International Symposium on
HIV/AIDS Workplace Policies and Programmes in
Developing Countries

1–3 June 2003, Berlin, Germany
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
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<tr>
<td>AIDS</td>
<td>Acquired Immunodeficiency Syndrome</td>
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<td>ARV</td>
<td>Antiretroviral Drugs</td>
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<td>ART</td>
<td>Antiretroviral Treatment</td>
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<td>BCC</td>
<td>Behaviour Change Communications</td>
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<td>CSW</td>
<td>Commercial Sex Worker(s)</td>
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<td>DOH</td>
<td>Department of Health</td>
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<td>DoLE</td>
<td>Department of Labour and Employment</td>
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<td>DOTS</td>
<td>Directly observed treatment with short course chemotherapy for TB and ARVs for HIV</td>
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<td>EAP</td>
<td>Employee Assistance Programme</td>
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<td>EPZ</td>
<td>Export Processing Zone</td>
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<td>GFATM</td>
<td>Global Fund to Fight AIDS Tuberculosis and Malaria</td>
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<td>GTZ</td>
<td>Deutsche Gesellschaft für Technische Zusammenarbeit - German technical cooperation organization</td>
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<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<td>HMO</td>
<td>Health Management Organization</td>
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<td>HRM</td>
<td>Human Resource Management</td>
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<td>IDU</td>
<td>Injecting Drug User</td>
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<td>IOE</td>
<td>Institute of Employers</td>
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<td>MNE</td>
<td>Multinational Enterprise</td>
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<td>MOU</td>
<td>Memorandum of Understanding</td>
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<td>MSM</td>
<td>Men who have Sex with Men</td>
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<td>MTCT</td>
<td>Mother to Child Transmission</td>
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<td>NGO</td>
<td>Non-governmental Organization</td>
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<td>PEC</td>
<td>Pan-African Employers Confederation</td>
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<td>PEP</td>
<td>Post Exposure Prophylaxis</td>
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<td>PLWHA</td>
<td>People living with HIV/AIDS</td>
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<td>PNAC</td>
<td>Philippine National AIDS Council</td>
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<td>PPP</td>
<td>Public-Private Partnership</td>
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<td>RH</td>
<td>reproductive health</td>
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<td>RTI</td>
<td>Reproductive Tract Infection</td>
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<td>SADC</td>
<td>South African Development Community</td>
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<td>SATAWU</td>
<td>South African Transport and Allied Workers Union</td>
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<td>SME</td>
<td>Small and Medium Size Enterprises</td>
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<td>STI</td>
<td>Sexually Transmitted Infection</td>
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<td>TB</td>
<td>Tuberculosis</td>
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<td>TETA</td>
<td>Transport Education and Training Authority</td>
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<td>TUCP</td>
<td>Trade Union Congress of the Philippines</td>
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<td>VAT</td>
<td>Value-Added Tax</td>
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<td>VCT</td>
<td>Confidential Voluntary Counselling and Testing</td>
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<td>VW</td>
<td>Volkswagen</td>
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<td>VWSA</td>
<td>Volkswagen South Africa</td>
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<td>WBG</td>
<td>World Bank Group</td>
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<td>WHO</td>
<td>World Health Organization</td>
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<td>WPP</td>
<td>Workplace Policy and Programme</td>
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Introduction

HIV/AIDS is a devastating pandemic that, despite some successes achieved by prevention initiatives, continues to spread rapidly. The physical suffering and economic damage that HIV infection inflicts upon individuals, families, communities, businesses, nations and regions is immense. The challenges that it poses will need to be addressed for many years to come, even with prevention and treatment efforts made on a large scale.

At the end of 2002 UNAIDS estimated that 42 million adults were living with HIV/AIDS and that no region of the world is unaffected. However, the countries that are hardest hit are also those with the fewest resources either to combat the further spread of infection or to care for those already infected and affected.

Morbidity and premature mortality resulting from HIV/AIDS must now be seen as a core business and development issue since the great majority of infections are present in men and women aged 15–49, the ages of greatest productivity. The world of work is, therefore, a key arena where effective action may be taken to reduce the further spread of infection and provide care and support to minimise suffering and disruption.

The ILO Programme on HIV/AIDS and the world of work was initiated in 2001 in response to this pressing need and to help to build an effective international response. It introduced the *ILO Code of Practice on HIV/AIDS and the world of work* as a framework for its tripartite constituents to develop workplace policies and programmes to deal with HIV/AIDS in the workplace. To date, the ILO Code has been translated into over 26 languages, and is now accompanied by a comprehensive *Education and training manual* to aid its implementation. Both documents make important contributions.

ILO is a cosponsor of UNAIDS, and works in close partnership with organizations such as GTZ on initiatives and interventions on HIV/AIDS in the world of work.

The information presented in this document was given at the International Symposium on HIV/AIDS Workplace Policies and Programmes in Developing Countries, 1-3 June 2003, Berlin, Germany. They describe how different participants concerned with the world of work are addressing the challenges posed by HIV/AIDS and give examples of good practice and possible future developments.
1. Workplace action: key issues and lessons learned

A. Overview of issues

The Managing Director of GTZ establishes the context and urgent need for a collaborative workplace response to HIV/AIDS. The UNAIDS Director develops certain key points, adding useful factual information. The ILO, the UN agency with responsibility to lead the workplace response to HIV/AIDS, sets out the main challenges and areas of action of its programme on HIV/AIDS and the world of work.

Dr. Bernd Eisenblätter, Managing Director of GTZ

Dr. Eisenblätter welcomed participants and thanked the many parties involved in the Symposium. The purpose of the meeting was to strengthen the dialogue between all parties involved in the struggle against HIV/AIDS—between the public and the private sector, between governmental and international institutions, between employers, employees, and trade unions and, last not least, between companies and business associations that share the experiences and problems of the global market. He said he hoped that the symposium would combine indispensable theoretical aspects of HIV/AIDS Workplace Policies and Programmes as well as the practice of implementation.

In the last decade HIV/AIDS has become one of the biggest challenges humankind has to face in the 21st century. Behind the incredible number of 42 million infected people, most of whom live in Africa south of the Sahara, an uncountable amount of personal pain and sorrow is hidden. The loss of beloved persons—the vast majority at an age between 15 and 49 years—is a catastrophe for millions of families. But not only for them. The loss of this population—at the peak of their productive strength—also paralyses national economies. The impact HIV/AIDS has on the workforce and the economic setting includes decreasing productivity, absenteeism, staff fluctuation, loss of know-how, and a heavy load of benefit payments, to mention only some. Workplace policies and programmes as they are developed and supported by GTZ are one answer to this threat. They include a precise analysis of the specific company setting, a wide range of activities relating to voluntary testing and counseling, education, prevention and medical care, as well as constant monitoring and a critical evaluation.

Over the last three years, German Technical Cooperation has had the opportunity to provide advice to a number of German and international globally acting enterprises on the development of tailored comprehensive HIV/AIDS policies and programmes. One of these projects in South Africa has even received an award from the Global Business Coalition and the International AIDS Trust. GTZ is also working with medium-sized companies in Zambia, Tanzania and Namibia representing different economic sectors: agriculture, construction materials and food. Several tools have also been developed to make it easier for other GTZ projects to incorporate the idea of workplace programmes into their operations.
1. Workplace action: key issues and lessons learned

GTZ has learned quite a lot from these advisory tasks and can now supplement this understanding with even more sensitivity. Over the course of last year GTZ formulated its own corporate HIV/AIDS personnel policy and implementation has started in 131 countries.

Dr Eisenblätter emphasized the immense importance of sharing ideas, knowledge and experience and drew the meeting’s attention to the UN Global Compact, which offers a forum for dialogue on all topics of corporate social responsibility, on human rights, social standards and ecology. The symposium is a concrete result emanating from initiatives like the Global Compact or the Global Business Coalition, with their corresponding national structures, to cite but two examples. Participants will learn and talk about business motives and reasons for HIV/AIDS workplace policies and programmes, about defining a coherent strategy, about putting the response into action and about reaching out beyond the workforce to families and communities – that is, the practical implementation of good theory. This is the GTZ approach—whenever problems occur it looks for a practical solution. It would also be excellent if the symposium was able to generate partnerships between companies willing to use their financial capacity and their close bonds to their employees in the fight against AIDS. The first step towards this goal can best be summarized with the words of Virgil: "Experto credite": "Believe him who has experienced it himself".

Dr Peter Piot, Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS)

Dr Piot started by drawing attention to what he called a “sea change” in the global response to AIDS. Spending on AIDS in low and middle income countries has more than doubled since the beginning of 2000 to its current level of $3.5 billion. It has been widely accepted that at least $10 billion annually is needed—and with the recent US funding announcement, on the basis of current spending commitments.

In the world of work, the ILO's Code of Practice, adopted in 2001 is similarly a landmark. It represents an agreed tripartite model for action on AIDS, and has been instrumental in setting norms.
1. Workplace action: key issues and lessons learned

But despite the sea change in funding, attitudes and the norms for the response to AIDS, we are still a long way from the scale of implementation that is needed to start reversing the epidemic.

This is a problem with a solution—but only with leadership. Governments are essential to the leadership equation: only they command national policy and resources. No NGO or business can replace this role. The countries where HIV incidence is falling are those where governments have stepped up to the line—Thailand, Cambodia, Uganda, Brazil. The list is getting longer.

But if governments do not have the support of other sectors, they are doomed to fail on AIDS. AIDS is a crisis and it needs a crisis response. The AIDS epidemic is on a scale that demands this type of response—it needs us all to rewrite the boundaries of enlightened self interest, and indeed the boundaries of where social responsibility starts and stops.

It is pure bottom-line responsibility for business and unions to support workplace responses to AIDS.

There is evidence that some businesses in hard hit countries have reacted to AIDS by systematically shifting the burden to the public sector and households—by screening employees, reducing benefits, retrenching staff and outsourcing contracts. But this is short-term and self-defeating thinking—it will only accelerate shrinking markets and the poor investment climate accompanying social instability. He is, however, heartened by seeing the beginnings of a new ethical business response to the epidemic, which may have a profound and lasting impact on both the epidemic and business itself.

At the end of the nineteenth century, the workers’ movement on this continent rallied around the cry for ‘eight hours work, eight hours recreation and eight hours rest.’ Perhaps we should apply the same division of life to AIDS, and say we need programmes equally in the workplace, the community and in the bedroom.

The fact is, they are all related. We have already seen workplace provision of HIV treatment foundering, because workers are unwilling to come forward if they know they won't be protected from discrimination, or that their spouses or children won't get access, or that their treatment will last only as long as their job does.

Until recently, it has been workplace programming that has lagged behind community and national efforts. But today there is an explosion of good practice and in some countries, business is definitely ahead of government. I know that every company, every trade union and every government department represented in this room has been a leader and innovator in AIDS programming.

UNAIDS—eight cosponsoring UN agencies [nine since October 2003, with the addition of the World Food Programme]—has been working since the beginning with the Global Business Coalition on AIDS particularly since ILO has joined us as a cosponsor. Under the leadership of Juergen Schrempp and Richard Holbrooke, the Coalition has become a powerful platform for business talking to business and has
contributed to develop key tools for workplace policies (largest and most in depth resources of employer programme, setting standards on business policies on pre-employment, testing and non-discrimination).

UNAIDS has collaborated with the Global Health Initiative of the World Economic Forum, which has increasingly advocated to its business audience, providing them with specific national initiatives where they can engage with AIDS. And the ILO, UNAIDS cosponsor, has of course been active with its constituents, including the International Confederation of Free Trade Unions and the International Organisation of Employers.

What are the results of business's engagement on AIDS? Well, they include workplace prevention campaigns, community outreach, anti-discrimination policies and an increasing number of company-supported HIV treatment access programmes.

But we have a long way to go before these programmes are the norm, not the exception. We urgently need to get to the point at which such action is just normal baseline for any company who cares about its workforce and any union that is responsibly protecting its members.

The costs to business need not be large. The costs of inaction are far greater.

Dr Piot ended by outlining the three immediate challenges to wider implementation of effective workplace responses:

**First**, there is the challenge of keeping workplaces abreast of the information they need—both the state of the epidemic and norms and standards for good practice in the response. Here UNAIDS and especially the ILO have a role, but it is also a responsibility that must become core business of the mainstream global employer and union organizations.

**Second**, we must not neglect small and medium size enterprises (SMEs). An interesting World Bank study on why some Nigerian companies responded to AIDS and others didn't showed it depended on three things:

1. whether they knew someone in the company was HIV-positive or had died of AIDS,
2. whether they had received AIDS information from an outside source in the past year, and
3. whether they were part of a family of firms or an industrial group. If small and medium enterprises are outside the information and resources loop, they are not going to take action against AIDS.

**Third**, the 'proof of concept' of workplace action on AIDS is still needed, with examples that demonstrate unequivocally the economic as well as the social importance of work place interventions.
While globally the response to HIV/AIDS has all the resolutions, plans, guidelines and polices that it needs, what it doesn’t have is enough on the ground action. Inevitably the real difference will be made here—in the tough bargaining between employers and unions for workplace conditions and benefits, and in hard-nosed decisions about allocating company and government resources. The networks that are represented at the symposium have the power to make the difference. The Back Up Initiative of GTZ is a very good example of what can be done to assist partner-countries. He expressed the hope that other bilateral technical agencies and donors would do the same. The US$10 billion needed will have to come from various sources including the private sector.

B. Developing a workplace response

i) The GTZ Workplace Programme: process of development and lessons learned

Rationale and development

GTZ has been addressing the issue of HIV/AIDS for many years—mostly within the context of primary health care projects. Over the last three years, GTZ has advised various companies operating internationally on the development of HIV workplace programmes. At the same time it has developed various tools to enable GTZ projects to integrate HIV workplace programmes into their own work (i.e. mainstreaming HIV/AIDS). In several African countries with high HIV-prevalence such as Kenya, Tanzania, Ethiopia and Burkina Faso, GTZ has developed country-specific HIV/AIDS workplace programmes that also take account of the specific needs of partner organizations.

Until recently, however, GTZ had no programme for its employees worldwide. The following describes the process undertaken in developing its own workplace policy and programme (WPP).

Unlike many other international enterprises, GTZ is not in a position to decide for itself whether it will operate in a country on a long-term basis. GTZ's involvement is dependent on political decision-making, and on the award of contracts—most of which it receives from the German Federal Ministry for Economic Cooperation and Development. This means that GTZ involvement in specific countries is project-based, and therefore of limited duration.

This has several implications for GTZ employees that need to be addressed from the outset of all projects. When national personnel are employed, this is always on a limited-term basis only. Therefore, GTZ aims to integrate national personnel into a pool of regular GTZ staff, thus binding them to GTZ.

Over time, GTZ has succeeded in keeping the pool of national personnel relatively stable. This was achieved through country offices keeping on many national personnel once the projects they had been working in were completed. One year ago GTZ adopted a Policy for National Personnel that explicitly recognises these personnel as members of the regular staff body. In doing so, GTZ has undertaken,
amongst other things, to make appropriate provision for major life crises, including appropriate provision in the event of HIV infection. This was all the more important as, unlike GTZ seconded staff, national personnel do not otherwise have any insurance cover to protect them against the risk of HIV/AIDS.

In light of this, and the experiences gained in HIV/AIDS-related projects, the next logical step was to design an HIV/AIDS policy for the whole of GTZ. This process was helped along by events outside the organization. Until a few years ago, the costs of antiretroviral treatment (ART) schemes were very high. Virtually no developing country could meet them, so treatment strategies seemed inappropriate. However, international efforts helped develop schemes that could also be afforded in the African context, and more money was made available to help improve in-country infrastructure. At the same time, the costs of antiretroviral therapy fell dramatically, and structural and financial conditions made it conceivable that a comprehensive approach to the problem of HIV/AIDS could be pursued.

In November 2002, GTZ published its HIV/AIDS workplace policy, followed by guidelines for its implementation. The following is a brief account of some of the specific challenges GTZ faced, and how they were dealt with.

The situation: structure of GTZ

The GTZ Workplace Programme has to serve the needs of 1,032 staff members at Head Office, 1,373 seconded experts and 8,572 national personnel employed locally. There are also operations in 131 partner countries. This means that a wide variety of cultural, social and political factors needed to be taken into account, as did the major differences in the HIV/AIDS situation found across the various continents and countries.

GTZ’s decentralised structure proved very helpful in this situation. Within it, responsibility for implementation of country portfolios rests with the directors of in country offices, while responsibility for projects rests entirely with officers responsible for the respective commissions. In-country office directors are therefore also responsible for the implementation of policies such as the Policy for National Personnel or—as in this case—implementation of the HIV/AIDS policy. GTZ therefore has a strong guarantee that implementation will take local circumstances into account.

Implications for the Workplace Programme

It is necessary to provide decision-makers on the ground with tools that enable them to develop country-specific HIV/AIDS workplace programmes, based on the GTZ-wide HIV/AIDS policy. Core elements are as follows:

i) structure of the policy
- a policy formulated in general terms;
- a section explaining the policy and providing the necessary definitions and more precise and specific information;
1. Workplace action: key issues and lessons learned

- a section containing concrete directions for implementation of the individual measures; and
- detailed documents and examples.

**ii) principles of the policy**

- prevention through information and training
- confidentiality
- non-discrimination
- testing
- medical treatment.

**iii) main service provisions of the programme**

- development of local counselling, testing and treatment services
- assumption of costs for testing and treatment of AIDS-related illnesses (including ART), worldwide
- for national personnel, regular partners and first-degree children will also be included
- the assumption of costs will begin upon completion of the probationary period, and end upon expiry/termination of the contract of employment
- services will be based on the subsidiary principle and local market rates.

Although the decentralised structure is conducive to appropriate implementation of the programme at the local level, it does place special demands on the management of programme implementation.

At GTZ, appropriate local management is guaranteed by the high degree of local relevance, and by the fact that the entire management structure identifies strongly with the theme. Formally, this is expressed, for instance, by the fact that in the Africa Department GTZ has—amongst other things—attached high priority to implementation of the policy in the formulation of departmental goals. This means that the performance of GTZ managers, as well as in-country GTZ Office Directors, will be measured with reference to this goal.

The communication media selected are CD-ROM and the Intranet, which offer user-friendly options for gaining an overview of the Programme and swiftly obtaining more detailed information on specific issues.

Among other things, this outline also demonstrates that there is no blueprint for developing programmes of this kind, and that these programmes need to be adapted to the specific needs and challenges faced by each company.
A costing model for HIV/AIDS workplace programmes
(developed by GTZ together with the Swiss Tropical Institute)

There are two main aims of the GTZ costing model:
- to help companies understand the implications of HIV/AIDS at the workplace and
- to help companies in decision making whether a WPP should be introduced.

What does the model measure?
1. Current economic impact of HIV/AIDS.
2. Workplace programme costs.
3. Expected health impact of WPP (prevention and treatment).
4. Potential cost-benefit of a comprehensive workplace programme.

The approach is process oriented, not cost-benefit result oriented.

The model has been designed to use readily available data from both company and scientific literature sources, and require a minimum level of effort in collection. It has also been designed to be easy to compute and not need substantial processing power. It provides a robust analysis of the likely financial impacts of HIV/AIDS and the potential cost-benefit ratio of implementing a WPP.

GTZ in Kenya: supporting the business response

In high-prevalence countries like Kenya, employers are becoming aware of the serious impact of the epidemic on the cost-efficiency of their operations and the output of their companies or institutions. They recognize the need to address the multi-faceted effects of the disease on their staff and on their families and communities. Various impact models project the diverse costs incurred in the areas of human resources and production, and different responses tried. It has been found most effective to ensure a multi-sectoral and mainstreamed approach including the following elements:
- sensitization of the workforce in order to:
  - prevent further HIV infections;
  - slow down the rates of infection;
  - make informed choices on their sexuality;
  - get immediate and correct treatment for STIs;
- condom distribution;
- counselling and testing with post-test care and support continuum;
- recruitment, training and supervision of HIV/AIDS focal points;
- creation of cross-sectoral links and integration of HIV/AIDS in all non-health sectors and projects;
- continuous monitoring and tailoring of the programme;
- ‘backstopping’ by HIV/AIDS Country Coordinator (full time post).
GTZ in Kenya: health insurance for comprehensive care

As an employer of over 10,000 staff all over the world, GTZ has recognized the serious negative impacts of HIV/AIDS on the success and sustainability of development cooperation and as a local employer on its human resource management. Since 1999, GTZ Kenya has mainstreamed HIV-AIDS in all its 2,703 projects covering all sectors of development cooperation, which has resulted in high levels of awareness among national staff in the project teams and, among other benefits, the availability of counselling services for national staff. In 2000 a human resources working group analyzed the quality of GTZ’s general health insurance scheme for national staff. It concluded that, in the case of HIV- or AIDS-related healthcare costs, the insurance coverage was insufficient and recommended a change of health maintenance organization (HMO).

Negotiations with new candidate HMOs revealed the need for an independent scheme to cover HIV/AIDS-related healthcare costs. The human resources department developed a pilot project for a solidarity fund (see box) to pay for care contracted out to an independent hospital. This approach has been adopted as one way to implement the recently adopted GTZ WPP for all national staff in GTZ-supported countries.

HMO selection and negotiations

Key steps in establishing HMO insurance packages include:

- defining the package;
- negotiating price and payment schedule;
- ensuring smooth referral from other coverage to the HIV/AIDS-specific coverage;
- keeping clients informed and ensuring (limited) freedom of choice of provider; and
- ensuring confidentiality.

Components of the HMO package include:

- doctors’ consultations;
- baseline and follow up diagnostics (lab and x-rays);
- counselling;
- referral for home-based care;
- preventive treatment;
- treatment of opportunistic infections (TB included) and STIs;
- ARVs;
- anti-fungal and anti-diarrhea treatments; and
- psycho-therapeutics.
Key components of the policy include:

- awareness creation and information dissemination, through GTZ office, team/project leaders and focal points;
- corporate identity and motivation;
- counselling and testing;
- post-test care and support continuum;
- basic health insurance coverage;
- HIV/AIDS-specific insurance package;
- continuous monitoring and tailoring of the policy;
- ongoing product development; and
- confidentiality, coupled with stigma avoidance measures.

The role of a solidarity fund
A solidarity fund may be established to cover those health-related costs that are not included in health insurance policies or health maintenance organizations (HMOs). Small monthly contributions by employers and their employees have created a sustainable fund ensuring access to comprehensive, qualitative care and support. Awareness is enhanced and maximum health preserved for PLWHA. Absenteeism is reduced and staff motivation is increased, and the image of the company is improved.

Conclusions
Important conclusions drawn from experience include:

- small can be beautiful, but also a headache;
- internalize first;
- don’t be penny wise but pound foolish;
- make the policy part of your market strategy; and
- have courage to innovate, and disseminate experiences and lessons learned.

A prevalence survey as an efficient tool to streamline HIV/AIDS prevention initiatives at the workplace
T-Systems SA started a workplace programme in 2001 under a public-private partnership with GTZ.

It is a comprehensive workplace project based on a needs-oriented HIV/AIDS policy, focusing on three components:

- phase 1: education and awareness
- phase 2: comprehensive health care approach
- phase 3: community involvement.
As part of this project, it carried out a prevalence survey with the purpose of:

- measuring economic impact at the business level;
- assessing educational needs at the workforce level;
- monitoring and evaluation; and
- generating baseline data.

The following should be taken into consideration in carrying out such surveys:

- legal/policy framework that guarantees the confidentiality of the results and non-discrimination;
- participation rate; and
- post-prevalence survey report and dissemination of results.

Beneficial outcomes resulting from the survey include:

- management understanding of the scope of the problem, its ramifications for the business and commitment to action;
- higher awareness within the workforce; and
- information to guide reprioritisation of project components.

Specific impacts of the survey on the workplace programme include:

- modification of the operational plan
- the issue of VCT
- employee wellness benefits
- cost-benefit analysis
- monitoring and evaluation systems

**Recommendations**

It is recommended that there is:

- continuous sustainable monitoring and evaluation;
- communication to ensure success and buy-in within the workforce;
- capacity-building for education of a key task force, implementation of the workplace programme and to ensure its sustainability; and
- networking with companies to share knowledge and lessons learned, as well as to influence decision makers on HIV/AIDS-related matters in workplace programmes.
Advocacy among management, networking among peers

The role and objectives of the National Business Committee against HIV/AIDS in the Democratic Republic of Congo

For the last two years, GTZ has had a partnership with Heineken in DRC that supports the company’s comprehensive HIV/AIDS workplace programme. Under this impetus, several national and international firms in the country created the National Business Committee against HIV/AIDS that has proved to be very efficient in influencing and reaching different business sectors including state enterprises. The Committee has succeeded in demonstrating that it is feasible to advocate and network for WPP in the difficult environment of Central Africa where recession, high levels of workforce mobility, fierce competition and short-term vision often divert the attention of corporations.

Lessons learned

1. For any WPP to be successful, it has to receive widespread support from the entire community—not only businesses and their employees, but also the businesses’ headquarters, shareholders, employees and managers in other branches, community members and families.

2. Most business managers want to do good, but they often have difficulty presenting a strong case for what they may know to be the right thing to do. Companies want to see concrete activities implemented in their workplace. There is a continuing need for clear information on what does and does not work.

3. It is important to understand that ‘business’ comprises many markedly different segments:
   - multinational corporations and SMEs;
   - high- and low-risk business operating models;
   - companies with expertise in communication;
   - distribution, management, product development—there is no blue print, and each company has its own method of internal communication and decision making.

In terms of HIV/AIDS, GTZ advocates a holistic approach based on all the critical issues for the well-being of employees. In addition, GTZ promotes an integrated strategy for tackling not just HIV/AIDS, but also other health hazards posing serious problems for workers, because it appreciates that a healthy workforce is a source of abiding strength and productivity.

Key strategies

1. Secure the support of the CEO
2. Address AIDS in the workplace effectively (through implementation of the findings of baseline surveys)
1. Workplace action: key issues and lessons learned

3. Develop a fund-raising strategy
4. Share good practice and failure studies
5. Codify workplace policy on HIV/AIDS
6. Discuss legal, stigma, gender and discrimination issues in the workplace
7. Provide care and medical support for those affected by HIV/AIDS
8. Work with business groups and/or coalitions in the area to maximise the potential of efforts.

ii) The experience of other partners

Preconditions for service provision

Medical Research Council, South Africa

HIV/AIDS workplace programmes are high-risk investments that need to be effective to avoid consequences that would otherwise be devastating for the company. Not only do special programmes cost money, they also affect the work of employees and influence productivity. Therefore, proper planning and preparation for their implementation is essential.

In essence, an effective WPP consists of two essential components: (i) a motivated workforce with a clear understanding of the importance of the problem and (ii) a company policy that is honest, transparent and designed to support its employees. For these elements to be turned into a system that does not adversely affect company productivity and profitability, a comprehensive health care approach and effective health service linkages are essential preconditions.

TB and HIV in the workplace

In addition to the two essential components noted above, the following necessary elements of an effective WPP have been identified. Operational targets should:

- be promoted widely;
- give enabling support;
- offer values;
- meet expectations;
- have built-in ‘listening’ capacity; and
- be subject to performance measurements.
Characteristic features of effective WPPs include: visibility, reliability, accessibility, relevancy, desirability and viability.

- Essential steps for effective service provision include:
  - standardized training;
  - adherence to treatment standards/quality;
  - efficient referral system; and
  - a standardized monitoring and evaluation system.

There must be a comprehensive approach to healthcare—from prevention (health education and promotion) to treatment (DOTS – Directly Observed Treatment with Short Course Chemotherapy for TB and ARVs for HIV). These are directly linked with health services in the community.

An HIV/AIDS coordinator at the workplace may ensure adherence to standards, promote links between different parties, and offer guidance. In dealing with HIV/AIDS in business, effective and efficient linkages must be made between public and private resources and services that can all contribute to effective action under the broader goals of national programmes.

**Commitment at all levels a key factor for succeeding in any HIV/AIDS programme**

**The World Bank Group**

In 2000, the World Bank President made the commitment that ‘No more Bank Group staff or their family members should die from AIDS’. A policy and programme were put into place that include principles of non-discrimination and confidentiality, prevention, and care including health insurance cover.

Prevention activities include:
- VCT;
- condom distribution;
- occupational health and safety procedures;
- post-exposure prophylaxis; and
- prevention of STIs and mother to child transmission.

The effectiveness of care and treatment is influenced by:
- the existence of an AIDS response group (confidential advice, facilitation of ARV supply, medical care);
- confidential processing of medical claims;
- psychological support;
- network of HIV clinicians; and
- site visits.

Challenges to the effective implementation of the programme include:
1. Workplace action: key issues and lessons learned

- difficulties in ensuring confidentiality;
- insufficient commitment and support of local managers;
- fear and stigma;
- local reporting laws;
- supply of drugs/virus resistance; and
- temporary appointments/contract termination.

A new strategy has recently been implemented that requires the appointment of a responsible officer in each country office, makes them and managers accountable, requires the officers to customise and implement programmes, ensures collaboration with external partners and ongoing monitoring and evaluation.

iii) The ILO Programme on HIV/AIDS and the world of work

*Managing HIV/AIDS in the workplace*

AIDS has a profound impact on workers and their families, enterprises and national economies. It is a workplace and development issue. Today more than 42 million people are infected with HIV, over 26 million are workers.

**Impact on workers**

Important impacts on workers include:

- loss of income and household productivity;
- higher health costs;
- the issue of orphans; and
- stigma and discrimination.

**Impact on enterprises**

Enterprises, especially small enterprises and the informal economy, are affected by:

- loss of skills and experience;
- absenteeism and early retirement;
- issues of discrimination;
- increased labour costs;
- falling demand; and
- declining investment.

Increased costs => declining productivity => falling profits
What the world of work can do

Business, labour and public sector workplaces can take effective action including:

- developing a workplace policy that ensures employee rights and confidentiality, and provides the basis for an effective programme;
- implementing a comprehensive workplace programmes that includes education and personal risk assessment, practical support for behaviour change, and care;
- taking responsibility for community outreach programmes: extending interventions and activities beyond the workplace—to families of workers, local communities, and small enterprises;
- developing capacity: providing training and improving competency to formulate and implement workplace policy;
- advocating for an increased response locally, nationally and internationally;
- ensuring that national AIDS plans include the world of work and that national AIDS structures include the social partners.

Government authorities can promote an enabling environment through ensuring a conducive legal and policy framework, addressing issues of human capital losses, and supporting the enforcement of antidiscrimination measures. They can also set an example as employers by ensuring that workplace policies and programmes are in place throughout the public sector.

The ILO put in place a programme on HIV/AIDS and the world of work in November 2000 in recognition of the impact of the epidemic on its constituents, the threat presented to its decent work agenda and the achievement of the Millennium Development Goals, and the contribution of the workplace to national efforts to combat the spread and impact of the epidemic. The ILO programme focuses on setting standards to protect rights; advocacy, research and public information; technical cooperation, policy guidance and training.

Two key documents - the ILO Code of Practice on HIV/AIDS and the world of work and Implementing the ILO Code of Practice on HIV/AIDS and the world of work: an education and training manual - are available to guide policy development and practical programming at the workplace (www.ilo.org/aids).

Expanding access to HIV/AIDS treatment, care and support through occupational health services

The ILO estimates that over 60% of the 42 million adults presently living with HIV/AIDS are workers, hence it is vital that the provision of care and support to the workforce should constitute an integral part of a broad social protection and public health approach to combat HIV/AIDS. In the context of the ILO, care and support includes access to treatment and drugs, healthy living, psychosocial support, reasonable accommodation and access to social protection. These are well articulated in the ILO Code of Practice on HIV/AIDS and the world of work which also advocates the use of existing workplace care services as well as access to ARVs where they are affordable. Also relevant is the Occupational Health services Convention 1985 (No. 161) which covers ‘the adaptation of work to the capabilities of
1. Workplace action: key issues and lessons learned

workers in the light of their state of physical and mental health’, and also ‘the requirements for establishing and maintaining a safe and healthy working environment to facilitate optimal physical and mental health.’

Many larger workplaces have some form of medical service for employees—often extended to their families and also to related businesses. In view of the demonstrated incapacity of the public health system to cope with the impact of AIDS, other options such as occupational health services (OHS) should be explored.

The ILO is proposing to launch an inter-regional technical cooperation project on expanding access to HIV/AIDS treatment, care and support using occupational health services. The project strategy is to harness the potential of the workplace, its structures and especially occupational health services where they exist, to mitigate the impact of HIV/AIDS on individuals and their families, on enterprises and employers, and on the wider community, and use local expertise to develop sustainable solutions to improve care for PLWHA.

Goals and objectives are to:

- extend treatment, care and support to the workplace through OHS;
- promote confidential VCT through ‘know your status’ campaigns;
- establish community outreach programmes;
- contribute to the management of the orphan crisis; and
- provide social protection: social security, medical benefits, health insurance, and income support.

Activities

Preparation: identification, inspection and selection of participating OHS providers.

Training: for OHS staff, with periodic updates; and for mobile OHS care teams to carry out prevention activities, basic health care and confidential voluntary counselling and testing as part of the community outreach programmes.

Service delivery should provide: confidential VCT; prevention of MTCT; nutritional support; TB prevention/prophylaxis; laboratory diagnostics; palliative care; community-based care; ARV; information and education, especially for those undergoing treatment.

The integration of prevention, the principle of non-discrimination, consultation and collaboration with workers and their representatives, community participation and total management commitment are all critical for successful implementation.

The expected outcomes include enhanced capacity of OHSs to provide care, treatment and support as well as diagnostic services for workers living with HIV/AIDS in a cost-effective and sustainable way, enhanced social protection, improved and expanded community health care delivery, expanded VCT and improved prevention programmes.
The longer-term sustainability plan envisaged for the project is through a Social Re-Insurance Plan which the ILO has successfully piloted in the Philippines.

Working together in India on prevention, care and support in the world of work

India has 10% of the global HIV/AIDS population; infection is spreading rapidly from high-risk groups to the general population. Six states already have prevalence rates of over 1%. Labour-related migration is an important factor in the spread of HIV infections. Ninety per cent of reported infections are from the most productive age group 15-49 years. Of the 400 million people working, 93% work in the informal economy. Reducing HIV-related stigma in the workplace is a key challenge.

Government policy on HIV/AIDS emphasises that ‘organized and unorganized sectors of industry need to be mobilized to take care of the health of the productive sections of their workforce’, and, ‘the corporate sector should be encouraged to undertake AIDS prevention activities—including provision of services for their employees both at the workplace and outside as apart of their social responsibility.’

In mobilizing business, key challenges include how to rapidly expand the coverage of HIV prevention and care programmes, involve SMEs, stop stigma and discrimination of PLWHA at the workplace, and create vibrant public-private partnerships. At the same time the ILO seeks to mobilize government institutions and develop with them a national HIV/AIDS policy for the world of work.

The ILO has provided a practical tool for business—an advocacy kit entitled *Enterprises and HIV/AIDS in India*—containing documentation of case studies, a manual that provides step-by-step guidelines to help enterprises develop policies and programmes and a video. Similarly a handbook and training manual have been prepared for trade unions and worker educators.
2. Examples of company action

*Individual companies have taken initiatives to reduce the impact of HIV/AIDS on their employees and their companies for ten years or more. Today they are not only more numerous but are working more closely both with each other – see, for example, the account of the Global Business Coalition – and more collaboratively with labour representatives and workers’ organizations. Most of the documented evidence is from large or international enterprises but we must also acknowledge that some smaller employers with very restricted resources have taken effective action.*

**Daimler Chrysler**

Daimler Chrysler has taken a leading role in the global fight against HIV/AIDS. This is based on a blueprint workplace programme on HIV/AIDS at Daimler Chrysler’s affiliate in South Africa and the commitment of the Chairman of the Board of Management, Juergen E. Schrempp. Both examples underline the company’s endorsement of the principles underlying the social responsibilities of corporations, as defined in the UN’s nation-bridging-and-building Global Compact. Business must step up and join the effort in eliminating one of the most terrible threats to humankind. In one of the most affected countries by the pandemic, Daimler Chrysler South Africa (DCSA) has set an example in addressing HIV/AIDS. A most distinctive feature of its initiative is the public-private-partnership (PPP) with the GTZ.

The purpose of the partnership with the GTZ is to ensure:

- A multifaceted, progressive and dynamic HIV/AIDS strategy for DCSA, which systematically addresses HIV/AIDS as a key obstacle to sustainable development.
- An appropriate, needs-based, world-class HIV/AIDS workplace programme, which aims at preventing new infections amongst employees, dependents and their communities, and provision of anti-retroviral treatment schemes.

The PPP approach delivers:

- The adoption of an HIV/AIDS policy and working protocols based on international codes of conduct
- Ongoing monitoring, evaluation and reporting of the programme’s impact within a framework of excellent corporate governance
- Information, education and communication services linked to medical services and based on the peer educator approach
- Comprehensive treatment, care and support services and the creation of a non-discriminatory environment in which voluntary counselling and testing for HIV is promoted and ongoing access to free anti-retroviral treatment, and treatment and monitoring of prevalent infections such as tuberculosis and sexually transmitted diseases
- The implementation of an extensive community involvement component in partnership with employees’ dependents, with government and non-governmental organizations, traditional teachers as peer educators as well as with medical doctors and other health-care professionals who get trained in standardized treatment and monitoring schemes. Community outreach
measures including health education campaigns, the improvement of quality of care in health centres, and research and evaluation.

Together with our partners in the GBC we are dedicated to encouraging more and more businesses around the world to establish dynamic and effective workplace programmes. DaimlerChrysler itself will take advantage of DCSA's experience and replicate it in other country locations, adopted to local conditions and needs. However, business cannot succeed on its own. Global advocacy is much needed at all levels, from grassroots initiatives to government levels. We hope that other nations will follow the example of the USA, whose government recently announced a US$ 15 bn programme to battle HIV/AIDS. We envision a blooming Public-Private Partnership: Business' energy and expertise culminating in efficient workplace programmes (which are well balanced on prevention and treatment) and in a dedicated community outreach on the one end - public funding focused on education, public health infrastructure and poverty programmes on the other.

**Outreach to the community**

Daimler Chrysler has implemented a programme that seeks to reach out from employees to their families and the communities in which they live and work. Cultural and social factors impacting on scaling-up and reaching out to families and communities have been identified.

Of particular importance is the patriarchal nature of South African society. Patriarchy is characterised and perpetuated by:

- economic dependence of females;
- low status of females;
- male dominance of sexual relationship
- violence against females;
- multiple sexual partners of males; and
- limited education for girls.

Other important factors to consider in programme development and implementation include opposition to condoms, multiple sexual partners and traditionally large families.

Examples of possible components of a community programme include: education of general practitioners in the management of HIV/AIDS; education of teachers and schoolchildren; training of home-based care workers; support for orphans.
Designing workplace HIV/AIDS Programmes: strategies for multinational operators in Africa: Exxon

There are many multinational operators in Africa who all share one business objective: to enhance employee health and productivity and minimize operations impact/disruption related to HIV/AIDS in Africa. The challenge was to develop consistent ‘Africa and Corporate Philosophy’ principles and practices to address worker health, employment practices, and benefits plans regarding HIV.

Three linked strategic components have been identified:

- **prevention**: keep uninfected workers disease-free through workplace preventive education;
- **treatment**: facilitate access to cost-effective treatment; and
- **community capacity**: help strengthen community-based health sector capacity to facilitate long-term sustainable solutions.

In designing the strategy, consideration should be given to:

- global company guiding principles for health care;
- safe, effective, and sustainable medical care;
- learning from industry/business sector experience;
- operational and cost-effectiveness;
- rapidly evolving HIV environment in Africa;
- escalating disease rates and business impact;
- increasing availability of drugs/treatment; and
- government and public expectations.

**Workplace prevention programmes**

Effective workplace prevention programmes require strong line-management support for education as the foundation of responsible personal behaviour. Effective education can lead to sustained behaviour change and significant case reduction.

**Programme design elements**

Important elements in programme design include:

- establishing and maintaining employee responsibility for personal health
- developing ‘standardized’ education tools and strategies for HIV education and prevention;
- tailoring education approaches to local culture so they are more likely to result in sustained behaviour change;
- supplementing workplace education with community-based voluntary testing and treatment; and
- designing and producing both internal and external resources.
Assure programme coverage of high-risk factors:
- **content**: generic programme templates with local customization;
- **delivery system**: via peer-group trainers; and
- **measurement**: KAP (knowledge, attitude, practices) surveys.

Treatment issues include:
- ownership (public or private sector);
- access to care (financing/insurance; availability/capacity);
- safety;
- cost; and
- effectiveness.

**Community capacity to address HIV/AIDS**
Community capacity is a key element in the success of any programme. Issues that need to be considered and addressed include:
- insufficient community capacity may limit the effectiveness of diagnosis/treatment;
- international development assistance and business sector opportunities for partnerships are increasing;
- ‘capacity’ should be technically/culturally appropriate and sustainable and build on workplace programmes;
- partnership with local employers and interested parties to leverage resources;
- consideration of the size and type of each company operation to define capacity-building involvement; and
- establishment of measurable outcomes to manage and promote responsibility for results.

It should be noted that even effective workplace programmes cannot address all needs, so companies should be encouraged to support government policies that direct much-needed resources and attention to the HIV/AIDS issue.

**BP’s response to HIV/AIDS: service provision**
BP’s Southern African region operates in the 13 countries that form the epicentre of the HIV/AIDS pandemic. It employs 3,200 staff engaged in the sale and distribution of petroleum and lubricant products.

During the 1990s, there was growing recognition of the true scale and impact of HIV/AIDS as it affected both employees, in terms of morbidity and mortality, and the business itself. In the face of this challenge the moral and business dilemma facing the company, even one as large as BP, was ‘what could it do?’ within the limits of its resources and the growing external expectations.
There was clear concern about the losses and impacts HIV/AIDS was having in human terms, i.e. suffering and deaths and also the consequent effects on the business with the loss of valuable people, their experience, skills and expertise plus the extra costs associated with, for example, increased health-care, disability benefits and additional recruitment and re-training.

The BP leadership-led response was to conduct a basic initial assessment of the impact of HIV/AIDS on its Southern African operations. Using the published national prevalence rates on a retrospective basis, the results, in 1999, showed 145 AIDS-related deaths among employees (in the 25–49 year age range) and had 550 HIV-positive employees. It also identified that without any intervention there would be a projected death rate of 59 people annually (2% of the workforce).

As one part of a wide-ranging policy development response, a detailed cost-benefit analysis was commissioned to evaluate the full impact of HIV/AIDS on the African operations. In costing possible interventions, factors considered were:

- staff with HIV;
- staff with AIDS;
- staff replacement costs;
- normal training costs;
- funeral costs;
- absenteeism costs;
- work cover costs;
- medical treatment costs;
- group life insurance;
- HIV/AIDS education costs; and
- influence of intervention.

An integral part of the analysis was the inclusion of providing ART to all staff and their registered dependants across the region.

The analysis estimated the costs of a comprehensive HIV/AIDS programme at US$2 million per year. However the analysis also estimated that initially the benefits of the programme outweighed the costs, with an estimated savings of US$800,000 annually and, more importantly, 45 fewer deaths per year.

The analysis, however, also projected that, over time, a ‘steady state’ would be achieved as the numbers of infected staff living longer and healthier lives increased. The annual cost of the programme would, as a consequence, increase to US$7million and at that time, the projected annual cost of HIV/AIDS without any intervention would be US$3.7million. Assuming no drop in infection rates or drug prices, the implication was that the cost of dealing with HIV/AIDS in the employee population would rise from US$1220/person/year to US$2300 so eliminating any savings.
2. Examples of company action

Notwithstanding the potential for a longer-term reversal in cost-benefit, the company implemented its policy, with ARV provision, in full. The recognised implicit challenge was, and is, to prevent costs reaching this level by targeting prevention and working in partnerships.

The total package of benefits provided for staff in Africa includes:

- free VCT (and related services) for staff and registered family members;
- ART for the purpose of extending life span, reducing morbidity and optimising the productivity of each staff member with HIV/AIDS;
- psycho-emotional counselling for staff and dependents to address the impacts of HIV/AIDS and a range of other emotional issues, such as violence, drug abuse and financial hardship;
- ART for all registered dependents to assist staff members and limit the effects of ‘sharing’ drugs, particularly where more than one family member is believed to be infected; and
- a lifestyle, education and nutritional programme for all staff whether they are infected or not, to improve well-being.

The core values associated with this decision recognise the company’s responsibility to take a stand against HIV/AIDS, to understand the contribution it can make to the psychological wellness of its workforce (and dependants), and to save lives and ‘buy time’ in the African HIV/AIDS environment.

Conclusions

- Experience of rising HIV/AIDS-related death rates identified and confirmed that there was little value to be gained from prevalence testing; and
- an overall strategy to address HIV/AIDS directly, comprehensively and immediately (to include VCT), would achieve a more effective outcome, contribute to employee morale and limit the spread of infection.

Volkswagen

Development of Group HIV/AIDS policy

The VW Health Policy is based on the VW Corporate Philosophy. It applies throughout the Volkswagen Group. Health protection and health promotion are:

- social and humanitarian obligations;
- economic necessity; and thus
- an expression of the corporate culture.

Corporate position on HIV/AIDS

Already in 1987, Volkswagen formulated a corporate position on HIV/AIDS that was determined by:

- the then current status of scientific knowledge on AIDS;
- the epidemiological situation;
2. Examples of company action

- any existing or planned government legislation or trade association provisions; and
- the human resources and health policy.

Volkswagen responded to the appeal of the WHO for understanding and sympathy, and the protection of human rights and dignity. Information available indicated that there is no risk of infection from carriers of HIV in the context of normal working activity; that those with AIDS present no risk for their colleagues in the working context; and that without clinical symptoms HIV infection has no harmful effect on fitness for work. It was therefore clear that people living with HIV/AIDS should not be treated differently than employees with other illnesses.

**HIV-testing for employees and applicants**

At present it is not medically justifiable to carry out HIV tests for forensic or epidemiological reasons. There is currently no proof that those with HIV/AIDS represent a source of infection for others at work, therefore tests are not carried out in the context of medical examinations.

**HIV/AIDS workplace project in South Africa**

The policy supports the company response to the HIV/AIDS epidemic. In particular, the company recognizes the impact of HIV/AIDS not only in the workplace but also in the communities in which workers live and VWSA operates.

Policy focus:
- responsibilities each person/group has within the Company;
- protection against unfair discrimination;
- punitive action in cases of unfair discrimination;
- testing—disclosure and commitment to confidentiality;
- the VWSA in-house programme components;
- onsite medical assistance for all employees; and
- treatment availability for all employees.

**Design of the Programme**

The programme was designed by the VWSA HIV/AIDS Task Team with GTZ involvement in determining priority areas, design of project and development of an operational plan.

Four components of the programme include:
- integrated health care approach;
- information, education and communication (IEC);
- restructuring of human resources and benefits schemes; and
- community involvement.
Monitoring and evaluation

A monitoring and evaluation system has been developed to measure impact and progress made on a monthly basis. Monitoring indicators include:

- use of company medical facility;
- TB and STI patient records;
- effectiveness of the peer educator network;
- condom availability and distribution;
- intranet site use; and
- IEC campaign response.

The Global Business Coalition on HIV/AIDS

HIV/AIDS is the greatest threat to global security and prosperity—there is not one country that remains untouched by it. As it reaches epidemic proportions in heavily affected regions, it devastates economies and markets. For companies operating in these regions, HIV/AIDS will have major consequences on profitability and productivity. With no cure available, only the mobilization of every section of society will stem the tide of this epidemic. National governments, the United Nations, civil society, and the business sector have to respond decisively.

The Global Business Coalition on HIV/AIDS (GBC) is a rapidly-expanding alliance of international businesses dedicated to combating the AIDS epidemic through the business sector’s unique skills and expertise.

Its mission is to significantly increase the number of companies committed to tackling AIDS, and to making business a valued partner in the global efforts against the epidemic. HIV/AIDS should be a core business issue for every company, particularly those with interests in heavily-affected countries. With the support of global leaders in government, business and civil society, GBC promotes the broad range of valuable contributions business can make, through policy development and through identifying examples of good practice. The GBC website is dedicated to providing the latest information on HIV/AIDS that is relevant to businesses. As well as promoting member company programmes, GBC researches and collates other business-related information on HIV/AIDS.

Goals

GBC’s first goal is to increase the range and quality of business-sector HIV/AIDS programmes—both in the workplace and in the broader community. It supports the development of strategies for individual companies to deal with HIV/AIDS and encourages governments, the international community and the non-governmental sector to partner with the business sector. To help achieve this goal, GBC is significantly increasing its membership of companies publicly committed to HIV/AIDS. In the last year, membership increased from 17 to over 100 companies.
What business can do

GBC believes that business can respond to HIV/AIDS in three main ways:

- implementing prevention and care programmes and policies for employees and their immediate communities—in many countries company programmes are the only source of accurate HIV information available to employees;
- bringing businesses’ core strengths of creativity and flexibility to improve the reach and effectiveness of HIV/AIDS programmes—businesses’ marketing, communication distribution and logistics skills are already strengthening the impact of many HIV/AIDS programmes around the world; and
- leadership and advocacy by business leaders, lobbying governments and civil society for greater action and partnerships.

Increasing national business involvement

A critical aspect of GBC’s work is to promote greater business action in countries heavily affected by the epidemic. GBC assists by providing technical advice and advocacy support to national business organizations and through high-profile summits of business, political and civil society leaders. Formal partnerships have been developed with leading business associations in Botswana, Kenya, India, South Africa and Thailand; including national HIV and business coalitions and chambers of commerce.

Promoting action in the workplace

GBC’s strategy involves both outreach with business leaders to convince them to act, and the identification of proven and effective interventions to help companies implement their own workplace programmes. GBC initiatives include:

- in December 2002 GBC launched ‘Managing HIV in the Workplace’—an online resource tool of over fifty company programmes from around the world, which can be found at the GBC website www.businessfightsaids.org; and
- in 2003, GBC, with partners in the field of public health, will host a series of closed expert meetings for companies and experts to review the obstacles to implementing HIV/AIDS workplace programmes and how they can be overcome.

Increasing business action in the community

GBC identifies and promotes the broad range of programmes and partnerships business can bring to stem the tide of the epidemic and draws company examples from the variety of industrial sectors where business has worked in partnership with governments and civil society in response to HIV/AIDS and other social issues. Examples of recent activities include:

- a preliminary review of company programmes presented at the Barcelona AIDS Conference in July 2002; and
GBC has joined the Business Sector Delegation to the Global Fund on AIDS, Tuberculosis and Malaria to lobby governments and UN agencies to find innovative ways of collaborating with business using the sector’s expertise and creativity.
3. Trade union programmes

Trade unions have taken a two-strand approach to the issue of HIV/AIDS, on the one hand developing policies and action plans for their own organizations and on the other promoting and supporting workplace programmes. There is increasing consensus between workers and employers around HIV/AIDS and the need for a collaborative response, as specified by the General Secretary of ICFTU-AFRO. The cases of the Philippines and South Africa show the trade unions also working with governmental and quasi-governmental bodies.

**HIV/AIDS: the challenge for trade unions and the response by the ICFTU in Africa**

International Confederation of Free Trade Unions African Regional Organisation (ICFTU-AFRO)

Of the global total of 42 million HIV infections, over 26 million are workers, 18 million of them in sub-Saharan Africa. Thus the impact of the HIV/AIDS pandemic is especially devastating for the African labour force.

ICFTU also recognizes the potential of the trade union movement to respond effectively, and in particular the importance of workplace action. The workplace is an appropriate entry point in tackling HIV/AIDS because:

- it is a forum for large numbers of the age group at risk (20–49 years), including men who are difficult to reach through community initiatives;
- many workplaces have facilities for group discussion, peer counselling, support for co-workers who are infected or affected by HIV, as well as the infrastructure for prevention and care such as clinics and the provision of condoms;
- the works councils and health and safety committees, already existing within many enterprises (comprising both management and workers), provide structures to oversee HIV/AIDS programmes;
- workers are more likely to accept the need for behaviour change once they understand that failure to do so would have serious consequences for their wages and job security; and
- workers can also influence their local community.

It was in recognition of the enormity and gravity of the pandemic, and of the potential contribution of trade unions, that the ICFTU adopted a resolution entitled *Involving Workers in the Fight Against HIV/AIDS in the Workplace* at its Congress in Durban in April 2000. Following this, the African Regional Organisation of the ICFTU Convened a Pan-African Conference in Gaborone, Botswana, in September 2000, where the African trade union leaders adopted *The Gaborone Trade Union Declaration on Involving Workers in the Fight against HIV/AIDS in the Workplace*. To help implement the Declaration and its accompanying Programme of Action, ICFTU-AFRO launched a five-year project—*Trade Union Action Against HIV/AIDS at the Workplace* in 2001. The project covers three key areas of action:
3. Trade union programmes

- prevention of HIV infection;
- mitigation of the impact of HIV/AIDS at the workplace through the provision of care and support for infected and affected workers;
- elimination of stigma and discrimination.

The project focuses on working through shop stewards, since they are in a strong position to advocate among the workers over whom they have influence. It is now operational in six countries, namely Botswana, Kenya, Swaziland, Uganda, Zambia and Zimbabwe. Funding from Norwegian union centre LO-Norway has supported the project and also facilitated the employment of a Regional Coordinator. When more resources become available, it is expected that the project will be extended to include Cote d’Ivoire, Namibia and South Africa.

The ICFTU-AFRO HIV/AIDS programme in the workplace has achieved the following:

- shop stewards have been trained on HIV/AIDS and other related topics such as counselling, STIs, developing HIV/AIDS workplace policies, HIV treatment etc. to enable them to integrate prevention, care, support and treatment programmes at the workplace;
- a training manual and other guidelines have been prepared and distributed to all ICFTU affiliates in Africa;
- awareness-raising has been, and continues to be, carried out among the leadership of national trade union centres in an effort to mobilize them in the fight against HIV/AIDS in the workplace; and
- national trade union centres and their affiliates have been encouraged to establish partnerships, networks and form coalitions with other progressive civil society groups that are considered to be of significance in the fight against the HIV/AIDS.

Practical examples of the results of the shop stewards’ training include education about risk and behaviour change; the initiation of workplace care and support programmes including counselling; the promotion of voluntary testing and advocacy against compulsory screening; an active role in the development of workplace policies on HIV/AIDS based on the ILO Code of Practice and the negotiation of collective agreements.

These achievements notwithstanding, the ICFTU-AFRO and its affiliates have encountered a number of challenges and problems in the implementation of the project. These include:

- resource constraints continue to limit our intervention. To date, the project covers only six out of the nine intended African countries;
- the high cost of ARVs coupled with insensitivity of some governments and employers towards the provision of the life-supporting drugs to workers who have openly declared their HIV-positive status;
- widespread poverty is further contributing to the growth of the HIV/AIDS pandemic in the same way as the pandemic is contributing to growing poverty; and
some employers do not adequately support implementation of HIV/AIDS
programmes.

In order to promote and strengthen the workplace response, ICFTU-AFRO convened
a joint workshop with members of the Pan-African Employers Confederation (PEC),
IOE and employers in Nairobi, Kenya from 7–9 April 2003. Both employers and
workers shared their experiences on what they had carried out to combat HIV/AIDS.
An in-depth understanding was reached on the need for employers, workers and
their organizations to work together to increase their effectiveness in the struggle
against HIV/AIDS. During the workshop there were frank discussions on how the
social partners—employers, workers and their organisations—should collaborate to
lessen the spread and mitigate the impact of HIV/AIDS, especially at the enterprise
level. The workshop provided valuable information, knowledge and experience on the
urgent need for establishing, in concrete terms, collective responsibility for the fight
against HIV/AIDS. It was further acknowledged that employers have both a moral
and a social responsibility to protect their workers against HIV/AIDS and that trade
union structures at the enterprise level should be used as channels for the delivery of
integrated HIV/AIDS prevention, care, and support and treatment activities. One of
the major issues discussed at the workshop was the need to provide ARVs to HIV-
infected workers and the example of employers such as De Beers, Debswana,
DaimlerChrysler, VW, Anglo-Gold, Heineken, Anglo-American, the Ford Motor
Corporation and others who provide treatment for their workers was commended.
The experience of these companies has proved that it is possible to prolong the lives
of those infected, and their examples should serve as an inspiration for other
companies.

The workshop clearly underlined the fact that continuous and sustainable success in
combating HIV/AIDS, will continue to depend on strong partnerships between all the
stakeholders. ICFTU welcomes the understanding and close cooperation of
employers and workers, which led to the issuing of a joint statement by the General
Secretary of the ICFTU and the Secretary General of the International Organisation
of Employers at the ILO on 12 May, 2003.
SATAWU and TETA: building trust among staff and management

The South African Transport and Allied Workers Union (SATAWU) aims to minimise the consequences of HIV/AIDS through a comprehensive, needs-orientated workplace programme and commits itself to provide leadership in its realisation. To achieve such goals a workplace policy must be put in place, which will guide the process based on:

- a non-discriminatory and compassionate working climate;
- a uniform and fair approach in managing the impact of HIV/AIDS;
- education, other prevention measures, treatment, care and support;
- encouraging employees to go for voluntary testing with pre- and post-counselling; and
- confidentiality.

The above should be based upon and guided through discussion between the affected individuals and their union, principles of non-discrimination of the infected and affected and compliance with national laws, policies and guidelines, SADC and the ILO Code of Practice on HIV/AIDS and the world of work.

To assist with proper and effective implementation, it is necessary to establish structures at national, regional, local and workplace levels, supported by trainers, peer educators and counsellors, from both the workplace and health authorities.

It is important to integrate relevant national legislation, policies and guidelines, as well as the ILO Code, into the WPP and gain the acceptance of the negotiated and agreed programme by all stakeholders. It is also important to ensure gender equality in terms of treatment, benefits, and job opportunities.

Sadly, the very good programme already developed by the union with expert input could not be implemented due to financial constraints. The union’s programme would require at least R1million a year in order to continuously provide for its staff and a limited number of members and union officials.

Today most, if not all, workplaces in the transport sector have established specific HIV/AIDS forums, some of which encompass the whole area of health and safety. However, at many workplaces there is a gap between policy and effective action. It is common for employers still to not know what to do once an employee has tested HIV-positive, as most programmes fall short of treatment provisions; the major problem being profit or cost-benefit considerations. The positive element, though, is that people are no longer dismissed from work simply because they have tested HIV-positive. This is a sign that the advocacy and awareness programmes that have been rolled out by activists, including some government departments, together with the day-to-day experience of HIV/AIDS, have had a positive impact.

The neutrality, representivity and centrality of the Transport Education and Training Authority (TETA) and, more importantly, its stated interest in playing a pivotal role in
the fight against HIV/AIDS were major influences for stakeholders, many of whom started doing something to set up the forum and develop WPPs.

TETA’s participation and leadership in different forums gave the stakeholders constant feedback. Its support for education programmes and the declaration that it will not ‘train for the grave’ has shifted the stakeholders’ mindset from that of being seen to have a programme for the sake of it, to that of genuine concern and willingness to act—to collaborate with other stakeholders and do something really meaningful for the benefit of affected individuals and families, the companies concerned and the economy.

The TETA HIV/AIDS Task Team, in conjunction with the ILO, GTZ, government departments and other non-transport companies like banks and car manufacturers, is currently examining the possibilities of an industry-wide medical aid cover that will handle treatment, care and support for both the infected and affected. The process is at an advanced stage, and a policy is expected to be ready by the end of 2003. The task team is working with biggest insurance company in the country, Old Mutual, to achieve this. Hopefully, unions will contribute substantially to generating funds for this cover. Workers in the road freight industry have already acted to provide some funding, having agreed in the current wage agreement to set aside 30% of the agency shop funds (an equivalent of R1 — 2 million per annum) to fight HIV/AIDS, This is being used to increase the numbers of roadside and area clinics that are now open to all, including communities around the location of those clinics. Further funding on an ongoing basis will be an absolute necessity if the project is to be sustained and expanded to accomplish another longer-term target: a specific fund for orphans and child-run homes.

With the medical aid cover in place, it is anticipated that there will be a large-scale uptake of VCT. Workers in this industry will know that they now have support in the case that they test positive and they will want to know their status.

Stigma is a major killer. It helps the epidemic to spread and is therefore being fought. As more and more people are prepared to publicly disclose their status, it is hoped that stigma will disappear. TETA believes that as more efforts are made to provide accessible treatment, care and support, more people will be prepared to discuss and deal with HIV/AIDS like any other disease, and not to treat it as a special, private or secret problem.

TETA appeals to the international community to provide more funds to enable it to build on the valuable progress already made. TETA is a reputable authority that has an impeccable record in handling funds and properly accounting for them. All stakeholders will benefit as equal partners in the process, and they will also be encouraged to contribute to help sustain the treatment, care and support programme for years to come.
Mobilizing trade unions for HIV/AIDS prevention and control in the workplace

Trade Union Congress of the Philippines (TUCP)

It is in the context of globalization, industrial restructuring and an increasing informalization of employment that trade unions are ever more committed and challenged to ensure that workers contribute to and get their rightful share of the fruits of development. To effectively discharge their role as a social partner, unions need to demonstrate that they are dynamic and responsive organizations. To this end, efforts have been made to formulate and develop new programmes, strategies and services that address the concerns and new challenges facing workers. One of the best examples of such a programme is involvement in the prevention and control of HIV/AIDS in the workplace.

Current HIV/AIDS situation (focus on the Philippines)

Of the global total of around 42 million persons living with HIV/AIDS, almost 7 million are in the Asia-Pacific region; the region has experienced 1.2 million deaths attributable to AIDS. It is estimated that the number of infected persons could exceed that of Africa by 2010 if present trends continue.

In the Philippines the HIV/AIDS registry reports that 75 per cent of new infections are contracted through sexual intercourse and more than half of these infections are through heterosexual transmission. Overseas Filipino workers accounted for 28 per cent of HIV-positive cases. International experts describe the Philippines HIV/AIDS epidemic as ‘nascent’. Under-reporting and under-detection of actual HIV infection coupled with a number of risk factors including poverty, mobility and sexual behaviours, leave the Philippines at risk of explosive growth in rates of infection.

Why is AIDS a trade union issue?

1. The majority of adults who die prematurely from HIV infection are aged between 20 and 49 years, i.e. adults in their productive and reproductive prime. Many of those are experienced and skilled workers in both blue and white collar jobs. With a labour force of 33 million in the Philippines (40 per cent of whom are women) the situation already has profound implications in the world of work.

2. Workers’ ignorance and misconceptions about modes of transmission of infection persist and pose serious threats to the right of infected persons to have work. Unions are in a powerful position to prevent discrimination against PLWHA. Such discrimination that can be prevented includes compulsory testing to deny employment, promotion or health insurance.

3. Coupled with the union’s campaign for the recognition of fundamental rights, is the promotion of the right of workers to know how to protect themselves. In this respect, unions have a responsibility to inform and educate workers about HIV. The workplace is a suitable location to provide accurate information and offer assistance to workers and their families.
4. Part of the union’s responsibility in ensuring job security and safeguarding workers’ rights is a history of providing comprehensive social, legal, recreational and medical support services for members and their families. Unions have the infrastructure and mandate that will ensure assistance and access to education, health care and social welfare among PLWHA.

**Trade Union Congress of the Philippines**

The TUCP is taking action to mitigate the impact of HIV/AIDS alongside its commitment to become a truly representative democratic organization. With 1.2 million members it is the largest confederation of labour organizations in the Philippines. TUCP has also earned the distinction of being the first Labour Centre to extend its attention to the health and social well-being of workers and their families. It is composed of almost 30 organizations with members in all sectors and industries from agriculture to manufacturing, and also includes government employees. Members also come from other associations and organizations e.g. urban poor, youth groups, cooperatives and other civil society groups.

Action on HIV/AIDS is enshrined in the TUCP’s five-year development plan and is an important concern in the general programme on workers’ health. TUCP’s involvement in HIV/AIDS prevention and control in the workplace started in 1991 when, as part of its Family Welfare Programme, a pioneering workshop was conducted on AIDS Prevention and Control at the Workplace. It continued to play a vital role in implementing HIV/AIDS and STI programmes for workers through its Reproductive Health (RH) Programme. Its network of 14 clinics all over the Philippines was provided with technical and financial support to strengthen their capabilities in providing RH care and services, including the prevention and management of sexually transmitted infections (STIs), including HIV. To date, close to 200,000 members, including their families, have benefited from the programme.

**TUCP policy on HIV/AIDS and STIs**

In 1998, the organization’s commitment to HIV/AIDS prevention was further reinforced through the adoption of a 'Trade Union Policy on Prevention and Control of HIV/AIDS and STDs' with the following provisions:

(a) Prevention and Control of the Spread of HIV/AIDS and STIs
(b) Protection of Workers’ Rights and Dignity of Persons living with HIV/AIDS/STIs
(c) Responsibility of Workers with HIV/AIDS and STIs
(d) Recognition of TUCP Responsibility
(e) Establishment of a TUCP Core Group on HIV/AIDS/STIs.

Since then affiliated federations have been mobilized, and education and training programmes provided.

The TUCP also played a major role in the passage of the Philippine AIDS Prevention and Control Act. One of the major provisions of the law was the reconstitution and
strengthening of the Philippine National AIDS Council (PNAC) which includes TUCP Education Director Ariel B. Castro as one of the NGO sector representatives.

In 2001, with support from the PNAC, the capabilities of the TUCP network of peer educators were improved and a training guide was developed that covers basic information on STIs and HIV/AIDS; the rights of workers; responsible sexual behaviour; sex/gender roles and issues; and laws and policies on HIV/AIDS and available services.

It is important to note that the use of participating training methodologies is given emphasis in each of the sessions.

A significant achievement of these activities was the provision of company management support in the form of allowing their workers to attend the seminar on company time, providing funds for meals of participants, allowing the use of their training facilities, among others. It is, however, hoped that such efforts, particularly information on the HIV/AIDS law RA 8504 (see presentation below by the Philippines Government), should be increased and sustained to reach the workplace.

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

The ILO Code is one of the documents that the workers’ organizations consider as a strategic tool to reduce the impact of HIV/AIDS on workers and their families. The Code presents a variety of prevention actions that can be taken, including information, education and gender-awareness programmes. It also deals with the protection of workers’ rights including employment security, gender equality, entitlement to benefits and non-discrimination. Guidance on care and support is also provided.

Unions, including the TUCP, believe that there is a great need to ensure that this instrument is applied and implemented. In December 2001, at the TUCP 6th National Convention, a resolution was adopted which “…reaffirmed the significant role of trade unions in the prevention of the spread of HIV/AIDS through the creation of effective policies and programmes for the education and awareness of the workers…”

Actions for Trade Unions

In conclusion, while all these efforts continue to bear fruits, we need to develop union capacity that will ensure:

- lobbying for implementation of the ILO Code of Practice;
- advocacy for sustained prevention programmes. These can include lobbying for the development of workplace HIV/AIDS policies, preventive education, management and care including legal assistance for PLWHA. At the same time, integration of policies that would encourage open discussions of issues and concerns related to HIV/AIDS and motivate workers to voluntarily seek counselling for HIV testing;
- improving negotiation skills for more benefits on HIV/AIDS prevention and management and employer compliance with RA 8504 and the ILO Code of Practice;
3. Trade union programmes

- training a skilled core of trainers and peer educators at industry level who can be mobilized to conduct awareness sessions in the workplace and providing HIV/AIDS pre- and post-test counselling;
- development of IEC materials using multi media approach addressed to management, workers and their dependents; and
- greater engagement in information dissemination and sensitization activities on RA 8504 and HIV/AIDS impact in the workplace for workers and management.

Roles of the ILO and UNAIDS

It is important to remember that technical expertise and financial support from UNAIDS and the ILO may be required. The government, through the PNAC, should also see through the strategic position and the potential of unions in ensuring that HIV/AIDS concerns and issues are properly addressed in the world of work. Trade unions will continue their struggle to ensure full protection of the rights of workers, including those with HIV/AIDS, and eliminate stigma and discrimination in our midst.
4. Government initiatives

Leadership, especially by government, has long been identified as critical to successful action in reducing the spread and impact of the epidemic. Those countries where HIV incidence is falling have all benefited from the government playing a dynamic role in bringing together all sections of society for a comprehensive response. The specific strategies vary, but all emphasize the importance of a multisectoral partnership and the involvement of those most affected and at risk.

The Brazilian response to the HIV/AIDS epidemic

HIV/AIDS was recognized as a serious threat to public health in Brazil by the late 1980s. Early action taken by Government has resulted in a lessening of the human and economic costs. The national response is characterised by strong civil society partnerships and the mobilization of many different stakeholders including healthcare professionals, scientists, NGOs, PLWHA and others affected. The approach has been a balance between prevention and treatment strategies; all strategies and actions planned and implemented have had a human rights approach at their centre.

The success of the prevention approach may be illustrated by the change in condom use at first intercourse. In 1986 only 4% used condoms, by 1999 this number had increased to 48% (and among persons with higher levels of educational attainment this number was 71%). Delay of first sexual intercourse, and correct condom use at first intercourse have been shown to be highly effective in reducing incidence of new HIV infection.

Structural support for effective action

Free-of-charge and universal access to ARVs began in 1996, implemented by Presidential decree, and has been effective in reducing morbidity and mortality. Treatment consensus guidelines were developed and implemented. In support of the use of ARVs a network of essential support facilities has been developed including 208 VCT providers, more than 900 public outpatient care facilities, and 208 clinical facilities. Logistical control of ARV therapy (ART) provision is achieved through 474 dispensary units. There were 125,000 persons receiving ART at end of 2002. From 1996 until end of 2002 the achievements made by this policy implementation included:

- mortality reduction 40–70%;
- morbidity reduction 60–80%;
- hospitalization 85% reduction (360,000 avoided);
- new AIDS cases: 58,000 avoided;
- survival after AIDS diagnosis: 10x (6 ⇒ 58 months); and
- estimated savings of US$ 2 billion (hospital and outpatient care).

An important consideration has been the cost of ARVs. Between 2001 and 2003 significant price reductions were negotiated by the Brazilian government with major drug manufacturers, for example a 66% reduction on Efavirenz from US$2.05 per
capsule to 70 cents was achieved, resulting in a 58% reduction in the cost of therapy per patient year over the period 1996–2002.

The Brazilian experience: lessons learned

- It is possible to establish a comprehensive HIV/AIDS prevention/treatment programme in a developing country.
- A diagnostic and treatment monitoring approach using adequate clinical and laboratory tools is effective.
- Universal access to ART and a generic drug policy—local production with quality and price reduction—can be achieved.
- Multisectoral mobilization with involvement of all stakeholders (at home, workplace, schools) is necessary for effective programmes.

Major challenges in the near future

Despite the clear progress made in addressing the impacts of HIV on Brazilian society and business, major challenges still confront policy makers and service deliverers, including:

- continuous education for prevention;
- monitoring adherence and viral resistance;
- monitoring quality of HIV care (health services, treatment of opportunistic infections, ARV management);
- expanding anti-retroviral research and development and production;
- planning for HIV vaccine-trials, access, research and development;
- how to use the HIV/AIDS experience for the control of other infectious diseases in Brazil;
- improve diagnosis of HIV infection (focus on early diagnosis and MTCT prevention); and
- how to deal with the basic problems that increase vulnerability.

Brazil: the situation at the end of 2002:

- cumulative AIDS cases 257,780;
- cumulative deaths due to AIDS 115,000 (estimate); and
- number of individuals currently living with HIV/AIDS 597,000.

Infection rates are increasing more rapidly among certain population groups: heterosexuals, persons living in small towns, women, and persons of lower socio-economic status.
Implementing HIV/AIDS programmes in the workplace: the Cameroonian initiative

Dr Gislaine Affana Ngaska, Cameroon National AIDS Control Programme

Cameroon is a central African country with a population of about 15 million. The HIV prevalence rate has increased in the general population since 1986, and was estimated to be 11.8% in 2002. Infection is highest in the productive age group, 15–49 years; within that range infection rates are higher in young people and women. The prevalence rate in the workforce is higher than in the general population: ~16% (2001). Good initiatives have been taken in some private enterprises that felt the impact of the pandemic early on, but the effectiveness of such initiatives has in many instances been severely compromised by discrimination and the stigmatization of infected workers, which is common within private enterprises. The Government recognises that programmes in the workplace are key elements in the fight against HIV/AIDS in Cameroon.

The national response to HIV/AIDS in the workplace has been characterized by:

* an early recognition of HIV/AIDS threat and the role of workforce in the national response; and
* implementation of urgent programmes in the workplace within the frame of strong partnership agreements with the private sector, based on concrete and measurable interventions directed to the workforce and the communities.

The partnership approach

The national workplace strategy has focused on partnerships. Since 2001 the national response to HIV in the workplace has been expressed by partnership agreements: 35 with large private enterprises, 22 with churches and faith-based organizations and six through public service sectoral plans.

Necessary steps in the process

These include the effective involvement of the private sector in the strategic planning process, the definition of a national strategic plan that includes the extension of the national response to the workforce, and based on education for behaviour change, treatment, care, promotion and protection of PLWA rights and national solidarity with PLWA. This may be achieved through capacity building of private enterprises for the fight against HIV/AIDS and involvement of civil society through short-term contracts.

Objectives of partnership agreements

* to increase the recognition of HIV/AIDS and its impact on private enterprises;
* to increase the engagement of private enterprises in the fight, within the national strategic plan;
* to support the private sector in its contribution to national effort for the fight against the pandemic;
* to increase sensitization on HIV/AIDS in the workplace; and
4. Government initiatives

- to facilitate the establishment of suitable environments for the fight against discrimination and stigmatization.

Terms of partnership agreements

Partnership agreements are based on reciprocal obligations related to the implementation, by each private enterprise, of a comprehensive programme. Key strategies include: prevention, care and support, training of staff, promotion and protection of the rights of PLWHA, development and implementation of solidarity mechanisms. For their part, the Government provides technical, material and financial support, and monitors the quality of interventions by private enterprises. Funding is provided by the Government through the National AIDS Commission (World Bank Group loan); bonuses are available to enterprises according to the achievement of objectives. It is estimated that over three years almost US$420,000 will be spent, of which 62% will be provided by the government.

Content of workplace programmes

A key element in workplace programmes is putting in place an AIDS programme co-ordinating team in enterprises. Prevention of new cases among employees, employers, families, users, communities, is vital and actions taken to promote this include awareness-raising and education for behaviour change; STI management; VCT; condom marketing; and prevention of MTCT. Other basic requirements include:

- improvement of access to basic drugs, HIV tests and ARVs;
- fighting against discrimination and stigmatization, and for the rights of PLWHA;
- solidarity towards PLWHA within private enterprises; and
- capacity building.

Benefits of the partnership programme

The programme provides a generic model. Employers are sensitized and mobilized in the fight against HIV/AIDS and the national strategy becomes well-known through joint implementation by the private sector and civil society. Programmes also have the beneficial effect of establishing and/or improving links between employees, members of their families and the local communities in which enterprises are located and operate. This facilitates the ‘scaling up’ of an effective national response.

Lessons learned

The engagement of private enterprises seems to have positively increased their sense of citizenship. The efficiency of the fight against HIV/AIDS in the workplace seems almost to be guaranteed when enterprises are conscious of the negative impacts that HIV/AIDS will inflict on productivity and profitability and they recognise that they have a part to play in conjunction with civil society. These new partnerships between the private and public sectors are effective in managing the healthcare problems experienced by workers.
Challenges to further development of the programmes

The capacity of private enterprise to mount effective programmes needs to be further developed and access to nationally available funds needs to be improved. Monitoring and evaluation systems need to be further refined and strengthened. More action is need to promote the wider adoption of the ILO Code of Practice and an ongoing effort will be required to reduce stigma and discrimination, promote solidarity with PLWHAs and provide them with access and the ability to follow ARV regimes.

In the short term it is hoped to involve a further 60 organizations within the same framework, and to better measure the impact of the programme. There is also a desire to create ‘pools of excellence’ within selected enterprises to encourage enterprises to talk with each other, share experiences and hopefully ‘level up’ their activities. Extension of the programme to SMEs, and informal and voluntary organisations is also a desired next step. The cost of ARV remains an issue, and price reduction will improve access.

**Lithuanian AIDS Centre**

The Lithuanian AIDS Centre is a governmental organization. It was established in 1989 by the order of the Health Minister and structured according to the different needs and available resources at that time. It was placed outside pre-existing institutions and health-care units. Currently, it has four different departments (located in several buildings around Vilnius) and employs 64 staff. The AIDS Centre includes the following departments: laboratory, dispensary unit with an anonymous testing site, public education unit, and a drug-users social rehabilitation department. The Centre also operates the AIDS ‘Hot Line’. Responsibilities of the Centre are: public education, laboratory testing (the laboratory operates as a reference, the only one in Lithuania performing confirmatory tests), anonymous testing and counselling, epidemiology surveillance and data evaluation, social rehabilitation of drug users, launching of AIDS prevention programmes.

The National AIDS Centre has been playing a remarkably active role in mobilizing response. Public mobilization activities undertaken by the Centre have been the adaptation and dissemination of information materials, participation in mass and special events (e.g. World AIDS Day, ‘Big Race-96’, condom parties etc.) and producing periodicals such as *AIDS Chronicle* and, later, the magazine *Mezhdu Nami*. This magazine, targeting mainly young people, is now in demand for distribution in other countries in the region.

The Centre provides a wide range of educational information: publications on health education, the bimonthly *AIDS Bulletin* (targeted at medical workers) and the *Protect your Health* journal in Lithuanian and Russian, as well as flyers, leaflets and posters. It also translates and adapts both audio and video materials that are available at Centre’s Public Education and Information department and which it distributes nationally on request. The Centre organises a number of conferences, training courses, discussions, exhibitions on HIV/AIDS, drug use and prevention of infectious diseases.
Advocacy and lobbying by the AIDS Centre have influenced changes in laws and regulations—governing such issues as infectious disease control, homosexuality and testing policy—have been implemented, increasing the opportunities for preventive activities and making testing more widely available and utilised. Approaches to STI control, highlighting early diagnosis and comprehensive treatment, including counselling, have been introduced in some institutions. Condom promotion programmes have been adopted as the only strategy to prevent HIV transmission. Comprehensive approaches to the drug-user problem, including harm reduction strategies such as syringe/needle exchange programmes, have been initiated. The AIDS Centre beneficially prioritises primary prevention and exploits existing structures to establish co-operation with local bodies. As the driving force, it operates as co-ordinating body with representatives of various sectors, regions and NGOs.

The prevention of HIV among vulnerable groups, including certain categories of employment, was given priority attention by the AIDS Centre and other stakeholders. A project, designed for assisting groups of sex workers, IDUs, seafarers and STI patients, was initiated late in 1997 and focused on the development of information materials for these groups, producing a magazine Protect Yourself and establishing street clinics for sex workers and IDUs. UNAIDS assisted the harm reduction project among IDUs, a behavioural study of sex workers and an initiative for the gay community. The AIDS Centre introduced creative initiatives, such as street trust points for sex workers and IDUs. Through the clinic which was located at the Vilnius railway station, sex workers obtained access to anonymous testing, treatment, condoms and psychological support. The AIDS Centre operates its own anonymous facility that provides services to sex workers.

An important feature of the response to the growing threat of HIV infection among IDUs in Lithuania has been the advancement of a methadone treatment programme, introduced on a pilot basis in three major cities. A drop-in day care centre for adolescents and young people was opened at the Drug Users Social Rehabilitation community of the Lithuanian AIDS Centre. Social counselling is being mixed with a variety of activities to motivate children to change their life-styles. Contacts are established with parents and other relatives of the children. The day care centre offers the children possibilities to get involved in various courses, such as learning foreign languages, using computers, seeing theatre, getting engaged in sport and so on. The visitors of the day centre also attend social rehabilitation courses.

The UN Theme Group on HIV/AIDS collaborates closely with the AIDS Centre as a key partner and gives priority consideration to interventions among vulnerable groups. From the time of its establishment in 1997, the Theme Group ranked this priority high on its agenda. Currently, the Group Chair facilitates the mobilization of co-sponsor support, and from the wider donor community, for a number of projects that were developed under the AIDS Centre leadership. The projects seek to build further on what has been successfully started e.g. by expanding the experience of the pilot intervention among sex workers to several more cities, further support to men who have sex with men, and others.

Following the considerable progress achieved by the pilot prevention programmes in vulnerable communities, the key objectives of the response are being re-adjusted to
overcome the complacency of authorities and to sensitize decision makers and the general public to the need for a more effective response. With support from the recently approved UNAIDS/UNDP project, a wide-reaching advocacy campaign will be launched to target officials and the general population. It is also planned to organise a sustained coverage of HIV/STD and drug-related issues through the mass-media and to monitor the effectiveness of the response through systematic social studies.

The AIDS Centre in Lithuania has taken the initiative to co-organise a number of sub-regional and regional fora to contribute to the exchange of information and knowledge and stimulate discussion of effective ways to address HIV/AIDS-related problems. Those included the symposium on HIV prevention among drug addicts (1996), the congress of Central and Eastern European (CEE) countries - Ten Years Without AIDS (1999), and the Nordic-Baltic Congress on Infectious Diseases (1998) that tackled HIV/AIDS prevention issues.

**Tripartite approach to workplace HIV/AIDS prevention programme**

**Speaker:** Dr Dulce P. Estrella-Gust, Occupational Safety and Health Centre, Department of Labour and Employment, Philippines

The Philippine labour force comprises about 33.7 million persons - 30.1 million are employed in agriculture (11.1 million), services (14.4 million), and industry (4.56 million), 70% in the informal economy. They include 4 million working children and 2.7 million child labourers.

Since 1997, when national planning on STD/HIV/AIDS and implementation of policy began, the Philippines has had a comprehensive tripartite strategy for the workplace. The strategy covers information in all workplaces, education, and non-discriminatory practices. The key participants in the implementation process, coordinated by the Occupational Safety and Health Center of the Department of Labour and Employment, include a cross-section of core DoLE departments and agencies, organized labour, the employers’ confederation, the Philippines National AIDS Council, and NGOs.

The tripartite approach to workplace HIV/AIDS prevention programmes has been largely successful. Government legislation and action, the support and action of trades unions and the actions of companies may support effective WPPs. Facilitating factors include:

- a comprehensive policy (legislation, education, information in all workplaces, non-discriminatory practises);
- effective interagency work; and
- time: relatively low transmission rates allow the development of preventive capacity, undertake studies, promote information dissemination and other advocacy activities.
In particular, the Philippine AIDS Prevention and Control Act of 1998 (RA 8504):

- requires all offices, both government and private, to institute HIV/AIDS awareness and prevention Programmes;
- the DOLE and the DOH to oversee the anti-HIV/AIDS campaign in the private sector; and
- the Civil Service Commission for all government offices and agencies.

It covers the following:

A. education and information in the workplace
   i) All government and private employees, workers, managers, and supervisors to be trained on HIV/AIDS.
   ii) Confidentiality in the workplace.
   iii) Non-discriminatory attitude towards infected workers.
   iv) Armed Forces Chief of Staff and the DG of the Phil. National Police to oversee implementation in their respective workplaces.

B. Prohibition of discriminatory practices
   v) Prohibited in any form from pre-employment to post-employment;
   vi) No termination of employment; and
   vii) No indiscriminate transfer against the person’s will from one type of job to another.

C. Testing
   viii) prohibited in any form from pre-employment to post-employment;
   ix) compulsory testing not allowed; but
   x) voluntary testing encouraged for individuals with a high risk for contracting the virus.

Translating policy into action

The National Workplace Action Plan on HIV/AIDS (March 1998) covers:

1. Research.
2. Information dissemination.
3. Capability building through training.
4. Technical advice on: policy and programme formulation to enterprises and public offices, and linking HIV positives to enterprise development, productive resources, credit, etc.

Research is undertaken on an ongoing basis to provide national databases for STIs/HIV/AIDS. Training of trainers is undertaken and in general support is given so that the requirements of legislation may be fulfilled. At-risk target groups - e.g. seafarers - have been identified for preventive and care interventions undertaken by NGOs and also to encourage employment agencies to improve their information provision and education. Both the Employers Federation and the TUC of the Philippines have been active partners in developing HIV/AIDS prevention and care strategies since 1996.
Lessons learned

General observations on the tripartite approach of the Philippines include:

- Governance through tripartite-plus approach has facilitated implementation, but collaboration needs improving;
- Workplace policy provided impetus to the drafting of the section on workplace articles in RA 8504 (legislation);
- Implementation had limited coverage because of poor internal resources;
- Integration of HIV/AIDS programmes in existing programmes is sometimes not being achieved as set out in work plans;
- The majority of external donors continue to ignore the opportunity to invest in a low-incidence but good-governance model such as the Philippines;
- The need to revisit strategic and medium-term planning;
- The need for better systems of monitoring and evaluation;
- Action is largely limited to the formal employment sector; but
- It may be possible to address the informal sector in partnership with local government units.

Mitigating the impact of HIV/AIDS on the public service in South Africa

The public service consists of around 140 departments employing nearly 1.1 million persons. Around 70% of these are employed by the provincial departments of which the health and education departments are the most significant. In 2000 the Minister for Public Service and Administration initiated the Impact and Action Project on HIV/AIDS. The aim was to ensure that the public service maintains a quality service in spite of the progression of the AIDS pandemic. It was recognized that the implications of HIV/AIDS for the public service would include increased demand for services (particularly in health and welfare), and at the same time decreased ability to render these services because of the impact on employees. HIV/AIDS is likely to impact differently on various sectors and departments based on the risk profiles of their workforces.

Policy and legislation review

A thorough policy and legislation review was done so as to:

- Identify key principles upon which workplace programmes should be based; and
- Analyze existing legal framework of Public Service to assess the extent to which this supports/contradicts the key principles.

Key conclusion: although the legal framework doesn’t expressly violate any of the principles, it was found inadequate in giving expression to them. It was recommended that minimum standards pertaining to the management of HIV/AIDS in the workplace be included in the Public Service Regulations.
4. Government initiatives

Workplace policy statement and minimum standards

Key elements of policy framework (Part VI, Chapter 1 of the Public Service Regulations, 2001) include:

- every department to introduce an education, awareness and prevention programme focusing on HIV/AIDS and other sexually transmitted diseases;
- this programme to be integrated with broader programmes that promote the health & well-being of employees, for example employee assistance programmes (EAP);
- create mechanisms to encourage openness, acceptance, care and support for HIV-positive employees;
- designate a member of the SMS to be the champion of this programme and hold him/her accountable by way of his/her performance agreement;
- allocate adequate resources to the development and implementation of the programme and form partnerships;
- establish an HIV/AIDS committee for the department, with representation of all stakeholders, including union reps; and
- ensure that the programme includes an effective internal communication strategy.

Occupational exposure

In the context of risk of occupational exposure, departments are required to:

- identify units or employees at risk of infection by HIV and other life-threatening diseases and take reasonable steps to reduce risk;
- facilitate access to VCT and post-exposure prophylaxis for those who have been exposed to HIV as a result of an occupational incident (e.g. needle prick injuries); and
- assist employees to access compensation in the event of becoming HIV + because of occupational injury.

Non-discrimination

In promoting a culture of non-discrimination departments must:

- ensure that none of their employment policies and practices discriminate against employees on their HIV status or perceived HIV status; and
- take active steps to promote non-discrimination in the workplace.

HIV testing

Departments should advocate VCT and, wherever possible, promote access thereto. Departments should not require HIV testing unless Labour Court authorization has been obtained.
4. Government initiatives

Confidentiality
All employees are to treat information on an employee’s HIV status as confidential and not disclose this to anybody else without the employee’s written consent.

Implementation
To measure the effect of action on these policies it will be necessary to develop consistent and sustainable monitoring and evaluation mechanisms and reporting systems.

A Good Practice Manual has been developed to complement the Regulations and serve as a guide for Departments to develop workplace programmes. The Regulations indicate what departments have to do and the manual how to do it.

The Public Service Bargaining Council Policy Statement was also signed in 2001 to signal a joint resolve by both the employer and employee parties to fight HIV/AIDS in the workplace.

A comprehensive and effective implementation strategy, mainstreaming HIV/AIDS awareness into the work of departments, is being accompanied by the development of consultation forums and new partnerships. The Manual and HRM guidelines provide for minimum standards. A communications strategy, using print, website and theatre, is in place to support initiatives and highlights the rights and responsibilities of key role players in developing an effective response. There is also a rolling programme of training events and an annual meeting to share Best Practices.

Key challenges include:
- securing active on-going management commitment
- strengthening existing structures as well as capacity to develop and implement workplace programmes
- encouraging openness, non-discrimination and acceptance of employees infected by HIV/AIDS
- specific issues related to HIV/AIDS should be incorporated into planning and implementation of departmental core functions.
5. Expanding public-private partnerships

Many of the presentations summarized above demonstrate public-private partnerships (PPP) in practice – Heineken with GTZ, for example. We include here an overview of the PPP approach, with particular reference to its application in South Africa, and information on the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM) and which is bringing new funding to support PPPs in the response to HIV/AIDS, especially in helping extend treatment provided by companies to the wider community. The ILO is a prime example within the UN family of a PPP, based on its unique tripartite constituency and now broadened through specific agreements with partners such as GTZ and the Global Fund.

Public-private partnerships (PPPs) experience in HIV/AIDS workplace programmes in South Africa: GTZ

Background

The impact of HIV/AIDS in South Africa, especially upon members of the workforce, is severe and increasing.

- 1,700 new infections every day
- in 2003 19.9% of South African population HIV+ (12.9% in 2001)
- in 2003 4,500,000 people HIV+ (7,700,000 projected total in 2006)
- The burdens of morbidity and mortality are having direct negative effects upon workers and their employers.

Framework of PPPs

- Development agencies provide specific know how
- Private business and institutions increasingly committed to taking effective action against HIV/AIDS

Goal of PPP—to initiate and broaden partnerships between the public and private sectors. A PPP may provide technical assistance to enable private sector to:

- implement projects at workplace and community level;
- develop sustainability and monitoring and evaluation systems; and
- assure sustainability of projects.

Challenges for PPPs include:

- informed audience;
- formal legislation (benefit versus protection);
- strategic institutionalised approach for SMEs (via Chambers of Commerce and local authorities); and
- proof of concepts.
Corporate responsibility

Enterprises have many responsibilities. Among them, in the HIV/AIDS environment, the most important are to:
- secure national and international competitiveness of companies
- minimise the financial and social impact and
- expand the reach and improve the effectiveness of HIV/AIDS projects.

Community involvement

There is much longstanding evidence from projects undertaken around the world that successful interventions against the spread of HIV/AIDS have community involvement as a key element. In successful operation of PPP:
- community strategy is part of a comprehensive HIV/AIDS workplace project aiming to expand HIV/AIDS activities from the workforce to the community;
- employee’s families are involved in HIV/AIDS activities in order to broaden dialogue and promote behaviour change within their communities; and
- companies actively support that local NGOs constitute an integral part of service delivery to communities.

Action to take includes:
- screening of communities;
- defining target groups and focal areas;
- identification of partners;
- development of operational plan; and
- monitoring and evaluation.

Risks

No programme in HIV/AIDS prevention and care is without risks. Important risks to consider in the context of PPP include:
- the private sector fills a gap that is governmental responsibility;
- adopting blueprints that are inflexible or inappropriate to local conditions; and
- high expectations in communities (that are not met).

Challenge

The fundamental challenge is to motivate the private sector to act as a catalyst to scale up the health sector response through support of national policy.
Establishing public-private partnerships to fund the fight against AIDS, Tuberculosis and Malaria—the Global Fund

AIDS, TB and Malaria are the major killers of our time, and they represent a massive threat to development. The core business of the Global Fund is based on a mandate to raise and disburse substantial funds to achieve impact. The Global Fund is committed to finding creative solutions, adding distinct value to existing multilateral efforts.

Independent, public-private partnership

The Fund does not fall under the UN umbrella, and plans to conduct its affairs in a business-like manner, being both lean and transparent.

Country driven, centrally accountable

The Fund defers to countries to design proposals based on local needs, but holds these to central standards of best practice.

Results-based disbursement

Disbursement to country partnerships will be efficient and light, but not an entitlement; partners must meet their milestones for the funds to keep flowing.

Partnerships with the business sector are critical in all aspects of the Fund’s mission. Traditional forms of partnership with business include:

- contributions from corporations, foundations and individuals (4% of total pledges to date), including major philanthropic foundations and cash donations by private for-profit companies. Open accounts for individual private contributions or sponsored donations by teams/groups, e.g. Real Madrid soccer match;
- tax channels: possibility of either corporate or consumer choice to divert portions of taxes (VAT, sales, income) to charitable targets; and
- in-kind contributions.

Channeling contributions of resources through mechanisms like the Fund could discount cash grants and represent in-kind contributions.

Further information about all aspects of the work and organization of the Global Fund can be found at www.globalfundatm.org.

ILO/GTZ partnership

In December 2002 the ILO and GTZ established a partnership with the aim of strengthening the capacity of government and the social partners in the world of work (business and labour) to formulate and implement policies and programmes to prevent the spread of HIV/AIDS and mitigate its impact on socio-economic development. GTZ had expressed particular interest in the development and incorporation of workplace policies and initiatives, based on the ILO Code of Practice, in national strategic plans to combat HIV/AIDS. The partnership is being put
into practice through a joint project under the GTZ BACKUP Initiative. Activities include:

- Training and advisory services on workplace policies and programmes to the ILO constituents
- Facilitation of the process of the inclusion and the scaling up of the implementation of workplace policies and programmes in national action plans and GFATM proposals
- Research concerning the economic and social impact of HIV/AIDS
- Assistance to policy-makers and planners, as well as to enterprise managers and labour leaders.

In April 2003 the GFATM and the ILO set out an agreement for joint action in a letter sent to all Ministers of Labour and through them to the social partners. The contribution of the world of work would become more fully integrated in the GF country coordinating mechanism (CCM), and proposals for funding would be reviewed for their inclusion of workplace efforts. The CCM should foster the inclusion of representatives of the private sector, including trade unions, business coalitions, and employer representatives. The Global Fund would promote public-private partnership as a way of extending the benefits of the Fund, and the co-investment would be given high priority.

The process of bringing together stakeholders from public and private sectors to endorse a common commitment to the fight against the pandemic needs additional technical and financial support. A number of international partners are already supporting the issue of HIV/AIDS in the world of work on international and national level. The following list, although not exhaustive, demonstrates international commitment and includes opportunities for resource mobilization at local level:

- **Multilateral agencies:** UNAIDS, the European Commission
- **Bilateral agencies and governments:** USAID, HHS, CDC, SIDA, GTZ, DFID, NORAD, Germany, Spain, Japan, Switzerland, Italy
- **World Bank (MAP 1 and 2)**
- **Private foundations:** the UN Foundation (Ted Turner), Melissa and Bill Gates Foundation, Ford Foundation, Rockefeller Foundation, Merieux Foundation, Merck, GSK (Glaxo Smith Kline)
- **Pharmaceutical Companies:** Boehringer, Lilly, Roche
- **Development NGOs:** MSF, Save the Children, Care
- **Universities (US, Germany)**
5. Expanding public-private partnerships
Annex II
Annex III

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

In recognition of the significance of HIV/AIDS for its constituents and the threat posed by the epidemic to each of the four strategic objectives of its decent work agenda, the ILO has developed a Code of Practice on HIV/AIDS in the world of work. The Code can be viewed at:


An associated comprehensive modular training manual for implementation is also available.

The Code establishes the following key principles:

4.1 Recognition of HIV/AIDS as a workplace issue

HIV/AIDS is a workplace issue, not only because it affects the workforce, but also because the workplace can play a vital role in limiting the spread and effects of the epidemic.

4.2 Non-discrimination

There should be no discrimination or stigmatisation of workers on the basis of real or perceived HIV status.

4.3 Gender equality

More equal gender relations and the empowerment of women are vital to successfully preventing the spread of HIV infection and enabling women to cope with HIV/AIDS.

4.4 Healthy work environment

The work environment should be healthy and safe, and adapted to the state of health and capabilities of workers.

4.5 Social dialogue

A successful HIV/AIDS policy and programme requires cooperation and trust between employers, workers, and governments.

4.6 Screening for purposes of employment

HIV/AIDS screening should not be required of job applicants or persons in employment and testing for HIV should not be carried out at the workplace except as specified in this code.
4.7 Confidentiality
Access to personal data relating to a worker's HIV status should be bound by the rules of confidentiality consistent with existing ILO codes of practice.

4.8 Continuing the employment relationship
HIV infection is not a cause for termination of employment. Persons with HIV-related illnesses should be able to work for as long as medically fit in appropriate conditions.

4.9 Prevention
The social partners are in a unique position to promote prevention efforts through information and education, and support changes in attitudes and behaviour.

4.10 Care and support
Solidarity, care and support should guide the response to AIDS at the workplace. All workers are entitled to affordable Health services and to benefits from statutory and occupational schemes.