

Action against AIDS in the workplace



Latin American and Caribbean Region

A humanitarian, human rights and development crisis

- ▶ More than 2 million people are living with HIV in Latin America and the Caribbean, the majority in the prime of their working lives.
- ▶ The Caribbean is the second-most affected region in the world. Three countries in the Caribbean have HIV prevalence levels of at least 3%—the Bahamas, Haiti, and Trinidad and Tobago.
- ▶ By 2003 AIDS was the leading cause of death in adults aged 20–29 in El Salvador, in adults aged 25–35 in Panama, and in adults aged 30–34 in Jamaica.
- ▶ The Mexican government declared AIDS a national security problem in 2001.

Socioeconomic disparities, high unemployment, labour mobility and gender inequality are significant precursors to the epidemic, which threatens to reverse development gains. Discrimination is blocking progress in prevention and care. Workplaces can become models of ‘zero tolerance’ for discrimination.

The workplace partners can become AIDS ‘champions’ living with HIV/AIDS need support to live positively, contact, no excuse for discrimination, and no need

A workplace issue

- ▶ The epidemic cuts the supply of labour and threatens the livelihoods of many workers. By 2010, for example, Haiti will have lost more than 10% of its labour force (ILO, 2004).
- ▶ Discrimination against people living 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, market demand and investment are also undermined.
- ▶ Workers in the informal economy—the main source of employment in many parts of the region—are particularly vulnerable to the epidemic’s impact, due to the precarious nature of informal employment, the lack of social protection and limited access to health services.
- ▶ A recent study by CAREC and the University of the West Indies Health Economic Unit estimated that Jamaica’s gross domestic product (GDP) could be 6.4% lower by 2005 due to AIDS. According to the ILO’s model, income in eight Latin American and Caribbean countries would have grown by 0.5% more per year without the HIV epidemic (2004).

How HIV and AIDS affect economic growth and social development

- ▶ reduces labour supply
- ▶ causes the 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 base and negatively impacts economic growth
- ▶ weakens demand, discourages investment and 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

Business action against AIDS

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

**Workplace policy:
10 steps to implementation**

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

Trade union action against AIDS

The Latin America and Caribbean Region

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.

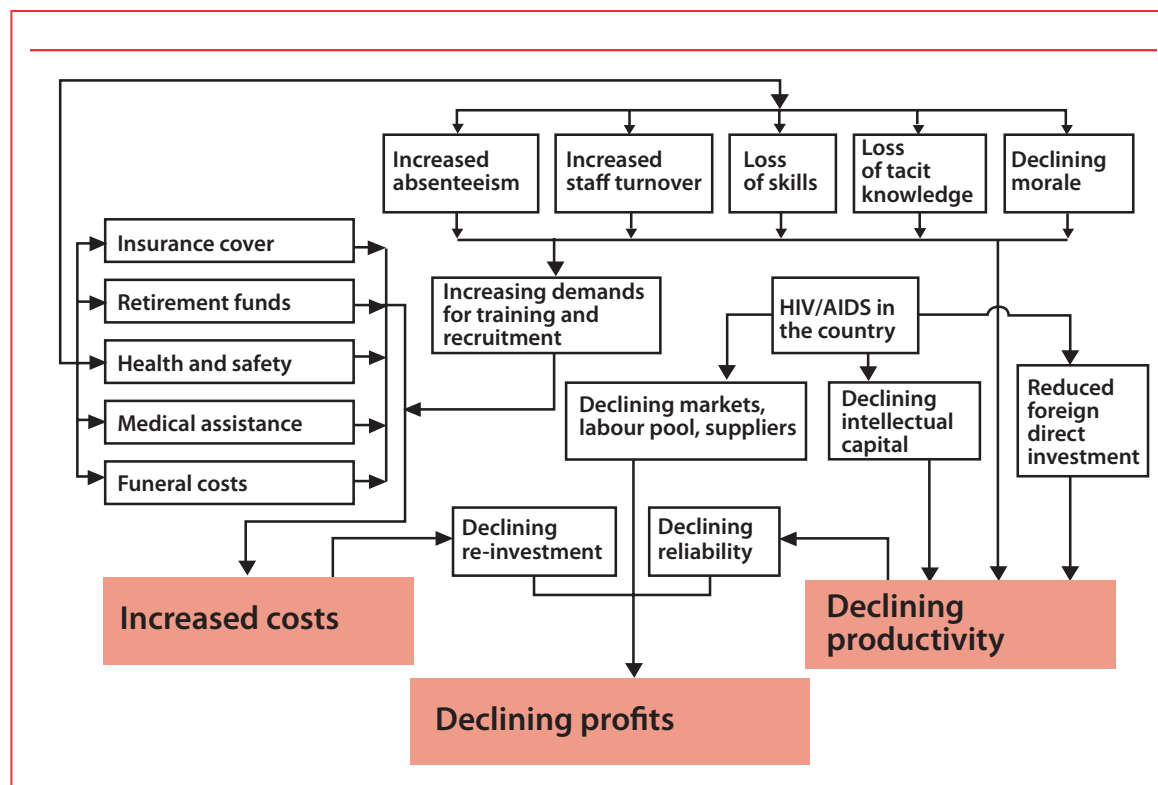
The workplace offers many opportunities for tackling HIV and AIDS. More and more companies recognize the cost-benefits of prevention programmes and treatment. They also accept that they have a corporate social responsibility to take part in national efforts to deal with the epidemic.

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)

Business costs

A study sponsored 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 overall 16% of the nearly 9000 business leaders surveyed from 104 countries judged AIDS a serious business threat. Moreover, 35% of respondents in Latin America and 67% in the Caribbean expected some impact of HIV and AIDS on their companies in the next five years.

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.

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. A study by the University of the West Indies and the Caribbean Epidemiological Centre predicts that by 2005 the Jamaican economy will see a decrease of 6.4% in GDP due to the impact of AIDS.

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 the epidemic. Businesses can actively reduce the risk and mitigate impact of AIDS by investing in programmes that include prevention, treatment, non-discrimination, care and support, 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.

Prevention costs less

Many prevention and treatment interventions are inexpensive. Low-cost activities can include a company policy on AIDS; information and awareness-raising; ensuring that affected employees have access to statutory benefits; and adapting tasks and workloads to the capacity of affected workers. 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 on HIV/AIDS 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 personnel turnover rates and labour costs. Preliminary research shows that providing treatment and care to keep employees in the workforce is often less expensive than the costs related to HIV and AIDS, even for small businesses.

- ▶ Volkswagen in Brazil reports that their AIDS Care Programme has reduced costs to the company from between US\$1500 to US\$2000 per affected employee per month to US\$300.

The business response in Latin America and the Caribbean

The 2004-2005 World Economic Forum report *Business and HIV/AIDS: Commitment and Action?* suggests that despite seeming awareness about the possible future implications of the epidemic, the private sector response to HIV and AIDS in Latin America and the Caribbean has tended to lag behind that in other parts of the world. Business leaders need more information on how the epidemic is or could be impacting their own operations: only 17% of respondents in Latin America and 12% in the Caribbean have conducted quantitative AIDS risk assessments. Seventy-five per cent of respondents in Latin America and 62% in the Caribbean do not have an AIDS policy.

However, there are signs of change. Multinational corporations in key economic sectors have introduced some of the best-known responses (see below). Associations of employers in the Caribbean have taken action to mobilize their members and support tripartite initiatives (see cover). The Mesoamerican Initiative for AIDS Prevention, led by UNAIDS, has helped put the issue of AIDS on the agenda of many enterprises, employers' and workers' organizations and labour ministries, and they are now getting more actively involved in prevention efforts at the workplace.

► Brazil

In 1996 **Volkswagen do Brasil** developed a comprehensive prevention and care programme in response to an increasing level of HIV infection in the company's workforce. The initiative focuses on HIV prevention and the treatment of employees living with AIDS. The prevention programme uses educational presentations and videos, information dissemination via the company radio, internal newspapers, bulletin boards and brochures.

By the end of 1999, the company's monitoring system, which includes both quantitative and qualitative indicators, showed:

- 90 % reduction in hospital admissions;
- 40 % reduction in the costs of treatment and care;
- 90 % of those covered by the scheme remained active and symptom-free.

The programme is seen to be successful in providing care and support, improving the quality of life of those infected and affected by HIV, and reducing the costs associated with absenteeism and the loss of skilled employees.

VARIG is the largest airline company in Latin America. Realizing that the nature of their work placed the company's employees in situations that could lead to risk-taking behaviour, VARIG introduced an AIDS programme in 1986 to respond to the health and social needs of its employees and "fulfil a social responsibility role by contributing to national and international efforts to control the impact of HIV/AIDS". Its 2003 budget for prevention activities and medication was approximately US\$5 per employee per year.

Employees and their families have free access to voluntary counselling and testing and to antiretroviral therapy. VARIG extends its programme beyond the workplace: it provides free cargo handling for selected drugs that are not available in Brazil, and sponsors annual campaigns on World AIDS Day.

Nestlé is the world's largest food company with more than 254 000 employees worldwide. In Brazil, Nestlé is seeing the results of its longstanding AIDS programme. Its focus on prevention through behaviour change has resulted in a reduction of more than 50% of workers reporting high-risk behaviour. Other key components of its policy include non-discrimination, confidentiality and disclosure. Benefits include voluntary counselling and testing, care, support, and treatment for employees, spouses and their children.

► Barbados

Goddard Enterprises is active in food processing, airline catering and import/distribution. It is a large group of 18 firms located in several countries in the Caribbean. It has 1250 employees in Barbados alone. Goddard Enterprises adopted its workplace policy in January 2001, which includes cover of its workers for all life-threatening illnesses, including AIDS. Since not all companies of the group are implementing the policy, follow-up efforts are planned for its implementation in all firms.

Smaller companies should also receive recognition, as many have been tackling the epidemic since the late 1980s and early 1990s, often through local and national employers' organizations.

Key considerations

- The most successful interventions are directed towards a company's specific needs, and are developed and implemented in consultation with workers' representatives and people living with HIV and AIDS.
- Providing investment in early and systematic treatment can actually cut the direct costs of care by leading to a fall in hospitalization and other costs of treatment.
- Providing treatment contributes to significant indirect savings: workers remain active and symptom-free, absenteeism is reduced and employers continue to benefit from their skills and experience.
- There is no danger to co-workers from casual contact with an employee who has HIV or AIDS.
- Programmes that are seen to be caring and supportive of people living with HIV and AIDS increase employee satisfaction and improve the company's public image.

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

www.unaids.org or www.unaids.org/partnership

www.weforum.org/globalhealth

www.businessfightsaids.org

www.ioe-emp.org

www.icftu.org

www.fhi.org

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 AIDS 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, livelihoods 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.

- ▶ The Jamaica Confederation of Trade Unions signed a joint Memorandum of Understanding with the Jamaica Employers' Federation on HIV/AIDS in the workplace; this focuses on the provision of information and education, and measures to reduce stigmatization.

HIV prevention

Trade unions are using their experience in education and training to integrate sessions on HIV in all their courses and to train workplace representatives as peer educators. Prevention programmes provide accurate information on modes of transmission; help workers to assess the risks of their own behaviour; and give practical support for behavioural change (e.g. by distributing condoms). Occupational health and safety is also a concern in the face of 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.

In 2004, the Guyana Teachers' Union, in collaboration with WHO and Education International, launched a project to train all its members to help young people understand how changes in their attitudes and lifestyle can help prevent HIV.

Care and support

In the context of AIDS, care and support in the workplace ranges from protecting workers against stigmatization and discrimination to ensuring their access to available medical benefits and social security. Today it also includes the right to antiretroviral treatment. As such, 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 set up programmes for care and support that are affordable, even for small enterprises. These should include:

- ▶ education to combat 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 counselling and testing;
- ▶ supporting self-help groups;
- ▶ providing treatment for opportunistic infections, and 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 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 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.

- ▶ Unions collaborated with the employers' organization in Barbados to develop and implement a *Social Partners Code of Practice on HIV/AIDS and Other Life Threatening Illnesses in the Workplace*.

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 contributions to national AIDS councils and Global Fund Country Coordinating Mechanisms, and—with employers' representatives—should be systematically represented on such bodies.

Increasingly, especially in the Caribbean, trade unions are pursuing their programmes in collaboration with employers and their organizations.

Policy development

The International Confederation of Free Trade Unions (ICFTU) encourages its affiliated organizations, national union centres and global union federations to develop policies for their own organizations, as well as workplace policies or clauses in collective agreements. Programmes to implement these policies should provide training components for the relevant workplace actors, and structures for monitoring the impact of the epidemic and the effectiveness of the response.

On World AIDS Day 2003, the ICFTU and global union partners launched a Global Unions campaign on HIV and AIDS. In this framework, ORIT, the Inter-American regional organization of the ICFTU, has put in place a comprehensive programme to develop strategies that include partnerships between trade unions and AIDS service organizations to deal with the epidemic in Latin America.

- ▶ In May 2002, the countries of the Caribbean developed and adopted a tripartite Platform for Action on HIV/AIDS and the World of Work. It helps countries to implement national and regional plans for HIV and AIDS, and provides for government, employers' and workers' organizations to take separate and collective action.

Rising to the challenge of HIV and AIDS

Concerted action by governments and civil society has reduced the spread of the epidemic. In Latin America, some governments have adopted policies that make antiretroviral drugs freely available. An estimated 210 000 people in the region, mainly in Brazil, were receiving treatment at the end of 2003.

Brazil's rights-based approach to prevention and treatment has reduced the number of AIDS-related deaths by 50% since 1993.

This represents savings of more than US\$1.1 billion on hospitalizations and US\$2 billion on out-patient care as a result of AIDS-related illnesses. Argentina, Costa Rica, Cuba and Uruguay also guarantee free and universal access to treatment through the public sector, although provision is not universal in practice.

The Latin America and Caribbean Regional Statistics

- ▶ Population (2003): 534,000,000
- ▶ HIV infections (2004): 2,140,000
- ▶ Cumulative labour force losses by end 2005 in 8 countries (as predicted in 2003): 1,153,000

*ions' and promote the vital message that people
vely and keep working: there's no danger in casual
d to fear each other.*

In Guatemala, for instance, 3000 persons received antiretroviral treatment in 2003 but fewer than half of them obtained it through the social security system. An initiative in Barbados to make antiretroviral drugs universally available and the introduction of voluntary counselling and testing services in January 2002 has resulted in a 43% drop in the number of deaths due to AIDS.

Action in the world of work

Governments, employers' and workers' organizations, NGOs and other stakeholders in the region, notably in the Caribbean, have taken collective and separate action in response to the epidemic, which include workplace policies and programmes to reduce the spread of HIV and the impact of AIDS.

- ▶ The Pan-Caribbean Partnership against HIV/AIDS and Regional Strategic Framework for HIV/AIDS, 2002–2006, represent a commitment by the members to scale up action on AIDS and to involve a wide range of sectors. The various national planning bodies bring together representatives of the nations' top policy- and decision-makers from the private sector, trade unions and key government ministries to contribute to the formation of policies and programmes.
- ▶ At the 2002 ILO consultation on HIV/AIDS and the world of work in the Caribbean, representatives of the tripartite constituents adopted a *Platform for Action on HIV/AIDS and the World of Work in the Caribbean*, undertaking to develop policies and programmes within the framework of the ILO **Code of Practice on HIV/AIDS and the world of work** and other relevant ILO instruments.
- ▶ In Latin America, the Government of Brazil has put in place a comprehensive, integrated programme, providing prevention, treatment, care and support; it includes promotion of the ILO Code of Practice in the workplace context. This package provides a framework for action against the epidemic at enterprise level.

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.

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 against 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 behavioural 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:

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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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