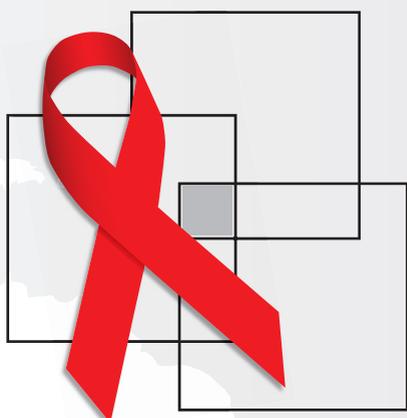




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Labour
Office
Geneva

Independent evaluation of the ILO's strategy to address HIV and AIDS and the world of work

OCTOBER 2011



EVALUATION
UNIT



**Independent evaluation of the ILO's strategy to address HIV
and AIDS and the world of work**

International Labour Office

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PREFACE

This final report was prepared by the evaluation team, Mei Zegers, lead international evaluation consultant, and Carla Henry, Senior Evaluation Officer in the ILO Evaluation Unit. A detailed desk review was prepared by ILO Research Assistant, Agata Standa. Louis Jackett contributed to initial data collection and analysis.

The evaluation was launched in February 2011 under the guidance of Guy Thijs, Director of ILO's Evaluation Unit and in consultation with Sophia Kisting, Director of the ILO/AIDS programme.

The report has benefited from input from many inside and outside the ILO. The evaluation team expresses its appreciation to the Director and officials of the ILO/for their cooperation during the evaluation process. Thanks also go to the ILO officials in Ethiopia, Zambia, South Africa and Zimbabwe who supported case study missions.

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ABBREVIATIONS

ACTEMP	Bureau of Employers' Activities (ILO)
ACTRAV	Bureau of Workers' Activities (ILO)
ADB	Asian Development Bank
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
ART	Anti Retroviral Therapy
BCC	Behaviour Change Communication
BVT	Basic Vocational Training
CBA	Collective Bargaining Agreement
CCM	Country Coordinating Mechanism
CDC	Centre for Disease Control
CSR	Corporate Social Responsibility
CTA	Chief Technical Adviser
DAC	Development Assistance Committee (OECD)
DfID	Department for International Development (UK)
DWA	Decent Work Agenda
DWCP	Decent Work Country Programme
EC	European Commission
EMP	Employment Sector (ILO)
EMP/POL	Employment Policy Department (ILO)
EQ	Evaluation Question
ESP	Committee on Employment and Social Policy
EU	European Union
EVAL	Evaluation Unit (ILO)
Focal Point	The person in a target enterprise or within a stakeholder structure who functions as the particular reference person vis-à-vis the ILO project
FUE	Federation of Uganda Employers
GAB	Global Action Plan
GB	Governing Body
GESS	Global Extension of Social Security
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria

GIMI	Global Information on Micro-insurance
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
GTZ	German Agency for Cooperation(Deutsche Gesellschaft für Zusammenarbeit) ¹
HIV	Human Immunodeficiency Virus
IDU	Intravenous Drug Users
IEC	Information, Education and Communication
IFC	International Finance Corporation
IFIs	International Financial Institutions
IFP/SES	InFocus Programme on Socio-Economic Security (SOC/SEC)
ILC	International Labour Conference
ILO	International Labour Organization/International Labour Office
ILO/AIDS	Programme on HIV/AIDS and the World of Work (ILO)
IMF	International Monetary Fund
IOE	International Organization of Employers
IRIS	Integrated Resource Information System
ISSA	International Social Security Association
ITUC	International Trade Union Confederation
KABP	Knowledge, Attitude, Behaviour and Practices
MARPs	Most At Risk Populations
MDG	Millennium Development Goal
MIGRANT ILO	International Migration Programme
MSM	Men who have sex with men
NAS	National AIDS Strategy
NOTU	National Organization of Trade Unions of Uganda
NGO	Non-governmental organization
NORMES	Labour Standards Department (ILO)
NPC	National Project Coordinator
OECD	Organisation for Economic Co-operation and Development
OFID	OPEC Fund for International Development
OHCHR	Office of the High Commissioner for Human Rights
OPEC	Organization of the Petroleum Exporting Countries
OSH	Occupational Safety and Health
P&B	Programme and Budget

¹Operating as GIZ since January 1, 2011.

PAB	Project Advisory Board
PAF	Programme Acceleration Fund
PC	Performance Criteria
PE	Peer educator
PEPFAR	(US) President's Emergency Plan for AIDS Relief
PFA	Programme, Financial and Administrative Committee
PIR	Programme Implementation Report
PLHIV/PLWHIV	People Living with HIV
PLWHA	People living with HIV and AIDS
PMP	Performance Monitoring Plan
PMT	Project Management Team
PMTCT	Prevention of Mother to Child Transmission
PO	Programme Officer
PROTRAV	Labour Protection Department (ILO)
PSI	Programme Support Income
QUATRIN	Quantitative training programmes
RB	Regular Budget
RBM	Results Based Management
RBSA	Regular budget supplementary account
RBTC	Regular Budget for Technical Cooperation
RO	Regional office
SAFEWORK	Safety and Health at Work and the Environment (ILO)
SEC/SOC	Department of Social Security (ILO)
SHARE	Strategic HIV/AIDS Responses in Enterprises
SIDA	Swedish International Development Cooperation Agency
SOC/FAS	Financial, Actuarial and Statistical Service Branch (SEC/SOC)
SOC/POL	Social Security Policy and Development Branch (SEC/SOC)
SPERs	Social Protection Expenditure and Performance Reviews
SPF	Social Protection Floor
SPF	Strategic Policy Framework
SRO	Sub-regional office
SSI	Social Security Inquiry
STD	Sexually Transmitted Diseases
STEP	Strategies and Tools Against Social Exclusion and Poverty
STIs	Sexually Transmitted Infections

SW	Sex Worker
SWOT analysis	strengths, weaknesses, opportunities, and threats analysis
TB	Tuberculosis
TOR	Terms of Reference
ToT	Training of Trainers
TRAVAIL	Conditions of Work and Employment Programme
UBW	Unified Budget and Workplan
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDAF	United Nations Development Assistance Framework
UNDESA	United Nations Department of Economic and Social Affairs
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session
UN-HABITAT	United Nations Human Settlements Programme
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children Fund
UNODC	United Nations Office on Drugs and Crime
UNRWA	United Nations Relief and Works Agency
USAID	United States Agency for International Development
USDOL	U.S. Department of Labor
VCT	Voluntary Counselling and Testing
WB	World Bank
WFP	United Nations World Food Programme
WHO	World Health Organization
WMO	World Meteorological Organization
WPI	Workplace Interventions
XB	Extra-budgetary

EXECUTIVE SUMMARY

In 2010 the Governing Body of the ILO approved plans to independently evaluate the ILO strategy and programming to address HIV and AIDS through the world of work.

The evaluation, which was conducted by a team of independent evaluators, and managed by the ILO Evaluation Unit, consisted of a global analysis of the ILO's strategy to support the world of work in responding effectively to the HIV and AIDS epidemic within the frameworks laid out in the ILO strategic policy frameworks for 2005–09 and 2010–15.

The independent evaluation is based on the analysis of key reports and programme documentation, a portfolio review organized by country, project documentation, and interviews with ILO staff, constituents and United Nations (UN) system colleagues. Six desk case studies and three country missions were undertaken covering Cambodia, China, Ethiopia, India, Paraguay, Russia, Senegal, Zambia and Zimbabwe.

The evaluation addressed six broad questions as follows:

1. To what extent is the design of the ILO strategy **relevant** to the global policy dialogue and the situation facing member States' governments, social partners, and those in the world of work lacking adequate policies and programmes to effectively address HIV and AIDS??
2. To what extent have the ILO's strategy design and implementation been **effective**?
3. To what extent has the ILO's strategy been **coherent, complementary** and created synergies internally and with partners?
4. To what extent have resources been used **efficiently**, and has the programme been appropriately and adequately resourced?
5. To what extent have ILO actions had **impact** in the form of contributing to policy improvements, changes in thinking and significant progress to work towards addressing HIV in the world of work?
6. Have ILO interventions been designed and implemented in ways that have maximized **sustainability** at country level?

Operational approach

The global HIV and AIDS epidemic threatens every aspect of the Decent Work Agenda and the ILO's strategic objectives. It reduces the supply of labour and undermines the livelihoods of millions of workers and those who depend on them. The loss of skills and experience in the workforce threatens productivity and diminishes the capacity of national economies to deliver goods and services on a sustainable basis. Fundamental principles and rights at work are undermined through discrimination against those affected. The informal economy—employing half of the world's workers—is particularly vulnerable to the epidemic because of its reliance on human resources.

In 2000, the ILO created a Programme on HIV and AIDS and the world of work. In 2001, the Governing Body adopted the *ILO Code of Practice on HIV and AIDS and the world of work*, and , in 2010, adopted the ILO Recommendation concerning HIV and AIDS and the

world of work, 2010 (No. 200). The *ILO code of practice on HIV and AIDS and the world of work* is a blueprint for workplace action that sets out principles for policy development and the protection of rights as well as practical guidelines for programmes of prevention, care and support. The right of non-discrimination lies at the heart of the concern of the ILO for the abuse of human rights in the area of HIV and AIDS.

Key areas of ILO's strategic involvement focus on increasing understanding of HIV and AIDS as a labour and development issue; mobilizing commitment and resources of the constituents locally, nationally and globally; promoting a systematic response to AIDS through workplace policies and programmes; and enhancing the capacity to plan and develop such policies and programmes.

Findings, conclusions

Relevance, responsiveness and added value

The ILO programme on HIV in the world of work has achieved a very good range of successes built on a foundation that is well based in the ILO mandate on labour rights and working conditions. The ILO added value to addressing HIV by working in its areas of comparative advantage using tripartite dialogue and building on experience across different ILO sectors. Over time, policy dialogue on HIV in the world of work has increasingly been well informed by the constituents, national AIDS bodies and UN partners.

The ILO contributed through its programmes with tripartite constituents, NGOs and other civil society representatives and other development partners to the realisation of the MDGs, particularly MDG 6 on combating HIV and AIDS.

Effectiveness

The ILO made significant progress on the development of HIV and AIDS national and workplace tripartite policies as part of the national AIDS response in different countries. The ILO contributed—through technical support and together with tripartite constituents—to the adoption of HIV in the world of work in the national AIDS strategies of many countries. So far, 26 African countries, in the Americas and the Caribbean in 14 countries, for Asia and Pacific in 11 and in five European/Central Asian countries have done so. Despite this positive result, implementation of the policies still needs to be improved. The extent to which this is possible is, however, influenced by the limited amount of financial and other resources allocated by the different stakeholders. National policies thus need to be linked to concrete planning on implementation and strategies for resource allocation.

The strategies and approaches developed by the ILO have been effective and coherent to a large extent. The Code of Practice on HIV and the World of Work has been very instrumental in raising awareness and as a concrete tool to inform governments, employers and workers on the key issues. Many global evaluation interviewees consider the Code of Practice to be the cornerstone of the ILO programme. The Code of Practice is now supplemented and strengthened by the adoption of Recommendation 200, which tripartite

constituents and civil society view as a vital standards instrument, particularly in high HIV priority countries.

While ILO/AIDS has been the source from which most of the ILO work on HIV in the world of work emanated, other ILO sectors also implemented actions and contributed to HIV policy development. The ILO work on migration, child labour and the informal economy has already integrated issues on non-discrimination, support for orphans and economic empowerment, for example. There is still a need to ensure that HIV in the world of work is more thoroughly embedded in social and employment protection, with special emphasis on occupational safety and health.

The ILO has been very good at using research, knowledge generation, and capacity strengthening which have also been designed and implemented in a way that addresses capacity gaps, including capacity of constituent organisations. Some streamlining of research, consolidation and sharing of findings is still needed. Aside from research, good practices, lessons learned and tools still need to be exchanged at a much higher rate to inform HIV in the world of work in different countries and settings.

Despite the fact that the ILO has developed very interesting good practices on HIV in the context of the informal economy worker, a great deal more effort is needed to reach the very large number of informal economy workers, job seekers and others among poor and vulnerable workers. Although gender issues have been identified in the Code of Practice, Recommendation 200 and other ILO documents, the ILO strategy on gender and HIV in the world of work is still not very strong. Isolated efforts have been undertaken but gender needs to be more solidly and explicitly integrated across HIV in the world of work programming.

Coherence

The ILO interaction with UNAIDS at global level has primarily been linked to high-level programmatic coordination with ILO status and requirements as a co-sponsor. The ILO has faced some challenges within the UN joint facility in making visible and tangible the full range of ILO work on HIV and AIDS, particularly in the broader social protection area. This has in part been due to the decision to set up a dedicated programme and at the same time support cross-cutting work in other major programming areas that addresses persons affected by HIV and AIDS. A major challenge has been to consolidate and effectively monitor and report to UNAIDS on the ILO's full range of HIV cross-cutting work and resources.

At country level, the ILO is a well-accepted member of the Joint UN team and in other UN coordination bodies. The ten UNAIDS co-sponsoring organizations have different sizes, levels of country presence, mandates and modes of operations. At country level, development partners working on HIV often are not very familiar with the ILO's tripartite process and its work with Ministries of Labour although there is an increasing recognition of the need to integrate and associate multiple partners. National strategies to address HIV and AIDS in many case countries remain concentrated on health sector, with prevention and the wider social protection systems receiving less attention.

Efficiency

The HIV and AIDS technical cooperation initiatives demonstrated solid financial delivery performance, reaching an estimated 84.3 per cent financial delivery in 2009 and 90.7 per cent in 2010, and a similar reported progress in technical delivery, according to ILO's financial reports.

The ILO's results-based framework, design and implementation systems have mostly increased the coherence and effectiveness of its support to member States including evidence of rational prioritization of countries. Decent Work Country Programmes (DWCPs) reflect the priority given to HIV and AIDS and the world of work for most countries of the Southern African region. In Asia, a fair number of DWCP have recognized HIV at the output level, and usually linked to a broader social protection outcome. Outside of these regions, evidence of a prioritized intervention strategy is less evident, though many of the ILO's interventions are linked to donor and constituent requests. For the future, the ILO will have the added lens of UNAIDS' recommendations for prioritized countries for 2011 to 2015, which may concentrate the focus of country-level work.

Since programme inception in 2001 tripartite constituents' commitment has solidified and intensified as they became more aware of the importance of responding effectively to HIV in the world of work. Improved planning on how trade unions can play a more developed role within national HIV strategies and work place policies and practices is needed.

Impact

The ILO contributes to global policy dialogue and works to ensure that the ILO strategies and priority areas on HIV in the world of work are considered in the global programme. Feedback during the global evaluation process suggested that the ILO needs to profile more concretely how its work within the broader social protection sphere, including on ILO standards, that targets vulnerable groups such as migrants and child labourers, and effective use of interventions such as employment promotion, supports people affected by HIV and AIDS. This situation is likely to improve given that the UN joint strategy now explicitly calls for institutionalizing HIV support within existing programmes and systems. At country level, the technical input of the ILO on a range of issues, including specifically on HIV in the world of work, is appreciated although some note that it is important for the ILO to provide more financial input to support their statements on the importance of HIV in the world of work.

The ILO strategy on HIV and AIDS has promoted the mainstreaming of HIV and AIDS internally across key areas of the decent work agenda. Notable internal collaboration since the creation of ILO/AIDS programme has been identified and this collaboration has resulted in targeted knowledge and tool development that has helped to fill gaps in ILO's operations.

Sustainability

The ILO's work on HIV is highly vulnerable due to limited ILO regular budget-financed staff in the ILO/AIDS unit and the dependence on extra budgetary to support most

activities. As such, efficiency could have been improved in terms of resource allocation and integration of different financing approaches, as well as mainstreaming HIV work more extensively within the labour protection and social security departments. The evaluators have concerns that the overall situation for funding world of work and HIV strategies is uncertain. Donors are increasingly funding at country level, and to some extent through joint UN strategies. The UN approach to HIV is also likely to be affected by changes in donor resource allocations while the ILO's place within this changing system is uncertain. Due to resource constraints and the disparate needs of countries, the ILO can prioritise its focus on countries meeting criteria such as high HIV prevalence, high overall numbers of people affected by HIV, availability and commitment of local resources to addressing HIV through the world of work. Evidence suggests that this is already somewhat the case though coverage remains broad.

Recommendations

Recommendation 1: Within the overall social protection area, and with Recommendation No. 200 as the point of reference, bring together successful, well-tested past project and other actions into more coherent and defined approach that encompass the wider ILO social protection and labour rights comparative advantages.

Recommendation 2: Develop an operational strategy to clarify and make visible the comparative advantage of the ILO on HIV, drawing in the broader decent work context, including employment promotion, legal frameworks, social dialogue and tripartism.

Recommendation 3: In HIV priority countries, develop a plan of action to advance collaboration with UNAIDS co-sponsors, including those outside of the established ILO areas of focus on workplace policies and workplace actions. The collaboration plan of action should focus on strategic partnerships within a well-defined results-based management framework. The plans should contribute to facilitating collaboration with key global and country-level funding organizations and take into account expected future developments, such as the One UN system.

Recommendation 4: Overhaul and streamline communications on the internal and public view of the ILO's overall work on HIV and AIDS to profile countries rather than projects. Ensure that work on HIV and AIDS in different ILO sectors is included. Communicate the ILO's roles and responsibilities in local actions and how ILO input at local level helps to inform and improve its technical support for national policies and strategies.

Recommendation 5: Target a reduced number of priority countries to concentrate efforts, and based on well-defined criteria within ILO and UN strategy frameworks.

Recommendation 6: Consolidate HIV staffing and field structures to support a revised strategy and prioritized set of countries. Address operational inefficiencies and imbalances between staff and non-staff resources.

Recommendation 7: Develop and broaden ILO operations to address HIV, through as yet under-exploited avenues, in countries within national occupational safety and health systems, including labour inspection functions, working conditions and social security systems. Special emphasis is needed on extending the quality and reach of health insurance, preventive health care services and expanding existing schemes for family benefits.

Recommendation 8: For HIV priority countries, increase the focus and articulate a clearer strategy for addressing HIV in the informal economy, including addressing gender issues.

Recommendation 9: Develop joint national plans for resource mobilization, that can link the Programme and Budget outcome-based work planning to implementation of Recommendation 200.

Recommendation 10: Increase emphasis on sustainability by scaling up national development of policies, approaches, materials and support providers, with due consideration of feasible exit strategies.

1. OBJECTIVES AND SCOPE OF THE EVALUATION

1.1 Rationale

In 2010 the Governing Body (GB) of the ILO approved plans to independently evaluate the ILO strategy and programming to address HIV and AIDS through the world of work.

The objectives of the evaluation are to provide:

- impartial insight into the continued relevance, effectiveness and efficiency of the ILO HIV and the world of work strategies, as well as the impact and sustainability of results achieved;
- concrete recommendations of how the ILO's strategies on HIV and AIDS should be continued or modified and thereby provide the ILO GB with evidence and insights to enable it to improve strategies, policies and functioning of the strategies.

The evaluation, which was conducted by a team of independent evaluators, and managed by the ILO Evaluation Unit (EVAL), consisted of a global analysis of the ILO's strategy to support the world of work in responding effectively to the HIV and AIDS epidemic within the frameworks laid out in the ILO Strategic Policy Frameworks (SPFs) for 2005–09 and 2010–15.

1.2 Scope

The evaluation covers the period 2005–2010. Its scope involved review of four broad areas:

1. role and relevance of the ILO's HIV and AIDS and world of work strategy;
2. role and contribution of ILO as a co-sponsor of the Joint UN Programme on HIV and AIDS (UNAIDS);
3. evidence of impact and sustainability of the ILO's technical support in the form of improved policies, institutions, knowledge, tripartite processes and enterprise practices;
4. positioning of HIV and AIDS within the ILO.

The evaluation makes use of the Development Assistance Committee (DAC) criteria of relevance, effectiveness, efficiency, impact and sustainability. Additionally, coordination, coherence, and complementarity have been considered throughout the evaluation.

1.3 Evaluation methodology

The evaluation consisted of four phases, i.e., Inception, Desk Review, Field, and the Reporting/Discussion Phase. Interviews were conducted at the ILO and UNAIDS headquarters to brief senior officials on the nature of the evaluation, to identify major issues and to reconstruct the ILO's intervention logic on HIV and AIDS in the world of work. A review of strategy, including national contexts and main means of action, with

focus on evolution of the programme over time, was supported through a structured portfolio analysis and review of documentation. Attention was paid to the main means of action, implementation performance, perception of major progress and significant achievements, as well as notable products and outputs. Application of good practices, including a Results-based Management (RBM) approach, and use of lessons learned were considered. Drawing from available country and global programme documents, reporting and evaluations, an analysis of how results are being planned, monitored and progress reported was prepared and policies and practices reviewed.

Nine country case studies covering four regions were developed to provide an additional means of documenting and analysing the technical work within member States. As it can be seen in Table 1 below, cases were selected according to specific criteria including importance in terms of countries where the ILO has established an extensive experience base on HIV in the world of work, countries where the ILO's work is considered innovative, as well as countries that have faced challenges. Looking towards the future, the evaluators also noted whether the case studies were priority countries as determined by the UNAIDS co-sponsors programme for the period 2011–15. Countries for case studies included Zimbabwe, Zambia, Ethiopia, Senegal, Russia, China, India, Cambodia and Paraguay.

Table 1. Selected country case studies against the ILO, UNCTs, NAS and UNAIDS key elements

Country	DWCP Outcomes 2010-2011	ILO is present in Joint UN Teams on AIDS	World of Work is included in the National AIDS Strategy	P&B Implementation Report 2008-2009	UNAIDS Priority for 2011-15
Cambodia	√	√	√	√	√
China	√	√	√	√	√
Ethiopia	√	√	√	√	√
India	√	√	√	√	√
Paraguay	√	√	√	√	√
Russia	√	√	√	√	√
Senegal	√	√	√	√	√
Zambia	√	√	√	√	√
Zimbabwe	√	√	√	√	√

The evaluators visited the ILO Africa regional office in Addis Ababa to collect information on regional strategies, programmes and joint efforts with other agencies, and the ILO Decent Work Team (DWT) for eastern and southern Africa in Pretoria. In South Africa a meeting was also held with a team from the Ministry of Labour in Pretoria. The purpose of the meeting was to discuss policies, strategies and approaches of a country that has more resources at its disposal than the other southern Africa countries included in the study, i.e., Zambia and Zimbabwe.

In the case study countries, as well as regionally, special attention was paid to an analysis of any concrete partnerships the ILO had established. While joint policies were critically reviewed, specific activities, such as the development of tools and other materials on HIV in the world of work were also analysed.

Data was collected from multiple sources of evidence and triangulated to ensure that a complete and coherent analysis, conclusions and recommendations emerged. Employing the evidence-based analyses of evaluation and performance criteria, the evaluation team arrived at findings corresponding to each Evaluation Question (EQ). These findings were synthesized into a set of core conclusions with each one giving rise to a key recommendation. A logical process was thus established between the evidence gathered and the recommendations made.

1.4 Key performance criteria/questions for evaluation

The ILO’s operational strategy on HIV and AIDS in the world of work from the SPFs for 2006–09 and 2010–15, with their respective programme and budgets, provided the context for the analysis.

Several factors were considered to determine the evaluation questions including the:

- extent to which the question would contribute to fulfilling the requirements under the Terms of Reference (TOR) for the evaluation;
- stated objectives, priorities and principles of the ILO strategies on HIV and AIDS in the world of work;
- extent to which the questions contribute to increased understanding and analytical input into the partnerships created at different levels (within the ILO, with the tripartite constituents, with UNAIDS and co-sponsors, civil society);
- expectations of ILO headquarters staff interviewed at the beginning of the inception phase;
- potential utility of the answer to a potential EQ with regard to the purpose of the evaluation;
- need to avoid rediscovery of existing knowledge;
- need to arrive at strategic conclusions and recommendations that can be used to inform the ILO’s strategy on HIV and AIDS in the world of work into the future.

Table 2. Performance criteria

EQ	Performance criteria
1	<i>To what extent is the design of the ILO strategy relevant to the global policy dialogue and the situation facing member States’ governments, social partners, and those in the world of work lacking adequate policies and programmes to effectively address HIV and AIDS?</i>
2	<i>To what extent have the ILO’s strategy design and implementation been effective?</i>
3	<i>To what extent has the ILO’s strategy been coherent, complementary and created synergies internally and with partners?</i>
4	<i>To what extent have resources been used efficiently, and has the programme been appropriately and adequately resourced?</i>
5	<i>To what extent have ILO actions had impact in the form of contributing to policy improvements, changes in thinking and significant progress to work towards addressing HIV in the world of work?</i>
6	<i>Have ILO interventions been designed and implemented in ways that have maximized sustainability at country level?</i>

A summary rating is expressed at the end of each EQ based on the findings associated with them:

POOR: when the findings related to the evaluation criterion show that expected results have not been attained, there have been important shortcomings, and the resources have not been utilized effectively and/or efficiently;

SATISFACTORY: when the findings related to the evaluation criterion show that the objectives have been partially attained and the level of performance can be considered acceptable in the view of the ILO partners and beneficiaries and of the ILO itself (including, considering the policies, the standards and the means of action);

GOOD: when the findings related to the evaluation criterion show that the objectives have been mostly attained and the expected level of performance can be considered coherent with the expectations of the beneficiaries and of the ILO itself (including, considering the policies, the standards and the means of action);

VERY GOOD: when the findings related to the evaluation criterion show that ILO performance related to criterion has produced outcomes which go beyond expectation, expressed specific comparative advantages and added value, produced best practices and exclusive (or almost exclusive) capacities.

1.5 Challenges and limitations noted

The amount of information to be reviewed and analysed was vast because of the number of direct stakeholders/partners. As the ILO is a co-sponsor in the UNAIDS joint programme, the linkages with other agencies are exceptionally important. Resource constraints have limited the number of case studies to three countries and a visit to the regional office in Addis Ababa and the subregional office in Pretoria. The team responded to the inability of visiting all case study countries by stressing the importance of desk-based studies and telephone interviews with regional and national field staff.

The organization of field missions was complicated by the high level of mobility of individuals whom the evaluators would have liked to meet.

2. MAJOR STRATEGIES AND PROGRAMMATIC LOGIC

2.1 Background

The global HIV and AIDS epidemic threatens every aspect of the Decent Work Agenda (DWA) and the ILO's strategic objectives. It reduces the supply of labour and undermines the livelihoods of millions of workers and those who depend on them. The loss of skills and experience in the workforce threatens productivity and diminishes the capacity of national economies to deliver goods and services on a sustainable basis. Fundamental principles and rights at work are undermined through discrimination against those affected.

The informal economy – employing half of the world's workers – is particularly vulnerable to the epidemic because of its reliance on human resources. The well-being of future generations of working people is threatened by AIDS, as children are orphaned or forced to leave school to care for sick family members or work as child labourers. The death of workers today and reduced opportunities for workers tomorrow, impoverishes human capital and the capacity of nations both to cope with AIDS and move beyond it.²

An estimated 15.9 million women and 14.9 million men were living with HIV at the end of 2009, up from 13.8 and 13.7 million respectively in 2001, representing an increase of about 15 percent for women and 9 percent for men.³ While the number of new infections has been falling, they are still high. A total of 1.8 million people died from AIDS-related causes in 2009.⁴ While the levels of new infections have been falling, in 2009 an estimated 2.6 million people became newly infected⁵ and more than 7,000 people continue to be newly infected with HIV every day.⁶ Ten million people living with HIV who are eligible for treatment under World Health Organization (WHO) guidelines are not yet receiving antiretroviral therapy.⁷ The impact of the pandemic is expected to continue to affect the world for many years to come with epidemics differing radically within and between countries and regions.⁸

The majority of the 30.8 million people over the age of 15 living with HIV⁹ are in their most economically productive years. Many workers are forced out of jobs because of the stigma and discrimination attached to HIV and AIDS and their working lives are often cut short because of lack of information about or access to prevention, treatment, care and support.¹⁰

HIV and AIDS creates generations of orphans who themselves may be infected and forced into child labour in order to support themselves. It is estimated that in 2007, there were 15 million AIDS orphans around the world.¹¹

²GB.288/ESP/3 2003 p. 1

³An additional 2.5 million children, under the age of 15, are also living with HIV. UNAIDS, Report on the Global AIDS Epidemic, 2010:http://www.unaids.org/GlobalReport/Global_report.htm

⁴UNAIDS, Report on the Global AIDS Epidemic, 2010; available online at: http://www.unaids.org/GlobalReport/Global_report.htm

⁵UNAIDS, Report on the Global AIDS Epidemic, 2010; available online at: http://www.unaids.org/GlobalReport/Global_report.htm

⁶UNAIDS (2010) Getting to Zero. 2011-2015 Strategy. Geneva: Joint United Nations Programme on HIV/AIDS (UNAIDS).

⁷UNAIDS, Report on the Global AIDS Epidemic, 2010; available online at: http://www.unaids.org/GlobalReport/Global_report.htm

⁸The aids2031 Consortium (201q), AIDS Taking a Long-Term View. Upper Saddle River, New Jersey: Pearson Education, Inc.

⁹UNAIDS, Report on the Global AIDS Epidemic, 2010; available online at: http://www.unaids.org/GlobalReport/Global_report.htm

¹⁰ILO 2009, *Facts on HIV and Work*, www.ilo.org

¹¹UNAIDS, 2008, *2008 Report on the Global AIDS epidemic*, www.unaids.org

Women are more likely to become infected, and are more often adversely affected by the HIV and AIDS epidemic, than men due to biological, socio-cultural and economic reasons. The greater the gender discrimination in societies and the lower the position of women, the more negatively they are affected by HIV. Therefore, more equal gender relations and the empowerment of women are vital to successfully prevent the spread of HIV infection and enable women to cope with HIV and AIDS.¹²

The right of non-discrimination lies at the heart of the ILO's concern for the abuse of human rights in the area of HIV and AIDS. The relevant ILO Convention in this regard is No.111, concerning discrimination in respect of employment and occupation.

As the UN agency with special responsibility for promoting decent work, the ILO is committed to help achieve the joint goals set by the UN family to combat HIV and AIDS (Millennium Development Goal (MDG) 6) and provide universal access to prevention, treatment, care and support for people living with HIV through workplace actions. The ILO is part of a broad international effort against HIV and AIDS and has been a co-sponsor of UNAIDS since 2001 and works closely with the nine other co-sponsors.

On 1st December 2000, the ILO established a Programme on HIV/AIDS and the world of work (ILO/AIDS). In June 2001, the GB adopted the ILO Code of Practice on HIV and AIDS and the World of Work, and in 2010 adopted the ILO Recommendation concerning HIV and AIDS and the World of Work, 2010 (No. 200). The *ILO Code of Practice on HIV and AIDS and the World of Work* is a blueprint for workplace action that sets out principles for policy development and the protection of rights, as well as practical guidelines for programmes of prevention, care and support. How these pillars should be developed into national policies and programmes is outlined in the International Labour Conference (ILC) 2010, *HIV and AIDS and the World of Work*, Provisional Record Fifth item on the Agenda, 99th Session as well as the ILC 2009, *HIV and AIDS and the world of work*, Provisional Record Fourth item on the agenda, 98th Session.

2.2 Demographical aspects of HIV and the world of work

The majority of the 33 million people living with HIV are employed and in their most productive years, with skills and experiences their families, workplace and country can ill afford to lose. Yet many workers are forced out of jobs because of stigma and discrimination. For others, their working lives are cut short because of lack of information about, or access to, prevention, treatment, care and support. The world is now facing a global financial and economic crisis that has a number of implications for people who have contracted HIV and for those vulnerable to infection.¹³

Globally, HIV and AIDS represent a major development issue, with wide-ranging and complex economic, social and cultural implications. It reduces the supply of labour and undermines the livelihood of millions of workers and those who depend on them. The loss

¹²UNAIDS and WHO 2007, *AIDS epidemic update*, www.unaids.org

¹³Facts on HIV and work; ILO, June 2009.

of skills and experience in the workforce threatens productivity and diminishes the capacity of national economies to deliver goods and services on a sustainable basis. Fundamental principles and rights to work are undermined through discrimination against those affected.

The informal economy is particularly vulnerable to the epidemic because of its reliance on human resources. Slightly more than half of all people living with HIV are woman and girls. The well-being of future generations of working people is threatened by AIDS, as children are orphaned or forced to leave school to care for sick family members or work as child labourers. The death of workers today and reduced opportunities for workers tomorrow, impoverishes human capital and the capacity of nations both to cope with AIDS and to move beyond it.¹⁴

Sub-Saharan Africa remains the region worst affected by HIV. In 2008, it accounted for 67 per cent of infections worldwide, 68 per cent of new HIV infections among adults and 91 per cent of new HIV infections among children. The region also accounted for 72 per cent of the world's AIDS-related deaths in 2008. The epidemic continues to have an enormous impact on households, communities, businesses, public services and national economies in the region.¹⁵

Eastern Europe and Central Asia is currently reported to be the only region where HIV prevalence clearly remains on the rise. Although injection of drugs remains the primary route of transmission, in many countries sexual transmission is equally to blame.

Since the peak of the epidemic in the mid-1990s, annual HIV prevalence has declined by more than half in Asia and Oceania. In 2008, an estimated 4.7 million people living with HIV were reported in the region. The economic consequences of AIDS will, however, force an additional 6 million Asian households into poverty by 2015 unless national responses are significantly strengthened. Stigma and discrimination against sex workers are widespread.

In 2008, the number of people living with HIV reached an estimated 2 million in Latin America. Sexual transmission between men accounts for the largest share of infection in the region, although there is a notable burden of infection among injecting drug users, sex workers and the clients of sex workers. HIV prevalence appears to be growing among women in Central America and among indigenous populations and other vulnerable groups. The Caribbean is considered as the region most affected by HIV than any other outside sub-Saharan Africa. Women account for approximately half of all infections in the Caribbean. HIV prevalence is especially elevated among adolescent and young women, who tend to have infection rates significantly higher than males their own age.

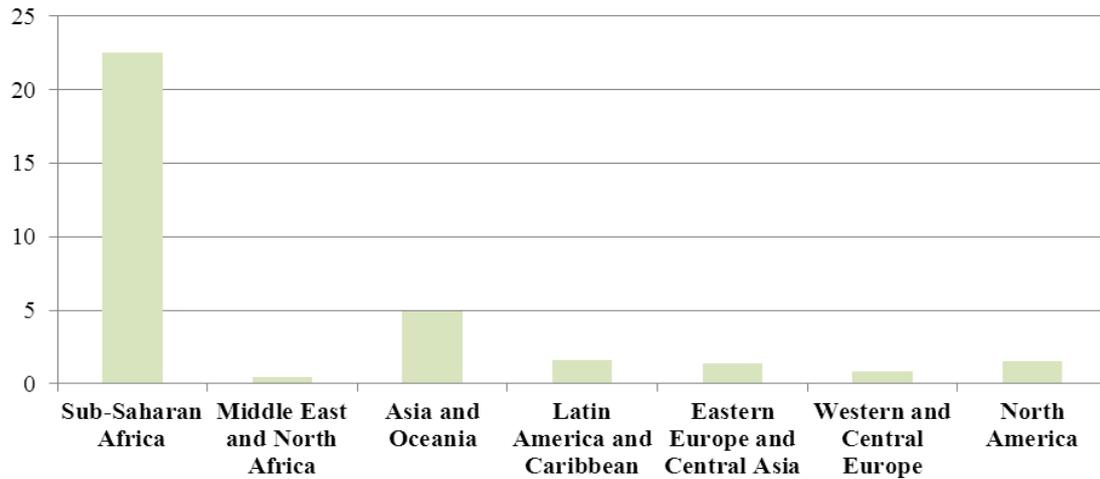
At the end of 2008, the total number of people living with HIV in the Middle East and North Africa reached an estimated 310,000. Epidemics in the Middle East and North Africa are typically concentrated among injecting drug users, men who have sex with men, and sex workers and their clients.

¹⁴GB.288/ESP/3 2003 p. 1.

¹⁵UNAIDS, 2009; AIDS epidemic update 2009.

Figure 1 presents the number of people living with HIV in 2009 by regional distribution.

Figure 1. Number of people living with HIV in 2009 by region (in millions)



Source: adapted from UNAIDS Global Report on HIV/AIDS epidemic update 2010; UNAIDS, 2010.

2.3 ILO history and HIV/AIDS mandate

The right of non-discrimination lies at the heart of the ILO's concern for the abuse of human rights in the area of HIV and AIDS. The relevant ILO Convention in this regard is No.111, concerning discrimination in respect of employment and occupation. Other existing ILO Conventions that can be applied to the problem of discrimination and exclusion on the basis of HIV/AIDS are: Convention No. 158 concerning termination of employment; Convention No. 155 concerning occupational health and safety; Convention No. 159 concerning vocational rehabilitation; and Conventions Nos. 97, 143 and 157 concerning vulnerable groups of workers such as nursing personnel and migrant workers.¹⁶

The year 1988 marks the beginning of the ILO's involvement in the global response to HIV and AIDS, by a joint consultation with the WHO on AIDS and the workplace. In 1999, a *Platform of Action on HIV and AIDS in the context of the world of work in Africa* was drafted during a tripartite meeting in Namibia in response to the recognized threat of HIV and AIDS to social and economic progress in Africa. The Platform was officially endorsed at the ILO's Ninth African Regional Meeting in Abidjan, Cote d'Ivoire, in 1999.¹⁷

In June 2000, the 88th Session of the ILC adopted a resolution recognizing HIV and AIDS as a threat to the strategic objectives of the DWA and requested the Director-General to expand the capacity of the Office to respond.¹⁸ As follow-up to the resolution, a global Programme on HIV/AIDS and the world of work (ILO/AIDS) was created in December 2000.

¹⁶ILO, *HIV/AIDS and fundamental rights at work*, Geneva.

¹⁷GB.288/ESP/3 2003; p. 2.

¹⁸GB.288/ESP/3 2003; p. 2.

In June 2001, the UN General Assembly Special Session on HIV and AIDS recognized the role of the workplace in its prevention, rights protection and care. Consequently, the UN General Assembly 2001 Declaration of Commitment on HIV and AIDS focuses on strengthening “the response to HIV and AIDS in the world of work by establishing and implementing prevention and care programmes in public, private and informal work sectors”¹⁹ as well as “developing a national legal and political framework that protects in the workplace the rights and dignity of persons living with and affected by HIV and AIDS taking account of established international guidelines”²⁰. The GB adopted the pioneering Code of Practice on HIV and AIDS and the World of Work. Applied extensively at the national, sectoral and enterprise levels, the code sets out the principles for policy development and the protection of rights, as well as practical guidelines for programmes of prevention, care and support.²¹

Two of the key commitments from 2001 recognized the need to expand the global response into the world of work:

- *by 2005, strengthen the response to HIV and AIDS in the world of work by establishing and implementing prevention and care programmes in public, private and informal work sectors, and take measures to provide a supportive workplace environment for people living with HIV and AIDS (paragraph 49);*
- *by 2003, develop a national legal and policy framework that protects in the workplace the rights and dignity of persons living with and affected by HIV and AIDS and those at greater risk of HIV and AIDS, in consultation with representatives of employers and workers, taking into account established international guidelines on HIV and AIDS and the workplace (paragraph 69).²²*

In 2006, a further Political Declaration on HIV/AIDS with reference to the world of work was adopted by the General Assembly, recommitting the Members to combating the disease after a review of progress since the 2001 special session.²³ In June 2011, the General Assembly reviewed progress achieved in realizing the 2001 Declaration of Commitment on HIV/AIDS¹ and the 2006 Political Declaration on HIV/AIDS, and adopted the 2011 Political Declaration on HIV/AIDS that aims at “intensifying the global response to HIV and AIDS by promoting continued political commitment and engagement of leaders in a comprehensive response at the community, local, national, regional and international levels to halt and reverse the HIV epidemic and mitigate its impact; (...)”.²⁴

¹⁹ A/RES/S-26/2; Resolution adopted by the General Assembly, Paragraph 49; Twenty-sixth special session, Agenda item 8; 27 June 2001; accessed online on 20/05/2011; <http://www.un.org/ga/aids/docs/aress262.pdf>

²⁰ A/RES/S-26/2; Resolution adopted by the General Assembly, Paragraph 63; Twenty-sixth special session, Agenda item 8; 27 June 2001; accessed online on 20/05/2011; <http://www.un.org/ga/aids/docs/aress262.pdf>

²¹ GB.288/ESP/3 2003; p. 3.

²² ILC, 2009 *HIV/AIDS and the world of work*, Fourth item on the Agenda, 98th Session, Geneva; p.12.

²³ ILC, 2009; *HIV/AIDS and the world of work*; Fourth item on the Agenda, 98th Session, Geneva; p. 12.

²⁴ UN, 2011; Political Declaration on HIV/AIDS: Intensifying our Efforts to Eliminate HIV/AIDS; A/U/L.77; United Nations, General Assembly; Sixty-fifth Session, Agenda item 10; available online at http://www.un.org/ga/search/view_doc.asp?symbol=A/65/L.77 (accessed online on 12 July 2011)

The 2011 Political Declaration on HIV/AIDS sets new commitments and new bold targets that will create momentum in the AIDS response.²⁵

On 17 June 2010, the 99th Session of the ILC adopted the Recommendation concerning HIV and AIDS and the world of work, 2010 (No.200). The Conference also adopted a resolution concerning the promotion and the implementation of the HIV and AIDS Recommendation.

The ILO aims at promoting and implementing the Recommendation through the Global Action Plan (GAP) called for in the resolution. The GAP was submitted to the GB for consideration through the Committee on Legal Issues and International Labour Standards in March 2011.²⁶

As the UN agency with special responsibility for promoting decent work, the ILO is committed to helping achieve the joint goals set by the UN family to combat HIV and AIDS (MDG No. 6) and provide universal access to prevention, treatment, care and support for people living with HIV through workplace actions. In the context of the international effort against HIV and AIDS, the ILO has been a co-sponsor of the UNAIDS since 2001, which coordinates the UN system's response to HIV and AIDS.

2.4 Objectives and major strategic orientations

The ILO Code of Practice formed the cornerstone of the ILO's efforts against HIV and AIDS and guided the actions of the ILO/AIDS over the past ten years. It sets out fundamental principles for policy development and practical guidelines for which concrete responses to HIV and AIDS can be developed at enterprise, community and national levels, in the following key areas:

- the protection of workers' rights, including employment protection, gender equality, entitlement to benefits and non-discrimination;
- prevention through education, gender-awareness programmes and practical support for behavioural change;
- care and support, including confidential voluntary counselling and testing, as well as treatment in settings where local health systems are inadequate.²⁷

Since 2010, implementation of Recommendation 200 frames the new strategy for HIV and AIDS.

²⁵Information available on the UNAIDS official website (accessed online on 12 July 2011); http://www.un.org/ga/search/view_doc.asp?symbol=A/65/L.77

²⁶ GB.309/3/2 (Rev.) 2010.

²⁷Technical cooperation: A means to implement the ILO Code of Practice on HIV/AIDS and the world of work; ILO Programme on HIV/AIDS and the World of Work, Geneva, June 2004.

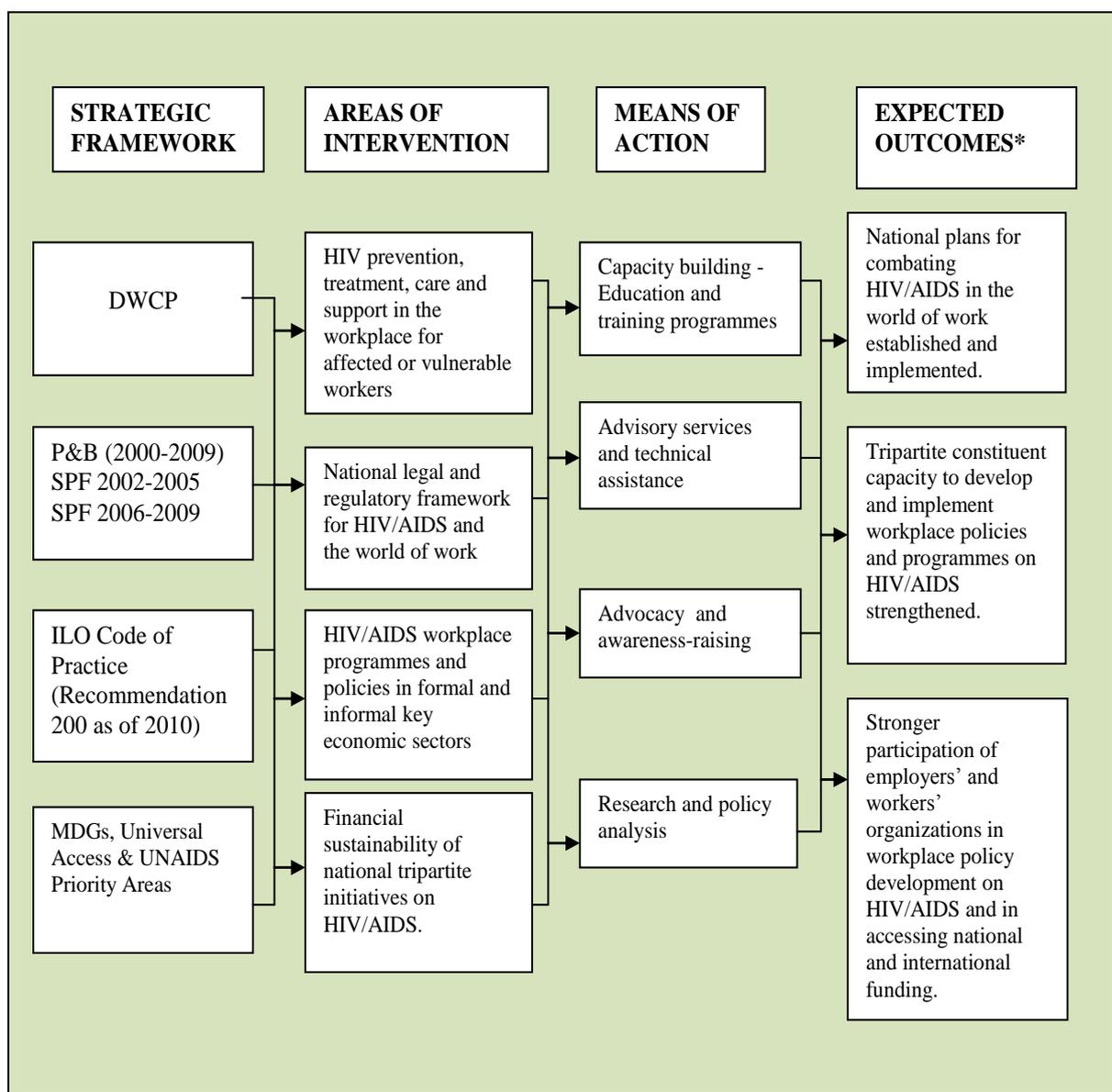
2.5 Results-based strategy on ILO/AIDS and main means of action

The ILO/AIDS strategic approach was developed taking the concerns, experience and needs of the constituents into account. Key areas of the ILO's strategic involvement focus on increasing understanding of HIV and AIDS as a labour and development issue; mobilizing commitment and resources of the constituents locally, nationally and globally; promoting a systematic response to AIDS through workplace policies and programmes; and enhancing the capacity to plan and develop such policies and programmes.²⁸

The ILO strategy origin, policies, areas of intervention, means of action and expected outcomes in the area of HIV and AIDS are illustrated by Figure 2 below. These follow a logical model that supports achievement of high-level global Programme and Budget (P&B) outcomes and indicators HIV and AIDS.

²⁸The Global Compact Learning Forum; HIV/AIDS Everybody's Business; available on the website of the Global Compact Network Bulgaria; http://www.unglobalcompact.bg/publication/files/en/HIV_AIDS.pdf

Figure 2. ILO intervention strategy and results framework on HIV and AIDS and the world of work, 2005-2010



*2008-2009 P&B Immediate Outcomes 3d.1/2/3

Source: Adapted from various ILO official documents

The ILO strategy on HIV and AIDS coverage in the workplace has been addressed in the results framework of the ILO P&B reports since the biennium 2000–01. In the SPFs for 2002–05 and 2006–2009, as well as the ILO’s Programme Implementation Reports 2000–2009, the ILO’s operational strategy has been captured and detailed in the strategic objective for social protection. Recognizing the detrimental effects of the epidemic in the world of work, the ILO has identified HIV and AIDS as one of its core strategies within the framework of social protection. Table 3 below summarizes the HIV and AIDS-associated operational objectives and indicators, as well as the biennial targets and reported outcomes for the period 2006–2011.

With the establishment of the ILO/AIDS, the Office centred its response to the global challenge of the HIV and AIDS pandemic. The strategy indicated in the P&B for the 2002–2003 biennium focuses on raising awareness, mobilizing support and political commitment among the social partners to address HIV and AIDS in the world of work through more effective national action plans. Since 2002, strategies have continued to focus on raising awareness of HIV and AIDS as a workplace issue, mobilizing the social partners and guiding workplace action.

Over the last few biennia, and in line with the Code of Practice, the ILO has shifted its focus from awareness raising to promoting and supporting concrete measures in enterprises and the public sector regarding prevention, protection of rights, and care and support for women and men affected by HIV and AIDS. It has also evolved to support the application of a tripartite gender-sensitive strategy in the world of work at the national policy level, and strengthening the capacity of tripartite constituents to deliver gender-sensitive information on prevention, access to treatment, care and support services which can reach all workers and permeate their households and communities. The ILO's SPF for 2010–2015 further calls for a gradual phasing out of ILO direct support at the enterprise level to focus more intensively on national advisory and capacity building services to constituents to better design and implement world of work policies and practices that effectively respond to the HIV and AIDS epidemic.

The ILO anchors its intervention approach to four different areas to optimize its response to HIV/AIDS-related issues in the workplace at global and national levels. These main means of actions are as follows:²⁹

- awareness raising and advocacy;
- research and policy analysis;
- advisory services;
- education and training.

Advocacy is critical to mainstreaming HIV and AIDS interventions in the world of work, building public and private partnerships and ensuring the inclusion of workplace responses in national HIV and AIDS decision-making and delivery processes.³⁰ Advocacy programmes focus on promoting utilization of the guidelines and Code of Practice through provision of assistance to constituents in the formulation of related policies, legislation and adaptation of the Code of Practice at national, sectoral and enterprise levels.

The research-related activities conducted by the Programme focus on raising awareness about the consequences of the epidemic for labour, employment, productivity and development, and to advocate for action in the world of work. A recent example is a 2010 research profiling discrimination towards HIV patients within China's health care system.

²⁹GB.292/ESP/5 2005; p.5

³⁰ILO programme implementation 2008–09, GB.307/PFA/2, 2010; p. 68.

It is also a useful tool for guiding the planning of appropriate technical and policy interventions.³¹

The ILO/AIDS has provided advisory services to member States on integrating an HIV and AIDS workplace component into national strategic and development plans and including the social partners in national planning and coordination mechanisms. It has also supported the review and revision of labour and other relevant legislation, and the application of the ILO Code at national, sectoral and enterprise levels.³²

Strengthening the capacities of the constituents to develop and implement workplace policies and programmes is considered an essential element of the Programme. Workplace information and education programmes aim to foster greater tolerance of workers with HIV and AIDS and contribute to the capacity of workers to protect themselves against infection and reduce HIV related anxiety and stigmatism which can reduce disruption in the workplace and bring about attitudinal and behavioural change.

The 2000 ILC Resolution concerning HIV and AIDS and the world of work recognized technical assistance as one of the focus areas of the integrated and inter-sectoral approach of ILO/AIDS.³³ Within this context, the Office has been actively pursuing partnerships at national and international levels in order to optimize the effectiveness of its own HIV and AIDS programme and avoid costly duplication of efforts.³⁴ Further details on technical assistance are included in the “findings” sections.

Table 3. HIV and AIDS and the world of work: related operational objectives and indicators, 2006-2011

2006-2007 Biennium		
Operational objective 3b: Effective labour protection		
ILO constituents develop and implement labour protection policies and programmes at national and enterprise levels in both the formal and informal economy.		
Outcome 3b.3: National plans for combating HIV and AIDS in the world of work.		
Indicator	Target	Result
3b.3.(i) Member States include a gender-sensitive strategy for the world of work in their national AIDS plans.	15 member States	17 member States
3b.3.(ii) Each of the tripartite constituents in a member State has a gender-sensitive HIV and AIDS policy, time-bound action plan and trained focal point.	15 member States	5 member States
3b.3.(iii) HIV and AIDS policies and programmes are	15 member States	29 member States

³¹Technical cooperation: A means to implement the ILO Code of Practice on HIV/AIDS and the World of Work; ILO Programme on HIV/AIDS and the World of Work, Geneva, June 2004.

³²Technical cooperation: A means to implement the ILO Code of Practice on HIV/AIDS and the world of work; ILO Programme on HIV/AIDS and the World of Work, Geneva, June 2004.

³³ GB.279/7; Geneva, November 2000; p. 3.

³⁴ GB.288/ESP/3; p. 6.

implemented at the workplace.

2008-2009 Biennium

Intermediate Outcome 3d: Workplace policies respond to need for HIV and AIDS prevention, treatment, care and support.

Immediate outcome 3d.1: Increase tripartite constituent capacity to develop policies and programmes that address the HIV and AIDS epidemic in the world of work and within the framework of the promotion of decent work.

Immediate outcome 3d.2: Improve member State implementation of policies and programmes that address the HIV and AIDS epidemic in the world of work and within the framework of the promotion of decent work.

Immediate outcome 3d.3: Increase the participation of employers' and workers' organizations in policy development and in accessing national and international funding.

Indicator	Target	Result
3d.1.(i) Number of member States that integrate key principles of the ILO code of practice on HIV and AIDS and the world of work in their HIV and AIDS workplace policies.	10 member States in the Africa region 10 member States across all other regions	11 member States 9 member States across all other regions
3d.1.(ii) Number of member States in which each tripartite constituent has a trained HIV and AIDS focal point, adopts a gender-sensitive HIV and AIDS workplace policy, and includes a funded time-bound implementation plan.	10 member States in Africa region 10 members States across all other regions	11 member States in Africa region 10 member States across all other regions
3d.1.(iii) Number of member States in which at least 20 formal or informal workplaces provide HIV and AIDS prevention and information on treatment, care and support services to workers through bipartite HIV and AIDS committees that previously received training on policy formulation and programme design/ implementation/ monitoring or through partnerships with national AIDS authorities.	20 member States across all regions	20 member States across all regions
3d.2.(i) Number of workers, including in informal economy settings, who demonstrate increased knowledge of HIV/AIDS issues and have access to referral services through workplace mechanisms coordinates and implemented by bipartite HIV and AIDS committees.	300,000 workers of whom 50 per cent are women, in 7 member States in the Africa region and 7 member States across all other regions.	Over 300,000 workers, in 8 member States in the Africa region and 7 member States across all other regions.

3d.3.(i) Number of member States in which employers' and workers' organizations actively participated in the drafting of national AIDS legal framework that integrate key principles of the ILO code of practice on HIV and AIDS and the world of work and in decision-making and delivery processes of national structures, including Global Fund Country Coordination Mechanism.	6 member States in Africa	10 member States in Africa
	6 member States across all other regions	6 member States across all other regions

2010-2011 Biennium

Outcome 8: The world of work responds effectively to the HIV and AIDS epidemic

Indicator	Target	Result
8.1.: Number of member States that, with ILO support, develop a national tripartite workplace policy on HIV and AIDS, as part of the national AIDS response.	50 member States, of which at least 10 in Africa, 5 in Asia and in the Americas, and 3 in Europe and 2 in the Arab States	
8.2.: Number of member States where tripartite constituents, with ILO support, take significant action to implement HIV and AIDS programmes at workplace.	10 member States	

2.6 Organizational approach and external partners

The ILO/AIDS operates as a part of the Social Protection Sector (Sector 3). It constitutes one of the four programmes within the newly created Labour Protection Department (PROTRAV), which along with the Social Security Department (SEC/SOC) make up the social protection technical programmes.

2.7 Tripartite constituents and UNAIDS

Close collaboration with the ILO's tripartite constituents constitutes the key factor to the success in effectively promoting the implementation of the Code of Practice and supporting the workplace action.

The ILO recognized the strategic role of government in the joint response to the danger posed by HIV and AIDS in the workplace. Joint collaboration with the ministries of labour, national employers' and workers' organizations, and other national authorities supports the effective mainstreaming of HIV and AIDS in the workforce and labour legislation.

The ILO is a part of a broad international effort against HIV and AIDS. It has been a co-sponsor of UNAIDS since 2001, and works closely with the other nine co-sponsor agencies: UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, UNESCO, WHO and the World Bank.

National stakeholders

A coordinating body responsible, in some way, for dealing with HIV and AIDS exists in all countries, either established in the form of a national AIDS authority or organized within the ministry of health or, in some cases, the ministry of labour. Very often they operate as national councils or national committees, with various kinds of coordinating power over the range of national efforts to combat HIV and AIDS. They comprise non-governmental actors, including organizations of People Living with HIV (PLHIV), as well as various ministries, and function within a framework of a ministerial decree or, in some cases, legislation adopted by the national parliament. Coordination of the execution of multi-year national plans or programmes on HIV and AIDS often lies within their mandate.³⁵

Business response

The ILO has supported business coalitions at regional and national levels in the response to the AIDS epidemic and collaborated with the Global Business Coalition (GBC), which in turn has endorsed the ILO Code of Practice as an international reference for workplace action on HIV and AIDS, particularly with regard to prevention of stigma and discrimination related to AIDS.

2.8 Resources, governance and management set-up

Global ILO governance instruments are documents approved by the ILC or the GB, either directly or through approval of Committee Reports. In the context of the ILO Programme on HIV and AIDS, the global ILO governance instruments include:

- ILC Resolutions such as the Resolution concerning HIV and AIDS and the world of work (2000);
- Conventions and Recommendations, including Recommendation concerning HIV and AIDS and the world of work, 2010 (No. 200);
- P&B;
- GB decisions taken on selected related topics.

In addition to these governance instruments, the ILO/AIDS programme is also governed by the UNAIDS Programme Coordinating Boards (PCP) and through the Unified Budget and Workplan (UBW), a two-year plan which identifies programme priorities, specifies objectives and expected outputs. The UNAIDS PCP, of which the ILO is a member, decides on all programmatic issues concerning policy, strategy, finance, monitoring and evaluation of UNAIDS.³⁶

Core human resources dedicated to the implementation of the ILO's strategy on HIV and AIDS and the workplace are currently composed of ILO/AIDS headquarters staff, focal

³⁵ILC, 98th Session, 2009; *HIV/AIDS and the World of Work, Fourth item on the agenda*; p. 61.

³⁶UNAIDS (2010); Modus Operandi of the PCB at UNAIDS (2010); Revised December 2010; available at: http://www.unaids.org/en/media/unaids/contentassets/dataimport/pub/informationnote/2008/201012_Revised_Modus_operandi_en.pdf (accessed online on 12 July, 2011).

points liaised with regional or subregional offices and project staff members who provide technical assistance to ILO constituents in the regions.

In total, for the past three biennia, the ILO estimates the strategic budget for its response to HIV and AIDS and the world of work, from all sources of its funds and various programmes and offices, to be upwards of US\$100 million(see Table 4 below).³⁷

Table 4. Estimated strategic budget resources for HIV and AIDS as reported in P&B documentation

2006–07 (GB.292/PFA/8 (rev.))	2008–09 (GB.298/PFA/13)	2010–11 (GB.304/PFA/3)	2012–13 (GB.310/PFA/2)
Outcome 3b.3: National plans for combating HIV/AIDS in the world of work	Intermediate outcome 3d: Workplace policies respond to needs for HIV/AIDS prevention, treatment, care and support	Outcome 8: The world of work responds effectively to the HIV/AIDS epidemic	Outcome 8: The world of work responds effectively to the HIV/AIDS epidemic
RB n.a.	\$8.1 million (regular budget)	\$4.8 million (regular budget)	\$5.8 million (regular budget) ³⁸
XB n.a. ³⁹	\$27 million (extra budgetary)	\$25.6 million (extra budgetary)	\$16.2 million (extra budgetary)
RBSA n.a.	RBSA 0	RBSA \$90,000	RBSA n.a.

Source: ILO Programme and Budget 2006-2013

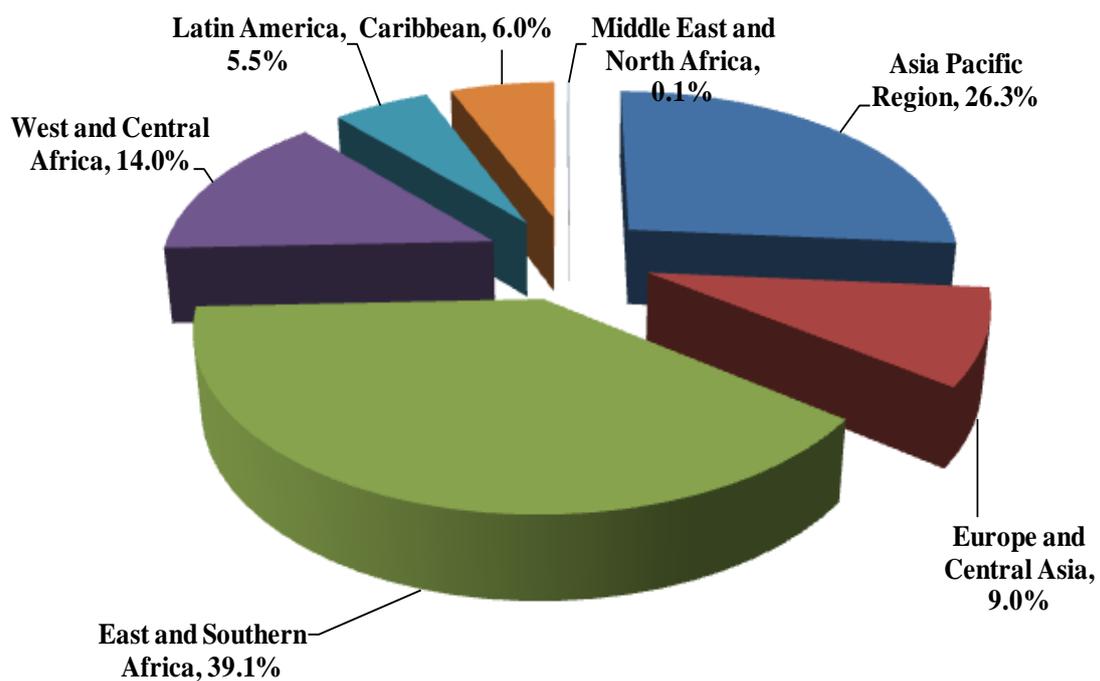
Figure 3 below shows the distribution of extra-budgetary resources by regions, including the ILO's interventions in the area of HIV and AIDS at both regional and country levels. From the analysis of the data, it can be concluded that almost 40 per cent of the total extra-budgetary funding was allocated in eastern and southern Africa. The interventions conducted at the regional and country levels in Africa represented almost 55 per cent of the total extra-budgetary funding. The Asia Pacific region accounted for more than 26 per cent of the total resources allocated at the regional level and specific countries of the region. The total funding provided to each of the remaining regions at both, regional and country levels, did not exceed 10 per cent of the total extra-budgetary funding available for ILO interventions in the area of HIV and AIDS and the world of work. Annex 2 contains a detailed data representation of the ILO's interventions in the area of HIV and AIDS at the global, regional and country levels, by different sources of funding available in 2008–2009.

³⁷In early 2011, ILOAIDS more than doubled its estimated XB resources to 2013, including through an increased allocation from UNAIDS.

³⁸Approximation of January 2011.

³⁹Amounts under XB are the estimated figures of extra-budgetary expenditures.

Figure 3. ILO's extra-budgetary interventions, resources in the field of HIV and AIDS, by region, 2008-2009



Source: Based on the 2008–2009 UBW Expenditure Report (global, regional and country level); UNAIDS.

3. ANSWERS TO EVALUATION QUESTIONS

Chapter 3 covers the findings that support judgements related to the scope of the evaluation. Six EQs are included in the analysis. Each one has a set of Performance Criteria (PC) against which findings are measured. The PC and approach to the analysis are briefly summarized at the beginning of each section while major findings are then examined and assessed under each PC. The response to each EQ is provided at the end of each section and includes a judgement of the extent to which the criteria were fulfilled accompanied by any additional explanation required (poor, satisfactory, good, very good), and a summary box for the EQ.

3.1 Relevance

EQ 1	<i>To what extent is the design of the ILO strategy relevant to the global policy dialogue and the situation facing member States' governments, social partners, and those in the world of work lacking adequate policies and programmes to effectively address HIV and AIDS?</i>
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Approach to the question and ILO intervention

The EQ on the ILO's relevance is focussed on assessing the extent to which the HIV and AIDS strategy is aligned with the ILO's mandate, has been mainstreamed into its strategic framework, is working in areas of comparative advantage and reflects the viewpoints of key stakeholders.

The analysis for determining the ILO's relevance, responsiveness and added value is based on the following performance criteria:

- *PC 1.1 The ILO's HIV and AIDS strategy is aligned with the organization's role and mandate in this area.*
- *PC 1.2 HIV and AIDS have been mainstreamed within the ILO's strategic policy framework and overarching programming.*
- *PC 1.3 The ILO has added value by working in its areas of comparative advantage.*

Findings related to relevance

PC 1.1 ILO's HIV and AIDS strategy is aligned with the organization's role and mandate in this area.

ILO's HIV and AIDS strategy is well aligned with the organization's role and mandate on labour rights, working conditions, occupational safety and health and other related issues. While tripartite constituents and UN partners recognize the mandate of the ILO on HIV in

the world of work, this can be further improved by presenting a more coherent and strategic plan of how HIV is being addressed by the organization as a whole.

PC 1.1 rating: Very good

The ILO's strategy is well aligned with its role and mandate and its comparative advantage to contribute to global and national thinking and action on HIV and AIDS as it interfaces with the world of work. Its mandate is to promote social justice and internationally recognized human and labour rights through a combination of strategies.⁴⁰

ILO mandated strategies include:

- setting minimum standards of basic labour rights on regulating conditions across the entire spectrum of work-related issues; and
- provision of technical assistance primarily in the fields of employment policy; labour law and industrial relations; labour administration; working conditions; management development; cooperatives; social security; labour statistics and occupational safety and health, vocational training; vocational rehabilitation.

The ILO's strategy to address HIV and the world of work clearly corresponds to the overall mandate, particularly with respect to basic labour protection and associated rights of non-discrimination. Its HIV and AIDS strategy has included focus on most of the key areas subsumed under the overarching mandate including the setting of standards and almost all of the principal ILO technical assistance areas of attention.

Other standards, such as Convention No. 111 concerning discrimination in respect of employment and occupation, further serve to reinforce the ILO's normative role and mandate linked to protecting the labour rights of people living with HIV. The focus on the Code and related labour standards enabled ILO constituents to embed tripartite processes at enterprise and national levels. As a result, the ILO was able to add credibility to the workplace policies and practices taking shape within the Code's framework.

The ILO's experience has shown that, in practise, the implementation of all the Code's ten principles was selective across different work situations.⁴¹ As a result, it was deemed necessary to promote greater consistency of laws and regulations on HIV and the world of work across work situations and internationally through the adoption of a Recommendation. Consequently, in 2006 initial steps were started to develop a Recommendation. Though a Recommendation is not as legally binding as an international Convention, it requests national governments to report on their plans and progress for implementation.

In June 2010, the GB adopted ILO Recommendation 200 on HIV and AIDS in the world of work. Starting in 2006, the tripartite process involved in crafting ILO Recommendation

⁴⁰International Labour Organization (2020) ILO Mandate. (Website accessed April 27, 2011) <http://www.ilo.org/public/english/about/mandate.htm>. Geneva: International Labour Organization.

⁴¹International Labour Organization (2011) Questions and Answers on the proposed Recommendation on HIV and AIDS and the World of Work. http://www.ilo.org/global/about-the-ilo/press-and-media-centre/insight/WCMS_141045/lang--en/index.htm . (Website accessed 27 April 2011).

200 provides a rigorous example of how the ILO promoted dialogue with and among stakeholders at local, national and global level on HIV and the world of work. The formal adoption of Recommendation 200 took three years of tripartite negotiations that took place at local, national and global levels. The three year consultative process involved ongoing and inclusive dialogue with constituents through a series of five reports, and two discussions in the ILC (2009 and 2010).

Global evaluation interviewees in Zambia, Zimbabwe, Malawi and South Africa reported that they were very satisfied with the level of input they were able to provide to the development of Recommendation 200. As one representative of a workers' organization stated, "One of the successes of the ILO is the ability to bring the tripartite partners together to discuss the issues". The ILO Recommendation 200 concerning HIV and AIDS and the world of work (2010) thus provides decisive evidence of input and mutual dialogue on the issues.

The adoption of the Recommendation reaffirmed the ILO's role and mandate to address HIV and AIDS as part of its efforts to achieve social justice and combat discrimination and stigmatization in the world of work.⁴² At the global level as a UNAIDS co-sponsor, the ILO is actively engaged in policy dialogue and obtained input from the co-sponsors into the Code of Practice and Recommendation 200.

International and national stakeholders recognize the mandate and role of the ILO to contribute in essential ways to the response to HIV and AIDS. This recognition is reflected in the roles allocated to the ILO in international documents published as part of the UNAIDS evaluation co-sponsor system, project evaluation reports and interviews conducted for the global evaluation.

The practical role of the ILO at regional and country level, as well as that of each of the tripartite constituents needs more clarification as some stakeholders do not see a clear delineation of roles and responsibilities.

PC 1.2 HIV and AIDS have been mainstreamed within the ILO's strategic policy framework and overarching programming.

HIV and AIDS have been mainstreamed within the ILO's strategic policy framework and programming through a results framework and operational approach starting in 2000.

PC 1.2 rating: Very good

HIV and AIDS have been mainstreamed within the ILO's SPF and programming through an integrated approach that has been fine-tuned over time since 2000. HIV and AIDS issues have been integrated into several ILO programmes aside from the ILO/AIDS, although there is still room for perfecting processes and developing well targeted synergies.

⁴²ILO (2010), *Recommendation concerning HIV and AIDS and the World of Work, 2010 (no.200)*, p. 1; ILO/AIDS, Geneva.

In June 2000, the 88th Session of the ILC adopted a resolution recognizing HIV and AIDS as a threat to the strategic objectives of the DWA and requested the Director-General to expand the capacity of the Office to respond.⁴³ In terms of programming, and as a follow up to the resolution, a global Programme on HIV and AIDS and the world of work (ILO/AIDS) was created in December 2000.

The mainstreaming of HIV and AIDS within the ILO's SPF and programming budget for 2000–01 included an indicator on HIV in the world of work. Two of the key commitments from 2001 recognized the need to expand the global response into the world of work:

- *by 2005, strengthen the response to HIV and AIDS in the world of work by establishing and implementing prevention and care programmes in public, private and informal work sectors, and take measures to provide a supportive workplace environment for people living with HIV and AIDS (paragraph 49);*
- *by 2003, develop a national legal and policy framework that protects in the workplace the rights and dignity of persons living with and affected by HIV and AIDS and those at greater risk of HIV and AIDS, in consultation with representatives of employers and workers, taking into account established international guidelines on HIV and AIDS and the workplace (paragraph 69).*⁴⁴

The ILO's operational strategy on HIV and AIDS was subsequently detailed under the strategic objective on social protection in the SPFs for 2002–05 and 2006–2009 and all Programme Implementation Reports (PIRs) since 2000.

- The SPF for 2010–15 and the P&B for the biennium 2010–11 identified HIV and AIDS as a priority within the strategic objective for Social Protection, stating: *“The tripartite constituents to have increased capacity and resources to contribute to the national responses, and there is concrete prevention, treatment, care and support action in a greater number of workplaces”*.⁴⁵ The specific strategy aimed to advance in two areas:
 - number of member States that would, with ILO support, develop a national tripartite workplace policy on HIV and AIDS as part of the national AIDS response;
 - number of member States where tripartite constituents, with ILO support, would take significant action to implement HIV and AIDS programmes in workplaces.

Most recently, as a follow up to the adoption of the Recommendation 200 and the Resolution by the ILC in June 2010 the Office proposed a GAP setting three additional outcomes with corresponding outputs, activities and indicators, which will be reported on regularly at the governance level.

- Reduced stigma and discrimination among women and men workers, their families and dependants – for the ILO it really is the protection of human rights at work.

⁴³GB.288/ESP/3 2003; p. 2.

⁴⁴ILC, 2009 *HIV AND AIDS and the world of work*, Fourth item on the Agenda, 98th Session, Geneva; p. 12.

⁴⁵GB.303/PFA/2, 2008; p. 24.

- Increased access for women and men workers to services on HIV prevention, treatment, care and support through the world of work (this would differ from region to region and from country to country).
- World of work actors respond in a timely and effective manner to HIV challenges, consistent with Recommendation 200.

The recently approved GAP reinforces well the existing strategy, but highlights within it some of the elements found to be underemphasized in earlier strategies. At the time of drafting this report, resources were being mobilized to support implementation of the GAP. A remaining exercise will be to integrate outcomes of the GAP into the results framework and outcome-based work planning for the 2012–13 P&B.

PC 1.3 The ILO has added value by working in its areas of comparative advantage.

The ILO is highly relevant to the global effort to address HIV and AIDS. It has added value by working in its areas of comparative advantage on labour rights, tripartite dialogue, and other decent work related areas although some gaps exist in several key programming areas such as occupational safety and health, social security, targeting vulnerable groups in the informal economy and gender issues.

PC 1.3 rating: Good

The added value (comparative advantage) of the ILO as the specialized agency contributing to HIV in the world of work is primarily focused on three key areas:

- The ILO is considered to be the key agency with expertise and authority on labour standards relating to HIV.
- The ILO has a tripartite structure that allows for extensive social dialogue and also acts as a structured conduit for dissemination of labour standards as related to HIV and the world of work and other actions on HIV.
- The ILO has expertise in areas such as employment creation and social protection and other decent work related areas which can combine and contribute to preventing and mitigating the impact on individuals, families and communities of living with HIV.

While tripartite constituents and UN partners generally well recognize the contribution of the ILO on HIV in the world of work, some global evaluation interviewees expressed a need to improve attention given to strong strategic direction. Paying more attention to the details of the strategy is also considered important. The ILO needs to ensure that it presents a coherent and strategic plan of how HIV is being addressed by the organization overall, not just through ILO/AIDS.

The evaluation team has flagged several areas where the ILO’s comparative advantage has not been effectively integrated into the HIV and AIDS strategy despite its strong positioning.

(1) Addressing wellness in the work place through health service provisions that in turn link into broader Occupational Safety and Health (OSH) national systems.

One area that is receiving increased consideration, particularly in formal employment settings, is attention to health issues beyond the focus on HIV. One important health concern in the world of work is tuberculosis (TB), on which the ILO has already collaborated with WHO and UNAIDS.⁴⁶ As such, addressing HIV and TB co-infection in the world of work is already integrated into the work of ILO/AIDS. A GBC on HIV and AIDS, Tuberculosis and Malaria was established in 2001 and already pulls together different health challenges. While the GBC aims to work at all levels of the global health agenda, one of its primary goals is to deploy dedicated programmes in the workplace.⁴⁷ Although TB is the leading HIV-associated opportunistic infection in developing countries, it is not only found in conjunction with HIV.

In countries in southern Africa, including Zambia and Zimbabwe, some interviewees mentioned that they expect attention to “workplace wellness” to be developed further and incorporated in the ILO’s mandate. Wellness programmes combine educational, organizational and environmental activities to support behaviour conducive to the health of employees and their families in enterprises. In many countries, particularly those with a high HIV prevalence, HIV programmes in larger formal sector enterprises are expected to integrate into larger wellness programmes. As stated in Article 34 of Recommendation 200, occupational health services and workplace mechanisms should address HIV and AIDS. With the ILO’s expertise on OSH systems, it has a comparative advantage to contribute to the development of mechanisms to ensure the realization of Article 34.

(2) Work place policies and practices as a means of extending national social protection floors

The ILO's main objective, within its overall social protection strategy, is to extend the coverage and effectiveness of social protection measures. For the HIV affected working population, the most promising workplace programmes provide education, confidential testing and treatment programmes, either on-site or through employer-financed health insurance. The ILO’s Social Security department works on employment-related social protection provided through private workplaces, both formal and informal, and including parastatals. The potential and effect of these various schemes on HIV affected populations is not well documented, in part to protect privacy concerns, so that the extent of overlap is largely unknown. Workplace practices can facilitate extension through measures that:

⁴⁶International Labour Office ILO Programme on HIV and AIDS and the World of Work (2011), the joint WHO-ILO-UNAIDS policy guidelines on improving health workers' access to HIV and TB prevention, treatment, care and support services: a guidance note. Geneva: ILO.

⁴⁷Dalberg Global Development Advisors (2007), Global Business Coalition on HIV AND AIDS, Tuberculosis and Malaria.(Overview); (Website accessed April 25, 2011); available online at: http://www.google.com/url?sa=t&source=web&cd=6&sqi=2&ved=0CDYQFjAF&url=http%3A%2F%2Fwww.greenleafpublishing.com%2Fcontent%2Fpdfs%2FGBC.pdf&rct=j&q=east%20europe%20business%20coalition%20on%20hiv&ei=sEW9TYaeEcmwhAe50vTOBQ&usg=AFQjCNFT_E4cI606AZOpjKoBOP0r536Dw&sig2=HUIcChxMAfmlw1xbCJYrQ&cad=rja

- broaden the risk and resource pools to absorb HIV related coverage;
- structure schemes to flexibly deliver cash benefits to provide alternative sources of income across periods of working and not working;
- extend workplace initiatives to workers' families, adjacent communities;
- embed assurance of non-discrimination for workers;
- Link collaterally to other related health and social issues, and build interest in investing.

(3) Targeted outreach initiatives to vulnerable groups in the informal economy

The ILO works through dedicated programmes and activities to protect such vulnerable groups as migrant workers and their families, women, children, indigenous populations and special types of workers in the informal economy. In many cases the means of intervening to provide social protection and employment promotion and specialized know-how exists within current ILO technical programmes. Tapping into the expertise of these programmes to reach vulnerable groups with HIV in the informal economy has led to some successful outcomes, but remains underexploited. Promising HIV-focused work targeting vulnerable workers and socially excluded populations has been done collaboratively with CoopAfrica, Strategies and Tools Against Social Exclusion and Poverty (STEP) and the Small Enterprise Development Programme (SEED). Such initiatives should be multiplied at the country level.

(4) Institutional capacity for labour inspection of workplace compliance with national and enterprise-level HIV policies

A major pressing component emerging in national strategies to address HIV at the enterprise level is a mechanism to effectively monitor and report on their compliance with their adopted policies and practices. At present, most national HIV strategies have not found workable solutions for this critical element. The ILO has not yet provided a clear road map for addressing this gap, although work is progressing to incorporate it more effectively into technical cooperation initiatives in the field.

(5) Direct action for demonstration purposes

A great deal of discussion and confusion – both within the ILO and among tripartite constituents – centres on whether the ILO's mandate covers implementing direct actions on HIV in the world of work at the enterprise level. Some individuals argue that, particularly given the limited resources, the ILO should focus on working at the national, regional and global policy levels. Others argue that it is important for the ILO to demonstrate good models in work situations and communities. Given that the ILO has a mandate to provide technical support, as well as work on policy and regulatory framework levels, it is important that it maintains practical experience gained from working in the field. The approach used in the countries where ILO/AIDS projects were implemented, indicates that it is useful, at least in the initial stages, to work through enterprises and with downstream tripartite

representatives. This ensures it acquires the necessary experience and insight into effective workplace approaches. It is difficult for ILO staff to provide credible and useful technical support to senior tripartite representatives and other development partners without direct experience in enterprises and other work situations. It is necessary, however, for the ILO to clarify its roles and responsibilities, in terms of downstream actions, so as not to overcommit at the enterprise level.

Those interviewed gave a range of reasons why HIV is not well integrated into the ILO’s operational work. Some tended to see it as a side issue, while others considered it integral to labour rights and the social protection mandate, but blamed work overload and lack of fresh resources. Though not all staff members need to necessarily integrate HIV into their work, the key programmes should address HIV in their strategies.

Overall findings concerning relevance

To what extent is the design of the ILO strategy relevant to the global policy dialogue and the situation facing member States’ governments, social partners, and those in the world of work lacking adequate policies and programmes to effectively address HIV and AIDS?	Poor	Satisfactory	Good	Very good
PC 1.1 ILO’s HIV and AIDS strategy is aligned with the organization’s role and mandate in this area.	→			
PC 1.2 HIV and AIDS have been mainstreamed within the ILO’s strategic policy framework and overarching programming.	→			
PC 1.3 The ILO has added value by working in its areas of comparative advantage	→			

3.2 Effectiveness

EQ 2	<i>To what extent have the ILO’s strategy design and implementation been effective?</i>
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Approach to the question and ILO intervention

The effectiveness of the ILO’s strategies and implementation is assessed by determining the extent to which initiatives were feasible and effective, in terms of capacity strengthening, including the poor and vulnerable and attention to gender issues.

The findings are based on the following Performance Criteria

- *PC 2.1 Local actions demonstrated feasibility and are showing results.*

- *PC 2.2 Use of research, knowledge generation and capacity strengthening designed and implemented in a way that addresses capacity gaps, including capacity of constituent organizations.*
- *PC 2.3 Initiatives to address the poor and vulnerable were informed by and helped to inform the ILO's technical and policy development work.*
- *PC 2.4 ILO strategy has identified and is addressing gender aspects of HIV and the world of work.*
- *PC 2.5 Effective information dissemination strategy, high level of visibility for ILO's message, including the Code of Practice, outside of the ILO.*

Findings related to effectiveness

PC 2.1 Local initiatives demonstrated feasibility and are showing results.

The ILO developed a wide range of useful local initiatives in collaboration with tripartite constituents, local NGOs and other civil society representatives. Such initiatives covered a wide range of actions, from the development of enterprise-based HIV workplace policies, to working with a union on railway porters' awareness, economic empowerment of communities in transport corridors, and many others. In some cases there were successful efforts to scale these up to national level and/or replicate them elsewhere. In other cases more work is needed by tripartite constituents and civil society to do so.

PC 2.1 rating: Very good

A review of some of the local initiatives proven feasible and effective in the case study countries, serves to illustrate the wide range of local initiatives developed, and the role of stakeholders in their development and implementation. In some cases there were successful efforts to scale these up to national level and/or replicate them elsewhere. In other cases more work is needed by tripartite constituents and civil society to do so.

Examples of key local actions in case study countries:

Zambia

The ILO supported the piloting of an HIV and AIDS Policy for Educational Institutions in four learning institutions in Zambia, in collaboration with UNESCO and Zambia Health Education and Communication Trust. The pilot initiative resulted in lessons on how to operationalize workplace policies in education in the University of Lusaka; Teacher's College in Kabwe; high school in Ndola and primary school in Kafue. However, follow-up and up scaling are still needed.

Zimbabwe

The ILO/AIDS conducted capacity strengthening of middle and senior managers to mitigate the impact of HIV and AIDS in the workplace. Air Zimbabwe and Railways are currently mainstreaming their respective HIV and AIDS policies into their daily activities throughout their companies. At Air Zimbabwe, workers, who join the organization, are inducted and informed about the existence of the HIV and AIDS policies and programmes

and also how to access HIV and AIDS support services. Scaling up of these pilot initiatives is expected to cover larger areas of the country.

Ethiopia

The ILO and national constituents issued an action plan to prevent and control HIV and AIDs in the workplace in 2002. By 2005, workplace technical initiatives by ILO and others had raised the number of enterprise level policies and practices to over 100. In 2008, tripartite constituents agreed on an Ethiopian policy for HIV/AIDS in the workplace on prevention and monitoring. However, a breakdown within the network, the financial crisis, weak commitment within various enterprises and some agencies, uncovered gaps in sustainability. In 2010, a renewed effort was launched following a recently approved national policy and draft integrated strategy to address HIV and AIDS. The ILO constituents are keen to avoid over-dependency on outside support and the duplication of efforts that undermined previous work.

Senegal

In Senegal ILO/AIDS support resulted in the drafting and adoption of an HIV and AIDS Charter for the World of Work in 2003. By 2008, it had been signed by 110 companies, associated through local advocacy and awareness raising. It is based on the principles of the ILO Code of Practice on HIV and AIDS and the World of Work and was also ratified by all the employers' organizations and validated by the National AIDS Council. The ILO expects 400 companies to sign it by 2013.

India

The ILO worked with the training institute of the V.V. Giri National Labour Institute (VVG NLI) to mainstream HIV issues into their training activities and to establish an HIV AIDS cell. Training modules and materials were developed for labour administrators, trade unions and other labour specialists, reaching around 3,000 people annually. As of March 2010, the Institute had covered 13,738 participants (10,990 men, 2,748 women) through their courses.⁴⁸ They have been scaled up to include a special training on HIV in the world of work for international participants entitled the: "International Training Programme on HIV AND AIDS in the world of work".

China

The Zhaoqing Vocational School in Guangdong, China, was one of the first to include sexuality, reproductive health and HIV in its core curriculum as a result of technical support from the ILO. The school provides basic technical skills to several thousand migrant workers a year. This model was scaled up to cover three regions within China to

⁴⁸International Labour Organization, Office for Asia and the Pacific (2011), Working with Ministry of Labour and Employment (MoLE), V. V. Giri National Labour Institute (VVG NLI). (Website accessed May 2, 2011) http://www.ilo.org/newdelhi/info/lang--en/WCMS_123681/index.htm

which an additional seven regions have now been added, with continued technical assistance from the ILO.

Cambodia

A collaboration of the ILO/AIDS programme and the informal economy project resulted in the development of a toolkit on HIV and AIDS in the world of work for informal economy construction workers. This toolkit was pilot tested and scaled up with the support of the Cambodian Construction Workers Trade Union Federation (CCTUF). It is now being used by other informal economy workers in Cambodia(2007–2008).

Russia

The ILO worked with tripartite partners in three selected Russian regions to promote mitigation of stigma and discrimination through increasing tolerance towards HIV positive workers in the workplace and adoption of the Code of Practice. Fifty trainers were instructed to carry out information and educational activities between April 2009 and June 2010. Up scaling still needs to occur.

Paraguay

Knowledge development and training programmes on HIV and AIDS-related issues (transmission modes, prevention in the workplace and non-discrimination against those infected and living with HIV and AIDS in the workplace) were provided to directors and workers in the selected companies from the transport sector.

Summary

The review of evidence in country cases highlighted some areas for special attention. First, situations change over time so the need for technical support also evolves and requires continued adjustment and adaptation. One of the important issues is the ability of the ILO to be flexible in addressing the changing needs and challenges as the epidemic and its effects alter in different ways. In one example from Zambia, a mining company has a directive to make 10 per cent of the staff redundant. Their challenge is to reduce the workforce without discriminating against people living with HIV. Technical input into how to address such challenges is, thus, important. Given that many of the constituents are not experts on applying HIV in the world of work practices with regard to health and discrimination issues, there is a continued need for HIV in the world of work specialists to be on hand, particularly in the field.

To ensure that projects meet specific targets, strict logical frameworks are designed that do not always allow for the development of innovative approaches adapted to changing situations. In India, the ILO/AIDS staff has been able to work through frameworks that were semi-independent of specific funding mechanisms, allowing for some reorientation of design of individual pilot actions. Project staff sought and made full use of opportunities to link to various agencies and interested partners with some success. Efforts in the initial phase focused on awareness raising and method development in workplaces and with tripartite partner organizations while the model was later adapted to increasingly focus on

areas that were found to need additional attention. These included national and state level policy and strategy development as well as capacity strengthening of a network of “champions” on the issue of HIV in the workplace.

In China, the project also made use of new opportunities as they were identified, such as in the case of the vocational schools and involvement of the China Family Planning Association. In Africa and other regions, case study countries appeared to have fewer opportunities to develop innovative approaches and stayed closer to logical frameworks and classical approaches. This may be partially because large countries, such as India and China, have a wider variety of human and financial resources and greater decentralization, allowing for more local innovative initiatives without 100 per cent dependence on project funds.

PC 2.2 Use of research, knowledge generation, and capacity strengthening designed and implemented in a way that addresses capacity gaps, including capacity of constituent organizations.

The ILO has been very good at using research, knowledge generation, and capacity strengthening which have also been designed and implemented in a way that addresses capacity gaps, including capacity of constituent organizations.

PC 2.2 rating: Very good

The ILO anchors its intervention approach to four different areas to optimize its response to HIV and AIDS-related issues in the workplace at global and national levels. The main means of actions are:

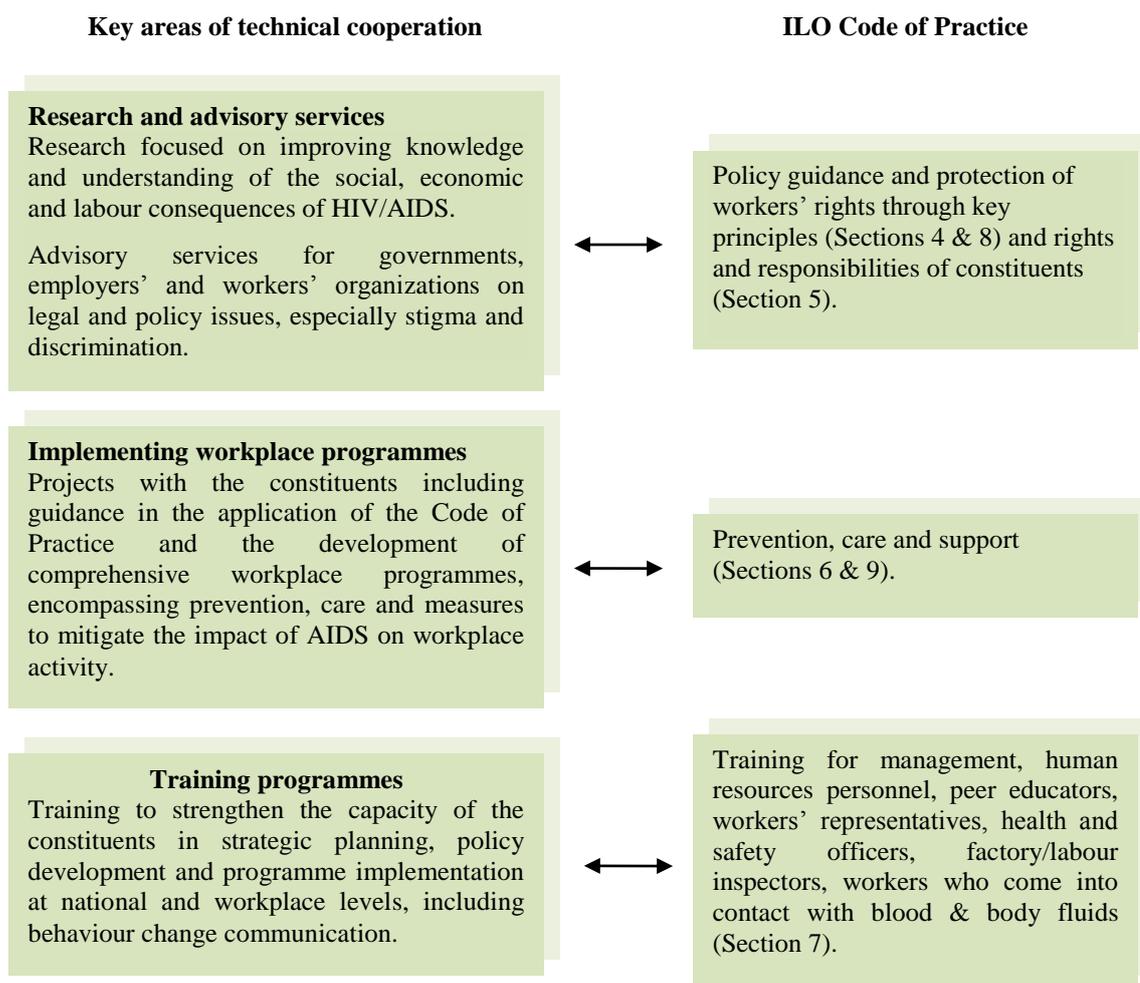
- awareness raising and advocacy;
 - research and policy analysis;
 - advisory services;
 - education and training/capacity strengthening⁴⁹
- } *Technical assistance*

The common denominator for configuring the main means of action have been in the context of reinforcing key provisions included in the ILO Code of Practice. (See Figure 4 below.)

The ILO/AIDS technical cooperation initiatives have been the primary way of integrating the means of action into country-level initiatives. The various projects have conducted different assessments to determine the need for capacity strengthening, and the required mix of knowledge, advocacy and policy development.

⁴⁹GB.292/ESP/5 2005; p. 5.

Figure 4: Interaction between key areas of technical cooperation and the Code of Practice on HIV and AIDS in the world of work.



Source: adapted from Technical cooperation: A means to implement the ILO Code of Practice on HIV/AIDS and the world of work; ILO Programme on HIV/AIDS and the world of work, Geneva, June 2004.

Capacity Strengthening

Strengthening the capacities of the constituents to develop and implement national and workplace policies and programmes is considered as an essential element of the ILO HIV in the world of work strategy and programme.

At the national level, the ILO has worked with leaders in employers' and workers' organizations to strengthen their capacities to work with their constituents in promoting the adoption of the Code of Practice and other actions in the workplace. The ILO has also provided training to government staff on the same issues. Training was provided in several ways:

- through the ILO International Training Centre;
- as part of formal training programmes organized in countries;
- through direct technical support and advisory services to tripartite constituents, NGOs and other civil society representatives including people living with HIV.

ILO International Training Centre (ITC)

The ILO ITC, has offered⁵⁰ courses on HIV in the world of work since 2008 with special courses giving attention to social protection and the informal economy, others targeting employers for designing and implementing a workplace policy, and worker representative training in occupational safety, health and HIV and AIDS.

Individuals who have attended training at the ILO ITC on HIV in the world of work issues have been senior staff of government, employers' and workers' federations. In September, 2010, for example, an open course was provided on "HIV and AIDS and the world of work: a prevention and social protection perspective" for 47 participants. Other courses held in 2010 were oriented to employers' and workers' representatives, namely, the "Workshop on HIV and AIDS for employers: Designing and implementing a workplace policy" and trade union training in occupational safety, health and HIV and AIDS.

Former trainees in the programmes were very positive about what they had learned, noting that training was practical and interactive. Turin-based facilitators were assisted by an ILO/AIDS staff member with several years of field experience in implementing actions in enterprises and working with employers' and workers' organizations. The participants appreciated the real field knowledge thus shared by the ILO/AIDS staff member on potential national, local and company actions. Given that the participants come from different countries, inter-regional exchanges are also stimulated during the workshops. A recent group of workshop attendees (April 2011) started their own network of former participants to exchange experience and provide mutual support.

The major shortcoming of the training is the lack of means to implement what has been learned in the courses. In one case, for example, a former trainee reported the difficulty in implementing the useful points learned because of lack of technical support and financial resources in their own organizations. While in some countries, ILO offices may interact with former course participants and provide continued technical support; doing so is not formally integrated into ILO planning except in project situations.

National capacity strengthening to develop and maintain workplace policies and practices

The ILO has worked to strengthen capacities at workplaces through the former Strategic HIV/AIDS Responses in Enterprises (SHARE) programme and other still ongoing donor supported projects. This process was mostly implemented by modelling capacity strengthening techniques so that representatives of workers, NGOs and other civil society groups could implement workers education and Behaviour Change Communication (BCC) in the workplace. In China and India, for example, a combination of training and face-to-face contact proved important to ensure increased commitment and capacity of managers. In China, company trainers and peer educators were trained to deliver programmes through formal training, as well as informally outside of working hours.

⁵⁰Visit www.itcilo.org for more information on the International Training Centre.

The experience gained on building capacities for tripartite policies and actions at the enterprise level have now led to a new need for capacity building. Although at the workplace level, the Code of Practice was well integrated through ILO projects, capacity building of workplace based monitors and labour inspectors needs to be increased. In particular, the number of master trainers on workplace monitoring of HIV in the world of work in workplaces needs to be scaled up. At the workplace level, as well as among labour inspectors, high turnover rates also mean that capacity strengthening on HIV in the world of work actions and monitoring needs to continue.

There is still a great demand for training, but better targeting is needed because of limited resources. Institutional capacity analysis of key government agencies and other service providers are needed in each country to develop a focused capacity strengthening programme on HIV in the world of work.

Training Materials and Tools

The ILO has produced a range of excellent materials that can be used as educational and training tools on HIV and AIDS in the workplace. Master trainers have been provided with the capacity to train others on using these in most of the case study countries. One key manual is: “*Implementing the ILO code of practice on HIV and AIDS and the world of work*”. This is a valuable educational and training tool that offers comprehensive practical guidance for formulating viable policies and programmes. It is aimed at protecting the rights and dignity of workers, their families and all people living with HIV and AIDS. The education and training material can be applied to all sectors, public and private, formal and informal.⁵¹

One important observation identified by the global evaluation team is the still limited dissemination and sharing of ILO tools, materials and guidelines between regions and even within countries. One important aspect is the need for all materials to be openly available for review by any person interested in them, and should not be limited to staff. The ILO/AIDS has now included on its website⁵² a list of key publications and interesting videos,⁵³ but there are many materials already developed that are not yet available.

The challenge is three-fold, ensuring that stakeholders know they can access and view materials already developed, that they actually do so, and they can adapt and use them in their own contexts. To this end, it is recommended that the ILO build upon the success of the Community of Practice, established under the SHARE programme, to develop an interactive platform where stakeholders can download and/or purchase materials,⁵⁴ and also provide comments and opinions on them. Visitors, who have used a particular ILO-supported material obtained through the website (or other ILO source), could also provide

⁵¹The 'Implementing the ILO Code of Practice on HIV AND AIDS and the world of work: An education and training manual'; ILO, 2003, Geneva.

⁵²International Labour Organization Programme on HIV and AIDS and the World of Work (2011), Publications (Website accessed May 4, 2011) <http://www.ilo.org/aids/Publications/lang--en/index.htm>.

⁵³International Labour Organization Programme on HIV and AIDS and the World of Work (2011), Publications (Website accessed May 4, 2011) <http://www.ilo.org/aids/multimedia/lang--en/index.htm>

⁵⁴Depending on the manuals, materials, tools.

input on how they used and/or adapted them, as relevant. The platform could then become an important tool to regularly inform the ILO and its tripartite constituents and development partners of new, useful and interesting practical developments.

While the website can form an innovative way to promote the often excellent materials that have been, and continue to be developed, it is also important to realize that many people in developing countries do not have sufficient or good access to the Internet. Therefore, traditional means of disseminating tools and materials will continue to be needed.

Research and knowledge generation

The ILO worked on research and knowledge generation at several levels over the course of the evaluation period. These included policy-oriented research, knowledge, attitude and practice studies, project baselines and impact surveys, and enterprise level baselines and monitoring systems. At the country level, data monitoring of ILO outcomes as per the ILO strategic frameworks and DWCPs also served to identify continuing gaps. The information thus gathered served to inform planning at global, national and enterprise level, as well as to track implementation of action on HIV in the world of work.

Policy-oriented research has focused on labour markets, employment and human capital costs of HIV and AIDS at the global and national levels. While research has been conducted, there are still some gaps, such as on the economic impact of HIV on agriculture and other economic sectors that require attention.

One example of research conducted by the ILO was an early study in 2002 on the impact of HIV and AIDS on the supply and demand for labour over time in terms of labour market efficiency and the dynamics of employment generation.⁵⁵ In a more recent example, the ILO carried out a study in China that demonstrated the pervasiveness of HIV discrimination in the workplace, through interviews with hundreds of workers who had lost their jobs or experienced other forms of HIV-related discrimination. The findings resulted in joint recommendations with the China State Council AIDS Committee on employment discrimination, confidentiality and discrimination in the healthcare system.

The ILO also provided input into studies on a range of other aspects related to HIV. In Cambodia, for instance, it supported the Research and Technological Exchange Group (GRET) to study whether the inclusion of people living with HIV in community based health insurance schemes would have a negative impact on their sustainability. The result of the study indicated that the schemes would be able to include people living with HIV.

In Paraguay, a survey on knowledge, attitudes and behaviour of long-distance truck drivers was carried out during the first half of 2010, which drew on interviews with them, government representatives and experts from the tripartite partners. According to the Ministry of Justice and Labour, the National Programme for the Control of Sexually Transmitted Diseases (STDs) and HIV from the Ministry of Health, and the specialized

⁵⁵Lisk, Franklyn (2002), Labour market and employment implications of HIV AND AIDS. Geneva: ILO Programme on HIV AND AIDS and the World of Work.

institutions that were consulted, the survey was the first of its kind and will be used as a reference point for future studies.

The ILO has implemented baseline surveys for many of the projects implemented through ILO/AIDS. Baseline data gathered helped shape programme emphasis, identify capacity and other gaps to ensure measuring of effectiveness, steps towards achieving objectives, and lastly, to realize the final impact.⁵⁶

One comment made by several global evaluation interviewees is that the research does not always take local socio-cultural and situational aspects into account and thus needs to be made more locally relevant.

PC 2.3 Pilot initiatives to address the poor and vulnerable were informed by and helped to inform the ILO's technical and policy development work.

Pilot initiatives to address the poor and vulnerable, were informed by and helped to inform the ILO's technical and policy development work although a great deal more effort is needed to reach the very large number of informal economy workers, jobseekers and others among poor and vulnerable workers. Experiences still need to be exchanged at a much higher rate to inform development work in different countries and settings.

PC 2.3 rating: Satisfactory

Poor and marginalized groups are among the most highly affected by the HIV epidemic.⁵⁷ In the context of HIV in the world of work, the poor and vulnerable are mostly represented by informal economy workers, jobseekers, and possibly workers in small enterprises, as well as selected sectors and occupations. In medium and large enterprises where working conditions and remuneration are not adequate, employees may also be included among the poor. Discussions under PC 2.3 are concentrated on the work of the ILO among these categories of workers.

Recommendation 200 includes recognition of the issues facing the poor and vulnerable, including informal economy workers, in the context of HIV in the world of work. This is at least partially due to the gathering of information on ILO pilot initiatives oriented to the informal economy and experience addressing gender issues.

ILO Recommendation 200 states on page iii:

- “...Noting that HIV and AIDS have a more severe impact on *vulnerable* and at-risk groups, and
- Noting that HIV affects both men and women, although *women and girls are at greater risk and more vulnerable* to HIV infection and are disproportionately affected by the HIV pandemic compared to men as a result of *gender inequality*,

⁵⁶ILO (2008), Cross-Country Study of the ILO/USDOL HIV/AIDS Workplace Education Program: Strategic HIV/AIDS Responses in Enterprises (SHARE), prepared for the U.S. Department of Labor by Louise Witherite, JD, Lead Evaluator with Mei Zegers, PhD, Co-Evaluator.

⁵⁷The aids2031 Consortium (201q), AIDS Taking a Long-Term View. Upper Saddle River, New Jersey: Pearson Education, Inc.

and that *women's empowerment* is therefore a key factor in the global response to HIV and AIDS.”⁵⁸

Most of the early work on HIV in the world of work concentrated on the formal sector and the implementation of the Code of Practice in formal enterprises. In case study countries, the ILO has increasingly included attention to HIV in the informal economy but, given the fact that the vast majority of workers in high-prevalence countries are engaged in informal economy work, there is still a need to scale up such efforts in a cost-effective manner. As the research base for identifying those key populations at higher risk has improved, the ILO's targeting has advanced to identify the relevant sector and informal economy workers to reach.

The extent to which the informal economy workers received attention through various actions was variable in the case study countries. In Zambia, the ILO has been working to address HIV with the Zambia Chamber of Small and Medium Enterprises (ZCSMBA) that has a membership composed of informal economy, small and medium-sized enterprises consisting of 91 associations and 250,000 enterprises. The SZCSMBA is mainstreaming HIV in the world of work into their training activities.

In both Zambia and Zimbabwe, the ILO is working with formal sector and informal economy transport workers and communities along major transport corridors. In China, most of the work has concentrated on the formal sector although special efforts to reach the poor were also made by, for example, including a wide range of approaches to reach jobseekers who visit job placement centres.

In Senegal, although some efforts have been made, there continues to be a very low level of basic knowledge and awareness on HIV and AIDS— a negative prejudice towards people living with HIV dominates. In China, the ILO works with the China Family Planning Association. In India, efforts to reach the informal economy have focussed on developing tools and materials and integrating them into existing programmes. Actions in India to reach the informal economy and poor are varied across a range of approaches. Special actions were developed for migrant construction workers and railway porters. In addition, the ILO worked with the Central Board for Workers Education (CBWE) which trains workers in local communities, many of whom work in the informal economy and/or are poor. Corporate groups, who have worked with the ILO programmes, are also reaching out to their supply chains, many of whom are from the informal economy or small enterprise sectors and local communities near their workplaces.

Despite these efforts, the need to focus more on the world of work in the informal economy is evident because of the high level of vulnerability of many informal economy workers. Reaching them is more complex and frequently requires more resources, differing expertise, entry points and partners than when working with the formal sector. The ILO has programmes working effectively in the informal economy, such as the International Programme on the Elimination of Child Labour (IPEC), which already adjust their

⁵⁸ILO (2010), *Recommendation concerning HIV and AIDS and the World of Work, 2010 (no.200)*, p. iii; ILO/AIDS, Geneva.

interventions to address the prevalence and specialized needs of children and their households made vulnerable by HIV and AIDS. It can be stronger in addressing HIV through the world of work in the informal economy if its initiatives build upon the knowledge and networks of those programmes with strong outreach.

Within the broader social protection umbrella, for instance, several innovative initiatives have already tested means of addressing HIV in the informal economy, such as social insurance, microfinance and small enterprise development. In Mozambique, the ILO has joined with the World Food Programme (WFP) to extend social safety nets (food for work or small cash transfers for those unable to work) to households made vulnerable by poverty and HIV. The initiatives are not specifically targeted to those living with HIV, but reach many due to the high coincidence of poverty and HIV.

PC 2.4 ILO strategy has identified and is addressing gender aspects of HIV and the world of work.

Gender issues have been identified in the Code of Practice, Recommendation 200 and other ILO documents and a number of gender-mainstreaming initiatives have been supported. The ILO strategy on gender and HIV in the world of work was not well developed, but since 2009 weaknesses are being addressed. Efforts to identify gender-differentiated factors should remain a priority at country level. This should particularly focus on more solidly and explicitly customizing strategies and interventions on HIV in the world of work programming to better address gender aspects in particular sectors, industries, political contexts, cultures and religions.

PC 2.4 rating: Satisfactory

Gender issues are very important in the context of addressing HIV in the world of work successfully. Globally, HIV and AIDS is the leading cause of death and disease in women of reproductive age. Women are disproportionately affected by AIDS in the global context and must be given priority in the response, a point also acknowledged in ILO Recommendation 200.

The ILO Recommendation concerning HIV and AIDS and the world of work and the ILO Code of Practice have gender equality as a key principle and it is seen to have a role to promote the development of gender-sensitive workplace policies and programmes at the national, sector and enterprise levels. The ILO builds the capacity of labour ministries and employers' and workers' organizations to support such efforts. These efforts are also supported by guidance tools, such as "Mainstreaming 'Gender' into ILO HIV/AIDS Technical Cooperation projects and activities".

Among the different approaches to gender and HIV, the ILO provides support to:

- develop gender-sensitive workplace components of national AIDS strategies;
- implement HIV workplace policies and programmes in which attention to gender issues and rights are a key factor;
- provide women with the means to protect themselves from violence and sexual harassment and have access to justice, health and social services;

- generate and make use of disaggregated information by sex; and
- protect reproductive rights at work.

In Zambia, the ILO project on Business Development Services integrated a section on HIV and AIDS in the world of work into a training course for women entrepreneurs. Women's associations have sometimes joined the traditional ILO tripartite constituents as conduits to channel HIV in the world of work information. In Zimbabwe, an ILO project on HIV in the world of work supported the development of gender-sensitive workplace policies for Air Zimbabwe and National Railways. The multi-country transport corridor programme in southern Africa has an important focus on economic empowerment of women along the corridor.

The evaluation of the China SHARE project on HIV in the world of work noted that the project did address gender issues by providing training to some groups and providing online resources on male behaviour and how it put them and their sexual partners at risk. It also observed, however, that the gender aspect could have been highlighted more strongly in different project components. In India and Cambodia, gender-sensitive training materials were developed, although in both countries the evaluators noted there was still room for improvement. In India, more attention needed to be focussed on women's rights in capacity strengthening materials for peer educators, for example. In Cambodia, the materials still needed some improvement, as some of the content was not well enough designed to take women's rights in relationships into account. In Russia, a small action in 2006 included attention to gender issues by support for developing and implementing, through social dialogue, on HIV and AIDS gender-sensitive policies in the road transport sector.

In Paraguay, a different aspect of gender issues was addressed through a project aimed to reduce high levels of homophobia and transphobia among transport sector employers and workers.⁵⁹ The project was developed to help ensure that truck drivers, who are men who have sex with men (MSM), or a client of sex workers, can receive help in their workplace and receive information on HIV prevention.

The extent to which gender is fully articulated in the different country strategies, particularly with respect to women's ability to verbalize their rights in sexual relationships, needs more attention. At global level gender-sensitive approaches have been studied, thanks to collaborative efforts from ILO/AIDS and the ILO Bureau for Gender Equality (GENDER). At the country level, similar collaboration between the HIV gender specialists among the UN and other development partners could facilitate localized adaptations. Continued efforts should be made to keep gender mainstreaming high on the priority lists of national constituents.

Project baselines and other community/enterprise studies also need to pay more attention to gender issues through more emphasis on gender sensitive data collection and gender

⁵⁹Homophobia is fear, rejection, or aversion, often in the form of stigmatizing attitudes or discriminatory behaviour, towards homosexuals and/or homosexuality. Transphobia is fear, rejection, or aversion, often in the form of stigmatizing attitudes or discriminatory behaviour, towards transsexuals, transgender people, and transvestites. UNAIDS (January 2011), UNAIDS Terminology Guidelines. Geneva: UNAIDS.

disaggregated data analysis. Article 53 of ILO Recommendation 200 also indicates the importance of collecting gender disaggregated data. While some attention has been paid to such issues in different ILO HIV in the world of work related projects and actions, the quality has not always been up to the level required to articulate fully gender sensitive and effective policies and actions, or to demonstrate gender-differentiated outcomes.

PC 2.5 Effective information dissemination strategy, high level of visibility for ILO's message, including the Code of Practice, outside of the ILO

The level of visibility and dissemination strategies of the ILO on HIV in the world of work was assessed at the global and national levels with tripartite constituents and with the UN and other development partners. At the global level, visibility among tripartite constituents was good, but with UN co-sponsors and other development partners it was variable. At national levels visibility was often very good through the widespread application of the Code of Practice, including among national partners.

PC 2.5 rating: Good

Global Visibility

Representatives of governments, employers' and workers' federations at global level were well aware of the ILO's programme on HIV and AIDS in the world of work. Their involvement dates back to the initial development of the programme with an added boost provided through the discussions leading up to the adoption of ILO Recommendation 200. The GB and its tripartite constituent representatives have been involved in regular discussions and updates of the ILO's progress on the relevant outcomes for HIV in the world of work in the GB and ILC meetings.

The ILO has actively promoted awareness through annual high-profile programmes for World AIDS Day at global and country levels, and in collaboration with UNAIDS. However, at the global level, UN co-sponsors tend to hold the view that the ILO's visibility has been insufficient in providing evidence of its role and effectiveness in impacting through the workplace.

Country Level Visibility

Country-level UN co-sponsors, and other international development partners, recognize that the ILO has been visible in different ways, particularly with respect to promoting concrete policies and actions on HIV in the world of work. It should be noted that some UN partners observed that ILO work on capacity strengthening is insufficiently visible among all stakeholders at country level and there is a need to intensify work in this area.

In case studies national governments, particularly in ministries of labour and health, the ILO is fully visible as a provider of technical support on HIV in the world of work. Employers' and workers' organizations at national levels also recognize the role of the ILO and its visibility is good. Among other stakeholders, such as civil society organizations of people living with HIV, other HIV networks and local Non-governmental Organizations (NGOs), visibility is variable. In some countries, such as India, those living with HIV are

well aware of the ILO and its work, while in others, such as Zimbabwe, there is a need to increase visibility.

While the application of the Code of Practice is recognized as an instrument on which the ILO led, its contribution is not always evident in other ways. Manuals, banners and other materials are available, but the ILO's role in their development and dissemination is not always perceived as sufficiently clear, even where its logo appears. This may be, partially, because the ILO focuses its work through the tripartite constituents, and other local partners, who then gain in visibility. Given the importance of local ownership, the lack of ILO visibility in some countries may not necessarily be detrimental. However, it would be useful to ensure that its contribution to local processes is given more visibility.

The ILO's visibility, and what it offers in terms of technical support, is important so that stakeholders know where they can address their questions and present issues on HIV in the world of work for consideration. Nevertheless, it should be noted that by increasing visibility, there is a risk this will lead to more requests for technical support; this could be difficult to provide if human, and other ILO resources, are limited. In Zambia, for example, the promotion of the ILO's work on HIV has led to increases in requests for technical support which the office could not meet due to understaffing.

Visibility and dissemination of the Code of Practice and ILO Recommendation 200

The importance of visibility and dissemination of the Code of Practice – as well as Recommendation 200 as the ILO moves to reinforce the new standard – cannot be underestimated. In the case study countries, the ILO has succeeded in giving good visibility and dissemination to the Code of Practice. The Code has been used as the fundamental tool to inform and guide field level implementation of key elements that need to be considered in any workplace or other work situation. It is, thus, widely recognized as an important tool among enterprises, employers' and workers' organizations that have become aware of HIV in the world of work. In many countries, particularly large ones, the need to disseminate to more enterprises and informal economy workers, jobseekers and other categories, is still necessary.

With respect to the Recommendation, there are a great number of questions at country level among the tripartite constituents, the UN and other development partners, on how Recommendation 200 will be rolled out. Many agencies note the importance of "getting the roll out" of the Recommendation right and not missing this important opportunity.

A very important aspect, highlighted in the GAP, on the implementation of the Recommendation, is the need for additional resources, beyond those allocated through the Regular Budget for Technical Cooperation (RBTC) currently available to ILO/AIDS.⁶⁰ The GAP states that it will seek extra-budgetary resources, including RBSA, to support full implementation. Given the international financial situation, however, resource mobilization will likely prove to be far more challenging than a decade earlier.

⁶⁰ILO (2011), Report of the Director-General, Seventeenth Item on the Agenda; GB.310/17, Governing Body, 310th Session; Geneva, March 2011.

Some representatives of employers' and workers' organizations at national level have asked why the ILO did not prepare a full programme for rolling out the Recommendation prior to its adoption. At country level, evaluation interviewees, who did not attend the Recommendation development meetings in Geneva, were not even aware of the GAP, despite being in possession of the Recommendation. They mention the manner in which the Code of Practice was supported and disseminated through the SHARE programme as an example of how planning of dissemination should have been organized. While some may argue that the Recommendation has only just been adopted and time is needed to organize, the reaction in other countries tends to be how, when and where will it work and what does it mean in practice?

An important consideration in this context is that Recommendation 200 belongs to, and is owned by, ILO member countries. As such, they also need to make their own plans for roll out and dissemination without waiting for the ILO's assistance. Countries are already holding discussions at national level on the development or review of national HIV in the world of work policies. As part of this process, dissemination will be discussed. The key issue is, however, the need for ILO technical support to be realized swiftly, thus ensuring smooth dissemination and avoiding questions on the ILO's role. Dissemination alone is insufficient as implementation of the Recommendation is the ultimate goal and the ILO's intentions need to be rendered visible.

Despite the need to emphasize the role of countries, the ILO's visibility on roll out of Recommendation 200 is key in other ways. It is necessary to ensure clarity of the ILO's continued global involvement as an important agency promoting human rights on HIV in the world of work in an effective and efficient manner.

Overall findings regarding the effectiveness

To what extent have the ILO's strategy design and implementation been effective ?	Poor	Satisfactory	Good	Very good
PC 2.1 Local initiatives demonstrated feasibility and are showing results	→			
PC 2.2 Use of research, knowledge generation, and capacity strengthening designed and implemented in a way that addresses capacity gaps, including capacity of constituent organizations.	→			
PC 2.3 Pilot initiatives to address the poor and vulnerable were informed by and helped to inform the ILO's technical and policy development work.	→			
PC 2.4 ILO strategy has identified and is addressing gender aspects of HIV and the world of work.	→			
PC 2.5 Effective information dissemination strategy, high level of visibility for ILO's message, including the Code of Practice, outside of the ILO.	→			

3.3 Coherent, complementary collaborations created within a results framework

EQ 3	<i>To what extent has the ILO's strategy been coherent, complementary and created synergies internally and externally within a results framework?</i>
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Approach to the question and ILO intervention

This EQ focuses on exploring the quality of external and internal cooperation, possible overlapping, as well as the quality of mutual support between ILO departments and of the organizational/management arrangements.

The findings are based on the following Performance Criteria:

- *PC 3.1 Strong participation and support for constituents at global and national level for:*
 - *development of national tripartite workplace policies on HIV AND AIDS as part of the national AIDS response.*
 - *enabling tripartite constituents to take significant action to implement HIV and AIDS programmes at workplaces.*

- *PC 3.2 Strong global participation and technical support to the joint actions with UN systems and in other efforts to coordinate jointly with other international partners.*
- *PC 3.3 Concrete initiatives to address HIV and AIDS within other ILO technical programmes.*

Findings related to coherence and complementarity

PC 3.1 Strong participation and support for constituents at global and national level for:

- **development of national tripartite workplace policies on HIV AND AIDS as part of the national AIDS response.**
- **enabling tripartite constituents to take significant action to implement HIV AND AIDS programmes in workplaces.**

The strategy of the ILO to support the constituents at global and national levels was centred on advocacy, obtaining their active input into global and national debates on HIV in the world of work; provision of technical support; and evidence of practical models of action in the world of work. Since programme inception tripartite constituents' commitment has solidified and intensified as they became more aware of the importance of responding effectively to HIV in the world of work. There are very good examples of employers' and workers' organizations that have embraced their contribution to the world of work initiatives on HIV. There are other situations where workers continue to indicate limited evidence of capacity at policy and enterprise level. Improved planning on how trade unions can play a more developed role within national HIV strategies and workplace policies and practices is needed.

PC 3.1 rating: Good

Global representatives of governments, employers' and workers' organizations have, over the past decade, solidified and intensified their commitment to addressing HIV and AIDS within the DWA and have demonstrated this importance through the drafting and adoption of Recommendation 200.

The Social Partners

At the international level, both the International Organization of Employers (IOE) and the International Confederation of Free Trade Unions (ICFTU) made key contributions to the development and adoption of the ILO Code of Practice and subsequently stepped up their organizational response to HIV and AIDS, with important advocacy roles in relation to their memberships and an increasing involvement in policy guidance. The IOE has produced an Employers' Handbook on HIV and AIDS: A Guide for Action, and the African Regional Organization of the ICFTU, a training manual for shop stewards on HIV and AIDS in the workplace.

Since 2003, the International Trade Union Confederation (ITUC)/ICFTU and the IOE have been operating within the framework of a joint programme approach in the fight against

HIV and AIDS, aimed at collaborating on the issue at national, international and workplace levels, including the development of joint action programmes. The ITUC continues to work within this framework. It aims to raise, within the UN, the profile of work addressing employment related anti-discrimination laws and expand links to Convention No. 111. It is advocating for a revised survey to member States that includes specific questions on HIV related issues. Overall, its broader approach to HIV and AIDS focuses on implementation of Recommendation 200, particularly related to discrimination and working conditions.

Tripartite constituents or employers' and workers' organizations independently or jointly, have expressed strong commitment towards the fight against the epidemic with a number of statements and policies adopted. At the regional level, it is worth mentioning the ITUC-AFRO/IOE joint capacity-building meeting on HIV and AIDS for employers' and workers' organizations in 2006, hosted by the National Organization of Trade Unions of Uganda (NOTU) and the Federation of Uganda Employers (FUE), with support from the ILO. The ILO social partners are recognized as representatives of civil society and, as such, have been included at global and national level UN forums and working groups on HIV and AIDS. Since 2009, at the global level, ITUC has an HIV and AIDS coordinator who facilitated negotiations on the new Recommendation and who participates in UNAIDS coordination activities.

Trade unions are contributing to the joint response to HIV and AIDS, which has resulted in joint collaboration of these bodies, as well as a number of resolutions and various individual trade union activities. Pre-employment screening, continuity for people with HIV, provision of sickness benefits, and death benefits for dependants, represent the main areas of focus for the trade unions. Specific global union federations have been actively engaged in the fight against the epidemic, including, among others, Public Services International (PSI), the Federation for Agricultural, Food and Hotel Workers (IUF), the Education Development Centre (EDC) and the International Federation of Journalists (IFJ). At the national level, many individual trade unions are also taking significant action in the related areas.

Employers' organizations have also played a key role in addressing HIV and AIDS in the workplace by providing leadership and advocacy to companies, as well as offering guidance and practical support for their members.

National coordination

In most case study countries, the ILO has been working with the tripartite constituents, UN and other development partners to facilitate joint and integrated work initiatives. For the ILO the ministries of labour have been the key partner. As HIV in the world of work requires specialized input from health ministries and other government agencies, the ILO has also reached out to them. The national AIDS agencies in most countries have been directly involved, especially in Africa and Asia. In some countries, such as Zimbabwe, the Ministry of Small and Medium Enterprises has also been closely involved. From civil society, special attention has been paid to associations of people living with HIV in some countries such as India. In other countries, such as Zimbabwe, their involvement is still nascent although in the case of Zimbabwe this has also been due to the lack of concrete

organization of the Zimbabwe Network of Positive People until recently. In most countries more can be done to ensure that people living with HIV are more closely involved in the development of national policies and intervention models.

Given the many, varied and growing number of players in national strategies to address HIV, coordination, communication and coherence are large and growing concerns. Within the private sector, the formation of national business coalitions supported by enterprises have specialized in working on the response to HIV and AIDS, and have become an important channel for working with many of the larger national and international enterprises.

In some cases, national political issues overshadow differences of opinion between the constituents. Zimbabwe is one example where workers organizations report that political elements play a role in their participation in discussions and implementation of actions on HIV. Although the workers' organizations may not differ a great deal in terms of their opinion on the actual issues under discussion, their ability to represent their constituents and participate fully in the discussions is affected.

An area needing attention is the lack of agreement between national workers' organizations, the UN system and larger donors such as the Global Fund, on the form and nature of the role trade unions and employers' organizations can play within national HIV strategies and more narrowly in workplace policies and practices. Many trade unions and employers' organizations are keen to provide technical services to enterprises to establish workplace systems and policies, but they often lack the capacity to deliver.

Some global evaluation interviewees, including one who is not with the ILO and covers 19 African countries, noted that unions still need to play more concrete roles at national and local levels. The interviewee noted that the ILO has a great asset by having the tripartite system as an entry point but that workers' organizations could be supported to play more concrete roles in the world of work in both the formal sector and informal economy.

At the country level, there are some examples of how commitment has resulted in re-allocating government finances to address national capacity gaps, but overall this has been slow in coming. Much of the financing of actions on HIV in the world of work within countries is still from UN agencies, the Global Fund, the Organization of the Petroleum Exporting Countries (OPEC) and bilateral western donors. The Global Business Council, as well as the Pan African, and national business councils on AIDS have also financed some programmes, but their investments have been highly variable. The Pan African Business Council on HIV and AIDS, for instance, intensively seeks resources to fully meet its own objectives. A major challenge to achieving coherence at country level is, therefore, linked to alignment of international donors around an agreed national framework.

PC 3.2 Strong global participation in and technical support to the joint actions within the UN system and in other efforts to coordinate with other international partners.

As a co-sponsor of UNAIDS, and under the UNAIDS division of labour, the ILO has played the role of lead agency on HIV workplace policy and a major role with private

sector mobilization. The ILO interaction with UNAIDS at the global level has primarily been linked to high-level programmatic coordination, which has been time consuming and inconsistent with the ILO's programming approach. Efficiencies have been realized and alignment is currently much improved.

As is the case with all co-sponsors, the ILO faces capacity and systemic constraints in adequately linking the full range of its work in extending social protection and employment opportunities to the full array of UN efforts. It has collaborated closely in most countries within the UNDAF and joint UN strategies on HIV. For all agencies, poor communication and coordination across UN and national agencies remain as constraints.

PC 3.2 rating: Satisfactory

Coordination and creation of synergies with UNAIDS and UN global co-sponsors

The ILO collaborates with UNAIDS and its co-sponsors towards the achievement of the MDG 6, contributing to:

- halting and beginning to reverse the spread of HIV through strategic, targeted workplace initiatives; and
- achieving universal access to HIV prevention, treatment, care and support including social protection floors in work settings.⁶¹

As a co-sponsor, the ILO receives roughly one third of its resources from the UBW through UNAIDS global core funds, which are received on a biennial basis. UNAIDS resources to the ILO are used primarily to cover staff costs to convene meetings, translate the Code of Practice and support a range of global, regional and subregional activities relating to advocacy, public information, training and policy guidance. The ILO is active in interagency collaboration though at the global level this takes primarily the form of joint work within specific task forces as opposed to more formalized inter-agency partnerships or joint programmes. The ILO has worked to develop guidelines, information notes, and joint reports.

The ILO interaction with UNAIDS at the global level has primarily been linked to high-level programmatic coordination based on ILO status and requirements as a co-sponsor. The 2009 UNAIDS evaluation found that it lacked a coherent strategic framework for technical support and was prone to duplication and competition. Linked to this was a lack of harmonization in reporting. Since then major changes have been introduced. Prior to 2008, the UNAIDS programming approach was time-intensive for the ILO to maintain, given that it was largely inconsistent with the ILO's own internal practices. In addition, the UNAIDS approach to monitoring and reporting was descriptive in nature and delinked from resource expenditure reporting.

Since 2008, UNAIDS budget process, and subsequent monitoring and reporting have been more closely linked to ILO's country-level operations and outputs. The ILO has been able

⁶¹ILO/AIDS Strategic Framework ILO/AIDS Strategic Framework (2010-2015): "Anchoring the workplace in the changing environment" (Draft); ILO/AIDS e-workplace platform; January 2011.

to better align the results frameworks and reporting mechanisms within its own P&B with that of UNAIDS, which has resulted in some consolidation of systems and people.

The UNAIDS 2011–2015 strategy, “Getting to Zero” identifies the ILO as the main convener in the area to “Scale up HIV workplace policies and programmes and mobilize the private sector”.⁶² Principal UN agency partners for this are identified as UNESCO and WHO. As lead agency on HIV and AIDS workplace policies and programmes and private sector mobilization, the ILO also plays a key role in UN Cares programmes, which is the UN workplace programme on HIV and AIDS.

Under the new strategy, the ILO is also recognized as a partner with other UN agencies in several key divisions of labour areas, which overlap areas of ILO work, but fall outside of formal workplaces:

- ensure that people living with HIV receive treatment;
- prevent people living with HIV from dying of TB;
- remove punitive laws, policies, practices, stigma and discrimination that block effective responses to AIDS;
- meet the HIV needs of women and girls and stop sexual and gender based violence;
- empower young people to protect themselves from HIV;
- enhance social protection for people affected by HIV;
- ensure good quality education for a more effective HIV response;
- support to strategic, prioritized and costed multi-sector national AIDS plans.

To some extent, this list belies the difficulty the ILO has faced in effectively linking the full range of its work in extending social protection and employment opportunities to the efforts of UNAIDS. This is in large part due to UNAIDS programming having required evidence of how people living with HIV, or otherwise impacted by the epidemic, are benefiting from the ILO’s social protection initiatives. The ILO can mainstream HIV and TB, into most areas of its technical programming. However, it cannot actively engage with UN partners in these areas if the expectation is that these programmes will target and document coverage of those affected by HIV and TB. A more detailed strategy within the ILO/AIDS is needed to match the commitment of UNAIDS programme subcomponents with the wider ILO social protection and employment response.

Compared to most other co-sponsors, the ILO maintains one of the smaller programmes on HIV. It maintains country presence in fewer countries than other UN co-sponsors, with the exception of perhaps UNESCO, which seems to have affected the ILO’s chances of being designated as lead or member at the global working group level. However, this may change under the new UNAIDS strategy 2011–15 that calls for focus around a defined set of countries. As mentioned in the UNAIDS evaluation, the ILO has played a lead role in private sector and workplace issues. It also noted the support provided to national, regional and global business coalitions to tackle HIV. The report calls for clarity, however, regarding the role of UNAIDS, ILO and World Bank within private sector support.

⁶²UNAIDS (2010), Getting to Zero, 2011-2015 Strategy, Joint United Nations Programme on HIV/AIDS (UNAIDS); p. 58; UNAIDS.

Beyond the workplace-focused initiatives, feedback during the global evaluation process suggested that the ILO has not been as effective in demonstrating how its work within the broader social protection sphere supports the HIV-specific UNAIDS and co-sponsor priorities, such as migration and social protection in the informal economy.

Another area where the ILO has yet to establish a strong footing, despite a strong core competency and a growing array of activities, is within the UNAIDS legal and human rights framework. The recent adoption of Recommendation 200 is intensifying the focus on non-discrimination and workers' rights and, as a result, the ILO's voice and role, is likely to grow as well. The evaluation team found, within UNAIDS, irregular understanding of how the ILO's international labour standards work and the process being followed for establishing and implementing Recommendation 200. This is not necessarily the result of ILO actions, but of a persistence of attitudes that such mechanisms are too time-consuming.

ILO Recommendation 200 reconfirms the importance of joint actions and coordination with UN systems. Page three of the Recommendation affirms, "...the need to continue and increase international cooperation, in particular in the context of the Joint United Nations Programme on HIV and AIDS, to support efforts to give effect to this Recommendation. ...". A specific reference is also made to collaboration on prevention strategies based on guidelines published by other UN agencies such as the WHO, UNAIDS and the United Nations Office on Drugs and Crime (UNODC).

Country-level collaboration

In all case countries, the ILO was found to be an active participant and contributor to UN joint initiatives at the country level in addressing HIV and AIDS. While there are some issues surrounding coordination and creation of synergies at the global level, the analysis of case countries brought to light many solid examples of inter-agency collaboration within the United Nations Development Assistance Framework (UNDAF), often within joint UN programmes, where the ILO was one of several agencies jointly supporting initiatives. Feedback during interviews indicated that the main constraint to continuing this joint work was the limited capacity and resources of the ILO at the country level.

One area where more awareness-raising may be needed is with ILO field staff, particularly those working on projects, to better sensitize how HIV interfaces with their work. During interviews, UNICEF and WFP both expressed difficulty in finding entry points and collaborating with ILO on initiatives aimed at the informal economy (one involving small local businesses in a food voucher system and another focused on conditional cash transfers for HIV affected households). In both cases, the agency representatives were told by ILO project staff working in these programming areas that it does not work on HIV and AIDS in this way. Limited understanding by some ILO staff of how HIV relates to their area of work, and limited awareness by some ILO HIV and AIDS staff in other areas of ILO work, may partly explain why some forms of country-level collaboration have not advanced much outside of workplace initiatives.

Inter-agency collaboration at country level has been confounded by poor communication and coordination across UN and national agencies. A request for ILO intervention in Ethiopia to support workplace HIV related interventions in an agro-flowery scheme led to several different UN agencies and one national NGO indicating their interest in becoming involved. The weak coordination and communication between agencies subsequently slowed down decision-making. Given the lack of clarified roles and responsibilities, overlapping interests and limited resources across programmes and agencies, making collaboration effective and efficient, remains a challenge.

PC 3.3 Concrete initiatives to address HIV and AIDS within other ILO technical programmes.

The ILO strategy on HIV and AIDS has, from the start, promoted internally the mainstreaming of HIV and AIDS across key areas of the DWA. Interviews and a thorough desk review have found compelling evidence of notable internal collaboration since the creation of the ILO/AIDS programme and this collaboration has resulted in targeted knowledge and tool development that has helped to fill gaps in the ILO's knowledge base and operations.

PC 3.3 rating: Good

The ILO/AIDS is the main operational unit that implements the Office's mandate in the area of HIV and AIDS in the workplace, but additional capacity can be found in all its main departments and programmes. Key areas of work have included the following.

International labour standards in terms of discrimination are supported within the context of the Discrimination (Employment and Occupation) Convention, 1958 (No. 111). In addition, the application of ILO standards on social security, occupational health services, and OSH, has been a vital element of the ILO response to HIV and AIDS.⁶³

Linkages between *HIV and AIDS and child labour* focus on children who have lost one or both parents to AIDS. IPEC has assembled a knowledge base on the linkages between child labour, in particular its worst forms, and AIDS orphanage and vulnerability. This resulted in a three-year project entitled "Combatting and preventing HIV and AIDS-induced child labour in sub-Saharan Africa".⁶⁴

Within *employment*, the Women's Entrepreneurship Development and Gender Equality Programme (WEDGE) has adopted measures to mainstream HIV and AIDS in its activities. More broadly, enterprise development, strategies and practical actions have provided employment and income-generating opportunities for PLHIV.⁶⁵

With *social dialogue* the importance of reinforcing legal systems has been addressed in order to ensure that any action adopted in response to HIV and AIDS finds support within an effective legal framework with associated enforcement mechanisms; this assists social

⁶³ILC, 98th Session, 2009; HIV/AIDS and the world of work, Fourth item on the agenda; p. 20.

⁶⁴ILC, 98th Session, 2009; HIV/AIDS and the world of work, Fourth item on the agenda; p. 20-21.

⁶⁵ILC, 98th Session, 2009; HIV/AIDS and the world of work, Fourth item on the agenda; p. 21.

partners and other stakeholders (labour courts, judges and labour inspectors) in strengthening their capacity to apply relevant labour standards, improved national laws and the ILO's 2001 Code of Practice.

To support **sectoral** activities, various tools and activities have been developed jointly with ILO/AIDS in different strategic sectors,⁶⁶ including education, health and transport (2004–05) and construction, mining and commerce (2006–07). In order to allow for replication of good practices, sector-specific guidelines and training toolkits have been developed, guided by the ILO Code of Practice.

Within the Social Protection Sector, satisfactory coordination is evidenced and is likely to improve with the newly formed PROTRAV department. However, this will depend upon solid operational planning and management support. As already stated, to fully benefit from the initiatives of various ILO programmes, a more inclusive plan of action linked to a broader and mainstreamed strategy is needed.

Headquarters-field coordination

Collaboration between field offices and headquarters technical units has been found to be a challenge, particularly when more than one technical programme is involved in joint management of technical cooperation. One example is a Swedish International Development Cooperation Agency (SIDA) funded project designed to deliver integrated support, which assigned technical backstopping to five different areas of headquarters and subregional offices, and worked in 14 countries. According to an independent evaluation (2008), the report noted positive contributions in the legal and policy framework, with working conditions, and fostered opportunities for networking and learning.

In terms of internal coordination, it pointed to the need for improved organizational practices. "...4 of the 7 main programme countries suffered delays in implementation largely for internal reasons, such as: an overly complex management structure; administrative obstacles; budget constraints; and an inadequate monitoring and evaluation system".⁶⁷ It further found that the operational approach had resulted in "component-based projects", rather than country-based projects. The intention of this approach was to develop an integrated response and sense of co-ownership, but in reality country project staff were left on their own with little delegated authority to take initiative, such as in coordinating with external organizations within the country. The SIDA project is an extreme example, but highlights some of the challenges faced when different parts of the Office technically backstop a shared initiative.

⁶⁶ILC, 98th Session, 2009; HIV/AIDS and the world of work, Fourth item on the agenda; p. 22.

⁶⁷Mid-term Evaluation of the Sida Funded Programme on HIV/AIDS Prevention and Impact Mitigation in sub-Saharan Africa, December 2008 Unpublished.

Overall findings regarding coherence and complementarity

To what extent has the ILO's strategy been coherent, complementary and created synergies internally and externally within a results framework?	Poor	Satisfactory	Good	Very good
PC 3.1 Strong participation and support for constituents at global and national level.	→			
PC 3.2 Strong global participation and technical support to the joint actions within the UN systems and in other efforts to coordinate jointly with other international partners.	→			
PC 3.3 Concrete initiatives to address HIV and AIDS within other ILO technical programmes.	→			

3.4 Efficiency

EQ 4	<i>To what extent have resources been used efficiently, and has the programme been appropriately and adequately resourced?</i>
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Approach to the question and ILO intervention

The efficiency analysis measures the outputs, both qualitative and quantitative, in relation to the inputs. The efficiency of processes, the delivery of outputs on time, the appropriate use of resources, and actions taken to manage operational and financial risk are assessed.

The findings are based on the following Performance Criteria

- *PC 4.1 Results-based framework, design and implementation have granted support to member States with rational prioritization of countries.*
- *PC 4.2 Efficient and observable mix and use of extra- budgetary and regular budget resources with ILO successfully leveraging its resources.*
- *PC 4.3 Adequate and appropriate allocation of human and financial resources. Operational planning identifies funding gaps and proposes reasonable strategies for filling them.*

PC 4.1 Results-based framework, design and implementation have granted support to member States with rational prioritization of countries.

The global results framework has provided efficiency to the ILO's operations and results sought at country level in Africa and Asia regions. However, the rationale for choice of

country operations in other regions is less clear. Nonetheless, a validation exercise comparing country programming to global reporting of results found strong alignment.

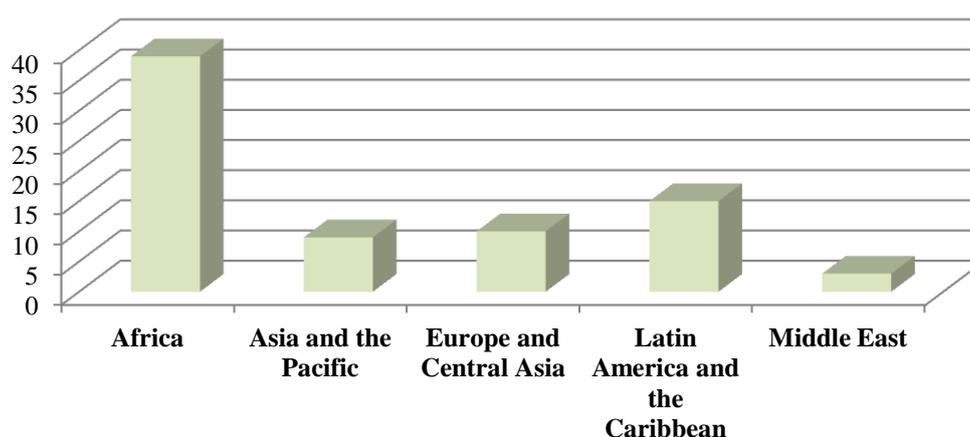
PC 4.1 rating: Good

The ILO strategy on HIV and AIDS coverage in the workplace has been addressed in the results framework of the P&Bs and implementation reports since the biennium 2000–01. This global strategy has been mapped onto individual countries in which the ILO is active and where HIV is designated as a high priority area for action. This has been the case since 2006; however, a detailed analysis was prepared for only 2008–2009.

According to the IRIS implementation planning for 2010–2011, the analysis of the country level implementation plans and reported results for the 2008–2009 and 2010–2011 biennia, identified more than 80 DWCP outcomes linked to the 2008–2009 strategy and 76 DWCP outcomes linked to the 2010–2011 strategy, though some were operationalized at the output level.⁶⁸ Of these roughly half were planned for Africa, 15 for Latin America and the Caribbean, ten for Europe and Central Asia, nine for Asia and the Pacific, and only three in the Middle East. The distribution of planned DWCP actions to address HIV for 2010–2011 is shown in Figure 5.

The results framework seems to provide an adequate means of linking initiatives across countries, and in various forms, into a coherent programming framework. The RBM system captures technical interventions at the country programme output and outcome levels, and requires that technical cooperation be linked to one of these levels. With such a system, DWCP outputs and outcomes on HIV can quickly escalate in number. This in turn adds to the geographical coverage of the ILO’s HIV work, but without signalling its scale at country level. For this reason, it is difficult to generalize about the work and progress being made in the 74 countries.

Figure 5. 2010–2011 DWCP outcomes planned under outcome 8, by regions



Source: based on the data received from the ILO/AIDS, March 2011 and IRIS SMM.

Efficiency also considers how the ILO’s actions at country level reflect a sound choice of countries within which to launch and mainstream national initiatives.

⁶⁸According to IRIS data as of 12/2010.

An analysis of DWCPs shows the priority given to HIV and AIDS and the world of work for most countries of the southern African region. Four key priority areas of intervention have been identified for further expansion in this subregion. These are specific to the ILO's core mandate, and are also in alignment with the Southern African Development Community (SADC) regional framework on HIV, as well as national AIDS strategies. These include:

1. strengthening of ILO's constituents, including ministries of labour, employers' and workers' associations to contribute effectively to national AIDS responses;
2. increasing the contribution of workplace programmes to achieve universal access to HIV prevention, care and treatment.
3. integrating TB and other diseases, as relevant into HIV workplace programmes.
4. focusing more attention on the informal economy, including initiatives designed to increase economic empowerment as a means of reducing vulnerability.⁶⁹

Additional factors in considering the ILO's choice of countries, relates to the level of interest and commitment shown by constituents, national HIV agencies, and the UN in supporting HIV and the world of work. Table 5 presents an overview of the alignment of African countries using three selected criteria with the ILO's targeting of country-level outcomes in 2008–09 and 201–11, and location of country-level projects. The three dimensions for viewing alignment are:

- ILO is involved in the Joint UN Team on HIV and AIDS;
- countries that UNAIDS considers as needing high priority focus for 2011–2015; and
- world of work is included in the national HIV strategy.

It was only in 2010 that UNAIDS introduced in its strategy the intention to focus on high impact countries (HIC). Their list of HICs is likely to be revised over time, but does not mean that activities in other countries will be closing down. Among the 20 countries on the UNAIDS list of high priority focus over the next five years, 12 are in Africa, and the ILO has been supporting world of work initiatives in all but one since 2008. Further analysis shows that the ILO is involved in the Joint UN Team on AIDS in 15 African member States of which all have world of work components included in their national AIDS strategy. The PIR for 2008–2009 indicates 24 African countries where activities were reported under the P&B Immediate Outcomes 3d.1/2/3. As for the 2010–2011 biennium, Country Programme Outcomes (CPOs) have been planned for 28 African member States. For Africa, there is strong alignment between countries where the ILO works and where world of work is being supported nationally and by joint UN initiatives.

⁶⁹Based on the Strategic Framework on HIV and AIDS for the southern Africa Subregion (2010–2015); draft, May 2009; document available on the ILO/AIDS e-workspace.

Table 5. Status of country profiles in Africa against the UNAIDS, UNCTs, NAS and ILO key elements

UNAIDS PRIORITY	ILO is present in Joint UN Teams on AIDS	World of Work is included in the National AIDS Strategy	PIR 2008–2009	CPOs 2010–2011	TC project countries 2008–10
Cameroon	Botswana	Benin	Benin	Benin	Benin
DR Congo	Cameroon	Botswana	Burkina Faso	Botswana	Botswana
Ethiopia	Cape Verde	Burkina Faso	Burundi	Burundi	Burkina Faso
Kenya	Congo	Burundi	Cameroon	Cameroon	Cameroon
Malawi	Brazzaville	Cameroon	Ethiopia	Central	DR Congo
Mozambique	DR Congo	Cape Verde	Ghana	African Republic	Ethiopia
Nigeria	Ethiopia	Congo	Grenada	Chad	Ghana
South Africa	Ghana	Brazzaville	Kenya	Congo	Kenya
Uganda	Malawi	DR Congo	Lesotho	DR Congo	Lesotho
Tanzania	Mali	Ghana	Madagascar	Eritrea	Liberia
Zambia	Mozambique	Kenya	Malawi	Ethiopia	Malawi
Zimbabwe	Namibia	Lesotho	Mozambique	Gabon	Mali
	Nigeria	Malawi	Namibia	Gambia	Madagascar
	Rwanda	Mali	Nigeria	Ghana	Mauritius
	Senegal	Mozambique	Rwanda	Kenya	Mozambique
	South Africa	Namibia	Senegal	Lesotho	Namibia
	Swaziland	Nigeria	Seychelles	Liberia	Nigeria
	Tanzania	Rwanda	Sierra Leone	Madagascar	Senegal
	Uganda	Senegal	South Africa	Mali	Sierra Leone
	Zambia	Sierra Leone	Swaziland	Mauritius	South Africa
	Zimbabwe	South Africa	Uganda	Mozambique	Swaziland
		Swaziland	Tanzania	Namibia	Tanzania
		Tanzania	Zambia	Nigeria	Togo
		Togo	Zimbabwe	Sierra Leone	Uganda
		Uganda		South Africa	Zimbabwe
		Zambia		Swaziland	
		Zimbabwe		Uganda	
				Zambia	
				Zimbabwe	

In the Asia region, the ILO's works within the Joint UN Teams on AIDS in 18 countries. Ten member States have included the world of work component in their national AIDS strategy (Table 7). The 2008–2009 PIR has indicated nine countries with results, and CPOs for the 2010–2011 biennium have been planned for nine member States. The ILO is working in all UN priority countries except Myanmar, where it has no active programmes, and in an additional ten countries.

Outside of the Africa and Asia regions, evidence of a prioritized intervention strategy and strong alignment is less evident, at least as measured against UNAIDS prioritized countries. In the Americas, the ILO plans country-level outcomes in 14 countries and participates in joint UN teams on HIV and AIDS in 11 (Table 6). In terms of UN priority countries, only Brazil is identified as a 2010–2015 priority.

In the case of Europe and Central Asia, UNAIDS considers only the Russian Federation and Ukraine as high priority countries. The ILO is present in the Joint UN Teams on AIDS in nine countries, five of which have included the world of work component in their national AIDS strategy. The 2008–2009 PIR has reported results for eight countries, and CPOs for ten are planned for the 2010–2011 biennium (Table 8).

In general, the tables show a fairly strong alignment of country choices for ILO interventions where it is active in nearly all UNAIDS priority countries. However, it is active in many other countries not considered high priority by UNAIDS (CPO used as measure). To ensure coherence around a results framework, there may be a need to focus interventions on a reduced, but prioritized number of countries, based on designated criteria, if the resource base supporting the strategy does not expand. This should be taken into consideration when setting targets in future P&B exercises.

Validity of results reporting

With regard to the validity of ILO governance-level reporting of outcome-level performance results, the evaluation team conducted a review to match the types of interventions designated through DWCP's implementation plans with the reporting of results in the subsequent 2008–2009 PIR and with the distribution of technical cooperation across countries. The results showed overall and consistent alignment with countries reporting HIV and AIDS as a major output or outcome within a DWCP or in the ILO country implementation planning system, and the report to the GB at the end of the biennium. Details of the validation exercise of the 2008–09 PIR is provided in Annex 5 (Volume 2). In those countries where no projects were present, the documentation supporting the degree of change (for example baseline information with comparative progress reporting) was uneven.

The measuring and reporting of results in the P&B on a number of countries, where specific milestones are to be met over a two-year period, may implicitly reinforce the tendency of wanting to achieve breadth across more countries. Bringing forward the same or similar initiatives in more countries may be done at the expense of achieving greater depth of impact through customized interventions in a prioritized set of countries. Therefore, the efficiency of the ILO's approach must also be assessed with the alignment of its contribution to national HIV and AIDS strategies, as well as UN joint strategies, and the adequacy of resources, which is addressed in the next Performance Criteria.

The HIV and AIDS outcome and strategy does not include a longer term results framework to allow it to transition from direct hands-on support in addressing HIV and AIDS through the workplace. Some constituents think this is needed, particularly with the ILO moving away from supporting direct interventions, at the enterprise level, and positioning itself to build constituent capacities within better-anchored core programmes, such as OSH in the formal sector, and social protection measures in the informal economy.

Table 6. Status of country profiles in the Americas and the Caribbean against the UNAIDS, UNCTs, NAS and ILO key elements

UNAIDS PRIORITY	ILO is present in Joint UN Teams on HIV and AIDS	World of Work is included in the National HIV and AIDS Strategy	PIR 2008–2009	CPOs 2010–2011	TC project countries 2008–10
Brazil	Bolivia	Antigua and Barbuda	Bahamas	Anguilla	Barbados
	Brazil	Barbados	Barbados	Antigua and Barbuda	Bolivia
	Chile	Belize	Grenada	Bolivia	Brazil
	Costa Rica	Brazil	Guyana	Brazil	Chile
	Guyana		Honduras		Guyana

Haiti	Costa Rica	Jamaica	Cambodia	Haiti
Honduras	Dominican	Saint	Chile	Honduras
Nicaragua	Republic	Vincent and	Costa Rica	Jamaica
Pacific Island countries	Guyana	the	Grenada	Nicaragua
Paraguay	Honduras	Grenadines	Guyana	Paraguay
Peru	Paraguay	Seychelles	Haiti	Peru
Trinidad and Tobago	Peru	Trinidad and	Honduras	Suriname
	Saint Kitts and	Tobago	Montserrat	Trinidad
	Nevis		Nicaragua	and
	Saint Vincent		Paraguay	Tobago
	and the		Peru	
	Grenadines		Saint	
	Trinidad and		Vincent and	
	Tobago		Grenadine	

Table 7. Status of country profiles in Asia and Pacific against the UNAIDS, UNCTs, NAS and ILO key elements

UNAIDS PRIORITY	ILO is present in Joint UN Teams on AIDS	World of Work is included in the National AIDS Strategy	PIR 2008–2009	CPOs 2010–2011	TC project countries 2008–10
Cambodia	Bangladesh	China	Cambodia	Cambodia	China
China	Cambodia	Fiji	China	China	India
India	China	India	Fiji	Fiji	Indonesia
Myanmar*	Fiji	Indonesia	India	India	Nepal
Thailand	India	Nepal	Indonesia	Macau	Sri Lanka
	Indonesia	Pakistan	Nepal	Papua New	VietNam
	Kiribati	Papua New	Sri Lanka	Guinea	
	Marshall Islands	Guinea	Thailand	Salomon	
	Mongolia	Philippines	Timor-Leste	Islands	
	Nepal	Sri Lanka		Sri Lanka	
	Pakistan	Tuvalu		Vanuatu	
	Philippines	Vietnam			
	Samoa				
	Solomon Islands				
	Sri Lanka				
	Thailand				
	Tuvalu				
	Vanuatu				

Table 8. Status of country profiles in Europe and Central Asia against the UNAIDS, UNCTs, NAS and ILO key elements

UNAIDS PRIORITY	ILO is present in Joint UN Teams on AIDS	World of Work is included in the National AIDS Strategy	PIR 2008–2009	CPOs 2010–2011	TC project countries 2008–10
Russian Federation	Armenia	Belarus	Albania	Armenia	Moldova
Ukraine	Azerbaijan	Kyrgyzstan	Azerbaijan	Azerbaijan	Russia
	Belarus	Russian Federation	Georgia,	Belarus	Ukraine
	Georgia		Kazakhstan	Kazakhstan	
	Kazakhstan	Tajikistan	Tajikistan	Kyrgyzstan	
	Kyrgyzstan	Ukraine	Moldova	Moldova	
	Russian Federation		Russian Federation	Russian Federation	
	Tajikistan		Ukraine	Tajikistan	
	Ukraine			Ukraine	
				Uzbekistan	

PC 4.2 Efficient mix and use of extra-budgetary and regular budget resources with ILO successfully leveraging its resources.

The resource strategy of the programme is highly dependent on ongoing resource mobilization for technical activities at field level to complement more secured funds covering technical staff salaries. Feedback suggests that there is considerable time spent in favour of resource mobilization in some countries, which some ILO staff and partners see hampering the technical efficiency of field operations.

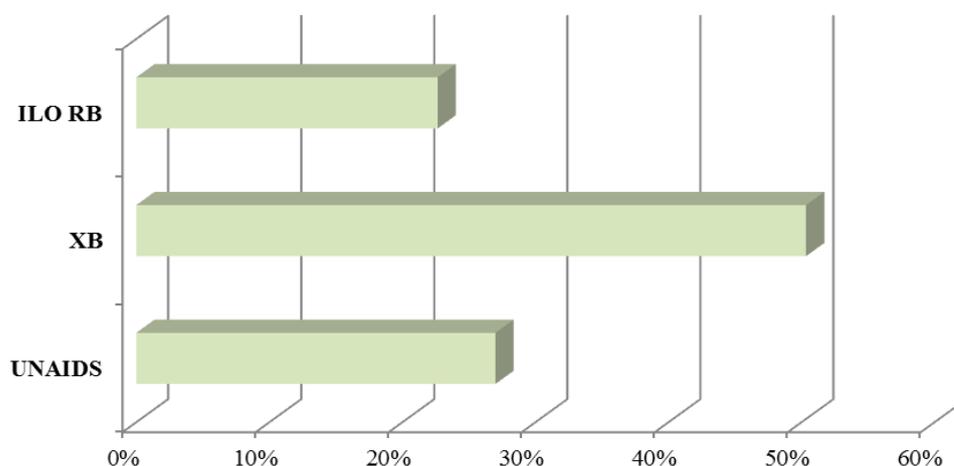
The analysis shows that the ILO is spread fairly thinly across a wide number and diverse set of countries. This, in turn, has made the coordinating and communicating across countries and technical initiatives burdensome. New donor practices also raise the need for ILO to revise its current business model which relies heavily on continuously mobilizing resources for initiatives in nearly 80 countries.

PC 4.2rating: Satisfactory

Since its creation in 2001, the ILO/AIDS programme has been predominantly financed by extra-budgetary resources. According to 2008–09 budget data, which is considered to capture the longer term pattern, biennial resources for implementing the strategy were just over US\$ 35.5 million, of which roughly 27 per cent were sourced from UNAIDS/UBW, 50.3 per cent from other extra-budgetary funds, and 20.7 per cent from the ILO's core resources. (See Figure 6 below.)

Since 2004, a roughly estimated, US\$ 140 million has been expended to implement the strategy. The vast majority of these resources have paid for technical experts at country, regional and global levels. With regard to regular budget and UBW funds, approximately 90 per cent have been spent on staff costs and the remaining on non-staff expenditure. As such, resource mobilization has become a priority activity that consumes a significant share of staff time. Non-staff resources are needed if the human capacity exists to deliver activities on a reliable basis. The financial approach of ILO/AIDS has, therefore, been firstly to focus on covering salaries, and secondly on mobilizing resources to implement activities. According to feedback from constituents and partners, the resources for activities are often too limited to take full advantage of the technical expertise available.

Figure 6. Total 2008–2009 resource allocation to the ILO’s HIV and AIDS-related interventions at the global, regional and country level, by source of funding



Source: Based on the 2008–2009 UBW Expenditure Report (global, regional and country level); UNAIDS.

The majority of the ILO’s resources have been expended in the field. During the 2008–09 biennium, an estimated 64.4 per cent were spent at country level, of which roughly half were spent in African countries and an additional 22 per cent in Asian countries. Another 20 per cent were spent at regional levels and 15.5 per cent at the global level. Despite this, many of the larger technical cooperation projects have been centrally managed by ILO/AIDS from Geneva. This practice has declined somewhat in recent years. However, a diverse range of interviewees expressed concern that too much of the limited technical expertise was concentrated in headquarters. Efficiency issues were raised by those working in the field structure relating to delays in decisions, including approval of use of funds.

In addition, prior to 2010 much of the bilateral extra-budgetary funds for HIV and world of work were largely managed as separate subprogrammes, with separate project support units existing for each major donor. This was reported to have led to duplication of some functions, and to limiting the sharing of good practices and lessons learned within headquarters as well as between Geneva and the field. Table 9 and Figure 7 below outline the major donor partners and streams of technical activity since 2006.

The ILO’s main technical cooperation partners prior to 2010 for the strategy have been the U.S. Department of Labor (USDOL), the SIDA and the OPEC Fund for International Development (OFID).

The USDOL-financed programming under the SHARE focused on employment-related discrimination against people living with HIV and AIDS, maintaining employment for them, reducing risky behaviour among workers, and facilitating access to voluntary and confidential testing, treatment, care and support. While there was a generic approach to SHARE, activities and logic of intervention are adapted to country-specific needs and contexts on the basis of dialogue and collaboration with other stakeholders.

The ILO SIDA-financed programming covered the period 2006–2009 and aimed to mobilize cooperatives and community-based organizations, including informal economy workers, to take action to fight HIV and AIDS, to strengthen legal and policy provisions,

improve occupational safety and health and boost HIV and AIDS prevention efforts in sub-Saharan Africa. The ILO/AIDS collected baseline information on targeted populations' HIV-related knowledge, attitude and practices, and on enterprise and national level policies and programmes through mainly qualitative rapid assessments, quantitative baseline surveys and interviews with key informants.

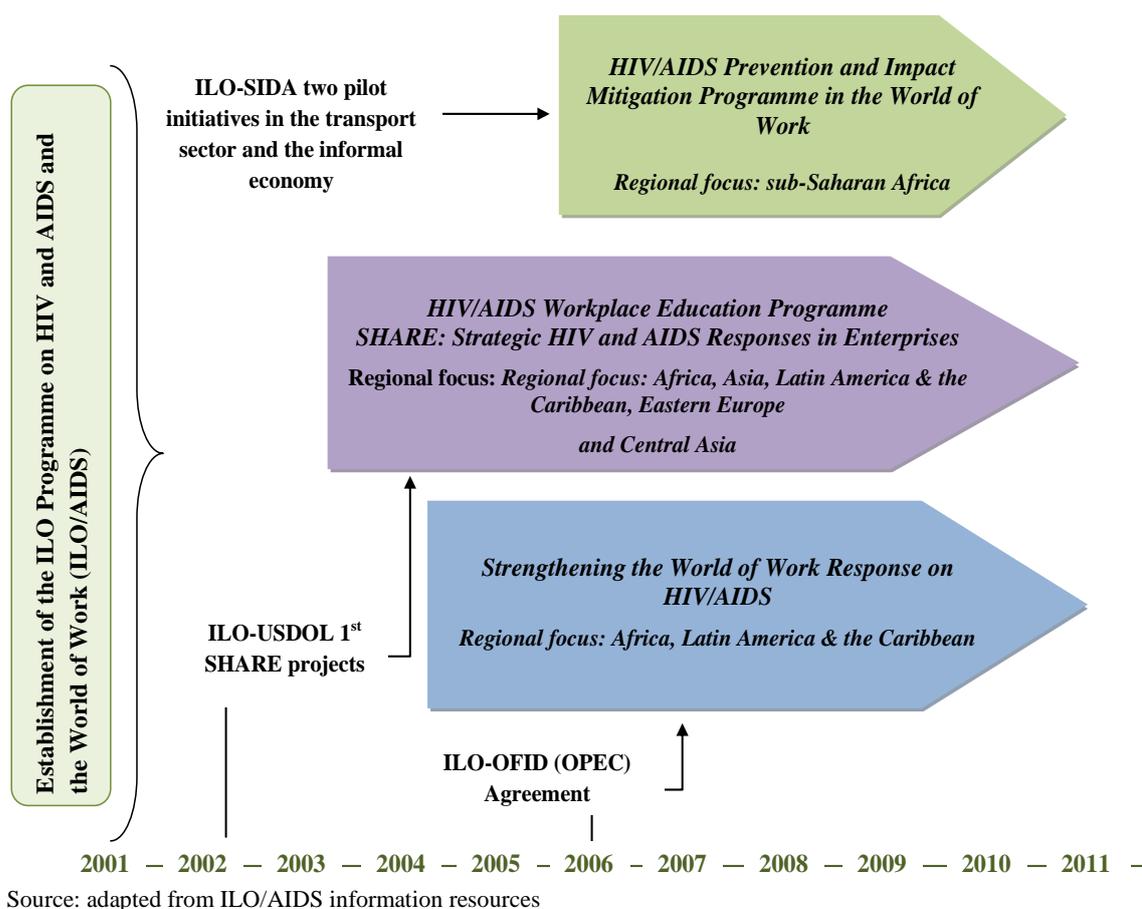
Since 2006, OFID has funded the ILO to initiate policy development and HIV workplace interventions including awareness-raising, sensitization and capacity development targeting employers and workers. The first phase of collaboration was implemented in Africa with partners in **Guinea-Conakry, Guinea-Bissau, Kenya, Madagascar, Mozambique, Senegal, Sierra Leone and Zimbabwe**. In Latin America the collaboration covered **Bolivia, Paraguay, Peru and Surinam**. Since 2010 a phase II partnership supports similar measures in **Ethiopia, Kenya, Liberia, Senegal, Sierra Leone in Africa, and Bolivia, Guyana, Haiti, Honduras, Nicaragua and Paraguay in Latin America and the Caribbean**. These are high HIV and TB burden and/or impoverished countries.

Table 9: Overview of the major strategic ILO's technical cooperation partnerships on HIV and AIDS and the World of Work

Partner /donor ⁷⁰	Technical cooperation with the ILO	Time frame and regional coverage of the cooperation	Profile	Objectives
SIDA	HIV/AIDS Prevention and Impact Mitigation Programme in the World of Work	2002: ILO-SIDA two pilot initiatives launched in the transport sector and the informal economy 2005: Agreement on implementing a programme on HIV/AIDS prevention and impact mitigation in sub-Saharan Africa involving other ILO departments and programmes. Regional focus: Sub-Saharan Africa	A three component approach: Transport sector Informal sector and cooperatives Legal and policy compliance	Empowerment and small business development strategies as innovative solutions to address HIV/AIDS-specific vulnerabilities
USDOL PEPFA R	HIV/AIDS Workplace Education Programme	2002: ILO-USDOL Cooperative Agreement to launch SHARE Since 2006: PEPFAR funding received for the extension of SHARE projects ILO-USDOL four Cooperative Agreements: I (2002-2007), II (2003-2008), (2004-2009), (2005-2010) Regional focus: Africa, Asia, Latin America & the Caribbean, Eastern Europe and Central Asia	A two complementary lines of action strategy: Focus on working with target enterprises in selected sectors to launch HIV and AIDS Behaviour Change Communication (BCC) programmes; Focus on policies and mechanisms which reduce discrimination at the workplace and national levels.	Overcoming employment-related discrimination Reducing risk behaviours Facilitating access to VCT & treatment
OPEC	Strengthening the world of work response on HIV/AIDS	2006: ILO-OFID (OPEC) Agreement Phase I: 2006-2009 Phase II: 2009-2011 Regional focus: Africa, Latin America & the Caribbean	Phase I: HIV/AIDS policy development HIV/AIDS workplace programmes: 1. HIV/AIDS awareness-raising and sensitization 2. Capacity development Phase II: -HIV/AIDS policy strengthening -Strengthening and improving national capacity	Building the capacity of government Ministries, employers' and workers' organizations to develop and implement enabling HIV and TB policies and programmes.

⁷⁰GTZ/GIZ supported ILO's projects in Ukraine, Moldova, Namibia and Mali aimed at promoting workplace policies and programmes on HIV/AIDS. Projects completed their activities in 2009. Further information about ILO/GTZ cooperation can be found in Annex 6/Volume II.

Figure 7. ILO's strategic technical cooperation partnerships on HIV and AIDS and the world of work



Adequacy of country-level resources

Over the evaluation period, the ILO has maintained longer term initiatives in all regions and some level of activities in an estimated 80 plus countries during a given biennium. At the country level, during the 2008–09 biennium, the ILO was active in 71 countries with an average resource base of US\$ 287,000 per country (See Table 10 below). Only China, Mozambique and Zimbabwe registered expenditure over US\$ 1 million, due largely to the presence of extra budgetary projects. Within UNAIDS designated high-priority countries, the ILO expenditure was somewhat higher. Annex 2 represents the detailed overview of 2008–2009 expenditure at global, regional and country level.

More detailed country budget expenditure further suggests that resources appear to be, on average, adequate to maintain a basic human technical capacity ensuring participation in joint UN action and advisory services to the government and social partners, as well as a sparse coverage of capacity-building initiatives. However, resources are inadequate in most cases to launch larger scale operations or to respond quickly and reliably to requests for specific interventions, particularly at the enterprise level.

The analysis shows that the ILO is spread fairly thinly across a wide number and diverse set of countries. This, in turn, has made the coordinating and communicating across countries and technical initiatives challenging.

Table 10. Estimated number of active countries, average expenditure per country, by region, 2008–09

Region	Number of countries	Average expenditure biennial per country (US\$)	Number of UNAIDS high priority countries	Average expenditure in UNAIDS high priority countries (2010–15) (US\$)
Asia	14	220 826 ⁷¹	4	1 052 462
East and Central Europe	3	241 862	2	304 995
East and Southern Africa	17	515 236	9	635 306
West and Central Africa	14	330 356	3	312 957
Latin America	11	150 000	1	197 117
Caribbean	5	257 512	0	0
Middle East and North Africa	7	32 858	0	0
Total	71	286 883	19	

Source: Based on the 2008-2009 UBW Expenditure Report (global, regional and country level); UNAIDS.

PC 4.3 Adequate and appropriate allocation of human and financial resources. Operational planning identifies funding gaps and proposes reasonable strategies for filling them.

The HIV and AIDS technical cooperation initiatives have demonstrated solid financial delivery performance, reaching an estimated 84.3 per cent financial delivery in 2009 and 90.7 per cent in 2010, according to PARDEV’s annual reporting, and a similar reported progress in technical delivery, suggesting favourable operational performance in field and headquarters. Further analysis, however, suggests that the dependence on external funds, the extensive country coverage and some apparent ambiguities in the management structure have created operational risks.

Larger technical cooperation projects have financed activities in multiple countries, in some cases upwards of ten. This practice has limited the opportunities for the country offices to customize interventions based on country-specific situations, and has weighed heavily on some administrative processes both in the ILO and national governments.

PC 4.3 rating: Satisfactory

The ILO has mobilized resources through larger technical cooperation projects to finance activities in multiple countries, in some cases upwards of ten. This practice has limited the opportunities for the country offices to customize interventions based on country-specific situations, though most donors have remained flexible on changing work programmes during the course of implementation. In addition, heavy administrative processes have

⁷¹Without 2008–2009 total expenditure for China at the country level.

resulted from decentralizing single projects to multiple countries. In Ethiopia for instance, each additional amount of funding must be formally reviewed and approved by the government, which has posed high transaction costs for it and the ILO country office to the point where requests to transfer small amounts of funding are now being declined.

Currently, the ILO/AIDS's staff network comprises 42 members in total in 39⁷² countries around the world, nearly all of whom are supported through UBW and extra-budgetary resources plus an additional 15 staff in headquarters. Table 11 below shows the current biennium's composition of the ILO/AIDS network at headquarters and regional levels and includes both national and international professional staff. Since 2006, the ILO regular budget finances three professional positions and a support staff in Geneva.

Table 11. Composition of the ILO/AIDS's professional staff network⁷³

	ILO HQ	Africa	Asia	Latin America & Caribbean	Europe	Middle East
ILO core budget staff	3	1	0	0	0	0
External funded staff	12	24	6	7	4	1
Total	15	25	6	7	4	1

Source: adapted from the ILO/AIDS official website (March 2011)

The dependence on external funds, the extensive country coverage and a large and layered management structure have created risks linked to ambiguities and uncertainties, with different permutations of responsibilities and relationships existing in headquarters, within and across regions and, as some reported, within a few countries. Several interviewees in the field spoke of uncertainty regarding who and how projects were being overseen, what responsibilities were being delegated to them, and how their performance would be reviewed. There appears to be some need for clearer benchmarks and transparency regarding the roles and obligations of various staff within the larger staffing strategy. Several interviewees suggested that more regular dialogue between those responsible for technical and administrative support and those higher up the hierarchy could reduce ambiguities. Given ILO/AIDS rapid growth and uncertain funding situation, it has only recently begun documenting its procedures.

To improve efficiencies, several senior ILO officials have also called for greater decentralization of expert staff and resources to country and DWT levels. The evaluation team supports a business model placing increased technical capacity at country level in high priority countries, backstopped by well-coordinated technical expertise based in DWTs. This would include project management, so that the interaction with other field technical specialists could be fostered. Given the concentration of initiatives and the regional office of UNAIDS in Pretoria, for Africa, the primary technical hub would fit well in southern Africa.

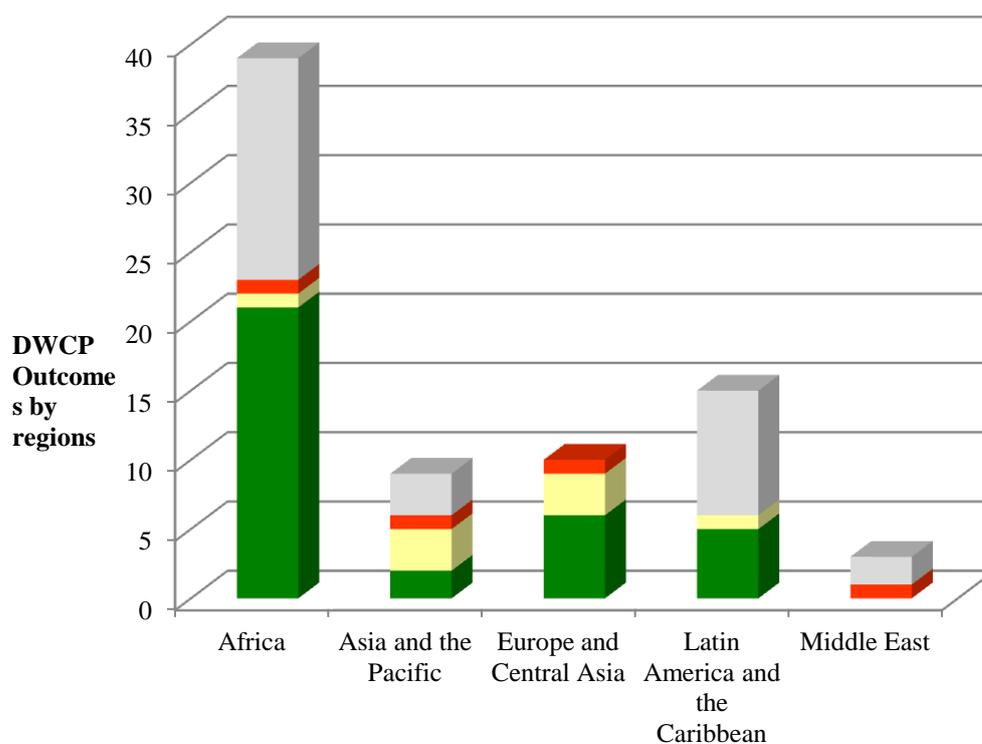
⁷²Information retrieved from the official ILO/AIDS website; http://www.ilo.org/aids/Aboutus/lang--en/WCMS_DOC_AIDS_ABO_STA_EN/index.htm

⁷³Information retrieved from the official ILO/AIDS website; http://www.ilo.org/aids/Aboutus/lang--en/WCMS_DOC_AIDS_ABO_STA_EN/index.htm

Outcome-based work planning identifies funding gaps and proposes reasonable strategies for filling them.

Figure 8 below summarizes the reporting stage for progress towards achieving the DWCP Outcomes by region in the 2010–2011 biennium registered at both, the ILO headquarters and regional levels. As seen below, the ILO has identified funding gaps early in the biennium that could jeopardize achievement of the designated outcome at country level due to shortage of funds. According to the October 2010 reporting, and based on regional projections (Figure 8) approximately half of all CPOs were adequately resourced and on track for technical delivery (green), but for one third, no status was reported (grey). This hints at precarious resource situations and short planning horizons in many countries, which is consistent with feedback received from some ILO field staff and partners.

Figure 8: DWCP Progress reporting at the regional level



where:

Green: progress reported and financing secured

Yellow: progress under way but uncertain or no funds available

Red : implementation and funding problems encountered

Grey: no feedback received so far

Source: data provided by ILO/AIDS

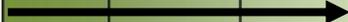
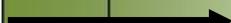
The funding practices of major donors for HIV programming have changed considerably in recent years and there is greater uncertainty of how resources will be mobilized in coming years. Many bilateral donors are aligning with the funding approach being taken by the Global Fund, where resources are assigned to specific national actors to implement components of an agreed national HIV and AIDS strategy. Such models do not directly fund UN and other international development actors, though these models generally assume that organizations such as the ILO will continue to provide direct services for

policy advice, capacity building and other technical support. This change in donor funding brings in to question whether the ILO, with its current resource model, can continue to do so for the foreseeable future. There is a compelling case for making changes to the current staffing and geographical coverage to rationalize operations around a prioritized set of countries and a more risk-averse budgeting plan. The UN funds linked to joint UN country programmes on HIV are becoming a promising new means by which to finance ILO's technical services at country level.

In addition to changing funding patterns, decisions on future investments in HIV in the world of work programmes may also need to consider global economic developments. According to the global economists from the aids2031 Consortium, middle-income countries with an adult HIV prevalence below 1 per cent – including Brazil, China, India, Mexico, Russia, Thailand, Ukraine, and Vietnam – should have the capacity to finance their own AIDS programmes without the need for external support. It is important to note, however, that as staff from the ILO/AIDS office in China pointed out, technical support will continue to be needed. The ILO will continue to depend on some funds to finance development of models in different sectors and other actions.

At country level, there are impressive examples of how governments have re-allocated finances to address national capacity gaps, but overall this has been slow in coming in lower income countries. Much of the financing of actions on HIV in the world of work within countries is still from UN agencies, the Global Fund, OPEC and bi-lateral western donors. The Global Business Council as well as the Pan African, and national business councils on AIDS have also financed some programmes, but their investments have been highly variable. A major challenge is therefore linked to alignment of international donors around an agreed national framework.

Overall findings regarding efficiency

To what extent have resources been used efficiently, and has the programme been appropriately and adequately resourced?	Poor	Satisfactory	Good	Very good
<p>PC 4.1 Results-based framework, design and implementation has granted support to member States with rational prioritisation of countries.</p>				
<p>PC 4.2 Efficient and observable mix and use of extra-budgetary and regular budget resources with ILO successfully leveraging its resources.</p>				
<p>PC 4.3 Adequate and appropriate allocation of human and financial resources. Operational planning identifies funding gaps and proposes reasonable strategies for filling them.</p>				

3.5 Impact

EQ 5	<p><i>To what extent have ILO actions had impact in the form of contributing to policy improvements, changes in thinking and significant progress to work towards addressing HIV in the world of work?</i></p>
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Approach to the question and ILO intervention

The impact analysis focuses on assessing whether observed changes can be reliably attributed to the ILO's efforts and the extent to which the programme is making contributions to broader and long-term development impact.

The findings are based on the following Performance Criteria

- *PC 5.1 Evidence of significant progress in:*
 - *development of national tripartite workplace policies on HIV and AIDS as part of the national AIDS response;*
 - *enabling tripartite constituents to take significant action to implement HIV and AIDS programmes at workplaces;*
- *PC 5.2 The ILO has influenced thinking and contributed to results, as well as to the MDGs at the global level with regard to addressing workplace rights and programmes to promote prevention and improve access to treatment for HIV and AIDS.*

- *PC 5.3 The ILO defines measures and reports on indicators in ways that capture changes at national level and ensures that they can be reliably attributed to ILO efforts.*

Findings related to impact

PC 5.1 Evidence of significant progress on:

- **development of national tripartite workplace policies on HIV and AIDS as part of the national AIDS response;**
- **enabling tripartite constituents to take significant action to implement HIV and AIDS programmes at workplaces.**

There is evidence of significant progress in terms of broad and long-term impact as measured by achievements on the strategy's intended results. As of 2010 a total of 56 countries, with emphasis on priority countries, have adopted national policies on HIV in the world of work as part of their national AIDS response. The ILO's programme on HIV in the world of work started focusing on the development of national policies and strategies from its inception. A great deal of time and effort was, however, needed to achieve the results at national levels.

Tripartite constituents have been enabled to take significant actions. Many of the HIV workplace models developed with the support of the ILO are innovative and interesting and have good potential for adaptation and replication, both within and across countries. Some workplace models have attained wide acceptance and replication while some others have not yet achieved their potential. Reasons for the somewhat limited impact in certain cases are in part due to local leadership challenges, continued need for capacity strengthening and lack of resources.

PC 5.1 rating: Good

National tripartite workplace policies

The ILO/AIDS is now included in the national AIDS strategy of 26 African countries, 14 in the Americas and the Caribbean, 11 in Asia and the Pacific and five in European/Central Asian countries.⁷⁴ The ILO was the key international agency working with governments in collaboration with employers' and workers' organisation on inclusion of HIV in the world of work in national strategies.⁷⁵ The link of any national HIV in the world of work policy to overall national development plans is not always evident and needs to be clearly made, particularly in high prevalence countries.

Attention was paid to the development of national policies and strategies from the beginning of the ILO's programme although a great deal of time and effort was needed to

⁷⁴ As of the end of the global evaluation assessment period in 2010.

⁷⁵ Other agencies also contributed to this process such as the non-UN agency, Population Services International (PSI) which also contributed to this process in countries such as India and others elsewhere.

achieve results. Convincing the tripartite constituents of the necessity to adopt national policies was a vital component of the programme. Successful HIV actions in specific workplaces, with the participation of employers' and workers' representatives, resulted in greater awareness among the constituents. The tripartite constituents were thus enabled to become vocal proponents for the development of national policies in many countries.

Existing and new national policies still need to be brought into line with Recommendation 200 although some countries have already started on this process. Zambia and Zimbabwe are, for example, moving forward with the development of a tripartite national policy on HIV and AIDS and the world of work, incorporating the principles of the Recommendation. India and other countries, for example South Africa, already have such a policy, which they have now started to review to ensure that Recommendation 200 is well reflected.

Wide national acceptance of HIV issues in the world of work has been stimulated by the development of sectoral policies and guidelines in different countries, including for example Zimbabwe, Ethiopia, India and Cambodia. In many cases, employers' and workers' federations became involved at the national level, which helped to institutionalize approaches, and disseminate these to their constituents.

To improve impact, one area needing further attention is the enhanced acceptance and application of laws and regulations relevant to HIV in the world of work through improved labour inspection. It is well known that many countries do not have a sufficient number of labour inspectors; often do not, or only marginally, cover the informal economy; and may have a great deal of labour inspector turnover. As a result, there is a need to continually train new inspectors.

Tripartite constituents implement HIV and AIDS programmes at workplaces through replicable models

Good potential for high impact through adaptation and replication of models, both within and across countries exists. Many of the HIV workplace models developed with the support of the ILO are innovative and effective and have already attained wide acceptance and replication. Some others have met with more limited replication in part due to local leadership challenges, continued need for capacity strengthening, lack of resources and/or poorly coordinated national action.

Scaling up the existing models for higher impact through wider application is often hampered also by the fact that funding has been largely concentrated in the private sector until recently. Public sector initiatives⁷⁶ are highly variable, with some countries having relatively good coverage of government staff, such as in Zambia, while elsewhere they are not as well covered. Even where countries have focal points within ministries, real support for actions is often limited, whereas support is even more restricted at decentralized levels. Parastatal enterprises and agencies are likewise not yet well represented in many programmes. An exception is the federal ministries of the Ethiopian Government, which

⁷⁶Public sector in this context includes all government employees. In some documents the public sector refers to the government health services.

have allocated 2 per cent of their 2011 budgets towards mainstreaming HIV prevention and support, into their work and workplaces.

Despite these efforts much more work is needed to ensure that the tripartite constituents, local NGOs and other civil society groups can take significant action and scale up implementation of HIV programmes at workplaces.

There continues to be a great need for thorough analysis of the actual needs of countries, and agencies on the scaling up of intervention models. However, more detail of what is needed and how it should be implemented is highly variable by country. Although the ILO is also implementing the DWCPs, these do not always include all elements needed to address HIV in the world of work. Even where HIV has not been named as a main pillar in the DWCP agenda, attention to it is still necessary in high priority countries.

Some of the key areas needing continued attention for higher impact, particularly in high prevalence countries, include:

- ensuring that Recommendation 200 is well integrated in national AIDS strategies/plans;
- mainstreaming of HIV in the world of work within public sector offices;
- increasing attention to private/public sector partnerships in all sectors
- Strong focus on knowledge/capacity strengthening and advocacy;
- Supporting constituents on resource mobilization and research;
- Inclusion of informal economy, small and medium-sized enterprises workers' input into national intervention models and policies.

PC 5.2 ILO has influenced thinking and contributed to results as well as to the MDGs at global level with regard to addressing workplace rights and programmes to promote prevention and improve access to treatment for HIV and AIDS.

The MDGs include important indicators to measure the impact of development efforts at national levels. The ILO has contributed to the realization of the MDGs through its HIV in the world of work programme and national and workplace initiatives. The ILO actions in other areas, such as employment and child labour, have also contributed to attaining MDG 6 on HIV.

PC 5.2 rating: Good

The MDGs constitute important measures of development impact. The ILO has contributed, through its programmes with tripartite constituents, NGOs and other civil society representatives and other development partners, to their realization.

As the UN agency with special responsibility for promoting decent work, the ILO works to help achieve the joint goals set by the UN family to combat HIV and AIDS (MDG 6) and provide universal access to prevention, treatment, care and support for people living with HIV through workplace actions. The MDG 6 focuses on combating HIV and AIDS, malaria and other diseases with subsumed targets. Target 6A is to “have halted by 2015 and begun to reverse the spread of HIV and AIDS” while target 6B is to “achieve universal

access to treatment for HIV and AIDS for all those who need it by 2010." The indicators for Target 6A and 6B are:

- HIV prevalence among population aged 15-24 years;
- condom use at last high-risk sex;
- proportion of population aged 15-24 years with comprehensive correct knowledge of HIV and AIDS;
- ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years;
- proportion of population with advanced HIV infection with access to antiretroviral drugs.

ILO Recommendation 200 is the first international labour instrument aimed at strengthening the contribution of the world of work to MDG 6, particularly Targets 6A and 6B. As such the successful adoption of Recommendation 200 and its ongoing implementation represent a major potential contribution to MDG 6.

The ILO also has other relevant international labour standards that contribute to MDG 6:⁷⁷

- Social Security (Minimum Standards) Convention, 1952 (No. 102);
- Discrimination (Employment and Occupation) Convention, 1958 (No. 111);
- Medical Care and Sickness Benefits Convention (No. 130) and Recommendation (No. 134), 1969;
- Occupational Health Services Convention, 1985 (No. 161);
- Worst Forms of Child Labour Convention, 1999 (No. 182);
- Maternity Protection Convention, 2000 (No. 183).

As discussed in previous sections, the ILO has worked with some success on overcoming employment-related discrimination, reducing risk behaviour, facilitating access to Voluntary Counselling and Testing (VCT) and treatment, and maintaining employment of workers living with HIV, through its projects and activities, such as SHARE and other ILO/AIDS programmes. It also contributed to MDG 6 through other social protection programmes implemented through the Social Protection Department. The ILO Global Campaign on Social Security and Coverage for All and other social protection initiatives contribute to MDG 6 through:

- assistance to countries in crafting workable policies to extend access to health care services to all, and particularly to people affected by HIV and AIDS;
- advice to countries on designing feasible basic income support policies for poor families, targeted also at those who often take care of HIV and AIDS victims and their families, such as girls and the elderly;
- analysis and advice concerning safe and healthy workplaces.⁷⁸

⁷⁷International Labour Organization (2011), Fact Sheet Decent Work and the Millennium Development Goals – MDG 6: Combat HIV AND AIDS, malaria and other diseases. (Website accessed April 27, 2011) <http://www.ilo.org/public/english/bureau/pardev/relation/multilateral/millennium.htm>. Geneva: International Labour Organization.

The ILO's initiatives implemented through IPEC have contributed to MDG 6 in several ways. The children of people living with HIV, especially if orphaned, are more likely to end up in child labour to support themselves and their relatives and/or guardians. Indicator 6.4 is particularly relevant as IPEC developed and implemented a special project in Uganda and Zambia to assist children who are in child labour due to HIV. The materials and good practices developed in the project are now being mainstreamed in other child labour projects, particularly in high HIV prevalence countries.

Given that poverty is one of the elements that increase the vulnerability of people living with HIV, many of the other programmes on employment and related actions implemented by the ILO have contributed to MDG 1, but also indirectly to MDG 6.

PC 5.3 ILO defines, measures and reports on indicators in ways that capture changes at national level and ensures that they can be reliably attributed to ILO efforts.

ILO/AIDS has developed quality methodologies and tools for establishing baselines, monitoring and measuring impact at individual, enterprise and national levels. The sustainability of administering and compiling enterprise and national data on HIV and AIDS in the workplace without ILO support is uncertain. Despite these efforts more work is needed to ensure that the tripartite constituents, local NGOs and other civil society groups can take significant action and monitor HIV and AIDS programmes at national level and in workplaces. Continued emphasis on capacity strengthening is needed, including on ensuring that existing or new national policies are in line with Recommendation 200 and are being applied.

PC 5.3 rating: Good

The ILO/AIDS has developed specific methodologies and tools for establishing baselines, monitoring and measuring impact at individual, enterprise and national levels. At the individual level, impact is measured in terms of knowledge, attitudes and practices among targeted workers. Questions include opinions regarding discrimination and stigmatization. At enterprise level monitoring forms report on workplace policies and programmes and delivery of HIV services. At the national level, tripartite monitoring forms are regularly used with ILO staff compiling these for global reporting.

The ILO/AIDS baseline and follow-up survey indicators are systematically in line with both the countries' national strategic frameworks on HIV/AIDS and the United Nations General Assembly Special Session(UNGASS) indicators.

The UNAIDS' UNGASS indicators are designed to maximize the validity, internal consistency and comparability across countries and overtime. There are both national and global indicators. National indicators are divided into three categories:

⁷⁸International Labour Organization (2011), Fact Sheet Decent Work and the Millennium Development Goals – MDG 6: Combat HIV AND AIDS, malaria and other diseases. (Website accessed April 27, 2011) <http://www.ilo.org/public/english/bureau/pardev/relation/multilateral/millennium.htm>. Geneva: International Labour Organization, p. 1.

1. *indicators of national commitment and action* focusing on policy, strategic and financial inputs for the prevention of the spread of the infection, to provide care and support for those infected and to mitigate the social and economic consequences;
2. *indicators of national programme and behaviour* focusing primarily on programme outputs, coverage and outcomes;
3. *indicators of national-level programme impact*: these indicators measure the extent to which interventions have succeeded in reducing rates of HIV infection.⁷⁹

The ILO/AIDS national indicators of the progress in the development of HIV/AIDS policies and strategies are comparable to UNGASS indicators. The ILO/AIDS has introduced annual surveys, completed by country staff, to profile the situation and progress made with regard to national targets and milestones that include systematic reporting. This data, rich in potential, has not been processed for use beyond summary reporting to UNAIDS.

Regarding workplace improvements recorded through the SHARE project's impact monitoring, the following were found:

- for discrimination, results showed workers feeling that their employer would be less likely to fire an HIV positive employee;
- over the period of the intervention, the exclusion of an HIV-worker by co-workers declined;
- increased reporting of support and acceptance by HIV positive workers;
- share of employees aware of workplace-level HIV and AIDS policy;
- indications of strengthened worker representation in designing and revising AIDS policies and guidelines;
- internal capacity to provide workplace services on an ongoing basis;
- improved knowledge of transmission means;
- negligible change in level of sex with those other than regular partners; but
- increase in use of condoms by those having sex with persons other than regular partners.

In the absence of ILO staff and projects, there is a vacuum in administering and compiling enterprise and national data on HIV and AIDS in the workplace. The ILO has recently collaborated with UNESCO to integrate two education workplace indicators into their global data system. The ILO has also worked, to some extent, with the private sector unit in UNAIDS to address this area within national monitoring systems linked to HIV strategies and statistics.⁸⁰

Evidence of Results

⁷⁹The following narrative was extracted from the United Nations General Assembly Special Session on HIV/AIDS of June 2001's *Guidelines on Construction of Core Indicators*. The 2010 version of the guidelines is an update on the current and features 4 categories of national indicators. It is available at www.unaids.org.

⁸⁰A request to interview UNAIDS private sector unit on this was not answered.

There is documented and illustrated evidence of the use of rapid assessments and baseline survey results in the design of and country-specific amendments to the Swedish-financed work. Rapid assessments and baseline surveys have assessed needs thoroughly to improve relevance and overall design of projects.

Areas for improvement

The use of survey instruments at enterprise level comes with a few drawbacks. There are clear self-selection biases and the sensitivity of the subjects under discussion engender low uptake. Bias may persist in later phases due to participants being more open about their sexual practices. Samples are sometimes not representative of the study populations and the validity of the findings could be called into question. Also, implementation management has been time-consuming and usually relies heavily on project staff support. A primary motivation for collection was linked to donor reporting, and to demonstrate that enterprise-level interventions were making a difference. However, on a regular basis, enterprise-level monitoring can be simplified, thereby making it easier to maintain and use.

One weakness linked to monitoring has been a lack of measurement for capacity strengthening of decision makers, constituents and other key actors outside of the workplace.

Finally, although baseline studies are successful at assessing needs, they should also make sure to provide a benchmark against which to assess effectiveness and impact and thus be more than *ex-ante* appraisals.

Within the ILO, during interviews, two additional avenues have been mentioned to expand and strengthen independent monitoring and reporting on enterprise level practices: one being through OSH enterprise-level surveys sent periodically to compile data on accidents and disease in the work place; and a second involving labour inspectors, by expanding their scope to include inspection of workplace HIV and AIDS policies and practices.

Overall findings regarding impact

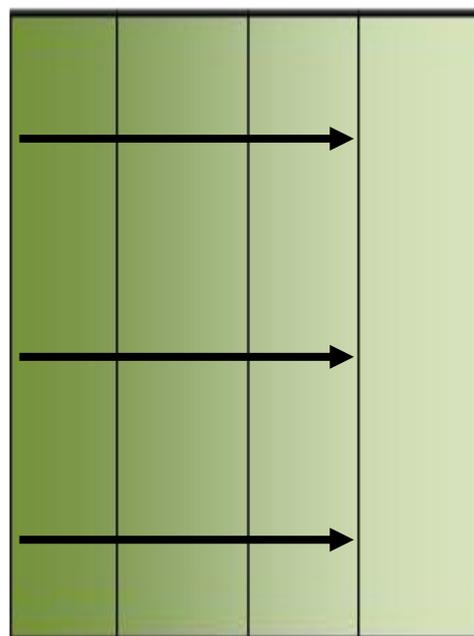
To what extent have ILO actions had impact in the form of contributing to policy improvements, changes in thinking and significant progress to work towards addressing HIV in the world of work?

PC 5.1 Evidence of significant progress on development of national tripartite workplace policies on HIV and AIDS as part of the national AIDS response; and enabling tripartite constituents to take significant action to implement HIV and AIDS programmes at workplaces.

PC 5.2 ILO has influenced thinking and contributed to results as well as to the MDGs at global level with regard to addressing workplace rights and programmes to promote prevention and improve access to treatment for HIV and AIDS.

PC 5.3 ILO defines, measures and reports on indicators in ways that capture changes at national level and ensures that changes can be reliably attributed to ILO efforts.

Poor Satisfactory Good Very good



3.6 Sustainability

EQ6

Have ILO interventions been designed and implemented in ways that have maximized sustainability at country level?

Approach to the question and ILO intervention

The sustainability of the ILO interventions is assessed through an analysis of:

- the challenges at country level that could impede sustainability and how the organization dealt with them;
- the extent to which interventions show evidence of potential sustainability.

The findings are based on the following Performance Criteria

- *PC 6.1 As part of sustainability development, the ILO dealt at country level with problems, longer term horizons, and political will.*
- *PC 6.2 Evidence exists that ILO's technical support has resulted in sustainable improved policies, institutions, new knowledge, tripartite processes and enterprise practices.*

PC 6.1 As part of sustainability development, the ILO dealt, at country level, with problems of longer term horizons and political will.

The ILO has dealt, at country level, with problems of longer term horizons and political will although limited capacities of national partners continue to pose major challenges to improving sustainability.

PC 6.1 rating: Good

Taking a long-term view, through ensuring sustainability of efforts undertaken on HIV in the world of work, is vital. According to a review by a leading group of global specialists – known as the aids2031 Consortium – the pandemic is still growing, albeit at a slower pace. Sustainability in terms of promoting and achieving longer term horizons of HIV and AIDS in the world of work initiatives is achieved through the adoption and implementation of national policies. Simultaneously, however, increased impetus is necessary to ensure that national and workplace policies are implemented in a highly sustained manner.

The need to approach sustainability and replication of efforts with a strong focus is important everywhere, although the pandemic is extremely fractured across world regions and also within countries. In southern Africa, the epidemic is particularly entrenched, accounting for 34 per cent of all people living with HIV. As the aids2031 Consortium states, “It is impossible to speak of the future of southern Africa without discussing the future of AIDS”. In an analysis of one of the case study countries, Zambia, a continuation of the current service coverage would not affect the predicted fourfold increase in annual new infections and twice as many deaths by 2031, as might an intensified, expanded response. In the case of China, estimates are for a threefold increase in new infections and deaths at current rates of coverage. Prioritizing countries of focus will help ensure that resources are maximized for greater impact and sustainability.

In the past, at country level, problems focusing on longer term horizons and political will were dealt with in different ways. In the case study countries, advocacy was successful in terms of dealing with political will. Research, evidence of effective workplace programmes, direct advocacy by stakeholders, all influenced increases in political will, as demonstrated by the sizeable number of countries that have adopted national HIV in the world of work policies.⁸¹ In India, the role of people living with HIV was especially noteworthy in achieving sustainable success in advocacy with national and state governments, as well as with employers’ and workers’ organizations and enterprises.

One of the key issues is the limited resources of the ILO, as well as national governments, to fully support the needed intensive HIV in the world of work, programmes. Many large enterprises still need to become involved in addressing HIV in the world of work, while small, medium and informal economy enterprises still have a long way to go. Furthermore, efforts need to be continued on different levels, particularly on prevention of HIV, as well as discrimination in the world of work. In China, for example, discrimination against people living with HIV still continues in many workplaces, partially because of lack of

⁸¹Or integrated HIV in the world of work in their overarching national HIV policies.

awareness and knowledge of laws and regulations. Particular attention also needs to be paid to ensuring that small and medium-sized enterprises, as well as efforts in the informal economy, serve to inspire new levels of implementation.

Among case study countries, the role of organizations of people living with HIV has been especially important in India. They have gradually increased over time and now their input is recognized on a national level in all discussions and actions on HIV in the world of work.

PC 6.2 Evidence exists that ILO’s technical support has resulted in sustainable improved policies, institutions, new knowledge, tripartite processes and enterprise practices.

While the ILO has been able to show solid results on policies, institutions, new knowledge, tripartite processes and enterprise practices, it is still necessary to continue to provide follow-up to ensure sustainability. Governments have varying resources to replicate models at central and local levels in all priority and other countries. To ensure sustainability of future actions, it is necessary to develop a sustainability plan and exit strategy early in any actions undertaken.

PC 6.2 rating: Good

The pandemic is still constantly changing in different and often unpredictable ways. Issues such as the recent global economic downturn have affected it. There are other issues, such as globalization, with its consequences in terms of migration, changing global power structures, global warming, the biological evolution of the virus in response to anti-retroviral drugs and other dynamic factors that influence HIV and its impact.

While the ILO has been able to show solid results on policies, institutions, new knowledge, tripartite processes and enterprise practices, it continues to be necessary to provide follow-up to ensure sustainability. As the experience in countries such as Zambia and India indicate, at enterprise level, among tripartite constituents, NGOs and other civil society groups, a strong demand for ILO technical support continues to exist. This demand is not necessarily driven by a lack of sustainability of past ILO work, although follow up is always desirable, but by continuing changes in the environment and uncertainty over correct responses. The introduction of Recommendation 200 will create a need to make adjustments in previously developed and sustained actions.

Continued ILO technical support through some form of backstopping and follow up to enterprises, employers’ and workers’ organizations, as they implement actions and scale up, is needed. As an employer’s representative noted: “We are doing work on HIV but really the situation is still grave. We still have many challenges that we need help with, such as on voluntary counselling and testing. Workers want to be assured they will not be discriminated against if found to be positive”.

Country case studies and examples of sustainability efforts

Zambia

One of the key challenges for sustainability in Zambia is government and company turnover, including at management level. In some cases, several peer educators were retrenched. The ILO intervention responded to the retrenchment by supporting the regrouping of remaining employees to continue with the workplace programme. The National HIV and AIDS Workplace Policy, is expected to be finalized and adopted in 2011. This will provide a sustainable framework that various sectors and individual workplaces can draw from when developing their own individual workplace policies and programmes. Future emphasis for sustainability will need to concentrate on further development of the capacity of key national stakeholders, such as the tripartite partners, to work on the development of policies.

Zimbabwe

Aside from working on the establishment of national policies on HIV in the world of work, the ILO provided technical support for the training of labour inspectors. They are responsible for ensuring that companies provide the necessary training to their workers on HIV and AIDS in the workplace. Training of trainers was also conducted to enhance sustainability which, in turn, has enhanced opportunities for ILO supported actions to be replicated and sustained, albeit limited, due to the ongoing economic crisis. Some of the tripartite partners, such as Air Zimbabwe and Railways are mainstreaming HIV and AIDS into their routine activities. HIV and AIDS awareness has become an integral component of their in-house training programmes and these include the induction of newly recruited staff, as well as health and safety training. A lesson learned was that by working closely through national structures, such as the Project Advisory Committees, pays dividends as it contributes to ownership and sustainability.

Senegal

Activities were undertaken in the formal sector to formulate HIV and AIDS workplace policies, based on the ILO Code of Practice. Due to the limited financial resources of the project, no funds were available to ensure follow-up activities that are important to ensure sustainability. Much work remains to be done at the local level in enterprises and with informal economy workers. Training of tripartite constituent representatives was undertaken. The remaining challenge is to disseminate and diffuse knowledge down to the regional and local levels, working through the regional and local focal points and committees set up for this purpose. Cost-sharing must be gradually and successfully introduced in the world of business in terms of HIV and AIDS response, to lessen the country's dependence on the Global Fund. Commitment from the private sector is considered as the critical success factor for ensuring the sustainability of the programme. A new project is currently underway and is expected to work on establishing a better base for sustainability.

Malawi

Although Malawi is not one of the case study countries, the experience of the ILO there is useful to analyse. In two situations – the SHARE project and a transport sector programme funded by SIDA – the development of a sustainability plan and exit strategy had been

delayed too long. In both cases a new staff member was able to address the closing and sustainability of the projects during the last six to 12 months of the projects. The staff member focused strongly on strengthening the project advisory board and worked to ensure that it would continue functioning after the project ended. In Malawi, 26 labour inspectors, who as a group represented each district of the country, were also trained as part of the sustainability plans. The Ministry of Labour provided office space as a contribution to the continuance of technical support from the ILO.

Ethiopia

In a recent retreat to plan an integrated national strategy to address HIV through the workplace, contributing agencies identified specific opportunities and threats to sustaining capacities and results. Foremost among constraints was the weak collaboration and coordination among implementing partners, which in turn was spurred by uncertainty of resources to finance the technical capacity to support the outreach required. A second major constraint was seen to be the lack of commitment of many enterprise leaders to change corporate practices, even if this was seen to have a negligible cost implication. Government structures (among sectors, between federal and regional) and a lack of uniform and clear legislation were also high on the list. Finally, the national AIDS coordinating body, HAPCO, does not consider the world of work or the Code of Practice in the emerging strategy and monitoring framework.

Paraguay

Project documents did not address the issue of sustainability, although actions undertaken did help provide support for it. Inclusion of the world of work dimension in the national legislation on HIV and AIDS enhanced cooperation between agencies and institutions supporting the national response. Mobilization of local resources to further develop HIV and AIDS workplace programmes contributed to sustainability of the project. The HIV and AIDS workplace programmes used existing structures, which could be supported in the future, using available resources and minimum investment. Since the second half of 2008, time and effort have been invested to mobilize local resources that could prolong and expand actions, as requested by constituents. Within phase II of the project, increased partners' awareness has been observed and the capacities of the sector to continuously implement HIV projects and programmes in the workplace, stimulated. Tools for information dissemination and the promotion of positive behaviour and strategy information were provided. In a few cases, small and medium-sized enterprise(SME) union leaders did not yet feel capable of replicating actions within their organizations and requested ILO's assistance.

Russia

In Russia, implementation of a four-component sustainability plan at the federal level was already started approximately 12 months prior to the end of the project. The plan was aimed at ensuring the sustainability of national policy and its implementation; strengthening the functioning of the tripartite coordination mechanisms; continuation of regional workplace educational programmes; and, mobilization of resources for new

areas/activities. The ILO Moscow office's capacity to provide further policy advice and technical support to the Russian constituents in their HIV and AIDS initiatives is considered critical to ensuring ownership and sustainability of the programme.

China

A sustainability plan was developed with input from all partners towards the middle of the SHARE project implementation period. The final evaluation considered that the plan was extensive and prioritized efforts that ensure the sustainability of actions. The evaluation report recognized the importance of direct and concentrated advocacy and technical support for enterprises as a pre-requisite for ownership and sustainable success.

The independent evaluation confirmed increased coordination and cooperation between tripartite constituents and other partners at national and provincial level as a sustainability promotion mechanism. Labour inspectors were trained although, given the size of the country and size of priority locations in it, more labour inspectors need to be trained and the government has committed to continue training them.

A National AIDS Programme for Rural Migrant Workers with a functioning mechanism focused on those workers considered to be most at risk was established during the SHARE project and is expected to be sustainable. As a matter of fact, in 2010 the Shenzhen Family Planning Association recruited 26 companies into HIV and the world of work programmes covering 80,948 migrant workers. The SHARE project's independent evaluation confirmed that it had achieved wider impact than some other projects because it had developed new and innovative strategies to reach beyond the targeted workplaces, such as through mass media efforts and training in additional government training institutions and an employment agency. Commitments were obtained from partners for future resource attribution, and even to expand it, to enable increased impact.

India

The evaluation of the SHARE project confirmed the development of the sustainability plan from project inception, but given the size and complexity of the country, expected success in this area was not yet fully attained at the time of the evaluation. It did confirm the project's efforts to establish sustainability at the national level by: (i) supporting policy and strategy development;(ii) capacity strengthening of the tripartite constituents and civil society partners; and (iii) through the implementation of sustainable programmes independently by companies at the enterprise level. Since the end of the project, the ILO staff in the Delhi office have continued to work to further improve sustainability. The progress report for March–August 2010 confirmed wide dissemination of the National Policy on HIV/AIDS and the world of work and the setting in place of a plan of action for implementation. The project's policy to avoid funding the actions of tripartite partners and to concentrate instead on the provision of technical support, training and training materials was effective in building ownership and sustainability of actions.

The report noted the acquisition of a solid experience on developing HIV in the world of work actions through a wide range of mechanisms and institutions. Although, a certain degree of ownership has been realized, more technical support is estimated necessary,

according to the tripartite constituents. The report considered the overbearing bureaucracy as one of the challenges for scaling-up and sustainability of the project.

Overall findings regarding sustainability

Have ILO interventions been designed and implemented in ways that have maximized sustainability at country level?	Poor	Satisfactory	Good	Very good
<p>PC 6.1 ILO dealt at country level with problems of longer term horizons and political will.</p>				
<p>PC 6.2 Evidence exists that ILO’s technical support has resulted in sustainable improved policies, institutions, new knowledge, tripartite processes and enterprise practices.</p>				

4. CONCLUSIONS

Relevance, responsiveness and added value

The ILO programme on HIV in the world of work has achieved a wide range of success built on a foundation that is well based in the ILO mandate on labour rights and working conditions. The ILO added value to addressing HIV by working in its areas of comparative advantage using tripartite dialogue and building on experience across different ILO sectors. Over time, policy dialogue on HIV in the world of work has increasingly been well informed by the constituents, national AIDS bodies and UN partners.

The ILO contributed through its programmes with tripartite constituents, NGOs and other civil society representatives and other development partners, to the realization of the MDGs, particularly MDG 6 on combating HIV and AIDS.

Effectiveness

The ILO made significant progress on the development of HIV and AIDS national and workplace tripartite policies as part of the national AIDS response in different countries. It contributed – through technical support and together with tripartite constituents – to the adoption of HIV in the world of work in the national AIDS strategies of many countries. So far, 26 African countries, 14 in the Americas and the Caribbean, 11 for Asia and the Pacific and five in the European/Central Asian countries, have done so. Despite this positive result, implementation of the policies still needs to be improved. The extent to which this is possible, however, is influenced by the limited amount of financial and other resources allocated by the different stakeholders. National policies thus need to be linked to concrete planning on implementation and strategies for resource allocation.

The strategies and approaches developed by the ILO have been largely effective and coherent. The Code of Practice on HIV and the world of work has been very instrumental in raising awareness and as a concrete tool to inform governments, employers and workers on the key issues. Many global evaluation interviewees consider the Code of Practice to be the cornerstone of the ILO programme. The Code of Practice is now supplemented and strengthened by the adoption of Recommendation 200, which tripartite constituents and civil society view as a vital standards instrument, particularly in high HIV priority countries.

While ILO/AIDS has been the source from which most of the ILO work on HIV in the world of work emanated, other ILO sectors also implemented actions and contributed to HIV policy development. The ILO work on migration, child labour and the informal economy has already integrated issues on non-discrimination, support for orphans and economic empowerment, for example. There is still a need to ensure that HIV in the world of work is more thoroughly embedded in social and employment protection, with special emphasis on occupational safety and health.

The ILO has been very good at using research, knowledge generation, and capacity strengthening, which have also been designed and implemented in a way that addresses capacity gaps, including capacity of constituent organizations. Some streamlining of research, consolidation and sharing of findings is still needed. Aside from research, good practices, lessons learned and tools still need to be exchanged at a much higher rate, to inform HIV in the world of work in different countries and settings.

Despite the fact that the ILO has developed very interesting good practices on HIV in the context of the informal economy worker, more effort is needed to reach the very large number of informal economy workers, jobseekers and others among poor and vulnerable workers. Although gender issues have been identified in the Code of Practice, Recommendation 200 and other ILO documents, the ILO strategy on gender and HIV in the world of work is still not very strong. Isolated efforts have been undertaken, but gender needs to be more solidly and explicitly integrated across HIV in the world of work programming.

Coherence and complementarity

The ILO interaction with UNAIDS at the global level has primarily been linked to high-level programmatic coordination with ILO status and requirements as a co-sponsor. It has faced some challenges within the UN joint facility in making visible and tangible the full range of ILO work on HIV and AIDS, particularly in the broader social protection area. This has in part been due to the decision to set up a dedicated programme and, at the same time, support cross-cutting work in other major programming areas that addresses persons affected by HIV and AIDS. A major challenge has been to consolidate and effectively monitor and report to UNAIDS on the ILO's full range of HIV cross-cutting work and resources.

At country level, the ILO is a well-accepted member of the Joint UN team and in other UN coordination bodies. The ten UNAIDS co-sponsoring organizations have different sizes, levels of country presence, mandates and modes of operation. At country level, development partners working on HIV are often not very familiar with the ILO's tripartite process and its work with ministries of labour, although there is an increasing recognition of the need to integrate and associate multiple partners. National strategies to address HIV and AIDS in many case countries remain concentrated on the health sector, with prevention and the wider social protection systems receiving less attention.

Efficiency

The HIV and AIDS technical cooperation initiatives demonstrated solid financial delivery performance, reaching an estimated 84.3 per cent financial delivery in 2009 and 90.7 per cent in 2010, and a similar reported progress in technical delivery, according to the ILO's financial reports.

The ILO's results-based framework, design and implementation systems have mostly increased the coherence and effectiveness of its support to member States including evidence of rational prioritization of countries. The DWCPs reflect the priority given to

HIV and AIDS and the world of work for most countries of the southern African region. In Asia, a fair number of DWCPs have recognized HIV at the output level, and usually linked to a broader social protection outcome. Outside of these regions, evidence of a prioritized intervention strategy is less evident, though many of the ILO's interventions are linked to donor and constituent requests. For the future, the ILO will have the added perspective of UNAIDS' recommendations for prioritized countries for 2011 to 2015, which may concentrate the focus of country-level work.

Since programme inception in 2001 tripartite constituents' commitment has solidified and intensified as they became more aware of the importance of responding effectively to HIV in the world of work. Improved planning on how trade unions can play a more developed role within national HIV strategies and workplace policies and practices is needed.

Impact

The ILO contributes to global policy dialogue and works to ensure that its strategies and priority areas on HIV in the world of work are considered in the global programme. Feedback during the global evaluation process suggested that it needs to profile more concretely how it works within the broader social protection sphere. This includes ILO standards that target vulnerable groups, such as migrants and child labourers, and effective use of interventions, such as employment promotion and supporting people affected by HIV and AIDS. This situation is likely to improve given that the UN joint strategy now explicitly calls for institutionalizing HIV support within existing programmes and systems. At country level, the technical input of the ILO on a range of issues, including specifically on HIV in the world of work, is appreciated. However, some note that it is important for the ILO to provide more financial input to support their statements on the importance of HIV in the world of work.

The ILO strategy on HIV and AIDS has promoted its mainstreaming internally across key areas of the DWA. Notable internal collaboration, since the creation of the ILO/AIDS programme, has been identified and this has resulted in targeted knowledge and tool development, helping to fill gaps in the ILO's operations.

Sustainability

The ILO's work on HIV is highly vulnerable due to limited ILO regular budget-financed staff in the ILO/AIDS unit and the dependence on extra-budgetary resources to support most activities. As such, efficiency could have been improved in terms of resource allocation and integration of different financing approaches, as well as mainstreaming HIV work more extensively within the Labour Protection and Social Security Departments. The evaluators have concerns that the overall situation for funding the world of work and HIV strategies is uncertain. Donors are increasingly funding at country level, and to some extent, through joint UN strategies. The UN approach to HIV is also likely to be affected by changes in donor resource allocations, while the ILO's place within this changing system is unsure. Due to resource constraints and the disparate needs of countries, the ILO can prioritize its focus on countries meeting criteria, such as high HIV prevalence, high

overall numbers of people affected by HIV, availability and commitment of local resources to addressing HIV through the world of work. Evidence suggests that this is already the case though coverage remains broad.

5. RECOMMENDATIONS

This chapter presents a set of recommendations to the ILO. Collectively, they address issues of relevance, coherence, strategy and programme design; internal and external coordination and management; learning potential and the dissemination of best practices; and operational recommendations related to implementation modalities.

The ten recommendations are assessed with respect to their priority (▲▲▲= high, ▲▲= medium, ▲= low) and the recipients to which they are addressed. The recommendation is operationalized in respect to short and medium-term aspects of implementation. Also mentioned are the conclusions on which the recommendation is based.

Recommendation 1: Within the overall social protection area, and with Recommendation No. 200 as the point of reference, bring together successful, well-tested past project and other actions into more coherent and defined approach that encompass the wider ILO social protection and labour rights comparative advantages.

No. 1	Priority: ▲▲▲	Recipient: PROTRAV
Suggested short-term implementation	<ul style="list-style-type: none"> Using ILO Recommendation No. 200 as a reference point, review linkages to social protection experiences and actions as well as potential new linkages founded in based on articles in Recommendation No. 200. Conduct an analysis and develop profiles of individual well-tested successful past actions across ILO on HIV. This should not only be limited to the work of ILO/AIDS. Profiles should be specific indicating enterprise models, local actions, national policies, strategies and actions. Collect lessons learned on challenges that were faced during past efforts to address HIV in the world of work. Determine how past successes and challenges can be used to more concretely inform the broader human and labour rights HIV in the world of work strategy. 	

Recommendation 2: Develop an operational strategy to clarify and make visible the comparative advantage of the ILO on HIV, drawing in the broader decent work context, including employment promotion, legal frameworks, social dialogue and tripartism.

No. 2	Priority: ▲▲	Recipient: ED/PROTECT
Suggested short-	<ul style="list-style-type: none"> Determine <i>means to identify</i> past, current and future ILO added value to HIV and AIDS strategies, policies, legal 	

term implementation	<p>frameworks, tripartism and social dialogue, and actions at all levels.</p> <ul style="list-style-type: none"> • Develop a strategy to communicate the ILO comparative advantage. • Ensure that social and employment protection and other sectors are well-reflected in the overall strategy.
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- **Recommendation 3:** In HIV priority countries, develop a plan of action to advance collaboration with UNAIDS co-sponsors, including those outside of the established ILO areas of focus on workplace policies and workplace actions. The collaboration plan of action should focus on strategic partnerships within a well-defined results-based management framework. The plans should contribute to facilitating collaboration with key global and country-level funding organizations and take into account expected future developments, such as the One UN system.

No. 3	Priority: ▲▲▲	Responsible units: Field Offices ; ILOAIDS
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Suggested short-term implementation	<ul style="list-style-type: none"> • Determine areas where the ILO can collaborate further to actions on HIV. • Review key global and country-level funding organisations and resource allocation systems in HIV priority countries.
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Recommendation 4: Overhaul and streamline communications on the internal and public view of the ILO’s overall work on HIV and AIDS to profile countries rather than projects. Ensure that work on HIV and AIDS in different ILO sectors is included. Communicate the ILO’s roles and responsibilities in local actions and how ILO input at local level helps to inform and improve its technical support for national policies and strategies.

No. 4	Priority: ▲	Responsible units: Field Offices & ILO/AIDS
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Suggested short-term implementation	<ul style="list-style-type: none"> • Using information on successful efforts supported by the ILO on HIV in the world of work develop a more comprehensive system to share information. • Ensure that the focus is on policies, strategies, actions at country level as opposed to limited to sharing project results. • Share information through well-managed interactive public website and monitor use. • Maintain traditional means of disseminating tools and materials for stakeholders who do not have the means to access the website.
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Recommendation 5: Target a reduced number of priority countries based on well-defined criteria within ILO and UN strategy frameworks.

No. 5	Priority: ▲▲▲	Responsible units: ILO/AIDS
Suggested short-term implementation	<ul style="list-style-type: none"> • With reference to ILO and UN strategy frameworks, develop criteria for prioritizing countries Determine types of support to be provided to countries that were not prioritised but which expressed interest in continuing and/or developing actions on HIV in the world of work. 	
<p>Recommendation 6: Consolidate HIV staffing and field structures to support a revised strategy and prioritized set of countries. Address operational inefficiencies and imbalances between staff and non-staff resources.</p>		
No. 6	Priority: ▲▲	Responsible units: PROTRAV, ILO/AIDS and field offices
Suggested short-term implementation	<ul style="list-style-type: none"> • Decentralize extra-budgetary projects administratively to the DWTs in regions. • Reduce the ratio of staff to non-staff funding and align key functions and expertise currently supported by ILO/AIDS with those already established in other parts of PROTRAV. • Draft an operations manual with job descriptions and operating procedures. • Place national expertise at country levels and international professionals in those DWTs covering HIV priority countries 	
<p>Recommendation 7: Develop and broaden ILO operations to address HIV, through as yet under-exploited avenues, in countries within national occupational safety and health systems, including labour inspection functions, working conditions and social security systems. Special emphasis is needed on extending the quality and reach of health insurance, preventive health care services and expanding existing schemes for family benefits.</p>		
No. 7	Priority: ▲▲	Responsible units: PROTRAV, ILO/AIDS & field offices
Suggested short-term implementation	<ul style="list-style-type: none"> • With regard to the feasibility of addressing people living with HIV, in HIV priority countries review the capacities and functioning of: <ul style="list-style-type: none"> ○ occupational and health systems ○ labour inspection functions and adequacy of operations ○ social security systems ○ preventive health care services in work settings and through public sector ○ health insurance systems 	

- family benefits systems including access to conditional cash transfers, especially for informal economy workers
- Determine means to integrate strategies on HIV into these systems and strengthen existing actions in these areas.

Recommendation 8: For HIV priority countries, increase the focus and articulate a clearer strategy for addressing HIV in the informal economy, including addressing gender issues.

No. 8	Priority: ▲ ▲	Responsible units: PROTRAV, ILOAIDS & field offices
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| Suggested short-term implementation | <ul style="list-style-type: none"> ● Taking country differences into account identify mechanisms whereby workers in the informal economy, small and medium enterprises can provide input into national intervention models and policies. ● Develop tools providing guidance on how to adapt informal economy and gender sensitive materials to different settings. ● Link to development efforts of other agencies among the poor and vulnerable to disseminate HIV in the world of work actions, tools, materials, messages and behaviour change actions. |
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- **Recommendation 9:** Develop joint national plans for resource mobilization that can link to the Programme and Budget outcome-based work planning and implementation of Recommendation 200.
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No. 9	Priority: ▲ ▲	Responsible units: Field offices, ILOAIDS, PARDEV
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| Suggested short-term implementation | <ul style="list-style-type: none"> ● Identify new resource mechanisms to disseminate and implement the Recommendation 200. Include consideration of methods to obtain private sector support; linking to the efforts of other development partners; integration into government; employers and workers existing programmes. Use good practices and lessons learned from previous ILO work on the Code of Practice. ● Develop methodology to ensure that country stakeholders understand their respective roles in dissemination and implementation. |
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- **Recommendation 10:** Increase emphasis on sustainability by scaling up national development of policies, approaches, materials and support providers, with due consideration of feasible exit strategies.
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No. 10	Priority: ▲	Responsible units: Field offices; ILOAIDS
Suggested short-term implementation	<ul style="list-style-type: none"> • Develop clear and concrete exit strategies and sustainability promotion methods at country level. , including for scaling up and replication of policies, approaches, materials and tools. • Special attention on capacity strengthening, development of more master trainers and involvement of people living with HIV for improved sustainability. 	

6. SYNTHESIS JUDGEMENT

Criteria	What is meant	RATING			
Relevance, internal and external coherence	<u>Relevance</u> relates to the objectives of a development intervention as regards: consistency with beneficiaries' requirements, country needs, and global priorities.	Poor	Satisfactory	Good	Very good
		→			
Effectiveness	<u>Effectiveness</u> is the extent to which the development intervention's objectives were achieved, or are expected to be achieved, taking into account their relative importance.	Poor	Satisfactory	Good	Very good
		→			
Complementarity/coherence	<u>Coherence/complementarity</u> is concerned with the consistency and continuity of ILO's overall and specific social security strategies and policies.	Poor	Satisfactory	Good	Very good
		→			
Efficiency	<u>Efficiency</u> measures how economically resources/inputs (funds, expertise, time, etc.) are converted into results.	Poor	Satisfactory	Good	Very good
		→			
Impact	Impact refers to the primary and secondary long term effects produced by a development intervention.	Poor	Satisfactory	Good	Very good
		→			
Sustainability	<u>Sustainability</u> is the continuation of benefits from a development after major development assistance has been completed (perennial benefits).	Poor	Satisfactory	Good	Very good
		→			

7. LESSONS LEARNED

Relevance

1. The ILO HIV and AIDS strategy provides a convincing example of how the Code of Practice on HIV in the world of work spurred recognition of HIV and AIDS as workplace issues, along with screening and confidentiality, prevention and care. It also spotlighted specific ILO principles on non-discrimination in employment, gender equality, social dialogue, as the basis for addressing the epidemic in the workplace. The Code motivated many implementers to formulate appropriate workplace policies, prevention and care programmes, as well as providing guidelines for establishing strategies to address workers in the informal sector.
2. The ILO's tripartite structure has allowed for extensive social dialogue and acts as a structured and appropriate conduit for dissemination of labour standards related to HIV and the world of work.
3. At the global level, as a UNAIDS co-sponsor, the ILO has leveraged its influence in policy dialogue and obtained input from the co-sponsors into the Code of Practice and Recommendation 200.

Effectiveness

4. Some of the most innovative and interesting actions have been developed for a wide variety of settings on HIV with the combined input from employers', workers', government and civil society organizations, such as people living with HIV.
5. A key finding from several case study countries, including Ethiopia and India, is that mainstreaming of HIV and AIDS in the world of work is still a new concept for many employers and ensuring a change in thinking takes time and should not be underestimated.
6. Organized ILO technical support – or the ongoing support of master trainers and specialists – is necessary to provide some form of backstopping and follow up to enterprises and employers' and workers' organizations as they implement actions and scale up. It is important to work with leaders in employers' and workers' organizations to strengthen their capacities to work with their constituents to promote adoption of the Code of Practice and other actions in the workplace.
7. The ILO International Training Centre workshops on HIV in the world of work are an effective, practical and interactive means of building awareness and know-how among constituents.
8. The building of capacities for tripartite policies and actions at enterprise level has now led to a new need for capacity building of those providing support to enterprises.
9. The ILO's range of excellent materials can be used as educational and training tools on HIV and AIDS in the workplace but need to be shared more widely.

10. Research is important to inform planning and implementation through policy-oriented research, knowledge attitudes and practice studies, project baselines and impact surveys, and enterprise level baselines and monitoring systems.
11. The need to focus even more on the informal economy is evident because of the high level of vulnerability of the great number of informal economy workers.
12. Reaching the informal economy worker is complex and frequently requires more resources, differing expertise, entry points and partners than working with the formal sector.
13. Gender differentiated strategies need to be more solidly and explicitly integrated across HIV in the world of work programming for there to be a notable gender-differentiated effect.
14. Practical and successful implementation of actions in workplaces, with the collaboration and/or input of tripartite constituents, contributed to increased interest in developing and ownership of national policies.
15. To better address absorptive capacity and improve sustainability, there is a need for careful analysis of the actual requirements of countries and agencies on the institutionalization of intervention models.
16. Scaling up efforts for wider application is often hampered by the fact that funding has been largely concentrated in the private sector.
17. Improved labour inspection can spur acceptance and application of laws and regulations relevant to HIV in the world of work.

Coherence and complementarity

18. The measuring and reporting of results, based on a count of countries where specific milestones are to be met over a two-year period, may implicitly reinforce the tendency of wanting to achieve breadth across more countries. Bringing forward the same or similar initiatives in more countries may be done at the expense of achieving greater depth of impact through customized interventions in a prioritized set of countries.
19. Many trade unions are keen to provide technical services to enterprises to establish work place systems and policies, but they often lack the capacity to deliver and make them sustainable.
20. An initial focus on workplace level initiatives to demonstrate through action that it was possible to implement effective and efficient models in workplaces can convince employers of the importance of working on HIV issues within their companies. Particularly in countries with lower prevalence, involvement in implementation leads to increased awareness of the necessity to pay attention to HIV issues.

21. The ILO social partners are recognized as representatives of civil society and, as such, have been included at the global and national level UN forums and working groups on HIV and AIDS.
22. Internal collaboration across technical programmes since the creation of the ILO/AIDS programme has resulted in targeted knowledge and tool development, helping to fill gaps in the ILO's operations.

Efficiency

23. The HIV and AIDS technical cooperation initiatives have demonstrated solid financial delivery performance, reaching an estimated 80 per cent financial delivery in 2009 and 2010, and a similar reported progress in technical delivery.
24. The ILO has managed to mobilize resources from diverse global and national donors to maintain country presence and results-focused programmes for a large and diverse mix of countries. However, this has only been possible through more traditional resource mobilization where larger technical cooperation projects finance activities in multiple countries. This practice has limited the opportunities to customize interventions based on country-specific situations.
25. To improve efficiency, there is a need for greater decentralization of technical staff and resources to country and DWT levels.

Impact

26. Baseline studies and the impact studies constitute a strong basis for both project and national policy design. The links of ILO indicators to UNGASS and countries' national strategic plans enable the ILO to contribute to reporting results in the fight against HIV and AIDS in a coherent, constructive and collaborative manner. The tools developed are also generic and support customization to specific country situations.
27. In many countries, the effect of HIV in the world of work is insufficiently recognized as a key factor that needs to be addressed. Impact appears dissipated at times with limited acknowledgement by various stakeholders of its seriousness on economies.
28. In the case of the informal economy public-private partnerships and the channelling of some funding for tools and materials through other UN and development partner HIV initiatives, may improve the ILO's overall influence.

Sustainability

29. Sustainability in terms of promoting and achieving a view on longer term horizons of HIV and AIDS in the world of work initiatives is achieved through the adoption of the national policies. Simultaneously, however, an increased impetus is necessary to ensure that the national and workplace policies are implemented in a highly concentrated and sustained manner.

30. The ILO can maximize the use of its technical expertise, tools and materials for sustainable work by engaging governments in jointly financed initiatives, thereby improving the likelihood of sustained capacities and programmes.

8. ILO MANAGEMENT RESPONSE

The Office welcomes the findings of the report as a tool to strengthen ILO's strategic response to the epidemic, at and through the workplace, with the constituents. The report echoes the Office's reflexion and self-evaluation on the need to focus on countries, and strengthen collaboration within and beyond the social protection sector.

The global framework, including MDG 6, demands ILO's continued involvement. It was reiterated in the "Political Declaration on HIV/AIDS" adopted by the UN General Assembly in June 2011, which states: "including by taking into account all relevant ILO conventions, as well as the guidance provided by the relevant ILO recommendations, including ILO Recommendation No 200."

The following is the Office response to the issues raised in the recommendations:

The need for a broader human and labour rights based strategy, an operational strategy and a plan of action (recommendations 1, 2 and 3)

In line with the Strategic Policy Framework 2010–15 and the P&B, the Office will strengthen its work to address human and labour rights issues, to implement workplace HIV and AIDS prevention and no-discrimination programmes. In addition, the March 2011 GB adopted the *ILO Global Action Plan (GAP) to promote implementation of the HIV and AIDS Recommendation, 2010 (No. 200)*. In that framework, the Office will provide technical and advisory support to constituents to give effect to R200, with a strong human and labour rights component. The GAP outputs and indicators complement the P&B's. Moreover, as a co-sponsor, the ILO will contribute to delivering UNAIDS 2011-2015 "Getting to zero" strategy, which has a strong human rights base. Special care will also be taken to produce more gender disaggregated data to help implement gender sensitive policies.

Improving visibility and clarity (recommendation 4)

The Office will ensure internal and external communications profile country work, reflect the diversity of collaborations, in-house, with constituents and other partners, highlight ILO's contribution to national policies and strategies, further disseminate ILO good practices and lessons learned, and produces practical and visible tools and materials.

Focus on a reduced number of priority countries (recommendations 5, 6 and 10)

As reflected in the P&B 2012-2013, the Office will target a reduced number of countries and focus on achieving greater impact in support of UNAIDS and co-sponsors' strategy. The constituents' needs will guide action. HIV and AIDS technical support in the field will be adapted to the focus and the prioritization of country activities, to ensure high impact and sustainability.

The need to address HIV through new avenues and strengthen work with different ILO sectors (recommendations 7,8 and 9)

In line with the 2001 Circular, efforts have been made to mainstream HIV and AIDS into ILO programmes and activities, and will be further strengthened, including in the field of employment creation for people affected by HIV and AIDS, occupational safety and health systems, labour inspection, working conditions, and social security systems to support an HIV and AIDS sensitive social protection floor. Collaboration will be enhanced with

countries that need to address HIV and AIDS prevention, care and support for informal economy workers, job seekers and at-risk workers.

8. ANNEXES

Annex 1. Terms of reference

Independent evaluation of the ILO's strategy to address HIV and AIDS within the context of the world of work



February, 2011

1 Introduction

EVAL will conduct a global evaluation of the ILO's strategy to support the world of work in responding effectively to the HIV and AIDS epidemic. The evaluation will seek to assess the relevance, coherence, effectiveness, efficiency, impact and sustainability of the ILO efforts to support member States in addressing the epidemic, which constitutes one of 19 objectives within the ILO's medium term strategic policy framework. The recommendations and lessons learned from the evaluation will be used to guide the ILO governing body, the Office, national constituents, UN partner agencies as well as donors and civil society groups in improving the relevant strategy.

2 Background on the ILO's strategy to address HIV/AIDS within the context of the world of work

History and organizational context

The global HIV and AIDS epidemic threatens every aspect of the Decent Work Agenda and the ILO's strategic objectives. It reduces the supply of labour and undermines the livelihoods of millions of workers and those who depend on them. The loss of skills and experience in the workforce threatens productivity and diminishes the capacity of national economies to deliver goods and services on a sustainable basis. Fundamental principles and rights at work are undermined through discrimination against those affected. The informal economy- employing half of the world's workers- is particularly vulnerable to the epidemic because of its reliance on human resources. The well-being of future generations of working people is threatened by AIDS, as children are orphaned or forced to leave school to care for sick family members or work as child labourers. The death of workers

today and reduced opportunities for workers tomorrow, impoverishes the stock of human capital and the capacity of nations both to cope with AIDS and to move beyond it.⁸²

An estimated 15.94 million women and 14.9 million men were living with HIV by the end of 2009, up from 13.8 and 13.7 million respectively in 2001, representing an increase of about 15 per cent for women and 9 per cent for men.⁸³

The majority of the 33.2 million people living with HIV⁸⁴ are employed in their most productive years. Many workers are forced out of jobs because of the stigma and discrimination attached to HIV and AIDS and their working lives are often cut short because of lack of information about, or access to prevention, treatment, care and support.⁸⁵

HIV and AIDS creates generations of orphans who themselves may be infected and forced into child labour in order to support themselves. It is estimated that in 2007 there were 15 million AIDS orphans around the world.⁸⁶

Women are more likely to become infected and are more often adversely affected by the HIV and AIDS epidemic than men due to biological, socio-cultural and economic reasons. The greater the gender discrimination in societies and the lower the position of women, the more negatively they are affected by HIV. Therefore, more equal gender relations and the empowerment of women are vital to successfully prevent the spread of HIV infection and enable women to cope with HIV and AIDS.⁸⁷

The right of non-discrimination lies at the heart of the concern of the ILO for the abuse of human rights in the area of HIV and AIDS. The relevant ILO Convention in this regard is Convention No.111, concerning discrimination in respect of employment and occupation.

As the UN agency with special responsibility for promoting decent work, the ILO is committed to help achieve the joint goals set by the UN family to combat HIV and AIDS (Millennium Development Goal 6) and provide universal access to prevention, treatment, care and support for people living with HIV through workplace actions. The ILO is part of a broad international effort against HIV and AIDS and has been a cosponsor of UNAIDS since 2001 and works closely with the nine other cosponsors.

In 2000 ILO created a Programme on HIV and AIDS and the world of work. In 2001 the Governing Body adopted the *ILO Code of Practice on HIV and AIDS and the world of work*, and, in 2010, adopted the ILO Recommendation concerning HIV and AIDS and the world of work, 2010 (No. 200). The *ILO code of practice on HIV and AIDS and the world*

⁸² GB.288/ESP/3 2003 p. 1

⁸³ UNAIDS, Report on the Global AIDS Epidemic, 2010:http://www.unaids.org/GlobalReport/Global_report.htm

⁸⁴ UNAIDS, Report on the Global AIDS Epidemic, 2010:http://www.unaids.org/GlobalReport/Global_report.htm

⁸⁵ ILO 2009, *Facts on HIV and Work*, www.ilo.org

⁸⁶ UNAIDS, 2008, *2008 Report on the Global AIDS epidemic*, www.unaids.org

⁸⁷ UNAIDS and WHO 2007, *AIDS epidemic update*, www.unaids.org

of work is a blueprint for workplace action that sets out principles for policy development and the protection of rights as well as practical guidelines for programmes of prevention, care and support. How these pillars should be developed into national policies and programmes is outlined in the ILC 2010, *HIV and AIDS and the world of work*, Provisional Record Fifth item on the Agenda, 99th Session as well as the ILC 2009, *HIV and AIDS and the world of work*, Provisional Record Fourth item on the agenda, 98th Session.

Vision, strategy and objectives

The ILO/AIDS strategic approach was developed taking into account the concerns, experience and needs of the constituents. Increasing understating of HIV and AIDS as a labour and development issue; mobilizing the commitment and resources of the constituents locally, nationally and globally; promoting a systematic response to AIDS through workplace policies and programmes; and enhancing the capacity to plan and develop these were identified as the key areas of ILO's strategic involvement.

The current ILO strategy revolves around two core objectives:

1. To promote the development of national policy and legal frameworks on HIV and AIDS and the world of work based on the principles embedded in ILO standards; and
2. To strengthen HIV preventions and social protection programmes in the world of work, focusing on most at risk workers in key economic sectors in the formal as well as informal economy.

These objectives have emerged from a ten-year evolution from an initial focus on working conditions and workplace to emphasis on labour protection policies, extension to the informal economy, with subsequent emphasis placed on tripartite constituent capacity development and participation in national implementation of policies that respond effectively to HIV and AIDS in the world of work.

HIV and AIDS needs to be addressed in the workplace because it hinders the achievement of the four strategic objectives of the ILO:

- Fundamental principles and rights at work.

The ILO supports national and enterprise level efforts to establish or reinforce the legal framework to guide HIV and AIDS workplace policies and programmes, and to protect the rights of workers, especially those infected.

- Employment and income opportunities

The ILO stimulates and supports initiatives aimed at protecting employment as well as employees through workplace education and prevention programmes, counselling and support for people living with HIV and AIDS.

- Social protection

The ILO draws on its long lasting expertise to help its constituents plan for the social and economic consequences of AIDS and to mitigate the impact on individuals and communities.

- *Social dialogue and tripartism*

The ILO provides both a methodology for negotiation and network of contacts among the social partners which can be mobilised to tackle HIV and AIDS.⁸⁸

Main means of action

The ILO anchors its intervention approach on four different fronts to optimize its response to HIV and AIDS-related issues in the workplace at global and national levels. These main means of actions are as following⁸⁹:

- awareness raising and advocacy;
- research and policy analysis
- advisory services;
- education and training programmes

3 Users of the evaluation

The principal user of the evaluation is the Governing Body, which is responsible for governance-level decisions on the findings and recommendations of the evaluation. The evaluation is also intended to provide a basis for improved leadership and decision-making by ILO management and those working to support HIV and AIDS and world of work policies and programmes. It is also to serve as a source of information for the ILO partners and national policy makers.

4 Purpose and scope

The evaluation is to provide impartial insight on the continued relevance, effectiveness and efficiency of the strategy, as well as the impact and sustainability of results achieved. This will include consideration of how the ILO's strategy should be continued or modified. The recommendations and lessons learnt generated from the evaluation exercise are intended to be used in improving ILO's support to constituents.

The strategy evaluation will cover the period 2005-2010. The scope of the evaluation will involve review of four broad areas:

1. Role and relevance of the ILO's HIV and AIDS and world of work strategy:

- a. The evolving role and relevance of the ILO's HIV and AIDS and world of work strategy within the global effort to address the epidemic in the world of work;

⁸⁸ ILO, 2010, *HIV/AIDS on the Decent work Agenda*, www.ilo.org/aids/Aboutus/lang--en/WCMS_DOC_AIDS_ABO_ILO_EN/index.htm (Accessed 23/08/2010)

⁸⁹ GB.292/ESP/5 2005; p. 5

- b. Thematic review of the strategy and key means of action for addressing HIV and AIDS through the world of work
 - c. The Office's capacities and performance in supporting the strategy, including management arrangements and global, regional and national partnerships involving constituents, donors, private sector and other UN agencies;
- 2. Role & contribution of ILO as a co-sponsor of UNAIDS (Joint UN Programme on HIV and AIDS):**
- a. How ILO has worked with the UNAIDS over the years and made contribution to UNAIDS priorities and results as well as MDGs;
 - b. How ILO has worked with other UN agencies, at global as well as regional and national level.
- 3. Evidence of impact and sustainability of ILO's technical support in the form of improved policies, institutions, knowledge, tripartite processes and enterprise practices:**
- a. What country-level changes can be reliably attributed to ILO efforts;
 - b. What points to the sustainability of ILO's technical support, based on evidence of application of policies and tripartite processes, mainstreamed capacities, changed institutions, use of new knowledge.
- 4. Positioning of HIV and AIDS within the ILO:**
- a. How has HIV and AIDS been mainstreamed into ILO's corporate goal over the years;
 - b. Coordination across the ILO to maximise the support to constituents in addressing HIV and AIDS and the world of work.
 - c. How the Office has increased the coherence and effectiveness of its support to member States through the programme approach (design and implementation);
 - d. Allocation of human and financial resources and their efficacy, consideration of the results-based framework, indicators, progress within the P&B framework as well as DWCP, application of RBM good practices and strategy links between DWCP outcomes and P&B;

Implementation of the strategy is shared across the ILO, with some direct links more pronounced than others. The ILO also supports a wide range of global and national actions. Reviewing these aspects of the Office's work will be addressed within this evaluation to the extent possible given the timing and resources available.

5 Evaluation methodology

The terms of reference have been prepared in line with the ILO's evaluation framework, endorsed by the Governing Body in November 2005(GB.294/PFA/8), taking into account particular characteristics of the ILO's operational strategy for addressing HIV and AIDS (as outlined in the ILO Programme and Budgets, and GB reports). In accordance with ILO guidelines for independence, credibility and transparency, responsibility for the evaluation will be based in the Evaluation Unit. The evaluation team will be composed of one lead external consultant and an ILO independent evaluator without prior links to the programme and strategy. The evaluation process will adhere to the international norms and standards for independent evaluations by the United Nations Evaluation Group.

The evaluation will be participatory. Consultations with member States, international and national representatives of workers' and employers' organizations, ILO staff at headquarters and in the field, UN and partners, and other global and stakeholders will be done through interviews, meetings, group discussions, and electronic communication. Final versions of all evaluation documents will be the responsibility of the evaluation team.

A review of strategy, including national contexts and main means of action, with focus on evolution of the programme over time will be supported through a structured portfolio analysis and review of documentation. The review will explore the extent to which changes in policies and practices can be linked to ILO advocacy and service efforts.

A desk-based review will also analyse selected reporting and other programme documentation, key performance criteria and indicators, to compare and assess the coherence, continuity and evidence of reported results over time. Attention will be given to main means of action, implementation performance, perceptions of major progress and significant achievements, as well as notable products and outputs in the main means of action. Application of good practices, including a results-based management approach, and use of lessons learned will also be considered. Drawing from available country and global programme documents, reporting and evaluations, an analysis of how results are being planned, monitored and progress reported will be prepared and policies and practices reviewed.

Electronic surveys and national case studies will also provide additional means of documenting the usefulness of technical work within member States. Cases will be selected according to where the ILO has worked over a longer period of time, and also where its work is considered innovative with need to know more about its effects (ideally three regions for case studies). Case studies will also consider strategies and approaches at country-level around the broader Decent Work and national AIDS strategies, and will consider the roles and responsibilities of others within and outside the ILO in reinforcing the process. Tentative countries for case studies include Russia, Senegal, Lesotho, Ethiopia, China, India and Honduras and Nicaragua. Recent independent project evaluations will be reviewed where available and several case studies will be expanded to include country missions.

6 Outputs

The following written outputs will be produced:

- A summary report of findings and recommendations, prepared by the Evaluation Unit, to be presented to the November 2011 Governing Body, including a written response from the Office.
- A more detailed evaluation report to be prepared by the evaluation team and made public.
- Internal background documentation, an inception report and analysis on which the findings, conclusions and recommendations are based.

7 Timeframe and management arrangements

The evaluation will be conducted by senior evaluators with support from the ILO Evaluation Unit. The ILO Evaluation Unit will be responsible for the overall management of the evaluation. Approximately \$95,000 USD (including staff costs of evaluation unit) is budgeted for the evaluation.

The evaluation team will be composed of an external independent consultant who will be joined by a senior staff member of EVAL. Selection of the consultant will be done by the Evaluation Office and will be based on the strength of the qualifications provided by potential candidates through their expressions of interest for the assignment. Interested candidates should include details of their background and knowledge of the subject area, previous programme, organizational and thematic evaluation experience relevant to this assignment, a statement of availability for the assignment, and their CV.

Applicants should have a minimum of eight years' experience conducting evaluations, familiarity with the role of the UN system in addressing HIV and AIDS, the ILO mandate and its tripartite and international standards foundations, as well as the development issues surrounding the HIV and AIDS. Candidates should also demonstrate solid team work skills, and have excellent written and oral communication skills in English, with working knowledge of either French or Spanish an additional plus.

The evaluation timeframe is from February through June 2011. A time table is shown below.

Task	Time frame
Consultations on draft terms of reference	January 2011
Formation of evaluation team	February 2011
Desk review	February 2011
Finalization of terms of reference	February 2011
Staff and constituent interviews	March 2011
Case studies/field missions	March 2011
Draft findings report circulated	April 2011
Final evaluation report	June 2011
Summary to the GB prepared	July 2011
Governing Body discussion	November 2011
Follow up plan of action	December 2011

Annex 2. Overview of the ILO Status in the 2008-2009 UBW Expenditure Report at the global, regional and country levels (US\$)

Region /Country	Core (UNAIDS)	Supplemental (XB)	Cosponsors global/regional resources (ILO RB)	UBW Total	Grand Total
Global (Headquarters)	1 718 369	1 211 793	2 594 557	5 524 719	5 524 719
Asia Pacific Region	83 208	332 282	179 532	595 022	595 022
Countries					
Afghanistan	-	-	-	-	-
Bangladesh	-	49 540	-	49 540	49 540
Bhutan	-	-	-	-	-
Cambodia	84 841	51 108	67 775	203 724	203 723
China	135 230	2 402 036	7 518	2 544 784	2 544 784
DPR Korea	-	-	-	-	-
Fiji	35 351	39 671	-	75 022	75 022
India	236 202	683 493	22 650	942 345	942 345
Indonesia	50 931	172 076	67 613	290 620	290 620
Lao PDR	18 216	13 329	24 149	55 694	55 694
Malaysia	-	-	-	-	-
Maldives	-	-	-	-	-
Mongolia	-	-	-	-	-
Myanmar	-	-	-	-	-
Nepal	95 166	346 099	9 667	450 932	450 932
Pakistan	12 000	37 222	-	49 222	49 222
Papua New Guinea	33 806	32 761	74 859	141 426	141 429
Philippines	7 079	36 920	19 948	63 947	63 947
Samoa	-	-	-	-	-
Solomon Islands	-	-	-	-	-
Sri Lanka	39 439	127 118	-	166 557	166 557
Thailand	369 085	53 315	96 596	518 996	518 996
Timor Leste	-	-	-	-	-
Viet Nam	27 324	19 993	36 224	83 541	83 541
Subtotal (Country level)	1 144 670	4 064 682	426 992	5 636 350	5 636 350
Europe and Central Asia	729 413	1 062 752	672 434	2 464 598	2 464 598
Countries					
Albania	-	-	-	-	-
Armenia	-	-	-	-	-

Azerbaijan	-	-	-	-	-
Belarus	-	-	-	-	-
Bosnia and Herzegovina	-	-	-	-	-
Bulgaria	-	-	-	-	-
Croatia	-	-	-	-	-
Georgia	-	-	-	-	-
Kazakhstan	-	-	-	-	-
Kyrgyzstan	-	-	-	-	-
Lithuania	-	-	-	-	-
The former Yugoslav Republic of Macedonia	-	-	-	-	-
Moldova	66 888	48 708	-	115 596	115 596
Montenegro	-	-	-	-	-
Romania	-	-	-	-	-
Russian Federation	223 260	254 350	-	477 610	477 610
Serbia	-	-	-	-	-
UNSC Resolution 1244- administered Kosovo	-	-	-	-	-
Tajikistan	-	-	-	-	-
Turkey	-	-	-	-	-
Turkmenistan	-	-	-	-	-
Ukraine	3 400	128 980	-	132 380	132 380
Uzbekistan	-	-	-	-	-
Subtotal (Country level)	293 548	432 038	0	725 586	725 586
East and Southern Africa	336 049	1 075 385	362 288	1 773 723	1 773 723
Countries					
Angola	-	-	-	-	-
Botswana	69 740	432 848	116 252	618 841	618 841
Comoros	-	-	-	-	-
Eritrea	84 888	51 827	102 876	239 592	239 592
Ethiopia	37 998	206 084	102 876	346 958	346 958
Kenya	80 535	222 089	109 365	411 989	411 989
Lesotho	75 932	365 741	102 876	544 549	544 549
Madagascar	67 458	354 376	102 876	524 711	524 711
Malawi	67 458	236 923	110 106	441 488	441 448
Mauritius	14 000			14 000	14 000
Mozambique	67 458	907 024	102 876	1 077 359	1 077 359
Namibia	67 458	135 484	102 876	305 818	305 818

Rwanda	73 253	51 827	102 876	227 957	227 957
Seychelles	-	-	-	-	-
South Africa	128 242	679 285	102 876	910 403	910 403
Swaziland	67 458	395 409	102 876	565 744	565 744
Tanzania	171 829	216 052	102 876	490 757	490 757
Uganda	67 458	167 376	102 876	337 710	337 710
Zambia	194 171	124 851	102 876	421 899	421 899
Zimbabwe	299 522	876 832	102 876	1 279 230	1 279 230
Subtotal (Country level)	1 634 863	5 451 029	1 673 113	8 759 004	8 759 004
West and Central Africa	366 196	1 136 373	59 018	1 561 586	1 561 586
Countries					
Benin	40 547	51 827	160 258	252 632	252 632
Burkina Faso	73 591	325 799	141 638	541 028	541 028
Burundi	73 591	51 827	128 595	254 013	254 013
Cameroon	148 403	66 296	128 596	343 295	343 295
Cap Verde	73 591	51 827	128 595	254 013	254 013
CAR	-	-	-	-	-
Chad	-	-	-	-	-
Congo, Brazzaville	-	-	-	-	-
Congo, DR	73 591	16 574	128 596	218 761	218 761
Cote d'Ivoire	-	-	-	-	-
Gabon	-	-	-	-	-
Gambia	-	-	-	-	-
Ghana	126 542	90 106	2 748	219 396	219 396
Guinea Bissau	73 591	51 827	128 595	254 013	254 013
Guinea Conakry	73 591	51 827	128 595	254 013	254 013
Liberia	73 591	51 827	128 595	254 013	254 013
Mali	117 403	125 379	128 595	371 377	371 377
Mauritania	-	-	-	-	-
Niger	-	-	-	-	-
Nigeria	178 519	69 700	128 595	376 814	376 814
Sao Tomé	-	-	-	-	-
Senegal	491 609	198 618	128 595	818 822	818 822
Sierra Leone	81 511	2 685	128 595	212 791	212 791
Togo	-	-	-	-	-
Subtotal (Country level)	1 699 672	1 206 119	1 719 193	4 624 983	4 624 983
Latin America	161 236	207 984	63 199	432 419	432 419
Countries					

Argentina	-	-	1 000	1 000	1 000
Bolivia	4 428	120 019	10 817	135 264	135 264
Brazil	50 279	124 588	22 250	197 117	197 117
Chile	113 182	10 929	22 250	146 361	146 361
Colombia	23 034	41 597	16 641	81 271	81 271
Costa Rica	93 986	92 758	16 641	203 385	203 385
Ecuador	-	-	-	-	-
El Salvador	-	-	-	-	-
Guatemala	-	-	-	-	-
Honduras	23 034	41 597	16 641	81 271	81 271
Mexico	23 034	41 597	16 641	90 921	90 921
Nicaragua	23 034	41 597	16 641	81 271	81 271
Panama	-	-	-	-	-
Paraguay	38 003	41 597	16 641	96 241	96 241
Peru	317 962	120 019	16 641	454 622	454 622
Uruguay	23 034	41 597	16 641	81 271	81 271
Venezuela	-	-	-	-	-
Subtotal (Country level)	733 008	717 894	199 094	1 649 996	1 649 996
Caribbean	76 816	157 278	18 262	252 356	252 356
Countries					
Bahamas	-	-	-	-	-
Barbados	12 803	27 755	3 300	43 858	43 858
Belize	-	-	-	-	-
Cuba	-	-	-	-	-
Dominican Republic	-	-	-	-	-
Guyana	3 001	572 095	-	575 096	575 096
Haiti	25 605	92 516	-	118 122	118 122
Jamaica	12 803	2 566	-	15 369	15 369
Trinidad and Tobago	374 544	150 571	10 000	535 115	535 115
Subtotal (Country level)	428 756	845 503	13 300	1 287 559	1 287 559
Middle East and North Africa	29 184	10 777	19 650	59 611	59 611
Countries					
Algeria	-	-	-	-	-
Djibouti	-	-	-	-	-
Egypt	39 803	-	19 560	59 363	59 363
Iraq	-	-	-	-	-
Iran	-	-	-	-	-
Jordan	19 902	-	-	19 902	19 902

Lebanon	45 096	-	39 120	84 216	84 216
Morocco	19 902	-	-	19 902	19 902
OPT	-	-	-	-	-
Oman	-	-	-	-	-
Somalia	-	-	-	-	-
Sudan	15 542	-	-	15 542	15 542
Syria	15 542	-	-	15 542	15 542
Tunisia	15 542	-	-	15 542	15 542
UAE	-	-	-	-	-
Yemen	-	-	-	-	-
Subtotal (Country level)	171 329	-	58 679	230 008	230 008
Global level	1 718 369	1 211 793	2 594 557	5 524 719	5 524 719
Regional level	1 782 103	3 982 831	1 374 382	7 139 316	7 139 316
Country level	6 105 845	12 717 264	4 090 377	22 913 486	22 913 486
Grand total	9 606 316	17 911 887	8 059 315	35 577 518	35 577 518

Annex 3. ILO/AIDS project portfolio by region as of May 12, 2011

Project title	Project code	Project duration	Donor	Budget	Countries covered	Evaluation
Global/Inter-regional						
1. HIV/AIDS Prevention Education Programme in the Workplace / HQ Component	INT/03/62/USA		United States	US\$ 3 128 878.00	Global	n/a
2. USDOL/ILO International HIV/AIDS workplace education programme - Headquarters component	INT/04/69/USA		United States	US\$ 994 726.36	Global	n/a
3. Implementing HIV/AIDS workplace policies and programmes GTZ/ILO Partnership 2003-2007	INT/02/45/GTZ	2003-2007	Germany	US\$ 2 806 126.00	Inter-regional	Final Evaluation (2007)
4. Implementing HIV/AIDS Workplace Policies and Programmes	INT/07/09/GTZ	July 2007- September 2009	Germany	US\$ 1 499 427.00	Global	Final SELF Evaluation (2009); Final Evaluation(2010)
5. ILO's global programme on HIV/AIDS and the World of Work	GLO/09/66/OPE		OPEC	US\$ 921 518.00	Global	Final Evaluation (due March 2012)
6. Support for ILO activities included in the 2010-2011 UNAIDS Unified Budget and Workplan	INT/09/09/UNA		UNAIDS	US\$ 6 866.293	Global	Final Evaluation (due Dec 2011)
7. HIV/AIDS and the World of Work - Consequences for Labour and Socio-Economic Development	INT/03/27/ITA		Italy	US\$ 1 729 448.00	Global	n/a
8. Strengthening occupational health structures to scale up access to HIV/AIDS treatment care and support	INT/05/14/UNA		UNAIDS	US\$ 62 384.00	Global	n/a

9.	USA Contribution to the ILO Programme on HIV/AIDS and the World of Work for the Year 2005	INT/05/13/USA	United States	US\$ 1 277 000.00	Global	n/a
10.	Support for ILO activities in the 2006-2007 UBW	INT/06/04/UNA	UNAIDS	US\$ 8 741 501.00	Global	n/a
11.	Support to ILO/AIDS Coordination of HIV/AIDS	INT/06/12/UNA	UNAIDS	US\$ 110 227.00	Global	n/a
12.	Monitoring: HIV/AIDS workplace policies and programmes	INT/06/51/OPE	OPEC	US\$ 153 817.00	Global	n/a
13.	Support for ILO activities in the 2008-2009 UNAIDS Unified Budget and Workplan	INT/08/02/UNA	UNAIDS	US\$ 9 606 316.00	Global	n/a
14.	ILO Support to the AIDS strategy and action plan (ASAP) Business Plan (2008-2009)	INT/08/17/UNA	UNAIDS	US\$ 399 958.00	Global	n/a
15.	HIV/TB Inter-agency activity (ILO,WHO, UNODC and WFP)	INT/09/04/UNA	UNAIDS	US\$ 279 890.00	Global	n/a
16.	Strengthening the capacity of the ILO programme on HIV/AIDS and the World of Work	INT/01/26/UNA	UNAIDS	US\$ 1 519 950.00	Inter-regional	n/a
17.	UNAIDS Inter-agency Task Team on HIV/AIDS and the World of Work	INT/02/41/UNA	UNAIDS	US\$ 441 570.00	Global	n/a
18.	Implementing HIV/AIDS workplace policies and programmes	INT/02/45/GTZ	Germany	US\$ 2 806 126.00	Global	Final evaluation
19.	International HIV/AIDS Workplace Education Programme (Headquarters)	INT/02/46/USA	United States	US\$	Global	n/a

component)				2 044 771.00			
20.	Interregional activities on HIV/AIDS and the World of Work	INT/04/04/UNA		UNAIDS	US\$	Global	n/a
					6 418 169.00		
21.	Promoting livelihood strategies to prevent HIV/AIDS among young people	INT/04/41/UNA		UNAIDS	US\$	Global	n/a
					81 856.00		
Africa							
22.	HIV/AIDS prevention and impact mitigation in Sub-Saharan Africa	RAF/05/61/SID	2006-2009	Sweden	US\$	Lesotho, South Africa, Mozambique, Malawi, Zimbabwe, Botswana, Ethiopia, Nigeria, Burkina Faso, Mauritius, Togo, Benin, Cameroon, D.R of Congo	Mid Term Evaluation (2008)
					504 762.00		
23.	HIV/AIDS Workplace education programme in Cameroon (INT/04/20/USA)	CMR/04/51/USA		United States	US\$	Cameroon	n/a
					410 123.00		
24.	HIV/AIDS Workplace education programme in Malawi (INT/04/20/USA)	MLW/04/50/USA		United States	US\$	Malawi	n/a
					89 521.00		
25.	Fighting HIV/AIDS in the World of Work: A Tripartite Response	SIL/05/50/UKM		United Kingdom	US\$	Sierra Leone	n/a
					96 696.00		
26.	Support programme for private sector development and sustainable livelihood	MOZ/05/01/IDO		UNIDO	US\$	Mozambique	n/a
					5 932.00		
27.	Rapid assessment of the impact of HIV/AIDS in the informal sector	ZAM/04/02/UND		UNDP	US\$	Zambia	n/a
					97 590.00		

28.	Strengthening of the Zimbabwe HIV and AIDS Response Programme	ZIM/05/01/UKM		United Kingdom	US\$ 161 976.00	Zimbabwe	n/a
29.	HIV/AIDS Workplace Education Programme in Benin	BEN/03/50/USA		United States	US\$ 404 293.00	Benin	Final Evaluation (2007)
30.	Prevention and mitigation of HIV/AIDS labour and socioeconomic impact in the world of work in Uganda and Ethiopia	INT/03/27/ITA	March 2004 – February 2007	Italy		Uganda, Ethiopia	Final Evaluation (2009)
31.	Mozambique and Zimbabwe: HIV/AIDS workplace policies and programmes	RAF/06/50/OPE		OPEC	US\$ 346 699.00	Mozambique and Zimbabwe	n/a
32.	Guinea, Guinea-Bissau & Senegal: HIV/AIDS workplace policies and programmes	RAF/06/51/OPE		OPEC	US\$ 432 852.00	Sub-Sahel region: Guinea, Guinea-Bissau and Senegal	n/a
33.	Kenya: HIV/AIDS workplace programmes and policies	KEN/06/50/OPE		OPEC	US\$ 173 473.00	Kenya	n/a
34.	Sierra Leone: HIV/AIDS workplace programmes and policies	SIL/06/50/OPE		OPEC	US\$ 159 996.00	Sierra Leone	n/a
35.	HIV/AIDS Workplace Education Programme - Malawi	MLW/04/51/USA		United States	US\$ 330 478.00	Malawi	n/a
36.	HIV/AIDS Prevention Education Programmes in the Workplace in Ethiopia	ETH/03/50/USA		United States	US\$ 854 431.00	Ethiopia	Mid Term Evaluation (2006)
37.	ILO/USDOL HIV/AIDS Workplace Education project in Lesotho	LES/07/50/USA		United States	US\$ 457 179.00	Lesotho	n/a
38.	Working out of poverty Mozambique	MOZ/06/50/NET				Mozambique	Mid Term Evaluation (2009)

39.	HIV/AIDS Workplace Education Project in Ghana - Final Evaluation	GHA/03/50/USA	United States	US\$ 488 587.00	Ghana	Final Evaluation (2006)
40.	Workplace Education Programme on HIV/AIDS and the World of Work - Final Evaluation	TOG/03/50/USA	United States	US\$ 398 579.00	Togo	Final Evaluation (2006); Internal Mid Term Evaluation (2005)
41.	HIV/AIDS prevention education program in the workplace in Swaziland - Final Evaluation	SWA/07/50/USA	United States	US\$ 566 000.00	Swaziland	n/a
42.	Kenya: Strengthening the world of work response on HIV/AIDS - AIDS Capacity building and Technical Support (ACTS)	KEN/09/51/OPE	OPEC	US\$ 240 000.00	Kenya	Mid Term Self Evaluation (March 2011)
43.	Scaling up HIV/AIDS responses among employers and workers organisations in Zimbabwe - Final Evaluation	ZIM/07/01/SID	Sweden	US\$ 657 847.00	Zimbabwe	Final Evaluation (due March 2010)
44.	HIV/AIDS prevention and impact mitigation in the transport sector in South Africa - Final Evaluation	RAF/05/58/SID	Sweden	US\$ 2 115 826.00	South Africa	Final Evaluation (due April 2010)
45.	Senegal - Strengthening the world of work response on HIV/AIDS: AIDS capacity building and technical support (ACTS) - Mid Term Self Evaluation	SEN/09/50/OPE	OPEC	US\$ 240 000.00	Senegal	Mid Term Self Evaluation (March 2011)
46.	HIV prevention and impact mitigation in the agriculture and transport sector corridors for Malawi - Mid Term Self Evaluation	MLW/10/52/OUF	MDTF/UNDP	US\$ 20 000.00	Malawi	Mid-term Self Evaluation (due April 2010)
47.	Ethiopia - strengthening the world of work response on HIV/AIDS - AIDS capacity building and technical support (ACTS) - Final Self evaluation	ETH/09/50/OPE	OPEC	US\$ 240 000.00	Ethiopia	Mid Term Self Evaluation (March 2011)

48.	Liberia: Strengthening the world of work response on HIV/AIDS - AIDS Capacity building and Technical Support (ACTS) - Final Self Evaluation	LIR/09/50/OPE	OPEC	US\$ 240 000.00	Liberia	Final Self Evaluation (March 2011)
49.	HIV/AIDS Prevention education program in the workplace in Botswana (linked to INT/04/20/USA) - Final Evaluation	BOT/07/50/USA	United States	US\$ 636 000.00	Botswana	n/a
50.	Expanded and comprehensive response to HIV/AIDS in the workplace focussing on the informal economy - Final Evaluation (Award 500761)	GHA/10/01/GAC	Direct Trust Fund	US\$ 882 968.00	Ghana	Final Evaluation (due Dec 2011)
51.	Partenariat entre PSI et BIT sur la lutte contre le VIH/SIDA sur le lieu de travail	BEN/07/01/PSI	Public institution	US\$ 38 431.00	Benin	n/a
52.	ILO/MLGRDE Partnership for HIV/AIDS workplace education	GHA/07/02/GHA	Direct Trust Fund	US\$ 70 106.00	Ghana	n/a
53.	Appui à l'initiative régionale de prévention du VIH/SIDA/IST dans les pays de la Commission de l'Océan indien	RAF/07/06/BAD	ADB	US\$ 246 413.00	Asia and the Pacific Region	n/a
54.	ILO contribution to UN Joint programme of support on AIDS	UGA/08/01/UND	UNDP	US\$ 250 217.00	Uganda	n/a
55.	ILO technical assistance in the Joint Nations programme for HIV/AIDS	GHA/08/01/UND	UNDP	US\$ 56 400.00	Ghana	n/a
56.	UN joint programme Strengthening HIV/AIDS responses to Mozambique	MOZ/08/50/OUF	UNDP	US\$ 1 023 165.00	Mozambique	n/a

57.	Transporting hope joint programme: Training of the Union leaders of the road transport sector	DRC/09/01/WFP	WFP	US\$ 300 000.00	DRC	n/a
58.	Reducing Stigma and Discrimination in the Workplace	MLW/09/51/OUF	UNDP	US\$ 20 000.00	Malawi	n/a
59.	ILO/USDOL/PEPFAR HIV/AIDS Workplace Education Project in Swaziland	SWA/10/50/USA	United States	US\$ 394 000.00	Swaziland	n/a
60.	ILO/USDOL/PEPFAR HIV/AIDS Workplace Education Project in Botswana	BOT/10/50/USA	United States	US\$ 664 000.00	Botswana	n/a
61.	Strengthening the world of work response to HIV and AIDS	KEN/10/01/UND	MDTF/UNDP	US\$ 100 000.00	Kenya	n/a
62.	Strengthening the World of Work Response to HIV and AIDS	URT/10/50/OUF	UNDP	US\$ 15 000.00	United Republic of Tanzania	n/a
63.	Mobilisation du milieu du travail à la lutte contre le SIDA (Letter of Agreement between HIV/AIDS (UNAIDS) and the ILO	MAG/01/01/UNA	UNAIDS	US\$ 24 860.00	Madagascar	n/a
64.	HIV/AIDS Prevention in Transport Sector and in the Informal Sector in 11 African Countries	RAF/01/15/SID	Sweden	US\$ 786 070.00	11 African countries	n/a
65.	HIV/AIDS Prevention Management in Micro and Small Enterprises in South Africa	SAF/01/006/01	UNDP	US\$ 42 395.00	South Africa	n/a
66.	Central African regional tripartite seminar on HIV/AIDS and the World of Work, Douala, Cameroon, 24-26 Nov. 2003	RAF/03/15/ACH	Public institution	US\$ 18 482.00	Cameroon	n/a

67.	HIV/AIDS Prevention Education Programmes in the Workplace in Southern Africa (Umbrella INT/03/M19/USA)	RAF/03/52/USA		United States	US\$ 2 228 594.00	Southern Africa	n/a
68.	HIV/AIDS Prevention Education Programmes in the Workplace in Southern Africa – Phase II	RAF/04/59/USA/	February 2005- December 2008	United Nations	US\$ 800 000.00	Southern Africa	n/a
69.	Support to HIV/AIDS programmes in Zambia Police	ZAM/08/02/UND		UNDP	US\$ 71 865.00	Zambia	n/a
70.		BFK/08/50/USA	June 2008- December 2009	United Nations	US\$ 420 000.00	Burkina Faso	n/a
71.	USDOL/ILO International HIV/AIDS workplace education programme- an accelerated response in Burkina Faso	BFK/04/51/USA	May 2005- December 2008	United Nations	US\$ 420 000.00	Burkina Faso	n/a
Asia and Pacific							
72.	HIV/AIDS workplace education programme in China - Final Evaluation	CPR/04/51/USA		United States	US\$ 3 481 621.00	China	Final Evaluation (2009)
73.	International HIV/AIDS Workplace Education Programme - Cambodia - Final Evaluation	CMB/03/50/USA		United States	US\$ 468 104.00	Cambodia	Final Evaluation (2006)
74.	Prevention of HIV/AIDS in the world of work : A tripartite response - Final Evaluation	IND/05/01/UNA		UNAIDS	US\$ 147 301.00	India	Final Evaluation (2008)
75.	HIV/AIDS workplace education programme in India - Final Evaluation	IND/04/51/USA		United States	US\$ 1 522 849.00	India	Final Evaluation (due Jan 2011)

76. Prevention and awareness for female migrant workers	INS/05/13/UND	UNAIDS	US\$ 54 703.00	Indonesia	n/a
77. Partnership Fund contribution to HIV/AIDS in the world of work	INS/05/14/UND	UNAIDS	US\$ 679 736.64	Indonesia	n/a
78. ILO Contribution to the SPC Regional Strategy for HIV	RAS/07/01/SPC	OIGO	US\$ 69 992.00	Fiji	n/a
79. Reducing stigma and discrimination in health settings	CPR/07/03/UNA	UNAIDS	US\$ 79 967.00	China	n/a
80. Preparatory assistance for development of a programme on mitigation and HIV programme	IND/08/02/UND	UNAIDS	US\$ 39 272.00	India	n/a
81. Employment creation for people living with HIV and AIDS (PLHA)	NEP/08/03/UNA	UNAIDS	US\$ 43 261.00	Nepal	n/a
82. Support to national HIV/AIDS programme	NEP/08/04/UND	UNAIDS	US\$ 260 674.00	Nepal	n/a
83. Strengthening trade unions' response to HIV/AIDS in the workplace in China	CPR/08/01/UNA	UNAIDS	US\$ 260 000.00	China	n/a
84. Development of a national business coalition on HIV/AIDS in Vietnam	VIE/08/03/UNA	UNAIDS	US\$ 40 000.00	Vietnam	n/a
85. PAF for Employment services for people with HIV	CPR/08/02/UNA	UNAIDS	US\$ 63 051.00	China	n/a
86. Integrating HIV/AIDS into Garment Factory Occupational Safety and Health Committees: Workplace Sensitization,	CMB/09/01/UNA	UNAIDS	US\$	Cambodia	n/a

Mobilization and Management			50 000.00			
87.	Strengthening leadership for mainstreaming and scaling up of the response to HIV/AIDS	BDG/08/02/UNA	UNAIDS	US\$ 49 540.00	Bangladesh	n/a
88.	Expanding HIV/AIDS interventions amongst the migrant workers in the Construction Sector in India	IND/09/01/UND	UNAIDS	US\$ 95 616.00	India	n/a
89.	Policy framework & mechanisms for safe migration and universal access for migrant workers	INS/10/02/UNA	UNAIDS	US\$ 74 900.00	Indonesia	n/a
90.	Work Plan for ILO's response to HIV/AIDS in the workplace in China	CPR/03/01/UNA	UNAIDS	US\$ 151 937.00	China	n/a
91.	HIV/AIDS prevention in the world of work in India (Phase I)	IND/00/51/USA	United States	US\$ 413 116.00	India	n/a
92.	Support National Response to HIV/AIDS in Papua New Guinea	PNG/03/002/O1	UNDP	US\$ 54 489.00	Papua New Guinea	n/a
93.	Strengthening Business and Labour Responses to HIV/AIDS in South-East Asia	RAS/01/15/UNA	UNAIDS	US\$ 49 970.00	Asia and the Pacific Region	n/a
94.	Private sector mobilization and workplace initiatives in response to HIV/AIDS in South-East Asia	RAS/03/12/UNA	UNAIDS	US\$ 122 229.00	Asia and the Pacific Region	n/a
95.	Supporting the Recruitment of a National Expert on HIV/AIDS and the World of Work	THA/01/01/UNA	UNAIDS	US\$ 13 400.00	Thailand	n/a

96.	Developing a model of HIV/AIDS Prevention and Management in Work places: Outreach to Factories in Rayong Province, Thailand (World Aids Foundation)	THA/01/02/WAF		World AIDS Foundation (WAF)	US\$ 66 664.00	Thailand	n/a
97.	Coordinated HIV/AIDS and STD Response through Capacity-building and Awareness (CHARCA)	IND/03/02/UNF		UNFIP	US\$ 61 744.00	India	n/a
98.	Strengthening the capacity of ILO constituents and stakeholders including people living with HIV/AIDS to expand the word of work response to HIV/AIDS in India	IND/03/04/UNA		UNAIDS	US\$ 134 090.00	India	n/a
99.	PAF funding workers' and employers' organizations' activities for Fiji, Kiribati, Solomons and Vanuatu	RAS/04/07/UNA		UNAIDS	US\$ 7 350.00	Asia and the Pacific Region	n/a
100	HIV/AIDS workplace education programme in Indonesia	INS/04/51/USA		<u>United Nations</u>	US\$ 795 682.00	Indonesia	n/a
101	USDOL/ILO International HIV/AIDS workplace education programme - an accelerated response	SRL/04/51/USA		United Nations	US\$ 415 798.00	Sri Lanka	n/a
102	HIV/AIDS Workplace Education Programme in Nepal	NEP/03/50/USA	May 2004- June 2008	United States	US\$ 395 195.00	Nepal	Final Evaluation (2007)
Latin America and the Caribbean							
103.	HIV/AIDS Prevention Education Programme in the Workplace in the English-speaking Caribbean region.	RLA/03/53/USA		United States	US\$ 1 514 697.00	Caribbean Islands	Final Evaluation for Jamaica and Barbados(2008)

104.	HIV/AIDS Workplace Education Project for Belize	BZE/03/50/USA		US\$ 396 277.00	Belize	Final Evaluation (2007)
105.	HIV/AIDS Workplace Education Programme Project in Guyana	GUY/08/50/USA		US\$ 397 203.00	Guyana	n/a
106.	Políticas y programas sobre el VIH/sida en los lugares de trabajo en Bolivia – Self-Evaluation	BOL/09/51/OPE		US\$ 110.000.00	Bolivia	Mid Term Self Evaluation (December 2010)
107.	Fortalecer las respuestas al VIH/SIDA en el mundo del trabajo en Paraguay - Final Self-Evaluation	PAR/09/51/OPE		US\$ 110.000.00	Paraguay	Final Self Evaluation (due March 2012)
108.	Políticas y programas sobre el VIH/SIDA para el mundo del trabajo en Honduras –Mid-TermSelf-Evaluation	HON/09/51/OPE		US\$ 200.000.00	Honduras	Mid Term Self Evaluation (February 2011)
109.	Prevencion y mitigación del impacto del VHI/SIDA a partir del mundo del trabajo en Nicaragua –Mid-Term Self-Evaluation	NIC/09/51/OPE		US\$ 110.000.00	Nicaragua	Mid Term Self Evaluation (February 2011)
110.	Strengthen the world of work response on HIV/AIDS	HAI/09/50/OPE	OPEC		Haiti	n/a
111.	Strengthen human capacity to design and implement expanded and innovative responses to HIV/AIDS	BRA/05/06/UNA	UNAIDS	US\$ 51 000.00	Brazil	n/a
112.	Bolivia & Peru: HIV/AIDS Workplace policies and programmes	RLA/06/51/OPE	OPEC	US\$ 304 407.00	Bolivia, Peru	n/a
113.	Paraguay: HIV/AIDS workplace programmes and policies	PAR/06/50/OPE	OPEC	US\$ 159 028.00	Paraguay	n/a

114.	Suriname: HIV/AIDS workplace programmes and policies	SUR/06/50/OPE		OPEC	US\$ 127 734.00	Suriname	n/a
115.	ILO/AIDS Programme on HIV/AIDS and the World of Work (linked to GUY/03/50/USA)	GUY/05/50/USA		United States	US\$ 493 829.00	Guyana	n/a
116.	ILO/USDOL/PEPFAR HIV/AIDS Workplace Education Project in Guyana	GUY/10/50/USA		United States	US\$ 360 000.00	Guyana	n/a
117.	PAF: Safe roads, safe ports: strategic information on HIV-related vulnerabilities of long distance truck drivers and dockworkers, and mobilization of labour and business sectors in the city of Arica, Chile	CHI/10/02/UNA		UNAIDS	US\$ 75 000.00	Chile	n/a
118.	USDOL/ILO International HIV/AIDS workplace education programme - an accelerated response in Trinidad and Tobago	RLA/04/56/USA		United States	US\$ 393 316.00	Trinidad and Tobago	n/a
119.	HIV/AIDS Workplace Education Programme in Guyana	GUY/03/50/USA	August 2003- December 2006	United States	US\$ 391 539.00	Guyana	n/a
Europe and Central Asia							
120.	HIV/AIDS Prevention Education Programme in the Workplace in Russia (INT/03/19/USA)	RUS/03/52/USA	2004-2008	United States	US\$ 949 153.00	Russian Federation	Cancelled Final Evaluation
121.	Reducing stigma and discrimination and promoting tolerance through HIV/AIDS awareness raising campaign in 3 pilot regions	RUS/09/01/UND		UNDP	US\$ 33 227.00	Russian Federation	n/a

122.	Comprehensive Partnership Strategies for HIV/STI Prevention among Young People in the Russian Federation	RUS/03/01/UNF	UNFIP	US\$ 207 687.00	Russian Federation	n/a
123.	Catalytic activities in the World of Work - Letter of Agreement between the Joint UN Programme on HIV/AIDS (UNAIDS) and the ILO	UKR/03/01/UNA	UNAIDS	US\$ 51 676.00	Ukraine	n/a

Annex 4. List of interviewees

No.	Name	Organization	Department	Role
1.	Guy Thijs	ILO	EVAL	Director
2.	Francisco Guzman	ILO	EVAL	Senior Evaluator Officer
3.	Carla Henry	ILO	EVAL	Senior Evaluator Officer
4.	Sophia Kisting	ILO	ILO/AIDS	Director
5.	Afsar Syed Mohammend	ILO	ILO/AIDS	Senior Specialist
6.	Atsushi Nagata	ILO	ILO/AIDS	Senior Specialist
7.	Alexander Petrachkov	ILO	ILO/AIDS	Senior Specialist
8.	Anna Toriente	ILO	ILO/AIDS	Senior Specialist
9.	Margherita Licata	ILO	ILO/AIDS	Senior Specialist
10.	Brigitte Zug	ILO	ILO/AIDS	Senior Programme Officer
11.	Kofi Amekudzi	ILO	ILO/AIDS	Specialist, UNAIDS Liaison
12.	Lee Nah Hsu	ILO	ILO/AIDS	Senior Specialist
13.	Susan Leather	ILO	ILO/AIDS	Retired Senior Specialist
14.	Joe Thurman	ILO	PROGRAM	Director
15.	AssaneDiop	ILO	ED/PROTECT	Executive Director
16.	Manuela Tomei	ILO	TRAVAIL	Director
17.	Stephen Pursey	ILO	INTEGRATION	Director
18.	Vinicius, Carvalho Pinheira	ILO	CABINET	
19.	Francis Sanzuango	ILO	ACT/EMP	
20.	Raky Kane	ILO	CODEV	
21.	GinetteForgues	ILO	ITC	
22.	Martin Good	UNAIDS		Chief, Planning and Budget

No.	Name	Organization	Department	Role
23.	Helen Frary	UNAIDS		
24.	Johanna Silvander	ILO		Programme Officer
25.	John Banda	Zambia Federation of Employers (ZEF)		Research Manager
26.	Harrington Chibanda	Zambia Federation of Employers (ZEF)		Executive Director
27.	Dr Ben Chirwa	National AIDS Council (NAC)		Director General
28.	Tilly Sellers	UNDP		HIV and AIDS Practice Leader
29.	Martin Clemensson	ILO	CO-Lusaka	Director
30.	Deluxe Mwansa	Federation for Free Trade Union of Zambia (FFTUZ)		Directors, Workers' Education
31.	Stephen Mumbi	Zambia Congress of Trade Unions (ZCTU)		Director of Trade and Dev. & Organization
32.	Dr SansanMyint	ILO/WFP/UNICEF		HIV Specialist-UNICEF
33.	Calum McGregor	ILO/WFP/UNICEF		Business Systems Analyst -WFP
34.	Olive Munjanja	ILO/WFP/UNICEF		Programme Officer- ILO
35.	Thomas Wiechers	ILO/WFP/UNICEF		Social Security Advisor-ILO
36.	George Mukosiku	ILO/WFP/UNICEF		National Programme Coordinator- ILO
37.	Gillian Powers	IOM		Programme Officer
38.	George Mubita	ILO	CO-Lusaka	Programme Officer
39.	Precious Sakuringwa	Zambia Chamber of Small and Medium Enterprises (ZCSMBA)		Executive Secretary
40.	Euphemia M. Chambula	Zambia Chamber of Small and Medium Enterprises (ZCSMBA)		Office Manager

No.	Name	Organization	Department	Role
41.	Venus Seti	Ministry of Labour and Social Security		Assistant Labour Commissioner
42.	ObertMaambo	Jesus Cares Ministries		
43.	Payne Mano	COIHEP project		
44.	Evelyn Chipe-Nalavwe	COIHEP project		
45.	Vic Van Vureen	ILO	ILO Pretoria	Director
46.	Dr Mbulawa Mugabe	UNAIDS	UNAIDS Regional Office for Eastern and Southern Africa	Deputy Director UNAIDS Support Team for East and Southern Africa
47.	Reiko Matsuyama	IOM Regional Office for Southern Africa	Migration Health Officer	Migration Health Officer
48.	Sikhulile Ngquse	IOM Regional Office for Southern Africa		Migration Health Officer
49.	Tsitsi Mariwo	Public Services International PSI-Regional Office for Southern Africa		HIV AIDS Coordinator
50.	Ntsoaki Mamashela	SA National Department of Labour		Director Employment Equity Directorate
51.	Niresh Singh	SA National Department of Labour		Manager Employment Equity
52.	Masilo Lefika	SA National Department of Labour		Manager Employment Equity
53.	Evelyn Serima	ILO	ILO Pretoria	HIV AIDS Technical Specialist
54.	SimphiweMabhele	ILO	ILO Pretoria	HIV AIDS Focal Point for South Africa Namibia, Swaziland, Lesotho and Botswana
55.	Valentine Douala-Mouteng	Pan African Business Coalition on AIDS (PABC)		CEO
56.	Jospeh Ajakaye	ILO	ILO Pretoria	Chief Technical Advisor (CTA) Project HIV/AIDS and Economic Empowerment along

No.	Name	Organization	Department	Role
				transport Corridors in Southern Africa
57.	Ida Tsitsi Chimedza	ILO	CO-Harare	
58.	David Mutambara	Zimbabwe Business Council on AIDS (ZBCA)		Executive Director
59.	M. Gwanzura	Zimbabwe AIDS Prevention and Support Organisation (ZAPSO)		Senior Programmes Officer
60.	Mrs Mwashita	Zimbabwe AIDS Prevention and Support Organisation (ZAPSO)		Director
61.	Nathan Banda	Zimbabwe Congress of Trade Unions (ZCTU)		Head- Health Unit
62.	Tatiana Shoumilina	UNAIDS		UCC
63.	Raymond Yekeye	National AIDS Council (NAC)		Operations Director
64.	Dr Shoko	Zambia Network of Positive People (ZNPP+)		Director
65.	Ramona Wong-Grunwald	GiZ		Technical Advisor
66.	Theresa Ndikudze	GiZ		HIV and AIDS Project Coordinator
67.	John Mufukare	Employers Confederation of Zimbabwe (EMCOZ)		Technical Advisor
68.	FaraiMasuna	Employers Confederation of Zimbabwe (EMCOZ)		Programme Manager
69.	Monica Mandiki	Southern Africa HIV and AIDS Information Service (SAFAIDS)		Country Director
70.	Vivienne Kernohan	Southern Africa HIV and AIDS Information Service (SAFAIDS)		Information Production Manager

No.	Name	Organization	Department	Role
71.	Mr Mafuratidze	Ministry of Labour and Social Services		Deputy Director
72.	G. Bute	Ministry of Small and Medium Enterprises Development		Acting Deputy Director
73.	Dr Pazvakavambwa	WHO		
74.	Dr Mugurungi	Ministry of Health and Child Welfare		
75.	Colly Masuku	ILO		National Project Coordinator, SIDA funded transport corridor project
76.	Juergen Schwettman	ILO	Africa Regional Office	Deputy Director
77.	Ali Cisse	ILO	Africa Regional Office	Chief Technical Advisor, Labour Migration
78.	Christoph Schumacher	ILO	Africa Regional Office	Senior Social Security Specialist
79.	Cynthia Yinusa	ILO	Africa Regional Office	Senior Programme Officer
80.	Judith van Doorn	ILO	Africa Regional Office	Regional Microfinance Expert
81.	Frederic Parry	ILO	Africa Regional Office	Senior Workers Specialist
82.	Hezron Ngujuna	ILO	Africa Regional Office	Senior Employers Specialist
83.	Dr Debru Negash	ILO	Africa Regional Office	Senior HIV and AIDS Specialist
84.	Gugsa Farice	ILO	Africa Regional Office	Senior Evaluation Officer
85.	Yoseph Aseffa	ILO	Africa Regional Office	Chief Technical Advisor, Microinsurance
86.	George Okutho	ILO	Ethiopia Country Office	Director, ILO Ethiopia Country Office
87.	Sisay Gebre-Egziabher	ILO	Ethiopia Country	ILO country project manager for HIV and

No.	Name	Organization	Department	Role
			Office	AIDS- Ethiopia
88.	Helen Magutin Amakabe	ILO	Ethiopia Country Office	ILO country project manager for HIV and AIDS--Kenya
89.	Dr. Warren Namarra	UNAIDS	Ethiopia Country Office	
90.	Girma Ayalew	Ethiopia Employers' Federation		Executive Director
91.	Fischatsion Biadgilgn	Confederation of Ethiopia Trade Unions		Director
92.	Mesfin Yilma	Ministry of Labour and Social Affairs		
93.	Tadesse Tekalign	Ethiopia Business Coalition for HIV and AIDS		
94.	Yerachusin Ayaleau	Ministry of Labour and Social Affairs		Small Business Advisor
95.	Abebe Getachew	Oromiya Regional Office of Labor and Social Affairs		OSH Coordination