

# Action against AIDS in the workplace



Global

# The world in crisis: no region is untouched

Only 25 years ago HIV was unknown, but AIDS has already killed more than 20 million people and almost 40 million people were living with HIV by the end of 2004. The global increase in new infections was of nearly 5 million in the same year.

- ▶ **Sub-Saharan Africa** has just over 10% of the world's population, but is home to 70% of all people living with HIV. In 2004, 2.3 million people died of AIDS—75% of deaths globally.
- ▶ In the **Middle East and North Africa**, approximately 92 000 people acquired HIV in 2004, bringing the number of people living with HIV to 540 000; a further 28 000 people died of AIDS that year.
- ▶ In **Latin America and the Caribbean**, over 2 million people are living with HIV including 300 000 who were newly infected in 2004. Infection rates are higher on average in the Caribbean and Central America than in South America. Brazil is home to more than one in four of those living with HIV in Latin America.
- ▶ In **Asia and the Pacific**, over 8 million people are living with HIV. Over half a million are believed to have died of AIDS in 2004 and 1.2 million became infected. China and India are the most popu-

*The workplace partners can become AIDS 'champions' if people living with HIV/AIDS need support to avoid danger in casual contact, no excuse for discrimination*

lous countries in the world and although average prevalence is low, both countries have serious epidemics in a number of provinces. In Oceania, the most affected country is Papua New Guinea.

- ▶ An estimated 1.4 million people are living with HIV in **Eastern Europe and Central Asia**, up from about 160 000 in 1995; more than 80% of them are under the age of 30.
- ▶ Approximately 1.6 million people are living with HIV in **high-income countries**, and infection rates are rising. In Western Europe, an estimated 580 000 people have HIV compared to 540 000 in 2001. In the USA, approximately 950 000 people are HIV-positive, an increase of 50 000 since 2001. The great majority of those who need it have access to antiretroviral therapy but AIDS is nevertheless the leading cause of death in the USA among African-American women aged 25-34.

The scale of HIV infections globally means that care and treatment are of vital concern, but the need for effective prevention remains crucial. Some two thirds of the new infections projected to occur during the period 2002-2010 can be prevented (AIDS epidemic update, December 2004).

## How HIV and AIDS affect economic growth and social development

- ▶ reduces labour supply
- ▶ causes loss of skilled and experienced workers
- ▶ increases absenteeism and early retirement
- ▶ increases labour costs for employers including health insurance and employee re-training
- ▶ reduces productivity, contracts tax bases and negatively impacts economic growth
- ▶ weakens demand, discourages investment, development and undermines enterprises' profit
- ▶ causes stigmatization of, and discrimination against, workers living with HIV
- ▶ adds pressure on social protection systems and health services
- ▶ causes loss of family income and household productivity, which exacerbates poverty
- ▶ increases the number of female-headed households
- ▶ forces children to work and quit school
- ▶ leaves many girls and women with little option but to sell or exchange sexual favours to survive
- ▶ reduces informal transfer of knowledge and skills between generations
- ▶ forces elderly people to remain economically active

# Action against AIDS in the workplace

**The world of work: an update**

**Business action against AIDS**

**Workplace policy:  
key components and sample language**

**Workplace policy:  
10 steps for implementation**

**The ILO Code of Practice:  
key principles**

**Trade union action against AIDS**

**Global**



Employers' and workers' organizations, in partnership with government and other stakeholders, have taken collective and separate action to support the global response to the epidemic at international, national and workplace levels.

In 2001, delegates to the UN General Assembly Special Session on HIV/AIDS committed themselves to:

**“...strengthen the response to HIV/AIDS in the world of work by establishing and implementing prevention and care programmes in public, private and informal work sectors...” (paragraph 49) and “...develop a national legal and policy framework that protects the workplace rights and dignity of persons living with and affected by HIV/AIDS and those at greater risk of HIV/AIDS, in consultation with representatives of employers and workers, taking account of established international guidelines on HIV/AIDS in the workplace” (paragraph 69).**

Growing numbers of individual companies, employers' organizations and chambers of commerce, trade unions, and government departments have put in place HIV and AIDS policies and programmes in the workplace, while ministries of labour have integrated HIV and AIDS in their own services—especially occupational safety and health structures and national labour inspectorates. Examples of milestones achieved:

- ▶ The ILO became a UNAIDS Cosponsor in 2001, and lead agency for workplace action. It has produced a *Code of Practice on HIV/AIDS and the world of work* which includes key principles to guide policy development as well as practical programming advice. In 2002, the UN system as a whole decided to scale up programmes for its own staff on HIV and AIDS, including both a review of personnel policy to bring it in line with the ILO Code and a comprehensive education programme for staff.
- ▶ Following up on a historic 2003 joint declaration by the International Organisation of Employers (IOE) and the International Confederation of Trade Unions (ICFTU), committing the organizations and their members to collaborate on HIV and AIDS, the ILO and UNAIDS supported a meeting in 2004 to initiate joint action plans in eight African countries.
- ▶ A Global Unions Campaign on HIV/AIDS was launched in December 2003, coordinated by the ICFTU and the Global Union Federations. The campaign aims to help national trade unions take action, disseminate information, develop partnerships, mobilize extra resources, and integrate work on AIDS into the ongoing union agenda.
- ▶ A number of business coalitions and alliances have emerged at regional and national levels, following the example of the Global Business Coalition on HIV/AIDS. They encourage comprehensive workplace programmes for prevention and care. Many companies now have programmes in place for employees and their families, a growing number of them including treatment. In partnership with the ILO, GTZ and others, the Global Fund to Fight AIDS, Tuberculosis and Malaria is promoting the expansion of public-private partnerships to extend treatment from the workplace into the local community.
- ▶ The World Bank, World Economic Forum, ILO and UNAIDS have organized Private Sector Mobilization meetings since 2002 to encourage business, government, trade unions and civil society to partner and engage in workplace and community responses to the epidemic. Participants from more than 30 countries have developed plans for private sector mobilization and capacity-building, and investigated ways to draw on new resources, such as those of the Global Fund and the World Bank.
- ▶ The German technical cooperation agency GTZ works with business interest groups to make success stories known to other companies and business coalitions. GTZ has a regional project—AIDS Control in Companies in Africa (ACCA)—which is responsible for advising business associations and companies on HIV and AIDS workplace interventions.

These activities have helped demonstrate that AIDS is a workplace issue; build the commitment and capacity of companies to implement workplace programmes; show that employer-worker collaboration increases trust, reduces discrimination and makes programmes more effective; build partnerships between the workplace and communities; and strengthen the contribution of workers and employers to national AIDS efforts.

**More examples may be found in other documents in the series *Action against AIDS in the workplace covering Africa, Asia, and Latin America and the Caribbean* at [www.unaids.org/partnership](http://www.unaids.org/partnership) and [www.ilo.org/aids](http://www.ilo.org/aids).**

The ILO became a UNAIDS cosponsor in 2001,



Successful businesses are those that adapt to the changing environment in which they operate. Challenges may include changes in technology, legislation, markets or labour supply. They now include HIV and AIDS. Planning and operations need to anticipate rising production costs and human resource constraints, even in low-prevalence countries.

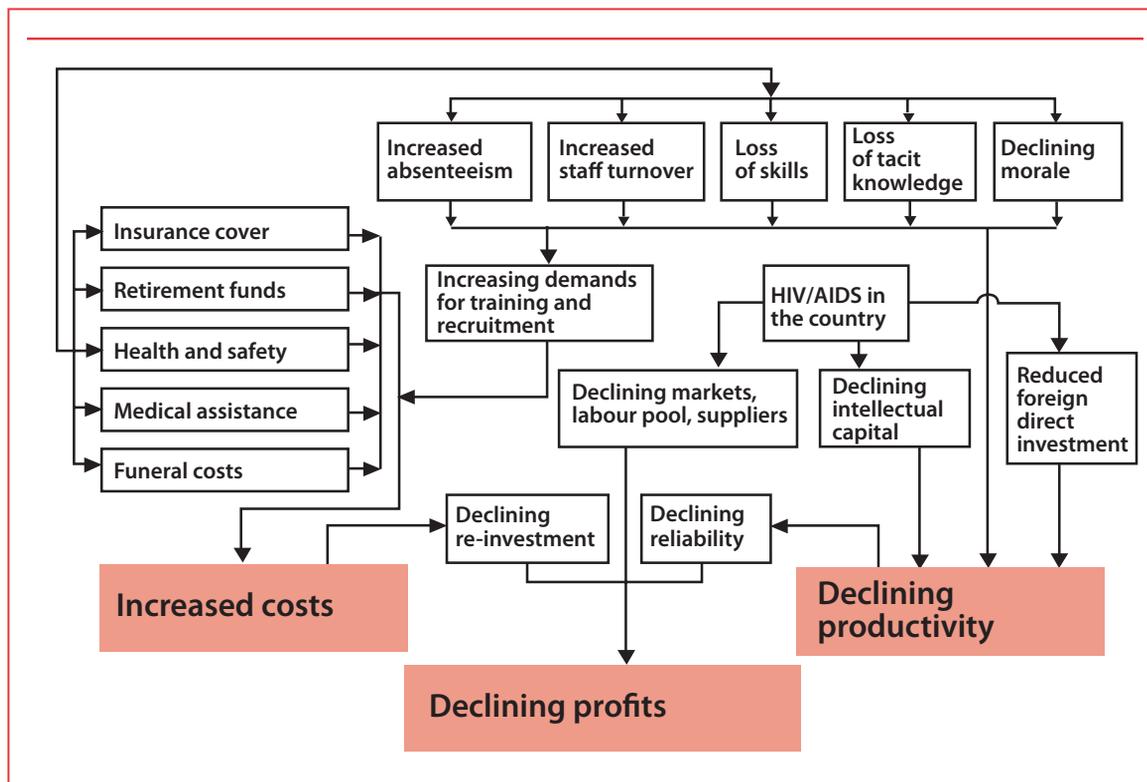
The workplace offers many opportunities for tackling HIV and AIDS. More and more companies recognize the cost-benefits of prevention programmes and treatment. They also accept that they have a corporate social responsibility to take part in national efforts to deal with the epidemic.

## Impact on enterprises

Around the world, the AIDS epidemic is undermining enterprise development through:

- ▶ cutting the supply of labour and skills;
- ▶ increasing business costs;
- ▶ disrupting production and reducing productivity; and
- ▶ diverting income and savings, discouraging investment, and restricting demand.

The costs of HIV and AIDS to business are direct and indirect. The chart below illustrates how these combined costs reduce profitability, with a knock-on impact on the national economy.



Source: UNAIDS (adapted by ILO)

Enterprises in many countries report increases in absenteeism, staff turnover, and in the cost of recruitment and training. Other costs include medical care, insurance coverage, retirement funds and funeral expenses. The Gold Fields mining company in South Africa calculates that the average cost of US\$20 000 per HIV-related death is composed of medical costs (59%), lost productivity (22%), absenteeism (15%), funeral leave (3%), and training (1%).

More difficult to measure is the impact of an increasing burden of work, the loss of colleagues and the fear of infection, which can lower morale and productivity in the workplace. In addition, a decline in profits reduces the tax base, discourages foreign investment and adversely affects consumer and business confidence.

In the United States of America, some firms report costs ranging from US\$3500 to US\$6000 per year for each worker with HIV. A major transport company in Zimbabwe calculated that AIDS-related costs amounted to 20% of company profits in 1996. In Chennai, India, a study of large industries found that absenteeism was expected to double in the next two years, mainly as a result of sexually transmitted infections and HIV-related illnesses.

The epidemic is also changing the age and sex distribution of the labour force, causing a loss of skills, experience and institutional memory, and jeopardizing human resource development. Of all the factors that affect enterprise efficiency and profitability, the skills base is one of the most important.

“Progressive changes in the ways companies are valued [mean that] strength of intellectual capital is becoming increasingly important relative to financial capital.” *The business response to HIV/AIDS: impact and lessons learned* (UNAIDS, 2000).

The ILO report, *HIV/AIDS and work: global estimates, impact and responses* (2004), contains new data and modelling of the epidemic’s social, economic, labour and development impact.

## The advantage of strong company policies

A growing number of companies are implementing workplace policies and programmes, not only because it makes good business sense but in a spirit of corporate responsibility and concern for their workforces and for the wider community as well.

Their role is vital in the national response to HIV and AIDS. Businesses can actively reduce risk and mitigate impact of the epidemic by investing in programmes that include prevention, treatment and care and non-discrimination, as well as supporting action in the local community. Companies can set an example to others in the business community, play a role in national AIDS structures, and strengthen the workplace response through collaboration with representatives of workers’ organizations.

Notwithstanding the above, a study prepared by the World Economic Forum, Harvard School of Public Health and UNAIDS *Business and HIV/AIDS: Commitment and Action? A Global Review of the Business Response to HIV/AIDS* (2004-2005), found that 16% of the nearly 9000 business leaders surveyed from 104 countries judged HIV and AIDS a serious business threat. However, 71% do not have either formal or informal policies to tackle AIDS and 7% of firms have reported having written policies—most in countries with high HIV prevalence. More needs to be done.

### Prevention costs less

Many prevention and treatment interventions are inexpensive. Low-cost activities can include: a company policy on AIDS; information and awareness-raising; adapting tasks and work stations to the capacity of affected workers; and linking up with other companies and with community services. The International Organisation of Employers has produced an *Employer’s Handbook on HIV/AIDS: a guide for action* (2002), which contains examples of a wide range of actions taken by companies as well as details on the cost of the epidemic to employers.

There are also impact assessment tools available to help businesses to compare the cost of a workplace programme with the cost of doing nothing. For example, models have been developed by the Global Business Coalition and the Futures Group. More information is available from the ILO, or Family Health International’s *Workplace HIV/AIDS Programs: an action guide for managers* (2002).

Studies suggest that a company’s investment in prevention, medical care for opportunistic infections such as tuberculosis, and the treatment of sexually transmitted infections reduces rates of personnel turnover and labour costs. Preliminary research shows that providing treatment and care to keep employees in the workforce is often less expensive than the AIDS-related costs, even for small businesses.

- ▶ The Kenyan Federation of Employers estimates that a comprehensive prevention programme would cost US\$15 per employee in the first year, reducing over time. On the other hand, a survey by Stover & Bollinger, reported in *UNAIDS Impact* (April 1999), revealed that HIV and AIDS is costing selected companies in Botswana, Cote d’Ivoire, Kenya and Uganda between US\$120 and US\$349 per employee per year.
- ▶ Volkswagen in Brazil say that their AIDS Care Programme has reduced costs to the company from between US\$1500 to US\$2000 per patient per month to US\$300.
- ▶ Anglovaal Mining Ltd. (Avmin) in South Africa initiated a workplace AIDS programme in 2003, with a total annual budget of US\$255 000 or US\$48 per employee—1% of payroll. This compares to estimated costs of HIV/AIDS of US\$ 6.1 million per year.

## The global business response

The recognition of HIV and AIDS as a workplace issue and corporate responsibility is driving companies to engage in AIDS-related work. There are examples across the globe of businesses working together to establish effective workplace policies and programmes, often in close collaboration with governments and employers' and workers' organizations.

The Global Business Coalition on HIV/AIDS, for example, was set up to increase the range and quality of private sector AIDS programmes both in the workplace and in the local community. Regional and national business coalitions have been formed to promote action locally. The World Bank, World Economic Forum and UNAIDS developed the *Guidelines to Building Business Coalitions against HIV/AIDS* (2004) to provide practical and operational guidance to companies and/or leaders in the private sector who want to combine forces against AIDS, particularly at national level. With support from the ILO, tripartite partnerships have been formed: examples include the Caribbean Platform of Action on HIV/AIDS, the Tripartite Declaration of Commitment on HIV/AIDS in Indonesia, and the tripartite campaign for prevention of HIV/AIDS in the world of work in India.

At country-level, with the support of ILO and UNAIDS, business coalitions are assisting companies in programme development and implementation. The Namibian Business Coalition (NABCOA), for example, offers its member companies a number of tools such as a cost-benefit analysis model, developed with GTZ; a service provider directory; and a toolkit for small and medium-sized enterprises. These tools aim to help companies understand the implications of HIV and AIDS in the workplace and implement appropriate policies and programmes.

In China, the ILO and UNAIDS helped organize a seminar with representatives from the Chinese Ministry of Labour and Social Security (MOLSS), the National Institute for Labour Studies, the All-China Federation of Trade Unions (ACFTU) and the China Enterprise Confederation (CEC) at which the core elements of an AIDS workplace policy and programme were agreed. In 2003, the ILO and GTZ supported the China Employer's Forum, with a half-day on HIV and AIDS; training workshops with the CEC and ACFTU; and the Chinese translation of the education and training manual, *Implementing the ILO Code of Practice*, was launched.

Multinational corporations in key economic sectors have been among the first to respond, but an increasing number of companies at all levels are carrying out workplace programmes.

- ▶ Anglo American plc is a global leader in the mining and natural resources sectors, operating in all continents. Since 1986, companies associated with Anglo American have implemented comprehensive HIV-prevention programmes which focus on: peer education; condom distribution; and effective treatment of sexually transmitted infections and opportunistic illnesses, especially tuberculosis. Its wellness programmes are an integral part of care and support and in 2002, the group started providing antiretroviral therapy (ART). Companies within the group are encouraged to develop programmes to meet the needs of their particular workforces and the local community. In April 2004, Anglo American received the 'Award for Leadership' in the Global Business Coalition on HIV/AIDS Business Excellence Awards.
- ▶ Tata Iron & Steel Co. Ltd. is India's largest private sector steel company with more than 48 000 employees. It is committed to improving the quality of life of its employees and the wider community. Its AIDS policy is implemented through various programmes, which focus on awareness, prevention, training of trainers, and care and support for people living with HIV. Ratan Tata, the chairman of Tata Iron and Steel, said "*...we play a part in the community and we shoulder community responsibility as part of social responsibility of our nation. These responsibilities are not to be confused with employee welfare, but they go beyond our own employees and in fact concentrate on the contribution to the community and to the nation.*"
- ▶ R.K.C., a furniture manufacturer in Ukraine, has begun developing HIV prevention and care programmes for its 350 factory workers. It is owned by Andrei Medvedev, the former tennis player and United Nations Goodwill Ambassador on HIV/AIDS for Ukraine.

## The power of partnership

### Two competitor banks collaborate on AIDS

**Standard Chartered Bank** is an international commercial bank that focuses on emerging markets in Africa, Asia, Latin America, and the Middle East. It has a workforce of 30 000 employees in 50 countries. The trigger for the Bank's AIDS policy and programmes was managers' requests for advice on employees living with HIV. The Bank had also begun to see a decline in profitability due to the loss of personnel, absenteeism, and medical and welfare costs. In 1999, the company began developing an AIDS policy linked to an existing policy of non-discrimination: it treats AIDS as any other progressive or debilitating illness. The policy and procedures are flexible enough to enable branches to take into account local practices, procedure, culture and legislation.

In March 2000, the Bank launched an HIV/AIDS workplace policy and the 'Staying Alive' awareness campaign followed by a 'Living with HIV' campaign in 2002, which was awarded the 2003 award for Business Excellence in the Workplace from the Global Business Coalition on HIV/AIDS. 'Living with HIV' focuses on awareness and education programmes, using trained peer educators or 'Champions', in an attempt to reduce the impact of AIDS on the workforce and to change risk-taking behaviour. Champions use a toolkit of materials specially adapted to the local and cultural context. In addition, awareness packs were developed with the support of other companies—Levi Strauss, Glaxo Wellcome, and nongovernmental organizations. These packs were subsequently made available to international and regional companies in the financial sector operating in Africa, including national banks, Bankers' Associations, and nongovernmental organizations.

**The Standard Bank Group** (a separate institution from Standard Chartered) employs 30 000 people in 18 African countries and 21 countries in other continents. It offers a range of retail, commercial, corporate, investment banking and insurance services. In late 2001, the South African branch launched an HIV/AIDS workplace policy initially developed by the Human Resources Department with inputs from employees. A similar policy was extended to all other operations in Africa in June 2003.

Standard Bank South Africa was one of the first banks to recognize the potential of collaborating with Standard Chartered and approached them in 2003. They began sharing elements of each others' internal HIV and AIDS programmes. Under the initiative, Standard Chartered trained 30 of Standard Bank's volunteer peer educators as "master trainers" (15 in a number of African countries and 15 in South Africa). The Standard Bank's "master trainers" subsequently took over training their own champions and have built up a core of peer educators in Africa.

The Standard Bank's Programme on HIV/AIDS continues to gather momentum with the production of a series of information videos encouraging employees to know their status and promoting voluntary confidential counselling and testing. These were developed in partnership with South Africa Reserve Bank, the Amalgamated Banks of South Africa, and FirstRand. A further stage in its campaign includes a booklet called *Living with HIV*, which aims to dispel AIDS myths, project positive images of people living with HIV, and provide information on nutrition and treatment, and guidance on caring for someone living with AIDS at home.

The partnership between these two financial institutions, and subsequently several others in the finance sector, shows that a genuine corporate will to respond effectively to HIV and AIDS can overcome the inherent gap between businesses caused by market competitiveness. It also shows that when such partnerships have been forged, other institutions will follow suit, thus broadening the scope for concerted action against the epidemic.

A workplace policy provides the framework for enterprise action to reduce the spread of HIV and manage its impact. An increasing number of companies have a policy on HIV. Everyone should.

A policy:

- ▶ makes an explicit commitment to corporate action;
- ▶ ensures consistency with appropriate national laws;
- ▶ lays down a standard of behaviour for all employees (whether HIV-infected or not);
- ▶ gives guidance to supervisors and managers;
- ▶ helps employees living with HIV to understand what support and care they will receive, so they are more likely to come forward for voluntary counselling and testing;
- ▶ helps to stop the spread of the virus through prevention programmes; and
- ▶ assists an enterprise in planning for HIV and AIDS and managing its impact and, ultimately, saving money.

A policy may consist of a detailed document just on HIV and AIDS, setting out programme, as well as policy, issues; it may be part of a wider policy or agreement on safety, health and working conditions; or it may be as short as, “This company pledges to combat discrimination on the basis of HIV status and to protect health and safety through programmes of prevention and care”. The ILO ***Code of Practice on HIV/AIDS and the world of work*** provides guidelines for the development of policies and programmes on HIV and AIDS in the workplace. These encourage a consistent approach to HIV and AIDS, based on 10 key principles, while being flexible enough to address the different needs of individual workplaces.

**Policies should be developed by the people concerned—managers and workers, including people living with HIV—and respond to local needs and conditions. No one policy is relevant to all situations, but the following components can usefully be included. Suggested language is in italics.**

## I. General statement

The policy begins with a general statement or introduction that relates the HIV and AIDS policy to the local context and existing business practices, including some or all of the following:

- ▶ the reason why the company has an HIV and AIDS policy;
- ▶ a statement about how the policy relates to other company policies; and
- ▶ policy compliance with national and local laws, and trade agreements.

The company may also establish an agreement with its contractors, suppliers and distributors to adopt all, or some, of the provisions of the policy.

### Sample language

*Company X recognizes the seriousness of the AIDS epidemic and its significant [or potential] impact on the workplace. The Company supports national efforts to reduce the spread of infection and minimize the impact of the disease.*

*The purpose of this policy is to ensure a consistent and equitable approach to the prevention of HIV among employees and their families, and to the management of the consequences of HIV, including the care and support of employees living with HIV. The policy has been developed and will be implemented in consultation with employees at all levels, including people living with HIV. It is in compliance with existing laws regarding HIV and AIDS [where relevant—otherwise insert ‘existing laws on discrimination, working conditions, and safety and health’] and with the ILO ***Code of Practice on HIV/AIDS and the world of work***.*

## II. Policy framework and general principles

The policy establishes some general principles as the basis for other provisions.

### Sample language

*Company X does not discriminate or tolerate discrimination against employees or job applicants on any grounds, including HIV status. While Company X recognizes that there are circumstances unique to HIV infection, this policy rests on the principle that HIV infection and AIDS should be treated like any other serious condition or illness that may affect employees. It takes into account the fact that employees with HIV may live full and active lives for a number of years. The Company’s commitment to maintaining a safe and healthy work environment for all employees is based on the recognition that HIV is not transmitted by casual contact.*

## III. Specific provisions

The policy includes provisions in the following areas:

- ▶ the protection of the rights of those affected and infected by HIV and AIDS;
- ▶ prevention through information, education and training; and
- ▶ care and support for workers and their families.

### Stigma, discrimination and rights

Rights—such as those relating to confidentiality and access to benefits—should never be affected by an individual's HIV-positive status. Stigma and discrimination compromise employee welfare and a safe and healthy work environment. They also undermine HIV-prevention efforts, which depend on an atmosphere of openness, trust and respect for basic rights.

#### Sample language

1. **Rights of employees who are HIV-positive.** *HIV-positive employees will be protected against discrimination, victimization or harassment through the application of normal company disciplinary and grievance procedures, and the provision of information and education about HIV and AIDS to all employees.*
2. **Employment opportunities and termination of employment.** *No employee should suffer adverse consequences, whether dismissal or denial of appropriate alternative employment opportunities, merely on the basis of HIV infection. [A collective agreement would probably spell out the grounds for dismissal.]*
3. **Testing.** *Company X rejects HIV testing as a prerequisite for recruitment, access to training or promotion. However, the company promotes and facilitates access to voluntary confidential testing with counselling for all employees.*  
*Testing programmes to establish local/national HIV prevalence will be the subject of appropriate consultation with recognized employee organizations and will be subject to independent and objective evaluation and scrutiny. The results of epidemiological studies will not be used as a basis for discriminating against any class of employee in the workplace. All testing will comply with generally accepted international standards on pre- and post-test counselling, informed consent, confidentiality and support.*
4. **Confidentiality.** *The Company recognizes the sensitive issues that surround HIV and AIDS and, therefore, undertakes to handle matters in a discreet and private manner. Where an employee with HIV has revealed his/her status to management, the Company will keep the identity of the person confidential. However, in line with the Company's philosophy of openness, employees will be encouraged to be open about their HIV status.*

### Awareness-raising and education

In the absence of a vaccine or cure, information and education are vital components of an HIV-prevention programme, because the spread of the disease can be limited by informed and responsible behaviour; and practical measures, such as condom distribution, are also important means of supporting behavioural change in the workplace.

#### Sample language

1. *Awareness and education programmes will be conducted to inform employees about HIV and AIDS, and help them to protect themselves and others against infection. Programmes will take into account the different needs of male and female employees, and some will include the families of employees and the local community.*
2. *The Company recognizes the importance of involving employees and their representatives, including people living with HIV, in the planning and implementation of awareness, education and counselling programmes, especially as peer educators and counsellors.*
3. *Practical measures to support behavioural change and risk management will include the treatment of sexually transmitted infections (STIs) and tuberculosis (TB) [or, where impossible, referral to STI and TB treatment services in the community], sterile needle- and syringe-exchange programmes [if relevant to the local situation], and the distribution of male and female condoms.*
4. *Training will be arranged for key staff, including managers, supervisors and personnel officers; union representatives; trainers of trainers (both male and female); peer educators; and occupational safety and health officers.*
5. *Reasonable time off will be given for participation in education and training.*

## Care and support for workers and their families

It is in the interest of both the company and its employees that infected individuals be offered assistance in order to remain at work for as long as possible.

### Sample language

1. **The promotion of employees' well-being.** *The Company will treat employees who are infected or affected by HIV and AIDS with empathy and care. Consequently, the Company will provide all reasonable assistance, which may include counselling, time off, sick leave, family responsibility leave, and information regarding the virus and its effects.*
2. **Work performance and reasonable accommodation.** *It is the policy of the Company to respond to the changing health status of employees by making reasonable accommodation. Employees may continue to work as long as they are able to perform their duties safely and in accordance with performance standards. If an employee with AIDS is unable to perform his/her tasks adequately, the manager or supervisor must resolve the problem according to the company's normal procedure on poor performance/ill-health.*
3. **Benefits.** *Employees living with HIV will be treated no less favourably than staff with any other serious illness/condition, in terms of statutory and company benefits, workplace compensation, where appropriate, and other available services.*
4. **Health care.** [This paragraph will need to be amended according to the size of the company and resources available for medical care.]
  - ▶ *The occupational health service will offer the broadest range of services to prevent HIV and manage AIDS, including the provision of antiretroviral drugs, treatment for the relief of AIDS-related symptoms and opportunistic infections (especially tuberculosis), and reproductive and sexual health services and advice on healthy living, including nutritional counselling and stress reduction. The dependants of employees will also be eligible for medical treatment.*
  - ▶ *Appropriate support and counselling services will be made available to employees.*

### Possible alternative

4. **Health care.** *Company X will help employees living with HIV to find appropriate medical services in the community, as well as counselling services, professional support and self-help groups, if required. Reasonable time off will be given for counselling and treatment.*

## IV. Implementation and monitoring

If the policy does not take the form of a negotiated agreement, a short clause could be added whereby management and worker representatives pledge their full support to the policy.

### Sample language

1. *Company X has established an AIDS committee [or responsible officer, in a smaller workplace] to coordinate and implement the HIV and AIDS policy and programme. The committee consists of employees representing all constituents of the company, including general management [spell out constituents, e.g. staff committee, medical services, human resources department, etc.]. The committee/responsible officer will report regularly to the executive board.*
2. *In order to plan and evaluate its HIV and AIDS policy and programme effectively, Company X will undertake a survey to establish baseline data, as well as regular risk and impact assessment studies. The survey will include knowledge, attitudes and behaviour/practices. Studies will be carried out in consultation with, and with the consent of, employees and their representatives, including people living with HIV, and in conditions of complete confidentiality.*
3. *This policy, and related information on HIV and AIDS, will be communicated to all Company X employees, associated businesses and the wider public, using the full range of communication methods available to the Company and its network of contacts.*
4. *This policy will be reviewed annually and revised as necessary in the light of changing conditions and the findings of surveys/studies conducted.*

## Budget and finance

Companies should make every effort to establish a budget for AIDS activities, but should bear in mind the following: many interventions can be put in place at little or no cost; smaller companies can work together to share costs; and services and resources may exist in the community or may be sought, for example, through the local UN Theme Group on HIV/AIDS or the new Global Fund to Fight AIDS, Tuberculosis and Malaria. Technical assistance in conducting surveys may be sought through UNAIDS and the ILO.

**Further advice on, and examples of, workplace policies may be obtained from Family Health International, the Global Business Coalition on HIV/AIDS, the International Labour Organization, the International Confederation of Free Trade Unions, the International Organisation of Employers, UNAIDS, US Centers for Disease Prevention and Control and the World Economic Forum (addresses on jacket cover and see below).**

### Some useful websites:

[www.ilo.org/aids](http://www.ilo.org/aids)

[www.unaids.org](http://www.unaids.org) or [www.unaids.org/partnership](http://www.unaids.org/partnership)

[www.weforum.org/globalhealth](http://www.weforum.org/globalhealth)

[www.businessfightsaids.org](http://www.businessfightsaids.org)

[www.ioe-emp.org](http://www.ioe-emp.org)

[www.icftu.org](http://www.icftu.org)

[www.fhi.org](http://www.fhi.org)

[www.hivatwork.org](http://www.hivatwork.org)

After establishing the core elements of a workplace policy, we turn to the process of agreeing and implementing the policy. The policy will be more appropriate and the implementation more effective if it is based on consultation and collaboration between employers and representatives of the workforce. Partnership with trade unions can also reduce costs for the company—unions can help organize programmes and provide trainers and educators.

## Developing and implementing the policy

Appendix III of the ILO **Code of Practice on HIV/AIDS and the world of work** gives a checklist of steps for agreeing and implementing a workplace policy on HIV/AIDS:

1. HIV/AIDS committee is set up with representatives of top management, supervisors, workers, trade unions, human resources department, occupational health services, health and safety committee, and persons living with HIV. In smaller workplaces, an existing committee may be used or a responsible officer appointed in either case to make sure that regular reports are made to the highest decision-making body in the enterprise.
2. Committee decides its terms of reference and decision-making powers and responsibilities: these must be approved by existing decision-making bodies (e.g., workplace committee, executive board).
3. Review of national laws and their implications for the enterprise; this should go beyond any specific laws on HIV/AIDS and could include antidiscrimination laws, for example, and relevant ILO conventions.
4. Committee assesses the impact of the AIDS epidemic on the workplace and the needs of workers by carrying out a confidential baseline study—important for planning a programme and for monitoring the effectiveness of the response.
5. Committee establishes what health and information services are already available, both in the workplace and in the local community: useful to avoid duplication. Information about community services is an essential part of a 'no/low-cost' response in enterprises with few resources.
6. Committee formulates a draft policy that contains a commitment to nondiscrimination, covers prevention and care, and takes account of best practice. Draft is circulated for comment, then revised and adopted; the wider the consultation, the fuller the sense of 'ownership' and support. The policy should be written in clear and accessible language.
7. Committee draws up a budget, seeking funds from outside the enterprise, if necessary, and identifies existing resources in the local community. Although funds are important, the absence of funding should not mean that no action is possible.
8. Committee establishes plan of action, with timetable and lines of responsibility to implement policy; it is important to have at least one named HIV/AIDS coordinator/focal point to ensure implementation, especially where it is not possible to set up a committee just for HIV/AIDS.
9. Policy and plan of action are widely disseminated through, for example, notice boards, mailings, pay slip inserts, special meetings, induction courses and training sessions, and programmes of information, education and care are put in place.
10. Committee monitors the impact of the policy and revises it, as necessary. The AIDS epidemic is evolving rapidly, and so is the response. Workplace policies and programmes must not stand still.



The ILO **Code of Practice on HIV/AIDS and the world of work** is a set of internationally recognized guidelines that promote and support action against HIV/AIDS in the world of work. Developed in consultation with Member States and approved by representatives of government, employers and workers from all regions, the *Code* contains fundamental principles for policies at national and enterprise levels, and practical guidance for workplace programmes.

## The 10 key principles *(text from the Code is in italics)*

- 1. Recognition of HIV/AIDS as a workplace issue:** *HIV/AIDS is a workplace issue* because it affects workers and enterprises—cutting the workforce (by up to 30% in some countries), increasing labour costs and reducing productivity. *It should be treated like any other serious illness/condition in the workplace:* this statement aims to counter discrimination and also the fears and myths that surround HIV/AIDS. *The workplace has a role to play in the wider struggle to limit the spread and effects of the epidemic:* later sections of the Code, especially those on prevention, training and care, clearly explain this role.
- 2. Nondiscrimination:** *There should be no discrimination against workers on the basis of real or perceived HIV-positive status.* Nondiscrimination is a fundamental principle of the ILO and is at the heart of the ILO's response to the epidemic. The principle of nondiscrimination extends to employment status, recognized dependants, and access to health insurance, pension funds and other staff entitlements. *Discrimination and stigmatization of people living with HIV inhibits efforts aimed at promoting HIV/AIDS prevention:* if people are frightened of the possibility of discrimination, they will probably conceal their status and are more likely to pass on the infection to others. Moreover, they will not seek treatment or counselling. All successful prevention initiatives have been part of a wider approach that included establishing an atmosphere of openness, trust and a firm stand against discrimination.
- 3. Gender equality:** *The gender dimensions of HIV/AIDS should be recognized. Women are more likely to become infected and are more often adversely affected by the HIV/AIDS epidemic than men, for biological, sociocultural and economic reasons.* It is, therefore, important that HIV/AIDS programmes respond to the circumstances and needs of men and women separately, as well as together—both in terms of prevention and social protection—to mitigate the impact of the epidemic.
- 4. Healthy work environment:** *The work environment should be healthy and safe, as far as is practicable, for all concerned parties.* This includes the responsibility for employers to provide information and education on HIV transmission, and appropriate first-aid provisions in the event of an accident. It does not, however, give employers the right to test employees for HIV in the interest of public health, because casual contact at the workplace presents no risk of HIV transmission. *A healthy work environment facilitates... adaptation of work to the capabilities of workers, in light of their physical and mental health,* thereby mitigating the impact of AIDS on workers and the enterprise alike.
- 5. Social dialogue:** *The successful implementation of an HIV/AIDS policy and programme requires cooperation and trust between employers, workers and their representatives and government, where appropriate:* this is not only fundamental to the way the ILO works, but is very practical in that any policy is more likely to be implemented effectively if it has been developed with the full participation of all concerned parties.
- 6. No screening for purposes of exclusion from employment or work processes:** *HIV/AIDS screening should not be required of job applicants or persons in employment.* HIV testing not only violates the right to confidentiality, but is impractical and unnecessary. At best, an HIV test result is a 'snapshot' of someone's infection status. It is no guarantee that he or she will not become infected tomorrow, or next month. It should also be remembered that people with HIV may remain perfectly fit and healthy for many years.
- 7. Confidentiality:** *There is no justification for asking job applicants or workers to disclose personal HIV-related information. Nor should co-workers be obliged to reveal such personal information about fellow workers.* The right to confidentiality does not, of course, only apply to HIV/AIDS; rules of confidentiality have been established in the ILO **Code of Practice on the protection of workers' personal data**, 1997.

- 8. Continuation of employment relationship:** *HIV infection is not a cause for termination of employment. As with many other conditions, persons with HIV-related illnesses should be encouraged to work for as long as medically fit in available, appropriate work.* This principle is based on the fact that being HIV-positive is not the same as having AIDS and a number of possible opportunistic infections. Reasonable accommodation to help workers continue in employment can include rearrangement of working time, special equipment, opportunities for rest breaks, time off for medical appointments, flexible sick leave, part-time work and return-to-work arrangements.
- 9. Prevention:** *HIV infection is preventable. Prevention of all means of transmission can be achieved through a variety of strategies—guidelines and examples are given in succeeding sections of the Code, especially section 6.* Prevention can be furthered through a combination of information, participatory education (including personal risk assessment and life skills), practical support for behavioural change (such as condom distribution), and treatment for sexually transmitted infections.
- 10. Care and support:** *Solidarity, care and support should guide the response to HIV/AIDS in the world of work.* Prevention, care and treatment should be seen as a continuum, rather than separate elements, of a workplace programme. The availability of treatment encourages confidential voluntary testing, making it easier to provide care and encouraging prevention. Care and support include the provision of voluntary testing and counselling; treatment for opportunistic infections, especially tuberculosis (and antiretroviral therapy, where affordable); workplace accommodation; employee and family assistance programmes; and access to benefits from health insurance and occupational schemes (more details in section 9 of the *Code*).

**An education and training manual has been produced by the ILO to guide implementation of the Code of Practice.**

The HIV epidemic is concentrated among adults of working age. At least 26 million workers in their productive prime (15-49 years) are living with the disease. Their rights, livelihood and survival are under threat in many parts of the world, as are their families, communities and workplaces.

Trade unions and labour organizations have always played a vital role in responding to economic and social concerns—the epidemic has added a new dimension to their responsibilities. They are being challenged as never before to adapt and extend their traditional tasks, which are:

- ▶ organizing workers and representing their interests, protecting their rights and combating discrimination;
- ▶ ensuring safe and healthy working conditions;
- ▶ promoting access for all workers to a fair income, social insurance and basic health care;
- ▶ participating in social dialogue on national issues affecting employment, the labour market and human resources.

### The comparative advantage of trade unions

Nationally and internationally, trade unions are able to mobilize extensive networks; negotiate workplace agreements/policies with employers, as well as help with implementation; utilize their competency in education and training; and build upon their influence with governments and in the community.

### The comparative advantage of the workplace

The workplace is one of the most important and effective settings for responding to the epidemic, because it is where working people gather on a regular basis; communications systems are in place for enterprise and public information; and existing structures and facilities can be used for prevention, care and support.

## Trade unions are taking action in the following areas:

### Protecting the rights and dignity of those infected and affected by HIV and AIDS

A core trade union responsibility—the protection of the rights of workers—is essential in dealing with the fear and denial that still surrounds the epidemic, as well as promoting effective prevention. A basic provision of workplace policies and agreements should be non-discrimination on the basis of an employee's HIV status.

- ▶ During the 2002 South African Labour Conference, more than 20 trade unions demanded rights for workers in the face of HIV that were in line with the key principles of the ILO *Code of Practice on HIV/AIDS and the world of work*, and South Africa's *Code of Good Practice on key aspects of HIV/AIDS and employment*.
- ▶ In March 2004, a forum for senior African trade union leaders from ten nations, sponsored by the International Federation of Chemical, Energy, Mine and General Workers' Unions (ICEM), called on mining, energy and oil companies in sub-Saharan Africa to join ICEM in providing medical clinics with fully trained staff.

### HIV prevention

Trade unions are using their experience in education and training to integrate sessions on HIV and AIDS in all their courses, as well as to train workplace representatives as peer educators. Prevention programmes: provide accurate information on the modes of transmission; help workers to assess the risks of their own behaviour; and give practical support for behaviour change (e.g. by distributing condoms). Occupational health and safety is also of basic concern in the face of HIV and AIDS. Unions can ensure that appropriate first-aid measures are in place, and that workers at risk of infection at work understand Universal Precautions, receive proper training and have access to basic protective equipment and post-exposure prophylaxis.

In India, the training of trainers for HIV education is the main thrust of action by the Indian National Trade Union Congress (INTUC). The International Transport Workers' Federation (ITF) and INTUC have developed training modules in Hindi and plan to create a resource centre at INTUC headquarters in New Delhi.

Education International (EI) is implementing HIV and AIDS prevention programmes in 13 countries. EI has produced a training manual for teachers and education workers entitled *Teachers against AIDS*. It provides guidelines and encourages open discussion on HIV/AIDS in the classroom.

## Care and support

In the context of HIV and AIDS, care and support in the workplace ranges from protecting workers from stigma and discrimination to ensuring their access to available medical benefits and social security. Today it also includes the right to antiretroviral treatment. As a result, trade unions are active partners in the World Health Organization's '3 by 5' Initiative to ensure that at least 3 million people receive treatment by the end of 2005.

Workers can help employers to set up programmes for care and support that are affordable, even for small enterprises. These should include:

- ▶ education to deal with stigma and discrimination;
- ▶ information on community services, especially when counselling or medical treatment is not available in the workplace;
- ▶ encouraging workers to 'Know your status', through voluntary confidential counselling and testing;
- ▶ supporting self-help groups;
- ▶ providing treatment for opportunistic infections, as well as antiretroviral treatment where possible; and
- ▶ adapting jobs and the work environment to assist people with chronic sickness or disabilities (including AIDS) to continue working for as long as possible.

## Understanding and managing the impact of HIV and AIDS

Knowledge is vital in planning an effective response to the epidemic. Trade unions can support national efforts to monitor the epidemic and the effectiveness of responses—for example by supporting anonymous testing for epidemiological surveillance, by reporting on the ways their members in different sectors are experiencing the impact of HIV and AIDS, and by sharing examples of good practice.

A number of global unions—representing building and wood workers, garment workers, teachers and public sector workers—have conducted surveys among their members to determine how HIV and AIDS have affected their work and union, and what action they have taken in response. The International Confederation of Free Trade Unions has undertaken an exercise to map trade union action on AIDS all over the world.

Many unions believe the most effective strategy is to integrate a component on HIV and AIDS in all ongoing activities, and strengthen the capacity of members to negotiate workplace agreements that include HIV and AIDS.

## Advocacy and partnerships

Advocacy is needed to: persuade governments that national AIDS policies must be multisectoral and include the world of work; convince employers of the urgent need to implement workplace prevention, care and treatment programmes; and support campaigns that focus on drug availability and the strengthening health systems. Trade unions can make valuable contribution to national AIDS councils and Global Fund Country Coordinating Mechanisms, and—with employers' representatives—should be systematically represented on such bodies.

- ▶ The declaration of collaboration between the International Organisation of Employers (IOE) and the International Confederation of Trade Unions (ICFTU) has provided the framework for joint activities at

regional and national levels, such as joint action plans in selected African countries, joint codes and protocols in several Caribbean countries, and tripartite programmes in many countries, including India and Indonesia.

- ▶ The World Confederation of Labour (WCL) is working with a number of partners including the Global Business Coalition on HIV/AIDS (GBC) and the World Economic Forum's Global Health Initiative (GHI).
- ▶ Unions in Canada, Denmark, the Netherlands, Norway, Sweden, the United Kingdom and the United States support AIDS-related activities in sister unions in Africa, Asia and the Caribbean.

The HIV/AIDS Project of the Southern African Clothing & Textile Workers' Union (SACTWU) has recently completed an HIV and AIDS 'awareness blitz' among fashion industry workers.

Over a 22 work-day period from 1 April 2005 to 4 May 2005, the blitz reached 52 700 clothing, textile and leather workers in 242 factories country-wide, with a focused HIV and AIDS message to encourage voluntary testing and the take-up of treatment. In addition, 80 000 condoms were distributed.

The awareness blitz is an important annual event on the union's calendar. It started in 2003 when it reached 136 factories and 32 000 workers nationally. This year's blitz event was run by 6 Project staff members, assisted by 21 senior union shop stewards who have been trained over a long period as HIV and AIDS Master Trainers.

## Policy development and training

The ICFTU encourages its affiliated organizations—national union centres—to develop policies for their own organizations, as well as policies or collective agreements for the workplace. Programmes to implement these policies should provide training components for the relevant workplace actors and structures for measuring and monitoring the impact of the epidemic and the effectiveness of the response. The other two international union federations—the World Confederation of Labour and the World Federation of Trade Unions—have also mobilized their members and supported activities on HIV/AIDS.

In December 2003, the ICFTU and global union partners launched a Global Unions Campaign on HIV/AIDS, which aims to give more and better information about HIV and AIDS to working women and men; encourage national trade union action; mobilize extra resources; develop partnerships, and integrate work on AIDS into ongoing union activities.

AFRO, the African regional organization of the ICFTU, launched a 5-year action plan in nine of the most severely affected African nations in 2000. The plan covers on-the-job awareness and information campaigns, health and hygiene programmes, non-discrimination against people who are HIV-positive and training for shop stewards as peer educators. The strategy for implementation includes forging alliances with other bodies, in particular employers and government. The trade unions also lobby for public provision of treatment, support and care. A training handbook has been produced for shop stewards and union officials.

The global union federations have taken action with their own affiliates to strengthen their capacity: Public Services International, for example, offers policy guidance and training to help its affiliates develop policies and programmes for public sector workplaces; it also promotes the rights and interests of health workers in the face of the increased pressures the epidemic places on health systems. The International Transport Workers' Federation has commissioned research into the impact of HIV and AIDS on the transport sector in East Africa, and has produced a training manual.

### Know your status!

People who know their HIV status can take appropriate action to protect themselves and others. In Rwanda, a union workshop for scooter taxi-drivers ended with more than 90% of the participants getting HIV tests, and sharing the results. The union then set up a fund for the HIV-infected workers.



## A workplace issue

Two out of three people living with HIV go to work each day—this makes the workplace a vital entry point for tackling HIV and AIDS.

A report from the ILO, *HIV/AIDS and work: Global estimates, impact and response* (ILO, 2004), shows that as many as 36 million of the 38 million people living with HIV are engaged in some form of productive activity.

Cumulative losses to the labour force worldwide are projected by the ILO to reach 28 million in 2005, 48 million in 2010 and 74 million in 2015—in the absence of increased access to treatment.

- ▶ Women's increasing risk of HIV infection is due to gender-based economic inequalities, sexual harassment and violence at work, lack of access to education and health services, and the different social roles assigned to men and women which affect behaviour and the capacity to protect oneself from the virus.
- ▶ The epidemic cuts the supply of labour and threatens the livelihoods of workers and those who depend on them. By 2020, the ILO estimates that the labour force in high-prevalence countries will be 10%–30% smaller than without the epidemic.

*Champions' and promote the vital message that live positively and keep working: there's no discrimination, and no need to fear each other.*

- ▶ Discrimination against people with HIV and AIDS threatens fundamental principles and rights at work, and undermines efforts for prevention and care.
- ▶ The loss of skilled and experienced workers causes productivity to fall just as business costs are increasing. Tax revenue, markets and investment are also undermined.
- ▶ Workers in the informal economy—the main source of employment in many countries—are particularly vulnerable to the epidemic's impact, due to the precarious nature of informal employment, the lack of social protection and the limited access to health services.
- ▶ The loss of skilled workers and managers not only undermines productivity today but also threatens the capacity of nations to deliver essential goods and services for decades to come.

The International Labour Organization developed a **Code of Practice on HIV/AIDS and the world of work** following widespread consultations with governments, employers and workers. The **Code of Practice** provides practical guidance for developing national and workplace policies and programmes to combat the epidemic's spread, as well as mitigate its impact.

## Signs of hope

Concerted action by governments and civil society has been shown to reduce the spread of the epidemic—examples include Australia, Brazil, Cambodia, Senegal, Thailand, and Uganda. Key factors have been leadership, multisectoral and multi-level strategies combined with effective targeting, popular participation, non-discrimination, and the provision of treatment. Brazil, for example, has reduced the number of AIDS-related deaths by 50% since 1993.

In high-income countries, AIDS morbidity is falling because people living with HIV and AIDS have access to antiretroviral treatment. However, there is no room for complacency, and the many new infections in 2004 highlight the need for renewed prevention programmes.

# What are the next steps?

Every workplace needs an AIDS policy and programme, which should include three main components: prevention; treatment, care and support; and protection from stigma and discrimination.

## Success is when...

- ▶ Companies take responsibility for acting on HIV and AIDS, in collaboration with workforce representatives.
- ▶ There is a 'zero tolerance' policy for discrimination in the workplace.
- ▶ Clear and concise HIV and AIDS information is regularly provided to all employees.
- ▶ Peer education and support for behaviour change form the basis for gender-sensitive prevention programmes.
- ▶ Practical measures to support prevention include information on the treatment of sexually transmitted infections and access to condoms.
- ▶ 'Know your status' campaigns encourage voluntary counselling and testing.

The inserts to this brochure provide more detailed guidance and examples of action.

## To find out more, contact:

### International Labour Organization:

ILO Programme on HIV/AIDS and the World of Work  
Geneva, Switzerland  
[iloaids@ilo.org](mailto:iloaids@ilo.org)  
(there are HIV/AIDS focal points in field offices in all regions)

### UNAIDS:

Joint United Nations Programme on HIV/AIDS  
[unaids@unaids.org](mailto:unaids@unaids.org)

### World Economic Forum Global Health Initiative:

Francesca Boldrini, Associate Director  
[globalhealth@weforum.org](mailto:globalhealth@weforum.org)

### International Organisation of Employers:

[ioe@ioe-emp.org](mailto:ioe@ioe-emp.org)

### International Confederation of Free Trade Unions:

[www.icftu.org](http://www.icftu.org)

## For more information on HIV and AIDS in the workplace, consult these useful websites:

[www.unaids.org](http://www.unaids.org) or [www.unaids.org/partnership](http://www.unaids.org/partnership)  
[www.ilo.org/aids](http://www.ilo.org/aids), [www.theglobalfund.org](http://www.theglobalfund.org)  
[www.businessfightsaids.org](http://www.businessfightsaids.org), [www.worldbank.org/aids](http://www.worldbank.org/aids)  
[www.thebody.com](http://www.thebody.com), [www.developmentgateway.org](http://www.developmentgateway.org)  
[www.iaen.org](http://www.iaen.org), [www.hivatwork.org](http://www.hivatwork.org)

The Joint United Nations Programme on HIV/AIDS (UNAIDS) brings together 10 United Nations organizations: UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, ILO, UNESCO, WHO and the World Bank. The global mission of UNAIDS is to lead, strengthen and support an expanded response to the epidemic.

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