK (Finland), KT (Finland), SY (Finland), MEDEF (France), GEA (Ghana), ESEE (Greece), SEV (Greece), COHEP (Honduras), DPN-APINDO (Indonesia), ICEA (Islamic Republic of Iran), JEF (Jamaica), NK (Japan), FKE (Kenya), KEF (Republic of Korea), ALE (Lesotho), CNPM (Mauritania), MEF (Mauritius), COPARMEX (Mexico), MONEF (Mongolia), CGEM (Morocco), NEF (Namibia), FNCCI (Nepal), Employers (Netherlands), Business NZ (New Zealand), NHO (Norway), EFP (Pakistan), CCSP (Portugal), CIP (Portugal), CTP (Portugal), SLEF (Saint Lucia), ANIS (San Marino), ZDS (Slovenia), GZS (Slovenia), BUSA (South Africa), Organized Business (South Africa), SKL (Sweden), SAV (Sweden), CNP (Togo), ECA (Trinidad and Tobago), FUE (Uganda), FCCI (United Arab Emirates), CIU (Uruguay) and EMCOZ (Zimbabwe).

*No: 4.* ANDI (Colombia), HUP (Croatia), CONEP (Panama), UPS (Switzerland).

*Other: 3.* UCCAEP (Costa Rica), EFC (Sri Lanka), SN (Sweden).

## Comments

AEC (Azerbaijan): Necessary to take into account culture, traditions, as well as gender aspects, etc.

CNP (Benin): Supplies must be renewed regularly.

CNF (Brazil): We should work on preventive measures, not as distributors.

DA (Denmark): See above.

MEDEF (France): But this generally does not concern enterprises in industrial countries (except specific cases in certain sectors at risk) in the activity of providing condoms.

GEA (Ghana): To create awareness about the importance of condom use.

COHEP (Honduras): Apart from accurate information, access to condoms must be ensured as a means of preventing HIV infection in the workplace, and spaces must be set aside for this.



SEKRIMA (Madagascar): It is not enough to make condoms available. Knowing how to use them is also important.

MEF (Mauritius): To provide incentives.

FNCCI (Nepal): Condoms should be distributed at the workplace or in public places.

New Zealand (BNZ): But reword to read: “practical measures in the workplace, such as improving condom availability, where appropriate.”

SLEF (Saint Lucia): With respect for people’s religious beliefs.

EFC (Sri Lanka): This is necessary, but may be subject to cultural constraints as well as financial constraints for smaller enterprises.

## Workers

*Total number of replies: 69.*

*Yes: 67.* UGTA (Algeria), UNTA (Angola), CGT-RA (Argentina), ACTU (Australia), CSA-Bénin (Benin), CSTB (Benin), BFTU (Botswana), CITUB (Bulgaria), Podkrepa (Bulgaria), CSTC (Cameroon), CGSTC (Cameroon), USLC (Cameroon), CLC (Canada), UST (Chad), CTRN (Costa Rica), SSSH (Croatia), CMKOS (Czech Republic), UNTC (Democratic Republic of the Congo), FTF (Denmark), LO (Denmark), FTU (Fiji), FTUC (Fiji), SAK (Finland), CGT (France), CGT-FO (France), CFDT (France), GWC (Gambia), DGB (Germany), TUC (Ghana), GSEE (Greece), CNTG (Guinea), ASI (Iceland), KSPI (Indonesia), CGIL (Italy), UGL (Italy), JTUC-RENGO (Japan), FKTU (Republic of Korea), KCTU (Republic of Korea), SEKRIMA (Madagascar), MTUC (Malaysia), Workers (Mauritius), CROC (Mexico), Workers (Netherlands), NZCTU (New Zealand), NUHPSW (Nigeria), CGTP (Panama), CGTP (Peru), NSZZ (Poland), CGTP-IN (Portugal), UGT (Portugal), CNS-Cartel Alfa (Romania), COTRAF (Rwanda), CNTS (Senegal), SFWU (Seychelles), ZSSS (Slovenia), Organized Labour (South Africa), NWC (Sri Lanka), LO (Sweden), USS (Switzerland), CNTT (Togo), CSTT (Togo), NATUC (Trinidad and Tobago), UNISON (United Kingdom), TUC (United Kingdom), ZCTU (Zimbabwe) and ITUC (International Trade Union Confederation) and OATUU (Organization of African Trade Union Unity).

*No: 1.* CESTRAR (Rwanda).

*Other: 1.* UGTM (Morocco).

## Comments

USLC (Cameroon): Quality control should be demanded before distribution.

CTRN (Costa Rica): As well as how to use them, including female condoms.

FTU (Fiji): The price should not be very high so that everyone can afford them.

CGT (France): As well as other prevention tools, such as gel and femidon.

CGT-FO (Fiji): The prices of condoms would determine their availability.

TUC (Ghana): Many workplaces are already doing this.

JTUC-RENGO (Japan): In Japan, there is a need to spread information on the use of condoms as a form of education for prevention at workplaces.

Workers (Mauritius): Access to them must be easy.

NUHPSW (Nigeria): To provide security.

CGTP-IN (Portugal): This could be done through the safety and health services.

COTRAF (Rwanda): Privacy should be provided for this purpose.

Organized Labour (South Africa): Including the availability of free female condoms.

NWC (Sri Lanka): Free availability and access to condoms should be the responsibility of aid providers.

CNTT (Togo): This will ensure more discrete use, more confidence and a better protection.

CSTT (Togo): Prevention is better than treatment.

- Qu. 9(f)** (iii) *All workers, including workers living with HIV and their dependants, should be entitled to affordable health services. These services should include the provision of antiretroviral treatment and treatment for opportunistic infections, especially tuberculosis, and for sexually transmitted infections.*

## Governments

*Total number of replies: 113.*

*Yes: 107.* Albania, Antigua and Barbuda, Armenia, Australia, Austria, Bahamas, Barbados, Belarus, Belgium, Belize, Benin, Bosnia and Herzegovina, Botswana, Brazil, Brunei Darussalam, Burkina Faso, Burundi, Cameroon, Canada, Colombia, Costa Rica, Côte d'Ivoire, Croatia, Cuba, Cyprus, Democratic Republic of the Congo, Egypt, El Salvador, Estonia, Ethiopia, Finland, France, Gabon, Georgia, Germany, Ghana, Greece, Grenada, Hungary, Iceland, India, Indonesia, Iraq, Israel, Italy, Jamaica, Japan, Jordan, Kazakhstan, Kenya, Republic of Korea, Kyrgyzstan, Latvia, Lebanon, Luxembourg, Malawi, Malaysia, Mauritius, Mexico, Republic of Moldova, Morocco, Myanmar, Netherlands, Nigeria, Oman, Panama, Peru, Philippines, Portugal, Qatar, Romania, Russian Federation, Rwanda, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, San Marino, Saudi Arabia, Senegal, Serbia, Seychelles, Sierra Leone, Singapore, Slovenia, South Africa, Spain, Sri Lanka, Sudan, Suriname, Sweden, Switzerland, Syrian Arab Republic, Tajikistan, United Republic of Tanzania, Thailand, Timor-Leste, Trinidad and Tobago, Tunisia, Ukraine, United Arab Emirates, United Kingdom, Uruguay, Vanuatu, Bolivarian Republic of Venezuela, Viet Nam, Zambia and Zimbabwe.

*No: 1.* New Zealand.

*Other: 5.* China, Denmark, Honduras, Mali and Poland.

## Comments

*Austria.* Ensuring access to ART and HAART (anti-retroviral treatment) is a main concern, and treatment of opportunistic infections is another important aspect. If access to HAART is provided early enough opportunistic infections can be prevented because the progressive weakening of the immune system is arrested. A special section should cover the co-morbidity of TB and HIV. Moreover, it would be important to stress the necessity of providing access to second-line therapies regarding multiple drug-resistant TB (a true workplace problem).

*Benin.* This is a fundamental human right.

*Burkina Faso.* Employers and workers should collaborate to establish partnerships with established structures.

*Burundi.* Should be organized both through social security and through the national political and development plans in each country.

*Cameroon.* The right to health should be a universal right.

*China.* Each country should provide health services of an appropriate standard, according to its own conditions. International cooperation must be strengthened.

*Democratic Republic of the Congo.* Mention should also be made of the responsibility of the State and of employers.

*Côte d'Ivoire.* This could be done through better organization but without overloading occupational health services.

*Denmark.* Please refer to the answer to question 9(f)(i).

*Ethiopia.* Should take into consideration national and undertaking-specific circumstances and capacities.

*Greece.* ART should be provided free of charge.

*India.* To ensure sustained access (in terms of both affordability and availability) to care and treatment, including ARV for the workers and their families. Besides the role of government organizations the responsibility of employers is vital for achieving this.

*Indonesia.* Clear information about medical services for PLHIV should be available.

*Japan.* Improving the medical care system is important.

*Mauritius.* The State must provide adequate health services so as to encourage those living with HIV to undergo treatment.

*Poland.* The scope and payment for health service is a matter of health-care and social service policy and should not be included in the Recommendation.

*Qatar.* Availability of such treatments should be sustainable and be taken into consideration in strategic planning.

*Senegal.* More specifically, that member States should ensure the total costs of ART or subsidize it.

*Sri Lanka.* It will not be possible for all enterprises to provide such services but the instrument can refer to services in the government health sector.

*Sweden (LMA).* All TB patients should also have the right to adequate TB treatment.

*Timor-Leste.* Treatments should be sponsored by governments.

*Tunisia.* It is necessary to improve access to treatment and care, particularly for affected people in poor countries.

*United Kingdom.* Such statements may wish to distinguish between dependants living with HIV and those who are not, as the types of support necessary may be different. Employment contracts should also clearly indicate, from the start of employment, the eligibility that employees and dependents have. Furthermore, the Government will be interested to observe, as this discussion progresses, how responsibility for this provision will be distributed. There are different implications depending on whether such health services are provided by the State or by private companies. In terms of state provision, there

may be instances, such as illegal migrant labour, where it would be extremely difficult both politically and administratively for some governments to act.

*Vanuatu.* Depends on employers providing health services to their workers.

*Zimbabwe.* Cannot make it compulsory, especially for developing countries.

## Employers

*Total number of replies: 62.*

*Yes:* 48. CGEA (Algeria), AEC (Azerbaijan), CNP (Benin), CNC (Brazil), CNF (Brazil), BCCI (Bulgaria), CAMFEBA (Cambodia), UCCAEP (Costa Rica), CGECI (Côte d'Ivoire), HUP (Croatia), FEC (Democratic Republic of the Congo), DEF (Dominica), FEI (Egypt), KT (Finland), SY (Finland), MEDEF (France), GEA (Ghana), ESEE (Greece), SEV (Greece), COHEP (Honduras), DPN-APINDO (Indonesia), ICEA (Islamic Republic of Iran), NK (Japan), ALE (Lesotho), CNPM (Mauritania), MEF (Mauritius), COPARMEX (Mexico), MONEF (Mongolia), CGEM (Morocco), NEF (Namibia), FNCCI (Nepal), Employers (Netherlands), CCSP (Portugal), CIP (Portugal), CTP (Portugal), SLEF (Saint Lucia), ANIS (San Marino), ZDS (Slovenia), GZS (Slovenia), Organized Business (South Africa), SKL (Sweden), SAV (Sweden), CNP (Togo), ECA (Trinidad and Tobago), FUE (Uganda), FCCI (United Arab Emirates), CIU (Uruguay) and EMCOZ (Zimbabwe).

*No:* 7. EK (Finland), FKE (Kenya), KEF (Republic of Korea), Business NZ (New Zealand), BUSA (South Africa), EFC (Sri Lanka), UPS (Switzerland).

*Other:* 7. ANDI (Colombia), DA (Denmark), JEF (Jamaica), NHO (Norway), EFP (Pakistan), CONEP (Panama), SN (Sweden).

## Comments

EK (Finland): Tuberculosis and STDs in general are not the subject of the envisaged ILO instrument.

MEDEF (France): This goes beyond what was recommended for enterprises.

ICEA (Islamic Republic of Iran): Affordable counselling services should also be made available.

FKE (Kenya): No, unless it is specified who should pay. A statement on referral could be enough.

MEF (Mauritius): These should be provided by the relevant authorities.

FNCCI (Nepal): In some developing countries ART is expensive and should therefore be provided by the government.

BNZ (New Zealand): The question of entitlement to affordable health services is outside the ILO's mandate. We support wording encouraging member States to coordinate and cooperate with other international agencies better placed to provide and promote these services.

NHO (Norway): Who is expected to pay? To ensure equal treatment for all, it must be the responsibility of governments.

EFP (Pakistan): Delete "and their dependents".

CCSP (Portugal): Should be assured by the national public health services.

BUSA (South Africa): No, unless it is made clear who is responsible for providing health services and ART.

EFC (Sri Lanka): Everyone should be entitled to this where health systems can afford it and the infrastructure can deliver it. Drawing a distinction between workers and the rest of humanity is in itself discrimination. The question here is who pays for it, and most employers could not afford to do so. Many insurance schemes too do not extend coverage to HIV and AIDS.

ECA (Trinidad and Tobago): This is necessary in order to realize the goal of universal access to health care.

## Workers

*Total number of replies: 69.*

*Yes: 68.* UGTA (Algeria), UNTA (Angola), CGT-RA (Argentina), ACTU (Australia), CSA-Bénin (Benin), CSTB (Benin), BFTU (Botswana), CITUB (Bulgaria), Podkrepa (Bulgaria), CSTC (Cameroon), CGSTC (Cameroon), USLC (Cameroon), CLC (Canada), UST (Chad), CTRN (Costa Rica), SSSH (Croatia), CMKOS (Czech Republic), UNTC (Democratic Republic of the Congo), FTF (Denmark), LO (Denmark), FTU (Fiji), FTUC (Fiji), SAK (Finland), CGT (France), CGT-FO (France), CFDT (France), GWC (Gambia), DGB (Germany), TUC (Ghana), GSEE (Greece), CNTG (Guinea), ASI (Iceland), KSPI (Indonesia), CGIL (Italy), UGL (Italy), JTUC-RENGO (Japan), FKTU (Republic of Korea), KCTU (Republic of Korea), SEKRIMA (Madagascar), MTUC (Malaysia), Workers (Mauritius), CROC (Mexico), Workers (Netherlands), NZCTU (New Zealand), NUHPSW (Nigeria), CGTP (Panama), CGTP (Peru), NSZZ (Poland), CGTP-IN (Portugal), UGT (Portugal), CNS-Cartel Alfa (Romania), CESTRAR (Rwanda), COTRAF (Rwanda), CNTS (Senegal), SFWU (Seychelles), ZSSS (Slovenia), Organized Labour (South Africa), NWC (Sri Lanka), LO (Sweden), USS (Switzerland), CNTT (Togo), CSTT (Togo), NATUC (Trinidad and Tobago), UNISON (United Kingdom), TUC (United Kingdom), ZCTU (Zimbabwe) and ITUC (International Trade Union Confederation) and OATUU (Organization of African Trade Union Unity).

*Other: 1.* UGTM (Morocco).

## Comments

USLC (Cameroon): This should also include treatment for other illnesses, such as TB and malaria.

CLC (Canada): International cooperation should be encouraged to assist countries that are unable to provide affordable health services. It is particularly important to ensure the sustainability of treatment.

UNTC (Democratic Republic of the Congo): International cooperation should be encouraged to help countries provide affordable health services. Ensuring sustainability of treatment is especially important.

CTRN (Costa Rica): This is a right which all workers should have through social security schemes.

CGT (France): International cooperation should be mobilized to assure the development of health services for countries that don't have any.

CGT-FO (France): International cooperation should be encouraged in order to provide assistance to those countries that are not able to provide affordable health services. It is particularly important to attempt to ensure continuity of treatment.

TUC (Ghana): It requires international, national, municipal and district cooperation to assist countries, regions, districts and workplaces that cannot afford health services.

GSEE (Greece): Health services should be provided free of charge.

CNTG (Guinea): International cooperation should be encouraged to assist countries that are not able to provide these measures themselves.

KSPI (Indonesia): International cooperation should be encouraged to assist countries that are unable to provide affordable health services.

SEKRIMA (Madagascar): Workers in sub-Saharan Africa are the worst hit. They are the poorest and must be helped. International cooperation play a big role in this.

Workers (Mauritius): This promise should be undertaken by all governments and employers.

NZCTU (New Zealand): This is a basic and universal right and is essential in achieving progress in the fight against HIV/AIDS.

NUHPSW (Nigeria): This will encourage people to deal with their own health status since treatment will be free.

NSZZ (Poland): International cooperation should be encouraged to assist countries that are unable to provide affordable health services. It is particularly important to attempt to ensure the sustainability of treatment.

CGTP-IN (Portugal): This is the responsibility of States.

CNS-Cartel Alfa (Romania): International cooperation should be encouraged to assist those countries not having the resources to provide affordable health services. It is particularly important to be able to provide sustainable treatment.

CNTS (Senegal): The State should assume full responsibility for covering or subsidizing all costs of ART. International cooperation should also be encouraged to assist countries not being able to provide affordable health services. It is particularly important to attempt to ensure the continuity of treatment.

Organized Labour (South Africa): Everyone should be entitled to free health services.

NWC (Sri Lanka): International cooperation should be encouraged to assist countries that are unable to provide affordable health services.

USS (Switzerland): Should be regulated at the national level. This is not the role of employers.

CNTT (Togo): International cooperation will assist countries that do not have the capacities.

TUC (United Kingdom): International cooperation and assistance should be sought to ensure affordable treatment for all those in need, in line with the policy of universal access.

*Other: Yes: I. Community (South Africa).*

## Comments

Community (South Africa). If employers cannot afford to provide these in the workplace, there must be adequate information on where to obtain them, time off for tests, etc., and perhaps subsidized transport if the nearest clinic is far away.

- Qu. 9(f)** (iv) *Governments should ensure that persons living with HIV and their dependants benefit from full coverage for health care under public or private insurance schemes.*

## Governments

*Total number of replies: 113.*

*Yes: 102.* Albania, Antigua and Barbuda, Armenia, Australia, Austria, Bahamas, Barbados, Belarus, Belgium, Belize, Benin, Bosnia and Herzegovina, Botswana, Brazil, Brunei Darussalam, Burkina Faso, Burundi, Cameroon, Canada, Costa Rica, Côte d'Ivoire, Cuba, Cyprus, Democratic Republic of the Congo, Egypt, El Salvador, Estonia, Ethiopia, Finland, France, Gabon, Germany, Ghana, Greece, Grenada, Hungary, Iceland, India, Indonesia, Iraq, Israel, Italy, Jamaica, Japan, Jordan, Kazakhstan, Kenya, Republic of Korea, Kyrgyzstan, Latvia, Lebanon, Luxembourg, Malawi, Malaysia, Mauritius, Mexico, Republic of Moldova, Morocco, Myanmar, Netherlands, Nigeria, Oman, Panama, Peru, Philippines, Portugal, Qatar, Romania, Russian Federation, Rwanda, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, San Marino, Saudi Arabia, Senegal, Serbia, Seychelles, Sierra Leone, Singapore, Slovenia, South Africa, Spain, Sri Lanka, Sudan, Suriname, Sweden, Switzerland, Syrian Arab Republic, United Republic of Tanzania, Thailand, Timor-Leste, Trinidad and Tobago, Tunisia, Ukraine, United Arab Emirates, Uruguay, Vanuatu, Bolivarian Republic of Venezuela, Viet Nam, Zambia and Zimbabwe.

*No: 7.* China, Colombia, Croatia, Georgia, New Zealand, Tajikistan and United Kingdom.

*Other: 4.* Denmark, Honduras, Mali and Poland.

## Comments

*Austria.* Given the insurance risk, an exclusively private insurance scheme is not a sensible solution and should only be envisaged as an addition to a public insurance scheme.

*Belize.* This will be a touchy issue when trying to engage private insurance companies.

*Benin.* Opportunistic infections and all other pathological situations are a predictable result of failure to provide timely care.

*Burkina Faso.* Such an approach should be explored, taking into consideration the coverage of workers' insurance, without any distinction being made on HIV status.

*Burundi.* Governments should ensure non-discrimination in schemes already in place and also ensure that the actual costs of care will not cause bankruptcy of these insurance associations, and should organize national solidarity to carry these costs.

*Cameroon.* Particularly since private insurance firms are refusing to include HIV/AIDS in their contracts.

*China.* Each country should decide in accordance with its own national conditions.

*Colombia.* The coverage of private insurance schemes is covered by private law and by freely-decided affiliation and contractual conditions.

*Democratic Republic of the Congo.* Add. " ... if they exist, and if they do not seek other mechanisms."

*Costa Rica.* The right to health is guaranteed without any discrimination.

*Côte d'Ivoire.* Important to prevent exclusion and increased insurance premiums for PLHIV.

*Croatia.* Full coverage under public insurance schemes seems appropriate, but under private insurance schemes it is impossible to achieve.

*Denmark.* Please refer to the answer to question 9(f)(i).

*Ethiopia.* There are considerable differences between countries concerning the level of development to fully address the problem.

*Georgia.* Governments should ensure full coverage.

*Greece.* Health care should be provided free of charge.

*India.* No such schemes are in place in our country but in certain areas pilots are being conducted to assess the feasibility of such schemes. This recommendation would provide a roadmap for the future.

*Indonesia.* If possible, the government should provide free medical care.

*Malawi.* Emphasis should be placed on the introduction of public or private health insurance schemes, which in most developing countries are not readily available.

*Malaysia.* When a husband or wife is HIV/AIDS positive, the family may lose a steady source of income. This coverage can help especially in relieving the financial burden of the family when seeking treatment.

*Mauritius.* It is the duty of the State.

*New Zealand.* See our previous answer.

*Peru.* Programmes should be established.

*Philippines.* Ideally, yes, but this is unrealistic because other illnesses are hardly included in insurance schemes.

*Poland.* Health-care and social service policy is not related to the world of work and should not be included. Everyone in need of health care should receive access to it, and no group of patients should be favoured. HIV-positive employees and other HIV-positive persons should not be artificially distinguished, especially since the connection between HIV and the job performed is extremely rare (considering HIV/AIDS as occupational diseases might create grounds for favourable treatment, especially in terms of access to health care and its scope).

*Qatar.* There should be no discrimination by health insurance.

*Senegal.* Either by covering the costs or by subsidizing them.

*Sierra Leone.* The private sector must be encouraged to establish medical insurance schemes.

*South Africa.* Government should create enabling conditions for this to happen.

*Sri Lanka.* This might be difficult to implement.

*Sudan.* This should be done through special committees for the coverage of these schemes, and the government should be responsible for these committees.

*Tajikistan.* By 2010, medical aid will be provided to STD patients at all state medical treatment facilities.

*Timor-Leste.* At least in the public insurance schemes and development policies to make sure that private insurances would not deny coverage for PLHIV.

*Tunisia.* Free access to treatment must be guaranteed.



*United Kingdom.* Although accepting the principle in most cases, the Government considers that this question concerns health care outside the workplace context, and therefore beyond the remit of ILO instruments.

*Bolivarian Republic of Venezuela.* Governments should guarantee treatment.

*Zambia.* Developed countries should help third world countries to meet this task.

*Zimbabwe.* This should be encouraged, not compulsory.

## Employers

*Total number of replies: 62.*

*Yes: 49.* CGEA (Algeria), AEC (Azerbaijan), CNP (Benin), CNC (Brazil), CNF (Brazil), BCCI (Bulgaria), CAMFEBA (Cambodia), UCCAEP (Costa Rica), CGECI (Côte d'Ivoire), FEC (Democratic Republic of the Congo), DEF (Dominica), FEI (Egypt), KT (Finland), SY (Finland), MEDEF (France), GEA (Ghana), ESEE (Greece), SEV (Greece), COHEP (Honduras), DPN-APINDO (Indonesia), ICEA (Islamic Republic of Iran), NK (Japan), FKE (Kenya), KEF (Republic of Korea), ALE (Lesotho), CNPM (Mauritania), MEF (Mauritius), COPARMEX (Mexico), MONEF (Mongolia), CGEM (Morocco), NEF (Namibia), FNCCI (Nepal), Employers (Netherlands), NHO (Norway), EFP (Pakistan), CONEP (Panama), CCSP (Portugal), CIP (Portugal), CTP (Portugal), SLEF (Saint Lucia), ANIS (San Marino), SKL (Sweden), SAV (Sweden), CNP (Togo), ECA (Trinidad and Tobago), FUE (Uganda), FCCI (United Arab Emirates), CIU (Uruguay) and EMCOZ (Zimbabwe).

*No: 7.* HUP (Croatia), EK (Finland), Business NZ (New Zealand), ZDS (Slovenia), GZS (Slovenia), BUSA (South Africa), Organized Business (South Africa).

*Other: 6.* ANDI (Colombia), DA (Denmark), JEF (Jamaica), EFC (Sri Lanka), SN (Sweden), UPS (Switzerland).

## Comments

CNP (Benin): Opportunistic infections are normally taken care of under private insurance schemes but more is needed to ensure that HIV/AIDS is covered.

CNF (Brazil): Should be through public insurance schemes.

Finland (EK): This is not an ILO issue.

MEDEF (France): This goes beyond what was recommended for enterprises.

GEA (Ghana): To ensure equal access to treatment, care and support to promote non-discrimination.

FKE (Kenya): Including opportunistic infections.

MEF (Mauritius): The principle of universal health coverage.

MONEF (Mongolia): Currently PLHIV are supported by the Global Fund.

FNCCI (Nepal): Arrangements should be made.

Business NZ (New Zealand): The issue is outside the ILO's mandate but we support wording encouraging member States to coordinate and cooperate with other agencies.

CONEP (Panama): While waiting for the funding to come for this, it is important to recall that the only safe ways are mutual fidelity and total abstinence.

CCSP (Portugal): This is the responsibility of public insurance systems, while private insurance schemes for individuals are voluntary.

ZDS (Slovenia): “Yes” for public insurance schemes, but “no” for private since they are based on free market principles.

Organized Business (South Africa): It is not certain whether governments have the resources to provide this type of full coverage.

EFC (Sri Lanka): This is putting a very heavy onus on governments and may be difficult to achieve.

## Workers

*Total number of replies: 69.*

*Yes: 68.* UGTA (Algeria), UNTA (Angola), CGT-RA (Argentina), ACTU (Australia), CSA-Bénin (Benin), CSTB (Benin), BFTU (Botswana), CITUB (Bulgaria), Podkrepa (Bulgaria), CSTC (Cameroon), CGSTC (Cameroon), USLC (Cameroon), CLC (Canada), UST (Chad), CTRN (Costa Rica), SSSH (Croatia), CMKOS (Czech Republic), UNTC (Democratic Republic of the Congo), FTF (Denmark), LO (Denmark), FTU (Fiji), FTUC (Fiji), SAK (Finland), CGT (France), CGT-FO (France), CFDT (France), GWC (Gambia), DGB (Germany), TUC (Ghana), GSEE (Greece), CNTG (Guinea), ASI (Iceland), KSPI (Indonesia), CGIL (Italy), UGL (Italy), JTUC-RENGO (Japan), FKTU (Republic of Korea), KCTU (Republic of Korea), SEKRIMA (Madagascar), MTUC (Malaysia), Workers (Mauritius), CROC (Mexico), Workers (Netherlands), NZCTU (New Zealand), NUHPSW (Nigeria), CGTP (Panama), CGTP (Peru), NSZZ (Poland), CGTP-IN (Portugal), UGT (Portugal), CNS-Cartel Alfa (Romania), CESTRAR (Rwanda), COTRAF (Rwanda), CNTS (Senegal), SFWU (Seychelles), ZSSS (Slovenia), Organized Labour (South Africa), NWC (Sri Lanka), LO (Sweden), USS (Switzerland), CNTT (Togo), CSTT (Togo), NATUC (Trinidad and Tobago), UNISON (United Kingdom), TUC (United Kingdom), ZCTU (Zimbabwe) and ITUC (International Trade Union Confederation) and OATUU (Organization of African Trade Union Unity).

*Other: 1.* UGTM (Morocco).

## Comments

UNTA (Angola): Total coverage from public and private insurances should be covered by governments.

CGSTC (Cameroon): This requires the reinforcement of social security systems.

USLC (Cameroon): Harmonization between all sectors so that it applies to all.

CLC (Canada): Universal access to publicly-funded and publicly-delivered quality health care and treatment should be provided by governments.

UNTC (Democratic Republic of the Congo): The instrument should emphasize this aspect in order to encourage governments to assume their responsibilities.

CTRN (Costa Rica): Governments should assure this through the public health system.

FTUC (Fiji): Government has the responsibility to provide for protection of its people in terms of medical care and prioritizing the inclusion of this in insurance coverage should help eliminate or mitigate this growing problem.

FTU (Fiji): The coverage of insurance schemes should be within the policy.

TUC (Ghana): Social security arrangements can be negotiated at the workplace to allow workers and their families access to care, support and treatment where necessary.

GSEE (Greece): Health services should be provided free of charge.

SEKRIMA (Madagascar): Governments should provide this.

Workers (Mauritius): This is the duty of each government.

NZCTU (New Zealand): Adequate social security is essential.

COTRAF (Rwanda): Without solidarity, accessibility to health care would be limited to a very small number.

CNTS (Senegal): Either by covering the costs or by providing subsidy.

NWC (Sri Lanka): In reality this is often denied.

USS (Switzerland): Should be regulated at the national level.

CNTT (Togo): No derogation should be permitted.

UNISON (United Kingdom): They would support public health care, since private insurance increases inequality to access these services, particularly for marginalized groups.

ZCTU (Zimbabwe): Should not be through introduction of schemes that require employees to further contribute their hard earned cash – should be free services.

*Other: Yes. I. Be With Us (Poland).*

## Comments

Be With Us (Poland). Everyone living with HIV/AIDS should be provided with free access to health care.

Community (South Africa). Governments have to deal with the health consequences anyway, and aggressive HIV treatment is much cheaper than treating workers with AIDS-defining illnesses (in response to business's concerns about government resources).

- Qu. 9(f)** (v) *There should be no discrimination against workers living with HIV and their dependants in access to statutory social security programmes and occupational insurance schemes, nor in relation to benefits, including health care, disability and survivors' benefits.*

## Governments

*Total number of replies: 113.*

*Yes: 105.* Albania, Antigua and Barbuda, Armenia, Australia, Austria, Bahamas, Barbados, Belarus, Belgium, Belize, Benin, Bosnia and Herzegovina, Botswana, Brazil, Brunei Darussalam, Burkina Faso, Burundi, Cameroon, Canada, China, Colombia, Costa Rica, Côte d'Ivoire, Croatia, Cuba, Cyprus, Democratic Republic of the Congo, Egypt, El Salvador, Estonia, Ethiopia, Finland, France, Gabon, Georgia, Germany, Ghana, Greece, Grenada, Hungary, Iceland, India, Iraq, Israel, Italy, Jamaica, Japan, Jordan, Kazakhstan, Kenya, Republic of Korea, Kyrgyzstan, Latvia, Lebanon, Luxembourg, Malawi, Malaysia, Mauritius, Mexico, Republic of Moldova, Morocco, Netherlands, New Zealand, Nigeria, Oman, Panama, Peru, Philippines, Poland, Portugal, Qatar,

Romania, Russian Federation, Rwanda, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, San Marino, Saudi Arabia, Serbia, Seychelles, Sierra Leone, Singapore, Slovenia, South Africa, Spain, Sri Lanka, Sudan, Suriname, Sweden, Switzerland, Syrian Arab Republic, United Republic of Tanzania, Thailand, Timor-Leste, Trinidad and Tobago, Tunisia, Ukraine, United Arab Emirates, United Kingdom, Uruguay, Vanuatu, Viet Nam, Zambia and Zimbabwe.

*No:* 2. Senegal and Bolivarian Republic of Venezuela.

*Other:* 6. Denmark, Honduras, Indonesia, Mali, Myanmar and Tajikistan.

## Comments

*Burkina Faso.* Although all constituents agree on equal treatment, the employers insist on the social security schemes being applied as well.

*Cameroon.* To eradicate discrimination.

*Democratic Republic of the Congo.* This should be included as a specific branch of social security coverage.

*Côte d'Ivoire.* There should be no discrimination in this respect.

*El Salvador.* Those working for these schemes should be provided adequate training and awareness.

*Ethiopia.* National circumstances should also be considered.

*Indonesia.* This is the right objective, but insurance schemes need to be prepared for it.

*Malaysia.* There should be no discrimination between HIV and other diseases.

*Mauritius.* Basic human rights.

*Panama.* Private insurances coverage need to be revised.

*Peru.* Legal measures need to be adopted.

*Qatar.* HIV should be looked at like any other chronic disease.

*Sierra Leone.* A proper strategy will need to be developed.

*Switzerland.* Since daily cash benefit for illness is voluntarily, insurance companies are entitled to apply conditions which also applied to non-obligatory occupational insurance. This applies not only to HIV but to all other chronic illnesses.

*Zambia.* This is already the case in most countries but can be strengthened by the proposed instruments.

## Employers

*Total number of replies:* 62.

*Yes:* 55. CGEA (Algeria), AEC (Azerbaijan), CNP (Benin), CNC (Brazil), CNF (Brazil), BCCI (Bulgaria), CAMFEBA (Cambodia), UCCAEP (Costa Rica), CGECI (Côte d'Ivoire), HUP (Croatia), FEC (Democratic Republic of the Congo), DEF (Dominica), FEI (Egypt), EK (Finland), KT (Finland), SY (Finland), MEDEF (France), GEA (Ghana), ESEE (Greece), SEV (Greece), DPN-APINDO (Indonesia). ICEA (Islamic Republic of Iran), NK (Japan), FKE (Kenya), KEF (Republic of Korea), ALE (Lesotho), CNPM (Mauritania), MEF (Mauritius), COPARMEX (Mexico), MONEF (Mongolia), CGEM (Morocco), NEF (Namibia), FNCCI (Nepal), Employers (Netherlands), Business NZ (New Zealand), NHO (Norway), CONEP

(Panama), CCSP (Portugal), CIP (Portugal), CTP (Portugal), SLEF (Saint Lucia), ANIS (San Marino), ZDS (Slovenia), GZS (Slovenia), BUSA (South Africa), Organized Business (South Africa), EFC (Sri Lanka), SKL (Sweden), SAV (Sweden), CNP (Togo), ECA (Trinidad and Tobago), FUE (Uganda), FCCI (United Arab Emirates), CIU (Uruguay) and EMCOZ (Zimbabwe).

*No:* 2. DA (Denmark), COHEP (Honduras).

*Other:* 5. ANDI (Colombia), JEF (Jamaica), EFP (Pakistan), SN (Sweden), UPS (Switzerland).

## Comments

CNP (Benin): Should be global and extended to all persons.

DA (Denmark): The discussion will drift away from its necessary focus by this topic.

GEA (Ghana): To promote social protection for all.

COHEP (Honduras): Should also include preventive measures.

MEF (Mauritius): As a general policy

## Workers

*Total number of replies:* 69.

*Yes:* 68. UGTA (Algeria), UNTA (Angola), CGT-RA (Argentina), ACTU (Australia), CSA-Bénin (Benin), CSTB (Benin), BFTU (Botswana), CITUB (Bulgaria), Podkrepa (Bulgaria), CSTC (Cameroon), CGSTC (Cameroon), USLC (Cameroon), CLC (Canada), UST (Chad), CTRN (Costa Rica), SSSH (Croatia), CMKOS (Czech Republic), UNTC (Democratic Republic of the Congo), FTF (Denmark), LO (Denmark), FTU (Fiji), FTUC (Fiji), SAK (Finland), CGT (France), CGT-FO (France), CFDT (France), GWC (Gambia), DGB (Germany), TUC (Ghana), GSEE (Greece), CNTG (Guinea), ASI (Iceland), KSPI (Indonesia), CGIL (Italy), UGL (Italy), JTUC-RENGO (Japan), FKTU (Republic of Korea), KCTU (Republic of Korea), SEKRIMA (Madagascar), MTUC (Malaysia), Workers (Mauritius), CROC (Mexico), Workers (Netherlands), NZCTU (New Zealand), NUHPSW (Nigeria), CGTP (Panama), CGTP (Peru), NSZZ (Poland), CGTP-IN (Portugal), UGT (Portugal), CNS-Cartel Alfa (Romania), CESTRAR (Rwanda), COTRAF (Rwanda), CNTS (Senegal), SFWU (Seychelles), ZSSS (Slovenia), Organized Labour (South Africa), NWC (Sri Lanka), LO (Sweden), USS (Switzerland), CNTT (Togo), CSTT (Togo), NATUC (Trinidad and Tobago), UNISON (United Kingdom), TUC (United Kingdom), ZCTU (Zimbabwe) and ITUC (International Trade Union Confederation) and OATUU (Organization of African Trade Union Unity).

*Other:* 1. UGTM (Morocco).

## Comments

USLC (Cameroon): Should be encouraged.

CTRN (Costa Rica): Workers who have been working for 15, 20 or 35 years and who get infected just before their retirement will lose all their contributions. Solidarity should be applied for equal rights for all.

SEKRIMA (Madagascar): There should be no discrimination.

Workers (Mauritius): There should be no discrimination in access.

NWC (Sri Lanka): In the future special schemes may be drawn up.

USS (Switzerland): This should be regulated at the national level.

CNTT (Togo): Any violation of this should result in sanctions.

*Other: Yes: 1. Community (South Africa).*

#### Comments:

Community (South Africa): This should include the situation of workers with drug resistant TB on disability grants, who need these grants to continue, to feed their families whilst they are on treatment.

**Qu. 9(f)** (vi) *Programmes of care and support should include measures of reasonable accommodation for workers with HIV-related illnesses.*

#### Governments

*Total number of replies: 113.*

*Yes: 98.* Albania, Antigua and Barbuda, Armenia, Australia, Bahamas, Barbados, Belgium, Belize, Benin, Bosnia and Herzegovina, Botswana, Brazil, Brunei Darussalam, Burkina Faso, Burundi, Cameroon, Canada, China, Costa Rica, Côte d'Ivoire, Cuba, Cyprus, Democratic Republic of the Congo, Egypt, El Salvador, Ethiopia, Finland, Gabon, Georgia, Germany, Ghana, Greece, Grenada, Hungary, Iceland, India, Indonesia, Iraq, Israel, Italy, Jamaica, Japan, Jordan, Kazakhstan, Republic of Korea, Kyrgyzstan, Latvia, Lebanon, Luxembourg, Malawi, Malaysia, Mauritius, Morocco, Myanmar, Netherlands, New Zealand, Nigeria, Oman, Panama, Peru, Philippines, Poland, Portugal, Qatar, Romania, Rwanda, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, San Marino, Saudi Arabia, Senegal, Serbia, Seychelles, Sierra Leone, Singapore, Slovenia, South Africa, Spain, Sri Lanka, Sudan, Suriname, Sweden, Switzerland, Tajikistan, United Republic of Tanzania, Thailand, Timor-Leste, Trinidad and Tobago, Tunisia, Ukraine, United Arab Emirates, United Kingdom, Vanuatu, Bolivarian Republic of Venezuela, Viet Nam, Zambia and Zimbabwe.

*No: 9.* Austria, Belarus, Colombia, Croatia, Estonia, Kenya, Mexico, Republic of Moldova and Syrian Arab Republic.

*Other: 6.* Denmark, France, Honduras, Mali, Russian Federation and Uruguay.

#### Comments

*Austria.* Add the type of measures envisaged. Non-discrimination has to be guaranteed.

*Benin.* Work positions could be adapted.

*Burkina Faso.* OSH services could propose the posts.

*Burundi.* Length of sick leave, leave for medical consultations and accommodation of posts should be stipulated in national legislation and enterprises rules/regulations should be revised to take this into account.

*Cameroon.* Will provide moral comfort to PLHIV.

*Colombia.* The intentions of this provision are good but its feasibility in our context is extremely limited.

*Côte d'Ivoire.* This is only feasible if OSH services carry out their functions properly and confidentiality is respected.

*Estonia.* This is out of reasonable reach.

*Finland.* Important in developing countries.

*France.* Should specify that it applies “for workers affected by illness linked to AIDS, if they so desire”, to avoid employers imposing different treatment that may amount to discrimination.

*Germany.* Should ensure same care and support programmes as for other chronic illnesses (equal treatment), and confidentiality must be respected.

*India.* Could include reasonable modifications or adjustments to a job or to the workplace.

*Japan.* Equal treatment with other chronic illnesses.

*Kenya.* Places too much responsibility on employers.

*Malaysia.* There should be no discrimination with regard to other illnesses.

*Mexico.* Accommodation should be available without discrimination between different illnesses.

*Panama.* Including facilities for such workers.

*Peru.* Depends upon countries' economic situation.

*Poland.* Suggests “HIV-related illnesses” be replaced with “illnesses resulting from the HIV infection”.

*Russian Federation.* This is a sensitive issue that requires further consideration.

*Rwanda.* But without creating positive discrimination.

*Senegal.* Should be dealt with by the enterprise doctors to avoid breaching confidentiality.

*Sierra Leone.* Should depend on the peculiarity of each enterprise, situation or workplace.

*Singapore.* The term “accommodation” needs clarification.

*Timor-Leste.* Whenever possible.

*Trinidad and Tobago.* What would be considered “reasonable accommodation”?

*United Kingdom.* This is particularly important if workers have co-infection with TB and HIV and need to be accommodated in a manner that reduces the risk of spreading.

*Vanuatu.* Should be facilitated and treated equally with other chronic diseases.

## Employers

*Total number of replies: 62.*

*Yes: 44.* CGEA (Algeria), AEC (Azerbaijan), CNP (Benin), CNC (Brazil), CNF (Brazil), BCCI (Bulgaria), CAMFEBA (Cambodia), CGECI (Côte d'Ivoire), FEC (Democratic Republic of the Congo), DEF (Dominica), FEI (Egypt), KT (Finland), MEDEF (France), GEA (Ghana), COHEP (Honduras), DPN-APINDO (Indonesia), ICEA (Islamic Republic of Iran), NK (Japan), FKE (Kenya), ALE (Lesotho), CNPM (Mauritania), MEF (Mauritius), COPARMEX (Mexico), MONEF (Mongolia), CGEM (Morocco), NEF (Namibia), FNCCI (Nepal), Employers (Netherlands), Business NZ (New Zealand), EFP (Pakistan), CIP (Portugal), CTP (Portugal),

SLEF (Saint Lucia), ANIS (San Marino), BUSA (South Africa), Organized Business (South Africa), EFC (Sri Lanka), SKL (Sweden), SAV (Sweden), CNP (Togo), ECA (Trinidad and Tobago), FCCI (United Arab Emirates), CIU (Uruguay) and EMCOZ (Zimbabwe).

*No:* 8. HUP (Croatia), EK (Finland), SY (Finland), ESEE (Greece), SEV (Greece), KEF (Republic of Korea), CCSP (Portugal), FUE (Uganda).

*Other:* 10. ANDI (Colombia), UCCAEP (Costa Rica), DA (Denmark), JEF (Jamaica), NHO (Norway), CONEP (Panama), ZDS (Slovenia), GZS (Slovenia), SN (Sweden), UPS (Switzerland).

## Comments

CNP (Benin): As long as the person is physically able to carry out her/his work.

CNF (Brazil): Through public programmes.

CAMFEBA (Cambodia): The term “reasonable” needs to be defined.

GEA (Ghana): To ensure social protection.

COHEP (Honduras): Should be the responsibility of all parties.

FKE (Kenya): Where possible.

FNCCI (Nepal): Excellent security.

CCSP (Portugal): Would result in discrimination unless treated equally as other diseases.

FUE (Uganda): Depends on the capacity of employers.

CIU (Uruguay): Not only workers but all persons affected.

## Workers

*Total number of replies: 69.*

*Yes:* 68. UGTA (Algeria), UNTA (Angola), ACTU (Australia), CSA-Bénin (Benin), CSTB (Benin), BFTU (Botswana), CITUB (Bulgaria), Podkrepa (Bulgaria), CSTC (Cameroon), CGSTC (Cameroon), USLC (Cameroon), CLC (Canada), UST (Chad), CTRN (Costa Rica), SSSH (Croatia), CMKOS (Czech Republic), UNTC (Democratic Republic of the Congo), FTF (Denmark), LO (Denmark), FTU (Fiji), FTUC (Fiji), SAK (Finland), CGT (France), CGT-FO (France), CFDT (France), GWC (Gambia), DGB (Germany), TUC (Ghana), GSEE (Greece), CNTG (Guinea), ASI (Iceland), KSPI (Indonesia), CGIL (Italy), UGL (Italy), JTUC-RENGO (Japan), FKTU (Republic of Korea), KCTU (Republic of Korea), SEKRIMA (Madagascar), MTUC (Malaysia), Workers (Mauritius), CROC (Mexico), UGTM (Morocco), Workers (Netherlands), NZCTU (New Zealand), NUHPSW (Nigeria), CGTP (Panama), CGTP (Peru), NSZZ (Poland), CGTP-IN (Portugal), UGT (Portugal), CNS-Cartel Alfa (Romania), CESTRAR (Rwanda), COTRAF (Rwanda), CNTS (Senegal), SFWU (Seychelles), ZSSS (Slovenia), Organized Labour (South Africa), NWC (Sri Lanka), LO (Sweden), USS (Switzerland), CNTT (Togo), CSTT (Togo), NATUC (Trinidad and Tobago), UNISON (United Kingdom), TUC (United Kingdom), ZCTU (Zimbabwe), ITUC (International Trade Union Confederation) and OATUU (Organization of African Trade Union Unity).

*No:* 1. CGT-RA (Argentina).



## Comments

CLC (Canada): Is already happening in some places, e.g. cooperatives.

UNTC (Democratic Republic of the Congo): Add income-generating activities.

FTU (Fiji): Will employers agree?

CFDT (France): By respecting that it is voluntary in order to avoid discrimination.

CGT-FO (France): Confidentiality of medical information must be ensured to prevent discriminatory practices.

COTRAF (Rwanda): As long as the employment conditions and work environment do not aggravate the situation.

*Other: Yes: I. Community (South Africa).*

## Comments

Community (South Africa): This should particularly concern extended sick leave.

**Qu. 9(f)** (vii) *In appropriate cases, HIV/AIDS should be recognized as an occupational illness.*

## Governments

*Total number of replies: 115.*

*Yes: 94.* Albania, Antigua and Barbuda, Armenia, Australia, Austria, Bahamas, Barbados, Belarus, Belgium, Belize, Benin, Bosnia and Herzegovina, Brazil, Brunei Darussalam, Burkina Faso, Burundi, Cameroon, Canada, Colombia, Côte d'Ivoire, Croatia, Cuba, Cyprus, Democratic Republic of the Congo, Denmark, Egypt, El Salvador, Estonia, Ethiopia, Finland, France, Georgia, Germany, Ghana, Greece, Grenada, Hungary, Iceland, India, Indonesia, Iraq, Israel, Italy, Jamaica, Japan, Republic of Korea, Kyrgyzstan, Latvia, Lebanon, Luxembourg, Malawi, Malaysia, Mauritius, Mexico, Republic of Moldova, Morocco, Netherlands, New Zealand, Nigeria, Oman, Panama, Peru, Philippines, Poland, Portugal, Qatar, Rwanda, Saint Kitts and Nevis, Saint Lucia, San Marino, Saudi Arabia, Senegal, Seychelles, Sierra Leone, Slovenia, , Spain, Sri Lanka, Suriname, Sweden, Switzerland, Syrian Arab Republic, United Republic of Tanzania, Thailand, Timor-Leste, Trinidad and Tobago, Tunisia, Ukraine, United Arab Emirates, United Kingdom, Vanuatu, Bolivarian Republic of Venezuela, and Zimbabwe.

*No: 13.* Botswana, Costa Rica, Gabon, Jordan, Kazakhstan, Kenya, Serbia, Singapore, Sudan, Tajikistan, Uruguay, Viet Nam and Zambia.

*Other: 8.* China, Honduras, Mali, Myanmar, Romania, Russian Federation, Saint Vincent and the Grenadines and South Africa.

## Comments

*Austria.* Provided that the illness is a consequence of someone's occupation.

*Bahamas.* Especially in the case of medical professionals and caregivers.

*Benin.* Such as health professionals, technicians in laboratories, first-aid workers, funeral assistants, etc.

*Botswana.* Governments must investigate and list job categories where there is a risk of occupational exposure and develop appropriate compensation procedures.

*Brazil.* Only if transmitted during the exercise of the occupation.

*Burkina Faso.* Must be defined appropriately.

*Burundi.* In appropriate cases.

*China.* Depending on specific situations.

*Democratic Republic of the Congo.* And responsibility should be taken as a consequence.

*Costa Rica.* Not if infected through private actions.

*Côte d'Ivoire.* If acquired through work.

*Cyprus.* Should be linked directly to the occupation.

*Denmark.* Where appropriate.

*Egypt.* Only for health workers.

*Estonia.* In some cases.

*France.* Compensation under concept of occupational accidents.

*Gabon.* If work related.

*Georgia.* If related to occupational exposure.

*Greece.* Should be based on scientific criteria taking into consideration the risk factors.

*India.* In limited cases like hospital staff.

*Indonesia.* Medical care workers could become HIV infected as an occupational disease because they might deal with PLHIV.

*Iraq.* Yes, if it happens at work, such as needle stick injury to medical personnel.

*Italy.* This is provided in law.

*Kazakhstan.* Replace “in appropriate cases” with “in some cases”.

*Kenya.* Need to define “appropriate cases”.

*Malaysia.* Should be recognized as a health hazard faced by health-care workers.

*Mauritius.* Should be limited to health service personnel.

*New Zealand.* Will depend on the risk of transmission in a workplace.

*Peru.* Particularly in the health sector.

*Philippines.* Particularly when there is exposure (infected needles, body fluids, and other surgical and medical instruments).

*Poland.* Add “with respect to the performance of duties and possible occupational exposure”.

*Romania* (National Agency for the Protection of the Rights of Children). Certain areas should be targeted, such as medical care, commercial sex work.

*Russian Federation.* Only if contracted in connection with carrying out occupational duties.

*Senegal.* In certain professions this is an occupational hazard (medical personnel, paramedical personnel, first-aid workers, etc.).

*Serbia.* Applying all appropriate OSH measures precludes any possibility of HIV transmission.

*Singapore.* HIV/AIDS is not in the list of reportable occupational diseases.

*South Africa.* A distinction has to be made between the ramifications of HIV and AIDS.

*Sri Lanka.* Depends of the type of occupation.

*Sudan.* Only in some special cases in the health and medical area.

*Sweden (LMA).* Persons liable to contract HIV in their work should have access to proper ways of protecting themselves against transmission (gloves, etc.).

*Switzerland.* Under certain conditions.

*Syrian Arab Republic.* Especially for workers in the health sector.

*Tajikistan.* Not always.

*United Kingdom.* Which cases would be appropriate?

*Vanuatu.* Should not promote unacceptable sexual behaviour.

*Bolivarian Republic of Venezuela.* Always when it occurs during the service.

*Zambia.* This may not fit in the definition of occupational illness.

## Employers

*Total number of replies: 62.*

*Yes: 33.* CNP (Benin), CNC (Brazil), BCCI (Bulgaria), CAMFEBA (Cambodia), CGECI (Côte d'Ivoire), FEC (Democratic Republic of the Congo), DA (Denmark), DEF (Dominica), EK (Finland), SY (Finland), GEA (Ghana), COHEP (Honduras), DPN-APINDO (Indonesia), ICEA (Islamic Republic of Iran), JEF (Jamaica), NK (Japan), ALE (Lesotho), COPARMEX (Mexico), MONEF (Mongolia), CGEM (Morocco), NEF (Namibia), Employers (Netherlands), Business NZ (New Zealand), CCSP (Portugal), CIP (Portugal), CTP (Portugal), SLEF (Saint Lucia), ANIS (San Marino), SKL (Sweden), SAV (Sweden), ECA (Trinidad and Tobago), FUE (Uganda), and EMCOZ (Zimbabwe).

*No: 26.* CGEA (Algeria), CNF (Brazil), ANDI (Colombia), HUP (Croatia), FEI (Egypt), KT (Finland), MEDEF (France), ESEE (Greece), SEV (Greece), FKE (Kenya), KEF (Republic of Korea), CNPM (Mauritania), MEF (Mauritius), FNCCI (Nepal), NHO (Norway), EFP (Pakistan), CONEP (Panama), ZDS (Slovenia), GZS (Slovenia), BUSA (South Africa), Organized Business (South Africa), EFC (Sri Lanka), UPS (Switzerland), CNP (Togo), FCCI (United Arab Emirates), CIU (Uruguay).

*Other: 3.* AEC (Azerbaijan), UCCAEP (Costa Rica), SN (Sweden).

## Comments

CGEA (Algeria): Should be clearly defined.

CNP (Benin): Certain occupations: health personnel, laboratory technicians, rescue workers, burial workers, etc.

Brazil (CNC): Only when there is an indisputable link with work.

CNF (Brazil): We agree with the financial issue but cannot see how to provide for it.

UCCAEP (Costa Rica): Not if transmitted through acts done in the private life.

EK; SY (Finland): Only if there is causality.

MEDEF (France): Within the scope of the rules applicable for occupational accidents, not occupational illnesses. For us this distinction is very important.

GEA (Ghana): Certain occupations have higher exposure to risk and vulnerability.

COHEP (Honduras): If there is a risk with contaminated blood.

FKE (Kenya): In situations where infection arose through contact with infected blood in the workplace.

NEF (Namibia): Only for health workers. Sex workers should not be considered as this would be impossible to monitor or control.

FNCCI (Nepal): It is not an occupational illness, but should be treated without discrimination.

Employers (Netherlands): If possible and feasible.

Business NZ (New Zealand): Recognition depends on whether or not its acquisition was truly involuntary, as in the case of medical misadventure.

CCSP (Portugal): Only in very specific cases (health personnel).

CIP (Portugal): Only if transmitted at work.

ZDS (Slovenia): In a limited number of cases (health-care institutions, special social services).

Organized Business (South Africa): This process may create stigmatization of certain occupations.

EFC (Sri Lanka): This is very vague and setting parameters may be difficult.

## Workers

*Total number of replies: 69.*

*Yes: 63.* UGTA (Algeria), UNTA (Angola), CGT-RA (Argentina), ACTU (Australia), CSA-Bénin (Benin), CSTB (Benin), BFTU (Botswana), CITUB (Bulgaria), Podkrepa (Bulgaria), CSTC (Cameroon), CGSTC (Cameroon), USLC (Cameroon), CLC (Canada), UST (Chad), CTRN (Costa Rica), SSSH (Croatia), CMKOS (Czech Republic), UNTC (Democratic Republic of the Congo), FTF (Denmark), LO (Denmark), SAK (Finland), CGT (France), CGT-FO (France), CFDT (France), GWC (Gambia), DGB (Germany), TUC (Ghana), GSEE (Greece), CNTG (Guinea), ASI (Iceland), KSPI (Indonesia), CGIL (Italy), UGL (Italy), JTUC-RENGO (Japan), FKTU (Republic of Korea), KCTU (Republic of Korea), SEKRIMA (Madagascar), MTUC (Malaysia), CROC (Mexico), Workers (Netherlands), NZCTU (New Zealand), NUHPSW (Nigeria), CGTP (Panama), NSZZ (Poland), CGTP-IN (Portugal), UGT (Portugal), CNS-Cartel Alfa (Romania), COTRAF (Rwanda), CNTS (Senegal), SFWU (Seychelles), ZSSS (Slovenia), Organized Labour (South Africa), NWC (Sri Lanka), LO (Sweden), USS (Switzerland), CNTT (Togo), CSTT (Togo), NATUC (Trinidad and Tobago), UNISON (United Kingdom), TUC

(United Kingdom), ZCTU (Zimbabwe) and ITUC (International Trade Union Confederation) and OATUU (Organization of African Trade Union Unity).

*No: 6.* FTU (Fiji), FTUC (Fiji), Workers (Mauritius), UGTM (Morocco), CGTP (Peru), and CESTRAR (Rwanda).

## Comments

UNTA (Angola): This depends on how the infection was caused, for instance through work utensils and equipment.

CSTB (Benin): Fundamental, as lists of occupational illnesses and diseases in most countries do not refer to HIV/AIDS.

Podkrepa (Bulgaria): On health-care services.

CGSTC (Cameroon): Prostitution is one of the oldest occupations in the world in which infection is an occupational disease.

USLC (Cameroon): Definition should be provided.

UST (Chad): It should be considered as an occupational illness particularly for persons who are in contact with blood (such as medical personnel, hairdressers, etc.).

CTRN (Costa Rica): This is an illness caused by the pandemic and that is how we have to look at it.

UNTC (Democratic Republic of the Congo): For certain occupation, such as nurses or hospital cleaners.

FTU (Fiji): Should not be treated as occupational illness.

CGT (France): For example, personnel in hospitals.

CGT-FO (France): As examples, cleaning personnel, nurses and medical doctors at hospitals becoming HIV-positive from accidents such as a needle stick.

DGB (Germany): For example, hospital cleaners, nurses or doctors who become HIV-positive after a needle stick.

TUC (Ghana): Certain types of jobs/professions that put workers at high risk, e.g. nursing, dock workers, rescue workers, cleaners, etc.

CNTG (Guinea): Particularly cleaning personnel, doctors, nurses, etc.

ASI (Iceland): There should be clarification of “appropriate”.

KSPI (Indonesia): For example, a cleaner, a nurse or a doctor in hospital who become HIV-positive after a needle stick injury.

FKTU (Republic of Korea): For example, a cleaner, a nurse or a doctor in a hospital who become HIV-positive after a needle stick injury.

KCTU (Republic of Korea): Workers in health-care settings.

SEKRIMA (Madagascar): For certain professions at risk.

Workers (Mauritius): HIV/AIDS should be treated like all other chronic illnesses.

Workers (Netherlands): If possible and feasible, since it very often is out of reach for the employer.

NZCTU (New Zealand): If acquired through occupational exposure. Some health workers have increased risk of infections, such as surgeons and operating theatre nurses.

CGTP (Peru): Only if transmitted in the workplace.

NSZZ (Poland): For example, a cleaner, a nurse or a doctor in a hospital who become HIV-positive after a needle stick injury.

CNS-Cartel Alfa (Romania): For instance cleaning personnel, nurses and doctors working in a hospital who become HIV-positive through a needle stick injury.

COTRAF (Rwanda): Particularly in hospitals and health centres.

CNTS (Senegal): In certain categories of social occupations it is already treated as an occupational risk (medical personnel, paramedical, first-aid workers, etc.).

NWC (Sri Lanka): HIV/AIDS is a preventable disease and it is dangerous to look upon it as an occupational illness.

USS (Switzerland): If the infection is caused during a person's professional occupation.

TUC (United Kingdom): Particularly for employees in the health service who are exposed to the risk and health authorities need to ensure the availability of PEP.

ZCTU (Zimbabwe): Only where the job carries the risk of exposure.

*Other: Yes: 1. Community (South Africa)*

## Comments

Be With Us (Poland): In case of infection following occupational exposure, which concerns health-care workers, law enforcement services (police), etc.

Community (South Africa): There are situations where someone living with HIV will become disabled and permanently unable to work. Defining HIV as an occupational illness, for example for health-care workers, will not so much stigmatize these occupations as recognize the frequency of occupational exposures and facilitate the currently inadequate process of providing occupational compensation.

## Qu. 9(f)

*(viii) Measures should be taken to promote income-generating opportunities for persons affected by HIV/AIDS.*

## Governments

*Total number of replies: 113.*

*Yes: 101.* Albania, Antigua and Barbuda, Armenia, Australia, Bahamas, Barbados, Belarus, Belgium, Belize, Benin, Bosnia and Herzegovina, Brazil, Brunei Darussalam, Burkina Faso, Burundi, Cameroon, Canada, China, Colombia, Costa Rica, Côte d'Ivoire, Croatia, Cuba, Cyprus, Democratic Republic of the Congo, Egypt, El Salvador, Ethiopia, Finland, France, Gabon, Georgia, Germany, Ghana, Greece, Grenada, Hungary, Iceland, India, Indonesia, Iraq, Israel, Italy, Jamaica, Japan, Jordan, Kazakhstan, Kenya, Republic of Korea, Kyrgyzstan, Latvia, Lebanon, Luxembourg, Malawi, Malaysia, Mauritius, Republic of Moldova, Morocco, Myanmar, Netherlands, New Zealand, Nigeria, Oman, Panama, Peru, Philippines, Poland, Portugal, Qatar, Romania, Russian Federation, Rwanda, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, San Marino, Saudi Arabia, Senegal, Serbia, Seychelles, Sierra Leone, Slovenia,

South Africa, Spain, Sri Lanka, Sudan, Suriname, Sweden, Switzerland, Syrian Arab Republic, United Republic of Tanzania, Thailand, Trinidad and Tobago, Tunisia, Ukraine, United Arab Emirates, United Kingdom, Vanuatu, Bolivarian Republic of Venezuela, Zambia and Zimbabwe.

*No:* 8. Austria, Botswana, Estonia, Mexico, Singapore, Timor-Leste, Uruguay and Viet Nam.

*Other:* 4. Denmark, Honduras, Mali and Tajikistan.

## Comments

*Belgium.* This has to be dealt with in the context of social protection in each country.

*Belize.* The term “persons affected” needs to be defined.

*Benin.* Contributes to making PLHIV independent.

*Botswana.* Outside the mandate of our Ministry.

*Burkina Faso.* Our employers consider this to be a governmental responsibility, while for the organizations of PLHIV this is a means of financial support.

*Burundi.* Particularly in cases of many workers with low wages and the system of sick leave insurance not providing coverage.

*Cameroon.* Reinforcement of the families of PLHIV is indispensable to achieve development goals.

*Democratic Republic of the Congo.* Social work, training for jobs easily done by affected persons.

*Côte d’Ivoire.* Programmes exist and should continue to be encouraged.

*Cyprus.* Alternative work where the risk of transmission is minimal and the work is easier.

*El Salvador.* In order to ensure decent work to permit them to live and work.

*Estonia.* Irrelevant in this context.

*Gabon.* Should be codified.

*India.* To prevent them and their families from losing income which they can generate before they become medically incapacitated.

*Kenya.* But not at the expense of the employer.

*Malawi.* Other vulnerable groups should be recognized.

*Malaysia.* Consideration should be given to the fact that women are disproportionately affected.

*Mexico.* This is contrary to the principle of equal treatment.

*Republic of Moldova.* PLHIV are not incapacitated and are able to work.

*Peru.* The state can facilitate.

*Qatar.* To prevent poverty.

*Senegal.* This will permit caring for persons affected.

*Sierra Leone.* Must be tailored to the local situation.

*Singapore.* Amend to read “measures should be taken to ensure that there are equal opportunities for employment of all persons, regardless of their medical condition, which includes their HIV status.”

*Sri Lanka.* It has to be clear who should be responsible.

*Sudan.* By creating other job opportunities.

*Thailand.* Particularly since the necessary drugs are expensive and PLHIV and their families need to pay for them.

*Timor-Leste.* When possible.

*Trinidad and Tobago.* Should include the promotion of entrepreneurship.

*Tunisia.* Particularly the informal sectors and self-employed workers (micro credits and occupational retraining).

*United Kingdom.* This may promote decent work for PLHIV. However, this must not replace measures designed to eliminate discrimination.

*Uruguay.* No discrimination. when persons no longer can maintain their work they should be able to maintain their income.

*Vanuatu.* Not really related to PLHIV engaged in employment.

*Bolivarian Republic of Venezuela.* Governments should guarantee their entitlement to health services and social security.

## Employers

*Total number of replies: 62.*

*Yes: 47.* CGEA (Algeria), AEC (Azerbaijan), CNP (Benin), BCCI (Bulgaria), CAMFEBA (Cambodia), CGECI (Côte d'Ivoire), HUP (Croatia), FEC (Democratic Republic of the Congo), DEF (Dominica), FEI (Egypt), MEDEF (France), GEA (Ghana), ESEE (Greece), SEV (Greece), COHEP (Honduras), DPN-APINDO (Indonesia), ICEA (Islamic Republic of Iran), JEF (Jamaica), NK (Japan), FKE (Kenya), ALE (Lesotho), MEF (Mauritius), COPARMEX (Mexico), MONEF (Mongolia), CGEM (Morocco), NEF (Namibia), FNCCI (Nepal), Employers (Netherlands), Business NZ (New Zealand), CONEP (Panama), CCSP (Portugal), CIP (Portugal), CTP (Portugal), SLEF (Saint Lucia), ANIS (San Marino), ZDS (Slovenia), GZS (Slovenia), BUSA (South Africa), Organized Business (South Africa), SKL (Sweden), SAV (Sweden), CNP (Togo), ECA (Trinidad and Tobago), FUE (Uganda), FCCI (United Arab Emirates), CIU (Uruguay) and EMCOZ (Zimbabwe).

*No: 8.* CNC (Brazil), CNF (Brazil), EK (Finland), KT (Finland), KEF (Republic of Korea), CNPM (Mauritania), NHO (Norway), EFP (Pakistan).

*Other: 7.* ANDI (Colombia), UCCAEP (Costa Rica), DA (Denmark), SY (Finland), EFC (Sri Lanka), SN (Sweden), UPS (Switzerland).

## Comments

CNF (Brazil): This could become a discriminatory practice.

CAMFEBA (Cambodia): This should be promoted more strongly.

FEI (Egypt): To help meet the high costs of treatment.

EK;KT (Finland): This proposal is unclear.



MEDEF (France): This concerns the social coverage of each country.

GEA (Ghana): To empower them financially.

FKE (Kenya): They already have jobs.

MEF (Mauritius): As far as is reasonable practicable.

FNCCI (Nepal): Assists PLHIV with moral support.

NHO (Norway): Who should take such measures?

EFP (Pakistan): The policy should be restricted to prevention and treatment.

CCSP (Portugal): We should try to avoid actions that might be discriminatory (even positively). Governments should assume that infected/affected workers have income opportunities.

CIP (Portugal): Not necessarily in the workplace.

EFC (Sri Lanka): Who should be responsible and who will provide initial funds?

ECA (Trinidad and Tobago): Could be accomplished in collaboration with existing PLHIV support organizations.

EMCOZ (Zimbabwe): Should focus on those who have to leave their jobs and programmes targeted at people infected and affected by HIV and AIDS.

## Workers

*Total number of replies: 69.*

*Yes:* 68. UGTA (Algeria), UNTA (Angola), ACTU (Australia), CSA-Bénin (Benin), CSTB (Benin), BFTU (Botswana), CITUB (Bulgaria), Podkrepa (Bulgaria), CSTC (Cameroon), CGSTC (Cameroon), USLC (Cameroon), CLC (Canada), UST (Chad), CTRN (Costa Rica), SSSH (Croatia), CMKOS (Czech Republic), UNTC (Democratic Republic of the Congo), FTF (Denmark), LO (Denmark), FTU (Fiji), FTUC (Fiji), SAK (Finland), CGT (France), CGT-FO (France), CFDT (France), GWC (Gambia), DGB (Germany), TUC (Ghana), GSEE (Greece), CNTG (Guinea), ASI (Iceland), KSPI (Indonesia), CGIL (Italy), UGL (Italy), JTUC-RENGO (Japan), FKTU (Republic of Korea), KCTU (Republic of Korea), SEKRIMA (Madagascar), MTUC (Malaysia), Workers (Mauritius), CROC (Mexico), UGTM (Morocco), Workers (Netherlands), NZCTU (New Zealand), NUHPSW (Nigeria), CGTP (Panama), CGTP (Peru), NSZZ (Poland), CGTP-IN (Portugal), UGT (Portugal), CNS-Cartel Alfa (Romania), CESTRAR (Rwanda), COTRAF (Rwanda), CNTS (Senegal), SFWU (Seychelles), ZSSS (Slovenia), Organized Labour (South Africa), NWC (Sri Lanka), LO (Sweden), USS (Switzerland), CNTT (Togo), CSTT (Togo), NATUC (Trinidad and Tobago), UNISON (United Kingdom), TUC (United Kingdom), ZCTU (Zimbabwe) and ITUC (International Trade Union Confederation) and OATUU (Organization of African Trade Union Unity).

*No:* 1. CGT-RA (Argentina).

## Comments

UNTA (Angola): All affected persons need to earn their living.

CGSTC (Cameroon): Should be institutionalized. Financial evaluation should be carried out and resources mobilized to cover the costs of treatment.

USLC (Cameroon): "Solidarity" should be added.

CLC (Canada): In appropriate cases.

UNTC (Democratic Republic of the Congo): This is already happening – everybody has the right to life.

CTRN (Costa Rica): Unless assured through the social security system.

FTUC (Fiji): This ensures decent work for all.

CGT-FO (France): Should be integrated into the political framework of social security.

TUC (Ghana): It is already happening in some places (such as cooperatives).

CNTG (Guinea): This is already taking place in many countries.

LO (Iceland): The term “income-generating” needs to be clarified.

COHEP (Honduras): Through micro-employment, microcredit’s and other funds.

KSPI (Indonesia): This is already happening in some places, e.g. cooperatives.

JTUC-RENGO (Japan): An explanation should be provided.

KCTU (Republic of Korea): Persons affected by HIV/AIDS find it hard to get a decent job, so it is important to take measures to enhance income creation opportunities.

Workers (Mauritius): A plan of insurance and assistance should be adopted.

Workers (Netherlands): Not necessarily for this target group only.

NZCTU (New Zealand): Increasingly PLHIV will be workers and remain employed.

NUHPSW (Nigeria): To make them productive.

NSZZ (Poland): Is already happening in some places, e.g. cooperatives.

CNS-Cartel Alfa (Romania): Already happening in some places.

COTRAF (Rwanda): Would permit decent work.

CNTS (Senegal): Already the case in certain places, for example in cooperatives. This permits a better care of persons affected.

Organized Labour (South Africa): Sustainable projects must be developed to supplement social grants.

NWC (Sri Lanka): Victims desire acceptance even more than income.

USS (Switzerland): Should be regulated at the national level

UNISON (United Kingdom): Other options should also be available for communities and cultures which favour other methods.

*Other: Yes: 2. Be With Us (Poland), Community (South Africa).*

## Comments

Be With Us (Poland): For persons classified as disabled and working in sheltered work establishments.

Community (South Africa): Sustainable projects must be developed to supplement social grants.

## Qu. 9

(g) *Training:*

- (i) *All training, safety instructions and any necessary guidance should be understandable to all women and men and, in particular, to newly engaged or inexperienced workers, including migrant workers, and tailored to the characteristics and risk factors of the workforce.*

## Governments

*Total number of replies: 113.*

*Yes: 107.* Albania, Antigua and Barbuda, Armenia, Australia, Bahamas, Barbados, Belarus, Belgium, Belize, Benin, Bosnia and Herzegovina, Botswana, Brazil, Brunei Darussalam, Burkina Faso, Burundi, Cameroon, Canada, China, Colombia, Costa Rica, Côte d'Ivoire, Croatia, Cuba, Cyprus, Democratic Republic of the Congo, Egypt, El Salvador, Estonia, Ethiopia, Finland, Gabon, Georgia, Germany, Ghana, Greece, Grenada, Hungary, Iceland, India, Indonesia, Iraq, Israel, Italy, Jamaica, Japan, Jordan, Kazakhstan, Kenya, Republic of Korea, Kyrgyzstan, Latvia, Lebanon, Luxembourg, Malawi, Malaysia, Mauritius, Mexico, Republic of Moldova, Morocco, Myanmar, Netherlands, New Zealand, Nigeria, Oman, Panama, Peru, Philippines, Poland, Portugal, Qatar, Romania, Russian Federation, Rwanda, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, San Marino, Saudi Arabia, Senegal, Serbia, Seychelles, Sierra Leone, Singapore, Slovenia, South Africa, Spain, Sri Lanka, Sudan, Suriname, Sweden, Switzerland, Syrian Arab Republic, Tajikistan, United Republic of Tanzania, Timor-Leste, Trinidad and Tobago, Tunisia, Ukraine, United Arab Emirates, United Kingdom, Uruguay, Vanuatu, Bolivarian Republic of Venezuela, Viet Nam, Zambia and Zimbabwe.

*No: 1.* Austria.

*Other: 5.* Denmark, France, Honduras, Mali and Thailand.

## Comments

*Albania.* Should be decided by PLHIV.

*Australia.* Any training offered should be consistent with this proposal.

*Austria.* HIV is a sexually transmitted disease. Occupation-related exposure is limited to medical occupations. Instead of "risk factors of the workforce" it should read "risk factors for the workforce".

*Belgium.* In particular personal assistance personnel and police.

*Benin.* Should be carried out by qualified persons.

*Côte d'Ivoire.* Taking into account different socio-economic and cultural.

*Denmark.* Please refer to the answer to question 9(f)(i).

*Finland.* Does this have a connection with work and the workplace?

*France.* Necessary to define clearly the connection between training, safety instructions and necessary guidance and HIV/AIDS.

*Kenya.* Necessary to demystify HIV/AIDS.

*New Zealand.* After "in the workplace" add "guidance".

*Panama.* Immigrants should receive training upon arrival, but this should be decided by the competent authority.

*Peru.* To everyone.

*Sweden (LMA).* This is included in general rights.

*Thailand.* Should also include trans-gender people.

*United Kingdom.* Need to be carefully designed, pre-tested and evaluated for impact.

*Vanuatu.* Also for fishermen and workers moving from rural to urban communities.

## Employers

*Total number of replies: 62.*

*Yes: 57.* CGEA (Algeria), AEC (Azerbaijan), CNP (Benin), CNC (Brazil), CNF (Brazil), BCCI (Bulgaria), CAMFEBA (Cambodia), CGECI (Côte d'Ivoire), HUP (Croatia), FEC (Democratic Republic of the Congo), DEF (Dominica), FEI (Egypt), EK (Finland), KT (Finland), SY (Finland), MEDEF (France), GEA (Ghana), ESEE (Greece), SEV (Greece), COHEP (Honduras), DPN-APINDO (Indonesia), ICEA (Islamic Republic of Iran), JEF (Jamaica), NK (Japan), FKE (Kenya), KEF (Republic of Korea), CNPM (Mauritania), MEF (Mauritius), COPARMEX (Mexico), MONEF (Mongolia), CGEM (Morocco), NEF (Namibia), FNCCI (Nepal), Employers (Netherlands), Business NZ (New Zealand), NHO (Norway), EFP (Pakistan), CONEP (Panama), CCSP (Portugal), CIP (Portugal), CTP (Portugal), SLEF (Saint Lucia), ANIS (San Marino), ZDS (Slovenia), GZS (Slovenia), BUSA (South Africa), Organized Business (South Africa), EFC (Sri Lanka), SKL (Sweden), SAV (Sweden), UPS (Switzerland), CNP (Togo), ECA (Trinidad and Tobago), FUE (Uganda), FCCI (United Arab Emirates), CIU (Uruguay) and EMCOZ (Zimbabwe).

*Other: 5.* ANDI (Colombia), UCCAEP (Costa Rica), DA (Denmark), ALE (Lesotho), SN (Sweden).

## Comments

DA (Denmark): The question seems irrelevant.

COHEP (Honduras): Training is valid for all levels.

MEF (Mauritius): Why to "all women and men"?

Business NZ (New Zealand): Add "in the workplace" after "guidance".

## Workers

*Total number of replies: 69.*

*Yes: 69.* UGTA (Algeria), UNTA (Angola), CGT-RA (Argentina), ACTU (Australia), CSA-Bénin (Benin), CSTB (Benin), BFTU (Botswana), CITUB (Bulgaria), Podkrepa (Bulgaria), CSTC (Cameroon), CGSTC (Cameroon), USLC (Cameroon), CLC (Canada), UST (Chad), CTRN (Costa Rica), SSSH (Croatia), CMKOS (Czech Republic), UNTC (Democratic Republic of the Congo), FTF (Denmark), LO (Denmark), FTU (Fiji), FTUC (Fiji), SAK (Finland), CGT (France), CGT-FO (France), CFDT (France), GWC (Gambia), DGB (Germany), TUC (Ghana), GSEE (Greece), CNTG (Guinea), ASI (Iceland), KSPI (Indonesia), CGIL (Italy), UGL (Italy), JTUC-RENGO (Japan), FK TU (Republic of Korea), KCTU (Republic of Korea), SEKRIMA (Madagascar), MTUC (Malaysia), Workers (Mauritius), CROC (Mexico), UGTM (Morocco), Workers (Netherlands), NZCTU (New Zealand), NUHPSW (Nigeria), CGTP (Panama), CGTP (Peru), NSZZ (Poland), CGTP-IN (Portugal), UGT (Portugal), CNS-Cartel Alfa (Romania), CESTRAR (Rwanda), COTRAF (Rwanda), CNTS (Senegal), SFWU (Seychelles), ZSSS

(Slovenia), Organized Labour (South Africa), NWC (Sri Lanka), LO (Sweden), USS (Switzerland), CNTT (Togo), CSTT (Togo), NATUC (Trinidad and Tobago), UNISON (United Kingdom), TUC (United Kingdom), ZCTU (Zimbabwe) and ITUC (International Trade Union Confederation) and OATUU (Organization of African Trade Union Unity).

## Comments

CGSTC (Cameroon): For this to be possible, consultations and dialogue should be established, particularly considering the globalization of the issue.

USLC (Cameroon): It is important that the same language is used.

CLC (Canada): Retraining is also important.

LO (Denmark) and FTF (Denmark): When appropriate for the national situation.

TUC (Ghana): Retraining is important.

UNTC (Democratic Republic of the Congo): Retraining is important.

CNTG (Guinea): And retraining.

KSPI (Indonesia): Retraining is also important.

NZCTU (New Zealand): Retraining is important.

NSZZ (Poland): And retraining.

CNS-Cartel Alfa (Romania): Occupational reconversion is equally important.

NWC (Sri Lanka): Should be tailored to the characteristics and risks of workplace.

CNTT (Togo): And retraining.

**Qu. 9(g)** (ii) *Up to date scientific and socio-economic information and training on HIV/AIDS should be provided to senior and line managers.*

## Governments

*Total number of replies: 113.*

*Yes: 106.* Albania, Antigua and Barbuda, Armenia, Australia, Austria, Bahamas, Barbados, Belarus, Belize, Benin, Bosnia and Herzegovina, Botswana, Brazil, Brunei Darussalam, Burkina Faso, Burundi, Cameroon, Canada, China, Colombia, Costa Rica, Côte d'Ivoire, Cuba, Cyprus, Democratic Republic of the Congo, Egypt, El Salvador, Estonia, Ethiopia, Finland, Gabon, Georgia, Germany, Ghana, Greece, Grenada, Hungary, Iceland, India, Indonesia, Iraq, Israel, Italy, Jamaica, Japan, Jordan, Kazakhstan, Kenya, Republic of Korea, Kyrgyzstan, Latvia, Lebanon, Luxembourg, Malawi, Malaysia, Mauritius, Mexico, Republic of Moldova, Morocco, Myanmar, Netherlands, New Zealand, Nigeria, Oman, Panama, Peru, Philippines, Poland, Portugal, Qatar, Romania, Russian Federation, Rwanda, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, San Marino, Saudi Arabia, Senegal, Serbia, Seychelles, Sierra Leone, Singapore, Slovenia, South Africa, Spain, Sri Lanka, Sudan, Suriname, Sweden, Switzerland, Syrian Arab Republic, United Republic of Tanzania, Thailand, Timor-Leste, Trinidad and Tobago, Tunisia, Ukraine, United Arab Emirates, United Kingdom, Uruguay, Vanuatu, Bolivarian Republic of Venezuela, Viet Nam, Zambia and Zimbabwe.

*No:* 3. Belgium, Croatia and France.

*Other:* 4. Denmark, Honduras, Mali and Tajikistan.

## Comments

*Australia.* Where it is relevant to their position.

*Democratic Republic of the Congo.* Instead there should be training of trainers.

*Costa Rica.* All workers, not only senior and line managers.

*Côte d'Ivoire.* All workers, and adapted to their educational level.

*France.* We suggest. "Information and adapted training on HIV/AIDS should be provided to all employees".

*Greece.* All workers should have access, which should be provided according to their educational level.

*Indonesia.* Should be provided by OSH experts who have HIV/AIDS training.

*Malawi.* Information should be provided to all workers who are able to understand and use the information.

*New Zealand.* If "where appropriate" is added at the end. Depends on the risk of transmission and the prevalence in a workplace.

*Qatar.* Particularly the skills of eliminating stigma and discrimination.

*Saint Lucia.* Using appropriate communication channels and media.

*Serbia.* Adjusted to the profiles of the managers.

*Seychelles.* This should be passed on to the lowest staff contingent.

*Singapore.* Companies should provide training when needed and where resources are available.

*South Africa.* Should be made available to all workers.

*United Kingdom.* There will be cases when persons other than senior managers should also receive training, particularly in instances where managers do not regularly come into contact with staff. First and second level supervisors are particularly important and should all be trained, but programmes will need the active support of senior managers, who should also be actively involved.

*Vanuatu.* Should be carried out regularly, and also for workers.

*Bolivarian Republic of Venezuela.* Not only to senior managers and directors but to all workers. Everybody should have the scientific and socio-economic information.

## Employers

*Total number of replies:* 62.

*Yes:* 52. CGEA (Algeria), AEC (Azerbaijan), CNP (Benin), CNC (Brazil), BCCI (Bulgaria), CAMFEBA (Cambodia), UCCAEP (Costa Rica), CGECI (Côte d'Ivoire), FEC (Democratic Republic of the Congo), DEF (Dominica), FEI (Egypt), EK (Finland), KT (Finland), SY (Finland), GEA (Ghana), COHEP (Honduras), DPN-APINDO (Indonesia), ICEA (Islamic Republic of Iran), JEF (Jamaica), NK (Japan), FKE (Kenya), KEF (Republic of Korea), CNPM (Mauritania), MEF (Mauritius), COPARMEX (Mexico), MONEF (Mongolia), CGEM (Morocco),

NEF (Namibia), FNCCI (Nepal), Employers (Netherlands), Business NZ (New Zealand), NHO (Norway), EFP (Pakistan), CONEP (Panama), CCSP (Portugal), CIP (Portugal), CTP (Portugal), SLEF (Saint Lucia), ANIS (San Marino), ZDS (Slovenia), GZS (Slovenia), BUSA (South Africa), Organized Business (South Africa), EFC (Sri Lanka), SKL (Sweden), SAV (Sweden), CNP (Togo), ECA (Trinidad and Tobago), FUE (Uganda), FCCI (United Arab Emirates), CIU (Uruguay) and EMCOZ (Zimbabwe).

*No:* 6. CNF (Brazil), ANDI (Colombia), MEDEF (France), ESEE (Greece), SEV (Greece), UPS (Switzerland).

*Other:* 4. HUP (Croatia), DA (Denmark), ALE (Lesotho), SN (Sweden).

## Comments

CGEA (Algeria): The group should be enlarged.

CNP (Benin): Involvement at the highest level in enterprise is necessary, which implies permanent training.

CNF (Brazil): The information should be provided to everyone.

CAMFEBA (Cambodia): Such measures can make things happen.

MEDEF (France): Why this type of training (which concerns responsibility at the policy level, not enterprises), and why only to managers?

GEA (Ghana): To ensure implementation and sustainability.

SEV; ESEE (Greece): Should be provided to everyone.

COHEP (Honduras): Should focus on eliminating all prejudices and taboos.

MEF (Mauritius): Should also be involved action plans, etc.

FNCCI (Nepal): And through them to their colleagues and subordinates.

Employers (Netherlands): Not applicable in SMEs.

Business NZ (New Zealand): Add “where appropriate”. It will also depend on the risk of transmission and rate of prevalence in a workplace.

CCSP (Portugal): Should be assumed financially by the public and included in the national policy.

CIP (Portugal): Not only in the workplace.

EFC (Sri Lanka): Enterprises would have to be helped to do this.

## Workers

*Total number of replies: 69.*

*Yes:* 68. UGTA (Algeria), UNTA (Angola), CGT-RA (Argentina), ACTU (Australia), CSA-Bénin (Benin), CSTB (Benin), BFTU (Botswana), CITUB (Bulgaria), Podkrepa (Bulgaria), CSTC (Cameroon), CGSTC (Cameroon), USLC (Cameroon), CLC (Canada), UST (Chad), CTRN (Costa Rica), SSSH (Croatia), CMKOS (Czech Republic), UNTC (Democratic Republic of the Congo), FTF (Denmark), LO (Denmark), FTU (Fiji), FTUC (Fiji), SAK (Finland), CGT (France), CGT-FO (France), CFDT (France), GWC (Gambia), DGB (Germany), TUC (Ghana), GSEE (Greece), CNTG (Guinea), ASI (Iceland), KSPI (Indonesia), CGIL (Italy), UGL (Italy), JTUC-RENGO (Japan), FKTU (Republic of Korea), KCTU (Republic of Korea), SEKRIMA

(Madagascar), MTUC (Malaysia), Workers (Mauritius), CROC (Mexico), UGTM (Morocco), Workers (Netherlands), NZCTU (New Zealand), NUHPSW (Nigeria), CGTP (Panama), CGTP (Peru), NSZZ (Poland), CGTP-IN (Portugal), UGT (Portugal), CNS-Cartel Alfa (Romania), COTRAF (Rwanda), CNTS (Senegal), SFWU (Seychelles), ZSSS (Slovenia), Organized Labour (South Africa), NWC (Sri Lanka), LO (Sweden), USS (Switzerland), CNTT (Togo), CSTT (Togo), NATUC (Trinidad and Tobago), UNISON (United Kingdom), TUC (United Kingdom), ZCTU (Zimbabwe) and ITUC (International Trade Union Confederation) and OATUU (Organization of African Trade Union Unity).

*No: I. CESTRAR (Rwanda).*

## Comments

UNTA (Angola): Should always be based on up to date scientific information.

CSTC (Cameroon): To all workers.

CTRN (Costa Rica): For everybody.

CFDT (France): To all workers.

CGT-FO (France): To all workers.

TUC (Ghana): Unions should also be informed.

GSEE (Greece): To all workers.

Workers (Mauritius): To recognize the advantages and disadvantages for enterprises.

NZCTU (New Zealand): Specialized or targeted training is required in some instances.

NUHPSW (Nigeria): To all affected.

COTRAF (Rwanda): To prevent inappropriate actions.

Organized Labour (South Africa): Also need to extend information and training to shop stewards and workers.

USS (Switzerland): Not with regard to developed countries.

*Other: Yes: I. Community (South Africa).*

## Comments

Community (South Africa). This is vital for HIV/AIDS policies to succeed, and should be extended to shop stewards and workers.

## Qu. 9(g)

*(iii) Workers have the right to be informed and consulted on measures taken to implement the policy, to participate in workplace inspections, and to receive training in these areas.*

## Governments

*Total number of replies: 114.*



*Yes:* 105. Albania, Antigua and Barbuda, Armenia, Australia, Bahamas, Barbados, Belarus, Belgium, Belize, Benin, Bosnia and Herzegovina, Botswana, Brazil, Brunei Darussalam, Burkina Faso, Burundi, Cameroon, Canada, China, Colombia, Costa Rica, Côte d'Ivoire, Croatia, Cuba, Cyprus, Democratic Republic of the Congo, Denmark, Egypt, El Salvador, Estonia, Ethiopia, Finland, France, Gabon, Georgia, Ghana, Greece, Grenada, Hungary, Iceland, India, Indonesia, Iraq, Israel, Italy, Jamaica, Jordan, Kazakhstan, Kenya, Republic of Korea, Kyrgyzstan, Latvia, Lebanon, Luxembourg, Malawi, Malaysia, Mauritius, Republic of Moldova, Morocco, Myanmar, Netherlands, New Zealand, Nigeria, Oman, Panama, Peru, Philippines, Poland, Portugal, Qatar, Romania, Russian Federation, Rwanda, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, San Marino, Saudi Arabia, Senegal, Serbia, Seychelles, Sierra Leone, Singapore, Slovenia, South Africa, Spain, Sri Lanka, Sudan, Suriname, Sweden, Switzerland, Syrian Arab Republic, United Republic of Tanzania, Thailand, Timor-Leste, Trinidad and Tobago, Tunisia, Ukraine, United Kingdom, Uruguay, Vanuatu, Bolivarian Republic of Venezuela, Viet Nam, Zambia and Zimbabwe.

*No:* 4. Austria, Japan, Mexico and United Arab Emirates.

*Other:* 5. Bahamas, Germany, Honduras, Mali and Tajikistan.

## Comments

*Austria.* Participation has to be guaranteed.

*Belgium.* As concerns information and consultation.

*Cameroon.* Presumes that such measures are implemented properly.

*Côte d'Ivoire.* Workers need this.

*Cuba.* Trade unions fully participate in Cuba.

*Malawi.* Consultations should take place before implementation.

*Morocco.* Through trade union representatives and workers' delegates.

*Peru.* With the agreement and full involvement of all workers.

*Poland.* Information and consultations are the subject of other Recommendations and Conventions.

*San Marino.* Unclear why "workplace inspections".

*Singapore.* Where needed and if resources are available.

*United Kingdom.* Part of social dialogue.

*Zambia.* They should own the policy document because it concerns them.

## Employers

*Total number of replies:* 62.

*Yes:* 48. CGEA (Algeria), AEC (Azerbaijan), CNP (Benin), CNC (Brazil), BCCI (Bulgaria), CAMFEBA (Cambodia), ANDI (Colombia), CGECI (Côte d'Ivoire), HUP (Croatia), FEC (Democratic Republic of the Congo), DA (Denmark), DEF (Dominica), EK (Finland), KT (Finland), SY (Finland), MEDEF (France), GEA (Ghana), ESEE (Greece), SEV (Greece), COHEP (Honduras), DPN-APINDO (Indonesia), ICEA (Islamic Republic of Iran), FKE (Kenya), KEF (Republic of Korea), CNPM (Mauritania), MEF (Mauritius), COPARMEX (Mexico), MONEF (Mongolia), CGEM (Morocco), NEF (Namibia), Employers (Netherlands), Business NZ

(New Zealand), CCSP (Portugal), CIP (Portugal), CTP (Portugal), SLEF (Saint Lucia), ANIS (San Marino), BUSA (South Africa), Organized Business (South Africa), EFC (Sri Lanka), SKL (Sweden), SAV (Sweden), CNP (Togo), ECA (Trinidad and Tobago), FUE (Uganda), FCCI (United Arab Emirates), CIU (Uruguay) and EMCOZ (Zimbabwe).

*No:* 8. CNF (Brazil), FEI (Egypt), NK (Japan), NHO (Norway), EFP (Pakistan), CONEP (Panama), ZDS (Slovenia), GZS (Slovenia).

*Other:* 6. UCCAEP (Costa Rica), JEF (Jamaica), ALE (Lesotho), FNCCI (Nepal), SN (Sweden), UPS (Switzerland).

## Comments

CNP (Benin): This is basic for the application of all policies in an enterprise.

CNF (Brazil): This should be carried out by governments.

DA (Denmark): The proposed instrument seems to drift away from its purpose.

EK; KT; SY (Finland): In accordance with OSH principles.

GEA (Ghana): To enhance social dialogue and commitment.

MEF (Mauritius): Inspections should be carried out by competent workers.

FNCCI (Nepal): Will help in achieving the objective.

CCSP (Portugal): Must not only be the responsibility of employers.

ANIS (San Marino): Unclear why “workplace inspections” is included.

ECA (Trinidad and Tobago): Should be a collaborative effort between employer and employees.

## Workers

*Total number of replies: 69.*

*Yes:* 68. UGTA (Algeria), UNTA (Angola), CGT-RA (Argentina), ACTU (Australia), CSA-Bénin (Benin), CSTB (Benin), BFTU (Botswana), CITUB (Bulgaria), Podkrepa (Bulgaria), CSTC (Cameroon), CGSTC (Cameroon), USLC (Cameroon), CLC (Canada), UST (Chad), SSSH (Croatia), CMKOS (Czech Republic), UNTC (Democratic Republic of the Congo), FTF (Denmark), LO (Denmark), FTU (Fiji), FTUC (Fiji), SAK (Finland), CGT (France), CGT-FO (France), CFDT (France), GWC (Gambia), DGB (Germany), TUC (Ghana), GSEE (Greece), CNTG (Guinea), ASI (Iceland), KSPI (Indonesia), CGIL (Italy), UGL (Italy), JTUC-RENGO (Japan), FKTU (Republic of Korea), KCTU (Republic of Korea), SEKRIMA (Madagascar), MTUC (Malaysia), Workers (Mauritius), CROC (Mexico), UGTM (Morocco), Workers (Netherlands), NZCTU (New Zealand), NUHPSW (Nigeria), CGTP (Panama), CGTP (Peru), NSZZ (Poland), CGTP-IN (Portugal), UGT (Portugal), CNS-Cartel Alfa (Romania), CESTRAR (Rwanda), COTRAF (Rwanda), CNTS (Senegal), SFWU (Seychelles), ZSSS (Slovenia), Organized Labour (South Africa), NWC (Sri Lanka), LO (Sweden), USS (Switzerland), CNTT (Togo), CSTT (Togo), NATUC (Trinidad and Tobago), UNISON (United Kingdom), TUC (United Kingdom), ZCTU (Zimbabwe) and ITUC (International Trade Union Confederation) and OATUU (Organization of African Trade Union Unity).

*No:* 1. CTRN (Costa Rica).

## Comments

CLC (Canada): Workers' participation is vital for success.

UNTC (Democratic Republic of the Congo): Workers involvement is vital for success.

CTRN (Costa Rica): Labour inspections should involve workers.

FTU (Fiji): Workers play a very important role.

CGT (France): Involvement of workers is fundamental.

CGT-FO (France): Where OSH committees and workers' representatives exist, they should be informed and consulted.

TUC (Ghana): Workers' full involvement is vital for success.

CNTG (Guinea): Fundamental to ensure the full participation of workers.

KSPI (Indonesia): Vital for success.

SEKRIMA (Madagascar): Will ensure success.

Workers (Mauritius): Well-trained workers are an advantage in enterprises.

FKTU (Republic of Korea): Vital for the success of workplace programmes.

NZCTU (New Zealand): Workers' full involvement is vital for the success.

NUHPSW (Nigeria): To make the policy acceptable.

NSZZ (Poland): Workers' full involvement, through their own representative organizations, is vital for the success of workplace programmes.

CGTP-IN (Portugal): All workers and managers should continuously receive proper information and be properly trained.

CNS-Cartel Alfa (Romania): Workers' full involvement through their own representative organizations is vital for the success.

COTRAF (Rwanda): As long as their real needs are expressed.

CNTS (Senegal): Both necessary and fundamental to ensure success of programmes.

NWC (Sri Lanka): Not only the right to be informed, but also the right to make their own decisions on training.

USS (Switzerland): Should be regulated at the national level.

CNTT (Togo): Workers' full involvement, through their own representative organizations, is vital for success.

ECA (Trinidad and Tobago): Should be a collaborative effort between employer and employees.

TUC (United Kingdom): The full involvement of workers is essential for the success of any workplace strategy on HIV/AIDS.

*Other: Yes: I. Community (South Africa).*

## Comments

Community (South Africa). This must be equivalent over time to the training provided to management, to enable workers' representatives to monitor policies and advocate appropriate programmes.

### Qu. 9

#### (h) *Migrant workers:*

*Governments should ensure that migrant workers, or those seeking to migrate for employment, are not subject to compulsory HIV testing, and are not excluded from migration if they are HIV-positive. Measures to ensure access to prevention, treatment, care and support services should be adopted by both country of origin and of destination.*

## Governments

*Total number of replies: 113.*

*Yes: 74.* Albania, Armenia, Belgium, Belize, Benin, Bosnia and Herzegovina, Brazil, Burkina Faso, Burundi, Cameroon, Colombia, Costa Rica, Côte d'Ivoire, Croatia, Cuba, Democratic Republic of the Congo, Egypt, El Salvador, Estonia, Ethiopia, Finland, France, Gabon, Georgia, Germany, Greece, Grenada, Hungary, Iceland, India, Indonesia, Italy, Japan, Jordan, Kazakhstan, Kenya, Kyrgyzstan, Latvia, Lebanon, Luxembourg, Malawi, Mauritius, Mexico, Morocco, Nigeria, Peru, Philippines, Poland, Portugal, Qatar, Rwanda, Saint Lucia, San Marino, Saudi Arabia, Senegal, Serbia, Sierra Leone, Slovenia, South Africa, Sri Lanka, Sudan, Suriname, Sweden, Switzerland, Tajikistan, Timor-Leste, Trinidad and Tobago, Tunisia, Ukraine, Vanuatu, Bolivarian Republic of Venezuela, Viet Nam, Zambia and Zimbabwe.

*No: 18.* Belarus, Botswana, Brunei Darussalam, Canada, Cyprus, Iraq, Israel, Republic of Korea, Malaysia, Republic of Moldova, New Zealand, Oman, Panama, Saint Kitts and Nevis, Singapore, Syrian Arab Republic, United Arab Emirates and United Kingdom.

*Other: 21.* Antigua and Barbuda, Australia, Austria, Bahamas, Barbados, China, Denmark, Ghana, Honduras, Jamaica, Mali, Myanmar, Netherlands, Romania, Russian Federation, Saint Vincent and the Grenadines, Seychelles, Spain, United Republic of Tanzania, Thailand and Uruguay.

## Comments

*Armenia.* In both the sending and receiving countries.

*Australia.* Complex issue, and we cannot expressly comment.

*Austria.* Should be formulated in a much stronger way. The destination country needs to provide health care and thus access to ART. Testing is key to ensure access to therapy and should be offered on a large scale, combined with guaranteed access to therapy, but must not be a condition for immigration and residence.

*Barbados.* Requires further clarification.

*Belgium.* The International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families should be taken into account.

*Benin.* The free circulation of persons is a right, and to insist on information on status does not serve any purpose since the status could change very rapidly.

*Brazil.* Should not be exposed to discrimination or acts of provocation. Preventive measures must be provided.

*Burkina Faso.* Both government and employers are concerned with the risk of making testing compulsory and its effect on migration.

*Burundi.* Mandatory testing is not the way to reduce the spread of HIV since populations cross national borders locally by various means.

*Canada.* There should be no prohibition of requiring routine medical testing but a positive result should not lead to automatic exclusion.

*China.* Each country should decide, and international cooperation should be strengthened.

*Democratic Republic of the Congo.* The ILO and UN should take measures to ensure that States ratify relevant instruments.

*Côte d'Ivoire.* Only developed countries do this.

*Cyprus.* Foreign sex workers and migrant workers outside the EU should be subjected to compulsory testing.

*Denmark.* Cannot be answered with yes or no.

*El Salvador.* This right has already been put into practice in our country.

*Ethiopia.* Needs to be formulated to address the existing practice of many countries.

*Gabon.* More training is needed.

*Germany.* Support efforts to ban compulsory testing and there is no such testing at national level.

*Greece.* It should be allowed regardless of the country of origin.

*India.* Currently many countries require testing, even though this is not always stated directly, and HIV-positive individuals are denied their rights. Enforcing this recommendation would ensure that all migrant workers are entitled to the same human rights and access to prevention and care, and able to take advantage of exceptions vis-à-vis conditions of work and residence (wherever this applies). Governments should integrate education and training in pre-departure counselling for outgoing migrant workers and include HIV in bilateral agreements with receiving countries to create an enabling environment for migrants and protection of their rights in host countries.

*Indonesia.* This is still being used to determine whether migrant workers are accepted for employment.

*Iraq.* Such measures would facilitate the dissemination of the infection into different workplaces.

*Japan.* Believes it is necessary for both origin and destination countries to adopt flexible measures to ensure access to prevention, etc.

*Luxembourg.* The second part poses difficulties.

*Malaysia.* Host countries have a responsibility to protect migrant workers and there is a need of cross-border cooperation.

*Mauritius.* Each country should have its own policy, which may include mandatory testing.

*New Zealand.* New Zealand has a publicly-funded health system and permanent residents, and workers who will be in New Zealand for more than two years, are eligible for publicly funded health services. Our standard immigration medical screening process for persons intending to stay for more than

one year treats HIV as any other expensive health condition. HIV-positive workers entering temporarily for less than two years (not covered by our publicly-funded health care) will prima facie be found to be of an acceptable standard of health. Workers eligible for our health care who have health conditions (including HIV), and are thus likely to impose significant costs or demands, will prima facie not be of an acceptable standard of health. A worker with a three-year contract who is unlikely to require antiretrovirals during that period will therefore be found to be of an acceptable standard of health. Those not considered to be of an acceptable standard must be considered for a waiver: possible grounds for include humanitarian circumstances, close family connections, and the likelihood of making a significant contribution.

*Oman.* Consideration should be given to policies/measures adopted in different countries.

*Panama.* Our authority should include HIV in migration policies.

*Peru.* A receiving country should be able to know.

*Poland.* Should not be understood as taking over the health-care responsibilities of other countries (thereby encouraging people to migrate in order to receive better health care).

*Portugal.* Each State should ensure access to prevention, treatment, care and support for all migrant workers.

*Qatar.* But employers should be able to refuse those refusing to be tested if it would endanger others.

*Romania* (National Agency for the Protection of the Right of Children). Governments should to adopt their own policy concerning migrant workers.

*Russian Federation.* We are currently discussing this.

*Saint Vincent and the Grenadines.* Not sure since this can prove difficult for some countries and have a negative socio-economic impact.

*Senegal.* Would avoid discrimination.

*Serbia.* Testing is never a condition for leaving a country.

*Seychelles.* All should ensure that the epidemic is not spread.

*Sierra Leone.* Both the country of origin and destination should put measures in place to uphold the ILO code of practice.

*Singapore.* May wish to subject migrant workers to HIV testing for public health reasons.

*Sri Lanka.* Requires cooperation between sending and receiving countries as well as employment agencies.

*Sudan.* Migrant workers should undergo HIV testing but this should not prevent the affected person from travelling and working abroad as access to prevention, treatment, care and support services has become an acquired right under international conventions.

*Syrian Arab Republic.* Migrant workers are subjected to testing but Syrian workers wishing to emigrate are not.

*Sweden (LMA).* Migrant workers should also have access to health care.

*Tajikistan.* Bilateral and regional cooperation needs strengthening.

*Thailand.* Some organizations involved in consultation for this reply agree while others do not.

*Timor-Leste.* Would prevent discrimination.

*Trinidad and Tobago.* The question is contradictory and should be revised.

*Tunisia.* One must take into consideration the different rules in each country.

*United Kingdom.* Suggests “are not excluded from migration on the basis of HIV status” instead of “are not excluded from migration if they are HIV-positive”.

*Vanuatu.* Doubtful that this could be applied to internal migration.

*Bolivarian Republic of Venezuela.* All PLHIV, whether migrants or not, should have access to prevention, treatment and care without any discrimination.

## Employers

*Total number of replies: 62.*

*Yes: 45.* CGEA (Algeria), AEC (Azerbaijan), CNP (Benin), CNC (Brazil), CNF (Brazil), BCCI (Bulgaria), CAMFEBA (Cambodia), ANDI (Colombia), UCCAEP (Costa Rica), CGECI (Côte d’Ivoire), HUP (Croatia), FEC (Democratic Republic of the Congo), SY (Finland), MEDEF (France), GEA (Ghana), ESEE (Greece), SEV (Greece), COHEP (Honduras), DPN-APINDO (Indonesia), ICEA (Islamic Republic of Iran), NK (Japan), KEF (Republic of Korea), CNPM (Mauritania), COPARMEX (Mexico), MONEF (Mongolia), CGEM (Morocco), NEF (Namibia), CCSP (Portugal), CIP (Portugal), CTP (Portugal), SLEF (Saint Lucia), ANIS (San Marino), ZDS (Slovenia), GZS (Slovenia), BUSA (South Africa), Organized Business (South Africa), EFC (Sri Lanka), SKL (Sweden), SAV (Sweden), UPS (Switzerland), CNP (Togo), ECA (Trinidad and Tobago), FUE (Uganda), CIU (Uruguay) and EMCOZ (Zimbabwe).

*No: 7.* FEI (Egypt), EK (Finland), FKE (Kenya), MEF (Mauritius), Employers (Netherlands), Business NZ (New Zealand), FCCI (United Arab Emirates).

*Other: 10.* DA (Denmark), DEF (Dominica), KT (Finland), JEF (Jamaica), ALE (Lesotho), FNCCI (Nepal), NHO (Norway), EFP (Pakistan), CONEP (Panama), SN (Sweden).

## Comments

CNP (Benin): This will respect individuals’ right to freedom.

Brazil (CNC): Our Ministry of Health assumes responsibility for treating migrants who are infected here.

UCCAEP (Costa Rica): Even though we agree, we do not see how this questionnaire could deal with migrant workers in the workplace.

DA (Denmark): Seems to drift away from the purpose of the instrument.

FEI (Egypt): Needed to limit the spread of the disease at regional levels.

EK (Finland): Migrants cannot be excluded from necessary workplace testing.

GEA (Ghana): Equal access to prevention, education, care, support and treatment should be ensured.

COHEP (Honduras): Migrant workers should have the same rights as other workers.

FKE (Kenya): Testing should not be discouraged. We suggest: “Governments should ensure that migrant workers, or those seeking to migrate for employment, are not excluded from migration if they are HIV-positive. Measures to ensure access to prevention, treatment, care and support services should be adopted by both countries of origin and of destination”.

MEF (Mauritius): Depending on the socio-economic conditions of a given country.

Employers (Netherlands): There are or can be other reasons as to whether access is given or not to prevention, treatment, care and support.

BNZ (New Zealand): Supports our medical screening process.

EFPP (Pakistan): Measures need to be taken to prevent the spread.

CCSP (Portugal): The workplace must be safe and healthy for all, including migrant workers.

CIP (Portugal): Access prevention, treatment, care and support should be ensured.

BUSA (South Africa): Replace “ensure” with “encourage”.

## Workers

*Total number of replies: 69.*

*Yes: 65.* UGTA (Algeria), UNTA (Angola), CGT-RA (Argentina), ACTU (Australia), CSA-Bénin (Benin), CSTB (Benin), BFTU (Botswana), CITUB (Bulgaria), Podkrepa (Bulgaria), CSTC (Cameroon), CGSTC (Cameroon), USLC (Cameroon), CLC (Canada), UST (Chad), CTRN (Costa Rica), SSSH (Croatia), CMKOS (Czech Republic), UNTC (Democratic Republic of the Congo), FTF (Denmark), LO (Denmark), FTU (Fiji), FTUC (Fiji), SAK (Finland), CGT (France), CGT-FO (France), CFDT (France), GWC (Gambia), DGB (Germany), TUC (Ghana), GSEE (Greece), CNTG (Guinea), KSPI (Indonesia), CGIL (Italy), UGL (Italy), JTUC-RENGO (Japan), FKUTU (Republic of Korea), KCTU (Republic of Korea), SEKRIMA (Madagascar), Workers (Mauritius), CROC (Mexico), UGTM (Morocco), NZCTU (New Zealand), NUHPSW (Nigeria), CGTP (Panama), CGTP (Peru), NSZZ (Poland), CGTP-IN (Portugal), UGT (Portugal), CNS-Cartel Alfa (Romania), COTRAF (Rwanda), CNTS (Senegal), SFWU (Seychelles), ZSSS (Slovenia), Organized Labour (South Africa), NWC (Sri Lanka), LO (Sweden), USS (Switzerland), CNTT (Togo), CSTT (Togo), NATUC (Trinidad and Tobago), UNISON (United Kingdom), TUC (United Kingdom), ZCTU (Zimbabwe) and ITUC (International Trade Union Confederation) and OATUU (Organization of African Trade Union Unity).

*No: 3.* ASI (Iceland), MTUC (Malaysia) and CESTRAR (Rwanda).

*Other: 1.* Workers (Netherlands).

## Comments

UNTA (Angola): To combat social discrimination against affected people.

CGSTC (Cameroon): It is a cross-cutting issue.

USLC (Cameroon): Information should be provided to more workers and in different languages.

UNTC (Democratic Republic of the Congo): This should be pursued.

CTRN (Costa Rica): Prevention, treatment, care and support for all workers.

FTU (Fiji): This is an individual's right.

DGB (Germany): Work needs to be continued to achieve this.

TUC (Ghana): Important to continue to work towards achieving this.

UGL (Italy): Migrant workers must enjoy the same conditions as other workers.

KCTU (Republic of Korea): Certain migrant workers should be tested.



SEKRIMA (Madagascar): To ensure non-discrimination.

MTUC (Malaysia): Supports complete medical check-up for migrant workers before work permits are issued.

Workers (Mauritius): No restrictions should be imposed, and the same preventive measures should be provided.

Workers (Netherlands): Should be covered by the elements on discrimination.

NZCTU (New Zealand): Migrant workers are particularly vulnerable to discrimination, and efforts must be intensified in regard to treatment, prevention, care and support.

CGTP (Panama): Our irregular immigrants must be taken into account.

NSZZ (Poland): Important to continue to work towards achieving this.

CGTP-IN (Portugal): It is a violation of human rights.

CNS-Cartel Alfa (Romania): Important to continue working for this.

COTRAF (Rwanda): In accordance with the Conventions.

CNTS (Senegal): Important to continue trying to ensure this.

NWC (Sri Lanka): Measures should be taken to ensure access to prevention, treatment, care and support services by both the countries of origin and of destination.

USS (Switzerland): Should be regulated at the national level, since migration falls within the State's sovereignty.

CNTT (Togo): Important to follow up these efforts.

*Other: Yes: I. Community (South Africa).*

## Comments

Be With Us (Poland): Some countries require test.

Community (South Africa): Court decisions and health policies adopted so far already "ensure" migrant workers should have access to social welfare and health rights; governments are responsible for putting systems in place to realize these rights.

## Qu. 9

(i) *Children and young persons:*

(i) *National and international commitments on combating child labour, in particular when it results from the death or illness of family members due to AIDS, and action should be reinforced to:*

(1) *raise awareness of the links between HIV/AIDS and child labour;*

## Governments

*Total number of replies: 113.*

*Yes: 105.* Albania, Antigua and Barbuda, Armenia, Australia, Austria, Bahamas, Barbados, Belgium, Belize, Benin, Bosnia and Herzegovina, Botswana, Brazil, Brunei Darussalam, Burkina

Faso, Burundi, Cameroon, Canada, China, Colombia, Costa Rica, Côte d'Ivoire, Croatia, Cuba, Cyprus, Democratic Republic of the Congo, Denmark, Egypt, El Salvador, Estonia, Ethiopia, Finland, France, Gabon, Georgia, Ghana, Greece, Grenada, Hungary, Iceland, India, Indonesia, Iraq, Israel, Italy, Jamaica, Jordan, Kazakhstan, Kenya, Republic of Korea, Kyrgyzstan, Latvia, Lebanon, Luxembourg, Malawi, Malaysia, Mauritius, Republic of Moldova, Morocco, Myanmar, Netherlands, New Zealand, Nigeria, Oman, Panama, Peru, Philippines, Poland, Portugal, Qatar, Romania, Russian Federation, Rwanda, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, San Marino, Saudi Arabia, Senegal, Seychelles, Sierra Leone, Singapore, Slovenia, South Africa, Spain, Sri Lanka, Sudan, Suriname, Sweden, Switzerland, Syrian Arab Republic, United Republic of Tanzania, Thailand, Timor-Leste, Trinidad and Tobago, Tunisia, Ukraine, United Arab Emirates, United Kingdom, Uruguay, Vanuatu, Bolivarian Republic of Venezuela, Viet Nam, Zambia and Zimbabwe.

*No:* 3. Belarus, Mexico and Serbia.

*Other:* 5. Germany, Honduras, Japan, Mali and Tajikistan.

## Comments

*Austria.* The orphan crisis in Africa needs highlighting more strongly.

*Benin.* Orphans are pushed prematurely towards work or prostitution and are easy targets for child traffickers.

*Brazil.* There is a link and action should be taken.

*Burkina Faso.* Such a governmental policy could, from employers' point of view, result in a special integration policy being adopted.

*Burundi.* National authorities must take action.

*Cameroon.* Children's rights must be reinforced.

*Democratic Republic of the Congo.* Professional training is needed, paid for by the State if necessary.

*Côte d'Ivoire.* There is a link. Children working owing to their parents' socio-economic situation should not be omitted.

*Cyprus.* We do have this problem.

*El Salvador.* Awareness is very important for human security.

*Ethiopia.* This is a dimension that needs to be addressed.

*Gabon.* In order to protect future generations.

*Germany.* National efforts not necessary in our country.

*India.* To ensure protection for children and young people.

*Indonesia.* To raise awareness.

*Japan.* There is no child labour in our country.

*Kenya.* Especially girls, who are more vulnerable.

*Malawi.* Should be a continuous process, irrespective of whether or not children are orphaned by AIDS.

*Mexico.* The ILO offers no hard data on these links.

*New Zealand.* If reworded. “raise awareness in the workplace of the links between HIV/AIDS in the adult population resulting in child labour, where appropriate”.

*Peru.* Particularly since they are more vulnerable.

*Serbia.* Child labour is prohibited in Serbia.

*Seychelles.* The Conventions on child labour should be respected.

*Sierra Leone.* Authorities should collaborate with the social partners.

*Sudan.* Child labour is prohibited but when children have to work, they need to be made aware of the hazards.

*Sweden (LMA).* Not clear whether there is such a causal link and whether reference is made to prostitution.

*Tajikistan.* Donor funds and foreign investments could assist.

*Timor-Leste.* When it is related.

*United Kingdom.* Strongly supports such measures.

*Bolivarian Republic of Venezuela.* Early entry into the labour market resulting from death or illness in the family due to AIDS must be considered in poverty eradication programmes.

*Zambia.* Most child labourers are forced to work in the worst forms because they have lost their parents or guardians.

## Employers

*Total number of replies: 63.*

*Yes: 52.* CGEA (Algeria), AEC (Azerbaijan), CNP (Benin), CNC (Brazil), CNF (Brazil), BCCI (Bulgaria), CAMFEBA (Cambodia), UCCAEP (Costa Rica), CGECI (Côte d’Ivoire), HUP (Croatia), DEF (Dominica), FEI (Egypt), SY (Finland), MEDEF (France), GEA (Ghana), ESEE (Greece), SEV (Greece), COHEP (Honduras), DPN-APINDO (Indonesia), ICEA (Islamic Republic of Iran), NK (Japan), FKE (Kenya), KEF (Republic of Korea), CNPM (Mauritania), MEF (Mauritius), COPARMEX (Mexico), MONEF (Mongolia), CGEM (Morocco), NEF (Namibia), FNCCI (Nepal), Employers (Netherlands), Business NZ (New Zealand), NHO (Norway), CONEP (Panama), CCSP (Portugal), CIP (Portugal), CTP (Portugal), SLEF (Saint Lucia), ANIS (San Marino), ZDS (Slovenia), GZS (Slovenia), BUSA (South Africa), Organized Business (South Africa), EFC (Sri Lanka), SKL (Sweden), SAV (Sweden), CNP (Togo), ECA (Trinidad and Tobago), FUE (Uganda), FCCI (United Arab Emirates), CIU (Uruguay) and EMCOZ (Zimbabwe).

*No: 2.* FEC (Democratic Republic of the Congo), EK (Finland).

*Other: 9.* ANDI (Colombia), DA (Denmark), KT (Finland), JEF (Jamaica), NK (Japan), ALE (Lesotho), EFP (Pakistan), SN (Sweden), UPS (Switzerland).

## Comments

AEC (Azerbaijan): There is a strong link.

CNP (Benin): Orphans are very vulnerable.

CNF (Brazil): Child labour should not exist.

UCCAEP (Costa Rica): More statistical information should be collected in this respect.

DA (Denmark): The proposed instrument seems to drift away from its purpose.

Finland (EK): Not relevant for European countries.

MEDEF (France): This is a relationship which is only applicable in certain less developed countries. Is reference made here to sexual exploitation of children?

GEA (Ghana): There is a link.

COHEP (Honduras): There is a link.

MEF (Mauritius): National policy should address this.

FNCCI (Nepal): Awareness should be developed.

Business NZ (New Zealand): Reword to read: "raise awareness in the workplace of the links between HIV/AIDS in the adult population and child labour, where appropriate". The ILO should coordinate closely with UNESCO.

EFP (Pakistan): Child labour can never be encouraged.

CIP (Portugal): Vital that prevention is provided.

## Workers

*Total number of replies: 69.*

*Yes: 68.* UGTA (Algeria), UNTA (Angola), CGT-RA (Argentina), ACTU (Australia), CSA-Bénin (Benin), CSTB (Benin), BFTU (Botswana), CITUB (Bulgaria), Podkrepa (Bulgaria), CSTC (Cameroon), CGSTC (Cameroon), USLC (Cameroon), CLC (Canada), UST (Chad), CTRN (Costa Rica), SSSH (Croatia), CMKOS (Czech Republic), UNTC (Democratic Republic of the Congo), FTF (Denmark), LO (Denmark), FTU (Fiji), FTUC (Fiji), SAK (Finland), CGT (France), CGT-FO (France), CFDT (France), GWC (Gambia), DGB (Germany), TUC (Ghana), GSEE (Greece), CNTG (Guinea), ASI (Iceland), KSPI (Indonesia), CGIL (Italy), UGL (Italy), JTUC-RENGO (Japan), FKTU (Republic of Korea), KCTU (Republic of Korea), SEKRIMA (Madagascar), MTUC (Malaysia), Workers (Mauritius), CROC (Mexico), UGTM (Morocco), Workers (Netherlands), NZCTU (New Zealand), NUHPSW (Nigeria), CGTP (Panama), CGTP (Peru), NSZZ (Poland), CGTP-IN (Portugal), UGT (Portugal), CNS-Cartel Alfa (Romania), COTRAF (Rwanda), CNTS (Senegal), SFWU (Seychelles), ZSSS (Slovenia), Organized Labour (South Africa), NWC (Sri Lanka), LO (Sweden), USS (Switzerland), CNTT (Togo), CSTT (Togo), NATUC (Trinidad and Tobago), UNISON (United Kingdom), TUC (United Kingdom), ZCTU (Zimbabwe) and ITUC (International Trade Union Confederation) and OATUU (Organization of African Trade Union Unity).

*No: 1.* CESTRAR (Rwanda).

## Comments

UNTA (Angola): Necessary to raise awareness.

CGSTC (Cameroon): "The child is the father of the man", so to save adults children need to be saved.

USLC (Cameroon): Decent work should be encouraged.

CLC (Canada): Particularly in sectors such as agriculture.

- UNTC (Democratic Republic of the Congo): Particularly in sectors such as agriculture.
- CTRN (Costa Rica): Should always be combated and social security should take responsibility.
- FTU (Fiji): Should be one of the major focal areas.
- FTUC (Fiji): It is the national authorities' obligation to provide education and awareness on this issue.
- CGT (France): Particularly in some sectors, such as agriculture.
- CNTG (Guinea): Particularly in some sectors, such as agriculture.
- KSPI (Indonesia): In some sectors, such as agriculture.
- JTUC-RENGO (Japan): Children do not work in Japan.
- Workers (Mauritius): Legislation prohibiting child labour must be implemented.
- NSZZ (Poland): Particularly in some sectors, such as agriculture.
- CGTP-IN (Portugal): Particularly in countries where children are orphaned as a result of AIDS.
- CNS-Cartel Alfa (Romania): In certain sectors child labour is increasing.
- COTRAF (Rwanda): Children who are abandoned must find their own means of survival.
- CNTS (Senegal): Particularly in some sectors, such as agriculture.
- NWC (Sri Lanka): Important to raise awareness, and support should be organized with community support.
- USS (Switzerland): Should be regulated at the national level.
- CNTT (Togo): Should also cover agriculture and informal economy.
- CSTT: Children should be reintegrated into school.

**Qu. 9(i)(i)** (2) *identify key areas of intervention; [and]*

**Governments**

*Total number of replies: 113.*

*Yes: 103.* Albania, Antigua and Barbuda, Armenia, Australia, Barbados, Belgium, Belize, Benin, Bosnia and Herzegovina, Botswana, Brazil, Brunei Darussalam, Burkina Faso, Burundi, Cameroon, Canada, China, Colombia, Costa Rica, Côte d'Ivoire, Croatia, Cuba, Cyprus, Democratic Republic of the Congo, Denmark, Egypt, El Salvador, Estonia, Ethiopia, France, Gabon, Georgia, Ghana, Greece, Grenada, Hungary, Iceland, India, Indonesia, Iraq, Israel, Italy, Jamaica, Jordan, Kazakhstan, Kenya, Republic of Korea, Kyrgyzstan, Latvia, Lebanon, Luxembourg, Malawi, Malaysia, Mauritius, Republic of Moldova, Morocco, Myanmar, Netherlands, New Zealand, Nigeria, Oman, Panama, Peru, Philippines, Poland, Portugal, Qatar, Romania, Russian Federation, Rwanda, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, San Marino, Saudi Arabia, Senegal, Serbia, Seychelles, Sierra Leone, Singapore, Slovenia, South Africa, Spain, Sri Lanka, Sudan, Suriname, Sweden, Switzerland, Syrian Arab Republic, United Republic of Tanzania, Thailand, Timor-Leste, Trinidad and Tobago, Tunisia,

Ukraine, United Arab Emirates, United Kingdom, Uruguay, Vanuatu, Bolivarian Republic of Venezuela, Viet Nam, Zambia and Zimbabwe.

*No:* 2. Belarus and Mexico.

*Other:* 8. Austria, Bahamas, Finland, Germany, Honduras, Japan, Mali and Tajikistan.

## Comments

*Benin.* Necessitates facilitating the schooling of children or occupational training, food assistance, etc.

*Burkina Faso.* Necessitate the identification of the economic sectors and branches.

*Burundi.* Measures covering care for parents to allow them to continue to work as long as possible and to assume their family responsibilities. At the same time, orphans should be supported by guaranteeing them schooling and taking care of the medical costs of those infected by HIV.

*Cameroon.* Such as education, schooling, etc.

*Côte d'Ivoire.* Each country's conditions should be taken into account.

*El Salvador.* This is fundamental.

*India.* Such as educational prospects of children cut short due to death of either or both parents, clandestine exploitation of children.

*Indonesia.* If possible.

*Peru.* In the economic areas where they work.

*Sierra Leone.* Promoting schooling, "second-chance" learning activities, and addressing information gaps and child labour policy.

*Sudan.* Activities that do not harm children and young people, taking into account the needs of each group.

*Tunisia.* To ensure prevention and health protection for children.

*United Kingdom.* A number of programmes in India and South Africa have started to develop AIDS prevention programmes related to child labourers. It will be important to learn the lessons from these programmes.

*Bolivarian Republic of Venezuela.* This should be reinforced.

*Vanuatu.* Through awareness-raising programmes.

## Employers

*Total number of replies:* 62.

*Yes:* 51. CGEA (Algeria), AEC (Azerbaijan), CNP (Benin), CNC (Brazil), BCCI (Bulgaria), CAMFEB (Cambodia), CGECI (Côte d'Ivoire), HUP (Croatia), FEC (Democratic Republic of the Congo), DA (Denmark), DEF (Dominica), FEI (Egypt), SY (Finland), GEA (Ghana), ESEE (Greece), SEV (Greece), COHEP (Honduras), DPN-APINDO (Indonesia). ICEA (Islamic Republic of Iran), JEF (Jamaica), FKE (Kenya), KEF (Republic of Korea), CNPM (Mauritania), MEF (Mauritius), COPARMEX (Mexico), MONEF (Mongolia), CGEM (Morocco), NEF (Namibia), FNCCI (Nepal), Employers (Netherlands), Business NZ (New Zealand), NHO (Norway), CONEP (Panama), CCSP (Portugal), CIP (Portugal), CTP (Portugal), SLEF (Saint Lucia), ANIS (San Marino), ZDS (Slovenia), GZS (Slovenia), BUSA (South Africa), Organized

Business (South Africa), EFC (Sri Lanka), SKL (Sweden), SAV (Sweden), CNP (Togo), ECA (Trinidad and Tobago), FUE (Uganda), FCCI (United Arab Emirates), CIU (Uruguay) and EMCOZ (Zimbabwe).

*No:* 1. EK (Finland).

*Other:* 10. CNF (Brazil), ANDI (Colombia), UCCAEP (Costa Rica), KT (Finland), MEDEF (France), NK (Japan), ALE (Lesotho), EFP (Pakistan), SN (Sweden), UPS (Switzerland).

## Comments

CNP (Benin): Through schooling.

ICEA (Islamic Republic of Iran): Special centres should be established for this most at-risk group.

COHEP (Honduras): Important to establish the needed areas of intervention.

## Workers

*Total number of replies:* 69.

*Yes:* 68. UGTA (Algeria), UNTA (Angola), CGT-RA (Argentina), ACTU (Australia), CSA-Bénin (Benin), CSTB (Benin), BFTU (Botswana), CITUB (Bulgaria), Podkrepa (Bulgaria), CSTC (Cameroon), CGSTC (Cameroon), USLC (Cameroon), CLC (Canada), UST (Chad), CTRN (Costa Rica), SSSH (Croatia), CMKOS (Czech Republic), UNTC (Democratic Republic of the Congo), FTF (Denmark), LO (Denmark), FTU (Fiji), FTUC (Fiji), SAK (Finland), CGT (France), CGT-FO (France), CFDT (France), GWC (Gambia), DGB (Germany), TUC (Ghana), GSEE (Greece), CNTG (Guinea), ASI (Iceland), KSPI (Indonesia), CGIL (Italy), UGL (Italy), JTUC-RENGO (Japan), FKTU (Republic of Korea), KCTU (Republic of Korea), SEKRIMA (Madagascar), MTUC (Malaysia), Workers (Mauritius), CROC (Mexico), UGTM (Morocco), Workers (Netherlands), NZCTU (New Zealand), NUHPSW (Nigeria), CGTP (Panama), CGTP (Peru), NSZZ (Poland), CGTP-IN (Portugal), UGT (Portugal), CNS-Cartel Alfa (Romania), COTRAF (Rwanda), CNTS (Senegal), SFWU (Seychelles), ZSSS (Slovenia), Organized Labour (South Africa), NWC (Sri Lanka), LO (Sweden), USS (Switzerland), CNTT (Togo), CSTT (Togo), NATUC (Trinidad and Tobago), UNISON (United Kingdom), TUC (United Kingdom), ZCTU (Zimbabwe) and ITUC (International Trade Union Confederation) and OATUU (Organization of African Trade Union Unity).

*No:* 1. CESTRAR (Rwanda).

## Comments

UNTA (Angola): It is important to establish the link.

CGSTC (Cameroon): This is self-evident.

USLC (Cameroon): Awareness by ministries of labour and ministries for young people.

CLC (Canada): In collaboration with IPEC and other programmes.

UNTC (Democratic Republic of the Congo): In collaboration with IPEC and other programmes.

FTU (Fiji): The only way to ensure effectiveness.

CGT (France): Particularly care of orphans and vulnerable children, which could be ensured through a system of supervision in enterprises.

TUC (Ghana): To raise awareness of the links.

CNTG (Guinea): In collaboration with IPEC.

KSPI (Indonesia): Collaboration with IPEC and other programmes for a broad response.

SEKRIMA (Madagascar): In collaboration with IPEC.

Workers (Mauritius): In workplaces, in the community and in organizations of women and young persons.

Workers (Netherlands): Maybe in a general child labour policy, which should be linked to the elimination of child labour (Conventions Nos 138 and 182).

NSZZ (Poland): Collaboration should be carried out with IPEC and other programmes to have a broad response.

CNS-Cartel Alfa (Romania): In collaboration with IPEC and other programmes.

COTRAF (Rwanda): In order for the community to take charge of them.

CNTS (Senegal): Collaboration with IPEC and other programmes.

NWC (Sri Lanka): To provide information, accommodation, and schooling.

CNTT (Togo): IPEC is doing this.

**Qu. 9(i)(i)** (3) *reduce the risk of child labourers contracting HIV.*

**Governments**

*Total number of replies: 113.*

*Yes: 107.* Albania, Antigua and Barbuda, Armenia, Australia, Bahamas, Barbados, Belarus, Belgium, Belize, Benin, Bosnia and Herzegovina, Botswana, Brazil, Brunei Darussalam, Burkina Faso, Burundi, Cameroon, Canada, China, Colombia, Costa Rica, Côte d'Ivoire, Croatia, Cuba, Cyprus, Democratic Republic of the Congo, Denmark, Egypt, El Salvador, Estonia, Ethiopia, Finland, France, Gabon, Georgia, Ghana, Greece, Grenada, Hungary, Iceland, India, Indonesia, Iraq, Israel, Italy, Jamaica, Jordan, Kazakhstan, Kenya, Republic of Korea, Kyrgyzstan, Latvia, Lebanon, Luxembourg, Malawi, Malaysia, Mauritius, Republic of Moldova, Morocco, Myanmar, Netherlands, New Zealand, Nigeria, Oman, Panama, Peru, Philippines, Poland, Portugal, Qatar, Romania, Russian Federation, Rwanda, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, San Marino, Saudi Arabia, Senegal, Serbia, Seychelles, Sierra Leone, Singapore, Slovenia, South Africa, Spain, Sri Lanka, Sudan, Suriname, Sweden, Switzerland, Syrian Arab Republic, Tajikistan, United Republic of Tanzania, Thailand, Timor-Leste, Trinidad and Tobago, Tunisia, Ukraine, United Arab Emirates, United Kingdom, Uruguay, Vanuatu, Bolivarian Republic of Venezuela, Viet Nam, Zambia and Zimbabwe.

*No: 2.* Austria and Mexico.

*Other: 4.* Germany, Honduras, Japan and Mali.

**Comments**

*Austria.* It is important to create networks to fight the commercial sexual exploitation of children. Such networks should receive support from companies, and companies should penalize any abuse of children.



*Benin.* Schooling of children, awareness and education of adults, adopting tough laws targeting people who have sexual relations with under-age persons, or people committing rape.

*Burkina Faso.* Important, considering that it concerns the health of the actors for future development.

*Cameroon.* Development goals and qualified training.

*Côte d'Ivoire.* Combat the origins of child labour, and OSH measures for those who can legally work.

*Cuba.* Special protection is provided to children's parents.

*El Salvador.* Should be a priority, and should include commercial sexual exploitation.

*France.* Change the word "reduce" to "eliminate" the risk, otherwise it could be interpreted as acceptance.

*Greece.* Emphasis should be on the elimination of child labour.

*India.* Proper education and awareness to assess the numbers and the vocations or industries.

*Peru.* Ensuring at least an adequate work environment will reduce the risks of infection.

*Philippines.* "Reducing the risk" would mean not perpetuating the social practice.

*Portugal.* By combating child labour and employment of young persons in dangerous work.

*Qatar.* Securing other support systems so that children do not have to work.

*Sierra Leone.* Address issues such as poverty, survival, employment outcomes and children's right to education.

*Sudan.* Educational courses and supervision of child labour.

*Sweden (LMA).* Empowerment of children and measures to combat sexual abuse of children.

*Bolivarian Republic of Venezuela.* Reinforcement of labour inspection.

## Employers

*Total number of replies: 62.*

*Yes:* 52. CGEA (Algeria), AEC (Azerbaijan), CNP (Benin), CNC (Brazil), CNF (Brazil), BCCI (Bulgaria), CAMFEBA (Cambodia), UCCAEP (Costa Rica), CGECI (Côte d'Ivoire), HUP (Croatia), DA (Denmark), DEF (Dominica), FEI (Egypt), GEA (Ghana), ESEE (Greece), SEV (Greece), COHEP (Honduras), DPN-APINDO (Indonesia), ICEA (Islamic Republic of Iran), JEF (Jamaica), FKE (Kenya), KEF (Republic of Korea), CNPM (Mauritania), MEF (Mauritius), COPARMEX (Mexico), MONEF (Mongolia), CGEM (Morocco), NEF (Namibia), FNCCI (Nepal), Employers (Netherlands), Business NZ (New Zealand), NHO (Norway), CONEP (Panama), CCSP (Portugal), CIP (Portugal), CTP (Portugal), SLEF (Saint Lucia), ANIS (San Marino), ZDS (Slovenia), GZS (Slovenia), BUSA (South Africa), Organized Business (South Africa), EFC (Sri Lanka), SKL (Sweden), SAV (Sweden), UPS (Switzerland), CNP (Togo), ECA (Trinidad and Tobago), FUE (Uganda), FCCI (United Arab Emirates), CIU (Uruguay) and EMCOZ (Zimbabwe).

*No:* 3. FEC (Democratic Republic of the Congo), EK (Finland), SY (Finland).

*Other:* 7. ANDI (Colombia), KT (Finland), MEDEF (France), NK (Japan), ALE (Lesotho), EFP (Pakistan), SN (Sweden).

## Comments

CNP (Benin): Penalties should be imposed.

CNF (Brazil): Such risks should not be permitted.

GEA (Ghana): To ensure the health of children.

COHEP (Honduras): Through prevention.

DPN-APINDO (Indonesia): Children should be properly protected.

MEF (Mauritius): National policy should address this issue.

ECA (Trinidad and Tobago): Should be specific in relation to the sex trade

## Workers

*Total number of replies: 69.*

*Yes:* 67. UGTA (Algeria), UNTA (Angola), CGT-RA (Argentina), ACTU (Australia), CSA-Bénin (Benin), CSTB (Benin), BFTU (Botswana), CITUB (Bulgaria), Podkrepa (Bulgaria), CSTC (Cameroon), CGSTC (Cameroon), USLC (Cameroon), CLC (Canada), UST (Chad), CTRN (Costa Rica), SSSH (Croatia), CMKOS (Czech Republic), UNTC (Democratic Republic of the Congo), FTF (Denmark), LO (Denmark), FTU (Fiji), FTUC (Fiji), SAK (Finland), CGT (France), CGT-FO (France), CFDT (France), GWC (Gambia), DGB (Germany), TUC (Ghana), GSEE (Greece), CNTG (Guinea), ASI (Iceland), KSPI (Indonesia), CGIL (Italy), UGL (Italy), JTUC-RENGO (Japan), FKTU (Republic of Korea), KCTU (Republic of Korea), SEKRIMA (Madagascar), MTUC (Malaysia), CROC (Mexico), UGTM (Morocco), Workers (Netherlands), NZCTU (New Zealand), NUHPSW (Nigeria), CGTP (Panama), CGTP (Peru), NSZZ (Poland), CGTP-IN (Portugal), UGT (Portugal), CNS-Cartel Alfa (Romania), CESTRAR (Rwanda), COTRAF (Rwanda), SFWU (Seychelles), ZSSS (Slovenia), Organized Labour (South Africa), NWC (Sri Lanka), LO (Sweden), USS (Switzerland), CNTT (Togo), CSTT (Togo), NATUC (Trinidad and Tobago), UNISON (United Kingdom), TUC (United Kingdom), ZCTU (Zimbabwe) and ITUC (International Trade Union Confederation) and OATUU (Organization of African Trade Union Unity).

*No:* 2. Workers (Mauritius) and CNTS (Senegal).

## Comments

UNTA (Angola): Integrate policies and programmes into school curricula.

CGT-RA (Argentina): Not only the risks of HIV infection.

CGSTC (Cameroon): Actions cannot be taken unless you know the reasons.

USLC (Cameroon): Through awareness-raising programmes.

CTRN (Costa Rica): Children should not be working, but if they have to work their risks of infection should be reduced.

CFDT (France): The risks should be eliminated, not reduced.

CGT (France): As well as guaranteeing them access to universal care.

CNTG (Guinea): Even though child labour should not exist, it is very important to protect those who find themselves working.

UGL (Italy): With the aim of completely eliminating child labour.

Workers (Mauritius): Children should not be working.

Workers (Netherlands): Any child labourer at risk of contracting HIV is definitely performing hazardous work and should be rehabilitated immediately (Convention No. 182).

NUHPSW (Nigeria): Governments should provide care.

CNTS (Senegal): Children should not work in accordance with national legislation and international standards.

Organized Labour (South Africa): Review the child labour Conventions, encourage member countries to ratify them, and develop policies and laws to deal with the issue.

NWC (Sri Lanka): Needs community action.

*Other: 1. Be With Us (Poland).*

## Comments

Be With Us (Poland): How can a working child get infected?

Community (South Africa): This should be specifically covered in the child labour Conventions.

- Qu. 9(i)**                      (ii) *Measures should be taken to protect young workers against HIV infection, and to include the special needs of youth in response to HIV/AIDS. This may include the integration of information on HIV/AIDS in vocational training and youth employment programmes.*

## Governments

*Total number of replies: 113.*

*Yes: 107.* Albania, Antigua and Barbuda, Armenia, Australia, Austria, Bahamas, Barbados, Belarus, Belgium, Belize, Benin, Bosnia and Herzegovina, Botswana, Brazil, Brunei Darussalam, Burkina Faso, Burundi, Cameroon, Canada, China, Colombia, Costa Rica, Côte d'Ivoire, Croatia, Cyprus, Democratic Republic of the Congo, Denmark, Egypt, El Salvador, Estonia, Ethiopia, Finland, France, Gabon, Georgia, Ghana, Greece, Grenada, Hungary, Iceland, India, Indonesia, Iraq, Israel, Italy, Jamaica, Japan, Jordan, Kazakhstan, Kenya, Republic of Korea, Kyrgyzstan, Latvia, Lebanon, Luxembourg, Malawi, Malaysia, Mauritius, Mexico, Republic of Moldova, Morocco, Myanmar, Netherlands, New Zealand, Nigeria, Oman, Panama, Peru, Philippines, Poland, Portugal, Qatar, Russian Federation, Rwanda, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, San Marino, Saudi Arabia, Senegal, Serbia, Seychelles, Sierra Leone, Singapore, Slovenia, South Africa, Spain, Sri Lanka, Sudan, Suriname, Sweden, Switzerland, Syrian Arab Republic, Tajikistan, United Republic of Tanzania, Thailand, Timor-Leste, Trinidad and Tobago, Tunisia, Ukraine, United Arab Emirates, United Kingdom, Uruguay, Vanuatu, Bolivarian Republic of Venezuela, Viet Nam, Zambia.

*Other: 6.* Cuba, Germany, Honduras, Mali, Romania and Zimbabwe.

## Comments

*Australia.* Wherever relevant.

*Austria.* A responsibility of schools and further education.

*Benin.* Young people often engage in risky sexual behaviour because sex is taboo in numerous societies.

*Burkina Faso.* Should be encouraged for behavioural change.

*Cameroon.* This should be emphasized.

*Cuba.* Sex education needs to be provided.

*El Salvador.* This is a right of all workers, irrespective of age, as is the right to be informed of any risk of exposure in the workplace.

*Ethiopia.* Should be part of the national HIV/AIDS prevention and control programme.

*India.* Helpful to reach out to the young workers, as identification of beneficiaries would be easier in this case.

*Indonesia.* Special provisions should be made and coordinated with relevant sectors.

*Japan.* The circumstances of each country must be considered.

*Kenya.* Including school curriculum.

*Latvia.* Strengthening youth NGOs and coordinated support for youth health and development.

*Mauritius.* All possible measures must be taken.

*New Zealand.* Should be closely coordinated with UNESCO.

*Peru.* The correct information must be transmitted.

*Portugal.* In theory, this should be included in all education with an emphasis on prevention, including vocational training and youth employment programmes.

*Qatar.* Should be required before commencing work, with continual refresher training.

*Saint Lucia.* Through easily accessible youth-friendly services.

*Sierra Leone.* Special training and skill formation activities.

*Sudan.* Through training, awareness raising and education.

*United Kingdom.* Strongly supports inclusion of such measures, which are still relatively rare, in national AIDS plans.

*Bolivarian Republic of Venezuela.* Measures should be taken for all workers.

*Vanuatu.* In schools, teachers' colleges, etc.

## Employers

*Total number of replies:* 62.

*Yes:* 52. CGEA (Algeria), AEC (Azerbaijan), CNP (Benin), CNC (Brazil), CNF (Brazil), BCCI (Bulgaria), CAMFEBA (Cambodia), ANDI (Colombia), UCCAEP (Costa Rica), CGECI

(Côte d'Ivoire), HUP (Croatia), FEC (Democratic Republic of the Congo), DEF (Dominica), FEI (Egypt), SY (Finland), GEA (Ghana), ESEE (Greece), SEV (Greece), COHEP (Honduras), DPN-APINDO (Indonesia), ICEA (Islamic Republic of Iran), JEF (Jamaica), NK (Japan), FKE (Kenya), KEF (Republic of Korea), CNPM (Mauritania), MEF (Mauritius), COPARMEX (Mexico), MONEF (Mongolia), CGEM (Morocco), NEF (Namibia), FNCCI (Nepal), Employers (Netherlands), Business NZ (New Zealand), NHO (Norway), CONEP (Panama), CIP (Portugal), CTP (Portugal), SLEF (Saint Lucia), ANIS (San Marino), ZDS (Slovenia), GZS (Slovenia), BUSA (South Africa), Organized Business (South Africa), EFC (Sri Lanka), SKL (Sweden), SAV (Sweden), CNP (Togo), ECA (Trinidad and Tobago), FUE (Uganda), FCCI (United Arab Emirates), CIU (Uruguay).

*No:* 3. EK (Finland), MEDEF (France), CCSP (Portugal).

*Other:* 7. DA (Denmark), KT (Finland), ALE (Lesotho), EFP (Pakistan), SN (Sweden), UPS (Switzerland), EMCOZ (Zimbabwe).

## Comments

CNP (Benin): Should form part in the school curriculum.

DA (Denmark): The proposed instrument seems to drift away from its purpose.

MEDEF (France): Only applicable to non-industrialized or less developed countries.

COHEP (Honduras): Young people need to receive proper information on how to protect themselves.

MEF (Mauritius): National policy should address this issue in collaboration with youth ministries.

FNCCI (Nepal): Young workers represent the future and should be properly informed and trained.

CCSP (Portugal): To be included in educational programmes, including sex education for young people.

## Workers

*Total number of replies: 69.*

*Yes:* 68. UGTA (Algeria), UNTA (Angola), CGT-RA (Argentina), ACTU (Australia), CSA-Bénin (Benin), CSTB (Benin), BFTU (Botswana), CITUB (Bulgaria), Podkrepa (Bulgaria), CSTC (Cameroon), CGSTC (Cameroon), USLC (Cameroon), CLC (Canada), UST (Chad), CTRN (Costa Rica), SSSH (Croatia), CMKOS (Czech Republic), UNTC (Democratic Republic of the Congo), FTF (Denmark), LO (Denmark), FTU (Fiji), FTUC (Fiji), SAK (Finland), CGT (France), CGT-FO (France), CFDT (France), GWC (Gambia), DGB (Germany), TUC (Ghana), GSEE (Greece), CNTG (Guinea), ASI (Iceland), KSPI (Indonesia), CGIL (Italy), UGL (Italy), JTUC-RENGO (Japan), FKTU (Republic of Korea), KCTU (Republic of Korea), SEKRIMA (Madagascar), MTUC (Malaysia), Workers (Mauritius), CROC (Mexico), Workers (Netherlands), NZCTU (New Zealand), NUHPSW (Nigeria), CGTP (Panama), CGTP (Peru), NSZZ (Poland), CGTP-IN (Portugal), UGT (Portugal), CNS-Cartel Alfa (Romania), CESTRAR (Rwanda), COTRAF (Rwanda), CNTS (Senegal), SFWU (Seychelles), ZSSS (Slovenia), Organized Labour (South Africa), NWC (Sri Lanka), LO (Sweden), USS (Switzerland), CNTT (Togo), CSTT (Togo), NATUC (Trinidad and Tobago), UNISON (United Kingdom), TUC (United Kingdom), ZCTU (Zimbabwe) and ITUC (International Trade Union Confederation) and OATUU (Organization of African Trade Union Unity).

*Other:* 1. UGTM (Morocco).

## Comments

UNTA (Angola): Should be included in all training and programmes.

USLC (Cameroon): All training should include this.

CTRN (Costa Rica): The best way to protect is to inform.

FTU (Fiji): This should be a compulsory subject in school curricula.

FTUC (Fiji): Young workers should be made aware of their role in eliminating the problem.

CGT (France): With special measures for young women who are particularly vulnerable.

Workers (Mauritius): In all schools.

NZCTU (New Zealand): The ILO's work should be closely coordinated with that of UNESCO. Education is likely to most effective before young people enter the world of work.

NSZZ (Poland): Also important to ensure the sustainability of treatment.

COTRAF (Rwanda): In all places where young people are present (sporting places, play grounds, etc.).

NWC (Sri Lanka): Information and easier access to condoms.

USS (Switzerland): This is a public health issue which should be regulated at the national level.

CNTT (Togo): Will benefit employers as well

CSTT: To ensure awareness.

## Qu. 9

### (j) *Public services:*

- (i) *The role of the labour administration services, including the labour inspectorate, in the response to HIV/AIDS should be reviewed and if necessary strengthened.*

## Governments

*Total number of replies: 113.*

*Yes: 108.* Albania, Antigua and Barbuda, Armenia, Australia, Austria, Bahamas, Barbados, Belarus, Belgium, Belize, Benin, Bosnia and Herzegovina, Botswana, Brazil, Brunei Darussalam, Burkina Faso, Burundi, Cameroon, Canada, China, Colombia, Costa Rica, Côte d'Ivoire, Croatia, Cuba, Cyprus, Democratic Republic of the Congo, Denmark, Egypt, El Salvador, Estonia, Ethiopia, Finland, Gabon, Georgia, Germany, Ghana, Greece, Grenada, Hungary, Iceland, India, Indonesia, Iraq, Israel, Italy, Jamaica, Japan, Jordan, Kazakhstan, Kenya, Republic of Korea, Kyrgyzstan, Latvia, Lebanon, Luxembourg, Malawi, Malaysia, Mauritius, Mexico, Republic of Moldova, Morocco, Myanmar, New Zealand, Nigeria, Oman, Panama, Peru, Philippines, Poland, Portugal, Qatar, Russian Federation, Rwanda, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, San Marino, Saudi Arabia, Senegal, Serbia, Seychelles, Sierra Leone, Singapore, Slovenia, South Africa, Spain, Sri Lanka, Sudan, Suriname, Sweden, Switzerland, Syrian Arab Republic, Tajikistan, United Republic of Tanzania, Thailand, Timor-Leste, Trinidad and Tobago, Tunisia, Ukraine, United Arab Emirates, United Kingdom, Uruguay, Vanuatu, Bolivarian Republic of Venezuela, Viet Nam, Zambia and Zimbabwe.

*Other:* 5. France, Honduras, Mali, Netherlands and Romania.

## Comments

*Australia.* Where it is relevant.

*Austria.* Special training is sensible, but a review of legal competences is unnecessary. HIV/AIDS should not be treated differently from other infectious diseases.

*Belgium.* This instrument cannot change the responsibilities of the labour inspectorate.

*Benin.* The principal role of labour inspectorates is to provide counselling to prevent social conflicts.

*Brazil.* Should assist in applying the national policy.

*Burkina Faso.* Increased capacities needed.

*Burundi.* Should be reinforced and provided with proper training.

*Cameroon.* They have major responsibilities and roles to play.

*Colombia.* With special attention to respect for workers with HIV in order to diminish or eliminate discrimination.

*Costa Rica.* Labour inspection should be reinforced.

*Côte d'Ivoire.* Proper training required.

*El Salvador.* Improvements are required.

*Ethiopia.* This aspect has been the major problem in implementing the ILO code and is of paramount importance.

*India.* The role of labour inspectorates has to be expanded. Their involvement in planning and social dialogue to ensure wider implementation is vital.

*Indonesia.* Regular counselling and monitoring by labour inspectors are important.

*Japan.* Each country's circumstances must be considered.

*Kenya.* The labour inspection forms should include a component on how the employer deals with HIV-related issues.

*Mauritius.* Necessary training as well as financial and human resources should be made available.

*New Zealand.* We support reviews of the role of the labour administration services, including the labour inspectorate, in the context of wider reviews of chronic health factors.

*Oman.* Should collaborate with the medical sector.

*Peru.* Labour inspectorates will need to establish sanctions against workplaces which discriminate against PLHIV and give guidance on HIV/AIDS issues.

*Philippines.* They should monitor company policy and programmes.

*Portugal.* This role and the public health system must be reinforced.

*Qatar.* To reinforce policies and regulations.

*Saint Lucia.* Should be given a significant role.

*Sierra Leone.* Their role needs to be reviewed and strengthened.

*Sudan.* Concerns both application and provision of guidance.

*Trinidad and Tobago.* Labour inspectors should be trained.

*United Kingdom.* The focus on the capacity of labour inspectorates is crucial.

*Vanuatu.* The role of labour administration services should be reviewed.

## Employers

*Total number of replies: 62.*

*Yes: 52.* CGEA (Algeria), AEC (Azerbaijan), CNP (Benin), CNC (Brazil), CNF (Brazil), BCCI (Bulgaria), CAMFEBA (Cambodia), HUP (Croatia), FEC (Democratic Republic of the Congo), DA (Denmark), DEF (Dominica), FEI (Egypt), KT (Finland), SY (Finland), GEA (Ghana), ESEE (Greece), SEV (Greece), COHEP (Honduras), DPN-APINDO (Indonesia), ICEA (Islamic Republic of Iran), JEF (Jamaica), NK (Japan), FKE (Kenya), KEF (Republic of Korea), CNPM (Mauritania), MEF (Mauritius), COPARMEX (Mexico), MONEF (Mongolia), CGEM (Morocco), NEF (Namibia), FNCCI (Nepal), Employers (Netherlands), Business NZ (New Zealand), NHO (Norway), EFP (Pakistan), CCSP (Portugal), CIP (Portugal), CTP (Portugal), SLEF (Saint Lucia), ANIS (San Marino), BUSA (South Africa), Organized Business (South Africa), EFC (Sri Lanka), SKL (Sweden), SAV (Sweden), UPS (Switzerland), CNP (Togo), ECA (Trinidad and Tobago), FUE (Uganda), FCCI (United Arab Emirates), CIU (Uruguay) and EMCOZ (Zimbabwe).

*No: 5.* EK (Finland), MEDEF (France), CONEP (Panama), ZDS (Slovenia), GZS (Slovenia).

*Other: 5.* ANDI (Colombia), UCCAEP (Costa Rica), CGECI (Côte d'Ivoire), ALE (Lesotho), SN (Sweden).

## Comments

CNP (Benin): Will permit them to be more operational in their supervision.

EK (Finland): HIV/AIDS is a public health issue.

MEDEF (France): There should be no legal or other obligations.

GEA (Ghana): To ensure effective inspection.

COHEP (Honduras): Appropriate training needed to provide assistance to the social partners.

DPN-APINDO (Indonesia): An effective way to obtain successful outcomes.

MEF (Mauritius): In collaboration with the Ministry of Health.

FNCCI (Nepal): Calls for training and the strengthening of the supervision.

Employers (Netherlands): Generally depends on the visits made.

Business NZ (New Zealand): Should be reviewed, but we question the extent to which they would be the appropriate bodies to deal with HIV/AIDS-related workplace problems.

CIP (Portugal): Could be reviewed.

ZDS (Slovenia): This is already at a satisfactory level.



## Workers

*Total number of replies: 69.*

*Yes: 69.* UGTA (Algeria), UNTA (Angola), CGT-RA (Argentina), ACTU (Australia), CSA-Bénin (Benin), CSTB (Benin), BFTU (Botswana), CITUB (Bulgaria), Podkrepa (Bulgaria), CSTC (Cameroon), CGSTC (Cameroon), USLC (Cameroon), CLC (Canada), UST (Chad), CTRN (Costa Rica), SSSH (Croatia), CMKOS (Czech Republic), UNTC (Democratic Republic of the Congo), FTF (Denmark), LO (Denmark), FTU (Fiji), FTUC (Fiji), SAK (Finland), CGT (France), CGT-FO (France), CFDT (France), GWC (Gambia), DGB (Germany), TUC (Ghana), GSEE (Greece), CNTG (Guinea), ASI (Iceland), KSPI (Indonesia), CGIL (Italy), UGL (Italy), JTUC-RENGO (Japan), FKTU (Republic of Korea), KCTU (Republic of Korea), SEKRIMA (Madagascar), MTUC (Malaysia), Workers (Mauritius), CROC (Mexico), UGTM (Morocco), Workers (Netherlands), NZCTU (New Zealand), NUHPSW (Nigeria), CGTP (Panama), CGTP (Peru), NSZZ (Poland), CGTP-IN (Portugal), UGT (Portugal), CNS-Cartel Alfa (Romania), CESTRAR (Rwanda), COTRAF (Rwanda), CNTS (Senegal), SFWU (Seychelles), ZSSS (Slovenia), Organized Labour (South Africa), NWC (Sri Lanka), LO (Sweden), USS (Switzerland), CNTT (Togo), CSTT (Togo), NATUC (Trinidad and Tobago), UNISON (United Kingdom), TUC (United Kingdom), ZCTU (Zimbabwe) and ITUC (International Trade Union Confederation) and OATUU (Organization of African Trade Union Unity).

## Comments

UNTA (Angola): They should participate in preventing discrimination.

CGSTC (Cameroon): Our bureaucracy and lack of budget are detrimental to the fight.

USLC (Cameroon): These services should be properly informed and trained.

UNTC (Democratic Republic of the Congo): This is very weak in developing countries.

CTRN (Costa Rica): Need to be reinforced since they lack knowledge.

LO/FTF (Denmark): Important to strengthen national health systems.

FTU (Fiji): They should be proactive.

CFDT (France): Particularly in the sphere of the consequences of the pandemic.

CGT (France): To implement the applicable legislation.

TUC (Ghana): In many countries they do not respond to this issue.

KCTU (Republic of Korea): Their expertise must be enhanced.

Workers (Mauritius): They should be properly trained.

COTRAF (Rwanda): Even though not always as operational as one might wish for.

CNTS (Senegal): This is necessary as this question is very important.

NWC (Sri Lanka): Should be enhanced through awareness building and training.

USS (Switzerland): This issue needs to be evaluated in the light of national conditions.

CSTT (Togo): They should have the necessary means to better carry out their work.

UNISON (United Kingdom): This role should be developed in consultation with trade unions.

ZCTU (Zimbabwe): Needs to be strengthened and a more coordinated approach.

- Qu. 9(j)** (ii) *Public health systems should be strengthened, where necessary, in order to ensure greater access to prevention, treatment, care and support, and to reduce the additional strain on services and health workers caused by HIV/AIDS.*

## Governments

*Total number of replies: 113.*

*Yes: 108.* Albania, Antigua and Barbuda, Armenia, Australia, Austria, Bahamas, Barbados, Belarus, Belgium, Belize, Benin, Bosnia and Herzegovina, Botswana, Brazil, Brunei Darussalam, Burkina Faso, Burundi, Cameroon, Canada, China, Colombia, Costa Rica, Côte d'Ivoire, Croatia, Cuba, Cyprus, Democratic Republic of the Congo, Egypt, El Salvador, Estonia, Ethiopia, Finland, France, Gabon, Georgia, Germany, Ghana, Greece, Grenada, Hungary, Iceland, India, Indonesia, Iraq, Israel, Italy, Jamaica, Japan, Jordan, Kazakhstan, Kenya, Republic of Korea, Kyrgyzstan, Latvia, Lebanon, Luxembourg, Malawi, Malaysia, Mauritius, Mexico, Republic of Moldova, Morocco, Myanmar, Netherlands, Nigeria, Oman, Panama, Peru, Philippines, Poland, Portugal, Qatar, Romania, Russian Federation, Rwanda, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, San Marino, Saudi Arabia, Senegal, Serbia, Seychelles, Sierra Leone, Singapore, Slovenia, South Africa, Spain, Sri Lanka, Sudan, Suriname, Sweden, Switzerland, Syrian Arab Republic, Tajikistan, United Republic of Tanzania, Thailand, Timor-Leste, Trinidad and Tobago, Tunisia, Ukraine, United Arab Emirates, Uruguay, Vanuatu, Bolivarian Republic of Venezuela, Viet Nam, Zambia and Zimbabwe.

*No: 2.* New Zealand and United Kingdom.

*Other: 3.* Denmark, Honduras and Mali.

## Comments

*Australia.* Where relevant to do so.

*Benin.* Many poor countries lack resources.

*Burkina Faso.* Should be explored and encouraged.

*Burundi.* To lighten the burden on public health and social security systems.

*Cameroon.* The necessary funds are drying up.

*Costa Rica.* To ensure that they have greater capacities to provide the necessary treatment for affected workers.

*Côte d'Ivoire.* Reinforcement and reorientation are needed.

*Denmark.* The focus of the proposed instrument should be within the ILO mandate.

*Finland.* This falls under the mandate of public health care.

*France.* The lack of health service personnel in the public sector should be emphasized.

*India.* This will benefit poor workers in the informal sector and will set an example for the private sector.

*Indonesia.* All health-related sectors have to be ready with instruments to support HIV/AIDS programmes at the workplace.

*Malaysia.* Health policy would prevent the entry of migrant workers who suffer from serious or contagious illnesses (such as HIV/AIDS).

*New Zealand.* This issue is outside of the ILO's mandate but we would support wording encouraging member States to coordinate and cooperate with other national and international agencies better placed to provide and promote these services.

*Peru.* Should be coordinated with health ministries.

*Qatar.* Through strategic planning and participation of all sectors.

*Romania.* Certain employers are able to offer workers access to ART.

*Sri Lanka.* Private health institutions should also be encouraged.

*Sudan.* Health systems need to be strengthened.

*Timor-Leste.* Whenever possible.

*Tunisia.* Training and awareness should be integrated into vocational training and youth employment programmes.

*United Kingdom.* We do not consider that public health systems fall within the ILO's remit. However, it is inevitably true that, if they are to use resources efficiently, workplace HIV/AIDS programmes must be coordinated with public health systems. In a number of countries, particularly in South Asia, most services are provided by the private sector. Care should therefore be taken when describing services as "public health systems" lest this be construed as "public sector" services.

*Vanuatu.* The adoption of this instrument will strengthen the public health system.

## Employers

*Total number of replies: 62.*

*Yes: 57.* CGEA (Algeria), AEC (Azerbaijan), CNP (Benin), CNC (Brazil), CNF (Brazil), BCCI (Bulgaria), CAMFEBA (Cambodia), ANDI (Colombia), UCCAEP (Costa Rica), CGECI (Côte d'Ivoire), HUP (Croatia), FEC (Democratic Republic of the Congo), DA (Denmark), DEF (Dominica), FEI (Egypt), KT (Finland), SY (Finland), MEDEF (France), GEA (Ghana), ESEE (Greece), SEV (Greece), COHEP (Honduras), DPN-APINDO (Indonesia), ICEA (Islamic Republic of Iran), NK (Japan), FKE (Kenya), KEF (Republic of Korea), CNPM (Mauritania), MEF (Mauritius), COPARMEX (Mexico), MONEF (Mongolia), CGEM (Morocco), NEF (Namibia), FNCCI (Nepal), Employers (Netherlands), NHO (Norway), EFP (Pakistan), CONEP (Panama), CCSP (Portugal), CIP (Portugal), CTP (Portugal), SLEF (Saint Lucia), ANIS (San Marino), ZDS (Slovenia), GZS (Slovenia), BUSA (South Africa), Organized Business (South Africa), EFC (Sri Lanka), SKL (Sweden), SAV (Sweden), UPS (Switzerland), CNP (Togo), ECA (Trinidad and Tobago), FUE (Uganda), FCCI (United Arab Emirates), CIU (Uruguay) and EMCOZ (Zimbabwe).

*No: 2.* EK (Finland), Business NZ (New Zealand).

*Other: 3.* JEF (Jamaica), ALE (Lesotho), SN (Sweden).

## Comments

CNP (Benin): The struggle against HIV/AIDS is an OSH priority.

GEA (Ghana): To collaborate with and assist other care givers in the fight against AIDS.

COHEP (Honduras): Need to be reinforced in collaboration with employers and workers.

MEF (Mauritius): In collaboration with ministries of health.

FNCCI (Nepal): Has not been properly addressed in the public health system.

Employers (Netherlands): Not in a health-care system, where there is discussion about what public health care is.

Business NZ (New Zealand): Would support the recommendation that member States be encouraged to coordinate and cooperate with other agencies better placed to provide and promote such services.

CONEP (Panama): The only safe ways are mutual fidelity and total abstinence.

## Workers

*Total number of replies: 69.*

*Yes: 69.* UGTA (Algeria), UNTA (Angola), CGT-RA (Argentina), ACTU (Australia), CSA-Bénin (Benin), CSTB (Benin), BFTU (Botswana), CITUB (Bulgaria), Podkrepa (Bulgaria), CSTC (Cameroon), CGSTC (Cameroon), USLC (Cameroon), CLC (Canada), UST (Chad), CTRN (Costa Rica), SSSH (Croatia), CMKOS (Czech Republic), UNTC (Democratic Republic of the Congo), FTF (Denmark), LO (Denmark), FTU (Fiji), FTUC (Fiji), SAK (Finland), CGT (France), CGT-FO (France), CFDT (France), GWC (Gambia), DGB (Germany), TUC (Ghana), GSEE (Greece), CNTG (Guinea), ASI (Iceland), KSPI (Indonesia), CGIL (Italy), UGL (Italy), JTUC-RENGO (Japan), FKTU (Republic of Korea), KCTU (Republic of Korea), SEKRIMA (Madagascar), MTUC (Malaysia), Workers (Mauritius), CROC (Mexico), UGTM (Morocco), Workers (Netherlands), NZCTU (New Zealand), NUHPSW (Nigeria), CGTP (Panama), CGTP (Peru), NSZZ (Poland), CGTP-IN (Portugal), UGT (Portugal), CNS-Cartel Alfa (Romania), CESTRAR (Rwanda), COTRAF (Rwanda), CNTS (Senegal), SFWU (Seychelles), ZSSS (Slovenia), Organized Labour (South Africa), NWC (Sri Lanka), LO (Sweden), USS (Switzerland), CNTT (Togo), CSTT (Togo), NATUC (Trinidad and Tobago), UNISON (United Kingdom), TUC (United Kingdom), ZCTU (Zimbabwe) and ITUC (International Trade Union Confederation) and OATUU (Organization of African Trade Union Unity).

## Comments

UNTA (Angola): Public health systems need to be strengthened in all respects.

CGT-RA (Argentina): Not only in the health sector. Participation of other sectors like education would contribute to strengthening prevention measures.

CGSTC (Cameroon): This is self-evident.

CLC (Canada): Should read: "Public health systems should be strengthened, where necessary, in order to ensure progress towards universal access to prevention..." and at the end add: "caused by HIV/AIDS and related illnesses".

UNTC (Democratic Republic of the Congo): Particularly to ensure sustainability of treatment through collaboration between national and international agencies.

FTUC (Fiji): Public health systems need to be given priority.

CGT (France): With special attention to the training and qualifications of personnel.

DGB (Germany): Health insurance funds could be overburdened and they need to be strengthened.

TUC (Ghana): To ensure the sustainability of treatment with close cooperation between national and international partners under one national AIDS commission.

CNTG (Guinea): Particularly important to provide for sustainable treatment, for which many countries would need international support.

KSPI (Indonesia): Particularly important to ensure sustainability of treatment which requires close cooperation between national and international partners under the national AIDS commission.

SEKRIMA (Madagascar): The sustainability of treatment is essential in which governments have a major part in national coordination.

NZCTU (New Zealand): The importance of sustainability of treatment must be emphasized – close cooperation between national and international organizations is essential.

NSZZ (Poland): Particularly important to ensure the sustainability of treatment by emphasizing the necessity of close cooperation of national and international partners under one national AIDS commission.

CNS-Cartel Alfa (Romania): Particularly important that treatment is sustainable through emphasizing the necessity of close collaboration among national and international organizations through the national AIDS commissions.

COTRAF (Rwanda): The workload on these services has increased and this must be addressed.

CNTS (Senegal): Particularly important to ensure the sustainability of treatment by emphasizing the necessity of coordination between national and international partners through an AIDS committee or council.

NWC (Sri Lanka): Funding at the moment is hardly adequate.

CNTT (Togo): National HIV/AIDS committees and councils are created for these purposes and more use should be made of them.

*Others: Yes: 1. Community (South Africa).*

## Comments

Community (South Africa). Specifically through the introduction of needs-based planning and budgeting, ensuring decent working conditions for community health-care workers, and the urgent development of more human capacity.

## IV. Follow-up

### Qu. 10

*Should the instrument provide:*

(a) *for follow-up measures to be adopted at the national level, for regular and periodic review of the measures taken to implement the policy;*

## Governments

*Total number of replies: 113.*

*Yes: 104.* Albania, Antigua and Barbuda, Armenia, Australia, Bahamas, Barbados, Belgium, Belize, Benin, Bosnia and Herzegovina, Botswana, Brazil, Brunei Darussalam, Burkina Faso, Burundi, Cameroon, Canada, China, Colombia, Costa Rica, Côte d'Ivoire, Croatia, Cuba, Cyprus, Democratic Republic of the Congo, Denmark, Egypt, El Salvador, Estonia, Ethiopia, Finland,

France, Gabon, Georgia, Ghana, Greece, Grenada, Hungary, Iceland, India, Indonesia, Iraq, Israel, Italy, Jamaica, Japan, Jordan, Kazakhstan, Kenya, Republic of Korea, Kyrgyzstan, Latvia, Lebanon, Luxembourg, Malawi, Malaysia, Mauritius, Mexico, Republic of Moldova, Morocco, Myanmar, Nigeria, Oman, Panama, Peru, Philippines, Portugal, Qatar, Romania, Russian Federation, Rwanda, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, San Marino, Saudi Arabia, Senegal, Serbia, Seychelles, Sierra Leone, Singapore, Slovenia, South Africa, Sri Lanka, Sudan, Suriname, Sweden, Switzerland, Syrian Arab Republic, Tajikistan, United Republic of Tanzania, Thailand, Timor-Leste, Trinidad and Tobago, Tunisia, Ukraine, United Arab Emirates, United Kingdom, Uruguay, Vanuatu, Bolivarian Republic of Venezuela, Viet Nam, Zambia and Zimbabwe.

*No:* 5. Austria, Germany, New Zealand, Poland, Spain.

*Other:* 4. Belarus, Honduras, Mali, Netherlands.

## Comments

*Australia.* If only to be used for best practice there is no need.

*Benin.* In conformity with usual follow-up in member States.

*Bosnia and Herzegovina.* Particularly for guidelines, policies, recommendations and field implementation.

*Brazil.* In collaboration with the ILO and intergovernmental organizations.

*Burundi.* Essential to provide an opportunity to evaluate what has been achieved and to adapt the responses.

*Cameroon.* Should be commissions composed of mixed members.

*Côte d'Ivoire.* Necessary and should take into account the different actors

*Cyprus.* In order to be effective.

*Denmark.* If relevant.

*El Salvador.* To keep them up-to-date.

*Finland.* According to national practices.

*Gabon.* Necessary for regular evaluation.

*Germany.* Our strategy is regularly reviewed.

*India.* For better implementation and to ensure application.

*Indonesia.* Necessary to identify obstacles and impacts.

*Italy.* Fundamental to control the implementation of the actions, policies and strategies taken.

*Japan.* Necessary to ensure measures being implemented and administered appropriately.

*Mauritius.* Ensures proper monitoring and evaluation.

*New Zealand.* We do not support follow-up measures on a non-binding instrument but agree to it being subject of requests for reports under article 19 of the Constitution, from time to time.

*Peru.* In order to monitor and assess the effective implementation of policies.

*Poland.* Should be left to the discretion of individual countries.

*Portugal.* To ensure efficiency.

*Qatar.* With a summary of the follow-up decided.

*Senegal.* This and evaluation are the main issues of this instrument.

*Sierra Leone.* To help evaluate effectiveness, information sharing, level of compliance and recording of incidents.

*Spain.* Should be similar to the ones provided for other Recommendations.

*Sri Lanka.* On a voluntary basis.

*Sudan.* Regularly and periodically.

*Trinidad and Tobago.* Monitoring and evaluation should be continuous.

*Tunisia.* In order to evaluate the results and to keep the policy up-to-date with the latest information.

*United Kingdom.* Necessary to be properly implemented. However, they should be directed towards contexts where workplace HIV/AIDS programmes are considered most necessary.

*Uruguay.* We have rules for biosecurity and potential infected materials.

*Zambia.* Will provide a basis for measurements of the results to be attained and to help design programmes for improvements where necessary.

## Employers

*Total number of replies: 62.*

*Yes: 47.* CGEA (Algeria), AEC (Azerbaijan), CNP (Benin), CNC (Brazil), CNF (Brazil), BCCI (Bulgaria), CAMFEBA (Cambodia), CGECI (Côte d'Ivoire), FEC (Democratic Republic of the Congo), DA (Denmark), DEF (Dominica), FEI (Egypt), KT (Finland), SY (Finland), MEDEF (France), GEA (Ghana), ESEE (Greece), SEV (Greece), COHEP (Honduras), DPN-APINDO (Indonesia), ICEA (Islamic Republic of Iran), FKE (Kenya), KEF (Republic of Korea), CNPM (Mauritania), MEF (Mauritius), COPARMEX (Mexico), COPARMEX (Mexico), MONEF (Mongolia), CGEM (Morocco), NEF (Namibia), FNCCI (Nepal), Employers (Netherlands), Business NZ (New Zealand), EFP (Pakistan), CONEP (Panama), CCSP (Portugal), CIP (Portugal), CTP (Portugal), SLEF (Saint Lucia), ANIS (San Marino), SKL (Sweden), SAV (Sweden), CNP (Togo), ECA (Trinidad and Tobago), FUE (Uganda), FCCI (United Arab Emirates), CIU (Uruguay) and EMCOZ (Zimbabwe).

*No: 9.* UCCAEP (Costa Rica), HUP (Croatia), EK (Finland), NK (Japan), NHO (Norway), BUSA (South Africa), Organized Business (South Africa), EFC (Sri Lanka), UPS (Switzerland).

*Other: 6.* ANDI (Colombia), JEF (Jamaica), ALE (Lesotho), ZDS (Slovenia), GZS (Slovenia), SN (Sweden).

## Comments

CNP (Benin): Will ensure that States do not delay implementation.

EK (Finland): This is not a workplace issue.

MEDEF (France): It should be a soft follow-up.

GEA (Ghana): To ensure effective implementation and commitment.

COHEP (Honduras): Follow-up activities improve the possibilities for applying international instruments. Follow-up can take place within a framework of monitoring, and in each country can be the task of the national authority, in our case the National AIDS Commission.

DPN-APINDO (Indonesia): Must be done regularly.

NK (Japan): The instrument should not include additional mandatory follow-up measures.

FNCCI (Nepal): Should be reviewed periodically.

BNZ (New Zealand): Follow-up measures for non-binding instruments are not required, nor do we accept reports under article 19 of the ILO Constitution.

NHO (Norway): Follow-up measures are inappropriate. Each country should decide what to do with its national policy.

EFPP (Pakistan): On condition that the instrument takes the form of a Recommendation.

CCSP (Portugal): Would enable countries to evaluate impact.

CIP (Portugal): This is indispensable.

Organized Business (South Africa): The instrument is a Recommendation.

EFC (Sri Lanka): The instrument is to be followed on a voluntary basis and should not be subject to a reporting procedure.

## Workers

*Total number of replies: 69.*

*Yes: 69.* UGTA (Algeria), UNTA (Angola), CGT-RA (Argentina), ACTU (Australia), CSA-Bénin (Benin), CSTB (Benin), BFTU (Botswana), CITUB (Bulgaria), Podkrepa (Bulgaria), CSTC (Cameroon), CGSTC (Cameroon), USLC (Cameroon), CLC (Canada), UST (Chad), CTRN (Costa Rica), SSSH (Croatia), CMKOS (Czech Republic), UNTC (Democratic Republic of the Congo), FTF (Denmark), LO (Denmark), FTU (Fiji), FTUC (Fiji), SAK (Finland), CGT (France), CGT-FO (France), CFDT (France), GWC (Gambia), DGB (Germany), TUC (Ghana), GSEE (Greece), CNTG (Guinea), ASI (Iceland), KSPI (Indonesia), CGIL (Italy), UGL (Italy), JTUC-RENGO (Japan), FKTU (Republic of Korea), KCTU (Republic of Korea), SEKRIMA (Madagascar), MTUC (Malaysia), Workers (Mauritius), CROC (Mexico), UGTM (Morocco), Workers (Netherlands), NZCTU (New Zealand), NUHPSW (Nigeria), CGTP (Panama), CGTP (Peru), NSZZ (Poland), CGTP-IN (Portugal), UGT (Portugal), CNS-Cartel Alfa (Romania), CESTRAR (Rwanda), COTRAF (Rwanda), CNTS (Senegal), SFWU (Seychelles), ZSSS (Slovenia), Organized Labour (South Africa), NWC (Sri Lanka), LO (Sweden), USS (Switzerland), CNTT (Togo), CSTT (Togo), NATUC (Trinidad and Tobago), UNISON (United Kingdom), TUC (United Kingdom), ZCTU (Zimbabwe) and ITUC (International Trade Union Confederation) and OATUU (Organization of African Trade Union Unity).

## Comments

UNTA (Angola): Both nationally and internationally.

BFTU (Botswana): Will assist reviewing of policies.

CGSTC (Cameroon): Any policy without a follow-up procedure is doomed to failure.



USLC (Cameroon): To provide the instrument with power.

CLC (Canada): To allow revision of policies taking into account lessons learned.

UNTC (Democratic Republic of the Congo): A reporting procedure is needed to allow revision of policies in the light of lessons learned.

CTRN (Costa Rica): Not a priority for governments or employers.

FTUC (Fiji): To ensure that measures are effective and reviewed as necessary.

FTU (Fiji): Very stringent follow-up measures are essential to make this work.

CGT (France): Facilitates revision based on lessons learned.

TUC (Ghana): Allows revision of policies taking into account lessons learned.

CNTG (Guinea): Good to have an established procedure for revising the policies and learn from experiences.

JTUC–RENGO (Japan): Periodic review should be carried out to bring into play each international organization's capability.

SEKRIMA (Madagascar): This is needed. As with all international agreements, governments should be required to undertake regular and periodic follow-up of measures to implement policy (a reporting procedure is necessary).

Workers (Mauritius): To determine whether commitments are met.

NSZZ (Poland): Good to provide the opportunity to revise policies taking into account lessons learned.

CGTP-IN (Portugal): To ensure revision of measures and their implementation.

CNS-Cartel Alfa (Romania): Could provide the opportunity to revise policy and to learn from experience.

CNTS (Senegal): A fundamental recommendation of this instrument should be to provide for revision of policy and learn from experience.

NWC (Sri Lanka): Would be good to provide the opportunity to revise policies taking into account lessons learned.

CSTT (Togo): Necessary to assure the success of national policies.

ZCTU (Zimbabwe): Must be adopted at all levels, not only nationally.

ITUC: It would be good to provide the opportunity to revise policies taking into account lessons learned.

*Other: Yes: I. Community (South Africa).*

## Comments

Community (South Africa). This should be a Convention (business wants only a Recommendation). Even a Recommendation can be assessed and updated like any code.

**Qu. 10** (b) *for cooperation and coordination between the ILO and other intergovernmental organizations in order to promote and implement the instrument?*

## Governments

*Total number of replies: 113.*

*Yes: 108.* Albania, Antigua and Barbuda, Armenia, Australia, Austria, Bahamas, Barbados, Belgium, Belize, Benin, Bosnia and Herzegovina, Botswana, Brazil, Brunei Darussalam, Burkina Faso, Burundi, Cameroon, Canada, China, Colombia, Costa Rica, Côte d'Ivoire, Croatia, Cuba, Cyprus, Democratic Republic of the Congo, Denmark, Egypt, El Salvador, Estonia, Ethiopia, Finland, France, Gabon, Georgia, Germany, Ghana, Greece, Grenada, Hungary, Iceland, India, Indonesia, Iraq, Israel, Italy, Jamaica, Japan, Jordan, Kazakhstan, Kenya, Republic of Korea, Kyrgyzstan, Latvia, Lebanon, Luxembourg, Malawi, Malaysia, Mauritius, Mexico, Republic of Moldova, Morocco, Myanmar, New Zealand, Nigeria, Oman, Panama, Peru, Philippines, Poland, Portugal, Qatar, Romania, Russian Federation, Rwanda, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, San Marino, Saudi Arabia, Senegal, Serbia, Seychelles, Sierra Leone, Singapore, Slovenia, South Africa, Spain, Sri Lanka, Sudan, Suriname, Sweden, Switzerland, Syrian Arab Republic, United Republic of Tanzania, Thailand, Timor-Leste, Trinidad and Tobago, Tunisia, Ukraine, United Arab Emirates, United Kingdom, Uruguay, Vanuatu, Bolivarian Republic of Venezuela, Viet Nam, Zambia and Zimbabwe.

*Other: 5.* Belarus, Honduras, Mali, Netherlands, Tajikistan.

## Comments

*Australia.* This should also involve liaison with signatories and steering committees for the Code of Good Practice for NGOs responding to HIV/AIDS on an international framework highly relevant to developing countries.

*Benin.* In conformity with the usual system of having a follow-up to a Recommendation in all member States.

*Burkina Faso.* Necessary for synchronizing actions undertaken, including promotional measures, as well as being beneficial to workers and international governmental organizations.

*Burundi.* Particularly in certain countries lacking appropriate capacities and competences.

*Cameroon.* To ensure the instrument's effectiveness.

*Canada.* The ILO must focus on its mandate. Although HIV/AIDS and its effects are clearly carried through to the world of work and have extensive social and economic implications, this is primarily a health issue that should be addressed by organizations with appropriate expertise. Moreover, efforts must not be duplicated but strengthened through complementary approaches.

*Côte d'Ivoire.* All UN organizations and civil societies (including business coalitions, IOE, Global Union, human rights organizations, and development partners).

*Denmark.* If relevant.

*El Salvador.* There must be a relationship and cooperation between countries on the practical application of the instrument since all are taking actions for the same goal.

*France.* Preferable to envisage and specify cooperation and coordination between the ILO and other international organizations, such as the Global Fund.

*India.* Essential for having the technical support of ILO for proper implementation.

*Indonesia.* Necessary to socialize the instrument so that the community will understand and implement it.

*Italy.* To create an overall synergy, a mutual cooperation and coordination among all the intergovernmental organizations involved in this field.

*Japan.* With international agencies that possess appropriate “know-how”.

*Malawi.* This should also apply for revision of the instrument.

*New Zealand.* We support and encourage close collaboration with other international organizations, which may be better placed to respond to these broader issues, and also to prevent duplication of work.

*Peru.* Would make it possible to seek assistance to improve effective implementation of policy at national level.

*Senegal.* To ensure coordination.

*South Africa.* The ILO must work within the policy framework of member States.

*Sudan.* Extremely important, with cooperation among civil society organizations, governments and the ILO.

*Timor-Leste.* To strengthen implementation.

*Tunisia.* Particularly with the WHO.

*United Kingdom.* Strongly support such measures.

*Vanuatu.* Depends on resources.

*Bolivarian Republic of Venezuela.* Important since this allows evaluation of action taken.

## Employers

*Total number of replies: 62.*

*Yes:* 53. CGEA (Algeria), AEC (Azerbaijan), CNP (Benin), CNC (Brazil), CNF (Brazil), BCCI (Bulgaria), CAMFEBA (Cambodia), UCCAEP (Costa Rica), CGECI (Côte d’Ivoire), HUP (Croatia), FEC (Democratic Republic of the Congo), DA (Denmark), DEF (Dominica), FEI (Egypt), KT (Finland), SY (Finland), MEDEF (France), GEA (Ghana), ESEE (Greece), SEV (Greece), COHEP (Honduras), DPN-APINDO (Indonesia). ICEA (Islamic Republic of Iran), NK (Japan), FKE (Kenya), KEF (Republic of Korea), CNPM (Mauritania), MEF (Mauritius), COPARMEX (Mexico), MONEF (Mongolia), CGEM (Morocco), NEF (Namibia), FNCCI (Nepal), Employers (Netherlands), Business NZ (New Zealand), EFP (Pakistan), CONEP (Panama), CCSP (Portugal), CIP (Portugal), CTP (Portugal), SLEF (Saint Lucia), ANIS (San Marino), BUSA (South Africa), Organized Business (South Africa), EFC (Sri Lanka), SKL (Sweden), SAV (Sweden), CNP (Togo), ECA (Trinidad and Tobago), FUE (Uganda), FCCI (United Arab Emirates), CIU (Uruguay) and EMCOZ (Zimbabwe).

*No:* 3. EK (Finland), NHO (Norway), UPS (Switzerland).

*Other:* 6. ANDI (Colombia), JEF (Jamaica), ALE (Lesotho), ZDS (Slovenia), GZS (Slovenia), SN (Sweden).

## Comments

CNP (Benin): Sharing experiences is useful for better action.

EK (Finland): This is not a work-related issue.

GEA (Ghana): To ensure an effective response.

COHEP (Honduras): To ensure better coverage in promotion and application, the ILO must liaise with government institutions (labour and health ministries), employers' and workers' organizations, PLHIV associations, civil society representatives (FOROSIDA), and the National AIDS Commission, in a procedure that ensures representative balance and allows for involvement of co-sponsors like UNAIDS.

MEF (Mauritius): Through assistance and training.

CROC (Mexico): It should always be there.

FNCCI (Nepal): Ensures effectiveness.

Employers (Netherlands): With WHO and regional groupings, such as the EU, ASEAN.

Business NZ (New Zealand): This should be encouraged, particularly with other international organizations that may be better placed to respond to these broader issues, and to prevent duplication of work, but there is no need to make further reference to this in the instrument.

NHO (Norway): Not appropriate, since it is not a binding instrument.

EFP (Pakistan): On condition that the instrument takes the form of a Recommendation.

ECA (Trinidad and Tobago): Should be done through the tripartite partners.

## Workers

*Total number of replies: 69.*

*Yes: 69.* UGTA (Algeria), UNTA (Angola), CGT-RA (Argentina), ACTU (Australia), CSA-Bénin (Benin), CSTB (Benin), BFTU (Botswana), CITUB (Bulgaria), Podkrepa (Bulgaria), CSTC (Cameroon), CGSTC (Cameroon), USLC (Cameroon), CLC (Canada), UST (Chad), CTRN (Costa Rica), SSSH (Croatia), CMKOS (Czech Republic), UNTC (Democratic Republic of the Congo), FTF (Denmark), LO (Denmark), FTU (Fiji), FTUC (Fiji), SAK (Finland), CGT (France), CGT-FO (France), CFDT (France), GWC (Gambia), DGB (Germany), TUC (Ghana), GSEE (Greece), CNTG (Guinea), ASI (Iceland), KSPI (Indonesia), CGIL (Italy), UGL (Italy), JTUC-RENGO (Japan), FKTU (Republic of Korea), KCTU (Republic of Korea), SEKRIMA (Madagascar), MTUC (Malaysia), Workers (Mauritius), CROC (Mexico), UGTM (Morocco), Workers (Netherlands), NZCTU (New Zealand), NUHPSW (Nigeria), CGTP (Panama), CGTP (Peru), NSZZ (Poland), CGTP-IN (Portugal), UGT (Portugal), CNS-Cartel Alfa (Romania), CESTRAR (Rwanda), COTRAF (Rwanda), CNTS (Senegal), SFWU (Seychelles), ZSSS (Slovenia), Organized Labour (South Africa), NWC (Sri Lanka), LO (Sweden), USS (Switzerland), CNTT (Togo), CSTT (Togo), NATUC (Trinidad and Tobago), UNISON (United Kingdom), TUC (United Kingdom), ZCTU (Zimbabwe), ITUC (International Trade Union Confederation) and OATUU (Organization of African Trade Union Unity).

## Comments

UNTA (Angola): Necessary for combating the pandemic.

CGSTC (Cameroon): Any other approach is doomed to failure. The ILO has this experience and should share it with others.

USLC (Cameroon): The ILO is able to act sensibly in this manner.

CLC (Canada): It should be extensive.

UST (Chad): Indispensable for technical cooperation with the ILO.

UNTC (Democratic Republic of the Congo): No person or institution can fight alone.

CTRN (Costa Rica): If the ILO decides that this is important.

FTU (Fiji): Every individual must be part of a team.

FKTU (Republic of Korea): Extensive collaboration is needed.

CGT (France): Close collaboration with other intergovernmental organizations and other civil society actors is essential.

DGB (Germany): This will be very important.

TUC (Ghana): Extensive collaboration is necessary.

CNTG (Guinea): Close collaboration is necessary.

KSPI (Indonesia): Extensive collaboration is necessary.

JTUC-RENGO (Japan): ILO's cooperation and coordination with other intergovernmental organizations is indispensable.

SEKRIMA (Madagascar): In view of the socio-economic impact and losses caused by HIV/AIDS, the question is fundamental, just like the fundamental principles and rights at work.

Workers (Mauritius): Everybody should be involved.

NSZZ (Poland): Requires extensive collaboration.

CNS-Cartel Alfa (Romania): Close collaboration is necessary.

COTRAF (Rwanda): Enhancing synergy will maximise the effects.

CNTS (Senegal): Collaboration is important, particularly with the WHO.

NWC (Sri Lanka): The nature and type of the activity requires a participatory approach by all agencies concerned

CNTT (Togo): Is necessary and should be intense.

ZCTU (Zimbabwe): Coordination is paramount.

## V. Special problems

**Qu. 11** *Are there unique features of national law or practice which are liable to create difficulties in the practical application of the proposed instrument as conceived in this questionnaire?*

### Governments

*Total number of replies: 113.*

*Yes: 39.* Armenia, Belgium, Belize, Botswana, Brunei Darussalam, Burundi, Canada, Democratic Republic of the Congo, Ethiopia, Finland, Germany, Hungary, Indonesia, Iraq, Japan, Jordan, Kyrgyzstan, Mauritius, Morocco, Myanmar, New Zealand, Panama, Philippines, Poland, Qatar, Rwanda, Saint Lucia, Saudi Arabia, Sierra Leone, Singapore, Sudan, Switzerland, Syrian Arab Republic, United Republic of Tanzania, Ukraine, United Arab Emirates, Uruguay, Viet Nam, and Zimbabwe.

*No: 54.* Australia, Austria, Bahamas, Benin, Bosnia and Herzegovina, Brazil, Burkina Faso, Cameroon, Colombia, Costa Rica, Croatia, Cuba, Denmark, El Salvador, Estonia, France, Gabon, Georgia, Ghana, Greece, Iceland, India, Israel, Italy, Jamaica, Kazakhstan, Republic of Korea, Latvia, Lebanon, Luxembourg, Malawi, Malaysia, Mexico, Republic of Moldova, Nigeria, Peru, Portugal, Romania, Russian Federation, San Marino, Senegal, Serbia, Seychelles, South Africa, Sri Lanka, Suriname, Thailand, Timor-Leste, Trinidad and Tobago, Tunisia, United Kingdom, Vanuatu, Bolivarian Republic of Venezuela and Zambia.

*Other: 20.* Albania, Antigua and Barbuda, Barbados, Belarus, China, Côte d'Ivoire, Cyprus, Egypt, Grenada, Honduras, Kenya, Mali, Netherlands, Oman, Saint Kitts and Nevis, Saint Vincent and the Grenadines, Slovenia, Spain, Sweden and Tajikistan.

### Comments

*Barbados.* Young persons have the right to have an HIV test without parental consent at the age of 16 years, although the legal age of consent is 18.

*Belgium.* Role of the labour inspectorate, role of workplace physicians, no difference between HIV/AIDS and other diseases, responsibilities of the communities and regions.

*Belize.* Religious practices and laws regarding wilful transmission of HIV/AIDS, prostitution, sodomy, rape and age of consent will create difficulties.

*Brunei Darussalam.* Prevailing laws, regulations, policies, custom and religious practices shall apply.

*Burundi.* Certain traditions and practices (such as scarification, excisions, tattooing) in certain countries encourage HIV transmission.

*Cameroon.* Measures to combat HIV/AIDS should not permit discrimination vis-à-vis other illnesses/diseases.

*Canada.* The strength of a country's healthcare infrastructure should also be taken into account.

*Côte d'Ivoire.* Our national policy of 2006 has not been disseminated and the competences of different ministries must be taken into account.

*Ethiopia.* Laws and regulations are limited in scope; employment relationships such as personal service (domestic workers), self-employed persons, and job applicants are not yet governed by laws and regulations.

*Finland.* The proposed ILO instrument is broader and does not apply only to working life. It may be too ambitious.

*Germany.* As the national HIV strategy covers all areas, reporting on single components of the strategy such as workplace programmes could be difficult.

*Hungary.* Difficulties may occur concerning data protection.

*Indonesia.* Mandatory tests for migrant workers in receiving countries.

*Israel.* The Foreign Workers Law of 1991 requires certification from a medical institution in a foreign country that the worker has undergone medical testing (TB, AIDS, STIs).

*Kenya.* Social insurance is limited (reforms are under way).

*Malaysia.* Existing national laws should be respected.

*Mauritius.* Although section 6 of the HIV/AIDS Act of 2006 prohibits screening for employment purposes, migrant workers are required to disclose their HIV-status.

*New Zealand.* We currently require HIV testing for migrant workers intending a stay of over 12 months.

*Qatar.* Health requirements of new employees, whether local or from overseas.

*Saint Lucia.* Relevant legal and policy instruments have not been formally reviewed to include/mainstream HIV/AIDS in the workplace.

*Singapore.* Unable to make an assessment in the absence of specific features of the proposed instrument.

*Spain.* Mandatory medical examination in certain cases.

*Sudan.* HIV/AIDS is not included in national law or practice.

*Sweden (Sida).* Poor countries and smaller companies will be unable to meet all obligations.

*United Republic of Tanzania.* Medical examination before employment.

*Trinidad and Tobago.* National workplace policy was adopted in 2008 but is not yet addressed in national laws.

*Bolivarian Republic of Venezuela.* Equal treatment of PLHIV is not properly dealt with.

*Zambia.* There are issues of stigma and discrimination.

## Employers

*Total number of replies: 62.*

*Yes: 22.* CGEA (Algeria), CGECI (Côte d'Ivoire), EK (Finland), KT (Finland), SY (Finland), MEDEF (France), DPN-APINDO (Indonesia), JEF (Jamaica), NK (Japan), CNPM (Mauritania), MEF (Mauritius), MONEF (Mongolia), CGEM (Morocco), Business NZ (New Zealand), CONEP (Panama), CIP (Portugal), SLEF (Saint Lucia), BUSA (South Africa), Organized Business (South Africa), FCCI (United Arab Emirates), CIU (Uruguay) and EMCOZ (Zimbabwe).

*No: 30.* AEC (Azerbaijan), CNP (Benin), CNC (Brazil), CNF (Brazil), CAMFEBA (Cambodia), BCCI (Bulgaria), FEC (Democratic Republic of the Congo), DA (Denmark), FEI (Egypt), SEV (Greece), GEA (Ghana), ESEE (Greece), COHEP (Honduras), ICEA (Islamic

Republic of Iran), FKE (Kenya), KEF (Republic of Korea), COPARMEX (Mexico), NEF (Namibia), Employers (Netherlands), CCSP (Portugal), CTP (Portugal), ANIS (San Marino), ZDS (Slovenia), GZS (Slovenia), EFC (Sri Lanka), SAV (Sweden), SKL (Sweden), CNP (Togo), ECA (Trinidad and Tobago), FUE (Uganda).

*Other:* 10. ANDI (Colombia), UCCAEP (Costa Rica), HUP (Croatia), DEF (Dominica), ALE (Lesotho), FNCCI (Nepal), NHO (Norway), EFP (Pakistan), SN (Sweden), UPS (Switzerland).

## Comments

CGEA (Algeria): Certain topics are taboo.

EK (Finland), KT (Finland) and SY (Finland): Creating a specific standard for one disease runs contrary to OSH principles.

DPN-APINDO (Indonesia): It is difficult to raise awareness of these problems.

MEF (Mauritius): Testing of migrant workers.

FNCCI (Nepal): Difficulties might arise in some conservative countries.

CIP (Portugal): It may be difficult to implement many aspects of this questionnaire.

Organized Business (South Africa): Possibly, for example our constitutional provisions on basic healthcare, social security, and discrimination.

ECA (Trinidad and Tobago): An effective mechanism would need to be developed to ensure a proper tripartite response to HIV and AIDS.

FCCI (United Arab Emirate): Our migrant workers legislation.

EMCOZ (Zimbabwe): An international instrument requires civil airline pilots to be tested for HIV status.

## Workers

*Total number of replies: 69.*

*Yes:* 31. UNTA (Angola), CGT-RA (Argentina), ACTU (Australia), CSA-Bénin (Benin), CSTB (Benin), Podkrepa (Bulgaria), CSTC (Cameroon), CGSTC (Cameroon), USLC (Cameroon), CLC (Canada), CTRN (Costa Rica), CMKOS (Czech Republic), FTU (Fiji), CGT-FO (France), GWC (Gambia), GSEE (Greece), KSPI (Indonesia), CGIL (Italy), FKTU (Republic of Korea), KCTU (Republic of Korea), Workers (Mauritius), UGTM (Morocco), CGTP (Panama), CGTP (Peru), UGT (Portugal), CNS-Cartel Alfa (Romania), COTRAF (Rwanda), Organized Labour (South Africa), USS (Switzerland), CNTT (Togo), UNISON (United Kingdom).

*No:* 27. BFTU (Botswana), CITUB (Bulgaria), UST (Chad), UNTC (Democratic Republic of the Congo), FTF (Denmark), LO (Denmark), FTUC (Fiji), CFDT (France), DGB (Germany), TUC (Ghana), ASI (Iceland), UGL (Italy), JTUC-RENGO (Japan), SEKRIMA (Madagascar), MTUC (Malaysia), CROC (Mexico), Workers (Netherlands), NUHPSW (Nigeria), CGTP-IN (Portugal), CESTRAR (Rwanda), CNTS (Senegal), SFWU (Seychelles), LO (Sweden), CSTT (Togo), NATUC (Trinidad and Tobago), TUC (United Kingdom) and ZCTU (Zimbabwe).

*Other:* 11. UGTA (Algeria), SSSH (Croatia), SAK (Finland), CGT-FO (France), CNTG (Guinea), NZCTU (New Zealand), NSZZ (Poland), ZSSS (Slovenia), NWC (Sri Lanka), ITUC



(International Trade Union Confederation) and OATUU (Organization of African Trade Union Unity).

## Comments

UNTA (Angola): National legislation may contain contradictions.

CGT-RA (Argentina): Some national laws might not be in accordance.

CSTB (Benin): The instrument should be translated into national languages so that all workers can understand it.

Podkrepa (Bulgaria): Certain new sections in the Labour Code and some OSH provisions will create difficulties in the practical application of the proposed instrument.

CSTC (Cameroon): This will conflict with some of our practices, religious beliefs and cultural concepts.

CGSTC (Cameroon): Some national features will cause problems.

UNTC (Democratic Republic of the Congo): We still do not have a law (currently being discussed).

CTRN (Costa Rica): Legislation is not fully applied since resources are lacking.

FTU (Fiji): Cultural barriers and traditional beliefs.

CGT (France): Our rules applicable to commercial navigation (Decision of 4 September 2007) concerning physical and mental aptitudes of commercial navigating personnel.

TUC (Ghana): It is in the right direction and almost all the issues raised are covered.

GSEE (Greece): Inadequate implementation in the informal sector and limited public awareness due to insufficient information and persistent stereotypes.

KSPI (Indonesia): In practice, employers require health certification and medical check-ups for workers and job applicants.

KCTU (Republic of Korea): The HIV/AIDS Prevention Act has some limitations, including mandatory HIV testing, real name reporting, lack of effective measures to ban discrimination against HIV-infected persons, and mandatory testing of certain migrant workers with deportation in cases of infection.

MTUC (Malaysia): We have no specific provisions.

Workers (Mauritius): Not as long as all actors participate.

CNS-Cartel Alfa (Romania): Access to information in the workplace is poor..

COTRAF (Rwanda): Christian tradition and teaching are against the use of condoms.

SWFU (Seychelles): Should there be, they will be addressed.

Organized Labour (South Africa): – To ensure implementation, would like a Convention.

CSTT (Togo): Governments should address difficulties to fully apply the instrument.

ITUC: In practice, the employers require health certification and/or medical check-ups for workers and job applicants.

*Other:* Community (South Africa).

## Comments

Community (South Africa): Not nationally enforceable – should be a convention.

**Qu. 12**      ***For federal States only:** In the event of the instrument being adopted, would the subject matter be appropriate for federal action or, wholly or in part, for action by the constituent units of the federation?*

## Governments

*Total number of replies: 113.*

*Yes: 19.* Antigua and Barbuda, Australia, Bahamas, Belgium, Brazil, Canada, El Salvador, Ethiopia, Georgia, Germany, Iraq, Malaysia, Mexico, Nigeria, Philippines, Portugal, Rwanda, Switzerland and Ukraine.

*No: 5.* Armenia, Bosnia and Herzegovina, India, Spain and Viet Nam.

*Other: 89.* Albania, Austria, Barbados, Belarus, Belize, Benin, Botswana, Brunei Darussalam, Burkina Faso, Burundi, Cameroon, China, Colombia, Costa Rica, Côte d'Ivoire, Croatia, Democratic Republic of the Congo, Cuba, Cyprus, Denmark, Egypt, Estonia, Finland, France, Gabon, Ghana, Greece, Grenada, Honduras, Hungary, Iceland, Indonesia, Israel, Italy, Jamaica, Japan, Jordan, Kazakhstan, Kenya, Republic of Korea, Kyrgyzstan, Latvia, Lebanon, Luxembourg, Malawi, Mali, Mauritius, Republic of Moldova, Morocco, Myanmar, Netherlands, New Zealand, Oman, Panama, Peru, Poland, Qatar, Romania, Russian Federation, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, San Marino, Saudi Arabia, Senegal, Serbia, Seychelles, Slovenia, Singapore, Sierra Leone, South Africa, Sri Lanka, Sudan, Suriname, Sweden, Syrian Arab Republic, Tajikistan, United Republic of Tanzania, Thailand, Timor-Leste, Trinidad and Tobago, Tunisia, United Arab Emirates, United Kingdom, Uruguay, Vanuatu, Bolivarian Republic of Venezuela, Zambia and Zimbabwe.

## Comments

*Australia.* This is appropriate for federal action in consultation with all relevant state and territory governments of Australia.

*Austria.* Depends on the subject matter and on the division of competences between the legislative and the executive.

*Belgium.* This would need a second confirmation.

*Canada.* This includes matters under federal, provincial and territorial jurisdictions.

*Ethiopia.* The issue of setting up workable and uniform systems to implement the instrument should be considered.

*India.* Once adopted by the central Government, the instrument will have universal coverage and the state governments would also adopt the same.

*Russian Federation.* The instrument should be considered at the federal level and sub-federal levels.

*Switzerland.* Action is needed at federal level to ensure uniform regulation and application.

*United Republic of Tanzania.* Not applicable for the moment.

## Employers

*Total number of replies: 62*

*Yes:* 8. CNP (Benin), CNF (Brazil), BCCI (Bulgaria), DPN-APINDO (Indonesia), CNPM (Mauritania), COPARMEX (Mexico), CCSP (Portugal) and Organized Business (South Africa).

*No:* 5. CAMFEBA (Cambodia), MEDEF (France), BUSA (South Africa), SKL (Sweden) and SAV (Sweden).

*Other:* 49. CGEA (Algeria), AEC (Azerbaijan), CNC (Brazil), ANDI (Colombia), UCCAEP (Costa Rica), CGECI (Côte d'Ivoire), HUP (Croatia), FEC (Democratic Republic of the Congo), DA (Denmark), DEF (Dominica), FEI (Egypt), EK (Finland), KT (Finland), SY (Finland), GEA (Ghana), ESEE (Greece), SEV (Greece), COHEP (Honduras), ICEA (Islamic Republic of Iran), JEF (Jamaica), NK (Japan), FKE (Kenya), KEF (Republic of Korea), ALE (Lesotho), MEF (Mauritius), MONEF (Mongolia), CGEM (Morocco), NEF (Namibia), FNCCI (Nepal), Employers (Netherlands), Business NZ (New Zealand), NHO (Norway), EFP (Pakistan), CONEP (Panama), CIP (Portugal), CTP (Portugal), SLEF (Saint Lucia), ANIS (San Marino), ZDS (Slovenia), GZS (Slovenia), EFC (Sri Lanka), SN (Sweden), UPS (Switzerland), FUE (Uganda), CNP (Togo), ECA (Trinidad and Tobago), FCCI (United Arab Emirates), CIU (Uruguay) and EMCOZ (Zimbabwe).

## Comments

UPS (Switzerland): Action is needed at federal level to ensure uniform regulation and application.

## Workers

*Total number of replies: 69.*

*Yes:* 16. ACTU (Australia), Podkrepa (Bulgaria), CLC (Canada), CTRN (Costa Rica), CMKOS (Czech Republic), FTUC (Fiji), FKUT (Republic of Korea), KCTU (Republic of Korea), CROC (Mexico), UGTM (Morocco), NUHPSW (Nigeria), CGTP (Panama), UGT (Portugal), NWC (Sri Lanka), USS (Switzerland) and CNTT (Togo).

*No:* 3. UNTC (Democratic Republic of the Congo), MTUC (Malaysia) and Organized Business (South Africa).

*Other:* 50. UGTA (Algeria), UNTA (Angola), CGT-RA (Argentina), CSA-Bénin (Benin), CSTB (Benin), BFTU (Botswana), CITUB (Bulgaria), CSTC (Cameroon), CGSTC (Cameroon), USLC (Cameroon), UST (Chad), SSSH (Croatia), FTF (Denmark), LO (Denmark), FTU (Fiji), SAK (Finland), CFDT (France), CGT (France), CGT-FO (France), GWC (Gambia), DGB (Germany), TUC (Ghana), GSEE (Greece), CNTG (Guinea), ASI (Iceland), KSPI (Indonesia), CGIL (Italy), UGL (Italy), JTUC-RENGO (Japan), SEKRIMA (Madagascar), Workers (Mauritius), Workers (Netherlands), NZCTU (New Zealand), CGTP (Peru), NSZZ (Poland), CGTP-IN (Portugal), CNS-Cartel Alfa (Romania), CESTRAR (Rwanda), COTRAF (Rwanda), CNTS (Senegal), SFWU (Seychelles), ZSSS (Slovenia), LO (Sweden), CSTT (Togo), NATUC (Trinidad and Tobago), TUC (United Kingdom), UNISON (United Kingdom), ZCTU (Zimbabwe), ITUC (International Trade Union Confederation) and OATUU (Organization of African Trade Union Unity).

## Comments

CLC (Canada): The subject matter would be appropriate for federal, provincial, territorial and municipal action.

CTRN (Costa Rica): Federal states do not have tripartite levels.

## Qu. 13

*Are there any other pertinent problems not covered by the present questionnaire which ought to be taken into consideration when the instrument is being drafted?*

## Governments

*Total number of replies: 113.*

*Yes: 27.* Antigua and Barbuda, Australia, Bahamas, Belgium, Belize, Burundi, Canada, Côte d'Ivoire, Cyprus, El Salvador, Ethiopia, France, Malaysia, Myanmar, Nigeria, Panama, Peru, Philippines, Rwanda, Senegal, South Africa, Suriname, Switzerland, Trinidad and Tobago, Ukraine, United Kingdom and Viet Nam.

*No: 52.* Armenia, Benin, Bosnia and Herzegovina, Botswana, Brazil, Brunei Darussalam, Burkina Faso, Cameroon, Croatia, Democratic Republic of the Congo, Estonia, Finland, Gabon, Georgia, Germany, Ghana, Greece, Grenada, Hungary, Iceland, India, Iraq, Italy, Jamaica, Japan, Republic of Korea, Latvia, Lebanon, Mauritius, Mexico, Morocco, Netherlands, New Zealand, Oman, Portugal, Qatar, Romania, Russian Federation, San Marino, Saudi Arabia, Serbia, Spain, Sri Lanka, Sudan, United Republic of Tanzania, Thailand, Timor-Leste, Tunisia, United Arab Emirates, Vanuatu, Bolivarian Republic of Venezuela and Zimbabwe.

*Other: 34.* Albania, Austria, Barbados, Belarus, China, Colombia, Costa Rica, Cuba, Denmark, Egypt, Honduras, , Indonesia, Israel, Jordan, Kazakhstan, Kenya, Kyrgyzstan, Luxembourg, Malawi, Mali, Republic of Moldova, Poland, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Seychelles, Slovenia, Singapore, Sierra Leone, Sweden, Syrian Arab Republic, Tajikistan, Uruguay and Zambia.

## Comments

*Australia.* Key PLHIV agencies should be consulted; strong confidentiality policies for testing; and consideration that countries have different levels of incidence and legislative protections.

*Bahamas.* The current world financial and economic crisis, and how tripartite cooperation and collaboration can help improve the situation, particularly considering that in many households the main breadwinner is ill.

*Belgium.* Recognition of certain informal occupations (such as prostitution).

*Belize.* Enforcement issues.

*Burkina Faso.* We have specific concerns with respect to our "community law" (*droit communautaire*) such as UEMOA, CEDEAO and OHADS.

*Burundi.* Assistance and protection of rights, particularly property rights and inheritance for orphaned children.

*Cameroon.* What the future might show.

*Canada.* Particular needs of employees at risk.

*Costa Rica.* The situation of people with disabilities, particularly young persons and women at risk of exposure.

*Côte d'Ivoire.* The financing of actions in the workplace and reinforcement of public-private relationship.

*Cyprus.* Illegal immigrants (a risk factor).

*Ethiopia.* Special consideration for people with disabilities and mandatory follow-up mechanism with periodic reporting with the objective of allowing ILO to examine the application.

*Finland.* Rules on testing, safety and ethics.

*France.* Coordination at both the national and international levels among concerned organizations.

*Malaysia.* Gender issues.

*Panama.* Inclusion not only of labour ministries.

*Peru.* Establish sanctions for discriminatory acts.

*Philippines.* International or multilateral country agreements providing for non-mandatory testing.

*Rwanda.* Special attention to most vulnerable groups (social status or people with disabilities).

*Senegal.* Promotion of the instrument and adoption of national programmes.

*South Africa.* It should be sufficiently concise and simple for an average person to understand and implement.

*Sudan.* Aspect that may show up in the future.

*Suriname.* Special attention of armed forces (screening).

*Syrian Arab Republic.* National customs and traditions should be taken into account. When disseminating information, emphasis should be on the media, press and audiovisual methods.

*Sweden (JämO).* Protective measures from employers which allow workers with HIV to be frank about their condition.

*Switzerland.* Life insurance, particularly for self-employed PLHIV (who are refused these in Switzerland) and the reintegration of people who have been excluded from the world of work for a long time.

*Trinidad and Tobago.* Reference to the universal precautions.

*United Kingdom.* Important to fully understand the current status of the epidemic in a country for the adaptation of prevention and treatment programmes.

*Vanuatu.* Linkage to OSH and health insurance and promotion of gender equality.

*Bolivarian Republic of Venezuela.* Further examination to include other points.

## Employers

*Total number of replies: 62.*

*Yes: 11.* FEI (Egypt), ICEA (Islamic Republic of Iran), FKE (Kenya), CNPM (Mauritania), MONEF (Mongolia), FNCCI (Nepal), CCSP (Portugal), Organized Business (South Africa), EFC (Sri Lanka), ECA (Trinidad and Tobago) and FCCI (United Arab Emirates).

*No: 25.* CNC (Brazil), CNF (Brazil), BCCI (Bulgaria), CAMFEBA (Cambodia), ANDI (Columbia), CGECI (Côte d'Ivoire), FEC (Democratic Republic of the Congo), EK (Finland), KT (Finland), SY (Finland), MEDEF (France), DPN-APINDO (Indonesia), NK (Japan), KEF (Republic of Korea), COPARMEX (Mexico), CGEM (Morocco), NEF (Namibia), Employers (Netherlands), Business NZ (New Zealand), CTP (Portugal), ANIS (San Marino), SKL (Sweden), SAV (Sweden), CNP (Togo) and EMCOZ (Zimbabwe).

*Other:* 26. CGEA (Algeria), AEC (Azerbaijan), CNP (Benin), UCCAEP (Costa Rica), HUP (Croatia), DA (Denmark), DEF (Dominica), GEA (Ghana), ESEE (Greece), SEV (Greece), COHEP (Honduras), JEF (Jamaica), ALE (Lesotho), MEF (Mauritius), NHO (Norway), EFP (Pakistan), CONEP (Panama), CIP (Portugal), SLEF (Saint Lucia), ZDS (Slovenia), GZS (Slovenia), BUSA (South Africa), SN (Sweden), UPS (Switzerland), FUE (Uganda) and CIU (Uruguay).

## Comments

FEI (Egypt): Updated periodical statistical information should be provided.

MEDEF (France): There are many questions that are beyond the topic (such as public health issues) and many suggestions that are not pertinent with respect to the international HIV situation.

ICEA (Islamic Republic of Iran): Are sex workers to be included? There is a need for destigmatization of MSM, and STIs should be included in diagnostic and treatment services.

MONEF (Mongolia): Financial support for developing countries.

FNCCI (Nepal): Stronger prevention measures for migrant workers; awareness raising for families; the role of the society; the consequences of HIV/AIDS; enterprises' responsibility; peer education; a syllabus for higher secondary level; and more condom promotion.

CCSP (Portugal): Financing implementation of national policies; who will have the primary responsibility (employers participation should be voluntary).

FCCI (United Arab Emirate): Our law on migrant workers needs revision.

## Workers

*Total number of replies: 69.*

*Yes:* 30. UNTA (Angola), CSTB (Benin), CSTC (Cameroon), CGSTC (Cameroon), USLC (Cameroon), CLC (Canada), CTRN (Costa Rica), CMKOS (Czech Republic), FTUC (Fiji), CGT (France), CGT-FO (France), CFDT (France), CGIL (Italy), JTUC-RENGO (Japan), FK TU (Republic of Korea), KCTU (Republic of Korea), MTUC (Malaysia), Workers (Mauritius), UGTM (Morocco), Workers (Netherlands), NUHPSW (Nigeria), CGTP (Panama), CGTP (Peru), UGT (Portugal), COTRAF (Rwanda), CNTS (Senegal), Organized Labour (South Africa), USS (Switzerland), NATUC (Trinidad and Tobago) and ZCTU (Zimbabwe).

*No:* 24. CSA-Bénin (Benin), BFTU (Botswana), CITUB (Bulgaria), Podkrepa (Bulgaria), UNTC (Democratic Republic of the Congo), FTU (Fiji), SAK (Finland), GWC (Gambia), DGB (Germany), TUC (Ghana), ASI (Iceland), KSPI (Indonesia), UGL (Italy), SEKRIMA (Madagascar), CROC (Mexico), CGTP-IN (Portugal), CNS-Cartel Alfa (Romania), SFWU (Seychelles), NWC (Sri Lanka), CNTT (Togo), TUC (United Kingdom), UNISON (United Kingdom), ITUC (International Trade Union Confederation) and OATUU (Organization of African Trade Union Unity).

*Other:* 15. UGTA (Algeria), CGT-RA (Argentina), ACTU (Australia), UST (Chad), SSSH (Croatia), FTF (Denmark), LO (Denmark), GSEE (Greece), CNTG (Guinea), NZCTU (New Zealand), NSZZ (Poland), CESTRAR (Rwanda), ZSSS (Slovenia), LO (Sweden) and CSTT (Togo).

## Comments

CSTC (Cameroon): Implementation measures at the national level.

USLC (Cameroon): More information on antiretroviral treatment.

CLC (Canada): National laws and policies should bring national employment activities in line.

CTRN (Costa Rica): Laws and organizational issues should be revised.

CGT (France): Vulnerable workers, such as sex workers and mobile workers, and the role of PLHIV networks in the workplace.

CGT-FO (France): Comparable diseases should not be ignored.

JTUC-RENGO (Japan): Other chronic diseases.

Workers (Mauritius): Workers' view of other workers.

Workers (Netherlands): Reference should be made to Conventions Nos 87 and 98 and health workers.

COTRAF (Rwanda): Consideration to different religious beliefs.

CNTS (Senegal): How to promote this instrument and how policies and programmes are to be applied.

Organized Labour (South Africa): Strategies for female-dominant sectors of the workplace, informal home-based care givers, lesbians, gays, and MSM.

ZCTU (Zimbabwe): The definition of AIDS needs to be revised.

*Others: Yes: 1. Community (South Africa).*

## Comments

Community (South Africa): Greater emphasis on concurrent treatment for TB and more explicit provisions.





## **OFFICE COMMENTARY**

### **General observations**

Several general questions are raised in the general comments of respondents and arise from the more detailed answers to specific questions.

One of these questions is whether the ILO is acting beyond its mandate in proposing an instrument that evokes links between the workplace and broader social processes and actors and proposes closer relations among them. The questions put to the ILO's constituents ask whether the proposed instrument should recommend action on HIV/AIDS that addresses such issues as national policy, public health services, and social security and private health insurance. Most of the respondents replied that these are proper concerns for the proposed instrument, especially when many countries are experiencing severe strain on public health services. These were, of course, the objectives set for the proposed instrument when the Governing Body put the item on the Conference agenda. In addition, the ILO has consulted its partner organizations in UNAIDS, which have supported the consideration of this instrument by the ILO, and its broad reach based in the workplace but reaching a wider set of social actors. In these circumstances, the broader reach of the proposed instrument is retained in the proposed Conclusions, subject to discussion at the Conference.

It may also be remarked that most of the respondents who propose referring only to the workplace and not to the broader society come from more developed countries, where the impact of the pandemic is more circumscribed and public health services are better able to cope with HIV/AIDS.

### **Commentary on individual questions**

#### ***Question 1***

Most respondents agreed that the ILO should adopt such an instrument. Some of the broader questions raised in replies under this question are dealt with elsewhere.

#### ***Question 2***

The majority of respondents favour the adoption of a Recommendation or another form of non-binding instrument, such as a Declaration or guidelines. There is also, however, a substantial minority – in particular among workers, although a number of governments and some employers also favour this – that favours the adoption of a Convention, either immediately or at some time in the future. Two main reasons are cited for this, namely, the greater obligatory force of a Convention once ratified, and the possibility of monitoring or supervision. In these circumstances, the proposed Conclusions include a reference to a Recommendation only, but the Conference may wish to discuss the question further.

### ***Question 3***

As concerns the reference to discrimination, some respondents proposed adding a reference to the consequences of discrimination, and not merely to the fact of discrimination. The relevant proposed Conclusion takes account of this suggestion. With reference to the impact of HIV/AIDS, and in response to a number of comments, the Office suggests that this provision should characterize the impact of HIV/AIDS as being a negative impact, and that it should indicate also that poverty makes people more vulnerable to HIV/AIDS. The wording of the point concerning women evoked considerable negative commentary, and the accuracy of the basic assertion that more women than men become infected was challenged. It is clear that rates of infection vary from country to country and from region to region. The law and practice report indicated that infection among women is growing at a faster rate than among men in almost all regions, and the code of practice (point 4.3) refers to the greater vulnerability of women both to physical infection and to its consequences. This greater vulnerability of women for both physical and social reasons was also brought out by many of the responses. The proposed Conclusions take account of these comments by referring to the greater vulnerability of women in these respects, rather than to present rates of infection.

### ***Question 4***

The definitions offered in these paragraphs were taken from the ILO's 2001 code of practice. While most respondents agreed, two objections were put forward. The first questioned whether the ILO should offer these definitions, or whether they should be provided by other institutions, such as UNAIDS or WHO. It is normal to include definitions of terms used in an instrument, but the impact of these four definitions varies. Points (c) and (d) refer only to the use of these terms in the proposed instrument and have no broader implications. As concerns (a) and (b), the question raised was whether the definitions are in fact accurate in the light of changed circumstances, particularly the availability of new treatments and the fact that the development of AIDS no longer appears to be as inevitable as the earlier definitions would suggest. Following consultations with other intergovernmental organizations which are partners in UNAIDS, a revised set of definitions appears in the proposed Conclusions.

### ***Question 5***

There is broad agreement among the respondents that the proposed instrument should have the widest possible coverage, both in terms of the workers and the economic sectors involved, although reservations are expressed as to whether this coverage is always practical at the national level. The basic action suggested under the proposed instrument (question 6) is the adoption and implementation of a national policy to address HIV/AIDS, so those questions would be addressed at the national level in the light of national circumstances and in consultation with organizations of employers and workers, among others. The great majority of replies considered that the international instrument should refer to all workers, whatever their employment status or the sector in which they work, in order to make it clear that the need for action covers the entire nation. In the light of some responses, and following consultation with other partner organizations in UNAIDS, a reference to uniformed services has been added in Part IV of the proposed Conclusions to make it clear that the national policy should cover them as well.

### ***Question 6***

There is general agreement about the need for a policy, but a number of respondents indicated that policies already exist in many countries, while others pointed out that a policy for the workplace should be part of a broader national strategy. It was also noted that the workplace is often neglected in national HIV/AIDS policies. It would appear necessary in either case to ensure

that a policy exists, that it covers the workplace as well as broader national issues, and that where a specific workplace policy exists or is drafted, it should form part of the coordinated national effort in the struggle against HIV/AIDS.

### **Question 7**

The points raised under this question have been merged with those raised under question 9, to avoid duplication. There is general agreement on the need for prevention to figure in the first line of responses to HIV/AIDS. Any reservations relate to the broader questions of the applicability and reach of the policy dealt with under question 6.

There is little disagreement about the need to ensure that the national policy ensures *care and support of workers affected by HIV/AIDS, and of their families*, except as concerns whether the responsibility for this care and support will have to be borne by employers. It should be pointed out that the allocation of responsibility is not covered under this point, which is a general statement, but is dealt with in other parts of the proposed text.

There is general agreement on the need for the workplace to play a central role in information and action and on the other measures enumerated, but doubts are expressed on exactly what this role should be. As on other points, the objective is not to assign responsibility to employers for carrying out these activities, but rather to recognize that workplaces have a central role as (in the words of the Austrian Government) places of encounter through which workers and others can be reached. The law and practice report makes it clear that, while these questions remain a matter of public responsibility, circumstances in many countries may make it appropriate or necessary for workplaces to take a more active role, but also that this must be examined on a country-by-country basis.

As concerns “the role of the workplace in collaborating with the local communities”, this is intended to suggest a role for business beyond actions directed inward toward the workplace, when the circumstances call for it, but does not define what this role should be. The rationale of the Governing Body when placing this item on the agenda was that the workplace is part of national action in the struggle against HIV/AIDS, and that, depending on the circumstances, employers may sometimes in their own interests have to look beyond the confines of the workplace. Many statements of corporate social responsibility (CSR) by businesses, especially larger businesses, recognize that companies are part of the local communities in which they work and are not isolated from them. Even in the absence of CSR commitments, the principle remains. The content and extent of the role businesses will play, especially as concerns HIV/AIDS, may vary considerably depending on whether national public health systems, national and local administrations, and other social actors, are capable of dealing with these questions.

The point relating to extending programmes through supply chains and distribution networks concerns the responsibility of businesses more directly. No objections were raised concerning this part of the point.

### **Question 8**

This question listed a number of possible means to plan and implement the national policy concerning HIV/AIDS and the world of work, which need to be taken all together as alternative and complementary means to be adapted to each national situation. While there were some objections to the idea of including collective agreements among the means of action, these came mostly from those whose present practice does not include this, while a number of others supported its value. Whether it is appropriate for collective agreements to include action concerning HIV/AIDS will depend on local conditions, and on whether guarantees and services are available without such an agreement. For instance, as noted among the replies, workers in the

informal economy would be unable to benefit from this means of implementing the policy, so reliance cannot be placed upon it to reach the entire economy. There is general agreement on the need to involve labour justice and inspection authorities in implementation of the national policy, especially where issues of workplace discrimination and safety and health are involved. There is also recognition of the need to train both inspectors and labour court judges in relation to HIV/AIDS. A further suggestion, which is retained in the proposed Conclusions, is to involve these authorities also in the planning of the national policy. As concerns incentives for business to implement the policy, while this idea was generally accepted, reservations were also expressed by some who wanted more information on the kind of incentives contemplated, or by those who thought incentives were unnecessary. Some specific types of incentives were referred to in the replies to the questionnaire, such as tax incentives or awards and honours for action to implement the national policy. The kind of incentives, if any, that would be appropriate in any particular national context should be determined at the national level.

### *Question 9*

The points raised under this question have been separated into different paragraphs in the proposed Conclusions, and in some cases combined with points raised under question 7, where some duplication appeared. The order in which they are listed has also been changed.

*A workplace issue.* As regards whether HIV/AIDS should be considered a workplace issue, some respondents were concerned that this expression was meant to convey that it should be *limited* to being a workplace issue. The expression used was meant to convey that, as stated, for example, by the South African employers, HIV/AIDS should be recognized as a workplace issue and, much more broadly, as a social issue. Other respondents have suggested that HIV/AIDS is a workplace issue in the more limited sense of referring only to safety and health issues and discrimination at the workplace. This interpretation is also less broad than was intended. The language used in this point is meant to convey, in addition to the above, the idea that the fact that HIV/AIDS is a national concern does not detract from the need to include the workplace in all policies and programmes that address it, as the workplace must form part of an integrated response to the epidemic.

*Application in the public sector.* The principal reservations on this point questioned whether similar policies would apply in the private sector. This draft principle is similar to the one reflected in other ILO standards (for example, Convention No. 100), by which governments undertake to apply the principles directly to their own employees, while also undertaking a more promotional role in relation to the private sector. The intention is therefore, as stated by some respondents, that governments would undertake to be model employers under the policy.

*Discrimination.* A very large majority of respondents consider that discrimination against and stigmatization of PLHIV is a core aspect of the problem. This point is also made in the replies to several other questions. Some caution should be expressed regarding the fact that the prohibited grounds of discrimination enumerated in Convention No. 111 do not include all possible grounds of discrimination. HIV status in itself is usually not a prohibited ground of discrimination, but the broader criterion of health status could effectively meet the need to protect PLHIV from discrimination, as long as it is understood to cover both discrimination based on the perception that an individual is HIV-positive and discrimination based on the fact that the individual is HIV-positive (as has been found under United Nations as well as ILO standards). The more limited grounds referred to by some respondents, such as sexual orientation, race or national origin, would be unlikely to cover all those affected, and might in fact be considered to reflect stereotyping. A number of respondents have also emphasized the need to ensure that there are effective remedies against discrimination, such as the ability to file complaints and obtain compensation, and this has been reflected. Finally, as indicated in the law and practice report and

recognized explicitly in some of the responses received, Convention No. 111 allows governments, in consultation with the most representative organizations of employers and workers, to extend the grounds on which discrimination is prohibited beyond those specifically enumerated in the Convention. This is a purely national decision and should be done in accordance with national law and practice. The practical problem, as discussed above, is how to express the prohibited grounds in such a way as to meet the objectives of the proposed instrument.

*Reasonable accommodation of workers with HIV/AIDS-related illnesses.* This point met with broad agreement, though some difficulties in its implementation have been evoked. In view of the comments made, the last part of the proposed point has been adapted to indicate that, in cases in which persons with HIV-related illnesses become medically unfit to perform the tasks attributed to their jobs, employers should, whenever possible, provide them with alternative tasks adapted to their abilities. This would rely on the requirements under Convention No. 159, and under the recent United Nations Convention on the Rights of Persons with Disabilities, for reasonable accommodation.

*HIV/AIDS and other chronic illnesses.* Concern has been expressed that this proposed instrument should not result in a special status being accorded to HIV-positive workers compared with those suffering from other chronic illnesses. As regards temporary absences from work due to HIV/AIDS-related illnesses, the intention was to assimilate persons suffering from HIV-related illnesses to others who might be absent from work temporarily due to illness, and for this to be governed by the same or similar rules.

*Women's health.* There is very broad support for this principle. The proposed Conclusions accordingly incorporate some of the wording contained in the proposal made by the Government of Greece to promote also the protection of (women's) sexual and reproductive health and their sexual and reproductive rights.

*Testing.* Most respondents agreed that the proposed Conclusions should state that HIV screening should not be required of workers or job applicants. This is the position expressed in the code of practice, and is the unanimous position of the organizations working together in UNAIDS. Some respondents nevertheless argued that there should be exceptions to this principle, based on the requirements of particular occupations. Most of the proposed exceptions referred to the medical professions. The Office proposes that the draft Conclusions remain in conformity with the code of practice and the majority opinion, for several reasons. First, this is a matter of basic human rights: requiring workers and applicants to be tested before employment would amount to discrimination on the basis of health, as a positive test would result in exclusion or restriction of employment opportunity. This should, of course, be distinguished from situations where persons are ill with AIDS and are not medically fit to perform their tasks. In addition, the human rights consequences of compulsory testing remain severe almost everywhere, especially in terms of discrimination on the basis of perceived dangers in the case of a positive test. The most compelling reason is that where proper universal precautions are in place, there is no danger of HIV transmission, and efforts and emphasis should therefore concentrate on putting such procedures in place. Finally, of course, a negative pre-employment test is valid for an extremely limited amount of time and therefore of very limited value.

*Migrant workers.* This should be considered in relation to the point on compulsory testing. The code of practice specifically prohibits compulsory testing of migrant workers, but the law and practice report pointed out that a very large number of countries do practise screening of potential migrants, and that HIV-positive persons are often barred from migration, either explicitly under the law or as a matter of practice. This was confirmed by a number of respondents. On the basis of the replies received, the Office suggests two amendments to the text. In the first place, the two sentences should be divided into separate principles in order to emphasize the responsibility of sending as well as receiving countries to ensure access to prevention, treatment, care and support

services for migrants. Second, the Office agrees with the proposal made by the Government of the United Kingdom that the wording “are not excluded from migration on the basis of HIV status” would be preferable to “are not excluded from migration if they are HIV-positive”.

*Insurance coverage.* The wording of the question might have made it appear that the objective was full coverage of insurance schemes. In fact, the objective was full access to health care in conformity with the principle of universal access, whether financed under public or private insurance schemes. The wording of the proposed Conclusion is amended to reflect this.

*Occupational illness.* Even though some respondents stated that HIV/AIDS is not an occupational illness, most respondents acknowledged that in some circumstances it is one. Many respondents stated that the occupational categories to which this applies should be specified, for instance medical personnel or commercial sex workers. Any listing risks being considered exclusive, so that occupations not listed might not be considered to be covered. The Office has therefore included in the proposed Conclusions a more functional statement indicating that HIV/AIDS should be considered an occupational illness when there is a direct link between the work performed and a heightened risk of contracting HIV, and that the determination should be made in accordance with national procedures for defining occupational illnesses.

*Training and information.* There was general acceptance of this point, except that a number of respondents wished to expand the groups to whom such information is supplied. An adjustment has been made to the drafting of this point to refer also to workers and workers’ organizations. There is general agreement on the right of workers to be informed, but divergences of opinion on their right to participate in workplace inspections in this regard. This reflects in part differences in national practice, between countries where workers do normally have a role to play in labour inspection and those where this can be, and is, left to government services.

*Child labour.* First, it goes without saying that the commitment of the ILO and its constituents to the elimination of all forms of child labour is not affected by the recognition that child labour still exists in many forms and in most countries. There is considerable evidence of close links between HIV/AIDS and child labour, in several forms which may need to be spelled out in the proposed text. According to the 2006 Global Report under the Declaration on Fundamental Principles and Rights at Work, the only region where child labour had not diminished over the previous four years was sub-Saharan Africa, owing to the high prevalence of HIV/AIDS in that region and the consequent need for children whose parents have died or become ill to work in order to provide for their families. In addition, children who work in violation of ILO standards – especially in the worst forms of child labour – are subject to greatly increased danger of exposure and infection, because of the jobs they do, the lack of social protection and their physical vulnerability. Other consequences are also manifested in different countries. The draft has been adjusted to reflect some of these causes, which will provide a more solid basis for the following subparagraphs of this question.

*Follow-up.* This point as drafted refers to follow-up at the national level. In this respect it was generally accepted. Any follow-up at the international level will have to be discussed separately. Other aspects of follow-up have been rearranged to figure under this point.

### ***Question 11***

The problems of application at the national level cited by respondents referred mostly to the lack of adequate provisions in national laws and policies, or to inconsistency with the code of practice on such matters as compulsory testing and migrant workers. There were also references to specificities of religion or culture which would render application difficult. As these are the impediments which the proposed instrument is designed to address, the need for adaptation to

national situations is taken into account where it would not compromise the basic principles of the proposed instrument.

### ***Question 13***

The respondents raised several points which they consider to be missing from the questionnaire. As concerns coverage, some wished to see explicit recognition of groups who are considered particularly at risk, referring to sex workers and men who sleep with men, or occupational groups including mobile workers, home care givers, and military personnel. Others have been referred to under earlier questions, including medical workers and cleaners in medical settings. The Office decided in drafting the questionnaire to take the approach of inserting widely inclusive descriptions of coverage and avoiding listings in order not to risk excluding any affected group. After consultation with other international organizations involved in this field, a reference to armed forces has nevertheless been inserted in order to render explicit the fact that this group – often excluded from international standards and national policies and programmes – should be covered.

The issues of assignment of responsibility and of financing of action have been raised repeatedly under question 13 and earlier questions. The approach taken has been to enunciate principles and approaches that should be covered in national policies, leaving the decision on how to allocate responsibilities to be taken at the national level in the light of the differing situations in different countries. The need for business to assume some tasks, in their own interests, will vary according to the prevalence of the disease in different countries, and the strength of the national health system and other public services, for example, and is also likely to change over time as circumstances change.

Finally, the question why HIV/AIDS should be singled out among equally serious chronic diseases has been raised repeatedly in the replies, including those to question 13. A proposed Conclusion has been added to suggest that the measures adopted with regard to HIV/AIDS should be extended to other chronic diseases. It must be noted, though, that HIV/AIDS has a particularly damaging effect on the world of work, as most of those affected are of working age. This has stimulated a specific response to HIV/AIDS from the ILO and from the international system as a whole, which indeed is gradually being extended to dealing with such chronic diseases in a global fashion.





## **PROPOSED CONCLUSIONS**

The following are the proposed Conclusions which have been prepared on the basis of the replies to the questionnaire that are summarized and commented on in this report. They have been drafted in the usual form and are intended to serve as a basis for discussion by the International Labour Conference at its 98th Session (2009) of the fourth item on the agenda: HIV/AIDS and the world of work.

Some differences between the proposed Conclusions and the Office questionnaire are not explained directly in the Office commentaries. These differences are due to concern both for concordance among various languages and for the terminology to be adapted, as far as possible, to that already used in relevant instruments.

The proposed Conclusions do not follow the format of the questionnaire, as their structure was decided in the light of replies from member States. The various elements of the questionnaire and the corresponding replies have been taken into account in drafting the proposed Conclusions with a view to a Recommendation.

### **A. Form of the instrument**

1. The International Labour Conference should adopt an instrument establishing the framework for action on HIV/AIDS and the world of work.
2. The instrument should take the form of a Recommendation.

### **B. Content of the instrument**

#### **I. PREAMBLE**

3. The preamble should note:
  - (a) the serious impact of HIV/AIDS on the world of work, on workers and their families, on enterprises, and on society at large;
  - (b) that HIV/AIDS increases poverty and undermines the attainment of decent work and sustainable development, in turn making people more vulnerable to HIV;
  - (c) that stigma and discrimination related to HIV/AIDS increase the risk of HIV transmission, the loss of jobs, the loss of lives, and the number of orphans;
  - (d) that women are at greater risk of HIV infection and are more adversely affected by the HIV epidemic than men;
  - (e) the need for the International Labour Organization to strengthen its efforts to achieve social justice with regard to HIV/AIDS in all aspects of its work;
  - (f) the value of the ILO code of practice on HIV/AIDS and the world of work, 2001;
  - (g) international labour Conventions and Recommendations, and other international instruments that are relevant to HIV/AIDS and the world of work;

- (h) the unique role of employers' and workers' organizations in promoting and supporting national efforts on HIV/AIDS in and through the world of work;
- (i) the need to continue and increase international cooperation, in particular in the context of the Joint United Nations Programme on HIV/AIDS (UNAIDS) to support efforts to give effect to the instrument;
- (j) the value of cooperation with other relevant organizations, especially organizations of persons living with HIV, at the national and international levels.

## II. DEFINITIONS

4. The proposed instrument should contain the following definitions:

- (a) "HIV" means the Human Immunodeficiency Virus, a virus that weakens the body's immune system and, if not properly treated, ultimately causes AIDS in most cases;
- (b) "AIDS" means the Acquired Immune Deficiency Syndrome, caused by HIV, which is a set of medical conditions including opportunistic infections and cancers for which there are treatments, although there is no cure for the HIV infection to date;
- (c) "persons living with HIV" means persons infected with HIV;
- (d) "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 (No. 111) and Recommendation, 1958 (No. 111).

## III. GENERAL PRINCIPLES

5. The instrument should affirm the following general principles:

- (a) HIV/AIDS should be treated as an issue that affects the workplace, which should be addressed as an essential element of the national response to the epidemic;
- (b) there should be no discrimination or stigmatization against workers on the basis of either real or perceived HIV status, or on the grounds that they belong to parts of the population perceived to be at greater risk of HIV infection;
- (c) workers and their families should benefit from prevention, treatment, care and support in relation to HIV and AIDS;
- (d) workers should enjoy protection of their privacy, including confidentiality related to HIV/AIDS, in particular with regard to their own HIV status;
- (e) measures to address HIV/AIDS and the world of work should be integrated with national health strategies, especially those concerning other chronic illnesses and opportunistic infections such as tuberculosis.

## IV. NATIONAL POLICY AND PROGRAMME

6. Members should adopt a national policy and programme on HIV/AIDS and the world of work, and should ensure that it is part of the country's HIV/AIDS policy and programme, where one exists.

7. The policy and programme should cover:

- (a) all workers, including those in management positions, persons in the armed forces and other uniformed personnel, self-employed persons, and applicants for work;

- (b) all sectors of economic activity, public and private, in both the formal and informal economies.

8. In developing and implementing the policy and programme, the competent authority should take into account the ILO code of practice on HIV/AIDS and the world of work, and any subsequent revisions.

9. The policy and programme should be developed and implemented in consultation with the most representative organizations of employers and workers, as well as with organizations of persons living with HIV.

#### *Discrimination*

10. (a) In developing and implementing the national policy and programme, the competent authority should take into account the role of the workplace in prevention, treatment, care and support, including promotion of voluntary counselling and testing, in collaboration with the local communities.

- (b) Members should integrate their policies and programmes on HIV/AIDS and the world of work in development plans and poverty reduction strategies.
- (c) Members should adopt and implement policies and programmes on HIV/AIDS for all workers employed in the public sector and should promote their implementation by all available means in other sectors of the national economy.

11. Governments, in consultation with the most representative employers' and workers' organizations, should consider determining under Article 1(1)(b) of the Discrimination (Employment and Occupation) Convention, 1958 (No. 111), that the protection afforded under that Convention extends to discrimination based on real or perceived HIV status.

12. When existing remedies against discrimination in the workplace do not allow for effective protection against discrimination in relation to HIV/AIDS, steps should be taken to adapt existing measures or to put new ones in place, and to provide for their effective implementation.

13. HIV status should not be a cause for termination of employment, and temporary absences from work because of illness related to HIV should be treated in the same way as absences for other health reasons, taking into account the Termination of Employment Convention, 1982 (No. 158).

14. Persons with HIV-related illnesses should be allowed to work for as long as they are medically fit, in work reasonably adapted to their abilities. When it is necessary for such workers to be assigned to or to find other work, suitable training should be made available to them for this purpose.

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

- (a) gender equality;
- (b) the empowerment of women;
- (c) the active participation of men in the response to HIV/AIDS;
- (d) the protection of sexual and reproductive health and sexual and reproductive rights of women and men.

## V. PREVENTIVE AND PROTECTIVE MEASURES

### *Prevention*

16. Prevention of all means of HIV transmission should be a fundamental priority. Prevention strategies should be adapted to national conditions and the type of workplace concerned, and should take into account both gender and culture.

17. Prevention programmes should ensure:

- (a) the provision of accurate and relevant information;
- (b) education to help men and women understand and reduce the risk of transmission, including on the prevention of mother-to-child transmission;
- (c) practical measures, such as improving condom availability.

### *Treatment and care*

18. All workers, including workers living with HIV and their dependants, should be entitled to affordable health services. These services should include the provision of antiretroviral treatment and treatment for opportunistic infections and sexually transmitted infections.

19. Members should ensure that workers living with HIV and their dependants benefit from full access to health care, whether this is provided under public or private insurance schemes.

20. There should be no discrimination against workers living with HIV or their dependants in access to statutory social security programmes and occupational insurance schemes, or in relation to benefits, including health care, disability and survivors' benefits.

### *Support*

21. Programmes of care and support should include measures of reasonable accommodation in the workplace for workers with HIV-related illnesses.

22. Where a direct link can be established between the occupation concerned and the risk of infection, HIV/AIDS should be recognized as an occupational illness. This determination should be made in accordance with national procedures for designating occupational illnesses.

23. Measures should be taken to promote income-generating opportunities, where necessary, for persons affected by HIV/AIDS.

### *Privacy and confidentiality*

24. HIV testing or other forms of screening should not be required of workers or job applicants.

25. Workers should be encouraged to know their own HIV status through voluntary testing and counselling. The results of such testing should not endanger job security and confidentiality, and access to treatment should be made available if it becomes necessary.

26. Workers and job applicants should not be required 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 any subsequent revisions.

27. Members should ensure that migrant workers, or those seeking to migrate for employment, are not subject to compulsory HIV testing, and are not excluded from migration on the basis of their HIV status, whether real or perceived.

### *Occupational safety and health*

28. The working environment should be healthy and safe, in order to prevent transmission of HIV in the workplace, taking into account the provisions of the Occupational Safety and Health Convention, 1981 (No. 155) and Recommendation, 1981 (No. 164), the Promotional Framework for Occupational Safety and Health Convention, 2006 (No. 187) and Recommendation, 2006 (No. 197), and other relevant international instruments.

29. Occupational health services and workplace mechanisms related to occupational safety and health should address HIV/AIDS concerns, taking into account the Occupational Health Services Convention, 1985 (No. 161) and Recommendation, 1985 (No. 171), and other relevant international instruments.

### *Children and young persons*

30. Members should take measures to combat child labour that may result from the death or illness of family members due to AIDS and to reduce the risk of child labourers contracting HIV, consistent with the ILO Declaration on Fundamental Principles and Rights at Work, 1998, and taking into account the Minimum Age Convention, 1973 (No. 138) and Recommendation, 1973 (No. 142), and the Worst Forms of Child Labour Convention, 1999 (No. 182) and Recommendation, 1999 (No. 190).

31. Measures should be taken to protect young workers against HIV infection, and to include the special needs of children and young persons in response to HIV/AIDS in the national policy and programme. These should include the dissemination of information on HIV/AIDS through vocational training and in youth employment programmes and services.

## VI. IMPLEMENTATION

32. The national policy and programme on HIV/AIDS and the world of work should:

- (a) be given effect, in consultation with the most representative employers' and workers' organizations and other parties concerned, by one or a combination of the following means:
  - (i) in national laws and regulations;
  - (ii) collective agreements;
  - (iii) in national and workplace policies and programmes of action;
  - (iv) in sectoral strategies with particular attention to sectors most at risk;
- (b) involve the labour justice and labour administration authorities in planning and implementation of the policy and programme, and training in this regard should be provided to them;
- (c) ensure cooperation and coordination among the public authorities and services concerned;
- (d) encourage national and international enterprises to implement the national policy and programme, including enterprises operating in export processing zones, and through their supply chains and distribution networks, by the use of incentives when appropriate;
- (e) promote social dialogue, consultation, negotiation and other forms of cooperation among government authorities, employers and workers and their representatives, occupational health personnel, specialists in HIV/AIDS, and other parties concerned, including organizations of persons living with HIV;
- (f) be formulated, implemented and reviewed taking into account the most recent scientific and social developments;
- (g) be coordinated with national labour, social security and health systems.

### *Training*

33. All training, safety instructions and any necessary guidance in the workplace related to HIV/AIDS should be provided in a clear and accessible form to all women and men and, in particular, to newly engaged or inexperienced workers, including migrant workers; this should be gender-sensitive and should be adapted to the characteristics of the workforce, taking into account the risk factors of the working environment.

34. Up to date scientific and socio-economic information and training on HIV/AIDS should be provided to all employers, to managers, and to workers' representatives, in order to assist them in taking appropriate measures in the workplace.

35. Workers should have the right to be informed and consulted on measures taken to implement the policy and programme, to participate in workplace inspections in accordance with national practice, and to receive appropriate training.

### *Public services*

36. The role of the labour administration services, including the labour inspectorate, and that of the labour justice system in the response to HIV/AIDS should be reviewed and, if necessary, strengthened.

37. Public health systems should be strengthened, where appropriate, in order to ensure greater access to prevention, treatment, care and support, and to reduce the additional strain on public services, particularly on health workers, caused by HIV/AIDS.

### *Social dialogue*

38. Implementation of the HIV/AIDS policy and programme should be based on cooperation and trust among employers and workers and their representatives, and governments, with the active involvement of persons living with HIV.

39. Employers' and workers' organizations should promote awareness of HIV/AIDS, including prevention and non-discrimination, through the provision of education and information to their members.

### *International cooperation*

40. Members should cooperate, through bilateral or multilateral agreements, or other effective means, for the purpose of giving effect to the provisions of the instrument.

41. Measures to ensure access to prevention, treatment, care and support services for migrant workers should be taken by countries of origin and of destination, and agreements should be concluded among the countries concerned whenever appropriate.

42. International cooperation should be encouraged between and among Members and relevant international organizations and should include the systematic exchange of information on all measures taken to respond to the HIV epidemic.

## VII. FOLLOW-UP

43. Members should ensure regular and periodic review at the national level of the actions taken to implement the policy and programme.

44. A regular review of action taken on the basis of the instrument should be given consideration.