
***Consultation workshop on HIV/AIDS and the World of
Work: Key issues and conclusions***

Geneva, 16-17 October 2000

Preface

The ILO's Programme on HIV/AIDS and the World of Work (ILO/AIDS) was created following a resolution passed at the International Labour Conference in June 2000, asking the Director-General to increase the capacity and competence of the ILO to address HIV/AIDS. The resolution recognized the impact of HIV/AIDS on the World of Work at all levels – on workers, their rights and livelihoods; on employers, enterprises and productivity; and on governments, public services, and the national economy. It also recognized that the ILO's core mandate, tripartite structure and Decent Work Agenda provide the basis and means to contribute effectively to global efforts to fight the epidemic.

While ILO/AIDS is the focus of the ILO's response to the epidemic, activities are being mainstreamed throughout the Office. Before the Programme was launched, it was felt necessary to consult with ILO staff from all sectors and programmes, at headquarters and in the field. Donors, United Nation partners, and representatives of the social partners were also invited to take part in a two-day process of consultation, policy development, and information exchange. The main purpose was to establish the issues of concern to the ILO, agree policy priorities for the Programme, and develop guidelines for action. The outcome was extremely positive, in terms of motivating staff, clarifying issues and helping the new programme focus its policy. All participants agreed that the ILO has a key role to play in extending HIV/AIDS prevention and care to the workplace, and involving working people as agents of their own protection.

This report is a summary of proceedings and also a useful guide to the development of policies and programmes in the World of Work. Examples are given of existing workplace action, and of the activities of governments, employers, workers, and their organizations; analysis is made of the ILO's potential role in the global response to AIDS; and recommendations are outlined for the ILO and its national and international partners.

Contents

	<i>Page</i>
Preface.....	iii
Introduction.....	1
Background to the workshop.....	1
Purpose and scope.....	1
Day One: Technical expertise and the perspective of the social partners.....	1
Keynote speeches.....	1
Panel presentations I: The experience of the social partners.....	2
Panel presentations II: The work of key agencies.....	4
Group discussions.....	7
Day Two: The donors' perspective.....	7
Moving forward: Conclusions of the workshop and guidelines for action.....	8
Guidelines for action.....	9
 Appendices:	
I. Summary of group reports.....	11
II. Workshop of programme.....	16
III. List of Participants.....	18

Introduction

Background to the workshop

In the course of 1999, a number of ILO initiatives were taken to mobilize the social partners around HIV/AIDS. The Regional Tripartite Workshop on the Labour and Social Implications of HIV/AIDS, held in Windhoek in October, was the first of these initiatives. The draft platform of action formulated at Windhoek was then approved by the Ministers of Labour at the Ninth African Regional Meeting in Abidjan in December. These events led to the special high-level meeting on HIV/AIDS and the World of Work, one of the high points of the 88th International Labour Conference, at which a co-operation framework agreement was signed by the ILO and the Joint United Nations Programme on HIV/AIDS (UNAIDS). The Conference also adopted a resolution on HIV/AIDS, reflecting the general consensus that HIV/AIDS is now a labour issue that must be addressed by all partners in the World of Work. One consequence of the resolution was the establishment of the ILO Programme on HIV/AIDS, the consultation workshop in Geneva being one of its first activities. Its plan of action was formally approved at the 279th Session of the Governing Body in November 2000.

Purpose and scope

The purpose of the workshop was to establish both policy priorities for the Programme and guidelines for its implementation. Focus was therefore on defining the comparative advantage of the ILO in the response to HIV/AIDS, and its role in relation to other agencies and organizations. To this end, it brought together the expertise of panellists representing the social partners and key agencies, and the country knowledge and workplace perspectives of ILO field and headquarters staff.

Day One: Technical expertise and the perspective of the social partners

Keynote speeches

The Director-General of the ILO opened the meeting and set the tone for discussion by urging participants to be clear in identifying the special contribution the ILO can make in what is now recognized as a development crisis and priority United Nation responsibility. Clarity of thought and purpose can be achieved as long as we always remember that this issue is about people: "Think about the people, and how the ILO can help them... Please look through their eyes." Just as the Decent Work Initiative is a response to people's own definition of their problems, so too, the HIV/AIDS Programme must prove its relevance to the concerns and priorities of the ILO's constituents.

This point was taken up by Dr. Elo, representing the Director of UNAIDS, who said that it was precisely in involving people, and ensuring that programmes benefit them, that the ILO has a clear role. The ILO-UNAIDS co-operation framework sets out principles for joint activities and strengthens collaboration between the ILO and all the UNAIDS partners. Dr. Elo acknowledged the conceptual ground already covered by the ILO especially the input from the field as well as practical achievements such as workplace agreements. The resolution and framework provide the basis for accelerated action by the ILO, which UNAIDS welcomes and will actively support.

Panel presentations I: The experience of the social partners

The first panel shared the experience of representatives of the social partners: Dr. Michel Lavollay from the French Government, Ms. Juliette Lenoir from the American Federation of Labor and Congress of Industrial Organizations (AFL-CIO), and Mr. Johan Strydom from Ford Motor Company in South Africa. The key role of the social partners was stressed by Mr. Assane Diop in his introduction and by many speakers throughout the workshop. The importance of this panel did not, therefore, only relate to the content of the presentations, but signalled the priority the ILO gives to working with and through the social partners and their organizations.

All three speakers expressed their own particular vision of the contribution the ILO has to make: the common thread was an unequivocal welcome for the ILO's intensified involvement in the combat against AIDS, since all believed that the ILO can play a vital role in terms of advocacy, policy guidance and the development of practical workplace programmes.

Dr. Michel Lavollay (France): The political leverage of the ILO

Dr. Lavollay emphasized the fact that in the course of the last year the issue of HIV/AIDS has been recognized by the United Nations (UN) as a threat both to security and to poverty reduction. He expressed the hope that the level of political attention it now commands may finally result in an adequate response. At present a 'double standard' response exists: ten per cent of those infected are citizens of the North where HIV has been transformed by investment in research and adaptation of social protection into a manageable disease. The vast majority of the infected, however – citizens of the South – have few prospects of benefiting from care or treatment. The ILO has a particular political contribution to make – the "political leverage of tripartism" – both by involving the World of Work and by helping to reconceptualize the epidemic.

Dr. Lavollay stressed the following features of the ILO's mandate and experience, which make it a crucial partner in the struggle against HIV/AIDS:

1. The workplace provides the circumstances for shaping attitudes: where trade unions, employers, and concerned authorities have worked together in a spirit of active and open cooperation, prevention strategies have succeeded. Attitudes are the main determinant in driving the epidemic underground.
2. The workplace is also the appropriate place to offer compassion and care, as well as social protection. The ILO can be a powerful advocate for the role of voluntary testing, counselling and care – and their cost-effectiveness in the longer term. Care has become a high priority issue and the debate on the role of drugs in the Third World has turned 180 degrees. The ILO must support the right of poor countries and communities to have access to drugs, care and social security.
3. The ILO can help explore innovative means of funding care, for example through debt swaps. It has a role in supporting health services, in particular through its responsibilities towards health personnel, but should also broaden the scope of the response so that it is not confined to the health sector.
4. The long-term effect of HIV/AIDS on society and communities will be far more wide-ranging than governments and agencies, including the United Nations, are used to dealing with. Many of these consequences are central to the ILO's mandate in terms of poverty relief and the protection of workers' rights.

**Mr. Johan Strydom (Ford Motor Company, RSA):
A policy for the workplace**

Mr. Strydom is the Personnel Manager of Ford's three plants in South Africa. He is responsible for some 3,500 direct employees, and many others through contractual relations with Ford, not to mention his links with the families of workers and the local community. His presentation of the practical steps it took to set up an effective workplace programme was enormously useful in terms of focusing on action and illustrating the potential contribution of the ILO at the workplace. Mr. Strydom showed the meeting that what it takes to "stop talking and to move into action" is simply the determination to do so – and it only takes one person to start it off: "Companies have a moral obligation to employees, a financial responsibility to shareholders, and a responsibility to the community, to act now against HIV/AIDS." The management decision was taken at the end of 1998 and the programme started at the beginning of 1999. Ford's model for a creative and effective workplace programme comprises the following elements:

1. Inform and persuade all levels of management and workers' representative bodies (in this case the National Union of Mineworkers South Africa (NUMSA)).
2. Set up an action steering committee, making sure it includes people with key responsibilities among managers and workers in this case it was chaired by the Chief Executive Officer.
3. Develop a company policy quickly – this stage can often delay action but it should not. Sample policies exist (the ILO can help here) – just adapt one, check it with legal advisers, and put it out. Ford SA took one month to draft its policy, take legal advice, and print it.
4. The policy or agreement must be clear (in this case it has just 14 points), well presented, and on permanent display throughout the workplace – "a live document". The Ford 'Policy Letter' is a coloured A3 sheet, emphasising the joint support of unions and managers, and promising "zero tolerance" for discrimination.
5. Make the launch of the programme a high profile, well-publicized event: this shows the determination of the company and starts to combat secrecy and denial. Ford closed down production for half a day, made sure everyone attended, and created a multimedia event which included theatre as well as statements of support by the company management.
6. Appoint a programme coordinator.
7. Make sure the programme includes education and practical measures such as condom distribution. Many workplace materials are available. Ford put together a short booklet very rapidly, with most information in pictures, and encouraged workers to take them home to their families. Twenty peer educators were trained. They are available at the workplace and highly visible in special caps and t-shirts. Ford is now focusing on outreach to families and the communities near their plants. It has a programme with 40 primary schools: "15+ is too late. We must reach the 11-13 year olds". Condoms used to be available only through the medical service – now there are machines in every toilet and take-up is 25 times higher than before.
8. Keep HIV/AIDS on the agenda of management and trade union meetings at the workplace.

**Ms. Juliette Lenoir (American Federation of Labor and Congress of Industrial Organizations, AFL-CIO):
The responsibilities of trade unions**

Ms. Lenoir, too, put the accent on action and showed that if workers don't have the good fortune of an enlightened management, as at Ford, they still have many possibilities to put effective programmes in place. She drew on the experience of trade unions in the United States in the early 1980s when they organized themselves into trained teams to combat fear and ignorance. She stressed the fact that at this time there was still uncertainty about how infection was spread, so basic epidemiological information was the basis of much of their work. This is less of a problem today but other areas of ignorance and denial persist and trade unions must remain active. International solidarity has become the challenge for trade unions in the developed countries where the privileges of affluence give people with HIV/AIDS the chance to live fruitful lives for longer than ever before. The ILO can play a pivotal role in helping to change the focus of governments in member States and to establish a climate for collaboration on HIV/AIDS. In particular the ILO can be a key instrument in persuading employers that setting up workplace programmes is in their financial interest. Strong political will is needed – and the ILO can help provide this.

Ms. Lenoir outlined the following principles for trade union action:

1. Trade unionists have a moral obligation to educate themselves and their families about the spread of HIV/AIDS and its prevention.
2. Trade unions have a mandate to protect the rights of workers and to counter discrimination, secrecy and denial.
3. Trade unionists have the responsibility not only to bring HIV/AIDS to the negotiating table but also to take part in discussions and campaigns to promote education and anti-discrimination.
4. Trade unions also have the right and responsibility to request governments to establish national policies for HIV/AIDS that reach into the World of Work.
5. Where trade unions are fulfilling their obligations towards their own members, they should also support the efforts of their fellow workers in countries with fewer resources.

Panel presentations II: The work of key agencies

The emphasis then shifted to the technical expertise of three institutions that have been key actors in shaping and promoting the national and international response to HIV/AIDS: UNAIDS, the US Centers for Disease Control (CDC), and the United Nations Development Programme (UNDP). The aim of this panel was to enhance the knowledge and understanding of participants so that they can play the most effective role possible in their own spheres of responsibility in the field and in the specialist sectors of ILO headquarters.

Dr. Olavi Elo (UNAIDS): Epidemiological overview and the importance of partnership

Dr. Elo gave a clear overview of the epidemiology of HIV/AIDS and its historical and geographical variations. He explained the different origins, driving forces, and timing of the spread of HIV/AIDS in different parts of the world, and concluded that the response, too, needs to vary to take into account the different facets of the problem. Nevertheless,

ignorance and denial are the major driving forces everywhere. He emphasized the fact that, in regions where the outbreak of infections is quite recent, it is dangerous to assume that the longer-term spread of the epidemic will be limited. We should think in terms of delayed-onset countries rather than expect low prevalence to be a permanent state. The other challenge is to measure, analyse and respond to the impact of HIV/AIDS on families and countries as well as individuals. The extent of the 'knock-on' effects of the epidemic is only now becoming clear. For this reason the UN Security Council has twice in recent months discussed HIV/AIDS as a threat to security worldwide.

Dr. Elo commented on what he had seen of ILO activities in the field – including his personal knowledge of programmes in India and Russia, two priority countries – and the high standard of the project proposals among the papers given to participants. He saw workplace programmes as being mainly centred on education, but also including condom distribution and voluntary testing and counselling. His emphasis, however, was on the urgency of extending these programmes beyond the workplace itself so that families – especially young people – and the wider community could also be reached.

The main emphasis of Dr. Elo's presentation was on the importance of partnerships, for the following reasons:

- (1) Acknowledgement of the scale of the problem and political support for action are vital at the highest levels. These lead to the involvement of an increasing number of partners – for example the ILO itself and the special session of the United Nations General Assembly next year – and, at country level, to an increasing number of co-sponsorship programmes. These partners can also help raise the funds that are so urgently needed – resources for Africa have increased three-fold over the last two years as a result of advocacy by key partners within their constituencies.
- (2) UNAIDS is a global partnership of seven United Nations agency cosponsors. Its board is made up of representatives from governments and NGOs, including People Living With HIV/AIDS (PLWHA).
- (3) Africa's special situation – not only the extent of infection but also its limited capacity to respond – led to the creation in 2000 of a special International Partnership against HIV/AIDS in Africa (IPAA). This mobilizes the international community and key national players to coordinate the most effective possible programme, and includes the United Nations, donors, governments, NGOs – including trade unions, and the private sector.
- (4) At national level, the structure for cooperation has become both wider and stronger, providing a platform for the interaction of a range of stakeholders. Where government capacity is weak, it also provides the mechanism for coordination and implementation of integrated national strategies.

Ms. Renee Saunders (Centers for Disease Control, USA): Developing a national programme

Ms Saunders works in the public-private partnership programme of the CDC, and also has experience in assisting the government of South Africa with its national plan for HIV/AIDS. She explained that the CDC has undergone a substantial shift from epidemiological surveillance and research to a more operational focus today. Ms Saunders gave as an example of particular interest to the ILO, the development of kits for labour leaders and business managers. She presented the key areas of concern and action of the CDC, and used her work in South Africa as a case study of cooperation between CDC and a national government:

-
- (1) From 1995, the South African government gave top priority to putting in place a proactive response; by 1997 – following an assessment of sexually transmitted infection (STI) and HIV programmes – it was clear that this also needed to be multisectoral: “... as long as AIDS was in the health sector, nothing was going to be done”.
 - (2) The next step was awareness-raising with all the other ministries, and in 1998, the ‘Partnership against AIDS’ was established – a coalition between a range of government ministries and the social partners, women’s organizations, youth groups, church groups, and people living with HIV/AIDS. This was launched with a national call for action.
 - (3) Research by the US International Solidarity Center showed that most trade union leaders were still at the rhetoric rather than the action stage, in part because there was a problem of underreporting and denial. The Center set out to provide support for trade union action: a substantial programme has been developed which includes education and training, support for the negotiation of workplace agreements, and workplace counselling. The education programme has included training of trainers, workshops for senior labour leaders, the adaptation of education materials, and the production of a reference manual and sectoral manuals for mining, transport, and education.
 - (4) In addition, an AIDS law project handles complaints of discrimination on the basis of HIV/AIDS status. A case was recently won against South African Airlines for illegal pre-employment HIV testing.
 - (5) Other features of prevention campaigns in South Africa include extensive use of the mass media; cooperation with the Artists’ Alliance against AIDS (drama, murals, posters); use of the South African Labour Bulletin to give examples of good practice as well as including regular articles to inform and raise awareness.
 - (6) The whole programme in South Africa is an example of action-oriented partnership: it is funded by UNAIDS, managed by CDC, and based at the US Center for International Labor Solidarity (which has been involved with South Africa since 1992).

Ms. Odile Sorgho-Moulinier (UNDP): The impact of HIV/AIDS on social and economic development

Ms. Sorgho-Moulinier, UNDP’s Director in Geneva, analysed the development implications of HIV/AIDS and the need for a multidimensional response to mobilize a range of partners, approaches, and specializations. AIDS affects every aspect of human life so every United Nations agency has a role to play: indeed, this was the reason for setting up UNAIDS in 1996. ILO’s particular contribution will include strengthening the general understanding of the impact of HIV/AIDS on the workplace, on families, and on economies, and helping to develop gender-sensitive policies to mitigate this impact. UNDP itself has been involved with HIV/AIDS since 1987. Over time, its role has evolved so that now it increasingly focuses on advocacy and fund-raising issues. There is still a massive funding gap, with an estimated US\$3 billion needed to contain the spread of HIV/AIDS in Africa alone. UNDP already co-operates with the ILO at country level. In India, ILO and UNDP are working with the National Labour Institute to increase awareness about the risks of HIV infection associated with mobility and migration, especially in the informal sector. Further collaboration with the ILO is proposed in the areas of poverty alleviation, promotion of good governance, addressing the needs of migrant labour and the informal sector, and reinforcing multisectoral coalitions to reduce the impact of HIV/AIDS and encourage development.

Ms. Sorgho-Moulinier identified the following ways in which the AIDS epidemic has a direct impact on development:

- (1) HIV/AIDS affects the economic performance of countries and undermines their capacity to respond to the epidemic.
- (2) Employment is a cornerstone of development, and the impact of HIV/AIDS on productivity and labour is now better understood: labour force numbers, skill levels, the capacity to transfer knowledge – all are necessary to maintain productivity, but all are threatened.
- (3) HIV/AIDS makes the dependency ratio higher.
- (4) HIV/AIDS undermines women's capacity to generate income, support the household, and protect themselves and their rights.
- (5) HIV/AIDS intensifies poverty through the loss of adult workers and wage earners, pressure on household income, the additional burden on women as carers, the diminished capacity of public services, and the creation of millions of orphans.

She stressed that it is vital to take steps now to assess the scope of the developmental impact, to develop strategies to mitigate this impact, including planning for skill shortages and bottlenecks in production, and to protect the rights of affected workers.

Group discussions

Following the panel presentations, participants were given the opportunity to divide into groups for further discussion. The purpose was not only to encourage a process of reflection to strengthen the ILO Programme, but to ensure that each individual present – almost all of whom would be taking on some AIDS-related tasks and responsibilities – was consulted and involved in establishing the Programme.

Each of the four groups covered a key policy area and together represented what the ILO sees as the four pillars of the proposed Programme:

- developing a legal and policy framework;
- enhancing knowledge and promoting advocacy;
- mobilizing the social partners for prevention;
- mobilizing the social partners for care and support.

The fact that the four topics are interconnected was acknowledged and participants were encouraged to bear this in mind and indeed to signal links where relevant. They were also asked to consider cross-cutting themes such as the role of technical cooperation in supporting each area of work (see Appendix I for group reports).

Day Two: The donors' perspective

The second day was marked by a drive to take the inputs and reflections of the previous day and use them to strengthen and move forward the ILO's proposals for its Programme. This process was led by Mr. Franklyn Lisk in his summary of the proceedings to date, and was made more concrete by reactions from donors. All welcomed the ILO's moves to consolidate and extend its activities in relation to HIV/AIDS and emphasized its

timeliness. While most donors spoke off the record, Mr. MacArthur DeShazer, Deputy Undersecretary in the US Department of Labor, was able to confirm his department's pledge of US\$8 million to the ILO in 2001. He encouraged other donors to make comparable contributions. Mr DeShazer praised the dynamism of the labour sector and congratulated those present for taking a lead in promoting a quick and effective response.

Mr. DeShazer outlined six imperatives that had been identified by the Department of Labor as critical to an effective response to HIV/AIDS in the World of Work:

1. The protection of workers' rights, especially to confidentiality in testing and counselling: it is now clear that an atmosphere of trust and openness is vital to prevention as well as to care. A strong workplace partnership based on mutual trust, is thus needed and here, the ILO has the advantage due to its relations with the social partners.
2. Global cooperation: there have been many problems with coordination at country level. Clarity and good management in the relations between agencies globally should be the first step in addressing these problems.
3. Building on what already exists, especially at local level: behavioural changes, in particular, must be rooted in the community. AIDS relates to the most private and personal of matters, and the international community has never had to meet such a challenge. It needs to remain sensitive and responsive to advice and analysis from local communities.
4. Maintaining focus: the ILO, as with every other agency, must concentrate on what it can do best, and work with its prime constituencies.
5. Learning to move as quickly as AIDS does: this makes it important to give priority to results and sustainability. Outcome should be monitored and evaluated so that action taken is always relevant; but it is not necessary to wait for information before reaching out to workers and employers.
6. Mobilizing more financial support for the international response to HIV/AIDS: the US Department of Labor has made a substantial undertaking and looks to other countries to match its commitment.

Moving forward: Conclusions of the workshop and guidelines for action

Conclusions

Throughout the meeting, the workshop participants – from ILO field staff to technical experts and interested donors – cooperated with a sense of urgency and commitment to prepare for the establishment of the ILO's AIDS Programme in the best possible conditions. The following conclusions represent a broad consensus based on a range of views, backgrounds and experience:

- HIV/AIDS is both a labour issue and a challenge to development.
- The epidemic undermines the principle of decent work, which shapes the strategic development of the ILO.
- Each of the social partners is profoundly affected in its specific domain: governments by pressure on services and social security, including a decline in GDP for some

countries; employers by increased labour costs and a loss of productivity and profitability; workers by the assault of the epidemic on their livelihoods, rights, capacity to work and family welfare.

- HIV/AIDS has an important gender dimension, because in many countries women are being infected at a younger age and faster rate than men, because gendered roles put pressure on both men and women to adopt behaviour that increases the risk of infection, and because women tend to carry a greater share of the burden of care.
- The response to HIV/AIDS, nationally and internationally, should be both multisectoral and poverty-focused.
- The workplace is a conducive setting for information, education and personal risk assessment related to HIV/AIDS, especially involving peer educators and practical measures to support behaviour change.
- Both care and prevention need to be based on the protection of workers' rights, especially in terms of confidentiality and non-discrimination.
- The tradition of solidarity at the workplace should include compassion for those affected by HIV/AIDS.
- The relationship between the workplace and the local community needs to be recognized and built upon, both in terms of common problems and the sharing of resources.
- The particular needs of children who have lost one or both parents to AIDS should be addressed in the context of the pressure on them to find work.

Guidelines for action

The implications of these conclusions for the ILO's programme were examined, and formulated into a set of guidelines for action. There was a high level of agreement on the principles that should guide the ILO and the priority areas on which it should focus.

Principles

The ILO's global programme must satisfy three basic conditions if it is to be valid, viable and effective:

- (i) It must stem from the ILO's own mandate, be focused on the ILO's own constituents and be guided at all times by the four strategic objectives.
- (ii) It must offer those things that only the ILO can do or can do best.
- (iii) It must work in partnership with other agencies and organizations at both international and country level.

Priority areas for action

The ILO has a clear and vital contribution to make in the following areas in particular:

- (i) It can reach communities at risk through its presence in the World of Work and its tripartite structure.

-
- (ii) Its political weight and contact with member States and community leaders means that it can significantly strengthen advocacy both globally and at country level.
 - (iii) International labour standards, and the process of social dialogue, offer a sound basis for the development of rights-based national plans and codes.
 - (iv) ILO field offices and expertise in research and technical cooperation provide knowledge and tools that will strengthen the response to HIV/AIDS at country level.

The next stage in the implementation of the Programme on HIV/AIDS and the World of Work

Following the workshop and taking into account its findings, revision will be made of the Programme document which, together with the resolution passed at the 88th Session of the International Labour Conference, will be the instruments forming the basis of the ILO Programme on HIV/AIDS in the World of Work. The Governing Body of the ILO will consider proposals to implement the resolution at its next meeting in November 2001. The final details of programming, structure, and implementation will then be available to all interested parties, and the Programme will support and consolidate existing activities in the Organization while initiating new projects to fulfil this new and urgent mandate.

Appendix I: Summary of group reports

Group I: Developing a legal and policy framework on HIV/AIDS, with particular emphasis on the protection of workers' rights

1. The scope of a national policy

Workers' rights should be at its core, but it should also establish the wider responsibilities of the social partners:

(i) Employers' responsibilities:

- support the appropriate authorities in developing and implementing a national policy;
- develop a workplace policy in consultation with workers' representatives;
- facilitate workers' committees on HIV/AIDS;
- help prevent workers from contracting HIV.

(ii) Government responsibilities:

- develop a multisectoral national policy involving all stakeholders;
- develop and implement a policy for all government employees;
- promote non-discriminatory principles and practices;
- develop adequate care and social protection mechanisms;
- train labour inspectors and safety and health inspectors in HIV/AIDS prevention;
- support policy development at sectoral and workplace level;
- find funding for increased levels of care;
- take more active measures to raise awareness and provide care in the informal sector.

(iii) Workers' organization responsibilities:

- include HIV/AIDS policy in collective bargaining;
- provide education and training for members;
- extend obligations under safety and health legislation to HIV/AIDS;
- keep HIV/AIDS on the agenda at internal meetings;
- counter stigmatization of those affected.

2. Specific measures to include in legislation, with particular attention to vulnerable groups and sectors:

(i) Protecting workers' rights:

- establishing conditions for HIV testing (pre-employment and during employment);
- protection against harassment and stigmatization;
- medical confidentiality;
- establishing grounds for dismissal.

(ii) Setting up workplace prevention programmes:

- provide accurate information and counter the myths and fears around HIV/AIDS;
- include education and training with the aim of helping individuals understand and deal with the risks that may exist in their personal behaviour;
- provide support for behaviour change (e.g. condom distribution).

-
- (iii) Supporting workers living with HIV/AIDS
 - provision of places and times for rest;
 - flexibility in working time and tasks;
 - early retirement/disability benefits;
 - training for changing capacities;
 - counselling.
 3. ILO instruments and activities:
 - a new Convention should be put in place, if it could be agreed rapidly;
 - other options would be a Recommendation to supplement a number of Conventions, or a Code of Practice (useful but less strong);
 - set up a database on HIV/AIDS legislation, including methods used in different legal systems;
 - include HIV/AIDS in training on human rights and labour issues;
 - extend ILO supervisory mechanisms to include HIV/AIDS.
 4. Tripartite consultation:
 - include consultation as a principle in a new Convention;
 - invoke existing Conventions as appropriate, e.g. C. 144;
 - ILO assistance to be given to workers and employers;
 - field offices to promote social dialogue more actively;
 - invite governments to set up tripartite committees;
 - extend the responsibilities of Governing Body members.

Group 2: Enhancing knowledge and promoting advocacy

1. Identifying knowledge and information that are needed
 - (i) What type of information?

The following are necessary for a complete picture, but it is clearly not the ILO's responsibility to collect them all (e.g. surveillance and demographic data):

 - surveillance data/prevalence rates;
 - demographic data;
 - data on the social and economic impact of HIV/AIDS, with special reference to enterprises, labour force and workers' families.
 - (ii) Information gaps and research priorities:
 - economically less developed countries;
 - the informal sector;
 - the impact on particular sectors and groups of workers;
 - social and behavioural studies among workers;
 - detailed studies of selected communities and enterprises.
2. Accessing, gathering and sharing existing knowledge
 - (i) Gathering information:
 - use field structures to establish data base and country profiles;
 - access knowledge and experience of social partners;

- set up structures to obtain regular information from the following: UNAIDS, UN Population Division, National AIDS Committees, research institutions, donors, NGOs, the media and the Internet
- (ii) Disseminating information
- Within the ILO:
- review and circulate examples of ILO good practice, programme targeting and adaptation, behaviour change;
 - hold national & regional seminars/workshops/conference;
 - use the Internet – extend the ILO’s website.
- Among the ILO’s constituents:
- identify and target different types of user and their information needs;
 - provide examples of good practice relevant to workers, employers and governments – these should include sample workplace agreements, education modules etc. to be adapted and used in countries;
 - use the Internet – extend the ILO website;
 - make active use of growing knowledge and understanding of the impact of HIV/AIDS on the World of Work as a tool in advocacy with governments, employers, and workers’ leaders.
3. Capacity-building in knowledge management
- strengthen the capacity of the ILO – at headquarters and in the field - to access existing relevant data, to conduct research, and to analyse findings;
 - use the Turin Centre to strengthen the constituents’ capacity through training and exchange;
 - support the constituents’ capacity through the development of appropriate models and indicators;
 - mainstream HIV/AIDS in technical co-operation programmes and build in relevant information-gathering target.

Group 3: Mobilizing the social partners to provide and extend HIV/AIDS prevention programmes

1. Who are the social partners in this context?

‘Tripartite Plus’, that is to say, the ILO’s traditional partners – governments, workers and employers – plus key civil society organizations. In some workplaces the only programmes available have been set up by NGOs, and they should not be ignored once employers, workers, and their organizations are mobilized.
2. HIV/AIDS implies sex, a taboo subject in many societies: how should it be introduced?
 - It is important not to be put off, inhibited or sidelined by traditional taboos or personal sensitivities: intervention is urgent at as early a stage as possible.
 - The workplace and trade union networks can provide the conditions to encourage openness and trust, as well as compassion.
 - Safety and health structures can be readily adapted to include HIV/AIDS prevention.
 - Workplace educators should include peer educators or ‘AIDS activists’, among them people living with HIV/AIDS.
3. Persuading the social partners that they need to act NOW
 - “Prevention is better than cure”, that is to say that early preventive measures are easier and cheaper to implement, as well as much more effective.

-
- The AVERT model used in family health promotion demonstrates the effectiveness of early intervention.
 - Use existing experience, data and information – from other countries if necessary – to show the costs of HIV/AIDS in terms of employment, training, productivity loss, health insurance, medical costs, administration.
 - Encourage advocacy by employers and workers through their networks and organizations, and share workplace agreements as examples.
 - Support bipartite and tripartite discussion.
 - Refer to the indicators of high risk, as relevant – e.g. incidence of sexually transmitted infections (STIs), TB, drug and alcohol abuse, mobility of labour...
4. Key elements of workplace programmes
- Awareness-raising is most effective when it's integrated into existing programmes – safety and health, gender policies, and so on.
 - Workplace policies should be part of binding collective agreements where possible; they should include protection against unfair dismissal, provision for time off for education and training, monitoring of effectiveness, outreach to the wider community through families (include a range of life skills from nutrition to assertiveness training).
 - Programmes should be overseen by a joint manager-worker steering committee (the OSH Committee where possible).
 - Testing should always be voluntary, confidential, and accompanied by counselling. It is probably best outside the workplace altogether.
5. Technical assistance
- The ILO has a comparative advantage in this domain: incorporate HIV/AIDS as fully as possible and provide adapted training materials as soon as possible.
 - Making partnerships, especially with NGOs, and other 'creative alliances' is important for the sustainability of ILO's efforts in the workplace and the community. Not all need be HIV/AIDS-specific - for example, literacy programmes, human rights campaigns.
 - Identify specific target groups and situations for priority action.
6. Getting the message across
- Use lessons from other 'lifestyle' diseases, e.g. diabetes, hypertension.
 - Emphasize the manageable aspects of HIV/AIDS for those with the infection and their immediate circle.
 - Develop the leadership and educational skills of women.
 - Make imaginative use of all channels of communication to raise interest and awareness – not just narrowly focus on prevention: fairs, exhibitions, theatre, comic strips, community radio and TV, films, inserts in pay slips and utilities bills.
 - Focus on issues relating to children, especially AIDS orphans.

Group 4: Mobilizing the social partners for care and support

1. Does the ILO have a role in terms of care and support?
- It was agreed that it does but only on condition:
- (i) that it makes sure its activities are always relevant to its constituents and mandate;
 - (ii) that it doesn't reinvent the wheel: much has already been done and learnt – the ILO should interpret and adapt this for its constituents, not do it again.
2. What are care and support in this context?
- There are two sorts of care:

-
- (i) awareness-raising and prevention programmes = preventive care;
 - (ii) support for the infected (which may range from workplace accommodation and pension arrangements to countering discrimination) = protective care.
3. What or where is the workplace?
 - It is not simply the office or factory, whether in a large or a small enterprise. It includes informal work arrangements from sub-contracting to street trading or home-working, as well as the particular circumstances of migrant workers.
 - The workplace cannot be disconnected from the local community.
 4. The role of social dialogue
 - Tripartite consultation is important to ensure that a workplace programme meets the needs of all concerned, including the local community.
 - Consultation should also extend to other partners, including NGOs.
 5. Social protection
 - This is a key area of ILO responsibility and should provide the framework for care and support. International labour standards are also part of this framework.
 - Innovative approaches are necessary, such as ‘micro social security’, already being explored by the ILO.
 - The affordability of care and the right to have access to care are principles that the ILO and its social partners must promote.
 6. Mitigating the impact of HIV/AIDS: the gender dimension
 - The epidemic affects men and women in different ways: responses should be targeted appropriately.
 - The vulnerability of women must be recognized.
 - The voice of women must be heard, both in defining their needs and in proposing solutions.
 - A range of partnerships should be explored, especially with women’s groups who have often been among the most active in prevention and care.
 7. Related activities
 - The ILO should respond to the urgent need for studies of the informal sector as it has special connections and thus a comparative advantage in this domain.
 - The ILO should add its weight to the international campaigns for affordable drugs.

Appendix II: Workshop Programme

Day 1: Technical expertise and the perspective of the social partners

9:00 – 9:30	Registration
9:30 – 10:00	Opening session Welcome and introduction Mr. Assane Diop Executive Director Social Protection Sector, ILO Opening remarks Mr. Juan Somavia Director-General of the ILO Dr. Peter Piot Executive-Director of UNAIDS
10:00 – 10:15	Coffee break
10:15 – 11:30	Panel I – Constituents <i>The challenge of combating HIV/AIDS in the World of Work: Critical issues for a tripartite response</i> Moderator: Mr. Assane Diop Invited panellists: Dr. Michel Lavollay Counsellor for Health French Embassy Washington, D.C. Mr. Johan Strydom Manager Personnel Services Ford Motor Company of Southern Africa Ltd. Ms. Juliette Lenoir Assistant Director International Affairs Department, AFL-CIO
11:30 – 12:50	Discussion Panel II – Partnerships <i>Sharing experience on good practices</i> Moderator: Mr. Franklyn Lisk Director, ILO Programme on HIV/AIDS and the World of Work Invited panellists: Ms. Odile Sorgho-Moulinier Director UNDP Office in Geneva Dr. Olavi Elo Director Department of Country Planning and Programme Development, UNAIDS Ms. Renee Saunders Public Health Adviser Centers for Disease Control and Prevention Washington, D.C.
	Discussion

12:50 – 13:00 **Introduction to group work**

13:00 - 14:30 **Lunch break**

14:30 – 17:30 **Group work**

Group work will be centred on the following issues, considered key areas for the ILO Programme on HIV/AIDS in the World of Work. Each of these groups will consider the issues from the perspective of the assessment of the impact and cost implications of HIV/AIDS in the World of Work. Issues related to capacity building, including training, resource mobilization and technical cooperation should also be considered as cross-cutting themes.

■ Legal and policy framework: the protection of workers' rights (Group 1)

■ Knowledge and advocacy (Group 2)

■ Mobilizing the social partners

 (a) Prevention (Group 3)

 (b) Care and support (Group 4)

17:30 – 18:30 **Group work presentations**

Day 2

Consultations with the donor community

Chair: Mr. François Trémeaud
Executive Director
Regions and Technical Cooperation, ILO

9:30 –10:15 **Presentation of ILO Programme on HIV/AIDS and the World of Work**

Mr. Franklyn Lisk, Director, ILO Programme on HIV/AIDS and the World of Work

10:15 – 10:30 **Coffee break**

10:30 – 11:30 **Donors' perspectives**

Global action in support of national responses: The DOL's views

Mr. MacArthur DeShazer, Deputy Under Secretary
for International Labor Affairs
United States Department of Labor

Invited guests
Other viewpoints are expected to be presented by
representatives of IMEC countries

11:30 – 12:30 **Discussions and conclusions**

12:30 – 14:00 **Lunch break**

14:00 – 16:00 **Wrap-up session on implementation modalities**

(ILO officials only)
Chair: Mr. Assane Diop

Appendix III: List of Participants

External Resource Persons

Dr. ALBAN, Anita	Economist Policy, Strategy and Research Department UNAIDS, Geneva
Dr. ELO, Olavi	Director Department of Country Planning and Programme Development UNAIDS, Geneva
Ms. GENEVOIS, Ilona	UNDP Office, Geneva
Mr. HETCH, Robert	Associate Director Policy, Strategy and Research Department UNAIDS, Geneva
Dr. LAVOLLAY, Michel	Counsellor for Health French Embassy, Washington
Ms. LENOIR, Juliette	Assistant Director International Affairs Department American Federation of Labor and Congress of Industrial Organizations (AFL-CIO), Washington
Ms. MENDOZA, Aurorita	Health Promotion and Gender Adviser, Policy, Strategy and Research Department UNAIDS, Geneva
Mr. MUIA, Frederick	International Organization of Employers (IOE), Geneva
Dr. NDOWA, Francis	Chief, Africa Section Office of HIV/AIDS and Sexually Transmitted Infections Initiative WHO, Geneva
Mr. PARK, Thomas	USAID, Washington
Ms. SAUNDERS, Renée	Public Health Adviser Centers for Disease Control and Prevention (CDC), Atlanta
Ms. SORGHO-MOULINIER, Odile	Director UNDP Office, Geneva
Mr. STRYDOM, Johan	Manager Personnel Services Ford Motor Company of Southern Africa Ltd., Pretoria

Donor Representatives

Ms. BERGGRAV, Marit	HIV/AIDS Programme Manager MFA, Norway
Mr. CHRISTIANSEN, O.	Permanent Mission Norway
Ms. COTTON, Sue	Permanent Mission United Kingdom
Mr. DESHAZER, MacArthur	Deputy Under Secretary for International Labor Affairs, United States Department of Labor
Mr. HAGEN, R.S.	First Secretary Permanent Mission, USA

Ms. HAIKIO, Kristina	Permanent Mission Finland
Ms. HELM, Cathryn Celeste	Coordinator Global HIV/AIDS Initiative United States Department of Labor
Ms. JENSEN, H.E.	Permanent Mission Denmark
Ms. JOERGENSEN, S.	Permanent Mission Denmark
Ms. KAPELLAS, Anna	Permanent Mission Canada
Mr. KLOTZ, Valentin	Permanent Mission Germany
Dr. KOKKI, Maarit	Senior Medical Officer Permanent Mission, Finland
Mr. LEGGERI, M.A.	Permanent Mission Italy
Mr. LONG, John D.	Permanent Mission USA
Ms. NOTEBOOM, J.M.	First Secretary Permanent Mission Netherlands
Ms. QUINTAVALLE, Natalia	Permanent Mission Italy
Dr. SOLE-GOMEZ, Maria Dolores	National Institute for Hygiene and Security Barcelona, Spain
Mr. VONOVIER, Raffael	Permanent Mission Switzerland

ILO participants

HIV/AIDS Task Force and other headquarters officials

Mr. DIOP, Assane	Executive Director Social Protection Sector
Mr. TREMEAUD, Jean-François	Executive Director Regions and Technical Cooperation
Ms. CORNWELL, Christine	Director Development Cooperation Department
Mr. LISK, Franklyn	Director ILO Programme on HIV/AIDS and the World of Work
Mr. TAKALA, Jukka	Director InFocus Programme on SafeWork
Ms. DY-HAMMAR, Josefina	Chief Conditions of Work Branch
Mr. REYNAUD, Emmanuel	Chief, Planning Development and Standards Branch
Mr. SWEPSTON, Lee	Chief Equality and Employment Branch International Labour Standards Department
Dr. ALLI, Benjamin Olalekan	Social Protection Sector

Ms. AMORIM, Anita	InFocus Programme on Child Labour
Ms. BALIMA-VITTIN, Cécile	Equality and Employment Branch International Labour Standards Department
Mr. BUSSI, Maurizio	Social Protection Sector
Mr. DUYSSENS, Daniel	Development Cooperation Department
Mr. ESSENBERG, Hubertus	Sectoral Activities Department
Mr. HAGEMANN, Frank	InFocus Programme on Child Labour
Ms. HODGES, Jane	Government and Labour Law Administration Department
Ms. HOWELL, Luesette	Bureau for Employers' Activities
Mr. KABUNDI, Mpenga	InFocus Programme on Crisis Response and Reconstruction
Mr. KHALEF, Ahmed	Bureau for Workers' Activities
Mr. KNOP, Rudiger	Financial, Actuarial and Statistical Services Branch Social Security Department
Ms. McDONAGH, Amy	Social Finance Unit
Mr. NETTER Thomas	Bureau for Public Information
Ms. NOGUCHI, Yoshi	InFocus Programme on Child Labour
Mr. ROOIJ Van, Peter	Social Finance Unit
Mr. SEHGAL, Jag Mohan	Employment Sector
Mr. SHAHANDEH, Behrouz	Social Protection Sector
Ms. SIETARAM, Amrita	Bureau for Workers' Activities
Ms. ULSHOEFER, Petra	Bureau for Gender Equality
Ms. VEJS-LAURSEN, Rie	Job Creation and Enterprise Development Department
Mr. YOUNG, Sylvester	Bureau of Statistics

HIV/AIDS focal points and other officials in ILO field offices

Mr. BEQUELE, Assefa	Special Representative to the OAU and ECA and Director of ILO and EAMAT Addis Ababa
Mr. ALI IBRAHIM, Mohamed	Director Area Office, Dar-es-Salaam
Mr. ANDEMEL, Toudjida	Area Office, Abidjan
Mr. BOGUI, André	EMAS, Dakar
Ms. CUNHA de, Beatriz M.	Area Office, Brasilia
Mr. DIA, Insa	TURIN Centre
Ms. HAKANSTA, Carin	Area Office, New Delhi
Ms. HASPELS, Nelien	EASMAT, Bangkok
Ms. ISIMAT-MIRIN, Patricia	EMAC, Yaoundé
Ms. IVANOVA, Ekaterina	Area Office, Moscow
Ms. KLOTZBUECHER, Karin	Regional Office, Bangkok
Ms. JANKANISH, Michele	CAMAT, Port of Spain
Ms. MAKHETHA, Judica	SAMAT, Harare
Mr. MUSINDO, Alexio	Regional Office, Abidjan

Mr. NKANAGU, Tharcisse	EMAS, Dakar
Ms. RAOOF HASAN, Samina	Area Office, Islamabad
Ms. RAZAFIARISOA, Farah	Area Office, Antananarivo
Ms. READE ROUNDS, Margaret	Area Office, Suva
Ms. RICE, Annie	CEET, Budapest
Mr. SAKALA, Ezara	Area Office, Lusaka
Ms. TIDALGO, Hilda	Area Office, Manila
Ms. VILLACORTA-ELLINGSON, Lynn	TURIN Centre
Mr. WAFTA, Nabil	ARMAT, Beirut
Mr. WOODALL, John	SAAT, New Delhi

Workshop secretariat

Ms. ATAPATTU, Mangalika	Social Protection Sector
Ms. ANTONY, Catherine	Planning Development and Standards Branch
Ms. BOIXADER, Johana	InFocus Programme on SafeWork
Ms. FORNIER, Elizabeth	InFocus Programme on SafeWork
Ms. KAGNY, Lala	InFocus Programme on SafeWork

Consultant

Ms. LEATHER, Susan