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Geneva

HIV and AIDS:

Guidelines for the mining sector

Sectoral Activities Department

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

HIV and AIDS:
Guidelines for the mining sector

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HIV/AIDS and the World of Work Branch
International Labour Office – Geneva

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Preface

It is our pleasure to present this Guide, which is meant to assist stakeholders in the mining sector in strengthening their response to HIV and AIDS.

The mining sector was one of the first sectors to recognize the impact of HIV on its workforce and on the surrounding communities and respond to HIV and AIDS utilizing its structure, networks and capacity.

While substantial progress has been made in the AIDS response, globally as well as in the mining sector, a lot of work still needs to be done. Sectors such as mining still have HIV prevalence that is higher than in the general population in countries worst affected by HIV epidemic.

This guide is the result of the demand from the employers' and the workers' community to have a simple tool that could guide actions through the workplace on HIV and AIDS, providing both a policy framework and a set of practical steps. The Guide was finalized after a validation workshop in India where ILO has done considerable work in the mining sector.

The guide acknowledges the role of governments, employers, private sector and trade unions in accelerating the response. It captures good practices and provides step by step guidelines to all stakeholders in the mining sector, including a wide range of mining companies, to help them strengthen their response and put in place a monitoring and evaluation system.

It is important to highlight that the guide needs to be used to complement the existing tools or training manuals. Partnerships with national AIDS programmes and its partners at the country level are essential for the success of mining sector response.

Finally, the renewed commitment in a focussed mining sector response to HIV and AIDS finds its basis in the adoption of the Recommendation concerning HIV and AIDS and the world of work, 2010 (No. 200) which clearly highlights the need for policies and programmes on HIV and AIDS which take into account the needs of specific sectors and to implement them through "sectoral strategies, with particular attention to sectors in which persons covered by this Recommendation are most at risk" (section V. paragraph 37, Recommendation 200, 2010)

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List of acronyms

AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Treatment
ARV	Antiretroviral
BCC	Behaviour Change Communication
CIL	Coal India Limited
HIV	Human Immunodeficiency Virus
ICEM	International Federation of Chemical, Energy, Mine and General Workers' Unions[1]
ICFTU	International Confederation of Free Trade Unions[2]
KABP	Knowledge, Attitudes, Behaviour and Practices
ILO	International Labour Organization
IOE	International Organization of Employers
INMF	Indian National Mineworkers' Federation
M&E	Monitoring and Evaluation
NACO	National AIDS Control Organization
NGO	Non-governmental Organization
PLHIV	People Living with HIV
PMTCT	Prevention of Mother to Child Transmission
STI	Sexually Transmitted Infections
TB	Tuberculosis
VCT	Voluntary Counselling and Testing
WHO	World Health Organization

1 Since 2012, ICEM's successor is IndustriALL Global Union

2 ICFTU has been replaced by International Trade Union Confederation

Terminology[3]

AIDS: refers to the acquired immunodeficiency syndrome which results from advanced stages of HIV infection, and is characterized by opportunistic infections or HIV-related cancers, or both.

HIV: refers to the human immunodeficiency virus, a virus that damages the human immune system. Infection can be prevented by appropriate measures.

Affected persons: persons whose lives are changed in any way by HIV or AIDS due to the broader impact of this epidemic

Discrimination is used in these Guidelines as that term is defined in the Discrimination (Employment and Occupation) Convention, 1958 (No. 111). The Code is intended to cover discrimination on the basis of both real and perceived HIV status as well as discrimination on the ground of sexual orientation.

Employer: a person or organization employing workers under a written or verbal contract of employment which establishes the rights and duties of both parties, in accordance with national law and practice. Governments, public authorities, private enterprises and individuals may be employers.

Occupational health services is used in these Guidelines in accordance with the description given in the Occupational Health Services Convention, 1985 (No. 161), namely, health services which have an essentially preventative function and which are responsible for advising the employer, as well as workers and their representatives, on the requirements for establishing and maintaining a safe and healthy working environment and work methods to facilitate optimal physical and mental health in relation to work. The occupational health services also provide advice on the adaptation of work to the capabilities of workers taking into account their physical and mental health.

People living with HIV refers to persons infected with HIV.

Reasonable accommodation: any modification or adjustment to a job or to the workplace that is reasonably practicable and enables a person living with HIV or AIDS to have access to or participate or advance in employment.

Screening: measures whether direct (HIV testing), indirect (assessment of risk-taking behaviour) or asking questions about tests already taken or about medication.

Sex and gender: there are both biological and social differences between men and women. The term "sex" refers to biologically determined differences, while the term "gender" refers to differences in social roles and relations between men and women. Gender roles are learned through socialization and vary widely within and between cultures. Gender roles are affected by age, class, race, ethnicity and religion, and by the geographical, economic and political environment.

STI: sexually transmitted infections which include, among others, syphilis, chancroid, chlamydia and gonorrhoea. They also include conditions commonly known as sexually transmitted diseases (STDs).

Stigma: a social mark that, when associated with a person, usually causes marginalization or presents an obstacle to the full enjoyment of social life by the person infected or affected by HIV.

Termination of employment has the meaning attributed to it in the Termination of Employment Convention, 1982 (No. 158), namely dismissal at the initiative of the employer.

3 Sources: An ILO Code of Practice on HIV/AIDS and the world of work (2001) and the Recommendation concerning HIV and AIDS and the World of Work, 2010 (No.200).

Universal precautions: a simple standard of infection control practice to be used to minimize the risk of blood-borne pathogens.

Vulnerability refers to the unequal opportunities, social exclusion, unemployment or precarious employment, resulting from the social, cultural, political and economic factors that make a person more susceptible to HIV infection and to developing AIDS.

Workplace refers to any place in which workers perform their activity, as defined in paragraph 1(i) of the HIV and AIDS Recommendation, 2010 (No. 200).

Worker refers to any persons working under any form or arrangement, as defined in paragraph 1(j) of the HIV and AIDS Recommendation, 2010 (No. 200).

HIV and AIDS: Guidelines for the mining sector

1 Introduction

These guidelines have been drawn up by the employers' and workers' representatives in the mining industry through a process of social dialogue at the global level and at national level through a validation workshop held in India (26-27 November 2012) through which the tripartite constituents provided inputs to the guidelines. They represent a consensus position and thus provide a unique platform for collaborative action and co-operation at the national, regional, local and enterprise levels.

Much has been done by the mining industry in the more than a quarter of a century since HIV was first identified. Many mining companies, especially the major international corporations and many mining unions, took the lead in recognizing and addressing the impact that the epidemic would have on their business and in developing workplace programmes. No one, however, would claim that the problem has been resolved – on the contrary, continuing challenges include the sheer size of the epidemic in terms of numbers affected and the scale of new infections, its resistance to many of the efforts being made to control it, and the persistence of shame, denial, fear and stigmatization, as well as the misconceptions surrounding it.

- At the end of 2011, the HIV epidemic accounts for 34 million people living with the virus, and 1.7 million AIDS-related deaths among adults and children[4].
- Even though effective treatment is available and the costs of purchasing the necessary drugs are falling, the epidemic will be with us for a long time. Policies and practices have to be put in place to contain and roll back the disease over the coming decades. For the moment, there is no cure or vaccine for HIV. We can only treat it and seek to prevent its spread.
- The fear of stigma and discrimination however remains a major obstacle to both prevention and care. Due to fear of negative consequences, far too few people are going for voluntary confidential HIV testing to learn their HIV status, so uptake of prevention messages and treatment opportunities is undermined.

With antiretroviral (ARV) treatment, there is no longer any medical/scientific reason why persons living with HIV (PLHIV) should not go on to lead long, productive and fulfilling lives, remaining in employment for an indefinite period of time. The challenge is to turn this potential into reality.

The workplace is ideally placed to contribute to effective national responses through a combination of education for prevention, the practical provision of care, support and treatment either directly through workplace occupational health services, or through referral to services available in the community.

World of work structures offer a number of possibilities for the integration of HIV interventions in existing structures and ongoing programmes, thus enhancing relevance, effectiveness and sustainability. These include: occupational safety and health structures; the labour inspectorate; industrial tribunals; employment creation and skills development programmes, especially for young people; social protection interventions; tripartite committees and organizations of employers and workers.

In a sector such as mining, where workers are disproportionately affected by TB, because of their working and living conditions. HIV infection also increases the rate of progression of TB. Any HIV programme needs to take into account TB prevention and treatment and the fact that HIV has contributed to the re-emergence of TB in many parts of the world. Early treatment of TB in people living with HIV (PLHIV) improves their ART effectiveness. These guidelines consider the need for improved collaboration between TB and HIV programmes as well integrating TB responses in HIV programmes which will lead to more effective control of TB among people living with HIV and better control of HIV among TB patients. These guidelines are part of a network of agreements and initiatives at all levels, and draw heavily on the International Labour Organization's (ILO) international labour standard, the Recommendation concerning HIV and AIDS and the World of Work, 2010 (No. 200), which builds upon the ILO Code of Practice on HIV/AIDS

4 UNAIDS Report on the Global AIDS Epidemic, UNAIDS, 2012

and the world of work (hereinafter the ILO Code of Practice). These guidelines also make reference to relevant ILO Conventions and Recommendations, particularly to the Discrimination (Employment and Occupation) Convention, 1958 (No. 111). Similar agreements have been reached by the social partners in other sectors and declarations have been made covering all employers and trade union organizations at the global level[5].

The guidelines are also situated in the context of HIV/TB responses at national and international levels. Their primary objective is to help countries achieve universal access to HIV prevention, treatment, care and support, as agreed by the UN General Assembly in June 2006 and the 2011 Political Declaration on HIV and AIDS adopted at the UN General Assembly High Level Meeting on AIDS from 8–10 June 2011 in New York

5 The full text of the 2003 IOE – ICFTU Declaration on HIV/AIDS is annexed. It should be noted here that the ICFTU is now the ITUC.

Finally, the guidelines also draw on and refer to the HIV/AIDS Guide for the mining sector produced by the International Finance Corporation in 2004.

In many countries the mining sector tends to report higher than average HIV prevalence levels. These guidelines provide a framework to analyse the principal risk factors and tailor policy and programmes to the nature and the needs of the industry to reduce HIV vulnerabilities. They provide the basis for policy development and collective bargaining, but are intended to be adapted to the circumstances of different countries and the characteristics of specific workplaces.

HIV, AIDS and TB and the mining sector

A number of factors combine to make the mining industry, the people who work in this sector and the surrounding communities, particularly vulnerable to HIV and TB infection.

- Mining is a primary industry where location is determined by geological factors. Mines are often situated in remote areas, far from major centres of population and the infrastructure which accompanies urban life.
- As a result, the workforce in the mining sector is comprised of a high percentage of migrant workers who live far from their homes, families and communities. Mining communities, despite the efforts made by a number of employers, often lack the local facilities and services available in less remote areas.
- Mining, despite being automated to varying degrees, remains hard physical labour, and workforces are predominantly male. Mining is also skewed in favour of younger workers. These features tend to encourage risk-taking behaviour.
- Mining is a major activity in a large number of developing countries, many of which have rich mineral deposits, low labour costs and a lack of other industries. These countries are also often the hardest hit by the HIV pandemic.
- The mining sector is associated with a high prevalence of TB partly due to silicosis resulting from prolonged exposure to silica dust in mine site – especially in gold mines.
- Furthermore, high rates of HIV transmission combined with confined, humid, poorly ventilated working and living conditions further increase the risk of TB among mine workers.
- The need is to ensure that HIV/TB policies for the mining sector are effectively developed and implemented, they need to take into account not only the formal mining sector, but also the needs and concerns of workers employed in locally-owned, sometimes informal mines and mines owned by large national or trans-national corporations.

II Scope and target audience

These guidelines provide a framework for the development, adoption, effective implementation and monitoring of policies on HIV, AIDS and TB for the mining sector. They are general in nature, providing a sound basis for developing HIV/TB policies through collective bargaining at the national, industry, company and workplace levels.

The target audience covers all the stakeholders involved in the mining industry, including employers and workers, their organizations and representatives at the national, industry, company and workplace levels; including chambers of mines, mining companies and subcontractors which work in the sector, as well as public authorities, national AIDS authorities and members of communities where mining is carried out.

The text of the guidelines has been kept as concise and clear as possible and an effort has been made to make the language used accessible to all. In order to ensure the broadest possible scope of application, the ILO will promote dissemination of the guidelines in local languages and their wide circulation to all stakeholders.

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III Guiding principles

These guidelines are based on the general principles established in the HIV and AIDS Recommendation, 2010 (No. 200), which expands upon the ten key principles set out in the ILO Code of Practice. The key principles established in Recommendation No. 200 can be summarised as follows:

- 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 are workplace issues** which should be included as essential components of the national, regional and international response, with the full participation of organizations of employers and workers. HIV and AIDS are workplace issues because they have a significant impact on the workforce. Moreover, the workplace can play a vital role in preventing the spread and mitigating the impacts of the epidemic.
- **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, particularly given that fear of stigma and discrimination acts as a deterrent, preventing many workers from seeking information on HIV prevention, voluntary testing and treatment. Therefore, preventing HIV-related discrimination supports prevention efforts.
- **Gender equality**. Women and girls are at greater risk and more vulnerable to HIV infection and are disproportionately affected by the epidemic than men and boys as a result of gender inequalities. As a consequence, Recommendation No. 200 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**. The workplace should be healthy and safe for all workers, to prevent transmission of HIV in the workplace. Workers should benefit from programmes to prevent specific risks of occupational transmission of HIV and related transmissible diseases, such as tuberculosis;
- **Social dialogue**. A successful policy and programme on HIV and AIDS and the world of work should be based on cooperation and trust between employers, workers, and governments, with the active involvement of workers infected and affected by HIV and AIDS.
- **No mandatory HIV testing for purposes of employment**. HIV testing or other forms of screening should not be required of workers, including migrant workers, job seekers and job applicants, nor should they 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**. Workers, their families and dependents should enjoy protection of their privacy, including confidentiality related to HIV and AIDS, particularly in relation to their own HIV status. There is no justification for asking job applicants to disclose HIV-related personal data nor should co-workers be obliged to reveal such personal information about fellow 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 accommodation if necessary, for as long as they are medically fit to do so.
- **Prevention**. Prevention of all means of transmission is a fundamental priority. The social partners are in a unique position to promote prevention efforts through providing information, education and support for behaviour change in and through the workplace. HIV infection is preventable and a variety of strategies, appropriately targeted to national conditions, should be adopted to encourage changes of behaviour, knowledge, treatment and the creation of a non-discriminatory environment.

- **Treatment, care and support**. Workers, their families and dependents should have access to and benefit from prevention, treatment, care and support in relation to HIV and AIDS, and the workplace should play a role in facilitating access to these services.
- **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 those related to labour, education, social protection, health and HIV and AIDS.

Three major factors that need to be considered to translate these principles into practice are:

- 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; and
- The workplace is a uniquely effective entry point for addressing HIV prevention, treatment, care and support

Experience has clearly demonstrated that the only effective means to implement sweeping change in any social context – including the workplace – is through information sharing, consultation and negotiation to reach agreements which build cooperation and consensus for coordinated action.

IV Rights and responsibilities

Due to the different roles played by all stakeholders in the mining sector (such as employers and their representatives, industry associations, workers and their representatives, contractors, suppliers, customers, local communities and public authorities including mining and labour ministries), these different actors should be aware of their rights and responsibilities and act accordingly.

The primary responsibility for delivering treatment to those living with and affected by HIV rests with the public health authorities. Nevertheless, in mining locations which are so remote as to be beyond the practical reach of public health authorities, mining companies should make their infrastructure available for testing and referral of HIV positive cases, and the distribution of treatment, care and support services. Institutional collaboration with public health system should be in place for delivering quality treatment, care and support services to people living with HIV.

In order to successfully tackle the HIV epidemic in the mining sector, two principles have to be acknowledged and steps should be taken by all parties to promote their implementation:

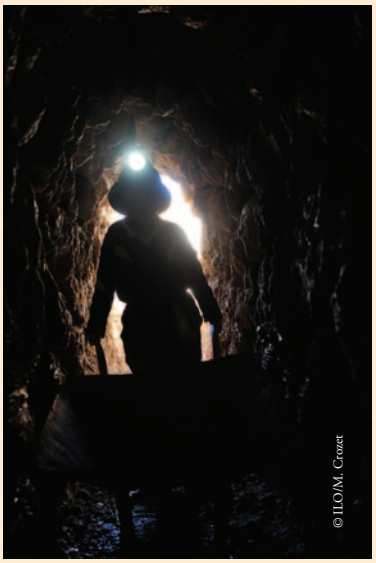
- ➔ Universal access to comprehensive prevention programmes, treatment, care and support.
- ➔ Freedom from stigma and discrimination on the basis of real or perceived HIV status.

COAL SECTOR UNIONS' RESPONSE TO HIV AND AIDS IN INDIA

A global trade union in partnership with its Indian affiliate, with Coal India Limited and ILO responds to HIV and AIDS

Between 2008 and 2012, the International Federation of Chemical, Energy, Mine and General Workers' Unions[6] (ICEM) - a global union - worked in India through its affiliate - the Indian National Mineworkers' Federation (INMF), comprising unions from mining (coal and diamond), chemical, and cement sectors to plan a comprehensive response to HIV and AIDS. ICEM[7] and INMF sought technical assistance from the ILO for developing a strategic approach, to design training of trainers, communication and training materials and facilitate linkages with employers and State AIDS Control Societies.

As first step, a strategy was designed through the engagement of representatives from Coal India Ltd, people living with HIV, National AIDS Control Organization (NACO) and Delhi State AIDS Control Society.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In order to build a pool of resource persons that could manage the programme a first training of master trainers was organized, in which doctors from the Coal India, West Bengal State AIDS Control Society and network of people living with HIV also participated.

As second step, INMF also met with the management of CIL, to seek their engagement, which was assured by the CIL Director Personnel.

Training of trainers was scaled up to reach 110 master trainers by INMF, including 23 women master trainers. "The first trainer training programme that we conducted in August'08, we had nominations from only two-three coal companies. This subsequently increased to nominations from all companies. This shows success of our collective effort" shared Mr. B.K. Das, General Secretary of the Indian National Mineworkers' Federation INMF.

Master trainers, in collaboration with the company management and doctors, trained 743 peer educators (618 from Coal, 70 from Cement, 30 from Chemical and 26 from Diamond) till 2012. This cadre of trainers undertakes regular programmes for workers and their families. Workers are referred for counselling and treatment facilities of the company as well as those set up in the government hospitals. "Integrated Counselling and Testing Centres in the Dhanbad have reported an increase in the uptake. Part of this can definitely be attributed to the effort of this programme," says Dr. Anurag Verma, the Deputy Chief Medical Officer of Bharat Coking Coal Ltd (BCCL) in Dhanbad in the state of Jharkhand.

The project is a good example of partnerships between a global union, its national affiliate and the mining company.

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6 Since the June, 2012 merger with the International Metalworkers' Federation and the International Textile, Garment, and Leather Workers Federation, the ICEM's successor is IndustriALL Global Union

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V Processes

At the national level

These guidelines should be translated into practice through collaboration between employers' and workers' organizations at the national level. The creation of tripartite/bipartite HIV and AIDS Committees at the national or sectoral level may also be a valuable initiative.

At the workplace level

At the workplace level, these guidelines should be incorporated into policies which complement national or sectoral arrangements. Bipartite HIV and AIDS Committees should be established and full use should be made of existing occupational safety and health structures and services or employee assistance programmes.

Processes

The means used to implement these guidelines will vary depending on the structure of social dialogue in the mining industry from place to place. In general, the process used should build on the existing collective bargaining and worker representation framework, in a positive, caring manner to reinforce trust and co-operation between the social partners. Tripartite structures, involving governments as well, should be used.

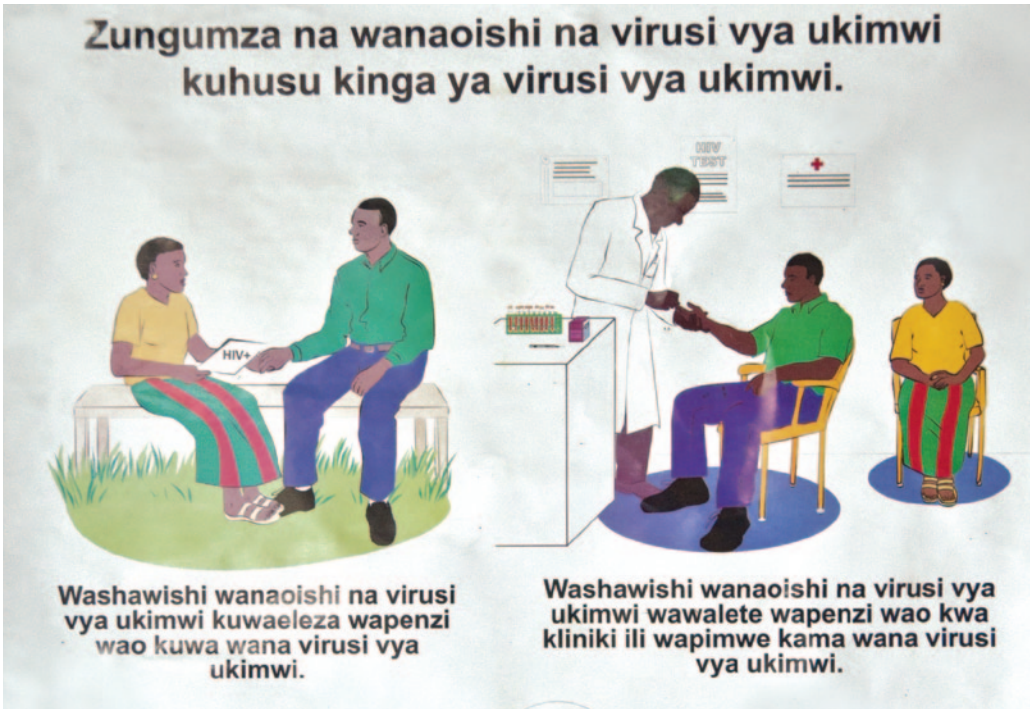
A steer on how the process might work in practice can be provided by looking at examples of already existing agreements in the mining industry which address the issues of HIV, AIDS and TB:

- In Zimbabwe, an agreement covering the mining industry has been reached between the government, employers and trade unions which demonstrates that commitment is required from the highest level in society, where leadership plays an important role in setting an example to the broader community on how HIV and AIDS can be tackled.
- In Sierra Leone, a similar agreement has been reached where efforts have been made to consult the various stakeholders and come up with process, outcome and impact indicators for monitoring and evaluating the various policy objectives. This is done in a participatory manner to engender ownership of and commitment to the monitoring and evaluation tools.
- In India, the ILO along with the Ministry of Labour and Employment has been instrumental in the development and implementation of a workplace policy and programme in the Coal India Limited, a national public sector coal mining company reaching a workforce of 360,000 people.

These agreements have been based on the checklist for planning and implementing a workplace policy on HIV/AIDS which is based on the principles of Recommendation No. 200 and are also guided by the elements contained in Appendix III to the ILO Code of Practice. This checklist recommends a number of features for committee structures:

- Committees on HIV and AIDS should be representative, with members from top management, supervisors, workers, trade unions, human resource departments, training departments, industrial relations units, occupational health units, health and safety committees, corporate social responsibility departments and persons living with HIV (subject to their agreement).
- Committees should decide their own terms of reference, decision-making powers and responsibilities. Emphasis should be on both employer and trade unions working together in close collaboration with each other. Identify existing mechanism such as licensing and contracting system to elicit the role and involvement of all stakeholders in support of HIV/TB policy and program.
- National laws and their implications for the enterprise should be reviewed.
- Committees should conduct a HIV risk and vulnerability study to understand the specific risk factors and level of risk; and assesses the impact of the HIV epidemic on the workplace and the needs of workers infected and affected by HIV by carrying out a confidential baseline study.
- Committees should establish what health and information services are already available – both at the workplace and in the local community.
- Committees should formulate a draft policy; circulate it for comment, then revise and adopt it.

- Committees should draw up a budget, seeking funds outside the enterprise if necessary and identify existing resources in the local community.
- Committees should establish a plan of action, with a timetable and lines of responsibility, to implement policy.
- Policies and programmes of action should be widely disseminated through, for example, notice boards, mailings, pay slip inserts, special meetings, induction courses, training sessions.
- Committee should monitor the impact of the policy and programs and undertake fine-tuning from time to time.
- Committees should review the policy regularly in the light of internal monitoring and external information about the evolving epidemic in the country and its workplace implications.



VI Prevention efforts

Prevention of the spread of HIV has to be made a central and intrinsic part of the mining industry's health and safety strategies. This can be achieved by addressing the following issues:

- ➔ The prevention program should be based on an understanding of HIV risk and impact of HIV amongst their workers. This should be done through gathering data through, studies and secondary data to identify specific life situations and environmental factors such as migration, lack of access to services, proximity to pockets of sex workers, and prevalence of other HIV risk behaviours.
- ➔ Raising awareness about HIV and TB in general and as a priority for the workforce in mining. Management has to create a climate of dialogue and trust to reduce stigma and discrimination. This requires openness and leadership, trusting and collaboration with trade unions.
- ➔ A responsible person should be nominated to perform the duty of planning, coordinating and reporting of program activities with the help of HIV/AIDS committee. This arrangement is useful in effective communication, providing timely technical inputs, and ensuring ownership and accountability.
- ➔ A team of trainers and educators from amongst workforce should be developed and supported by building capacity, providing time and incentive to conduct regular education sessions with the workers.
- ➔ Coordination among Human Resource Department, Corporate Social Responsibility departments, and Workers Unions is essential to maximize the impact of prevention efforts in the mining companies. Education programmes must be used to give workers clear facts on prevention and be used to dispel an environment of ignorance where myths and false information abound.

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- Encouragement of prevention through safer sex practices should be linked to broader health promotion programmes which also treat sexually transmitted diseases (STDs) and infections such as tuberculosis (TB).
- Prevention has the ultimate objective of inducing durable behaviour change and reducing risk-taking by providing workers with the information, services and skills they need to change their practices in an environment which fosters and promotes safer sex.
- Linkages should be established with the larger prevention, care and support program of government and other voluntary organizations for addressing the HIV risk related to sex work and injecting drug use in the local community.
- Community outreach programmes must form an essential part of policies on prevention and include information on prevention of mother-to-child transmission (PMTCT) and TB prevention.
- Stigma concerning HIV and AIDS can be reduced by building links to other health concerns for both men and women (such as the impact of heat in deep level mining).
- Voluntary counselling and testing also have an important role to play in the prevention, since only those that know their status can avoid spreading the disease unknowingly.

Prevention

An essential starting point for preventing the spread of HIV and AIDS is to provide good, accurate information and education on the issue. This approach also fosters greater tolerance for workers living with HIV and helps reduce stigmatization. Prevention measures can be considered from following major perspectives:

- Awareness should be raised through campaigns which integrate with broader HIV/TB information in the wider community and which dovetail with health and safety promotion with the mining industry and companies. Accurate and up-to-date information is the key to such campaigns.
- Education on HIV and TB should be provided in as interactive and participative manner as possible. Education programmes can take place in working hours and attendance should be considered part of work obligations.
- Youth friendly approaches should be used to reach young workers and teach them about HIV risk and how to protect one self.
- It is often difficult to filter out misinformation which may be considered common knowledge. Therefore, education efforts must be adapted to address cultural beliefs; to this effect, the involvement of informal health service providers, such as traditional practitioners, might need to be considered.
- All education programmes on HIV and TB should be gender-sensitive as well as sensitive to gender and sexual orientation. This means highlighting the higher risks to women, the need to redress unequal power relations, the empowerment of women in terms of their basic rights and the promotion of men's responsibilities to enhance prevention, including men-who-have-sex-with-men.
- HIV/AIDS and TB prevention must go hand in hand with other health promotion programmes dealing with issues such as substance abuse, stress and reproductive health. The higher risks of HIV infection associated with the use of contaminated needles and alcohol intoxication must be highlighted.
- Practical measures to support behavioural change must be taken, including the distribution of male and female condoms, sterile needle and syringe exchange and arrangements for effective diagnosis and treatment for sexually transmitted diseases and tuberculosis.
- Prevention of the spread of HIV has to begin as early as possible and this means reaching out to the local community and especially to schools. Such outreach programmes to the community, in partnership with local and national bodies should be encouraged, with the participation of workers. Outreach programmes should take into account the typical social interactions within the surrounding communities in order to avoid that these can negatively affect their effectiveness.

From policy to workplace programmes: the case of the mining sector in Sierra Leone

In 2006, the National AIDS Secretariat in Sierra Leone, through ILO support, engaged in a comprehensive programme to respond to HIV in the mining sector, through the active involvement of the United Mine Workers Union, two mining companies and the Sierra Leone Labour Congress. As a result, a joint labour committee was set up through a Memorandum of understanding between the United Mine Workers Union and the two mining companies (Sierra Rutile and PW Mining Companies) to coordinate policies and programmes on HIV and TB in the mining sector.

The approach used consisted of different steps:

- Policy development – Development of a national workplace Policy on HIV/AIDS for the Mining Sector to serve as a framework for individual mining companies to develop their own policies
    - The Sierra Rutile Mines, the most organized mining company in Sierra Leone, has developed its own workplace policy on HIV and AIDS
    - The policy offers also a framework to plan activities within a sector and to guide individual companies in workplace programmes interventions
- Programme development, based on the policy principles
    - Capacity building – Members of the Joint Labour Committee (12) trained as trainers and in collaboration with this committee, 25 employees from the two mining companies were trained as trainers.
    - Access to services – VCT, ART and PMTCT has been integrated into the mining companies' healthcare facilities. These services are accessed not only by the employees but the community as well
    - Continue workers' education – Grassroots miners receive continued education on HIV and AIDS through peer educators trained by the programme.

VII Care and support

In order to roll back the stigma attached to HIV and AIDS and the discrimination which results, it is vital that the mining industry build a climate of confidence and acceptance for voluntary and confidential testing for HIV ("know your status"). Only where treatment, care and support are freely and readily available can voluntary testing be effectively encouraged. Counselling services should accompany voluntary testing and under no circumstances should HIV testing be used for screening, for job applicants, employment or work allocation.

- ➔ The mining industry should work co-operatively with local public health authorities to ensure that treatment for HIV and AIDS is available and that the support structures are in place for helping patients to follow their course of treatment in a rigorous manner.
- ➔ Appropriate arrangements need to be made to meet the treatment, care and support needs of workers, matching with the level of impact of HIV or TB on their lives. Necessary collaboration and linkages must be established with the public health authorities.

- Universal precautions should become standard practice to respond to occupational exposure to HIV or TB and should be built into education and training programmes.
- As part of a comprehensive strategy for addressing HIV and AIDS in mining, the industry must reach out to build linkages with self-help and community-based groups.
- Where social security coverage is inadequate to cover treatment or care charges, companies should examine how these gaps can be filled, especially in the light of new international funding for treatment which is becoming increasingly available.
- Practices around single-sex hostels should be reviewed. Accommodation which is provided by mining companies on remote sites where there are significant numbers of migrant workers must be adequate and of decent quality.
- Where employee and family assistance programmes exist, these should be tailored to also meet the needs of persons living with HIV.
- Promoting job security in mining also contributes to addressing the challenges of providing care and support to those affected. The policy should clearly state and disseminate that the jobs are protected and secured for anybody testing HIV positive.

The mining industry should implement specific international instruments and programmes which relate specifically to the sector, as follows:

- ILO/WHO global programme on the elimination of silicosis;
- Promotion and use of a universal standard for occupational lung diseases – ILO International Classification of Radiographs of Pneumoconioses
- Promotion of TB prevention and treatment at the workplace

Care and Support

Broadening solidarity and reducing stigma are vital elements for tackling HIV and AIDS, underpinning efforts to provide care and support. Mechanisms which ensure protection for and encourage acceptance for workers who voluntarily disclose their HIV status should be created and backed up with counselling services. Treatment for HIV and AIDS can be provided both in the workplace and outside and linkages should be drawn between these locations, on the basis of partnerships between governments, employers, workers and their representatives, including other relevant stakeholders. A number of considerations should be taken into account in relation to providing care and support for workers with HIV/AIDS:

- HIV and AIDS should be treated in the same way as other diseases parity in terms of resources and focus.
- Counselling support should be made available either inside or outside the enterprise with time off and at no cost to the worker.
- Enterprises should make treatment available for workers for HIV and AIDS where possible, including facilitating the provision of antiretroviral drugs.
- Linkages to self-help and community groups should be encouraged.
- Benefits mechanisms may need to be adapted to workers living with HIV and should be available no less favourably to these workers.
- Workers living with HIV must not be excluded from social security programmes and occupational health schemes.
- Information relating to counselling, care, treatment and receipt of benefits must be kept confidential, along with medical records.
- The scale of the HIV epidemic and its impact on communities means that employee and family assistance programmes may be necessary to keep families afloat, especially where the caring burden, which falls mainly on women, is so great.

VII Training

Education and training on HIV and TB must be mainstreamed within the mining industry's overall training effort. Training resources and approaches need to be adapted to cultural and socio-economic contexts, be gender and age sensitive and involve people living with HIV.

Training needs to be targeted and adapted to the people receiving it. Training on HIV and TB should be integrated with overall training strategies in the industry, enterprise and workplace with good materials, drawing on case studies and using best practice training techniques, such as making the most effective use of peer educators.

As a starting point, senior management in the decision making level should be sensitized on the need for policy and program and how they can benefit from that. Following this, designated workers from different departments and locations could be trained as master trainers through a structured training of trainers program. Thus, create a sustainable pool of training resources to train other trainers and peer educators.

The sector should make use of existing training programs offered by the public health authorities for regular and update information and guidelines on the national programs and guidelines.

Specific education and training policies should be designed for the following:

- Managers, supervisors and personnel officers.
- Training of trainers and peer educators.
- Workers' representatives (in consultation with or via workers' organizations).
- Line managers
- Health and safety officers
- Occupational and other health professionals
- Labour inspectors

Periodic joint updates with workers and line managers should be carried out to keep training programmes tuned to real needs.

IX A step-by-step approach to formulating policies and action programmes in the mining sector

A step by step approach is presented below to provide an example of an action framework based on:

- Policies formulated on the basis of the HIV and AIDS Recommendation, 2010 (No. 200), the ILO Code of practice that guide the development of national HIV and AIDS programmes;
- An HIV, AIDS and TB programme supported by policies for prevention, voluntary counselling and testing, and care and support for the mining sector; and
- A follow-up and evaluation system.

Step 1: Collecting information on sectoral, national and global HIV and AIDS policies and programmes

At the national level:

Legal and policy regulations should be reviewed to assist in policy formulation. The following documents should be examined, if available:

- National HIV/AIDS and TB policy;
- National TB framework or policy
- National TB programme
- National strategy on HIV and AIDS; and any other national documents on HIV/AIDS and TB.

At the sectoral level:

- National policy on HIV/AIDS and TB at the workplace;
- Sectoral policies or strategies on HIV/AIDS and TB; and
- Enterprise level policies on HIV/AIDS or wellness at the workplace.

The following resources could prove useful to assess the impact of HIV/AIDS and TB in the mining sector:

- National prevalence data;
- Anonymous HIV-prevalence surveys;
- Statistical surveys of the impact of HIV/AIDS and TB;
- Surveys of the economic impact of HIV and AIDS;
- KABP (knowledge, attitude, behaviour and practices) surveys;
- Statistics by corporate health services; and
- Mining sector data, research and analyses.

This information is usually available from the following sources:

- National and state offices of HIV/AIDS or TB programmes;
- National and state offices of mining departments;
- Local government offices;
- Public-sector health services;

- Non-governmental organizations working on HIV and AIDS;
- World Health Organization offices;
- Occupational Safety and Health departments;
- Current structures overseeing the national or regional programs dealing with HIV and AIDS in workplaces.

ILO, WHO and UNAIDS publications on HIV/AIDS and TB can also provide additional references.

Step 2: Taking action specifically in the mining sector, taking into consideration specificities and key target groups

a. Identifying the target groups of policies and programmes to respond to HIV and AIDS; and

b. Undertaking a preliminary survey at the workplace

The aim of this step is to identify the target groups of the action; to determine the appropriate instruments for reaching the target groups; and to conduct a preliminary survey of the workplace to analyse existing HIV and AIDS and health programmes and policies.

Target groups should be identified on the basis of their risk of HIV infection...

	Target groups	Risks/Vulnerabilities	Means available for reaching target groups
Governments			
Workers' organizations			
Employers' organizations			
Surrounding community			
Sub-contractors/supply chains			

Step 3: Identifying potential programme partners

The goal of this step is to create partnerships. By establishing a list of potential partners at the national, regional and sectoral levels, and within political institutions and different community organizations, crucial strategic partnerships can be set up, which can help to make new programmes and policies more effective and viable.

Potential partners include the following:

- ➔ Regional offices of the national HIV/AIDS or TB programme;
- ➔ Public health structures offering services related to HIV/AIDS or TB (to establish reference mechanisms);
- ➔ Private health services offering services related to HIV and AIDS, and on TB (to establish reference mechanisms);
- ➔ Non-governmental organizations active in responding to HIV and AIDS (at the international and local levels);
- ➔ Civil society organizations active in the HIV and AIDS response;
- ➔ Networks of people living with HIV;
- ➔ Community-based health services;
- ➔ Regional, national or sectoral multilateral enterprises;
- ➔ Chambers of Commerce
- ➔ Informal sector or small business operating in connection with mining companies (sub-contractors, or parallel businesses operating within the same community)
- ➔ Trade unions of the mining sector and other sectors concerned,

Following consultations, and depending on their knowledge, skills and area of influence of every partner, a joint action plan will be developed, indicating areas of responsibility that are most appropriate to each of these partners.

The following table gives an example of what this step should accomplish:

Key Potential partners	Knowledge and skills	Responsibilities in the partnership
Chambers of Commerce		
Public health structures offering services related to HIV and AIDS or TB		
Trade unions of the mining sector		
Surrounding community		
Enterprise departments dealing with Safety and health/medical, employee welfare, or corporate social responsibility		

Step 4: Advocacy, outreach and awareness-raising on HIV and AIDS and related policies at the workplace

The goal of this step is to strengthen cooperation and support for interested parties to ensure long-term viability and facilitate the implementation of policies and programmes.

Cooperation and support at all levels are essential. Thus advocacy and outreach activities should target at least the following three key groups:

- ILO constituents: ministers of labour, ministries of mines and organizations of workers and employers, at the national and sectoral levels;
- Any tripartite/bipartite advisory council or committee existing at country level or sector levels and dealing with mining issues;
- The identified target groups such as government, workers, businesses and employers.

ILO constituents at the national and sectoral levels:

Advocacy, outreach and awareness-raising must be undertaken with countries' representatives at the ILO to ensure good participation and cooperation at the highest level. Advocacy campaigns can be addressed in particular at ministers of labour and mining and the organizations of workers and employers, as well as contact persons for issues related to HIV and AIDS; labour inspectorate departments working in businesses or the mining sector; departments dealing with TB issues, the staff of occupational safety and health structures at workplaces linked to the three main stakeholders, governments, workers and employers; or any other person active in the HIV response.

It is also very important to target key actors in the mining sector. It might thus be useful to contact the ministries in charge of the mining sector, sectoral committees or councils and the organizations of workers and employers in the sector present in the country or region. Existing program planning and advisory structures need to be involved in including mining sector for initiating appropriate actions.

Step 5: Assessing and improving existing workplace policies and programmes related to HIV and AIDS and health

The aim of this step is to identify all possible ways of improving existing workplace policies and programmes related to HIV and AIDS and health, including TB, or of developing and implementing such programmes and policies (if there were none) in the workplace, as outlined in the preceding steps. The ultimate objective is to establish appropriate, stable, long-term programmes and policies to address HIV and AIDS at the workplace.

To this end, the following must be clarified:

- ➔ Are there existing health-related workplace policies or programmes?
- ➔ Are there existing workplace policies or programmes addressing HIV and AIDS and/or TB?

If the answer to the first question is 'yes', activities to address HIV and AIDS should be incorporated into existing health programmes or policies. If the answer to the second question is also affirmative, existing programmes or policies should be assessed to identify any aspects that might need to be modified.

By taking into account what is already there and not attempting to introduce a completely new policy or programme, duplication and repetition can be avoided and regulations made more horizontal. It is thus preferable to consolidate and revise existing instruments for responding to HIV and AIDS with a view to making them more viable and more appropriate to the sectoral, regional and national environment.

If not, the preceding steps should be carried out diligently to ensure that the programme or policy formulated is implemented successfully. Provided that the environment, i.e. the workplace, and the instrument, that is the relevant policy or programme, are approached as described above, successful completion of the process is highly likely.

Key steps for mining companies/actors to help develop workplace policy interventions (WPI):

Step1: Convene a meeting with top/senior management to discuss HIV and AIDS:

- To understand perceptions on HIV and AIDS
- To finalize the process of developing the mining sector response to HIV and AIDS. Expected output/management decision.
- To nominate a focal point [coordinator] within the enterprise to coordinate the HIV response.
- To set up an internal committee or wellness committee to develop a policy and work plan for the enterprise
- To seek necessary technical partnerships.

Step 2. Organize training of focal point/coordinator and committee members:

- The coordinator [focal point]/committee members will require training in the basics of HIV/AIDS and TB, an overview of the National AIDS Control Programme and its components, national policy, process of developing enterprise policy, understanding of key principles of the policy, organizing meetings of AIDS Committee (or Wellness Committee), development of work plans, programme monitoring and evaluation (M&E).
- In addition to the training, a visit to an enterprise engaged in the WPI/PPP and interaction with key programme implementers would be useful.
- Expected output: Coordinator trained and draft policy and work plan developed.

Step 3. Organize meeting (s) of Internal/Wellness Committee (IC):

- IC meetings to approve the work plan and policy. The work plan will have specific objectives, activities and indicators for performance. It may take a few meetings to approve the policy.
- Expected output: an approved work plan and policy in place.

Step 4. Implementation of annual work plan.

- Include elements of Behaviour Change Communication (BCC) approaches, peer educator training, enhancing access to services, effective dissemination of policy and other elements as per the work plan.
- Expected output: outputs as per the work plan implemented.

Step 5. Programme M&E.

- Coordinator collects data, prepares progress reports and presents the progress in the meeting of IC.
- Specific KABP (knowledge, attitudes, behaviour and practices) surveys can be undertaken as contained in the work plan.
- An internal system of M&E.
- Expected output: review of progress against key process and impact indicators.

The table below gives an example of how HIV and AIDS can be integrated into existing health policies or programmes at the workplace:

Health-related workplace policies and programmes	Instruments for integrating HIV and AIDS
Is there a contact person or coordinator at the workplace?	If yes, explore the possibility of training the person to implement activities related to HIV and AIDS. If no, train a person assigned specifically to HIV and AIDS
Is there a monitoring and evaluation process for these policies and programmes?	Explore the possibility of including indicators related to HIV and AIDS.

Step 6: Implementing the programme

Effective implementation begins with clear identification of the target groups.

Three elements should be considered: identification of the target groups, implementation of the programme, and the activities.

Identifying target groups on the basis of a workplace survey:

- ➔ Define the programme objective by identifying the problem and the programme's impact on beneficiaries and others in the surrounding community;
- ➔ Identify the programme objectives.

Implementing the programme on the basis of the preceding steps

- ➔ Information on HIV/AIDS and TB is appropriate to the context;
- ➔ A certain number of businesses/ workplaces has been identified;
- ➔ There is sound management support for workplace programmes on HIV/TB in the businesses/workplaces identified (step 3);
- ➔ Partners have been clearly identified (step 4);
- ➔ Existing workplace programmes on HIV/TB have been assessed (step 5);
- ➔ A preliminary survey has been conducted in the businesses/workplaces identified (step 6).

Taking these steps will help to reduce stigma and discrimination associated with HIV and AIDS and will protect the rights of people to work, to access treatment and live a life of dignity. Mining sector actors can design the HIV care and support programmes with PLHIV networks. Greater inclusion will also create an enabling environment for workers living with HIV (PLHIV) and their families.

A Programme for prevention of HIV and AIDS[1] in the mining sector:

a. Behaviour Change Communication

- Begins with advocacy targeting management, unit heads and other key stakeholders in the enterprise. Key changes expected as a result of advocacy are: development of a workplace policy, nomination of a focal point, establishment of an internal committee, allocation of a budget for the programme, endorsement of an enterprise work plan on HIV and AIDS and review of implementation of the work plan.
- Formative assessment is the next step to understand the existing levels of knowledge, attitude, behaviours and practices among employees. It leads to developing a BCC strategy based on a n audience-message-media matrix and an action plan.
- Education and Training at all levels, following a peer education approach.
- Development and use of communication materials.

b. Enhancing access to treatment for STIs and condoms:

- Early diagnosis and treatment for STI and condom education are successful prevention strategies for HIV.
- Enterprises having their own medical set-up can integrate counselling and treatment for STIs.
- Enterprises can set up referral linkages with nearby government/NGO facilities and inform the workers about it.
- While condom education should be part of BCC efforts, enterprises can set up condom outlets or condom vending machines at their workplaces. Partnerships with National AIDS Committee can be established for this purpose.

1 "A Training Manual for Enterprises on HIV/AIDS Workplace policy and programmes and Public Private Partnerships", produced by the ILO India HIV/AIDS project in 2009. www.ilo.org/hivaidsindia

Keep in mind the following points when implementing HIV and AIDS-related programmes at the workplace:

- ➔ Programmes should aim to reduce the impact of HIV and AIDS on the lives of people living with HIV or at risk of infection;
- ➔ Workplace programmes on HIV and AIDS should be developed on the basis of existing workplace programmes;
- ➔ Any business - regardless of its size - can put into place some of the components of workplace programmes to prevent HIV and AIDS.

Step 7: Monitoring and evaluation

Monitoring and evaluation are part of any workplace programme on HIV/TB and should be incorporated in the project at the planning stage. The aim of this step is to ensure that programmes are monitored using appropriate indicators signalling the spread of the epidemic at the workplace, the number of infected people, the rate of sick-leave, etc. Gender-specific information is a key element of the monitoring and evaluation.

To assess long-term change, project evaluation surveys should be conducted at specific intervals.

The following points should be borne in mind:

- ➔ By integrating HIV and AIDS indicators into policies and programmes, the programme and its impact on target groups can be assessed regularly;
- ➔ Monitoring and evaluation activities should include tracking progress of the workplace programme activities implemented through trained pool of trainers, locally implementable assessment activities with the target groups, periodic assessment of knowledge and skills of team of educators, and extent to which the national guidelines adapted taking into consideration field realities.
- ➔ If possible, these key indicators should be integrated into other performance indicators of the business such that they are also considered performance indicators;
- ➔ Gender-disaggregated data should be used to ensure that programmes meet the needs of both men and women.

Examples of monitoring and evaluation indicators are shown below:

	Core issue	Indicators
Output	HIV and AIDS-related activities	% of workers (women and men) contacting health services about HIV and AIDS (counselling, testing, care and support)
		% of workers (women and men) having undergone voluntary counselling and testing
		Number (per cent) of peer educators (women and men) trained
		% of workers (women and men) informed about HIV and AIDS and related health issues
Results	Reducing the impact of HIV and AIDS on the workforce	% of workers (women and men) found to be HIV-positive during testing to determine HIV and AIDS prevalence
		% of sick workers (women and men)
		Rate of new infections

Examples of HIV and AIDS-related indicators:

- Number (per cent) of workers (women and men) well informed about the risks of HIV infection
- Number (per cent) of workers (women and men) well informed about HIV and AIDS symptoms
- Number (per cent) of workers (women and men) having consulted health services in relation to HIV and AIDS.
- Number (per cent) of HIV and AIDS diagnoses (women and men)
- Number (per cent) of workers (women and men) receiving treatment for HIV and AIDS
- Number (per cent) of workers (women and men) living with HIV not receiving treatment
- Number (per cent) of workers (women and men) who have died from AIDS
- Number (per cent) of workers (women and men) receiving financial benefits for health reasons.

Annex 5

FIGHTING HIV/AIDS TOGETHER

A PROGRAMME FOR FUTURE ENGAGEMENT

The International Organisation of Employers (IOE) and the International Confederation of Free Trade Unions (ICFTU) jointly recognize the direct impact of the HIV/AIDS pandemic on the world of work. This joint statement gives voice to that mutual recognition, hereby calling on IOE and ICFTU affiliates and their member enterprises and trade unions, wherever located, to give the issue the highest priority. Efforts need to continue to be mobilized to fight this disease and its consequences. There is no room for complacency. We also call on both to work together to generate and maintain the momentum necessary for successful interventions.

HIV/AIDS has already devastated many countries and communities and is spreading rapidly in others. Workers' and employers' organizations need to recognize the common interest that exists on this issue and co-operate at both the workplace and at the national and international level to promote effective action to address this unprecedented public health crisis. We cannot afford to do anything less.

In addition to the destruction of communities and families, HIV/AIDS is reversing development in many countries, threatening the survival of workers and enterprises. Efforts to address the pandemic must therefore continue to be intense and must strategically target countries and regions where it can have the most impact.

Our work in this area will be built around the *ILO Code of Practice on HIV/AIDS and the World of Work*. That code is comprehensive and covers areas of education, prevention, training, assistance, workers' rights, issues of discrimination, occupational health and safety, and many other areas. It was developed through tripartite consensus and the ICFTU and the IOE played an important role in its adoption. It forms a sound basis for workplace partnerships as well as for effective action on HIV/AIDS beyond the workplace.

There are many examples of successful co-operation between employers and trade unions in the fight against HIV/AIDS, particularly in Africa. As recently as 7-9 April, 2003, in order to support such co-operation, the African Regional Organisation of the ICFTU organised a conference in Nairobi, with the full and active participation of the IOE, on the theme "Workers and Employers Together Against HIV/AIDS". The IOE and the ICFTU are convinced that employers and trade unions, working together and building on that experience and expanding co-operation in Africa as well as across the globe, can accomplish a great deal more, achieving greater results together than either can produce separately.

One strategy for implementing our efforts is to target population groups that are at high risk of contracting the virus. Such target groups include young people between the ages of 15 and 24, who represent one-sixth of the world's population, yet represent half of all HIV infections. The ICFTU and the IOE intend to continue to focus on youth and urge our respective national affiliates to do everything in their powers to stop the spread of HIV/AIDS among young people as one of the keys to controlling the disease.

There are also important gender dimensions to this problem, particularly among young people. In sub-Saharan Africa, for example, young women are five times more likely to contract HIV/AIDS than young men. Due to the devastating economic effects of the disease, people are forced to adopt survival strategies, which contribute to this vicious cycle. There are many other high-risk groups to focus on as well, especially migrant workers.

The ICFTU is working with its partners in the international trade union movement, the Global Union Federations, representing national trade unions grouped by sector and occupation. Several of them are already carrying out work in this area, often jointly with employers. This work must and will be expanded. It is also working with its national affiliates and its regional organizations, particularly in Africa.

The IOE is working closely with a number of its national affiliates and will intensify this work. Its recent publication with UNAIDS titled "Employers' Handbook on HIV/AIDS: A Guide for Action" looks to assist employers by sharing good practice/best practices in support of the ILO code of practice. It is also expanding its outreach to other international and regional groupings of employers. Similarly, the African Regional Organization of the ICFTU has developed and is using "A Training Manual for Shop Stewards on HIV/AIDS in the Workplace."

Given the nature of the virus and its direct impact on industry, the IOE and the ICFTU, both independently and in collaboration, acknowledge and stress the crucial added value of labour-management co-operation to combat its spread. In addition to promoting common efforts, including partnerships in support of sustainable development, we will work for effective tripartite action to help bring solutions to a whole series of problems that cannot be resolved by workplace action alone. Both approaches are vitally and urgently needed if victory over this terrible affliction is to be won.

The ICFTU and the IOE will encourage governments in developing and developed countries alike to take a comprehensive view of both the causes of current problems and the most effective ways to address them. Such a comprehensive approach should focus on healthcare delivery systems and infrastructure development, including education, international funding to help poor nations meet their healthcare needs, and effective and safe use of the best health care interventions, which include innovative medicines, in particular the quest for an AIDS vaccine, which offers the best hope ultimately to stop and reverse the spread of the pandemic.

As part of their joint commitment, both ICFTU and the IOE will explore opportunities to identify and develop joint action programmes. These will be done in partnership with their national members and will look to build on the efforts and initiatives taken to date at the workplace but which will, at the international level, seek to both increase the profile of the problem as well as looking to increase the resources available to fight this pandemic.

Antonio Peñalosa
Secretary General, IOE

Guy Ryder
ICFTU General Secretary

May 12, 2003, Geneva

The IOE and the ICFTU are the most representative employers and workers' organisations in the world. The IOE represents 137 national employers' organisations from 133 countries. The ICFTU has 231 affiliated national trade union centres in 150 countries representing 158 million members.

www.ioe-emp.org
www.icftu.org

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