





# Saving Lives, Protecting Jobs

International HIV/AIDS Workplace Education Programme

SHARE: Strategic HIV/AIDS Responses by Enterprises

INTERIM REPORT  
May 2006

International Labour Office  
Geneva

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### **Saving Lives, Protecting Jobs**

92-2-118547-8 (print)  
92-2-118548-6 (web pdf)

First published 2006

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Funding for this publication was provided by the United States Department of Labor. This document does not necessarily reflect the views or policies of the United States Department of Labor, nor does mention of trade names, commercial products, or organizations imply endorsement by the United States Government.

Photographs: courtesy of UNAIDS and SHARE photo library  
Design and printing: International Training Centre of the ILO, Turin - Italy

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## Speaking up for Change

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

*Juan Somavia, Director-General of the ILO.*

“Working together, I know we can help educate workers at the workplace to prevent the spread of HIV/AIDS.”

*Elaine L. Chao, US Secretary of Labor, speaking at the launching ceremony of the SHARE Project in Ghana.*

“The ILO brings to UNAIDS its understanding and expertise in the world of work. We know the workplace is a key location for HIV/AIDS prevention and care programmes. ILO’s Cosponsorship is considerably strengthening UNAIDS.”

*Dr. Peter Piot, UNAIDS Executive Director.*

“If you take away our jobs, you will kill us faster than the virus. We have great expectations from the world of work. If we are not sacked from jobs due to our HIV status, this ensures us a regular income and keeps us and our families going.”

*Naveen Kumar, Person Living with HIV/AIDS and resource person for project activities in India.*

## Acknowledgements

The preparation of this report owes a great deal to many individuals and organizations. Most immediately we are particularly grateful to the National Project Coordinators of the ILO/USDOL International HIV/AIDS Workplace Education Programme for their invaluable enthusiasm and commitment. This report would not have been possible without their support, contributions and the efforts jointly undertaken with ILO's constituents across all continents.

The team that prepared the report also wishes to express its gratitude and appreciation to Mr. Assane Diop, Executive Director of the Social Protection Sector of the ILO for his constant support and encouragement, as well as to Dr. Sophia Kisting, Director of ILO/AIDS for her significant commitment to this programme. A number of ILO/AIDS colleagues in Geneva and other ILO officials in the field were kind enough to read drafts, despite their busy professional schedule and other obligations. Their comments were always constructive, helpful and kind. The report also benefited from the writing skills and editorial assistance

provided by Mr. Brij Khindaria and Ms. Amanda Milligan.

Work undertaken by the SHARE Programme has required considerable funding and we must thank the United States Department of Labor, in particular Ms. Celeste Helm and other colleagues from the International Labor Affairs Bureau (USDOL/ILAB), for their pivotal support from the inception of the programme. We hope that this report will spur others to work towards a better understanding of HIV/AIDS workplace issues and stimulate further action.

It is conventional in a document dealing with a subject like HIV/AIDS to thank all those who struggle individually every day with the personal impact of a horrendous illness. While we hesitate to extend such a broad thanks to millions of people because it may appear to be an empty gesture, we are deeply aware of and moved by what we have seen and learned from hundreds of people living with HIV/AIDS, who have joined hands with us in this journey of hope. Our very special thanks and gratitude are unequivocally for them.



## List of Acronyms and Abbreviations

AIDS	Acquired immunodeficiency syndrome
ARV	Antiretroviral drugs, therapy or treatment
AusAID	Australian Agency for International Development
BCC	Behaviour Change Communication
BEC	Barbados Employer's Confederation
CBO	Community based organization
CBWE	Central Board for Workers Education (India)
CCO	Committee of Co-sponsoring Organizations of the Joint United Nations Programme on HIV/AIDS (UNAIDS)
CZ	Community Zero
DFID	Department for International Development (UK)
DWCP	Decent Work Country Programmes
FHI	Family Health International
FOTOBE	Fédération Togolaise pour le Bien-Être
GICAM	Groupement Inter-patronal du Cameroun (employers' organization, Cameroon)
IDU	Intravenous drug use
ILAB	International Labor Affairs Bureau
ILE	Interactive Learning Event
HIV	Human immunodeficiency virus
ILC	International Labour Conference
ILO	International Labour Organization
ILO/AIDS	ILO Programme on HIV/AIDS and the World of Work
MSI	Management Systems International
NACO	National AIDS Control Organization (India)

NAHC	National Association of Hairdressers and Cosmetologists (Jamaica)
NGO	Non-governmental organization
NPC	National Project Coordinator
OECS	Organization of Eastern Caribbean States
OHS	Occupational Health Services
OSH	Occupational Safety and Health
PAB	Project Advisory Board
PAF	UNAIDS Programme Accelerating Fund
PANCAP	Pan Caribbean Partnership against HIV/AIDS
PEPFAR	President's Emergency Plan for AIDS Relief
PLHA	People living with HIV/AIDS
PMP	Performance Monitoring Plan
PMT	Programme management team
SHARE	Strategic HIV/AIDS Responses by Enterprises
STI	Sexually Transmitted Infection(s)
UNAIDS	Joint United Nations Programme on HIV/AIDS.
UNDP	United Nations Development Programme
UNGASS	UN General Assembly Special Session on HIV/AIDS
USDOL	United States Department of Labor



## Preface

Ninety per cent of the 40 million people living with HIV worldwide will get up today and go to work. The majority are aged between 15 and 49 years of age and are in the most productive segment of the labour force, with skills and experience their families, workplace and country can ill afford to lose. For many living with HIV, a day at work will be hard to endure – they will face discrimination and stigma from employers and fellow workers, be in constant fear of losing their job and a vital income, while at the same time having no information or support about their illness, or access to treatment.

But for others the world of work has started to look different, it is becoming a place where employers and workers supported at a national level, are joining together to combat the HIV/AIDS epidemic.

The ILO is the UN specialized agency set up to deal with the world of work and as such recognizes that HIV/AIDS is a major threat to its constituents, and compromises the organization's goal of achieving decent work for all. At the same time the ILO's experience leads it to believe that the world of work offers unique opportunities and distinct advantages for combating the epidemic. This includes providing a gateway for increasing access to care and treatment for HIV and AIDS

Following earlier initiatives in Africa, the organization moved to prioritize the issue in the year 2000, passing a landmark resolution at its

millennium International Labour Conference (ILC) that paved the way for the creation of a global programme on HIV/AIDS and the world of work (ILO/AIDS). Soon after this, the organization adopted its pioneering Code of Practice and became the eighth co-sponsor of UNAIDS.

Having created an enabling environment, work began in earnest to roll out an ambitious campaign promoting policy and programmes that address HIV/AIDS in the workplace. With critical financial and political support from the United States Department of Labor (USDOL), the International HIV/AIDS Workplace Education Programme was conceived and began modestly in India in 2000. It now spans 23 countries reaching about 300,000 workers in some 300 enterprises, and operates across sectors from banking to construction, to informal street vendors. At the present level of funding, the programme expects to directly assist a further 120,000 workers as new country projects come on stream.

As the programme has evolved it has become known as the **Strategic HIV/AIDS Responses by Enterprises (SHARE)** project and is an integral part of the ILO's wider technical cooperation initiative on HIV/AIDS. As such it gains access to advocacy channels that influence national policy and plans. At the same time SHARE focuses on enterprise-level action and the involvement of employers, workers and often the wider community.

Using a range of technical advisory services and educational materials, the ILO/USDOL programme aims to overcome discrimination, change behaviour and facilitate access to treatment, care and support. There is a strong emphasis on capacity building, training and national ownership. With tripartite involvement of government, employers' and workers' organizations, the project is a good example of public-private partnership, particularly at the workplace level.

This interim report is being published for a number of reasons. The first wave of SHARE projects will reach completion at the end of 2006, and evidence is accumulating to demonstrate the crucial benefits of workplace initiatives.

Thousands of people have been involved in the ILO/USDOL experience, from government ministers to truck drivers, trade unionists to garment makers, and they all have a story to tell. In the following pages we share some of these with you in the belief that they will inform and inspire.

In terms of institutional milestones, this year coincides with the ILO's chairmanship of the

Committee of Co-sponsoring Organizations (CCO) of UNAIDS. It is also five years since the launch of the landmark ILO Code of Practice on HIV/AIDS and the world of work, which underpins the entire programme.

Finally, this report seeks to acknowledge the fruitful relationship that ILO enjoys with the US Department of Labor, which has grown and strengthened as the programme has developed.

The progress made in the last few years is due to the hard work, commitment and creativity of our National Project Coordinators, the network of ILO's HIV/AIDS specialists in the regions, and the support that they have received from ILO/AIDS colleagues, the ILO field structure and particularly the tripartite constituents themselves.

We wish them all continuing success.

*Behrouz Shabandeh, Maurizio Bussi and  
Josée Laporte*

ILO/USDOL SHARE Programme Management  
Team





# The Wider Picture



## 1. Why the workplace?

“In Benin, like everywhere else, the working population is being ravaged by HIV/AIDS. Consequently, to be effective the fight against HIV/AIDS must be fought through the world of work in order to allow a real all-out multi-sectoral response.”

*M. Aboubakar Arouna, Minister of Public Service, Labour and Administrative Reform, Republic of Benin.*

The ILO estimates that as many as 36.5 million people who are engaged in some sort of productive activity are infected with HIV. The virus does not discriminate – hotel staff, businesspeople, migrant workers and public servants are all affected, but while their lives may be different, work stands out as a unifying activity.

The ILO believes that HIV/AIDS should be recognized as a workplace issue and be treated like any other serious illness or condition affecting employees. This is necessary not only because it affects the workforce, but also because the workplace, being part of the wider

community, has a role to play in the struggle to limit the spread and effects of the epidemic.

Daljit is a 25 year-old factory worker living with HIV in India. She explains what happened when her status became known at work. “My colleagues didn’t openly say anything to me, but the environment was no longer the same. They avoided me. If I entered the room they would leave abruptly. Then they asked me to keep a separate glass for water. I decided to quit the job.”

Beyond the suffering it imposes on individuals and their families, HIV/AIDS has a huge impact



on the world of work. It reduces the supply of labour and available skills, increases labour costs, reduces productivity, threatens the livelihoods of workers and employers and undermines basic rights. The epidemic and its impact strike hardest at vulnerable groups including women and children, thereby increasing existing gender inequalities and child labour.

While the epidemic is at a significant level in all continents, it has reached a catastrophic dimension in sub-Saharan Africa. The economic impact is greatest when enterprises lose workers with skills, experience and institutional memory that are hard to replace.

Enterprises have distinct advantages in combating the HIV/AIDS epidemic with much potential in changing risk perceptions, attitudes

and ultimately leading to behaviour change among workers. Workplaces are communities - places where people come together and discuss, interact and learn from each other. Workers have similar income levels, educational background and cultural habits closely linked to the nature of their work. They constitute a defined audience with whom a targeted behaviour change programme can be developed. Tailored messages can be formulated and appropriate media used to reach these homogeneous groups in order to break the grim cycle of the epidemic.

The workplace can be a central point for prevention and care within its existing human resource development and training programmes, health and safety structures and it is also the place where standards are set for working conditions, labour relations and the protection of workers rights.

## Commitment pays off in Lesotho

Springfield Footwear Company is based just outside Maseru, the capital of Lesotho, and makes sports shoes for several leading international brands. This small landlocked country surrounded by South Africa has a 30 per cent prevalence rate of HIV and the company takes the issue very seriously.

With a strong workplace policy in place, Springfield's management and staff have created an enabling environment where workers do not feel afraid to discuss and act on HIV/AIDS. "This policy is not just a piece of paper, a programme is actually being implemented here," says one worker.

The Occupational Health Services Officer is the focal point for the HIV/AIDS prevention programme in the company and people are given time off to visit local health clinics where antiretroviral treatment is free. SHARE has conducted training here. "After being trained I had a different attitude towards people with HIV," says one participant.

The Managing Director, Mr. John Lyon, is a keen advocate of the project. "It doesn't take a lot of money to run a programme like this - you need to be committed and we are committed," he says. The company has noticed changes including a decline in absenteeism, more people talking openly about HIV and an increased uptake of condoms supplied at work.





## 2. How it all started

“HIV/AIDS is gradually emerging as a priority issue for the trade unions, and the ILO project has played a key role in this.”  
*Mr. R.A. Mital, Secretary of the Indian trade union, Hind Mazdoor Sabha.*

The ILO and USDOL first joined forces to support HIV/AIDS workplace policy and programme development in the year 2000 in New Delhi. From an initial grant of US\$ 400,000, the pilot project launched in selected Indian states has now expanded to become an inter-regional initiative with a cumulative allocation of US\$ 24.5 million, covering 23 countries and reaching all continents.

This makes the US Department of Labor the single largest donor to the ILO’s extra-budgetary technical cooperation programme in the field of HIV/AIDS. This partnership is now a well consolidated, collaborative effort involving about 75 ILO staff and ten USDOL officials who interact regularly on a wide range of issues related to national projects.

To date, about 250 national counterparts are involved in guiding the implementation of project work.

A National Project Coordinator (NPC) manages the SHARE project at country level with back up from the relevant ILO country or Subregional office. To complement national work there are Subregional initiatives in the Caribbean and Southern Africa. The NPC works in close partnership with the ILO’s constituents (government, employers’ and workers’ organizations), existing national programmes and participating enterprises.

A tripartite Project Advisory Board (PAB) steers the programme to ensure harmony with national policies and strategies, as well as integration of activities into ongoing programmes. The PAB incorporates all key stakeholders including relevant ministries and national AIDS commissions, government agencies, employers’ and workers’ organizations, UNAIDS, the United Nations Theme Group on HIV/AIDS, the US Embassy, civil society and community based organizations including networks of people living with HIV/AIDS (PLHA).





## Making a difference

All SHARE projects actively promote the involvement of people living with HIV/AIDS in conducting sensitization and training sessions as well as in decision-making and consultative processes. There is widespread consensus among ILO's constituents and participating enterprises on the importance of ensuring and further expanding PLHA contributions to SHARE work across regions.

Guyana's NPC, Mr. Sean Wilson explains, "Having persons living with HIV/AIDS on board is very helpful. They have a powerful impact in training sessions. Their presence and interventions make participants realize that they can work and continue in the job. Participants see that one cannot tell whether a person is HIV positive just by looking at them. Before meeting such persons, some participants don't believe they can look okay."

The India experience confirms the critical contributions made by collaborating institutions representing PLHA. India's NPC Mr. Syed Mohamed Afsar says, "Involving persons living with HIV/AIDS is very important. Many top executives and other decision makers have never met them before. When they notice that they are fit to do their jobs and co-workers are not at risk, the decision-makers cooperate with our goals."

Mr. Manoj Pardesi is himself living with HIV/AIDS and carries out advocacy work with the India SHARE Project. "The involvement of PLHA in the project is making a difference," he says. "Enterprises and trade unions are buying the idea of keeping PLHA in employment and creating a non-discriminatory environment for us."



### 3. Our Aims

“Mainstreaming HIV/AIDS is a key priority in the Ministry of Labour.”  
*Mr. Trevor Thomas, Permanent Secretary, Ministry of Labour, Guyana.*

The ILO/USDOL SHARE programme has two distinct yet complementary strategies. It works at the national level with governments, employers’ and workers’ organizations to ensure that the country’s legal and policy frame work is conducive to workplace prevention of HIV/AIDS and the protection of worker’s rights. At the same time SHARE works directly with management, labour and other partners to formulate policy and launch effective programmes in the workplace. In this way SHARE aims to:

- reduce employment-related discrimination against persons living with HIV/AIDS;
- reduce risk behaviours among workers;
- facilitate access to treatment, care and support;
- maintain employment of workers living with HIV/AIDS in the targeted enterprises.

#### Fighting discrimination in India

Ms. Celina D’Costa in India is living with HIV/AIDS and fighting each day on two fronts. She battles the mortal threat of her disease and campaigns to end workplace discrimination against people like her. She argues that HIV/AIDS prevention initiatives in the world of work must be reinforced by ensuring access to employment opportunities and to treatment for those already affected.

Celina’s words and action put great emphasis on workers’ rights and respect for values such as fairness, solidarity and gender equality. “Our bodies are the battleground of the epidemic,” she says. “Whatever policies or laws are made, they affect our lives first and then other people; so we should be equal partners in (the) planning and implementation of HIV/AIDS programmes at work.”

For workers living with HIV/AIDS like D’Costa, who is on the project steering committee of the India ILO/USDOL initiative, gains can be enormous. PLHA representatives are associated with all stages of each project since they know first-hand what it means to suffer stigma, and see clearly how the workplace can provide care and support.







## 4. Our approach

“The difference between this project and the activities of most organizations is that the ILO brings a code and a strategy to guide us and make sure our work is effective.”

*Mr. Etekpoh Akouete, Chairperson of Togo’s Project Advisory Board.*

The SHARE programme works in partnership with ILO constituents and enterprises in the fight against HIV/AIDS, not just to save the lives of workers - particularly in the worst-hit countries - but also to keep them in decent jobs. Without a decent livelihood, no family can flourish. Without healthy and productive families, nations cannot grow.

SHARE helps to set the infrastructure in place for each country project, and then works to keep motivation and action going over time. The project gives technical support and suggests approaches and models to mitigate the economic and social impact of HIV/AIDS in the world of work. It provides advisory services together with training and information materials for workplace education to achieve permanent changes in behaviour. From the outset the ILO/USDOL programme places special emphasis on capacity building at all levels.

Consultation and collaboration with key partners is essential to the success of the programme to ensure effective planning, smooth implementation and local ownership. While SHARE has a generic strategic framework, this is adapted to be country-specific on the basis of dialogue with key stakeholders. The programme is working effectively in diverse societies marked

by dissimilar economic and social development, culture and governance.

Under the programme, governments, employers’ and workers’ organizations commit to a strategy to address HIV/AIDS in the world of work based on the principles of the ILO Code of Practice. Over the longer term they play an essential role in guiding and overseeing the project.

As part of this process, stakeholders develop targeted HIV/AIDS workplace interventions for selected economic sectors. These strategies are then implemented by participating enterprises according to a memorandum of cooperation setting out the objectives and expectations on both sides. Great care is taken to measure impact and share experiences across countries.

The ILO/USDOL programme is distinctive because local experts and key enterprise workers (focal points) manage and implement the strategies. To enable them to do so, they receive advice and training in programme methods and principles. Because of their familiarity with local and cultural business practices affecting the workplace, their participation helps access local resources and creates a multiplier effect for interventions.





## 5. Supporting the ILO's Decent Work Agenda

“We cannot stress enough the importance of social dialogue in dealing with HIV/AIDS workplace issues. ILO's values and principles provide the right platform for stimulating and expanding this dialogue.”

*Vic van Vuuren, Chief Operating Officer, Business Unity South Africa (BUSA)*

The SHARE programme operates in close consultation with national and Subregional ILO offices for the mutual benefit of both. With a network of field offices in more than 50 countries and a global membership of 178 nations, the ILO has a wealth of experience and contacts to ensure close collaboration with national institutions. These include:

- Its tripartite structure which makes it possible to mobilize governments, employers and workers against HIV/AIDS;
- A central presence at the workplace;
- Nearly a century of experience in guiding laws and framing standards to protect the rights of workers and improve their working conditions;
- Expertise in many relevant sectors, such as gender promotion, social security and occupational safety and health;
- A well-established record of research and technical cooperation with particular emphasis on education and training.

The ILO's overall goal is the promotion of opportunities for men and women to obtain

decent and productive work in conditions of freedom, equity, security and human dignity. HIV/AIDS is an issue in every workplace and threatens every aspect of the ILO's Decent Work Agenda, and as a result the organization has mainstreamed HIV/AIDS throughout its activities as well as having a dedicated programme.

In several countries, SHARE projects are now an integral part of ILO's Decent Work Country Programmes (DWCP), helping to promote ILO's four strategic objectives as follows:

- **Fundamental principles and rights at work:** SHARE supports national and enterprise level efforts to establish or reinforce the legal framework to guide HIV/AIDS workplace policies and programmes, and to protect the rights of workers – especially those infected or believed to be infected;
- **Employment and income opportunities:** SHARE stimulates and supports initiatives aimed at protecting employment as well as employees through workplace education and prevention programmes, and counselling and support for people living with HIV/AIDS;

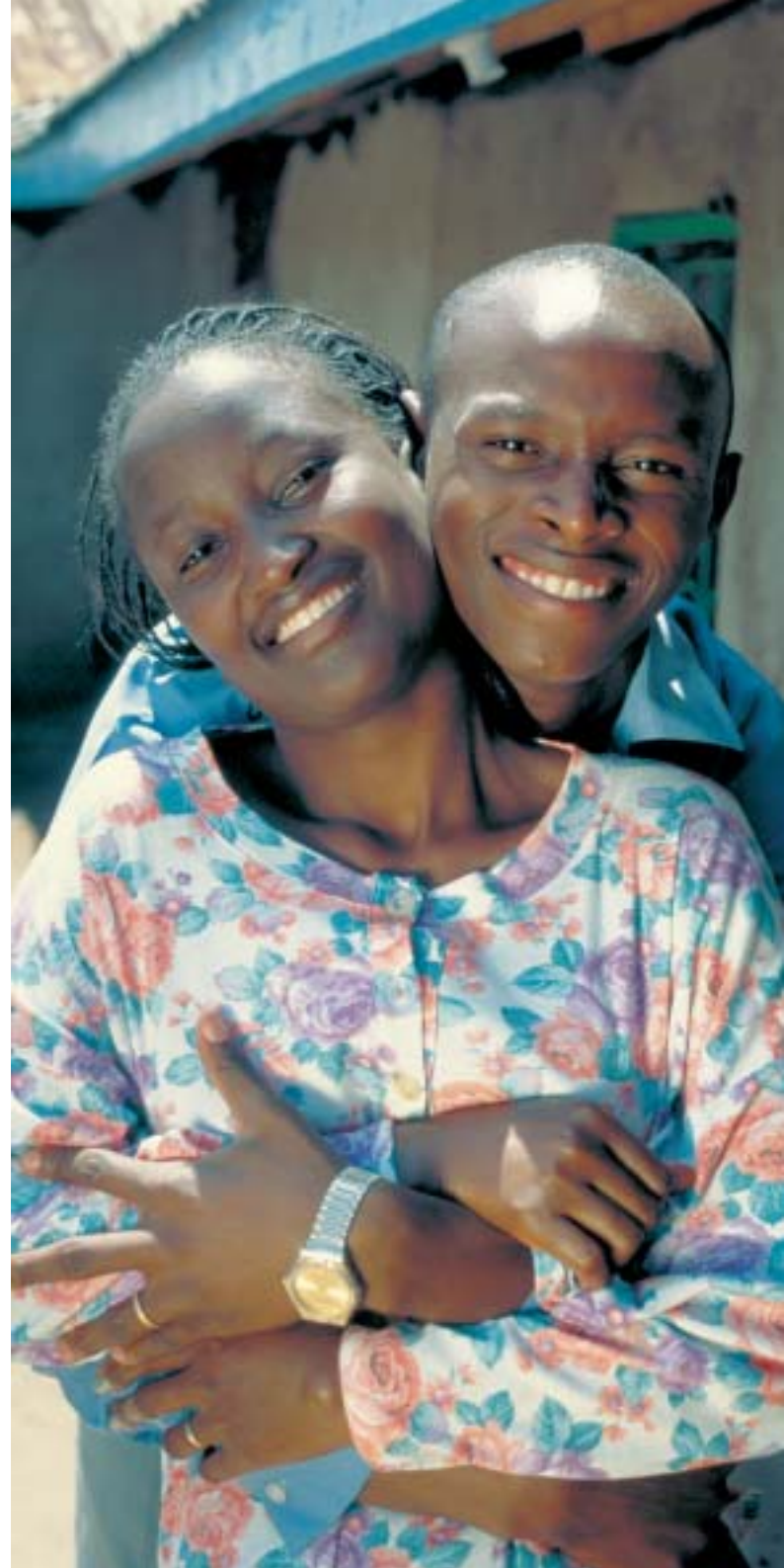
- **Social protection:** SHARE draws on ILO's expertise to help constituents plan for the social and economic consequences of AIDS, and to mitigate the impact on individuals and communities through both statutory and decentralized schemes;
- **Social dialogue and tripartism:** SHARE projects and their distinctive governance and decision-making mechanisms provide both a methodology for negotiation and a network of contacts among the social partners which can be mobilized to fight HIV/AIDS.

## Keeping in sync with global development frameworks

The ILO/USDOL programme has made extensive contributions to achieving the goals set out in the Declaration of Commitment on HIV/AIDS made at the UN General Assembly Special Session on HIV/AIDS in June 2001 during which the ILO Code of Practice was launched.

Through the Declaration, heads of state and governments committed to “strengthen the response to HIV/AIDS in the world of work by establishing and implementing prevention and care programmes in public, private and informal work sectors and take measures to provide a supportive workplace environment for people living with HIV/AIDS.”

Similarly SHARE contributes to the achievement of the Millennium Development Goals, specifically “to halt and begin to reverse the spread of HIV/AIDS, to strive for the protection of human rights and to help Africa build up its capacity to tackle the spread of the HIV/AIDS pandemic.”





## 6. Where we are working

“ILO’s work on HIV/AIDS has shown to trade unions in India and elsewhere that the fight against AIDS is a moral imperative for today’s world of work.”

*N.M. Adyanthaya, Member ILO Governing Body, Workers’ Group.*

The SHARE programme is currently being implemented in 23 countries, which were selected on the basis of consultations with ILO member States and reflect areas of greatest need. Following the success of the initial pilot project in India, an expansion took place in 2002 to

launch three-year programmes in six new countries. A second wave followed in 2003, bringing in a further nine countries, and a similar initiative followed in 2004.

First wave of target countries (2002-2006)	Belize, Benin, Cambodia, Ghana, Guyana and Togo.
Second wave of target countries (2003-2007)	Barbados, Jamaica, Botswana, Ethiopia, Lesotho, Nepal, Russian Federation, South Africa and Swaziland.
Third wave of target countries (2004-2008)	Burkina Faso, Cameroon, China, Indonesia, Malawi, Sri Lanka and Trinidad and Tobago. As part of this agreement, ongoing projects in India and Southern Africa (Botswana, Lesotho, South Africa and Swaziland) have been expanded.





- First SHARE country project (2001-2008): India
- First wave of target countries (2002-2006): Belize, Benin, Cambodia, Ghana, Guyana and Togo
- Second wave of target countries (2003-2007): Barbados, Jamaica, Botswana, Ethiopia, Lesotho, Nepal, Russian Federation, South Africa and Swaziland
- Third wave of target countries (2004-2008): Burkina Faso, Cameroon, China, Indonesia, Malawi, Sri Lanka and Trinidad and Tobago



## Rolling out the SHARE programme in the Caribbean

In May 2002 tripartite delegations from 13 Caribbean countries adopted the Platform for Action on HIV/AIDS and the World of Work in the Caribbean at a meeting hosted by the ILO.

One year later, the ILO Subregional office for the Caribbean launched SHARE programmes in Guyana and Belize marking the first comprehensive country-level response. Similar national programmes followed for Barbados and Jamaica in 2004 and for Trinidad and Tobago in 2005. SHARE NPCs at country level are supported by a Subregional specialist on HIV/AIDS based in Port of Spain who provides technical backup, ensures policy coherence and promotes collaboration and synergies with other ILO initiatives within the framework of Decent Work Country Programmes.

In 2006, the SHARE programme will expand again to include countries from the Organization of Eastern Caribbean States (OECS) in a fast-track enterprise level action programme. Initially, the ILO Caribbean office will use SHARE methodology and tools to work with at least three enterprises per country in Antigua & Barbuda, Dominica, Grenada, St Kitts & Nevis, St Lucia and St Vincent and the Grenadines. The aim will be to develop workplace policies and programmes and to generally improve capacity to address HIV/AIDS issues in and through the workplace. These projects will be implemented in collaboration with the Pan Caribbean Partnership against HIV/AIDS (PANCAP) and include a cost-sharing element.







A close-up photograph of a hand holding a white, oval-shaped pill. The hand is positioned palm-up, with the pill resting on the palm. The background is a soft, out-of-focus light brown color. A dark red vertical bar is located at the top center of the image. The text 'Key Areas of Action' is overlaid in a bold, dark grey font on the right side of the hand.

# Key Areas of Action

## 1. Defining the problem and mobilizing support

“At work we are so impersonal that we do not treat HIV/AIDS with the humanity it deserves. This workshop has altered my perception and I am going to bring change in my company.”  
*Senior corporate official, Lesotho.*

When the ILO/USDOL programme starts up in a new country it is crucial to get national tripartite leaders on board early on. Using the ILO’s contacts, one of SHARE’s first steps is to organize national sensitization workshops on the impact of HIV/AIDS and the world of work with each group of tripartite constituents.

As key leaders become committed and involved, the programme goes on to strengthen the capacity of each of the tripartite constituents through a range of activities that meet their specific needs. Equipped with the knowledge and skills to contribute to the national effort against HIV/AIDS, ownership and the sustainability of the project are strengthened.



During a sensitization workshop in Swaziland, two prominent trade union leaders underwent public HIV testing in support of ‘Operation Know Your Status.’ Jan Sithole, Secretary General of the Swaziland Federation of Trade Unions, and Vincent Ncongwane, Secretary General of the Swaziland Federation of Labour, took the tests at the official workshop opening in February 2005. “We want to challenge the government leaders of this country to do the same.” Said Sithole.

## Tuning in to HIV workplace issues on Sri Lanka radio

HIV/AIDS is a sensitive subject in Sri Lanka, so when the local ILO/USDOL team persuaded the government-owned national radio station to broadcast a one-hour programme on the subject they weren't sure what reaction they would get.

"It was the first time someone who was positive was on the radio here in Sri Lanka," says Mr. Samson Lal, President of the local PLHA association, Lanka Plus. Lal became a regular guest on the programme along with three other HIV-positive colleagues including two women. Their involvement had a big impact. "The experience made such a difference to me, it brought down my stigma and I felt no fear," says Lal. "A lot of things changed for me and I realized I should not keep quiet, I should speak out more."

Other tripartite partners joined in the 12-week series, which gradually gathered a bigger audience. There are few places to get information about the epidemic in the country, so the programme provided a much-needed forum for callers to clarify their doubts and ask questions.

"Confidentiality was very important," explains Lal. "We didn't ask people's names or ask about their circumstances, it was for them to volunteer what they wanted. Because we couldn't see the callers we weren't quite sure how they were reacting, but we could tell when they were getting upset and we would encourage them to come into our offices to talk more."

In total, SHARE has trained more than 2,500 national counterparts since the programme began. They come from a wide range of backgrounds and include senior officials from ministries of labour, health and social welfare; national AIDS commission staff; leaders of

employers' and workers' organizations; labour and factory inspectors, labour court judges and magistrates; the faculty of labour colleges; representatives of PLHA networks; NGOs, CBOs and other implementing partners.

## Strengthening tripartite links

In some cases the ILO/USDOL programme can help strengthen links between tripartite partners. This happened in Botswana where trade unions and workers' groups are faced by multiple challenges. "The project has driven home the point that an enterprise must work with the other social partners for HIV/AIDS prevention to succeed," says Ms. Marianyana Selelo, NPC for Botswana

"The coming together of partners at the workplace also benefits the company's overall productivity and success," she says. "The Botswana Ministry of Labour has appointed a full time official to support the SHARE project which is an encouraging sign for the sustainability of the project."

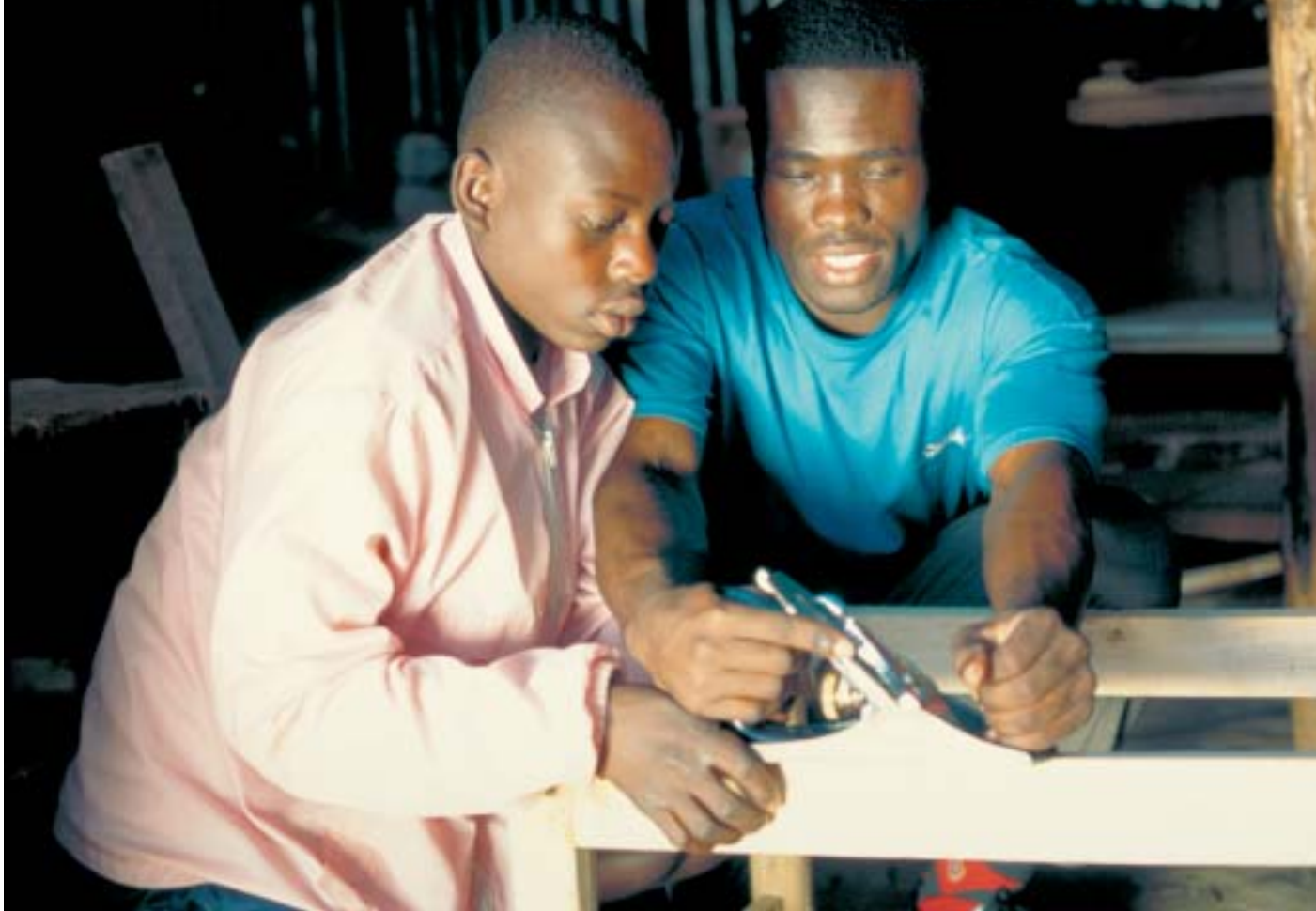
With capacity building and social dialogue between the various stakeholders underway, the adoption of a national policy and strategic plan on HIV/AIDS and the world of work becomes crucial as a sound basis for promoting and implementing actions and programmes in selected enterprises. In some cases the ILO/USDOL programme supports national plans that are already ongoing, while in other situations it engages with national constituents to help initiate a process.

This involves analysing the national impact of HIV/AIDS on the world of work and

identifying specific sectors that should be targeted. Discussions are guided by the findings of a mapping exercise undertaken as part of the preparatory work of the project. Target sectors will vary according to the particular national situation but once they are agreed, stakeholders go on to formulate a national plan of action which will be steered into implementation by the Project Advisory Board.

Often these initial tripartite interactions lead to a wider review of existing national policy on HIV/AIDS and the current legal framework.





## Building on existing initiatives

Cameroon's leading employers' organization, GICAM, was inspired to get involved in the fight against HIV/AIDS by the country's main aluminium manufacturer, ALUCAM, which led the way with a full prevention and care programme including antiretroviral treatment starting in the mid 1990s.

When GICAM learnt of ALUCAM's programme, it mobilized its membership which includes 250 individual enterprises and 20 sectoral associations representing 75 per cent of the country's formal economy output.

With technical and training support from the ILO, plans of action on HIV/AIDS are now being implemented in over 183 enterprises. Increasing numbers of patients receive antiretroviral treatment at their enterprises and there is a growing number of voluntary testing campaigns. Increased awareness of the epidemic means that workers now suffer less discrimination and stigma. Cameroon's NPC Dr. Valentine Douala Mouteng sees much value in learning from these initiatives and in ensuring complementarity.



## 2 Developing the national legislative and policy framework

“The ILO Code of Practice has become like a bible to me – whatever problem I have in my workplace, I can find an answer there.”  
*Director of FOTOBÉ (Fédération Togolaise pour le Bien-être), SHARE implementing partner.*

In order to be effective, workplace programmes need to take place in an environment free of stigma and discrimination. To achieve this enabling environment, one of SHARE’s primary objectives is to stimulate dialogue and sustain action to establish or improve the national policy and legal framework on HIV/AIDS and the world of work.

The ILO’s Code of Practice on HIV/AIDS and the world of work forms the cornerstone of this approach and is now available in 50 languages. It is being used by policy makers and workplace partners in over 60 countries as the basis for their own national action programmes, and beyond that to guide enterprise policies and collective agreements.

Finalized by a tripartite meeting of experts and adopted by the ILO governing body in June 2001, the code provides practical guidelines for developing national workplace policies and programmes to combat the spread of HIV/AIDS and mitigate its impact.

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

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

Using the ILO Code of Practice, tripartite constituents work to make sure laws, regulations and policies address HIV/AIDS workplace issues in an appropriate way. This work is usually undertaken in close collaboration with ILO/AIDS policy and legal advisors and with

international labour standards' specialists at headquarters and in the regions. Ten countries participating in the SHARE programme have a tripartite policy on HIV/AIDS and the world of

work and are including provisions on HIV/AIDS in labour legislation. eleven countries are in the process of finalizing national policies and legislation.

### **Conversation\* with Mr. M. Aboubakar Arouna, Minister of Public Service, Labour and Administrative Reform, Republic of Benin.**

"In Benin, like everywhere else, the working population is being ravaged by HIV/AIDS. The ILO project's greatest achievement in Benin is undoubtedly to have helped to ensure that the world of work is taken into account in the fight against HIV/AIDS.

It is important to say that the national strategic framework covering the period 2002 to 2006 did not take account of the world of work. The efforts by the project to raise awareness of the impact of HIV/AIDS on workers and their families, the productivity of enterprises and the national economy, and the specific characteristics of the world of work led to a correction in the focus.

The following significant progress has been made in the political and legislative framework:

- A national tripartite declaration on combating HIV/AIDS in the workplace was initiated by the ILO/USDOL project, and signed in July 2005 by the representatives of the tripartite constituencies;
- A law was passed on 18 August 2005 by the National Assembly on the prevention of, responsibility for, and control of HIV/AIDS in the Republic of Benin;
- The ILO project supported efforts to raise awareness of the role of HIV/AIDS in the world of work, and this led to the inclusion of eight articles on 'AIDS in the workplace' among the 37 articles making up the law.

Despite all the initiatives already in place, it has to be admitted that there is still much to do in Benin if the world of work is to contribute effectively to the fight against HIV/AIDS and to meet the challenge.

At present, just over 4,000 workers and their families in about ten workplaces are beneficiaries of the projects. Many other enterprises are keen that the collaboration and good practices already introduced in the framework of the ILO/USDOL project should be reproduced."

\* edited extracts from a longer interview





The following case studies provide an illustration of policy and legal initiatives undertaken on the basis of tripartite action stimulated by SHARE:

### Getting HIV on the Russian agenda

Ms. Irina Sinelina, Russia's NPC, describes how progress was made in the Federation. When she began contacting Russia's government, employers and trade unions in 2004 almost no one was familiar with the workplace implications of HIV/AIDS. "Workplace HIV was not on the formal agenda anywhere," she recalls.

A breakthrough came when the ILO office facilitated the visit of a delegation of tripartite partners to Brazil where they met enterprises with workplace plans in progress. It helped persuade them and in December 2005 the Russian Tripartite Commission on the Regulation of Social and Labour Relations signed a national declaration on HIV/AIDS referring to the ILO Code of Practice. The document voices deep concern about the impact of HIV/AIDS on labour resources and productivity, and calls on all stakeholders to join hands on prevention at the workplace.

This achievement meant that the national Ministry of Health and Social Development sent a directive to all 88 regions of the Russian Federation urging implementation. The ILO/USDOL project is active in two regions of the federation, but the principles it upholds go much wider. "Now this is a government initiative, not just of the ILO," emphasises Sinelina.

This important policy move shows the Russian government's open and forthright acknowledgment of the importance of including HIV/AIDS workplace initiatives as an integral part of the national response. At the same time there has been progressive support for national NGOs who have been given more space to operate and have been able to strengthen their institutional and legal base.





## New law supports HIV workplace response in Cambodia

The ILO/USDOL project has been involved in supporting the implementation of new legislation in Cambodia including the Law on Prevention and Control of HIV/AIDS which was adopted in 2002. In order to make the law operational and to stimulate a response to HIV/AIDS at the enterprise level, the Ministry of Labour and Vocational Training developed ministerial guidelines (prakas) in consultation with employers' and workers' organizations.

The prakas focus on the creation of HIV/AIDS workplace committees and the management of HIV/AIDS in workplace situations. The guidelines have been approved by a tripartite body on HIV/AIDS and the World of Work, which was put into place with the collaboration of the ILO, and also involves other project partners including a network of people living with HIV/AIDS.

A number of Cambodian labour and factory inspectors have been trained to support and monitor the implementation of the guidelines.





### 3. Making it happen in the workplace

“Gradually the SHARE project in Togo is persuading employers that workplace programmes don’t represent expenditure - they are an investment.”

*M. Melowovo, Director of a SHARE implementing partner organization in Togo.*

Once an enabling environment is created, the implementation phase begins at enterprise level in the agreed target sectors.

Getting senior management on side from the outset is critical, as NPC Afsar explains. “India is a low-prevalence country, so persuading companies to pay attention was not easy in the beginning. We learned that talking directly to senior management in enterprises brings quicker results. You have to show them how HIV/AIDS might impact on their specific sector by providing examples from other countries.

They want a simple plan backed by good quality technical support and regular follow-up.”

The India SHARE project has expanded rapidly and now includes major corporate houses which are scaling up their HIV/AIDS programmes significantly.

Sean Wilson in Guyana agrees that senior management support makes a significant difference. “The Guyana Sugar Corporation, which is the country’s largest employer, has a very active programme built around the SHARE model. We have been successful because the chief executives understood workplace HIV/AIDS issues and were very supportive,” he explains.

In Jamaica the NPC Ms. Nasolo Jacobs persuaded the board of the National Commercial Bank to endorse the SHARE methodology which is now being used to develop a programme for its 2,000 employees nationwide. After listening to her presentation at the outset, the board agreed to commit staff time and resources to ensure the programme’s success. For the first three day training session, ten of the bank’s most senior staff joined others in a clear indication of commitment to long term support for the project.

Experience shows that effective workplace programmes depend on six key elements:

- A sound policy;
- An HIV/AIDS workplace committee with a fully representative membership, clear mandate, strategy, work plan and adequate resources for its implementation;
- A behaviour change programme;
- A network of focal points and peer educators who work closely with the workplace committee;



- Access to confidential testing and treatment either in-house or by referral to community based services;
- An effective performance monitoring plan which is an integral part of the entire process.

To help enterprises develop their programmes, the project trains staff focal points and members of workplace HIV/AIDS committees on the impact of HIV/AIDS and the development of an HIV/AIDS policy and programme. So far, a total of 460 staff in these positions have been trained in all participating countries helping to ensure sustainability of the project.

Once the workplace committee is established, priorities will be to create an environment free of stigma and discrimination and to address key issues such as confidentiality and reasonable accommodation for workers living with HIV/AIDS.

In many societies persuading workers to take voluntary HIV tests or to disclose their positive status to employers and co-workers is an uphill struggle. Often workers would rather resign and become jobless, or face the insecurity of informal sector employment, than endure stigma and discrimination at the workplace.

“We are still fighting to persuade workers to seek voluntary testing or disclose their status,” says Ms. Khombi Nkonde, the NPC in Swaziland. “Many of them are afraid to seek permission for regular visits to the clinic even when the enterprise has an HIV/AIDS policy in place. For example one of the workers involved with us became very ill because he was too afraid to disclose his status to his supervisor,” she says.

Mr. Chuon Mon Thol, President of Cambodia’s Confederation of Trade Unions, tells the more hopeful story of Ms Say Chioen, the president of a local trade union. “At first, her factory did not





want her to return to work when she disclosed her (HIV-positive) status. But after her employers received information about HIV/AIDS prevention, they agreed to put

non-discrimination into the collective bargaining agreement. They also give enough time to persons like her to attend peer education workshops and go for clinic visits now.”

### Making public-private partnerships a reality

When the SHARE programme starts up in a new enterprise, the various partners involved sign a memorandum of cooperation which sets out the objectives, activities, outputs and expectations on both sides. The memorandum is a blueprint for public-private partnerships which has been signed so far by some 300 enterprises. It ensures ownership and frames collaboration.

Addressing HIV/AIDS is central to the principles of corporate social responsibility, enabling management to protect the workforce, enhance productivity and ensure competitiveness. The actual programme includes many components - policies are formulated to overcome discrimination, focal points are identified from the staff, HIV/AIDS committees are set up and most importantly, working time is opened up for prevention and behaviour change programmes. The latter is probably the most valuable investment by employers.

In-house services such as occupational health units are mobilized for treatment, care and support and employers seek to provide reasonable accommodation to workers on anti retroviral therapy.

In many instances the public-private partnerships created around the SHARE model go a step further to form business-community collaborations where enterprises provide a range of basic services to the surrounding community. These include utilities and health care, and often involve referral arrangements with community-based services.





## Solutions for the family

In Swaziland one of the region's biggest supermarket chains, Spar, has started a pioneering programme to help staff with AIDS who are medically unfit to work. The country currently has the highest prevalence rate in the world and the company which has 650 employees, has been working with SHARE since early 2005.

With unemployment levels running high, losing a wage earner has a major impact on the extended family, so Spar has agreed to allow a relative to take over the sick employee's job to keep money coming in. If they recover, the job is returned to them. NPC Ms. Khombi Nkonde tells of a 48-year-old woman she met who had taken her husband's job when he became too ill to work any longer. "At first she couldn't cope with the demands of the job and looking after her sick husband, but with extra help at home they have kept his vital salary."

"The workers really appreciate how management is trying to meet them half way on this," says Nkonde. "AIDS is really savaging our country." The scheme came about following discussions between workers and employers at one of the store's HIV/AIDS workplace committees.





## 4. Reaching workers, changing behaviour

“Often, workers who stand to be the main beneficiaries of our initiatives do not see their necessity. Within two or three days of our workshop, they discover the importance of HIV/AIDS prevention. One participant said to me, ‘you opened our eyes.’”

*Dr. Moucharafou Idohou, Benin NPC*

Many workers do not know enough about how HIV is transmitted and therefore do not adequately protect themselves. Others, who do understand how the virus is spread, still do not change their behaviour to reduce the risk of infection. This is one of the key factors fuelling the epidemic and therefore behaviour change programmes are an essential and central element in SHARE initiatives at the workplace.

Change comes about when individuals identify themselves with the messages of prevention campaigns and when communications channels are selected to be the most appropriate for the target group. “To make people change, you need to speak to their heart and mind and in order to do that you need to know them,” said one behaviour change specialist facilitating a strategy development workshop for SHARE.

To develop tailored strategies and materials, the project teams and partner enterprises work together to better understand the knowledge, attitudes and practices of workers and managers. Baseline data are collected using a variety of methods.

In each project country at least 300 workers from the partner enterprises are randomly selected for anonymous interviews. The data collected at the beginning of the project are used to review changes in behaviour and assess the impact of the project. A group of 300 workers selected randomly in the same workplaces will be interviewed towards the end of the programme to gauge changes in knowledge, attitudes and practices.



Focus groups set up in the enterprises openly discuss the reasons why people take risks and what arguments and key benefits would convince them to change. In-depth interviews and other data collection methods can add to this information.

Based on the findings of this assessment, the next step is to agree to the objectives as part of a sectoral strategy and a programme for enterprise implementation. The ILO approach promotes widespread dialogue, full ownership and participation at all stages. Indonesia's NPC Ms. Galuh Sotya Wulan explains, "People just say, 'tell us what to do,' but we reply no, you tell us what you need!"

At this stage a wide range of enterprise staff including union representatives, human resources managers, occupational health specialists and workers living with HIV/AIDS come together in five-day workshops. National project teams provide technical assistance and advisory services to help develop an enterprise-owned behaviour change strategy and programme.

Workers and managers from a textile company in Lesotho discussing their behaviour change programme



Examples of objectives adopted in some workplaces include increasing the proportion of workers who reported being faithful to one partner, or increasing the use of HIV counselling and testing services.

With objectives agreed, the next stage is to develop customized and gender-sensitive messages targeted at workers with similar types of jobs, levels of income, habits, values and education levels. All materials are translated into local languages.

## Collaborating for change



The International Labour Organization (ILO) and Family Health International (FHI) have combined their expertise to produce a toolkit offering guidance on behaviour change programming for the workplace. The toolkit is the fruit of

ILO/USDOL collaboration and is available in a trial version which will be refined by the inputs received by its users including SHARE NPCs who use it daily.

**Peer education** is one of the most effective ways of delivering HIV/AIDS education to a specific community. Peer educators are informal leaders who are persuasive and motivated and who come from the group that is being targeted.



The methodology is based on the assumption that people are more likely to change their behaviour if they are persuaded to do so by people they know and trust.

Peer educators are familiar with the situation of their colleagues and share similar pressures and aspirations. They know what makes their colleagues vulnerable to HIV and normally find the right words to discuss risky behaviour. They may themselves be living with HIV.

Training workers to discuss HIV/AIDS issues with their colleagues on a regular basis supports the process of changing behaviour. Peer educators are also instrumental in informing co-workers of the workplace policy so they know



their rights. Even when workplaces have an HIV/AIDS policy in place, unless attitudes change and workers feel supported by colleagues, they will not want to risk declaring their status.

Persuading enterprises to give employees enough time to train as peer educators and then help others can be challenging. This is especially true of informal sector workers in tourism, construction and hospitality where staff turnover may be high and work is done in shifts.

As part of its efforts to strengthen capacity and create local ownership SHARE has prioritized capacity building and training for peer educators. To date, 1,517 peer educators are actively involved in various enterprise level and community activities which are ongoing in about 300 partner enterprises.

**Family and Community Outreach** – While the primary impact of workplace BCC programmes is on the employees themselves, family and members of the community are also involved.

In Nepal, Ms. Kopila Giri (photo) says she receives more respect now that she is a trained HIV/AIDS educator. Her co-workers at the garment factory no longer shy away from talking about sex and condom use. She contributes at least two hours each week to talk to them during their free time every Friday. Whenever she feels doubt, she reminds herself of all the people whose lives she has touched. She feels proud of her work and more self confident about everything else she does in her everyday life.



Togo's NPC, Dr. Toi Akaya tells the story of Mrs. Agnes Tchamie Kossiwa, a 40 year-old mother of four, who is a peer educator trained by SHARE at a phosphate mining company near Lomé. She has three sons and remembers angrily throwing away condoms she found in their room. After attending a training session, she sat with all her children to talk about HIV prevention. She now tells them to abstain from sex or to have safe sex. Before the training she

did not know that the virus could live in semen, blood and vaginal fluids. Now she has significantly increased her knowledge and speaks more confidently to her children.

In Ghana two major project partners \_ Goldfields Ghana, a mining company and Resiga, a cacao trader \_ are reaching out to the wider community as part of their HIV/AIDS prevention efforts.

## Reaching out beyond the workplace

Goldfields Ghana has appointed a full time HIV/AIDS coordinator and has a clear outreach policy. Its executive, Ms. Charity Kwarteng, says the company recognizes that economic and social factors in the community contribute to the spread of HIV. Therefore, it has integrated prevention into its wider health care measures to include employees and their families. In this way it reaches out to the local community with prevention messages and support.

"We broadcast on radio to reach people in the community and also run workshops. Small-scale miners, dress makers, hair dressers, religious leaders – all of them call us for courses," she explains.

Mr. Edmond Nunepeku of Resiga encourages outreach work through the company's agents who regularly visit remote areas of the country to buy cacao from brokers. The agents are usually respected as role models because of their position in the company, and they maintain friendly relations with the brokers and farmers who are usually poorly educated. Some agents have volunteered to train as peer educators on HIV/AIDS to deliver prevention messages and conduct focus group discussions during their visits. Each agent deals with about 60 brokers scattered over a wide and rugged terrain.

To provide support, Resiga trains the volunteers and also gives them a kit including condoms. The agents are allowed to use their vehicles to bring brokers from their isolated villages to clinics for voluntary testing. "The agents tell me that the brokers and farmers are embarrassed to speak of sensitive issues and condom use. So I tell them to talk in a jovial tone to reduce the unease," says Nunepeku.





## 5. Overcoming challenges

“In Belize we still find ourselves embattled by the HIV/AIDS epidemic. However with this stark reality in mind, we do have much that we can shout about. I can say on behalf of all our partners that the ILO project has made a tremendous difference.”

*Amb. Dolores Balderamos Garcia, Chairperson, Belize National AIDS Commission.*

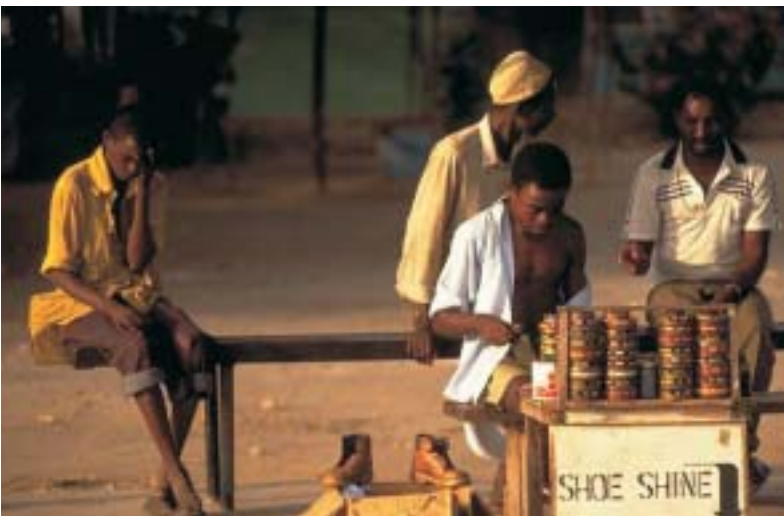
While the ILO/USDOL programme has a clear format and strategy, in practice it is dealing with so many different circumstances and situations that flexibility and a touch of imagination are vital if the programme is to meet people’s needs.

**The informal economy.** Many millions of the working poor rely on informal sector employment. They are a huge and diverse group that is seen as hard to reach and often neglected. SHARE insists that one sector in each national programme should be from the informal economy.

In Ghana the ILO/USDOL project includes the National Garage Association, which consists of small enterprises staffed mainly by temporary and informal workers. Since these workers are often hired on a daily basis and live a hand-to-mouth existence, they cannot afford to take days off to attend HIV/AIDS workshops. To overcome these problems, the Ghana project operates in a flexible manner, providing training sessions scheduled in shorter time slots that fit with the workers needs.

Mr. Chuon Mon Thol, President of Cambodia’s Confederation of Trade Unions, also talks about how important it is to include this sector. “Many workers, especially in the informal garment-making sector, are migrants. Often women saved from trafficking and sex work are rehabilitated in this sector, so reaching the grassroots with tailored HIV/AIDS prevention messages is imperative,” he says.

In India, the SHARE programme is reaching workers in the informal sector by collaborating with the Central Board for Workers Education (CBWE). The Board is part of the Ministry of Labour and Employment and has a nationwide education programme which now includes HIV prevention messages. The Board provides



education to some 300,000 workers each year in the formal, informal and rural sectors. Nearly 40 per cent of the CBWE's programmes reach workers in the informal economy who make up about 93 per cent of India's working population.

"Through the CBWE and local NGOs, SHARE enters rural areas as well," says Afsar.

"Interestingly these meetings are well attended although it was generally thought that traditional rural populations would react adversely to the issues of intimacy involved in HIV/AIDS

prevention," he remarks. "These experiences .. tell us that people are willing to listen when they see the problem's human face."

The Bauxite Company of Guyana is trying fresh approaches to help migrant workers on their staff, including provision of housing and prevention messages tailored to their lifestyle. Bauxite mining is a major economic activity and miners are attractive targets for sex workers as they tend to have higher incomes.

### Changing perceptions in the informal economy

In Jamaica, informal sector hairdressers and beauticians have got involved in one of SHARE's national sensitization workshops along with big corporate organizations. The sector is small in comparison but it has a very active national association (the National Association of Hairdressers and Cosmetologists, NAHC) that is keen to do what it can to support its members in the fight against HIV.

As with many workshops, PLHA acted as facilitators throughout the event but did not reveal their status until the last day. "All the participants mixed together and took meals together, which is a big thing here as there are many taboos about food preparation and HIV," explains NPC Nasolo Jacobs. "The disclosure of the group leader's status at the end was a real shock to them and changed their perception of HIV dramatically."

One man in the group told others how he was going to try to ask the PLHA facilitator for a date after the event, and that he now realized how vulnerable he was because he could not judge a person's status by appearance. The head of NAHC told the group how recently she wouldn't let an HIV-positive visitor touch her door knob and told him to leave her house. "She was really overcome with emotion and said she had done a 180 degree turn around as a result of the workshop," remembers Jacobs.





## Protecting workers far away from home

Many thousands of Indonesians travel to work abroad in the Middle East or neighbouring South-East Asian countries. The majority are women seeking domestic work, while a lower percentage are men employed by plantation and logging companies. Separated from home and roots, lacking rights and often with relatively little education, migrant workers are vulnerable to bad treatment and to the risk of contracting HIV. Husbands of women who are away for long periods on contract may also engage in high-risk sexual behaviour, sometimes with commercial sex workers who set up near their villages.

In conjunction with other initiatives implemented by the ILO office in Jakarta, SHARE is targeting this sector through work with private recruitment agencies, the government's pre-departure programme and also in the wider community. The work is in its early stages but will be rolled out on a larger scale soon.

"In training courses we cover HIV prevention, reproductive health and social protection issues," explains Ms. Galuh Sotya Wulan, Indonesia NPC. Crucially SHARE teaches simple negotiating skills and stresses the need to be proactive in difficult situations. "We tell them, 'we won't be there, you have to protect yourself,'" says Wulan.

Despite international laws and policies on human rights, including the ILO Code of Practice, some receiving countries insist on mandatory HIV testing for the workers prior to departure and ILO/USDOL is collaborating with the medical authorities on issues such as counselling, consent and referrals for treatment should the result be positive.

**Stigma and social intolerance** to HIV is widespread and often means enterprises are initially unwilling to become involved in prevention programmes. When SHARE approached some of the enterprises involved in tourism in Belize, the project staff faced considerable resistance. Tourism is a major income provider and some enterprises feared that clients might be uncomfortable, thinking they had a problem with HIV if prevention measures were put in place. Their concerns were gradually overcome following open discussion with management and workers and a programme has begun combining evidence-based information with specific approaches and tools developed together.



Ms. Eny Sidabutar (photo above), a human resources executive from Batam, Indonesia, "After the (ILO/USDOL) trainings I believe that HIV/AIDS is a workplace issue and people living with HIV can still look and feel pretty like me. I am ashamed of the statement that I made earlier that people with AIDS should be isolated. Now I realize people like me are the reason why people in Indonesia don't get tested for HIV."

## Steady moves towards change in South Africa's remote rural areas

South Africa has one of the highest HIV prevalence rates in the world. While information and services are becoming more accessible in urban areas, those living in rural parts of the country experience high levels of stigma, lack of information and inadequate support.

Africa Reality Estate in the northern Limpopo province was one of the first companies to come on board with SHARE in South Africa. The company produces oranges and employs about 600 workers who live with their families in a remote part of the country. Women pick the oranges while the men handle other agricultural tasks. The hours are long and the nearest basic clinic is 20 km away.

The company believes it is currently losing one worker a month to AIDS. It is clear to staff that many more are sick and often absent from work, but there is widespread stigma in the small community and no one has admitted to being positive.

In separate workshops run by SHARE, women talked about how they couldn't negotiate with their husbands about condom use, while men freely discussed having many partners but were reluctant to use condoms with their wives.

"The men say their wives will think they are diseased if they use a condom, or else they will suspect they have other women," says Mr. Joseph Motsepe, NPC for South Africa. "It is important to understand how to reach these men, I talk about protection from STIs which are a big problem, and also we discuss concerns about their own survival and the impact on their families should they get ill and die."

There have been slow but significant changes within the company over the two years that SHARE has been involved. It now has its own HIV/AIDS plan of action and policy, focal points on the staff, and a health and wellness committee. "To begin with people used to get up for a smoke or just leave when we started to discuss HIV, but after five or six meetings it got better," says Motsepe. The company has distributed information in the local languages and organized educational social events and condom demonstrations which were well attended.

"There is more openness now," explains Motsepe. "Before, when we came to chat in the bar workers would say negative things or walk out, but now people come and ask me for information. Things are slowly shifting, but it is important we do things how people want and that we talk in ways they can identify with and that interest them."

**Regions less affected by HIV/AIDS can also be initially** reluctant to adopt the SHARE programme, because they don't think there is a problem. In Russia the epidemic is largely driven by intravenous drug use (IDU) and is not very obvious to many people. While the project has

good support at national level, it is harder to mobilize at grassroots.

"The workers we meet are mostly around 40 years of age and think they are not exposed to HIV. But when you talk to them about their children and communities they are concerned –





drug use among the youth is really an issue,” says NPC Irina Sinelina. “When you talk to them about alcohol and drug use and how that makes them vulnerable to risky behaviour, that makes more sense to them,” she explains.

**Geographical challenges** can also require some strategic thinking. A large country like Indonesia with 33 provinces and a population dispersed across thousands of islands, is a case in point. East Java province alone has 270,000 companies with a formal workforce of six million. Other areas, like Jayapura in Papua have very large numbers of informal sector workers who are difficult to reach regularly with consistent HIV/AIDS messages and services. But getting to them is important because many, such as the dockworkers, earn twice the province’s minimum wage and are prime customers for sex workers.

**Political turmoil and upheaval** can have a very negative impact on the programme, however progress in Nepal has been steady despite the difficult political situation. In a context of insecurity and poverty, where prevalence levels are not yet very high, the tripartite partners have backed an ongoing labour reform process and signed a Tripartite Declaration to Fight HIV/AIDS in the Workplace. The ILO Code of Practice has been translated into Nepali and is very widely used and understood. “The ILO has created collaborative space for people to come together and this has enabled the programme to take off,”

says a participant from a recent ILO advisory mission. “There is so much inequality already they are determined not to have another disadvantaged group.”

**Resistance to HIV/AIDS workplace programmes** is common in the early stages of contact between SHARE and new enterprises but progress is usually good. Mr. Pawan Bhatia runs a successful prevention project as head of PepsiCo India’s HIV/AIDS initiative, but he had to overcome resistance in the early stages. “We were sceptical when we were approached by the ILO to start an HIV/AIDS workplace project. But their conviction, passion and specific competencies led us to think the ILO was the right partner for our initiative,” he says. “Using the SHARE approach and tools to assist us turned out to be a master stroke. Naveen Kumar, a person living with HIV/AIDS who was one of the trainers in our programme, got a standing ovation at a meeting of our top 300 corporate people.”

“It was a big victory! At the meeting, we had people openly asking questions about sensitive issues concerning sex that would never have been raised earlier,” he exclaims. “We ran out of badges for persons volunteering to become peer educators to help others in the company. We had prepared 100 badges but almost everyone wanted to volunteer.”

PepsiCo India is rapidly moving to expand its HIV/AIDS education prevention programme to all its workplaces across the country. Early results show employees are open and receptive





to the initiative. “One person wrote me to say that after receiving training, he called a family council around the dinner table. He did something unprecedented. He discussed HIV/AIDS prevention and risks with his wife, 10 year-old son and eight year-old daughter. Before that, such subjects had been completely taboo even in discussions among male friends,” Bhatia explains.

**Using existing structures.** Being flexible enough to use existing structures often pays dividends as NPC Ms. Sheila Middleton discovered in her dealings with Belize Electricity. “Safety is high on their agenda and entire departments are held accountable for performance, so much so that their bonus gets affected,” she explains. “In the beginning the person in charge of safety training was opposed

to including HIV/AIDS because he did not see it as a workplace issue. Finally he came round because of our training sessions and presentations, and now he is a strong supporter.”

**Keeping motivated.** The dynamism, knowledge and enthusiasm of project staff and their national partners are crucial assets. This is especially the case in some target countries where the ILO’s constituencies are challenged by competing priorities and where the epidemic’s effects on national economies and social systems are not widely recognized or understood. Enterprises and their workers sometimes think that the programme will provide funding in addition to technical expertise, whereas it is the job of SHARE staff to emphasize the need for them to ensure the financial sustainability of their efforts.





## 6. Keeping on track – monitoring

“The ILO/USDOL PMP provides a solid basis to monitor and evaluate progress as regards to HIV/AIDS and the world of work”

*Dr. Yamina Chakkar, UNAIDS Country-Coordinator in Benin*

HIV/AIDS workplace interventions need to be anchored on results-based strategies to ensure their effectiveness. What works and does not work needs to be closely tracked, documented and shared. To this end, the ILO and the USDOL decided to enter into a partnership with Management Systems International, (MSI), to develop a generic Performance Monitoring Plan (PMP). The plan has been adapted to each participating country through a nationally owned consultative process with tripartite representatives and other stakeholders. Each national project has used this system to adopt a set of country-specific indicators.

Using the PMP as a comprehensive evidence-based monitoring system, SHARE is able to work nationally with partner enterprises tracking and documenting progress in the behaviour of the targeted beneficiaries.

Examples of good practice can be identified and shared with other programmes. The monitoring system has three components that assess impact at the individual, organizational and national levels.

Firstly, it measures the project’s impact on knowledge, attitudes and practices of targeted workers. As previously mentioned, baseline information is collected at the beginning of the

project with a survey administered to 300 randomly selected workers. The same exercise is carried out at the end of the project to see what changes have taken place. Issues addressed include knowledge of transmission, condom use and attitudes towards people living with HIV/AIDS.

The PMP’s second function is to assess the impact of the project on workplace policies and programmes. It looks at the ten key principles of the ILO Code of Practice and assesses how well they have been integrated in the workplace policy. It also looks at the quality of services provided either at the workplace or made available to workers through a referral system to community-based resources. Data are collected through a workplace monitoring form filled out by the workplace focal points every six months.

Finally the monitoring system captures the project’s impact on the activities of ILO constituents and other associated partners within the national framework. It includes such issues as the development of the national tripartite policy on HIV/AIDS, the training of government officials and key members of employers’ and workers’ organizations, as well as other related action undertaken by national authorities and social partners. The PMP has

been a very useful tool to help project staff focus clearly on the objectives of their work without getting lost in the myriad of HIV/AIDS activities that are going on.

The monitoring tools developed at country level are intended to be used by project stakeholders beyond the completion of project activities. The world of work indicators used in the PMP are progressively integrated into national HIV/AIDS unified monitoring and evaluation systems. Dr. Yamina Chakkar, UNAIDS

Country Coordinator in Benin welcomes the contribution of the project to the implementation of the "Three Ones" in Benin: "The ILO/USDOL PMP provides a solid basis to monitor and evaluate progress as regards to HIV/AIDS and the world of work. The indicators developed for the project have been used by the consultative group on monitoring and evaluation of the National AIDS Committee for the development of the agreed country-level monitoring and evaluation system in Benin. The NPC has played an active role in this process."







# Moving Forward

## 1. Building bridges, sharing good practice

"The ILE brought home to me the challenges and triumphs of my colleagues confronting the issue of HIV/AIDS and the world of work, most importantly the interaction allowed me to experience the passion and determination to combat HIV/AIDS from a global perspective."

*Carol-Ann Senah, Trinidad and Tobago NPC*

National Project Coordinators working in Africa, Asia, the Caribbean and in Eastern Europe are regularly in touch exchanging experiences about project activities, discussing innovations and sharing examples of good practice and lessons learned which can then be adapted to their own national contexts.

All country projects and programme management staff in Geneva are linked via a web-based extranet platform, called Community Zero (CZ), which was launched in November 2004. This tool assists programme management

and greatly enhances the potential for knowledge sharing to help support and guide programme implementation. It is widely used to monitor workplan progress, share innovations and ensure cross-fertilization of experiences across regions. To date about 8,000 pages on CZ are consulted each month and use is steadily increasing.

To enhance the programme's knowledge-sharing component, the ILO organized a training workshop at its headquarters in May 2004 followed by two Interactive Learning Events (ILE) in Cameroon (September 2005) and South Africa (October 2005). Each NPC has knowledge, experience and expertise that is valuable and unique. The ILE is designed to strengthen, expand and enrich collective and individual knowledge. By learning and sharing, all participants gain from the collaborative efforts that promote synergy towards a common goal.

Dr. Indira Hittiarachchi joined the Sri Lanka project in May 2005. She has over 25 years' experience in the management of development projects at national and regional level and was one of the participants at the ILE held in South

[Opening ceremony of the SHARE Interactive Learning Event held in South Africa, October 2005.](#)



Africa. She describes the learning gains and the exchange of ideas as key elements that contributed to the successful start of the project in Sri Lanka. “It was a fabulous experience of learning, sharing and contemplating. It helped to clarify issues and gave me a gamut of information and ideas to improve and focus on the project in Sri Lanka. Most of all I enjoyed sharing experiences with colleagues across all regions. It was hard work filled with motivation and vision.”

Mr. David Guiré, SHARE NPC in Burkina Faso, participated in the francophone ILE held in Cameroon: “Every day I was becoming more confident in my new role of NPC. The presentations were comprehensive and self-explanatory. I have learnt a lot from the experience of my colleagues in Benin and Togo. I feel better equipped to face the challenges. I will build on their experience to find means to mobilize the tripartite constituents in my country.”

Information and examples of good practice are also shared with key actors in the world of work and other development partners involved in the fight against HIV/AIDS in participating countries. In order to facilitate access to this information the ILO/AIDS public website has been updated with country profiles and country project pages with key tools that are country-specific and include recent project developments.

In order to draw maximum benefit from sharing experiences and to contribute to SHARE’s community of learning, Subregional events will



Sean Wilson from Guyana addressing an ILE session.

be organized in 2006 under the title of ‘Expanding Circles of Sharing: Telling the Story.’ They will be held in Benin for francophone Africa, Ghana for anglophone Africa, Belize for the Caribbean, and Cambodia for Asia. The emphasis will be on learning from successes and failures.

## 2. Handing over and moving on

“This project will last as long as the enterprise does – you’ve got us going and we’ll carry on.”

*Member of HIV/AIDS committee from Togo’s mining sector.*

The first wave of projects in the ILO/USDOL partnership will reach their end date in December 2006. Now is the time when the focus on capacity building and sustainability comes into its own as projects look to new beginnings from a position of strength. Through a process of progressive consolidation based on the guidance and help of national partners, much has been achieved:

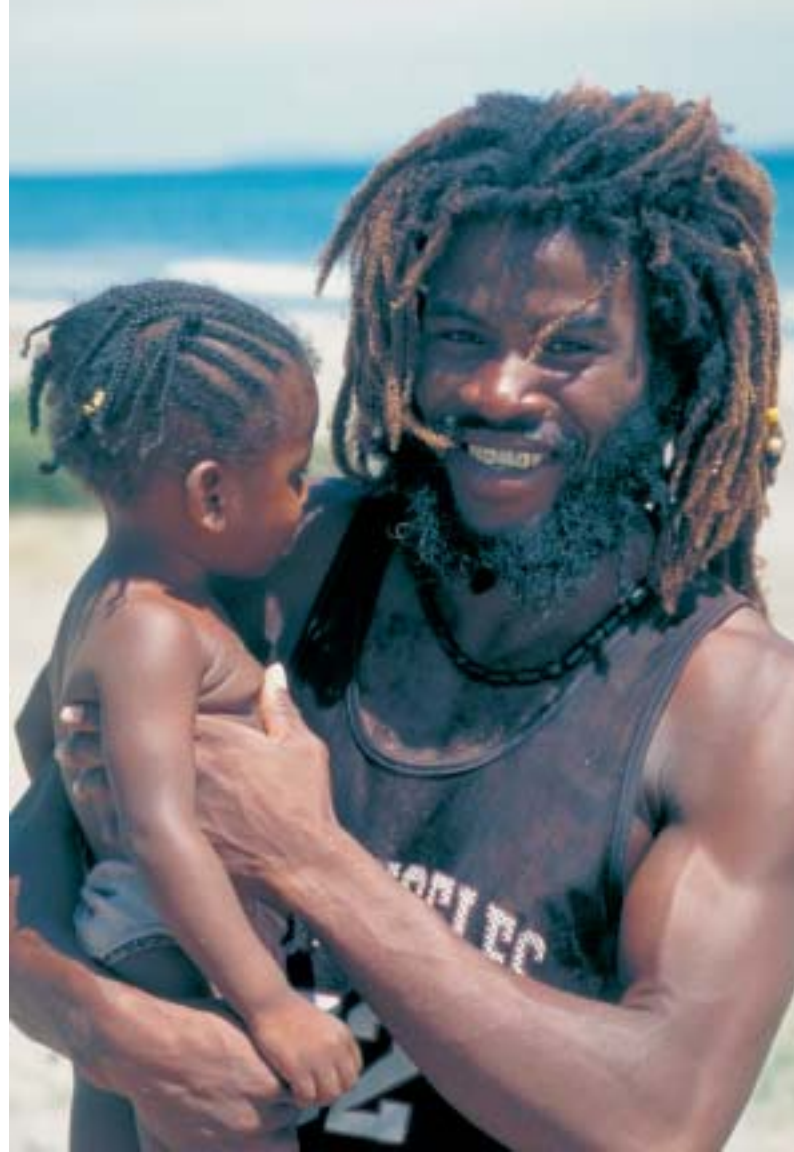
- Mechanisms for tripartite collaboration are in place;
  - Policy frameworks have been developed;
  - National capacity is strengthened;
  - Linkages with national programmes are established;
  - National resource persons are trained;
  - Necessary information, resource material, guidelines and tools have been tested, validated and made available;
  - Performance monitoring plans have been agreed;
  - Sectoral behaviour change strategies have been developed;
  - Enterprise level programmes have been launched and good practices are about to be documented.
- These countries are facing an exciting and challenging final year, in which impact surveys will be conducted, case studies of good practice compiled, final evaluations carried out, final reports drawn up and hand-over arrangements to national counterparts put in place. But before all this takes place, it is essential for national stakeholders to assemble in a sustainability workshop to take stock of the achievements of the project, to discuss what has worked, how it can be replicated and scaled up to fit into a coherent national strategy. Key issues to be addressed are:
- Policy implementation, continuous advocacy and sustaining tripartite support;
  - Sectoral and enterprise level action programmes with a focus on replicating and sustaining programmes;
  - Reaching out to the informal economy;
  - Access to resource persons and materials;
  - Coordination and networking arrangements;
  - Local resource mobilization.

This is a crucial stage of transition during which project-related responsibility and work has to be handed over to the national partners.

**Building local capacity** – The ILO/USDOL project provides training for national experts and NGO representatives in behaviour change programming for the workplace. “We are trying to ensure sustainability by bringing enterprises together with an NGO that could become their HIV/AIDS prevention arm. We provide the necessary technical assistance and training to help them through capacity building,” explains Ms. Arlene Husbands, the NPC in Barbados.

She has been instrumental in bringing together the AIDS Foundation of Barbados and the Barbados Employers Confederation (BEC) which has taken a lead in encouraging its members to actively support the SHARE agenda. “We were surprised that so few companies have policies on HIV/AIDS prevention,” explains BEC Executive Director, Mr. Harry Husbands. “HIV/AIDS prevention was not based on understanding the direct implications for productivity and profitability of companies. Now we have a process of sitting down to talk with our members and helping them to draft the policies.”

The AIDS Foundation of Barbados is helping the BEC work with its members and the Foundation’s Executive Director, Mr. Robert Showan is enthusiastic about expanding the initiative. “Quite a lot of companies are interested. We do the presentations about HIV/AIDS at the workplace using SHARE’s technical assistance and materials. Our aims are



to help enterprises to establish policies and then assist with monitoring and evaluation,” he says.

“We are also trying to mobilize the banking sector with the help of the Barbados Banking Association. This is a tripartite process underpinned by active involvement of government and trade unions,” explains Showan.

## The importance of linking to National AIDS Commissions

National AIDS Commissions have a vital role to play in ensuring the sustainability of the programme and the ILO has enjoyed many good partnerships with them. In India the National AIDS Control Organisation (NACO) has identified protecting the workforce as a key priority. NACO recently issued guidelines to each state for strengthening HIV/AIDS interventions in the world of work and recommended ILO policy materials and technical resources in implementing workplace initiatives.

In Belize the ILO/USDOL programme is now well established and in the view of Ambassador Dolores Balderamos Garcia, Chairperson of the Belize National AIDS Commission, it has spearheaded the development of the National Workplace Policy on HIV/AIDS. She highlights the involvement of many enterprises that now have their own policies on HIV/AIDS and stresses the importance of peer educators (70 have been trained to date). “These persons will ensure the sustainability of efforts at prevention and response to HIV/AIDS in the long run,” says Garcia.

In Benin, the executive head of the National HIV/AIDS Committee, Dr. F. Kiki Valentine Medegan views the collaboration with the ILO as a positive experience. “In effect, the sensitization efforts of the project on the impact of the pandemic on the life of workers and their families, the productivity of enterprises and the national economy, and specifically on the world of work, has permitted the mobilization of public institutions, employers and workers and the implementation of their actions thanks to the practical and advisory support (of the ILO),” Dr. Medegan says in recent correspondence.







### 3. Creating synergies, leveraging funds

“The PEPFAR program, by partnering with the DOL/ILO workplace initiative has substantially expanded HIV/AIDS educational outreach, accelerated counselling and testing and enhanced the US Government’s HIV/AIDS response activities in Guyana.”

*Mr. Roland Bullen, US Ambassador to Guyana.*

As the programme has consolidated and evidence of success has become available, SHARE has attracted increased funding, which has in turn allowed for greater programme expansion building on prior work or meeting new needs. Much of this has come about through collaboration with an expanding network of partners at the national and enterprise level. Indonesia and India stand out as prime examples where commitment, advocacy and innovations have led to unanticipated windfalls.

The ILO made its first breakthrough with the Global Fund to Fight AIDS, Tuberculosis and Malaria in Indonesia where the local office assisted tripartite constituents in obtaining US\$5 million from the Fund. The SHARE programme in Indonesia has stimulated a great deal of collaboration and cross-fertilization of ideas on HIV/AIDS and the workplace. This has led to a UNAIDS Programme Accelerating Fund (PAF) project to focus on female migrant workers and a new project approved by the UNDP-DFID Partnership Fund to replicate the project approach and methodology in four new provinces, as well as extending work in the informal economy. The untiring efforts of the

ILO Jakarta team provide an outstanding example of effective local resource mobilization.

In India the SHARE project has established a model of multi-dimensional collaboration that could form the basis of a durable and sustainable national programme. Key elements have been integrated into the appropriate programmes of the Ministry of Labour and Employment. All employers’ organizations have committed themselves to a joint declaration and 64 enterprises are implementing programmes in four target states. All the central trade unions are pursuing well-targeted activities and a number of major corporate houses are actively involved in the project.

The collaborative relationship with the National AIDS Control Organization (NACO) has been very important in ensuring that the world of work becomes an integral component of the National AIDS Control Programme Phase III. Based on its success, the India project has raised finance from UNAIDS PAF funds to expand and strengthen the project in the state of Goa. In addition, the ILO is now joining a multi-agency project funded by AusAID to focus on HIV/AIDS in north-east India. Significantly, it is expected that the ILO will be invited to join



the advisory and technical boards of an India-US fund to support action on HIV/AIDS by the private sector.

In Cambodia, the project has helped secure funds from the Rockefeller Foundation. This is to develop a community-based social protection and income security scheme for households affected by HIV/AIDS in selected communities. In Barbados, resources have been made available to SHARE by the Caribbean Award Fund to develop a programme for the National Taxi

Association. A number of other local resource mobilization initiatives are also underway in Belize, Benin, Cambodia, Ghana and Togo.

Most significant, however, is the approval of funding from the Guyana/PEPFAR programme, which will enable the national SHARE project to consolidate and expand, continuing beyond its scheduled termination date. This is the first PEFAR funding for the ILO and there are encouraging signals that ongoing dialogue will release more funds in other countries.



Without taking into account the Global Fund approvals in Indonesia and the Caribbean, SHARE projects have been successful in leveraging funds amounting to a ten per cent increase in overall allocations. As a result of the greater availability of funds at the national level, local resource mobilization has become a key responsibility for the management team and the NPCs, a goal to which the entire team has pledged full commitment.

All this augurs well for the future but needs to be nurtured carefully as the context within which SHARE is evolving is changing rapidly, bringing both challenges and opportunities.

The UNAIDS programme is undergoing major restructuring. The recommendations of the UNAIDS Global Task Team, which were endorsed by the ILO Governing Body in March 2006, present the major force for change. Chief among these are the accelerated decentralization process, the building up of the UN Country Teams, and the goals of Universal Access to prevention, care and treatment. All these are intended to support the goals of the 'Three Ones' at the national level, aiming for one national strategy, one coordinating body and one means of monitoring and evaluation.

At this critical juncture in the history of UNAIDS, the ILO has been chairing the Committee of Cosponsoring Organizations. This has provided an opportunity to highlight the role of the world of work in strengthening national responses and to contribute to a coherent multi-sectoral strategy with fellow

cosponsors. This has in turn created a new focus on collaboration and joint action in the world of work, and has injected fresh impetus into the mobilization of the tripartite constituents.

Simultaneously the ILO/AIDS programme is in the process of being restructured and is developing a fresh vision. The balance is shifting to place a greater focus on enterprise level action and reaching workers with behaviour change, care and support programmes. These are the very elements on which the ILO/USDOL projects are built, and consequently SHARE is in a key position to make major contributions to this evolving strategic objective.

This report is published at an exciting time for SHARE. In just a few years the programme has expanded and consolidated, providing ample evidence to demonstrate the crucial benefits of workplace initiatives. With the first wave of projects in the ILO/USDOL partnership now becoming independent, a new phase of handing over and moving on begins, with new challenges and opportunities beckoning ahead.

There is still much work to be done, but together with governments, employers' and workers' organizations and other partners, the ILO/USDOL programme will do its utmost to support those struggling against the threat of HIV/AIDS in the workplace.







# Annexes

## Annex 1

### SHARE in numbers

#### Getting the overall picture

A summary of progress since the ILO/USDOL programme began in 2001.

- A total of **286 partner enterprises** representing a workforce of **295,956 workers**, are currently receiving technical assistance from SHARE.
- **2,536 government officials, key members of employers' and workers' organizations** have received in-depth training on the development of HIV/AIDS workplace policies and programmes.
- **659 workers and managers** have been involved in the development of their workplace behaviour change strategy and programmes with the technical assistance of the ILO.
- So far, **1,517 peer educators** have been trained in partner enterprises.

Source: ILO/USDOL Performance Monitoring Plan (PMP) and projects records, March 2006

# 1. Project Outcomes, India 2001-2008

## Prevention of HIV/AIDS in the World of Work: A Tripartite Response

March 2006

The India project was the first of its kind and is the ILO/USDOL longest running national project. It is currently in the second phase of a three-phase implementation strategy.

	India
Number of government officials trained in the development of HIV/AIDS policies and programmes	894 Labour inspectors
Number of key members of employers' organizations trained in the development of HIV/AIDS policies and programmes	280
Number of key members of workers' organizations trained in the protection of workers' rights and the development of HIV/AIDS policies	275
Number of PLHA trained in advocacy skills	131
SHARE action in supporting development of the national policy framework	The project provided technical assistance in the development of a national law on HIV/AIDS and the world of work. Employers' Declaration of Commitment based on ILO Code of Practice was signed in December 2005.
Partner workplaces and target sectors	59 partner enterprises are collaborating with the project from the electricity, textile, cement, engineering, agro, power, chemicals, mining, automobile, pharmaceuticals, metallurgy and minerals sectors as well as uniformed forces and many cooperatives
Number of peer educators trained by the project	427 peer educators
Number of workers benefiting directly from an HIV/AIDS workplace-level policy and a comprehensive workplace programme	105,705 workers



## 2a Project outcomes, first wave of ILO/USDOL country projects 2003-2006

March 2006

These countries are part of the first wave of ILO/USDOL technical cooperation programme following India. They all follow a similar methodology aiming at building the capacity of the tripartite constituents and developing comprehensive behaviour change communication programmes in selected enterprises.

### National level

	Belize	Benin
Number of government officials trained in the development of HIV/AIDS policies and programmes	18	34 Labour inspectors 30 Social Security Fund Staff
Number of key members of employers' organizations trained in the development of HIV/AIDS policies and programmes	60	24
Number of key members of workers' organizations trained in the protection of workers' rights and the development of HIV/AIDS policies	9	26
SHARE action in supporting the development of the national policy framework	A tripartite policy on HIV/AIDS and the world of work has been adopted in 2005 based on the ILO Code of Practice. Policy formulation assisted by the project.	A tripartite policy on HIV/AIDS and the world of work has been adopted in 2005 based on the ILO Code of Practice. Process supported by the project.
<b>Is the world of work integrated in the HIV/AIDS National Strategic Framework?</b>	yes	yes

Cambodia	Ghana	Guyana	Togo
28 Safety and Health and Labour Inspectors	24 Labour Inspectors	In progress	20
7	24	2	20
512 trade unions peer educators have been trained	21	7	20
The project had a direct impact on the formulation of regulations to guide the implementation of the national AIDS Law (2002) on the prevention and control of HIV/AIDS in the world of work. Technical advice has been provided for the development of the Draft Trade Union Policy on Prevention and Management of HIV/AIDS in the Workplace in Cambodia to be adopted shortly.	The national HIV/AIDS workplace policy based on the ILO Code of Practice was adopted in 2004. The project is contributing to its wide dissemination. A new Public Health Bill is under development for which the project provided technical advice on the inclusion of HIV/AIDS workplace issues.	The project provides technical advice for the development of a Tripartite Policy on HIV/AIDS and the world of work. The Ministry of Labour has developed a draft regulation (under the OSH Act) which includes specific references to HIV/AIDS based on the ILO Code.	A National Tripartite Policy on HIV/AIDS and the world of work was adopted in 2004 and revised in 2005 with the technical assistance of the project. A short Consensus Statement has also been adopted by the high-level representatives of each of the tripartite constituents for wide dissemination.
yes	yes	yes	yes



## 2b. Enterprise level

	Belize	Benin
<b>Partner workplaces and target sectors</b>	19 partner enterprises are collaborating with the project from the tourism, agriculture, utilities, banking and sanitation sectors.	10 partner enterprises are collaborating with the project from the construction, oil, mining and energy sectors as well as a group of handicraft vendors from the informal economy.
<b>Workplace responses</b>		
Number of workplaces that have an HIV/AIDS focal-point	18	10
Number of workplaces that have established an HIV/AIDS workplace committee	14	9
Number of workplaces that have a written HIV/AIDS policy	10	7
Number of workers and managers involved in the development of the behaviour change strategies and programmes	39	75
<b>Services available in partner workplaces</b>		
Number of workplaces that have established an HIV/AIDS Workplace Education Programme	18 (14 have allocated official working time for implementation)	10 (all of them have allocated official working time for implementation)
Number of workplaces that have established condom distribution services	8	4
Number of workplaces that have established sexually transmitted infections (STIs) treatment information services	10	9
Number of workplaces that have voluntary counselling and testing information and referral services	12	9
Number of workplaces that have care and support information and referral services	7	9
Number of peer educators trained by the project	70 peer educators	108 peer educators
Number of workers benefiting directly from an HIV/AIDS workplace- level policy and a comprehensive workplace programme	4,807 workers	4,770 workers

Cambodia	Ghana	Guyana	Togo
11 partner enterprises are collaborating with the project from the hospitality, textile and construction sectors.	13 partner enterprises are collaborating with the project from the agro industry, mining and public sectors as well as a group of garage operators in the informal economy.	18 partner enterprises are collaborating with the project from the hospitality, manufacturing, mining, forestry, banking and finance sectors as well as security and public services.	8 partner enterprises are collaborating with the project from the hospitality and mining sectors, a brewery as well as a group of garage operators form the informal economy.
11	13	18	8
9	11	13	8
4	5	11	8
37	34	38	62
11 (10 have allocated official working time for its implementation)	11 (all of them have allocated official working time for implementation)	10 (all of them have allocated official working time for implementation)	7 (all of them have allocated official working time for implementation)
10	11	10	8
11	11	12	8
11	11	12	8
11	9	7	8
302 peer educators	113 peer educators	172 peer educators	325 peer educators
8,403 workers	3,784 workers	9,657 workers	4,271 workers

### 3a. Project outcomes, second wave of ILO/USDOL country projects 2004-2007

March 2006

Nine new countries joined the SHARE programme in 2004 and are already showing good results.

National level

	Barbados	Botswana	Ethiopia
Number of key members of the tripartite constituents participating in sensitization workshops	26 government officials 23 employers' representatives 13 representatives of workers' organizations	24 government officials 21 employers representatives 26 representatives of workers organizations	210 government officials 21 employers representatives 19 representatives of workers organizations
Number of government officials trained in the development of HIV/AIDS policies and programmes	To be done	22 Labour inspectors	40
Number of key members of employers' organizations trained in the development of HIV/AIDS policies and programmes	11	35	To be done
Number of key members of workers' organizations trained in the protection of workers' rights and the development of HIV/AIDS policies	To be done	27	To be done
SHARE action in supporting development of the national policy framework	A policy on HIV/AIDS and the world of work already existed before project implementation began.	The ILO has provided technical advice for the formulation of the policy. The draft is still under discussions as tripartite constituents need to reach agreement on some sensitive issues.	A draft National HIV/AIDS Workplace Policy has been formulated with the technical assistance of the ILO. The project supported national consultations in February 2006 and assisted in the development of the HIV/AIDS Workplace Policy for the civil servants adopted in December 2005.

## 3b. Enterprise level

Jamaica	Lesotho	Nepal	Russia	South Africa	Swaziland
47 government officials 59 employers representatives 85 representatives of workers organizations	22 government officials 23 employers representatives 24 representatives of workers organizations	6 government officials 15 employers representatives 33 representatives of workers organizations	6 government officials 2 employers representatives 4 representatives of workers organizations	6 government officials 33 employers representatives 31 representatives of workers organizations	37 government officials 42 employers representatives 24 representatives of workers organizations
5	18 Labour inspectors	To be done	20	To be done	62 Labour inspectors
To be done	To be done	To be done	To be done	8	To be done
To be done	22	To be done	110	13	27
The project is providing technical advice for the development of a Tripartite Policy on HIV/AIDS and the world of work.	Prior to project implementation a bill on HIV/AIDS and employment based on the ILO Code had already been drafted. The draft bill is awaiting Parliament's approval.	The project provided technical assistance to draft the National HIV/AIDS workplace policy which is awaiting official approval.	The Declaration of National Agreement of Tripartite Partners on HIV/AIDS and the world of work was adopted in December 2005 and make direct reference to the ILO Code.	A policy on HIV/AIDS and the world of work already existed before project implementation.	The project is providing technical advice for the development of a Tripartite Policy on HIV/AIDS and the world of work.



	Barbados	Botswana	Ethiopia	Jamaica
<b>Partner workplaces and target sectors</b>	11 partner enterprises are collaborating with the project from the banking and finance, manufacturing and tourism sectors, as well as a group of taxi drivers from the informal economy.	13 partner enterprises are collaborating with the project from the construction, textile, wholesale and retail, and hospitality and tourism sectors.	14 partner enterprises are collaborating with the project from the agriculture, manufacturing, services, transport, hospitality, banking and insurance sectors as well as a group of workers from the informal economy.	21 partner enterprises are collaborating with the project from the finance, manufacturing, agriculture and mining sectors and a group of workers from the informal economy.
<b>Workplace responses</b>				
Number of workplaces that have an HIV/AIDS focal-point	9	13	8	20
Number of workplaces that have established an HIV/AIDS workplace committee	4	6	in process	10
Number of workplaces that have a written HIV/AIDS policy	7	7	in process	8
Number of workers and managers involved in the development of the behaviour change strategies and programmes.	52	35	47	89
Number of workers that will benefit directly from a HIV/AIDS workplace-level policy and a comprehensive tailored workplace programme	2, 652 workers	5,948 workers	26,104 workers	16,254 workers

Lesotho	Nepal	Russia	South Africa	Swaziland
13 partner enterprises are collaborating with the project from the textile, construction, utilities and hospitality sectors.	10 partner enterprises are collaborating with the project from the banking, hotel, carpet, manufacturing and textile sectors.	12 partner enterprises are collaborating with the project from the metallurgy, food Industry, media, transportation, service and public sectors.	9 partner enterprises are collaborating with the project from the agriculture, construction, health, hospitality and tourism sectors.	12 partner enterprises are collaborating with the project from the agriculture, manufacturing and retail sectors.
10	10	11	in process	12
4	9	7	in process	12
5	9	in process	in process	11
42	45	in process	in process	64
7,105 workers	6,563 workers	4,239 workers	19,400 workers	11,799 workers

## 4. Project outcomes, third wave of ILO/USDOL country projects 2005-2008

March 2006

This is the latest phase of the SHARE scheme, with countries such as China and Malawi only signing agreements in 2006.

### National level

	Burkina Faso	Cameroon	China
Recruitment of the National Project Coordinator (NPC)/ Chief Technical Advisor (CTA)	NPC commenced work in September 2005	NPC commenced work in August 2005	Agreement signed in March 2006. Recruitment of the CTA has been initiated
Setting up of the Project Advisory Boards (PAB)	yes	yes	to be done
Number of government officials participating in sensitization workshops	25	22	to be done
Number of key members of employers' organizations participating in sensitization workshops	13	24	to be done
Number of key members of workers' organizations participating in sensitization workshops	17	30	to be done

Indonesia	Malawi	Sri Lanka	Trinidad and Tobago
NPC commenced work in March 2005	NPC commenced work in May 2006	NPC commenced work in March 2005	NPC commenced work in September 2005
yes	to be done	yes	Nominations to be finalized
30	to be done	402	to be done
45	to be done	59	to be done
66	to be done	25	to be done



## Enterprise level

	Burkina Faso	Cameroon	China
Partner workplaces and target sectors	16 enterprises from the hospitality, finance, manufacturing, energy and telecommunications sectors as well as a handicraft group from the informal economy are collaborating with the project.	The agriculture, forestry and transports sectors have been selected by the PAB to receive technical assistance by the project. Enterprises are to be recruited.	To be decided by the PAB.
Number of workers that will benefit directly from an HIV/AIDS workplace-level policy and a comprehensive tailored workplace programme	11,157 workers	To be determined	To be determined

Indonesia	Malawi	Sri Lanka	Trinidad and Tobago
12 enterprises from the manufacturing, tourism and heavy industry sectors, as well as a group of workers from the informal economy are collaborating with the project.	To be decided by the PAB.	13 partner enterprises are collaborating with the project from the hotel, plantation and manufacturing sectors. Efforts will be made in the long term to extend these interventions to include 120 additional workplaces, which are part of the part of the same holdings.	To be decided by the PAB
36,640 workers	To be determined	6,698 workers	To be determined



## Annex 2

### SHARE who's who



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## Annex 3

### Key ILO Tools on HIV/AIDS

Unless otherwise indicated, all the titles are available from the ILO Global Programme on HIV/AIDS on HIV/AIDS and the world of work, Social Protection Sector, International Labour Office, Geneva ([www.ilo.org/aids](http://www.ilo.org/aids))

#### Legislation and Policy

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

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

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

International Labour Office. Geneva: ILO, 2002

##### **HIV/AIDS behaviour change communication. A toolkit for the workplace.**

International Labour Office and Family Health International. Working document available at request:

<http://www.ilo.org/public/english/protection/trav/aids/activities/prevention.htm>

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

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

##### **Collection of national instruments related to HIV/AIDS, available on the ILO/AIDS web site at:**

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

#### Guidance documents

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

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

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

International Labour Office. Geneva: ILO. 5pp.

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

International Labour Office. Geneva: ILO. 8pp.

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

International Labour Office. Geneva: ILO. 8pp.

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

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

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

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

**A handbook on HIV/AIDS for labour and factory inspectors**

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

**Guidelines for workplace TB control activities**

International Labour Office and World Health Organization. Geneva: 2003. 77pp.

**Joint ILO/WHO Guidelines on Health Services and HIV/AIDS**

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

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

International Labour Office. Geneva: ILO, 2002.

## **Research and Policy Analysis**

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

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

**HIV/AIDS and work in a globalizing world, 2005**

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

**A model of social policy costs of HIV/AIDS in the Russian Federation**

International Labour Office. Geneva: ILO, 2003. 100 pp.

**The impact of HIV/AIDS on the labour force in Sub-Saharan Africa: a preliminary assessment**

Ibrahim Coulibaly Geneva: ILO, 2004. 30 pp.



## Technical cooperation

**Technical Cooperation. A means to implement the ILO Code of Practice on HIV/AIDS and the world of work**

International Labour Office. Geneva: ILO, 2004. 40 pp.

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

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

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

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

## Good practices and case studies

**Workplace action on HIV/AIDS: Identifying and sharing best practice**

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

**Report of ILO-ASEAN study on initiatives on HIV and AIDS and the world of work in the ASEAN region**

International Labour Office and ASEAN. Geneva and Jakarta, 2005. 58 pp.

## INDIA

Below is a list of key documents produced by the India SHARE project.

Other materials developed in India are available at:

[www.ilo.org/hivaidsindia](http://www.ilo.org/hivaidsindia)

**A Handbook on Trade Unions and HIV/AIDS**

International Labour Office and VV Giri National Labour Institute,  
New Delhi: 2002.

**Enterprises and HIV/AIDS in India**

International Labour Office. New Delhi: ILO, 2002.

**A Resource Manual on HIV/AIDS for Training of Education Officers of Central Board for Workers Education (CBWE)**

International Labour Office. New Delhi: ILO, 2002



Nine out of every ten people with HIV will get up today and go to work. For many living with HIV, a day at work will be hard to endure. They will face stigma and discrimination and will be struggling with ill health often with limited information, support or treatment. But for others, the workplace is beginning to change, to become a place where employers and workers unite to overcome the epidemic with national support.

The ILO has recognized the devastating effect of HIV/AIDS on its constituents, and in collaboration with governments, employers and workers, has taken action to mobilize the workplace as a gateway for combating the epidemic.

Since the year 2000 the ILO has mainstreamed HIV/AIDS throughout its regular Decent Work activities. It has also rolled out a dedicated programme providing technical advisory services and support on HIV/AIDS at national, enterprise and individual level.

The US Department of Labor joined forces with the ILO early on to back this initiative, supporting workplace education programmes through a project called the Strategic HIV/AIDS Responses by Enterprises (SHARE). Today this project supports work in 23 countries reaching about 300,000 workers in some 300 enterprises. This report tells the story of SHARE and brings you the experiences of some of the people directly affected in the hope that it will inform and inspire.

ILOAIDS

[www.ilo.org/aids](http://www.ilo.org/aids)



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



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ISBN: 92-2-118547-8