

HIV/AIDS and civil aviation

A resource pack for unions



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Introduction to the resource pack

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

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 civil aviation survey (2010) 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 24 affiliates out of 25 who took part asked for ITF assistance in starting or expanding HIV/AIDS activities for members and developing policies or agreements for their workplaces. As a result this resource pack has been developed with the aim of responding to these requests and offering information and guidance to our civil aviation affiliates and all others with a stake in the industry, taking into account the survey findings.

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.

We stand ready to offer support to our affiliates in the face of this complex and dangerous disease for as long as it takes for the epidemic to be brought under control and finally eliminated.

We would like to thank Susan Leather for helping us in compiling this resource pack. We would also like to thank all affiliates and activists who contributed in the production of this resource pack.



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Civil Aviation and Tourism sections



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Global HIV/AIDS Coordinator

Section one – Background

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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 putting in place 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 wellbeing of workers or respect for their rights. Long absence from home, long working hours, fatigue and inadequate rest are just some of the issues that transport workers face. These adverse working conditions result in increased vulnerability to HIV infection and the ITF continues to intensify its efforts to improve the situation of transport workers in the face of HIV and AIDS.

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 to 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 are a rich source of useful information about issues and documentation on the successes of transport unions. See www.itfglobal.org/HIV-Aids/index.cfm

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 aviation industry, 44 per cent of the affiliates who responded expressed the view that AIDS was clearly affecting them; 25 per cent said it was starting to; 24 per cent weren't sure; and only seven per cent said there was no effect.

Section two – defining the problem

13 Civil aviation and HIV/AIDS: summary of the ITF survey

Civil aviation and HIV/AIDS: summary of the ITF survey

Is civil aviation subject to the same HIV risks and pressures as other transport sectors?

With activities in place for road, rail and maritime sectors, the ITF decided in 2009 to gather more information on the needs of the civil aviation sector, with a view to planning an HIV/AIDS action programme.

In order to find out more about the risks and pressures from HIV/AIDS, the ITF carried out a study which sought the views of civil aviation affiliates and also surveyed the knowledge, attitudes and behaviour (KAB) of a cross-section of individual members in five countries: Argentina, Bulgaria, Ethiopia, India and Jordan. The aim was to gather information that would help the ITF assess need and provide a basis for planning interventions.

A review of the literature found that it is difficult to establish a coherent picture of regulations in the industry concerning HIV/AIDS. Some national regulations appear to contradict international ones, or even other national laws: for example national legislation may prohibit pre-employment testing while the specific regulations governing the airline industry require some form of screening for the granting of licenses to pilots (and air-traffic controllers). However the situation is changing, and even where the regulations appear to exclude HIV-positive crew, room is being made for exceptions. In the US, for example, HIV – when the individual is on antiviral medication with an AIDS-defining illness - is a disqualifying medical condition. However, with favourable results and review by the Aerospace Medical Certification Division, the person may be able to obtain an Authorization for Special issuance (ref. Federal Air Surgeons' Medical Bulletin Vol. 49, No. 3).

The European Commission Regulation (EU) No. 1178/2011 states that “Applicants [pilots] for a medical certificate shall be free from any: ... (2) active, latent, acute or chronic disease or disability; ...”. However it qualifies this by adding “that would entail a degree of functional incapacity which is likely to interfere with the safe exercise of the privileges of the applicable licence ...”. A related guidance from the European Aviation Safety Agency (EASA), December 2011, states that “... (1) HIV positivity is disqualifying. A fit assessment with a multi-pilot limitation may be considered for individuals with stable, non-progressive disease. Frequent review is required. (2) The occurrence of AIDS or AIDS-related complex is disqualifying”. As far as cabin crew are concerned, the EU Regulation and EASA guidance say that applicants who are HIV positive may be “assessed as fit subject to satisfactory aero-medical evaluation.”

The ICAO Manual of Civil Aviation Medicine was reviewed in respect of HIV in 2010 in order to take account of developments in the understanding and treatment of HIV and AIDS. The phrase “Applicants with acquired immunodeficiency syndrome (AIDS) shall be assessed as unfit” was removed and replaced by “(6.3.2.20.1) Applicants who are seropositive for human

immunodeficiency virus (HIV) shall be assessed as unfit unless full investigation provides no evidence of clinical disease the applicant's condition has been investigated and ... is assessed as not likely to interfere with the safe exercise of the applicant's licence or rating privileges." Note 1 adds: "Early diagnosis and active management of HIV disease with antiretroviral therapy reduces morbidity and improves prognosis and thus increases the likelihood of a fit assessment."

The survey report was published in 2010 and may be seen at: www.itfglobal.org/civil-aviation/study.cfm. Following this, the ITF civil aviation committee decided to initiate a programme for the sector, including this resource pack for the benefit of concerned affiliates.

Affiliates' views

Responses were received from 25 affiliates in 22 countries – nine from Africa (seven countries), five from the Americas (four countries, North and South), three from the Arab States, three from Asia and the Pacific, five from Europe.

- Unions in 15 of the 22 countries expressed concern about the impact of the epidemic in their country, saying that prevalence was "low but rising" (seven), "concentrated but worrying" (four) or "generalised, affecting the economy, the workplace and trade unions" (four).
- In 15 of the countries affiliates reported that the national (or state) AIDS policy included the world of work in some way, even if only through a clause on non-discrimination in employment on grounds of illness (Australia); in two cases respondents weren't sure.
- In all 22 countries there was a code or law for occupational safety and health (OSH) and this includes HIV/AIDS in 12 countries.
- A national labour law, policy or code exists in 18 countries, and in six of them it includes HIV/AIDS.

Union policy and practice to date

Sixteen of the 25 affiliates had some HIV/AIDS activities but almost all expressed a wish to do more as part of the ITF programme. The following are examples of activities they organise:

- Negotiating for workplace policies and agreements on HIV/AIDS
- Campaigning
- Information, education and training, including peer education/counselling
- Condom distribution
- Voluntary counselling and testing
- Care and support for HIV-positive workers and AIDS orphans.

In the DRC, Ethiopia, Nigeria, South Africa and Uganda the unions have a policy and a programme.

A snapshot of facts and issues in civil aviation

- The ITF has over 670,000 members connected to civil aviation.
- Civil aviation was disproportionately affected by HIV in the early years of the epidemic: airline cabin crews were at higher than average risk of becoming HIV-positive and AIDS was the leading cause of death among male cabin crew members (2009 report by the World Bank, *Transport against HIV/AIDS: Synthesis of Experience and Best Practice Guidelines*).
- As a result, airlines became leaders early on in the response to HIV/AIDS as a workplace issue and some HIV/AIDS policies of European and North American Airlines date back to the late 1980s and early 1990s.
- Some issues faced by airline workers are common to all in transport but some are specific to civil aviation, especially the requirement for pre-employment HIV screening. In some countries pilots and co-pilots are prevented from working if they are HIV-positive, even if they have no symptoms or health issues. For example the International Civil Aviation Organization provides that a person with HIV shall be assessed as unfit unless full investigation provides no evidence of clinical disease.
- Practical issues for HIV-positive flight crew include irregular eating and sleeping patterns, complicated medical regimes that are difficult to follow when flying across many time zones, and medication that needs to be refrigerated.

Survey of individual members

The KAB survey aimed to pull together evidence about people's knowledge of HIV and AIDS, especially how it is transmitted and how transmission can be prevented; about their attitudes, beliefs and feelings concerning HIV and people living with the disease; and about actual behaviour, especially as it relates to HIV risk. ITF affiliates in five 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

	Argentina	Bulgaria	Ethiopia	India	Jordan
Women	70% (no breakdown by sex)	41%	83%	100%	56%
Men	–	36%	93%	62%	42%

Here is a short overview of the responses – more detail is included in the factsheets, as relevant, as well as in the survey report.

Knowledge and understanding

It was noticeable that even in very different settings there were significant information gaps. It should be borne in mind that the groups of respondents were relatively well educated and among the minority in most cases who work in the formal economy. The mistaken belief that AIDS can be cured can cause people to feel a false sense of security and lack of urgency about HIV prevention – and the gaps in knowledge about how to prevent HIV transmission are particularly worrying.

HIV/AIDS knowledge and understanding

	Argentina	Bulgaria	Ethiopia	India	Jordan
Percentage who knew that AIDS cannot be cured	89%	77%	78%	82%	57%
Percentage who knew that systematic and correct condom use provides protection against HIV	84%	73%	44%	92%	55%
Percentage who knew that it's possible to contract HIV from a sexual partner who seems to be moral or clean	94%	88%	93%	70%	65%

Attitudes to HIV and people living with the disease

Shame and stigma, or the fear of stigma, were revealed in the numbers who said that AIDS was a “shameful disease” and who replied that they would keep it a secret if a family member had HIV: over half in all countries except Ethiopia. As long as people not only lack the correct information but suffer from misconceptions, the fears and uncertainties which help create stigma will persist unchallenged.

Attitudes towards people living with HIV

	Argentina	Bulgaria	Ethiopia	India	Jordan
Afraid to work with HIV-positive colleague	11%	18%	21%	41%	45%
Afraid to share a cup with HIV-positive person	68%	88%	22%	55%	57%

The relatively high numbers afraid to work with a colleague who has HIV are particularly worrying and should be the focus of priority interventions.

There were also reports of workplace discrimination from all countries.

Have experienced, witnessed or heard of a discriminating or stigmatising action at the workplace in relation to HIV

	Argentina	Bulgaria	Ethiopia	India	Jordan
By the management	2%	5%	14%	20%	37%
By the occupational health service (if any)	0%	0%	31%	6%	34%
By a co-worker	8%	1%	25%	21%	44%

Behaviour and risk

Men overall reported more potentially risk-taking behaviour, for example several partners and irregular condom use. Injecting drug use was low: no-one reported injecting drugs in Argentina, Bulgaria or India; one did in Ethiopia, and 14 in Jordan. In every country some people said they believed they were at risk of HIV if they continued to behave the same way. In answer to the question, “Why do you think you’re at risk?” most replied along the lines of “I don’t take enough care/take precautions”. Twenty-one reported having more than one sexual partner in the previous year, but the majority chose not to reply.

Behaviour differences in ground versus air crew: the breakdown provided in three of the five countries made a limited comparison possible. From this it may be seen that risky behaviour tends to be associated with travel away from home, but not consistently. Just as it is useful to have mixed and separate workshops for men and women, it may be useful to target some activities and materials specifically at air crew and others who travel regularly as well as at the sector generally.

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 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 civil aviation affiliates are already taking action. Sixteen of the 25 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 mobbing.

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 mobilize 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, former General Secretary ICFTU, Director-General elect, ILO

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.

"The ITF has been a leader among global unions on HIV/AIDS" (evaluation report, global HIV/AIDS project, 2012). The first Resolution on HIV/AIDS was passed at the 1994 ITF Congress (submitted by the civil aviation affiliate in Burkina Faso). 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.

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, and
- take advantage of their influence in the community and with government.

Trade union representatives can 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 can 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;
- 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.

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 voluntary counselling and testing (VCT) kits, even antiretroviral medication/treatment (ARVs). 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 Amalgamated Transport and General Workers' Union in Uganda was one of the first to take action. HIV/AIDS is mainstreamed in all of its sections, which include civil aviation, and comprehensive terms and conditions of service are in place for its own staff which include provisions on HIV/AIDS. *"The unions must be given a chance to walk its own talk – they should depend less on their parents."* Romano Ojambo-Ochieng

Specific actions being taken by civil aviation unions include:

- Agreeing an HIV/AIDS policy for the union
- Prevention activities for workers and their families that raise awareness of risk and support behaviour change, usually through peer educators
- Campaigns in the workplace and the local community to raise awareness and encourage voluntary counselling and testing (VCT)
- Including HIV/AIDS in occupational safety and health committees/activities
- Negotiating anti-discrimination and anti-victimisation clauses in collective agreements
- Negotiating better medical coverage for workers, their families and their communities, and access to HIV testing and treatment
- Taking part in tripartite structures with employers and government, and agreeing national strategies or policies on AIDS for the world of work.

You will find other examples in the relevant factsheets and in the case studies.

The ITF civil aviation affiliates in the DRC, Ethiopia, Nigeria, South Africa and Uganda have both a policy and a programme on HIV/AIDS, in Canada and Mexico they have policies but no programme as yet. Sindicato de Empleados de Líneas Aéreas de Panamá (SIELAS), the civil aviation union in Panama, ensures that HIV/AIDS is on the agenda of union meetings at all levels, and has made a video showing its grassroots campaigning on the issue. In Burkina Faso the affiliate is actively involved in the national AIDS programme as well as collaborating with the national business coalition on HIV/AIDS.

The ITF has published a collection of case studies and good practices from its affiliates in all sectors, called 'HIV/AIDS: Transport unions take action' – see: www.itfglobal.org/files/publications/26685/HIV_BestPractice_English.pdf

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; and 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.

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.

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. It:

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

The ITF survey found that over 90 per cent of the workers in Bulgaria, India and Ethiopia thought the workplace should provide information and education on HIV/AIDS, as well as testing and treatment; a smaller majority did in Jordan. In Argentina only 28 per cent of workers thought the workplace should provide HIV/AIDS information and education, apparently the result of long-standing mistrust of the employers. They preferred HIV/AIDS activities run by the union.

Talking to employers

It's helpful to understand what persuades employers to take action. They act both from 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 if action isn't taken
- 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, 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.

"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

"Don't make the same mistake we made – we saw this coming but the first reaction of the business was that it wasn't our problem, we'd let the government sort it out." Dr. Brian Brink, Medical Director of Anglo American

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 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 co-ordinate 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 sexually transmitted infections (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 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.

See Factsheets 7 – 10 for more detailed guidance on introducing and implementing workplace policies and programmes.

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

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 associated with HIV/AIDS? Why do they undermine responses? What can be done?

Most of the 34 million people living with HIV (end 2010) are workers, and may 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, be it their sex, colour, religion, health status, sexual orientation or other quality. Very often it results from a lack of understanding – including false information and misconceptions – and fear of the unknown. Discrimination describes the action people may take, especially those in positions of authority, as a result of this stigmatisation: it 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 have all combined to strengthen denial, fear and stigma.

The ITF survey asked one set of questions about respondents' own attitudes and one about instances of stigma and discrimination they had experienced or witnessed.

Attitudes towards people living with HIV

	Argentina	Bulgaria	Ethiopia	India	Jordan
Percentage who were afraid to work with HIV+ colleague	11%	18%	21%	41%	45%

Workers who had experienced discriminating or stigmatising action

	Argentina	Bulgaria	Ethiopia	India	Jordan
By management	2%	5%	14%	20%	37%
By a co-worker	8%	1%	25%	21%	44%

These answers show that union members are no different from the general population – they too have fears, misconceptions and stigmatising attitudes. In every country but Bulgaria 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.

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 are stigmatised – 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) **Use union and workplace mechanisms** – especially collective bargaining – 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 civil aviation sector as a whole. (*See Factsheets 7 on workplace policies and 8 on collective bargaining*).

ii) **Use education and training 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.

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 & support*.

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

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 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 AIDS 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 linkage between gender-based violence and the spread of HIV is 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 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. The replies to two questions are included here.

Percentage who agree that:

	Argentina	Bulgaria	Ethiopia	India	Jordan
The man in a heterosexual relationship has the right to decide on condom use	18%	6%	46%	50%	36%
	15% of women	1% of women	75% of women	12% of women	28% of women
	28% of men	5% of men	42% of men	60% of men	42% of men

Percentage who agree that:

	Argentina	Bulgaria	Ethiopia	India	Jordan
Married women may be at risk of HIV even if they are faithful to their husbands	100% of women 100% of men	100% of women 100% of men	83% of women 82% of men	88% of women 71% of men	53% of women 62% of men

The mistaken belief in the effectiveness of just one partner being faithful is dangerous for women in two ways – if women believe it they may have a false sense of security, and if men believe it they are more likely to blame their wife if they contract 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. Pressure on men to earn income and/or do heavy physical labour 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.

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.

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 ARV 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, family housing 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.

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 factsheet 7 on workplace policies and 8 on Collective bargaining.)

The Kenya Dockworkers' Union set up a special Gender and HIV/AIDS Committee which ensures that all HIV activities are gender-aware. They've started Friday awareness sessions in different port workplaces where committee members raise issues around gender and HIV/AIDS with the staff. They work closely with the civil aviation unions too.

In Uganda the Amalgamated Transport and General Workers' Union (ATGWU), makes sure that peer educator training is tailored to the different characteristics of the workers concerned and takes gender differences and needs into account. In addition to peer educators, ATGWU has four trained HIV/AIDS counsellors. "The Union branch at the airport has a secretary for organising, occupational safety, youth, women – we've now added the post of counselling secretary." Baliraine David, Aviation Section Secretary.

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 (2010)

This factsheet presents the 2010 ILO Recommendation on HIV/AIDS, 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 – 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 the ILO 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 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 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 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 recognized 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: Rec. 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: Rec. 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: Rec. 200 sets out principles (based on the Code of Practice) which can be used/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 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 survey found that the existence of HIV/AIDS policies and programmes was not consistently influenced by the state of the epidemic locally. Although Ethiopia, with the highest prevalence, reported the highest number of policies, Jordan was the second highest, then Argentina and Bulgaria, with India the lowest – though 20 per cent said their workplace had some HIV/AIDS activities.

The policies and agreements most often included (in descending order of frequency):

- No discrimination related to HIV status
- Confidentiality of personal and medical information
- No dismissal of HIV-positive employees as long as fit for work
- Provision of HIV/AIDS services
- No HIV testing before employment
- Commitment to gender equality
- Inclusion of HIV/AIDS in occupational safety and health structures

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)- 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, and search under geographical area/by country.
5. Committee finds out what health and information services are already available – both at workplaces and in the local community: 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: draft 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. Coordinators, 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.

ATGWU in Uganda agreed an HIV/AIDS workplace policy with Entebbe Handling Services Ltd (ENHAS) in 2006. They then used this policy as the basis for a collective bargaining agreement with the company and others at the international airport. The ENHAS CBA (revised in January 2011) has a clause on HIV/AIDS, health and safety, as well as general provisions on sick leave, medical benefits and funeral expenses, but it also commits to the full and detailed workplace policy which is included as an appendix (and see Factsheet 8).

The Kenya Dockworkers' Union, affiliated to the ITF, played an important role in advocating for workplace HIV/AIDS policy at the Kenya Port Authority and helping develop the contents; it will also be involved in monitoring its implementation. According to Simon Sang, the union's General Secretary, "this policy will help us to fight stigma and discrimination at the workplace. [It] will ensure mobilization of resources to sustain HIV and AIDS programmes at workplaces. This policy does not only cover workers but also their dependants, and includes antiretroviral treatment for all of them".

See HIV/AIDS: transport unions take action at
www.itfglobal.org/files/publications/26685/HIV_BestPractice_English.pdf

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 stigma and discrimination (no.4), gender equality (no.5), prevention (no.9), care and support (No.10).

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 survey found that in all countries there were fewer collective bargaining agreements than workplace policies on HIV/AIDS, though Ethiopia still reported an impressive number. 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.

The 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 STIs, 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?

The 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.

Following the ITF collective bargaining workshop in 2009, ATGWU developed an organising and bargaining strategy for the Civil Aviation Authority which combined a sensitisation programme for the workforce as a whole with training for key officials and activists. First the shop stewards were trained then a network of focal persons from each directorate who also act as peer educators. "Our message is that the AIDS programme is a right not a favour – the policy and CBA clauses on AIDS have encouraged disclosure."

Across the world in Panama, ITF civil aviation affiliate SIELAS has already negotiated clauses on HIV/AIDS in agreements with three airline and related companies (including one airport security firm) and is targeting another four. 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'.

See too Booklet 2 of the ACTRAV toolkit on 'Respect for rights: the key to labour and workplace responses' with sections on using the ILO Code of Practice and Recommendation 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 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 risk-taking behaviour.

Percentage who knew that it's possible to contract HIV from a sexual partner even if he/she seems to be moral or clean:

	Argentina	Bulgaria	Ethiopia	India	Jordan
Percentage of workers asked	94%	88%	93%	70%	65%

Percentage who knew that systematic & correct condom use provides protection against HIV:

	Argentina	Bulgaria	Ethiopia	India	Jordan
Percentage of workers asked	84%	73%	44%	92%	55%

Percentage who did not use a condom at last sex with non-regular partner:

	Argentina	Bulgaria	Ethiopia	India	Jordan
Percentage of workers asked	8%	18%	31%	4%	26%

Percentage who said they believed they were at risk of HIV if they continued to behave the same way:

	Argentina	Bulgaria	Ethiopia	India	Jordan
Percentage of workers asked	7%	12%	25%	7.5%	42.5%

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 integrated 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 etc.
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 points of vulnerability – 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/line managers, workforce representatives/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. The participation of people living with HIV will also increase its effectiveness.

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 if possible. 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, 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 an airport or, better, a smaller group such as ground staff or female cabin crew.

• ***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.

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, ensuring 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/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/treatment of STIs, TB where relevant, and introduction of wellness messages and health testing.

The ITF's civil aviation affiliate in Ecuador, where HIV prevalence is rising, organised a workshop to alert officials and activists to the threat of AIDS. This identified a group of members who will act as peer educators on HIV and other STIs and be part of a network to raise awareness among members across the country.

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 survey, workers were asked whether the workplace should provide testing and treatment – they would take up VCT opportunities if offered at the workplace.

	Argentina	Bulgaria	Ethiopia	India	Jordan
Workers who agreed	72%	92%	95%	98%	54%

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 – the union negotiators should obviously tailor their demands to the particular situation.

Trade unions can 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; and
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 ARVs are outside its scope (but see below).

Access to treatment

It is important that workers understand that antiretrovirals (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).

Many larger workplaces, including a number of airline companies, 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.

Research from the ILO shows that providing ARVs results in a large and immediate increase in the number of HIV-positive 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.

Reasonable accommodation

Reasonable or workplace accommodation means adjustments made by the employer to help workers with an illness or disability to manage their work. Ideally it should be applied to employees who are carers as well as those living with HIV. Employers, 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.” (WHO)

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 Transport and Communications Union in Ethiopia held a series of VCT camps in April 2010 at Addis Ababa and various domestic airports in collaboration with the Ethiopian Airport Authority and national airline. Many employees took advantage of the opportunity and appreciated the convenience and also the friendly atmosphere. Some who didn't attend approached the union afterwards to ask about the next camp.

The ITF case studies show a number of different approaches to promoting VCT, including through football, drama and 'edutainment' (HIV/AIDS: transport unions take action at www.itfglobal.org/files/publications/26685/HIV_BestPractice_English.pdf).

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.

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.

Adapted from ICEM Training Manual on Collective Bargaining, www.icem.org/en/72-HIV-AIDS

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: (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?; and (iii) the test

only reveals that someone is carrying the virus, not that they are unfit for work or when they might become sick.

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/lang-en/WCMS_149714/index.htm, and the ACTRAV toolkit contains fuller information about TB (see Booklet 3, section 5.3).

The National Automobile, Aerospace Transportation and General Workers' Union of Canada (CAW) reports that at Air Canada, information about workers' specific illnesses is not available to the employer. Each of the unions handles its own disability plan. When workers with HIV are off sick they qualify for long-term disability benefits, and when they are able to work they do so. Union trustees may be aware if a member is denied benefits but the information is confidential and would not be shared with the union executive.

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.

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 affiliate the Clerical and Commercial Workers' Union (CCWU) in Guyana (see Case study 2) and some public sector unions in Zimbabwe. In Kenya the ITF partnered with a specialist NGO to reach out to members through story-telling (see box below). In Ethiopia the ITF affiliate helps organise a support fund for affected members, which is supported by contributions from workers and management.

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."

Argentinean affiliate Asociación Argentina de Aeronavegantes (AAA) recognises the many pressures on cabin crew, with long irregular hours and stressful working conditions. In 2004 it set up a general programme of psychosocial support for members, and over time found that about a third of all consultations were on HIV/AIDS issues. The union then made links with a health professional specialising in HIV who provides follow-up.

Together with the ILO, the International Trade Union Confederation (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 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, 40 transport workers from different sectors – including civil aviation – 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.

During the final storytelling ceremony, 12 people came out as HIV-positive and made the decision to become 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 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.

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

Using the factsheets in practice – what do you do if.....?

- 55 Management doesn't understand HIV risk at the workplace
- 55 Management insists on HIV testing
- 55 Workers discriminate against a co-worker
- 56 Workers don't take up opportunities for voluntary testing
- 56 There is evidence of sexual harassment
- 57 Interest in HIV prevention messages is declining
- 57 A sick worker refuses to test for HIV
- 58 The rights of workers with HIV are under threat

Using the factsheets in practice – what would you do if....?

Use these in informal group situations, branch meetings, training courses, workshops etc. to encourage discussion on issues that may affect the union and the workplace, 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 airport restaurant, 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 civil aviation workers have higher than average HIV rates, the management of an airline company announces that employees should be tested for HIV, with results to be kept by the medical service. The test is not 100% 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 (including testing), also nos. 7 and 8 on policies and CBAs.

3. Workers discriminate against a co-worker

Felipe is an openly gay cabin attendant. Whenever he has a stopover at Chiqarra Airport, he notices a very cool reception from the ground staff who work there, whose leisure facilities flight crew share. Recently some of them have even moved

away from the table if he sits near them in the canteen. He decides to speak informally to the union shop steward at Chiqarra, but says he's prepared to involve his own branch and make a formal complaint 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

Your company 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 (including VCT), also no. 4 on stigma and discrimination.

5. There is evidence of sexual harassment

Most of the cabin staff organised by your union have good relations with each other and the flight teams support each other well. Lately, however, you've noticed some of the new female recruits looking unhappy and felt tensions within certain flight teams. You overhear some of the male attendants 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 company has had an HIV/AIDS programme for some time – they distribute leaflets and arrange occasional talks. Staff 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 a fellow worker in the airline office 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 baggage handler. 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 is affecting their production bonuses. The company says that they are prepared to continue employing Omar, in different work if necessary, 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.

Section five – Case studies

- 61 Case study 1. The Transport and Communication Workers' Trade Union Industrial Federation (TCWTUIF), Ethiopia
- 63 Case study 2. The Clerical and Commercial Workers' Union (CCWU), Guyana
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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. The Transport and Communication Workers' Trade Union Industrial Federation (TCWTUIF), Ethiopia

The Federation brings together some 34 unions covering the communications industry, seafarers, road and rail workers, and civil aviation. It is one of nine industrial federations in the Confederation of Ethiopian Trade Unions, whose policies govern all nine members.

"It was the story of a long-distance truck driver which first brought the problem home to us", explains General Secretary Daniel Gebeyehu. "He was about to lose his job because he was HIV-positive, and in his despair he threatened to set fire to his tanker – with himself inside. Only swift action by the police saved his life. When his case came to court he explained how the stigma he had suffered in his workplace had driven him to take this extreme action."

In this case, it is a story with a happy ending as the union became involved and gave him support. The man eventually emerged from his traumatised state and became a peer educator – helping to teach other drivers about the virus and the need to take action to prevent it.

But the wider problem of HIV/AIDS stigma and discrimination at the workplace remained a major problem in Ethiopia. Research showed that HIV/AIDS was particularly concentrated among workers in manufacturing, transport and communication, with growing problems of absenteeism and loss of workers. So, as well as the direct human toll, this pattern of infection threatened to have a disproportionate economic impact on the country.

The centralised nature of union organisation in Ethiopia meant that once the decision was taken to include HIV/AIDS on the union agenda, in 1998, all the sectors covered by the TCWTUIF, and the Confederation as a whole, committed to HIV/AIDS mainstreaming.

Long-term strategy

Together with the Confederation, the TCWTUIF agreed a policy on HIV/AIDS at the workplace and a strategic plan for HIV prevention. The first component of the strategy was setting up HIV/AIDS committees in workplaces and launching a prevention campaign through education, film, radio and other media. It also encouraged local branch unions to bring HIV/AIDS work into their core programmes with workers and to bargain to establish HIV as a workplace issue and protect workers.

The Federation has a strong record of collective bargaining, and has progressively

ensured that HIV/AIDS is included in all agreements – these number approximately 30. It also has a Memorandum of Understanding with the Ministry of Labour and sectoral ministries such as transport and aviation – these too include HIV and AIDS. Agreements cover such key issues as non-discrimination, counselling and testing facilities, and care and support – including treatment.

Civil aviation

Negotiations with the Ethiopia Airports management and the ministry led to a workplace policy on HIV/AIDS, which is accompanied by a manual to guide its application. A CBA has now been agreed which includes the provision of medical support for workers affected by HIV. The Federation has also succeeded in including a clause on HIV/AIDS in CBAs with foreign airlines that use Ethiopia's airports, but there is not yet a policy or manual to guide implementation.

VCT camps at Ethiopian airports

The TCWTUIF held a series of voluntary counselling and testing (VCT) camps in April 2010 in Addis Ababa and other domestic airports in the country, organised in collaboration with the Ethiopian Airport Authority and Ethiopian Airlines. A large number of employees were seen at the different sites and took the test. At some sites people were photographed while their blood was being taken to encourage colleagues to take part. Many members commented that as the testing site was at their workplace, it was convenient for them, and the involvement of the union meant that the workers had no fears about confidentiality or the consequences of a positive test result.

Zelege Mena, education officer and ITF/Africa civil aviation sector chair, said, "Some who went for testing were heard saying, VCT is the key to our health needs. Also, those who did not go for testing were asking when the next camp would be held."

Changing attitudes and behaviour

As well as developing strategically important structures, policies and agreements, the Federation has put a lot of energy into confronting some of the attitudes and behaviour which help drive the epidemic. This includes being open about multiple partners, reversing negative attitudes towards condom use among men, addressing the social stigma towards people living with HIV/AIDS, and taking care of some of the large number of children orphaned by the disease. The union also recognises the impact of structural issues such as lack of education, poor health facilities (especially in rural areas), and family separations.

"Support from the ITF and donors has been crucial but we are determined not always to rely on external support. We are committed to using the existing union structure to develop home-based care that deals with the range of challenges facing people living with HIV/AIDS, and by developing programmes to generate income to help AIDS orphans and families affected by the virus."

Daniel Gebayu

2. The Clerical and Commercial Workers' Union (CCWU), Guyana

The Caribbean has the second highest average HIV prevalence after sub-Saharan Africa. Governments in the region have not been slow in taking action and civil society is also mobilised. Even so, access to necessary prevention and treatment services is not universal and the trade unions note that many workers are not covered by HIV/AIDS workplace policies or agreements.

Union strategy: workplace agreements on HIV/AIDS in every sector

ITF affiliate CCWU organises in transport and tourism as well as commerce and finance. It has approximately 12,000 members of whom nearly half are women. Union policy is that all collective bargaining agreements in all the sectors it covers should include provisions on HIV/AIDS, and the union has drafted a set of core rights and minimum standards based on the *ILO Code of Practice on HIV/AIDS and the world of work*.

These have been shared widely with other unions as well as employers. "Some employers weren't interested at first. We had to keep going back to them to convince them to get on board. But we now see good worker-management collaboration as well as tripartite action with support from the government", says Sherwood Clarke, HIV/AIDS coordinator of the CCWU.

Company survey

CCWU conducted a survey of ten companies in the last quarter of 2008 to establish the extent of risk-taking behaviour, attitudes towards co-workers living with HIV, and the existence of workplace policies and programmes on HIV/AIDS. Among the findings were the fact that 19 per cent of males interviewed said they had unprotected sex with persons who were neither spouse nor live-in partners; 40 per cent of all respondents believed that a worker who revealed his/her HIV-positive status would be dismissed; about 40 per cent indicated they would be uncomfortable working with an HIV-positive colleague; more women than men were favourably disposed to condom use; none of the ten companies had HIV policies or services.

By late 2009 half the companies had put in place an HIV/AIDS policy for the workplace, with the rest expected to finalise policies within the following quarter.

Civil aviation

The approach in the civil aviation sector, in collaboration with management, has been to include HIV/AIDS in a broader health and safety approach. The Cheddi Jagan International Airport Corporation already had an Occupational Health and Safety Committee in place, with a programme of activities, and with the union decided to include AIDS issues in the committee's responsibilities. Other civil aviation enterprises found this approach more economically viable and the union found it easier to encourage workers' involvement.

This doesn't mean that AIDS concerns are downgraded or its specific risks overlooked. Training and capacity building are given a high priority in order to support sustainable behaviour change. Information and education are provided using interactive techniques to make them as accessible as possible. A network of peer educators is in place and the programme is considered to be responsive and effective. At the same time, CCWU ensures that key workers are trained so that they can take advantage of opportunities to negotiate a policy or agreement on AIDS where needed, or oversee compliance of existing provisions. CCWU has also set up a mentoring scheme to support the peer educators and ensure collaborators with the workplace focal persons.

The HIV/AIDS workplace policy negotiated with Cheddi Jagan International Airport Corporation addresses discrimination, covers prevention activities, including education and condom distribution, and provides referral information for STIs, VCT services and treatment.

Workplace training at the airport

Over 100 CCWU members in civil aviation came together for an HIV/AIDS training course at Cheddi Jagan International Airport Corporation in Guyana. As an ITF affiliate, CCWU had access to a range of campaign and education materials. It used these to support the training, which simulated examples of stigma and discrimination and helped participants work out how to deal with them. Another area of focus was engaging in social dialogue with passengers on HIV knowledge, attitudes and risk, using the ITF HIV luggage tag as an entry point.

"Our surveys carried out at the beginning and end of the programme show that gradual behaviour changes have taken place among civil aviation workers, says the union, "including a more positive attitude towards condom use and a more accepting and supportive attitude towards people living with HIV. While some of these changes may still seem small, they are significant in a climate where there is widespread stigma and discrimination towards HIV/AIDS."

"Stigma and the resulting discrimination associated with HIV has proven to be one of the most difficult obstacles to effective HIV prevention. It arises mostly from fear and lack of awareness about the disease and prevents people from negotiating safer sex, taking tests, disclosing their status to their partners or seeking treatment. Many [workers] say that they do not seek treatment for HIV or other sexually transmitted infections because they might face stigma and discrimination." Sherwood Clarke

For more information on CCWU, including its role as the labour representative on Guyana's Country Coordinating Mechanism for the Global Fund, see:

HIV/AIDS: Transport unions take action. Case studies and good practices from ITF affiliates: www.itfglobal.org/files/publications/26685/HIV_BestPractice_English.pdf

Questions for discussion on Ethiopia and Guyana case studies

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?

A focus on workplace policies and agreements meant that CCWU took early steps to involve the employers. Have you made any approaches to your employer(s) on HIV issues? Share views on the benefits and challenges of collaboration.

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.

Discuss the benefits of i) voluntary counselling and testing (VCT) campaigns, and ii) of using peer educators. Do you have experience of either? What lessons have you learned about promoting and supporting changes in behaviour and attitudes?

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

In two recent cases* (2011), the Brazilian Federal Superior Labour Tribunal has 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.

What legal machinery (courts, labour tribunals...) is available in your country and how can the unions access it?

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

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71	List of acronyms

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

This pack contains a CD with the full text of this toolkit which has been specially developed for trade unions and their HIV/AIDS coordinators. It has been 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 skills-oriented 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:

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.

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.

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.

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.

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

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

Report of the civil aviation survey: 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

ITUC: 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

ILO Bureau for Workers' Activities (ILO/ACTRAV): www.ilo.org/actrav/lang-en/index.htm

UNAIDS: www.unaids.org/en/

Global Fund to Fight AIDS, TB and Malaria: www.theglobalfund.org/en/

Acronyms

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

ACTRAV	Workers' Activities Bureau of 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 Coordinating 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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