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Geneva

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

Guidelines for the construction sector

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Sectoral Activities Programme

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Preface

The Decent Work Agenda provides the means for tackling HIV/AIDS and the world of work is a critical setting for attaining the goals of Universal Access to prevention, care and treatment. Action at the workplace to respond to HIV/AIDS is conducive to prevention messages, care and support, and the promotion of standards and rights; it provides conditions for monitoring the impact and effectiveness of interventions. Decent Work County Programmes (DWCPs) provides a vehicle for the ILO's unique tripartite constituency to take action against HIV/AIDS, based on workplace policies and programmes.

HIV/AIDS has a triple impact on the construction sector through its impact on workers, enterprises, and the economy as a whole. Construction is one of the more hazardous sectors of the economy, with two to four times the average frequency of fatal accidents. Construction workers are faced with other dangers such as exposure to dust, asbestos and chemicals, as well as insecure conditions of work.

Construction workers frequently have to be mobile – as production takes place on a project basis with the production site constantly moving. Traditionally, many construction workers are also migrants who face the challenges of being far from their homes and families. For all of these reasons, and many more, we are pleased to launch the present *Guidelines for the construction sector, Using the ILO code of practice on HIV/AIDS and the world of work*. The Guidelines are a work in progress. We will update and introduce changes once we have received feedback from those who have used it. We are also hoping to collect case studies to give examples of good practices or as a way of sharing lessons learnt.

This publication is a team effort. We wish to thank the consultant, Mr. Stirling Smith, for the work he did to produce the draft. We also wish to take the opportunity to acknowledge the valuable input by ILO/AIDS and Sector colleagues who have contributed to the development and the finalization of these guidelines.

Elizabeth Tinoco
Chief, Dialogue/Sector

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Note to users

These guidelines represent a work in progress – we hope they will be useful in their present form, but following their use and testing in several countries we will revise them. Your feedback is invited and welcome.

Contents

Why does HIV/AIDS matter?

HIV/AIDS is a global disaster that cannot be ignored. HIV/AIDS has long ceased to be just a health issue. It is undoing many of the development gains made in recent decades. If we are not successful in stopping the HIV/AIDS pandemic, it could result in countries being left with reduced populations, fewer people available for productive work, and weakened economies.

It is a major cause of poverty and of discrimination. It worsens existing problems of inadequate social protection and gender inequality.

Consider some of the statistics:[1]

- 65 million people have been infected in the last 25 years
- 25 million people have died of AIDS related illnesses
- In 2006, 2.9 million people died
- In 2006, 4.3 million people were newly infected.

No cure has been found for HIV/AIDS. However, attempts to develop a vaccine are proceeding. In some countries, the spread of HIV has been slowed through well-planned prevention campaigns. Antiretroviral (ARV) therapies can help people with HIV live for many years, working and supporting their families.

If we apply all that we have learnt about HIV and AIDS, then we **can** reverse the spread of the disease and bring hope to sufferers. In doing this, the workplace in general, and the construction industry in particular, has a key role to play.

The impact on the world of work

Many diseases primarily affect the young and the old. HIV is different. It is adults, the economically active, who are the hardest hit. The ILO estimates that:[2]

- 28 million workers had been lost to the global workforce due to HIV/AIDS by 2005.
- This number will rise to 45 million by 2010 and nearly 86 million by 2020 if action is not taken.
- Two million HIV positive workers become unable to work every year as their illness worsens.
- The impact on economies is severe. In one study of 33 countries, it was estimated that they would lose 18 per cent of GDP by 2020 – representing a cumulative shortfall of USD 144 billion in lost growth due to HIV/AIDS.

Why is AIDS an issue for the construction sector?

HIV/AIDS has a triple impact on the construction sector:

- the impact on workers
- the impact on enterprises
- the impact on the economy as a whole.

1 UNAIDS/WHO AIDS Epidemic Update: December 2006. Available at http://www.unaids.org/

2. HIV/AIDS and work: global estimates, impact on children and youth, and response 2006, ILO Geneva 2006

Risks for construction workers, enterprises and the wider economy

Some groups of workers are at particular risk of HIV infection because of the nature and conditions of their work. Many studies have identified construction workers as a risk group, along with miners and transport workers. This is NOT because the virus can be passed from one worker to another during normal construction work. It is partly because many of them are mobile workers, with poor living and working conditions, and often separated from their families.

An ILO report in 2005[3] listed a number of work and lifestyle factors which expose workers to the risk of HIV infection. A number of them may apply to construction workers, depending on their working situation:

- High mobility, resulting in long periods spent away from home and families, or contact with highly mobile workers
- Isolation and working in confined environments with limited contacts
- Demographics: a majority are very young adults or in sexually active age groups - construction trades employ more young workers at lower skill levels than all sectors except agriculture.
- Male-dominated professions and a predominantly masculine environment, with cultivation of a 'macho culture', including openness to new sexual relations
- Access to and ready availability of sex workers
- Peer pressure to seek out entertainment and sex workers
- Receiving cash wages, with no safe storage for money
- Stress due to working and living conditions
- Misinformation or lack of information about HIV/AIDS
- Inadequate access to health services[4].

A mobile work force

The products of the construction industry are fixed in space, so production takes place on a project-by-project basis with the production site constantly moving. This implies that the labour force has also to be mobile.

The construction industry has a long tradition of employing migrant labour. During the process of economic development, work in construction provides a traditional point of entry to the labour force for migrant workers from the countryside. Construction work is often the only significant alternative to farm labour for those without any particular skill or education and it has special importance for the landless.

Labour may also be recruited from overseas. Migrant construction workers are generally from less developed and lower wage economies with labour surpluses. Many European countries rely heavily on migrant workers to fill jobs in the construction sector. Workers are from poorer countries in Europe or further afield (Turkey or Africa). Migrant labour is also important in the countries of the Arabian Gulf, with small populations and large construction programmes financed by oil. And in the past decade, migration for work in construction has become a significant phenomenon in East Asia.

From the Construction pages of the website of the ILO's Sectoral Activities Department http://www.ilo.org/public/english/dialogue/sector/sectors/constr/migrant.htm555

Hazardous work

Construction is one of the more hazardous sectors of the economy, with two to four times the average frequency of fatal accidents. In this situation, construction workers are likely to be more concerned with immediate workplace hazards and to view HIV infection as a distant risk. At the same time, such working conditions can give rise to feelings of stress that workers may seek to relieve through alcohol or sex.

Poverty

Construction sites are quiet often located in remote and poor areas. In such environments, local people are keen to sell goods and services to the workers, which may include sexual services. Because they are not in their normal home environment, workers may do things they would normally not do – including having more sexual partners and unprotected sex. Higher levels of unsafe sex increase the chance of exposure to HIV, not only for the workers but also for the communities in the areas in which they are working.

3. *Based on* HIV/AIDS in a globalizing world 2005, *ILO, Geneva 2005*

4. *W. McGreevey, S. Alkenbrack, J. Stover,* Construction Workplace Interventions for Prevention, Care, Support and Treatment of HIV/AIDS (2003)

The trade union analysis

The global workers' organization for the sector, Building and Wood Workers' International (BWI), has identified four factors that make forestry and construction workers vulnerable to HIV:

- Employment is frequently seasonal requiring absences from home for long periods of time,
- Much of the work is mobile, contributing to both intra and inter country migration, and
- Work is frequently in geographically isolated locations. Forestry work in particular is rural based and isolated.
- Rural health information gaps and a smaller supply of tested blood for transfusions.*

* Overview of BWI's HIV/AIDS Activities Input for the Global Unions Advisory Committee Meeting on HIV/AIDS 4-6 April 2006

Women and men in construction

While construction tends to be a male occupation, there are significant numbers of women construction workers in some parts of the world. This fact tends to be ignored by most policy makers and researchers. The studies quoted in these Guidelines do not give any kind of gender breakdown. In India, there are more than one million female construction workers[5], mainly carrying out unskilled but quite physically demanding tasks. The majority work in the informal construction economy.

HIV/AIDS affects women and men differently in terms of vulnerability and impact. There are biological factors that make women more vulnerable to infection than men, and structural inequalities in the status of women that make it harder for them to take measures to prevent infection, and intensify the impact of AIDS on them.[6]

Women construction workers may be particularly vulnerable to harassment and violence on isolated sites. Where the work site is also their home, it is nearly always impossible for women workers to have any security or privacy.

Therefore, particular attention needs to be paid to ways of protecting women construction workers from HIV, including improving their living and working conditions.

A study in Ho Chi Minh City, Vietnam, focussed on construction workers who were migrants from the countryside. It found that

> *…a typical construction worker was single, male, young (mean age of 29 years old), had six to nine years of schooling, and had lived in the city for less than one year. These workers reported behavior that could make them vulnerable to HIV, including sex with multiple sexual partners and inconsistent condom use with sex workers and occasional partners. For example, more than a fourth of workers did not use a condom at last sex with a sex worker, and more than half did not report condom use at last sex with an occasional partner.*[7]

Another study in Ghana found the prevalence of HIV infection to be 5-10 per cent higher in the district where the Akosomo hydroelectric dam was under construction than in the neighbouring districts. The construction of the dam drew workers away from their families and increased commercial sex work in the area. It also displaced 80,000 inhabitants.[8]

Enterprises at risk

HIV is having a dramatic effect on the world of work and on the productivity and profitability of enterprises.

Construction enterprises are at risk because of the impact on their workforce. The costs of absences, of benefits and insurance, and the costs of replacing and training employees place a substantial burden on enterprises. One study in South Africa estimated direct and indirect costs of HIV/AIDS for construction companies could be in the range of 4.5 and 7.9 per cent of labour costs.[9]

An economic modelling study in India found that construction would suffer the most out of all sectors in the economy:

> *The heaviest HIV-induced loss in value added – i.e., of 23.08 per cent – occurs in the construction sector, the third-most unskilled labour intensive sector. Moreover, construction sector's loss in value-added has the maximum weight in the overall loss to industrial GDP, as this sector commands the highest share in industrial GDP.* [10]

5. *Renana Jhabvala and Shalini Sinha,* Liberalization and the Woman Worker, *Self Employed Women's Association (SEWA), http://www.sewa.org*

6. *See the ILO Code of Practice on HIV/AIDS and the world of Work, Appendix 1*

7. *Dr. Vu Ngoc Bao, et al,* Expanding Workplace HIV/AIDS Prevention Activities for a Highly Mobile Population: Construction Workers in Ho Chi Minh City, *The Population Council, 2003*

8. *Descosas, J.* HIV and Development, *World Bank, 1996 cited in Jan Isaksen, Nils Gunnar Songstad and Arild Spissry,* Socio-economic effects of HIV/AIDS in African countries, *NORAD 2002*

9. *Ambert, C.,* Economic impact of HIV/AIDS on the construction sector: Supply side implications for housing policy. *South African Journal of Economics 70(7): 1235-1261 (2002)*

10. *Vijay P. Ojha and Basanta K. Pradhan,* The Macro-Economic and Sectoral Impacts of HIV and AIDS in India, *UNDP 2006*

The risks to the wider economy

Seven per cent of a country's labour force typically works in construction of housing, commercial buildings, and physical infrastructure, such as ports, roads, and bridges, that make life and commerce feasible. If we take India, an estimated thirty million persons work in construction. Most construction workers in low- and middle-income countries lack permanent employment contracts.

If HIV has a severe impact on construction, there are implications for the wider economy. Reduced productivity in the construction sector has a knock-on effect on production, trade and transport more generally.

And a slowdown in the general economy always has an impact on construction. If the government has to divert resources to dealing with large numbers of patients suffering from AIDS related illnesses, there will be less for construction projects. It is in the long-term interests of the construction industry to tackle HIV/AIDS. It is not somebody else's problem.

The message is clear: HIV is a very real threat to workers and construction companies. But companies CAN act to reduce the risk. There are models, developed in other sectors; there are tools; and help is available.

Taking action on HIV is not an option for enterprises in the construction business. It is not a question of if, but when and how. Investment now can save greater expenditure later.

Building an oil pipeline

"A lack of adequate health care and an increase in migration and prostitution that has accompanied the construction of a $3.7 billion oil pipeline route in Cameroon and Chad have created ideal conditions for the spread of HIV... Settlements of people working on or seeking jobs on the pipeline have sprung up along the 670-mile route, which will connect oil fields in Chad with the Atlantic coast in Cameroon. Although there is no way to measure the HIV/AIDS problem in southern Chad because clinics do not have HIV testing capabilities, health experts have observed a "sharp rise" in symptoms of other sexually transmitted diseases, which can provide a "rough gauge" of HIV incidence."

Los Angeles Times, 18th June 2005

Working together in the construction industry

Lafarge

Lafarge is a global manufacturer of building materials and employs 75,000 workers in 75 countries. It started an HIV/AIDS programme in 2001 in eight Sub-Saharan African countries, and has collected examples of best practice from its subsidiaries. In 2002, the company became a member of the Global Business Coalition on AIDS. Lafarge published its Group HIV/AIDS Guidelines in 2003. These promote non-discrimination and confidentiality, and put in place comprehensive programmes covering awareness and prevention, VCT, and care and support (including ARV treatment).

At global and national levels, the collaboration with unions was key to the success of their campaign: Lafarge collaborates closely with Building and Wood Workers' International, and locally with worker representatives on workplace Safety and Health Committees.

As a result, 80 per cent of staff agreed to be tested in Zambia and South Africa, for example. Lafarge also believes in building public-private partnerships and involving civil society in order to extend workplace programmes into the community.*

* See Report of a meeting held in Geneva, 30 and 31 March 2004, to launch the IOE-ICFTU Joint Action Plans in Africa. http://www.ilo.org/public/english/protection/trav/aids/publ/ioeicftumtg.pdf

The HIV pandemic is complex and powerful. It is best tackled in collaboration. This means employers and workers, and their organizations, working together with governments and other organizations. Taking a sector wide approach will be more effective and less costly than action by enterprises separately.

Policies and programmes on HIV/AIDS in the construction sector are still very few, but initiatives taken in some countries help show the way.

The experience of many countries shows that the most effective way to reduce the incidence of HIV in the general population is to reduce its transmission among groups at high risk. This targeted approach is often linked to peer education (see the discussion below on prevention through information and education), and gains in effectiveness when combined with programmes to reduce stigma, provide care, and address social norms. In the construction sector, a carefully planned approach needs to be implemented, involving the social partners and other key stakeholders.

Social partners in action: a mixed response

So far, while there have been some examples of good practice, the response of the construction industry has not been consistent or urgent.

Employers

A study of the 64 largest private sector and para-statal employers in South Africa with more than 6,000 employees in several economic sectors found that construction was the only sector where no companies were providing ART treatment to all employees, compared to mining where 75 per cent of companies were providing ART to all workers.[11]

An ILO study of large construction projects in Tanzania also found "most of the construction sites visited have not taken any initiatives to assist in the struggle against HIV/AIDS." Of eleven sites studied in detail, only three provided any information about HIV/AIDS. On only one site were condoms provided. However, even on the best sites, the services were inadequate, in one of the most-affected countries in the world.[12]

Some Tanzanian road contractors are looking at ways to tackle the HIV crisis. The Tanzania Civil Engineering Contractors Association (TACECA) has lobbied the government to ensure procurement for public works contracts includes funding to provide education and services for workers.[13]

Workers' organizations

The Building and Wood Workers' International (BWI) is the Global Union Federation for workers in the building, building materials, wood, forestry and allied sectors. Formed in 2005, it brings together the International Federation of Building and Wood Workers (IFBWW) and the World Federation of Building and Wood Workers (WFBW).

The IFBWW already had an active programme on HIV/AIDS for members in Southern Africa. As it points out,

> *workers are usually male migrant labourers living far away from their families in makeshift homes and compounds. Their worksites are often in remote areas where the only recreation is to drink heavily in local beer holes.*

11. *Patrick Connelly, Sydney Rosen,* Treatment of HIV/AIDS at South Africa's Largest Employers: Myth and Reality, *Boston University, 2003*

12. Baseline study of labour practices on large construction sites in Tanzania, *ILO Sectoral Activities Department Working paper 225, January 2005*

13. *"Contractors' anti-HIV/AIDS crusade hailed",* The Guardian *(Dar Es Salaam) 6th October 2006*

Local communities are usually poor and local women sell sex to the workers to supplement their incomes.

The IFBWW was implementing a project on health and safety for its members in Zimbabwe, but workers "really wanted information about HIV and AIDS". Responding to workers' own needs, a training programme was put in place.

Expanding from Zimbabwe to eight other countries in the region, the IFBWW unions have:

- trained over 300 workers on using health and safety as an organizing tool and in addressing HIV in the workplace;
- negotiated for the inclusion of safety issues and HIV in collective bargaining agreements;
- established two safety shop steward councils in South Africa to follow up plans developed after the national workshops;
- conducted six national campaigns on HIV in Zimbabwe, Malawi and Swaziland reaching 11 650 people, and 50 local campaigns reaching close to 13 450 rank and file members.[14]

The BWI website has a section on AIDS: http://www.hazards.org/guf/bwi/hivaids.htm

SHARE

Strategic HIV/AIDS Responses by Enterprises is an ILO project working in 23 countries. It has included construction enterprises in five countries – Botswana, Cambodia, Lesotho, India and South Africa.

The SHARE approach is to work in partnership with ILO constituents (governments, employers and trade unions) and enterprises in the fight against HIV/AIDS, not just to protect their health but also to keep them at work.

As well as guiding the development of rights-based workplace policies, SHARE promotes prevention through workplace education and behaviour change communication.

Some workers do not know enough about how HIV is transmitted and therefore cannot adequately protect themselves. Others, who do understand how the virus is spread, still do not change their behaviour to reduce the risk of infection. Change comes about when individuals identify themselves with the messages of prevention campaigns and when communications channels are 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."[15]

The experience of SHARE, and other projects run by employers and trade unions, means that we know what needs to be done to fight HIV in the construction industry.

14. Global Reach: how trade unions are responding to AIDS, *UNAIDS Best Practice Collection, Geneva 2006*

15. Saving lives, Protecting jobs, *a report on SHARE, ILO, 2006. Available at http://www.ilo.org/public/english/protection/trav/aids/publ/savingbook.pdf*

What can be done?

Peer educators in Vietnam – getting the message across

Construction workers were being educated about HIV/AIDS by health educators (HEs) who were generally social work students, or from NGOs. Many of them were female. Twenty-three construction sites were selected after a mapping exercise of large construction sites in 19 of 22 districts of Ho Chi Minh City. Some continued to use the health educators, and some new peer educators, drawn from the workforce and provided with training. Overall, the peer educators were more effective in getting the message about HIV/AIDS across to construction workers.

Some findings of the study were:

- Peer educators contacted more workers; they were more effective in distributing condoms; workers felt more comfortable in receiving condoms from peer educators.
- Even when they moved to a new building site, the peer educators maintained their education activities.
- Whereas female health communicators sometimes reported embarrassing exchanges with male workers, the peer educators' comfort levels in discussing sexual topics were higher and improved over time.
- Condom use and some other outcomes were normally better at the building sites that used peer educators.
- The cost per worker was lower using peer educators.*

* Dr. Vu Ngoc Bao, et al, Expanding Workplace HIV/AIDS Prevention Activities for a Highly Mobile Population: Construction Workers in Ho Chi Minh City, The Population Council, 2003

Improving working conditions

The root causes of many high-risk situations faced by construction workers are the enforced separation from families, and poor facilities at places where workers live. Accommodation at construction sites is often poor-quality, if it exists at all, with no space for families and limited facilities for entertainment. Construction workers, especially if they are migrants, are often harassed by the authorities and police, and stigmatized or excluded by the communities they come into contact with. This can reduce their access to information and services, as well as encouraging risk-taking.

Employers can help by providing better facilities for accommodation – including family quarters, rest, leisure and other support services (in conjunction with other employers, trade unions, governments and non-governmental organizations).

Prevention through information and education

HIV is most frequently transmitted through unprotected sexual intercourse, behaviour that is influenced by social norms, access to information and services, personal views, and the actions of peers. Information needs to be provided about HIV and how it is transmitted, as well as education to help people understand their own risk and how to reduce it. Education should be supported by the provision of resources such as condoms, services for the treatment of sexually transmitted infections, and clean injecting equipment where appropriate.

Gender-aware programmes, behaviour change communication, and the use of peer education are all important factors in education and awareness-raising. Peer educators, selected from the target group and given training, are often able to communicate more effectively with co-workers than a changing pool of outsiders. They can disseminate information and supplies, organize skill-building sessions and make referrals to other HIV/AIDS services. The involvement of peers not only helps establish trust and ensure relevant messages, but also encourages participation and 'buy-in'. Peer education is not the whole answer, as some workers are concerned about confidentiality. It can be particularly effective if it involves people living with HIV/AIDS.

In Vietnam, peer educators who were themselves construction workers were found to be much more successful than health educators (see box).

Voluntary counselling and testing

Testing must be based on the principles of informed consent and confidentiality regarding the results. It should be accompanied by counselling, and linked to a certain level of services to follow up the test. If the result is negative, the individual needs information on assessing and preventing risk. If the result is positive, he or she needs information and advice on ways of maintaining health, protecting partners from infection, and services available, including treatment. Employers are encouraged to provide care and support at the workplace, including treatment where possible. Sometimes public-private partnerships, with the

assistance of donors such as the Global Fund to Fight AIDS, TB and Malaria, can complement what the employer is able to provide.

Testing centres that are seen to belong to the construction industry may attract more construction workers than regular centres in the community.

The ILO supports voluntary confidential counselling and testing by encouraging workplace 'Know your status' campaigns. Here are some extracts from the information brochure.

Care, support and treatment

Workers with HIV should receive care and support. They may well be able to carry on working for a number of years, especially if they have access once they need it to medicine, good nutrition and rest. Shifts and work schedules may need to be altered, and tasks and working environment adapted if a worker is chronically sick. Their skills, training and 'institutional memory' will thus be available to their employer for longer, and they can carry on earning.

Efforts are being made at all levels to expand access to treatment. The workplace can help support the delivery and monitoring of treatment through occupational health services, as well as encouraging voluntary counselling and testing.

Access to drug therapy can have a positive effect on productivity. An ILO study in the United Republic of Tanzania found that a worker living with AIDS could gain about 18 months of productive life with ARV treatment. In Tanzania, this is equivalent to about $US 1,000 of monthly productivity gained, which is 20 times the average income.[16]

If care and support are NOT available for workers, there is no incentive to come forward to be tested. If a positive test result only leads to stigmatization and discrimination, why bother? Care and support are thus a vital part of preventing HIV.

Care and support includes access to drugs, but much more as well, including palliative care, better diet and psychological support.

It is increasingly recognized that workplace programmes, and especially treatment, should be shared as widely as possible with the local community. The workplace can be the starting point for outreach programmes, giving priority to the families of workers.

Why take the test?

Most people with HIV do not know it. There are not symptoms. It does not show.

But you can still pass on the virus. HIV leads to sickness later – that's what we know as AIDS.

A test now has two big benefits – you can be sure and you can take control:

- if you are negative, you can protect yourself and those you're close to
- if you are positive, you can get access to care and support – and increasingly this includes treatment and learn ways to keep yourself healthy.

The test isn't an end but a beginning – it gives you the knowledge you need to live positively and responsibly, with or without HIV.

I took the test!

"I was worried – I prefer to know where I stand, even if it's bad news."

"You don't get sick for some years after getting HIV, especially if you have care and support – but if you don't know you're infected, you can't do anything about it."

"My family is the most important thing in my life – if I know my status I can protect them better."

"I took some risks when I was younger – I needed to know if this would affect my health."

"My employer offers treatment for employees and their families – I took the test so I could get treated if I needed to."

"I was afraid that others might find out but the testing was very confidential and reassuring."

Source: "Know your status" leaflet, ILO/AIDS

Creating trust: a key role for the social partners

HIV/AIDS causes fear and shame. Although many people live full lives and continue working for years after a positive diagnosis, the virus is widely seen as a death sentence. As a result, fear often obscures messages about positive living. And the fact that sexual contact is the main route for HIV transmission causes unease and embarrassment – silence is often easier.

It is essential that there should be the fullest possible discussion about the social conditions as well as the biological factors that favour transmission. Leadership – at all levels and in all sectors – is vitally important in setting an example of openness and encouraging action. One of the ways this can happen is through social dialogue. Employers' and workers' organizations speaking out, with one voice, helps break the silence around HIV/AIDS. They can also use their influence on governments to encourage wider discussion.

16. HIV/AIDS and work: global estimates, impact on children and youth, and response 2006, *ILO, 2006*

Screening: is it useful?

Employers have the responsibility to ensure a safe and healthy workplace. Should this include testing workers to see if they have HIV?

Many employers have come to believe that compulsory testing is neither right nor useful. In presentations to an ILO training event in South Africa, October 2005, representatives of BMW South Africa and the SASOL petrochemicals group agreed that mandatory testing encourages unsafe behaviour. Because people have such deep fears of discrimination, compulsory testing leads to denial, distrust and the rejection of prevention messages.

A helpful fact for employers is that workers with HIV are not necessarily sick. They may be able to work productively for many years, so keeping their skills and experience in the enterprise. A second helpful fact is that workers with HIV are not a danger to co-workers, supervisors or members of the public.

Day-to-day contact at the workplace carries no risk. This includes eating in the canteen, using the toilets, even sharing a glass or a chocolate bar. There is a low level of risk in the event of an accident where blood is spilled, but simple universal or standard precautions – including basic training – can ensure protection.

Testing is also of limited use as a tool for planning human resource needs or projecting costs. A worker who tests negative today may become infected with the virus in the future.

Employers have found that a workplace where trust and support are the norm, and where workers and managers do not fear discrimination or dismissal if they contract the disease, is one where prevention will be more effective and the take-up of care more complete. It also provides a model to the community at large.

An example has been set by the International Organisation of Employers (IOE) and the International Confederation of Free Trade Unions (ICFTU) who issued a joint statement, 'Fighting HIV/AIDS together – a programme for future engagement' in May 2003. This shows how the epidemic is a threat to both employers and workers, and commits their organizations and members to collaborative action on HIV/AIDS at all levels, especially in the workplace.

The IOE and ITUC (a global trade union body created by a merger of the ICFTU and other organizations) continue to meet and work together, as do their affiliates at country level.

Protecting human rights

Restricting the rights of workers will not stop HIV. On the contrary, it helps the spread of the disease. Compulsory screening by governments or employers, and dismissing workers who have (or appear to have) HIV, violates human rights and creates an environment of mistrust that works against prevention efforts (see box).

What about the costs?

Won't all these measures be expensive? Not necessarily. Studies show that the cost of simple prevention, care and support measures is not excessive and is a good investment.

A report on construction in South Africa recommended a package of interventions and estimated the cost of providing these. It concluded that,

> *Where prevalence is low, cost of the ...interventions is 0.14 percent of the cost of a major construction project. With high prevalence levels of ten percent of the workforce, costs of the package of interventions would still fall below one percent of total project costs. These percentages are low enough to permit contractors to include the costs of such services among the indirect costs for worker injury protection, insurance and emergency care without substantially increasing total project costs.*[17]

The measures proposed were:

- Condom distribution to all workers;
- Treatment of sexually transmitted infections;
- Peer counselling for safe behaviour;
- Voluntary counselling and testing (VCT) and counselling on health maintenance strategies.

The package would also include four care and treatment interventions:

- Palliative care for HIV+ persons showing symptoms of AIDS;
- Treatment of opportunistic infections associated with HIV/AIDS;
- Opportunistic illness prophylaxis (especially TB);
- HAART (Highly Active Antiretroviral Therapy) and related lab services.

The cost of the eight-intervention package, when prevalence is 1 per cent, was calculated to be US$6,970 per annum per thousand workers.

Who should pay?

Global employers' and workers' organizations have agreed that such costs should be included in the costs of construction contracts. At a meeting in November 2006, in Dubai, the Building and Wood Workers' International (BWI) and the Confederation of International Contractors' Associations (CICA) Contractors agreed a joint statement on Corporate Social and Environmental Responsibility (CSER).

17. *W. McGreevey, S. Alkenbrack, J. Stover,* Construction Workplace Interventions for Prevention, Care, Support and Treatment of HIV/AIDS

Fiona Murie, BWI Health and Safety Director, explained,

> *…contractors have control over employment and labour standards, but only within the parameters set by the overall design and budget of the project. There is intense competition for contracts and selection is based on the lowest price. Therefore, the BWI and CICA believe that it is essential that the client clearly identifies social objectives at the planning stage and incorporates them into the design. They must be included as mandatory components of the tender, and contractors should be asked to itemize the costs of compliance in the Bill of Quantities. Failure to itemize costs leads to failure to implement, monitor and enforce standards.*[18]

The joint statement recommended that the following elements be included in the technical specifications and bidding documents of future Contracts of Construction:

(a) The full and complete details of the social requirements

(b) The inclusion, as far as possible, of such requirements as measurable and priced items of the bill of quantities.

As **examples** – not an exhaustive list, the statement includes:

(a) Workers' transportation

(b) Health facilities and sanitary service on or in the close vicinity of the site;

(c) Workers' accommodation and related services;

(d) Dwellings for the families of the permanent staff on the site and/or organization of shifts allowing workers to live a decent family life by returning home at reasonable intervals;

(e) Training, prevention and equipment for health and occupational safety.

An industry-wide approach

The construction sector can now develop an industry-wide approach on the basis that social costs – including the costs of prevention, treatment, care and support for HIV/AIDS – should be included in contract pricing. Collaboration between employers and workers could help make this a requirement in future construction projects.

18. See http://www.bwint.org/default.asp?Index=534&Language=EN

Tools to help

Key principles of the *ILO Code of Practice on HIV/AIDS and the world of work*

A workplace issue

HIV/AIDS is a workplace issue because it affects the workforce, and because the workplace can play a vital role in limiting the spread and effects of the epidemic.

Non-discrimination

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

Gender equality

More equal gender relations and the empowerment of women are vital to preventing the spread of HIV infection and helping people manage its impact.

Healthy work environment

The workplace should minimize occupational risk, and be adapted to the health and capabilities of workers.

Social dialogue

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

No screening for purposes of employment

Testing for HIV at the workplace should be carried out as specified in the code, should be voluntary and confidential, and never used to screen job applicants or employees.

Confidentiality

Access to personal data, including a worker's HIV status, should be bound by the rules of confidentiality set out in existing ILO instruments.

Continuing the employment relationship

Workers with HIV-related illnesses should be able to work for as long as medically fit, in appropriate conditions.

Prevention

The workplace is in a unique position to promote prevention efforts through information, education and support for behaviour change.

Care and support

Workers are entitled to affordable health services and to benefits from statutory and occupational schemes.

The ILO has produced a package to encourage and support action at the workplace: a Code of Practice and a training manual.

1. The ILO *Code of Practice on HIV/AIDS and the world of work* sets out fundamental principles for policy development and practical guidelines for concrete responses in the following key areas:

- prevention of HIV/AIDS
- management and mitigation of the impact of HIV/AIDS on the world of work
- care and support of workers infected and affected by HIV/AIDS
- elimination of stigma and discrimination on the basis of HIV status.

The Code was drafted in consultation with constituents in all regions, reviewed and revised by a tripartite group of experts, and adopted by the ILO Governing Body in June 2001. It can be used to introduce social dialogue on HIV/AIDS and as the basis for negotiations; it includes a checklist for planning and implementing workplace action.

2. *Implementing the ILO Code of Practice on HIV/AIDS: an education and training manual* has been produced to complement the Code. It provides further information on key issues, case studies, learning activities, model training courses, and samples of legislation, policies and collective agreements. It follows the main lines of the Code and covers the roles of government and the social partners, human rights and legal issues, workplace policies, programmes for prevention and care, the gender dimension, and reaching out to the informal economy.

The Code and manual together provide information and guidance for action.

ILO/AIDS also provides several other publications and resources, including a manual for Labour Inspectors, guidelines on developing workplace polices and programmes, and regular research-based reports analysing the impact of the HIV pandemic on the world of work.

Using the ILO Code of Practice and accompanying manual

The *ILO Code of Practice on HIV/AIDS and the world of work* and *Implementing the ILO Code of Practice on HIV/AIDS: an education and training manual* can be used together by employers and workers, as well as ministries of labour, to develop a joint approach to tackling HIV and AIDS in the construction sector.

Both are available at the ILO/AIDS website – www.ilo.org/aids – and also on CD ROM.

All the issues discussed in these guidelines can be explored further by referring to the relevant sections of the Code and Manual.

Developing an integrated strategy to address HIV/AIDS in the construction sector		
See in the code of practice	Section 4.5	Social dialogue
	Section 5	General rights and responsibilities – of governments, employers and workers
	Appendix III	A checklist for planning and implementing a workplace policy on HIV/AIDS
See in the manual	Module 3	Workplace action through social dialogue: the role of employers, workers and their organizations Pages 3-7: Workplace polices and programmes on HIV/AIDS Learning activities 5 and 7
	Module 4	A legal and policy framework on HIV/AIDS in the world of work: the role of government Pages 5-9: Planning a national response Learning activity 1
Open discussion of the issue – ending stigma and shame		
See in the code of practice	Section 4.1	Recognition of HIV/AIDS as a workplace issue
See in the manual	Module 1	HIV/AIDS: the epidemic and its impact on the world of work Pages 2-12: Facts about HIV/AIDS Learning activities 1, 2 and 4
	Module 2	The gender dimension of HIV/AIDS and the world of work Pages 1-2: Introduction Pages 5-6: men and masculinity Learning activity: 1

Improve working conditions		
See in the code of practice	Section 4.4	Healthy working environment
	Section 6.4	Linkage to health promotion programmes
	Appendix II	Infection control in the workplace
See in the manual	Module 6	Workplace programmes for HIV/AIDS prevention Page 12: Links to general health programmes
Prevention through information and education		
See in the code of practice	Section 6	Prevention through information and education
See in the manual	Module 6	Workplace programmes for HIV/AIDS prevention (The whole module is relevant) Learning activities 1,2, 3, 7 and 13
Protecting human rights		
See in the code of practice	Section 4	Key principles
See in the manual	Module 2	HIV/AIDS and human rights (The whole module is relevant) Learning activities 4, 6, 8 and 9
Voluntary counselling and testing		
See in the code of practice	Section 8	Testing
See in the manual	Module 7	Care and support page 5: voluntary counselling and testing Learning activity 7
Care and support		
See in the code of practice	Section 9	Care and support
See in the manual	Module 7	Care and support Pages 4 – 9 Learning activities 1 and 5

Developing a workplace policy

Why have a workplace policy on HIV/AIDS?

A workplace policy provides the framework for action at the enterprise to reduce the spread of HIV/AIDS and manage its impact. An increasing number of companies have workplace or company policies on HIV/AIDS. There are a number of reasons.

A workplace policy on HIV/AIDS:

- Provides a clear statement about non-discrimination
- Ensures consistency with appropriate national laws
- Lays down a standard of behaviour for all employees
- Gives guidance to supervisors and managers
- Helps employees living with HIV to understand what support and care they will receive, so they are more likely to come forward for testing
- Helps to stop the spread of the virus through a prevention programme
- Assists an enterprise to plan for HIV/AIDS, so ultimately saving money.

Why should employers and workers agree a policy?

The ILO code of practice suggests that workplace policies should be agreed between management and union. The advantages of an **agreed** policy, rather than one simply published by the management, are:

- An agreed policy demonstrates that both union and management are committed to dealing with the problems of HIV/AIDS in the workplace
- An agreed policy is likely to be more effectively implemented than a unilateral policy
- The process of consultation that takes place before the policy is agreed will allow both management and union to identify areas of possible disagreement and resolve these areas of difficulty.
- An agreed policy can clarify how the policy fits in with other joint agreements between union and management that regulate workplace relations.
- An agreed policy will limit the amount of disputes that arise when dealing with many of the difficult and sensitive issues surrounding HIV/AIDS in the workplace.

What should be included in a workplace policy on HIV/AIDS?

The key areas for an HIV/AIDS policy are:

- A description of the role of the social partners in implementing the policy
- Non-discrimination in relation to recruitment, promotion, training etc.
- Testing policy
- Confidentiality
- Health and safety issues (risks to employees at work)
- Employee responsibility to work with others who are HIV-positive or affected by HIV
- Care and support for people living with HIV /AIDS
- Education and information provided at the workplace on prevention and care
- Reasonable accommodation for employees who become ill
- Dismissal and when it is appropriate.

Resources and organizations

Many organizations provide information about HIV and AIDS.

Links to initiatives by workers' and employers' organizations, as well as workplace information and guidance, are provided by the ILO/AIDS website:
http://www.ilo.org/public/english/protection/trav/aids/index.htm

The ILO's Sectoral Activities Programme construction pages can be found at:
http://www.ilo.org/public/english/dialogue/sector/sectors/constr.htm

A new handbook on HIV/AIDS for small enterprises is available on the ILO/AIDS website at
http://www.ilo.org/public/english/protection/trav/aids/publ/sme.pdf
and includes annexes which list sources of help and advice.

Other websites

UNAIDS. This is the joint programme of ten UN agencies, including the ILO.
http://www.unaids.org/

Social partners

Workers' organizations

International Trade Union Confederation
http://www.ituc-csi.org

Building and Wood Workers' International – BWI
http://www.bwint.org/

Global Union AIDS Programme
http://www.global-unions.org/hiv-aids

Employers' organizations

International Organisation of Employers
http://www.ioe-emp.org/

Confederation of International Contractors' Associations
http://www.cica.net/

ILOAIDS
International Labour Office
4, route des Morillons
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Joint United Nations Programme on HIV/AIDS
UNAIDS
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