



International
Labour
Organization



GLOBAL NETWORK OF
PEOPLE LIVING WITH HIV

Respecting human rights in the implementation of the VCT@WORK initiative: Operational guidelines

Voluntary Confidential Counselling and Testing

VCT@WORK

5 million workers by 2015

Together we can make it happen!

Developed in consultation with
the Inter-Agency Task Team on HIV and AIDS Workplace
Policy/Programmes and Private Sector Engagement

**Respecting human rights in the
implementation of the VCT@WORK initiative:
Operational guidelines**

Copyright © International Labour Organization 2015

First published 2015

Publications of the International Labour Office enjoy copyright under Protocol 2 of the Universal Copyright Convention. Nevertheless, short excerpts from them may be reproduced without authorization, on condition that the source is indicated. For rights of reproduction or translation, application should be made to ILO Publications (Rights and Permissions), International Labour Office, CH-1211 Geneva 22, Switzerland, or by email: pubdroit@ilo.org. The International Labour Office welcomes such applications.

Libraries, institutions and other users registered with reproduction rights organizations may make copies in accordance with the licences issued to them for this purpose. Visit www.ifrro.org to find the reproduction rights organization in your country.

Respecting human rights in the implementation of the VCT@WORK initiative: Operational guidelines /
International Labour Office, HIV and AIDS and the World of Work Branch – Geneva: ILO, 2015

International Labour Office, HIV and AIDS and the World of Work Branch

HIV / AIDS / HIV testing / counselling / workers rights / role of ILO

ISBN: 978-92-2-129430-6 (web pdf)

15.04.2

ILO Cataloguing in Publication Data

The designations employed in ILO publications, which are in conformity with United Nations practice, and the presentation of material therein do not imply the expression of any opinion whatsoever on the part of the International Labour Office concerning the legal status of any country, area or territory or of its authorities, or concerning the delimitation of its frontiers.

The responsibility for opinions expressed in signed articles, studies and other contributions rests solely with their authors, and publication does not constitute an endorsement by the International Labour Office of the opinions expressed in them.

Reference to names of firms and commercial products and processes does not imply their endorsement by the International Labour Office, and any failure to mention a particular firm, commercial product or process is not a sign of disapproval.

ILO publications and electronic products can be obtained through major booksellers or ILO local offices in many countries, or direct from ILO Publications, International Labour Office, CH-1211 Geneva 22, Switzerland. Catalogues or lists of new publications are available free of charge from the above address, or by email: pubvente@ilo.org

Visit our web site: www.ilo.org/publns

FOREWORD

The rapid expansion of antiretroviral therapy in recent years has enabled more than 13 million to access treatment - enabling them to live longer, healthier and more productive lives, and to remain part of the global workforce. HIV testing is really the first critical step to linking people living with HIV to the treatment cascade. However, stigmatization and discrimination against PLHIV persist and remain amongst the greatest known barriers to voluntary and confidential HIV testing, and subsequent referrals to treatment, care and support. Stigmatization and discrimination against people living with, or affected by, HIV thus both threaten fundamental rights at work and undermine opportunities for women and men to obtain decent work. We have embarked on this publication to ensure that human rights are respected in the context of HIV testing in and through the world of work; this can only happen if people living with HIV are central to relevant initiatives.

The majority of people who are eligible for treatment, about 22 million, are not accessing it. This is because more than half of people living with HIV do not know their HIV status and therefore do not seek treatment.¹ HIV testing must therefore be scaled up significantly and links to the treatment cascade must be strengthened. Workplaces can play a key role in this as they bring together large numbers of women and men in their reproductive prime. Becoming aware of their status early enables working women and men to access treatment and care, if needed, and to live long, productive lives. With this in mind, the ILO launched the VCT@WORK initiative together with UNAIDS in June 2013. This initiative aims to reach 5 million workers with voluntary counselling and testing (VCT) services by the end of 2015. The VCT initiative will contribute to achieving the global target of reaching 15 million people with HIV treatment by 2015, as set out in the 2011 Political Declaration on HIV and AIDS.

These operational guidelines have been developed, as part of the VCT@WORK initiative, to support service providers to ensure that people living with HIV are at the centre of efforts and services provided – in an environment conducive to respect for human rights. It aims at ensuring the meaningful involvement of PLHIV, as well as recognition and implementation of the priorities of consent, confidentiality, counselling and connection to care, treatment and support services.

The guidelines were developed by GNP+ and partner PLHIV organizations on behalf of the ILO-led Inter-Agency Task Team on HIV and AIDS Workplace Policy/Programmes and Private Sector Engagement (IATT-WPPS).

These operational guidelines target government ministries, businesses, employers' organizations, trade unions and other nongovernmental organizations, and provide guidance for ensuring that the VCT@WORK initiative is implemented with the meaningful involvement of PLHIV, and also ensuring awareness of and adherence to the VCT principles and priorities. They provide practical examples of ways to make sure these principles are at the centre of efforts, which can be used by actors engaged in VCT. We hope that this information resource will be useful in re-emphasizing the importance of working together with people living with HIV to ensure that their rights are respected.

Ms Alice Ouedraogo

Chief (ILOAIDS)
HIV/AIDS and the World of Work Branch
International Labour Organization (ILO)

Ms Suzette Moses-Burton

Executive Director
The Global Network of People Living
with HIV (GNP+)

ACKNOWLEDGEMENT

These operational guidelines are dedicated to everyone who is living with HIV and to all those who have stood together and demonstrated courage and patience in turning the tide against HIV.

The guidelines are a product of the efforts of the Global Network of People Living with HIV (GNP+), with support from the International Labour Organization (ILO). They were finalized in consultation with the Inter-Agency Task Team on HIV workplace Policy/Programmes and Private sector engagement (IATT-WPPS), convened by the ILO.

In particular, we would like to recognize the contributions of:

- Respondents from the three countries that participated in the study - India, Nigeria and South Africa, who gave valuable input, based on their experiences of utilizing HIV-related health services, which enhanced our understanding of the issues related to voluntary counselling and testing (VCT). We are grateful to Ms Jhanabi Goswami and Mr K. K. Abraham, Indian network for people living with HIV/AIDS (INP+); Mr Edward A. Ogenyi, Network of people living with HIV and AIDS in Nigeria (NEPWHAN); and Mr Mluleki Zazini, National Association of People Living with HIV and AIDS (NAPWA), South Africa, for their partnership in this venture and for facilitating the country consultations;
- Dr Athar Qureshi, independent consultant, who worked on the country consultations and helped to develop the operational guidelines;
- Mr Julian Hows and Ms Liz Tremlett at GNP+, who coordinated the project;
- Ms Zuzanna Muskat-Zorska, Policy Adviser at the International Trade Union Confederation (ITUC), and her colleagues, for their review of, and contributions to, the guidelines;
- Colleagues from ILOAIDS, particularly Ms Julia Fäldt Wahengo, Ms Anna Torriente and Mr Afsar Syed Mohammad, for reviewing, and contributing to, both the development and finalization of the guidelines; and
- All the members of the IATT-WPPS (listed in Annex 3) for their suggestions and input, which helped to finalize the guidelines.

GNP+ is also grateful to ILOAIDS and the members of the IATT-WPPS for their input into, and review of, this document.

ABBREVIATIONS

AIDS	acquired immunodeficiency syndrome
ART	antiretroviral therapy
FGD	focus group discussion
GIPA	Greater Involvement of People living with HIV
GNP+	Global Network of People Living with HIV
HIV	human immunodeficiency virus
IATT-WPPS	Inter-Agency Task Team on HIV workplace policies/programmes and private sector engagement
ITUC	International Trade Union Confederation
IOE	International Organization of Employers
IEC	information, education and communication
INP+	Indian network for people living with HIV/AIDS
ILO	International Labour Organization
M&E	monitoring and evaluation
NAPWA	National Association of People Living with HIV/AIDS
NACO	National AIDS Control Organization
NEPWHAN	Network of people living with HIV and AIDS in Nigeria
OI	opportunistic infection
PEP	post-exposure prophylaxis
RCH	reproductive and child health
RTI	reproductive tract infection
SOP	standard operating procedure
STI	sexually transmitted infection
TB	tuberculosis
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations International Children's Emergency Fund
USAID	United States Agency for International Development
VCT	voluntary counselling and testing
WHO	World Health Organization

TABLE OF CONTENT

FOREWORD.....	I
ACKNOWLEDGEMENTS	II
ABBREVIATIONS	III
GLOSSARY– VALUES AND PRINCIPLES.....	V
EXECUTIVE SUMMARY	VIII
VCT@WORK INITIATIVE.....	IX
1. INTRODUCTION	10
2. METHODOLOGY	14
2.1 Secondary data review.....	14
2.2 Primary data collection.....	14
2.3 Input from stakeholders.....	14
3. KEY FINDINGS OF COUNTRY CONSULTATIONS.....	15
4. OPERATIONAL GUIDELINES	18
4.1 Operational Flow Chart.....	18
4.2 Creating a supportive environment.....	19
4.2.1 A workplace policy	19
4.2.2 Education and sensitisation	20
4.3 Greater and meaningful involvement	21
4.4 Respecting confidentiality	22
4.5 How to ensure confidentiality	23
4.6 How to strengthen the route to treatment and care	23
4.7 Gender equality and women’s empowerment.....	23
4.8 Ensuring access for key populations	25
4.9 Service integration	26
4.10 Establishing a national steering committee.....	27
4.11 Allocation of resources.....	28
4.11.1 Human resources	28
4.11.2 Infrastructure.....	29
4.12 Ensuring high quality services	30
4.13 Referral to prevention, treatment, care and support services	31
4.14 Monitoring and evaluation.....	32
5. RECOMMENDATIONS FOR IMPLEMENTERS	34
6. EFFECTIVE IMPLEMENTATION OF VCT@WORK: A CHECKLIST	36
BIBLIOGRAPHY	37
ANNEXES.....	39
Annex 1: Profiles of participating organizations	39
Annex 2: Overview of the desk review	41
Annex 3: Members of the Inter-Agency Task Team on HIV workplace policies/programmes and private sector engagement (IATT-WPPS)	43
ENDNOTES	44

GLOSSARY Values and Principles

VCT: Voluntary Counselling and Confidential Testing.

Confidentiality: Information gathered during clinical case taking and counselling must not be shared. An HIV test result must be reported only to the client, unless the client expresses the desire to share the result with a family member, partner or close friend. Confidentiality is defined as 'the state of being private'. Maintaining clients' privacy by restricting access to personal and confidential information, especially HIV test results, demonstrates sensitivity towards, and respect for, clients' basic rights.

Counselling: Counselling is a process of interpersonal, dynamic communication between a client and a trained counsellor, who is bound by a code of ethics and practice, with the aim of resolving personal, social or psychological concerns or difficulties. Counselling requires empathy, genuineness, the absence of any moral or personal judgment, and the respect necessary to assist the client to discover, examine, and clarify possible ways of dealing with a concern. When counselling in the context of an HIV diagnosis, the objective is to encourage the client to explore important personal issues, identify ways of coping with anxiety and stress, and plan for the future (keeping healthy, adhering to treatment and preventing transmission). When counselling in the context of a negative HIV test result, the focus is on exploring the client's determination to stay HIV-negative and discussing the options and skills that will allow them to achieve this.² Counselling should be developed with the specific target groups and their needs in mind, and should include both pre- and post-HIV test sessions.

- **Pre-HIV test counselling:** The counsellor should understand why a client wants to undergo HIV testing. The client should be made aware of the risk associated with HIV testing, and should acquire appropriate knowledge on HIV, as well as information about the test, informed consent and confidentiality, the possible results and HIV education opportunities.
- **Post-HIV test counselling:** This includes explaining what the test result means (and providing information on the window period between HIV exposure and detection of antibodies). If the result is negative, the emphasis should be on prevention; if the test is positive, counselling should facilitate acceptance and support a client to establish a way forward (especially ensuring that there is a clear route or link to care, treatment and support services), and there should be follow-up counselling sessions. It is recommended that the relevant national network of people living with HIV (PLHIV) be involved in this process and available to provide follow up.

Disclosure: In the context of HIV, disclosure refers to the act of informing any individual or organization (such as health authorities, employers or schools) of the HIV status of an HIV-positive person; or it refers to the fact that such information has been transmitted by any means by the person or by a third party, with or without the person's consent. Except in circumstances when the law or ethical considerations require disclosure to another person, the person living with HIV has the right to privacy, and also the right to exercise informed consent in all decisions relating to disclosure of his or her status. In the context of employment, workers - including migrant workers, jobseekers and job applicants - should not be required to disclose HIV-related information about themselves or others (See ILO HIV and AIDS Recommendation, 2010 (No. 200), at paragraph 3, subsections (h) and (i)).

Greater Involvement of People living with HIV (GIPA): The GIPA principle is that the rights and responsibilities of people living with HIV (PLHIV), including their right to participation in decision-making processes that affect their lives, should be realized.³ GIPA aims to enhance the quality and effectiveness of the AIDS response, and the principle it embodies is critical to progress and sustainability. The idea that personal experiences should shape the AIDS response was first voiced by people living with HIV in Denver in 1983. The GIPA principle was formalized at the 1994 Paris AIDS Summit, when 42 countries agreed to “support a greater involvement of people living with HIV/AIDS at all levels and to stimulate the creation of supportive political, legal and social environments”.

HIV: Human immunodeficiency virus, a virus that weakens the body’s immune system, ultimately causing AIDS.

Informed consent for HIV testing: Informed consent means a client giving a healthcare provider deliberate and autonomous permission to proceed with the proposed HIV testing procedure. This permission is granted with an adequate understanding of the advantages, risks, potential consequences and implications of an HIV test result, which can be either positive or negative. Consent is entirely the client’s choice and can never be implied or presumed.

Key populations:⁴ The terms ‘key populations’ and ‘key populations at higher risk of HIV exposure’ refer to the populations most likely to be exposed to, or to transmit, HIV. They are key to the epidemic and their engagement is critical to a successful HIV response. In all countries, key populations include people living with HIV. In most settings, key populations also include men who have sex with men, transgender people, people who use drugs, women and men sex workers and their clients, and sero-negative partners in sero-discordant couples, who are all at higher risk of HIV exposure than other people. There is a strong link between various kinds of mobility and heightened risk of HIV exposure (migrants and refugees tend to be at greater risk, for example). Increased risk depends on the reason for mobility and the extent to which people find themselves outside their social context and norms. Each country should define the specific populations that are key to its epidemic and its response, based on the epidemiological and social context. In these guidelines, ‘key populations’ include PLHIV, sex workers, men who have sex with men and people who use drugs.

Partner notification: An HIV-positive person should be encouraged, through counselling and the use of other tools such as role-plays, to share the positive test result with his or her spouse, and/or sexual or needle-sharing partner(s); and to bring the spouse and/or partner(s) to a VCT service for counselling. The process of helping the client prepare to share the result might take more than one visit. Whenever possible, the counsellor should obtain the support of PLHIV networks to facilitate disclosure.

Screening: This refers to measures taken to ascertain a client’s HIV status, whether direct (such as HIV testing) or indirect (assessment of risk-taking behaviour(s), questioning about tests already taken or current medication, for example).

Shared confidentiality: A client’s HIV status and other health information may be shared with healthcare providers who are involved in their treatment and care. The purposes of sharing information are to ensure that the client receives appropriate treatment and care, and to protect the right of hospital staff to a safe work environment. Information should only be

shared with the client's express permission and those with access to it must maintain its confidentiality.

Testing: HIV testing should be conducted in accordance with the provisions of the ILO's HIV and AIDS Recommendation, 2010 (No. 200). 'Testing' refers both to the HIV test itself and the VCT process as a whole. Test results should be confidential and must not endanger access to jobs, tenure, job security or opportunities for advancement. The process must respect international guidelines on confidentiality, counselling and consent. In the context of the VCT@WORK initiative, the emphasis is both on tailored risk-reduction counselling to help clients or couples identify a plan for the prevention of HIV transmission or acquisition, and to offer them the opportunity to take an HIV test, irrespective of their medical history or self-perception of risk.

Voluntary: In the context of HIV testing, a 'voluntary' decision to undergo testing is one that is genuinely taken by a client, without any coercion. In the context of work, HIV testing should not be required at the time of recruitment or as a condition of continued employment. Routine medical testing for workers, such as fitness tests carried out prior to the commencement of employment, or on a regular basis, should not include mandatory HIV testing (see paragraphs 24 and 25 of Recommendation No. 200).

EXECUTIVE SUMMARY

Access to VCT is part of a comprehensive workplace response to HIV. The VCT@WORK initiative seeks to address the needs of large and small businesses, as well as workers in the informal economy. These operational guidelines provide guidance on respecting human rights in the implementation of the VCT@WORK initiative, with a particular focus on the following.

- consent
- confidentiality
- counselling
- connection to care⁵
- gender equality and women's empowerment
- meaningful engagement of people living with HIV
- inclusion of key populations

VCT@WORK
5 million workers by 2015

In all workplace settings, staff HIV awareness is crucial to reducing HIV stigmatization and discrimination. Information should be made available to ensure that all workers know where they can go to seek voluntary and confidential HIV testing, and how to access HIV prevention, treatment, and care and support services.

A workplace policy with clearly defined principles to protect the rights of workers and to ensure non-discrimination and gender equality, as described in ILO Recommendation No. 200, is essential for the implementation and success of the VCT@WORK initiative. Of equal importance is the need for a truly representative HIV workplace committee, which should serve as a mechanism for the development and review of the workplace policy and programmes - including the VCT@WORK initiative.

The principle of Greater Involvement of People Living with HIV (GIPA) is central to the implementation of the VCT@WORK initiative. A growing body of evidence shows that programmes implementing GIPA achieve better, and more sustainable, results. Globally, organizations such as the Global Fund to Fight AIDS, Tuberculosis and Malaria continue to invest in the involvement of people living with HIV at all levels. At the local level, GIPA facilitates the creation of an environment that enables people living with HIV to fulfil their potential as employees, leaders and active members of society; it reduces stigma and contributes to the elimination of judgmental attitudes and discrimination. The guidelines further reinforce the need to:

- a. build strong partnerships between workplaces involved in the initiative and employers' and workers' organizations, PLHIV networks and national governments, and, in particular, national AIDS commissions and VCT service providers;
- b. provide adequate infrastructure and facilities for VCT to be conducted with respect for confidentiality and privacy, and aligned principles; and
- c. establish good referral links with other service providers, to ensure that the needs of all PLHIV (women, men and transgender people) working with an organization are met.

The operational guidelines were developed following data collection from three country-level consultations with networks of PLHIV in India, Nigeria and South Africa - the three countries in the world with the highest numbers of people living with HIV. The inclusion of policy makers and decision makers from the business community in country-level discussions allowed them to express their concerns with regard to the implementation of HIV testing in and through the workplace. The results of the consultation process are summarized in Table 1.

THE VCT@WORK INITIATIVE



The initiative was launched in Geneva on 6 June, 2013 at the International Labour Conference, by the ILO, the International Organization of Employers (IOE) and the International Trade Union Confederation (ITUC), with support from the Joint United Nations Programme on HIV/AIDS (UNAIDS). The ILO Director-General and the UNAIDS Executive Director were joined at the event by Mr Grégoire Owona, Minister of Labour and Social Security of Cameroon, Ms Jacqueline Mugo, Executive Director of the Federation of Kenya Employers, Mr Luc Cortebeek, President of the Confédération des Syndicats Chrétiens and Deputy President of the ITUC, and Ms Françoise Ndayishimiye, Senior Gender Advisor at UNAIDS.

UNAIDS estimates that, globally, more than half of all those living with HIV are unaware of their HIV status, and therefore do not access treatment. The VCT@WORK initiative - Voluntary Counselling and Confidential Testing for workers - is part of the ILO's efforts to ensure that working women and men know their HIV status and can seek treatment if necessary. It aims to reach 5 million workers by 2015. The initiative contributes to the achievement of a global target - to provide antiretroviral treatment to 15 million people living with HIV by 2015 - one of the targets of the 2011 United Nations General Assembly Political Declaration on HIV and AIDS.

The VCT@WORK initiative is based on the guidelines and principles of the [ILO's Recommendation concerning HIV and AIDS and the World of Work \(No. 200\)](#). It is a global, public-private partnership involving ILO's tripartite constituents (governments, employers and workers) and networks of people living with HIV; and it aims to ensure workers', their families' and communities' access to HIV testing, counselling and treatment. The initiative builds on the ILO's ["Getting to Zero at Work" campaign](#), which seeks to protect the labour rights of people living with or affected by HIV, and to guarantee fair and equal treatment for all workers, regardless of their HIV status.



"We want to use the mobilizing power of the ILO to encourage five million working women and men to undertake voluntary HIV testing by 2015". He called upon all ministries of labour and employers' and workers' organizations to join forces and turn the target into a reality, adding "The countdown to 2015 has begun – let us make each day count!"

[Mr Guy Ryder] - ILO Director-General

"If workplaces embrace this new initiative it could signify one of the most important advances we have seen in expanding access to HIV testing within a healthy, enabling environment and linking to on-going support, including treatment."

[Mr Michel Sidibé] - UNAIDS Executive Director

The global HIV epidemic began over three decades ago, bringing fear, illness and death. The efforts of millions of people worldwide in the intervening years have changed attitudes to the epidemic: these are now increasingly optimistic, not despairing. At the end of 2013, an estimated 35 million were reported to be living with HIV.⁶ Globally, scaled-up HIV prevention, care and treatment efforts have improved people's quality of life and reduced the number of AIDS-related deaths and morbidity, leading to improved understanding, and less fear surrounding the epidemic. In 2012 1.6 million died from AIDS -related causes worldwide, compared to a peak of 2.3 million in 2005 - a 30 per cent reduction.⁷ Access to care and treatment continues to be scaled up: as of December 2012, an estimated 9.7 million people were on antiretroviral treatment (ART) in low- and middle-income countries – an increase of 1.6 million from December 2011.⁸ While the new World Health Organization (WHO) ART guidelines,⁹ released in June 2013, recommend earlier initiation of ART and use of simplified, more durable regimens, with the aim of maximizing the therapeutic and preventive benefits of ART; they also increase the estimated number of people eligible for ART - from some 15 million to 26 million.¹⁰ However, it is estimated that globally, around half of all people living with HIV are unaware of their HIV status, meaning that they do not access care and treatment.

Globally, prevention programmes have been scaled up in response to the HIV epidemic; this has included reaching key populations at higher risk,¹¹ such as sex workers, men who have sex with men, people who use drugs and people in sero-discordant relationships. Programmes and service delivery systems are seeking to comprehensively reach pregnant women and children.¹² While the emphasis is on early detection and care, along with expanding care, treatment and support services; universal access is yet to be achieved. HIV typically affects people between 15 and 49, the age group which is also the largest contributor to the economy, both through formal and informal work.

HIV stigmatization and discrimination persist, and fear of marginalization and rejection (and, in some cases, termination of employment) is the greatest known barrier to HIV testing. Fundamental work-related rights are often violated on the basis of real or perceived HIV status, particularly through discrimination and stigmatization directed at workers living with, or affected by, HIV. Stigmatization and discrimination against people living with, or affected by, HIV threaten fundamental rights to work, undermining opportunities for people to obtain decent work and sustainable employment.

The People Living with HIV Stigma Index reveals that HIV-related stigmatization and discrimination are as frequently, or more frequently, a cause of unemployment or denial of work opportunities as ill health in many national settings.¹³ This data clearly shows that HIV-related stigma, and discrimination, directly impede access to work for women and men living with HIV, specifically by: obstructing entry to the labour market, changing the type of work individuals are allowed to perform, preventing promotion to more senior positions, triggering people being fired from their jobs, and impeding access to adult education and training.

HIV stigma and discrimination at work

- 13 per cent (in Poland) to 40 per cent (in Kenya and Zambia) reported loss of job or source of income for some reason including HIV in the previous 12 months.
- 8 per cent (in Estonia) to 45 per cent (in Nigeria) lost their job or source of income. during the previous 12 months as a result of their HIV status alone
- 5 per cent (in Mexico) to 27 per cent (in Nigeria) were refused the opportunity to work.
- 4 per cent (in Estonia) to 28 per cent (in Kenya) had their nature of work changed or were denied promotion.
- 8 per cent (in Estonia) to 54 per cent (in Malaysia) reported discriminatory reactions from employers.
- 5 per cent (in Estonia) to 54 per cent (in Malaysia) reported discriminatory reactions from co-workers.

Source: Evidence brief, GNP+, 2012. Findings from the People Living with HIV Stigma Index.

Voluntary HIV testing needs to be scaled up significantly and the link to treatment and care for people who test HIV-positive must be strengthened. Workplaces can play a key role in this effort as they bring together a large number of women and men of reproductive age.¹⁴

Knowing their HIV status as early as possible enables workers to access available prevention, care, treatment and support services, and to live longer, more productive lives. In the words of Mr Guy Ryder, ILO Director-General, *“Decent work for all, including people living with HIV, is a cornerstone for getting to zero new infections, zero discrimination and zero AIDS-related deaths. We must act now to make all workplaces free from stigma and discrimination!”*

The VCT@WORK initiative is part of ILO and UNAIDS efforts to achieve Millennium Development Goal 6, as well as a global target set by the 2011 United Nations General Assembly Political Declaration on HIV and AIDS – to reach 15 million people living with HIV with lifesaving antiretroviral treatment by 2015.¹⁵ The Declaration commits States to advance human rights to reduce stigma, discrimination and violence related to HIV. It calls on governments to:

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

Countries are encouraged to implement the VCT@WORK initiative, taking into account the following priorities.

- consent
- confidentiality
- counselling
- connection to care¹⁶
- gender equality and women's empowerment
- meaningful engagement of people living with HIV
- inclusion of key populations

To ensure the success of the VCT@WORK initiative, it is crucial to integrate the principle of Greater Involvement of People Living with HIV (GIPA).¹⁷ The GIPA principle aims to realize the rights and responsibilities of people living with HIV, including their right to self-determination and participation in decision-making processes that affect their lives. GIPA also aims to enhance the quality and effectiveness of the HIV response. GIPA is key to the successful implementation of these operational guidelines - the experiences of people living with HIV should be shared and learnt from, and newly diagnosed HIV-positive people must be supported and linked to the continuum of care. In addition, the involvement of people living with HIV in this initiative will ensure that everything possible is done to reduce stigma in the workplace.

ILO standards, including Recommendation No. 200, promote the development and implementation of workplace initiatives that safeguard human rights.

The scope of the Recommendation is extremely broad; it aims to promote universal access to HIV-related services for all those working or with links to the workplace. For this reason, paragraph 1 of the Recommendation defines a “workplace” as any place in which workers perform their activity. Similarly, a “worker” is defined as any person working under any form or arrangement.

The Recommendation applies to:

(a) all workers working under all forms or arrangements, and at all workplaces, including:

- (i) persons in any employment or occupation;
- (ii) those in training, including interns and apprentices;
- (iii) volunteers;
- (iv) jobseekers and job applicants; and
- (v) laid-off and suspended workers;

(b) all sectors of economic activity, including the private and public sectors and the formal and informal economies; and

(c) armed forces and uniformed services.¹⁸ (See paragraph 2)

ILO Recommendation No. 200

The HIV and AIDS Recommendation, 2010 (No. 200)¹⁹ affirms the principle that there should be no mandatory HIV testing or screening for employment purposes, while encouraging workers to seek voluntary HIV counselling and testing and thus to be aware of their HIV status:

Prevention strategies should be adapted to national conditions and the type of workplace, and should take into account gender, cultural, social and economic concerns.²⁰ Prevention programmes should ensure, among other things, measures to encourage workers to know their own HIV status through voluntary counselling and testing.²¹

Voluntary and confidential HIV testing should only be conducted in accordance with the following principles set out in the Recommendation:

- Testing must be genuinely voluntary and free of any coercion and testing programmes must respect international guidelines on confidentiality, counselling and consent.²²
- HIV testing or other forms of screening for HIV should not be required of workers, including migrant workers, jobseekers and job applicants.²³ In addition there should be no screening relating to medical visits or medication taken which would reveal sero-status.
- The results of HIV testing should be confidential and not endanger access to jobs, tenure, job security or opportunities for advancement.²⁴
- Real or perceived HIV status should not be a ground of discrimination preventing the recruitment or continued employment, or the pursuit of equal opportunities consistent with the provisions of the Discrimination (Employment and Occupation) Convention, 1958 (No. 111).²⁵
- Real or perceived HIV status should not be a cause for termination of employment. Temporary absence from work because of illness or caregiving duties related to HIV or AIDS should be treated in the same way as absences for other health reasons, taking into account the Termination of Employment Convention, 1982.²⁶
- Workers, including migrant workers, jobseekers 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 other relevant international data protection standards.²⁷
- Measures should be taken in or through the workplace to reduce the transmission of HIV and alleviate its impact by, among other things, ensuring the effective confidentiality of personal data, including medical data.²⁸
- Migrant workers, or those seeking to migrate for employment, should not be excluded from migration by the countries of origin, of transit or of destination on the basis of their real or perceived HIV status.²⁹
- Persons with HIV-related illness should not be denied the possibility of continuing to carry out their work, with reasonable accommodation if necessary, for as long as they are medically fit to do so. Measures to redeploy such persons to work reasonably adapted to their abilities, to find other work through training or to facilitate their return to work should be encouraged, taking into consideration the relevant International Labour Organization and United Nations instruments.³⁰
- There should be no discrimination against workers or their dependants based on real or perceived HIV status in access to social security systems and occupational insurance schemes, or in relation to benefits under such schemes, including for health care and disability, and death and survivors' benefits.³¹

2- METHODOLOGY USED TO DEVELOP THE OPERATIONAL GUIDELINES

The idea of these guidelines was first discussed during a teleconference held by the multi-stakeholder IATT-WPPS, which is led by the ILO. While discussing the concept note of the VCT@WORK initiative, the IATT-WPPS agreed to develop a set of guidelines which could be used by implementers at all levels to ensure that the initiative be implemented within a framework which prioritized human rights. GNP+ was entrusted with the task of developing the guidelines, with input from national networks of people living with HIV and the members of the IATT-WPPS. The process adopted by GNP+ to develop the guidelines is outlined below.

2.1 Secondary data review

An extensive desk review was undertaken in order to better understand the HIV epidemic and response, particularly in the context of the world of work, to inform the development of the operational guidelines. Some 28 reports and other documents published by the ILO, UNAIDS, UN agencies, GNP+ and county-specific national programmes were reviewed (see Bibliography).

2.2 Primary data collection

Primary data was collected through country-level consultations run in partnership with networks of people living with HIV in India, Nigeria and South Africa - the three countries with the highest numbers of people living with HIV, and countries which implemented the VCT@WORK initiative in its 2013 pilot phase. Focus group discussions (FGDs) were held with people living with HIV, employers and decision makers. The consultations were undertaken by the Indian Network of People Living with HIV and AIDS (INP+), the Network of People Living with HIV and AIDS in Nigeria (NEPWHAN) and the South African National Association of People Living with HIV/AIDS (NAPWA) (see Annex 1 for more details about the organizations). Men and women were selected to participate in the FGDs based on a range of criteria, including:

- people recently diagnosed HIV-positive;
- people living with HIV who might have personally experienced stigma in the workplace;
- people living with HIV and belonging to key populations;
- people living with HIV and/or others who provided counselling, outreach or center-based care and support to people living with HIV;
- healthcare professionals providing HIV testing services;
- decision makers and leaders living with HIV; and
- human resource staff or local business leaders who were willing to discuss some of their concerns.³²

2.3 Input from stakeholders

The findings of the country consultations were incorporated into the draft operational guidelines, which were shared with GNP+, the three partner PLHIV country networks, the ILO and the IATT-WPPS for their review.

3- KEY FINDINGS OF THE COUNTRY CONSULTATIONS

The country consultations in India, Nigeria and South Africa were held and led by PLHIV networks, to ensure the involvement of the PLHIV community in the development of the operational guidelines. The consultations facilitated direct input, particularly the sharing of expertise, concerns and experiences relating to accessing, using and providing VCT. The inclusion of policymakers and decision makers from the business community in country-level discussions facilitated their input, allowing them to share their experiences and concerns regarding the implementation of HIV testing in and through workplaces. The key results of the consultation process are summarized in Table 1.

Table 1. Key priorities based on country consultations in the implementation of the VCT@WORK initiative

Priority	Explanation	Concerns about how these priorities have been overlooked ³³
voluntary	<p>HIV testing must be genuinely voluntary, and must only be conducted following a discussion between the healthcare provider and the client where the client consents, after he or she has been informed about the risks involved and about the preventive benefits of early detection. In the context of work, HIV testing should not be required at the time of recruitment or as a condition of continued employment. Any routine medical testing, such as fitness tests carried out prior to the commencement of employment or on a regular basis, should not include mandatory HIV testing.</p> <p>Note: In a clinical setting, a healthcare provider can recommend HIV testing and counselling (i.e. provider-initiated testing and counselling³⁴) for diagnostic purposes for all adults, adolescents, or children who present themselves at health facilities with signs or symptoms that could indicate HIV infection. HIV testing may also be recommended as part of the clinical evaluation of patients with sexually transmitted infections and during pregnancy, in order to identify the need for antiretroviral treatment or prophylaxis. Regardless of the type of testing or location, all HIV testing should always be carried out in conditions which respect the five Cs — Consent, Confidentiality, Counselling, Correct test results and linkage to Care.³⁵</p>	In some cases, HIV testing in the workplace has been part of routine medical examinations, either pre-employment or as part of annual medical check-ups. However, testing should not be carried out without genuine consent and counselling.
informed consent	Informed consent for HIV testing is where a client agrees to undergo HIV testing by giving his or her deliberate and autonomous permission to a healthcare provider to proceed with the proposed HIV testing procedure. This permission is based on an adequate understanding of the advantages, risks, potential consequences and implications of a HIV test result, which can be both positive and negative. This permission is entirely the choice of the client and can never be implied or presumed.	Clients must be able to give their informed consent in a language and format that are accessible to them – for example, in their first language, in writing, or, where there is proven fluency, in their second language. Appropriate measures must be taken to ensure that people with specific disabilities understand the process and possible outcomes. This is only one element of pre-test counselling.

confidentiality	Information gathered during clinical case taking and counselling must not be shared with any third party. An HIV test result must be reported only to the client, unless the client states that they wish to share the test result with a family member, partner or close friend. Confidentiality is defined as “the state of being private”. Maintaining a client’s privacy by restricting access to personal and confidential information, especially HIV test results, demonstrates sensitivity towards him or her and respect for his or her basic rights.	<p>Any potentially identifying information linked to an HIV test result must be handled exclusively by persons bound by professional confidentiality oaths. A breach of confidentiality with regard to a person’s HIV status can be a major issue in the workplace. There may be a general element of mistrust in a workplace and a person’s HIV status can become part of office gossip. This often leads to stigmatization and discrimination, which can be compounded if the person has tested positive, and/or belongs to, or is associated with, a particular key population.</p> <p>The fear of losing one’s job frequently looms large and has been well documented. The efficiency of staff who handle clients’ sensitive data (and who must keep their clients’ status confidential), along with adequate infrastructure to maintain privacy, are key concerns. In the FGDs, participants frequently provided examples of instances where they had experienced breaches of confidentiality.</p>
counselling	Pre- and post-test counselling are crucial elements of VCT. A well-trained and sensitized counsellor is vital to quality HIV testing. Often, healthcare or service providers do not possess the specialized skills needed to handle sensitive and complex cases of HIV-related stigmatization, discrimination and sexuality. Infrastructure constraints can also be an issue: inadequate space or privacy in the counselling room leads to low service follow-up by clients, for example.	Counselling sessions are often time-limited and fail to meet clients’ needs. Many counsellors do not understand the importance of maintaining confidentiality or the ethical reason for not disclosing a client’s HIV status, and often treat these duties casually.
convenience	The convenience of easily accessible, on-site HIV testing services can increase testing uptake among working populations. ³⁶ It can also make it easier to reach employees’ partners, spouses and children. However, increasing the convenience of VCT settings may also increase the risk of a breach of confidentiality, and the potential for intentional - or unintentional - coercion. Furthermore, on-site testing must be connected to care, treatment and support services – these links must be an integral part of the programme.	
connection to care, treatment and support services	With adequate referral systems in place, counsellors are able to direct a person newly diagnosed HIV-positive, or someone at risk, to the appropriate confidential service(s). The involvement of PLHIV, either as counsellors or as information providers, is key to ensuring that referrals are acted upon. A socially and culturally appropriate system to make sure that referrals are followed up can be devised (for example, a voluntary ‘buddy’ system whereby someone living with HIV accompanies someone recently diagnosed HIV-positive).	<p>Post-test systems are often not well developed or resourced. Generally post-test support is restricted to one counselling session where the test result is handed to the client and explained.</p> <p>Experience has shown that workplaces lack links to post-test services, such as CD4 monitoring, ART, nutrition support, psychosocial support, sexual and reproductive health services and services which explain clients’ rights to them.</p>
gender equality and women’s empowerment	HIV has many causes, including economic inequality, limited access to appropriate information, gender inequality, harmful cultural norms and social marginalization of the most vulnerable populations. The experience of VCT and being diagnosed HIV-positive may have adverse, or traumatic, consequences for a man or woman; may affect a person’s ability to seek services and support; and may lead to HIV-related discrimination and violence, including gender-based violence. Women (and men) should be offered the opportunity to be tested for HIV and should be supported to determine whether and when to test; they should also be given support to assert their rights to informed consent, confidentiality and freedom from coercion; and should be provided with appropriate care, treatment and support services.	

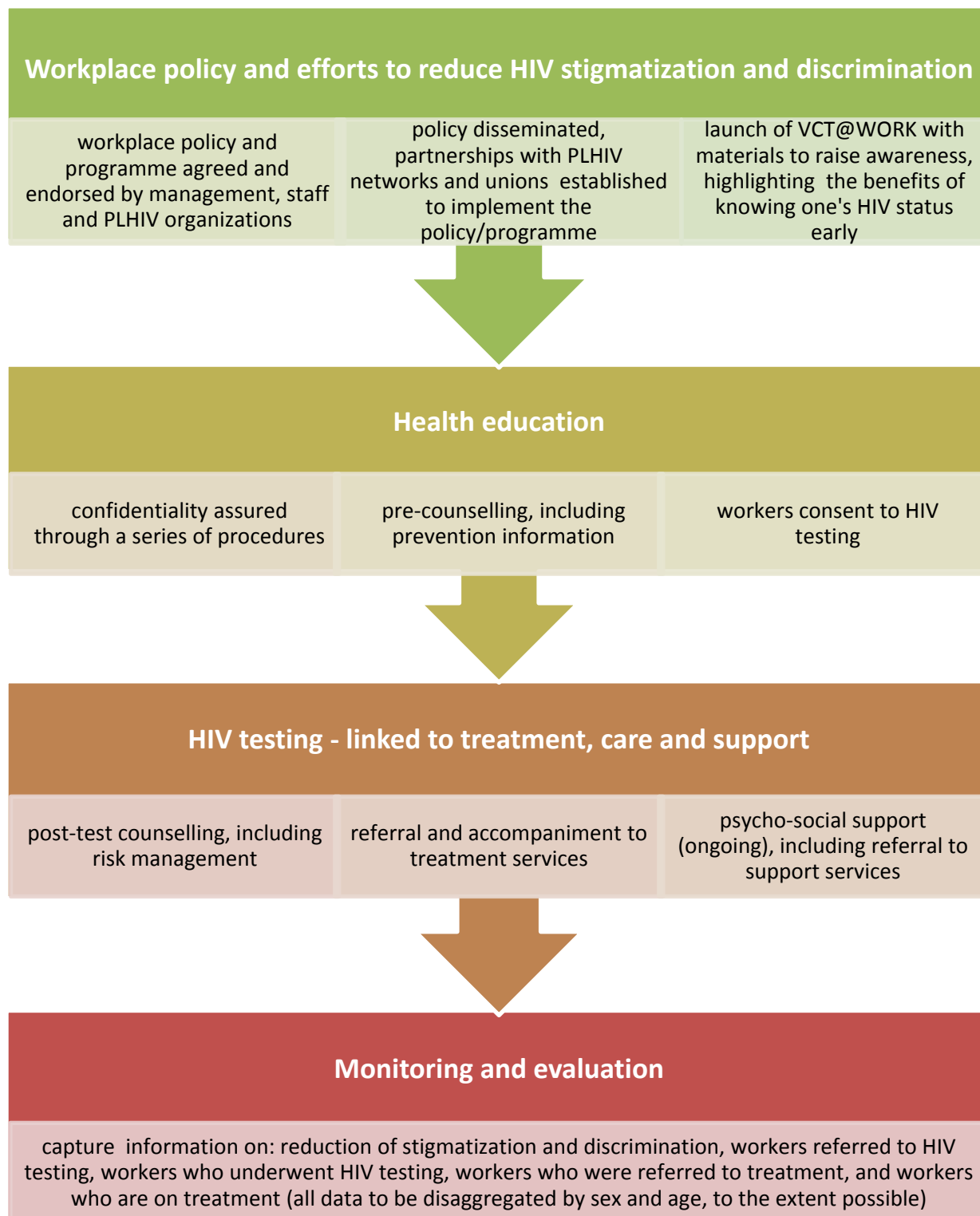
GIPA – Greater involvement of people living with HIV and inclusion of key populations	<p>People living with HIV and key populations are playing critical roles in the delivery of health services, supporting other people living with HIV and members of key populations, and participating in decision-making. An understanding of how people living with HIV and key populations are engaged in their communities is essential for a bottom-up HIV response. If people living with HIV and members of key populations are visible at the community level and have a voice, they can challenge discrimination and promote acceptance, as well as inclusion and leadership in different settings such as at home, in the workplace, in the healthcare arena and in local government.</p>	<p>Involvement of people living with HIV and key populations can tend to be tokenistic. However, it is vital that they have decision-making and advisory roles, and adequate resources to allow them to respond to the needs of new clients, ensure appropriate follow-up and offer links to care, treatment and support services.</p>
--	---	--

4- OPERATIONAL GUIDELINES

4.1 Operational flow chart

The flow chart in Table 2 represents the essential steps involved in respecting human rights in the implementation of the VCT@WORK initiative.

Table 2: Flow chart



4.2 Creating a supportive environment

Creating a supportive environment is essential for an effective VCT initiative. Below is a comprehensive description of the steps required to ensure that the programme is implemented effectively, and highlighting the need to tailor it to the workplace and country context.

4.2.1 A workplace policy

The first step for organizations is to develop an HIV and AIDS workplace policy. A workplace policy provides the framework for action to reduce HIV transmission and to manage the impact of HIV. Depending on the setting, the workplace policy may be detailed and solely address HIV and AIDS, setting out relevant policies and programmes; or it may be part of a wider policy or agreement on wellness or wellbeing in the workplace, occupational health and safety or working conditions. In all cases, an HIV and AIDS workplace policy needs to:

- commit to ensuring that there is no discrimination due to real or perceived HIV status, and commit to the protection of rights and gender equality, as per the principles in ILO Recommendation No. 200;
- explicitly commit to action;
- be consistent with national laws;
- lay down standards of behaviour for all employees, including management – and regardless of HIV status;
- provide guidance to supervisors, managers, unions and owners;
- assist employees to understand what support and care they will receive, so they are more likely to come forward for VCT;
- seek to prevent HIV transmission through prevention programmes; and
- assist the enterprise to plan and manage the impact of HIV, ultimately saving resources.

In addition, workplace policies must make it clear that real or perceived HIV status will not be used as grounds for discrimination, such as preventing the recruitment of, continued employment of, or pursuit of equal opportunities for, people living with or affected by HIV or AIDS; and practice must rigorously adhere to this. People living with HIV must not be denied the possibility of continuing to work. This may require the adoption of reasonable measures to accommodate people working for as long as they are medically fit to do so. Reasonable accommodation measures may include encouraging the redeployment of people living with, or affected by, HIV or AIDS to enable them to undertake work reasonably suited to their physical abilities, supporting them to find other work through training, or facilitating their return to work. There should be no discrimination against workers or their dependants based on real or perceived HIV status with regard to access to social security systems and occupational insurance schemes, or in relation to benefits under such schemes, including healthcare, and disability, death and survivors' benefits.

An HIV and AIDS workplace policy should include:

- clear processes and channels for addressing stigmatization and discrimination at the workplace;
- sector-specific, and organization-specific, policies, that address the type of labour performed, employment terms and conditions, and particular needs;

policies developed through a process of social dialogue based on cooperation and trust between employers and workers and their representatives, with the active involvement, at their workplace, of people living with HIV;³⁷

- mechanisms to address breaches of confidentiality;
- a commitment to voluntary, confidential HIV counselling and testing;
- a commitment to gender equality;
- a commitment to provide care, treatment and support services either through referrals or through company employee benefits and services; and
- GIPA as an integral part of the policy.

4.2.2 Education and sensitization

The workplace policy should provide the basis for a comprehensive gender-responsive workplace programme, adapted to context, which should combine HIV awareness-raising and training on HIV prevention, treatment and care with the protection of the rights of people living with HIV. Staff education and awareness-raising, and a policy of zero tolerance for HIV stigmatization and discrimination, are key to changing stigmatizing attitudes that may be held by both employers and employees. A non-judgmental work environment will facilitate the uptake of VCT and reassure employees that they will not be discriminated against in the workplace.

User-friendly, good quality IEC materials which address gender dimensions should be developed and made available, along with appropriately tailored behaviour change messages; all these materials should take into account the particular characteristics, needs and concerns of the workforce. It may be challenging for informal workplaces to allocate funds for the development of such material. However, IEC packages can often be accessed free of charge from national AIDS commissions and other organizations engaged with HIV and AIDS. In all cases, it is essential to pre-test materials and make any necessary adaptations before disseminating them. It will be practical, as well as strategic, to work with the local networks of people living with HIV to source and/or develop IEC materials, and to deliver training programmes or use creative ways (such as role plays, theatre or debates) to provide up-to-date HIV-related information to the workforce.

The workplace policy should be linked to a training package for both managers and staff to ensure that all employees know their rights and obligations under the policy. It is essential to develop strong links with organizations that have appropriate expertise and sensitivity, and workplaces should form partnerships with networks of people living with HIV, unions and specialist organizations who run workplace training. Workplace training should include:

- management sensitization;
- regular, peer-led awareness-raising sessions for all workers;
- at workplaces with healthcare services, the provision of training and capacity-building for their healthcare providers is essential. Training should particularly emphasize client rights (such as the right to privacy and confidentiality), the dangers of stigmatization and discrimination, treatment protocols, the adoption of universal precautions, respect for confidentiality, the management of referrals, quality assurance and implementation of standard operating procedures (SOPs) and gender-related aspects of VCT;
- the development of a strong referral system for VCT and ART; and
- the development of a system for monitoring and evaluating the workplace policy and related programmes, including VCT programmes.

4.3 Greater and meaningful involvement

Greater and meaningful involvement of people living with HIV in decision-making and implementation at all levels is essential. This includes establishing strong partnerships and collaborating with national network(s) of people living with HIV, and establishing or supporting peer or volunteer support groups to create an enabling environment for community mobilization and to provide support to people living with HIV, particularly to people who are newly diagnosed HIV-positive.

The following are examples of initiatives that closely engage networks of people living with HIV in both the development and the implementation of the VCT@WORK initiative.

Indonesia: The ILO is working with networks of people living with HIV and groups that represent key affected populations: the Indonesian Positive Women Network; networks of people who use drugs; networks of gay and transgender people and MSM; and an Indonesian sex workers' organization.

The work has primarily focussed on training and capacity building to develop and strengthen social protection schemes, and on research on areas such as income subsidies and health coverage. Networks and groups are providing links to HIV treatment services and are themselves providing counselling on HIV treatment and adherence. Networks are also engaged in training for enterprises on HIV policy development, HIV prevention and VCT promotion. IEC materials for enterprises that have been developed include a listing of available support groups that offer services to people living with HIV. In addition, the government-funded VCT centres now provide referrals to these same networks and groups within the context of treatment referrals.

Tanzania: The National Council of People Living with HIV and AIDS (NACOPHA) is a member of the Tripartite Plus Forum for HIV and AIDS in the World of Work (TPF), which meets on a quarterly basis. The TPF takes strategic decisions with regard to workplace initiatives on HIV and AIDS.

Ghana: The National Association of People Living With HIV (NAP+) and the Network of Teachers and Educational Workers on HIV/AIDS Ghana (NETEWAG) are working closely with the ILO. NAP+ was a member of the Project Advisory Board for an ILO project from 2004 – 2008; and also a member of the Project Advisory Board of the ILO/Ghana AIDS Commission (GAC)/Global Fund HIV and AIDS Workplace Project focusing on the informal economy, from 2010 – 2013. The ILO worked closely with NETEWAG on the revision of the National Workplace Policy on HIV and AIDS for the Ministry of Education, and NETEWAG also provided its support to a programme on teachers living with and affected by HIV in West and Central Africa. In addition, both NAP+ and NETEWAG are collaborating on the VCT initiative.

Thailand: The ILO is working with the Thai Network of People Living with HIV/AIDS (TNP+) and the Thai Red Cross to offer community-based HIV counselling on worksites which offer VCT and provide referrals to treatment services. The ILO is also working with the Foundation for AIDS Rights (FAR) to address stigma and discrimination in the health sector. Through this collaboration with people living with HIV, research has been conducted in hospitals in three provinces. In addition, FAR, in collaboration with the ILO, has conducted advocacy to address various issues identified as leading to discrimination in healthcare settings.

India: The ILO is working closely with the Indian Network of People Living with HIV and AIDS (INP+). INP+ has been a member of the ILO Programme Management Team since 2001 and has worked with the ILO on advocacy at workplaces, including on the “Getting to Zero at Work” campaign. The ILO has run training for INP+ and its state-level affiliates on workplace advocacy, and they regularly participate in workplace training and advocacy efforts, including the VCT@WORK initiative.

4.4 Respecting confidentiality

Breaches of confidentiality, either by colleagues or service providers, lead to people living with HIV facing discrimination on several fronts, including at work - which may ultimately lead to the denial or loss of jobs. Workers are more likely to undergo HIV testing when they are fully assured that their HIV status will remain completely confidential; that they will not face discrimination; and that their jobs will be secure regardless of their test result. Respect for confidentiality, therefore, is an essential element in the VCT@WORK initiative.

ILO Recommendation No. 200, in its section on testing, privacy and confidentiality, states the following:

- Testing must be genuinely voluntary and free of any coercion and testing programmes must respect international guidelines on confidentiality, counselling and consent;
- HIV testing or other forms of screening for HIV should not be required of workers, including migrant workers, jobseekers and job applicants;
- The results of HIV testing should be confidential and not endanger access to jobs, tenure, job security or opportunities for advancement;
- Workers, including migrant workers, jobseekers and job applicants, should not be required by countries of origin, of transit or of destination 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 other relevant international data protection standards.

“I have been living with HIV for over 12 years. I got a job at one enterprise. I tried not to think about my status and focused entirely on my work. One night during an office party, I confided in a colleague that I trusted. But he told everything to the general manager who invited me to his office the next day and asked me to resign voluntarily because of my HIV status. I was taken aback by his words. I explained to him that I was not dangerous, neither for him nor for others. He did not want to listen to me. I told him firmly that I would not resign and that he does not have a right to fire me due to my HIV status. Finally he said: ‘Fine, keep working.’ I thought that he had understood me but I was totally mistaken.

In two days’ time I was sent on a business trip without any official documents since the chief accountant was out of the office. I was promised that all papers will be fixed upon my return. So I went on a trip without any second thought. Upon my return in one week the general manager told me that I am fired due to unauthorized absence. I was shocked, how come – unauthorized absence, I was on a business trip! He said – where are the documents confirming that you were on a business trip? I have witnesses that you were absent. Anyhow after a long dispute, I realized that they just wanted to get rid of me. And, they succeeded.”

- A person living with HIV, Russia

4.5 How to ensure confidentiality

The following are some ways that workplaces and organizations can better ensure confidentiality at work.

- implement policies in line with Recommendation No. 200 and the ILO code of practice;
- review systems and practices, and take appropriate measures to ensure the privacy and confidentiality of medical records, including HIV status and related information;
- as part of workplace education and training sessions, hold discussions with managers, employees, union representatives and service providers about the need to respect confidentiality;
- organize training for service providers, particularly for human resources and medical staff;
- ensure that the management's commitment to confidentiality, at the highest level, is clearly demonstrated, and consistently give the message that there is no obligation on the part of employees to inform the management of their HIV status.

4.6 How to strengthen the route to treatment and care

Organizations can take action to ensure that a route to HIV treatment and further care is well established within the framework of VCT@WORK. Primarily, it is critical to establish strong partnerships with both public and private sector HIV treatment providers. Below are some practical steps that can be taken.

- have maps around the workplace showing the VCT service providers and ART centres that are located in the vicinity or are easily accessible;
- meet the local service providers at VCT and ART centres and establish strong referral links;
- engage with networks of people living with HIV and other HIV service organizations to strengthen the links to HIV care and treatment;
- organize regular meetings of the male and female peer educators at workplaces, the HIV staff committee members and the staff at the nearby ART centres and other VCT providers;
- obtain feedback from the male and female workers who are referred for HIV testing on how they were treated by service providers;
- organize periodic visits for workplace peer educators to VCT and ART centres, and invite staff of VCT and ART centres to participate in workplace education sessions;
- display information about VCT and ART centres at workplaces through communication materials such as posters, leaflets, emails or newsletters and mobile phone messages;
- ensure that the monitoring and evaluation system includes data collection (sex-disaggregated) regarding referrals to and from VCT to ART centres.

4.7 Gender equality and women's empowerment

Gender inequalities can become barriers to access to HIV services, preventing women and men from accessing prevention, treatment, care and support services. Gender equality and women's empowerment must be at the centre of efforts under the VCT@WORK initiative, building on the principles of the HIV and AIDS Recommendation. Paragraph 14 of the Recommendation specifically calls for measures to be taken in or through workplaces to

reduce transmission of HIV and alleviate its impact by: ensuring gender equality and the empowerment of women; preventing and prohibiting violence and harassment in the workplace; and promoting the protection of sexual and reproductive health and sexual and reproductive rights for both women and men. Moreover, active participation of both women and men in shaping the VCT@WORK initiative is important, together with the involvement and empowerment of all workers, regardless of sexual orientation or whether or not they belong to a vulnerable group. In order to address the needs of the people concerned, inclusion and equality are pre-requisites.

The workplace has an important role to play in providing comprehensive education programmes to help both women and men understand, and reduce the risk of, HIV transmission, including transmission from mothers, or parent-to-child transmission.³⁸ Prevention of vertical transmission of HIV is an important aspect of VCT. Most pregnant women do not know their HIV status, and awareness is key to facilitating timely access to treatment for expectant mothers, and their partners in need of ART. Workplaces thus have a critical role to play in preventing vertical transmission through the VCT@WORK initiative, not only should they provide equitable access to VCT services, but also, when a mother living with HIV is encouraged to breastfeed as the best option for her infant, it is critical that they support breastfeeding after her return to work.³⁹

Below are a number of questions that help to address some gender equality related concerns, in the context of VCT. These practical questions are based on the UNAIDS gender assessment tool.⁴⁰

- Does the HIV policy reflect a commitment to gender equality and recognize issues of gender identity and sexual orientation?
- Are some of the following concerns about the provision of HIV services addressed by the policy, demonstrating its commitment equality?
 - inequality in access to services between women/girls (including transgender people) and men/boys;
 - stigmatization and discrimination against people living with HIV - particularly women and girls living with, or women affected by, HIV (including transgender people); and
 - stigmatization and discrimination against key populations?
- Are gender-related impediments or discrimination that restrict the access to, use of or adherence to prevention services for women, girls, men, boys and key populations identified and addressed?
- Do the services respect, promote and protect the rights of women, girls, men, boys and key populations in a way that is independent of marital status, profession and age?
- Are the services equally accessible for women, men and key populations? If not, what gender-related factors are limiting or impeding accesses?
- Are networks and organizations representing people living with HIV, women's rights, sexual and reproductive health, gender equality, youth and key populations (MSM, sex workers, people who inject drugs, and transgender people) engaged as partners - including in the design and implementation of activities?
- Is there gender parity among providers of care and support at the workplace and community levels?
- Do services address the link between gender-based violence and the heightened risk of HIV transmission, and expand awareness on national policy on violence, and attempt to ensure that it is respected?

- Do services address vertical transmission of HIV and engage both women and men in their efforts?

4.8 Ensuring access for key populations

Key populations, including men who have sex with men, women and men sex workers and injecting drug users, face several barriers to accessing VCT. Punitive laws in several countries that criminalize - for example - homosexuality, drug use and sex work, create obstacles for key populations, hindering their access to HIV services. Some of the specific challenges include multi-layered stigma, based on their sexual orientation and real or perceived HIV status, which can lead to discrimination at workplaces and discrimination by healthcare workers. Any VCT initiative needs to be cognizant of these challenges, and must make efforts to create an enabling environment where key populations can better access VCT services. The following are some of the steps that workplace programmes can take to effectively integrate key populations into programmes to better serve their needs:

- ensure that key populations' right to work and to access services without any discrimination are enshrined in workplace policies;
- make efforts to understand the attitudes among workers towards key populations, and implement sensitization and training programmes for workers, as well as for service providers, to dispel stigmatizing and discriminatory attitudes;
- liaise with organizations of key populations and invite them to participate in the workplace education sessions;
- establish partnerships with non-governmental and community-based organizations involved in implementing HIV initiatives with key populations; and
- strengthen advocacy efforts to change punitive laws that criminalize sex work, homosexuality and injecting drug use, wherever they exist.

4.9 Service integration

HIV workplace programmes can be implemented in the way that is best suited to existing organizational policies and initiatives – in other words, HIV and AIDS programming can be integrated into what is already in place. The point of departure for this is always to ensure that discrimination based on real or perceived HIV status is avoided at all costs. There may be number of ways to ensure the integration of services; some of these are proposed below and may be relevant for workplaces in the formal or informal economy:

- integrate HIV education into the organization's existing education and training efforts;
- integrate HIV and AIDS education into the workplace's occupational safety and health programme, if such a programme exists;
- integrate HIV and AIDS education and prevention into the workplace wellness programme, if such a programme exists;
- address HIV and AIDS in an organization's corporate social responsibility initiatives;
- integrate HIV into other health-related programmes, such as reproductive and child health programmes;
- integrate HIV into other development initiatives in areas including employment creation, poverty reduction, women's empowerment, and social protection;
- expand public and private companies' corporate social responsibility initiatives to cover contractual workers as well as workers in their supply chains.

In India, 14 large corporate groups have set up a comprehensive workplace programme with support from the ILO. The programme covers nearly 200 workplaces, reaching out to more than 150,000 working women and men.



International
Labour
Organization

“There is no room for HIV- related discrimination in my company. We are seeing the benefits of our action on HIV and AIDS. You want to do it as well. Come and talk to us.”



Vinita Singhania,
MD,
JK Lakshmi Cement Ltd.



Dr. Raghupati Singhania,
VCMD,
JK Tyre Ltd.



Manu Arand,
President,
PepsiCo India



Ajay Kapoor,
CEO,
Ambuja Cement



Sunjay Kapoor, VCMD,
Sona Koyo
Steering Systems Ltd.



Shyam S. Bharta,
CMD,
Jubilant Life Sciences Ltd.



Arun Bharat Ram
Chairman,
SRF Foundation.



D. P. Agarwal
Chairman,
TCIL.



Implement the ILO Recommendation
on HIV and AIDS (No. 200)
www.ilo.org/hivaidindia

These corporate groups are implementing a workplace policy that ensures non-discrimination. Programmes are implemented at the cost of the companies and also cover their contractual workers – workers in the informal economy.

4.10 Establishing a national steering committee

The VCT@WORK initiative should be overseen by a national steering committee comprising relevant government ministries, particularly ministries of labour and of health (through national AIDS commissions, where they exist); employers and workers' organizations; relevant civil society organizations, including networks of people living with HIV; UNAIDS; and the ILO. In some countries national Tripartite Plus structures, which aim to facilitate coordination and implementation of activities in the world of work are already in place. For example, some countries have national steering committees on HIV and AIDS and the world of work, which aim to oversee implementation of national workplace policies. The terms of reference of such existing committees can be expanded to cover the VCT@WORK initiative.

The national steering committee should plan and implement the VCT@WORK initiative and actively form partnerships, including with multilateral and bilateral donor agencies. People living with HIV must participate throughout the entire planning and implementation processes, including in partnership-building, strategic planning, budgeting and resource allocation, as well as programme coordination, monitoring and evaluation.

Broadly, the national steering committee should:

- define its terms of reference and ensure that the programme objectives, components and principles are well understood and that the scope of its partnerships is clearly defined;
- develop the work plan for the VCT@WORK initiative - including its geographical and sectoral focus, the role of partners, indicators and timeframes;
- develop a monitoring and evaluation plan for the VCT@WORK initiative that is in line with the national monitoring and evaluation system, so that data related to workers' testing can flow into the national system managed by national aids programmes;
- oversee the implementation of the VCT@WORK initiative, which includes providing support (logistical, technical and emotional) to staff involved;
- coordinate, and plan the roll out of, the initiative, in collaboration with relevant partners, including mobilization of resources to all stakeholders (national and international), and regular reporting to international partners (such as the ILO and GNP+) to ensure consistency with other country initiatives;
- act in an advisory capacity to stakeholders involved in the VCT@WORK initiative in line with the overall national policy on HIV and AIDS and the world of work; and
- review and share good practices and lessons learnt.

Technical assistance can always be provided at the global level by the ILO, ITUC and GNP+, or by regional partners, including the ILO and ITUC regional offices and regional networks of people living with HIV.

Commitment and leadership from relevant government ministries and institutions, businesses, employers' and workers' organizations, as well as enterprises taking part in the VCT@WORK initiative, is key to its success. It is essential that management teams are fully aware of the need for, the benefits of, as well as the principles underpinning the VCT@WORK initiative. Management can gain an understanding of these principles by working closely with, or participating in, the national steering committee. Other ways to increase understanding of the principles include inviting members of the national steering

committee to participate in workplace programmes, training, VCT events and special events such as World AIDS Day.

4.11 Allocation of resources

Adequate human and financial resources are essential to operationalize VCT@WORK. These will vary according to the scale and nature of the programme – specifically, this will depend on whether VCT services are provided through workplace healthcare services or whether patients are referred to other providers. Management must factor in the workload, and staff requirements (technical and non-technical), such as the need to reassign existing staff, or engage new or part-time staff; and will need to consider such matters as remuneration and incentives. The sub-sections below provide an indication of the resources that will be required.

4.11.1 Human resources

Human resources are the face of the VCT programme and both the right mix of skills and temperaments are imperative to its success. Staff should function well as a unit, and should meet regularly to improve service delivery, quality and acceptability. The composition of this group will vary depending on the workplace setting and context. The following staff are crucial, whether they are available at workplaces or through partner organizations that provides VCT and ART to workers under a referral arrangement.

Medical officer

The medical officer must have a non-discriminatory attitude, should have HIV experience, and should be trained in treatment and management of sexually transmitted infections (STIs), reproductive tract infections (RTIs), opportunistic infections (OIs) and ART.

Counsellor

The counsellor is the front line of the VCT programme. He or she should have appropriate professional qualifications and should have received training in HIV counselling - if entrusted with the task of HIV counselling. The counsellor plays an important role, particularly as he or she:

- provides pre- and post-HIV test counselling and is responsible for ensuring confidentiality;
- provides psychosocial support;
- supports HIV-positive clients to live positively with their diagnosis;
- provides advice to the extended family of an HIV-positive client, upon the client's request, and facilitates partner notification, as appropriate and in line with the principles of consent and confidentiality; and
- provides information about treatment of opportunistic infections and ART, and makes referrals.

Community counsellor

Individuals from the target community who possess the requisite qualifications, training and skills can be engaged as counsellors in workplace health services, VCT centres and within communities more generally. People living with HIV and people from key populations can make good community counsellors.

Interventions and projects across the globe have shown that involvement of target community members creates a sense of ease and trust and increases understanding of the issues in the community.

Peer groups or volunteers

Peer groups and volunteers can play a critical role in promoting access to services. Information and referral services delivered by VCT@WORK programmes or other providers should be publicized in the workplace so as to generate demand. Male and female volunteers or peer groups can be engaged to disseminate information.

Training and capacity building

All staff involved with VCT must attend appropriate training that is conducted in accordance with national guidelines. Sensitization, education, training and capacity-building needs should be identified through a training needs assessment - and existing modules can be adapted to meet those needs. More specific modules can also be developed to meet specific needs, using available resources. The involvement of people living with HIV as trainers is key, as they can help others to understand HIV-related emotional and psychosocial issues, and this is considered good practice. Specific areas of training include the following.

- Staff must be sensitized about specific HIV-related issues, including the importance of HIV counselling, confidentiality, post-exposure prophylaxis (PEP), universal precautions and maintaining a respectful and non-discriminatory attitude towards people living with HIV. Training should also include topics such as gender equality, gender-based violence and sexuality.
- Counsellors should attend several training sessions or refresher programmes which should cover VCT protocols - in order to deliver effective counselling.
- Specific skills-building sessions focussed on such areas as time management, client interaction and body language should be provided to all staff who interact with clients.

4.11.2 Infrastructure

Referral systems are critical for smaller businesses and informal workplaces. In addition, as their capacity to respond to HIV might be limited, local organizations can help by providing access to IEC materials, including information about available VCT and support services. It is also important to link up with national VCT efforts and ensure that initiatives reach informal workplaces.

In workplaces that have healthcare facilities, adequate infrastructure is vital to the operationalization of VCT. Infrastructure requirements will vary, according to the programme offered and companies' premises – factors such as size and location must be considered. The management will need to factor in the availability of space, the accessibility of services' location, visibility, and other considerations such as ventilation and the availability of utilities, including electricity and water. Services must be available at times that will ensure maximum uptake. Spaces to be considered include:

- **Clinic room:** The clinic room is where the medical officer sees clients, and it needs to be well equipped - with an examination table, the necessary screening equipment and clinical management protocols displayed on the walls.
- **Counselling room:** The counselling room should be an enclosed space which offers complete privacy, especially audio privacy.

The room must be equipped with adequate seating and a storage facility for keeping client data confidential. IEC materials such as posters, stickers, condom demonstration models and leaflets or pamphlets to be taken away can be displayed.

- **Testing room:** The testing room is for blood collection and testing of samples, and should provide privacy. There should be a secure storage facility for clients' confidential data, laboratory equipment and supplies, as well as the necessary facilities to maintain universal precautions and safely manage biomedical waste.

4.12 Ensuring high quality services

High quality services are professional and offer complete confidentiality. The safety of clients and staff who carry out VCT must be guaranteed. The following standard operating procedures (SOPs) should be applied, in conjunction with national guidelines.

Universal safety precautions: Staff who conduct HIV testing and those who work in laboratories should observe simple precautions when handling blood and blood products. These include:

- using gloves when handling blood samples;
- using disposable needles and syringes for drawing blood;
- practising routine hand-washing before and after any contact with blood samples; and
- disposing of sharp instruments safely as per SOPs, for example, discarding disposable syringes in a puncture-resistant container after disinfection with bleach solution.

A source of clean water should be maintained in areas where such work is undertaken.

Post-exposure prophylaxis (PEP): In accordance with WHO and ILO guidance, when any staff member is accidentally exposed to HIV, post-exposure prophylaxis should be initiated as soon as possible, within a few hours, and no later than 72 hours after the potential exposure.⁴¹ It is important to ensure that healthcare staff are aware of PEP protocol.

Disinfection and sterilization: Healthcare workers should adhere to disinfection and sterilization standards. In line with WHO guidance, all reusable supplies and equipment should be sterilized, or disinfected by washing with soap and bleach solution.⁴²

Waste management: Hospital waste refers to biomedical, clinical, pathological, infectious, non-hazardous, biodegradable kitchen and non-biodegradable waste. It is advisable to use colour-coded containers to dispose of waste material, and if governments have their own colour-coding systems, these should be used. Disposable items such as gloves, syringes, intravenous bottles and catheters must be shredded, cut or mutilated. This ensures that they are not recycled or reused. Liquid pathological waste such as blood and serum should be treated with a chemical disinfectant. The solution should then be treated with a reagent to neutralize it. This can then be flushed into the sewage system.⁴³

In addition to following the above guidance on standard operating procedures, VCT programmes should address the following to ensure high quality service:

Counselling services: The counselling component of VCT provides the basis for HIV prevention, care and treatment. It prepares clients and patients to receive their test results and to make necessary adjustments. It is therefore imperative that VCT counselling service are comprehensive and effective. The actual length of counselling sessions may vary depending on the specific needs of clients. However, every VCT counselling session should involve open, non-judgmental interaction between the counsellor and the client(s), with the aim of providing emotional and social support. Support for, and supervision of, counsellors, is also important for preventing 'burn out' and ensuring counsellors' capacity to maintain high quality communication with clients.

Confidentiality: Steps to ensure confidentiality include the following.

- Staff who come into contact with HIV test results must have signed a confidentiality agreement, and disciplinary procedures must be in place to deal with breaches of confidentiality.
- A simple coding system to maintain the confidentiality of client records can be established.
- Client records should be stored in a secure, separate facility so that they do not become part of personnel files held by the company or firm.

Logistics management: Quality logistics includes realistic forecasting regarding the quantities of HIV testing supplies (including test kits) and drugs (including ART) that will be needed; timely procurement of supplies; the maintenance of adequate stocks, that are not out-of-date; proper storage of supplies; strong accountability systems; as well as guarantees that HIV testing supplies are delivered to VCT facilities in the right quantities and conditions, and on time. VCT services must take responsibility for the accurate and timely procurement of HIV testing supplies, the appropriate storage of supplies (including accurate stock rotation), as well as record-keeping and reporting.

Data management: Proper data management is one of the most important elements of ensuring the quality of VCT services. In order to improve the quality of services, accurate measures of current performance must be maintained. Data on any aspect of VCT service provision, in the form of, for example, client cards, client and laboratory registers, stock registers and logbooks, must be up-to-date and accurate. Key elements of quality data management include:

- accurate recording or data collection by trained VCT service providers;
- timely reporting;
- appropriate data entry at both service delivery and regional/district/provincial level;
- secure, confidential data storage; and
- data analysis and the provision of feedback to relevant stakeholders and individuals.

Regular data audits may be performed by management at service delivery level to ensure quality data management.

4.13 Referral to prevention, treatment, care and support services

In addition to small businesses and those in informal settings (and workplaces without their own healthcare services) having the capacity to refer clients to VCT services, the VCT@WORK initiative entails, as an essential component, a comprehensive referral

system to centres which offer services that are beyond the capacity of VCT facilities. Referrals to centres within the catchment area of the workplace may thus be required as part of the VCT@WORK initiative. There should be the capacity for referrals to services that prevent mother-to-child transmission, hospitals and clinics with specialist HIV services, TB and viral hepatitis management services, and pharmacies which dispense ART and PEP.

Additional services to which referrals may be required are care and support services for additional counselling and peer support, as well as services for key populations, women and young people. All clients should be made aware of where they can access HIV testing facilities, as well as services for broader sexual and reproductive health needs, outside of the workplace.

Networks of people living with HIV, and related associations, will be able to advise and lead on ways that the VCT@WORK initiative can extend its assistance beyond the usual remit of VCT programmes and help newly diagnosed HIV-positive people access care, treatment and support services. In addition, networks of people living with HIV will be able to share what works well in particular contexts. For example, in some countries peer accompaniment (or buddy) systems have been developed to strengthen links to care, treatment and support services, and their follow-up.

4.14 Monitoring and evaluation

It is important to capture (age- and sex-disaggregated) information about the number of workers able to transition from testing in and through workplaces to actual healthcare settings. Monitoring and evaluation (M&E) ⁴⁴ is essential for the effective management and improvement of VCT services. Specifically:

- It is essential to ensure that referral processes effectively link HIV-positive people to care, treatment and support services. Tracking such links to care, allows programmes, including referral services, to develop mechanisms to retain and re-engage people who are in need of care.
- M&E reveals trends relating to programmes and projects. This type of information can guide priority-setting and enable focussed resource allocation at the local and national levels.
- National M&E systems should be strengthened to enable them to capture data about testing of workers, and information should flow from workplaces to national systems. It is important, therefore, to link with national systems, through strong partnerships with relevant stakeholders.
- If the national M&E system includes VCT information, this can be analysed, used to answer critical questions about the HIV epidemic in the workplace context and inform programmatic decisions.

All VCT service providers should put in place an ongoing, well thought-out and systematic approach to monitor, assess and improve the quality of services. M&E systems need to include periodic data collection, analysis, and interpretation of data at all levels of the VCT structure, along with the production of written reports. Monitoring and evaluation can be done under the guidance of an M&E committee and can include:

- conducting client satisfaction surveys (about services they have used);
- interviewing a sample of clients to assess clients' knowledge and attitudes prior to and after counselling;

- working with healthcare providers to track whether people were tested through the VCT@WORK initiative;
- working with PLHIV networks and trade unions to track the impact of the VCT@WORK initiative on their services, as well as community perceptions of the VCT@WORK initiative; and
- involving external experts, including people living with HIV, as members of M&E committees that conduct periodic evaluations.

Workplaces should develop their monitoring and evaluation systems in collaboration with national AIDS programmes so that data about service uptake by women and men workers flows into national monitoring and evaluation systems. Broadly, the systems should capture age- and sex-disaggregated information on the following indicators:

- reduction of stigmatization and discrimination at work;
- numbers of workers referred to HIV testing;
- numbers of workers who take HIV tests;
- numbers of workers referred for treatment; and
- numbers of workers receiving treatment.

5- RECOMMENDATIONS FOR IMPLEMENTERS

A list of key recommendations has been developed to support those implementing VCT@WORK programmes to ensure that human rights are respected throughout the process.

- 1) Ensure meaningful participation of people living with HIV from the very beginning of the process by securing the involvement and support of local and national networks of people living with HIV and key populations, where possible.
- 2) Build strong partnerships by establishing national, sectoral and workplace-level steering committees comprised of management, workers' and employers' representatives, people living with HIV, relevant government bodies (such as national AIDS commissions and ministries of labour) and other international development organizations concerned with this issue.
- 3) Ensure that comprehensive, gender-responsive workplace policies are developed in consultation with employers' and workers' representatives, and with input from all stakeholders, including people living with HIV and employees.
- 4) Ensure dissemination and implementation of the HIV workplace policy "in letter and in spirit".
- 5) Create an environment conducive to the successful rollout of the VCT@WORK initiative by enlisting the meaningful participation of management and employees. For example, assure employees that HIV will never be grounds for dismissal and ensure that workplaces are stigma-free.
- 6) Build partnerships between workplaces, VCT service providers and ART centres that have been approved by national AIDS commissions; and follow national protocol regarding VCT.
- 7) Provide adequate infrastructure and facilities for VCT and/or for referral to appropriate VCT services, depending on the workplace.
- 8) In workplaces with on-site healthcare facilities, ensure that there are additional staff who possess qualifications and skills which enable them to deal with clients who come in for voluntary, confidential HIV counselling and testing – they must provide services in line with the five Cs — Consent, Confidentiality, Counselling, Correct test results and link to Care.⁴⁵ For workplaces without health services (such as small or informal workplaces), take steps to ensure that referrals to available VCT services can be made. In all workplaces, raise awareness about HIV among all staff and create a discrimination-free atmosphere.
- 9) Before the programme begins, allocate resources for: training and capacity building of staff; mobilization; and information, education and communication (IEC) activities.
- 10) Monitor the quality of service delivery and the quality of data, and ensure that standard operating procedures (SOPs) are implemented as per theses operational guidelines and national policies.
- 11) Support peer-led (in this case employee-led) mobilization; it is the most effective way to ensure successful programme outcomes and is a useful way to generate demand. Engage both women and men as peers.

12) Establish good referral systems and links to other service providers to meet clients' different needs.

13) Allocate resources to ensure that effective follow-up care is provided to people newly diagnosed HIV-positive.

14) Work with national AIDS programmes to ensure that data related to testing of workers is captured in the national monitoring and evaluation system and used to inform programmatic decisions.

6- EFFECTIVE IMPLEMENTATION OF VCT@WORK: A CHECKLIST

To ensure the effective implementation of the VCT@WORK initiative, all points in the checklist below must be addressed.

1. A workplace policy based on the key principles of ILO Recommendation No. 200 is in place.
2. A representative committee, involving people living with HIV and unions, is in place to review the implementation of the workplace policy and the VCT@WORK initiative.
3. The policy has been disseminated to workers, and it is openly displayed at the workplace.
4. Regular education and training programmes take place at the workplace.
5. Efforts have been made to ensure the confidentiality of HIV information.
6. Management is committed to ensuring zero discrimination based on HIV and AIDS, sexual orientation or gender identity.
7. Management is committed to promote gender equality.
8. Partnerships with VCT providers are well established.
9. Links to ART centres are well established.
10. A monitoring and evaluation system captures sex-disaggregated data about VCT for workers, including data about the link between VCT and treatment and care.

BIBLIOGRAPHY

Documents

2004. *A workplace policy on HIV/AIDS: what it should cover* (Geneva)

2005. *Enhancing Business Response to HIV/AIDS in India: Operational Guidelines with estimated cost analysis*. (Working Paper) (Geneva)

2010. *Recommendation concerning HIV and AIDS and the World of Work* (No. 200) (Geneva)

2013. *Report on Global AIDS Epidemic 2013*

2013. *Special Report 2013- How Africa turned AIDS around*

2013. *World of Work Report 2013: Snapshot of Africa* (Geneva)

Commonwealth Regional Health Community Secretariat. 2002. *HIV/AIDS voluntary counselling and testing: review of policies, programmes and guidelines in east, central and southern Africa*. (Arusha, Tanzania. Arusha: CRHCS)

Global Network of People Living with HIV (GNP+). 2010. *Good Practice Guide – Greater involvement of people living with HIV (GIPA)*. (GNP+ and the International HIV/AIDS Alliance)

GNP+. 2012. *The PLHIV Stigma Index. Evidence Brief: Stigma and Discrimination at Work. Findings from the PLHIV Stigma Index*. (Amsterdam, GNP+) © 2012 Global Network of People Living with HIV (GNP+)

International Labour Office (ILO). 2001. *An ILO code of practice on HIV and AIDS and the world of work* (Geneva)

Joint United Nations Programme on HIV/AIDS (UNAIDS). 2011. *UNAIDS Terminology Guidelines 2011*

Ministry of Health and Population (MOHP), National AIDS Program, Egypt; Family Health International (FHI); United States Agency for International Development (USAID). 2004. *National Guidelines for Voluntary HIV Counseling and Testing*

NACO. 2007. *Operational Guidelines for Integrated Counselling and Testing Centers*.
World Bank. 2013. *National AIDS Control Support Project (NACSP): Project Launch*. (New Delhi, India)

National AIDS Control Organisation (NACO). 2005. *Indian Employers' Statement of Commitment On HIV/AIDS*. (Geneva)

National AIDS and STI Control Programme, Ministry of Public Health and Sanitation, Kenya. 2008. *National Guidelines for HIV Testing and Counselling in Kenya*. (Nairobi: NASCOP)

National Agency for the Control of AIDS, Nigeria. 2012. *Global AIDS Response: Country Progress Report*

National Department of Health, Government of South Africa. 2010. *National HIV Counselling and Testing Policy Guidelines*

Office of the United States Global AIDS Coordinator. 2009. *The U. S. President's Emergency Plan for AIDS Relief: Five-Year Strategy*

Population Council. 2002. *Addressing HIV and AIDS Stigma and Discrimination in Workplace Program: Emerging Findings*

Smart, R. *HIV and AIDS related Stigma and Discrimination: Module 1.4 in IIEP, Educational planning and management in a world with AIDS*

United Nations Department of Economics and Social Affairs/Population Division. 2004. *Impact of AIDS*. ST/ESA/SER.A/229

Undated. *A Compendium of HIV/AIDS Workplace Policies of Partner Enterprises & other Social Partners in India*. (New Delhi, ILO Subregional Office)

World Health Organization (WHO); ILO. 2007. *Post-Exposure Prophylaxis to Prevent HIV Infection* (Geneva)

WHO; UNAIDS; UNICEF. 2011. *Global HIV/ AIDS Response, Progress Report 2011-Epidemic update and health sector progress towards universal access*.

WHO; UNAIDS; UNICEF. 2013. *Global update on HIV Treatment 2013: Results, Impact and Opportunities*

WHO, Voluntary Services Overseas, AusAID, UNICEF. 2012. *Operational Guidelines for VCCT Centers in Vanuatu*

Websites

Department of Health, Republic of South Africa www.doh.gov.za

Global Network of People Living with HIV www.gnpplus.net

Indian network for people living with HIV/AIDS www.inpplus.net

International Labour Organization www.ilo.org

International Trade Union Confederation www.ituc-csi.org

Joint United Nations Programme on HIV and AIDS www.unaids.org

National Agency for Control of AIDS, Nigeria www.naca.gov.ng

National AIDS Control Organization, Government of India www.naco.gov.in

National Association of People Living with HIV and AIDS, South Africa www.napwasa.org

Network of People Living with HIV and AIDS in Nigeria www.nepwhan.org

Peer programmes: looking at the evidence of effectiveness a literature review
www.advocatesforyouth.org

World Health Organization www.who.int

ANNEXES

Annex 1: Profiles of participating organizations

The **International Labour Organization (ILO)**,⁴⁶ as a specialized UN agency, aims to promote rights at work, encourage decent employment opportunities, enhance social protection and strengthen dialogue on work-related issues. The HIV/AIDS and the World of Work Branch (ILOAIDS) is working to develop and implement policies and programmes to protect workers from HIV infection and facilitate equal access to care, treatment and support, as well as to guarantee social protection for all those who are living with, or affected by, HIV and AIDS.

The **Global Network of People Living with HIV (GNP+)**⁴⁷ advocates to improve the quality of life of people living with HIV. GNP+ has three strategic objectives: global advocacy, knowledge management and community development. Its overarching aim, which it pursues through the development and implementation of programmes, is to develop PLHIV systems at all levels to gather and analyse evidence to support advocacy. The PLHIV Stigma Index is an example of a PLHIV-led process that addresses all three objectives and which has proven to be effective in creating real change that has improved the quality of life of PLHIV.

The **Indian network for people living with HIV/AIDS (INP+)**⁴⁸ was established in 1997 and is a community-based national organization run by and for people living with HIV and AIDS. INP+ is the largest national-level network of PLHIV, with 17 state-level networks, more than 260 district-level networks and some 250,718 PLHIV members (48 per cent of whom are women). The state- and district-level networks are independent organizations, which together form a federal structure. Since its inception, INP+ has been supporting the formation and reinforcement of groups of PLHIV in various parts of India. INP+ works with the Government's National AIDS Control Organization and many bilateral agencies such as DFID and UNDP, and has been Vice Chair of the Global Fund's Country Coordination Mechanism.

The **Network of People Living with HIV and AIDS in Nigeria (NEPWHAN)**⁴⁹ was formed in 1998 to serve as a collective voice for PLHIV. NEPWHAN is responsible for coordinating the programmes and activities of support groups, associations, organizations and constituencies of PLHIV; and has two main goals:

- mobilization of PLHIV all over the country - to organize them into support groups and empower them to join the national response, with the aim of reducing and eventually eliminating further spread of the virus; and
- mitigation of the impact of HIV and AIDS on the life of PLHIV, people affected by HIV and AIDS, orphans and vulnerable children; and protection of their rights.

The **National Association of People Living with HIV and AIDS (NAPWA)**,⁵⁰ **South Africa**, is a non-political, non-governmental, not-for-profit membership-based organization. It is non-discriminatory and people may join irrespective of race, age, creed, sex and sexual orientation. NAPWA has a membership of more than 300,000 people living with HIV and

works to effectively provide nutrition, treatment, care and support to its membership, and other affected people. NAPWA also provides counselling through support groups. It aims to increase awareness about human rights among both HIV-positive and other affected people in order to support the development of competent communities and families who exercise their rights. NAPWA also empowers women to stand up for their HIV-related, sexual and reproductive rights. NAPWA made a significant contribution to the country's National Strategic Plan goal of reducing new infections by 50 per cent by 2011.

Annex 2: Overview of the desk review

A consultant conducted an extensive desk review to enable a deep understanding of the HIV epidemic and response, particularly in the context of the world of work. Some 28 reports and other documents published by the ILO, UNAIDS, UN agencies, GNP+ and country-specific national programmes (see Bibliography) were reviewed and used to inform these operational guidelines.

The following were the primary sources used in the development of the guidelines.

- ILO. 2010. Recommendation concerning HIV and AIDS and the World of Work (No. 200), 2010.
This international labour standard underpins the human rights basis for the VCT@WORK initiative.⁵¹
- GNP+ and ILO. 2012. The PLHIV Stigma Index 2012. Evidence Brief: Stigma and Discrimination at Work. Findings from the PLHIV Stigma Index.⁵²
This study provided qualitative and quantitative data on issues addressed by these guidelines as well as entry points for approaching them.

The Evidence Brief included PLHIV Stigma Index findings from nine countries in four regions: Kenya, Nigeria and Zambia (sub-Saharan Africa), Estonia and Poland (Eastern Europe), Malaysia and the Philippines (Asia Pacific,) and Argentina and Mexico (Latin America). This data clearly demonstrated that HIV-related stigma and discrimination directly impedes access to work by people living with HIV by:

- obstructing entry to the labour market;
- changing the type of work individuals are allowed to perform;
- preventing promotion to more senior positions;
- triggering people being fired from their jobs; and
- impeding access to adult education and training.

The findings demonstrated:

- 13 per cent (in Poland) to 40 per cent (in Kenya and Zambia) of respondents reported loss of job or source of income during the preceding 12 months.
- 8 per cent (in Estonia) to 45 per cent (in Nigeria) of respondents had lost their job or source of income during the previous 12 months as a result of their HIV status alone.
- 15 per cent (in Malaysia) to 45 per cent (in Mexico) of respondents had lost their employment/source of income as a result of their poor health. This suggests the crucial link between access to effective HIV treatment and employment security.
- 5 per cent (in Mexico) to 27 per cent (in Nigeria) of respondents were refused the opportunity to work.
- 4 per cent (in Estonia) to 28 per cent (in Kenya) of respondents had had their nature of work changed or had been refused promotion due to their HIV status.
- Wide-ranging discriminatory attitudes from employers and co-workers were reported. 8 per cent (in Estonia) to 54 per cent (in Malaysia) of respondents reported discriminatory reactions from employers once they became aware of employees' HIV status. Similarly, 5 per cent (in Estonia) to 54 per cent (in Malaysia) reported discriminatory reactions from co-workers who became aware of their colleagues' HIV status.

The findings from the evidence brief confirm that “HIV is a major obstacle to employment security. People living with HIV may be unable to find or maintain employment as a result of ill health. However, evidence from the People Living with HIV Stigma Index (PLHIV Stigma Index) reveals that HIV-related stigma and discrimination are as frequently or more frequently a cause of unemployment/denial of work opportunity as ill health in many national settings”.

The report concludes that action by governments, international agencies and civil society is urgently required to protect rights at work by implementing the ILO Recommendation on HIV and AIDS and the World of Work (No. 200); the need to implement the Recommendation is also set out in the United Nations General Assembly Political Declaration on HIV and AIDS, adopted in June 2011.

The approach used to develop the PLHIV Stigma Index provided inspiration for how PLHIV networks could be involved in consultations on the Operational Guidelines.

Annex 3: Members of the Inter-Agency Task Team on HIV workplace policies/programmes and private sector engagement (IATT-WPPS)

ACCORD	http://www.acordinternational.org/a/hiv
GBCHealth	http://www.gbchealth.org/
GIZ	http://www.giz.de/en/html/index.html
Global Fund for HIV, TB and Malaria (GFATM)	http://www.theglobalfund.org
Global Network of People Living with HIV (GNP+)	http://www.gnpplus.net/
ILO	http://www.ilo.org/aids/lang--en/index.htm
INSA	http://www.theinsaindia.org/
International Organization of Employers (IOE)	http://ioe-emp.org/
International Trade Union Confederation (ITUC)	http://www.ituc-csi.org/
International Transport Workers' Federation	http://www.itfglobal.org
Pan Africa Business Coalition	http://www.sabcoha.org/the-pan-african-business-coalition-on-hivaids-pabc/
PEPFAR	http://www.pepfar.gov/
SAfAIDS	http://www.safaids.net/
Sida	http://www.sida.se/english/
Sida-Entreprises	http://www.sidaentreprises.org/fr/
Stop AIDS alliance	http://stopaidsalliance.org/
Stop AIDS Now	http://www.stopaidsnow.org/hiv-and-workplace
Swedish Workplace HIV/AIDS Programme (SWAP)	http://www.swhap.org/
UN Cares	http://www.uncares.org/UNAIDS2/
UN Plus	http://www.unplus.org/wp/
Joint United Nations Programme on HIV/AIDS (UNAIDS)	http://www.unaids.org/en/
United Nations Educational, Scientific and Cultural Organization (UNESCO)	http://en.unesco.org/
United Nations Population Fund (UNFPA)	http://unfpa.org/public/
USAID	http://www.usaid.gov/
World Food Programme	http://www.wfp.org
World Health Organization (WHO)	http://www.who.int/en/

Endnotes

¹ Global update on HIV treatment 2013: results, impact and opportunities: WHO report in partnership with UNICEF and UNAIDS. Available at http://apps.who.int/iris/bitstream/10665/85326/1/9789241505734_eng.pdf

² UNAIDS (2011). Terminology Guidelines.

http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2011/JC2118_terminology-guidelines_en.pdf

³ UNAIDS (2007). Greater Involvement of People Living with HIV. Policy Brief.

http://data.unaids.org/pub/briefingnote/2007/jc1299_policy_brief_GIPA.pdf

⁴ UNAIDS (2011). Terminology Guidelines.

http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2011/JC2118_terminology-guidelines_en.pdf

⁵ Regardless of the model of service delivery of VCT countries must adhere to the five Cs — Consent, Confidentiality, Counselling, Correct test results and link to Care.

WHO (2012). Service Delivery Approaches to HIV Testing and Counselling (HTC): A Strategic HTC Programme Framework.

http://apps.who.int/iris/bitstream/10665/75206/1/9789241593877_eng.pdf?ua=1

⁶ UNAIDS (2014) Fast-Track. Ending the AIDS epidemic by 2030.

http://www.unaids.org/en/resources/documents/2014/JC2686_WAD2014report

⁷ UNAIDS (2013). Global report: UNAIDS report on the global AIDS epidemic 2013.

http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2013/gr2013/UNAIDS_Global_Report_2013_en.pdf

⁸ WHO (2013). Global update on HIV treatment 2013: Results, impact and opportunities.

http://apps.who.int/iris/bitstream/10665/85326/1/9789241505734_eng.pdf

⁹ WHO (2013). Consolidated Guidelines on the Use of Antiretroviral Drugs for Treating and Preventing HIV infection. <http://www.who.int/hiv/pub/guidelines/arv2013/en/index.html>

¹⁰ A change in recommendation to begin treatment at CD4 levels of CD4 ≤ 350 cells/mm³ rather than CD4 ≤ 200 cells/mm³ requiring a great scale-up of treatment provision globally.

WHO (2013). Consolidated Guidelines on the Use of Antiretroviral Drugs for Treating and Preventing HIV infection.

<http://www.who.int/entity/hiv/pub/arv/adult2010/en/index.html>

¹¹ Those that are at higher risk of being infected with or transmitting HIV these may include men who have sex with men, transgender people, sex workers and their clients, people who use drugs and sero-negative partners in sero-discordant couples. UNAIDS (2011). Terminology Guidelines.

http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2011/JC2118_terminology-guidelines_en.pdf

¹² Countdown to zero. Global plan for the elimination of new HIV infections among children by 2015 and keeping their mothers alive. UNAIDS, 2011.

http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2011/20110609_JC2137_Global-Plan-Elimination-HIV-Children_en.pdf

¹³ GNP+ and ILO (2012). The PLHIV Stigma Index 2012. Evidence Brief: Stigma and Discrimination at Work. Findings from the PLHIV Stigma Index.

http://www.ilo.org/wcmsp5/groups/public/@ed_protect/@protrav/@ilo_aids/documents/publication/wcms_185808.pdf

¹⁴ The productive population consists of the group who are in the labour force between the ages of 15 – 64.

¹⁵ United Nations General Assembly, Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS, Resolution 65/277 (adopted 10 June 2011) A/RES/65/277.

http://www.unaids.org/en/media/unaids/contentassets/documents/document/2011/06/20110610_un_a-res-65-277_en.pdf

¹⁶ Regardless of the model of service delivery of VCT countries must adhere to the five Cs—Consent, Confidentiality, Counselling, Correct test results and linkage to Care.

WHO (2012). Service Delivery Approaches to HIV Testing and Counselling (HTC): A Strategic HTC Programme Framework.

http://apps.who.int/iris/bitstream/10665/75206/1/9789241593877_eng.pdf?ua=1

¹⁷ UNAIDS (2007). Greater Involvement of People Living with HIV. Policy Brief.

http://data.unaids.org/pub/briefingnote/2007/jc1299_policy_brief_GIPA.pdf

¹⁸ ILO (2010). HIV and AIDS Recommendation, 2010 (No. 200). Paragraph 2.

http://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_INSTRUMENT_ID:2551501

¹⁹ ILO (2010). HIV and AIDS Recommendation, 2010 (No. 200). Paragraph 2.

http://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_INSTRUMENT_ID:2551501

²⁰ Paragraph 15.

²¹ Paragraph 16(d).

²² Paragraph 24

²³ Paragraph 25.

²⁴ Paragraph 26.

²⁵ Paragraphs 3(c) and 10.

²⁶ Paragraph 11.

²⁷ Paragraphs 3(h) and (i), 14(g) and 27.

²⁸ Paragraph 14(g).

-
- ²⁹ Paragraph 28.
- ³⁰ Paragraph 13.
- ³¹ Paragraph 20.
- ³² While the FGDs did not include transgender it should be noted that due to the stigma associated with trans identities or expressions, trans people are often socially marginalized. Many trans people drop out of school, limiting their economic prospects. Trans people frequently experience discriminatory treatment with respect to housing, employment, and access to public services, and many are shunned by their families. As a result of these barriers, many trans people live in poverty. American Psychological Association (2010). Module nine: HIV/AIDS and the transgender population. <http://www.apa.org/pi/aids/programs/hope/training/hiv-transgender>
- Winter S; UNDP, Asia Pacific Transgender Network (2012) . Lost in transition: transgender people, rights and HIV vulnerability in the Asia-Pacific region. <http://www.undp.org/content/dam/undp/library/hivaids/Lost%20in%20translation.pdf>
- Keller K. Transgender health and HIV (2009). The Body. <http://www.thebody.com/content/art54537.html>
- ³³ Based on points raised during the focus group discussions held in India, Nigeria and South Africa.
- ³⁴ WHO and UNAIDS (2007). Guidance on provider-initiated HIV testing and counselling in health facilities. <http://www.who.int/hiv/pub/vct/pitc/en/>
- ³⁵ WHO (2012). Service Delivery Approaches to HIV Testing and Counselling (HTC): A Strategic HTC Programme Framework. http://apps.who.int/iris/bitstream/10665/75206/1/9789241593877_eng.pdf?ua=1
- ³⁶ Corbett E et al. (2006). Uptake of workplace HIV counselling and testing: a cluster-randomised trial in Zimbabwe. PLoS Medicine, 3(7):e238.
- ³⁷ ILO (2010). Concerning HIV and AIDS and the World of Work (no. 200), Paragraph 38. http://www.ilo.org/aids/WCMS_142706/lang--en/index.htm
- ³⁸ ILO Maternity Protection Resources Package: From aspiration to reality for all (2012) <http://mprp.itcilo.org/pages/en/index.html>
- ³⁹ ILO Maternity Protection Resources Package: From aspiration to reality for all (2012) <http://mprp.itcilo.org/pages/en/index.html>
- ⁴⁰ UNAIDS GENDER ASSESSMENT TOOL: Towards a gender-transformative HIV response (2014)
- ⁴¹ WHO and ILO (2005). Joint WHO/ILO guidelines on post-exposure prophylaxis (PEP) to prevent HIV infection. <http://www.who.int/hiv/pub/guidelines/PEP/en/>
- ⁴² WHO (1989). Guidelines on sterilization and disinfection methods effective against human immunodeficiency virus (HIV). Second Edition. http://whqlibdoc.who.int/aids/WHO_AIDS_2.pdf
- ⁴³ For additional information see WHO (1999). Safe management of wastes from healthcare activities http://www.who.int/water_sanitation_health/medicalwaste/wastemanag/en/
- ⁴⁴ Monitoring involves the regular, routine assessment of ongoing VCT activities; whereas, evaluation is periodic and examines large scale impact and achievements to answer specific management and epidemiologic questions to guide future actions, planning, and decision making.
- ⁴⁵ WHO (2012). Service Delivery Approaches to HIV Testing and Counselling (HTC): A Strategic HTC Programme Framework. http://apps.who.int/iris/bitstream/10665/75206/1/9789241593877_eng.pdf?ua=1
- ⁴⁶ www.ilo.org
- ⁴⁷ www.gnpplus.net
- ⁴⁸ www.inpplus.net
- ⁴⁹ www.nepwhan.org
- ⁵⁰ www.napwasa.org
- ⁵¹ http://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---ilo_aids/documents/normativeinstrument/wcms_194088.pdf
- ⁵² http://www.gnpplus.net/images/stories/Rights_and_stigma/SI_WorkBriefing_Online.pdf