
UBRAF thematic report: HIV in the workplace

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From 2012 National Commitments and Policies Instrument (NCPI) data, 84% of reporting countries had a multisectoral strategy that included the workplace, 70% a HIV coordination authority with private sector representation, and 78% identified the workplace as an appropriate setting to address stigma and discrimination.

Results

The thematic report on scaling up workplace programmes and mobilizing the private sector focuses on results achieved by the International Labour Organization (ILO) and the Inter-Agency Task Team (IATT) in the following areas:

1) Generating evidence

Global study on what works: In partnership with the Human Sciences Research Council (HSRC), the UNAIDS collaborating centre for HIV, the ILO and the IATT on workplace programmes studied 10 countries to better understand what makes HIV workplace programmes effective. Preliminary findings highlight creative approaches to ensure a workplace free from stigma and discrimination as well as the utilizing a range of innovative communication channels, including Facebook, Whatsapp, internet chat, pop-up messages and pay slip messages, e-learning tools and adopting a theme-based communication approach. The report will be published in 2014.

The key populations study: The ILO, with IATT support, undertook a global literature review to document creative examples of how barber shops, saunas, entertainment establishments, sex clubs, hairdressing salons, brothels, trucker stops and other workplace settings were used to reach men who have sex with men (MSM), transgender populations, sex workers and migrant/mobile workers with HIV services. The report will be published in 2014.

2) Legislation and policies

To build the capacity of national legislators and fast-track achieving zero discrimination in the workplace, the ILO, in partnership with the IATT, published *HIV and AIDS and labour rights: a handbook for judges and legal professionals*, which was used to train 106 judges, 52 magistrates, 365 lawyers and 225 parliamentarians from all regions. Three weeks after receiving such training, one judge handed down a ruling upholding the rights of a woman worker living with HIV, affirming the principles of ILO Recommendation No. 200. Other examples of cases that made reference to the recommendation include *Veronica Muthio Kioko v Catholic University of Eastern Africa* 2013 in a judgement of the Industrial Court of Kenya, and *IB v Greece* 2013 in the European Court of Human Rights.

Recommendation No. 200 and the legal handbook were the basis for ILO support to countries to review and develop legislation. In 32 countries, reviewed legislation reflected the principles of the ILO Code of Practice and/or ILO Recommendation No. 200. For example, the ILO provided drafting support for: a labour code in Chad; a national HIV law in Ghana; HIV and AIDS Regulations (2013) in Guyana; the Shops and Establishments Act in Myanmar; the HIV Anti-Stigma Bill in Nigeria; the anti-Discrimination Bill in the Philippines; and employment (HIV and AIDS non-discrimination) regulations in Uganda. Using evidence generated with IATT support, the ILO provided strategic guidance to 47 countries to draft, review and/or finalize national or sectoral HIV and AIDS workplace policies.

3) The VCT@WORK Initiative

In June 2013, the ILO, UNAIDS, the International Organization of Employers, the International Trade Union Confederation and the Global Network of People Living With HIV (GNP+) launched the VCT@WORK Initiative. This initiative aims to have five million workers undertake voluntary testing and counselling (VCT) by 2015 and link people who test positive to treatment and care services. In doing so, it will contribute to the High Level Declaration target of having 15 million people on treatment by 2015. Phase one focused on eight countries, with the IATT on workplace programmes mobilizing its constituencies to join the initiative. Preliminary results from Ghana, India, Indonesia, Lesotho, Mozambique, Nigeria, South Africa, Sri Lanka, Tajikistan, the United Republic of Tanzania, Thailand, Togo, Zambia and Zimbabwe indicate that 99 806 people had HIV tests, with 3461 referred for treatment. Figures are preliminary as results are still coming in from employer and worker organizations and other key partners in non-focus countries engaged in the initiative. Results for persons who tested positive are also underestimated as not all countries reported on these persons. The initiative will be scaled up to include additional countries in 2014.

Globally, the ILO, WHO and UNAIDS launched in 2012 the Getting to Zero at Work global advocacy campaign. With messages from more than 150 leaders, including the heads of agencies from WHO, UNHCR, UNDP, UNESCO, UNICEF, the World Bank, UNFPA, UNAIDS, UNODC, UN Women, the World Trade Organization (WTO) and the ILO, and from nations, private sector companies, human rights advocates and people living with HIV (PLHIV), the campaign is helping to create an environment that will increase access to HIV services through workplace programmes. A campaign message by Myanmar opposition leader Aung San Suu Kyi is presented below:

“Everyone has the right to live a dignified, healthy and productive life. People living with HIV must be allowed to work without fear of discrimination. Getting to zero should be the real goal of every workplace”

Aung San Suu Kyi

Regionally, the ILO, in collaboration with Southern African Development Community (SADC) and UNAIDS, and with Swedish International Development Agency (Sida) funding, supported an economic empowerment and HIV vulnerability reduction programme along transport corridors in Malawi, Mozambique, South Africa, the United Republic of Tanzania, Zambia and Zimbabwe. Preliminary findings show an association between the socioeconomic status of women and men along the corridors and their HIV vulnerability, with an increase in income following economic empowerment. The mid-term evaluation reported a decrease in concurrent partnerships from 23% to 17% (men) and 15% to 7% (women) and a 14% decrease in women reporting sex for money. This suggests that the economic empowerment of women increases their independence and their ability to take control over their sexual behaviour. The programme has reached 137 267 policy-makers, including employers, trade unions and the leadership of small and medium enterprises (SMEs).

At the country level, a knowledge hub and e-support forum accessible at www.health@workplace.org was launched in Kenya, with collaboration from the ILO, UNAIDS, the Kenya HIV/AIDS Business

Coalition (KHBC), the Federation of Kenya Employers, the non-governmental organization Liverpool VCT, Care and Treatment, GBCHealth, the Aga Khan Foundation Network, the Central Organization of Trade Unions, Swedish Workplace HIV/AIDS Programme and the National AIDS Control Council. To date the site has had more than 250 000 hits from workplace stakeholders.

Constraints, challenges and lessons learned

- Many national HIV programme managers still do not fully appreciate the potential of work or the workplace in increasing access to HIV services for lesbian, gay, bisexual and transgender people (LGBT) and key populations. This makes the workplace underutilized as a channel for increasing access to services, a challenge the ILO and the IATT are seeking to address with a study on using the workplace to reach key populations.
- Stigma and discrimination remain the most significant barriers to HIV testing uptake. Even with increased access to testing, many workers remain hesitant, especially when they think the confidentiality of their test result is not guaranteed.
- One of the biggest constraints to the ILO-led VCT@WORK Initiative is the lack of financial resources.
- HIV workplace programmes in enterprises are evolving into Wellness programmes that address a wider range of working women and men's needs. This comprehensive approach must not dilute the effectiveness of the HIV components or the ability to monitor them.
- There are significant opportunities to more systematically integrate tuberculosis (TB) testing into the VCT@WORK Initiative. The aim is to test five million workers by 2015; more lives will be saved if TB is integrated.
- Legal frameworks that safeguard the human rights of key populations and provide protection against discrimination, including in employment and occupation, cannot be imposed on a country. Developing protective legislation in emerging areas, such as sexual orientation and gender identity, is an iterative process, and activities to raise awareness may need time to bring about a paradigm shift in attitudes. During this process, external actors should work with countries to effect change through a participatory process that is 'owned' by the country.

Key future interventions

- The ILO, UNAIDS and IATT partners will scale up the VCT@WORK Initiative to High Impact Countries during the 2014–2015 biennium. Lessons from the pilot phase in 2013 will inform the scale-up.
- A key focus of the IATT is to generate evidence to support the roll-out of HIV workplace programmes. The task team will disseminate study findings while investing in new research to underpin HIV and AIDS workplace programmes.
- The ILO will continue to mainstream HIV and AIDS into development initiatives such as youth employment, child labour, migration and disability programmes. This will take AIDS out of isolation and ensure it is addressed in a wider range of development programmes. The key challenge remains the ability to effectively monitor and track the HIV components.
- The ILO and its partners will focus on building the capacity of policy-makers, legislators and law enforcers to strengthen the legal and policy framework within which HIV workplace programmes are implemented. Establishing legal aid centres and linking aggrieved workers to trained lawyers will allow workers to seek justice when they have been badly treated by employers because of their real or perceived HIV status.

- The ILO reviewed its UBRAF outputs for the 2014–2015 biennium and will be adopting a more focused and targeted approach. Given declining financial resources, the ILO will focus on areas where it can maximize its comparative advantage within the Joint Programme.

Supporting documents

- *The Getting to Zero at Work Campaign*
<http://www.ilo.org/aids/Eventsandmeetings/campaign/lang--en/index.htm>
- *The VCT@WORK Campaign*
<http://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2013/june/20130606ilounaids/>
- *Handbook on HIV and AIDS and Labour Rights*
http://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---ilo_aids/documents/publication/wcms_228498.pdf
- *Economic Empowerment and HIV Vulnerability Reduction along Transport Corridors in Southern Africa*
http://www.ilo.org/newyork/programmes-and-projects/WCMS_240551/lang--en/index.htm

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