



## Governing Body

309th Session, Geneva, November 2010

GB.309/STM/1/2

Committee on Sectoral and Technical Meetings and Related Issues

**STM**

**FOR DECISION**

FIRST ITEM ON THE AGENDA

## The sectoral dimension of the ILO's work

### Review of sectoral initiatives on HIV and AIDS

#### Overview

##### Executive summary

Owing to the impacts of HIV and AIDS in the various economic sectors and the need to address them in a more systematic way, the ILO has been implementing a sectoral approach since 2004, aimed at strengthening the capacity of constituents to design and implement sector-specific policies and actions on HIV and AIDS as well as to combat discrimination at the workplace. The adoption of the HIV and AIDS Recommendation, 2010 (No. 200) by the International Labour Conference provides a new impetus to these efforts and will reinforce action among tripartite constituents and with others, in particular the Joint United Nations Programme on HIV/AIDS (UNAIDS).

##### Policy implications

This paper is intended to stimulate discussion on sectoral aspects of ILO work on HIV and AIDS and assist the Committee in providing guidance on future sectoral work. It also asks the Governing Body to endorse the publication of the *Joint ILO–WHO policy guidelines on improving health workers' access to HIV and TB prevention, treatment, care and support services*, and the *WHO–ILO Global Framework for National Occupational Health Programmes for Health Workers* as joint ILO–WHO publications.

##### Financial implications

None.

##### Decision required

Paragraph 26.

##### References to other Governing Body documents and ILO instruments

GB.286/STM/1, GB.286/16.

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

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

ILO Declaration on Social Justice for a Fair Globalization, 2008.

## A sectoral approach to HIV and AIDS

1. The HIV and AIDS epidemic continues to be a global challenge to development and social progress. Since it began, almost 60 million people have been infected with HIV and 25 million have died from HIV-related causes.<sup>1</sup> In the countries most affected, the epidemic erodes development gains, undermining economies and economic sectors, threatening security and destabilizing communities. HIV and AIDS are affecting societies at every level – individuals, their families and the workplace.<sup>2</sup>
2. The HIV and AIDS Recommendation, 2010 (No. 200), adopted on 17 June 2010, focuses on measures to reinforce worldwide workplace actions on tackling HIV and AIDS. The Recommendation stresses the importance of taking into account the views of relevant sectors, especially the health sector, when developing national policies and programmes and also specifically recommends that “national policies and programmes on HIV and AIDS and the world of work ... be given effect ... by one or a combination of the following means:” and includes under (iv) “sectoral strategies, with particular attention to sectors in which persons covered by this Recommendation are most at risk”.<sup>3</sup>
3. For this reason and as the resolution, which was adopted alongside the Recommendation, specifically asks for “the development of training programmes and materials to build capacity, including those with a sectoral focus”,<sup>4</sup> this paper attempts to provide an overview of sectoral work carried out in recent years as a basis for the Committee’s discussion and guidance on future sectoral work.
4. Since the inception of the sectoral Action Programme on HIV and AIDS in the workplace, approved by the Governing Body in March 2003,<sup>5</sup> the Sectoral Activities Department and the ILO Programme on HIV and AIDS and the World of Work (ILO–AIDS) have worked together in sectors including education, health and transport (2004–05) and construction, mining, and commerce (2006–07). In selecting the sectors to be addressed, the Governing Body took into account prevalence and impact on each sector and also sought to identify sectors that would provide the opportunity to reach out to a wide public (such as postal services).
5. In order to allow for replication of good practices, sector-specific guidelines and training toolkits have been developed, guided by the ILO code of practice on HIV/AIDS and the world of work. Tools have been adopted for the construction, education, health, maritime, postal services, public services, tourism and transport sectors. Guidelines awaiting validation have been drafted for commerce and mining.

<sup>1</sup> UNAIDS/World Health Organization: *AIDS epidemic update: November 2009* (Geneva, 2009).

<sup>2</sup> According to UNAIDS statistics for 2008, 33.1 to 35.8 million people were living with HIV, of whom 1.2 to 2.9 million were children under the age of 15. It is estimated that there were 2.4 to 3 million new infections and approximately 240,000 to 610,000 children were born with HIV. Around 1.7 to 2.4 million AIDS-related deaths occurred all over the world.

<sup>3</sup> ILO: HIV and AIDS Recommendation, 2010 (No. 200), para. 37(a).

<sup>4</sup> ILO: Resolution concerning the promotion and the implementation of the Recommendation on HIV and AIDS and the world of work, 2010, International Labour Conference, 99th Session, Geneva, 2010, para. 4(b)(i).

<sup>5</sup> See GB.286/STM/1 and GB.286/16, para. 32(d).

6. Underpinning this work and the Recommendation is the recognition of “the important role of the workplace as regards information about and access to prevention, treatment, care and support in the national response to HIV and AIDS”.<sup>6</sup> Given this central importance of the workplace, the fact that workplaces differ considerably from sector to sector requires that sectoral specificities are reflected in ILO work to tackle HIV and AIDS. For this reason, sector-specific strategies and tools are needed.
7. Through its sectoral approach the Office has not only been able to ensure the relevance of specific guidance for workers in different sectors, but it has also become apparent that sectoral social partners can be more easily involved. The toolkit *Driving for change: A training toolkit on HIV/AIDS for the road transport sector*, for example (see below, paragraphs 39–41), has been distributed to over 180 International Road Transport Union (IRU) Associations (in 74 countries) and the over 40 IRU-accredited Training Institutes (ATIs) (in 33 countries). The impact of the toolkit was further intensified by its inclusion into the Certificate of Professional Competence training programmes for managers and drivers in Europe and countries of the Commonwealth of Independent States. These programmes are run by the ATIs every year, exposing thousands of road transport professionals to this training.
8. Similarly, and in line with the ILO Declaration on Social Justice for a Fair Globalization,<sup>7</sup> other organizations with mandates in closely related fields can also be more easily involved when a sectoral approach is used. This is the case for work in the health sector, as well as in construction, where policy coherence has been exemplary not only between international organizations such as the World Health Organization (WHO) in relation to health workers, but also with entities in relation to construction, such as sectoral social partners as well as other important players in the industry and in infrastructure projects.

## Commerce

9. Given that retail is a major source of employment, the ILO has developed draft guidelines in collaboration with a major retailer, drawing on the experience of individual retailers from around the world. Acknowledging the risks particularly relevant to the retail industry and its wider operating environment, as well as the differences between retail and other business enterprises, the guidelines provide a framework for the development and promotion of HIV and AIDS workplace programmes, focusing on orientation and information on what and how retail enterprises can undertake as a practical and properly focused response to HIV and AIDS.
10. Efforts are under way to implement validation workshops for the guidelines before their finalization, wider dissemination and promotion.

<sup>6</sup> ILO: Recommendation No. 200, Preamble, para. 14.

<sup>7</sup> ILO Declaration on Social Justice for a Fair Globalization, 2008, Part II(C).

## Construction

11. Taking into account the specific factors that increase the vulnerability of construction workers,<sup>8</sup> the ILO developed guidelines for the construction sector in 2008<sup>9</sup> with the aim of contributing to a reduction of the HIV and AIDS risks faced by construction workers and enterprises, as well as the wider economy. These guidelines provide good practices, recommendations and workplace policies to be applied specifically on construction sites, and aim at strengthening the role of trade unions, employers and governments in tackling HIV and AIDS.
12. The guidelines have provided inputs for developing strategic HIV and AIDS policies and programmatic interventions for construction workers at country level (for instance in India). They have also been used by several partners such as Building and Wood Workers' International (BWI), the International Trade Union Confederation (ITUC), and other entities working with the ILO such as the International Federation of Consulting Engineers (FIDIC), the Institute of Civil Engineers (ICE) in the United Republic of Tanzania, and the Global Reporting Initiative (GRI) for developing their own programmes and policies.
13. The guidelines have also been used by the Trade Union Advisory Committee to the OECD (TUAC), the International Organization for Migration (IOM), the Asian Development Bank (ABD), the Asia–Pacific Economic Cooperation (APEC), the United States Agency for International Development (USAID), the German Organization for Technical Cooperation (GTZ), and the Water Supply and Sanitation Collaborative Council (WSSCC).

## Education

14. In 2004 the ILO joined forces with UNESCO to implement the Action Programme (AP) HIV and AIDS Workplace Policies for the Education Sector, given that the high prevalence, disability and mortality rates among educational sector workers deprive affected countries of some of their most educated and skilled human resources and jeopardize the future of thousands of children. The main objective of the AP was to develop a strategy to reduce the impact of HIV and AIDS in the education sector and to improve responses to HIV and AIDS in education workplaces. Under this programme regional assessments were prepared and workplace policy documents and implementation checklists drafted. Based on the ILO code of practice, guidelines were formulated and validated at two subregional tripartite workshops jointly organized by ILO and UNESCO in 2005.
15. Representatives of ministries of education and labour, teacher trade unions, private employers and National AIDS Councils/Commissions attended the events and refined the drafted texts to meet the needs of schools, technical and vocational training sites and universities, taking into account the realities of each region. The tripartite participants at the Joint ILO–UNESCO Caribbean Subregional Workshop, held in Jamaica, adopted an

<sup>8</sup> As indicated in ILO: *HIV/AIDS and work in a globalizing world 2005* (Geneva, 2005), construction workers are often mobile and traditionally migrants, who face the challenges of being far from their homes and families. They often live in isolation and work in confined environments with limited contacts. They are usually very young adults or in sexually active age groups, misinformed about HIV and AIDS, and with inadequate access to health services.

<sup>9</sup> ILO: *Using the ILO code of practice on HIV/AIDS and the world of work: Guidelines for the construction sector* (Geneva, ILO–AIDS and the Sectoral Activities Programme, 2008).

HIV and AIDS Workplace Policy for the Education Sector in the Caribbean.<sup>10</sup> The tripartite participants at the Joint ILO–UNESCO Southern African Subregional Workshop, held in Mozambique, reviewed and agreed on an HIV and AIDS workplace policy for the Education Sector in Southern Africa which aims at enhancing “commitment among senior education sector management, private school employers and managers and education sector unions to respond effectively to HIV and AIDS in the education sector”.<sup>11</sup>

16. These policies were designed to be additional contributions to the realization of the Education for All (EFA) goals adopted in Dakar, Senegal in 2000, and have been endorsed by the UNAIDS Inter-Agency Task Team (IATT) on Education.<sup>12</sup> They have been used by education staff and stakeholders at national and institutional levels.
17. For the end of 2010 the Office is organizing, in collaboration with UNAIDS IATT on Education and Education International (EI), a joint symposium on education sector workplace issues as part of the UNAIDS IATT on Education meeting. During the event a global issues paper prepared by the Office on teachers and HIV and AIDS will be presented as a basis for discussion.

## Health services

18. The ILO has a long-standing collaboration with WHO on HIV and AIDS responses, as one of the ten co-sponsors of UNAIDS and, more broadly, in the area of occupational health. In June 2004 the Governing Body of the ILO decided at its 290th Session that the Office should strengthen the sectoral approach to HIV and AIDS by conducting a joint tripartite meeting of experts. Held in April 2005, the meeting adopted the *Joint ILO–WHO guidelines on health services and HIV/AIDS*. In September 2005, WHO and the ILO convened a second joint tripartite expert consultation to develop joint WHO–ILO guidelines on post-exposure prophylaxis to prevent HIV infection. These joint guidelines were published in 2008.
19. In 2006, as part of the efforts to deal with the crisis in human resources for health, WHO in collaboration with the ILO engaged in formal consultations with ILO constituents, stakeholders and partners on a number of issues, including the preparation of a 17-country study on a policy to improve health workers’ access to HIV and tuberculosis (TB) services. This initiative originates from the Treat, Train, Retain (TREAT) strategy, a joint initiative by WHO, the ILO and the IOM to support universal access to HIV and AIDS services and address the impact of HIV on the health workforce. In September 2009 an international WHO–ILO consultation on policy guidelines to improve health workers’ access to prevention, treatment and care services for HIV and TB took place in Geneva.

<sup>10</sup> See ILO–UNESCO: *Joint ILO–UNESCO Caribbean sub-regional workshop: Improving responses to HIV and AIDS in education sector workplaces. Report* (Geneva, 2006); ILO–UNESCO: *An HIV/AIDS workplace policy for the education sector in the Caribbean* (Geneva, 2006). The countries represented were Barbados, Belize, Guyana, Jamaica and Trinidad and Tobago.

<sup>11</sup> See ILO–UNESCO: *Joint ILO–UNESCO Southern African Subregional Workshop, 30 November–2 December, 2005, Maputo, Mozambique: Improving responses to HIV/AIDS in education sector workplaces. Report* (Geneva, 2006); ILO–UNESCO: *An HIV and AIDS workplace policy for the education sector in Southern Africa* (Geneva, 2006). The countries represented were Botswana, Lesotho, Mozambique, Namibia, South Africa, Swaziland, and Zambia.

<sup>12</sup> The ILO, as a co-sponsoring agency, is a member of the UNAIDS IATT on Education, which was created in 2002 to support accelerated and improved education sector responses to HIV and AIDS.

20. The Governing Body's decision that a new action programme on the promotion of social dialogue in protecting health workers from occupational hazards be carried out for the 2010–11 biennium further facilitated inter-agency collaboration with WHO. This collaboration yielded several additional joint outputs in 2010: first, the finalization of the Joint ILO–WHO policy guidelines on improving health workers' access to HIV and TB prevention, treatment, care and support services; second, the review and finalization of the WHO–ILO Global Framework for National Occupational Health Programmes for Health Workers. The Framework was prepared based on a series of WHO consultations with expert representatives, trade unions and ILO representatives. Third, the Office is contributing to the second phase of the joint UN project in the United Republic of Tanzania on reducing maternal mortality (MDG 5), by adapting the WISE+<sup>13</sup> materials for health-sector workers.
21. The ILO Promotional Framework for Occupational Safety and Health, adopted in 2006, and the WHO Global Plan of Action for Workers' Health 2008–17 encourage the development of strategies to promote a preventative safety and health culture, to progressively achieve a safe and healthy working environment, and to support national governments to strengthen activities related to workers' health. The newly adopted Recommendation No. 200 emphasizes the protection of workers from exposure to HIV and TB in the occupational setting.
22. In order to strengthen links between the WHO and the ILO and ensure ongoing tripartite participation, the Governing Body decided in June 2010 that a tripartite working party of experts be established with a mandate to conduct the tripartite review and validation of the draft guidelines and the Global Framework, and to retain the ongoing mandate to develop joint strategies for the funding and implementation of additional occupational health-related tools including HIV and TB to promote health workers' safety and health.
23. The first meeting of the Joint ILO–WHO Tripartite Working Party of Experts on Occupational Health and HIV/AIDS for Health Services Workers was held from 6 to 9 July 2010. There were participants from 17 countries, representing governments, unions, employers, academia, and WHO and ILO field offices. The meeting reviewed and unanimously approved the draft guidelines and Framework (see appendices). The experts also provided valuable recommendations and support for the new HealthWISE workplace tool to be piloted in Senegal and the United Republic of Tanzania.
24. As a follow-up to the first meeting of the Working Party and the tripartite validation of the new documents, the Office proposes that the guidelines and the Framework be published as joint ILO–WHO publications and that, should the Governing Body agree to their publication, the ILO and WHO pursue a joint launch (possibly on World AIDS Day 2010), dissemination of the new guidelines and the Framework, and development of a proposal for resource mobilization and an implementation strategy for their promotion.
25. The mandate and follow-up work of the Working Party are also in line with the recently adopted Action Plan 2010–16 for the ILO Programme on Safety and Health at Work and the Environment (SafeWork) calling for implementation of ILO Conventions on occupational safety and health (OSH) and of WISE+. The Office plans to support this work in the health sector by continuing work in Senegal and the United Republic of Tanzania and hopes to involve other target countries such as Ukraine where the Government has recently ratified the Occupational Health Services Convention, 1985 (No. 161).

<sup>13</sup> The ILO Work Improvement in Small Enterprises (WISE+) programme provides trainees and trainers with guidance in 15 technical areas, all related to improving working conditions and productivity in small and medium-sized enterprises around the world.

- 26.** *The Committee may wish to recommend that the Governing Body authorize the publication of the Joint ILO–WHO policy guidelines on improving health workers’ access to HIV and TB prevention, treatment, care and support services, and the WHO–ILO Global Framework for National Occupational Health Programmes for Health Workers as joint ILO–WHO publications.*

## **Maritime**

- 27.** In 2009 a Global Partnership on HIV and Mobile Workers in the Maritime Sector was jointly launched by the ILO, the International Organization for Migration (IOM), the Joint United Nations Programme on HIV and AIDS (UNAIDS), the International Transport Workers’ Federation (ITF), the International Shipping Federation (ISF), the International Committee on Seafarers’ Welfare (ICSW), and the International Maritime Health Association (IMHA).
- 28.** Amongst its goals are the reduction of high-risk behaviours among seafarers; increased access to HIV information and services, including counselling and testing; and a raising of high-level commitment by stakeholders. A fund-raising campaign is currently going on to boost partnership with interested organizations and pilot programmes will be initiated in the Philippines and South Africa. The programme is expected to start in 2011.

## **Mining**

- 29.** In order to reduce the vulnerability of miners to HIV and AIDS, the Office has conducted programmes in the sector in a number of countries, including China, India and Sierra Leone. While this work has had encouraging results and has led to the development of, inter alia, workplace policies, it has also become apparent that the mining sector is in need of truly tripartite guidance.
- 30.** In responding to requests from its constituents, and in order to fill this gap and provide comprehensive and coherent guidance in a stand-alone format to be used by employers and workers and their representatives, as well as governments, the ILO has developed tripartite ILO guidelines on HIV and AIDS for the mining sector, together with ITUC, the International Federation of Chemical, Energy, Mine and General Workers' Unions (ICEM) and the International Organisation of Employers (IOE). Prior to their finalization and publication, these draft guidelines will be validated in a tripartite workshop in order to ensure that the guidance contained in them is relevant and practical.

## **Postal services**

- 31.** UNAIDS, the Universal Postal Union (UPU), the ILO and UNI Global Union launched a global HIV prevention campaign in post offices around the world in July 2009. The campaign was initially launched in some 16,000 post offices in seven pioneering countries: Brazil, Burkina Faso, Cameroon, China, Estonia, Mali and Nigeria. The campaign materials provide both visitors and employees with important information on how to prevent HIV. The materials also give the address of a multi-language website on HIV prevention, hosted by UNAIDS, which provides detailed information on how to prevent infection.
- 32.** Together with its campaign partners, the ILO is preparing guidelines for the development of workplace policies and programmes on HIV prevention, care and support for postal workers and managers. The main aim of these guidelines is to inform postal workers about

prevention and protection measures relating to HIV and AIDS, since these workers can play a vital role in passing on messages. The French version of the guidelines has been field tested in five seminars in Burkina Faso in the first half of 2010, and further field tests of the English and French texts are due to be held in the fourth quarter of 2010, before finalization and publication of the guidelines in several languages.

33. The global HIV prevention and awareness campaign in and through post offices will continue in 2011, with the UPU encouraging its member countries to issue postage stamps that year to remind the public of the discovery of AIDS 30 years earlier.

## Public services

34. In order to respond to the impact of HIV and AIDS on public services, the ILO implemented in 2006–07 an action programme in public services in the United Republic of Tanzania aimed at improving human resources development for sustainable public services in response to the impact of the HIV and AIDS in that sector. The Action Programme also assisted in the collection of qualitative and quantitative data on the real impact of HIV and AIDS on public services, utilizing the rapid assessment methodology developed by the ILO. It has provided assistance to the Government in developing HIV and AIDS guidelines.<sup>14</sup>
35. To assist in the implementation of these guidelines the ILO, in collaboration with the President's Office–Public Service Management, organized two training programmes for HIV and AIDS coordinators from local government authorities in Dar es Salaam in August 2007 on designing and implementing HIV and AIDS workplace programmes, and on how to implement the guidelines for the management of HIV and AIDS in the public service. The objective and goals of these programmes were to enhance the understanding of the participants on HIV and AIDS and strengthen their capacity to develop and implement effective workplace intervention programmes.
36. As a result, 66 district focal coordinators were trained on developing and implementing effective HIV and AIDS intervention programmes at the workplace. Through group work and support from the facilitators, participants were able to plan the roadmap they would use to address HIV and AIDS issues when taking up their new assignments as district focal points.

## Tourism

37. Building on experiences in the Caribbean, where an HIV and AIDS workplace policy for the tourism sector has been developed which includes the key concepts and principles of the ILO code of practice, the Office supported the elaboration of Guidelines on HIV and AIDS in the tourism industry. Since their development in 2009, these guidelines have already been validated in 20 hotels in the Lao People's Democratic Republic and will be launched as a joint publication of the ILO and the World Tourism Organization. A manual has been suggested and may be envisaged in the future.
38. The Office also produced awareness-raising material on HIV and AIDS in Arabic for hotel workers to promote workplace approaches. In Egypt, more than 60 hotels are now participating. The Office also developed occupational safety and health standards for the tourism industry in 2009. To encourage their implementation, the Egyptian Government is

<sup>14</sup> *Managing HIV and AIDS in the workplace: A guide for the Tanzanian public service.*

looking into ensuring coherence with local legislation and the possibility of using the standards at national level. In 2010, a web-based self-assessment was developed and made available to participating hotels. Awareness and promotion workshops were held in Port Said and Alexandria to disseminate the material.

## Transport

39. Under the sectoral HIV/AIDS action programme, the ILO has developed training materials for the road transport sector. Following research and a validation workshop held in Pretoria in 2005, guidelines for transport were published.<sup>15</sup> They particularly focus on the road transport sector and provide an overview of initiatives at policy and workplace level to address the occupational and behavioural risks associated with transport, while making recommendations on how transport sector operators and authorities can develop and implement HIV and AIDS programmes.
40. One of the main themes discussed at the Tripartite Meeting on Labour and Social Issues Arising from Problems of Cross-Border Mobility of International Drivers in the Road Transport Sector, held in October 2006, was on HIV and AIDS as a workplace issue for international drivers at border crossings. As follow-up to the conclusions of the Meeting, the ILO, jointly with the IRU Academy and ITF, and with the support of the European Union, developed and published a training toolkit in March 2008.<sup>16</sup>
41. The toolkit can be used for training road transport workers and operators on HIV and AIDS prevention, including behaviour change, counselling and testing, care and support. It is available in English and Russian and is currently being translated into French and Mongolian, with the aim of producing the Spanish version in the near future. Its use has been promoted through an international workshop for the training of instructors held in December 2008 in Geneva. Two national tripartite workshops for training local instructors are being organized to take place in Ghana in 2010 and in Mongolia in the second half of 2011.
42. In April 2010, based on the experiences gained from producing the above toolkit for the road transport sector, a similar toolkit, *On the right track: A training toolkit on HIV and AIDS in the railway sector*, was jointly developed and published with the International Union of Railways (UIC) and ITF.

Geneva, 18 October 2010

*Point for decision:* Paragraph 26

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<sup>15</sup> ILO: Using the ILO code of practice on *HIV/AIDS and the world of work: Guidelines for the transport sector* (Geneva, ILO–AIDS and the Sectoral Activities Programme, 2005), available in English, French, Spanish and Russian.

<sup>16</sup> IRU–ITF–ILO: *Driving for change: A training toolkit on HIV/AIDS for the road transport sector* (Geneva, 2008) was validated by two tripartite workshops held in the Russian Federation and Uganda.

## Appendix I

### Joint ILO–WHO policy guidelines on improving health workers' access to HIV and TB prevention, treatment, care and support services <sup>1</sup>

1. Introduce new, or refine existing, national policies that ensure priority access for health workers and their families to services for the prevention, treatment and care for HIV and TB.
2. Introduce new, or reinforce existing, policies that prevent discrimination against health workers with HIV or TB, and adopt interventions aimed at stigma reduction among colleagues and supervisors.
3. Establish schemes for reasonable accommodation and compensation, including, as appropriate, paid leave, early retirement benefits and death benefits in the event of occupationally acquired disease.
4. Develop, strengthen or expand existing basic occupational health services for the entire health workforce so that access to HIV and TB prevention, treatment and care can be realized.
5. Develop or strengthen existing infection control programmes, especially with respect to TB and HIV infection control, and ensure collaboration with workplace health and safety programmes to ensure a safer work environment.
6. Develop, implement and extend programmes for regular, free, voluntary, and confidential counselling and testing of HIV, and TB screening, including addressing reproductive health issues, as well as intensified case finding in the families of health workers with TB.
7. Adapt and implement good practices in occupational health and the management of HIV and TB in the workplace from both public and private health-care sectors, as well as other sectors.
8. Provide information on benefits and risks of post-exposure prophylaxis (PEP) to all staff and provide free and timely PEP for all exposed health workers, ensuring appropriate training of PEP providers.
9. Provide free HIV and TB treatment for health workers in need, facilitate the delivery of these services in a non-stigmatizing, gender-sensitive, confidential and convenient setting when there is no staff clinic, or their own facility does not offer ART, or where health workers prefer services off-site.
10. In the context of preventing co-morbidity, provide universal availability of a comprehensive package of prevention and care for all HIV-positive health workers, including Isoniazid Preventive Therapy and Co-Trimoxazole prophylaxis, with appropriate information on benefits and risks.
11. Develop and implement training programmes for all health workers pre-service, in-service and continuing education on TB and HIV prevention, treatment and care; workers' rights

<sup>1</sup> The governments, employers' representatives and workers' organizations, as well as international experts, taking part at the tripartite consultation on 6 July 2010, unanimously adopted the following joint policy guidelines. The participants referred to the ILO Recommendation concerning HIV and AIDS and the world of work, 2010 (No. 200) calling for the development, adoption, implementation and monitoring of national HIV and AIDS workplace policies and programmes, as part of the national strategies, in particular that health workers should benefit from programmes to prevent specific risks of occupational exposure and transmission of HIV and TB.

and stigma reduction, integrating these into existing training programmes and including managers and worker representatives.

12. Establish and provide adequate financial resources for prevention, treatment, care and support programmes to prevent the occupational or non-occupational transmission of HIV and TB among health workers.
13. Develop and implement mechanisms for monitoring the availability of these TREAT policy guidelines at the national level, as well as the dissemination of these policies and their application in the health-care setting.
14. Disseminate the policies related to these guidelines in the form of codes of practice and other accessible formats for application at the level of health facilities, and ensure provision of budgets for the training and material inputs to make them operational.

## Appendix II

### WHO–ILO Global Framework for National Occupational Health Programmes for Health Workers

The purpose of this Global Framework for National Occupational Health Programmes for Health Workers, as directed by the WHO Global Plan of Action (GPA) on Workers' Health (2008–17) and consistent with the ILO Promotional Framework for Occupational Safety and Health Convention, 2006 (No. 187), is to strengthen health systems and the design of health-care settings with the goal of improving health worker health and safety, patient safety and quality of patient care, and ultimately support a healthy and sustainable community with links to Greening Health Sector and Green Jobs initiatives.

The Ministry of Health will need to consult and work together with other relevant Ministries on the development of the National Occupational Health Programme for Health Workers such as the Ministry of Labour, Social Security, and/or other organization(s) responsible for the protection and promotion of health worker health and safety in the private as well as public sector.

1. Identify a responsible person with authority for occupational health at both the national and workplace levels.
2. Develop a written policy on safety, health and working conditions for health workforce protection at the national and workplace levels.
3. Ensure access to Occupational Health Services by strengthening existing or establishing new occupational health programmes and allocate sufficient resources/budget to the programme, occupational health professional services, and the procurement of the necessary personal protective equipment and supplies.
4. Create joint labour–management health and safety committees, with appropriate worker and management representation.
5. Provide ongoing (or periodic) education and training that is appropriate to all parties, including occupational health practitioners, senior executives, front-line managers, health and safety committees, front-line workers and their representatives, and the general public.
6. Identify hazards and hazardous working conditions in order to prevent and control them and manage risks by applying the occupational health hierarchy of controls, which prioritizes elimination or control at the source.
7. Provide pre-service and ongoing immunization against hepatitis B and other vaccine preventable diseases in the workplace at no cost to the employee and ensure all three doses of the hepatitis B immunization have been received by all workers at risk of blood exposure (including cleaners and waste handlers).
8. Promote exposure and incident reporting, eliminating barriers to reporting and providing a blame-free environment.
9. Promote and ensure health worker access to diagnosis, treatment, care and support for HIV, TB and hepatitis B and C viruses.
10. Utilize appropriate information systems to assist in the collection, tracking, analysing, reporting and acting upon data to promote health and safety of the health-care workplace and health workforce
11. Ensure that health workers are provided with entitlement for compensation for work-related disability in accordance with national laws.

12. Promote research on OHS issues of concern to health workers and translation of research into practice, particularly with respect to combined exposures and applied intervention effectiveness research.
13. Promote and implement Greening Health Sector initiatives that incorporate occupational health, green and safe jobs while reducing greenhouse gas emissions with a preference for: use of renewable energy; providing safe drinking water; promoting hand hygiene; active transport; environmentally preferable management of hazardous health care waste; and environmentally preferable selection and disposal of chemicals such as pesticides, disinfectants, and sterilants.