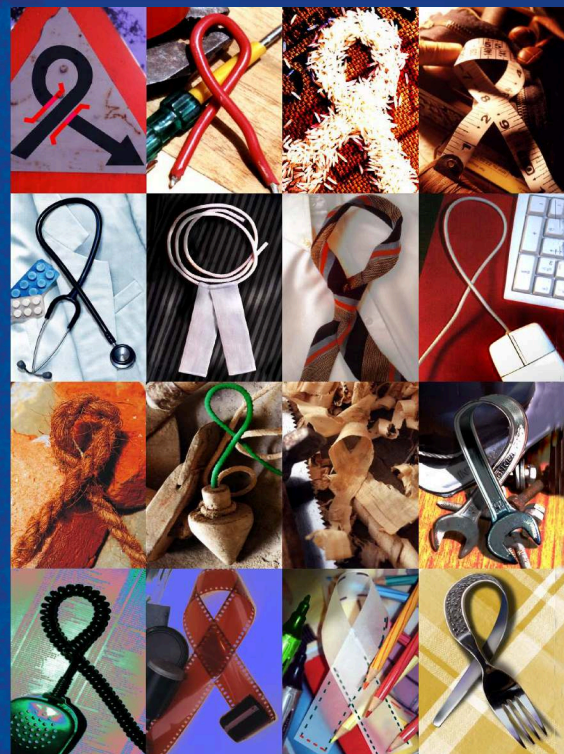




International
Labour
Office

Saving lives, Protecting jobs



International HIV/AIDS Workplace Education Programme

SHARE: Strategic HIV/AIDS Responses in Enterprises

SECOND REPORT

Saving lives, Protecting jobs

International HIV/AIDS Workplace Education Programme

SHARE: Strategic HIV/AIDS Responses in Enterprises

SECOND REPORT

March 2008

International Labour Office
Geneva

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Leaders speaking up

"Nine out of every ten people with HIV will get up today and go to work."

Juan Somavia, Director-General of the ILO

"The ILO brings to UNAIDS its understanding and expertise in the world of work. We know the workplace is a key location for HIV/AIDS prevention and care programmes. ILO's co-sponsorship is considerably strengthening UNAIDS."

Dr Peter Piot, UNAIDS Executive Director

"The project is extremely important to the Ministry from the perspective of safety of labour and employment, especially in view of the fact that Russia is becoming more and more involved in international trans-border movements of labour and international transportation networks. The new OSH Concept currently under development will have a separate chapter on HIV/AIDS and will envisage social guarantees to HIV+ workers."

Alexander Safonov, Deputy Minister of Health and Social Development, Russian Federation

"It is because of this fantastic programme that I really have the golden opportunity to work with my other tripartite partners, our friends in the trade unions and the government. Along the way, we have built up a great working relationship (...) The participation and cooperation among us is very cordial and passionate for one simple reason, this programme has a very 'worthy cause' – saving lives."

Teh Sing, Secretary General of the Cambodian Federation of Employers and Business Associations (CAMFEBA)

"This project allowed workers to openly speak about HIV. During the training sessions a number of workers disclosed their HIV status. Workers also started to discuss HIV issues with their family members.

The ILO Code of Practice on HIV/AIDS and the world of work helped workers gain confidence and encouraged many to undertake voluntary testing."

Jean-Pierre Ateba, Secretary General of the Cameroon Confederation of Independent Unions (CSIC)

"This programme is very helpful, very educative and enlightening. At first we thought issues of HIV/AIDS policy development is for the top management only, but our involvement with the project has changed this perception, now we are freely participating in the development of our HIV/AIDS workplace policy."

Esther Phiri, employee of NBS Bank, Malawi

"Managers are starting to understand that a person living with HIV can still contribute to the development of the enterprise. The worker only needs to benefit from a supportive environment as well as care and support."

Pyanne Djire, Artist and Musician, Person Living with HIV/AIDS, SHARE project resource-person in Burkina Faso

Acknowledgements

Compiling a report of this kind, covering the activities of the ILO/USDOL International HIV/AIDS Workplace Education programme in 24 countries, is obviously a collective endeavour. It builds on the efforts of national partners, project coordinators and national consultants who construct the implementation framework. Equally it involves the daily work of enterprise representatives who put concepts into practice and make workplace HIV prevention a reality. We are immensely grateful to all those who have been part of this international partnership, which has made world of work interventions an integral component of national strategies to address HIV.

The programme, which has become known as Strategic HIV/AIDS Responses in Enterprises (SHARE), has also benefited from sustained political support within the ILO and from the USDOL. The Programme Management Team thus extends its appreciation to Mr Assane Diop, the Executive Director of the Social Protection Sector, for his leadership and constant encouragement, as well as to Dr Sophia Kisting, the Director of ILO/AIDS, for her commitment and unwavering support. Simultaneously gratitude is extended to Ms Celeste Helm, Chief, Division of Trade Agreement Administration and Technical Cooperation,

and her team in the USDOL, particularly Ms Paula Church, for constructive help in every way. This has made the ILO/USDOL collaboration a true partnership in action.

The report owes a special word of thanks to Ms Josée Laporte, who has acted as the overall project manager for this assignment, providing conceptualization and putting great effort into pulling the myriad pieces of information together. In this process, she has received great support from Ms Amanda Milligan, and we are grateful for her communications and editing skills. Appreciation is also extended to Mr Oluremi Doherty for his analysis and presentation of the impact survey results.

In the five years the SHARE programme has been operating, we have benefited from the wisdom, the insight and the hard work of numerous collaborators. Among them are hundreds of people living with HIV and AIDS, who have joined hands with us and been a source of inspiration and force for the SHARE projects across the world.

Behrouz Shahandeh
Programme Manager SHARE

List of acronyms

| | |
|--------|---|
| AIDS | Acquired Immunodeficiency Syndrome |
| ART | Antiretroviral therapy |
| BCC | Behaviour Change Communication |
| FHI | Family Health International |
| HIV | Human Immunodeficiency Virus |
| ILO | International Labour Organization |
| NGO | Non-governmental organization |
| NPC | National Project Coordinator |
| PAB | Project Advisory Board |
| PEPFAR | President's Emergency Plan for AIDS Relief |
| PLHIV | People living with HIV |
| PMP | Performance Monitoring Plan |
| SHARE | Strategic HIV/AIDS Responses in Enterprises |
| STI | Sexually transmitted infection(s) |
| UN | United Nations |
| UNAIDS | Joint United Nations Programme on HIV/AIDS |
| USDOL | United States Department of Labor |
| VCT | Voluntary counselling and testing |

Preface

The HIV peer education session ends and as workers file out of the factory they are met by the icy wind blowing over Kola Bay. Far from the epicentre of the epidemic, there is no sign of complacency here in Murmansk, the world's largest city north of the Arctic Circle. Keenly aware of its workforce's vulnerability to HIV, business leaders and unions have joined together to meet the twin challenges of discrimination and risky behaviour that fuel the epidemic.



View of the city of Murmansk

Four enterprises in this northern Russian port are now working with the ILO's SHARE programme, which aims to promote positive HIV policies and practices in the workplace worldwide. A total of 650 workplaces in 24 countries – stretching from Belize to China – are

now involved with SHARE, and the 100 peer educators trained in Murmansk join the growing ranks of those helping to inform and protect almost a million working men and women worldwide.

This report gives an insight into the overall SHARE programme, which has now been running for five years. It includes a special focus on the experiences and achievements of the pioneer country projects in Belize, Benin, Cambodia, Ghana, Guyana, India and Togo, which are becoming sustainable national programmes. The report also captures major developments, innovations and collaborations from ongoing initiatives in other countries. These have been a source of inspiration to others and will help guide the SHARE programme to its conclusion in 2010.

SHARE is about making the tripartite response to HIV a reality, and this second report seeks to acknowledge the fine work carried out by ministries of labour, employers, workers and their organizations. We hope it will also act as a catalyst for those who would like to undertake similar work in the future.

Behrouz Shahandeh, Josée Laporte, Fatemeh Entekhabi, Oulremi Doherty, Jackie Whittaker and Niamh Borrel

ILO/USDOL SHARE Programme Management Team

Setting the scene



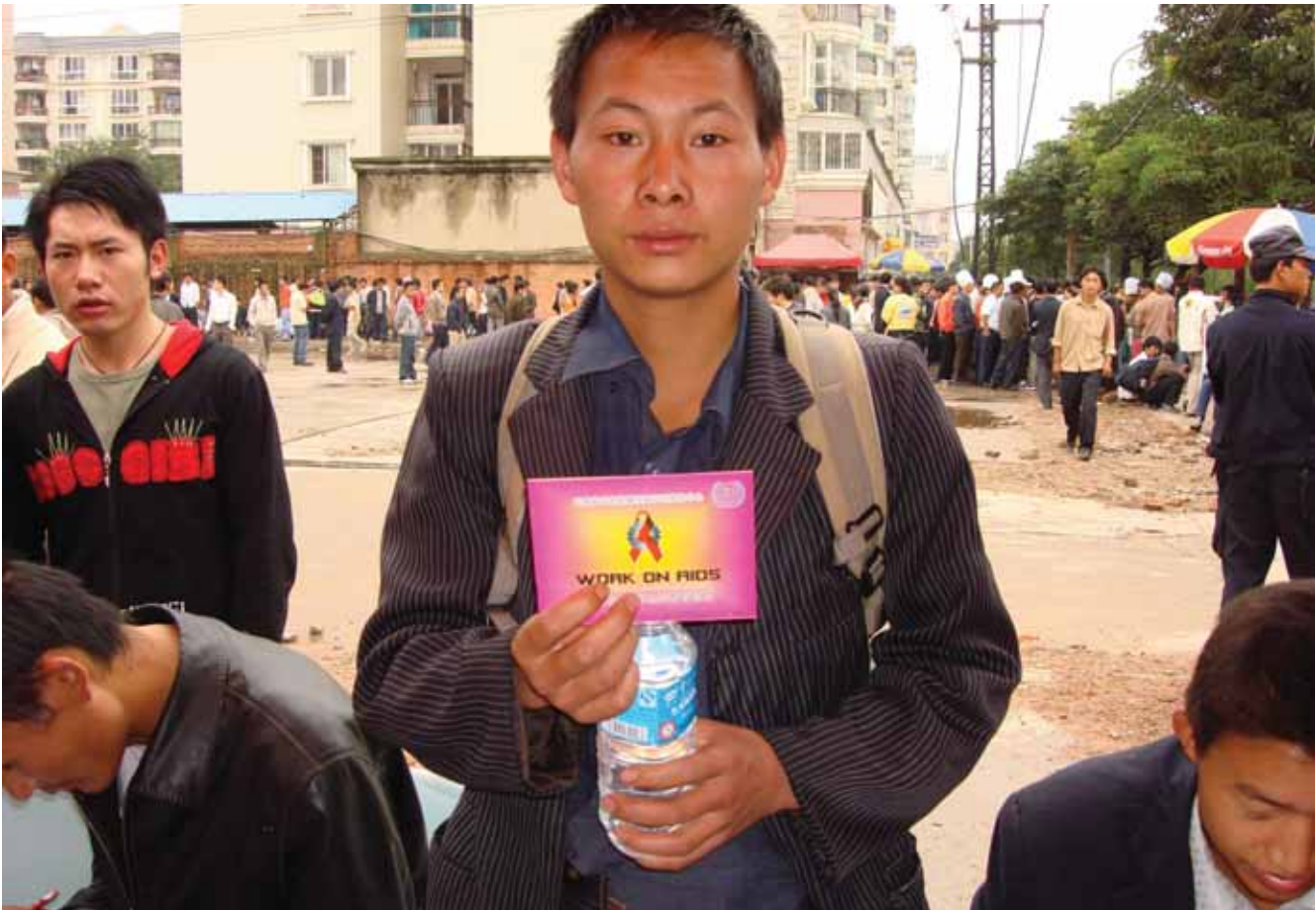
Introduction

“Our country is at a turning point. We have to prevent the spread of the HIV virus to the general population. Our programme with the ILO and USDOL is an important part of this effort.”

Hu Xiaoyi, Vice Minister, Ministry of Labour and Social Security, China

HIV is having a devastating effect on the world of work. With 33.2 million people worldwide now living with the virus (AIDS epidemic update, UNAIDS,

2007), the impact of the epidemic is being felt at all levels. The majority of those infected are still working and in their most productive years, with skills and



experience their families, workplace and country can ill afford to lose. But many are forced out of employment because of stigma and discrimination, or their working lives are cut short through lack of information about prevention, care and support.

A big fruit processing company in South Africa's northern Limpopo province used to lose at least one worker a month to AIDS. Many others were often sick or absent, but widespread stigma in the small rural community meant that no one would talk about HIV or admit to being infected. Deeply concerned about the well-being of its workforce, the management of the company began an HIV education programme in 2005 which has helped to create a significant turnaround in staff attitudes and behaviour towards the epidemic. Two years on, 194 workers felt comfortable enough to come forward for voluntary HIV counselling and testing, fearing no discrimination.

The vast majority of people living with HIV (PLHIV) worldwide are not getting the same support. Ninety per cent of them are in some sort of employment but for many the workplace is somewhere to be endured, where they face discrimination, stigma and fear of losing their job. This problem is exacerbated by lack of information, treatment, care or support for their condition. However, in a growing number of workplaces, employers and workers – with government support – are joining hands to help each other try and overcome the problems caused by HIV.

The ILO is the UN's lead agency in workplace interventions. In 2000, following a landmark resolution from its 178 member States, the ILO set up a dedicated global programme on HIV and the world of work. A few months later, the ILO Governing Body adopted its

pioneering code of practice on the subject, which is now available in 54 languages and has been applied extensively at national and enterprise levels. The organization is a co-sponsor of UNAIDS, and has made a significant contribution to tackling the epidemic by mobilizing its tripartite constituency of labour ministries, and employers' and workers' organizations, to take action.

Key principles of the *ILO Code of Practice*

- Recognition of HIV/AIDS as a workplace issue
- Non-discrimination
- Gender equality
- Healthy work environment
- Dialogue between employers, workers and government, including workers with HIV
- No screening for purposes of exclusion from employment or work process
- Confidentiality
- Continuation of employment relationship for employees with HIV and AIDS
- Importance of prevention
- Need for care and support, including access or referral to treatment and services

The Limpopo-based fruit processing company, Africa Reality Estate, is part of the ILO's SHARE programme, which was set up as part of the ILO's global response to HIV with financial support from the United States Department of Labor (USDOL). Africa Reality Estate is one of the 650 enterprises spread over 24 countries now collaborating with SHARE, to promote policies and programmes that address HIV in the workplace.



How does SHARE work?

"HIV/AIDS is everybody's business and the workplace, being part of the wider community, has a role to play. Through this SHARE programme we hope to break down the negative stigma and discrimination associated with the disease, both in the workplace and the community."

Janice Springer, HIV/AIDS Focal Point, TCL Arawak Cement Limited, Barbados

The workplace offers distinct opportunities and advantages as a key delivery point for HIV prevention, treatment and care programmes for specific groups of people on a continuous basis. Using a combination of dialogue, training and facilitation methods – rather than direct funding – the SHARE programme aims to increase the capacity of the ILO's traditional partners to design, implement and sustain their own workplace HIV policies and programmes.

SHARE benefits greatly from the ILO's existing relations with government, employers' and workers' organizations in participating countries, and from its considerable experience of the world of work. At the same time, SHARE helps to protect the ILO's constituents from HIV, which challenges the implementation of its 'decent work' agenda. SHARE's goals are:

- to reduce employment-related discrimination against PLHIV;

- to maintain employment for workers living with HIV;
- to reduce high-risk behaviour among workers;
- to facilitate access to voluntary and confidential testing, treatment, care and support.

National ownership of the SHARE initiative is essential to the project's success and sustainability. While there is a generic approach, this is adapted to be country specific on the basis of dialogue and collaboration with key stakeholders. Most countries now have national HIV initiatives in place, and SHARE's role is to strengthen the world of work component at national level and introduce programmes at the enterprise level.

Each project is guided by a Project Advisory Board (PAB) including representatives from the Ministry of Labour, employers' and workers' organizations, the National AIDS Commission, UNAIDS and representatives of PLHIV, among others.

Involving PLHIV

All SHARE initiatives actively promote the involvement of PLHIV in sensitization and training sessions as well as in decision-making and consultative processes.

In Sri Lanka, SHARE ran a three-day workshop for members of the local organization, *Lanka Plus*, to help improve their communication skills. The programme was very interactive, using role plays of different circumstances to help participants identify how to perform. These included advocacy about HIV with management, counselling people who are positive, and addressing an audience on HIV-related stigma and discrimination.

The sessions were filmed and replayed to the participants to help identify strengths and deal with shortcomings. A communications consultant joined in to share ideas on how to communicate effectively. On the final day, participants had the opportunity to see how they had progressed using the video footage shot during the course of the training. A documentary about the workshop was developed and screened by *Lanka Plus* in the PLHIV Lounge of the 8th International Congress on AIDS in Asia and the Pacific (ICAAP), held in Sri Lanka in August 2007.

● Defining the problem and mobilizing support

Mobilizing support at national level makes all the difference to success in the workplace, so SHARE makes it a priority to get national tripartite leaders and their organizations on board. Through a series of sensitization and training workshops, SHARE works to inform, motivate and increase the skills and capacity of key office holders, to help them guide a national workplace response to the epidemic. This includes working together to identify priority sectors, including the informal economy, for SHARE interventions.

Working with Herero women in western Botswana

HIV prevalence among Botswana women, particularly those living in remote areas, is disproportionately high. This is partly because of some risky cultural practices; for instance tribes like the Herero still follow the tradition of having more than one wife.

The PAB felt that Herero women should be a priority for SHARE and the programme started working with a sewing group based in Charleshill town, near the Namibian border, offering HIV information and training. The Herero women have become very engaged in the project and taken a keen interest in the female condom, which gives them more control over sexual practices.

Some of the women in the project have been trained as peer educators and have helped to expand the programme beyond the group. They are working with the District Multisectoral AIDS Committee to build the capacity of similar groups in neighbouring villages. They also provide outreach services to farm workers on cattle posts in the area. They have helped to establish a support group set up primarily for PLHIV in the district, which has accessed free antiretroviral therapy (ART) from the Botswana government.

“To start with people didn’t want to talk about HIV but the group now has 25 members and the peer educators are providing a vital service in this remote area; they are trained as lay counsellors and know how to comfort and help people,” says Jeffrey Makgolo, SHARE National Project Coordinator (NPC) for Botswana.



● Developing the national legislative and policy framework

Workplace programmes are likely to be more effective if they take place in an environment free of stigma and discrimination. SHARE aims to assist in the establishment or improvement of national policy and the legal framework on HIV and the world of work. *The ILO Code of Practice on HIV/AIDS and the world of work* provides practical guidelines to assist those working on laws, regulations and policies, to make sure they address HIV workplace issues in an appropriate way.

Towards the adoption of an international standard

In its first five years SHARE has made significant contributions to the development of national workplace policies and legislation on HIV, and these ground-breaking experiences have added to a wider demand for a new international labour standard on the issue.

The March 2007 session of the ILO Governing Body tabled a key recommendation on HIV and AIDS in the world of work for the agenda of the International Labour Conference in 2009. The recommendation will provide a framework for national policy development and action regarding HIV in the world of work and will place certain obligations on member States for its implementation.

The recommendation is prepared through a process of wide consultation and research with member States and experts in the field; the first major step has already been taken with the launching of a 'law and practice' report. Materials related to policy development within SHARE projects have provided a rich source of information for this report.

● Making it happen in the workplace

In parallel with national level initiatives, SHARE works directly with management, labour and other partners to launch effective HIV policies and programmes in partner workplaces from the sectors identified as most in need. These are mainly private enterprises but also include the public sector as well as groups of workers from the informal economy. The programmes are distinctive because they are managed and implemented by local experts and key workers (focal points), who are in turn trained and supported by SHARE. Developing strategies to help workers identify and change risky behaviour, with the support of peer educators, is a major component of the programme at each workplace.

Engaging the public sector

Ministries, public and parastatal companies are workplaces often overlooked, as great attention is paid to the contribution of the private sector. However, governments have a role to play in preserving the health of their employees who contribute to national development and the well-functioning of the state. In Ghana, SHARE provided technical support for the development of a HIV/AIDS workplace programme in three ministries.

Pioneering changes have taken place at the parastatal Lesotho Water and Sewage Authority (WASA), which has a strong team of peer educators trained and supported by SHARE. WASA has now established a full-time position coordinating HIV/AIDS programmes and activities. It also provides food and vitamin supplements to every staff member. This is particularly beneficial to those taking ART, but is provided to all staff so that those living with HIV are not stigmatized. Employees who are very sick and unable to work are now entitled to receive their salary until death; this helps to access vital care and support for the employee and their family, who otherwise would lose a vital income.

In China, the SHARE project has mobilized some of the largest and most influential state enterprises in the country. In highly affected Yunnan Province, the programme is working in partnership with the Yunxi Tin Mining Company to address the high rates of sexually transmitted infections (STIs) and HIV, and the pervasive stigma against HIV in the community. In addition to its mining interests, the Yunxi company controls the bulk of healthcare and communications infrastructure in Gejiu, the province's capital city; this includes hospitals, clinics, radio and television stations, together with vocational schools. All of these can play a leading role in delivering comprehensive HIV programmes to workers and the community.



(Reuters/Ge Gong)

“We welcome the SHARE project, we need it!” says Shen Yukun, Human Resources Manager for the Yunxi Tin Mining Company. “We need to act now... Half of the population in Gejiu is working for our company. Protecting the company also means protecting the community.”



Where does SHARE work?

Five years since its inception, the SHARE programme is now collaborating with a total of 650 workplaces, reaching almost a million workers in 24 countries. The first programmes set up under SHARE in Belize, Benin, Cambodia, Ghana, Guyana, India and Togo, are now well established and turning into sustainable national programmes.

As a result of positive achievements and effective programme implementation, SHARE projects are attracting increasing attention and their scope is expanding with additional funding becoming available. Chief among the new donors is the President's Emergency Plan for AIDS Relief (PEPFAR), which has funded extensions to SHARE projects in Botswana, Guyana, India, Lesotho and Swaziland.

Basket funding in Madagascar

The ILO started HIV activities in Madagascar on a small scale in 2003 with pilot activities in a few enterprises. In 2006, the Government of Madagascar adopted legislation on HIV including a component on the world of work, covering issues such as non-discrimination, confidentiality, social protection, and voluntary counselling and testing (VCT).

At the same time, the ILO was able to raise US\$145,000 from the OPEC Fund for International Development, to strengthen activities in the world of work in Madagascar. The USDOL agreed to match the funds to support the development of a sustainable structure for delivery of an HIV workplace programme in the country. More recently, in April 2007, the ILO office in Antananarivo secured an additional US\$265,445 from the African Development Bank (ADB), making the initiative in Madagascar a fully-fledged project and an outstanding example of coordination among donors in the field of HIV/AIDS in the world of work.

| | |
|--|--|
| Pilot country Started in 2001 | India |
| First wave of target countries Started in 2003/2004 | Belize, Benin, Cambodia, Ghana, Guyana, Togo |
| Second wave of target countries Started in 2004 | Barbados, Jamaica, Botswana, Ethiopia, Lesotho, Nepal, Russian Federation, South Africa, Swaziland |
| Third wave of target countries Started in 2005/2006 | Burkina Faso, Cameroon, China, Indonesia, Malawi, Sri Lanka, Trinidad and Tobago |
| Activities started in Madagascar in 2007 as part of a multi-donor project. | |



- Pilot country. Started in 2001: India
- First wave of target countries. Started in 2003/2004: Belize, Benin, Cambodia, Ghana, Guyana, Togo
- Second wave of target countries. Started in 2004: Barbados, Jamaica, Botswana, Ethiopia, Lesotho, Nepal, Russian Federation, South Africa, Swaziland
- Third wave of target countries. Started in 2005/2006: Burkina Faso, Cameroon, China, Indonesia, Malawi, Sri Lanka, Trinidad and Tobago
- Activities started in Madagascar in 2007 as part of a multi-donor project.



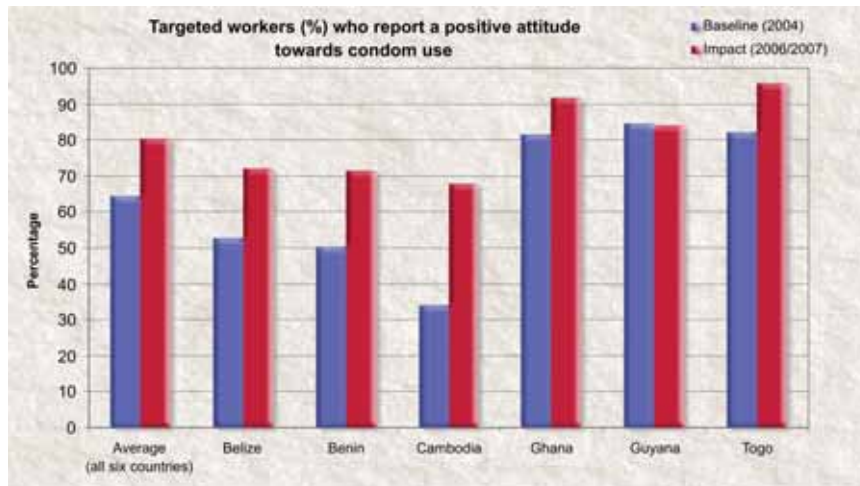
What impact has SHARE had?

During the last four years SHARE has been systematically gathering data from its first six country projects at individual, workplace and national levels, to measure the impact of its interventions.

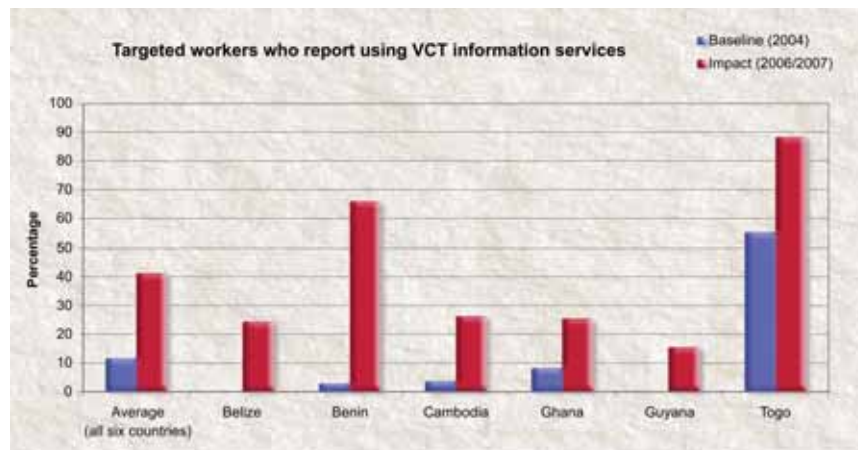
In all six countries at the individual level, workers demonstrated an improved attitude towards PLHIV over the project implementation period. In Ghana, for instance, the percentage of workers who reported having a supportive attitude towards co-workers living with HIV increased from 33% at the beginning to 63% at the end of the project. In all six countries surveyed, the proportion of workers who reported supportive behaviour towards co-workers living with HIV rose

from 49% to 63% on average during the life of the programme.

Attitudes towards condom use also improved considerably in most countries. In Cambodia for example, the proportion of workers who reported having a positive attitude towards condom use increased from 34% to 68%. The improvement in positive attitudes towards condom use was also reflected in the actual use of condoms. Across all six countries, the percentage of workers who reported using condoms with non-regular partners rose from 74% to 84% at the end of the project.



The recorded changes in behaviour could be attributed in part to increased access to HIV services in enterprises in all six countries. By the end of the project on average 89% of enterprises had HIV education services available; 91% had condoms available; 81% had STI information services; 84% had VCT services and 79% had care and support information services. There was also a significant increase in the use of these services by workers.



Providing more sick leave in Swaziland

Dalcrue Agricultural Enterprises has made radical changes to its sick leave policy to accommodate workers with HIV. The company is a partner enterprise with SHARE and is now offering 90 days of full-paid sick leave and a further 90 days on half-pay for staff who have been employed by the company for a minimum of three years. The statutory amount payable in Swaziland is 14 days on full pay and a further 14 on half-pay.

"This is a remarkable achievement and came about after a training session on the key principles of the ILO code of practice," says SHARE NPC Khombi Nkonde. "Fourteen days is often not enough time for those suffering from HIV-related illnesses to recover, so they end up sick with no pay. This policy gives them a vital income at a time when they really need it."

The programme has also had a significant impact on HIV workplace policies. At the beginning, only 14% of enterprises in the six countries concerned had written HIV policies. This figure rose to an average of 76% when final surveys were conducted. The proportion of workers overall who were aware of the written policy increased from 3% to 33% at the end of the project. Most of the policies were developed through a bipartite approach, with 73% of workplaces having involved workers' representatives in the design of the workplace policy. This contributed to increasing ownership of the policy and the project.

In addition to the work done at the national level in terms of policy development, coordination and capacity building of key national actors, SHARE has made a significant contribution to the creation of an enabling and supportive workplace environment, and to a change in the attitudes and behaviour of workers.



Using a
tripartite
approach



Building a multisectoral response: Working with ministries of labour

"When I was first appointed as Director of Health and Safety and counterpart to the project, very little was happening regarding HIV/AIDS. The capacity of the ministry, especially labour inspectors, was very minimal. However, the project has managed to train our inspectors and I am proud that we have now incorporated HIV/AIDS into the labour inspectors' checklist."

*Ntseketsi Mohale, Director Occupational Health and Safety,
Ministry of Labour and Employment, Lesotho*

Strong political commitment is essential to the success of any HIV programme and the ILO regards member States' ministries of labour as pivotal to the success of its technical cooperation activities. With its overall responsibility for the national workforce and labour legislation, this ministry is a key partner for the ILO and each SHARE programme makes an official agreement with it at the start. The relationship goes far beyond a formal contract, with ministries of labour actively involved in the programme's development, as the following examples illustrate.

committed to setting up a management team to encourage the implementation of the ILO code of practice in all Sri Lankan workplaces.

The trade unions and employers' organizations agreed to actively collaborate with each other to protect workers and their families from HIV. They pledged to raise awareness about HIV in their education and training programmes and to involve employees' families, vulnerable communities and the informal economy in these initiatives.

Strengthening the policy framework in Sri Lanka

In Sri Lanka the Ministry of Labour Relations and Manpower has been working towards the development of a National Tripartite Declaration on HIV, which was signed in April 2007 by 18 representatives from government, employers' organizations and trade unions.

All three constituents agreed to cooperate and support each other in activities related to HIV in the workplace and pledged to promote HIV policies and programmes in public and private sector enterprises. The ministry



Signing the National Tripartite Declaration on HIV at the Ministry of Labour Relations and Manpower, Sri Lanka

Overall, 16 of the 24 countries where SHARE is implementing projects have adopted a national tripartite policy or declaration on HIV and the world of work. Out of them, 11 countries benefited from SHARE assistance to develop it.

Reinforcing capacity in Trinidad and Tobago

With political commitment assured, the next stage is to help build capacity among staff to sensitize them to the issues of HIV in the workplace, and enable them to identify their roles in HIV prevention and stigma reduction.

In Trinidad and Tobago the Ministry of Labour and Small and Micro Enterprise Development involved over 100 key members of staff in HIV workplace training. The ILO co-facilitated the process with interactive education sessions for a wide range of staff including conciliators, occupational safety and health officers, labour inspectors, human resource officers and staff from the HIV committee set up in the ministry.

Participants used case studies to simulate how they would address issues of stigma and discrimination. A range of national stakeholders took part, including senior members of workers' organizations, PLHIV, and legal and human rights representatives. This added different perspectives to the issue and also provided a support network that staff can plug into. The next step is to formally mainstream HIV in ministry workplans.

Preparing migrant workers in Indonesia

In Indonesia the Ministry of Labour has become involved in the protection of thousands of migrant workers who leave the country in search of employment in Asia, the Pacific and the Middle East. The vast majority are women in search of domestic work, who have come from the informal economy and are leaving in the hope of improving their lives. Sadly, they often return worse off than when they started. With few legal rights, often low levels of education and cut off from home, they are vulnerable to abuse and at high risk of contracting HIV.

In response to this growing problem, the National Board of Placement and Protection for Indonesian Overseas Workers inserted in its pre-departure training information sessions to address HIV risks, safe migration and social protection issues.

Lisna Yoeliani Poeloengan, Director of Empowerment at the National Board, explains: "More and more Indonesian migrant workers now receive information on HIV. We provide pocket-sized materials that they can easily keep with them, which give information about HIV and include details of services in destination countries. More and more officials and NGOs are aware and taking action by providing referrals to care, support and treatment for migrant workers who are HIV-positive returning from overseas."

Because many of the workers do not have high literacy levels, SHARE has helped to develop a more



interactive learning approach using a special game, *My Journey with the Magic Key*, which is used during the government's pre-departure training. The game places workers in the sort of difficult situations they may face throughout the migration process, and helps them think through how they would react and where they could go for help.

Siti Fauziah is a 34-year-old instructor and dormitory head at one of the private recruitment agencies. "I personally experienced losing a friend to AIDS, and she was a migrant worker," she says. "From there I felt I

Workers play the game "My Journey with the Magic Key" prior to departure overseas.

had a great responsibility to provide information and remind my students to protect themselves. I learnt a lot through ILO's training and thought if only instructors and dormitory heads had been equipped with HIV prevention knowledge back then, my friend might be alive today."

Developing binding labour legislation on HIV in Cambodia

In Cambodia the Ministry of Labour has been actively involved in developing pioneering legislation to ensure that workplaces take action on HIV. With support from the ILO, the ministry worked with the employers' and workers' organizations to develop ministerial guidelines (*prakas*) to implement the Cambodian National AIDS Authority's national strategic plan for a comprehensive and multisectoral response to HIV/AIDS (2001–2005).

The creation of HIV/AIDS committees and prevention of HIV/AIDS at the workplace *prakas* incorporates all 10 principles of the *ILO Code of Practice on HIV/AIDS and the world of work*.

The *prakas* provide a sound legal and policy framework for HIV workplace activities and policy development, requiring all workplaces and enterprises to set up HIV committees made up of employer and union representatives. These committees are responsible for HIV education in the workplace, dissemination of information, referral of workers who are HIV-positive to appropriate services and ensuring there is no form of discrimination towards them.

Inspectors from the Department of Occupational Safety and Health will work with managers and workers to support the implementation of the *prakas* at the enterprise level. A number of labour and factory inspectors have received training from SHARE to build capacity for this new role.

Among the countries collaborating with SHARE, six have adopted legal instruments addressing specifically HIV in the workplace.

Linking with labour inspectors and health-at-work agents to reach enterprises in Burkina Faso

In the West African country of Burkina Faso, SHARE has made training of government labour inspectors and health-at-work agents a priority from the start. Following sessions on the ILO code of practice and behaviour change communication, the officials are equipped to work closely with SHARE's partner enterprises, helping them to roll out their response to HIV.

The *Office de Santé des travailleurs* (OST), which oversees the health-at-work agents, is represented on SHARE's PAB. Sustainability schemes are designed with its collaboration, as it will play an important role in addressing HIV issues in all enterprises in Burkina Faso when the ILO's involvement ends. Each health-at-work agent or labour inspector visits at least 63 enterprises per year.

SHARE has trained close 4,000 government officials worldwide – including labour inspectors and judges – on HIV workplace issues.



Mobilizing the private sector: Employers and their organizations

“From the employer’s point of view, it is overwhelming to note that ILO can come in to support the initiative that would have been the employers’ responsibility. Our main challenge is to build capacity for the sustainability of the fight against HIV/AIDS at the workplace and would appreciate further if ILO comes up with more training programmes”.

Fadson Mandala, Manager of Satemwa Tea Estate, Sri Lanka

The ILO works closely with employers’ organizations as representative bodies that can influence and provide links with a wider membership of enterprises. In partnership with SHARE the business community has taken the lead in pioneering many new approaches to tackling HIV. Getting the private sector on board is vital if HIV programmes are to be taken up and work effectively at enterprise level. Experience from SHARE programmes around the world shows that when presented with information about HIV, most employers can see it is cost-effective to protect their workers.

Cost–benefit assessment tool and guidelines from the Indonesia Employers’ Association

The Indonesia Employers’ Association has developed a series of tools to advocate HIV prevention programmes among its members in collaboration with SHARE. The first is a cost–benefit analysis comparing the advantages of HIV interventions against the disadvantages of taking no action. This has become a powerful method of persuasion as it promotes HIV workplace programmes in terms that businesses accept.

The association has also developed a set of guidelines to help employers implement HIV programmes in the

workplace. The material is organized to fit into the remit of a specific department which then knows its role in the HIV workplace programme. For instance, during recruitment and selection there should be no HIV screening for candidates; departments covering compensation and benefits need to consider reasonable accommodation to provide treatment and care to HIV-positive employees; training and development sections should ensure continuous education about HIV prevention and behaviour change, while industrial relations departments focus on social dialogue for a workplace policy.

The Asia Pacific Business Coalition has expressed interest in adapting both materials for its own use.

A business coalition with a difference in Sri Lanka

A highlight at the 8th International Congress on AIDS in Asia and the Pacific (ICAAP) was the launch of the Sri Lanka Business Coalition on HIV/AIDS, which was initiated by the Standard Chartered Bank. The ILO, with other partners including the Employers’ Federation of Ceylon, the Ceylon Chamber of Commerce and the trade unions, partnered this initiative.

Building on the tripartite response to HIV put in place with the support of the SHARE project in Sri Lanka, an important feature of the coalition is the inclusion of the Ministry of Labour and the trade union representatives as key members of the Steering Committee of the new coalition. Their involvement will ensure coordination and greater mobilization of the world of work actors in the country.

As stated in its pledge, the coalition aims to:

- Increase the number and diversity of companies committed to responding to the HIV epidemic.
- Increase business action against HIV with emphasis on each company implementing its own HIV workplace policies and programmes in collaboration with workers and their organizations.
- Utilize existing expertise in the National STD/AIDS Control Programme of the Ministry of Health, the guidelines provided within the *ILO Code of Practice on HIV/AIDS and the world of work* and other advisory organizations in Sri Lanka.
- Enhance and facilitate the use of companies' core competencies, products and services with the main emphasis being on prevention.
- Use business power to provide advocacy and leadership among key stakeholders.

Supporting new investors in Barbados

The AIDS Foundation of Barbados (AFBI) is a business coalition responsible for coordinating the private sector response to HIV/AIDS in Barbados. It comprises leading business executives and

representatives from the Barbados Workers' Union and the National HIV/AIDS Commission. The AFBI acts as an arm to the Barbados Employers' Confederation in helping workplaces to develop and implement HIV/AIDS policies and programmes.

The AFBI has demonstrated that business leaders can play a vital role in mobilizing funding and political support. In March 2007 it held a high-profile summit to raise funds for workplace HIV programmes and to promote public-private partnerships in HIV prevention, VCT and provision of care and support to PLHIV.



Colin Brewer, President of the AIDS Foundation, the Honourable Owen Arthur, Prime Minister of Barbados Orlando Scott, Senior Assistant to the General Secretary of the Barbados Workers' Union

The event was very well attended by chief executives (CEOs) and senior staff, together with the US Ambassador. The summit organizers were assisted by the SHARE project, and the Barbados Employers' Confederation, and the Barbados Workers' Union pledged support. The Prime Minister of Barbados announced a willingness on the part of government to provide tax and other fiscal incentives to encourage private initiatives in support of HIV work.



The companies present pledged a total of US\$150,000 to the AIDS Foundation for the next three years, in cash and in kind. The funding is to build the capacity of the foundation to support investor companies in HIV workplace initiatives, and to sustain workplace programmes initiated by the AIDS Foundation with SHARE.

Management gets tough on discrimination in Swaziland

In Swaziland, the Super Spar chain has worked with SHARE to develop an HIV workplace policy and programme for its 600 staff that ensures confidentiality, creates an enabling environment for disclosure of HIV status and provides reasonable accommodation for workers living with HIV.

As proof of its commitment to this policy and its employees, Super Spar management recently gave a final written warning to a supervisor who disclosed the HIV status of two workers. “This was a huge message that the company’s policy is not just a piece of paper and employees are now more open about their status because they feel they are supported,” says Khombi Nkonde, SHARE NPC for Swaziland.

The company has an active HIV workplace committee with participation from workers and managers up to the highest level. A behaviour change communication programme has been developed and staff can go for medical appointments during work time. Super Spar peer educators visit sick workers with food parcels and help them access ARV.

Business leaders stand tall for World Aids Day in Nepal

In Nepal CEOs of SHARE partner enterprises, together with the Chairperson of the Federation of Nepalese Chambers of Commerce and Industry (FNCCI), appeared on a billboard set up in the capital city Kathmandu to mark World AIDS Day.

The hoarding stressed that HIV is a workplace issue and assured the public that the CEOs featured did not discriminate against HIV-positive people at their workplace. The billboard motivated workers and



Kathmandu, World AIDS Day 2006

managers at the enterprises concerned, and encouraged others to recognize HIV as a workplace issue. It was sponsored by SHARE partner enterprises and the Nepal Ministry of Health.

Using powerful networks: Workers and their organizations

“We are committed to working with our members to educate, involve and mobilize them to take on this challenge... They must not sit back and wait for others to do it or for others to lead. Our efforts, of course, are only part of the solution to this global crisis and must be a powerful force for change. It is, literally, a matter of life and death.”

Guy Ryder, General Secretary, International Trade Union Confederation (ITUC)

Workers and their families, workplaces and communities that depend on them are bearing the brunt of the HIV/AIDS epidemic. But those most directly affected, workers and their organizations are among the best able to respond effectively. Nationally and internationally, trade unions are able to mobilize extensive networks of members, negotiate workplace agreement, make use of experience in education and training and build on their influence in the community and with government. Trade union leaders play a crucial role in building the confidence of workers in HIV/AIDS policy and programmes by being involved in their implementation.

Making it work in South Africa – trade unions lead the way

In South Africa SHARE is working closely with the two important trade union federations, which between them have a total paid-up membership of nearly three million people. “We have been engaged with them since 2005 through numerous capacity-building ventures to mitigate the effects of HIV,” explains Joseph Motsepe, SHARE NPC for South Africa.

Working with COSATU (Congress of South African Trade Unions) and SACOTU (South African

Confederation of Trade Unions), SHARE has facilitated the development of HIV policies and the roll-out of action plans, including behaviour change programmes, and enhanced peer education networks, to tackle HIV in the workplace. “The unions were already working on HIV, but we had a slightly different approach which emphasized the importance of policy and programme development,” says Motsepe.

SHARE has encouraged and supported the role of unions in its work with enterprises, stressing to management the importance of working together. “Sometimes managers need to be persuaded and they ask me, ‘How are shop stewards in tune with HIV?’” says Motsepe. “We explain that the unions already have their own HIV policies and that the shop stewards have been trained in key issues such as stigma and discrimination, mistreatment of staff with HIV and unfair dismissal. They are going to help implement the company’s programme and to see that it works.”

HIV trade union policies in Cambodia

Trade unions recognize the impact that HIV has on their members and increasingly see that they are in an ideal position to help in the fight against HIV in the workplace. Union leaders and members were involved



Din Veasna, President, Angkor Preservation Workers Trade Union

in the ILO programme in Cambodia from the beginning, and received training from the project on HIV in the workplace as well as policy development. With financial and technical support from the ILO, a working group of inter-trade unions went on to develop a policy on the prevention and management of HIV/AIDS in the workplace in Cambodia.

The policy was adopted by the Cambodian Confederation of Trade Unions (CCTU) and the Cambodian Labour Confederation (CLC) in May 2006. The objective of the policy is to provide a set of guidelines to address the HIV epidemic in workers' organizations. Key areas are the prevention of HIV, mitigation of the impact of HIV on trade union members and their families, care and support of members who are living with HIV and the elimination of stigma and discrimination. A separate policy was endorsed by the Cambodian Construction Workers Trade Union Federation (CCTUF) in 2006 and the

National Union Alliance Chamber of Cambodia (NACC) also endorsed its own policy in 2007.

The SHARE project supported the printing of 8,000 copies of this policy for both confederations, the CCTUF and NACC to distribute to their leaders and members.

One of the trade unions, the Angkor Preservation Workers Trade Union, affiliated to the CCTUF, successfully incorporated HIV education and prevention into its collective bargaining agreement with its employers. The union leader Din Veasna said, "This was no easy task, but I am extremely pleased that it has been achieved as it will provide HIV education for our members as well as prevent discrimination against those who are HIV-positive."

Integrating HIV in collective bargaining agreements in Russia

In Russia the SHARE programme works very closely with trade unions as they have the closest and most effective links to the workforce.

Moscow region's Union Council provided great support to the project in advocating HIV prevention programmes and promoting healthy lifestyles. The project carried out a series of training sessions related to HIV for the union's member organizations, including youth committees and the Transport Workers Union.

Project trainers started with role-plays and videos targeting discrimination in general and encouraged the audience to see the problem more personally. They

discussed ways in which union leaders could handle the situation of an HIV-positive worker, and the role trade unions can play in preventing the spread of the epidemic.

Good anchors for sustainability have been put in place as the Murmansk Unions Council, have included HIV/AIDS workplace issues into their Educational Center curricula in 2007.

Igor Belozerov, HIV focal point at a pilot enterprise and also a union leader, made a proposal at the general committee of the Transport Workers Union in the Moscow region, to include additional paragraphs on HIV in collective bargaining agreements. The proposal was approved unanimously and 52 transport enterprises (employing a total of more than 27,000 workers) now have a legal document to support them in their HIV activities.

SHARE provided the unions with 500 copies of the ILO code of practice and also gave support and professional advice about HIV workplace policy development.



Yury Savakov, Deputy Chairperson, Murmansk Region Unions Council



Making
change
happen



Behaviour change communication for the workplace

“With the technical assistance of the ILO, we carefully examined our target audiences, their current behaviours, barriers to change, enabling factors and perceived benefits. We discussed behaviour change communication objectives, the content of effective messages and the most effective channels to disseminate the information. With this in view, we then sought to determine customized approaches for the staff at Purity Bakeries. Peer education was the next phase and six people (three males and three females) from among the various levels of staff undertook the SHARE project training to be equipped for this task.”

Judy Branch, HIV/AIDS Focal Point, Purity Bakeries, Barbados

Behaviour change programmes are an essential and central element in enterprise-level initiatives within SHARE. Many workers do not know enough about HIV to protect themselves, while others do know but still do not change their behaviour to reduce the risk of infection.

Behaviour change is a form of participatory education that encourages people to understand their own attitudes to HIV, assess their own risk, and motivate them to change behaviour. The programme uses targeted messages and approaches and is implemented through a system of peer education. This is based on the idea that individuals are most likely to change their behaviour if people they know and trust persuade them to do so. Peer educators are informal leaders who come from the group that is being targeted and are specially trained with the necessary skills to do their job.

Workers might be more vulnerable to HIV/AIDS because of their profile and working conditions. Both high income and low wages may put them at risk of

getting involved in transactional sex. Some may spend time away from family. In some workplace locations where leisure facilities are limited and stress levels are high, workers are often drinking alcohol without realizing that it might be a risk factor of contracting HIV because their judgment is affected. These are only a few examples of how the nature of their professional occupation has an impact on the behaviour of individuals.

This also explains why the workplace, where most of us spend the majority of our time, is an effective entry point for personalized behaviour change programmes.

To help shape a workplace behaviour change programme, the SHARE team works closely with the partner enterprise to get a better understanding of the knowledge, attitudes and practices of workers and managers towards HIV. Data is collected from individual interviews and focus group discussions and the findings form the basis of a strategy to tackle HIV in that workplace.

Reaching remote safari camps in the Okavango Delta

Desert and Delta Safaris is a tour company operating in the Okavango Delta in Botswana, where it has four luxury camps and employs about 300 staff. In a country with a high HIV prevalence, the company is concerned about how to protect and help its workers. The tourist industry in this area faces particular problems because employees live in remote camps separated from their partners for three-month periods and this often leads to other relationships. The camps can only be reached by small chartered aircraft, making it difficult to access health care and other social services.

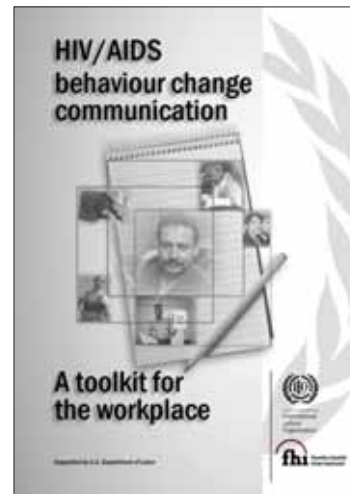
In 2004, Desert and Delta Safaris started working with SHARE and a staff member, Munihang Limbo, attended training about the ILO code of practice and the ILO's behaviour change methodology. As a result he was instrumental in the development of the company's HIV policy and programme and their adoption by both management and employees.

Limbo is now HIV coordinator for the company and leads a group of fourteen peer educators and seven lay counsellors who live in the four camps. They provide information and counselling to the staff and there is a regular supply of condoms in the workplace, guest rooms and staff houses. The programme also reaches out to guests. "Because these camps can only accommodate a low volume of visitors, it is quite easy to build rapport with guests," says Limbo. "Tourists are not only interested in the wildlife but also in the livelihood of the communities. We discuss a lot of social issues including HIV and we learn a lot from them just as they learn from us."

A combination of Limbo's leadership, top management support and employee commitment means the programme is performing very well. Almost all staff members know their HIV status. While the national uptake of VCT stands at 51%, 98% of Desert and Delta Safaris staff accessed HIV counselling and testing.

Finding the right words

To help the process along the ILO has developed a toolkit in collaboration with Family Health International (FHI), which explains step by step how to implement a behaviour change programme according to different workplace situations. Participation of all workplace stakeholders is vital at every step to ensure sustainable change in attitudes and behaviour.



Creating tailored messages and using the most effective media channels are crucial for reaching workers and persuading them to change their behaviour. To be successful, the enterprise and SHARE work together strategically using the data collected, segmenting audiences and developing key messages.

This methodology leads to the development of customized and gender-sensitive messages targeted at workers with similar types of jobs, levels of income, habits, values and education levels.



Workers at PT Steel Pipes Indonesia using the towel with the mention "Sweat does not transmit HIV- Safe to use with PLWHA"

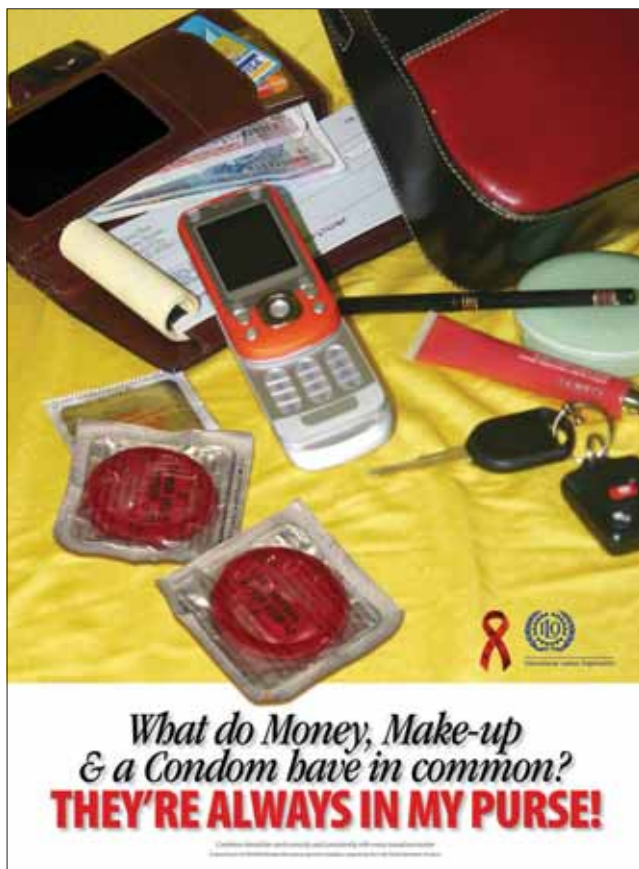
In East Java, Indonesia's second largest province, 40% of enterprises are involved in the steel and machinery industry. SHARE is working with PT Steel Pipes Indonesia (PT SPINDO), a steel pipe producer with 1,300 permanent workers and about 300 contract workers based in six factories spread across East Java and into Karawang district in West Java.

SHARE surveyed 150 male workers at the company and found high levels of stigmatization against those with HIV. Forty-two per cent will not work with an HIV-positive co-worker, 43% will not use the same toilet and 37% will not eat in the same cafeteria as someone with HIV. What's more, 31% will not share the same working space with a co-worker who is

HIV-positive. Focus group discussions also found that many myths and misunderstandings persisted about how HIV is transmitted.

Because the foundries are so hot to work in, the company provides a small towel to wipe away sweat and to use in the end-of-shift showers that most workers take before going home.

Working with a behaviour change expert from SHARE, PT SPINDO's HIV committee decided to use the towel to carry a positive message about HIV. The company printed, 'Sweat does not transmit HIV' and 'Safe to use with PLHIV' slogans on 1,300 towels that are now widely used by staff members.



This poster has been produced by a group of women working in the banking sector in Barbados in order to encourage women to carry condom and create a positive attitude around condom use.

In Belize, project stakeholders have been creative in identifying innovative channels to reach workers. Maids from the five hotels partnered with SHARE received a key ring with a message about consistent condom use. The maids use the keys all day to enter dozens of rooms to do their work, so the message is read repeatedly.

A mug with a message highlighting the benefits of using condoms has been distributed to all 130 workers from the Central Bank in Belize City. The message stimulates discussions about condom use during coffee breaks.



A mug used by workers from the banking sector in Belize

A comprehensive approach

In addition to well-targeted messages, HIV/AIDS workplace programmes need to be complete to support behaviour change. The most important elements are to have strong management backing and the active involvement of workers' representatives. The HIV/AIDS workplace programme may require many components including:

- A policy developed by managers and workers to address HIV employment-related discrimination followed by a wide dissemination.
- A referral system to access HIV/AIDS services including STI clinics, VCT facilities and access to treatment, care and support.
- A male and female condom promotion programme including means to improve access to condoms, demonstrations and training on condom negotiation skills.



Picking tea and condoms in Malawi

Satemwa Tea Estate is one of the oldest and biggest tea factories in the southern region of Malawi, with a workforce of 2,900 people. With high levels of absenteeism, management was very keen to do something about HIV, but did not know how to make a start. The ILO began discussions with the company and ran a training programme for staff identified to be focal points in each division. Many issues came up in the workshops and as a result HIV committees have been set up and the first draft of an HIV policy has been developed for the company.

Management is already using this draft to start implementing HIV programmes and staff are getting information about the importance of prevention, particularly the use of condoms. Supervisors pass on messages about HIV during working hours, either while they are monitoring the tea picking or before work, when employees gather for the distribution of tasks for the day.

Satemwa has developed a condom strategy called *tolani nokha* (help yourself): supplies of condoms are left at reception and staff help themselves. "Now we don't need to go to the clinic and request a condom, we just pass through the reception and help ourselves and we are not

ashamed," explains one of the many workers who are benefiting. The company has also developed a list of HIV services available locally, in response to requests from workers.



A worker at Satemwa Tea Estate picking a pack of condoms from the tolani nokha box placed at reception.

- A prevention programme using the peer education system as a means to support behaviour change: to reduce the number of partners, use condoms, treat STIs and prevent mother-to-child transmission, among others.
- A 'know your status' campaign to promote the benefits of VCT.
- A series of testimonies from PLHIV to sensitize workers to the reality of being HIV-positive and ensure a better working environment, free of stigma.
- A communication campaign involving the wide dissemination of key messages adapted to each group of workers using a number of channels (theatre play, posters, video, leaflet, intranet, payslip, workplace billboards, etc.).
- The integration of HIV/AIDS into current enterprise activities including the health and safety committee, staff and union meetings, the enterprise newsletter and special events (Family Day, World AIDS Day, Labour Day and other social events).

Peer educators: Helping co-workers change behaviour

The system of peer education is one of the most effective ways of delivering HIV education and changing behaviour. Peer educators are volunteers who are willing to become involved in the workplace HIV programme, and have the respect and persuasive skills to do the job well. Their peer education role is in addition to their job and they receive intensive training during work hours from SHARE project staff.

Peer educators should not have a hierarchical relationship (the power to hire and fire) within the work group they are responsible for. When they are selected, SHARE recommends that the enterprise considers gender, staff categories and shift work times to make sure all sections of the workforce are covered and that one peer educator be responsible for approximately 30 workers.

Most peer educators report to the enterprise HIV committee and agree specific times with their employers for conducting peer education activities during working hours. They are available to colleagues to answer questions, to direct them to available HIV services and to lead discussions on HIV-related issues. The idea is to make peer education part of the workers' routine, integrating it into their usual activities so that questions can be asked naturally when employees need to know.

SHARE peer educators do more than provide information about HIV and its means of protection. They are trained to support their colleagues in the behaviour change process.



Peer educator kit developed by SHARE in Ghana.

In Nepal peer educators are working at a drop-in centre for transport workers set up by SHARE in collaboration with a local non-governmental organization (NGO). It is located at a major bus terminal where informal operators get together between rides.



Transport workers playing the HIV board game in Kathmandu.



The peer educators work on a rotational basis with a coordinator, and spend their time chatting informally with workers about HIV. Information is provided on STI and VCT services; condoms and reading materials are available in local languages and there is a non-stop video about HIV running. A board game is also available, specifically designed to help workers find out more about HIV in a less formal way.

In Ethiopia, the project's efforts in training peer educators are beginning to pay dividends along unanticipated fronts. At the initiative of peer educators at the Gihon Hotel Chain (one of the SHARE partner enterprises), staff members have established an 'Enterprise AIDS Fund', used to promote VCT among

colleagues as well as providing nutritional support for employees on ARV. To date, 15 employees have benefited from the fund. Simultaneously, the training of peer educators is contributing to capacity building at the national level. Six trainers of peer educators, who were initially used solely to train peer educators at SHARE partner enterprises, now constitute a core group of trainers being employed by other agencies as resource persons for HIV/AIDS workplace peer education activities.

To date, approximately 5,000 peer educators are actively involved in the 650 enterprises partnering with SHARE worldwide.

Making waves in Jamaica's hair salons

Jamaica's National Association of Hairdressers and Cosmetologists (NAHC) is very active and keen to do what it can to support its members in the fight against HIV. The workplace response is coordinated by the HIV Committee of the NAHC, led by the president Imogene Todd-Watson.

With training and support from SHARE, the NAHC has sensitized 90 per cent of its 500 members and helped hundreds of salon owners nationwide to share information and support behaviour change with clients and staff in response to the epidemic.

Carolyn Flowers-Smith, a salon owner in the Jamaican capital Kingston was trained as a peer educator in 2006 along with four other members of the NAHC's HIV Committee. Since then, she has initiated a peer education programme in her salon where she sees about 50 clients weekly and actively sensitizes most of them. She helps them to assess their personal risk, sharing basic facts on HIV, providing printed materials and putting up posters in her salon.

"The training impacted enormously on me. I am now more knowledgeable about the issues around HIV and this has helped me to share more accurate information with family, friends, clients and workers," says cosmetologist Vanessa Hayles, another member of the NAHC.

Lessons learned from SHARE pioneer countries



Growing up in India

"In keeping with our vision of providing stakeholder value, our HIV/AIDS awareness programmes for our employees, the community and the trucking community is continuously looking to spread awareness among a larger group of people, thereby making a difference to India's health and economy."

Neeraj Kanwar, Joint Managing Director and Chief Operating Officer, Apollo Tyres



Big corporate groups in India have the potential to extend HIV programmes beyond their direct employees and families, to contractual workers, associates, partners and the companies in their supply chain. To tap into this potential, SHARE India has been carrying out advocacy work with large corporate houses to persuade them to scale up enterprise-based interventions.

The project has formal agreements with 11 corporate groups that cover about 122,591 workers in 150 locations across the country. Nine of them have developed HIV policies and one has a draft policy. The ILO has trained 353 staff members as master trainers and provided them with materials.

Even if the number of people currently living with the virus is currently lower than what was predicted, the HIV epidemic in India affects a significant number of individuals. UNAIDS reports that approximately 2.5 million people were living with HIV in India at the end of 2006.

The ILO/USDOL project in India was the first of its kind. The SHARE project in India started up in 2001 and since then has established a solid foundation. Starting with US\$413,117 provided by the USDOL, the project has now received a total of US\$2 million from USDOL.

Originally focusing on the states of Madhya Pradesh, Jharkhand and West Bengal, the project expanded in 2005 to include Delhi and Goa, where it offered assistance to the State AIDS Control Societies (SACS) and developed enterprise-based interventions.

| An overview of enterprise-based work at the state level | | | |
|---|-------------|----------------|------------------|
| State | Enterprises | workforce | Trainers trained |
| Madhya Pradesh | 22 | 33,261 | 481 |
| Jharkhand | 14 | 83,825 | 856 |
| West Bengal | 19 | 51,479 | 635 |
| Goa | 9 | 15,657 | 265 |
| Delhi | 3 | 29,200 | 56 |
| Total | 67 | 213,422 | 2,293 |

In addition, the project received additional contributions of US\$330,000 in 2006 and 2007 from PEPFAR. As the UN's lead agency for workplace interventions and private sector mobilization, the ILO also received US\$300,000 from the UNAIDS Programme Accelerated Funds.

Jagdish Pal Singh, Additional Secretary at the Ministry of Labour and Employment, recognizes that "...for advocacy and awareness raising, the efforts of the project have really been laudable and the response observed at the level of the stakeholders and corporate houses was a reflection of this."

With its current budget the project will continue until 2009. It has developed a long-term strategy to effectively integrate workplace interventions in the third phase of India's National AIDS Control Programme (NACP-III), which has recently started.

The project strategy of direct intervention at state level has been revised in view of the needs of NACP-III and recommendations from the project midterm

assessment. In order to empower and build capacity in national institutions, rather than intervening directly, the project plans to work through the SACS, to provide technical assistance.

Contributing to the national policy framework and its implementation

The Government of India adopted an HIV/AIDS policy in 2000 that included specific reference to the organized and unorganized sectors of the workforce. The *ILO Code of Practice on HIV/AIDS and the world of work* has been endorsed and recommended by the National AIDS Control Organization (NACO). SHARE helped the Indian Ministry of Labour and Employment (MOLE) and NACO to draft the National Policy on HIV/AIDS and the World of Work. The draft policy was discussed and endorsed by a task group set up by NACO, then circulated by MOLE to key stakeholders for their final comments and finally submitted to cabinet for approval.

In addition, MOLE has issued a circular to all state labour departments providing them with guidelines on mainstreaming HIV in their activities. The ILO has helped the two key institutions under the auspices of MOLE (the VV Giri National Labour Institute and the Central Board for Workers Education), to develop their work plans to mainstream HIV in their activities.

As a result, the National Labour Institute has set up an HIV cell, integrated an HIV module in all its training programmes and developed training materials for trade unions and labour administrators. The institute has conducted specific training programmes for MOLE officials, trade unions and labour administrators.



Tapping into workers' education network

Using the Central Board for Workers' Education (CBWE), MOLE has been able to bring HIV education to a very wide audience, including rural and informal economy workers who are often hard to reach. The CBWE has the mandate to educate workers on various subjects including quality of life, empowerment of the unorganized sector, increased productivity and participative management. The CBWE works through a network of 263 education officers who make contact with some 300,000 workers every year in urban and rural locations.

Considering the wide reach of the CBWE, the ministry felt it could make a real impact in extending HIV education to this audience. The CBWE has very experienced education officers who received training about HIV through a well-structured programme, and were then able to include HIV modules in their workers' education programmes. HIV education has been mainstreamed in ongoing programmes to reach workers on a regular basis over the long term. The entire approach was very cost-effective. The CBWE sought technical and financial assistance from the ILO to develop a resource manual for CBWE education officers on HIV/AIDS; it organized 'training of trainers' programmes at regional levels and developed a set of communication materials.

Covering the supply chain

Apollo Tyres Limited (ATL) is a young, dynamic organization with manufacturing and sales operations in India and South Africa. Apollo started its HIV



Apollo Tyres is one of the partner enterprises working with the SHARE project in India.

programme working with truck drivers, and then initiated a comprehensive workplace programme in partnership with the ILO India project that covers its 7,000 employees in four locations.

The company uses a network of volunteers who are trained as HIV peer educators and master trainers to roll out the programme with colleagues. In recognition of their contribution, they are known as 'champions of the cause'.

Apollo is now helping to initiate HIV programmes among companies in its supply chain, targeting small and medium-sized business partners. It began by setting up a sensitization workshop for all its suppliers, letting them know it had included issues related to HIV in its code of ethics. Compliance with the code is a key criterion for Apollo when selecting supply chain companies. As a follow-up to the advocacy event, it is targeting eight companies a year to set up workplace programmes, with the help of its master trainers. Apollo plans to expand its HIV initiatives to involve 4,500 retailers across India through its 120 sales offices.



Informal workers from the agricultural sector

Unions helping workers in the informal economy

The ILO helped to develop the *Joint Statement of Commitment on HIV/AIDS of the Central Trade Unions in India*, launched on 30 August 2007. The document contains practical guidelines for trade union action on HIV.

Ardhendu Dakshi, secretary to the Centre of Indian Trade Unions (CITU), explains that “HIV/AIDS is gradually emerging as a priority issue for the trade unions, and the ILO project has played a key role in this.”

About 150 trade union leaders have received HIV training from the ILO at central and state level.



SHARE has supported three pilot interventions implemented by the trade unions for workers in the informal economy covering a total of 8,600 people:

- Hind Mazdoor Sabha is implementing an HIV preventive education project with 3,000 migrant workers from 20 villages in Jharkhand, and around 1,000 workers including coolies, rickshaw pullers and railway employees in Haridwar, Uttar Pradesh State.
- The Center of Indian Trade Unions (CITU) is running HIV programmes with 4,000 mine workers in Jharkhand and West Bengal.
- The Indian National Trade Union Congress is working with 600 coolies (porters) and their families in Hyderabad using HIV peer educators drawn from among the workers.

Collaboration with PLHIV

The project is working in partnership with the Indian Network of People Living with HIV/AIDS (INP+) to promote workplace advocacy and the reduction of stigma and discrimination. It has supported INP+ by reprinting ILO posters in five regional languages. The

project has facilitated the setting up of new networks of PLHIV in Madhya Pradesh and Jharkhand states.

The ILO has also provided training in workplace advocacy and income generation skills for networks of PLHIV. “While the positive networks have received training from many sources, the ILO provided a different flavour to the training, a workplace flavour! Eliminating workplace discrimination is very important to PLHIV,” said K.K. Abraham, President of INP+.

A total of 112 PLHIV from different regions were trained to conduct ‘HIV/AIDS Workplace Advocacy’ programmes and to facilitate the development of state-level plans to conduct advocacy sessions with different workplace stakeholders. The trained PLHIV were also involved in all sensitization and training programmes held with the constituents. The feedback was very encouraging as many of the participants were able to meet and interact with someone living with HIV and as a result were convinced that it is possible to have HIV and still be productive at work.

The project has helped PLHIV to enrol in the ILO’s livelihood programmes including skills development and entrepreneurship training.

Ministry of Labour takes over the programme in Belize

“It will not be an overnight process, but Belize will overcome the HIV epidemic and achieve success, due in no small part to the seeds that the ILO/USDOL Workplace Education Programme has planted and nurtured.”

Dolores Balderamos Garcia, Executive Chairperson, National AIDS Commission, Belize



When Eric's family found out he had HIV they threatened to throw him out of the house. “It is very painful to be rejected by your family because you are HIV-positive, it makes it hard to go on,” he says. But help came from an unexpected quarter as his employer, the Belize City Council, had set up an HIV unit and this gave Eric the courage to disclose his status and seek the information and support he needed.

“The unit staff treated me in a warm and caring manner which made me feel confident,” he says. “Before the council set up this unit I thought that HIV was the end of my life, but now I realize that I can live fully even with HIV.”

The first case of HIV was recorded in Belize in 1986, and 2.4% of Belize's adult population is now infected (AIDS epidemic update, UNAIDS, 2006). The country has the highest prevalence in Central America, with the Stann Creek and Belize districts worst affected, and the majority of HIV cases found in the 15–49 age group. There is widespread stigma and discrimination towards HIV in Belize, reinforced by a culture that is reticent about discussing sex and where religious beliefs do not encourage condom use.

With a small population of only 289,875 and a fragile economy, Belize is deeply concerned about the impact of the epidemic, but until recently lack of capacity and know-how hindered an effective response in the world of work.

In 2003 the ILO and USDOL set up the first project to systematically target the country's working population to protect it from the impact of HIV, with a three-year budget of US\$452,518. Belize City Council is one of 18 workplaces to become involved in the HIV workplace education programme, which is active in five targeted



sectors and reaches 4,614 workers. Many of these are migrants from neighbouring countries who join Belize's own ethnically diverse population.

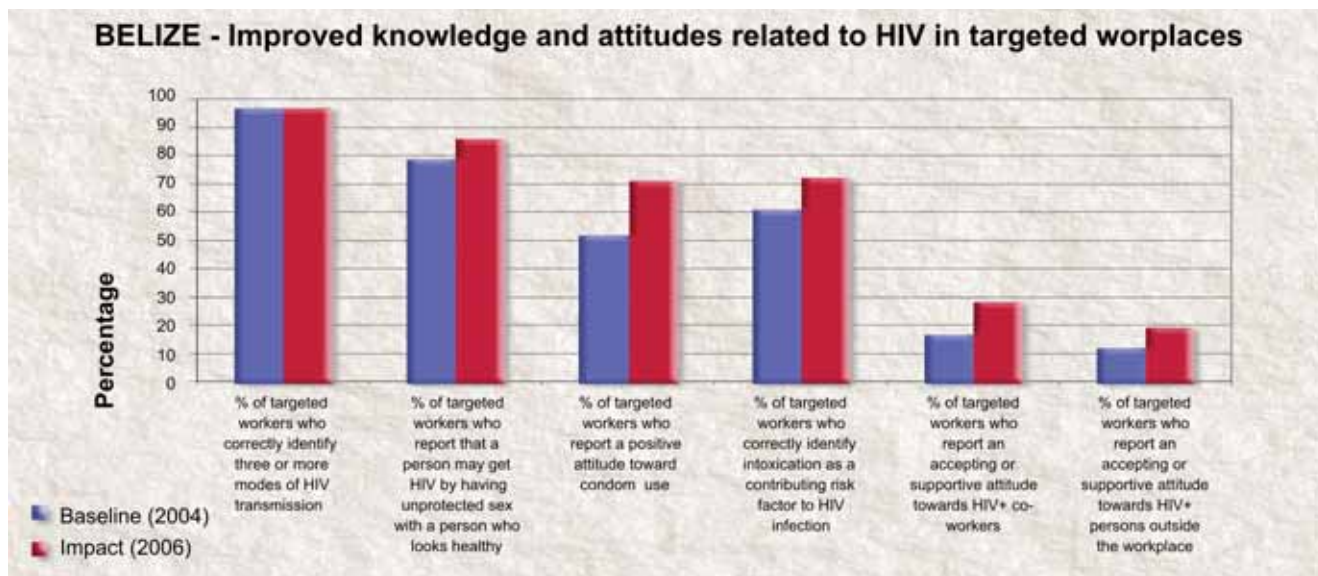
Working in partnership with government, and employers' and workers' organizations, the project has made considerable progress. At a national level it was responsible for spearheading the development of a national workplace policy on HIV adopted by the Belize Government in 2005. It also helped formulate the workplace components of Belize's National Policy on HIV/AIDS, adopted at the same time. Both seek to protect workers' rights and to reduce levels of discrimination.

At enterprise level, the project had an entry point to some companies through a recent occupational health and safety programme funded by the USDOL and the Ministry of Labour. These enterprises were already sensitized to health at work issues and able to incorporate HIV into existing initiatives. In total, 14 enterprises have set up HIV committees in the workplace and 12 have developed HIV policies, in progress awaiting official endorsement. All of the policies address anti-discrimination and prevention activities, and include peer education, condom distribution and referral information for STIs, VCT services and treatment.

| Sector | Number of enterprises | Number of workers |
|-----------------------|-----------------------|-------------------|
| Agriculture | 5 | 2371 |
| Service and utilities | 4 | 1176 |
| Banking | 1 | 141 |
| Sanitation | 3 | 621 |
| Tourism | 5 | 305 |
| Total | 18 | 4614 |

Training and capacity building has been a high priority to ensure the programme's sustainability. This has ranged from helping tripartite partners to assume leadership of the project, to building capacity at enterprise level to ensure sustained behaviour change towards HIV. Many key individuals have participated in workshops, including 69 peer educators and 40 focal points in enterprises, together with 70 members of employers' and workers' organizations. Mentoring schemes involving local NGOs have provided valuable support to enterprises and this is ongoing.

The project has worked with all partner enterprises to help develop a range of materials targeting key issues that put workers at risk. Surveys carried out at the beginning and end of the programme show that gradual behaviour changes have taken place among workers, including a more positive attitude towards condom use and a more accepting and supportive attitude towards PLHIV. While some of these changes may still seem small, they are significant in a climate where there is widespread stigma and discrimination towards HIV/AIDS.



Four years on, the foundations for a sustainable national workplace programme on HIV have been put in place, and the project is now being run by the Belize Ministry of Labour as the ILO’s involvement has ended. There is still much to be done – including a need for legislation to support national HIV policies – but the project’s interventions have shown that there is potential for action, and HIV is now widely recognized as a critical workplace issue in Belize.

Building on strong health and safety habits

Belize Electricity Limited (BEL) is the nation’s main power supplier employing 250 workers in 10 different locations around the country. The company already had a well-established occupational health and safety programme in place when approached by the ILO, and was open to integrating HIV education and risk

reduction in its ongoing activities. Being part of a broader health and safety approach makes HIV work more economically viable for the company, and may make it easier to encourage worker involvement.

Employees from BEL took part in the ILO project’s baseline survey in 2004 and this exposed HIV risk behaviours among its staff. The most significant were regular alcohol consumption among male employees; a highly mobile workforce away from home for long periods; and a negative attitude towards using condoms.

Using this information BEL took action to protect its staff. The company instigated a ‘no tolerance’ policy towards alcohol consumption on the premises and limited alcohol availability at company social gatherings. It also moved away from giving workers long assignments in the field by building institutional capacity beyond head office, and developing short stint rotation systems. Finally, condoms are now readily



This poster was developed with SHARE to target BEL technicians, establishing a parallel between health and safety procedures they follow on the job and their behaviour during leisure time.

available in the workplace and there is a back-up information campaign.

BEL has a network of peer educators and a wide range of HIV information and educational activities. The company offers financial incentives such as end-of-year bonus payments to boost staff participation in occupational health and safety programmes and events. BEL feels the HIV workplace education programme benefits everyone as the company achieves its productivity targets through lower staff turnover, less absenteeism and a return on capacity investment in staff. At the same time employees stay healthy and productive to the benefit of themselves and their families.

Management backing makes the difference

Citrus Products of Belize Limited (CPBL) is a large agro-business employing up to 400 workers on farms spread across Stann Creek District. The company joined the ILO/USDOL programme early on because it recognized that HIV could have a devastating effect on its workforce.

With close management involvement, CPBL has taken great care to create a responsive and effective peer education programme. Many employees are migrants from other Central American countries; they are particularly at risk from HIV because of language barriers and other problems associated with living away from home. To meet their particular needs HIV information is provided through Spanish-speaking peer educators, and education sessions use interactive techniques to make them as accessible as possible.

Twelve peer educators received training and are now active in the company. ILO surveys show that CPBL employees have a more positive attitude towards condom use and PLHIV. Among the SHARE partner workplaces in Belize, staff at CPBL showed the highest levels of awareness about their company's HIV/AIDS programme and policy.

To keep up the momentum the ILO has set up a mentoring scheme to put the peer educators in touch with local NGOs that work on HIV-related issues. "While the project provides comprehensive training to peer educators, unexpected problems do crop up along the way," explains Sheila Middleton, former NPC for Belize. "The mentoring scheme gives them access to local expertise from groups who will still be here after the project ends."

Constructing a solid legal and policy framework in Benin

"The sensitization efforts of this project about the impact of the pandemic on workers and on their families, the productivity of enterprises and the national economy, played a key role in the mobilization of the national actors."

Valentine Kiki-Médéan, Permanent-Secretary, National AIDS Committee, Benin



Key achievements in Benin include a National Tripartite Declaration on HIV/AIDS, a chapter on the workplace in the new law on the Prevention, Care and Support, and Control of HIV/AIDS together with the adoption of a general objective on the world of work in the new HIV/AIDS National Strategic Framework (2006–2010).

In Benin, the HIV prevalence among pregnant women visiting antenatal clinics in the country's larger cities rose from 0.3% in 1990 to 3.0% in 2003. At the end of 2006, UNAIDS

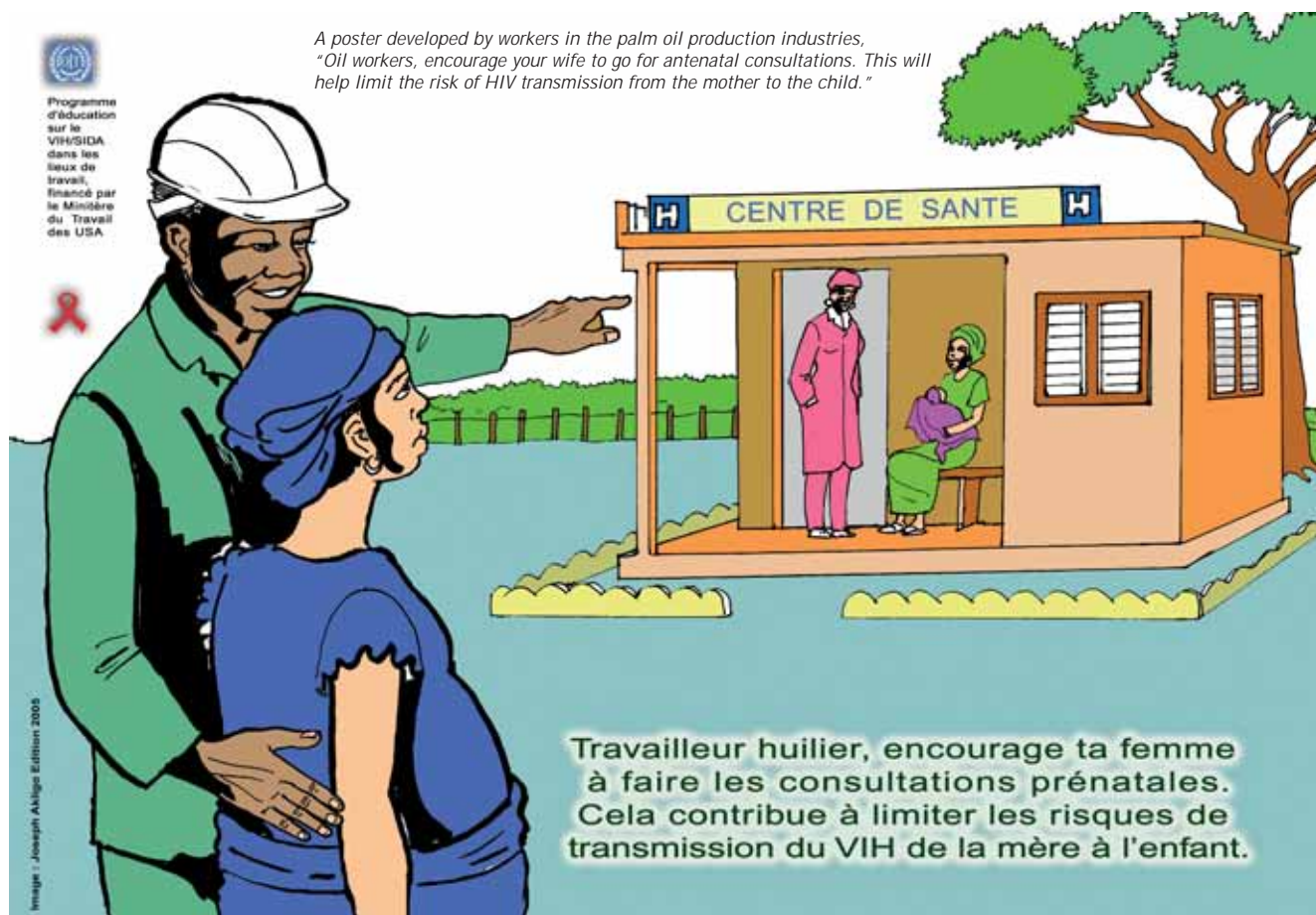
estimated that 87,000 people were living with HIV in Benin.

The ILO SHARE programme in Benin started in February 2004 and was extended with extra financial support from the USDOL to December 2006. Its

budget of US\$441,221 was increased by the ILO to fund a final consolidation period before the project was handed over in June 2007.

Sixty labour inspectors and staff members of the National Social Security Fund have been trained by SHARE, in addition to 14 judges, a number of members of the National Employers' Council (*Conseil du Patronat du Bénin*), the Council of Private Investors of Benin (*le Conseil des Investisseurs du Bénin*) as well as a number of officials from trade union federations. Overall more than 200 key national actors are now familiar with the ILO code of practice and national HIV workplace legislation and are better equipped to provide technical advice on addressing HIV in the world of work.

Nine enterprises from the construction, energy, cement and palm oil production sectors, together with a group of handcraft workers from the informal economy (*Centre d'artisanat de Cotonou*), now have an HIV policy based on the *ILO Code of Practice on HIV/AIDS and the world of work*. Quality HIV services have been developed in partnership with community-based providers, which include VCT, care and support, treatment, and prevention of mother-to-child transmission programmes. More than 4,500 workers and their family members have benefited from the workplace programmes implemented with the technical assistance of the project.



Reducing mother-to-child-transmission

Using the Behaviour Change Communication Toolkit for the Workplace produced by ILO and FHI (see page 27), the SHARE project has provided training and technical support for the development of tailored programmes and communication materials for all partner workplaces. Being involved in the development of their own strategy, employers and workers have the potential to manage it and make the necessary revisions over time.

A poster has been developed by male workers from palm oil production facilities to inform their co-workers about ways

of reducing the risks of mother-to-child transmission of HIV. Results of focus group discussions commissioned by the project showed that male workers were hesitant to encourage their wives to go for HIV testing, as they feared stigmatization. Also, workers often did not know that medication was available to avoid transmission of HIV to their child. The poster was backed by a peer education campaign about antenatal consultations, and VCT of both partners. The project set up links with local antenatal clinics and community-based services offering VCT.

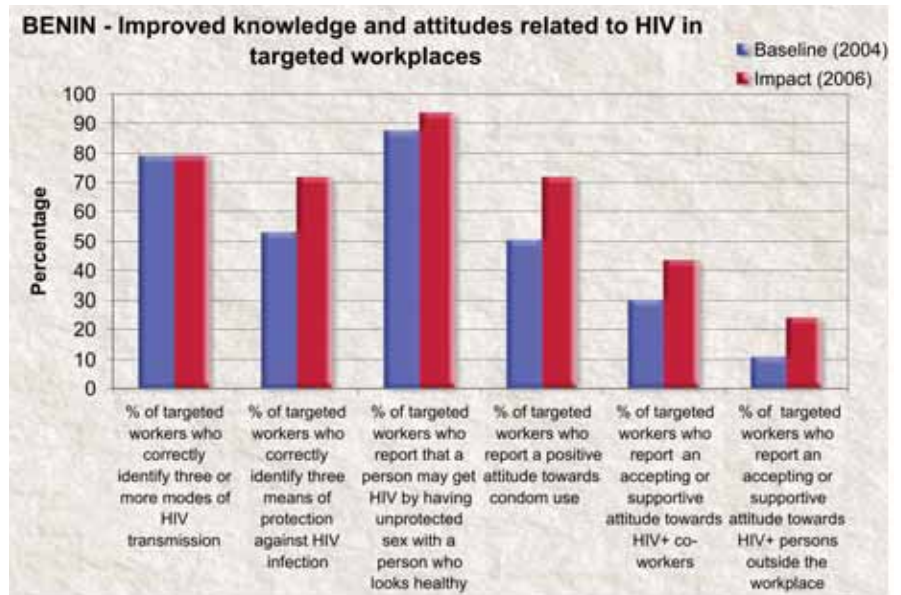
Working in synergy with other agencies involved in the HIV response in Benin, the project facilitated partnerships with the partner workplaces and the multisectoral HIV/AIDS programme financed by the World Bank. As a result, over US\$ 73 000 were allocated to the joint committees to finance activities included in their HIV programme.

The impact assessment carried out by SHARE at the end of 2006 reveals changes in behaviour on a number of indicators. The number of workers reporting a supportive attitude toward condom use increased by more than 20%, and workers demonstrating a positive attitude towards colleagues living with HIV increased by 13.3%.

As the ILO's involvement drew to a close, the SHARE project felt it was crucial to ensure continued capacity to support behaviour change and workplace interventions. Ten staff members from three different NGOs have been trained in behaviour change communication methods and issues related to HIV in the workplace, so they can offer ongoing assistance to SHARE's partner workplaces as well as to future enterprises.

Reaching beyond the workplace

Once HIV workplace policies and programmes were soundly established in the partner enterprises, the next step was to take the programme into the community.



Many companies organized sensitization sessions with informal vendors working nearby.

In the same vein, SHARE Benin has developed a card game used by peer educators to stimulate conversation about HIV issues, and this has been distributed to all the 4,700 workers reached by the project.

Antoine Bocco, a worker from the palm oil company *Complexe Oléagineux d'Agony* (CODA), explained how it has helped him talk about HIV with his children. "I brought home a card game from the plant called, 'To better understand HIV/AIDS and STI' and I dropped it on the kitchen table. My children started playing with it and I used the opportunity to discuss HIV and sexuality issues with them. As a parent benefiting from HIV education at my workplace, I was trying to find a good moment to help my family benefit from what I have learned and the card game gave me this opportunity."



Tripartite partners lead HIV workplace action in Cambodia

"It's important for women to know about HIV. We need to know how to protect ourselves because sometimes we do not know whether our husbands have other sexual partners or not."

Kim Leah, Peer Educator, Bakery section of the Hotel Cambodiana



Twenty-one-year-old Huong Vuthy could not find a job in the rural province of Cambodia where she lived so she decided to come and work in the capital city, Phnom Penh. She had heard about HIV before she came, but thought it was only something that 'bad people' got and wasn't her problem.

Since the first case of HIV was reported in the country in 1991, 94,000 people have died of HIV-related

causes. Remarkably, Cambodia has managed to reverse the trend and has seen a fall in adult prevalence rates, from 1.3% in 2003 to 0.9% in 2006 (AIDS epidemic update, UNAIDS, 2006); this is quite an achievement in a country that has emerged from over 20 years of violent conflict and which is still in the process of reconstruction. However, despite this success the Cambodian government is keen to sustain and accelerate the national response to prevent a resurgent epidemic. Almost half of new infections are among married women and while incidence has declined among brothel workers, levels are rising among 'indirect' sex workers.

Huong works in Cambodia's booming garment industry, which expanded rapidly in the mid-1990s and now employs an estimated 280,000 workers in over 200 factories. One out of five Cambodian women aged between 18 and 24 works in a garment factory; they are often single with low literacy levels, living away from their families and communities. Some supplement their income with second jobs at karaoke bars and restaurants.

The ILO's SHARE programme ran from May 2003 to August 2007 with a budget of US\$483,883. It operated in the capital city Phnom Penh and in Siem Reap province. SHARE worked with the garment factories, the hospitality industry and the informal construction sector, where male workers often spend long periods of

time based in camps away from home. In total 892 peer educators have been trained and 11,770 workers involved in a range of project activities in 15 workplaces.

At national level the programme supported significant initiatives through its work with the tripartite partners. Key among these was the development and drafting of ministerial guidelines (*prakas*) on HIV, which provide practical guidance for the implementation of national HIV legislation in the workplace. The project has trained 108 labour and factory inspectors who are responsible for making sure the *prakas* are implemented.

Four major Cambodian trade union confederations have developed their own HIV policies and 64 trade union HIV trainers have in turn mobilized 960 union members as peer educators who are implementing workplace programmes; the Cambodian Labour Confederation alone has 40,000 members mostly in the garment factories.

On the employers' side, the SHARE project has trained 81 members of employers' associations and supported the creation of the Cambodia Business Coalition on AIDS (CBCA) launched in late June 2007. The coalition will be pivotal in providing HIV education and services to workplaces in the future, consolidating and building on the ILO's project activities.

A final ILO survey comparing changes in knowledge, attitude and practice between 2004 and 2007 showed a more positive attitude towards carrying condoms, better understanding of how to use a condom and a decrease in sex with non-regular partners. A high percentage of workers reported an accepting and supportive attitude towards PLHIV.

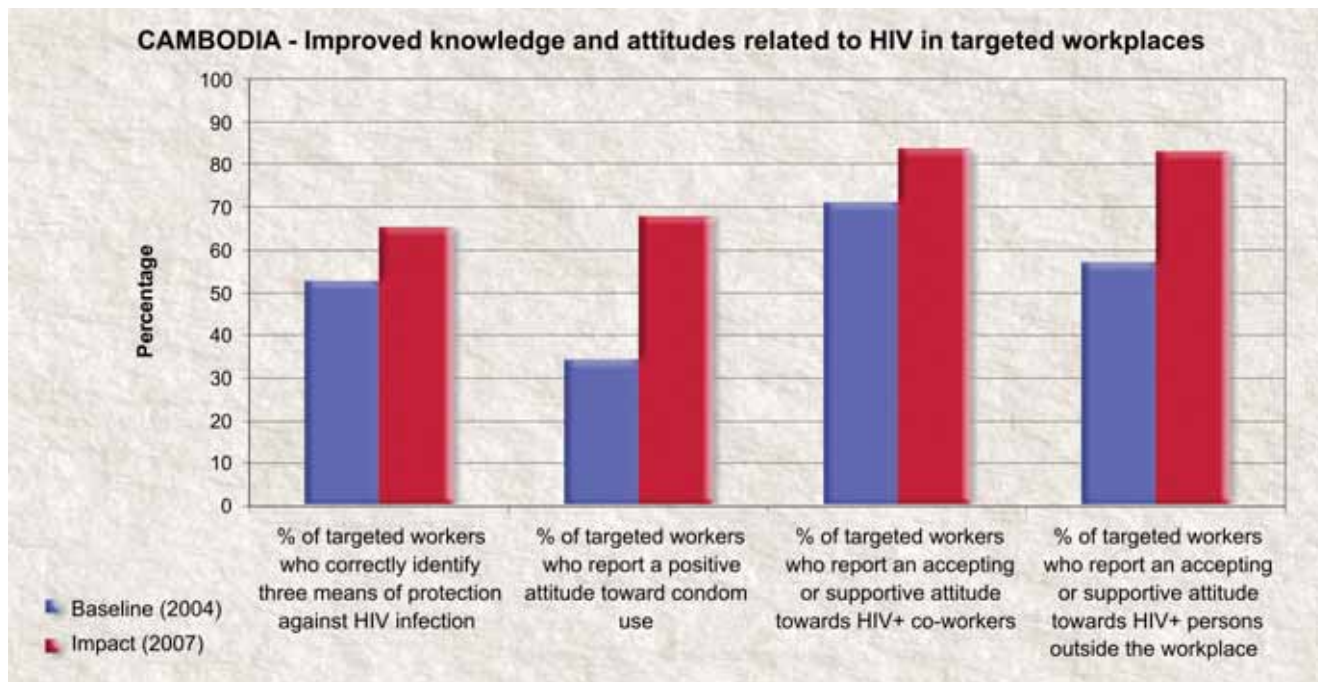
Protecting young workers

On arrival in Phnom Penh many young women discover that they cannot be considered for a job in one of the garment factories without a medical check-up. Their first port of call is a government health clinic where all workers must be examined before being given a health certificate attesting that they are fit to work. Concerned about the vulnerability of the young workers entering the labour market, the Department of Occupational Safety and Health (DoSH) decided to set up the 'Friendly Education Centre', which aims to provide HIV information while future workers are waiting to have their medical check-up.

Two educators from the DoSH visit the centre three times a week to provide information and advice about HIV prevention. There are plenty of visual and written materials available from the ILO and other organizations. The centre also shows videos about HIV while workers are waiting.



Construction workers at a temple renovation site in Siem Reap



The centre provides a valuable space for the young women to learn about HIV and the risks they may face. “I am here for a medical check-up so that I can apply for a job in a garment factory,” says one hopeful rural

migrant. “I have learnt more about HIV now by coming to this centre. I realize that it is important for me to learn about HIV so that I can protect myself. I also know now where I can go for other health services.”

Helping employers to accept PLHIV

Heng Sokrithy is 39 years old and has been living with HIV for over 10 years. He is Coordinator of the Cambodian People Living with HIV/AIDS Network and a member of the ILO’s PAB, which coordinates and oversees activities.

“This project has really created an enabling environment within the business sector for HIV education and the prevention of stigma and discrimination against people living with HIV and AIDS. The *prakas* have provided an important legal framework for the response at the

workplace. I’ve learned that compulsory HIV testing can no longer be demanded by companies. However, the real contribution of the programme is that it has helped employers understand and accept HIV-positive people. Through my involvement with the ILO I have built good relations with trade unions and employers’ organizations that have helped me advocate for PLHIV to continue working. The trade union policy will also really help to protect the jobs and rights of workers with HIV.”

Linking up with the informal economy in Ghana

"It is very important that we protect our workers and their communities – HIV is a serious problem. The ILO helped us with a workers' survey which showed that although employees understood there is a problem, they did not understand how HIV was transmitted or how to protect themselves."

David Lovely, Human Resources Manager, Newmont Mines, Ghana



With national HIV prevalence rates running at 2.3% in Ghana, there are serious concerns in the public and private sectors about the impact of the epidemic on the workforce and the country's development.

Launched in 2003 with a budget of US\$500,104, the project gave high priority to creating an enabling environment at national level. It collaborated with

tripartite partners to help develop Ghana's National HIV/AIDS Workplace Policy and the Ghana National Policy on HIV/AIDS, which were adopted in 2004. The ILO provided resources for the printing and wide dissemination of the policy in cooperation with the Ghana AIDS Commission, and also funded translation of the *ILO Code of Practice on HIV/AIDS and the world of work* into four local languages (Ewe, Ga, Hausa, Asant Twi) in collaboration with the Ghana Employers Association.

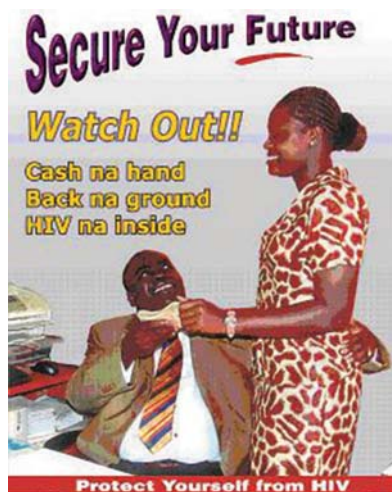
At local level the project team helped to set up a vibrant, energetic programme with 13 enterprises reaching 4,000 workers in four economic areas including mining, agriculture, the public sector and the informal economy.

Initial worker surveys by SHARE showed that while awareness of HIV was high, there were many misunderstandings and misconceptions about personal risk and transmission. Stigma and discrimination against HIV was high. Using this information, the project helped enterprises to develop specific strategies and materials targeting different groups of employees, and trained over 107 peer educators to implement workplace HIV behaviour change programmes.

"Our approach is to give people information about HIV and then let them know the benefits of taking



control of their own lives; people have to think for themselves rather than be told what to do,” explains former SHARE NPC for Ghana, Akua Ofori-Asumadu. “For instance the secretaries told us they give in to pressure for sex at work because their salaries are low and they want to get ahead in their jobs. We get them to look at the risks they are running and to consider what other options they have – no one else ever told them to do that. We developed materials especially for them.”



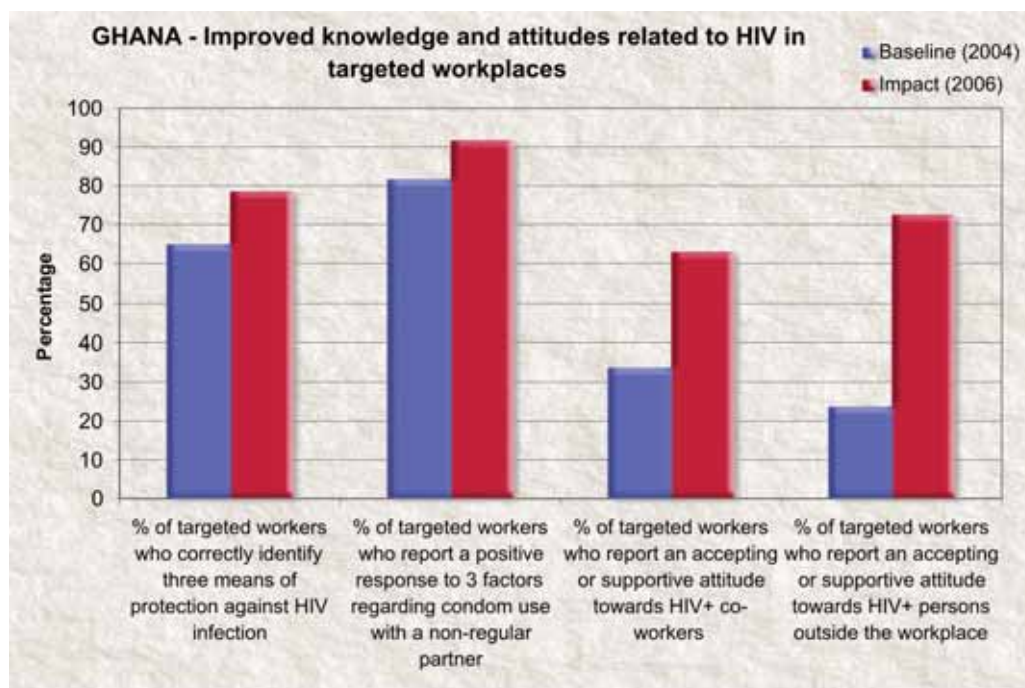
Poster developed for the secretaries explaining that accepting money for sexual relationships put them at risk of contracting HIV

The project has supported the development of HIV programmes and plans of action with many institutions including the Ghana Trades Union Congress, the School of Social Work and the Ministry of Manpower, Youth and Employment (including the training of 20 labour and factory inspectors).

In September 2006 the ILO carried out an exit survey comparing the main findings of its earlier baseline study to measure the impact of the project. It found that the implementation of workplace services and policies coupled with awareness-raising work had resulted in significant changes.

There were major improvements in the knowledge of modes of transmission and means of protection, particularly among women. There was also an overall reduced level of employment-related discrimination and improved attitudes towards PLHIV. There was a marked reduction in high-risk behaviour and major changes in condom use. Over a third more respondents found it acceptable for married women to carry condoms than in the earlier survey in 2004; this is an important development as data from UNAIDS (2006) shows married women in Ghana are three times more likely to be infected with HIV than single women.

As the SHARE project draws to a close, the recently formed Ghana Business Coalition on HIV/AIDS is likely to step in as a new champion of workplace issues. The National AIDS Commission has provided initial funding for the coalition's secretariat as it sees the private sector as a major component of the national response. The ILO's NPC believes the project has made a good contribution to the reduction of HIV in Ghana, but she flags up the informal economy, where 80% of people are employed, as a key area needing future intervention.



Ghana, but she flags up the informal economy, where 80% of people are employed, as a key area needing future intervention.

Shielding young workers in Accra's informal economy

When a car needs attention in downtown Accra, the Odawna Light Industrial area is the place to go. One of the biggest garage communities in the country, literally thousands of operators live and work in a maze of small plots at Odawna, employing large numbers of young apprentices and keeping an extensive support economy of food vendors and other suppliers in business.

The various garages at Odawna have organized themselves into a consortium belonging to the Ghana National Association of Garages (GNAG), which has 40,000 members nationwide and 4,000 in Odawna itself.

A growing concern has been how to protect the workforce from the risk of HIV. Drug dealers and commercial sex workers operate in the area and alcohol is easily available. Most of the workers are young and poor, often living away from their families.

“When we first heard of HIV we practically believed it was a monster coming to swallow us up. Our population is overwhelmingly youthful and we believe this increases their vulnerability and the risk of



contracting HIV,” says Alhaji Dakpo, Accra Regional Chairman of the GNAG. “Information and education was not reaching our garages and it was badly needed for our members.”

The garages’ consortium at Odawna linked up with SHARE, providing the project with an effective channel to reach the informal economy. It started in 2004 by running a survey among the garage workers, which confirmed a general lack of knowledge about HIV and its transmission. With ILO support, the GNAG identified 50 peer educators who went through extensive education and training on HIV issues. To encourage participation, workers received an allowance to cover the income they lost while carrying out HIV activities.

A network of focal points and peer educators now operates in 36 garage plots targeting garage workers and other small businesses such as food vendors. The key aim is to raise workers’ perceptions of their own risk of contracting HIV by creating an understanding of the connection between alcohol, multiple partners, casual sex and infection. The peer educators work early in the morning and in the evenings, when people have more time to talk, and they have so far covered about 2,000 workers. Many have also been carrying out HIV education in their churches and local communities.

Sarah is a food vendor and peer educator at plot 10, Odawna garages. She believes strongly that the project has been highly beneficial to her and her colleagues. “Before this programme I did not care whether people had sex with a condom or not, but now I believe in the use of a condom. The information I learnt about HIV is burning inside me and I feel a need to share it.”



Some apprentices from the Odawna Garages Association at work

“In the past we could barely raise the issue of safer sex, condom use and VCT with our apprentices and workers because we felt uncomfortable,” explains Mr John K. Nimo, Acting National Secretary for the GNAG. “We believe the ILO programme has raised awareness of the risk involved and now people know they must look out for each other.”

New funding, new horizons in Guyana

“We need to be clear about why workplace and other HIV/AIDS awareness programmes are important. Discrimination in any form is bad, but the impact of discrimination is worse with HIV/AIDS because it sends a clear message to others in the community that getting tested and knowing your status may cost you a promotion, a job or a means of supporting your family. This drives people into silence and denial.”

David Robinson, US Ambassador to Guyana



Waves of sugar cane stretch as far as the eye can see along Guyana's coastal belt. This is one of the nation's main export crops, providing vital foreign exchange and employment to the second poorest country in the Caribbean. The Guyana Sugar Corporation (GuySuCo) is the nation's single largest employer, with a high percentage of manual labourers handling the preparation, planting and harvesting of the cane. A recent survey by the ILO's SHARE programme among GuySuCo

workers found high levels of stigma and discrimination against PLHIV and widespread sexual practices that put workers at serious risk of contracting the virus. Many employees reported they were suspicious of colleagues with colds and avoided them because they believe this is a sign of HIV infection.

Since the first case was recorded in 1987, HIV has spread from high-risk groups into the general population with national adult HIV prevalence estimated at 2.4% in 2005. But HIV transmission during paid sex remains the most important risk factor for infection. Exceptionally high HIV infection levels are still found among female sex workers and prevalence among people attending STI clinics was 17% in 2005, providing further evidence that unsafe sex remains commonplace (Report on the global AIDS epidemic, UNAIDS, 2006).

The government of Guyana has declared HIV a national priority and in 2003 the ILO started a workplace education project in the country with an initial budget just short of US\$400,000. Four years on, it has built up a strong programme with 19 enterprises from the priority sectors of agriculture, hospitality, banking, manufacturing, mining, forestry and private security companies together with public sector initiatives. In early 2006 the programme received a major boost with new funding of US\$150,000 from PEPFAR. This enabled an expansion to include the GuySuCo and ensures the programme's continuity.



The largest employer in Guyana, the Guyana Sugar Corporation (GuySuCo) is partnering with SHARE.

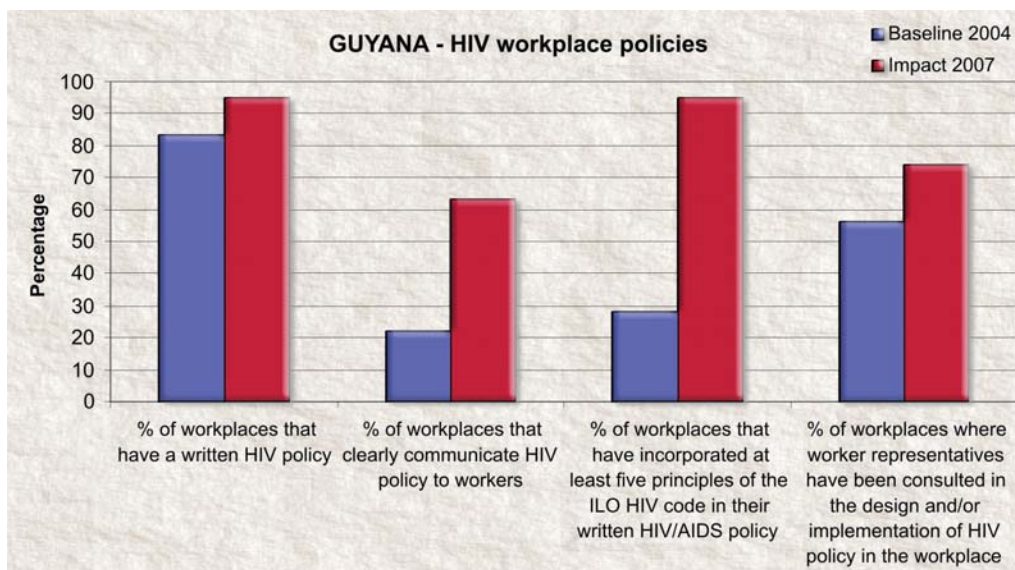
Being positive about HIV

The involvement of PLHIV has been particularly effective in breaking down stigma and discrimination. Dusilley Cannings is Executive Director of the Network of Guyanese Living with and Affected by HIV/AIDS (G+) and works as a co-facilitator and trainer in workshops run by the ILO SHARE programme.

"I became involved with SHARE because I have been living with HIV for more than a decade and see myself not as the problem but as part of the solution. In the training sessions I provide the face of AIDS, I show that you cannot

tell who is affected because I am not falling down in front of you; rather, I am still working and I manage my health positively.

"I can relate to the issues of living with HIV and being affected by it. When people ask, 'Can I speak with you personally' it often ends up that the person is also living with the pandemic or has a relative who is, and is seeking help. Involvement with the training is always an uplifting and encouraging experience for me."



From the outset the Guyana SHARE programme placed special emphasis on capacity building to support and enable its tripartite constituents of government, workers' and employers' organizations to design and implement HIV workplace prevention and education programmes. Seventeen enterprises spread over two regions now have HIV workplace policies and programmes in place and two others have drafts awaiting official approval. SHARE staff and local advisers have been running sensitization and training workshops at all levels backed up by specially developed materials aimed at high-risk groups in each sector. A total of 262 peer educators are now trained and active in their workplaces.

At national level the project has provided policy and technical support to help develop workplace legislation. The Ministry of Labour, Human Services and Social Security has initiated the National Tripartite HIV/AIDS Workplace Policy and has also drafted supporting legislation under the Occupational Safety and Health Act 1997 to assist with its implementation.

Addressing HIV/AIDS in collective agreements

"The ILO/USDOL Project is an opportunity that we have grabbed with both hands," says Dale Beresford, HIV/AIDS Coordinator of the Guyana Trades Union Congress (GTUC). "The GTUC did not have the financial resources to develop a policy and plan of action and conduct extensive training. However, the project provided an opportunity to use the human resources of the unions to reach out to the members to provide them with the necessary skills and build their capacity to respond to the epidemic. The end result is that the affiliate members are able to reach other workers living with HIV/AIDS. Without the ILO's intervention, this would have been impossible. This has widened our knowledge and broadened our horizons."

The GTUC, with its membership of 15 unions, is now committed to including clauses on HIV in all its collective agreements. It has developed an HIV



policy and plan of action which includes a framework for implementation and sensitized the leadership of the affiliated unions in Demerara, Berbice and Essequibo counties.

Shop stewards have attended special workshops on gender, which focused on meeting the particular needs of men and women in relation to HIV, and also on home-based care. They are now passing on their knowledge and skills by training other colleagues from the affiliated unions and communities where they live. Joan Stewart, a health visitor who participated in the workshops, said, “I have used the training that we received in home-based care to demonstrate to health centre clients how to care for family members who have AIDS. Part of the satisfaction I get is when I see patients recover after they have been cared for by their relatives.” These workshops were provided in collaboration with the ILO and the Canadian Society for International Health.

Reaching out to rural communities

Guyana Power and Light Company is a partner with SHARE in Guyana. Melissa Moe and Adalia Hooper from head office went to two different regions in rural communities to conduct educational sessions and had a positive response.

Adalia Hooper found that many of the workers in her session were young and married but their families were not stationed with them. “Because of this, many of the workers are involved in risky behaviours. Many of the male workers are more fearful of getting a woman pregnant than contracting HIV. The experience was very positive and emphasized the need for us to conduct more activities in these areas. Because of my position in the company, I am in regular contact with many of the workers who participated in the session. Some have reported that they are now regular condom users but there are others who still need to change their behaviours,” she said.

The personnel department has successfully experimented with a scheme to move peer educators around the company to work with employees in different sections. Rural communities are usually small communities where breaches of confidentiality are feared because of proximity. “One of the workers told me that as I don’t know her, and I come from miles away, she can open up to me and trust me,” said Melissa Moe. “There is a perception of greater confidentiality in the peer educator from further away.”

Broadcasting about HIV in Togo's workplaces

"In the phosphate mines in Hahotoè, a number of workers believed that HIV was a result of witchcraft. They thought the villagers living in the surrounding areas were envious of their jobs and were using their visits to the villages to give them HIV. This belief was strengthened by the fact that workers known to have AIDS were well-paid truck drivers working for the mines who travelled through many villages. The ILO project demystified the situation and made the workers understand that sexual intercourse was the means of transmission of HIV and not sorcery."

A worker from IFG Hahotoè, Togo



Every Wednesday, the radio show *Salut les travailleurs!* (Hello workers!) has a special guest in the studio to talk about HIV. Broadcast to the Togolese nation on Radio Lomé, this special slot was organized by the SHARE NPC, Toi Akaya, to raise the profile of HIV issues in the workplace and build wider understanding of new national legislation and initiatives on the subject.

With an HIV prevalence of 3.2% at the end of 2006

(UNAIDS), Togo is among the most affected countries in West Africa. The government has made HIV prevention a priority issue. Among key developments in the HIV response in the world of work are the

adoption of a Tripartite National Consensus Statement on HIV/AIDS by the Ministry of Labour, employers' and workers' organizations as well as the inclusion of a chapter on workplace issues in the new HIV/AIDS law.

SHARE worked in Togo between February 2004 and December 2006, with a budget of US\$417,000, and benefited from a six-month extension funded by the ILO to consolidate project achievements.

Togo is the fourth largest producer of phosphate in the world, so the mining sector was a key partner for SHARE. Two large mines, IFG Hahotoè and IFG Kpémé, joined the programme together with three companies from the hospitality sector, a cement production company, a brewery and a group of 770 garage operators from the informal economy. A total of 239 peer educators have been trained to support behaviour change programmes for 4,343 workers and their family members. The BCC programme was carefully tailored to take into account the wide ethnic mix of the population. In addition to the above, another 14 enterprises approached the programme and benefited from technical advice on developing HIV policies and programmes.



An informal garage operator hosts a condom demonstration for apprentices and people from the surrounding community. The owner is a member of the Association des Professionnels de l'Automobile du Togo de la Commune de Lomé (ASPAT-CL) which is working with SHARE.

HIV information points in mining and cement companies

A PALISCO (*Point d'accès libre à l'information sur le SIDA et le condom*) is an HIV information and condom distribution point, managed by a coordinator with a team of animateurs ranging from medical experts to peer educators. PALISCOs have been created in three partner enterprises in the mining and cement production sectors. Each HIV point has condoms, demonstrations, games and communication materials available and opens from 12.00–14.00 and 16.00–18.00.

Six months into operations, the PALISCOs recorded high attendance levels:

| Workplaces | Workforce | Number of visits by workers in first 6 months |
|-------------|-----------|---|
| IFG Kpémé | 1,024 | 3,796 |
| IFG Hahotoè | 912 | 2,946 |
| CIMTOGO | 425 | 2,107 |

During this period more than 11,000 condoms were distributed in the three workplaces. At IFG Hahotoè, 42% of the visitors requested information on VCT centres so the management organized a 'know your status' campaign. Eight hundred workers and family members took voluntary HIV tests at the mine's medical service.

Results from the SHARE baseline and impact surveys conducted at the beginning and end of the project show a 64% increase in the percentage of targeted

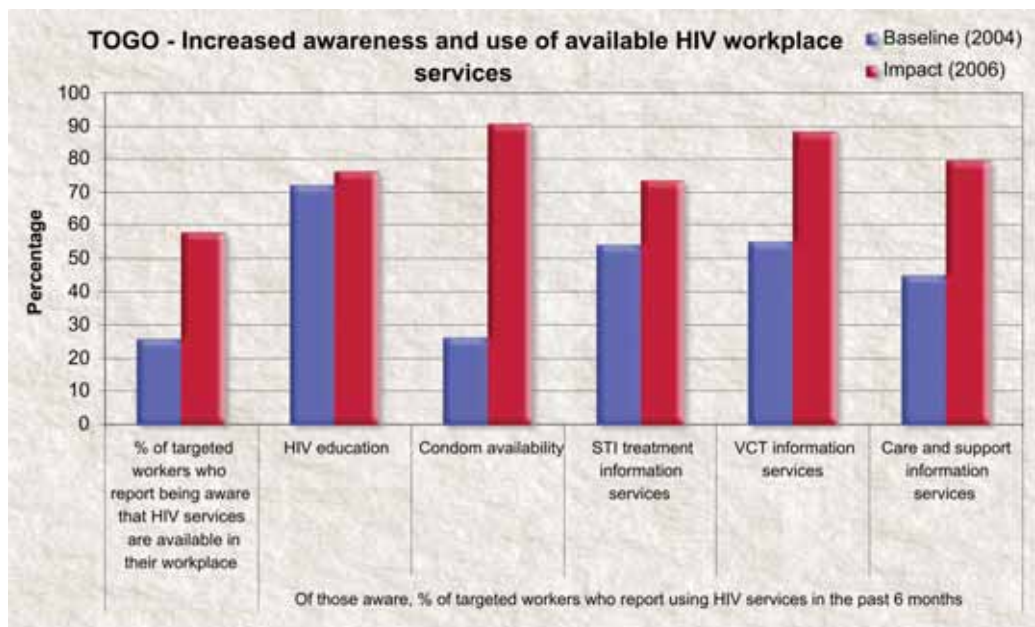
workers who report using condoms that are made available at the workplace. There was also a sharp rise in the numbers of workers seeking information about STIs, VCT and care and support services.

More workers now have a supportive attitude towards those living with HIV. Survey results show an increase of 11% in the number of workers reported to have a supportive attitude towards HIV-positive co-workers. The number of workers with a positive attitude towards PLHIV outside the workplace increased by 30%.

Paving the way for the future

Much has been done to try and ensure that the project is sustainable after the ILO's involvement comes to an end. HIV focal points have been designated in the Ministry of Labour, and in each of the employers' and workers' organizations involved with the project.

Trade unions have also nominated HIV focal points from their membership at enterprise level. The tripartite PAB now plays the role of a consultative committee on HIV issues reporting to the directorate-general of the ministry. A total of 35 labour inspectors have been trained and cover all five economic regions of Togo. HIV issues are now included in their labour impact checklists. Four trainers specializing in HIV and the workplace are now based as key resources in the Ministry of Labour and in employers' and workers' organizations.



The project has played an active role in building the capacity of the national stakeholders, bringing coordination and clarifying the role that each leader can play in the HIV workplace response. The workers' representative on the National AIDS Commission, Wilson Séwa, explains: "I now understand my responsibilities as workers' representative and can fully play my role in this institution."

Wilson Séwa is supported by two other world of work representatives who act as consultants to the National

AIDS Commission and the world of work is integrated in the National Strategic Framework on HIV/AIDS. Two representative of the world of work are part of the Country Coordination Mechanism (CCM) which plans and develops proposals to be submitted to the Global Fund to fight AIDS, Tuberculosis and Malaria, and oversees grant implementation.

Keeping
the programme
on track



Monitoring performance

"The survey brings up issues that are pertinent to the scaling up of HIV/AIDS workplace programmes and should be shared with those involved in this field (...) we can now see the light as to where we are going with the programme in Malawi."

Dr. Andrew T. Daudi, Principal Secretary, Ministry of Labour, Malawi

As we have now seen, data gathered by the SHARE projects are vital both in helping to shape programme interventions at the start, but also to measure impact and ensure that workplace interventions are effective and achieve their objectives as they progress.

The Performance Monitoring Plan (PMP) is a key component of each SHARE project and is used to plan, manage and document data collection on a regular and timely basis. Developed by the ILO and USDOL in partnership with Management Systems International (MSI), the PMP is a generic tool that is adapted to each participating country's needs, through a nationally owned consultative process with tripartite representatives and other stakeholders. Each national project uses this system to adopt a set of country-specific indicators that help assess progress, and identify the impact of the project, as well as the strengths and weaknesses for any necessary further planning.

The PMP assesses the impact of the projects at the:

- individual (workers) level;
- workplace (enterprise) level;
- national level.

At the individual level, the PMP measures the project's impact on HIV knowledge, attitudes and practices of targeted workers. This is achieved by conducting a

survey/questionnaire, administered to a sample of at least 300 randomly selected workers in at least six partner enterprises, both at the beginning (baseline survey) and towards the end of the project (impact survey). At the outset, survey data provides key information that strongly influences the focus and content of enterprise-level interventions.

At the workplace level, once a programme is up and running its impact is assessed through the use of a monitoring form, administered every six months. The form monitors workplace policies and programmes as well as the delivery of HIV services in all the project's partner enterprises.

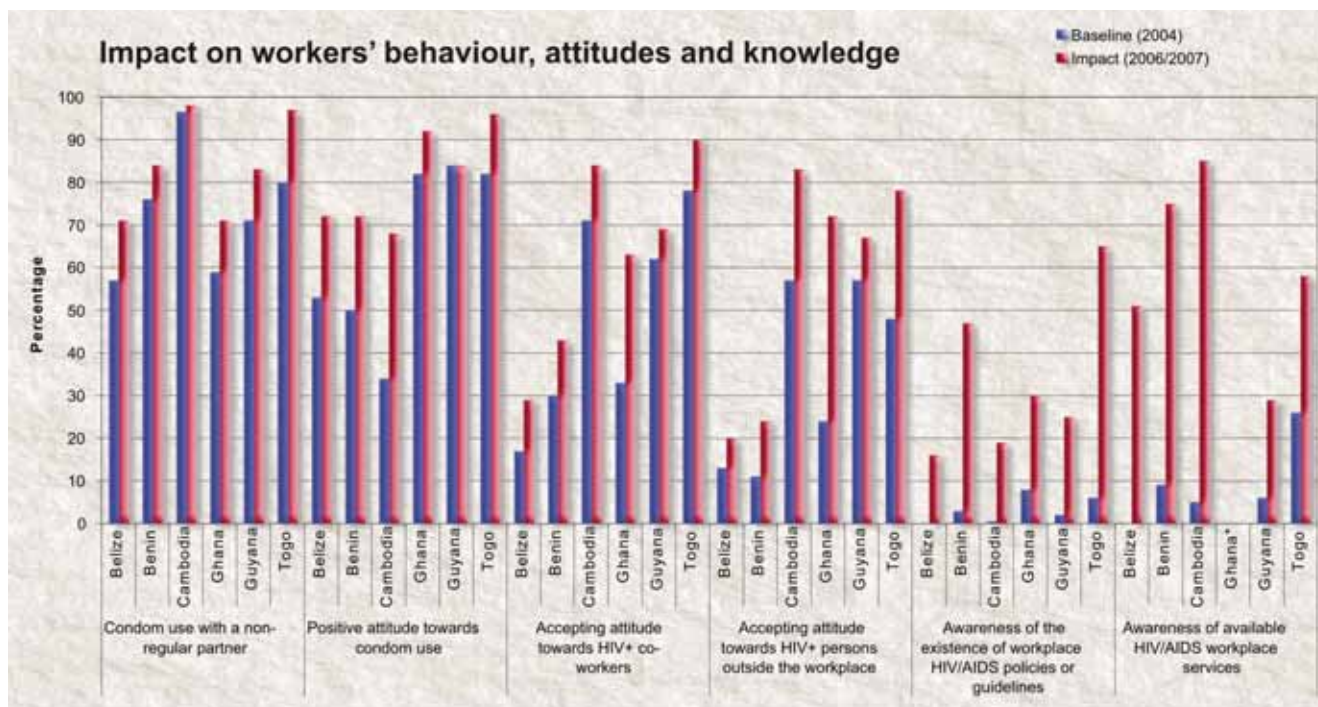
At the national level, impact is assessed through the use of a tripartite monitoring form, administered by the project NPC every six months. This captures the impact of the programme on ILO tripartite constituents and other associated partners within the national framework. Issues covered include the development of national policies on HIV, the training of government officials as well as members of employers' and workers' associations, and all other related actions undertaken by the tripartite constituents.

The monitoring tools developed through the PMP are intended to be used by stakeholders beyond the completion of project activities. The world of work indicators used in the PMP are progressively integrated into national HIV/AIDS unified monitoring and evaluation systems.

First results show positive impact

The first SHARE programmes in Belize, Benin, Cambodia, Ghana, Guyana and Togo have now all been running for over three years which is time enough to see the impact of interventions at the individual, workplace and national levels. Each country administered a baseline survey in 2004 and impact surveys in 2006, except for Cambodia where this took place in 2007.

At the individual level, a selection of indicators help to show that the project has had a positive impact¹ on workers' HIV knowledge, attitudes and risk behaviour (see graph below). The proportion of workers who used condoms during their last sexual encounter with a non-regular partner increased in all six countries between the time of the baseline and impact surveys. Changes in attitudes are demonstrated by the increased



¹ Assessing the impact of the programme on the basis of pre and post questionnaires is not without its limitations and caution in interpreting the results is recommended. The main limitation lies in the assumption that the changes in behaviour, attitudes and knowledge are solely attributed to the programme's intervention. It is important to recognize that other external factors may also have contributed to some of the changes (e.g. HIV interventions at the national level). Additionally, it is important to acknowledge that impact is best measured over a longer period of time, while the impact of the SHARE programme was measured over a relatively short period. The full extent of the impact can therefore not yet be measured, and our results should be seen as demonstrating the immediate impact, which could increase in the long run with the continued sustainability of the project.



| | % of workplaces with HIV/AIDS joint committees | | % of workplaces with an HIV/AIDS focal point | | % of workplaces with a specific budget for implementing HIV/AIDS programmes | | % of workplaces with a written HIV/AIDS policy or guidelines | | % of workplaces that have involved the workers' representative in the development of the policy | |
|----------|--|-----------|--|-----------|---|-----------|--|-----------|---|-----------|
| | 2004 | 2006/2007 | 2004 | 2006/2007 | 2004 | 2006/2007 | 2004 | 2006/2007 | 2004 | 2006/2007 |
| Belize | 74 | 61 | 100 | 100 | 0 | 22 | 0 | 72 | 0 | 61 |
| Benin | 40 | 100 | 0 | 100 | 10 | 100 | 0 | 100 | 0 | 100 |
| Cambodia | 0 | 93 | - | - | 0 | 20 | 0 | 53 | 0 | 53 |
| Ghana | 0 | 77 | 0 | 69 | 0 | 77 | 0 | 69 | 0 | 69 |
| Guyana* | 50 | 84 | 100 | 90 | 16 | 11 | 83 | 95 | 56 | 74 |
| Togo | 70 | 80 | 30 | 100 | 10 | 60 | 0 | 80 | 0 | 80 |

* In Guyana, new enterprises recently joined the SHARE programme. These enterprises are at a less advanced stage in implementing activities, which may be reflected in impact results.

percentage of workers who reported an accepting or supportive attitude towards HIV-positive co-workers and HIV-positive people outside the workplace. There was also increased awareness of HIV workplace policies and awareness of available HIV workplace services.

The programme's impact on workplace-level objectives also showed positive results. This is highlighted by looking at the following selection of workplace indicators: HIV joint committees; an HIV focal point; a specific budget for implementing HIV programmes; a written HIV policy or guidelines, and workplaces that have involved the workers' representative in the development of the policy or guideline (see table on top).

There has also been an encouraging increase in the availability of HIV services to workers. The majority of partner enterprises did not have any services available at the time of the baseline survey, but at the end of the project almost all workplaces had made five types of HIV services available to their workers: HIV education, condom availability, STI information services, VCT information services, and care and support information services (see graph on next page).

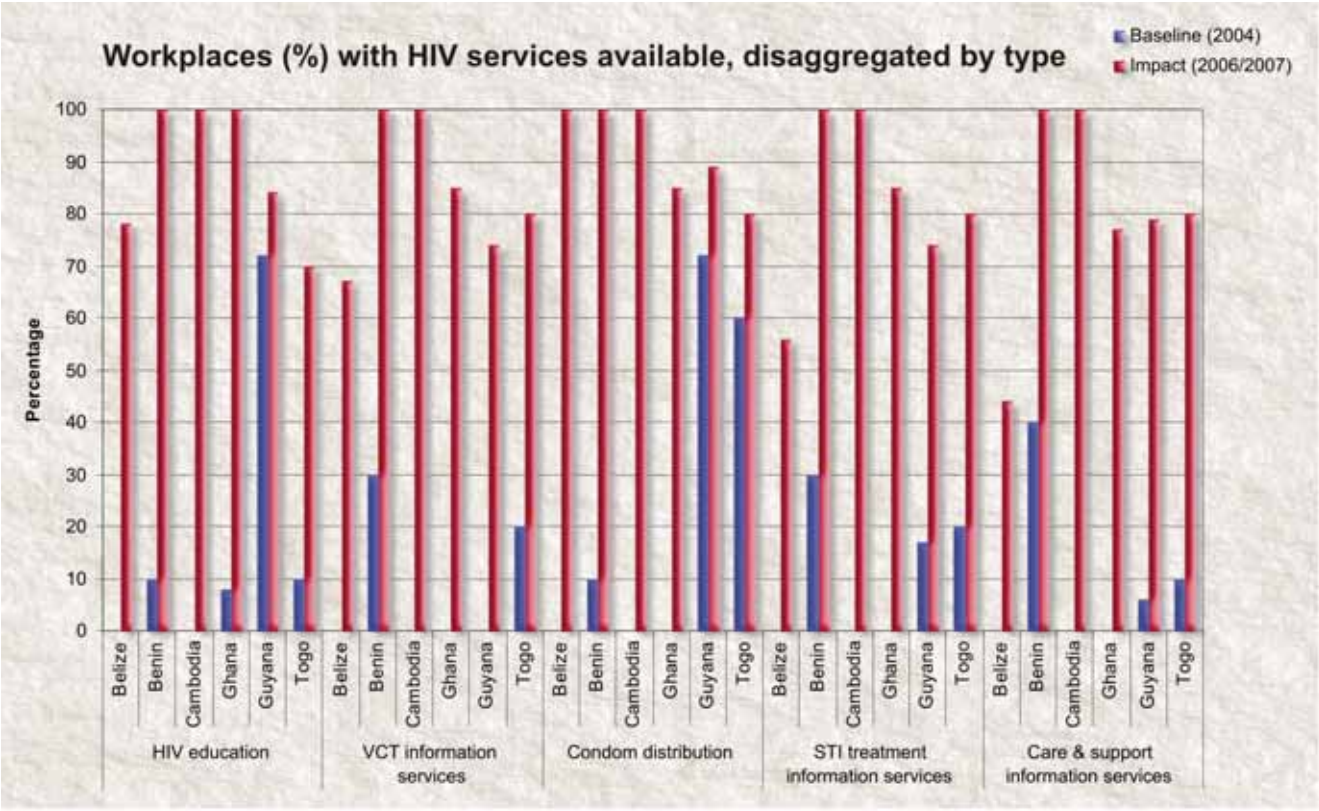
The projects' impact was also observed at the national level. All six countries improved their national policy framework through the adoption or revision of a national tripartite policy on HIV and the world of work. Benin, Belize, Togo and Ghana have adopted a policy while Guyana and Cambodia are in the process of submitting drafts to their respective authorities for

adoption. All six countries also succeeded in integrating the world of work into the National HIV Strategic Framework.

The capacity of tripartite constituents to support the development of workplace policies and programmes has largely increased in all six countries. The number of tripartite constituent members who have at least one dedicated, qualified HIV focal point has increased from 0 to 15 in Togo; from 0 to 14 in Belize; from 2 to 11 in

Benin; from 3 to 9 in Cambodia; and from 2 to 8 in Guyana.

Positive changes also occurred regarding the coordination/cooperation between tripartite constituents and other partners at the national level. The programme shares information with a growing number of organizations globally, including 86 organizations in Benin, 49 in Ghana, 31 in Togo, 15 in Belize, and 9 in Cambodia and Guyana.





Pioneering new approaches in China

The ILO's programme in China is relatively new and innovative so developing a special version of the generic SHARE PMP was a key step. It started with a workshop to introduce performance-based monitoring and evaluation involving 26 national and provincial project staff, tripartite partners and monitoring and evaluation experts from China's national AIDS programme and the US Centers for Disease Control (CDC).

The workshop was successful in clarifying expectations of both project staff and tripartite partners. The Ministry of Labour and Social Security (MOLSS) had never taken part in research on addressing sexual behaviour before, so the participation of its staff in the PMP workshop was important. The proceedings helped to legitimize the research methodology and also gave participants a more in-depth understanding of why it is so essential to the success of the programme.

Following the workshop, an expert team gathered data in the 10 enterprises identified for pilot activities. However previous experience showed that using government officials to interview migrant workers on sexual behaviour was not effective, as workers tended to under-report sexual behaviour to officials. Instead the team used sociology students to administer the survey, and on the advice of a leading Chinese sociologist, the SHARE project developed a simple computer-based survey to back up standard interview techniques.

The computer-based approach used the questions from the original survey but also provided user-friendly graphics and simple Chinese language to ensure it was accessible to groups with low literacy levels. The project increased the sample size significantly and piloted the computer-based survey in all enterprises so that results of standard interviewing techniques could be compared to the computer-based approach. To date, a total of 3,900 workers have been surveyed in the 10 pilot enterprises.



Rulian Wu, SHARE National Programme Officer conducting a worker survey in the Kun Steel Corporation.

Keeping
up the
momentum:
A shared
responsibility



Planning for sustainability

"The ILO/USDOL project is sustainable because it demonstrates practical, structured methodologies of mainstreaming HIV into the workplace, thereby increasing the opportunity for sustainable and meaningful output."

Kathleen Fergusson-Stewart, National HIV/AIDS Coordinator, Ministry of Labour and Small and Micro Enterprise Development, Trinidad and Tobago

The launch of the SHARE programme in 2001, with India as its forerunner, marked the ILO's first attempt at delivering technical cooperation in the field of HIV. The adoption of the code of practice and the events that preceded it had raised the political priority, highlighting the need for urgent action. However, the subject matter and how to address it were still very new to the ILO, Ministries of Labour, employers' and workers' organizations. As a result, combinations of both traditional approaches of tripartite collaboration and innovations such as behaviour change communications have been used.

Five years on, SHARE and its national partners are passing through a significant transition period. The first six country projects are in the process of handover to national partners and the ILO, together with all concerned parties, is poised on the verge of a new beginning, with the aim of ensuring continuity. Much experience has been gained and expertise built up, paving the way for the replication and extension of HIV workplace programmes. The following foundations are established:

- Mechanisms for tripartite collaboration are in place.
- Policy frameworks have been developed.
- National capacity has been strengthened.

National Project Coordinators: A force for sustainability

From the outset, the SHARE programme has emphasized the twin concepts of ownership and sustainability. In this context, the recruitment of national professionals to take on the important role of project coordinators has been paramount. Ownership has been guaranteed with the involvement of the tripartite constituents in the selection of NPCs. With this paradigm shift away from using international experts in project management, SHARE has also ensured that capacity and know-how remain in the partner countries. Their presence has been a windfall both for the national partners and the ILO, providing a sustained point of contact and linkage for ongoing collaboration. Furthermore the NPCs, together with the pool of national consultants, represent a growing panel of resource people that can help advance activities nationally, regionally and internationally.

- Linkages with national programmes have been established.
- National resource people have been trained.
- Necessary information, resource materials, guidelines and tools have been developed and made available.
- PMPs have been set up.
- Sectoral behaviour change strategies and enterprise-level plans have been developed.

- A large number of peer educators have been trained.
- Enterprise-level programmes have been launched and good practice case studies documented.

The stage is set for the next big step, which will take the achievements of the project and scale them up into a sustained world of work programme, to fit into a coherent national HIV strategy.

To this end, national stakeholders have convened workshops with SHARE to review and update sustainability plans for the project. This has resulted in a review of the core strategy and the key tools for its implementation, examining knowledge management and knowledge sharing arrangements, assessing the policy and legislative framework, establishing access to tools, resource material and resource persons for training purposes, identifying concrete cases of integration into ongoing programmes and ways and means of local resource mobilization.

These final reviews have also focused on ways and means of reinforcing the linkages as the project is integrated into relevant national programmes. Strategies include ensuring sustained support to partner enterprises, supporting the ‘Three ones’, focusing on a multisectoral response, assessing local resource mobilization possibilities, networking at all levels, and linking to other ongoing programmes of relevance.

The end result has been a common and clear understanding, which maps out the next steps to ensure a successful transition of SHARE projects into ongoing national programmes. As part of this process, the ILO has every intention to stand shoulder-to-shoulder with the national partners, to provide support where it is needed.

Identifying what has worked and can be replicated has been a crucial part of this process in each of the pioneer countries. Good practices in all aspects of planning for sustainability or extension of activities been documented and shared. These include:

- Helping to set up business coalitions with representation from workers’ organizations (Ghana, Sri Lanka).
- Transforming the PAB into a national tripartite mechanism to guide and coordinate action on HIV and the world of work in Cambodia.
- Promoting action by major companies in India to develop corporate HIV policy and roll-out programmes to their subsidiaries.
- Integration of HIV into the Occupational Health and Safety Programme in the Ministry of Labour and Social Security (MLSS) in Jamaica, and the launching of the Voluntary Compliance Programme on HIV by enterprises.
- Introducing new dimensions into the project such as employment and income-generating activities for PLHIV in Nepal.
- Building a partnership between the Barbados Employers’ Confederation (BEC) and the Barbados AIDS Foundation for the latter to act as the implementation arm of the BEC’s HIV programme. This partnership has now evolved to become the driving force of the SHARE project’s sustainability plan.
- Nationwide promotion of the Tripartite Declaration on HIV/AIDS in the Russian Federation.
- Tapping into PEPFAR funds to extend the projects in Botswana, Guyana, India, Lesotho and Swaziland.



As SHARE projects move towards independence, resource mobilization becomes an integral ingredient for success. Project partners are keenly aware of this and so it is a promising development that increasingly funds are accessed through integration into national strategies and linkage with existing programmes. In other words, resource mobilization is starting at home, promising durability and long-term prospects.

Training in resource mobilization for project partners in Cameroon

The SHARE project in Cameroon organized information sessions for the tripartite constituents, PAB members and focal points from partner enterprises on funding possibilities with the current main recipient of the national grant from the Global Fund to fight AIDS, Malaria and Tuberculosis. As a follow-up, a training session on drafting project proposals was attended by 20 project partners including two trade unions, the Cameroon Business Coalition against AIDS, four enterprises and seven associations or NGOs.

Simultaneously, major portions of international funds from various donors (PEPFAR, the Global Fund, UNAIDS and a number of foundations) are being made available at the national level. This has raised the profile, level of importance and the value of local resource mobilization initiatives. Accordingly, SHARE NPCs working in close consultation with the PAB members have made this a central focus of activity. In supporting these initiatives, the programme management team in Geneva has also taken action to engage donors at the policy level.

Starting up projects in three waves has had its challenges but has also brought opportunities. The

SHARE learning community has facilitated a continuous cross-fertilization of ideas among the participating countries. Every effort is being made to maintain knowledge sharing and networking nationally and internationally. Maximum attention is given to consolidation of programmes and capturing lessons learned. SHARE's core technologies and tools are being reviewed, revised and fine-tuned for wider dissemination and utilization. The goal is to ensure the availability of know-how and expertise together with proven good practices and tools for richer and improved ILO action in preventing HIV/AIDS among working people.

The collective efforts of the ILO's tripartite constituents, the national partners and donors are making continuation of the programme possible. As of today, five project countries have resumed their project activities, to be taken over by the national stakeholders (Belize, Benin, Cambodia, Ghana and Togo). In 2008, a number of other projects will reach the completion and transition stage into nationally operated programmes. Simultaneously, SHARE will face, among others, the great challenge of implementing programmes in partner workplaces in three provinces of China; will expand activities in Botswana, Guyana, India, Lesotho and Swaziland; and will consolidate the work undertaken in other countries in the handover process to the Ministries of Labour, employers' and workers' organizations and other national partners.

All along, we shall stand firm in supporting the national partners' resource mobilization efforts and their endeavours to attain sustainable programmes aimed at universal access for HIV prevention, treatment, care and support.

Appendices

Appendix 1: SHARE in numbers

| NATIONAL LEVEL | | Barbados | Belize | Benin |
|---------------------|--|---|--|--|
| 1 | Capacity building of government officials | 65 officials trained including labour officers and peer educators for officials at the Ministry of Labour and the Ministry of Health. | 78 officials including 6 labour officers trained as certified trainers and HIV/AIDS focal points from various ministries. | 64 officials trained including labour inspectors and Social Security Fund staff. |
| 2 | Capacity building of employers and their organizations | 36 members and staff of employers' organizations trained. | 21 members and staff of employers' organizations including 5 trained as certified trainers. | 25 members of the National Employers' Council of Benin and the Council of Private Investors of Benin trained. |
| 3 | Capacity building of workers' organizations | 40 workers' representatives trained including 21 peer educators from workers' organizations and 13 shop stewards. | 45 workers' representatives trained including 9 certified trainers in workers' organizations. | 28 representatives of trade union federations trained. |
| 4 | National policy and legal framework on HIV/AIDS and the world of work | The Project Advisory Board has made a recommendation for a review of the Social Partners' Policy on HIV/AIDS and other Life Threatening Illnesses 2004 to include all 10 Key Principles of the ILO Code of Practice. | A Tripartite Policy on HIV/AIDS and the world of work has been adopted in 2005 based on the ILO Code of practice. Policy formulation was assisted by the project. | A Tripartite Policy on HIV/AIDS and the world of work has been adopted in 2005 based on the ILO Code of practice. Process supported by the project. A law on HIV/AIDS has been adopted in 2006 with a chapter addressing world of work issues. |
| 5 | Is the world of work integrated in the HIV/AIDS National Strategic Framework? | Yes | Yes | Yes |
| WORKPLACE RESPONSES | | | | |
| 6 | Partner workplaces and target sectors | 12 workplaces from the following sectors: <ul style="list-style-type: none"> • 2 banking • 5 manufacturing • 4 tourism • 1 group of informal workers (Taxi Association- with additional support from the Caribbean Ambassador's Fund) | 18 workplaces from the following sectors: <ul style="list-style-type: none"> • 5 agriculture • 1 banking • 4 service utilities • 3 sanitation • 5 tourism | 10 workplaces from the following sectors: <ul style="list-style-type: none"> • 2 construction • 4 mining and energy • 3 vegetable oil production • 1 group of informal workers (Centre de promotion de l'Artisanat de Cotonou) |
| 7 | Number of workplaces that have an HIV/AIDS focal point | 11 | 18 | 10 |
| 8 | Number of workplaces that have established a joint HIV/AIDS workplace committee | 9 | 11 | 10 |
| 9 | Number of workplaces that have adopted a written HIV/AIDS policy | 7 (+ 4 draft policies to be adopted) | 13 | 10 |
| 10 | Number of workers and managers involved in the development of the behaviour change strategies and programmes | 52 | 39 | 75 |
| 11 | Number of workplaces that have established an HIV/AIDS Workplace Education Programme | 10 | 14 | 10 |
| 12 | Number of workplaces that have established a condom distribution service | 5 | 18 | 10 |
| 13 | Number of workplaces that have established sexually transmitted infections treatment information services | 8 | 10 | 10 |
| 14 | Number of workplaces that have voluntary counselling and testing information and referral services | 8 | 12 | 10 |
| 15 | Number of workplaces that have established a condom distribution services | 8 | 8 | 10 |
| 16 | Number of peer educators trained | 49 | 69 | 205 |
| 17 | Number of workers reached by SHARE | 10,952 | 4,615 | 4,770 |

| Botswana | Burkina Faso | Cambodia | Cameroon | China |
|---|---|--|--|--|
| 33 officials trained including labour inspectors and Social Security Fund staff. | 89 officials trained including labour inspectors, officials from different departements, judges and assessors. | 56 officials trained including labour inspectors. | 32 officials trained including labour inspectors. | 250 officials trained including labour inspectors and 180 Ministry of Labour vocational schools teachers. |
| 35 members of the buisness council trained. | 2 representatives of the Conseil du Patronat trained. | 70 members of the Cambodia Federation of Employers and Business Associations (CAMFEBA) and the Garment Manufacturers Association in Cambodia (GMAC) trained. | 25 employers trained. | 125 members from employers' organizations trained. |
| 27 representatives of the trade union federation trained. | 29 trade union representatives trained. | 627 worker's representatives trained including 540 trade union educators. | 28 workers' representatives trained. | Not included in SHARE project. |
| A draft National Policy on HIV/AIDS and employment has been developed with the project support. The draft policy is still being studied by the Economic Committee of parliament before its second presentation to cabinet. A Public Services Code of Conduct on HIV/AIDS was adopted in 2003. | A Tripartite Declaration on HIV/AIDS and the world of work has been developed with the support of the project and adopted in 2006. With the additional financial resources from UNAIDS, national stakeholders are now discussing a draft national policy to operationalize the declaration. | The project had a direct impact on the formulation of regulations (Prakas) to guide the implementation of the National AIDS Law (2002) on the prevention and control of HIV/AIDS in the world of work. Support was also provided by the project for the development and dissemination of the trade union policies. | A National Tripartite Declaration on HIV/AIDS and the world of work was developed by the tripartite partners with the support of the project in 2007. The document is still to be officially signed. | A draft Declaration on HIV/AIDS and the world of work has been developed by the Ministry of Labour. Tripartite consultations are on-going. In Guangdong, Guidelines for a Workplace Response on HIV and AIDS were adopted in December 2006. Similar draft guidelines have also been produced in Yunnan province. A decree was adopted in 2006 to provide for regulations governing the prevention and treatment of AIDS. |
| Yes | Yes | Yes | Yes | Yes |
| | | | | |
| 10 workplaces from the following sectors: ● 1 construction ● 3 retail ● 3 textile ● 3 tourism | 16 workplaces from the following sectors: ● 1 energy ● 5 finance ● 3 hospitality ● 6 industry ● 1 group of informal workers (400 masters and apprentices related to the Village Artisanal de Ouagadougou) | 15 workplaces form the following sectors: ● 12 hospitality ● 3 garment ● more than 2,000 of informal workers in the construction sector in Sim Reap | 13 workplaces from the following sectors: ● 4 agro-industry ● 5 forestry and wood ● 1 informal ● 3 transport | 12 workplaces from the following sectors: ● 2 chemistry ● 1 construction ● 5 electricity ● 2 mining ● 1 retail ● 1 steel |
| 1 | 16 | 15 | 11 | 11 |
| 10 | 16 | 14 | 8 | 11 |
| 9 | 12 (+ 4 draft policies to be adopted) | 8 | 8 | 0 |
| 35 | 52 | 37 | 38 | 65 |
| 10 | 16 | 15 | 9 | 11 |
| 10 | 10 | 15 | 7 | 11 |
| 10 | 16 | 15 | 9 | 11 |
| 10 | 16 | 15 | 9 | 11 |
| 10 | 16 | 15 | 9 | 2 |
| 62 | 286 | 817 | 267 | 90 |
| 4,641 | 8,936 | 12,603 | 14,524 | 124,035 |

| NATIONAL LEVEL | | Ethiopia | Ghana | Guyana |
|---------------------|--|--|--|--|
| 1 | Capacity building of government officials | 161 officials trained from different ministries. | 27officials trained. | 19 officials trained including 16 occupational safety and health officers trained as certified trainers. |
| 2 | Capacity building of employers and their organizations | 24 members of employers' organizations trained. | 251 employers' representatives trained. | 6 certified trainers trained. |
| 3 | Capacity building of workers' organizations | 56 workers' representatives trained from different federations. | 70 worker's representatives trained including 27 certified trainers and 9 general secretaries of unions. | 55 workers' representatives trained including 20 certified trainers, 22 shop stewards and 13 tutors from the Labour College. |
| 4 | National policy and legal framework on HIV/AIDS and the world of work | A National HIV/AIDS Workplace Policy has been drafted. The project supported the Ministry of Labour and Social Affairs (MOLSA) to organize a consultative workshop to gather inputs from national stakeholders. The draft workplace policy is available for final adoption. The Civil Servants Workplace HIV/AIDS Prevention and Control Guideline was adopted and disseminated to the civil servants in 2006 with the support of the project. | The National HIV/AIDS Workplace Policy based on the ILO Code of practice was adopted in 2004. The project in cooperation with the Ghana AIDS Commission provided resources for its dissemination. The ILO provided inputs for the development of the Education Sector HIV/AIDS Policy. The Ministry of Food and Agriculture with support from GTZ and the ILO also developed a workplace policy on HIV/AIDS. | A Draft National Tripartite Policy on HIV/AIDS and the world of work has been developed with the support of the project. The draft policy is currently before the National Tripartite Committee and will then be submitted to the cabinet for adoption. The project also provided technical support in the review and updating of the draft HIV/AIDS Regulations under the Occupational Safety and Health Act, 1997. |
| 5 | Is the world of work integrated in the HIV/AIDS National Strategic Framework? | Yes | Yes | Yes |
| WORKPLACE RESPONSES | | | | |
| 6 | Partner workplaces and target sectors | 15 workplaces from the following sectors: <ul style="list-style-type: none"> 2 agriculture 2 banking 3 hospitality 2 manufacturing 2 services 3 transport 1 group of informal workers (Weavers Association) | 14 workplaces from the following sectors: <ul style="list-style-type: none"> 5 agro industry 1 informal economy 4 mining 4 public sector | 18 workplaces from the following sectors: <ul style="list-style-type: none"> 1 agriculture 1 banking 2 hospitality 2 manufacturing 3 mining 4 national agencies 5 security services |
| 7 | Number of workplaces that have an HIV/AIDS focal point | 15 | 13 | 17 |
| 8 | Number of workplaces that have established a joint HIV/AIDS workplace committee | 15 | 10 | 12 |
| 9 | Number of workplaces that have adopted a written HIV/AIDS policy | 15 | 9 | 18 |
| 10 | Number of workers and managers involved in the development of the behaviour change strategies and programmes | 73 | 34 | 54 |
| 11 | Number of workplaces that have established an HIV/AIDS Workplace Education Programme | 15 | 13 | 14 |
| 12 | Number of workplaces that have established a condom distribution service | 12 | 11 | 13 |
| 13 | Number of workplaces that have established sexually transmitted infections treatment information services | 14 | 12 | 13 |
| 14 | Number of workplaces that have voluntary counselling and testing information and referral services | 14 | 12 | 14 |
| 15 | Number of workplaces that have established a condom distribution services | 13 | 10 | 14 |
| 16 | Number of peer educators trained | 783 | 167 | 262 |
| 17 | Number of workers reached by SHARE | 28,691 | 3,784 | 27,157 |

| India | Indonesia | Jamaica | Lesotho | Madagascar |
|--|---|---|---|---|
| 1185 officials trained including labour inspectors and 263 Education Officers of Central Board for Workers Education (CBWE). | 82 officials trained including labour inspectors and labour judges. | 80 officials trained from different ministries. | 51 officials trained including labour inspectors. | - |
| 57 executives of enterprises affiliated to employers' organizations trained. | 139 APINDO members trained. | 56 members of the employer's organization trained. | 23 employers trained. | - |
| 1,307 workers' representatives trained including 856 leaders from five central trade unions who attended sensitization workshop and 451 trade union leaders trained on their role in the fight against HIV. | 1,145 workers' representatives trained including among others 27 national master trainers and 250 trainers at the level of the federations. | 56 workers' representatives trained. | 25 workers' representatives trained. | - |
| The project assisted the Ministry of Labour and Employment and the National AIDS Control Organization in drafting the National Policy on HIV/AIDS and the workplace which is under discussion. The project contributed to the adoption of the Indian Employers' Statement of Commitment on HIV/AIDS in 2006. It also facilitated the development of a Joint Statement of Commitment on HIV/AIDS of the Central Trade Unions in 2005. | A Tripartite Declaration of Commitment to combat HIV/AIDS in the world of work was adopted in 2003. A decree on HIV/AIDS Prevention and Control in the Workplace was adopted in 2004. Technical Guidance on HIV/AIDS Prevention and Control in the Workplace was adopted in 2005. | A draft National HIV/AIDS Workplace Policy was available when the project started in 2004. The project offered technical support in the final stages of the drafting. The policy was adopted in 2006. | The project provided technical assistance in the development of National HIV/AIDS Workplace Guidelines. Guidelines are yet to be approved by the Minister. The project also facilitated consultative meetings on the draft HIV/AIDS legislation. The National AIDS commission has to present the draft to parliament for enactment. The Labour Code was amended in 2006 (Act No.5) to include HIV/AIDS. | A Tripartite Declaration on HIV/AIDS in the world of work was officially adopted in April 2005. Act N°2005-040 on the fight against HIV/AIDS and the protection of the rights of people living with HIV was adopted in 2006 followed by decree N°2006-902 providing guidance for its implementation. |
| Yes | Yes | Yes | Yes | Yes |
| | | | | |
| 217 workplaces including: ● 150 locations of the 11 corporate groups ● 67 state-level enterprises | 103 workplaces* from the following sectors: ● heavy industry ● manufacturing ● migrant workers private recruitment agencies ● plantations ● services ● shipping ● shipyard ● transportation ● tourism ● informal economy partners - dockworkers cooperative | 16 workplaces from the following sectors: ● 4 agriculture ● 5 financial ● 3 manufacturing ● 3 utilities/services ● one group of informal workers (National Association of Hairdressers and Cosmetologists) | 46 workplaces from the following sectors: ● 3 construction ● 2 textile ● 3 services/utilities ● 3 hospitality ● the Association of private security companies (35 additional new enterprises reached with PEPFAR funding) | 13 workplaces from the following sectors: ● 2 agro-industry ● 1 hospitality ● 1 mining ● 4 textile ● 5 transport |
| 217 | 12 | 16 | 13 | 13 |
| 153 | 12 | 12 | 11 | - |
| 133 | 4 | 15 | 11 | - |
| Not applicable (the Indian project uses a different methodology than BCC) | 40 | 105 | 42 | - |
| 216 | 10 | 14 | 7 | - |
| 6 (out of the 11 corporate groups) | 4 | 11 | 13 | - |
| 9 (out of the 11 corporate groups) | 8 | 13 | 7 | - |
| 9 (out of the 11 corporate groups) | 8 | 13 | 7 | - |
| 7 (out of the 11 corporate groups) | 8 | 13 | 7 | - |
| 353 | 160 | 52 | 104 | - |
| 336,013 | 199,804* | 20,657 | 18,750 | 9,708 |

* Including the outreach undertaken by the Indonesian Employers' Organization (APINDO) members

| NATIONAL LEVEL | | Malawi | Nepal | Russia |
|---------------------|--|--|---|---|
| 1 | Capacity building of government officials | 58 officials trained. | 25 officials trained including labour inspectors. | 21 officials trained. |
| 2 | Capacity building of employers and their organizations | 19 employers trained. | 5 officials from the employer's organization trained. | 6 key members of employers' organizations trained. |
| 3 | Capacity building of workers' organizations | 160 workers' representatives trained. | 73 workers' representatives trained. | 806 workers' representatives trained. |
| 4 | National policy and legal framework on HIV/AIDS and the world of work | A draft National Policy on HIV/AIDS in the workplace has been developed with the support of the project and is to be approved by cabinet. | The Project Steering Committee prepared National Policy on HIV/AIDS in the Workplace. This policy was endorsed by the cabinet on October 8, 2007. A Tripartite Declaration to fight HIV/AIDS at the workplace was adopted in 2005. | The project provided technical advice in the formulation of the Declaration of National Agreement of Tripartite Partners on HIV/AIDS and the world of work based on the key principles of the ILO Code of Practice. The members of the Project Expert Group prepared a draft submitted to the Working Group on Social Protection under the Russian Tripartite Commission in September 2005. After its approval the declaration was signed by the high-level parties of the Russian Tripartite Commission in December 2005. Russia adopted a Federal Act on the prevention and spread of diseases caused by HIV infection in 1995. |
| 5 | Is the world of work integrated in the HIV/AIDS National Strategic Framework? | Yes | Yes | The strategic framework is in the process of being adopted. |
| WORKPLACE RESPONSES | | | | |
| 6 | Partner workplaces and target sectors | 10 workplaces from the following sectors: <ul style="list-style-type: none"> 4 agriculture and agro industry 6 banking and insurance 2 hospitality and catering National Association of Business Women (NABW) | 10 workplaces from the following sectors: <ul style="list-style-type: none"> 2 banking 1 brewery 3 garment 1 hospitality 1 carpet industry 2 steel industry | 12 workplaces from the following sectors: <ul style="list-style-type: none"> 1 agro industry 1 food processing 1 media 1 metallurgy 2 public sector organizations 3 services 3 transport |
| 7 | Number of workplaces that have an HIV/AIDS focal point | 8 | 10 | 12 |
| 8 | Number of workplaces that have established a joint HIV/AIDS workplace committee | 8 | 9 | 12 |
| 9 | Number of workplaces that have adopted a written HIV/AIDS policy | 4 | 9 | 12 |
| 10 | Number of workers and managers involved in the development of the behaviour change strategies and programmes | Not applicable | 9 | 52 |
| 11 | Number of workplaces that have established an HIV/AIDS Workplace Education Programme | 6 | 9 | 12 |
| 12 | Number of workplaces that have established a condom distribution service | 4 | 9 | 3 |
| 13 | Number of workplaces that have established sexually transmitted infections treatment information services | 5 | 8 | 12 |
| 14 | Number of workplaces that have voluntary counselling and testing information and referral services | 3 | 8 | 12 |
| 15 | Number of workplaces that have established a condom distribution services | 1 | 8 | 12 |
| 16 | Number of peer educators trained | 0 | 218 | 204 |
| 17 | Number of workers reached by SHARE | 24,076 | 6,634 | 8,460 |

| South Africa | Sri Lanka | Swaziland | Togo | Trinidad and Tobago |
|---|--|---|--|---|
| 36 officials trained including labour inspectors. | 1,107 officials trained including 101 certified trainers. | 37 officials trained including labour inspectors. | 48 officials trained including 4 trainers in the Ministry of Labour, labour inspectors and staff from the National Security Fund (CNSS) and National Service for Occupational Medicine (SNMT). | 374 officials trained including labour inspectors and officials of various government ministries. |
| 18 employer's representatives trained. | 123 employers' representatives trained including 5 certified trainers at the organizational level and 88 certified trainers in enterprises. | 70 members from the Swaziland Federation of Employers and the Federation of Swaziland Business Community trained. | 32 employers' representatives trained. | 70 employers' representatives trained. |
| 46 workers' representatives trained. | 229 workers' representatives trained including among others 26 trainers. | 35 workers' representatives trained. | 30 workers' representatives trained. | 160 workers' representatives trained. |
| The following deal with HIV in the workplace: Basic Conditions of Employment Act No 75, 1997 Employment Equity Act No 55, 1998 Medical Schemes Act No 131, 1998 Code of practice on key aspects of HIV/AIDS and employment, 2000 Employment Equity regulations No.480, 2006. | Recommendations were formulated by the tripartite partners to include HIV/AIDS prevention in the workplace in the draft National AIDS Policy. A National Tripartite Declaration on Prevention of HIV/AIDS in Workplaces was adopted in 2007 with the support of the project. A Joint Trade Union Policy on HIV/AIDS developed with the support of the project was adopted on 29 January 2008 and signed by 22 trade unions. | Tripartite Declaration to Combat HIV/AIDS in the Workplace was developed with the support of the project and officially launched in May 2006. The HIV/AIDS and STD prevention and control policy adopted in 1998 provides a general framework for HIV/AIDS interventions. | A National Tripartite Policy on HIV/AIDS and the world of work was adopted in 2004 and revised in 2005 with technical assistance of the project. A short Consensus Statement has also been adopted by the high-level representatives of each of the tripartite constituents for wide dissemination. Act No. 2005-12 to protect people living with HIV/AIDS was adopted in 2005 and includes world of work issues. | The National AIDS Coordinating Committee conducted a legislative assessment in 2007 which is not yet available for public review. |
| Yes | Yes | Yes | Yes | Yes |
| | | | | |
| 9 workplaces from the following sectors: ● 3 agriculture ● 3 construction ● 1 health ● 1 hospitality/tourism ● 1 retail | 14 workplaces from the following sectors: ● 5 agriculture ● 5 hospitality ● 4 manufacturing | 25 workplaces from the following sectors (including 13 new partner enterprises reached with PEPFAR funding): ● 4 agriculture ● 1 communication ● 5 manufacturing ● 4 retail ● 11 textile | 9 workplaces from the following sectors: ● 4 hospitality ● 4 mining ● one group of informal workers (Association des Professionnels de l'Automobiles du Togo de la Commune de Lomé) | 13 workplaces from the following sectors: ● 3 banking/finance ● 4 energy ● 2 manufacturing/retail ● 1 seaport ● 2 tourism ● 1 group of informal workers (National Barbering Association of Trinidad & Tobago) |
| 9 | 13 | 11 | 10 | 13 |
| 9 | 12 | 11 | 8 | 9 |
| 8 | 13 | 11 | 8 | 1 (+ 6 draft policies to be adopted) |
| 25 | 139 | 109 | 62 | 36 |
| 9 | 13 | 11 | 7 | 7 |
| 9 | 13 | 11 | 8 | 4 |
| 5 | 13 | 11 | 8 | 4 |
| 9 | 13 | 11 | 8 | |
| 5 | 13 | 11 | 8 | 4 |
| 145 | 263 | 129 | 239 | 18 |
| 22,760 | 7,920 | 20,567 | 4,343 | 14,536 |



Appendix 2

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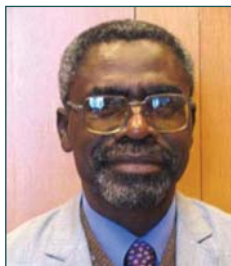
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Appendix 3

Key ILO tools and publications on HIV

Unless otherwise indicated, all the titles listed below are available from the ILO Global Programme on HIV/AIDS and the World of Work, Social Protection Sector, International Labour Office, Geneva (<http://www.ilo.org/aids>).

Good practices and case studies

Global reach: how trade unions are responding to AIDS

UNAIDS Best Practices Collection. Geneva: Global Unions Programme, ICFTU, ILO, 2006. 67pp.

Employers' organizations and HIV/AIDS: Information, tools and good practices for workplace action on HIV/AIDS

International Labour Office. Geneva: ILO, 2006. CD-ROM

Workplace action on HIV/AIDS: identifying and sharing best practice

International Labour Office. Geneva: ILO, 2003. 62pp.

Guidance and training documents

A handbook on HIV/AIDS for small business associations and service providers

International Labour Office. Geneva: ILO, 2007. 31pp.

A handbook on HIV/AIDS for labour and factory inspectors

International Labour Office. Geneva: ILO, 2005. 49pp.

A workplace policy on HIV/AIDS: what it should cover

International Labour Office. Geneva: ILO, 2003. 5pp.

Employers' organizations and HIV/AIDS: information, tools and good practice in workplace action

International Labour Office. Geneva: ILO, 2006 (CD-ROM).

Guidelines on addressing HIV/AIDS in the workplace through employment and labour law

Jane Hodges. Geneva: ILO, 2004. 59pp.

Guidelines for workplace TB control activities

International Labour Office and World Health Organization. Geneva: ILO/WHO, 2003. 77pp.

HIV/AIDS behaviour change communication toolkit for the workplace

International Labour Office and Family Health International. Geneva: ILO/FHI, 2005. 593pp.

Implementing the ILO Code of Practice on HIV/AIDS and the world of work: an education and training manual

International Labour Office. Geneva: ILO, 2002. 318pp.

Joint ILO/WHO guidelines on health services and HIV/AIDS

International Labour Office. Geneva: ILO/WHO, 2005. 79pp.

Know more about HIV/AIDS: a toolkit for workers in the informal economy

International Labour Office. Bangkok: ILO, 2006. 46pp.

Managing emerging health-related problems at work – SOLVE: stress, tobacco, alcohol and drugs, HIV/AIDS, violence

International Labour Office. Geneva: ILO, 2002. 10pp.

Using the ILO Code of Practice and training manual – Guidelines for employers

International Labour Office. Geneva: ILO, 2006. 8pp.

Using the ILO Code of Practice and training manual – Guidelines for labour judges and magistrates

International Labour Office. Geneva: ILO, 2005. 15pp.

Using the ILO Code of Practice and training manual – Guidelines for the construction sector

International Labour Office. Geneva: ILO, 2007. 20pp.

Using the ILO Code of Practice and training manual – Guidelines for trade unions

International Labour Office. Geneva: ILO, 2006. 8pp.

Using the ILO Code of Practice on HIV/AIDS and the world of work – Guidelines for the transport sector

International Labour Office. Geneva: ILO, 2005. 23pp.



Legislation and policy

An HIV/AIDS Workplace Policy for the Education Sector in the Caribbean

International Labour Organization and United Nations Educational, Scientific and Cultural Organization. Port of Spain: ILO and UNESCO, 2006. 26pp.

An HIV/AIDS Workplace Policy for the Education Sector in Southern Africa

International Labour Organization and United Nations Educational, Scientific and Cultural Organization. Geneva: ILO and UNESCO, 2006. 44pp.

Legal initiatives to address HIV/AIDS in the world of work

Marie-Claude Chartier, Geneva: ILO, 2005. 16pp.

The ILO Code of Practice on HIV/AIDS and the world of work

International Labour Office. Geneva: ILO, 2001. 42pp.

A collection of national instruments related to HIV/AIDS are available on the ILO/AIDS

website at: <http://www.ilo.org/public/english/protection/trav/aids/laws/collection.htm>

Research and policy analysis

HIV/AIDS and work: global estimates, impact on children and youth, and response

International Labour Office. Geneva: ILO, 2006. 133pp.

HIV/AIDS and work in a globalizing world – 2005

International Labour Office. Geneva: ILO, 2006. 100pp.

HIV/AIDS and work: global estimates, impact and response – 2004

International Labour Office. Geneva: ILO, 2004. 101pp.

SHARE Project

Saving lives, protecting jobs

International Labour Office. Geneva: ILO, 2006. 78pp.

International HIV/AIDS workplace education programme SHARE – strategic HIV/AIDS responses by enterprises, final evaluation Belize

International Labour Office. Geneva: ILO, 2007. 86pp.

International HIV/AIDS workplace education programme SHARE – strategic HIV/AIDS responses by enterprises, final evaluation Benin

International Labour Office. Geneva: ILO, 2007. 48pp.

International HIV/AIDS workplace education programme SHARE – strategic HIV/AIDS responses by enterprises, final evaluation Cambodia

International Labour Office. Geneva: ILO, 2007. 45pp.

International HIV/AIDS workplace education programme SHARE – strategic HIV/AIDS responses by enterprises, final evaluation Ghana

International Labour Office. Geneva: ILO, 2007. 46pp.

International HIV/AIDS workplace education programme SHARE – strategic HIV/AIDS responses by enterprises, final evaluation Togo

International Labour Office. Geneva: ILO, 2007. 45pp.

Technical cooperation

HIV/AIDS in the transport sector of Southern African countries. A rapid assessment of cross-border regulations and formalities

International Labour Office. Geneva: ILO, 2005. 44pp.

Workplace action on HIV/AIDS. How to access funds at country level

International Labour Office. Geneva: ILO, 2004. 29pp.

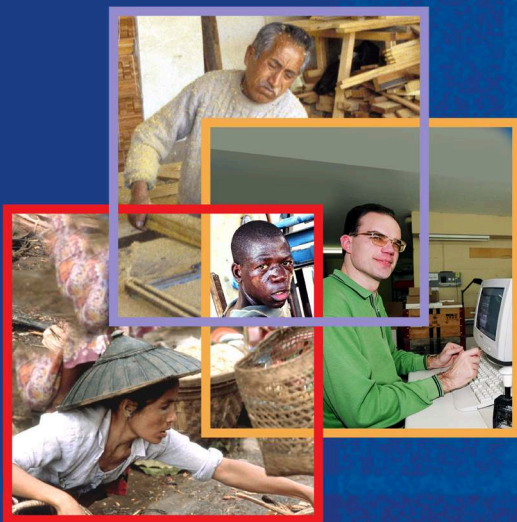
The HIV peer education session ends and as workers file out of the factory they are met by the icy wind blowing over Kola Bay in Murmansk, the world's largest city north of the Arctic Circle. Aware of the potential impact of HIV, business and unions leaders have joined hands to meet the twin challenges of discrimination and risky behaviour that fuel the epidemic.

Four enterprises in this northern Russian port are now working with the ILO's Strategic HIV/AIDS Responses in Enterprises (SHARE) programme, which promotes policies and programmes worldwide. A total of 650 workplaces in 24 countries stretching from Belize to China are now involved with SHARE, helping to inform and protect almost a million working men and women from the risks of HIV.

This second report documents the fine work carried out by ministries of labour, employers' and workers' organizations and partner enterprises. It gives an insight into this ILO/USDOL partnership which has been running for five years. It includes a special focus on the experiences and achievements of the pioneer country projects in Belize, Benin, Cambodia, Ghana, Guyana, India and Togo. It also captures major innovations and collaborations from on-going initiatives in other countries which have been a source of inspiration to others and will help guide the SHARE programme to its conclusion in 2010.

ILOAIDS

www.ilo.org/aids



A Technical Co-operation Programme executed in partnership with the United States Department of Labor (USDOL)



UNAIDS
JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS

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UNODC
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