

# HIV/AIDS and port workers

A resource pack for unions



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# Introduction to the resource pack

*The ITF is an organisation representing the best interests of transport workers around the world; it would be impossible to fulfill that role without addressing the issue of HIV/AIDS. This is a union issue. How we approach dealing with this disease must be unifying for transport workers across all sectors and also take into account the unique elements of each workforce. We must fight stigma, we must put the dignity of transport workers living and working with HIV/AIDS at the forefront of our work and we must not try to use a one size fits all approach. This resource pack has been developed specifically for ITF dockers' unions in recognition of that.*

**Paddy Crumlin, chair of the dockers' section committee and ITF president**

The ITF is committed to taking action on HIV/AIDS for the benefit of our affiliates, their members, and transport workers and their families everywhere.

Our strategy is to provide information and support on a global basis, across all sectors, while seeking to identify and analyse the specific risks and needs of each sector. To this end we have carried out surveys and – on the basis of their findings – put programmes in place.

The survey of ports and port workers (2011) revealed a range of needs among the membership as well as interest and commitment on the part of affiliates to take action. Union officials in 29 of the 33 affiliates who took part in the survey asked for ITF assistance in starting or expanding HIV/AIDS activities for members and developing policies or agreements for their workplaces.

Taking account of the survey findings, the dockers' section of the ITF has decided to establish an HIV/AIDS programme for the ports sector. This will be linked to the ITF's global and regional AIDS programmes, but focus on guidance specifically adapted to the needs of unions on the docks and in ports. It will concentrate on practical HIV/AIDS activities for the benefit of port workers, their families and communities, and help affiliates adapt these to local conditions and needs.

What has emerged clearly is the importance of making connections between different industries and branches in the world of transport. Just as HIV doesn't recognise geographical boundaries neither does it respect industrial demarcation lines. The ITF will therefore help its affiliates to focus on the dynamics of the epidemic in their own sectors at the same time as facilitating contact and collaboration among them, especially in the same countries and sub-regions.

Materials will be developed and activities organised to offer support in two main areas:

- i) Negotiating collective agreements or workplace policies on or including HIV/AIDS, in order to protect rights, combat stigma and promote prevention, care and treatment.

- ii) Providing education and support for workers through a network of AIDS focal persons at the workplace and teams of peer educators.

Another important focus for action is to contribute to the implementation of key international standards and agreements – in particular ILO Recommendation 200 concerning HIV and AIDS in the world of work (2010) – and use them to support advocacy, negotiation and union activities.

The ITF stands ready to offer support to our affiliates in the face of this complex and dangerous disease as long as it takes for the epidemic to be brought under control and finally eliminated. We will continue to work in partnership with employers and other interested parties, especially the ILO, UNAIDS and other global unions at international, regional and local levels.

This resource pack is a first and important step. We would like to thank Susan Leather for helping us compile it. We would also like to thank all affiliates and activists who contributed to its production.



**Paddy Crumlin**

*Chair, dockers' section committee*



**Paula Hamilton**

*Assistant secretary, dockers' section*



**Dr Syed Asif Altaf**

*Global HIV/AIDS programme coordinator*





## HIV/AIDS, transport workers and the ITF

Most of the 33 million people living with HIV worldwide are workers. Unlike almost all other diseases HIV is concentrated in the adult working population. This means that families are losing their breadwinners, workplaces their labour force and economies their most productive members.

Some regions, groups and sectors are more affected than others. Transport is one of the sectors most affected, and for this reason the International Transport Workers' Federation (ITF) has risen to the challenge of creating a programme to help protect the rights, health and livelihoods of our members in the face of HIV and AIDS.

The ITF represents the needs and interests of four and a half million transport workers in over 750 unions in 154 countries. As these needs evolve, so do the support and guidance offered by the ITF. The AIDS epidemic has been a major concern to the ITF for well over a decade.

Transport workers in many regions and industries experience difficult working conditions which impact on their health and welfare. Work schedules and accommodation are often poorly managed and there tends to be little care for the well-being of workers or respect for their rights. Information and education on occupational safety and health, including HIV prevention and care, are generally lacking.

Not all workers in the transport industry are mobile, but these issues affect them all. Contacts between mobile and non-mobile workers take place in all transport sectors and are a factor of risk. Several studies show higher than average HIV prevalence in port cities. The Philippines supplies the highest number of global seafarers and is one of only nine countries where HIV rates are increasing, according to the 2012 UNAIDS Report on the global AIDS epidemic. HIV prevalence among seafarers is related more to the time spent in port than at sea.

The ITF sees the workplace as a gateway for access to HIV prevention, treatment and care. It first took action in 1999, at the request of affiliates in the road transport sector. It commissioned research into HIV risk among truck drivers in East Africa and then put a project in place with support from the Dutch trade union centre, FNV Mondiaal.

In 2006 the ITF launched a global programme to help affiliated unions in all regions tackle HIV/AIDS through their core activities, including collective bargaining and workers' education. The global programme promotes HIV prevention through education and mass media, advocates for testing and treatment facilities, and takes active measures against prejudice and discrimination. With the organisational strength of hundreds of affiliates, the ITF is making a real difference in taking the message of prevention, treatment and support into workplaces where it has not been heard.

As well as training and other activities at regional and national levels, the ITF has provided information and guidance and encouraged the exchange of experiences,

through a range of materials. These include the fortnightly e-bulletin and annual magazine Agenda, as well as research studies and training materials. The HIV/AIDS pages on its website ([www.itfglobal.org/HIV-Aids/index.cfm](http://www.itfglobal.org/HIV-Aids/index.cfm)) are a rich source of useful information about issues and documentation on the successes of transport unions. There is also a collection of case studies and good practices from its affiliates in all sectors, including ports, called 'HIV/AIDS: Transport unions take action'. See: [www.itfglobal.org/files/publications/26685/HIV\\_BestPractice\\_English.pdf](http://www.itfglobal.org/files/publications/26685/HIV_BestPractice_English.pdf)

**In 2007 the ITF carried out a mapping exercise into the impact of AIDS on transport, covering all seven of its sectors and all regions. Responses were received from 97 affiliates: 40 from Asia Pacific, 31 from Africa, 13 from Latin America and the Caribbean, 11 from Europe and two from the Arab states. Affiliates from every sector reported that HIV/AIDS was clearly affecting or starting to affect their sector. Other answers revealed significant levels of stigma and discrimination as well as gaps in access to information and education, and the lack of workplace policies and programmes on HIV/AIDS.**

**In the ports sector, 47 per cent of the affiliates who responded said that AIDS was clearly affecting them; 21 per cent said it was starting to; 13 per cent weren't sure; and only six per cent said there was no effect.**

In May 2011, the ITF held a sub-regional workshop at Puerto Cortes, Honduras, on HIV/AIDS in the port sector. Fourteen affiliates were represented from five countries. Discussions were rooted in the day-to-day experience of the workers concerned and brought out many practical points about the organisation of ports, as well as views on the impact of HIV and appropriate responses. Group work topics covered port and allied workers' HIV risk and vulnerability; why AIDS is a workplace and a trade union issue; and what action the unions should take on HIV/AIDS. Finally an action plan was agreed for each country.

ITF maritime sector activities already include some links with ports. The ITF works through the Global Partnership on HIV and Mobile Workers in the Maritime Sector, an initiative among seven international organisations and global networks<sup>1</sup> dedicated to decreasing the vulnerability of seafarers to HIV. A three-year pilot programme has been put in place for the approximately 230,000 seafarers originating in the Philippines.

A new project is also being piloted in 16 seafarers' centres focusing on HIV prevention. Primarily aimed at seafarers, it takes into account the risk of contracting HIV in ports and will also involve port workers. The ports concerned are in West and East Africa, South and South-East Asia, Western and Eastern Europe, Latin America and the Caribbean.

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<sup>1</sup> The ITF with the International Committee On Seafarers' Welfare (ICSW), the International Labour Organization (ILO), the International Maritime Health Association (IMHA), the International Organization for Migration (IOM), the International Shipping Federation (ISF), and the Joint United Nations Programme on HIV/AIDS (UNAIDS).

## Section two – defining the problem

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## Ports and HIV/AIDS

A port is a transport hub like many of the road hubs which have long been part of HIV prevention programmes, but with an even more complex mix of nationalities and service providers: those unloading the ships may meet those who sailed in them, interact with the clerks who keep track of the cargo, pass on the containers to truck drivers or rail staff.

Port workers also often have to put up with some of the same stresses and pressures as other transport workers, including poor working and living conditions, a lack of care for their health and welfare and a lack of respect for their rights. In some ports a number of the workers are migrants who have left their family at home; they rarely have access to family accommodation. They are also predominantly male workers with disposable income concentrated in settings where the surrounding population may be less well-off. Like many other transport hubs, the port can be a honey pot for the local community, matching the need of many who pass through the port for rest, recreation and entertainment.

*“HIV and AIDS are imported and exported through ports. People think ports are a safe place because workers here are not mobile. But the port is a place where all types of people meet: truckers, seafarers, port workers and others. In the port there is no warning that relates sex work to HIV, and very limited information on HIV/AIDS and STI services or health generally.”*

**Participant at ITF sub-regional seminar on ports and HIV, Honduras, May 2011**

- UNAIDS and other figures from a range of countries have shown higher HIV prevalence among port workers than in the general population locally – they include Vancouver in Canada, Tema in Ghana, Mumbai in India, Mombasa in Kenya, and Odessa in Ukraine.
- The Ghanaian health and development organisation GSMF International carried out a study of the ports of Tema and Takoradi in 2004. This found that the concentration of workers in the port and harbour areas, together with regular transit workers such as seafarers and truckers, encouraged the development of informal activities as people tried to cope with financial pressures. The food sellers, tailors and other informal operators often took advantage of their interaction with the port and transit workers to negotiate commercial sex (see Agenda 2007).
- The Transport Corporation of India commissioned research in 2007 to map locations of high HIV impact and risk for truckers. Ports were one of the four key areas identified (see Agenda 2009).
- The Seafarers International Research Centre, Cardiff University, conducted research in 2009 into the behaviour of seafarers while in the port of Santos, Brazil. This found that in spite of containerisation, quicker turn-around and shorter periods spent in ports, the seafarers still have many opportunities not only for casual sex but for the building of longer-term relationships when condoms are hardly ever used (see Agenda 2009).

- The World Bank, drawing on lessons learned from the pioneering Abidjan-Lagos Transport Corridor project (now almost 10 years old), says that priorities for scaling up transport-oriented HIV prevention are; i) to transfer the methodology to major corridors in other regions, and ii) to focus on other transport hubs with proven risk factors, such as ports.

*“Our ports are part of the Abidjan-Lagos transport corridor, which heightens the risk. In addition we are experiencing an increase in traffic due to political tensions - many ships and many truckers from landlocked countries are diverted to our ports. This also increases the risk of new infections. By getting involved in HIV/AIDS education and informing our members, however, we can make a difference.”*

**General secretary, Maritime and Dock Workers’ Union of Ghana**

## Summary of the ITF ports survey

The 2007 mapping exercise (see above), partial data from some port cities, and the concerns of affiliates made the ITF decide to undertake a more thorough investigation into the impact of AIDS on ports. The purpose was to help it assess need and provide a basis for planning interventions.

Two surveys were carried out: one into the views of affiliated dock and port workers’ unions across the world and one into the knowledge, attitudes and beliefs (KAB) of individual workers in four affiliates from Belgium, Guatemala, India and Kenya.

The key questions were as follows:

- Are port workers exposed to the same risks from HIV/AIDS as other transport workers?
- Do workers get the necessary information and services at work?
- Do the unions have HIV/AIDS policies?
- What are the members’ needs and how can unions protect their rights and health?

## Affiliates’ views

The ITF sent a questionnaire to all affiliated unions organising in ports. Replies were received from 33 unions in 22 countries in all regions:

Australia, Barbados, Belgium, Benin, Brazil, Colombia, Ghana, Guatemala (2), Honduras (2), India (7), Kenya, Mexico, New Zealand, Nigeria, Norway, Panama, Philippines, Sri Lanka (3), South Africa, Sweden, Tanzania (2), Togo.

Affiliates in 17 of the countries identified risks to their sector from HIV/AIDS. All the unions (except in Zanzibar) stressed the fact that the ports where they organised were connected to at least one major inland transport corridor.

### ***National and sectoral policies on HIV/AIDS***

- In 15 of the countries the national AIDS policy includes the world of work.
- In nine countries the world of work is represented on the National AIDS Council.
- A code or law on occupational safety and health (OSH) exists in 21 of the countries and includes HIV/AIDS in 13 countries.
- A national law, policy or code for labour or employment exists in 20 countries and includes provisions on HIV/AIDS in nine of them. In Barbados, Brazil, Honduras, India, Mexico and Sri Lanka there is a separate policy on HIV/AIDS and the world of work.
- Affiliates in 14 countries reported some activities on HIV/AIDS for their sector and in Honduras and Kenya there is also a sector-wide policy for the ports.

### ***Union policy and practice to date***

Twenty-four of the 33 affiliates have taken action on HIV/AIDS and nearly half the unions have an HIV/AIDS policy and a programme. Examples of activities:

- Negotiating for workplace policies and agreements on HIV/AIDS.
- Campaigning to raise public awareness.
- Information, education and training for members and other workers, including peer education/ counselling.
- Condom distribution through the union or at workplaces.
- Voluntary counselling and testing and referral systems for treatment.
- Care and support for HIV-positive workers and AIDS orphans.

### ***Future plans and requests for ITF assistance***

A total of 29 affiliates requested ITF support in starting or strengthening activities, and almost all the affiliates without an HIV/AIDS programme said they would like to start one. The most frequent requests were for materials and training, as well as the opportunity to learn from the experience of other unions and regions; some affiliates reported difficulty in obtaining reliable supplies of condoms.

*“More information on HIV/AIDS from other parts of the globe is required to update our knowledge and experience, plus from time to time motivation or boost-up programmes to keep the flame alive always.”*

**Transport and Dock Workers’ Union, Kandla, India**

## Survey of individual members

The KAB survey aimed to pull together evidence about the workers' knowledge of HIV and AIDS, especially how it is transmitted and how to prevent transmission; about their attitudes, beliefs and feelings concerning HIV and people living with HIV; and about their actual behaviour, especially as it relates to HIV risk. ITF affiliates in four countries administered anonymous questionnaires to a cross-section of about 100 members. The findings revealed a range of risks and needs, and the individuals questioned expressed a number of fears about the disease and a desire for workplace activities for prevention and care.

A clear majority said that HIV/AIDS was a serious problem in their country, and a substantial majority thought that the workplace should provide HIV/AIDS services, especially information and voluntary testing.

There follows a short overview of the responses. Further details are included in the factsheets, as relevant, as well as in the survey report, see: [http://www.itfglobal.org/files/extranet/-1/32242/AIDS\\_port\\_inside.pdf](http://www.itfglobal.org/files/extranet/-1/32242/AIDS_port_inside.pdf).

### **Knowledge and understanding**

Correct and up-to-date information is the essential first step towards knowledge, understanding and behaviour change. Even in very different settings the survey revealed significant information gaps and misunderstandings (see table 1). Unions should implement prevention programmes to tackle all these issues.

**Table 1. Knowledge and understanding of HIV and AIDS** (percentage of men and of women who agree with the given statement – whether the statement is true or false is shown in brackets)

	HIV is most often transmitted during unprotected sex (answer = true)	A healthy-looking person cannot have HIV (answer = false)	AIDS can be cured (answer = false)	If a woman is faithful to her husband she won't contract HIV (answer = false)
<b>Belgium</b>				
men	92	2	15	27
women	76	12	0	24
<b>Guatemala</b>				
men	96	44	15	65
women	95	41	32	35
<b>India</b>				
men	98	11	10	40
women	100	10	28	17
<b>Kenya</b>				
men	97	12	6	24
women	97	3	5	10

The gaps in knowledge about HIV transmission are very worrying. In every country at least one person thought HIV can be transmitted in food or drink, and in some countries several workers thought that only homosexuals and drug users get HIV. The idea that you can guess a person's HIV status or sexual health generally from the way they look is a very risky one, and the high numbers in Guatemala in particular should be addressed in future educational activities.

There was insufficient awareness that married women might be at risk of HIV even if they were faithful to their husbands. This is dangerous for women in two ways – if women believe it they may have a false sense of security, especially if a husband's status is not known, and if men believe it they are more likely to blame their wife if they contract HIV.

### **Attitudes and beliefs**

As long as people not only lack correct information but suffer from mistaken beliefs and the pressure of shame and taboos, the fears which help create stigma will go unchallenged.

Shame and stigma, or the fear of stigma, were revealed in the numbers who replied that they would keep it a secret if a family member had HIV, from 30 per cent to two thirds. Even higher numbers said that their community rejected people living with HIV, from half in Kenya to 86 per cent in India. Table 2 reveals further fears and judgemental attitudes, and draws attention to one of the issues at the heart of the ITF's concerns – the reluctance of workers to work alongside an HIV-positive colleague.

**Table 2. Attitudes towards people living with HIV (percentage of men and of women)**

	Afraid to work with HIV-positive colleague	Would not share a cup with HIV-positive person	Believe people with HIV are guilty of immoral behaviour
<b>Belgium</b>			
men	18	10	8
women	6	0	0
<b>Guatemala</b>			
men	13	30	48
women	11	19	24
<b>India</b>			
men	26	31	80
women	33	30	87
<b>Kenya</b>			
men	8	8	72
women	8	11	67

A later question asked about instances of discrimination by management as well as by a co-worker. No workers had witnessed any in Belgium, but in the other countries the numbers of incidents are cause for concern, as shown in table 3.

**Table 3. Workers who had experienced, witnessed or heard of a discriminating or stigmatising action at the workplace in relation to HIV (percentage of all workers)**

	Discrimination by management	Discrimination by co-worker
<b>Guatemala</b>	12	22
<b>India</b>	68	11
<b>Kenya</b>	27	32

### **Behaviour**

The lack of correct information, mistaken beliefs and the fear of stigma help contribute to risky behaviour. Table 4 shows the replies to some of the questions on condom use and reveals a number of gaps between knowledge and behaviour in practice.

The gap between knowledge and action is shown in the differences between the first and second columns of table 4. Although the workers seemed to be aware of the benefits of condom use, in practice under half of them used a condom when they last had sex with a non-regular partner.

Women’s control over condom use is also an issue. Although most of the workers said that condom use was the joint responsibility of both partners, many of them (except in Belgium) also said that the man had the right to decide. Unions should take these differences into account when designing the gender-specific aspects of the programme.

**Table 4. Condom use: attitudes and reported behaviour (percentage of men and of women)**

	Condom use is necessary in sex with someone whose HIV status you don’t know	Used a condom at last sex with non-regular partner	The man (in heterosexual relations) has the right to decide on condom use
<b>Belgium</b>			
men	94	18	8
women	47	6	0
<b>Guatemala</b>			
men	100	37	70
women	95	19	35
<b>India</b>			
men	82	35	39
women	64	44	41
<b>Kenya</b>			
men	95	41	28
women	100	50	25

Differences between men and women in risk-taking behaviour were not great, with the exception of multiple partners in Kenya (23 men, two women) and condom use in Belgium (32 men and three women never used one). It should be noted that the highest number of reported same-sex relations – Belgium – also had the lowest condom use with a non-regular partner. Few workers reported injecting drugs.

In every country, however, there were some people – more men than women in each case - who said they believed they were at risk of HIV if they went on behaving the same way; Belgium - six men, one woman; Guatemala - 10 men, five women; India - six men, four women; Kenya - 16 men, 10 women.

### ***Workplace action on HIV/AIDS***

The numbers benefitting at the workplace from some kind of policy and programme on HIV and AIDS were encouraging, and the efforts being made in Kenya in particular are bearing fruit. The fact that over half the workers in both Kenya and India were covered by a collective agreement, which has more force than a policy, is very satisfactory; this is an important target for unions. There is clearly an unmet need for HIV/AIDS activities according to the interest expressed by the workers.

The main purpose of both policies and agreements is to safeguard the rights of workers. Most policies had clauses on non-discrimination, confidentiality, keeping on HIV-positive staff and prohibiting mandatory testing. About a third of the policies had clauses to promote gender equality. Over time it is to be hoped that stigma and discrimination will fall where policies and agreements are in place but this takes time, needs to be reinforced through education, and requires monitoring.



## Section three – Factsheets

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## FACTSHEET 1

### The AIDS epidemic: An issue for trade unions

*This factsheet shows why it's important for trade unions to take action on HIV and AIDS, including at the workplace. You can use it in advocacy and awareness-raising with trade union leaders and membership, with employers and government, and other potential partners such as NGOs.*

In every country in the ITF ports survey, some workers said they believed they were at risk of HIV. This should be understood as a cry for help to which unions need to respond.

In fact a number of ports affiliates are already taking action. Twenty-four of the 33 unions that answered the survey questionnaire had some HIV/AIDS activities. Almost all the unions said they wanted to do more and asked the ITF for assistance.

#### Why is AIDS an issue for trade unions?

Because workers – and the families, workplaces and communities that depend on them – are bearing the brunt of the epidemic. Their rights are at risk as well as their health and jobs. As the world changes and new issues emerge, unions must also change and adapt.

In the present economic and social climate unions are faced with issues of survival. Challenges range from globalisation and the economic crisis to emerging issues such as AIDS and climate change, and include attacks on working conditions and labour rights.

Dealing with the challenge of AIDS by using core labour values and structures has been effective in many areas. It has also strengthened unions in ways that will help their future survival.

*“Activism on HIV and AIDS has reinvigorated unions, strengthened capacity, and broadened their appeal to many unorganised workers.”*

**Evaluator, ITF-FNV Africa project on HIV/AIDS**

AIDS is concentrated in the adult working population, unlike almost all other diseases. Men and women workers are losing their health, their income, their rights and their lives. Among them transport is one of the most affected sectors. The rights of workers are under threat in a number of ways, and even in the union movement individuals face stigma, rejection and harassment.

*“Our message to other unions thinking of taking action is: It's high time folks! This is not my issue or yours – it's everyone's. Only together can we fight HIV/AIDS.”*

**Dock Workers' Union, Kandla**

## The AIDS epidemic threatens the capacity of trade unions:

- To organise and represent the interests of their members.
- To promote decent work.
- To protect the rights of their members.
- To maintain a cadre of experienced leaders and organisers.
- To participate in social dialogue on national issues affecting employment, the labour market and human resources.

And even to survive ...

*"We are committed to working with our members to educate, involve and mobilise them to take on this challenge ... They must not sit back and wait for others to do it or for others to lead... It is, literally, a matter of life and death."*

**Guy Ryder, director-general of the ILO, former general secretary of the International Confederation of Free Trade Unions (ICFTU)**

Unions represent the voice of working women and men and are crucial in ensuring a multi-level and multi-sector response to AIDS.

It takes leadership to face up to the implications of HIV for unions and mobilise a labour response. However, it takes aware, committed and courageous members to put the necessary pressure on their leaders if they don't step forward.

*"It looks like HIV/AIDS has gone off our radar. We need an education programme for members, especially young members."*

**Maritime Union of New Zealand**

The external evaluation of the ITF's global HIV/AIDS project, 2012, acknowledged the ITF's leadership on HIV/AIDS among global unions. In particular it pointed to the mainstreaming of HIV/AIDS in ITF structures and procedures. In 2005 the ITF took the ground-breaking decision to place HIV/AIDS on the agenda of all regional and global meetings, a move which has had a significant impact on the knowledge and commitment of affiliates in all regions. A further Resolution on HIV/AIDS was agreed at the 41st Congress in 2006.

*"Major ports are the hub of the disease. They employ several categories of workers – truckers, railway workers, seafarers – all of whom are high risk. ... We think HIV awareness and control are part of our work as a trade union. We have seen people die. For us this is priority. It is also social responsibility. If we want society to respect unions we must take on social responsibilities. We know how trade unions have carried on all these years thinking only of economic benefits, and we know what that has done to our image. We have to change all that."*

**Mohammed Haneef, president, Cochin Port Staff Association**

***Booklet 1 of the ACTRAV toolkit sets out more detailed information on the costs and impact of AIDS for the world of work.***

## FACTSHEET 2

### Mainstreaming HIV/AIDS in core union business

*This factsheet follows on from no. 1 with guidance for union action. It encourages unions to include HIV/AIDS in their existing structures and ongoing programmes to help ensure it gets the attention it needs over the long term.*

#### Union AIDS programmes don't have to depend on external funding

Trade unions have vital resources that can support efforts to control the epidemic. Nationally and internationally, trade unions are able to:

- Understand the dynamics of their industry and the workforce.
- Mobilise extensive networks of members.
- Negotiate collective bargaining agreements and workplace policies.
- Make use of their experience in education, training and campaigning.
- Take advantage of their influence in the community and with government.

Trade union representatives play a crucial role in securing the trust of workers in HIV/AIDS policy and programmes at the workplace, as long as they are fully involved in developing them.

Trade union leaders demonstrate commitment and influence opinion through making public statements on HIV/AIDS, placing it on the union agenda and setting an example, such as taking a voluntary HIV test publicly.

The ITF encourages affiliates to use outreach and information on HIV/AIDS as part of their recruitment and organising strategy where appropriate. A pilot project is under way in five East African countries to develop this process.

#### Many unions take the following steps:

1. The most effective and least costly action is mainstreaming. The more fully AIDS is integrated in the core union agenda, the less it will cost. This is the path to sustainability and independence from the requirements of external donors.

Unions mainstream by reviewing their structures and programmes, and then:

- Ensuring a place for HIV/AIDS on the agenda of core business meetings at all levels (from Congress to executive to branch) and of all relevant committees.
- Making links between HIV and other concerns, especially gender, rights, OSH and organising.
- Including HIV/AIDS in the issues covered by the negotiating team.
- Training shop stewards to take responsibility for HIV/AIDS issues and to monitor compliance with relevant agreements or policies.
- Including a module on, or examples about, HIV/AIDS in education activities of all kinds.

External fundraising is often best done in partnership with the national union centre and/or the port authority and other employers. It is important for unions to be in contact with the Country Coordinating Mechanism (CCM) of the Global Fund in order to influence strategy as well as access funds. Booklet 5 of the ACTRAV toolkit has detailed advice on resource mobilisation.

2. A union policy or resolution on HIV/AIDS helps provide the framework for action. Its implementation should be guided by a concrete action plan.
3. The capacity to inform, educate and negotiate on HIV/AIDS needs to be built up, so the union should develop partnerships to provide guidance, support and training. Partners (in addition to the ITF) may include the national centre, NGOs and the government, and employers when it comes to workplace action.
4. Many resources are available to the unions and to workplaces in kind, such as condoms or kits for voluntary counselling and testing (VCT), even medicines. Unions should look first to employers if additional resources are needed, as AIDS programmes benefit the employers as well the workers.
5. A senior union officer should have responsibility to ensure that action on AIDS is maintained and reported regularly to the executive. More and more, unions are building networks of HIV focal persons at branch level too. The role of the focal person varies according to the union, but these people are the first point of contact for HIV/AIDS matters and help coordinate the response.

**The ITF ports affiliates in Barbados, Honduras, Kenya, Sri Lanka, Sweden and Togo, and some of the ports in India, have both a policy and a programme on HIV/AIDS.**

**In Honduras, ITF affiliate Sindicato de Trabajadores de la Empresa Nacional Portuaria (the dock workers' union) has mainstreamed AIDS activities in the union's core programme since 2008, with a focus on peer education for prevention and challenging stigma and discrimination (more information in case study 2).**

#### **Specific actions being taken by dock workers' unions include:**

- Negotiating for workplace policies and agreements on HIV/AIDS.
- Campaigning to raise public awareness.
- Information, education and training for members and other workers, including peer education and counseling.
- Condom distribution through the union or at workplaces.
- Voluntary counselling and testing and referral systems for treatment.
- Care and support for HIV-positive workers and AIDS orphans.

You will find other examples in the relevant factsheets and in the case studies, but start with identifying your members' needs. Your planning can then set targets and agree priorities that are relevant and achievable. You may find it useful to look at the findings of the ports survey for the country in your region, this can serve as a starting-point for your own information-gathering.

In several countries initiatives are taking place across transport sectors: the dock workers in Mumbai, for example, hold regular workshops for the road transport workers who come into the port.

*Booklet 3 of the ACTRAV toolkit has practical examples of workplace action by unions; booklet 4 helps unions plan an education programme on HIV/AIDS; booklet 5 has advice on fund-raising; booklet 6 offers guidance on writing a project proposal.*

## FACTSHEET 3

### Persuading employers that AIDS is a workplace issue

*This factsheet sets out reasons why the workplace is an effective setting for HIV activities, and includes some arguments you may like to use with employers to initiate negotiation on HIV/AIDS. See factsheets 7 – 10 for more detailed guidance on introducing and implementing workplace policies and programmes.*

Trade unions and management have a common interest in the health of workers and the productivity of the workplace. AIDS imposes social and economic costs, both direct and indirect, that can be avoided or reduced through timely investment in prevention and care.

The ILO Code of Practice and Recommendation 200 on HIV and AIDS both rest on the principle that HIV/AIDS is a workplace issue. They were agreed by tripartite bodies that included employers as well as government and unions.

#### Why is the workplace an effective setting for HIV responses?

The workplace has a vital role to play in the wider struggle to control the epidemic, with unions as trusted gate-keepers and players. This is because:

- It is a direct contact point with the age group most affected by HIV.
- It is a recognised setting for information, training and education – especially conducive to peer education.
- It has structures in place which can include HIV, for example occupational health services.
- It has mechanisms in place for employee assistance.
- It is a base for outreach to the community and contact with other enterprises, even informal.
- It has measures available to counter discrimination and mitigate the impact of AIDS.

The ITF ports survey found that over 90 per cent of the workers in Guatemala, India and Kenya believed that the workplace should provide HIV/AIDS education and other services as relevant; the figure was 70 per cent in Belgium.

#### Talking to employers

It's helpful to understand what persuades employers to take action. They act from both business sense and humanitarian concern, but specific reasons vary a lot from one region to another and often depend on enterprise size and nature. Reasons given by employers in all regions include:

- They want to minimise the costs and disruption that can result from the absence or loss of workers.
- They value the skills and experience of their workforce.

- They care about the health and well-being of their workforce.
- They are obliged by the law and/or afraid of possible litigation.
- There are incentives (tax benefits, reduced health insurance rates).
- Taking action improves the company's image.
- A sense of corporate social responsibility: they understand that the response to AIDS needs to enrol all sections of society, within the limits of their competence and resources.

*“Kenya Port Authority (KPA) took action on HIV/AIDS because management saw that business was suffering and the unions saw the impact on their members. Together we have developed a comprehensive policy with full buy-in from the workforce.”*

**Chief medical officer, KPA**

A Boston University HIV/AIDS impact assessment in six corporations in Southern Africa found that annual costs due to HIV/AIDS were 5.9 per cent of labour costs. Workplace AIDS programmes would reduce these costs by 40 per cent. All six companies would have earned positive returns on their investments even if they had provided antiretrovirals (ARVs) free to HIV-positive employees. *Source: International Finance Corporation*

## What are workplaces doing to tackle HIV/AIDS?

The workplace is an important setting for prevention. Key messages are being given to workers through education and training, particularly peer education; condoms are being distributed; occupational safety and health structures are being used to coordinate HIV activities. TB infection control plans are simple to introduce at the workplace and could avert many AIDS deaths.

Workplaces are increasing access to treatment for HIV, for other STIs and for opportunistic infections. This may be through direct provision in the enterprise, through health insurance schemes, or through referral systems to community services. Workplaces are also providing information about diet and helping employees keep up their medication through treatment adherence and wellness campaigns.

Workplaces provide precious support for HIV-positive workers by NOT tolerating discrimination or stigma and by continuing the employment relationship, including making arrangements for workers if at times they are sick or weak. The message that a worker with HIV can remain at work, and be treated, is very powerful in overcoming hostility and stigma.

Note: negotiation and bargaining are fundamental union tools – see factsheet 8 on collective bargaining, as well as 7 on workplace policies. Detailed guidance is provided in the ITF dockers negotiating and bargaining skills training module which will be published soon and will be available at the following ITF web address: <http://www.itfglobal.org/dockers/index.cfm>

Some national employers' organisations have good HIV/AIDS policies and encourage members to take action on AIDS in collaboration with unions. ITF affiliates report that the Federation of Kenyan Employers and the Federation of Ugandan Employers have mediated in a number of cases where employers refused to negotiate on AIDS or were trying to dismiss HIV-positive workers.

*"A healthy workforce is the biggest asset for the company... It maintains high morale... and means less absenteeism that translates into better productivity."*

**Madhur Bajaj, vice chairman of Bajaj Auto Ltd, India**

*Booklet 1 of the ACTRAV toolkit sets out more detailed information on the costs and impact of AIDS for the world of work. Booklet 3 shows how the workplace increases access to HIV prevention, care and treatment.*

## FACTSHEET 4

### Tackling stigma and discrimination

*This factsheet asks three basic questions about stigma and discrimination: Why are they so closely linked to HIV and AIDS? Why do they undermine responses? What can be done?*

Most of the 34 million people living with HIV (statistic from December 2011) are workers, and often face stigma and discrimination at work as well as at home and in their communities. This is an issue of fundamental rights, including gender equality, and is of great concern to the ITF. Since its creation the ITF has been fighting to defend and improve transport workers' rights and working conditions. The issue of discrimination against workers living with or affected by HIV is a priority for the ITF.

*"My greatest fear was losing my job and the income my family needs. But in the end my greatest pain came from rejection by my fellow workers."*

**Office worker in India**

#### Why is there so much stigma and discrimination attached to HIV/AIDS?

Stigma describes reactions to a group or individual on the basis of certain characteristics, for example their sex, colour, religion, ethnic group, health status, sexual orientation. Very often it results from a lack of understanding, based on inadequate or incorrect information and misconceptions, and a fear of the unknown. Discrimination describes the action people may take, especially those in positions of authority, as a result of this stigmatisation which can range from refusing to share an office with someone to unfair dismissal.

The early uncertainty about the causes of AIDS, the long incubation period, the shame associated with the sexual transmission of HIV as well as links to drug use, the concentration of the disease in many poorer regions and lurid messages about mortality, all combined to strengthen denial, fear and stigma.

#### Attitudes towards people living with HIV

	Belgium	Guatemala	India	Kenya
Afraid to work with HIV+ colleague	36%	26%	59%	16%

#### Workers who had experienced, witnessed or heard of a discriminating or stigmatising action at the workplace in relation to HIV:

	Belgium	Guatemala	India	Kenya
By management	None	13%	68%	27%
By a co-worker	None	24%	11%	32%

These answers show that union members are no different from the general population. They too have fears, misconceptions and stigmatising attitudes; but the union is in a position to reach them with information and education. In Guatemala and Kenya respondents reported more stigma and discrimination by co-workers than by management. Both are worrying, and unions must take a lead in showing there is no danger of HIV transmission from casual contact at work.

**The ITF was contacted by an Indian seafarer who had been denied employment over a long period of time as a result of his HIV status. It was able to contact a responsible ship-owner who agreed to interview the seafarer. He was successful in obtaining a contract, having been judged solely on his ability and qualifications. The seafarer has since had his contract renewed and the employer has ensured that his status has remained fully confidential.**

## **Why do stigma and discrimination make it harder to tackle HIV/AIDS?**

Stigma and discrimination undermine efforts to control the epidemic because they create fear, undermine information-dissemination and open discussion and discourage voluntary testing and access to treatment. And it's not only people living with HIV who suffer stigma – gay men and lesbians are often victimised because of their sexual orientation, and in many societies women too are stigmatised as carriers of the disease.

The ITF was the first global union to recognise the need to collaborate with sex workers and their organisations and to respect their rights. Resolution 4 passed at the 41st Congress in 2006 noted that, “The ITF is working to create a greater awareness among transport workers and associated sex workers, [and that] there is a need to include the role of illegal trafficking and exploitation of women in the sex industry in this education work”.

## **What can be done in the union and at the workplace?**

Unions need to take action along parallel lines:

### **i) Union and workplace mechanism**

These, especially collective bargaining, should be used to protect those at risk of discrimination and set a standard of zero tolerance for stigma and discrimination. In some countries it may be possible to negotiate an agreement for the ports sector as a whole. See factsheets 7 on workplace policies and 8 on collective bargaining.

### **ii) Education and training**

These should be used to tackle fear and the lack of understanding: the workplace agreement or policy should be supported by information and education to help workers learn about the facts and myths of HIV transmission,

and understand that they have nothing to fear from casual contact with an infected co-worker. Learning activities can provide insights into the situation and needs of people living with HIV, and should involve them as fully as possible. See factsheet 9 on prevention.

### iii) Show leadership

When respected leaders at national and branch level show by practical example that they are willing to be tested and happy to have contact with HIV-positive members and workers, trust is built and fears overcome.

### iv) Provide support

Unions can offer support for small self-help groups or more extensive networks of positive members, as shown by the Kenyan Dock Workers' Union. See factsheet 11.

## Negotiating points

- Zero tolerance for discrimination, mobbing, sexual harassment
- No testing prior to employment, training or promotion
- No dismissal on grounds of HIV status
- Confidentiality of workers' personal and medical data

These are the fundamental points. You should also use the collective bargaining process to introduce prevention activities, measures for care and support, and treatment where possible. See factsheets 8 on collective bargaining, 5 on gender equality, 9 on prevention, 10 on care and support.

For detailed advice in this area, see the ITF dockers negotiating and bargaining skills training module which will be published soon and will be available at the following ITF web address: <http://www.itfglobal.org/dockers/index.cfm>

**The story-telling activity arranged by the ITF was an innovative and effective way of breaking through stigma, see factsheet 11.**

**The collected case studies of HIV/AIDS action by ITF affiliates included a section on the challenges facing the unions. Almost all cite stigma, discrimination, fear, shame and denial as among the major obstacles to their work on HIV/AIDS. They also report on a range of measures that are proving effective, see:**  
[www.itfglobal.org/files/publications/26685/HIV\\_BestPractice\\_English.pdf](http://www.itfglobal.org/files/publications/26685/HIV_BestPractice_English.pdf)

*Booklet 2 of the ACTRAV toolkit focuses on rights and includes advice on policy and collective bargaining.*

## FACTSHEET 5

### No solutions without gender equality

*This factsheet follows on from no. 4. It explains the vulnerability of women but points out how gender issues affect men too. Gender equality should be addressed by unions as a fundamental right.*

HIV affects women and men differently both in terms of vulnerability and of impact. Biological factors make women more susceptible to infection than men, and inequalities in the status of women make it harder for them to protect themselves from HIV and its consequences. Women carry a greater share of the burden of care.

Globally, the numbers of infected women and men are about equal, but in Africa over 60 per cent of those living with HIV are women. Young women everywhere are particularly at risk. The links between gender-based violence and the spread of HIV are becoming better understood.

Generally speaking women have less income and property than men, less access to information and education, a weaker position in the job market, and fewer rights – including in marriage and sexual relations. Laws often discriminate against women, for example in areas such as property and inheritance. Women’s lack of economic security can force them into high-risk situations, such as sex work.

*“The problem with AIDS is people moralising. It’s not a morality of love and care but of judgement and hate – especially against women and gay men.”*

**South African trade unionist**

The ITF ports survey separated replies from women and from men so that it was possible to see gender differences in knowledge, attitudes and behaviour. Trends differed between countries but there was slightly more HIV awareness and concern on the part of women, more risk-taking behaviour on the part of men, and stigmatisation on the part of both.

#### **Percentage who agree that:**

	Belgium	Guatemala	India	Kenya
The man in heterosexual relations has the right to decide on condom use	8% of men	70% of men	39% of men	28% of men
	0% of women	35% of women	41% of women	15% of women

**Percentage who agree that:**

	Belgium	Guatemala	India	Kenya
Married women who are faithful to their husbands are not at risk of HIV	27% of men	65% of men	40% of men	24% of men
	24% of women	35% of women	17% of women	10% of women

The mistaken belief in the effectiveness of just one partner being faithful is dangerous in two ways – it can encourage a false sense of security and lead to blame and rejection if one partner contracts HIV.

**Gender and men**

Men may also be the victims of gender-related norms and traditions. Society tends to condone men having multiple partners, and peer pressure may encourage it. Some work situations can add to the pressures on men by separating them for substantial periods from home and family – many port workers migrate significant distances for work. Pressure on men to earn income and/or do heavy physical labour such as on docks can result in a 'work hard, play hard' attitude with few options for 'play' that don't involve alcohol, drugs and sex.

Same-sex relations are also a gender issue and a matter of human rights. A lot of the stigma and discrimination around AIDS – which has included violent attacks, rape and murder – is focused on men who have sex with men and, increasingly, lesbian women. It is difficult for trade unionists in some cultures to challenge machismo or anti-gay feelings and laws, but the defence of rights should come first.

**A joint initiative in Cartagena, Colombia, between the dock workers' union and the city mayor confronted gender violence, homophobia and child abuse in the context of HIV and AIDS.**

**Trade unions are helping change the culture of inequality which feeds the epidemic**

Through leadership, advocacy and practical actions in the workplace, unions are making a real difference by challenging attitudes and structures that disadvantage women, protecting their rights and advocating for fair pay, child care and training, to give women more livelihood options and a secure income.

At the same time unions are educating male workers, including on gender-based violence, and mobilising them as champions of gender equality and responsible sexual behaviour.

New resource! The ITF action guide on violence against women will be published soon and will be available at the following web address:  
<http://www.itfglobal.org/women/index.cfm>

**The Sindicato de Trabajadores Unidos de Empornacone is one of the ITF's port affiliates in Guatemala. It has set up a women's network on HIV/AIDS and sexually transmitted infections for focal persons from different workplaces who also act as peer educators. The union regularly organises training for them and other women workers in collaboration with the management and with support from the local health authority. "Male colleagues have now requested a similar activity (they say it is discrimination against them). We will arrange this and the women will facilitate as they have received training".**

### **Gender equality: checklist for a workplace AIDS programme**

- Workplace policy is gender-specific, specifies zero tolerance for sexual harassment, and has clear complaints procedure.
- Enterprise avoids practices that encourage risk-taking behaviour, for example in entertaining clients.
- Workplace programme targets men and women explicitly: education for women explains their risk and empowers them to protect themselves and education for men promotes responsibility in sexual behaviour.
- Gender balance exists on relevant HIV committees and among peer educators.
- Information-gathering differentiates between men and women workers.
- Women have equal access to and uptake of confidential voluntary testing and antiretroviral treatment.
- Reasonable accommodation (adjustments to tasks, work station and rest breaks) takes into account care-giving demands on women employees.
- Deployment of staff away from home is reduced and family housing is provided where relevant.
- Workplace programmes include the families of employees: prevention activities for spouses and children, including information on mother-to-child transmission; insurance schemes covering employees and dependants; links with community-based credit and savings schemes to strengthen the economic security of the household.

The Transport and Dock Workers' Union at Kandla Port in India holds regular gender-awareness workshops. Core issues include the social norms that deny women information on sexual health, the practices that prevent them from controlling their bodies or being tested, and the beliefs associated with sexual risk-taking.

## Negotiating points

Include as many of the above points as possible in your negotiations with the employer; they can provide the basis for clauses in an agreement or policy and also targets in an action plan. See factsheets 7 on workplace policies and 8 on collective bargaining.

*Booklet 2 of the ACTRAV toolkit has a detailed section on gender including examples of action by unions.*

## FACTSHEET 6

# ILO Recommendation 200 concerning HIV and AIDS

*This factsheet presents ILO Recommendation 200 concerning HIV and AIDS and the world of work (2010), with a brief explanation of international standards and how they work. It focuses on the principles of the Recommendation – which offer a basis for collective bargaining agreements and workplace policies as well as national law and policy - and on how unions can help implement it. See also case study 3.*

The ILO's tripartite decision-making structures have approved two standards on HIV/AIDS and the world of work: the Code of Practice in 2001 and Recommendation 200 in 2010. In addition, guidelines on HIV/AIDS for health workers have been jointly produced by the ILO and WHO.

### What are international standards for?

- They set an agreed benchmark or standard of conduct which member states then aim to achieve. In the case of ILO instruments they all relate to the world of work, ranging from employment practices and working conditions to social security.
- They offer political and technical guidance in a range of areas from domestic work and seafaring to gender equality and HIV prevention and control.

### How do they work?

#### Codes of practice

These are voluntary but their key principles have been used as the basis for national policy or law as well as workplace and sectoral policies or agreements. The ILO Code of Practice on HIV/AIDS has been used as a point of reference in over 80 countries.

#### Conventions

These are at the other end of the spectrum because their provisions are binding on the countries which ratify them. Convention 111 on Discrimination (Employment and Occupation), adopted in 1958, is a key text on the issue of discrimination at work and has been applied to HIV status in a number of countries.

#### Recommendations

These come between the two. All ILO member states are required to discuss a new Recommendation in the parliament or equivalent and report back within a year (18 months for federal states). Members may also have to respond to requests for information on follow-up from the ILO governing body.

Recommendation 200 concerning HIV and AIDS endorsed the 2001 Code of Practice and recommended that all member states introduce or review, a national policy on HIV/AIDS and the world of work.

### **Recommendation 200 sets out the following principles:**

1. The response to HIV and AIDS [in the world of work] should be recognised as contributing to the realization of human rights, fundamental freedoms and gender equality.
2. HIV and AIDS should be ... treated as a workplace issue, [and].. included among the essential elements of the national, regional and international response to the pandemic with full participation of employers' and workers' organizations.
3. There should be no discrimination against or stigmatization of workers, in particular jobseekers and job applicants, on the grounds of real or perceived HIV status ...
4. Prevention of all modes of HIV transmission should be a fundamental priority.
5. Workers, their families and their dependants should have access to ... [HIV] prevention, treatment, care and support, and the workplace should help facilitate access to these services.
6. Workers' participation ... in the design, implementation and evaluation of national and workplace programmes should be recognized and reinforced.
7. Workers should benefit from programmes to prevent specific risks of occupational transmission of HIV and related ... diseases, such as tuberculosis.
8. Workers, their families and dependants should enjoy protection of their privacy, ... in particular with regard to their own HIV status.
9. No workers should be required to undertake an HIV test or disclose their HIV status.
10. 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 and health; and the protection of workers in occupations that are particularly exposed to the risk of HIV transmission.

### **How can we use international standards, especially the new Recommendation?**

The following actions will contribute to the implementation of the Recommendation as well as supporting your work on HIV/AIDS.

Unions can use the provisions of the Code of Practice and Recommendation 200:

- To get a seat at the table and influence the legal process: Recommendation 200 requires governments to consult with trade unions (and employers'

organisations) for the development and implementation of a national HIV/AIDS policy for the workplace.

- To start negotiations with the employer: Recommendation 200 urges workplace action and sets out the responsibility of the employer as well of the workers and their representatives.
- To guide the drafting of an agreement or policy: Recommendation 200 sets out principles (based on the Code of Practice) which can be used and/or adapted as the main provisions of a collective agreement or policy. It also includes guidance on programmes for prevention, care and support at and through the workplace.
- To obtain technical assistance: the Resolution which accompanied the Recommendation requested the ILO to provide technical assistance for the constituents to help them play an active role in implementing the Recommendation at all levels.

A global action plan for implementation was approved by the governing body in March 2011, you can find it at: [http://www.ilo.org/wcmsp5/groups/public/---ed\\_norm/---relconf/documents/meetingdocument/wcms\\_151293.pdf](http://www.ilo.org/wcmsp5/groups/public/---ed_norm/---relconf/documents/meetingdocument/wcms_151293.pdf)

***Booklet 2 of the ACTRAV toolkit (section 6, page 33 onwards) has fuller information on Recommendation 200. Sub-sections 6.1 and 6.2 on implementing the standard and developing new laws or policies are especially useful. They include a checklist for action by trade unions, learning activities, a sample letter to request assistance from the ILO and a draft workshop programme.***

## FACTSHEET 7

### Workplace policies, programmes and structures for HIV/AIDS

*This factsheet advises that preparing the workplace to take action on HIV/AIDS is a necessary first step whether unions aim to develop a workplace policy with employers or to negotiate a collective agreement.*

The ITF ports survey found that the numbers of HIV/AIDS policies and programmes were increasing steadily, and that there were more collective agreements even than three years ago. This and other evidence suggests that they are among the most across the different transport sectors. Over half the workers were covered by a policy and/or collective agreement in each country except Belgium, and two-thirds to three-quarters of the workers in each country had some HIV/AIDS activities at their workplaces, except in Belgium (here it was six per cent). In every country more workers wished for HIV/AIDS education than received it.

Most policies had clauses on non-discrimination, confidentiality, the retention of HIV-positive staff and the prohibition of mandatory testing. About a third of the policies had clauses to promote gender equality.

The ILO suggests that the following steps are discussed by the workplace partners and adapted to specific local conditions, in particular HIV prevalence and local drivers of the epidemic; needs of the sector and workplace; size of the workplace; existing and available resources and assistance. The ILO/AIDS website and ACTRAV toolkit offer more detailed guidance and further examples.

#### 10 steps to a workplace policy and programme on HIV/AIDS

1. HIV/AIDS committee is set up with representatives of top management, supervisors, workers, trade unions, human resources department, occupational health service, safety and health committee and persons living with HIV/AIDS. There should be a representative balance between men and women.

In smaller workplaces, an existing committee, such as an OSH committee, may be used or a focal person appointed, but regular reports should be made to the management.

2. Committee (or focal person) decides its (or his/her) terms of reference. These must be approved by existing decision-making bodies (e.g. workplace committee, executive board).
3. Committee reviews national laws and their implications for the enterprise; this should go beyond any specific laws on HIV/AIDS and could include anti-discrimination laws, for example, and relevant ILO Conventions.

4. Committee assesses the impact of the HIV epidemic on the workplace and the needs of workers by carrying out a confidential baseline study (where size permits). This is important for planning a programme and for monitoring the effectiveness of the response. The ILO or UNAIDS office can give advice. For information on local UNAIDS offices, see [www.unaids.org](http://www.unaids.org), and search under geographical area or by country.
5. Committee finds out what health and information services are already available, both at workplaces and in the local community. This is useful in avoiding duplication and reducing costs. Alliances can be made between businesses, as well as links with NGOs
6. Committee formulates a draft policy. The draft is circulated for comment then revised and adopted; the wider the consultation, the fuller the 'ownership' and support. The policy should be written in clear and accessible language.
7. Committee draws up a budget, seeking funds from outside the enterprise if necessary, and identifies existing resources in the local community. Although funds are important, the absence of funding should not mean that action is impossible.
8. Committee establishes plan of action, with timetable and lines of responsibility, to implement policy. It is important to have at least one named HIV/AIDS co-ordinator to ensure implementation
9. Policy and plan of action are widely disseminated (for example, via notice boards, mailings, pay slip inserts, special meetings, induction courses, training sessions) and programmes of information, education and care are put in place. Co-ordinators, focal persons and peer educators are trained first, then other relevant personnel.
10. Committee monitors the impact of the policy and revises it as necessary. The HIV epidemic is evolving rapidly and so is the response.

### Mumbai, India

*"Initially we found that the senior leadership was not keen to focus on this issue [HIV/AIDS]. But when they saw the number of infections, and when we involved the management in activities, they agreed... As a result, Mumbai became the first port in India to introduce an HIV/AIDS workplace policy."*

Transport & Dock Workers' Union, Mumbai. The union is also represented on the committee that monitors implementation of the policy.

The policy, signed on World AIDS Day 2006, starts with a strong statement by the chair of the Mumbai Port Trust on the need for workplace responses to AIDS and committing to prohibit discrimination. It endorses the key principles of the ILO Code and includes measures to establish a committee plus a plan of action in order to ensure implementation. This gives priority to identifying and training a network of volunteers, some of them as master trainers and some as peer educators.

*Booklet 2 of the ACTRAV toolkit covers rights, policies and agreements, and booklet 3 covers workplace programmes.*

## FACTSHEET 8

### Collective bargaining on HIV/AIDS

*This factsheet offers guidance on the steps to take in workplace negotiations on HIV/AIDS. Other factsheets in this toolkit identify negotiating points where collective bargaining can help protect workers' health and livelihoods. See in particular no. 4 on stigma and discrimination, no. 5 on gender equality, no. 9 on prevention, no. 10 on care and support.*

Collective bargaining is a core union activity. Two great strengths are: (i) the binding nature of a CBA and; (ii) the fact that the process can be adapted to new needs and issues as they arise – it needn't be limited to pay and working conditions.

The ITF ports survey found that in Guatemala and Kenya there were fewer collective bargaining agreements (CBAs) than workplace policies on HIV/AIDS, but in India there seemed to be more (none in Belgium). The ITF evaluation (2012) found that collective bargaining on HIV/AIDS was an increasingly frequent activity.

The ITF recommends that a CBA on or including HIV/AIDS should be among the top priorities of affiliates, especially in higher-burden countries.

### Check list for HIV/AIDS negotiations

#### Background information and preparation

- Do you know what relevant codes and laws are in place – international and regional as well as national? Are you familiar with the key principles of the ILO Code of Practice and Recommendation 200?
- What is the union's HIV/AIDS policy?
- What other agreements, if any, has your union signed on HIV/AIDS?
- Does the union have agreements with the same company at other workplaces?
- Has this company implemented HIV/AIDS policies in other countries and workplaces?
- Do other unions have an HIV/AIDS agreement with this company or with other companies?

Bring to the negotiating meetings all the necessary information and documents to be used to support your arguments.

## Draft proposal 1: a CBA specifically on HIV/AIDS

- Who are the target groups that you wish to protect? Does the proposal make clear its scope (what workers, family members it covers)?
- What is the best level to protect these groups? Sector, company, workplace?
- Is the draft proposal consistent with the union's policy on incapacity, contract workers etc?
- Is the proposal gender aware and gender specific where necessary, and does it include:
  - Policy statement on HIV/AIDS including non-discrimination.
  - HIV testing, counselling, confidentiality and disclosure.
  - Provision of or access to benefits, especially health insurance.
  - Provision of treatment or referral arrangement with public services.
  - Workplace accommodation for HIV-positive workers and other assistance for workers affected by the epidemic (e.g. carers)
  - Prevention strategies that include education and training.
  - Training and support for peer educators, with sessions during working hours.
  - Wellness programme addressing overall health, including sexually transmitted infections, TB control where relevant, promotion of good nutrition and psycho-social health.
  - Grievance and dispute procedures.
  - Compensation for occupational exposure where relevant.
  - Provisions for an implementation plan, monitoring and evaluation?

## Draft proposal 2: a clause or section on HIV/AIDS in a general agreement

The union must decide on a more limited number of priorities, depending on need. These should include as a minimum non-discrimination and employment security, but also cover basic benefits and HIV prevention measures. SITRAENP in Honduras is working to extend the scope of the HIV/AIDS clauses in the existing CBA. See case study 2 below.

### Resources

1. ITF dockers negotiating and bargaining skills training module
2. ITF affiliate the International Association of Machinists & Aerospace Workers (Canada and USA) has produced a useful training manual to support bargaining and negotiation called 'HIV/AIDS in the workplace: a steward's manual'.
3. See too the ICEM (now part of IndustriALL) training manual on collective bargaining: [www.industrialall-union.org/sites/default/files/migration/icem/0606ICEMHIVAIDSMannualEN.pdf](http://www.industrialall-union.org/sites/default/files/migration/icem/0606ICEMHIVAIDSMannualEN.pdf)

*Booklet 2 of the ACTRAV toolkit on 'Respect for rights: the key to labour and workplace responses' has sections on using the ILO Code of Practice and Recommendation 200 in policy development and collective bargaining at workplace and sectoral levels.*

## FACTSHEET 9

## Promoting HIV prevention at work

*This factsheet stresses the importance of keeping up prevention efforts and suggests simple ways of initiating activities. It says that information alone is not enough to change attitudes and behaviour – these must be tackled on a regular basis.*

The ITF ports survey found gaps in knowledge and misunderstandings among workers in all of the countries. The idea that you can guess a person's HIV status or sexual health generally from the way they look is a very risky one, especially as HIV is not the only sexually-transmitted infection. Of particular concern was the lack of understanding about transmission and ways to prevent it. Some workers in every country reported risky behaviour, and a number of them were aware they are at risk of HIV.

	<i>Belgium</i>	<i>Guatemala</i>	<i>India</i>	<i>Kenya</i>
<b>Percentage who believed that a healthy-looking person cannot have HIV</b>	2% of men	44% of men	11% of men	12% of men
	12% of women	41% of women	10% of women	3% of women

	<i>Belgium</i>	<i>Guatemala</i>	<i>India</i>	<i>Kenya</i>
<b>Percentage who did not use a condom during last sex with a non-regular partner</b>	82% of men	63% of men	65% of men	59% of men
	94% of women	81% of women	56% of women	50% of women

Workplace information and education programmes are an essential part of prevention strategies. There are many encouraging examples of changes in behaviour, attitudes and the rate of new infections brought about by prevention at the workplace, especially through peer education. There is clear evidence of what works. Information is not enough. People need to be supported and helped to change their behaviour, and the behaviour of their partners.

It is therefore vital to:

- Constantly reinforce the basic facts about HIV infection, how it is transmitted and not transmitted, and how to prevent it – include the prevention of mother to child transmission (PMTCT) whether you're talking to women or to men.
- Combat taboos related to sex, expose myths, encourage open discussion, defend rights and oppose the criminalisation of risky behaviours.

- Take a gender-specific approach that addresses the needs and situations of women and men separately, that involves men in education related to women (e.g. PMTCT) and vice-versa, that recognises that men may have sex with other men, may be clients of sex workers, and may abuse alcohol or drugs.
- Encourage confidential voluntary testing with counselling (VCT).
- Provide access to male and female condoms, plus information on correct use.
- Promote and support behaviour change through participatory education and messages tailored to known risks and vulnerabilities at work and in the community.
- Increase access to male circumcision with counselling; to harm-reduction programmes for drug users; to treatment for sexually transmitted infections.
- Assess the risk of TB and request an infection control plan.
- Reduce the occupational risk of transmission where relevant.

### **Where do you start?**

1. Prevention should be mainstreamed as far as possible in existing activities, especially ones which target women and young people: workers' education, occupational safety and health structures, vocational training and apprenticeships, in-service training, trade union training.
2. A committee or focal person has responsibility for HIV/AIDS activities – the prevention strategy is set out clearly in a policy or action plan.
3. Those responsible for planning should take into account the particular factors driving the epidemic locally and the key vulnerabilities; these could include structural factors such as family separation or shift patterns which make it difficult for positive workers to take food and medicine at regular hours.
4. Key staff (senior management, supervisors and line managers, workforce representatives and shop stewards, human resource and occupational health personnel, as relevant) are trained to support the prevention activities, including addressing stigma and discrimination and providing support for those affected by HIV/AIDS. Peer educators are trained to carry out the activities.
5. A survey of existing attitudes and behaviour is carried out, if possible, to provide baseline information to help monitor and review the effectiveness of the programme.

### **The building blocks of prevention: education combined with practical support**

An atmosphere of trust and open discussion of HIV and AIDS, with the full involvement of the workforce, will make a great difference to the success of your programme. Discourage moralising and remember that not all your members are

heterosexual. The participation of people living with HIV will also increase the effectiveness of communications.

**The Cochin Port Staff Association in India (CPSA) started an HIV/AIDS training programme in 2006. This aims to educate different groups of transport and related workers including port authority employees, dockers, cargo handlers, container truck drivers, and some workers in tourism. It also has activities for students, women, unorganised workers and the local community.**

**CPSA has created an AIDS awareness cell for this purpose with a team of 18 active peer educators, trained by specialists from the ITF and the Kerala State AIDS Control Society. The CPSA president played an active role in ensuring union support for the programme.**

### **Education**

- **Basic facts and awareness-raising**

Key facts about HIV transmission and how to prevent it are made available on a regular basis to all employees, their families and others in the local community. Messages must be consistent, clear and accurate, provided in a variety of forms (not just written) and tailored to the workforce, taking into account age, education, gender, risk factors and cultural context.

- **Behaviour change communication (BCC)**

BCC is an interactive approach to education which encourages people to understand their own attitudes to HIV, assess their risk, and build skills such as negotiating the conditions of sex. Messages and approaches are tailored to the needs of a particular group with some common characteristics; this could be all the workers at a port or, better, a smaller group such as container loaders, drivers or office workers.

- **Peer education**

Peer education is one of the most effective ways of conducting HIV/AIDS education and inspiring behaviour change. Peer educators come from the same workplace or sector as the target group, and are trained to provide information on HIV/AIDS, organise education activities and, in some cases, do counselling as well.

**The Maritime and Dock Workers' Union of Ghana has received support from the National AIDS Commission for its education programme.**

### **Practical support**

- Workplace campaigns that encourage people to know their HIV status: voluntary confidential testing with counselling supports prevention and provides access to care and treatment, if needed.
- HIV education in working hours.
- Provision of free or low-cost male and female condoms, making sure that people know how to use them.

- Early and effective STI and TB diagnosis, treatment and management (if your company does not have the resources to provide it, refer employees to public health services).
- Access to sterile needle and syringe exchange programmes, where relevant, as well as alcohol awareness.
- Standard or universal precautions in place to protect workers from the risk of infection through occupational exposure or workplace accidents.

### **Occupational safety and health principles and structures as part of the solution**

HIV is not spread through normal workplace contact. It cannot survive long outside the human body. It cannot survive on machinery, or on foodstuffs that workers may be preparing or packaging. Nevertheless, the working environment does have risks:

- Some workers may come into contact with body fluids as part of their work; the most obvious groups are health and emergency service workers.
- Other workers are vulnerable more indirectly due to the nature and conditions of their work, especially mobile workers.
- Workers may come into contact with body fluids as a result of an accident at work, for example first aiders.

Whatever the circumstances, safety and health principles, especially prevention and health promotion, are being usefully applied to HIV/AIDS and OSH committees are often used to manage the response in the union and at the workplace.

### **Negotiating points**

- Provision of a prevention programme that combines basic awareness-raising with education to encourage change in attitudes and behaviour.
- Activities in working hours, and arrangements to include families, suppliers and other company contacts where possible.
- Linkage of HIV to OSH programme and committee, plus training in first aid, universal precautions.
- Practical measures to support education, especially VCT campaigns and access to testing and the training and deployment of peer educators
- Measures for the control and treatment of STIs, TB where relevant, and introduction of wellness messages and health testing.

In June 2011, the National Union of Seafarers Sri Lanka (NUSS) launched a long-term workplace education programme to cover all maritime sector workers in the Port of Colombo. Its aim is to increase knowledge about HIV and AIDS, promote behaviour change and reduce HIV-related stigma and discrimination. The programme is being implemented in 13 key divisions in the port and four seafarers' and maritime schools. Ten focal persons are training 75 educators and trainers from the workplaces involved, who will in turn reach approximately 2000 workers plus families and communities.

The Sindicato de Trabajadores Unidos de Empornac, Guatemala, organised a VCT camp in Porto Santo Tomas in August and September 2011. It was attended by 92 workers (72 men and 20 women) and the general secretary set an example by being tested publicly. The union organised the event in collaboration with the port management, the port medical clinic and a local NGO. The initiative was timed to coincide with the government's national testing week as part of the country's commitment to universal access.

*Booklet 3 of the ACTRAV toolkit looks in detail at how workplace programmes can help extend access to HIV prevention, treatment, care and support, and provides detailed guidance and examples. It also sets out the basics of universal precautions.*

## FACTSHEET 10

### Providing care and support at the workplace

*This factsheet stresses the fact that care, support and treatment are closely linked to prevention. If care and support are not available for workers, there is no incentive to come forward to be tested. It sets out the key issues which should be raised with employers.*

The ILO Code of Practice and Recommendation 200 both state that HIV/AIDS should be treated like “any other serious illness or condition” that may affect a worker. Even so, a worker living with HIV is not necessarily sick or in need of care or treatment. Support in the form of solidarity and non-discrimination is always desirable. Keeping an employee at work is the best support an employer can give.

Workers with HIV may well be able to carry on working for a number of years, especially if they have access to medicine, good nutrition and rest. Shifts and work schedules may later need to be altered, and tasks and working environment adapted if a worker’s immune system has become weak.

*“If you take away our jobs, you kill us faster than the virus. Work is more than medicine to us. It keeps us going, and enables us to bring home food and medicine.”*

**Naveen Kumar, India**

***In the ITF ports survey, 94 per cent of the workers in India, 93 per cent of those in Kenya, and 81 per cent of those in Guatemala said the workplace should provide HIV testing and treatment; even higher numbers said that AIDS education should also be available at the workplace.***

The provision of care and support can be difficult to negotiate, as employers believe it will be costly and/or that they lack the capacity to provide such services. A lot depends on the size and resources of the company and the union negotiators should obviously tailor their demands to the particular situation.

Trade unions should point out that key measures come with few or no costs attached:

1. A policy or agreement that commits to retaining HIV-positive employees.
2. Workplace campaigns to encourage employees to 'know their status' and seek voluntary testing and treatment.
3. Referral systems to local health services.

In addition, where an occupational health service exists, it may be possible to adapt or upgrade its services so that opportunistic infections are treated and palliative care and pain relief provided, even if antiretrovirals (ARVs) are outside its scope (but see below).

## Access to treatment

It is important that workers understand that ARVs at best contain the disease – they don't cure it and can be difficult and unpleasant to manage. As more members disclose, unions should discuss ways of offering psychosocial support including helping with treatment adherence (and see factsheet 11 on support groups).

Research from the ILO shows that providing ARVs results in a large and immediate increase in the number of HIV-positive workers people who are able to continue working: within six months after beginning treatment, 20 per cent more are likely to be at work and 35 per cent more are able to work longer hours.

Many larger workplaces, including a number of port authorities, have been able to provide ARVs through their health services or insurance schemes. Treatment can also be made possible through public-private partnerships; for example the workplace becomes a point of delivery for medication provided by government or donors. It should be noted that the current economic crisis is resulting in a decrease in funding for AIDS, including for ARVs. Negotiating for ARVs and/or health insurance should be a priority on the bargaining agenda.

**The Cochin Port Staff Association, India, provides ARVs to members living with AIDS, as well as counselling and practical support for those who can't stay at work.**

## Reasonable accommodation

Reasonable or workplace accommodation means adjustments made by the employer to help workers manage their work if they have an illness or disability. Ideally it should be applied to employees who are carers as well as those living with HIV. Management, in consultation with workers and their representatives, should take measures on a case-by-case basis but the principle should be included if possible in a policy or agreement. Examples of reasonable accommodation include:

- Reducing or rescheduling working hours
- Modifying tasks or changing jobs
- Adapting the work environment and working equipment
- Providing rest periods and refreshment facilities
- Flexible sick leave
- Time off for medical appointments, counselling and other services
- Part-time work and flexible return-to-work arrangements.

## Voluntary counselling and testing (VCT)

*“Prevention, care and support are inseparable. The provision of good quality care and support prolongs and improves the quality of life, and provides opportunities for HIV prevention efforts.”*

**World Health Organization**

VCT is the key link between prevention and treatment. A worker who knows his or her status is able to access support and (hopefully) treatment if found to be positive, and can commit to effective protection if negative. Knowing one's status, even if the news is bad, helps end uncertainty and counters the fear of the unknown.

Both unions and workplaces are suitable venues for ‘know your status’ campaigns because they can encourage positive peer pressure and provide convenient facilities. Nevertheless, opting out must always be available as an option.

**The port authority of Lomé, Togo, has had an HIV/AIDS prevention and care programme since 1996. In 2011 the peer educators and women's network of ITF affiliate, SYNTRAPAL, supported by the port authority, organised a caravan with the theme of ‘Universal access and human rights: no HIV/AIDS stigmatisation – we're all affected’. The caravan travelled around the port and went to a nearby market to create awareness and distribute condoms. It was accompanied by a band and a famous Togolese singer. FESYTRAT, the ITF road transport affiliate in Togo, joined SYNTRAPAL to organise a week-long VCT campaign to follow up the caravan. Screening took place at three sites including the port area.**

More and more unions are arranging health testing rather than testing for HIV alone. Typical tests offered are diabetes, blood pressure, cholesterol and eyesight as well as HIV. The ITF case studies show a number of different approaches to promoting VCT, including through football, drama and ‘edutainment’. See HIV/AIDS: transport unions take action at: [www.itfglobal.org/files/publications/26685/HIV\\_BestPractice\\_English.pdf](http://www.itfglobal.org/files/publications/26685/HIV_BestPractice_English.pdf)

Some companies feel that pre-employment testing is the way to keep the workplace free of HIV, but compulsory testing is never effective as it contributes to fear and discrimination. Nor is it practical because:

- i) A test may give a false negative if the person is recently infected.
- ii) A person who tests negative today might get infected tomorrow – how often does the employer keep testing?
- iii) The test only reveals that someone is carrying the virus, not that they are unfit for work or when they might become sick

**Workers are more likely to take up VCT opportunities and/or decide to disclose if:**

- They are certain that they will not suffer discrimination on the basis of their HIV status, and steps are taken against anyone who is guilty of discrimination.
- There are guarantees of confidentiality, and the medical staff are seen to be independent of management.
- The testing facilities are integrated into other services so that workers using them cannot be identified by others, or there is a workplace-wide testing campaign.
- There is a clear benefit, for example an available treatment programme.
- HIV/AIDS awareness and prevention programmes have involved persons living with HIV and created positive images of HIV+ workers.
- Management actively supports HIV workplace initiatives.

## TB prevention and control

TB is increasingly presenting as a co-infection with HIV and the cause of death in about half of the people who die from AIDS-related conditions. In the early days of the HIV epidemic, less attention was given to TB because the major cause of death of people living with HIV was pneumonia. But with effective treatment available for Pneumocystis pneumonia (PCP), TB has become the number one killer of people living with HIV.

Since the development of combination therapy in the 1970s, TB has become, in most cases, a curable disease. It is relatively easy to apply TB prevention and control measures at the workplace: WHO and ILO have published joint guidelines for TB control activities in the workplace. You can find them at: [www.ilo.org/aids/Publications/WCMS\\_141490/lang--en/index.htm](http://www.ilo.org/aids/Publications/WCMS_141490/lang--en/index.htm) and [www.ilo.org/aids/Publications/WCMS\\_149714/lang--en/index.htm](http://www.ilo.org/aids/Publications/WCMS_149714/lang--en/index.htm), and the ACTRAV toolkit contains fuller information about TB (see booklet 3, section 5.3).

## Negotiating points

- Access for the worker and dependants to palliative care, treatment of opportunistic infections, ARVs whether directly, through health insurance or, at the least, through a functioning referral system to community services (depending on local circumstances).
- Continuation of social and health-related benefits for those with HIV.
- Confidentiality regarding medical data, including HIV status.
- No termination of employment as long as the worker is fit to work – clear provisions regarding incapacity and the grounds for dismissal, including reasonable accommodation measures to be put in place. Special arrangements should be negotiated for migrant workers where relevant.
- Zero tolerance for discrimination and grievance procedures in place.

The Transport and Dock Workers' Union at Kandla Port, India, has formed a seafarers' port welfare committee. This, among other activities, is supporting a drop-in centre in the port area to provide information and education on HIV/AIDS and is planning a medical centre to provide professional counselling as well as treatment for sexually transmitted infections (STIs).

*Booklet 3 of the ACTRAV toolkit looks in detail at how workplace programmes can help extend access to HIV prevention, treatment, care and support, and provides detailed guidance and examples. It includes fuller information on TB and other opportunistic infections.*

## FACTSHEET 11

### Union support for members living with HIV

*This factsheet encourages unions to follow the examples of women's associations, faith-based organisations and other community groups, by providing practical support for groups and networks (including international networks) of positive trade unionists.*

The involvement of people living with HIV, and their associations, helps unions plan relevant, appropriate and effective activities. They are also well placed to convey meaningful messages.

But why do unions and workplaces so often look to NGOs for the participation of HIV-positive persons, and why do HIV-positive workers and union members look for support outside the union to NGOs, faith-based organisations and others? Why is it so difficult for workers and union members to disclose their status to their own comrades?

A handful of unions have stepped forward and taken concrete steps to encourage disclosure and provide real support. They include ITF affiliates CCWU in Guyana and KDWU in Kenya, as well as some public sector unions in Zimbabwe. In Ethiopia the ITF affiliate helps organise a support fund for affected members, which is supported by contributions from workers and management. In other cases the union has encouraged the pooling of sick leave for the benefit of colleagues whose needs are greater.

In Canada, ITF affiliate CAW reports: "We have sometimes been involved in getting people help with the psychological impact of their illness. One of the managers in the labour relations department was HIV-positive for many years. He never made any secret of his illness and the employer did all they could to make his work life easier when he was able to work, and supported him when he was off."

Together with the ILO, the ITUC organised a contest in Latin America called 'Positive workers write!', which has brought together stories of stigma, fear and shame but also humanity and hope, see: <http://www.ituc-csi.org/world-aids-day-2010-message-from.html>.

The ITF plans to take action in this area with other global unions and will contact affiliates about taking part.

## Telling stories to fight stigma and save lives

In Mombasa port, Kenya, a pilot ITF project has used storytelling techniques to break the silence, fear and stigma surrounding HIV/AIDS.

On the move for days and weeks, transport workers often feel disconnected not only from their families and communities but from their own life histories. Fatigue, loneliness and frustration coexist with the need for human connection and a quest for adventure. Life on the road (or sea, or in the air, or on the railway) takes on its own reality. It is this change in reality that makes it easier for people to engage in unsafe sexual and drug-taking practices that can lead to HIV infection.

The ITF project in Mombasa used story-telling to break the silence, fear and stigma surrounding HIV/AIDS. In May 2009, forty transport workers from different sectors, including dock workers, sat in a circle and listened to one another tell stories of their experiences, including the effects of HIV and AIDS. At the beginning of the sessions, only one person was openly HIV-positive.

Among those who took part in the story-telling activity, only one person was openly HIV-positive at the start. During the final ceremony, 12 people disclosed that they were HIV-positive, and told their stories to the assembled gathering. They committed to becoming public advocates. When asked about the impact of the storytelling workshops, one driver said: "For those who felt shy or hesitated, this workshop removed the stigma that had been present for so long. If we speak out together with our stories, we can speed up the search for solutions to the spread of HIV/AIDS." See a longer version at: <http://www.itfglobal.org/HIV-AIDS/index.cfm>

Since the end of the project, HIV-positive members of the unions involved, from ports, fisheries, maritime, rail, road and civil aviation, have come together and set up USAFIRI, a network for positive transport workers in Kenya. It is a registered community organisation whose aims are to encourage open debate about the virus and to challenge inequality, stigma and isolation experienced by those affected. USAFIRI will also lobby for proper treatment and care for those infected by HIV, as well as for transmission prevention.

ITF affiliates from other countries attended the launch ceremony and have been moved and motivated to pave the way for their own positive members to start similar networks.

## Section four – Scenarios

- 59 Management doesn't understand HIV risk at the workplace
- 59 Management insists on HIV testing
- 60 Workers discriminate against a co-worker
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## Using the factsheets in practice – what would you do if....?

*Use these in informal group situations, branch meetings, training courses and workshops to encourage discussion and help you decide on policy and action. You can also use some of them as role plays.*

### 1. Management doesn't understand HIV risk at the workplace

Kalpana, a worker in the port cafeteria, has disclosed that her husband has HIV. She doesn't know her own status. The head of the human resources department comes to the union representative to discuss the situation. He knows little about HIV and asks the union questions like: Are the customers and other staff at risk if this worker does have HIV? Can HIV be caught through eating food prepared by someone with HIV? Can we test her to be sure? If she's HIV-positive can we dismiss her or change her to another job where she doesn't touch food?

- What answers should the union give him to each question?
- What advice should the union give regarding this worker?
- What assistance should the union offer Kalpana herself?

*See factsheet 9 on prevention, also no. 3 on AIDS as a workplace issue, no. 5 on gender, and nos. 7 and 8 on policies and CBAs.*

### 2. Management insists on HIV testing

Alarmed by data suggesting that port workers have higher than average HIV rates, the management of a stevedoring company announces that employees should be tested for HIV, with results to be kept by the medical service. The test is not 100 per cent compulsory but the pressure is very strong on employees to prove that they don't have HIV.

- Is this permissible?
- Is it practical or useful?
- What position should the union take and how should it advise members?

*See factsheets 4 on stigma and discrimination and 10 on care and support (incl. testing), also nos. 7 and 8 on policies and CBAs.*

### 3. Workers discriminate against a co-worker

Felipe [or Somchit/Rajiv/John...] is an openly gay accountant in the office of the port authority. Recently, whenever he goes into the canteen, he notices a very cool reception from the other workers there - some of them even move away from the table if he sits near them. He decides to speak informally to the union shop steward, but says he's prepared to make a formal complaint through the company grievance procedures if the situation doesn't improve.

- What's happening?
- What should the steward do?
- What should the airport union branch do?
- What should Felipe's own branch do?

*See factsheet 4 on stigma and discrimination, also no. 5 on gender, nos. 7 and 8 on policies and CBAs, and no. 9 on prevention.*

### 4. Workers don't take up opportunities for voluntary testing

The private terminal operator introduced voluntary counselling and testing (VCT) a year ago. Management has come to the union because they are concerned that very few workers have come forward for testing. The service is provided by an outside provider which visits the workplace from time to time. Workers may use the service during working hours but have to get permission from their supervisor. Though counselling is provided the company does not have a healthcare programme to address HIV/AIDS. Workers who test positive have to find public health providers.

- Can the union help in this situation?
- What advice would you give the company and what action would you take as the union?

*See factsheets 9 on prevention and 10 on care and support (incl. VCT), also no. 4 on stigma and discrimination.*

### 5. There is evidence of sexual harassment

All the dockers in the labour pool, the majority of them men, are organised by your union. Most of them have good relations with each other. Lately, however, you've noticed some new female employees looking unhappy and felt tensions within certain work teams. You overhear some of the workers talking about what they'd "like to do" with the new recruits and realise they may be harassing the women.

- Is this a union matter or a purely personal one?
- Does the union take action? If so, what does it do?

*See factsheet 5 on gender equality, also no. 4 on stigma and discrimination, nos. 7 and 8 on policies and CBAs.*

## 6. Interest in HIV prevention messages is declining

The terminal operator has had an HIV/AIDS programme for some time – they distribute leaflets and arrange occasional talks. Workers were interested at first but now hardly anyone takes notice. The union would like to revitalise the programme as it knows there's a need for effective prevention.

- You arrange a branch meeting and come up with a set of proposals to take to the management. What are your proposals?
- You might like to consider the merits of broader wellness/testing programmes.

**Note:** this activity can also be turned into a role play, with group members taking the role of different officials and workers attending the branch meeting.

*See factsheet 9 on prevention, also nos. 1 on AIDS as a union issue and 7 on workplace policies and programmes.*

## 7. A sick worker refuses to test for HIV

Leonard has been looking sick for a while, but whenever the other crane operators asks him if he's OK, he says that he's fine. The company and union have collaborated to train and support a good network of peer educators. They meet to discuss their fears for Leonard's health. They decide that one of them should speak to him directly and choose the person nearest to him in age and status. Frederick approaches Leonard and asks him if he's had any medical tests – he doesn't mention HIV or VCT as such. They talk on several occasions, with Frederick urging him to take all the necessary blood tests. He offers to go with him to the clinic if he likes. Eventually Leonard admits he's afraid he has HIV and agrees to get tested.

- Discuss this example and what can be learnt from it.
- Do you have experience of people who refuse to be tested? Can you understand why?
- What arguments can you use to convince someone that testing can be useful, especially if they seem to be sick?
- Discuss the sort of people who should become peer educators and how they can be trained.

**Note:** the conversation between Frederick and Leonard could also be a short role play, and then discussed by the other members of your group.

*See factsheet 9 on prevention, also no.1 on AIDS as a union issue, no.10 on care and support, and no.11 on trade union support for positive members.*

## 8. The rights of workers with HIV are under threat

Omar is a lasher. He is HIV-positive and finds he is getting tired and can't keep up with the pace of loading and unloading. He is often away from work and is fast using up his sick leave. The company has indicated that once his sick leave is finished, he will have to use his annual leave and then take unpaid leave. His fellow workers are also getting irritated because his slowness and absenteeism are affecting their productivity bonuses. The company says that they are prepared to continue employing Omar, but because of his HIV status they cannot continue contributing to the medical and pension schemes. The company has no policy or agreement covering HIV.

- What position should the union take?
- What are Omar's rights and how can the union protect them?

*See factsheet 10 on care and support, also no. 4 on discrimination, nos. 7 and 8 on policies and CBAs, and no.11 on trade union support for positive members.*





## Case studies

*These provide examples of action which are records of what has actually happened in response to some of the issues and problems raised in the scenarios. They provide good practices and lessons learned to help other unions plan their own activities.*

### 1. Togo: Syndicat des Travailleurs du Port Autonome de Lomé (SYNTRAPAL)

It was in the mid-1990s that it started to become clear that HIV/AIDS was an issue at the port of Lomé, Togo's capital and main port - a threat for the workforce and for service delivery. Thanks to joint action by management and ITF affiliate SYNTRAPAL, an HIV/AIDS programme was in place by 1996. Subsequently the union and port authority agreed a workplace policy on HIV and AIDS and the policy was launched on World AIDS day 2009.

#### HIV/AIDS policy of the autonomous port of Lomé (PAL)

The first section sets out the importance of HIV prevention and commits the port to promoting behaviour change communication in order to educate workers on STIs, HIV and AIDS and reduce risk-taking behaviour.

The second section says that there will be no pre- or post-employment testing with the exception of the opportunity for confidential voluntary testing (VCT).

The third section explains what care and support arrangements are available for workers with HIV and their families, even after they have left PAL employment. ARVs are provided free, as are tests and checkups – 80 per cent of the costs are covered by medical insurance and 20 per cent by the employer. In addition the port will offer support in terms of arranging meetings, providing information, and ensuring adequate sick leave.

A detailed fourth section makes a strong commitment against all forms of discrimination and for confidentiality.

Implementation is to be assured by an HIV/AIDS committee made up of representatives from management, the union, peer educators and workers living with HIV.

Collaboration between the union and management is good. SYNTRAPAL has also put in place its own programme with an annual plan of action. The port authority (PAL) supports many of these through the HIV/AIDS focal person and the port HIV/AIDS committee. These workers receive time off for their HIV/AIDS activities.

The common priority of PAL and SYNTRAPAL is to build capacity among the port workers to share information and provide education and counselling on HIV and

AIDS. The education programme is strategic and well-planned, with the following key elements:

- Training for the HIV/AIDS committee, for new peer educators and refresher courses for existing peer educators.
- Training in behaviour change communication methods for focal persons and key educators and activists.
- A campaign of awareness-raising among the workforce at large concerning the HIV/AIDS policy, its implementation and their role in monitoring compliance.
- Regular campaigns to promote voluntary testing and testing opportunities at the workplace.
- Building a network of HIV/AIDS focal points in different units and departments of the port.

Additional interesting initiatives include an HIV/AIDS education programme for the children of workers, the use of public media especially radio, and the distribution of male and female condoms. The union is always imaginative in its outreach and awareness-raising; for example using Valentine's Day as an opportunity to raise issues of safe and responsible sex. Seven hundred people turned up to take part in the various events. They frequently weave dance, music and drama into their activities, and they are also generous in sharing their experiences and facilities with other unions. At a joint activity designed to strengthen skills in policy development, SYNTRAPAL organised special VCT sessions at the port medical service. Many activities are geared to the wider community at and around the port, not only union members, and workers.

SYNTRAPAL is keenly aware of the stigma and discrimination surrounding the disease, and the fear and exclusion suffered by many, and much of the awareness-raising targets stigmatisation as well as seeking to inform about transmission and how to prevent it. A recent breakthrough has been the setting up of a network of port workers who are living with HIV. This offers both practical and moral support to its members, and includes regular medical checks, advice on nutrition and healthy living, legal information and advice, and a solidarity fund. The goal is to extend this network to all workers living with HIV.

## **Lessons learned**

The union reports that its active involvement in the PAL HIV/AIDS programme has given the workers confidence and has resulted in a high level of participation in the activities, including VCT. At the same time SYNTRAPAL has gained in respect as its commitment to the wellbeing of workers became clear.

## 2. Honduras: Sindicato de Trabajadores de la Empresa Nacional Portuaria (SITRAENP)

Honduras is home to 17 per cent of the population of Central America but 60 per cent of those living with HIV. AIDS is the leading cause of death among Honduran women of childbearing age and the second cause of hospitalisation among both men and women. With the aim of protecting workers and supporting the national response to the epidemic, SITRAENP has integrated HIV/AIDS activities into its core activities since 2008. It works with a number of partners. On the one hand, government, municipal and non-governmental AIDS programmes and on the other, national and international trade unions. In addition to support from the ITF, SITRAENP benefits from Danish trade union 3F's union strengthening project where HIV/AIDS is a central component. This covers dock workers and members of the surrounding community.

SITRAENP faces a number of challenges, most of them common to other unions, in particular stigma, denial and misconceptions about HIV/AIDS among members. The predominant culture of 'machismo' and low levels of condom use are barriers to effective prevention; Honduras has the highest adolescent pregnancy rate in Central America. Funding for HIV/AIDS activities is always a challenge, which it tries to overcome through partnership and collaboration, but it faces lack of commitment from management to initiate HIV/AIDS workplace programmes.

### The principal activities are:

- HIV/AIDS education at workplaces with the support of a cadre of trained peer educators.
- A condom distribution programme at workplaces.
- A long-term campaign to reduce stigma and discrimination at the workplace, including workshops on stigma for members' children.
- Rallies and other events on World AIDS Day, May Day, International Women's Day and important national days in partnership with other unions.

**SITRAENP now has a network of trained and effective peer educators in place who raise awareness and offer support to members and other workers. The next target is to train more members and to provide HIV/AIDS education for workers' children and the wider community. The campaign against stigma and discrimination at the workplace is well-established and successful in protecting workers' rights – it has been reinforced by a collective bargaining agreement incorporating clauses on HIV/AIDS which include access to VCT and to antiretroviral treatment for workers who test positive. The union plans to introduce more clauses on HIV/AIDS during the next round of collective bargaining and to work with sister union SIREMAH to organise local fishermen and offer HIV/AIDS activities.**

## Lessons learned

- A core team with some dedicated members is essential to planning, implementing and sustaining action.
- Developing partnerships with local and national organisations, including organisations of people living with HIV, is important in terms of technical, financial and moral support.
- Progress in preventing HIV depends on removing misconceptions and helping people understand their individual risks and responsibilities in relation to HIV/AIDS.

### 3. India: Transport and Dock Workers' Union, Kandla Port

*"The aim of our work is to sensitize members to the reality of how HIV/AIDS is consuming our workforce. Our union is trying to break through the dangerous silence and prejudice that prevents people learning how to stop the spread of HIV/AIDS and support those who are HIV-positive."*

**Joseph Chacko, organising secretary, Transport and Dock Workers' Union, Kandla**

Located in the state of Gujarat and serving North Western India, Kandla is one of the country's major ports and main cargo handling facilities. In recent years the amount of cargo and traffic into the port has increased, generating additional economic activity in the surrounding area. Over 10,000 people work directly for the port trust or for private contractors based at the port, nearly 50,000 seafarers visit the port each year and 1,200 trucks go in and out each day. There is a large floating population in and around the port, including workers who have migrated to the area from nearby states and some 2,000 sex workers. A combination of these factors helps explain rising the HIV prevalence and increasing risk of exposure.

The Kandla Transport and Dock Workers' Union started its HIV/AIDS work in 2006. Much of it is in collaboration with international and local NGOs, among them the YMCA Gandhidham, PRAYAS and the V N Patel Graham Vikas Trust. It also works with the Gujarat State AIDS Control Society and its partners, and links activities for dockers with the projects these bodies have organised among sex workers, truck drivers, and migrant workers in the area. Examples of their joint activities include street plays, distribution of IEC materials and condoms, and a medical camp for migrant workers with voluntary HIV testing. They now plan to set up a drop-in centre with a clinic for truckers at one of the gates of the port where truck drivers and cleaners gather and wait to go in.

The union has a sound track record of social mobilisation and action for seafarers' welfare, including playing an active role in the running of the Kandla Seafarers' Welfare Association (KSWA) and the seafarers' centre. The centre was set up inside the port because about 70 per cent of the crew of visiting ships don't get shore leave. The KSWA and the centre have also been useful in providing facilities for HIV/AIDS activities. The seafarers' centre displays HIV/AIDS awareness materials and also provides free condoms for the seafarers visiting the Port of Kandla.

Using the ITF's World AIDS Day campaign materials, the Kandla Dock Workers' Union sets up stalls every year on 1 December (World AIDS Day) both at the administrative office and the port entrance to inform union members, port staff and contract workers about the risk of HIV and the impact of AIDS. After a visit to the stalls by the port chair in 2010, a team of union activists approached him formally to negotiate the introduction of a workplace policy on HIV/AIDS. As a result, Kandla is now the second major port in India with an HIV/AIDS policy. This covers issues of stigma and discrimination and provides employees with paid leave for treatment, linked to the port's existing chronic diseases policy.

*“Workshops and seminars organised by the ITF ... and information-sharing regarding various national policies and ILO instruments helped us to tailor a site-specific policy. Our message to other unions thinking of taking action is: it’s high time folks! This is not my issue or yours – it’s everyone’s. Only together can we fight HIV AIDS.”*

**M. L. Bellani, general secretary, Transport and Dock Workers’ Union, Kandla**

A key partner is the Kutch Network of Positive People (KNPP), who have been vital in helping the union develop a programme to counter stigma and discrimination. This promotes the rights of those affected linked to basic labour rights and encourages compassion and open discussion of difficult issues.

Following an incident where a member of the KNPP was refused admission to hospital after a road accident, the union became aware of the extent and potentially fatal consequences of discrimination. The general secretary was able to find a bed for the man at a private clinic, thanks to his contacts and influence in the community, and union members contributed to his expenses. It was to overcome such discrimination, as well as to support prevention efforts, that the Transport and Dock Workers’ Union decided to draw up a formal policy on the issue. The general secretary and union office bearers have committed themselves to supporting the policy by building union officials’ education, training and counselling skills.

## **Lessons learned**

*“There is no doubt unions need to counter the stigma, discrimination and misconceptions that surround the disease in India. When we started our awareness-raising work in Kandla with seminars, posters and activities to mark World AIDS Day, it was very difficult to interest the workers. ‘What does HIV/AIDS have to do with us?’ was their usual response. But the activities and powerful testimony of the Network helped to start getting the message through to workers about the real need to protect themselves from infection, whilst also overcoming prejudices towards those affected.”*

**Joseph Chacko, organising secretary, Transport and Dock Workers’ Union, Kandla**

## 4. Kenya Dock Workers' Union

Kenya has a severe, generalised HIV epidemic but in recent years the country has experienced a notable decline in HIV prevalence, attributed in part to significant behavioural change and increased access to ARVs. All the ITF affiliates in Kenya are contributing significantly to the national response to the epidemic.

Kenya Port Authority (KPA) employs some 7000 workers, mostly male. By the mid-1990s it estimated that about a quarter were HIV-positive and the authority was experiencing rising running costs at the same time as falling productivity. The KPA started HIV education in the 1990s but did not establish an HIV/AIDS policy for its workers until 2009. The Kenya Dock Workers' Union played a central role in advocating for and developing the policy, and it is also involved in monitoring implementation. This started with the dissemination of the policy to all the workers.

The guiding principle of the policy is protection of the rights of employees, as well as job applicants, in access to employment, training, promotion, benefits and services, including treatment. According to Simon Sang, general secretary, "This policy will help us to fight stigma and discrimination at the workplace. [It] does not only cover workers but also their dependants, and includes ARVs for all of them". The curriculum of all technical courses at Bandari College, the staff development college of the KPA, will include HIV and AIDS.

AIDS activities in KDWU are coordinated by a Gender and HIV/AIDS Committee which significantly strengthened its AIDS work as well as making it more gender-aware. The committee has established regular Friday awareness sessions in different departments at the workplace where members discuss gender issues and HIV/AIDS with the personnel based there. The committee is supported by youth and women's networks, who act as peer educators and focal persons on HIV/AIDS in their sections.

KDWU has a well-established HIV/AIDS information and education programme, run by peer educators, with a focus on voluntary counselling and testing. A resource centre with information on HIV/AIDS been set up at the union's headquarters and there are plans to publish a range of targeted materials such as posters, brochures and DVDs. Future plans include extending the workplace programme to workers' families and the surrounding communities. More partners will be sought to help with this outreach.

**In collaboration with the port authority, KDWU organised HIV awareness-raising activities during the popular interdepartmental football tournament – which includes a women's team. Union educators performed plays and recited poems on the dangers of HIV and AIDS.**

**Key message: "Footballers should always wear shoes and not play barefoot since the ground is full of thorns" – meaning that they should use condoms and not have unprotected sex.**

An important development has been outreach to other transport unions in order to combine forces on HIV/AIDS. Together with the Kenya Long-Distance Truck Driver and Allied Workers' Union it organised a week-long "Moonlight VCT" programme, supported by the Ministry of Transport. This offered truckers the chance of voluntary testing at their overnight stops. KDWU also collaborates with the seafarers' union, as well as the Ministry of Transport and Kenya Maritime Authority, to organise HIV/AIDS workshops for and VCT for their members. A major seafarer testing campaign took place at Mombasa Port, where KDWU is based.

The union played a key role in the pilot ITF project with the NGO Narrativ to use storytelling to break the silence, fear and stigma surrounding HIV/AIDS. Four one-day workshops were held for small groups with common working situations: truck drivers and dock workers, who are heavily stigmatised as the conduits of HIV in Kenya; members of an HIV-positive support group; doctors and nurses at the KPA clinic; members of the dock workers' union and ITF. This led to the creation of a network of HIV-positive transport workers from all sectors, known as USAFIRI, which means 'mode of transport' in Swahili, see factsheet 11.

Challenges include on the one hand denial, silence and shame and on the other discrimination, stigmatisation and rejection related to HIV/AIDS. These stem from fear and the lack of correct knowledge, which the union seeks to remedy. The union also faces practical obstacles such as the lack of funds for HIV/AIDS activities, variable commitment of union members and leaders, and logistical difficulties in reaching all the different branches and depots of the KPA.

Nevertheless, as a result of KDWU's contribution to the port authority's programme, the uptake of voluntary testing has risen, most employees who need them are on ARVs and new infections are declining.

## Lessons learned

- Collaboration with the employer and joint development of an HIV/AIDS policy are key to combating discrimination.
- Workplaces are well-placed to deliver prevention education as well as protect rights: the HIV/AIDS programme at Kenya's docks has promoted behaviour change, provided care and support, and helped the employer manage the impact of the epidemic.
- The active involvement of workers in developing HIV activities arouses enthusiasm and makes programmes more relevant and effective.

## Questions for discussion on the case studies above

1. Collective bargaining is a core union strategy. Do you believe it can be used to improve conditions for workers in relation to HIV/AIDS? Discuss the main provisions you think could usefully be included in a collective agreement. Would you add a clause on HIV/AIDS to an existing agreement or prefer a separate one?
2. Compare the advantages and disadvantages of a CBA with a workplace policy on HIV/AIDS. What do you think of the policies described here?
3. Almost everywhere, stigma and discrimination are barriers to the defence of rights and the provision of care and prevention. What's your experience and what can be done? Share your own union's actions and results, if any.
4. Discuss the benefits of: i) Voluntary counselling and testing (VCT) campaigns. ii) Using peer educators. Do you have experience of either? What good practices have you developed to promote and support changes in attitudes and behaviour?
5. Discuss the lessons learned as set out by the unions. How do they compare with your own experience?

## 5. Rights of HIV-positive workers affirmed in two cases of unfair dismissal in Brazil

In two cases\* in 2011, the Brazilian Federal Superior Labour Tribunal found in favour of an HIV-positive worker, ruling that the workers had been unfairly dismissed and ordering that they be reinstated and compensated for lost wages and benefits.

The complainants in both cases argued that their dismissals were due to their HIV-positive status, that the employers' actions were discriminatory and violated their fundamental rights under the Brazilian Constitution. Both complainants sought reinstatement and payment of retroactive salaries and benefits.

In the decisions, the tribunal referred to two ILO International Labour Standards: the Discrimination (Employment and Occupation) Convention, 1958 (No. 111) and the Recommendation concerning HIV and AIDS and the World of Work, 2010 (No. 200). The tribunal referred in both cases to paragraphs 10 and 11 of Recommendation No. 200, which provide that real or perceived HIV status should not be a ground of discrimination preventing recruitment or continued employment and that it should not be a cause for termination of employment. The tribunal decision also emphasised that Recommendation No. 200 calls for ILO member states to promote the retention in work and recruitment of persons living with HIV.

Examining the issue of burden of proof in the two cases, the tribunal determined that the respondent employer (not the complainant) had the duty of proving that the dismissal was not due to the complainant's HIV status.

\* Adriana Ricardo da Rosa contra SOPAL - Sociedade de Ônibus Porto Alegre Ltda. (Case No. TST-RR-104900-64.2002.5.04.0022, 3 August 2011) and Edson Osório Leites contra SOGAL – Sociedade de Ônibus Gaúcha Ltda (Case No. TST-RR-61600-92.2005.5.04.0201, 22 June 2011).

*Source: ILO/AIDS website*

### Questions for discussion

Workers and their representatives sometimes have recourse to the courts when no agreement is in place or they aren't respected.

1. What legal machinery (courts, labour tribunals) is available in your country and how can the unions access it?
2. Find and discuss examples in your country where unions or other bodies (e.g. legal aid associations) have used the law in cases of discrimination (not necessarily related to HIV). What lessons have been learnt and how can they be applied to HIV-related discrimination, especially at the workplace?

## Section six – ILO/ACTRAV toolkit on HIV/AIDS for trade unions and other resources

77	Other resources
79	List of acronyms



## ILO/ACTRAV toolkit on HIV/AIDS for trade unions and other resources

This resource pack contains a CD with the full text of the ILO toolkit which has been specially developed for trade unions and their HIV/AIDS co-ordinators. It is included because it is a comprehensive and practical tool that can support the HIV/AIDS work of unions everywhere. It complements the ITF pack with more detailed information and guidance, ranging from learning activities to step by step assistance with drafting a project proposal. It includes, for example, the full text of the ILO Code of Practice and Recommendation 200 on HIV/AIDS and the world of work. The factsheets in this pack refer you to the relevant sections of the ILO toolkit.

*Toolkit for trade unions on HIV and AIDS: Core information, practical guidance on policy and programme development, and examples of union action (ILO/ACTRAV and ILO/AIDS, 2010)*

### Summary of contents

The toolkit contains:

- A guide to using the toolkit.
- Six factual and 'how to' booklets related to HIV/AIDS in the world of work.
- Collected learning exercises, case studies and information resources.
- A CD-ROM with key ILO publications on HIV/AIDS in the world of work.
- A DVD with the film 'Workplaces in Africa respond to HIV/AIDS' in English and French.

The guide presents the purpose of the toolkit and an overview of its contents. It also includes practical exercises and learning activities that are ready for trainers to use; eight case studies showing union action on AIDS around the world; a substantial collection of workplace policies and collective agreements relating to HIV/AIDS; and a list of resource materials.

The six booklets cover:

#### **1. Basic information on HIV/AIDS**

Information is included on some of the medical aspects of the disease, as well as on core international policy documents and some of the key players in the global response to HIV/AIDS.

#### **2. Respect for rights: the key to labour and workplace action**

This booklet explains the need for a rights-based approach to HIV/AIDS, including gender equality, and the role trade unions can play. It presents Recommendation 200 on HIV and AIDS and the world of work and suggests the ways unions can use it to strengthen their work.

#### **3. The pillars of an HIV/AIDS programme at the workplace**

An effective HIV/AIDS programme rests on three pillars: prevention, care and

support, treatment, set on a firm foundation of respect for rights. This booklet explains the goal of universal access, the costs and benefits of workplace services and offers guidance and examples of good practice. There is detailed coverage of key issues such as voluntary testing, behaviour change, communications skills, and occupational safety and health.

#### **4. Designing and implementing a trade union programme**

This booklet provides advice on designing and implementing an education and training programme for members. It includes planning, delivery, monitoring and evaluation.

#### **5. Resource mobilisation**

This booklet helps unions identify sources of funding at country level, understand donor requirements and link these to the union's needs.

#### **6. Project development and management**

This booklet helps with the process of developing sound project proposals. It explains some current project planning methods and tools such as project cycle management and the logical framework matrix.

### **Other key resources for ITF affiliates (and see the ILO toolkit for a very full listing)**

**ITF HIV/AIDS programme:** [www.itfglobal.org/HIV-AIDS/index.cfm](http://www.itfglobal.org/HIV-AIDS/index.cfm)

**Report of the ports survey:**

[www.itfglobal.org/infocentre/pubs.cfm/detail/32242](http://www.itfglobal.org/infocentre/pubs.cfm/detail/32242)

**Report of the civil aviation survey:** [www.itfglobal.org/civil-aviation/study.cfm](http://www.itfglobal.org/civil-aviation/study.cfm)

**HIV/AIDS: Transport unions take action. Case studies and good practices from ITF affiliates:**

[www.itfglobal.org/files/publications/26685/HIV\\_BestPractice\\_English.pdf](http://www.itfglobal.org/files/publications/26685/HIV_BestPractice_English.pdf)

**ITUC:** [www.ituc-csi.org/hiv-aids.html](http://www.ituc-csi.org/hiv-aids.html)

**ILO Programme on HIV/AIDS and the world of work (ILO/AIDS):**

[www.ilo.org/aids/lang--en/index.htm](http://www.ilo.org/aids/lang--en/index.htm)

**ILO Bureau for Workers' Activities (ILO/ACTRAV):**

[www.ilo.org/actrav/lang--en/index.htm](http://www.ilo.org/actrav/lang--en/index.htm)

**UNAIDS:** [www.unaids.org/en/](http://www.unaids.org/en/)

**Global fund to fight AIDS, TB and Malaria:** [www.theglobalfund.org/en/](http://www.theglobalfund.org/en/)

## Acronyms

**Note:** Abbreviations and acronyms are also spelt out in the text of the report.

ACTRAV	Bureau for Workers' Activities at the ILO
ARV	antiretroviral (medication/treatment)
CBA	collective bargaining agreement
CSO	civil society organisation
IEC	information, education and communication
ILO	International Labour Organization
ILO/AIDS	ILO Programme on HIV/AIDS and the World of Work
STI	sexually-transmitted infection
ITUC	International Trade Union Confederation
MARP	most at-risk population
M&E	monitoring and evaluation
NAC	National AIDS Council (or Commission)
NCC	national co-ordinating committee (of ITF affiliates)
NGO	non-governmental organisation
OSH	occupational safety and health
UNAIDS	Joint United Nations Programme on HIV/AIDS
VCT	voluntary counselling and testing (also HCT – HIV counselling & testing)
WHO	World Health Organization



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