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Employment and Social Protection Segment

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FIRST ITEM ON THE AGENDA

The ILO's response to HIV and AIDS: Accelerating progress for 2030

Purpose of the document

In the present document, the Governing Body is invited to provide guidance on and endorse the proposed updated ILO strategy to adapt the world of work response to HIV and AIDS to the changing environment (see the draft decision in paragraph 35).

Relevant strategic objective: All.

Main relevant outcome/cross-cutting policy driver: Cross-cutting policy driver: gender equality and non-discrimination.

Policy implications: None.

Legal implications: None.

Financial implications: None.

Follow-up action required: Implement the revised strategy.

Author unit: Conditions of Work and Equality Department (WORKQUALITY)

Related documents: GB.313/POL/2; GB.322/POL/3(Rev.); GB.326/POL/3; GB.337/PFA/1/1.

Introduction

1. The Governing Body adopted a strategy to address HIV and AIDS in the world of work in 2012 and reviewed it in 2014.¹ The Governing Body subsequently discussed HIV and AIDS in 2016 in order to review the results achieved during the Director-General's tenure as Chairperson of the Joint United Nations Programme on HIV/AIDS (UNAIDS) Committee of Cosponsoring Organizations.² It invited the Office to take into consideration the implications for follow-up and opportunities for the ILO and its constituents to integrate HIV and AIDS into their work when drawing up proposals for future work of the Office aimed at implementing the 2030 Agenda for Sustainable Development.
2. The ILO remains in a unique position to contribute to the goal under the 2030 Agenda of ending AIDS by 2030. Given recent developments and the evolving landscape of the HIV and AIDS epidemic, the Office proposes to update the strategy, with a view to adapting and expanding ILO support to the global response at and through the world of work.
3. Significant progress has been achieved through worldwide efforts, but much more needs to be done since the global AIDS response is "at a precarious point", according to a 2018 UNAIDS report.³ The report cautions that "[p]artial success in saving lives and stopping new HIV infections is giving way to complacency. At the halfway point to the 2020 targets, the pace of progress is not matching the global ambition."⁴ New HIV infections are rising in some 50 countries, AIDS-related deaths are not falling fast enough and a significant reduction of resources since the most recent ILO strategy discussion are threatening success. While antiretroviral treatment for persons living with HIV has expanded widely, the focus on reducing HIV-based stigma and discrimination and on HIV prevention has decreased.
4. In order to counter this situation the Office proposes to redouble its efforts to support ILO constituents' contribution to the world of work response. This contribution will reinforce existing action, protect future generations of workers and employers and strengthen action to address stigma and discrimination against persons living with or affected by HIV in today's world of work. For this reason, the proposed strategy continues to rely on a multisectoral approach while expanding its reach for increased impact.
5. In June 2019, the International Labour Conference adopted the ILO Centenary Declaration for the Future of Work in which it declared that "the ILO must direct its efforts to ... ensuring equal opportunities and treatment in the world of work for persons with disabilities, as well as for other persons in vulnerable situations".⁵ Those living with or affected by HIV are in such a situation. HIV-based discrimination upon access to or continuation in employment remains widespread.

¹ GB.313/POL/2; GB.322/POL/3(Rev.).

² GB.326/POL/3.

³ UNAIDS: *Global AIDS update 2018 – Miles to go: Closing gaps, breaking barriers, righting injustices* (Geneva, 2018), p. 6.

⁴ loc. cit.

⁵ ILO Centenary Declaration for the Future of Work, Part II, section A, para. (viii).

The evolving landscape of HIV and AIDS and the response: No time for complacency

6. In 2018, 1.7 million people were newly infected with HIV, 37.9 million people were living with HIV and 770,000 people died of AIDS-related illnesses. While recent epidemic updates show encouraging progress in some regions, including in the most affected eastern and southern African countries, there have been increases in new HIV infections in Eastern Europe and Central Asia (29 per cent), in the Middle East and North Africa (10 per cent) and in Latin America (7 per cent). The epidemic also continues to hit young women hardest: they are 60 per cent more likely to become newly infected with HIV than young men of the same age.⁶ Young women in sub-Saharan Africa account for the highest number of new infections.⁷
7. The impact of HIV and AIDS on the world of work is significant. It affects individuals, enterprises and the public sector. The number of workers living with HIV increased from 22.5 million in 2005 to 26.6 million in 2015, and is projected to rise to just under 30 million in 2020.⁸ Some 500,000 labour force deaths due to AIDS among persons aged 15 years and over are projected for 2020.⁹ These deaths are almost entirely avoidable. The highest incidence of mortality is among workers in their late thirties, at the peak of their productive lives.
8. Most people living with or affected by HIV work, but have unequal and sometimes interrupted access to life-saving treatment. Some, mostly men, do not know their HIV status because they may not have access to HIV testing services, are afraid to test for fear of discrimination or simply do not know that they are at risk. Women often access HIV services through pregnancy-related health checks. HIV denial is another risk for individuals and families; it leads to late diagnosis, with possible impact on life expectancy and on the workforce, and to potential transmission of HIV. Even though HIV information is widely available, it does not reach everyone and misinformation and myths die hard. Voices from numerous countries are now calling for HIV prevention to be placed back on centre stage.
9. Recent research also shows the substantial impact of HIV on care work, both paid and unpaid. The burden of care or additional chores for members of the household with people living with HIV is significant. In 2020, approximately 140,000 children will carry out additional chores in AIDS-affected households, equivalent to child labour, while an additional full-time equivalent of 50,000 full-time workers, mostly women, will perform unpaid care work.¹⁰ This gendered care burden deepens the inequality between women and men in the labour market and with respect to education opportunities.¹¹ It also increases women's insertion in the informal economy and limits their access to a decent income and to social security and health coverage, perpetuating poverty and lack of opportunities. In

⁶ UNAIDS: *Global AIDS update 2019 – Communities at the centre* (Geneva, 2019).

⁷ UNAIDS: *Women and HIV – A spotlight on adolescent girls and young women* (Geneva, 2019).

⁸ ILO: *The impact of HIV and AIDS on the world of work: Global estimates* (Geneva, 2018), p. xii.

⁹ *ibid.*, p. xiv.

¹⁰ *ibid.*, p. 43.

¹¹ U. Cattaneo, M. Licata and M. Montefiori: *The impact of HIV on care work and the care workforce* (Geneva, ILO, 2019) (forthcoming).

order to prevent this, additional paid healthcare workers are needed to expand access to HIV information, testing and treatment and to care for persons living with HIV.

10. Furthermore, new issues in HIV acquisition are emerging. For example, HIV infection or late diagnosis of HIV infection in adults aged above 50 years is only beginning to be researched; a recent study conducted in Europe found that the “mode of transmission among older adults was predominantly heterosexual, with more men than women becoming HIV positive in older age”.¹² At the same time, understanding of HIV-tuberculosis co-infection is improving. Tuberculosis is highly transmissible, including at the workplace. The risk of developing tuberculosis is estimated to be between 16 and 27 times greater for people living with HIV.¹³ These issues can be addressed through ILO work, including by providing information and testing and by supporting the efforts of other stakeholders.
11. With life-saving antiretroviral treatment, people living with HIV can have normal working lives, which constitutes major progress. It is critical to ensure that treatment and care continue and expand, and to adopt mechanisms that will maintain the productivity of workers living with HIV, help them access reasonable accommodation and improve their well-being. There appears to be a positive link between employment and treatment adherence,¹⁴ which underscores further the importance of the role of decent work for the AIDS response.

Strengthening ILO action concerning HIV and AIDS in the world of work: Context and rationale

12. The role of the ILO tripartite constituents is essential for the AIDS response to be comprehensive and impactful. The ILO tripartite constituents mobilized and joined the HIV and AIDS response early on. Many governments have adopted laws and policies to address HIV and AIDS in the world of work. Employers’ organizations and enterprises have addressed the issue and made a business case for workplace HIV programmes as a means to complement national HIV and AIDS programmes. Workers’ organizations have actively engaged in capacity-building and advocacy campaigns in order to disseminate knowledge and tools relating to HIV and AIDS.
13. Employers’ and workers’ organizations, along with governments, have been actively promoting voluntary confidential counselling and testing at work (VCT@WORK) in a number of countries, and their representatives have been personally involved in testing initiatives. The VCT@WORK initiative reached over 5 million workers with voluntary and confidential HIV information and testing. Some 100,000 HIV positive workers were referred for treatment. As HIV, self-testing is now becoming more accessible, VCT@WORK is piloting an adapted approach to incorporate self-testing. In addition, ILO economic empowerment programmes have been effective, addressing vulnerability to HIV infection and mitigation of the impact of AIDS.

¹² L. Tavoschi, J. Gomes Dias and A. Pharris, on behalf of the EU/EEA HIV Surveillance Network: “New HIV diagnoses among adults aged 50 years or older in 31 European countries, 2004–15: an analysis of surveillance data” in *The Lancet HIV*, Vol. 4, No. 11, Nov. 2017, pp. 514–521.

¹³ WHO: [Tuberculosis and HIV](#).

¹⁴ ILO: *The impact of employment on HIV treatment adherence* (Geneva, 2013).

14. The ILO's rights-based approach to HIV is embodied in the HIV and AIDS Recommendation, 2010 (No. 200). The Recommendation provides a unique international framework through which to address the issues that workers and employers face in the context of HIV. It emphasizes key principles of gender equality, a discrimination-free work environment, confidentiality of health data, social protection and a healthy workplace. It promotes social dialogue as a means to strengthen tripartite cooperation in support of national multisectoral responses to HIV and AIDS. Furthermore, the Recommendation calls for the development of tripartite national workplace policies and programmes to address the issues at stake.
15. As a co-sponsoring organization, the ILO helped to shape the UNAIDS programme so that it would build on United Nations (UN) synergies and common governance in order to deliver a multisectoral response and tackle HIV and AIDS issues globally and at country level. In the context of the UNAIDS division of labour, the ILO co-convenes the area on HIV-sensitive social protection with the World Food Programme. A common vision, a strategy and the Unified Budget, Results and Accountability Framework ensure that the 11 UN agencies, with the UNAIDS secretariat, jointly deliver programmes based on country priorities that emanate from a broad set of governmental and non-governmental partners, including organizations of people living with HIV. The UNAIDS approach pre-dates UN reform and can be seen as a model for joint work, synergy, accountability and communication, all of which are core aims of UN reform.
16. This co-sponsorship, combined with the accompanying advocacy, support and resources has enabled the ILO to implement HIV programmes in the world of work, primarily in countries with a high HIV burden but also in those where there are strategic entry points in the world of work. Programmes are designed together with tripartite constituents. Other national stakeholders, such as HIV and AIDS national programmes or institutions and organizations of people living with HIV are also key partners. The HIV workplace programmes complement public health policies and programmes, making the world of work a substantial part of the national HIV and AIDS response. The sudden and significant decrease in UNAIDS funding in 2016 led to a corresponding decrease in the ILO country presence dedicated to HIV. The ILO has continued its work in this area by integrating HIV as a component in other areas and projects. However, there is considerable potential and need to further expand HIV work in the present environment.
17. A global focus on HIV treatment has shifted strategies and resources away from prevention, including strategies to tackle the underlying causes of the epidemic and promote the economic empowerment of workers left behind, with the result that new infections are on the rise. In order to promote equal opportunities and decent work for all, both HIV treatment and prevention are vital. Issues that warrant further attention include the following: HIV prevention for young workers who are highly vulnerable to HIV; HIV-based discrimination in laws and practices; violence and harassment of workers living with or affected by HIV; unequal access to employment for persons living with HIV; disclosure of workers' HIV test results to employers and other parties; insufficient HIV services coverage for workers in isolated areas (including rural areas) in the informal economy and for migrant workers; and occupational exposure to HIV and other related transmissible diseases, such as tuberculosis, among workers in occupations most at risk.

Elements for an updated ILO strategy: Reaching out further

18. Against this backdrop, the ILO must adapt its strategy in order to ensure that the Office supports the tripartite constituents more effectively in addressing new and persistent challenges, and in enhancing the world of work HIV and AIDS response, with a view to

ending AIDS by 2030. The proposed strategy builds on the 2012 strategy and on further 2014 and 2016 Governing Body guidance. It also builds on the ILO Centenary Declaration for the Future of Work and the proposed programme of work and results framework for 2020–21, in particular Outcome 6 on “Gender equality and equal opportunities and treatment for all in the world of work”, among a number of other outcomes.¹⁵ Implementation at the country level will be aligned with UN Sustainable Development Cooperation Frameworks and ILO Decent Work Country Programmes.

19. Information and lessons learned from programmes in priority countries, received through ILO and UNAIDS channels, provide evidence of different country contexts and priorities and have informed the proposed strategy. The integrated nature of the work under the strategy requires close collaboration across ILO departments, between headquarters and the field and with the International Training Centre of the ILO in Turin.
20. Working through the ILO tripartite constituents, the Office proposes an increased focus on young workers, workers at higher risk of HIV exposure and workers at risk of violence and harassment. It also proposes to continue working on the essential areas of promoting workers’ rights to: non-discrimination; gender equality; social protection; occupational safety and health; and employment, while promoting social dialogue and capacity-building for employers, workers and government officials, in particular labour inspectors.
21. ILO action on HIV and AIDS will continue to be guided by Recommendation No. 200, as well as by the new Violence and Harassment Convention, 2019 (No. 190), and the accompanying Violence and Harassment Recommendation, 2019 (No. 206). Convention No. 190 recognizes the existence of groups that are disproportionately affected by violence and harassment; HIV-based discrimination is pervasive and manifests itself also in the form of violence and harassment. The ongoing work regarding the Discrimination (Employment and Occupation) Convention, 1958 (No. 111), will also address HIV and AIDS, since real or perceived HIV status is increasingly being recognized as an additional ground of discrimination in the context of the Convention.¹⁶ Furthermore, the Committee of Experts on the Application of Conventions and Recommendations has referred to HIV in its comments on the application of other international labour standards, including the Worst Forms of Child Labour Convention, 1999 (No. 182), the Migration for Employment Convention (Revised), 1949 (No. 97), and the Social Protection Floors Recommendation, 2012 (No. 202), that are particularly relevant in this context.
22. The ILO will support constituents, at their request, in high-burden countries in Africa, Asia, the Americas and Europe¹⁷ and in other countries where there are strategic entry points. In order to ensure a successful response to the HIV epidemic, all interventions will involve the social partners and organizations of people living with HIV and promote gender equality.

¹⁵ Outcome 1: Strong tripartite constituents and influential and inclusive social dialogue; Outcome 2: International labour standards and authoritative and effective supervision; Outcome 4: Sustainable enterprises as generators of employment and promoters of innovation and decent work; Outcome 5: Skills and lifelong learning to facilitate access to and transitions in the labour market; Outcome 7: Adequate and effective protection at work for all; and Outcome 8: Comprehensive and sustainable social protection for all.

¹⁶ ILO: *Giving globalization a human face*, Report III (Part 1B), Report of the Committee of Experts on the Application of Conventions and Recommendations, International Labour Conference, 101st Session, 2012.

¹⁷ Countries prioritized by UNAIDS, where returns to HIV and AIDS actions are considered to be the highest.

23. The proposed strategy will also rely on resource mobilization initiatives and partnerships, within the UN and beyond.

A twin-track approach

24. The updated strategy proposes a twin-track approach. The first track focuses on promoting rights, providing HIV capacity-building for ILO constituents and HIV information and services at or near the workplace for all. It includes promoting and protecting fundamental rights at work, in particular ensuring equality and non-discrimination irrespective of HIV status, preventing and addressing violence and harassment and promoting the employment of workers affected by or at risk of HIV. Workers who know about HIV, know their rights and are economically empowered enjoy improved negotiating power to refuse unprotected sex, to challenge unfair recruitment and employment practices and to prevent gender- or HIV-based violence and harassment.
25. The second track addresses HIV integration in relevant areas, in order to further extend the outreach of HIV prevention, care, information and action to a greater number of beneficiaries and to leverage ILO resources.

HIV-specific support

26. HIV-specific support will be delivered or enhanced through programmes and measures, designed in consultation with national tripartite constituents and HIV and AIDS stakeholders, that will:
- provide capacity-building for public sector officials and employers' and workers' organizations to better enable them to implement Recommendation No. 200, increase knowledge of HIV issues and rights at work and address discrimination against workers living with or affected by HIV. Violence, harassment and discrimination on intersecting grounds will also be addressed in order to tackle interlinkages and create mutually reinforcing solutions, including through strengthened or updated workplace policies and programmes;
 - support expanded outreach programmes to provide HIV information and voluntary confidential HIV counselling and testing (VCT@WORK) to more workers, including referral to treatment if needed, with a focus on reaching men who are not adequately covered, informal economy workers or in rural areas and young women and men. Workplace HIV services are essential for those who work in areas isolated from public health services or who face challenges in accessing them. In such situations, innovative forms of testing such as HIV self-testing, "moonlight" testing during evening hours in high-risk settings and HIV programmes for sectors where workers have occupational or behavioural risks of HIV transmission (for example health, transport, mining) may be used. Efforts to promote strict confidentiality for HIV testing in countries where this remains an issue are also required;
 - support and promote measures, through social dialogue, to eliminate HIV-based stigma and discrimination at work and to address the needs of persons at higher risk of HIV exposure such as persons living with HIV, persons with disabilities, indigenous and tribal peoples, lesbian, gay, bisexual, transgender and intersex (LGBTI) persons, migrant workers and young women. Such measures include improving access to employment for persons living with HIV and working in the informal economy through economic empowerment, entrepreneurship, skills development and business-related services;

- foster the creation of tripartite partnerships at national level for HIV prevention campaigns in the world of work, in coordination with the relevant national institutions, organizations of people living with HIV and UNAIDS co-sponsoring organizations; and
- design or adapt ILO HIV tools for young workers, workers in rural areas and other targeted groups of workers and ensure that they are accessible in different languages and formats for persons with specific needs.

HIV integration

27. HIV prevention and information, as well as HIV-responsive services and programmes, will be integrated into other ILO areas of work and projects with a view to ensuring more inclusive approaches and outreach to a larger number of ILO tripartite constituents and individuals. Such integration already exists, but can be further strengthened in the following areas:

- social protection frameworks that develop or expand HIV-responsive services and programmes to benefit more persons living with or affected by HIV or AIDS, particularly workers in the informal economy;
- HIV-responsive measures in care work, in particular to reduce the burden of unpaid care work, including with the support of technology, and ensure access to appropriate care services;
- HIV-responsive advocacy, training and support relating to Convention No. 190 and Recommendation No. 206; social dialogue to develop policy, legislative and regulatory frameworks with mechanisms to address the drivers and determinants of violence and harassment at work, and measures to respond to gender inequalities and intolerance to diversity at work; guidelines to protect the rights of workers and provide psychosocial support, care and recourse mechanisms, including for workers living with HIV;
- inclusion of HIV in the application of international labour standards on gender equality and equal opportunities, domestic work, maternity protection and the application of sector-specific standards in order to enhance wide-ranging HIV prevention and access to services, including prevention of mother-to-child transmission of HIV; related training for labour inspectors and other relevant officials and bodies;
- programmes addressing stigma and discrimination at the workplace, which can benefit persons living with HIV, including LGBTI persons. This is especially important in countries where programmes offering HIV prevention and care do not cover LGBTI persons, who remain marginalized;
- occupational safety and health, wellness or health promotion programmes directed at workers in their workplaces, which can include HIV and tuberculosis services, in order to address co-infection risks in comprehensive healthcare campaigns;
- inclusion of HIV in programmes and projects for mobile and migrant workers for whom access to HIV and AIDS information, services and treatment is challenging.

Knowledge, advocacy and training tools

28. The impact of the HIV epidemic is evolving rapidly. It is therefore necessary to produce evidence-based knowledge to orient and support the response. The Office will undertake research on employment-related HIV stigma and discrimination in order to quantify and

better understand the issue and support the development of policies and measures to address it effectively. Research on the impact of HIV infection on adults aged over 50 years will inform the world of work response since many of these persons are still in the workforce and can be reached through workplace HIV information and testing programmes. New tools will help revitalize HIV information and prevention messaging, reach out to new generations, provide support to constituents and workers, particularly in remote areas, and will be available after working hours. The new tools, tailored to national needs, will include digital apps, videos and products that provide information and training and complement traditional trainings and guidelines.

Partnerships

29. UNAIDS funds support the work of the ILO in priority countries where it actively implements country programme outcomes and contributes to joint UN delivery. At the country level, UNAIDS funding provides additional support locally. The ILO also has a privileged relationship with the ten other UNAIDS co-sponsors,¹⁸ working closely with them in countries and globally.
30. In addition to this key partnership, in order to leverage UNAIDS strategic and funding support and ensure a broader reach, the ILO proposes to seek new resource mobilization opportunities and partnerships at country and global levels, within and beyond the UN system.
31. In consultation with the Partnerships and Field Support Department, the International Labour Standards Department, the Bureau for Employers' Activities, the Bureau for Workers' Activities and the Multilateral Cooperation Department, the Office will facilitate partnerships between ILO constituents and business coalitions on health and HIV, and other relevant partners.
32. The Office will revitalize its relationship with the Global Fund to Fight AIDS, Tuberculosis and Malaria and expand public-private partnerships in order to increase extrabudgetary resources, ensure better coverage of the requirements of ILO tripartite constituents and sustain and expand country-level activities.

The way forward

33. The Office proposes to rely on the different elements of the strategy in order to ensure that the ILO takes a coherent approach both to supporting tripartite constituents as they address HIV and AIDS challenges and to leveraging opportunities at and through the world of work. Action under the strategy would also contribute to the follow-up of the Women at Work Initiative, the implementation of labour standards on violence and harassment in the world of work, the Strategy on indigenous peoples' rights for inclusive and sustainable development, the implementation by the ILO of the UN Disability Inclusion Strategy and the implementation of the UNAIDS Strategy.

¹⁸ Namely, the United Nations Development Programme (UNDP); United Nations Educational, Scientific and Cultural Organization (UNESCO); United Nations Population Fund (UNFPA); United Nations High Commissioner for Refugees (UNHCR); United Nations Children's Fund (UNICEF); United Nations Office on Drugs and Crime (UNODC); United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women); World Food Programme (WFP); World Health Organization (WHO); and the World Bank.

34. Interventions by the ILO relating to HIV and AIDS in the world of work will rely on regular budget funds as well as extrabudgetary resources.

Draft decision

35. *The Governing Body requested the Director-General to take into consideration the strategy for ILO action concerning HIV and AIDS in the world of work, and the guidance given during its discussion, in the implementation of the Programme and Budget for 2020–21, in the preparation of the next strategic framework and future programme and budget proposals and in facilitating extrabudgetary resources.*