



ACTION ON HIV/AIDS

ITF HANDBOOK FOR
TRANSPORT UNIONS





ABOUT THIS MANUAL

As soon as the ITF's HIV/AIDS activities got under way in the late 1990s, many affiliates asked for information and advice. It was therefore a priority to develop resource materials. A manual was produced in 2004 which offered technical and policy guidance together with examples of good practice from around the world: *HIV/AIDS: transport workers take action – an ITF resource book for trade unionists in the transport sector*. This has now been translated into five languages, with some updating of the Spanish and Portuguese versions in 2011.

Much has changed since 2004. It's not just a matter of updating statistics but of taking on board the evolving dynamics of the epidemic, the progress that has been made in both prevention and treatment, and the development of new tools and approaches. ITF affiliates have undertaken major programmes and there are many achievements to report.

But the epidemic isn't over. A very real danger is the rise of complacency, together with 'AIDS fatigue' and a desire to move on to other issues. The ITF believes that this is the very time that we need to hold firm in our vision of an AIDS-free world and keep up our commitment to combat the still very real threat that AIDS presents to the rights, health and livelihoods of working people and their families. Our affiliates support this view and in turn the ITF offers ongoing support, including this substantially revised version of the HIV/AIDS manual.

This manual is intended for all affiliates and we commend it to those officers with responsibility for rights, gender, health and safety, organising and collective bargaining – that is, all trade union activists. We believe it can enrich your practice generally as well as offering specific guidance. It takes into account the fact that you are working in widely different environments, with varying degrees of HIV burden and varying social protection provision. We also acknowledge the fact that some affiliates have a long experience and admirable track record of action, while others may just be setting out. Whatever your involvement and experience is, we hope you will find this new manual useful, and we look forward to working with you to tackle HIV/AIDS and all its negative effects.

Steve Cotton

ITF acting general secretary



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GLOSSARY OF TERMS AND ABBREVIATIONS

AIDS	Acquired immune deficiency syndrome
Antibodies	These are produced by the body's immune system to fight against a disease.
Antiretroviral (ARV)	HIV is a 'retrovirus' which means it fools the DNA of the cells of your body into making copies of itself. Antiretrovirals stop this process.
Blood-borne pathogens	Diseases carried in the blood
CBA	Collective bargaining agreement
CBO	Community-based organisation
CSW	Commercial sex worker
Generic	A 'no name brand' version of a patented product
HIV	Human immunodeficiency virus
HIV prevalence	The percentage of people with HIV
IDU	Intravenous drug user
Intravenous	Injected into the veins
Immune system	Your body's defence against disease. It consists of cells that attack viruses.
MTCT	Mother-to-child transmission
NGO	Non-governmental organisation
Opportunistic infections	Diseases which take advantage of your body's weakened immune system. This is what people with AIDS usually die from.
Brands patent	The exclusive right to produce a certain product
Peer educators	Educators from the same background as those they inform and educate
PLWHA	People living with HIV/AIDS
PMTCT	Prevention of mother-to-child transmission
Post-exposure prophylaxis	Antiretroviral drugs taken within a few days of being infected with HIV. These lower your chances of becoming infected.
Prophylactic treatments	Treatments to prevent a disease, as opposed to treatments that manage a syndrome (like anti-retrovirals) or support the immune system (like vitamin supplements).
Sero-conversion	When HIV begins to reproduce successfully in your blood, and your body produces antibodies to fight HIV. When this happens, you will test positive for HIV.
STI/ STD	Sexually transmitted infection/ disease
TB	Tuberculosis
Universal precautions	A set of international guidelines for preventing blood-borne infections
VCT	Voluntary counselling and testing
Viral load	The amount of HIV in your blood. This gives an idea of how far advanced the disease is, and whether the infected person should be taking medication.
Window period	A period of three to six months after HIV infection when it may not be detected in the body and a person may still test negative for the virus.

HOW TO USE THIS MANUAL

Who is it for?

The manual is a resource for all ITF affiliates, whether they are just starting to work on HIV/AIDS or wishing to move forward. It will be especially useful for the HIV/AIDS focal person or coordinator in the union, and for educators and activists.

What is its purpose?

It aims to help concerned members plan awareness-raising, education and training on AIDS and related issues. It concentrates on policy, planning and skills development, not basic facts on HIV and AIDS that are widely available. We urge you to become familiar with what it offers, and then either to work through the action section (no. 3) or to select and adapt the sections which are most relevant.

How is it structured?

Section 1 provides an overview of the current trends in the epidemic, the sort of background information that activists need in order to make their actions relevant. It also sets out a timeline of key events in the global response – including by labour in general and the ITF in particular.

Section 2 offers more examples of union action, showing how the understanding and the activities of the ITF and its affiliates have evolved over the years. In answering the question ‘Why union action?’ we hope to provide material for advocacy inside and outside the union.

Section 3 looks at what action is effective and how unions can take their AIDS work forward. It links the issue to core union concerns and practices, especially educating, organising and negotiating. The eight parts focus in turn on mainstreaming, the defence of rights, HIV prevention, care and support, with a final part on the nuts and bolts of planning and implementing training. Each part includes guidelines and checklists, action examples, and suggested activities, with explanatory notes for the trainer or facilitator. Six detailed case studies from affiliates in Africa, Asia and Latin America and the Caribbean include questions to help the facilitator use them as an active learning tool.

The manual ends with useful references and information resources, including appendices that contain additional learning activities, the International Labour Organization (ILO) Recommendation on HIV and AIDS, and a round-up of training techniques.

Message for facilitators

You may have a formal responsibility in the union, but not necessarily. You may have support and some resources, or not. Workers may not read English, or read at all.

We recognise the very different situations of users of this manual and urge you to adapt it as necessary. The activities suggested in section 3 don’t all have to take place in a formal workshop setting. Some could be carried out at a union meeting or workplace gathering. If you’re not able to provide written instructions or if written materials are inappropriate, then choose the simpler activities and give oral instructions – the most important thing is to get people talking and to guide their discussions. We’ve also included an appendix (no. 1) with some additional activities – two are quite short, and all involve moving around rather than sitting and discussing.



OVERVIEW OF THE EPIDEMIC AND THE GLOBAL AND LABOUR RESPONSE

The AIDS epidemic today: solid achievements and ongoing challenges

On the occasion of the United Nations (UN) General Assembly to review progress on the millennium development goals (September 2013), UNAIDS issued its 2013 *Report on the global AIDS epidemic* reviewing progress on the ten specific targets set by the 2011 UN political declaration on HIV and AIDS.

Globally the AIDS epidemic has been halted and reversed—the race is on to reach universal access to HIV treatment

The report found a 52 percent reduction in new HIV infections among children and a combined 33 percent reduction among adults and children since 2001. ... AIDS-related deaths have also dropped by 30 percent since the peak in 2005 as access to antiretroviral treatment expands.

In 26 higher-burden countries – 16 of them in Sub-Saharan Africa- new HIV infections declined more than 50 percent between 2001 and 2012.

By the end of 2012, some 9.7 million people in low- and middle-income countries were accessing antiretroviral therapy (ART), an increase of nearly 20 percent in just one year. This also helped TB-related deaths among people living with HIV to decline by over a third since 2004.

15 million by 2015

In 2011, UN member states agreed to a 2015 target of reaching 15 million people with HIV treatment. However, as new evidence emerged showing the prevention benefits of ART, the World Health Organization (WHO) set new HIV treatment guidelines, expanding the total number of people estimated to be in need of treatment by more than 10 million.

What obstacles remain?

The report finds that progress has been slow in ensuring the respect of human rights, securing access to HIV services for people most at risk of HIV infection, particularly people who use drugs, and in preventing violence against women and girls—a key factor in vulnerability to HIV. Gender inequality, punitive laws and discriminatory actions are continuing to hamper national

responses to HIV and concerted efforts are needed to address these persistent obstacles to the scale up of HIV services for people most in need. In several countries that have experienced significant declines in new HIV infections, disturbing signs have emerged of increases in sexual risk behaviours among young people.

This tells us that the rights-based approach of the ITF and our experience in reaching vulnerable workers are as necessary today as they ever have been.

AIDS and transport

Risk factors for transport workers in all sectors focus on their absences from home and the fact that a number have sexual partners when away from home. But the vulnerability of transport workers runs deeper than that: constant mobility, poor working conditions and frequent stigmatisation are combined with the general absence of health information and services at their places of work – be it a ship, highway or aviation company. The similarities between sectors outweigh the differences, though effective union activities are specific to the needs of their own industries. Some civil aviation and most port workers do not themselves travel, but they are in constant contact with those who do. Many port workers are migrants, but there is a general lack of family accommodation for them.

Mobile workers are aware that they're labelled as most at risk populations (MARPS), victims and worse ('drivers' of the epidemic), and many react with suspicion and hostility to being targetted for AIDS interventions. However, when the union approaches them about the benefits of membership, including HIV services, they are generally open to discussion. The emphasis on rights as well as health is especially important. Unions are also finding that the drivers are interested in a testing 'package', as they also worry about blood pressure, diabetes and eyesight – a wellness rather than AIDS-specific approach is fruitful.

The two detailed surveys conducted to date into the knowledge, attitudes and behaviour of affiliate members in civil aviation and in ports revealed striking similarities which are now being used to guide AIDS action in those sectors and in transport generally.

How has the world responded to AIDS?

Here are some milestones of the past 30 years.

They affect workers because they've shaped national responses and provided direction and tools for action. Responses have become more inclusive and more aware of the diversity of civil society, including labour. The ILO HIV/AIDS Recommendation in 2010 was a particular landmark for workplace action and the recognition of the role of trade unions.

- Events directly relevant to labour are listed in red
- Actions by the ITF are listed in blue



Milestones in the response to the AIDS epidemic

1981	AIDS syndrome first recognised, labelled 'AIDS' in 1982
1983	HIV virus identified
1985	First international AIDS conference, the first test for HIV
1988	World AIDS Day held for the first time
1991	Red ribbon becomes international symbol of AIDS awareness and solidarity
1994	ITF congress adopts resolution No. 1 on AIDS: requesting affiliates to run AIDS information campaigns for their members and urging the ITF to support initiatives by affiliates
1996	Establishment of the joint united nations programme on HIV/AIDS (UNAIDS) Antiretroviral treatment becomes available
1999-2000	ITF pilot project in Uganda supported by FNV Mondiaal: <ul style="list-style-type: none"> • workplace and community awareness campaign • draft HIV/AIDS policy for transport sector • research report
2000	Millennium development goals – include goal 6 on HIV, TB and malaria First resolution on HIV/AIDS by the International Confederation of Free Trade Unions (ICFTU- now ITUC)
2001	ITF produces 'HIV/AIDS and road transport workers – a booklet for truck drivers' unions'
2001	UN General Assembly special session on HIV/AIDS The ILO becomes a co-sponsor of UNAIDS Publication of the ILO code of practice on HIV/AIDS and the world of work – ITF takes part in drafting meeting
2002	Global Fund to Fight AIDS, Tuberculosis and Malaria established ITF congress adopts further resolution on AIDS, committing itself to work at political, industrial and workplace levels
2002-2006	ITF/FNV projects in Great Lakes region of Africa, then Indian sub-continent, and then further expansion in Africa
2003	The 'Three by five' goal to get three million people on treatment by 2005 President Bush announces emergency plan for AIDS relief (PEPFAR), a five-year, USD15 billion initiative to fight HIV/AIDS

2003	Joint declaration by ICFTU and International Organisation of Employers: 'Fighting AIDS together'
2004	Rapid HIV diagnostic test kit provides screening results with 99 percent accuracy First ITF manual on HIV/AIDS
2005	UN General Assembly resolution on universal access
2006	Antiretrovirals (ARVs) first used to block mother-to-child transmission Circumcision found to reduce HIV infections in men by around 50 percent International guidelines on HIV/AIDS and human rights (consolidated version) published ITF congress adopts resolution reaffirming AIDS commitment and ratifying cross-section strategy – start of global AIDS project with full-time HIV/AIDS coordinator
2007	1.4 million people now receiving ARVs General survey of affiliates' views on the impact of HIV/AIDS reveals widespread concerns in all sectors
2008	AIDS funding reaches USD10 billion
2009	US ends travel ban on HIV-positive visitors and immigrants, lifts ban on federal funding for syringe exchange programs Five million people now receiving ARVs
2010	Vaginal microbicide found to protect some women from HIV infection ILO Recommendation 200 concerning HIV and AIDS and the world of work – ITF takes part in drafting meetings ITF conducts study into risks and impact of HIV/AIDS in civil aviation ITF publishes 'HIV/AIDS: transport unions take action – case studies and good practices from ITF affiliates'
2011	New Political declaration on HIV/AIDS adopted by the UN Study shows that healthy people with HIV on ARVs may have their transmission of the virus reduced by 96 percent. Average global cost of ARVs less than USD400 per person per year (and just over 100 in South Africa) compared to USD1,000 per person per year in 2004. ITF publishes study into the risks and impact of HIV/AIDS in docks and ports

2011 Political declaration by UN Member States: targets and commitments



**REDUCE SEXUAL
TRANSMISSION**



**PREVENT HIV
AMONG
DRUG USERS**



**ELIMINATE NEW
HIV INFECTIONS
AMONG CHILDREN**



**15 MILLION
ACCESSING
TREATMENT**



**AVOID
TB DEATHS**



**CLOSE THE
RESOURCE GAP**



**ELIMINATE
GENDER
INEQUALITIES**



**ELIMINATE
STIGMA AND
DISCRIMINATION**



**ELIMINATE
TRAVEL
RESTRICTIONS**



**STRENGTHEN
HIV
INTEGRATION**

2012	9.7 million people on ARVs, an increase of 1.6 million in one year ILO Recommendation 202 concerning national floors of social protection – tool to extend access to care and treatment First network of positive trade unionists formed in Kenyan transport sector
2012-2013	ITF toolkits on HIV/AIDS for the civil aviation and ports sectors
2013	Networks of positive trade unionists in transport formed in Tanzania and Uganda

Diagram (a): Evolution over time of the ITF response to HIV/AIDS



Action by the ITF

The timeline above shows how early ITF initiatives to gather and share information were soon strengthened by a focus on policy development, accompanied by education and training. Diagram (a) gives a simplified overview of the ITF's progress towards AIDS mainstreaming – an objective it promotes strongly in order to apply the full range of union structures and practices to responding to the epidemic. The main points of the current strategy are listed below.

The external evaluation of its HIV/AIDS programme recognised that ITF action on HIV/AIDS had made consistent progress over the years. It found the ITF approach to be relevant and effective because it focuses on the comparative advantage of trade unions in order to meet the needs of transport workers. Finally, it endorsed the ITF's strategy, which has been worked out and implemented with affiliates in all regions.

Summary: ITF strategy on HIV/AIDS

Understand the problem, recognise AIDS as a union issue, assess needs, then:

- Design responses with affiliates and specialists
- Focus action where the workers are
- Combine prevention and care with advocacy and negotiation on workers' rights
- Bring AIDS into the mainstream of union activity – especially collective bargaining
- Extend activities to workers' families and communities
- Combine AIDS outreach with organising strategies



UNION ACTION ON AIDS – WHY?

Note to facilitators

Many ITF affiliates have gone past this stage. They know why union action is necessary and they've integrated AIDS into their work. Others may still be coming to terms with the issue.

The quotes from a health official in Kenya and NGO in Uganda give views from the outside on the importance of union involvement. The examples at the end from Rwanda, Nepal and Russia show wide-ranging union activities and strong community links.

You can use the points listed here, and the examples given, in a number of ways, for example:

- to inform and persuade your general secretary or executive board;
- to produce a poster, pamphlet or article for the membership;
- to kick off an education or training session in the union or at a workplace;
- to show employers, government and civil society the importance of partnering with unions.

Remember: it will be difficult to carry out effective action unless the union recognises AIDS as a workplace and union issue.

Why are transport unions taking action?

Ongoing AIDS vulnerability in the transport sector underlines the importance of long-term, active union involvement in order to reach workers and workplaces and to defend the rights and interests of workers and their families.

In every country in the ITF surveys, the majority of workers said that union and workplace action were essential parts of the national AIDS response. Almost all the unions questioned said they wanted to do more and asked the ITF for assistance.

1. The needs of members and the wider community:

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.

The Canadian Auto Workers' union (CAW, now part of UNIFOR), produced a handbook called HIV/AIDS: a worker's issue, a union issue with an accompanying poster, which

it distributed to all local CAW unions. This explains the profile of AIDS in Canada, provides information on HIV transmission and prevention, includes a model collective agreement and has a wealth of other data.

"In the 30 years since HIV/AIDS became widespread and began to gain public awareness, we have not yet come to grips with this preventable disease," says former CAW president Ken Lewenza. "Today, one in 500 Canadians is living with HIV/AIDS. But up to 30 percent do not even realise it."

To download the booklet, please visit: www.caw.ca/humanrights



2. The threat to unions: As the world changes and new issues emerge, unions must also change and adapt. AIDS has caused the loss of activists, officials and leaders, and brought new challenges in workplace organising. Dealing with the challenge of AIDS has 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."

Evaluation report, ITF-FNV Africa project on HIV/AIDS

3. Union principles and mandate: A core union responsibility is defending the rights of members, and of all working people. The AIDS epidemic is a major challenge to human rights with high levels of stigma and discrimination inside and outside the workplace.

"We think HIV awareness and control are part of our work as a trade union. We have seen people die. For us this is priority. It is also social responsibility. If we want society to respect unions, we must take on social responsibilities."

Mohammed Haneef, president, Cochin Port Staff Association, India

4. The comparative advantages of unions: Applying core labour values and structures, drawing on experience in educating and mobilising, benefitting from lines of communication with the community and authorities, has been effective in many areas.

"As trade unions we know how to campaign on trade union issues, we know how to empower our members, and of course, we are much better placed than anyone else to address the underlying root causes that provide the breeding ground for HIV/AIDS."

First ITF Arab World union leaders' meeting on HIV/AIDS, 2008

The contribution of trade unions to AIDS responses

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

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

Diagram (b): Aspects of union influence



Diagram (b) shows the wide-ranging and cross-cutting influence of trade unions – they can take action among their members and their families, at the workplaces where they organise, and in the local community (see examples at the end of this section).

The external evaluation of the ITF recognised the effectiveness of union action. It reported that affiliates in all regions promote health, defend rights, and provide prevention and care for transport workers, through:

- awareness-raising, peer education and counselling, training
- voluntary testing, condom provision
- encouraging open discussion of difficult issues
- networks of wellness or 'drop-in' centres
- CBAs and workplace policies that include HIV/AIDS: all establish basic rights, many cover care and treatment, some set up workplace programmes
- union strengthening – skills development, increased & retained membership
- advocacy and lobbying as well as negotiation to reduce structural causes of risk (eg border delays, lack of rest, recreation and accommodation facilities)

The next section looks at all these areas of action, provides examples, and offers guidance to unions in developing their own activities.

Some reflections on the role of trade unions in tackling HIV/AIDS

1. District AIDS officer, Mombasa, Kenya

"The unions are very useful and reliable partners. They use their mass membership and workplace access for sensitisation, education and health promotion, including seeking STI and TB treatment. They provide peer educators and networks of focal points. They encourage workplace programmes and also help workers access services away from the workplace."

2. Uganda Health Marketing Group (UHMG), Kampala

"Not many people in Uganda want to work with the truck drivers because they see it as too difficult – except the unions. In fact not many people except them understand the importance of involving the drivers in AIDS efforts – with union help we can support this population. The unions are the key to understanding a population which is difficult because of its diversity, including in language, norms and attitudes, and difficult because of its mobility. If we work with the union there is greater trust, even from the sex workers."

Information resources

HIV/AIDS: transport unions take action (www.itfglobal.org/files/publications/26685/HIV_BestPractice_English.pdf) is a collection of case studies and good practices from ITF affiliates in all regions and sectors. The evaluation reports also highlight a number of good practices and lessons learned. There is a global report ([www.itfglobal.org/files/extranet/-1/36893/Evaluation report of the ITF 2527s Global HIV project.pdf](http://www.itfglobal.org/files/extranet/-1/36893/Evaluation%20report%20of%20the%20ITF%202527s%20Global%20HIV%20project.pdf)) and one for the Africa programme (<http://www.itfglobal.org/HIV-Aids/external-evaluation-report.cfm>).



Workers and their families

The truckers' union in Rwanda, Association des Chauffeurs des Poids Lourds au Rwanda Centrale Syndicale Du Rwanda (ACPLRWA), works closely with the association of truckers' spouses to protect the health of the drivers and their families. Members point out that links with spouses are a good way of tackling the challenge of driver mobility, which makes it hard to follow up with education, testing or treatment. Where organised, the spouses and families can serve as a channel for messages and even services – they should be seen as partners not just beneficiaries. The Rwanda association has trained peer educators and its own drama group, offers sexual and reproductive health services, runs income-generating projects, and tackles gender-based violence. It also collaborates with sex workers and their organisations. It holds regular family days when the drivers bring their families to events that include educational activities and voluntary testing.

Awareness-raising in the wider community

Increasingly, unions look to their workplaces for opportunities to spread AIDS information to the public. Nepal Transport Labour Association (Nepal Yatayat Mazdoor Sangh) (NETWON) in Nepal has built knowledge and capacity among members – such as taxi drivers – who have direct contact with the public, and uses them as conduits for awareness raising.

Hundreds of taxis in Kathmandu and long-distance trucks across Nepal and North India can be seen with stickers in the windows carrying AIDS messages. Similarly on Moscow's buses, training for workers – which at first met some resistance – has now enabled them to discuss AIDS issues much more freely, including with bus passengers.

"Unions must not sit back and wait for others to do act on AIDS or for others to lead... It is, literally, a matter of life and death."

Guy Ryder, director-general of the ILO, former ICFTU general secretary

UNION ACTION ON AIDS: WHAT AND HOW?

A roadmap for interventions

This section picks up on concerns and interests of affiliates relating to AIDS, the gaps and needs revealed by our surveys, and examples of good practice by affiliates and lessons learned.

It has eight parts, each one looking at the steps unions can take in dealing with key aspects of HIV and AIDS. Take it a step at a time. Make sure your action is both relevant and manageable. Don't try to run before you can walk!

If you've already started taking action, look at the next step. Think too about monitoring, consolidation and improvement. There's always room for improvement.

3.1 Lessons learned from 15 years of ITF action on AIDS

These lessons draw on the experience of ITF affiliates, other trade unions and AIDS activists. We urge you to read them before you plan your activities, and keep them handy as a reminder.

1) Be clear about the context for your work

The starting point for action should be your own situation, both at work and in the union. Consider these questions:

- What's the general level of HIV infection in our country?
- How do infection rates in transport generally and the particular industry we cover compare with the national average?
- What is the employer position on HIV prevention, AIDS care, and workplace policies/CBAs?
- Does the national AIDS plan have provisions for the transport sector? For the world of work?
- What action has the government taken to endorse and implement ILO Recommendation 200 on HIV/AIDS and the world of work?
- What legislation exists that may be relevant, eg anti-discrimination laws?
- What tools and resources (from condoms and information leaflets to HIV tests and ARVs) are available locally that unions can access?

The Clerical and Commercial Workers' Union in Guyana conducted a survey of ten companies to establish the extent of risk-taking behaviour and stigmatising attitudes – they also mapped the use of workplace policies on HIV/AIDS. The findings helped them adjust their education programmes and campaigns.

Information resources:

Country profiles on the UNAIDS website and the local UNAIDS coordinator

www.unaids.org/en/regionscountries/countries/

ILO regional offices and links to country offices

www.ilo.org/global/regions/lang--en/index.htm

2) Keep in mind the need to:

- defend rights: combat taboos related to sex, encourage open discussion and trust, discourage moralising and oppose the criminalisation of risky behaviours;
- expose myths (see box below) and constantly reinforce the basic facts about HIV infection, how it is transmitted and not transmitted, and how to prevent it;
- invite the participation of people living with HIV;
- take a gender-specific approach that addresses the needs and situations of women and men separately, that involves men in education related to women (eg prevention of mother-to-child transmission) 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;
- increase access as relevant to male circumcision with counselling, to harm-reduction programmes for drug users, and to treatment for sexually transmitted infections;
- encourage confidential voluntary testing with counselling (VCT) and the uptake of treatment, if necessary, as early as possible;
- promote and support behaviour change through participatory education and messages tailored to known risks and vulnerabilities at work and in the community;
- assess the risk of TB and request/support an infection control plan;
- reduce the occupational risk of transmission where relevant;
- gather baseline information on existing attitudes and behaviour, if possible, to help monitor and review the effectiveness of the programme.

Note to facilitators

Myths and misunderstandings

Even people who know how HIV is transmitted may have some misperceptions.

This list can be distributed for information or can form the basis of a useful group activity. Read out the statements or list them on a board (without the answers) and ask people to say if they're true or not – then address the errors!

What isn't true about AIDS: common myths and misunderstandings

A person who looks clean and healthy cannot have HIV

When a person becomes infected by HIV no change occurs to the person's appearance. It is impossible to guess if someone has HIV, especially as people can go on living and working normally for many years with the virus.

A good and moral person cannot have HIV

HIV is associated with sexual intercourse, just like pregnancy and childbirth – it is a normal function and essential to the survival of the human race. AIDS should not be a matter of shame or blame. It is much better to defend rights and ensure universal access to basic services than to blame and isolate particular groups or individuals.

AIDS is caused by witchcraft

Witchcraft is usually associated with misfortune. When people begin dying of a mysterious disease, and its causes are not understood, it may be explained by 'witchcraft' and witchdoctors or traditional healers are consulted for a cure. This belief is harmful as it prevents people seeking proper treatment or taking precautions, though increasing numbers of healers are able to provide correct advice on HIV and AIDS.

HIV can be transmitted by mosquitoes

It is not possible to get HIV from mosquitoes. When they take blood from someone, mosquitoes do not inject blood from any previous person. The only thing that a mosquito injects is a minute quantity of saliva. No studies have shown evidence of HIV transmission from mosquitoes or any other insects.

Sexual intercourse with a virgin will cure AIDS

Although the origins of this myth are unclear, it seems to occur worldwide. It's been around since at least the sixteenth century, when Europeans believed that they could rid themselves of a sexually transmitted disease by transferring it to a virgin through sexual intercourse. Sex with an uninfected virgin does not of course cure HIV, and only exposes the uninfected individual to the disease.

3) Ensure gender-specific approaches to AIDS and oppose gender-based violence everywhere

Worldwide, HIV is most often transmitted through unprotected sex between a man and a woman. This means that the way men and women relate to each other is central to understanding how to deal with the disease. HIV affects women and men differently both in terms of vulnerability and of impact. Biological factors make women – especially young 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 generally carry a greater share of the burden of care.

One of the main factors driving HIV is the unequal power relations between men and women. In most societies men have power over women in the form of:

- physical power through violence or the threat of violence, for example if the woman suggests using a condom;
- economic power through being able to pay for sex or force a spouse to submit because she has nowhere else to go; and
- social power through customs and traditions that establish 'rules', such as that wives should obey their husbands or that real men have many sexual partners.

But men may also be the victims of gender-related norms and traditions. 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/or sex. Homophobia affects more male than female workers, and is an abuse of rights that all unions should stand firm to oppose.

The ITF surveys showed large numbers of men and women who think it's the man's right to decide on condom use. Among male port workers in Guatemala, for example, 70 percent agreed – among the women it was fewer in all countries except India.

Of civil aviation workers in Ethiopia, 75 percent of the women and 42 percent of the men held this view, and 60 percent of the men in India but many fewer women.

This is where the union has a vital role to play. Through leadership, advocacy and practical actions in the workplace unions are making a real difference by:

- challenging attitudes and structures that disadvantage women and/or promote homophobia;
- advocating for fair pay, child care and training to give women more livelihood options;
- protecting the rights of women workers and building their own capacity;

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- educating male workers about being sexually responsible, raising their awareness on gender-based violence, and mobilising them as champions of gender equality: peer educators are especially effective in these areas.

It's no use informing women about safe sex, and telling them to ensure the man always wears a condom, if the men in their lives refuse to do so. There are numerous examples of women being beaten or thrown out for demanding that their partners wear condoms during sexual intercourse.

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

The gender and HIV/AIDS committee of the Kenya Dockworkers' Union ensures that all AIDS activities are gender-aware. They've started Friday awareness sessions in different workplaces where committee members raise issues around gender and HIV/AIDS with the staff.



4) Use occupational safety and health principles and structures

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

- HIV is a direct occupational risk in a range of specific settings from health, emergency and cleaning services to sex work.
- HIV is an indirect occupational risk in many more settings due to the nature and conditions of work, especially for mobile and migrant workers.
- Workers may come into contact with body fluids as a result of an accident at work, for example first aiders.
- Remember that workers who already have HIV are more susceptible to other infections which may be transmitted at workplaces – TB is the most common example.

Occupational safety and health (OSH) principles and structures, including a culture of risk prevention and health promotion, can be usefully applied to HIV/AIDS prevention and care across the board. Trade unions and workplaces already have well-established arrangements for OSH including responsible officers and workplace committees.

Information resources

ILO Recommendation on HIV and AIDS in the world of work 2010 (no 200)

ILO Convention on occupational safety and health 1981 (no 155)

SafeWork: ILO programme on safety and health at work and the environment

www.ilo.org/safework/lang--en/index.htm#a1

Guidelines on occupational safety and health management systems, ILO 2001

ILO Recommendation on social protection floors 2012 (no 202)

Information resources

ITF action guide on violence against women

www.itfglobal.org/infocentre/pubs.cfm/detail/41464

Say No-UNiTE to end violence against women

www.saynotoviolence.org/16days2013

Global Coalition on Women and AIDS

www.womenandaids.net/Home.aspx

UN Women (UN body for gender equality and the empowerment of women)

www.unwomen.org

3.2 Putting AIDS on the union agenda: effective action to mainstream

Note to facilitators

Mainstreaming is at the heart of the ITF's approach to HIV/AIDS. It means treating AIDS as a normal union issue and including it in relevant meetings and activities. Help colleagues and learners understand how taking action on AIDS can strengthen the union in all its work.

See the Five key steps below (p20) for ways to move forward.

Sixteen of the 25 affiliates in the civil aviation survey and 24 of the 33 affiliates in the port workers survey had already taken some action on AIDS. Twenty-four of the civil aviation unions and 29 of the port workers' unions requested assistance in starting or strengthening their AIDS activities.

Lessons learned:

- Action on AIDS must match the level and type of need
- Building capacity to respond to HIV/AIDS builds overall union capacity, including through fostering strategic partnerships.
- The more fully AIDS is integrated in the core union agenda, the less it costs - this is the path to sustainability and independence from the requirements of external donors.
- The areas where unions traditionally have the most experience – eg in organising, bargaining and campaigning – are the ones where mainstreaming works best.

The HIV/AIDS programme evaluation found that mainstreaming is one of the ITF's great achievements:

"In ways that vary across regions, unions have been strengthening their power through their work on HIV/AIDS. This is due to the ITF's foresight in recognising only by mainstreaming AIDS in the ITF's organisational culture would there be any chance of creating a sustainable programme capable of achieving lasting results."

A recent development has been the use of outreach and information on HIV/AIDS as part of affiliates' recruitment and organising strategy, where appropriate (see box).

East Africa organising project

"It's time trade union leaders took advantage of the changes within the transport sector in Africa. It's vital that they make use of any available opportunity to organise new members and identify their needs in order to service and retain them in unions."

ITF Africa regional secretary, Joseph Katende

In the course of ITF workshops on AIDS mainstreaming, it became clear that organising should be given more attention. Organising is the lifeblood of trade unions, a strategy not only to build membership but to retain and serve it through representation and activities. A lead was given by the ITF's organising globally campaign, which promotes three principles: build organisation, build union power, build sustainability. The affiliates in Africa increasingly applied these principles to their work on AIDS, and additional assistance was provided by Dutch union centre FNV to pilot an organising project for East Africa. Unions from five countries – Burundi, Kenya, Rwanda, Tanzania and Uganda – have agreed a strategy to scale up their organising work by linking it to HIV/AIDS outreach initiatives.

The pillars of the strategy are to:

- develop harmonised union organising services sub-regionally;
- produce and disseminate regional identity cards;
- improve communication among members and unions in the sub-region;
- build capacity of union volunteers and peer educators;
- promote regional outreach through cross-border initiatives.

The project identified a coordinator for each country, and they in turn have built up networks of volunteers to do the outreach, some of them making use of wellness centres as a base. Workshops have been held to train the coordinators and build the capacity of their unions and the volunteers. A special workshop was held for young workers. The ITF provides support in a number of practical ways, including the regional International Transport Workers' card, showing that the drivers are members not just of one union but of an international body with contacts in each country of the sub-region.

Five key steps for union action on AIDS:

1. **Unions mainstream**, first, by reviewing their structures and programmes, and then
 - ensuring a place for HIV/AIDS on the agenda of core business meetings at all levels (from congress to executive to branch) and of all relevant committees;
 - making links between HIV and other concerns, especially gender, rights, OSH and organising;
 - including HIV/AIDS in the issues covered by the negotiating team;
 - training shop stewards to act on HIV/AIDS issues, especially discrimination, and to monitor compliance with relevant agreements or policies;
 - including a module on, or examples about, HIV/AIDS in education activities of all kinds.

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.

If you decide to seek external funding, this is best done in partnership with the national union centre and/or the employer. It is important for unions to be in contact with the country coordinating mechanism (CCM) of the Global Fund in order to influence strategy as well as access funds. *Booklet 5 of the ACTRAV toolkit has detailed advice on resource mobilisation.*

2. A **union policy** or resolution on HIV/AIDS helps provide the framework for action- implementation needs to be guided by a concrete action plan. Always start by identifying your members' needs- then your planning can set targets and agree priorities that are relevant and achievable.
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 ITF London and regional offices) may include the national union centre, the government (including the national AIDS programme), NGOs- and employers when it comes to workplace action.
4. Many **resources** are available to the unions and to workplaces for free, such as condoms or VCT kits, even 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.



Red Ribbon Express network in one of 180 Indian rail stations

In Honduras, ITF affiliate Sindicato de Trabajadores de la Empresa Nacional Portuaria (the dockworkers' union) has mainstreamed AIDS activities in the union's core programme since 2008, with a focus on peer education for prevention and challenging stigma and discrimination. See the case studies in Section 3.7 for more information.

Suggested activities

Note to facilitators

Group work is a good way to make sure learners and colleagues are actively involved in considering an issue. Divide participants into small groups – say 4 to 6. They can even work in pairs. You should allow at least an hour for group discussion and reporting back (depending a bit on the topic and the numbers involved, and the time you have available). Keep the reports-back short. Print out and distribute the instructions.

Group work can be quite informal and held in different settings – it's not only an activity for workshops.

Activity 1

- Suitable for brainstorming, whole group or small group discussion, introduction to agenda item at union meeting (reduce the number of points in task 1 if your time is limited; leave out the report back if it's a whole group discussion at a workshop or meeting).

HIV/AIDS IMPACT ON THE UNION

Aim:

To understand the implications of HIV and AIDS for many unions and promote action

Task:

1. Select one group member to guide the discussion (moderator) and one to report back to the plenary (reporter)
2. In your group, identify the possible consequences for the union if:
 - A shop steward or union official was off sick for one month with an illness caused by HIV
 - An organiser had to leave his/her job because she/he was too ill as a result of AIDS
 - A union officer/member of the executive committee died as a result of AIDS
 - A union member was dismissed on suspicion of being HIV-positive
 - A union member reported being stigmatised at work for having HIV
 - People in the local community started blaming transport workers for 'spreading the epidemic'
3. Share with the group the main impact of AIDS to date on your union.
3. Report back to the plenary (in five minutes) what you have found to be the three most important effects of the epidemic on transport unions.

Activity 2

- Suitable for small group discussion or to guide a union committee/working group

HIV/AIDS ACTION PLANNING

Aim:

To agree an HIV/AIDS action plan for the union

Task:

1. Select one group member to guide the discussion (moderator) and one to report back to the plenary (reporter)
2. Discuss and agree the broad lines of an action plan for the union for one year. Prepare it in the form of a table or matrix with rows for different activities and columns for when/who/ how .. (see example below). Don't go into a lot of detail at this stage.

Please be sure to:

- identify the main areas of need and establish appropriate objectives
- choose activities relevant to those needs
- agree on the main product or output of each activity;
- include a time-line and the date by which a given task or activity should be finished;
- identify responsible persons or bodies (existing OSH committee, new AIDS committee or focal person);
- note what inputs or resources may be necessary and where they can be obtained.

Don't forget monitoring and evaluation – you need to test your plan, assess its effectiveness and revise it as necessary.

3. Report back to the plenary in no more than five minutes, with the outline of your plan on a flip chart.

Notes

Output = what needs to be produced in order to complete the task (eg a report, the timetable for a training programme, a funding proposal, a leaflet...)

Input = what's needed for the task to be undertaken (eg information, materials, a meeting room, an expert or facilitator...)

SECTION 3.2

Example of a table with one line completed for an imaginary situation - adapt it to your own situation:

Objective	Task/ activity	Output	Responsible	When	Inputs needed	Obtain from
AIDS policy for the union to raise awareness and guide action	Find out if the national AIDS policy includes workplace action	Note for information (if the national policy includes workplace action, copy the relevant section or read it out at the next meeting)	Peter	1st quarter	Copy of national policy, plan (access to PC)	NAC office or website, ILO, UNAIDS (borrow Ruwa's)

Information resources

Three documentary films on health risks and HIV/AIDS for transport workers by the Centro de Jefes y Oficiales Maquinistas Navales. www.maquinaval.org.ar/?page_id=332

See general guidance from the ITF in its Organising manual. [www.itfglobal.org/files/extranet/-1/30924/Organising manual handbook.pdf](http://www.itfglobal.org/files/extranet/-1/30924/Organising%20manual%20handbook.pdf)

ILO Toolkit for trade unions on HIV and AIDS, booklet 2. Respect for rights: the key to labour and workplace action. www.ilo.org/actrav/what/pubs/WCMS_154431/lang--en/index.htm

3.3 Defending rights and opposing discrimination through workplace policies and collective bargaining agreements

Note to facilitators

CBAs and workplace policies are good tools for tackling discrimination at the workplace, and we end this section with guidelines for negotiating and developing policies.

Stigma among workers, families and communities is harder to confront, but as rights-based organisations unions must take responsibility. Education is essential to help people recognise and overcome their own prejudices. It also helps to work closely with people living with HIV/AIDS and their associations.

Discriminating or stigmatising behaviour at the workplace

Among port workers, 68 per cent of those in India, 27 percent in Kenya, 13 percent in Guatemala and none in Belgium reported that they knew of HIV stigma or discrimination by management. When it came to stigma or discrimination by co-workers, the numbers were 32 percent in Kenya, 24 percent in Guatemala, 11 percent in India and none in Belgium.

Among civil aviation workers, 37 percent of those in Jordan, 20 percent in India, 14 percent in Ethiopia, 5 percent in Bulgaria and 2 percent in Argentina reported that they knew of HIV stigma or discrimination at the workplace by management. When it came to stigma or discrimination by co-workers, the numbers were 44 percent of those in Jordan, 25 percent in Ethiopia, 21 percent in India, 8 percent in Argentina and 1 percent in Bulgaria.

Lessons learned:

- Stigma and discrimination remain barriers to prevention and treatment, delaying the 'normalisation' of the epidemic.
- CBAs, with the power of the law to back them, are important tools to defend rights and reduce stigma and discrimination.
- Policies and CBAs can also assure benefits such as education programmes, access to condoms and voluntary counselling and testing (VCT), and treatment through medical insurance or direct delivery at company clinics.

"Since the beginning of the epidemic, stigma, discrimination, and gender inequality have been identified... as major obstacles to effective responses to HIV."

Peter Piot, former executive director, UNAIDS

The defence of rights is at the heart of union work. Here we cover how policies and CBAs can be used to promote workplace action on AIDS across the board, as well as important tools to defend rights and non-discrimination in particular. The ITF has made a film about the challenges faced by HIV-positive transport workers and their families in India, called Being Positive (www.itfglobal.org/HIV-Aids/HIV-Aids-3558.cfm).

Why is there so much stigma and discrimination around HIV and AIDS?

Very often it results from a lack of understanding – based on inadequate or incorrect information and misconceptions – and a fear of the unknown. 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.

Why do stigma and discrimination make it harder to tackle AIDS?

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

Union members are no different from the general population. They too have fears, misconceptions and stigmatising attitudes – but the union is in a position to reach them with information and education.

Attitudes towards people living with HIV

Among port workers, 59 percent of those in India, 36 percent in Belgium, 26 percent in Guatemala and 16 percent in Kenya said they would be afraid to work with an HIV-positive colleague.

Among civil aviation workers, 45 percent of those in Jordan, 41 percent in India, 21 percent in Ethiopia, 18 percent in Bulgaria and 11 percent in Argentina said they would be afraid to work with an HIV-positive colleague.

ITF affiliates need to tackle different types of discrimination in order to defend rights and make their activities more effective:

- discrimination by management, from enforced testing to dismissal: in some ways the easiest to deal with – though it may be hard to prove- because it relates to traditional industrial relations practices;
- discrimination by co-workers: a real challenge for the union and its educators;
- stigma and discrimination in the wider community: this might include the criminalisation by the state of sex work and/or homosexual relations. It can seem impossible to confront but unions and union activists can bring about positive change through example and leadership.

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”. See Appendix 4 for the full text.



Francis Ruwa speaking during the 42nd ITF Congress in Mexico City

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

Unions need to take action along parallel lines:

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 an industry or sector.

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.

“We’re all affected”

In Togo the peer educators and women’s network of ITF affiliate Syndicat des Travailleurs du Port Autonome de Lomé (SYNTRAPAL) – supported by the Lomé port authority - organised a caravan with the theme of ‘Universal access and human rights: no HIV/AIDS stigmatisation - we’re all affected’. The caravan travelled around the port and went to a nearby market to create awareness and distribute condoms. It was accompanied by a band and a famous Togolese singer. Fédération Syndicale des Travailleurs des Transports du Togo (FESYTRAT), the ITF road transport affiliate in Togo, joined SYNTRAPAL to organise a week-long VCT campaign to follow up the caravan. Screening took place at three sites including the port area.

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.

Pursue the goal of gender equality with as much commitment as all other human and labour rights. It should also inform the way you work: women and men need to work side by side in the union for the greater good of all.

Gender equality: checklist for a workplace AIDS programme

- ✓ Workplace policy is gender-specific, specifies zero tolerance for sexual harassment, including homophobia, 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; education for men promotes responsibility in sexual behaviour; all education promotes tolerance of differences in lifestyle and sexual orientation.
- ✓ 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 and possible.
- ✓ Workplace programmes include the partners/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.



Campaign against HIV / AIDS – Trade Association Flight Attendants Association of Mexico (ASSA)

Workplace policies and collective bargaining

The increase in workplace policies on AIDS in the 2000s, especially since the ILO code of practice became available for guidance, was an important development and brought many benefits to workers. The rise in the number of CBAs more recently, as noted by the ITF evaluation (2012), has been even more positive.

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

In countries where CBAs aren't the norm affiliates should continue to negotiate for the introduction and implementation of workplace policies. See the box at the end of this section setting out 10 steps for developing a workplace policy.

Gender awareness

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

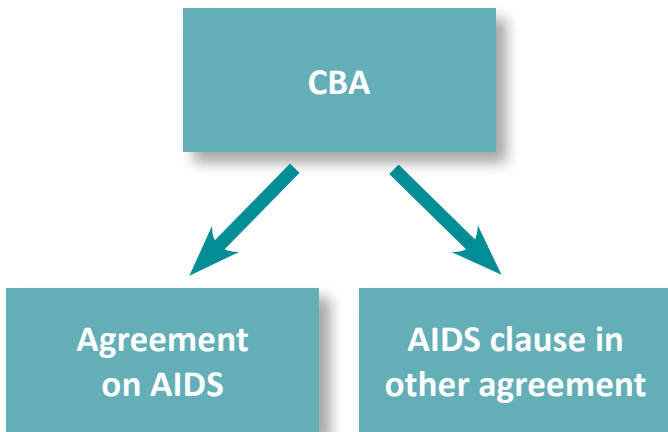
The Transport and Dock Workers' Union at Kandla Port in India holds regular gender-awareness workshops. Core issues include the social norms that deny women information on sexual health, the practices that prevent them from controlling their bodies or being tested, and the beliefs associated with sexual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

Collective bargaining agreements

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 – think of bargaining for AIDS services such as VCT as well as for employment rights. See the negotiating checklist below.

There are **two main types of collective agreement** – a more detailed agreement focusing on HIV and AIDS or a clause on AIDS in a more wide-ranging agreement, eg one on safety and health or discrimination (see checklists overleaf). It's up to you to agree which you are most likely to achieve:

Two types of collective agreement on AIDS



The Amalgamated Transport and General Workers' Union (ATGWU) organising and bargaining strategy for the Uganda Civil Aviation Authority combines a sensitisation programme for the workforce with training for trainers. "Our message is that the AIDS programme is a right not a favour – the policy and CBA clauses on AIDS have encouraged disclosure and treatment uptake."

In Panama, civil aviation affiliate Sindicato de Empleados de Líneas Aéreas de Panamá (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.

Checklist for HIV/AIDS negotiations

Background information and preparation

In either case you should prepare well. Bring to the negotiating meetings all the necessary information and documents to be used to support your arguments:

- 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?

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 (eg carers)
 - Prevention strategies that include education and training
 - Training and support for peer educators, with sessions during working hours
 - Wellness programme addressing overall health, including sexually transmitted infections, TB control where relevant, promotion of good nutrition and psycho-social health
 - Grievance and dispute procedures
 - Compensation for occupational exposure where relevant
 - Provisions for an implementation plan, monitoring and evaluation?

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

The more general agreement, which may or may not already be in existence, could be an agreement on occupational safety and health (OSH), employee assistance, or rules for workplace behaviour and discipline. In these cases, the union must decide on a more limited number of priorities, depending on need. These should include as a minimum:

- 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

See too the ICEM (now part of IndustriALL) *Training manual on collective bargaining on HIV/AIDS* (www.industriall-union.org/sites/default/files/migration/icem/0606ICEMHIVAIDSManualEN.pdf)



CJOmn (Argentine Naval Officers' Union) President (right) signing the Collective Bargaining Agreement

Ten steps to a workplace policy and programme on 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 (eg 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. Links can be made with NGOs.
6. Committee formulates a draft policy: draft is circulated for comment then revised and adopted - the wider the consultation, the fuller the 'ownership' and support. The language should be clear and accessible.
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 prevent action.
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 coordinator 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.

Transport and Dockworkers' Union, Mumbai, India

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

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

The union is also represented on the committee that monitors implementation of the policy.

Activity 2: Suitable for group work or to guide committee/working-group

You'll need to have two policies ready. If you can't find them locally see examples in the ILOAIDS website (www.ilo.org/aids/lang--en/index.htm) or the ILO ACTRAV toolkit for trade unions: the guide (www.ilo.org/wcmsp5/groups/public/---ed_dialogue/---actrav/documents/publication/wcms_154441.pdf).

Divide participants into small groups – say four to six. You should allow at least an hour for group discussion and reporting back (depending a bit on the topic and the numbers involved). Print out and distribute the instructions.

Activity 1

Dealing with stigma and discrimination

Aim:

To help you understand and deal with discrimination and stigmatisation.

Task:

1. Select one group member to guide the discussion (moderator) and one to report back to the plenary (reporter).
2. Draw up a list of the ways in which people living with HIV, or suspected of being HIV-positive, or perceived as being homosexual, have been or may be treated at work. This can be based on your own experience or on what you have observed, or read about, or heard about.
3. Discuss each one in turn and try to understand what has led to that discriminatory action. For example, why does the boss test job applicants for HIV? Why won't workers share a cup with an affected co-worker?
4. For each discriminatory action on your list, agree one priority action (a) the union and (b) individual workers can take to improve the situation.
5. Report back to the plenary and explain in no more than five minutes which three points the group agreed were the most important to address in a workplace policy or CBA.

Suggested activities

Note to facilitators

Discrimination by the boss is bad enough but rejection by co-workers is even worse. Here are two possible group work activities, both designed to promote the rights of workers to be treated with dignity.

Activity 1: Suitable for brainstorming, plenary or small group discussion

Here are some examples of stigma and discrimination- you should also use the findings of the ITF surveys summarised in boxes at the beginning of this section:

- being excluded from the workplace because of their HIV status
- being denied training and promotion opportunities
- being removed from their job and given other work for no sound medical reason
- being ostracised and isolated by the people they work with
- being denied access to medical and sickness benefits, unemployment benefits, survivors' benefits
- being treated less fairly than other employees with other serious health problems
- being denied reasonable accommodation for their illness, such as access to part-time work
- being dismissed from employment while still fit to work.

3.4 Preventing HIV through information, education and behaviour change

Note to facilitators

Together with anti-discrimination, prevention is where most unions have focused their energies with regards HIV/AIDS. But can it be done better? What has been learnt about effective prevention? This section is designed to help you understand the dynamics of education and behaviour change and plan activities suited to the particular situation and needs of your members.



Activity 2

Drafting an AIDS policy for the workplace

Aim:

To develop workplace policies on HIV/AIDS

Task:

1. Select one group member to guide the discussion (moderator) and one to report back to the plenary (reporter).
2. Read through and compare two different workplace policies on HIV/AIDS.
 - Which are the strong and weak points of each policy?
 - Which do you prefer and why?
 - Which one, or which points from each, would be most relevant to your enterprise?
3. Report back to the plenary and explain in no more than five minutes which four or five points the group agreed were the most important to include in a workplace policy.

The port and civil aviation surveys found gaps in knowledge and misunderstandings among workers in all of the countries. Of particular concern was the lack of understanding about transmission and ways to prevent it. Some workers in every country reported risky behaviour, especially multiple partners and low condom use.

The surveys also found that over 90 percent of those questioned believe that AIDS education should be provided at the workplace.

Lessons learned:

Information is not enough. People need to be supported to change their behaviour and the behaviour of their partners. Combination prevention means putting together a package of educational and practical measures.

Workplace and union 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 resources

ILO Toolkit for trade unions on HIV and AIDS, booklet 2. Respect for rights: the key to labour and workplace action.
www.ilo.org/actrav/what/pubs/WCMS_154431/lang--en/index.htm

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

How do we organise prevention activities in the union and at work?

Five key steps

1. Include prevention as far as possible in existing activities, especially ones that target women and young people, eg workers' education, occupational safety and health structures, vocational training and apprenticeships, in-service training, trade union training.
2. Set out the prevention strategy clearly in a policy or action plan - appoint a committee or focal person to take responsibility for coordinating activities.
3. Know your epidemic: identify the trends in the epidemic locally, the risk factors at specific workplaces, and the most vulnerable workers – make these your priorities for action.
4. Train key officials and activists to support the prevention activities, including addressing stigma and discrimination and providing support for those affected by HIV/AIDS – appoint and train peer educators.
5. Dialogue/ negotiate with employers for a prevention programme (see below).

Unions in Jordan understand that low HIV prevalence signals the need for prevention efforts, not inaction. With help from the Ministry of Health and UNAIDS, the General Union for Land Transport & Mechanical Workers holds regular education sessions for its members (truck /bus /taxi drivers). It has produced stickers for their vehicles to convey information to passengers and the public, as well as guidelines on HIV/AIDS for when they travel with their vehicles outside the country.

What makes up a prevention programme? Education combined with practical support

Whether you're designing a prevention programme for the union or a workplace, be aware of the main elements you need to include:

- **Basic facts and awareness-raising**

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

- **Education for behaviour change**

Education builds on awareness-raising and takes it a step further. It is less about transferring information and more about deepening understanding – especially of personal risk, but also stigmatising attitudes – and building skills to change attitudes and behaviour.

Education for behaviour change is:

customised – the communication is tailored to the target audience- and

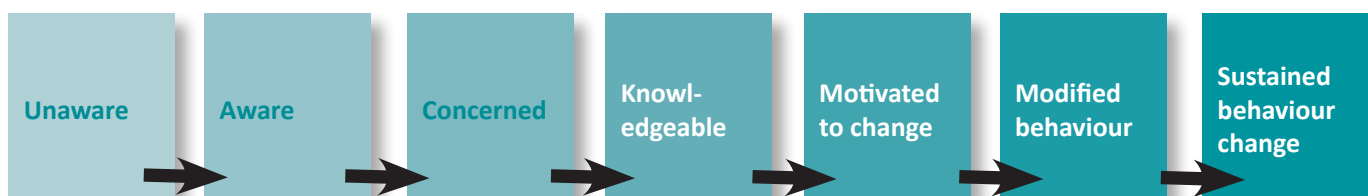
participatory- the target audience helps develop messages and materials, and takes ownership of the process.

It also makes extensive use of peer education.



The campaign against HIV / AIDS by the National Transport Workers' Confederation (CNTTT), Brazil

Stages in the behaviour change continuum:



Peer education

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

NETWON in Nepal is one of many IT affiliates who take action on World AIDS Day each year, most recently as an active participant in the National Condom Days, organised by government and the National NGOs Network Group Against AIDS.

Practical support

- Union and workplace campaigns that encourage people to know their HIV status;
- Provision of condoms, making sure that people know how to use them;
- Links with community health services;
- Negotiating with the employer (see negotiating points below);
- Expanding access to treatment – recent studies show that ARVs are highly effective in preventing transmission.

You should also look at risks that are specific to your industry or sector. A number of ITF affiliates in road transport are working with employers and relevant agencies to try to reduce waiting times at borders and checkpoints.

The Railway Workers' trade union of Ukraine focuses its education programme on young people in the most industrialised region of the country, where there are both HIV and TB. It has a special prevention programme for members who work with the public, such as conductors and drivers.

Combination prevention

It is now seen as useful to take a broader approach to prevention, with more emphasis on rights, and to combine methods as appropriate. The main aspects are set out below, with suggestions of how the workplace can contribute to each.

- **Biomedical interventions**
Campaigns to educate male and female workers about PMTCT, male circumcision and microbicides (products applied to the surface of the vagina and/or rectum for the prevention of HIV transmission during sex)
- **HIV testing and links to treatment and care**
Build capacity of enterprise clinics, mobile testing in the workplace, referral and partnerships with community services
- **Community interventions**
Workplace outreach to family members, surrounding communities, supply chain
- **Social justice and human rights**
Workplace policies protecting workers' rights (ILO code of practice), skills development, employment and income-generating activities
- **Behavioural interventions**
Workplace education, peer educators implement evidence-based behaviour change strategies, condom provision and use

Reminder!

HIV is not transmitted through casual physical contact at work, home or leisure. There is no risk in:

- sharing toilets, towels or washing facilities
- sharing a cup or plate
- consuming food or drink prepared by someone with HIV
- dental care
- swimming pools
- shaking hands
- coughing or sneezing
- kissing (although deep kissing between two people where both of them have bleeding points in mouth may carry a small risk)
- mosquito or insect bites

For more information see www.who.int and www.unaids.org especially www.unaids.org/en/KnowledgeCentre/Resources/FastFacts/

Negotiating points for workplace prevention

- Provision of a workplace prevention programme;
- Education and other activities in working hours, and arrangements to include families, suppliers and other company contacts where possible;
- Provision of free or low-cost male and female condoms, plus information on correct use;
- Measures to support education, especially VCT campaigns and access to testing and treatment where possible;
- Training and deployment of peer educators;
- Linkage of HIV to OSH programme/committee, plus training in first aid, universal precautions;
- Measures for the control/treatment of STIs, TB where relevant, and introduction of wellness messages and health testing;
- 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.

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

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

Suggested activities

Note to facilitators

Activity 1 is suitable for pairs or small group work – the outputs could be used by a person/group tasked with organising such a campaign.

It has two aims – to help develop communication skills and to support campaigning on voluntary counselling and testing. Divide participants into groups of four to six or pairs. You should allow at least an hour for group discussion and reporting back (depending a bit on the topic and the numbers involved). Print out and distribute the instructions.

Activity 2 is suitable for brainstorming or group work (large or small groups).

It aims to promote condom use. There are no instructions to distribute.

1. Ask participants to write down reasons people give for not using a condom (or their own reasons). Ask them to think about it from the point of view of a man and a woman.
2. Put all the papers into a hat or box.
3. Pick one out and read it – you can also write them up on a flipchart or board.
4. Then encourage discussion of the different reasons given. Do they agree or disagree with each one? Where opinions differ, try to guide the discussion towards positive attitudes to condom use, and help participants find answers to common objections.

Encourage men to think about condom use from the woman's point of view and women to think about it from the man's. You might like to ask if they know about or have used the female condom.



Activity 1

Effective communications

Aim:

'Know your status' - encourage workers to take up voluntary testing and counselling

Task:

1. Select one group member to guide the discussion (moderator) and one to report back to the plenary (reporter).
2. Many unions and workplaces have conducted 'Know your status' campaigns – sometimes the GS goes first and leads by example; sometimes a mobile clinic or testing facility is used; sometimes workers are referred to services in the local community.
3. Whatever the details of the campaign (and you can decide) **your group needs to draft a leaflet to launch a 'Know your status' campaign for the union (or workplace if you prefer).**

Be as persuasive as possible to get the members/workers to be tested, and as imaginative as possible in what the campaign consists of eg a testing day with local dignitaries and media; a dance or drama presentation; an ongoing campaign with monthly visits from a mobile clinic or local referrals.)

4. Use one sheet of flipchart as your leaflet and take back to the plenary and present it.

Information resources

ILO Toolkit for trade unions on HIV and AIDS, booklet 3. Workplace action on HIV and AIDS contributing to universal access to prevention, care, treatment and support.
www.ilo.org/actrav/what/pubs/WCMS_154432/lang--en/index.htm

3.5 Promoting solidarity, care and access to treatment, including support for HIV positive groups and networks

Note to facilitators

This section shows how to improve care at the workplace and in the union. It seeks to support shop stewards or union negotiators in obtaining improved workplace services for people affected by HIV as well as suggesting simple actions the union can take.

VCT is the link between prevention and care, and essential to both. Campaigning to 'Know your status' among members and at workplaces is one of the simplest and most effective actions the union can take. It is also important to support comrades living with HIV by providing information on healthy living and helping them adhere to treatment (if any).

In the ITF port workers survey, 94 percent of the workers in India, 93 percent of those in Kenya, and 81 percent of those in Guatemala said the workplace should provide HIV testing and treatment (the question was not included in the earlier civil aviation survey).

Lesson learned

Keeping their job, the solidarity of co-workers, and advice on positive living can be as important as ARVs in maintaining the health and quality of life of members with HIV.

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 needed. 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.

It is important for unions to negotiate these sorts of provisions if they are needed. That can be difficult if employers believe it will be costly and/or that they lack the capacity to provide such services.

Remind employers that key measures have few or no costs, for example a commitment to retaining HIV-positive employees, providing information on positive living, or referral arrangements with local health services.

The Sindicato de Trabajadores Unidos de Empornac, Guatemala, organised a VCT camp in Porto Santo Tomas in collaboration with the port management and a local NGO. It was attended by 92 workers (72 men and 20 women) and the general secretary set an example by being tested publicly.

Similar camps are run by the transport and communications union in Ethiopia in collaboration with the Ethiopian Airport Authority and national airline. Employees appreciate the convenience and also the friendly atmosphere.

Workplace care, support and treatment

The main pillars of workplace care are set out below. Discuss with shop stewards and other activists which of these can become negotiating points and which may be more suited to a general advocacy campaign or government lobby.

Voluntary counselling and testing (VCT)

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

World Health Organization

VCT is the key link between prevention and treatment, and union events and workplaces are both good venues for ‘know your status’ campaigns. 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. More and more unions are arranging health testing rather than testing for HIV alone, and uptake is generally good. Typical tests offered are diabetes, blood pressure, cholesterol and eyesight as well as HIV.

Although the Middle East and North Africa have low HIV prevalence, the numbers living with HIV are increasing. Following a regional ITF workshop in 2007, affiliates stepped up efforts to organise AIDS awareness and support programmes in workplaces. The Moroccan Union des Syndicates UMT des Transports organised VCT for port workers in Casablanca. It has also negotiated with the employers to ensure care and support, including ARVs, for any worker who tests positive.

Workers are more likely to take up VCT and/or disclose their status 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 if there is a workplace-wide testing campaign;
- there is a clear benefit, for example an available treatment programme;
- AIDS awareness and prevention programmes have involved people living with HIV and created positive images of HIV positive workers.

Reasonable accommodation

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

Occupational health service

It should be possible to adapt or upgrade existing workplace medical services so that opportunistic infections are treated and palliative care and pain relief provided, even if ARVs are outside its scope (but see ‘Access to treatment’ below). This can be a negotiating point.

TB prevention and control

TB is increasingly presenting as a co-infection with HIV and is 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 in the workplace (<http://whqlibdoc.who.int/publications/2003/9241546042.pdf>). The ACTRAV toolkit contains detailed information about TB (see booklet 3, section 5.3 – www.ilo.org/wcmsp5/groups/public/---ed_dialogue/---actrav/documents/publication/wcms_154432.pdf).

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 linking with community initiatives (and see 'Support groups' below).

Many larger workplaces have been able to provide ARVs through their health services or insurance schemes. Sometimes the workplace becomes a point of delivery for medication provided by government or donors. 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 workers people who are able to continue working: within six months after beginning treatment, 20 percent more are likely to be at work and 35 percent more are able to work longer hours.

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.

Summary of negotiating points

- 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.
- 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.

Care and support within the union

Remember too that the union can take action itself. A number of ITF affiliates have stepped forward and taken concrete steps to encourage disclosure and provide real support.

They include the Clerical and Commercial Workers' Union (CCWU) in Guyana and Kenya Long Distance Truck Drivers and Allied Workers Union (KDWU) in Kenya, as well as some public sector unions in Zimbabwe. In Canada, CAW reported: "We are sometimes involved in getting people help with the psychological impact of their illness." In Ethiopia the ITF affiliate helps organise a support fund for affected members, made up of contributions from workers and management; in other cases the union has encouraged the pooling of sick leave for the benefit of colleagues whose needs are greater.

In parts of Asia, affiliates are reaching out to families to try to change attitudes. On more than one occasion, intervention by the All India Railwaymen's Federation saved the life of a worker with HIV who had been disowned by the immediate family and was on the verge of committing suicide. Union leaders talked to the families concerned and helped them change their views. In Nepal NETWORK sometimes arranges the funeral of members who have died as a result of AIDS, where the family and friends refused to provide the service.

Support groups and positive worker networks

An important initiative has been the creation of networks of positive transport workers, pioneered in Kenya. These are helping to transform the relationship between unions and their positive members.

SECTION 3.5

- Unions have looked in the past to NGOs for the participation of HIV-positive persons in their activities – why, when numbers of their own members are positive?
- HIV-positive workers and union members have looked for support outside the union to NGOs, faith-based organisations and others – why, when trade unions are meant to be champions of solidarity and respect for rights?

ITF affiliates decided it was time for unions to come forward and more proactively reassure and support members who needed it. The impetus was given by a story-telling project in Kenya, where the dockworkers' union had already started an informal grouping of positive members (see box). This led to the creation of a network of positive transport workers called USAFIRI ('means of transport' in Swahili).

Others are following close behind. There is already a USAFIRI chapter in Uganda, and in Guyana and India the ITF affiliates are in the process of forming networks. In June 2012 a USAFIRI member took part in the ITF Africa regional HIV seminar and her example inspired the general secretary of the Malawi Railway Workers' Union to come out as HIV-positive. He has now facilitated the formation of the USAFIRI Malawi chapter.

Along similar lines the motorbike taxi union in Rwanda – following a successful VCT campaign – set up a self-help club for its HIV-positive members, wives, and widows.

“Unless we are willing to say who we are, no treatment is even possible”.

The use of storytelling has been innovative and effective in tackling stigma and providing support. It empowers individuals and strengthens the collective voice of transport workers, whether living with or at risk from HIV. In collaboration with Narativ, which specialises in storytelling for social change, the ITF arranged a series of storytelling workshops in Mombasa, Kenya, in early 2009.

The outcome was a real breakthrough: those present, soon joined by others, created a network of HIV-positive transport workers. USAFIRI brings together union members from roads, docks, railways, shipping, fisheries and civil aviation. The aims of the network – now formally registered as an association – are to fight stigma, prevent HIV, empower HIV-positive workers to fight for their rights, and unite positive transport workers across the world. Its rallying call is: “We must speak for ourselves not wait for others to speak for us.”

Note to facilitators

if you want fuller information, perhaps to use as a case study and stimulus to action, see the ITF's film (www.itfglobal.org/HIV-Aids/HIV-Aids-3055.cfm) and report (www.aidsmap.com/v634336411851170000/file/1050023/Seven_ways_to_look_after_your_health_pdf) on the storytelling workshop.

Healthy with HIV

Note to facilitators

Both union and workplace can provide practical information on living positively and healthily with HIV. You may wish to photocopy this section to distribute to members who need it.

One of the clearest messages of recent years is that HIV is not a death sentence.

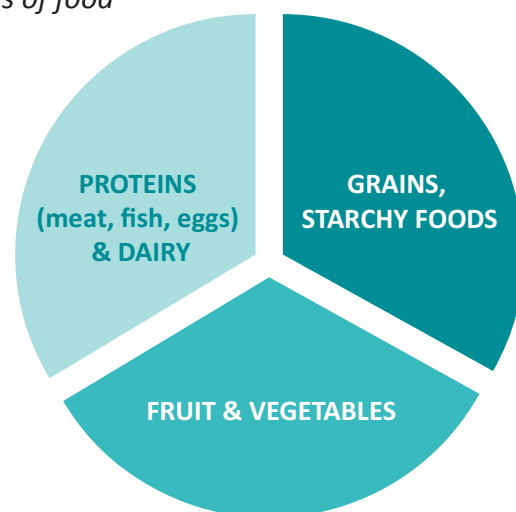
If you take good care of your body and keep your immune system strong you can live a normal life with the HIV in your body. Most people living with HIV can continue to do their work, take part in family and social life, and do the things that they enjoyed before they got the virus.

The NAM website www.aidsmap.com is one good source of information about HIV and AIDS. Their leaflet called Seven ways to look after your health offers clear, common sense guidance. Several of the points would improve anybody's health. They are:

1. Eat a balanced diet
2. Get some exercise
3. Give up smoking
4. Get enough rest and sleep
5. Talk to people and get support – don't isolate yourself
6. Attend clinic appointments and have regular blood tests
7. Take your anti-HIV drugs regularly if you need them.

In addition, for your own sake as well as that of your partner(s), keep practising safe sex. It is possible to be reinfected – often called 'superinfection' – and to get more than one strain of HIV. This will cause AIDS to develop much more quickly. Also, STIs greatly weaken the immune system.

Simple overview of recommended proportions of types of food



Source: Adapted from www.choosemyplate.gov (US Dept of Agriculture)

Wellness centres

The success of roadside wellness centres for truck drivers are well documented. ITF affiliates have helped set them up and run them in South Asia and many parts of Africa. They work with a number of partners. In East Africa there are close links with the North Star Alliance (www.northstar-alliance.org), a partnership which has set up roadside clinics along major transport routes in Africa. Partners include UNAIDS, the World Food Programme and TNT Express, as well as the ITF. In Togo affiliate FSTTT runs two mobile centres for education and VCT, provided by the employer. They have already provided services to drivers from Burkina, Mali and Nigeria as well as Togo.

In South Africa the Transport and Allied Workers' Union (SATAWU) works to support roadside centres with the NGO Trucking Wellness (www.truckingwellness.co.za). Originally Truckers against AIDS, the organisation was set up by the National Bargaining Council for the Road Freight Industry (NCRFI) as the epidemic took hold. More recently the partners decided to take a more holistic approach, offering a wide range of free primary health care services, such as education and screening for malaria, TB, blood pressure, diabetes and cholesterol as well as more established services of STI treatment, voluntary HIV testing with counselling, and condom distribution. Free antiretroviral treatment is available to all drivers whose employers are registered with the NCRFI. There now 22 fixed centres across the country and five mobile clinics.

Suggested activities

Note to facilitators

- Suitable for small group work.

This activity is a role play. It aims to encourage unions to negotiate for care provision and to develop skills. It will save time if you divide each small group in half and tell each if they are union or management (rather than ask them to choose). When they finish the role play and discuss what they learnt, make sure they leave their roles behind and don't continue some of the arguments!

Divide participants into small groups – say four to six. You should allow at least an hour for the role play and reporting back (depending a bit on the topic and the numbers involved). Important: they should take no more than a quarter of the time available to prepare their bargaining positions (say 15 minutes for an hour's role play). Print out and distribute the instructions.



Access to treatment

Aim:

To help you think about treatment issues and plan action

Task:

1. This is a role play. You will be divided into two sides – union and management. You should assume it's a medium-sized company.

Read through your brief carefully before starting the role play.

Note that there are two stages: first, each side meets separately to prepare their position, then the two sides meet to negotiate.

Union brief

A growing number of your members are HIV-positive; some have become ill and one or two have died. You have decided to negotiate for the provision of antiretroviral medication for workers with HIV and for their family members. You have heard that such an agreement was recently reached in the mining industry. Prepare the main arguments you would use to convince management that they should provide or subsidise ARVs. How would you be prepared to compromise if the company genuinely can't afford the medication?

Management brief

The company is beginning to suffer from absenteeism and the loss of skilled workers from AIDS. The union has recently become much more active on AIDS issues at work and now wants the company to provide antiretrovirals for everyone who needs them. You think this is unreasonable and fear you would not be able to maintain profits or compete with other companies if you were providing such expensive treatment. Prepare the main arguments you would use to refute the union claim.

2. Go back into plenary and discuss what you learnt from the exercise.

Information resources

ILO Toolkit for trade unions on HIV and AIDS, booklet 3: Workplace action: contributing to universal access to prevention, care and support.

www.ilo.org/actrav/what/pubs/WCMS_154432/lang--en/index.htm

3.6 Training to strengthen capacity

Reminder and reassurance: AIDS work draws on core union skills and practices – you’re not stepping into the unknown! This also means that as you build capacity to organise and educate around AIDS, you’re strengthening skills that are important to all aspects of union work.

This section offers guidance on planning and conducting training in general with a focus on mainstreaming AIDS issues.

You may or may not be responsible for training in the union, but we hope that you’ll consult with all relevant comrades to introduce or develop a range of training activities.

Train who to do what?

You will want to inform members and workers – that is, increase their knowledge and understanding of HIV and AIDS. In addition you will need to make sure that key union officers are on board and that the union trains a cadre of AIDS activists as focal persons, peer educators, and counsellors – depending on your needs.

In Uganda ATGWU starts its training for key officials and activists at the Civil Aviation Authority with the shop stewards, then it trains a network of focal persons from each section – they also act as peer educators. The union 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.

Use the table below as a starting point for planning a programme to raise awareness in the union and train officials and members with specified responsibilities, eg peer educators, focal persons.

The Centro de Jefes y Oficiales Maquinistas Navales in Argentina has negotiated an agreement with the national nautical school to include HIV/AIDS in its curriculum of health, safety and first aid courses. This will ensure that the seafarers passing through its programme have a basic understanding of HIV/AIDS and are able to provide education to their peers onboard ship.

Train who?	To do what?	How?
GS & executive body- especially member(s) responsible for oversight of union’s AIDS activities (if any)	Decide to take action on (mainstream) HIV/AIDS Manage, develop strategy/plan (budget), advocate – possible negotiate for sector or industry	Use ITF resolution 4: HIV/AIDS and transport workers (41st ITF congress, 2006) – see Appendix 4 Share example of action by a similar union, a quote from another GS Use the points set out in section 3.1 Tell ITF you want to take action
Union staff with responsibility for coordinating AIDS activities, and others with related responsibilities such as OSH, rights, gender	Coordinate, plan, implement strategy, organise, administer Educate and support membership as relevant, including through setting up positive member support group/ network	AIDS coordinator should work through the manual – if possible with other staff/ activists so that they can discuss and decide action for each section Use most relevant parts of sections 3.2 for prevention education, of 3.3 for rights, of 3.4 for care and support Include AIDS module in other training, esp. gender, organising, bargaining
Union officials on the shop floor, especially shop stewards and members of OSH and other workplace committees	Educate workers Dialogue with the employer, monitor HIV-related harassment/ discrimination, defend rights, help develop workplace policies on AIDS, negotiate CBAs around AIDS	Use most relevant parts of sections 3.2 for prevention education Pull together key points from section 3.3
Union activists with specific responsibilities in relation to AIDS	Serve as focal persons, peer educators and/or peer counsellors at work and/or in union	Should be guided to work through the manual, in groups if possible

What should the training cover and how should it be organised?

1. The active learning approach

Active learning is centred around the learner, not the trainer, and encourages participation. The students aren't passive recipients of information: their own experiences and ideas are recognised as a valuable resource. There is a two-way exchange between the trainer and the learners. Learning is negotiated and practical outcomes are sought through small group work and other activities.

Even in larger groups and plenary sessions there can be active learning: ask questions, stop and check that participants are following your line of reasoning, invite comments. Presentations can be punctuated by short sessions of group work- just breaking up into pairs for a few minutes is a very effective way of keeping the whole group involved.

2. Learning activities

Learning activities are necessary to assist active learning. They usually involve a game, role play, demonstration, drafting exercise or group discussion. The table at Appendix CC gives a short overview of different training methods.

Using case studies

Case studies can be discussed as examples of challenges and/or good practice in plenary or small group work. The next section presents six detailed case studies with questions included to help you guide the group in identifying issues and discussing solutions.

Using group work

Small groups of participants can be set a variety of questions and tasks. Make sure these are clear: written instructions are easiest to follow. Have them appoint a moderator and reporter and set a time limit. Tasks could include discussion, a drafting exercise, study of a law or policy, designing a poster or leaflet etc. Groups then report back briefly to the others using whatever supports are available. Try to have wall space for flipchart sheets so everyone can go and read them – a useful option if you don't have time for oral reports from each group.

Don't join the groups- you can help them, but don't interfere too much. After the reports, encourage general discussion – wrap up by pulling out the main points from the reports. Recommendations or action points may emerge from the groups- explain what follow-up is possible.

Study circles are small groups that meet regularly, for example once a week in a union or at a workplace. They set themselves a theme to study over time and normally take it in turns to facilitate.

Using role play

A role play requires a small group to act out a situation. It is effective when recreating a group situation, such as a committee meeting or a negotiation. Prepare written notes explaining the objectives, setting the background, and providing a brief for each 'character'. The group selects who will play the different roles. Make sure the scenario isn't too complex but has the flexibility to involve different numbers of 'actors'. At the end, participants come out of their role and comment on the process. Each group then reports back to the plenary on what they learnt from the situation.

Using scenarios

Not the same as role play, these are situations for a group to discuss – usually a challenge to overcome or a difficulty to resolve. The resource packs for civil aviation and port workers include eight short scenarios with practical details specific to the sector in question. They include discussion questions.

Sample scenario

Management doesn't understand HIV risk at the workplace

Kalpana, a worker in the port cafeteria, has disclosed that her husband has HIV. She doesn't know her own status. The head of the human resources department comes to the union representative to discuss the situation.

He knows little about HIV and asks the union questions like: Are the customers and other staff at risk if this worker does have HIV? Can HIV be caught through eating food prepared by someone with HIV? Can we test her to be sure? If she's HIV-positive can we dismiss her or change her to another job where she doesn't touch food?

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

3. Practical tips for trainers and facilitators

Teaching practices

- Identify the needs of the group, the purpose of the training and the key message for each session. Make this clear to participants.
- Trainers should aim to:
 - emphasise practical ideas rather than general theory;
 - stimulate discussion and an exchange of ideas rather than lecturing;
 - include follow-up and next steps;
 - build on participants' strengths and achievements rather than problems and weaknesses;
 - create a trustful and friendly environment by; face the audience, keep eye-contact; welcome questions, and comments; thank people for their contributions.
- Try to build 'signposts' into your presentations to help participants keep track of where they are. Say what you are going to do in a session- at the end summarise what you have done. Remind the group what happened in the last session. For example: one of the challenges for today will be; today we're going to focus on [three] key ideas....; the main points made yesterday were
- Make sure you're well prepared:
 - Be familiar with the issues and anticipate possible questions (if you don't know the answer to a question say you'll check and get back to them);
 - Have as many improvement examples as possible, especially from local facilities, to help other people implement changes;
 - Test the equipment in advance and check the supply of materials, chairs, water etc.

Premises, equipment and visual aids

- Make sure that the premises are suitable, with space for group work, access to refreshments and toilets.
- Make sure the room is set out properly- participants should not sit in rows, but around small tables if possible.
- Make sure that basic equipment is available, especially flipcharts and/or a blackboard or whiteboard. Use a flipchart or board during brainstorming sessions and group exercises; stick sheets to the wall as reminders or a quick way to report back from groups; have coloured pens, write short statements.
- A data projector or overhead projector is necessary to show Power Point presentations or transparencies. If there isn't one available, you'll need to print the slides and distribute to participants. Print out one copy of the speakers' notes for the slides for your own use.

A word about PowerPoint presentations: these can kill communication and learning unless used carefully. Their main advantage is to clarify issues and focus on key messages – they should support the presentation but not repeat everything you say. Similarly, you shouldn't feel obliged to read every slide out loud – the audience can read for themselves! Rather you should pick out key points and develop them, ask questions, make sure the information is understood.

4. Planning your workshop

Whatever course you're organising, you can use and adapt the following basic forms. The first one is to help you plan the activity and the second is a draft programme for you to complete. You should shorten or lengthen the programme depending on whether, for example, you have just an hour available at a workplace or a full workshop/course.

Form 1: Workshop plan

Aims of training	Target group	Content and methods	Resource persons	Materials, equipment needed	Evaluation, follow-up

Form 2: Workshop name/date/place

Draft programme

Approx. time	Day 1	Day 2	Day 3	Notes
09.30-10.00	Welcome to workshop			
10.00-10.30	Introductions			
10.45-12.00				
Lunch break				
13.15-14.30			Action planning	
14.30-16.00			Evaluation	

The Sindicato de Trabajadores Unidos de Empornacone in Guatemala regularly organises training for its women's network and other women workers in collaboration with the management and with support from the local health authority.

The union says: "Male colleagues have now requested a similar activity (they say it is discrimination against them). We will arrange this and the women will facilitate as they have received training".

Group work instructions

Even if the assignment is quite simple, it always helps to put your instructions on paper. You can adapt this basic template:

Group work on

Aim:

....

Task:

1. Select one group member to guide the discussion (moderator) and one to report back to the plenary (reporter).
2. Discuss the following issues OR answer the following questions, and decide in your group what action you need to take in these circumstances OR what are your three priorities for..... [adapt as relevant]

...

- [6.] Report back to the plenary in no more than 5 minutes.

Note: if you're running short of time (and you have the right sort of walls!) you can ask them to summarise their key points on a sheet of flip chart and stick these on the walls. Make sure you provide a few minutes for all the groups to read each others' points.

3.7 Using case studies in education and training

Case studies are most useful when they're used actively as part of the learning process, not simply distributed for information. We're assuming here that you're working with a group of union members or fellow workers in some kind of learning situation, however informal it may be.

First, think about your aim in using a case study – what are the main points you want to make? This will help you to select the most appropriate one for your needs.

Second, how do you encourage members of the group to engage with the case study and the issues it raises? The simplest way is to split the case study into sections and to prepare a set of questions in advance which you put to the group at different points. You should put a time limit on these in order not to lose the flow of the case study.

For example, if a union sets out the challenges it's facing or an especially difficult obstacle, stop at this point and ask the group to decide on the best course of action. Then go back to the case study and compare their views with what the union did in practice. See how things turned out. Remember that we can learn as much from mistakes as from successes. But if a union sets out a good practice, discuss it with the group and ask them how they think the union was able to achieve it.

At the end (or at another session) you can give the group a more detailed exercise, based on one of the questions listed or another you believe would be useful. If there are more than eight or so in the group it would help to divide them into smaller groups. One of the most useful and productive activities is to ask the group to identify what lessons can be learned from the case study. You should press them to explain why and also to prioritise them. Or you can just ask them to choose the one (or up to three) lesson(s) they will try to use in their own work.

Here are six case studies from different transport sectors and regions. We have included some possible questions, but you can add to, remove or change these. You can also add your own case studies based on the work of your own or sister unions. Before you start the final discussion at the end, remind the group that the eight parts of section 3 cover all the issues that arise in the case studies, and can be used for reference if necessary. Note: if participants want further information on any points raised, and you're not able to provide it from your own resources, please contact the ITF's education coordinator for your region and the HIV/AIDS coordinator at ITF headquarters.

Case studies follow from Colombia; Ethiopia; Guyana; India; Panama; Uganda.

Colombia: National Transport Workers' Union (SNTT)

Colombia has an adult HIV prevalence of 0.5 percent, one of the highest in the region. Nearly 200,000 people may be living with HIV. The SNTT therefore decided to give priority to prevention, with a focus on education and collective bargaining. The union organises workers in road transport – including bus, van, taxi and truck drivers – and in the ports. It also targets the passengers the members meet in the course of their work.

Antonio Rodriguez Fritz, ITF Americas regional secretary, says: "Workers in Colombia have suffered decades of repression, persecution and human rights violations, yet they continue to organise and fight for workers' rights. HIV has long been a stigma and unions want to fight it, preserving the worker, as a human being, from any discrimination. SNTT leads that fight in Colombia and we are sure their example will become a beacon for others to follow."

Sample questions

Stop at this point and ask some questions, for example:

- What do you think of the statement by Antonio Fritz? Does it surprise you that in a situation where unions are often repressed, they still take on AIDS issues as well?
- Does the emphasis of the SNTT on prevention make sense, given the general prevalence rate?
- Does it fit with the UNAIDS message to 'Know your epidemic'? What do you understand by this phrase?

In the ports sector, the SNTT first signed a collective bargaining agreement with clauses on HIV/AIDS and then collaborated with management to start prevention activities, launched in the national health week. More recently another CBA including HIV/AIDS was signed with a bus company. The agreement benefits 350 drivers, guaranteeing job security for workers who have a positive HIV test result and commits the company to support union campaigns on HIV/AIDS prevention.

In addition the CBA has led to the merger between a former company-based union and SNTT, strengthening the union's voice across the board.

ITF education coordinator for the Americas, Edgar Diaz, notes: "It is a good development that in recent years we are seeing more affiliates from Latin America signing CBAs with HIV/AIDS clauses. Unions are in the forefront of fighting stigma and discrimination and breaking silence about HIV/AIDS in the workplace."

Sample questions

Stop at this point and ask some questions, for example:

- Do transport workers suffer from stigma and discrimination in your country? Are they blamed for 'spreading the epidemic'? What are the general attitudes of the public to sex work?
- How can a CBA be an effective instrument to counter stigma and discrimination?

The union has a keen awareness of gender issues and a strong commitment to gender equality. In June 2010 the SNTT and the Mayor of Cartagena, together with women's networks, community groups and NGOs, held a forum on AIDS and sexuality, including workplace action and the issue of children forced into sex work. Legal matters were also covered, including support for victims and follow-up work.

Among the 80 participants in the forum were SNTT affiliates from Cartagena and Barranquilla, community leaders, NGOs, the national police, hotel workers' representatives and the University of Cartagena. The forum generated great interest among union members, many of whom expressed an interest in taking its work forward, incorporating the issues of child sex abuse and HIV/AIDS into a larger programme on gender and sexuality that would include women's rights, and lesbian, gay, bisexual and transgender (LGBT) rights.

The forum agreed there should now be a public conversation in Cartagena about sexual freedom and diversity. The message is that liberation cannot be divided: human rights cannot be granted to some groups but denied to others. So, in the trade union movement, the demand for a worker's right to a decent living should go hand in hand with the demand for an individual's right to self-determination.

Making this argument will not be easy. Prejudice in Colombia is widespread and deeply-embedded, fuelled by the culture of machismo. A recent survey in Cartagena found that 55 percent of the population still rejected the idea of homosexuality, linking it to illegal behaviour such as general crime or drug trafficking.

The forum has led to an alliance between the ITF and 'Affirmative Caribbean', a respected NGO involved in educating people about issues concerning same sex and transgender sexuality. The participating bodies have developed a groundbreaking campaign that will link union members, community activists and women leaders in order to put a stop to homophobic violence and discrimination against people living with HIV and AIDS, as well as child sex work. They have set up a new forum consisting of 120

people from Cartagena's three main districts. They are being trained to take antidiscrimination messages into their communities and to promote tolerance and inclusion. Materials are being produced to support them, as well as an internet site from which the public can gain information and share their opinions and experiences.

Antonio Fritz comments: "It is very encouraging to see that many of our affiliates in Latin America are coming up with innovative campaign plans to help their members in the struggle against HIV/AIDS. It is especially praiseworthy that they are carrying out these activities in collaboration with different stakeholders, including NGOs and local government authorities, for maximum effectiveness."

Additional follow-up has targeted the traffic police in order to improve police attitudes and behaviour towards sex workers and their transport worker clients. In March 2013, the SNTT organised an AIDS education session for traffic police in Barranquilla City, including the distribution of condoms. More than 100 officers attended, most of whom will work as peer educators to create awareness among their colleagues in the city. The SNTT plans to organise similar events in other cities and believes that law enforcement bodies can be a major ally in its long-term campaign on HIV/AIDS, especially in terms of countering stigma, discrimination and criminalisation of certain behaviours.

Discussion

1. Ask the group to identify and comment on key lessons that can be learned from this case study.
2. There is a particularly strong emphasis on stigma and discrimination in this case study. Ask the group, first, to identify the different types of discriminatory attitudes and behaviour here and in their own countries and industries. Then ask participants to outline a union strategy to combat discrimination and protect rights across the board, including but not limited to gender, sexuality and AIDS. Ask them to consider the importance of the community links built up by the SNTT.

Here are video links to the campaign:

www.youtube.com/watch?v=Q2VnPYvcGc8&feature=youtu.be

<http://youtu.be/1RFDWnmYxbA>

Ethiopia: Transport And Communication Workers' Trade Union Industrial Federation (TCWTUIF)

The federation brings together some 34 unions covering transport and communications including seafarers, road and rail workers, petrochemicals, and civil aviation. It is one of nine industrial federations in the Confederation of Ethiopian Trade Unions. The centralised nature of union organisation in Ethiopia meant that once the decision was taken to include AIDS on the union agenda, all the sectors covered by the Confederation committed to AIDS mainstreaming.

"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." The union then became involved and gave him support. He's now a respected peer educator.

But the wider problem of HIV-related stigma and discrimination at the workplace has remained of significance in Ethiopia. Research shows that HIV and AIDS are 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.

Sample questions

Stop at this point and ask some questions, for example:

- Did one particular incident prompt your union to take action, or was it the general situation in your country? In your industry?
- Are stigma and discrimination among the main concerns of your union too? Can you give some examples?
- The centralised union structure in Ethiopia is quite unusual, but what role has your own national centre played with regard to AIDS? Could it do more?

The federation's long-term strategy

Together with the confederation, the TCWTUIF agreed a policy on AIDS at the workplace with a strategy document for each sector and an action plan for HIV prevention.

The first step 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 mainstream AIDS work and to use collective bargaining to establish HIV as a workplace issue and protect workers.

The organisational chart of the TCWTUIF shows the integration of HIV/AIDS in the union's structure: the responsibility lies with the social and women's affairs department, with support from the education department, including linkages to the youth department. ITF materials are systematically translated into Amharic so that the whole membership can benefit.

The federation has a strong record of collective bargaining, and has progressively ensured that AIDS is included in all agreements – these number approximately 30. It also has a memorandum of understanding with the Ministry of Labour and Social Affairs and with sectoral ministries such as transport and aviation – these too include HIV and AIDS. Agreements vary considerably from a single clause to a detailed agreement specifically on AIDS. Most cover such key issues as non-discrimination, counselling and testing facilities, and care and support – including treatment. It has also produced guidelines on how to negotiate AIDS clauses. In addition to the CBAs, the TCWTUIF has worked with management to set up and manage a support fund for members who test positive and need assistance.

Sample questions

Stop at this point and ask some questions, for example:

- What do you think of the federation's strategy?
- Why do you think they put such an emphasis on bargaining?
- How does it compare with your own union's strategy?
- Is mainstreaming one of your own aims? If so, share how you went about it. If not, explain why – what might you need to help you try?
- Has your union been in discussion with the Ministry of Labour or Transport about AIDS?

Changing attitudes and behaviour

The federation has put a lot of energy into confronting some of the attitudes and behaviour which help drive the epidemic. It puts a strong emphasis on the family and their rights and health, even encouraging drivers to take their children with them when possible. They use behaviour change approaches to tackle gender inequality as well as HIV. These include 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 Gebeheye

Camps to promote VCT

The TCWTUIF held a series of voluntary counselling and testing (VCT) camps in 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.”*

Sample questions

Stop at this point and ask some questions, for example:

- Have you tried to set up a VCT camp or testing day at the workplace or in the union? What’s been your experience?
- Some unions offer broader health testing, such as tests for diabetes, blood pressure eyesight alongside HIV. What do you think of this idea? Have you tried anything similar in your union?
- What do you understand by behaviour change communication? Have you tried something similar? What has been your experience?

Discussion

1. Looking back over the whole case study, what lessons do you think can be learned from the TCWTUIF? Has it given you any ideas for approaches or activities you might try?
2. Ask the group to agree on the main points of an ideal collective bargaining agreement covering AIDS issues.

Guyana: Clerical And Commercial Workers' Union (CCWU)

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 workplaces are not covered by AIDS policies or agreements. At the same time many workers say that they do not seek treatment for HIV or other sexually transmitted infections because they fear stigma and discrimination.

This is a particular concern for the CCWU. Sherwood Clarke is the union HIV/AIDS coordinator: "Stigma associated with HIV and the resulting discrimination 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 stops people from negotiating safer sex, taking tests, disclosing their status to their partners or seeking treatment. If we do not address the roots of the problem, if we do not recognise AIDS as a human rights issue, and if we do not take a public health approach to respond, then the trend will only go on."

Other priority challenges include raising the standard of living of workers to combat poverty and reduce vulnerability to HIV and reaching out to school youth.

based on the ILO Code of practice on HIV/AIDS and the world of work.

Employers were involved from the outset. The union ran awareness workshops with support from government, and included managers and supervisors in the process. "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.

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 percent of males interviewed said they had unprotected sex with persons who were neither spouse nor live-in partners; 40 percent of all respondents believed that a worker who revealed his/her HIV-positive status would be dismissed; about 40 percent 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.

Sample questions

Stop at this point and ask some questions, for example:

- Are stigma and discrimination among the main concerns of your union too? Can you give some examples?
- Was this a reason your union first took action on AIDS?
- How would you argue for AIDS as a human rights issue?

Note to facilitators

Don't at this moment ask for examples of good practice – keep that until the end. Focus here on defining the issues.

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

The CCWU organises in transport and tourism as well as commerce and finance. It has approximately 2000 members of whom nearly half are women. The union policy is that all collective bargaining agreements in all the sectors it covers should include provisions on AIDS, and it has drafted a set of core rights and minimum standards

Sample questions

Stop at this point and ask some questions, for example:

- Key aspects of the CCWU strategy are CBAs, building contacts with company management, and information-gathering – what are your views on the choices made by the union? How does it compare with your own union's strategy?
- Do any of you organise across sectors? Is it harder to develop CBAs for different sectors at the same time?
- How easy or difficult do you find it to engage the support of management in AIDS activities?

A broader 'wellness' approach

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 are 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 to 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 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."

A union voice on national AIDS bodies

The CCWU lobbies actively for the government to take a comprehensive view of the issues surrounding the epidemic and the most effective ways to address them, including health system straightening and infrastructure development. The union also works directly with two government departments to address the specific HIV risks in the transport sector, with a focus on the role of the family in protecting workers.

The ILO has helped the union take its rightful place on tripartite and other bodies set up to develop national responses to HIV and AIDS. The CCWU sits on the National Tripartite Committee for HIV/AIDS and the Workplace with government and employers, and represents unions on the country Coordinating Mechanism (CCM) of the Global Fund to Fight AIDS, Tuberculosis and Malaria. The CCM is

responsible for developing proposals to the Global Fund and implementing funds awarded. Recognition of the constructive and effective role of trade unions in tackling the disease led the CCM to include a seat for unions. A democratic election resulted in the seat going to the CCWU in 2007.

As a result of the CBAs, the union's educational work and its firm stand on AIDS-related rights, the CCWU is able to report systems in place for voluntary testing and positive changes in behaviour and attitudes. These show in reduced discrimination in the workplace against persons with HIV, more openness and understanding expressed by co-workers, and increased willingness of relatives and community members to care for people living with HIV. The union is especially pleased that increased awareness of their rights has led to workers themselves reporting violations of the workplace AIDS policy- the union then takes the necessary action to follow up.

The CCWU is committed to moving forward by providing a platform for open discussion of AIDS and rights at workplaces, based on the personal experiences of workers living with HIV. Priority areas for action include: more AIDS workplace policies and CBAs; review and revision of staff rules and regulations, including health insurance and recruitment processes; and support for workers living with HIV. The union is also extending its outreach programme to workers' families and community members, with a focus on care and support for those directly affected by HIV.

Sample questions

Stop at this point and ask some questions, for example:

- List the main actions undertaken by the CCWU, and discuss how it has contributed to a comprehensive and effective programme. What lessons can you learn? Which actions might be relevant to your own members and the workplaces where you organise? Which do you already carry out?
- What do you think of the idea of including HIV in broader health testing? Have you tried anything similar in your union?
- The CCWU has made efforts to gather information about members' behaviour as well as the implementation of workplace policies and programmes. It has used this information to guide planning and to monitor the effectiveness of its actions (see the box on airport training). Do you carry out similar surveys? If not, might you consider it?

Discussion

Share examples of good practice and lessons learned in respect of promoting rights related to HIV and AIDS. If there's time, set out the first five steps of an action plan on AIDS and human rights.

India: Transport And Dock Workers' Union, Kandla Port

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

Sample questions

Stop at this point and ask some questions, for example:

- For port worker unions: do you recognise the picture painted above for Kandla Port? What are the similarities and differences with your own port(s)? What HIV risks have you identified?
- For other unions: what are the links and contacts your own members have (a) with other transport workers, including dockers, and (b) with members of the public? Are any of these contacts relevant in terms of HIV risk?
- For either: What opportunities does your working situation offer for HIV awareness-raising and prevention activities?

The Kandla Transport and Dock Workers' Union started its HIV/AIDS work in 2006.

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

Joseph Chacko, organising secretary

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

Following an incident where a member of the KNPP was refused admission to hospital after a road accident, the union became aware of the extent and potentially fatal consequences of discrimination. The general secretary was

able to find a bed for the man at a private clinic, thanks to his influence in the community, and union members contributed to the man's expenses. It was to overcome such discrimination – as well as to support prevention efforts – that the union decided to draw up a formal policy on the issue. The general secretary and union office bearers have committed themselves to supporting the policy by building union officials' education, training and counselling skills.

The union also collaborates with the Gujarat State AIDS Control Society (SACS) and local and international NGOs, and helps link awareness-raising activities for dockers with projects organised among sex workers and truck drivers in the area. Examples of joint action include street plays, distribution of information materials and condoms, and a medical camp for migrant workers with voluntary HIV testing.

The Gujarat SACS is so pleased with the sustained work and extensive coverage of the union that they upped their support in 2013, including a peer educator training programme and a project for migrant workers. Meanwhile the Port Authority has promised all assistance to set up a drop-in centre with a clinic at one of the gates of the port where truck drivers and cleaners gather and wait to go in.

As part of its ongoing social mobilisation and seafarers' welfare programme, the union already plays an active role in the running of the Kandla Seafarers' Welfare Association (KSWA) and the seafarers' centre. The centre was set up inside the port because about 70 percent of the crew of visiting ships don't get shore leave. The KSWA and the centre have also been useful in providing facilities for HIV/AIDS activities. The seafarers' centre displays AIDS awareness materials and provides free condoms for visiting seafarers.

World AIDS Day

Using the ITF's World AIDS Day campaign materials, the union sets up stalls every year on 1 December at the port entrance and administrative offices to inform union members, port staff and contract workers about the risk of HIV and the impact of AIDS. After a visit by the port chair in 2010, an HIV/AIDS workplace policy was negotiated, only the second such policy at a major port in India. It covers issues of stigma and discrimination and provides employees with paid leave for treatment, linked to the port's existing chronic diseases policy.

In 2013 extra stalls were added because of demand and were maintained for a second day. In addition to information and education materials, the stalls offered VCT services, free condoms and free health checks.



Sample questions

Stop at this point and ask some questions, for example:

- What collaborating partners do you have? In what ways do you support one another?
- How easy has it been to work with your management on HIV/AIDS? Have you secured a workplace policy or collective agreement in this area?

Lessons learned

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

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

M. L. Bellani, general secretary

Discussion

1. Invite the group to draw all the lessons they can from the case study, identify those most relevant to their own work, and explain how they would adapt and apply them.
2. How can a union move forward from providing information and awareness-raising to organising education that helps workers assess and ultimately change their own attitudes and behaviour in respect of HIV/AIDS?

Panama: Sindicato Nacional de Trabajadores de la Industria de la Aviación Civil y Similares (SIELAS)

Panama has a concentrated HIV epidemic with adult prevalence at just under one percent. The primary mode of transmission is unprotected sexual contact. HIV transmission among men having sex with men accounts for around 33 percent of infections but under-reporting is likely. There is a growing tendency towards heterosexual transmission, which implies that the numbers of infected women and children are rising. The transmission of the virus has generally followed major economic corridors and is especially concentrated around the Panama Canal.

Sample questions

Stop at this point and ask some questions, for example:

- Stigmatisation of men who have sex with men is deeply rooted in Latin America. How can the union tackle this difficult issue, given that many members will have more or less homophobic views?
- How might the concentration of the epidemic around the Panama Canal affect the union’s strategy?

Knowledge acquired at the ITF HIV/AIDS capacity-building workshop in Guatemala in February 2010 assisted immensely in getting the issue onto the SIELAS agenda. The union committed not only to developing an AIDS programme but to placing AIDS on the agenda of all union meetings. This has resulted in a focus on using collective bargaining as a key tool to promote HIV prevention at and through the workplace. The union has raised awareness on the need for HIV/AIDS clauses to ensure non-discrimination and employment stability in aviation, and has also built the capacity of shop stewards and other key officials to negotiate in this area.

In the course of 2010 the union negotiated the inclusion of HIV/AIDS clauses in agreements with six major airline, logistics and security companies. Three factors assisted the union in negotiation: a national law on terminal illness, the strength of the union, and membership support.

An especially significant CBA was that with the air cargo company COPADASA in 2013, after two months of negotiations and a strike declaration. The CBA will be valid for four years and is eligible for salary negotiation every two years, so that wages are not absorbed by inflation.

The union achieved the inclusion of clauses covering increased life insurance, incentives for retiring workers, a personal risks subsidy for disabled workers, training for all workers, a subsidy for clinical spectacles and contact lenses, the reclassification of roles, and protection against AIDS-related discrimination.



COPADASA is a subsidiary of logistics giant UPS and is based at Tocumen International Airport. UPS is one of the global delivery multinationals ITF unions are targeting by connecting activists within the same company wherever they are based. The aim is to promote rights and improve working conditions, regardless of country or employment status of workers.

Sample questions

Stop at this point and ask some questions, for example:

- Do you agree with the union's emphasis on collective bargaining? What do you think of the range of health-related clauses SIELAS has managed to include in its CBA with COPADASA?

Union video spreads safe sex message

SIELAS has produced a video to raise AIDS awareness among transport workers and advocate for safe sex. The video was used to mark the launch of the union's major HIV/AIDS campaign.

To see the video go to: www.youtube.com/watch?v=nCzyNd9AFF0

Antonio Fritz, ITF Americas regional secretary, commented: *"SIELAS is a clear example of leadership and collective bargaining for transport union workers in the Americas. We congratulate the union and its members, who have managed to fight and negotiate for fair labour conditions, for their determination and we urge them to keep that commitment and dedication to achieve for all workers in ... Panama the right to be represented and protected by a CBA."*

Discussion

1. Ask the group to identify and comment on the lessons that can be learned from the case study.
2. Another useful activity is to discuss ways that union education and behaviour change communication can address the fears and lack of understanding which can result in homophobia. The discussion should take place in the context of the defence of workers' rights and opposition to discrimination, whatever the grounds.

Uganda: Amalgamated Transport & General Workers' Union (ATGWU)

Uganda has reduced HIV prevalence as a result of government commitment and community involvement. Truck drivers, however, still experience higher infection rates than the national average.

East Africa's Northern Corridor runs 1,200 kilometres from Kampala in Uganda to the Indian Ocean city of Mombasa in Kenya. Routes feed into it from neighbouring countries such as Burundi, the Democratic Republic of Congo, Rwanda, Tanzania and Sudan. Some 8,000 drivers regularly work the corridor, and an almost equal number of sex workers.

"My husband was a long distance truck driver. Sometimes he was away from the family for two weeks at a time. I didn't know how he was behaving. We only realised he was sick at the final stages of the disease. We tried our best to get him treatment. But it was too late. I want to tell everybody that in life there are no spare parts. ... Truck drivers must take care. And they must remember that they have families to take care of." Caroline Akoch

Union strategies on AIDS

The ATGWU is an amalgamated union which has run AIDS activities for truck drivers and other transport workers since the mid-1990s. It has a reputation for efficient planning and effective interventions, and has secured support from organisations such as Family Health International and Management Science for Health. The union has a budget for AIDS activities and a workplace policy on AIDS for its own staff. It has appointed a full-time AIDS coordinator, who reports directly to the general secretary.

ATGWU's generic strategy is to:

- address root causes of HIV risk;
- partner with sister unions for cross-border HIV prevention, including in rail and aviation; and
- reach out to the wider community.

It also has a specific strategy on AIDS for every sector it covers, and provided training for the officers responsible for the different sectors. *"Before HIV/AIDS, every issue was dealt with separately. By mainstreaming AIDS, we have learnt how to make connections between all issues."*

Sample questions

Stop at this point and ask some questions, for example:

- What do you understand by AIDS mainstreaming? Is this a policy in your own union? If so, how well have you succeeded?
- Note that ATGWU has an AIDS policy for its own staff. What do you think of this? Is it a worthwhile aim?

Activities

- The ATGWU carries out information and education activities for its members and for transport workers all over the country. It combines sensitisation for the workforce as a whole with training for key officials and activists: first shop stewards are trained then a network of focal persons who also act as peer educators. See the box below for information on drop-in centres.
- The union negotiates with transport employers for AIDS workplace policies and programmes or collective bargaining agreements. It has drafted a generic CBA which it offers to the companies when they enter into a negotiating relationship. Some accept this while others prefer to provide their own first draft on which ATGWU comments. Of 10 CBAs signed between 2009 and 2012, all 10 included clauses on HIV and AIDS. "Our message is that the AIDS programme is a right not a favour – the policy and CBA clauses on AIDS reduce fear, support prevention and encourage disclosure."
- Trained educators and counsellors run awareness-raising seminars once a month, visiting three different sites (such as truck stops and union offices) and typically addressing 50 or so workers at each. In addition they benefit from the services of four community-based drama groups. The counsellors arrange tests for workers who wish to know their status and leave boxes of condoms. ATGWU trains both men and women as peer educators, and makes sure that education programmes address the roles and responsibilities of men as well as women in assuring safe sex and promoting gender equality.

The union is well aware of current trends in HIV, and the fact that from 2011 HIV prevalence among young adults has started to rise again. HIV/AIDS coordinator John Mark Mwanika says: *"We recognise that there is a need to realign our response to the challenges posed by HIV/AIDS, which includes appropriate targeting. We are also implementing activities aimed at reducing new HIV infections through combination HIV prevention."*

Targets for 2012 were as follows:

- To reach 41,000 people with HIV/AIDS prevention messages aimed at reducing stigma and risky behaviours and increasing uptake of HIV testing and counselling through peer education – in fact 48,000 were reached.
- To provide HIV testing and counselling services to 8,500 drivers, sex workers and others at risk in the community – in fact almost 12,000 were reached.
- To enhance health service uptake through a referral system for drivers and men in the community – the target was 3,500 and the number referred was 5,800.
- To promote safer sex among mobile populations – a total of over a million condoms were distributed.

- v. To strengthen collaboration with other stakeholders and health facilities in promoting HIV prevention. Twenty drop-in centre volunteers were trained in the strategic areas of engaging men in HIV responses and alcohol management.

Drop-in centres

Much external support received by ATGWU is for the management of drop-in (wellness) centres at key truck stops across the country. These centres offer recreation facilities and refreshment, information, peer education, HIV testing and counselling, condoms, and other basic health services. They also serve as bases for outreach by networks of volunteers who go into the parking yards, garages, bars, lodges, gambling joints and video halls where drivers and their sexual partners may be found.

At the same time ATGWU collaborates with fellow transport unions in neighbouring countries to set up centres at strategic points along the Northern Corridor. With ITF support, they signed a memorandum of understanding in 2009 to cement cooperation on a number of matters, including on HIV/AIDS information and education.

Particular targets are the respect of drivers' rights, the removal of bureaucratic clearance procedures at borders and opening the crossings 24 hours a day. "The delays encourage changes in the social behaviour of drivers, who tend to go off to find something to do, including engaging in casual sex," says ITF regional secretary Joseph Katende.

Malaba on the Uganda-Kenya border has recently become Africa's first one-stop border post. The hope is that this will reduce waiting times to three hours, and that from being a notorious 'hot-spot' Malaba will become a model of good practice. The ATGWU supports four peer counselling community associations at Malaba.

Drop-in centres against gender-based violence

The East Africa partners have agreed to use drop-in centres as education hubs for drivers and the local community. This includes running sessions which challenge sexual violence and all violence against women and children.

"The ATGWU has to challenge male violence - it is a major reason for rising levels of HIV infection. We have increased the focus on gender based violence .. because a growing number of cases .. are being reported by peer educators and recorded at Ugandan police stations."

John Mark Mwanika, ATGWU HIV/AIDS coordinator

Former general secretary Romano Ojiambo-Ochieng sums up the union's achievements: *"Despite all the very real hardships and challenges, what we see on the ground gives us all cause for quiet optimism. The safe sex message is getting through. Awareness is widespread. Sexual behaviour is being modified. Condoms are increasingly being used."*

Sample questions

Stop at this point and ask some questions. Note that there's a lot of information here, and you may wish to focus on different issues, but questions could include:

- For road transport unions, do you have experience of running or supporting drop-in centres like those described here? Share some examples of challenges and successes.
- Look at the 2012 targets and discuss how these resemble – or not - targets set in your own union. When you set targets, are you able to measure achievements like ATGWU?
- Have you been able to build networks of focal persons and/or peer educators in your unions and workplaces?

Lessons learned

- Union involvement in AIDS interventions has encouraged drivers' trust and participation in roadside programmes and drop-in centres.
- Deepening the HIV/AIDS understanding of unions and building their capacity to run activities is the way to reach their mass memberships with prevention education, and to strengthen services for care and support. Exchanging examples of good practice also helps to enhance capacity.
- In order to be effective, workplace HIV/AIDS programmes must take into account the reality of the sexual behaviour of men and women, and make every effort to mainstream the gender dimension.
- Including HIV/AIDS in collective bargaining agreements is particularly effective as rights are then safeguarded and HIV/AIDS activities integrated in company business plans.
- Partnerships are vital in order to pool resources and make progress. For ATGWU these have included employers and government, NGOs, relevant UN agencies, as well as sister unions in other branches of transport and in other countries. Cross-border cooperation remains essential.

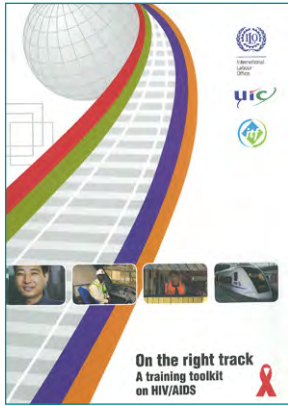
Discussion

Invite the group to discuss the lessons learned as listed, including how they would adapt and apply them. Are there any other lessons or examples of good practice they would like to mention?

3.8 Tools for trainers

Since the first edition of this manual, many excellent resources have become available, a number of them specifically focusing on workplace action and trade unions.

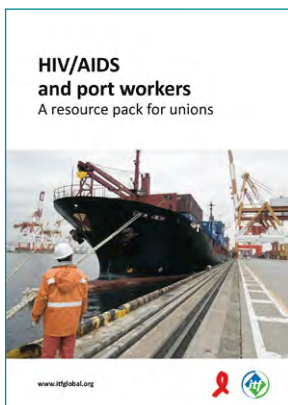
The ITF itself has worked with affiliates, specialists and other partners to produce the following:



On the right track- a training toolkit on HIV/AIDS for the railway sector
www.ilo.org/aids/Publications/WCMS_127029/lang--en/index.htm



HIV/AIDS and civil aviation: a resource pack for unions
www.itfglobal.org/infocentre/pubs.cfm/detail/36164



HIV/AIDS and port workers: a resource pack for unions
www.itfglobal.org/infocentre/pubs.cfm/detail/39833



ITF Action guide on violence against women
<http://www.itfglobal.org/infocentre/pubs.cfm/detail/41464>



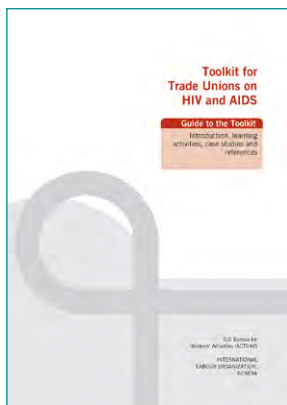
ITF story-telling project: a new way to tackle stigma and vulnerability
www.itfglobal.org/HIV-Aids/HIV-Aids-3055.cfm

The present manual also draw on and complements the ILO Toolkit for trade unions on HIV and AIDS, which offers detailed information and guidance for skills-building, ranging from learning activities to step by step assistance with drafting a project proposal.

We set out below what you'll find in the ILO toolkit and how you can use it. The links take you straight to the booklet in question, but if you would like a copy of the toolkit on CD you can:

- request it from the local ILO office (if any) or Bureau for Workers' Activities (ACTRAV) in Geneva (www.ilo.org/actrav/lang--en/index.htm), or
- contact the ITF (www.itfglobal.org – your regional office or Dr Syed Asif Altaf Chowdhury, global HIV/AIDS programme coordinator).

Note: The resource packs for civil aviation and port workers both include the CD, thanks to the support of ILO/ACTRAV.



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)

www.ilo.org/wcmsp5/groups/public/---ed_dialogue/---actrav/documents/publication/wcms_154441.pdf

Summary of contents

- A guide to using the toolkit
- Six factual and 'how to' booklets on 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 is especially useful to help train trainers. As well as giving an overview of the toolkit contents, it includes:

- practical exercises and learning activities that are ready for trainers to use, on topics ranging from dealing with fears about AIDS to correct condom use;
- eight case studies showing union action on AIDS around the world;
- a substantial collection of workplace policies and collective agreements relating to HIV/AIDS; and
- a list of resource materials.

The six booklets cover:

1. Basic information on HIV/AIDS. Information is included on some of the medical aspects of the disease, as well as on core international policy documents and some of the key players in the global response to HIV/AIDS.
www.ilo.org/actrav/what/pubs/WCMS_154430/lang--en/index.htm
2. Respect for rights: the key to labour and workplace action. This booklet explains the need for a rights-based approach to HIV/AIDS, including gender equality, and the role trade unions can play. It presents recommendation

200 on HIV and AIDS and the world of work and suggests the ways unions can use it to strengthen their work.

www.ilo.org/actrav/what/pubs/WCMS_154431/lang--en/index.htm

3. The pillars of an HIV/AIDS programme at the workplace. An effective HIV/AIDS programme rests on the three pillars of universal access: 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.
www.ilo.org/actrav/what/pubs/WCMS_154432/lang--en/index.htm
4. Designing and implementing a trade union training programme. This booklet provides advice on designing and implementing an education and training programme for members. It includes planning, delivery, monitoring and evaluation.
www.ilo.org/actrav/what/pubs/WCMS_154433/lang--en/index.htm
5. Resource mobilization. This booklet helps unions identify sources of funding at country level, understand donor requirements and link these to the union's needs.
www.ilo.org/actrav/what/pubs/WCMS_154434/lang--en/index.htm
6. Project development and management. This booklet helps with the process of developing sound project proposals. It explains some current project planning methods and tools such as project cycle management and the logical framework matrix.
www.ilo.org/actrav/what/pubs/WCMS_154435/lang--en/index.htm

Useful links

ILO/AIDS: HIV/AIDS and the World of Work Branch – www.ilo.org/aids/lang--en/index.htm

UNAIDS – www.unaids.org

World Health Organization – www.who.int/en/

The International Organisation of Employers has pledged to work with trade unions to promote workplace action on AIDS. The head office can put you in touch with local employers' organisations who might be able to help you in negotiations with employers (if they are their members).
www.ioe-emp.org/policy-areas/hiv/aids/

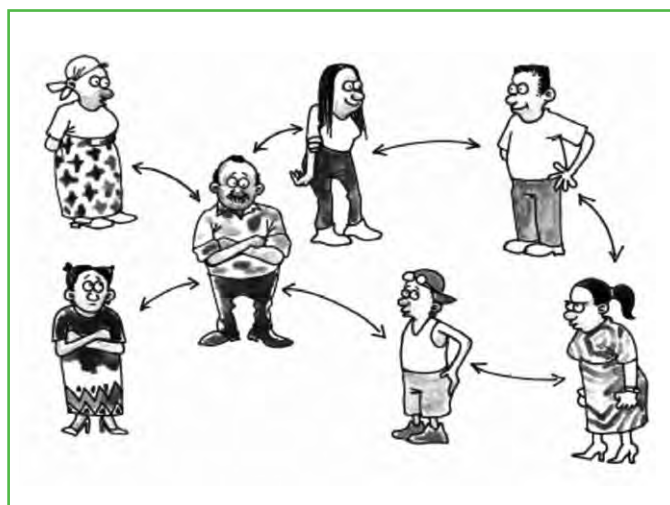
Additional learning activities

These all involve movement rather than sitting around discussing. The first two can be quite quick. They have been adapted from the ILO Toolkit for Trade Unions on HIV and AIDS: Guide to the toolkit.

1. Find a friend

You need: plain paper and a pen

- Give every participant a blank piece of paper except two. On one of these two papers write a C (for condom) and on the other write a + (for HIV-positive). Give them to two people but don't tell the others.
- Ask everybody to walk about the room, and shake hands with at least three people. They must write down (or remember) the names of who they shake hands with.
- When everybody has done that for a few minutes, get them to sit down.
- Now ask for the person who has the piece of paper with + written on it to stand up. Explain that this stands for a person who is HIV-positive. Ask him or her to say the names of the three people he/she shook hands with. Ask each of them to stand up and say the names of the people they shook hands with. Repeat the process.
- Almost everybody should now be standing up. Explain that this represents all the people who could be traced back to one individual who is infected, and that they were at risk of being infected.
- Now ask if anybody has the C written on their piece of paper. Ask that person to hold it up. Explain that because this person used a condom, he/she wasn't at risk.



This is a quick exercise, and gets people moving around, so is a good energiser.

2. Walk the plank!

You need: a plank of wood long enough for at least six people to stand on.

It should not be more than about 30 centimetres wide. As this activity involves close physical contact, you need to think about your group. If you have a mixed group of men and women, some people might feel uncomfortable about doing this.

- Get everybody to stand up and form a large circle around the plank of wood. Ask for volunteers to stand on the plank of wood. Get as many as possible standing on the plank. It is good if they hold on to each other.
- Now explain that hundreds of years ago there was a punishment on ships where people were forced to 'walk the plank'. A plank was stretched out over the sea, and they were forced to walk along it until they fell into the sea and drowned - or were eaten by sharks.
- Explain that this is such a plank and the floor around it is the sea - and you are a hungry shark waiting to eat anybody who steps off the plank!
- Ask the volunteers on the plank of wood to re-arrange themselves into alphabetical order, without stepping off the plank of wood. It is good to circle around as the shark waiting to catch those who fall off. If somebody does, they rejoin the circle.
- Depending on the group, and the names, it usually takes a few minutes. It has worked successfully in many countries. Try it! Don't worry about pretending to be a shark and looking silly.
- Finish off by asking why we do the exercise. The point is that AIDS is a threat to everybody – unions, workers, employers, families... - and we need to help each other in order to defeat it.



Outdoor activity at a factory in Moldova (ILO)

3. *How big is your condom?*

Demonstration to make people more confident about condoms

You need: Condoms, water (in a jug or bottle), a bucket and a funnel (if possible). You might also need cloths to mop up any spilt water. Note: you should practice this exercise before doing it in front of the group – check how much water you can pour in without breaking it.

- Open a condom and slowly pour water into it, using a funnel if you have one (it is possible without). Hold the condom over the bucket as you pour, to avoid spillage. After filling the condom with at least a litre of water, tie the top, making a kind of water balloon.
- Ask participants what they have learned from this. Point out that condoms are very strong and can contain a large volume of water without breaking. They can therefore fit any size of penis (though different size condoms are available).
- Take another condom out of the package, blow it up like a balloon and tie the top. Hand out a condom to each participant and have them blow up the condoms and/or take turns filling condoms with water.



Driver testing condom flexibility, Paraguay (ILO)

Education and training: round-up of methods and techniques

Method/technique	When to use it
<p>Brainstorming</p> <p>Participants offer ideas (succinctly) on the given theme. They should not be developed or discussed at this point. At the end, the facilitator summarises and invites discussion.</p>	<p>The aim of this method is to generate as many ideas as possible and to stimulate creative thinking.</p> <p>It is a good technique to use for problem-solving sessions when there is a need to reframe an issue or when new ideas need to be generated.</p>
<p>Case studies</p> <p>Participants discuss actual or hypothetical situations which they could face in their work. The event or case is analysed and discussed including suggestions for addressing the given situation.</p>	<p>Good method for applying theory to a real case. Case studies allow participants to suggest alternative solutions.</p>
<p>Demonstration/practical session</p> <p>A demonstration shows how to perform an action or how to follow a certain procedure - participants should have the chance to try it themselves as well.</p>	<p>To be used when the session's objective is to use and learn new technical skills.</p>
<p>Group discussions</p> <p>The main function is to stimulate discussion enabling all members of the group to participate.</p>	<p>To be used when the facilitator wants:</p> <ul style="list-style-type: none"> • Participants to share their opinions and experience • To find solutions and/or raise issues for further discussion
<p>Simulation/role playing</p> <p>Involve participants in situations which mirror or simulate life-like situations.</p> <p>The purpose is to get participants to feel, think and act in these simulated situations and then to reflect on their own experience. It is important to allow time to analyse the experience after.</p>	<p>This method serves as a type of experimental laboratory where participants are invited to try out different roles, make mistakes, and learn from the whole experience.</p>
<p>Presentations</p> <p>Presentations may be used to present factual material in a logical way, to describe one point of view on a debatable issue, to stimulate thinking and further study of a problem or to initiate a general discussion. If it is possible to seat participants at tables of 4-6, the presenter can stop from time to time to permit a short group discussion. The presenter can also ask each participant to discuss a point briefly with her/his neighbour.</p>	<p>To be used with relatively large groups when participation is not required, and to illustrate many points</p> <p>Presentations are also useful to present new concepts, themes or theories</p>
<p>Roundtable (panel) discussion</p> <p>Roundtable discussions offer participants information on different aspects of an issue and give them the opportunity to weight all sides of it.</p>	<p>To be used to allow multiple presenters to speak in a semi-structured session</p>
<p>Idea cards</p> <p>Useful method to record thoughts, points and ideas – rather than the static white board or flip chart paper.</p>	<p>Can be used when inputs from the entire group are required.</p> <p>Can be used when participants are seated around smaller tables to capture short group discussions.</p>

Advantages	Disadvantages
<ul style="list-style-type: none"> Freedom of expression is encouraged Fast way to gather many opinions New and innovative solutions are often suggested 	<p>Requires a skilled facilitator to encourage full participation, to clarify points, and to summarise and organise them.</p>
<ul style="list-style-type: none"> Case studies promote the development of problem-solving skills and allow participants to learn from each other's experiences 	<ul style="list-style-type: none"> Case studies must be developed ahead of time May take time to prepare and complete
<ul style="list-style-type: none"> Participants have a chance to practice what they learn Facilitators can see whether participants have mastered the skill 	<ul style="list-style-type: none"> Demonstrations may be constrained by time Requires preparation time and good leadership
<ul style="list-style-type: none"> Involves participants in the sharing and learning process Helps highlight important, complex and interrelated issues 	<ul style="list-style-type: none"> Requires someone with good facilitation skills Productive discussion requires trust among participants New, tangential issues may arise which may require additional time for discussion Can be an over-used method
<ul style="list-style-type: none"> Practical exercises that stimulate collective learning 	<ul style="list-style-type: none"> May be time-consuming to prepare May become emotional/ confrontational if not-well-managed
<ul style="list-style-type: none"> A lot of information can be presented quickly Useful for relatively large groups Participants pose questions which may be of interest of the whole group Often liked by participants who feel comfortable with traditional methods 	<ul style="list-style-type: none"> Relies on the speakers' experience Participants are passive recipients of knowledge Tiring after about 20 minutes Easily forgotten
<ul style="list-style-type: none"> Allows multiple viewpoints to be expressed Good method for incorporating experts into a learning event 	<ul style="list-style-type: none"> The use of roundtables is limited when not all sides of an issue are discussed, eg when all panellists share similar points of view. Also roundtables depend on having a good moderator.
<ul style="list-style-type: none"> Useful for soliciting ideas from everyone Useful when facilitators need to capture inputs from the entire group in a limited amount of time Notes made on separate cards are easily (re)classified 	<ul style="list-style-type: none"> May be difficult for participants to read the cards during the debriefing sessions

Summary of basic information on HIV and AIDS

HIV is not AIDS. It is possible for an HIV-infected person not to develop AIDS at all. Although HIV and AIDS are closely related they are different ends of a continuum.

HIV (human immunodeficiency virus) is a virus that infects and weakens or destroys the T-cells which should protect our immune system. You can have HIV without knowing it. You may not look or feel sick for years, but you can still pass the virus on to other people.

AIDS stands for acquired immunodeficiency syndrome – the name describes three features of the disease:

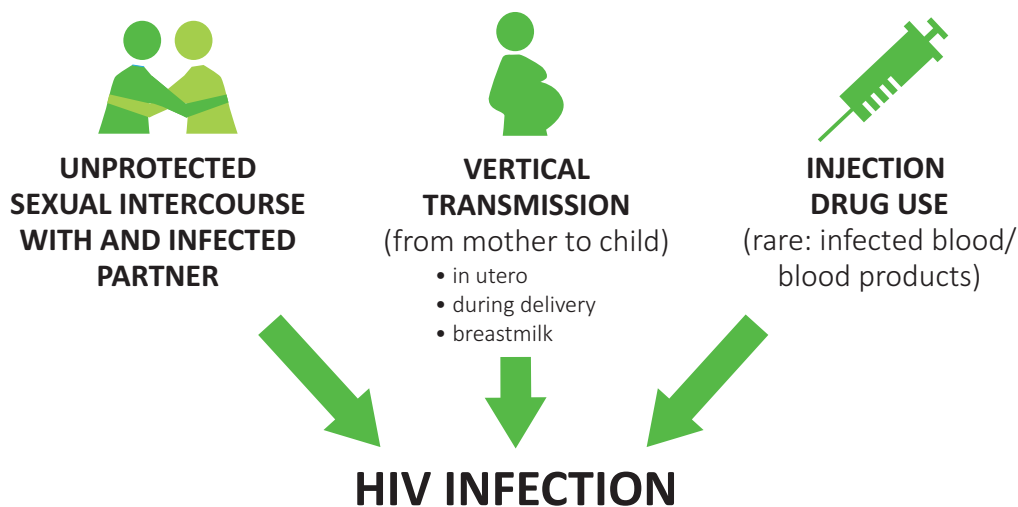
- Acquired means it is not inherited.
- Immune deficiency means that the body's immune system breaks down and the person becomes vulnerable to a range of infections.
- Syndrome indicates that the disease results in a variety of health problems.

When HIV becomes AIDS

There are three major indicators of AIDS: viral load, low T-cell (CD4) levels and the presence of opportunistic infections (infections like pneumonia and tuberculosis that take advantage of a weakened immune system).

Viral load is the amount of HIV virus present. A high viral load and low T-cell count signal a deficient immune system.

Routes of HIV transmission



Source: www.hiv1tat-vaccines.info/routes_of_infection.htm

ITF resolution on HIV/AIDS and transport workers (no.4)

The 41st ITF congress, meeting in Durban from 2-9 August 2006:

1. ACKNOWLEDGING that the worldwide epidemic of HIV/AIDS has reached catastrophic proportions for millions of people and entire regions of the planet;
2. ACKNOWLEDGING that sub-Saharan Africa has the highest infection and death rates world-wide and that poverty factors have both contributed to and been exacerbated by the HIV/AIDS pandemic in the region;
3. AWARE that there must be a global commitment for an effective action programme to prevent, control and ultimately eradicate HIV/AIDS which actively involves the global labour movement;
4. REALISING that approximately 37 million workers in their productive prime are infected with HIV and that the labour force in high prevalence countries will be between 10% and 30% smaller by 2020 than it would have been without HIV/AIDS;
5. NOTING that although behaviour change is an indispensable part of a trade union perspective on HIV/AIDS, in reality the virus is also profoundly influenced by other, economic and political factors, including racism and attitudes to sexual orientation that urgently need to be tackled;
6. NOTING that the disease exploits all opportunities and advances along lines of poverty, inequality and conflicts between and within countries including population displacements, rape as a weapon of war, collapse of health systems, increased substance use etc.;
7. NOTING that the spread of AIDS has coincided with the “structural adjustment programmes” backed by the International Monetary Fund and the World Bank. Reductions in spending for education and health care have left masses of people ignorant of basic health issues, unable to receive treatment for other diseases, which have been shown to increase their susceptibility to HIV infection;
8. NOTING that the gender dimension to HIV/AIDS is crucial. Women are often less able to negotiate safe sex, suffer greater social stigma from being HIV-positive, and as the principal family carers may have added burdens if there is AIDS within the household;
9. NOTING that HIV/AIDS is a trade union issue as it affects union members and unions as organisations. In worst affected countries trade unions have already lost some of their key staff and activists affecting their ability to operate effectively;
10. NOTING that HIV/AIDS is of particular concern to transport workers. Some groups of workers are at particular risk of transmission due to the nature and conditions of their work. Many transport workers spend long periods of time away from home;
11. NOTING that recent developments in the liberalisation of world trade and globalisation of production have led to a number of industry changes and the development of an intermodal logistics approach to transport which has gone hand in hand with intensified pressures on working conditions, work practices and employee rights. This adds to the vulnerability of transport workers;
12. NOTING that transport is a predominantly male industry and often associated with a ‘macho’ culture, including openness to sexual relations while away from home. The women workers, when in a minority, are often more vulnerable to harassment and coercion;
13. NOTING that the ITF is working to create a greater awareness among transport workers and associated sex workers, there is a need to include the role of illegal trafficking and exploitation of women in the sex industry in this education work;
14. RESOLVES that:
 - The ITF should continue to take forward activities on HIV/AIDS as outlined in the resolution adopted on HIV/AIDS at the 40th ITF Congress in Vancouver in 2002
 - The ITF should continue to expand its education programme on HIV/AIDS in all regions, with the primary objective being to build capacity to negotiate workplace policies, programmes and collective agreements based on the ILO Code of Practice and other relevant documents, including ILO Conventions related to disability and discrimination. The ITF should continue to participate in ILO HIV/AIDS projects as a means of influencing governments and employers
 - The ITF should take up the HIV/AIDS fight in the context of the Organising Globally programme, and support affiliates to link the struggle against HIV/AIDS with their efforts to organise workers, including informal transport workers and women
 - The ITF should build a gender perspective in all HIV/AIDS related activities, and actively target women transport workers in all education, campaigning and organising efforts. Any effort to tackle HIV infection rates needs to address gender inequality and violence against women in society and in the workplace
 - The ITF welcomes the Global Unions HIV/AIDS programme and campaign launched on World Aids Day 2003, and resolves to actively promote and build the campaign amongst transport unions. The ITF should build a cross-sectional HIV campaign and focus on key issues relevant to all transport sectors in both

developing and industrialised countries, including access to treatment, and supporting the right of all countries to make generic drugs

- The ITF should strive to integrate HIV/AIDS activities into all ITF industrial sections, including a HIV clause in agreements negotiated with multinational companies
- The ITF should work with international NGOS or other organisations in the field of HIV/AIDS, to target particular countries/regions (along transport corridors) where monitoring, testing and treatment can be administered for transport workers. Such initiatives should also link with union organising efforts
- The ITF together with the ICFTU and other GUFs should highlight and campaign against the negative social effects of the policies of the international financial institutions in the context of HIV/AIDS and to develop a set of demands around which unions at a national level can lobby their governments
- The ITF will continue to build an effective Global HIV/AIDS project with a fulltime HIV Coordinator for a period of 3 years, and acknowledges the generous support of the FNV Mondiaal in the Netherlands for this particular project

ILO Recommendation 200 concerning HIV and AIDS and the world of work (2010)

This presentation of ILO Recommendation 200 is accompanied by a brief explanation of international standards and how they work. It focuses on the principles of the recommendation – which offer a basis for collective bargaining agreements and workplace policies as well as national law and policy- and on how unions can help implement it.

The ILO's tripartite decision-making structures have approved two standards on HIV/AIDS and the world of work: the code of Practice (www.ilo.org/wcmsp5/groups/public/@ed_protect/@protrav/@ilo_aids/documents/normativeinstrument/kd00015.pdf) in 2001 and recommendation 200 (www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:R200) in 2010. In addition, guidelines on HIV/AIDS for health workers have been jointly produced by the ILO and WHO.

What are international standards for?

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

How do they work?

Codes of practice 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 unions use 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.
www.ilo.org/wcmsp5/groups/public/---ed_norm/---relconf/documents/meetingdocument/wcms_151293.pdf

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