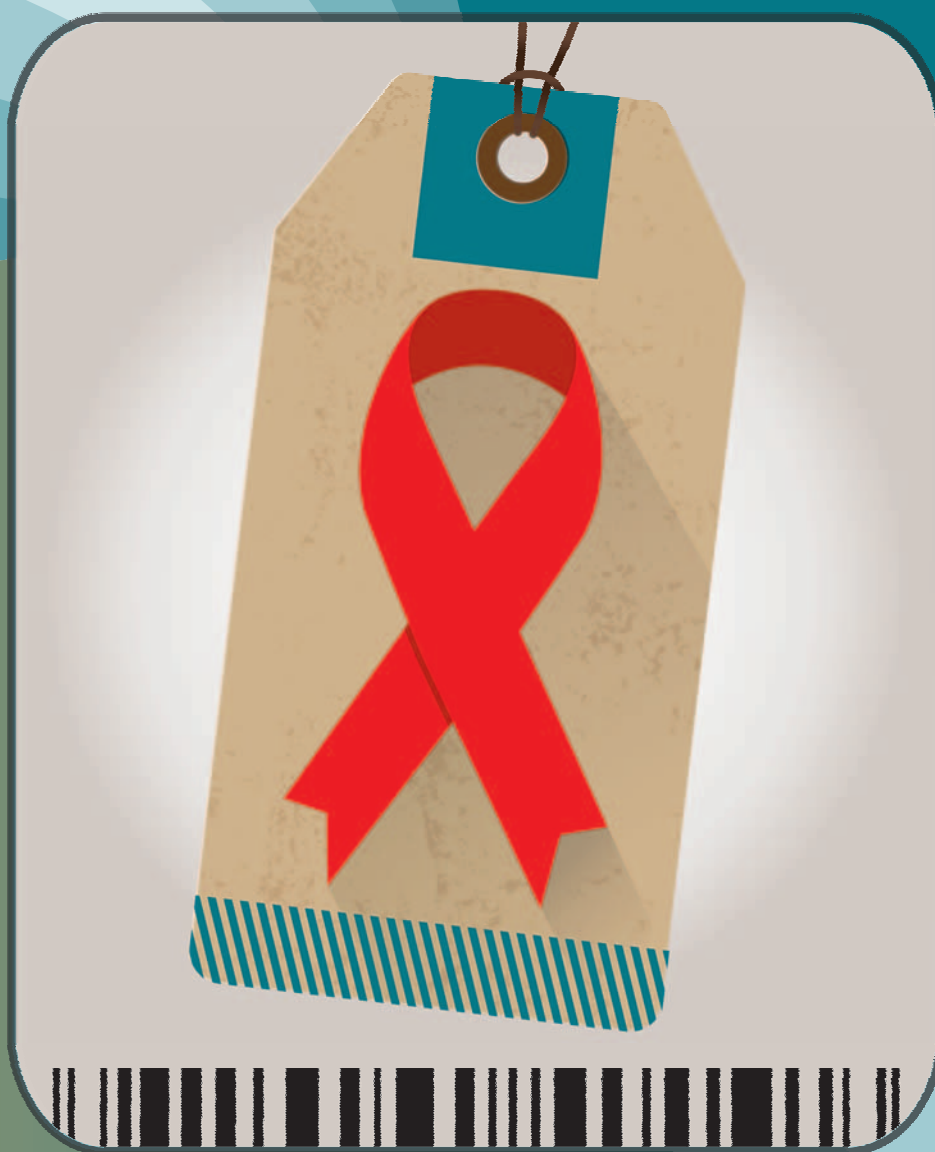




International  
Labour  
Office  
Geneva

# HIV and AIDS:

Guidelines for the retail sector



Sectoral Policies Department  
(SECTOR)

HIV/AIDS and the World of Work Branch -  
Conditions of Work and Equality Department  
(WORKQUALITY)



# **HIV and AIDS:** Guidelines for the retail sector

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# Preface

These guidelines are the result of the ILO's efforts to ensure that key economic sectors respond to the HIV and AIDS epidemic with comprehensive strategies which reflect sectors' distinct peculiarities.

In recent years stakeholders from the public and private sectors have been at the forefront of unprecedented efforts to combat HIV and AIDS. This is evidenced by the continuing decrease, in many countries, of new HIV infections and AIDS-related deaths.

Notwithstanding this progress, we believe that such sectors as retail trade, and commerce as a whole, can be used to reach out to more workers – especially young workers – and to strengthen the workplace-based HIV response. The retail sector is a viable vehicle for this work owing to its diversity – it comprises (among other subsectors) food, clothing, cosmetics, leather goods, beverages, footwear, textiles and pharmaceutical and medical goods – and its highly varied market demographics (for instance, young people and women – including those in the formal and informal economies – are generally customers).

These guidelines provide retail sector stakeholders, employers' and workers' communities, and development partners with a step-by-step tool to support the design and implementation of actions to prevent and respond to HIV in workplace settings. They include a policy framework and a set of practical steps which are adapted to the retail and commerce sectors.

The guidelines were finalized after a validation workshop in Uganda. Representatives of government agencies, retail employers and unions, and civil society organizations that focus on HIV and AIDS participated in the workshop. As a result of the workshop the ILO has agreed to work with the Federation of Uganda Employers and its retail sector members to support the development of workplace-based plans to ensure access to HIV prevention and care services. This publication describes good practices employed in the sector, and provides tools for the monitoring and evaluation of workplace programmes.

Central to this publication are the principles of the ILO Recommendation concerning HIV and AIDS and the World of Work, 2010 (No. 200), which clearly highlights the need for a genuinely multi-sectoral approach, through “sectoral strategies, with particular attention to sectors in which persons covered by this Recommendation are most at risk” (paragraph 37, Section V, Recommendation 200, 2010).

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# Acknowledgements

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# Acronyms

<b>AIDS</b>	Acquired Immunodeficiency Syndrome
<b>ART</b>	Antiretroviral Therapy
<b>BCC</b>	Behavioural Change Communication
<b>GDP</b>	Gross Domestic Product
<b>HIV</b>	Human Immunodeficiency Virus
<b>IEC</b>	Information, Education and Communication
<b>ILO</b>	International Labour Organization
<b>KABP</b>	Knowledge, Attitude, Behaviour and Practices
<b>NGO</b>	Non-governmental Organization
<b>PEP</b>	Post-exposure Prophylaxis
<b>PLHIV</b>	People Living with HIV
<b>STD</b>	Sexually Transmitted Disease
<b>STI</b>	Sexually Transmitted Infection
<b>UNAIDS</b>	Joint United Nations Programme on HIV/AIDS
<b>VCT</b>	Voluntary Counselling and Testing
<b>WHO</b>	World Health Organization





# HIV and AIDS: Guidelines for the retail sector



## Introduction

The HIV epidemic is not over. According to UNAIDS, more than 35 million people globally were living with HIV at the end of 2013<sup>1</sup>. Although the total number of new HIV infections globally has declined, the number of new infections in certain regions has risen. Stigma, discrimination and gender inequality persist. In many countries people living with HIV (PLHIV) are denied health care, employment, social protection and education opportunities.

Within the next five years the response must be strengthened if AIDS is to cease to be a public health threat by 2030. UNAIDS has proposed a fast-track approach to achieve, by 2020, a “90-90-90 target”: 90 per cent of all PLHIV know their status; 90 per cent of all people with diagnosed HIV infection receive sustained antiretroviral therapy (ART); and 90 per cent of all people who receive antiretroviral therapy have suppressed viral loads.

Over half of all PLHIV are unaware of their HIV status, meaning that they do not access care and treatment. Although prevention programmes have been scaled up around the world, there are gaps – both regional gaps and failures, worldwide, to reach all those in need, particularly vulnerable populations. In its GAP report UNAIDS identifies 12 sub-populations, including women and girls, migrants, and young people, who are not benefitting from the response. The current emphasis is on early detection and care, but prevention programmes must be scaled up.

The retail sector is one of the largest employers, with a worldwide workforce of approximately 536 million in 2013<sup>2</sup>. Although the proportions vary substantially across regions and countries, one of the salient characteristics of the retail workforce is that it includes young people – particularly young women – who are not adequately covered by the AIDS response.

The ILO has developed these guidelines to help stakeholders in the retail sector to strengthen their response to HIV and AIDS. National AIDS programmes, ministries of health, labour and employment, employers’/private sector and workers’ organizations and development partners who work on HIV and AIDS issues in relation to the retail sector will also find them useful.

The guidelines are based on the ILO Code of Practice on HIV/AIDS and the World of Work, its accompanying training manual and the ILO Recommendation concerning HIV and AIDS and the World of Work, 2010 (No. 200), which places a strong emphasis on promoting and supporting sectoral, national and international efforts to respond to the epidemic.

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1 UNAIDS: *GAP Report* (Geneva, 2014).

2 ILO: ILOSTAT, [http://www.ilo.org/ilostat/faces/oracle/webcenter/portals/app/pagehierarchy/Page131.jspx?\\_afLoop=22159972610714&clean=true#%40%3F\\_afLoop%3D22159972610714%26clean%3Dtrue%26\\_adf.ctrl-state%3D3efqfihtz\\_9](http://www.ilo.org/ilostat/faces/oracle/webcenter/portals/app/pagehierarchy/Page131.jspx?_afLoop=22159972610714&clean=true#%40%3F_afLoop%3D22159972610714%26clean%3Dtrue%26_adf.ctrl-state%3D3efqfihtz_9) [accessed July 2015].



## The purpose of these guidelines

The guidelines essentially seek to provide answers to the following questions.

- ➔ Why should stakeholders in the retail sector be concerned about HIV and AIDS?
- ➔ What are the benefits of addressing HIV and AIDS through the retail sector?
- ➔ How can the retail sector strengthen its responses to HIV and AIDS?
- ➔ How can retail and commerce actors take their actions beyond the workplace to build partnerships for HIV prevention?

It is hoped that the answers to these questions will make it clear that the retail sector offers immense opportunities for HIV prevention: work through the sector can protect young men and women workers, and reduce the impact of HIV and AIDS on workers and their families, enterprises and society as a whole.

In particular, the guidelines will be useful for enterprises in the retail sector which are seeking to develop and implement workplace HIV and AIDS programmes. The retail sector is diverse, and actors must determine the level of their response in accordance with their country context and enterprise-specific information, the prevalence of HIV nationally, the characteristics of their own workforce, the size of their operation (micro, medium, national or multinational) and the resources available to them.

These guidelines were finalized in July 2013 at a validation workshop in Kampala, Uganda, where the ILO had already supported two supermarket chains – Uchumi and Shoprite – to develop workplace programmes. Both retailers are associated with the Federation of Uganda Employers.

At a three-day workshop, representatives of retailers (Uchumi, Shoprite and Tusky's), employers' organizations, the Ministry of Trade Industries and Cooperatives, Uganda AIDS Commission, AIDS Information Centre, the Ministry of Gender, Labour and Social Development – and ILO representatives from East Africa and Geneva – reviewed the draft guidelines.

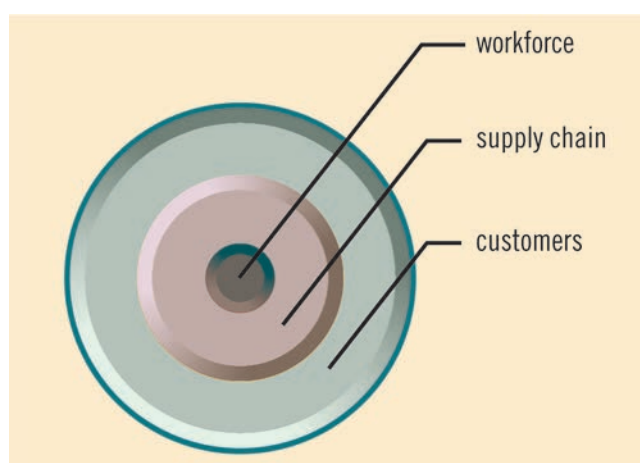
Participants agreed that the retail sector could make an enormous contribution to the AIDS response, through workplace and supply chain programmes and by raising customers' awareness. They decided that the guidelines would contain principles for action, and would address stigma and discrimination.

*'Employees in retail supermarkets are faced with stigma and discrimination due to the fact that they have to look good. If someone tests positive, they may be afraid to reveal their status for fear of being discriminated against, both by fellow staff and customers, especially if there is no workplace policy or programme. The customers will be afraid to approach you and in the end you just leave your job.'* - a participant in the validation workshop

*'Supermarkets are good places to reach out to people who can't attend HIV and AIDS awareness workshops.'* - a participant in the validation workshop

## The Retail Sector: A Brief Overview, and Opportunities for Action on HIV and AIDS

The retail industry, which forms part of the commerce (or distribution trade) sector, comprises all businesses and establishments which engage in the sale of goods, usually in small quantities, to ultimate consumers. Retail trade differs from wholesale trade – the other main branch of commerce – which involves the sale of goods to other businesses for further resale or for use in manufacturing. Over recent years the distinction between retail and wholesale has become increasingly blurred, with retailers expanding into wholesale or vice versa, either organically or through horizontal mergers and acquisitions.



Retail trade is one of the most important economic sectors in every country. Private consumption of goods and services, an overwhelming proportion of which are obtained through retail distribution, represents approximately 60 per cent (and sometimes more) of most countries' gross domestic product (GDP). Similarly, the industry is important in terms of employment, a fact which is made clear by the immense size of its workforce – approximately 536 million people globally. The world's 50 biggest retailers alone employed about 9 million workers in 2004 and 2005<sup>3</sup>.

The retail sector's structure and the way it operates vary greatly from country to country. Differences are linked to living standards, national consumption and purchasing habits, consumer protection systems, as well as laws that regulate such things as the size of firms and shop opening hours. The sector is made up of micro stores (family-owned firms), medium-sized stores, national chains and multinational retailers<sup>4</sup>. Another important characteristic of the retail industry is the predominance of sales and customer service positions. In many countries, sales and customer service roles account for just over half of all retail jobs, a much higher proportion than the all-industry average.

The retail supply chain comprises all movement of merchandise from its point of origin or production to the point of sale (usually from factory to shop floor).

As its workforce tends to be young (and mostly female) the retail sector is an important vehicle through which to reach out to young women and men who are not being adequately covered by the AIDS response, and to ensure that they are given access to HIV and AIDS services.

3 ILO: *Social and Labour Implications of the Increased Use of Advanced Retail Technologies*, Report for discussion at the Tripartite Meeting on the Social and Labour Implications of the Increased Use of Advanced Retail Technologies, ILO Sectoral Activities Programme (Geneva, 2006).

4 *Ibid.*



In 2013...

- Almost 60% of all new HIV infections among people aged 15–24 were contracted by women.
- In sub-Saharan Africa 1.1% of young people, and 2.2% of young women, were living with HIV.
- In the Caribbean 33% of young people aged 15–24 was inadequately informed about, or unaware of, ways to prevent HIV.
- In Latin America, approximately 33% of new infections occurred in young people aged 15–24.
- In the European region roughly 10% of new infections were among young people aged 15–24.

- UNAIDS: *GAP report (Geneva, 2014)*.

In 2012, women accounted for 59 per cent of retail workers in Mexico. In 2013, in the 28 member countries of the European Union, 63 per cent of retail workers – almost 12 million people – were women, and women accounted for 59 and 49 per cent of retail employees in Thailand and Malaysia, respectively. In the same year, 46 per cent of employees in the South African commerce sector (retail and wholesale combined) were women, and in the commerce sectors of the developing countries Indonesia and Brazil, 50 per cent of 20 million workers and 58 per cent of 18 million workers were women, respectively<sup>5</sup>.

The continuing phenomenal global growth of consumer (B2C) e-commerce – or online retail, which is driven by a growing online population and changes in consumer behaviour, offers an important new avenue in the fight against HIV and AIDS. In some countries with developed e-commerce markets, online retail sales now account for almost 20 per cent of total retail spending, and per capita online spending is relatively high. These developed markets generally share a number of attributes, including high rates of internet and mobile broadband usage; low fixed and mobile broadband costs; a willingness of internet users to purchase online; a regulatory infrastructure that supports online retail; and a well developed logistics infrastructure, which supports efficient online order fulfilment.

An equally important consideration in relation to the fight against HIV and AIDS through retail commerce is the sector's reliance on sometimes very lengthy supply chains. A number of retailers have recognized that long supply chains do not only create challenges, but also offer opportunities to respond proactively to the epidemic: opportunities to develop innovative solutions, drawing on the skills and characteristics that are found in retail sector supply chains; opportunities to develop strong prevention programmes; opportunities to engage in dialogue with other key actors within their supply chains; and opportunities to strengthen the global response by communicating key HIV and AIDS messages to their customers.

A healthy workforce can contribute to businesses' development, and to that of the sector more generally. Healthy workers have stable incomes on which they and their families can depend. Moreover, since retail services are used by millions of people, retail workers are often highly visible, and occupy strategically useful positions from which information on HIV and AIDS can be disseminated through awareness-raising campaigns. Such campaigns, and other activities organized by retail sector actors, help to fight the discrimination and stigmatization that PLHIV suffer.

5 ILO: ILOSTAT, [http://www.ilo.org/ilostat/faces/oracle/webcenter/portalapp/pagehierarchy/Page131.jspx?\\_afLoop=22159972610714&clean=true#%40%3F\\_afLoop%3D22159972610714%26clean%3Dtrue%26\\_adf.ctrl-state%3D3efqfhtz\\_9](http://www.ilo.org/ilostat/faces/oracle/webcenter/portalapp/pagehierarchy/Page131.jspx?_afLoop=22159972610714&clean=true#%40%3F_afLoop%3D22159972610714%26clean%3Dtrue%26_adf.ctrl-state%3D3efqfhtz_9) [accessed July 2015].



## Why Should the Retail Sector Respond to HIV and AIDS?

According to a survey, “The Impact of HIV/AIDS on Selected Business Sectors in South Africa, 2004”<sup>6</sup>:

- ➔ Little research has been conducted on the effects of HIV and AIDS, with 13 per cent of retail companies having researched the impact of HIV on their labour force, 8 per cent having researched its impact on their production costs and 8 per cent having researched its impact on their consumer base.
- ➔ Retail companies reported the following effects of HIV and AIDS on their businesses: 21 per cent had lower productivity/increased absenteeism; 14 per cent had higher labour turnover rates; 12 per cent lost experience and vital skills; and 13 per cent had higher recruitment and training costs.
- ➔ 8 per cent of retail companies reported that their suppliers had indicated that they had been adversely affected by HIV and AIDS.
- ➔ Only 15 per cent of retail companies had developed an HIV and AIDS policy, and only 6 per cent actually implemented the policies that they had developed.

Although there is only a limited amount of data, it is clear that HIV and AIDS have had, and continue to have, an adverse impact on retail companies and companies that form part of retail supply chains. It is also clear that the retail sector has not responded to HIV and AIDS in the way it should have done, even in high HIV-prevalence countries.

HIV-related stigma and discrimination, whether inside or outside the workplace, remain major obstacles to accessing effective prevention, treatment and support, as workers are reluctant to seek services when they fear negative repercussions.

*The ILO Recommendation on HIV and AIDS (No. 200) states that: “there should be no discrimination against or stigmatization of workers, in particular jobseekers and job applicants, on the ground of the real or perceived HIV status or the fact that they belong to regions of the world or segments of the population perceived to be at greater risk of or more vulnerable to HIV infection.” [Section III, “General Principles”, paragraph 3(c)]*

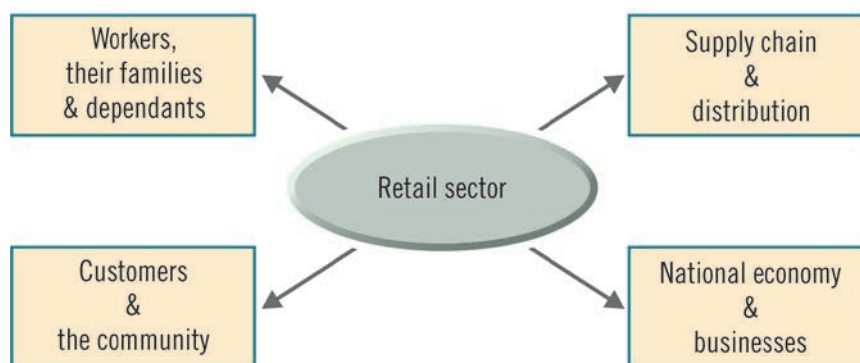
Efforts to eliminate HIV-related stigma and discrimination should be part of every sector’s response.

The retail industry is comprised of various actors, including the workforce and workers’ immediate families, suppliers who form supply chains, and the shopping public – all of whom interact. HIV and AIDS affect them all in different ways.

6 *The Impact of HIV/AIDS on Selected Business Sectors in South Africa*, INTRAC, 2004, <http://www.intrac.org/data/files/resources/547/The-Impact-of-HIV-AIDS-on-Selected-Business-Sectors-in-South-Africa.pdf> [accessed July 2015].



## The retail business environment



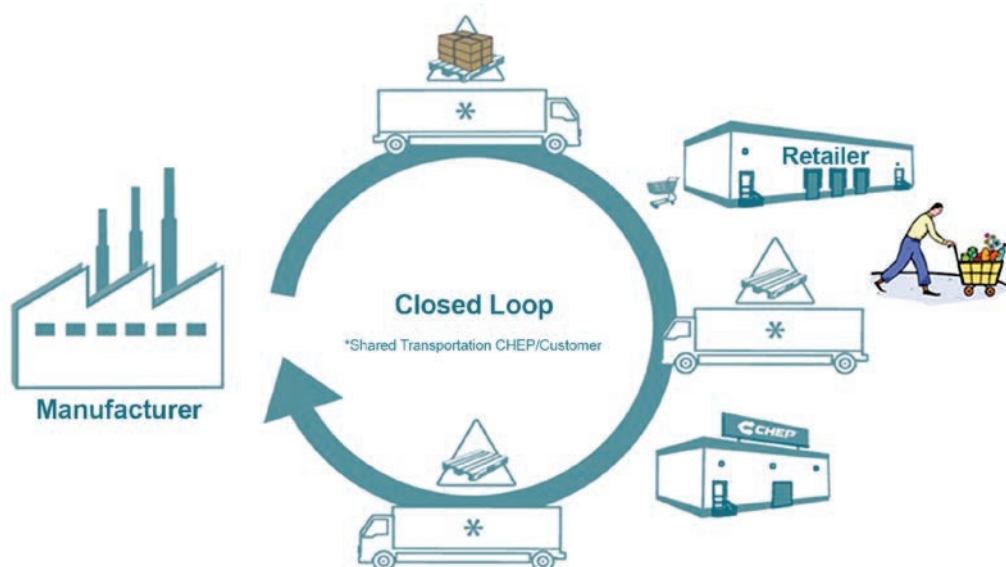
The primary challenge for retailers is the impact that HIV and AIDS have on the workforce. Increased sick leave, loss of experienced workers, low morale and diminished motivation result in lower productivity and increase employers' costs.

Workplace HIV and AIDS programmes in the retail sector should not only cover employees, but be extended to their immediate family members as well. For instance, enabling employees to know their HIV status without also facilitating tests for their spouses would be a disservice.

Supply chain optimization has become critical to retail operations. Although definitions of supply chains differ, the term "supply chain" is always considered to describe all movement of merchandise from its point of origin to its point of sale.

## The retail supply chain

While retail supply chains can be highly complex, they almost all include three basic components: suppliers; transport/logistics; and distribution centres/warehousing facilities.



Increasingly, retailers around the world are building direct relationships with extensive networks of suppliers which, in a globalizing marketplace, are often located outside of the country where the products are sold. In this context, ensuring the delivery of the right quantities of the right products to the right stores in a timely manner to avoid overstock or out-of-stock problems becomes a crucial competitive factor. In some countries, while the HIV and AIDS profile of the workforce may pose only a very limited direct risk to retail enterprises themselves, the impact of HIV and AIDS on their suppliers, which might be located in a high prevalence country, can represent a serious risk to their operations. Supply







chains' effectiveness can be easily compromised due to loss of skilled workers, and a consequent inability to deliver. It is thus vital for retailers to ensure the sustainability of their product lines through careful management of their supply chains. They must work with product suppliers and logistics providers to minimize the potential impact of HIV and AIDS on their workforces. Of particular concern in this connection is the transport sector – the transport workforce being affected by the epidemic in a growing number of countries. Transport systems are the arteries that pump goods from suppliers to stores, usually via distribution centres. The operation of distribution centres, the primary function of which is to ensure the orderly delivery of products to stores in retail networks, is generally highly labour-intensive.

The retail industry is in an exceptional position to contribute to the global response to HIV and AIDS as it has access to millions of customers daily. Retailers thus have an audience of millions to whom appropriate messages on the epidemic could be communicated on a sustained basis. Many multinational retailers have already recognized this and are collaborating with international organizations in support of World AIDS Day campaigns.

The avenues and opportunities open to retailers in this regard are many. Brand management and sales are always paramount concerns in retail strategy development, but a positive approach to HIV and AIDS can improve customers' perception of businesses and create favourable consumer responses. There are a growing number of customers around the world who are increasingly conscious of their global responsibilities and wish to support and shop in stores that are equally socially responsible.

Retailers would benefit greatly from reducing the impact of HIV and AIDS on their employees and on their businesses, and reducing HIV-related stigma and discrimination; and they are strategically placed to contribute to the global response to the epidemic. They can achieve all this by creating HIV and AIDS programmes which focus on employees and their families, protect their own supply chains and capitalize on their unequalled access to the large numbers of people who frequent their stores as customers on a daily basis.

Some benefits of HIV/AIDS programmes are that they can<sup>7</sup>:

1. ensure stable productivity by reducing staff turnover, stemming the loss of skills and experience, lowering recruitment and training costs, and reducing absenteeism;
2. boost workplace morale, attract and retain workers, and foster a higher level of employee commitment and respect for workers' rights;
3. enhance corporate image, heighten reputation and strengthen consumer loyalty; and
4. reduce financial costs (health-related costs and benefit pay-outs are contained).

The cost of investing in workplace HIV and AIDS policies and programmes tends to be outweighed by the benefits that they provide.

Organizations that have already designed HIV and AIDS workplace policies and programmes report that these have led to many positive outcomes, not only for workers, but also for the organizations themselves, and their customers. Many industry experts agree that the initial cost of developing and implementing a basic entry-level programme in the retail sector would be far lower than the eventual cost of addressing the problem once it had developed to the level that it now has in many other sectors.

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<sup>7</sup> ILO: *HIV/AIDS and work: global estimates, impact on children and youth, and response*, HIV and AIDS and the World of Work Branch (Geneva, 2006).

# IV

## Guiding Principles for Action

These guidelines are based on the general principles that are established by the ILO HIV and AIDS Recommendation, 2010 (No. 200), which in turn expands upon the ten key principles set out in the ILO Code of Practice.

The key principles established in Recommendation No. 200 can be summarized as follows:

- **Human rights.** The response to HIV and AIDS contributes to the realization of human rights and fundamental freedoms and gender equality for all, including workers, their families and dependants.
- **HIV and AIDS as workplace issues.** HIV and AIDS have a significant impact on the workforce. Workplaces can play a vital role in preventing the spread and mitigating the impacts of the epidemic. Workplaces should, therefore, be fully involved in national, regional and international responses, with the full participation of employers' and workers' organizations.
- **Non-discrimination.** There should be no discrimination against or stigmatization of workers, in particular jobseekers and job applicants, on the basis of real or perceived HIV status, or the fact that they belong to regions of the world or segments of the population perceived to be at greater risk of, or more vulnerable to, HIV infection. (Workplace policies to prevent discrimination can also play a crucial role in HIV prevention, because fear of stigmatization and discrimination acts as a deterrent, preventing many workers from seeking information on HIV prevention, voluntary testing and treatment.)
- **Gender equality.** HIV infection poses a greater risk to women and girls; they are disproportionately affected by the epidemic as a result of gender inequalities. Recommendation No. 200, therefore, calls for measures to be taken in or through the workplace to ensure gender equality and the empowerment of women as key components of the HIV response.
- **Healthy work environment.** Workplaces should be hygienic and safe for all workers, in order to prevent workplace transmission of HIV. Programmes should be in place to eliminate specific occupational risks that could lead to the transmission of HIV, and related transmissible diseases such as tuberculosis.
- **Social dialogue.** Successful policies and programmes on HIV and AIDS and the world of work should be based on cooperation and trust – between employers, workers and governments – and should actively involve workers who are affected by HIV and AIDS.
- **No mandatory HIV testing for employment purposes.** HIV testing or other forms of screening should not be mandatory for workers, including migrant workers, job seekers and applicants for specific positions; nor should workers be forced to disclose their HIV status. HIV testing should be genuinely voluntary and confidential, and testing programmes should respect international rules regarding confidentiality, counselling and consent.
- **Confidentiality.** The privacy of workers, their families and dependants should be protected; specifically, HIV- and AIDS-related information (particularly individuals' HIV status) should be fully confidential. There is no justification for asking job applicants to disclose HIV-related personal data, nor should anyone be obliged to reveal such personal information about their co-workers.
- **Continuation of the employment relationship.** Real or perceived HIV status is not a cause for termination of employment. Workers with HIV-related illnesses should not be denied the possibility of continuing to carry out their work, with reasonable support measures if necessary, for as long as they are medically fit to do so.
- **Prevention.** Prevention of transmission, by any means, is a fundamental priority. The social partners are in a unique position to promote prevention efforts by providing information and education and supporting behaviour change, in and through workplaces. HIV infection is preventable and a variety of strategies,



appropriately tailored to national conditions, should be adopted to encourage changes of behaviour, increase knowledge and support access to treatment and the establishment of a non-discriminatory environment.

- ➔ **Treatment, care and support.** Workers, their families and dependants should benefit from HIV and AIDS prevention, treatment, care and support services, and the workplace should facilitate access to these.
- ➔ **Integration of the world of work into the national response.** Measures to address HIV and AIDS in the world of work should be part of national development policies and programmes – including policies and programmes on labour, education, social protection, health and HIV and AIDS.

For these principles to be translated into practice, three major factors need to be considered.

- ➔ The impact of the HIV epidemic on the workplace is distinctive and requires policies that specifically address workplace issues.
- ➔ To be successful, the response by employers, trade unions and governments/public authorities to HIV and AIDS issues in the workplace should be inclusive and coordinated.
- ➔ The workplace is a uniquely effective entry point for offering HIV prevention, treatment, care and support.

Experience has clearly demonstrated that the only effective way to implement dramatic change in any social context – including the workplace – is through information-sharing, consultation and negotiation, with a view to reaching agreements and building cooperation for coordinated action.

# V

## A Framework for Action

This framework can be used for reference. It details practical components of retail sector HIV and AIDS programmes. A sound legal and policy framework, technical assistance and partnerships are essential for the success of programme.

A Framework for Action		
<b>Legal and policy framework</b>		
HIV and AIDS workplace programmes for retail company workers and their families	HIV and AIDS workplace programmes for retail supply-chain workers	HIV and AIDS programmes for customers
HIV and AIDS workplace policy	HIV and AIDS workplace policy, supported by large/multinational companies	Expanded HIV and AIDS programme that covers customers (corporate social responsibility)
Prevention programme	Prevention programme	<ul style="list-style-type: none"> <li>● HIV and AIDS messages included in advertising and communications</li> <li>● HIV and AIDS information displayed in stores</li> <li>● resources generated for AIDS work</li> <li>● special awareness-raising events in offices/stores on such occasions as World AIDS Day</li> <li>● wellness days, HIV testing events etc.</li> </ul>
<ul style="list-style-type: none"> <li>● HIV education, training and behaviour change communication, provided by peer educators</li> <li>● condom education and access to condoms in the workplace</li> <li>● voluntary counselling and testing for HIV</li> </ul>	<ul style="list-style-type: none"> <li>● HIV education, training and behaviour change communication, provided by peer educators</li> <li>● condom education and access to condoms in the workplace</li> <li>● voluntary counselling and testing for HIV</li> </ul>	
Treatment, care and support programme	Treatment, care and support programme	
<ul style="list-style-type: none"> <li>● referral for treatment for STIs and opportunistic infections, antiretroviral therapy</li> <li>● social protection</li> </ul>	<ul style="list-style-type: none"> <li>● referral for treatment for STIs and opportunistic infections, antiretroviral therapy</li> <li>● social protection</li> </ul>	
Technical assistance and partnerships		



## 1. Legal and policy framework

The retail sector currently has few policies on HIV and AIDS. There are a number of international labour standards related to HIV and AIDS that can guide the development and implementation of such policies. These include the following Conventions:

- ➔ Discrimination (Employment and Occupation) Convention, 1958 (No. 111)
- ➔ Occupational Safety and Health Convention, 1981 (No. 155)
- ➔ Occupational Health Services Convention, 1985 (No. 161)
- ➔ Termination of Employment Convention, 1982 (No. 158)
- ➔ Vocational Rehabilitation and Employment (Disabled Persons) Convention, 1983 (No. 159)
- ➔ Social Security (Minimum Standards) Convention, 1952 (No. 102)

The ILO HIV and AIDS Recommendation, 2010 (No. 200) is the primary international labour instrument that contains principles relevant to, and guidance concerning the development of, HIV and AIDS workplace policies at the national, sectoral and enterprise levels. The Recommendation applies to all workers without exception, including:

- ➔ persons in any employment or occupation;
- ➔ persons in training (interns, apprentices and volunteers);
- ➔ job applicants and job seekers more generally; and
- ➔ laid-off or suspended workers.

## 2. Improving working conditions: cooperation between employers and workers

Certain working conditions are conducive to successful prevention and awareness-raising, and thus can help to slow the spread of the HIV epidemic.

One of the most essential of these conditions is trust between employers and workers. Building trust is possible when there is cooperation, social dialogue and continuity in working relationships. Workers' and employers' organizations,



set up to allow people to collectively address work-related issues, can foster open social dialogue, which in turn can break the silence and end the taboos surrounding HIV and AIDS.

Employers should create working conditions that make it easy for workers to avoid high-risk situations. Working conditions should not only protect workers' physical safety, but the general atmosphere should also be conducive to risk-avoidance, as there is a strong connection between motivation and dialogue, trust and feeling supported and accepted.

### **3. Safeguarding human rights**

It is critical to develop an approach that protects peoples' human rights. The response to HIV and AIDS in every sector and in every individual workplace should be developed according to national HIV policy and international guidelines (detailed in ILO Recommendation No. 200).

#### ***3.1 The right to non-discrimination and equality before the law***

International human rights law provides that there should be no discrimination on the basis of HIV status. Everyone must be considered equal before the law, and must have the same rights in all areas of their lives, including at work.

#### ***3.2 The right to freedom of association and assembly***

The right to freedom of association and assembly is protected by international law, and in particular by two core ILO Conventions (Nos. 87 and 98). It is essential that all the parties concerned by HIV and AIDS in the workplace – governments, employers and workers – closely cooperate, using open social dialogue to find association and assembly solutions that meet everyone's needs.

#### ***3.3 The right to work***

Workers should be evaluated on the basis of their professional abilities, and not their real or perceived HIV status. There should be no mandatory HIV-related screening for workers, either pre-employment or once employed. Persons with HIV-related illnesses should, moreover, be allowed to continue working for as long as they are able to do their job.

#### ***3.4 The right to privacy***

HIV-positive workers must be confident that their personal information will remain confidential. They should not have to fear their HIV status being revealed, nor should they suffer discrimination or have their employment wrongfully terminated. In a hostile climate where trust is lacking, it is very difficult to persuade workers to be tested, counselled and treated (in the case of a positive diagnosis), and the risk of HIV and AIDS spreading is thus greater.

#### ***3.5 The right to social security***

Governments and employers' and workers' organizations should not only ensure that PLHIV and their families have access to general health-protection measures: they should also adopt provisions to ensure that they are not excluded from social security programmes and occupational schemes. This is especially important in least developed countries, which lack adequate support systems.

#### ***3.6 The right to share in scientific progress and its benefits***

The right to enjoy the benefits of scientific progress and its applications is important in the context of HIV and AIDS, in view of the rapid and continuing advances in testing and treatment therapies. In this context, governments should support international campaigns to reduce the cost of, and improve access to, antiretroviral drugs.



### 3.7 The right to health

In order to respect the right to the highest standards of physical and mental health, States must take the measures necessary to prevent, treat and control epidemic diseases and to create conditions that ensure access to health services and medical care.

### 3.8 The right to education

Effective prevention depends on the provision of suitable information and education. There are various strategies for such provision, and education should be tailored to national conditions and be culturally sensitive. Only thus is it possible to bring about changes in behaviour, increase knowledge and establish non-discriminatory environments.

## 4. Prevention programmes

Prevention strategies should be adapted to national conditions and different types of workplace, and should take into account gender-related, cultural, social and economic concerns.

Prevention programmes should include:

- timely provision of relevant, accurate, up-to-date information on HIV, which should be accessible to all, and communicated in culturally-sensitive formats and using appropriate language, via the different channels of communication available;
- provision of information on the availability of HIV services;
- implementation of effective occupational safety and health measures;
- measures to encourage workers to undergo voluntary counselling and testing; and
- provision of access to all means of prevention, including by ensuring the availability of necessary supplies (in particular male and female condoms, and, where appropriate, information about their correct use); and
- guaranteed availability of post-exposure prophylaxis.



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Peer education is one of the most successful workplace approaches. Peer educators, selected from programmes' target groups, are able to communicate more effectively with co-workers than outsiders can. They can disseminate information and make referrals to HIV services, both inside and outside places of work.

### Voluntary counselling and testing (VCT)

There are benefits to getting tested for HIV:

- if the result of an HIV test is negative, people can change their behaviour to ensure that they stay negative; and
- if the result is positive, people can seek appropriate treatment, care and support to enable them to live healthy and productive lives.

VCT can be provided by:

- a health-care facility outside the workplace;
- a workplace-based health centre, if one exists;
- an external service which is contracted to offer VCT at the workplace (or at another clearly defined and indicated location); or
- a company-accredited medical services provider whose services are covered by the company's health insurance scheme.

Implementing VCT in the retail environment is challenging for several reasons. For example, it may be necessary to re-assign and re-organize employees, or adjust their work schedules; and employers and VCT providers must ensure that the general environment is conducive to testing, that confidentiality is respected and that the activities of the retail sector business are disrupted as little as possible. Despite these difficulties, some retail operators have successfully developed and implemented workplace VCT programmes.

Retail sector stakeholders should follow the VCT guidelines set out in ILO Recommendation No. 200, and ensure: non-discrimination, the voluntary nature of testing, respect for confidentiality, that counselling is available and that they have established a clear route to treatment for those who test HIV positive.



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Retail sector stakeholders planning to implement a VCT programme should bear the following in mind.

- ➔ Workers and their organizations should work with employers to encourage people to get tested and should support access to confidential VCT.
- ➔ Employers and enterprises should assure that the confidentiality of HIV-related information is respected and that workers' rights are protected. They should work with national AIDS programmes, self-help groups and local HIV- and AIDS-related counselling and treatment services.
- ➔ Employers should provide workers living with HIV with a reasonable amount of time off for counselling and treatment, in conformity with minimum national requirements.
- ➔ Counselling support, adapted to the different needs and circumstances of women and men, should be made accessible at no cost to workers.
- ➔ All workers should be informed, at counselling sessions, of their rights in relation to, and of the benefits provided by, statutory social security programmes and occupational schemes, and any life-skills programmes which may help them to cope with HIV and AIDS.
- ➔ In the event of occupational exposure to HIV, employers should provide workers with reasonable paid time off so that they can attend counselling.
- ➔ Where there is a risk of exposure to human blood, body fluids or tissues, enterprises should have procedures in place to minimize and manage the risks associated with such exposure.

- Management commitment was the key to the success of HIV and AIDS workplace programmes.
- Management commitment manifested in four areas: starting and setting up the structure of the programme; providing resources - personnel, their time and budget; creating an enabling environment through HIV workplace policies and systems for the implementation of activities; and establishing partnerships.
- Approximately 65 per cent of the workplaces investigated provided solid evidence of actions that led to changing or reducing risky behaviours such as reducing the number of sexual partners, having safer sex by using condoms, maintaining fidelity in relationships and accessing HIV testing and counselling services.
- Approximately 79 per cent of the workplaces studied provided evidence that they had increased uptake of voluntary counselling and testing (VCT) services. Testing of the CEOs proved to be an effective strategy in promoting the uptake of VCT services. Educating employees on the benefits of VCT worked well in creating demand for testing. The use of peer educators in 81 per cent of the workplaces to promote VCT was a cost-effective strategy.

**Excerpts taken from: ILO: *Effective Responses to HIV and AIDS at Work: A multi-country study in Africa*, HIV and AIDS and the World of Work Branch (Geneva, 2015).**

## 5. Treatment, care and support and social protection

With antiretroviral therapy, PLHIV can live long and healthy lives. Therefore, the objective of providing treatment, care and support is to improve the health and prolong the lives of PLHIV.

Treatment, care and support include (but are not limited to) the following: post-test counselling; regular health monitoring; treatment of opportunistic infections such as tuberculosis; treatment with anti-retroviral drugs; adjustments at the workplace; employee and family assistance programmes; and access to the benefits of health insurance and occupational schemes.

Although the importance of treatment should not be underestimated, it is equally essential for PLHIV to benefit from adequate social protection in order to build resilience and lead quality lives.

Social protection reduces the disadvantages and inequalities that make people vulnerable to HIV infection, helps break down barriers to access to HIV treatment, and mitigates the impact of HIV on households. A combination of income, livelihood and employment support is needed, in addition to health services.

Governments should ensure that benefits provided by national laws and regulations apply to workers living with HIV no less favourably than to workers with other serious illnesses. In designing and implementing social security programmes,



governments should take into account the progressive and intermittent nature of the disease and tailor schemes accordingly, for example by making benefits available as and when needed, and by rapidly dealing with insurance claims.

Employers in the retail sector can help to ensure that their staff benefit from care, support and social protection by taking the following steps.

- Ensure that their insurance policies cover adequate treatment and support for workers living with HIV, and that they specifically provide cover for treatment for HIV-related illnesses.
- If it is not possible to pay for treatment (as may be the case for very small enterprises), retailers can set up partnerships with governments/national AIDS programmes to ensure that their workers living with HIV benefit from government-supported antiretroviral therapy programmes.
- If services cannot be made available at the workplace, workers should be informed of the location of suitable external services. Partnerships between governments; employers, workers and their organizations; and other relevant stakeholders can support effective delivery of services and reduce costs.
- Employee-assistance programmes may need to be established, or extended, to provide a range of services for workers as members of families, and to support workers' family members. This should be done in consultation with workers and their representatives – and can be done in collaboration with government and other relevant stakeholders, in accordance with resources and needs.

“Persons with HIV-related illness should not be denied the possibility of continuing to carry out their work, with reasonable accommodation if necessary, for as long as they are medically fit to do so. Measures to redeploy such persons to work reasonably adapted to their abilities, to find other work through training, or to facilitate their return to work should be encouraged, taking into consideration the relevant International Labour Organization and United Nations instruments.” (Recommendation No. 200, paragraph 13)

## 6. Supply chain initiatives

There are a number of resources that can assist employers in developing programmes for their supply chains – for instance, “Beyond Big Business: Guidelines to support your supply chain against HIV/AIDS” (World Economic Forum: SME toolkit).

The following interventions might be useful.

- Share HIV and AIDS information with suppliers and logistics service providers and invite them to participate in events and programmes – such as World AIDS day events, peer-educator training sessions and education sessions.
- Communicate the enterprise's policy to suppliers and logistics service providers at product supplier days.
- Possibly require suppliers and service providers to have an HIV and AIDS policy – this could be integrated, as a key element, into existing codes of practice (for example on child labour or occupational health and safety).
- Help distribution centres and logistics service providers to develop public-private partnerships.
- Organize association-level programmes (through retail sector associations).
- Share education and training tools and materials with suppliers.
- Set up mentoring programmes, under which big companies “mentor” suppliers with regard to the HIV response and extend their HIV policies and programmes to contractors (this has worked in Kenya).



## 7. Reaching customers

Collectively, retailers have millions of interactions with customers every day, and these can be used to share appropriate messages about HIV and AIDS.

Communication strategies can easily be aligned with retailers' values and brand management, and conveying important messages is one way for businesses to engage in corporate social investment.

To develop an effective HIV response, including an action plan, national and multinational retailers are encouraged to work closely with their corporate social investment and marketing departments. Retailers should take action to identify one or two areas where simple or modest initiatives could be effective, and to ensure that they communicate the right message.

Small retailers might simply want to identify the different national health days on the calendar, and to distribute government- or NGO-developed information to customers who frequent the store on those days.

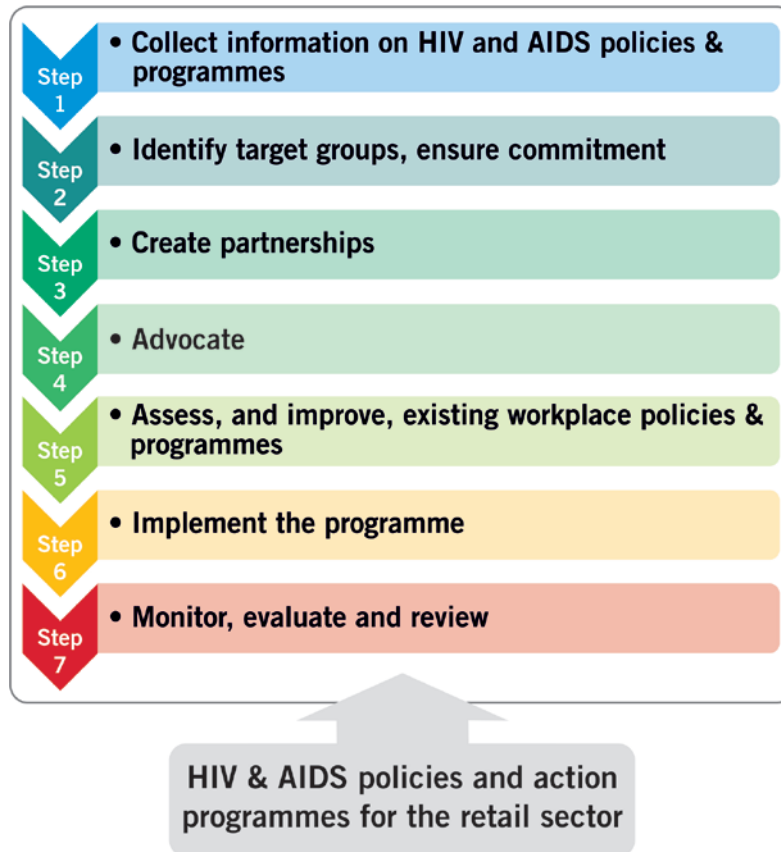
## 8. Seeking technical assistance on HIV and AIDS; building partnerships

In order to build or strengthen its response to HIV and AIDS, the retail sector needs assistance, primarily in the areas of policy and programme development, training, and monitoring and evaluation.

This assistance can be provided by:

- ➔ national AIDS programmes;
- ➔ employers' and workers' organizations;
- ➔ the United Nations and other international organizations; and
- ➔ civil society organizations, including PLHIV organizations.

## Formulating Policies and Programmes for the Retail Sector: A Step-by-Step Approach



### Step 1: Collect information on HIV and AIDS policies and programmes

Retailers should establish workplace HIV and AIDS committees to guide the response in every workplace. These committees should comprise management, supervisors, workers (including management, supervisors and workers living with HIV), other interested PLHIV and any other interested stakeholders. The ILO Code of Practice provides the terms of reference for such committees. These workplace committees should begin their work by conducting a thorough review of existing HIV policies.

#### At the national level:

The national legal framework should be studied so that its implications for policy formulation are clear. The following documents should be examined:

- the national HIV and AIDS policy;
- the national policy on HIV and AIDS at the workplace;
- the national HIV and AIDS strategy and plan;
- any national guidelines on drawing up HIV and AIDS programmes; and
- any other national documents about HIV and AIDS.

### At the sectoral and enterprise levels:

The following documentation should be accessed, if available:

- sectoral policies or strategies on HIV and AIDS and/or wellness; and
- corporate policies on HIV and AIDS at the workplace.

The most recent national data on HIV and AIDS prevalence and incidence and other relevant research studies should also be reviewed, including studies on the extent of stigma and discrimination, KABP (knowledge, attitude, behaviour and practices) surveys, studies on the social and economic impact of HIV and AIDS and anonymous HIV-prevalence surveys.

The following sources can usually provide this information:

- national AIDS programmes;
- health and labour or social services ministries;
- the offices of employers' and workers' organizations;
- local government offices;
- public sector health providers;
- non-governmental organizations that work on HIV and AIDS; and
- the ILO, WHO and UNAIDS.



## Step 2: Identify target groups, ensure commitment

### a. Identify the programme's target groups

### b. Conduct a preliminary survey at the workplace

This step involves identifying the groups whom action by governments and workers' and employers' organizations should target (using risk-assessment surveys); determining which actions should be taken to reach the target groups; and conducting a preliminary workplace survey to gather data on the target groups that have been identified (such as data on sick leave rates and staff turnover) and on how existing HIV and AIDS and health programmes and policies benefit these groups.

In order to identify workplace-specific factors that lead to HIV infection (i.e. put the epidemic in its social, economic and cultural context – determine who is infected or vulnerable to infection, and why), you need to identify what is known, what is not known and what information needs to be collected, also collect information on structural issues (the demography of the workforce, the impact of migration on the workforce, workplace risk factors), health issues (such as information on STDs and tuberculosis) and policy issues. A KAPB survey for workers will help to assess the situation and make it easier to develop an appropriate response.

It is important to ensure that leadership (CEOs, board members and management) is committed and that the purpose of the programme is understood by all members of the workforce, at all levels. This can be achieved by demonstrating the business case for HIV and AIDS initiatives, including their human resource implications. An awareness of the benefits is conducive to building ownership of, commitment to and support for the programme.

## Step 3: Create partnerships

Establish a list of potential national-, regional- and sectoral-level partners (consider approaching, inter alia, political institutions and community organizations). Seek to establish strategic partnerships that can help to make new programmes and policies more viable and effective.

It is also essential to establish referral mechanisms with existing public health structures.

### Partnerships may be formed with:

- employers' organizations/associations;
- trade unions representing workers in the retail sector or other concerned sectors, including the regional or world offices of these;
- regional offices of national HIV and AIDS programmes;
- public and private health structures that offer services related to HIV and AIDS (to establish referral mechanisms);
- non-governmental organizations active in the HIV and AIDS response;
- civil society organizations active in the HIV and AIDS response;
- local government offices and their representatives;
- networks of PLHIV;
- community-based health services;
- regional, national, sectoral or multinational enterprises; and
- UN/international agencies/development partners.

Potential partners should be identified on the basis of the knowledge and skills that they can offer, and retailers should seek to form partnerships that are well suited to their context.



## Step 4: Advocate

The purpose of advocacy is to strengthen cooperation and support for interested parties in order to facilitate the implementation of policies and programmes, and ensure their long-term viability. Cooperation and support at all levels are essential. Advocacy and outreach activities should thus target key retail sector actors including:

- ➔ Ministries that regulate the retail sector's activities.
- ➔ Sectoral committees or councils, and any retail workers' and employers' organizations that exist in the country or region.
- ➔ Retail organizations' and companies' senior management teams.

Partnerships with national AIDS programmes and PLHIV organizations are critical to successful advocacy.

## Step 5: Assess and improve existing HIV and AIDS and health workplace policies and programmes

Existing workplace policies and programmes on HIV and AIDS and health should be examined with a view to their improvement. If a workplace does not have such structures, they must be developed.

**To this end, the following must be clarified.**

- ➔ Are there existing health-related workplace policies or programmes?
- ➔ Are there existing workplace policies or programmes that address HIV and AIDS?

If the answer to only the first question is 'yes', action to address HIV and AIDS should be incorporated into the existing health programmes or policies. If the answer to the second question is also affirmative, programme developers should assess the existing programmes or policies to identify any aspects of these that might need to be modified.

It is efficient to use what is already there as a foundation rather than attempting to introduce a completely new policy or programme: duplication and repetition are avoided and regulations can be made more horizontal. It is thus preferable to consolidate and revise existing instruments for responding to HIV and AIDS – when possible – with a view to making them more viable and better adapted to the sectoral, regional and national environments.

If a workplace does not have any policy or programme related to HIV and AIDS or to health, steps 1-4 should be carried out diligently to ensure that the programme or policy which is formulated can be successfully implemented. Provided that the environment (the workplace) and the instrument (the relevant policy or programme) are approached as described above, successful completion of the process is highly likely.

The table below contains suggestions on how HIV and AIDS can be integrated into existing workplace health policies or programmes.

<p>Is there a contact person or coordinator at the workplace?</p>	<p>If so, explore the possibility of training this person to implement activities related to HIV and AIDS.</p> <p>If not, train a designated HIV and AIDS specialist.</p>
<p>Is there a work plan on HIV and AIDS?</p>	<p>If so, review and improve it, as necessary.</p> <p>If not, develop a work plan with clear activities, a timeline, a responsible person and an estimated budget.</p>
<p>Is there a process for monitoring and evaluating existing policies and programmes?</p>	<p>If yes, see how it is being implemented and identify areas for improvement.</p> <p>If not, develop a system with clear indicators.</p>







## Step 6: Implement the programme

A workplace HIV and AIDS programme is an integrated response that comprises prevention, education, care and treatment services. It has target groups, quantifiable objectives, activities and a timeline.

When drawing up and implementing an action plan, it is important to consider work schedules. For instance, ensure that planned training programmes or campaigns to encourage VCT uptake do not coincide with periods when large numbers of staff may be absent or times when workers may be busier than usual (such as end-of-year holidays, when there are high volumes of letter and parcel mail and increased demand for other services).

HIV committees should regularly evaluate the progress made on the action plan against identified indicators, and take appropriate action to improve progress if needed.

## Step 7: Monitor, evaluate and review

Monitoring and evaluation are part of any HIV and AIDS workplace programme and should be incorporated into the project at the planning stage.

To assess long-term change, project evaluation surveys should be periodically conducted.

With regard to monitoring, the following should be borne in mind.

- ➔ HIV and AIDS indicators make it possible to regularly assess policies and programmes and their impact on target groups.
- ➔ If possible, these key indicators should be mainstreamed and progress made against them should be examined alongside progress made against business performance indicators, so that they are seen as critical to businesses' success.
- ➔ Gender-disaggregated data should be used to ensure that programmes meet the needs of both men and women.

Examples of indicators are shown below.

	Core issue	Indicators
<b>Output</b>	HIV- and AIDS-related activities	% of workers (broken down by gender) contacting health services about HIV and AIDS (seeking counselling, testing, care or support)
		% of women and men workers opting for VCT
		Number of peer educators (women and men) trained
		% of women and men workers informed about HIV and AIDS and related health issues
<b>Results</b>	reducing the impact of HIV and AIDS on the workforce	% of workers (women and men) found to be HIV-positive
		% of workers accessing ART

# Case Studies: Action on HIV and AIDS in the Retail Sector



## 1. HIV counselling and testing in shopping malls to reach out to young workers in South Africa

As part of its voluntary confidential counselling and testing for workers initiative, VCT@WORK, the ILO has partnered with five Retailers Unite members – The Foschini Group, Pick n' Pay, Click Group, Cape Union Mart and Mr Price – to scale up HIV counselling and testing.

These retail companies employ more than 150,000 women and men, of whom 80 per cent are young people and 70 per cent are women aged between 20 and 35. Youth networks within the companies, as well as the retailers' own structures, are being used to mobilize workers and increase the demand for HIV testing.

Retailers Unite works with private service providers and public health clinics to offer HIV counselling and testing, plus other testing such as cardiovascular screening. The initiative has so far reached 1,500 stores across the country. Following HIV awareness sessions, HIV Counselling and Testing Days have taken place in the shopping malls where the retailers (and their employees) are located. Testing events have been held on numerous occasions to ensure maximum coverage.

During the period 2013-2015, the following results were achieved:

- face-to-face sessions and electronic media were used to reach 35,000 employees with HIV and AIDS awareness messages;
- 15,000 working women and men, including young people, were counselled and tested for HIV; and
- the 8 per cent of those tested who were HIV positive were referred to treatment, care and support.

## 2. Dealing with HIV and AIDS at Tuskys supermarket in Uganda

Tuskys (Tusker Mattresses Limited) has its headquarters in Kenya, but is one of the leading supermarkets in Uganda. It employs 450 staff in five of its Ugandan outlets. In 2013, with support from the ILO and the Federation of Uganda Employers (FUE), it undertook to better manage HIV and AIDS at the workplace.

The company's day-to-day operations are overseen by a competent management team, whose members have experience and expertise in the various disciplines they represent. The enterprise's first step was to sensitize management to the values of an HIV and AIDS programme. Advocacy was used to highlight the business case and other benefits of actively responding to HIV. Tuskys' management agreed to set up an HIV and AIDS committee and the programme was launched.

The programme's main components are:

- an HIV and AIDS policy;
- advocacy and awareness raising;
- peer education;
- mainstreaming of HIV activities into the company's overall approach;
- regular programme review by the management;
- distribution of condoms; and
- monitoring and reporting on the implementation of the HIV and AIDS policy.



### 3. The Auchan Group

Auchan France, a large-scale retail outfit, has provided private health insurance and social benefits to its employees since 2007, even in countries where this is not common practice. In 2011, Auchan Ukraine considerably improved its employees' medical insurance coverage, making it much better than that provided by the vast majority of companies in Ukraine. It has also launched an anti-HIV programme, with poster campaigns and awareness-raising meetings held in stores. In some countries, its employees can shop at their store at a discounted rate, and receive a transport allowance and meal vouchers and/or medical services. In France and Portugal, Auchan provides pre-school childcare facilities for employees. Auchan China implemented a system to improve working relations and to assist employees facing hardship. All stores have a social fund managed by a committee which meets regularly, and grants emergency financial support or zero-interest loans.

### 4. The REWE Group

REWE International AG, and its trade companies Billa, Merkur and Bipa, support AIDS LIFE and have been actively involved in Europe's largest HIV and AIDS charity event, the Viennese Life Ball, since 2010. REWE launched an Austria-wide campaign for financial support with specially branded Life Ball shopping bags and bouquets of flowers.

In 2011, it donated 100,000 euros to the AIDS LIFE association, and in 2012 it raised more than 90,000 euros for the organization. Its donations helped to fund "W4W: Women 4 Women Study Tour", an aid event run by the United Nations Office on Drugs and Crime for women and girls at risk of HIV in Ukraine, where REWE also operates.

The Body Shop in Japan has been running HIV and AIDS campaigns in the run-up to World AIDS Day since 1997, when its management recognized the extent of the spread of HIV in Asia. It has held awareness events in its stores to reduce the stigma and discrimination suffered by PLHIV. Campaigns have included:

- forming partnerships with local NGOs – in one campaign, it donated 2% of profits from the sales of certain products to NGO partners, and distributed HIV and AIDS information developed by the NGOs to customers, along with free condoms;
- drawing attention to the global impact of the epidemic by providing information from UNAIDS to its customers; and
- collaborating with Levi Strauss Japan to create and sell T-shirts with HIV/AIDS messages, the profits from which went to an NGO in Thailand.

Source: UNAIDS: *The Prince of Wales Business Leaders Forum and the Global Business Council on HIV & AIDS: The Business Response to HIV/AIDS: Impact and lessons learnt - Geneva and London, 2000.*

# What Workplace Policies on HIV and AIDS Should Cover



A workplace policy provides a framework for action to reduce the spread of HIV and AIDS and manage their impact. It:

- commits the workplace to take action;
- lays down a standard of behaviour for all employees (whether infected or not) and defines the rights of all;
- gives guidance to managers and workforce representatives; and
- assists an enterprise to plan for HIV and AIDS and reduce their impact.

A workplace policy may consist of a detailed document exclusively about HIV and AIDS, which sets out a programme as well as defining a policy. However, a workplace policy may also be part of a wider policy or agreement on safety, health and working conditions. It may be as short as “This company (or any other workplace or entity – for example, a hospital, ministry or sector) pledges to combat discrimination on the basis of HIV status and to protect health and safety through prevention and care programmes”.

It is important that policies promote action, rather than creating obstacles. Simple policies may thus be preferable, with more detailed plans set out in workplace-specific agreements or contracts.

Regardless of a policy’s scope, it should be the product of a process of consultation and collaboration between management and workers, which should include consultations with workers living with HIV whenever possible. Failing this, retailers should seek the advice of PLHIV organizations in their country.

The ILO Code of Practice and Recommendation No. 200 provide guidelines for the development of workplace policies and programmes on HIV and AIDS. The guidelines encourage a consistent approach based on key principles, but are flexible enough to be applicable to individual workplaces and sectors which have specific needs.

## Policies can be written along the following lines.

### I. General statement

A general statement, or introduction, should contextualize the HIV and AIDS policy, and may explain:

- why the sector or company has an HIV and AIDS policy, and how it relates to other national, sectoral and company policies; and
- how the policy complies with national or local laws and sectoral agreements.

### II. Policy framework and general principles

The policy should establish some general principles as the basis for its provisions, and should emphasize the need to oppose stigma and discrimination (see the key principles of the Recommendation and ILO Code of Practice).

### III. Scope

The policy should state whom it covers.



#### **IV. Specific provisions**

The policy should include clauses on:

1. the protection of the rights of workers affected by HIV and AIDS;
2. prevention through the provision of information, education and training, and VCT; and
3. treatment, care and support for workers and their families.

#### **V. Implementation and monitoring**

Many policies remain on paper and do not have any impact. It is crucial to determine the steps that need to be taken to put a policy into practice – in particular, structures should be established and responsible people designated.

If the policy is not a negotiated agreement, a short clause, in which management and worker representatives pledge their full support for the policy, may be added.

Organizations and companies should budget for HIV and AIDS activities, and make every effort to set aside funding for them, but should also bear in mind that many interventions can be put in place at little or no cost.

Small companies can work together to share costs. HIV services and resources already exist in many countries. Public-private partnerships involving government (particularly national AIDS programmes and ministries of health and labour), employers' and workers' organizations, and civil society organizations (including PLHIV organizations) are key to the implementation of HIV and AIDS policies and programmes.

Further advice, and examples of workplace policies, may be obtained from the ILO ([www.ilo.org/aids](http://www.ilo.org/aids)).





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