ILO Initiatives on HIV/AIDS
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LIST OF ABBREVIATIONS

AIDS  Acquired Immuno-deficiency Syndrome
CIRBA Centre Intégré de Recherche Bioclinique d'Abidjan
CST  Country Support Team
FUE  Federation of Uganda Employers
GIPA Greater Involvement of People Living with HIV/AIDS
HIV  Human Immuno-deficiency Virus
IEC  Information Education Cooperation
ILO  International Labour Office
ILOLEX The ILO's Data Base on International Labour Standards
IPEC International Programme on the Elimination of Child Labour
MDT  Multi-Disciplinary Team
MSE  Micro and Small Enterprises
NATLEX The ILO's Data Base Of National Laws on Labour, Social Security and the Related Human Rights
NGO  Non-Governmental Organization
OAU  Organization of African Unity
OSH  Occupational Safety Health
PLWHA Persons Living With HIV/AIDS
PEP  Participatory Poverty Eradication Programme
SADC  Southern Africa Development Community
SDP  Sector Development Programme
SE  Small Enterprise
SEC/FAS Social Security/Financial Actuarial and Statistical branch
SED  Small Enterprise Development
SIYB  Start and Improve Your Business
SSA  Sub-Saharan Africa
STD  Sexually Transmitted Diseases
STEP Strategies and Tools for Poverty Eradication Programme
SYB  Start Your Business
UN  United Nations
UNAIDS United Nations Joint Programme on AIDS
UNDAF United Nations Development Assistance Framework
UNDP United Nations Development Programme
UNFPA United Nations Fund for Population Action
UNV United Nations Volunteers
WISE Work Improvement in Small Enterprises
WHO World Health Organization
I. ADVOCACY

I.1 Policy Statement

The ILO/WHO combined Statement from the Consultation on the AIDS and the Workplace
Geneva, 27-29 June 1988
GLOBAL PROGRAMME ON AIDS

STATEMENT FROM THE CONSULTATION ON AIDS AND THE WORKPLACE

GENEVA
27–29 JUNE 1988

WORLD HEALTH ORGANIZATION
IN ASSOCIATION WITH
INTERNATIONAL LABOUR OFFICE
Consultation on AIDS and the Workplace


Three themes were addressed by the Consultation:

- Risk factors associated with HIV infection in the workplace;
- Responses by business and workers to HIV/AIDS; and
- Use of the workplace for health education activities.

The Consultation developed the following consensus statement:

I. General statement

Infection with the human immunodeficiency virus (HIV) and the acquired immunodeficiency syndrome (AIDS) represent an urgent worldwide problem with broad social, cultural, economic, political, ethical and legal dimensions and impact.

National and international AIDS prevention and control efforts have called upon the entire range of health and social services. In this process, in many countries, HIV/AIDS prevention and control problems and efforts have highlighted the weaknesses, inequities and imbalances in existing health and social systems. Therefore, in combating AIDS, an opportunity exists to re-examine and evaluate existing systems as well as assumptions and relationships.

Today there are 2.3 billion economically active people in the world. The workplace plays a central role in the lives of people everywhere. A consideration of HIV/AIDS and the workplace will strengthen the capacity to deal effectively with the problem of HIV/AIDS at the local, national and international levels.

In addition, concern about the spread of HIV/AIDS provides an opportunity to re-examine the workplace environment. It provides workers, employers and their organizations, and where appropriate, governmental agencies and other organizations, with an opportunity to create an atmosphere conducive to caring for and promoting the health of all workers. This may involve a range of issues and concerns, not only individual behaviour, but also addresses matters of collective responsibility. It provides an opportunity to re-examine working relationships in a way that promotes human rights and dignity, ensures freedom from discrimination and stigmatization, and improves working practices and procedures.

II. Introduction

Epidemiological studies from throughout the world have demonstrated that the human immunodeficiency virus (HIV) is transmitted in only 3 ways:

(a) through sexual intercourse (including semen donation);
(b) through blood (principally blood transfusions and non-sterile injection equipment; also includes organ or tissue transplant);
(c) from infected mother to infant (perinatal transmission).

There is no evidence to suggest that HIV transmission involves insects, food, water, sneezing, coughing, toilets, urine, swimming pools, sweat, tears, shared eating and drinking utensils or other items such as protective clothing or telephones. There is no evidence to suggest that HIV can be transmitted by casual, person-to-person contact in any setting.

HIV infection and AIDS (HIV/AIDS) are global problems. At any point in time, the majority of HIV-infected persons are healthy; over time, they may develop AIDS or other HIV-related conditions or they may remain healthy. It is estimated that approximately 90% of the 5-10 million HIV-infected persons worldwide are in the
economically productive age-group. Therefore, it is natural that questions are asked about the implications of HIV/AIDS for the workplace.

In the vast majority of occupations and occupational settings, work does not involve a risk of acquiring or transmitting HIV between workers, from worker to client, or from client to worker. This document deals with workers who are employed in these occupations. Another consultation to be organized by the WHO Global Programme on AIDS will consider those occupations or occupational situations, such as health workers, in which a recognized risk of acquiring or transmitting HIV may occur.

The purpose of this document is to provide guidance for those considering issues raised by HIV/AIDS and the workplace. Such consideration may involve review of existing health policies or development of new ones. This document focuses upon the basic principles and core components of policies regarding HIV/AIDS and the workplace.

By addressing the issues raised by HIV/AIDS and the workplace, workers, employers and governments will be able to contribute actively to local, national and international efforts to prevent and control AIDS, in accordance with WHO's Global AIDS Strategy.

III. Policy principles

Protection of the human rights and dignity of HIV-infected persons, including persons with AIDS, is essential to the prevention and control of HIV/AIDS. Workers with HIV infection who are healthy should be treated the same as any other worker. Workers with HIV-related illness, including AIDS, should be treated the same as any other worker with an illness.

Most people with HIV/AIDS want to continue working, which enhances their physical and mental well-being and they should be entitled to do so. They should be enabled to contribute their creativity and productivity in a supportive occupational setting.

The World Health Assembly resolution (WHA41.24) entitled, "Avoidance of discrimination in relation to HIV-infected people and people with AIDS" urges Member States:

"... (1) to foster a spirit of understanding and compassion for HIV-infected people and people with AIDS ...;
(2) to protect the human rights and dignity of HIV-infected people and people with AIDS ... and to avoid discriminatory action against, and stigmatization of them in the provision of services, employment and travel;
(3) to ensure the confidentiality of HIV testing and to promote the availability of confidential counselling and other support services."

The approach taken to HIV/AIDS and the workplace must take into account the existing social and legal context, as well as national health policies and the Global AIDS Strategy.

IV. Policy development and implementation

Consistent policies and procedures should be developed at national and enterprise levels through consultations between workers, employers and their organizations, and where appropriate, governmental agencies and other organizations. It is recommended that such policies be developed and implemented before HIV-related questions arise in the workplace.

Policy development and implementation is a dynamic process, not a static event. Therefore, HIV/AIDS workplace policies should be:

(a) communicated to all concerned;
(b) continually reviewed in the light of epidemiological and other scientific information;
(c) monitored for their successful implementation;
(d) evaluated for their effectiveness.
V. Policy components

A. Persons applying for employment: Pre-employment HIV/AIDS screening as part of the assessment of fitness to work is unnecessary and should not be required. Screening of this kind refers to direct methods (HIV testing) or indirect methods (assessment of risk behaviours) or to questions about HIV tests already taken. Pre-employment HIV/AIDS screening for insurance or other purposes raises serious concerns about discrimination and merits close and further scrutiny.

B. Persons in employment:

1. HIV/AIDS screening: HIV/AIDS screening, whether direct (HIV testing), indirect (assessment of risk behaviours) or asking questions about tests already taken, should not be required.

2. Confidentiality: Confidentiality regarding all medical information, including HIV/AIDS status, must be maintained.

3. Informing the employer: There should be no obligation of the employee to inform the employer regarding his or her HIV/AIDS status.

4. Protection of employee: Persons in the workplace affected by, or perceived to be affected by HIV/AIDS, must be protected from stigmatization and discrimination by co-workers, unions, employers or clients. Information and education are essential to maintain the climate of mutual understanding necessary to ensure this protection.

5. Access to services for employees: Employees and their families should have access to information and educational programmes on HIV/AIDS, as well as to relevant counselling and appropriate referral.

6. Benefits: HIV-infected employees should not be discriminated against including access to and receipt of benefits from statutory social security programmes and occupationally related schemes.

7. Reasonable changes in working arrangements: HIV infection by itself is not associated with any limitation in fitness to work. If fitness to work is impaired by HIV-related illness, reasonable alternative working arrangements should be made.

8. Continuation of employment relationship: HIV infection is not a cause for termination of employment. As with many other illnesses, persons with HIV-related illnesses should be able to work as long as medically fit for available, appropriate work.

9. First aid: In any situation requiring first aid in the workplace, precautions need to be taken to reduce the risk of transmitting blood-borne infections, including hepatitis B. These standard precautions will be equally effective against HIV transmission.

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I.2 Workshops / Seminars / Conferences

Tripartite Workshop for Anglophone Africa, on The Role of the Organized Sector in Reproductive Health and AIDS Prevention, Kampala, Uganda, 29 November - 1 December 1994

Background:
The initiative for the workshop came from the Federation of Uganda Employers (FUE) who wished to share their experience in organizing programmes to face the problems posed by the HIV/AIDS epidemic. Moreover, constituents of the ILO at its African Regional Conference held in Mauritius in January 1994, requested that ILO technical assistance include activities to help governments, employers' organizations and workers' organizations to respond to the threat of HIV/AIDS. This workshop was the ILO's response to that expressed need.

The workshop was held with the financial support of the UNFPA.

Objectives:
The objectives of the workshop were to provide an opportunity for the national representatives of the organized sector to: a) be better informed on AIDS and reproductive health; and b) exchange experiences in educational programmes and services which promote the reproductive health of workers.

Participation:
Representatives from 21 African countries, including 18 from governments, 18 from employers' federations and 17 from workers' organizations participated in the workshop. In addition, there were 14 international observers and 31 national observers. They represented a wide variety of enterprises, organizations and government departments concerned with HIV/AIDS programmes.

Outcome:
A number of recommendations were made, both at the national level and regional/international level.

A. National level:

• Governments should give political support, articulate policies on reproductive health and AIDS programmes, mobilize resources and work together with enterprises and other social partners.

• Within a multi-sectoral approach, a national structure should be set up which should include a tripartite committee to coordinate and monitor AIDS programmes, and develop guidelines on prevention and control of the infection at the enterprise level; the tripartite committee should be coordinated by the Ministry of Labour.

• AIDS and reproductive health education should be an integral part of the normal education and training programmes of each enterprise, these programmes should incorporate family welfare education, and networking among enterprises should be encouraged by tripartite partners.

• Tripartite organizations should ensure that their programmes and budgets are incorporated into their country's national programme for the purpose of funding by
donors agencies.

- Local alternatives for the operation of the programmes should be explored to maximize sustainability; and programmes should be evaluated annually at the national level.

- The ILO guidelines on sexual harassment at the workplace should be implemented in organizations.

- HIV testing should not be a condition for employment, and confidentiality should be maintained.

- Workers should be kept in employment as long as they can work and options should be allowed to help families/workers retain their livelihood; benefits should remain and/or be given regardless of HIV/AIDS status, and at the termination of employment fair practices should be followed.

B. Regional/international level:

- Regional, subregional and international organizations should support national programmes and activities by the organized sector through:
  - providing documentation, research reports, and IEC materials on this issue to the social partners and the tripartite AIDS committees;
  - developing training and educational materials;
  - providing technical assistance for the training of trainers, and promoting interchange of trainers;
  - organizing workshops and seminars to promote awareness;
  - promoting operational and behavioural research on educational programmes, and looking into the cost-effectiveness of alternative treatments.

- Regional and inter-country collaboration should be facilitated for awareness, training, research and evaluation of programmes, exchange of documentation and resource mobilization.

- Existing regional bodies should be involved in promoting activities relating to reproductive health and HIV/AIDS.

- The ILO should conduct follow-up assessment activities after two years in member countries present at the workshop. The recommendations of the present workshop should be transmitted to all social partners and at the highest level.
Report of the 4th Meeting of the ILO's African Employment Planners
Accra, Ghana, 5-9 December 1994

A meeting was held in Accra (Ghana) by the ILO with the African Employment Planners. This meeting was aimed at analyzing the issue of employment in Africa. It was made up of a set of workshops, the fourth of which focused on the impact of HIV/AIDS on the active population in Africa.

It was observed that there was a lack of information on this issue, besides government and other social partners who were really keen in tackling this problem.

Four countries - Uganda, Rwanda, Tanzania and Zambia - were selected as tests areas by the ILO. The studies in these areas both at the micro (individual), intermediate (enterprise) and macro (national) levels ascertained the fact that HIV/AIDS had a harmful and direct effect on the workforce, on enterprises (slow down in productivity, increase in health costs, absenteeism, reduced returns on investments...), whether small, medium or large; it also affected crop production. To sum up, the pandemic had a negative impact on the national economy.

To mitigate the negative impact of HIV/AIDS, the participants of this workshop recommended the following:

- Government and development partners should devote sufficient funds to sustain research on HIV/AIDS in Africa, both at national and regional levels.

- Activities aimed at informing and educating the population on HIV/AIDS should be stimulated; this information must be directed mainly toward people in the workplace and also to the young, ranging from 13 to 18 years old.

- Governments as well as other social partners should make available tests for HIV/AIDS, and encourage people to decide by themselves to take a test.

- More attention should be given to the culture of people living in an environment where programmes are to be implemented; to this extent political, religious and tribal leaders and other social partners can greatly contribute.

- The ILO can help by evaluating this effect on the workplace; it can also help by stimulating institutional links between programmes thereby ensuring information sharing between countries, that is, building an efficient information network on HIV/AIDS.

- Some programmes might be financed by the employees, employers' unions, the government and other social partners.

- More attention should be given to the impact of HIV/AIDS on the workplace; this ranges from the information of employees and employers about the pandemic to the protection of HIV/AIDS infected employees by adapted legislations; it is worth making sure that the legislation is really applied when needed.
Background:
Recognizing the importance of the informal/micro and small business enterprises (MSE) in the African economies, and also the fact that there is little information on the effect of HIV/AIDS on this sector, the UNDP Regional Project on HIV and Development approached the ILO to raise the question of protecting this sector from HIV/AIDS related problems. Consequently, a Joint Exploratory Meeting on the informal/MSE sector and HIV was held in Harare, Zimbabwe, in May 1999.

Objectives:
The objectives were: i) to share visions on the specific HIV/AIDS related problems facing the informal/MSE sector; ii) to propose how ILO programmes related to small enterprises and the informal sector in Africa should be reviewed; iii) to develop an action plan in light of the problems identified.

Participation:
The meeting was attended by sixteen participants from various backgrounds including enterprise development, social security, and HIV/AIDS and development.

Outcome:
- The meeting recommended that an action research should be initiated through selected ongoing ILO programmes, and that two surveys should be conducted. The first survey should focus directly on the interaction between the informal/MSE sector and the HIV epidemic; and the second on proven initiatives in coping with the impact of HIV/AIDS in this sector at both micro and meso levels.
- Another outcome was to engage in pilot initiatives to mainstream HIV/AIDS concerns into ongoing major ILO projects and programmes such as SIYB, STEP, etc.
- The meeting recommended that the Small Business Programme at ILO Turin Centre should include an HIV/AIDS training component into its current informal/MSE training activities.
Background:
The workshop was organized by the Regional Office in collaboration with the Turin Centre, headquarters, and field offices in Africa.

Objectives:
The objectives of the workshop were: i) to sensitize ILO staff on HIV/AIDS related issues; ii) training and enhancing the capacities of the ILO staff on these issues; iii) examination of issues relating to HIV/AIDS and the workplace, including gender and youth; and iv) sharing knowledge and experience in dealing with HIV/AIDS.

It was hoped that an action plan would be articulated for networking within the ILO and with the development partners.

Participation:
The workshop brought together 18 ILO officials from the headquarters, the Turin Centre and the African region. Additionally, it was attended by a representative from CIRBA (Centre Intégré de Recherche Bioclinique d’Abidjan), and a representative from UNAIDS, Pretoria.

Outcome:
The workshop adopted a set of conclusions and recommendations to facilitate the follow-up actions of the ILO.

A. Conclusions:

• The participants recognized that HIV/AIDS is a multi-dimensional issue involving health, human rights, society, economy, and general development.

• It was agreed that all four Strategic Objectives approved by the 1999 International Labour Conference, have a direct bearing on and are impacted by the HIV/AIDS epidemic. Therefore, the ILO must make HIV/AIDS an integral part of its activities.

• An enabling environment must be created to protect the PLWHA. This would involve government commitment, development of policies in cooperation with all concerned parties, a global approach recognizing it to be a multi-dimensional problem, and cooperative effort on the part of all the branches of the government.

• There should be no denial of the problem from the government, the employers, the workers and the civil society.

• Employers must be aware that progressive policies are a good business investment, both in the short- and the long-run.

• Correct public information must be made available to the public.

• ILO Conventions and International Labour Standards dealing with discrimination and human rights could be used as entry points to get commitments from ILO
partners. The tripartite structure of the ILO gives it an edge to deal with the crisis.

- Technical assistance could be provided to social security schemes and medical schemes; best practices could be replicated and adapted; and experience from other inter-regional programmes, such as IPEC, could be utilized.

- Collaboration with other international agencies should be strengthened.

- The ILO could suggest, in the UNDAF context, one coordinated UN medical service with AIDS expertise at the national level.

- Since women are particularly affected by the impact of HIV/AIDS, they should be placed in a central position to contribute to prevention of HIV/AIDS.

B. Recommendations:

It was recommended that the ILO should:

- Update the WHO/ILO Statement on HIV/AIDS and the Workplace (June 1988) and broaden its scope.

- Establish a more formal and a more visible multidisciplinary structure to address this issue. It was suggested that the Social Protection Sector should be responsible for the coordination.

- Undertake systematic investigations to determine the extent and implications of HIV/AIDS on all the aspects of the world of work.

- Formulate a rapid response mechanism to mitigate the effects of the crisis in the African region.

- Build partnerships and network with ILO constituents and other interested parties on legal aspects of HIV/AIDS and the workplace, and training of focal points at various levels.

- Use the unions as entry points, utilize traditional institutions for sex education at the community level, and strengthen the community capacity to care for PLWHA.

- Strengthen service support, focus on prevention education, and strengthen national tripartite AIDS Councils.

- Include a specific gender policy in HIV/AIDS policies, and a specific HIV/AIDS policy in gender policies. An HIV/AIDS module should be included in the Gender, Poverty and Employment Training programme. HIV/AIDS issues and gender components should be integrated in all ILO programmes and technical cooperation projects being implemented in Africa.

- Outline all the possible avenues to enhance partnership in the struggle against HIV/AIDS.
C. Action programmes:

- The ILO should develop an institutional policy on HIV/AIDS. An African Regional Programme of Action should contribute towards the formulation of this policy.

- Issues relating to the Regional Programme on HIV/AIDS would be presented to the constituents during the Tripartite Workshop planned for October 1999 in Windhoek, Namibia. This Workshop should result in a Platform of Action.

- An information kit should be prepared to inform ILO staff involved in all technical cooperation activities in Africa and the headquarters. This kit should be a basis for the preparation of a more comprehensive training manual to inform on the implications of HIV/AIDS in the world of work and the follow-up actions to mitigate its effect.
African Regional Tripartite Workshop on Strategies to Tackle Social and labour Implications of HIV/AIDS Windhoek, Namibia, October 1999

Background:
The ILO, in collaboration with the United Nations Joint Programme on HIV/AIDS, organized the Workshop. It was organized in response to the request of President Sam Nujoma to the Director General of the ILO at the OAU Labour and Social Affairs Commission in Windhoek in April 1999.

Objectives:
The objective was to exchange views and experiences and to promote actions against HIV/AIDS in the world of work and also through it. It was also expected to lead to an African Platform of Action.

Participation:
Fifty-four participants from 19 African countries attended the Workshop. Observers from donor, scientific, regional and international organizations concerned also participated.

Outcome:

- The Workshop led to an African Platform of Action, for eventual adoption at the African Regional Labour Conference of the ILO, to be held in Abidjan, Côte d'Ivoire in December 1999.

- The goals of the Platform of Action included the application of the “social vaccine” for prevention and protection, which would include social inclusion, income and job security, solidarity and optimal use of treatment.

- In order to achieve these goals, the Platform of Action recommended that action should be backed by political, religious and traditional leadership in African countries.

- Furthermore, it called upon all African governments to declare HIV/AIDS a national disaster requiring urgent attention and mobilization of resources. Partnership should be forged in joint planning, collection, dissemination and exchange of information on good practice and ensuring synergy in programmes.

The Platform of Action put forward a set of overall principles to guide the formulation of policies and programmes:

i) Tripartism, allied with civil society, NGOs and other stakeholders, including religious and traditional leaders;

ii) social justice for people living with HIV/AIDS;

iii) shared responsibility among all parties;

iv) good governance, transparency and accountability;

v) partnership among international and national agencies.
On the important question of the role of the ILO, it was agreed that the ILO should strengthen its activities in this region through improved knowledge, vigorous advocacy, and expanded services.

Member States were urged to adopt and implement this Platform of Action on an urgent, immediate and continuous basis.
II. KNOWLEDGE

II.1 Research

Status: completed


Background:
The ILO commissioned a regional study in 1994 to examine the effects of HIV/AIDS on the productive labour force. Four country case-studies were commissioned in Rwanda, Tanzania, Uganda and Zambia.

Objectives:
The study focused on labour productivity, employment security, and mobility, and also on the strategies needed to be put in place to reduce the impact of HIV/AIDS on the labour force.

Findings:
The studies investigated the impact of HIV/AIDS on the productive labour force at three levels: i) micro or individual level, ii) meso or enterprise level, and iii) macro or national level.

Primary data were collected on firms and institutions in the formal sector, as well as educational institutions and women traders in the market, representing the informal sector.

The studies provided information on patterns of transmission, prevalence, geographical distribution, the impact on society and on population growth, health care delivery and cost to families.

- In the four countries, the main modes of transmission were heterosexual activity, perinatal transmission, and blood transfusions.
- The hardest hit were people in the 20 - 49 age group - the productive age group. Many were experienced and skilled workers.
- At the individual level, it was found that HIV/AIDS led to decline in wages and income, compounded by increased illness-related expenses; de-motivation, and poor work performance leading to loss of jobs. Clinics attached to the work places in the public sector had limited resources, and workers were forced to go to private clinics. The cost of treatment of AIDS, if privately paid, was beyond the capacity of individuals.
- The work environment has been affected by HIV/AIDS. Fear of transmission has led to suspicion and conflict among colleagues.
- The healthy spent a great deal of time visiting the sick and attending funerals of colleagues and relatives.
- Employment security was seriously threatened by HIV/AIDS. Some enterprises were openly demanding screening prior to recruitment, many camouflaged HIV/screening within the regular medical examination procedures. Summary
dismissal of seropositive employees was not uncommon, but many dismissals are being carried out in the general retrenchment in response to the deepening economic crisis in the region.

- Women formed a smaller proportion of urban labour force as compared to men (in Tanzania, 44.1 per cent as compared to 55.9 per cent). In the formal sector, women occupied the lowest paid, sex-segregated occupations, and were often stuck in casual or temporary employment. More women were self-employed in the informal sector and/or depended on the husband’s employment benefits in the formal sector. Consequently women, with insecure employment, domestic and child care responsibilities, and often without financial support from husbands because of death due to AIDS or dissolution of marriage, become specially vulnerable to sexual exploitation and harassment at the work place. In the informal sector, when the turn-around time was short, e.g. trade in perishable goods, business collapsed when a woman had to attend to the sick, and their personal savings depleted.

- In the agricultural sector, which absorbs the bulk of the working population in Africa, with the onset of HIV/AIDS, farmers switched from more nutritious but labour-intensive crops like banana, to cassava. Food crops, such as maize were being substituted for cash crops like coffee. However, the impact of the disease was uneven, and depended on a number of other factors such as the state of the farming system, the wealth of the households, etc.

- Plantations and mines employed a large number of migrant workers. They were more likely to have multiple sex partners and casual sexual encounters, making them and therefore their families in their hometowns more vulnerable to HIV/AIDS.

- In the two mobile segments of the population studied, viz. commercial sex workers and truck drivers, a higher rate of infection was noticed. Both groups were more likely to have casual encounters and therefore less likely to use preventive methods.

- At the enterprise level, HIV/AIDS has led to increased cost of medical treatment, early retirement benefits, additional training programmes, high turnover, shortages of staff and increased illness-related absenteeism. These resulted in reduced profits, and drop in productivity and investment.

- At the national level, the size of the work force is likely to reduce (in Tanzania it is expected to be 20 per cent smaller by 2010), and the mean age of workers is likely to fall. Since replacing skilled workers would be difficult, national productivity, income and economic growth are likely to suffer. Loss of labour in the agricultural sector would mean increased food insecurity.

- In the countries studied, there was a dearth of social and labour policies aimed specifically at workers affected by HIV/AIDS. HIV/AIDS was seen as a health problem, rather than an all encompassing socio-economic, developmental and human rights issue.
Study of the impact of HIV/AIDS in small Businesses:
Case studies of Suba and Isiolu districts in Kenya

Background:
The ILO commissioned this study in October 1999. The Participatory Poverty Eradication Programme of the ILO had selected three districts - Isiolu, Narok and Suba - as pilot areas aimed at the improvement of living standards of the vulnerable population of these areas. Health is one of the seven components of the ILO-PREP programme, and it aims at building community based HIV/AIDS management action programmes.

Objectives:
The study attempted to quantify some of the observed effects of HIV/AIDS on small and micro enterprises, with the objective of making recommendations to help SMEs to reduce the negative impacts of HIV/AIDS.

Findings:
- The business mortality rate in these two areas was approximately 64 per cent; 20 per cent of MSE household income paid for medical care, and an additional 20 per cent was spent on funeral expenses, of which 79 per cent were likely to be AIDS-related deaths. 83 per cent of the entrepreneurs interviewed had between 7 and 50 dependents. Of the dependent children, half were those of the entrepreneurs, and the rest were orphans being cared for by the extended family. Most of them were AIDS orphans.
- Many of the MSEs are completely managed by the individual owners, other family members having little or no knowledge of management of the business. Therefore the loss of the business owners resulted in the enterprises being taken over by inexperienced family members. This loss of experienced human resources to AIDS is significant to the future of MSEs.
- There was a significant time loss in the care of the sick, when the entrepreneurs themselves fell sick, and when funeral arrangements had to be made. Furthermore, HIV/AIDS led to loss of focus and concentration on the business.
- AIDS directly affected the consumer market of MSE products through income loss and reduction of spending power.
- Access to programmes for mitigating the effects of AIDS was found to be inadequate. In neither of the project areas is there a programme for voluntary counselling or testing, nor sentinel surveillance initiatives.

Outcome:
The study has led to the following:
- Establishment of the magnitude and impact of HIV/AIDS in small businesses;
- Recommendations for strengthening the mainstreaming of HIV/AIDS in small businesses;
Enterprise specific recommendations on measures for productivity improvement;

An increased understanding of the impact of HIV/AIDS on small business performance and survival;

Helping the government with the data collected to improve the on-going programmes;

Suggestions and analysis of strength, weaknesses, opportunities and threats in relation to mainstreaming/integration of HIV/AIDS activities in MSE.

**Recommendations:**

The recommendations cover two broad areas: protecting MSEs from collapse, by developing mechanisms and systems that can offer some cushioning to MSEs against the impact of AIDS, and reducing the spread of HIV within the small enterprise setting.

- All MSE programmes must have a strong component of HIV/AIDS control. These must be anchored and indigenized within the various small enterprise groups. Within this group package, voluntary counselling and testing must be institutionalized and assisted with the formation of support groups.

- These groups should subscribe to both a health insurance scheme and a life insurance scheme, to protect orphans.

- Since established insurance companies may find the MSEs too risky, a cash-based locally operating scheme could be devised, where the local groups contribute to a common fund which would support the MSE after the death of the proprietor.

- A burial insurance scheme would ensure some protection of the MSE finances.

- MSE families should be sensitized to the benefits of making household members an integral part of the enterprise with advisory and decision making powers.

- Insurance of the businesses is essential. It could be based on people pooling their resources together locally and using these in times of need to support members suffering from HIV/AIDS.

- For their survival, MSEs could be clustered together into associations. That way they could avoid destructive competition and jointly utilize common resources.

- An element of management training and audit should be included in the MSEs.

- Many of the identified traditional and social concerns, attitudes and practices should be discussed and resolved with community leadership.
The long-term model on HIV/AIDS and Social Security

Background:
The Financial, Actuarial and Statistical Branch of the Social Security Department of the ILO is involved in evaluating existing social security schemes as well as in projecting the financial impact of proposed changes of these schemes, and evaluating the financial viability of new schemes. The Branch is currently involved in several African countries. Population projections are the starting point of any such exercise. However, in the African context, national mortality tables and fertility projections are very rare. Therefore, the UN model life tables and fertility assumptions have to be used. These are based on the mortality patterns of the past, and do not take into account the changing pattern of mortality in many countries due to the AIDS pandemic. The SEC/FAS Branch of the ILO has modified the UN model tables and plans to adjust fertility assumptions for countries with a high prevalence of HIV/AIDS.

The models:
A long-term model on HIV/AIDS and Social Security has been built to assess the demographic impact of AIDS. The ILO has also built a social budget model that projects social security revenues and expenditures of a country.

Objectives:
The first model will help governments in their assessment of current AIDS strategies. It is an important tool for quantitative analytical work on social insurance schemes in countries with high HIV/AIDS prevalence, notably in Africa. The second model, with its projection of social security revenue and expenditure, forms a link with the government’s budget to determine the effect of various scenarios of financing and benefit packages on the overall fiscal equilibrium.

These two models have to be further improved and completed in order to stimulate the medium to long-term impact of HIV/AIDS on social security expenditures and on the overall budgetary situation. The social budget model must be adjusted to reflect the economic impact of HIV/AIDS and guide governments to take appropriate measures to counteract the negative financial impact of the disease.

Impact:
Through early information, the effects of HIV/AIDS would be better understood, therefore the chances of devising counter-strategies would be better, and thereby long-term costs would be reduced.

The combination of an AIDS mortality model and social budget model would permit cost-benefit analysis of different degrees and intensities of early awareness campaigns. Early awareness would reduce infection rates, morbidity, and mortality associated with HIV/AIDS. Consequently, the negative impact of the disease on government revenues, expenditures, and economic growth can be reduced. Modelling the AIDS pandemic will be a tool to make a comparison between the cost of information campaigns and the savings they will generate in future social costs. This exercise will help the governments to get a clear picture of present and future situations and thereby contribute to the decision to invest in prevention.

Time frame:
The project will be completed in one year.
Status: planned

Statistical Information on the Impact of HIV/AIDS on the Labour Market in Africa

Dependable statistics for effective action:
The UNAIDS Fact Sheet, 'AIDS in Africa' of November 1998, estimated that the number of people living with HIV in Africa by the end of 1998 would be 21.5 million with about 4 million having contracted the infection in that year. Further, AIDS would have caused an estimated 2 million funerals in this same year. The WHO, in its September 1998 publication 'Epidemiological Bulletin on the HIV/AIDS Situation in sub-Saharan Africa', put the cumulative total of reported AIDS cases at 681,553 for the WHO African Region as at the end of 1997. This figure was estimated to represent less than 25 per cent of all cases in 75 per cent of countries due to under-recognition, under-reporting and delayed reporting. The publication estimated that a realistic figure would be close to 9 million. Of the reported AIDS cases, 80 per cent were in the age group 20-49 years which usually constitute the bulk of the labour force.

Among the possible economic consequences of this epidemic listed in the WHO publication were health costs; costs to enterprises arising from absenteeism, loss of productivity and the need to train and replace skilled staff; shortage of farm labour, school places and hospital wards; decline in household income leading to, among others, increase in child labour; etc.

Others that have been mentioned elsewhere include increased insurance costs; decline in economic growth rates, investment and national productivity; decline in the supply of labour and changes in the structure of the labour force; reduction in skilled manpower due to direct losses and to reduced availability and output from training and educational institutions; loss of household income compounded by increased illness-related expenses, etc. The informal sector, especially those enterprises owned by women, suffer the most from loss of income due to long spells of unavoidable closure to look after sick relatives.

Many organizations at national, regional and international levels have put a lot of effort in generating estimates of HIV prevalence and cumulative number of AIDS cases, particularly with respect to demographic factors. Some of these estimates have come from 'surveys', others from models about growth patterns and yet others are based on figures collected from the national sentinel surveillance systems established by many countries with the assistance of WHO/UNAIDS.

Estimating the impact of HIV/AIDS on any of the economic factors above requires HIV/AIDS data relative to the economic characteristics of the following, preferably over several time periods:

- those living with HIV/AIDS;
- the enterprises and communities in which they work and live; and
- the country in which they live.

So far the studies that have been reported have relied mainly on selected case studies, e.g. of some large enterprises, ad hoc non-scientific surveys of selected households, model simulation, cross-country statistical modelling and anecdotal and circumstantial arguments. All of these methods have well-known serious limitations that may adversely affect their results and so their conclusions should be treated with caution.
Outcome:
Given the nature of this epidemic, especially its culture of silence, collecting reliable and useful data on its impact on the labour market will require special tools that need to be developed. The best approach is along the following lines.

- Assist member States at the national level to expand their sentinel surveillance systems to include a few relevant socio-economic factors, especially those related to the labour market.

- Research into suitable instruments and methodologies for use by countries in collecting baseline data on the socio-economic characteristics of those living with HIV/AIDS, the enterprises in which they work and communities in which they live through suitably designed household, establishment and community survey modules.

- Design a rapid, frequent but cheap method for collecting information to monitor frequent changes in the labour market as a consequence of the fast-changing nature of the HIV/AIDS epidemic.

- Develop methods for better analyzing existing data at the national, regional and international levels to assess the impact of HIV/AIDS on the labour market.

Time frame:
The project will be implemented in two phases over a period of 5 years.
A Study on the Impact of HIV/AIDS on Micro and Small Enterprises

Background:
While information relating to the experience of large industries and the formal sector as a whole is growing, little is known about the risks and the impacts of HIV/AIDS on small business enterprises and the informal sector. Since a large proportion of total employment is generated in the informal and small enterprises sector, there is an urgent need to collect information and formulate policies relevant on the risk and impact management in this sector.

To address these issues, the ILO and the UNDP Regional Project held a Joint Exploratory Meeting, in Harare in May 1999. The meeting recommended that two surveys be conducted. One on the interaction between HIV epidemic and the informal/MSE sector, and the second on proven initiatives in coping with the epidemic.

Objectives:
The proposed survey aims at exploring the following issues within micro and small enterprises in Africa:

- The impact of HIV/AIDS on the informal/Small enterprise sector, disaggregated by sub-categories of employment/production, and by levels of vulnerability.
- Risks of HIV transmission within this sector in Africa, in terms of environment and characteristics in the different employment/production categories.
- Current interventions to manage impact or reduce risks, and the characteristics of this sector that enhance or impede the actual or potential interventions.
- Social mapping of the environment of this sector to identify actual and potential mechanisms for enhancing programmes on risk and impact management.

Activities:
The survey will identify, wherever possible, key areas of impact within this sector such as: loss of work time due to illness; labour turnover and losses; loss of skill and experience; production bottlenecks, loss of output, quality, and shifts in production process; increased health/medical costs; terminal care, benefits and survivor support, savings and assets; markets and market access.

Four countries, selected on the basis of logistics, level of private sector involvement, HIV prevalence, small enterprise development, and regional distribution, will be included in this study.

The survey will disaggregate the informal/small enterprise sector in terms of major areas of employment/production: agriculture; manufacture; retail/trade; mining; construction; services; transport and other.

Time frame:
The duration of the study is estimated to be between six to nine months.
A Compilation of “Proven Initiatives” on HIV/AIDS in Micro and Small Enterprises

Background:
The informal/MSE sector provide livelihood to a large section of African population. The challenges faced by this sector have been compounded by the epidemic of HIV/AIDS. There is a need to mainstream HIV/AIDS concerns into informal/MSE sector policies and programmes. A compilation of existing successful coping strategies or proven initiatives is necessary for using such strategies in the sector at large.

Objectives:
The objective of the study is to improve and systematize a knowledge base on how to mainstream HIV/AIDS concerns in small enterprise development policies and programmes.

Activities:
The proposed study will explore the following issues:

- The extent to which existing policies and programmes explicitly include HIV/AIDS related issues in Africa; also the manner in which the policies and programmes not explicitly dealing with HIV/AIDS enhance or impede responses to the disease.

- Interventions currently in place to manage impacts and reduce risk of HIV/AIDS in the informal/small enterprise sector in Africa, and their key features that could be used as “good practice” examples in other small enterprises and in other countries.

- Identify institutional support to action in small enterprises that is not specifically related to HIV/AIDS, yet enhances prevention and impact management; also key features of this can be used as good practice examples.

- Opportunities for mainstreaming HIV/AIDS into informal/small enterprise sector programmes and key institutions through which this can take place.

Outputs:
- A collection of case studies on proven initiatives to mitigate the impact of HIV/AIDS in small business enterprises.

- Detailed guidelines for mainstreaming HIV/AIDS concerns in SED policies and programmes, and the institutional framework for action.

Time frame:
The expected time frame for conducting the survey is 6 months.
Status: planned

HIV/AIDS and Labour Productivity in the SADC Region

Background:
Since the adoption in September 1997 of a Code of Conduct by the SADC, few studies have been initiated to assess its impact on enterprise productivity and competitiveness in the sub-region.

There is an urgent need for conducting surveys to study more closely issues like multi-skilling of the staff, recruitment, training of new individuals, replacement conditions, impact on health care benefits. The aim would be to identify suitable management models likely to mitigate the related costs.

Objective:
To understand the impact of HIV/AIDS on productivity and consequent HRM practice of medium and large enterprises, government agencies and institutions in the SADC countries.

Scope:
The study will look at how the HIV/AIDS epidemic is impacting on productivity and on how the medium and large enterprises as well as government agencies and institutions are adjusting their human resource management practices to cope with this pandemic.

Activities:

- A survey of a sample of medium and large enterprises in four SADC countries will be conducted. Impact of HIV/AIDS on productivity will be assessed using a family of productivity indicators relying on company records as well as responses of company managers. Effects on the various HRM factors e.g. human resourcing, training and development, personnel deployment and assignment, work organization and design, etc. will be determined through examination of company manuals and practices.

- A survey of a sample of government agencies and institutions in four SADC countries will be conducted. Impact of HIV/AIDS on productivity will be assessed using a family of productivity indicators relying on records of government agencies and institutions as well as responses of managers and departmental heads. Effects on various HRM factors, e.g. civil rules, regulations and management practices will be reviewed to ascertain how government agencies and institutions are adjusting themselves with regard to HIV/AIDS.
The impact of the AIDS pandemic on the attainment of basic education for all in sub-Saharan Africa

Introduction:
While HIV/AIDS is a global phenomenon, the epicentre of the pandemic is in sub-Saharan Africa. African countries now account for 70 per cent of new infections and four-fifths of AIDS-related deaths. The pandemic is concentrated in the so-called ‘Aids belt’ stretching from East through Central and Southern Africa where, typically, infection rates are now over 20 per cent of the sexually active population. The bulk of new AIDS cases are among young people aged 15-25 and females are disproportionately affected. Although the epidemic (particularly in southern Africa) has not yet peaked, population growth rates are already appreciably lower. In Malawi, for example, results from the 1997 population census show that overall population growth rate is now only 1.9 per annum compared with a projected growth rate of 3.2 per cent made in the 1987 census.

Without an effective cure, the AIDS pandemic will have a profoundly negative impact on educational provision and, more generally, human resource development in SSA over the next two to three decades. With regard to education, while ministries of education and donors generally recognise the magnitude of the pandemic, there is insufficient understanding of the precise implications for educational provision and the corresponding need to formulate appropriate policies and other interventions that attempt to mitigate the effects of this crisis. To date, most policy interventions have focused on providing AIDS education in schools. While a few programmes have achieved some limited results, they have failed to stem the tide of the disease.

Without appropriate policy interventions that explicitly respond to the acute problems created by the AIDS pandemic, the DAC education target of basic education of a reasonable quality for all by 2015 will not be attainable in the worst affected countries. While, in simple numerical terms, there will be far fewer children needing to be educated than was originally expected (over 25 per cent in some countries), the pandemic will seriously affect the capacity of governments to provide basic education for all. Furthermore, household demand for education (particularly among the poorest sections of the community) is likely to fall significantly.

With the widespread adoption of sector development programmes (SDPs) over the next few years, the need for a comprehensive and detailed understanding of the actual and likely impacts of the pandemic on education is critically important. Without this understanding, it will not be possible to plan in a meaningful way. In particular, realistic enrolment targets for specific groups (the poor, girls, etc) cannot be established.

The Knowledge Base:
A preliminary review of the literature indicates that little published research has been undertaken that specifically addresses the actual and likely impacts of the AIDS pandemic on the education sector in developing countries, including SSA. Most AIDS research has been mainly preoccupied with examining the wider demographic and health impacts of the pandemic and, to a much lesser extent, the effects on economic growth and productivity. While a number of factors have been identified that are likely to adversely affect the supply and demand for schooling, no systematic attempt has been made to analyze these factors in detail and, in particular, present adequate supporting evidence.

The impact of the pandemic must be analyzed in each of the four main ‘institutional arenas’
which, collectively, determine the supply and demand for education, namely the household, community, school, and government. At present, only very anecdotal evidence is available about the impact of AIDS with respect to each of these institutional arenas. We have therefore little more than a set of fairly basic propositions which have not yet been systematically tested.

On the supply side, the pandemic could result in significant reductions in government funding for education as the direct and indirect consequences of increased morbidity and mortality on economic activity become manifest. While it is not possible to estimate precisely what these budgetary impacts are likely to be, it is nonetheless important to improve our understanding of the likely implications of the pandemic on the funding of the education sector as a whole, and primary schooling in particular.

Without a cure, AIDS will also have devastating impacts on the teaching profession and other key professional and support staff in the education sector in many SSA countries. Rates of HIV infection among teachers of up to 40 per cent have been reported in some countries. It is essential, therefore, that every facet of human resource planning and management in the education sector is urgently reviewed. In particular, much higher attrition levels will, ceteris paribus, require significant increases in pre-service teacher training. And in the classrooms themselves, the likely impact on staff morale, professional development and the overall ability of already acutely under-resourced schools to cope needs to be understood and responded to as effectively as possible. Up to 40 per cent of teachers who are HIV positive will already be suffering from AIDS-related illnesses and will therefore be absent from school, often for long periods. The age profile of the teaching force will also become younger and less experienced.

The demand for education, particularly at the primary level, will be affected in a variety of ways. The overall number of primary school places needed in each country to meet basic education for all targets will be considerably lower than originally projected. In the worst affected countries, projected AIDS-adjusted enrolments in 2010 are likely to be 20-35 per cent lower than the pre-AIDS projections which underpin most of the DAC country enrolment targets. The direct and indirect cost of coping with AIDS illness and the premature death of household members will significantly reduce household demand for education. Ensuring that the rapidly growing numbers of AIDS orphans are properly educated will be a major challenge. It is projected that in Botswana, Malawi and Zambia, Zimbabwe, 30-35 per cent of children will have lost one or both parents by 2010.

The recent gains made in promoting greater female participation at all levels of the education system are likely to be eroded and possibly wiped-out altogether by the demand-reducing effects of the pandemic. For example, a recent study in south-western Uganda shows that school absenteeism among girls from AIDS-affected households is significantly higher than among boys (Joseph, 1998). This is mainly because girls are expected to stay at home to nurse the sick and undertake the additional tasks (both inside and outside the household) previously undertaken by family members who are no longer able to work and/or have already died. Without appropriate policy interventions, increasingly severe resource constraints in AIDS-affected households (most notably, the inability to pay school fees and meet other essential schooling expenditures) will adversely affect school enrolments and/or educational attainments for all children, but especially girls.

Quite apart from access and persistence issues, learning achievements will also be adversely affected as the pandemic impacts on a rapidly growing proportion of children. At a time when governments and donors are concentrating on cost-effective measures to improve educational quality in order to encourage demand and improve persistence in schooling, it is clear that the
Study Objectives:

As noted earlier, despite the potentially extremely serious impacts of the AIDS pandemic on the educational development in SSA, remarkably little attention has been devoted to this fundamentally important problem. In particular, no research to date has adopted a comprehensive analytical approach that systematically addresses all the key quantitative and qualitative impacts of the pandemic on national education systems as a whole. Such an approach should be country-comparative so that key similarities and differences in the range of educational impacts between countries as well as the effectiveness of various policy interventions can be properly analyzed.

The overall objectives of the proposed study are therefore as follows:

- Analyze the extent to which the AIDS pandemic in SSA is likely to affect the attainment of the DAC education targets.
- Develop an analytical framework which can be used by governments, donors and other key stakeholders to assess the effectiveness of various policy interventions that seek to mitigate the impacts of AIDS on educational development.
- Consider the potential effectiveness of a range of policy options and recommend how ministries of education and other relevant organizations should plan in the context of the AIDS pandemic.

Study Methodology:

From our recent research and consultancy assignments in a number of SSA countries, we have been struck by the considerable amount of highly relevant but disparate documentation and other information that exists on the impact of AIDS on the education sector. Both quantitative and qualitative data has been collected by ministries of education, other ministries (including health, finance/statistics, labour), NGOs, universities and other research organizations, but most of it has not been published or synthesized. The views of government, donor and NGO personnel who have been involved with policy formulation and implementation in the education sector during the 1990s is also another key source of information about the impacts of the pandemic.

The extent to which ministries of education have responded in terms of policies and other interventions to the actual and potential impacts of the AIDS pandemic on educational development appears to have varied considerably across SSA. It is important to know what governments have been trying to do in this area as well as identify the key factors that help to explain the extent and nature of particular intervention responses. Given the scale of the epidemic, it is essential that all governments are highly proactive and make concerted efforts to mitigate the actual and anticipated impacts of AIDS on national educational development. Again, however, very little information is available in the public domain about the responses of national educational authorities and why these policy responses have been so different. This information can be obtained from interviews with the relevant officials in ministries of education (in particular in planning departments) and other key stakeholders.

While more detailed primary research on the actual and likely impacts of AIDS on educational development is undoubtedly required, the first priority is to pull together this secondary data and other easy-to-obtain information as quickly as possible for a selected group of countries in a systematic and comprehensive manner. We believe that such a country-comparative synthesis will provide considerable quantitative and qualitative evidence of the impacts to date of pandemic is throwing up altogether new problems and challenges.
the AIDS pandemic on key education performance indicators (enrolments, attendance, persistence/drop-outs, learning outcomes) as well as the efficacy of specific policies and other measures to redress the effects of AIDS. This, in turn, forms the basis for an overall assessment of the likely impacts of the pandemic over the next 10-15 years and provides important insights about what should be done by government, donors and other key stakeholders.

The proposed study will comprise therefore of two basic components:

(i) The systematic collection and review of all published and ‘grey’ literature and other relevant documentation on the actual and potential impacts of the AIDS pandemic on education in SSA as a whole and in individual countries. Primary sources of information will be the main international agencies (UNAIDS, WHO, UNDP, World Bank) as well as bilateral donors which have been particularly active in the education sector in Africa. This will also allow an assessment to be made of how the AIDS pandemic has been ‘taken on board’ in the design and implementation of donor-supported education programmes and projects in SSA. The relevant personnel in all these organizations will be written to and this will be followed-up by telephone interviews where appropriate. Visit will be made to UNAIDS and WHO in Geneva.

(ii) In-depth impact assessments in three countries. This will entail a three-week visit to each country in order to interview all relevant individuals both inside and outside of government and collect documentation and other secondary data. These national case studies will be selected from the following countries: Botswana, Kenya, Malawi, Uganda, Zambia, and Zimbabwe.

The study will be undertaken over an eight month period (two months for desk-based information collection and analysis, four months for the three country studies, and two months for analysis and preparation of the final report).
HIV/AIDS and Implications for Labour Force Population

The Problem:

The HIV/AIDS picture in Africa is devastating. This has now become the leading cause of death, and life expectancy at birth (e0) in some of the 29 most affected countries in Africa has declined by 7 years on an average and as much as 20 years in the most severe cases. In Botswana, the population is expected to be about 20 per cent less than it would have been by 2015, though the population would still continue to grow because of the high fertility levels. In Zimbabwe, one in every five adults is infected. And the worst is still to come. In South Africa, the epidemic started late, and because of estimated 9 to 11 years’ average interval between the HIV infection and full blown AIDS, the impact of increased mortality in future is still to be reflected in the demographic data. Life expectancy at birth in 1990-95 was barely affected in South Africa, but by the period 2005-10, it is expected to be 21 years lower than what it would have been in the absence of AIDS, with the population growth rate expected to decline from 1.9 per cent per year to 0.3 per cent in 2005-10. Though one may question the quality and quantity of national data available on HIV/AIDS, as well as the assumptions regarding the future trends in the incidence of new cases, there is no doubt that the consequences are likely to be severe on population and labour force structure.

If we undertake labour force projections for high HIV-prevalence countries, we would find striking declines in the population size and distribution (and in the labour force supply). In some cases, the total labour force would be lower by up to 20 per cent than what would have been, had there been no HIV/AIDS, assuming the projection scenarios of UN and the ILO labour force participation rates.

Such projections bring up many queries. What would be the impact on labour force supply and demand? What are the employment implications? While one can infer some of the consequences, current research is deficient in assessing such impact. The population growth is expected to remain positive, even with the sharply increased mortality, and the number of persons in the 15-60 years age group is expected to continue to increase, though at a much slower pace in the countries with high infection. The age and sex distribution of the labour force is likely to change, due to growing number of widows and orphans who would seek a livelihood, and due to a large proportion of HIV infected population being in the age group 20-49 years, resulting in early entry of children into active labour force, early retirements of infected persons due to morbidity, shift to more capital intensive operations- where possible- in case of shortage of labour supply, etc, all will have some impact on labour force participation and policies. These issues require further investigation, in order that sound advice can be provided for employment and labour policy issues.

Objectives:

The programme is aimed at:

- assessing the impact of HIV/AIDS on labour force and employment situation, particularly in Africa, but also in countries in other regions as well, which have either a relative high prevalence rate, or a large number of HIV positive population,

- and providing tools for incorporating the impact of these linkages for employment and labour market policies.
Strategies:

The Employment Strategies Department would be responsible for this component project, with the labour and population unit playing a major role. The project would feed into the sub-programme on comprehensive national employment strategies and programmes, and alternative macroeconomic policy formulations. Collaboration with other concerned units and departments in the ILO, including social protection, working conditions, etc., is foreseen. Assistance would also be sought from the Multi-disciplinary Teams (MDTs) and the Country Support Teams (CSTs) in the regions for the dissemination of the project outputs in the region, including through national-level training workshops.

In the labour sector, studies demonstrate profound effects linked to loss of investment in training, absenteeism, and death benefits. Nevertheless, projections of impact are hampered by the dearth of data on labour-specific HIV prevalence and other necessary modelling components. Data collection and subsequent modelling are to be encouraged.

Proposed Activities:

Activities would include studies on issues such as:

- Impact of HIV on sectoral capacities, and the formulation of policies, strategies and programmes to mitigate such impact.

- Impact of HIV on households’ livelihood strategies and labour allocation patterns.

- Impact of HIV on productivity, efficiency and financial viability of enterprises (as evident from increased labour costs for employers because of low productivity, absenteeism, shortage of labour and less work hours, payment for sick leave and provision of other benefits.

- Impact of HIV on employment (would the possible excess capacity in the labour force because of un- or under-employment be sufficient to avoid immediate shock impact of reduced labour? There is likely to be a mismatch of available human resources and labour requirements, in terms of qualifications, training or experience.

- Substitution of labour mechanism through import of labour from neighbouring countries.

- Gender issues: increase in female headed households, increased responsibility on women for generating income after the death of the husband, increased vulnerability to sexual harassment and exploitation at work place, inability to resume activities in the informal sector when they have been away for along time from business caring for the sick.

- HIV and migrant workers, and

- Development of action plans, workplace programmes for prevention of spread of HIV, formulation of workplace policies to reduce risk behaviour.
African labour laws and HIV/AIDS

Objective:
To build knowledge base that will enable the ILO to provide support and services to Member States in their effort to improve their policy framework against HIV/AIDS on the workplace.

Outcome:
The review of Labour Laws, Labour Relations Acts, Equality and Public Service Acts, Regulations as well as Codes of Practice, court decisions and CBAs with regards to HIV/AIDS prevention and protection will:

- Identify general legal provisions that could assist in prevention and promotion, as well as highlight those laws that already exist mainly for AIDS in the workplace (Namibia, South Africa, Zimbabwe);
- Explain best and successful initiatives in this respect;
- Propose models to assist member States which are considering a new or fresh policy framework in the form of laws in the fight against HIV/AIDS discrimination in the workplace;
- Suggest policy directions on the role of Technical Cooperation in the possible revision of specific labour laws.

Time frame:
This legislative audit should be completed by March 2000.
Start and improve your business (SIYB) programme and HIV/AIDS in South Africa

Objective:
To develop and test an HIV/AIDS module for inclusion in the ILO/SIYB programme in South Africa.

Scope:
The research currently conducted by the ILO within the scope of a project on small enterprises (SEs) in South Africa has helped identify lack of management skills and HIV/AIDS as some of the key constraints to their (SEs) development. With regard to the HIV/AIDS pandemic, it has been proposed that a module be developed within the scope of the SIYB programme. The project will undertake the following activities:

Activities:
- Conduct a base line research in order to gather useful information on the most efficient way of mainstreaming HIV/AIDS in the programme.
- Develop the module and the awareness material based on the information generated through the above research.
- Develop trainer’s guide.
- Identify and train the entrepreneurs by targeting the PLWHA and caregivers in four geographical areas (provinces).
- Conduct a follow-up of trained entrepreneurs and assess the impact on their business performance and income security.

Time frame:
The time frame is 16 months.
II.2 Publications

HIV/AIDS and employment
(L. N'Daba and J. Hodges-Aeberhard, 1998)

Abstract:
According to the UNAIDS Fact Sheet, as at December 1996, 22.2 million people were living with HIV/AIDS, 2.1 million of whom were estimated as new HIV infections in 1996 alone. The HIV/AIDS pandemic affects all the components of the society. It leads to the marginalization of infected people on their workplace. The legal framework and enterprises practices in this setting in many affected countries have been inefficient in protecting the infected. The research conducted by N'daba and Hodges-Aeberhard in 1998 on the issue concerning the legal framework of the HIV/AIDS on the working place was aimed at analyzing the efficiency of the instruments that were being used to protect the infected on their working place, and also to improve them when necessary. It also dealt with the legislative and regulatory framework within enterprises, the impact of the measures taken, and recommendations for practical strategies.

It was observed that countries with a relatively low rate of infection had little motivation to establish regulations governing AID at the work place.

General legal texts make no reference to infection with HIV or AIDS. Still, the universal principles of non-discrimination and respect for privacy, health and social security contained in the Universal Declaration of Human Rights, is referred of in all the countries surveyed.

In addition, there were anti-discrimination clauses in labour codes and regulations, but these clauses did not specifically refer to HIV infection or AIDS as prohibited ground for discrimination. Even when then did, it was time consuming and difficult to enforce constitutional rights and labour regulations.

Another issue analyzed was the recruitment and employment testing. It was observed that HIV testing was theorically excluded from blood testing that might be required. In fact these tests were conducted, in some surveyed areas, and the results transmitted to the enterprises by the doctor without the applicants being informed, thereby violating the medical confidentiality, the Hypocrate oath.

However, the authors observed that the medical confidentiality was respected in some countries and preventive measures taken in this extend. They showed that in almost all the countries surveyed the regulations on this point were very weak and some times not adapted. The labour codes referred to long-leave sick that could help AIDS. But this was recognized only by a few of the countries studied.

Progressive new legislation on the employment of people with HIV/AIDS was being formulated in various countries, in addition to the provisions contained in constitutions, civil codes and regulations, argued the authors.

In this extent, the Medical Council of the State of Rio de Janeiro in Brazil for example, extended to make it compulsory for health insurance companies to cover all diseases, including HIV/AIDS.

It was of first importance to adapt the legislations so as address the issue of HIV/AIDS, mainly as far as infected workers are concerned. The indoor practices of enterprises gave a
thoughtful lesson. They showed that it was necessary to adapt the working environment, legal regulations and the job content to the progression of the disease.

The authors also referred to the criteria for the development of tripartite strategy to combat AIDS at the work place. Reference is made of the SADC code of conduct, developed with the collaboration of the ILO. Promoting commitment in the form of code of conduct as in the case of SADC, a code that amount to a national contract binding employers’ and workers’ strategy to apply the same rules with regard to the employment of people with HIV/AIDS, will help mitigate the impact of the pandemic and protect the rights of the infected on the workplace and also stimulate education campaigns.
AIDS and the workplace. ILO (1996)

Abstract:
Many workers around the world know something about AIDS. However, there are still more unanswered questions to many of them regarding this pandemic. The bulk of these questions focus around the workplace, since work plays an important role in people’s lives. AIDS AT THE WORKPLACE, a module of the collection YOUR HEALTH AND SAFETY AT WORK, was published by the ILO to address this issue.

The objective of this publication is three-fold. At the end of the module, trainees are expected to be able to:

- Describe the three ways in which HIV is presently known to be transmitted.
- Suggest several methods of preventing exposure to HIV.
- State different reasons why AIDS should be considered a trade union issue.

AIDS AT THE WORKPLACE provides trainees with the basic information that is known at this time on the acquired immunodeficiency syndrome (AIDS). It also gives some information on how human immunodeficiency virus (HIV), the virus that causes the disease, is transmitted and how it is not transmitted. Also presented are the methods of prevention and policy issues. Discrimination in the workplace as well as the role the health and safety represent in dealing with HIV/AIDS-related issues in the workplace are tackled as well.

Concerning the question as to why is AIDS a trade union issue, this module indicates that the pandemic threatens the fundamental objectives of the labour movement; workers with HIV/AIDS may face discriminatory attitudes and practices from both employers and therefore need the support of the union; besides, while in most occupations work does not involve a risk of becoming infected with HIV, the disease is a health and safety issue for those who do risk exposure at work.

In a nutshell, this publication helps to spread information about the pandemic on the workplace by encouraging workers and employers to get involved in the fight against AIDS.
III. SERVICES

III.1 Advisory Services

Status: planned

Legislation regarding protection of workers and HIV/AIDS

Background:
NATLEX is a bibliographic database containing analytical abstracts of national labour legislation and appropriate citation information and indexing mechanisms. NATLEX contains more than 40,000 records of legislation from 180 national jurisdictions, territorial subdivisions and international organizations, as well as a number of full-text versions of significant labour laws. Each NATLEX record exists in only one of the three official ILO languages.

ILOLEX is a full-text trilingual database of international labour standards with sophisticated search and retrieval software. ILOLEX contains more than 75,000 documents, including the ILO Constitution, the ILO Conventions and Recommendations, Comments of the Committee of Experts on the Application of Conventions and Recommendations, ratification lists by Convention and by country, the Declaration of Fundamental Principles and Rights at Work, etc. ILOLEX and NATLEX are managed and maintained by the Standards Policy and Information Branch of the International Labour Standards Department, and they are available on CD-ROM and on the Internet under Labour Standards and Human Rights at the ILO homepage (www.ilo.org).

Rationale:
NATLEX and ILOLEX provide and disseminate information on legislation and international labour standards to all ILO constituents. They facilitate access to legal protection for workers and encourage the observation and implementation of ILO standards and instruments.

Purpose:
The project aims to update the legislative references in both ILOLEX and NATLEX regarding HIV/AIDS in the workplace. This would include legislation regarding occupational safety and health, protection from discrimination on the grounds of HIV status, and access to social security benefits. As these databases are well-known by governments, trade unions, and employers, the inclusion of such texts would greatly facilitate access to legal information regarding HIV/AIDS. Some training for constituents on the use of the databases might be envisioned as well.

Activities:
The project would entail legal research and subsequent entry of the information into the databases. The selection and review of the relevant legal texts would require three months of work, and the formatting of the information for Internet would require one month. The training aspect of the project could be examined at a later date.

The first phase involves different tasks with regard to both NATLEX and ILOLEX:

For NATLEX, the project would entail:
- modification and updating of the Laborlex classification system;
- research and updating HIV/AIDS-related legislation and references in the NATLEX database;
- analysis of available legislation in respect to HIV/AIDS;
- inclusion of all relevant acts as full-text documents available in HTML format;
- creation of special information pages in NATLEX regarding the topic of HIV/AIDS and inclusion of AIDS/HIV information in the NATLEX Country Information Sheets.

For ILOLEX, the project would entail

- updating relevant documents on HIV-SIDA with regard to the Conventions concerned (No. 111);
- installing improved search mechanisms within specific documents to allow for more efficient searching for HIV/AIDS related information (more detailed classifications, free-text or word search).

**Starting date:**
January, February 2000
Status: completed

**Assistance towards the implementation of the SADC Code of Conduct in Malawi:**

**Multidisciplinary National Tripartite Seminar in Malawi (20-23 September 1999)**

**Objectives:**
The objectives of the seminar were: i) to provide knowledge on how ILO standards can help mitigate the impact of HIV/AIDS on employment in Malawi; ii) to provide a tripartite forum where Malawians can share information about Malawi’s strategy to fight HIV/AIDS in the workplace.

**Participation:**
There were 23 participants, representing government, employers, workers, NGOs and UN agencies.

**Output:**
Participants agreed that a legislative framework was needed, whether in the context of the Employment Bill, or another statutory instrument. This should cover discrimination in employment including transfer and/or dismissal on the sole basis of HIV infection; no testing except to evaluate fitness for the job, and confidentiality; favourable sick leave entitlements, and favourable early retirement packages; in-house grievance procedures and the right to redress; setting up of a network of information and counselling centres; training of trade union counsellors in the enterprise setting; pooling by SMEs of available dispensaries, and training of all staff in HIV counselling in employer dispensaries; provision of an information package by the government to employers and trade unions on laws and regulations regarding HIV/AIDS and the workplace, with explanations of their rights and duties.

The participants wanted the support of the ILO in implementing strategies against AIDS in the workplace.

The national HIV/AIDS Strategic Plan was to be launched in October 1999. The plan would require every sector to have its own plan to combat AIDS. The national structure would comprise an AIDS Council, chaired by the Vice-President, the AIDS Secretariat, and the National AIDS Committee (an umbrella NGO) as adviser. A “Technical Working Group” would comprise government ministries and donors.
Status: ongoing/planned

Assistance towards implementation of the SADC Code of Conduct in South Africa

ILO contribution to the UN Country Team Objectives for 1999-2000

- In the area of socio-economic impact of HIV/AIDS and choices, the ILO will take an active role in the promotion of best practices within business and labour to improve analysis and projection of the impact of HIV/AIDS in the operations of public and private sectors.

- In the area of HIV/AIDS in the workplace, the ILO, together with other agencies will:
  - support and strengthen the existing national, provincial and local structures in implementing the SADC Code of Conduct and other legal instruments;
  - support and expand the "GIPA Initiative" and popularize the GIPA principle among member countries in order to ensure greater involvement at all levels, as well as continue;
  - strengthen efforts to support and provide assistance to UN staff members and their families on HIV/AIDS prevention, care and support. In this area, target achievements for 1999 will include system-wide agreement at country level on a 'minimum package' for UN employees living with HIV/AIDS; and strategy developed for GIPA type programming in rural communities.

- On the question of prevention, the ILO, along with other agencies will:
  - mobilize employers and workers to develop workplace policies and programmes to increase awareness and knowledge, and linking these with community-based care initiatives;
  - support organizations working with special groups such as youth and children, to formulate guidelines for prevention strategies; and
  - use special events, local and international goodwill ambassadors, important national and international days to raise awareness and mobilize support for programmes and initiatives on HIV/AIDS prevention.

- There will be joint UN support for assessing the socio-economic impact of HIV/AIDS on various sectors. This would contribute to the budgetary and planning processes in the year 2000. In this context the ILO and other agencies will study the impact of HIV/AIDS on the formal and informal labour market, its impact on growth prospects and current projections.

- Activities in implementing the SADC Code of Conduct will include:
  - awareness raising about the SADC Code of Conduct and its implications
for ILO social partners;

- incorporating the Code into existing ILO programmes concerning occupational safety and health and labour relations;

- training officials of the Department of Labour in the new Employment Equity Act and the Basic Conditions of Employment Act, to address discrimination on the grounds of HIV/AIDS;

- supporting the development of a tripartite strategy to combat AIDS in the workplace; and

- advising unions on how to negotiate for HIV/AIDS victims and other issues around employees with HIV/AIDS through collective bargaining and negotiations.

ILO activities will also include assisting the GIPA initiative from a labour market perspective by raising awareness of ILO constituents about the GIPA project.
III.2 Technical Cooperation

Status: ongoing

**SYB training for PLWHA and caregivers in Zambia**

Objectives:

- To increase awareness created among project staff, master trainers and trainers of issues related to HIV/AIDS. A session on HIV/AIDS awareness is to be included and conducted within the SIYB Training of Trainers seminars in cooperation with local HIV/AIDS support organizations. All seminars are to be conducted in the project period July 1999 and December 1999.

- To promote self-sustaining livelihood of PLWHA through start your own business (SYB) training. The project will enable PLWHA to meet their basic needs; it will reduce the financial burden for their families and of the society; and it will enable PLWHA to be recognised as a human resource group, capable of participating in economic and other development activities.

Output:

The main beneficiaries would be people living with HIV/AIDS (PLWHA) and their caregivers, and NGOs and other support groups working with PLWHA in Zambia. The project aims to train 200 PLWHA and caregivers in the Generate Your Own Business idea and SYB modules.

Activities/ status:

In September 1999, 29 participants with HIV/AIDS were trained in SYB. A third of them were women. The trainers were identified by the SIYB RPO. The SIYB follow-up seminars were held in October.

The SIYB trainers went through an induction programme by UNV/UNAIDS to raise their awareness of PLWHA, followed by a field visit of the trainers to interact with them.

The Ministry is in the process of identifying and involving micro-finance institutions which would offer credit to the people trained to start their business. The credit scheme is to work on a group participatory basis.
Migration and HIV/AIDS

A research and action programme has been proposed to reduce the risk of HIV infection among international migrants. The research will seek to develop information on who among the international migrants are most at risk. The action programme will aim to integrate HIV/AIDS concerns into migration policies and programmes of sending and receiving countries.

Background:
A large proportion of today’s migrants are contract workers who leave their families behind to take up short term assignments abroad. They include construction and transport workers, seasonal agricultural workers, miners, fishermen, dockworkers, and others. While there is no empirical evidence to show that they have a higher rate of infection than others, they are more likely to be exposed to the risk of infection of sexually transmitted diseases.

A more obvious high risk group is women migrants who end up in prostitution. Lack of skills, combined with pressure to contribute to family income, are pushing many women to accept this form of occupation.

Objectives:
The project aims to develop a knowledge base that would help authorities in most affected countries to plan strategies and take concrete action to protect migrant workers against the risk of HIV/AIDS. The project aims to produce guidelines for activities at the national levels, with the examples of experience of selected countries. The ILO would provide technical assistance in adapting action plans to national specificities.

Project strategy:
The first step will be ‘mapping’ of the problem to identify who are most at risk and which are the sending and receiving countries.

The next step will be to determine whether there are ways of addressing the problem that fall within ILO’s field of competence.

Project format:
It will be a joint project of the ILO and the International Centre for Migration and Health. The project is designed for a five-year period. The initial one-year research phase will be based in the Africa and Asia-Pacific regional offices of the ILO. This will be followed by two-year capacity building activities in at least two countries in Africa and two in Asia. The final two years will be for producing manuals and guidelines and their dissemination.
Labour/factory Inspectors and HIV/AIDS prevention and protection activities at the workplace

Background:
The functions of the system of labour/factory inspection include enforcement of legal provisions relating to conditions of work and the protection of workers while engaged in their work. Factory/labour inspectors also provide technical information and advisory services on occupational safety, health and welfare amongst others to both the worker and the employer. They could, with adequate training and incentives, provide information and awareness training to the employers’ and workers’ organizations on workplace HIV/AIDS prevention and protection.

Rationale:
Factory/labour inspectors have easy accessibility to the workplace to carry out their functions. Many of them have gained the confidence of both social partners as a result of their interactions with them. They are quite familiar with the relevant ILO instruments which could be used to buttress activities regarding HIV/AIDS at the workplace. The daily activities of the inspectorates in some countries in Africa have been computerized, hence large number of workplaces could be covered once the project is in place. In some of the countries, the inspection activities cover any workplace employing more than one person.

Scope:
The project aims to expand the activities of the factory/labour inspectorates in selected countries in Africa. Their duties would include instituting HIV/AIDS prevention and protection strategies at the workplace as part of the advisory services and capacity building. The project will be patterned after the IPEC programme whereby the labour inspectors were trained to carry out activities in the area of child labour.

Project strategy:
The project shall involve training of factory/labour inspectors to:

- provide awareness about HIV/AIDS to workers and management.
- include HIV/AIDS topics in their regular Occupational Safety and Health (OSH) briefing/training at the workplace, and Work Improvement in Small Enterprises (WISE) training methodology workshops.
- design and distribute appropriate posters on HIV prevention and protection.
- assist affected workers when necessary, to complete workmen’s compensation forms and other benefits.
- perform other services that might benefit both the workers and management regarding workplace HIV/AIDS prevention and control.

The project will increase the knowledge base of the ILO with regard to the prevalence of HIV/AIDS pandemic particularly at the participating workplaces, and the region in general. It will also improve the capacity of the competent authorities to control the spread of HIV/AIDS and ameliorate its impact on the workers and their families.

Starting date:
**HIV/AIDS in mining**

Diseases such as tuberculosis and silicosis in the mining industry is being compounded by HIV/AIDS pandemic. The long latent period between infection and disease means that workers often become ill long after they left the mines, while the burden falls on the state health services and the rural communities.

**Rationale:**

The incidence of HIV in mine workers in Southern Africa is quite high. The estimates in some mines are said to be 20 per cent of the workforce of around 7,000. A projected estimate of over 12,000 mine workers deaths per year from AIDS by the year 2010 is not considered unreasonable according to several sources. What is more worrisome is the immediate impact while the sickness develops. Payroll costs are increasing, productivity is falling due to absenteeism, training and recruitment programmes are also being affected. Furthermore there is the delicate issue of testing to be addressed, particularly in skilled occupations that require extensive and continued training. Since there is a strong link between HIV/AIDS, migration and housing, HIV must be addressed among the miners as well as those in the surrounding communities.

**Scope:**

Large mining companies are realizing the enormity of the problem and many have programmes in place to prevent further spread of the disease both in the mines and in the surrounding community. The difficulty of organizing workers at the grassroots level around HIV/AIDS has been partly blamed for the continue spread of HIV/AIDS in the mines. Consequently the project aims to complement activities carried out by the mine management in the area of prevention and mitigation against HIV/AIDS. It will replicate successful awareness and prevention programmes from elsewhere, for the mine workers union through the workers education programme of the ILO. Since the sex workers have been identified as the source of the spread of the disease, the gender dimension will also be stressed in the project.

**Project strategy:**

The project shall involve evaluation of the current HIV/AIDS prevention or other activities already in place at the participating mines. Emphasis will be placed on intervention programmes which aims not only at mine workers but also at members of the broader communities surrounding the mines in which the mine workers live out their social and sexual lives while they are away from home. The project will also utilize the ILO competitive advantage to help co-ordinate activities between those involve in different types of intervention which have traditionally been implemented independent of one another. For example the activities of the biomedical community involved with the technical control of HIV and other STD’s will be co-ordinated with those of social scientists and health educators in the interests of developing programmes that will bring about the required change. The project will also include income generating activities for workers living with HIV/AIDS so as to over come social exclusion. Another aspect of the project will concentrate on helping the mine workers to over come the culture of denial which is brought about by social exclusion.

The project will increase the capacity of the mine workers union to effectively put in place preventive programmes on HIV/AIDS for the benefit of its members. The capacity of the mine management will also be enhanced which will be manifested in the reduction of the spread of HIV/AIDS in both the mines and the rural community.

**Starting date:**

Collaboration between ILO/WHO on HIV prevention and provision of occupational health care for health care workers and those who acquired HIV/AIDS through occupational exposure

Background:

HIV transmission in the health care setting may be a small problem, but for the users of health services and health care workers, the risks of transmission may be far from negligible.

Rationale:

HIV and other blood-borne infections such as Hepatitis B and C and HTLV-1 can be transmitted in the health care setting. Health care workers can be infected through per cutaneous injuries with infected needles or other sharp instruments or through exposure of mucous membranes or breached skin to body fluids of infected patients. A Tanzania study estimated the risk among health care workers in District hospitals at 0.27 per cent and per cutaneous injuries at 5 per cent per year.

The ILO’s mandate include the protection of workers against sickness, disease and injury arising out of his employment. Furthermore, the Declaration of Philadelphia which spells out the aims and purposes of the ILO recognizes the solemn obligation of the organization to further among the nations of the world programmes which will achieve, among others, the extension of social security measures to provide protection and comprehensive medical care, adequate protection for the life and health of workers, and provision of child welfare and maternity protection. This forms the basis for collaboration regarding HIV/AIDS between the ILO and the WHO in specific areas, not only occupational safety and health, but also maternity protection, the health of seafarers, rehabilitation and a prompt return to work, social protection and the financing of health care (preventive and curative) delivery systems, employment and conditions of work and life of medical and health care personnel.

As regards health care and relevant delivery systems, the ILO’s involvement is clearly seen in the following areas:

- The compensation of work injuries and occupational diseases includes medical care: Workmen's Compensation (Accidents) Convention (No. 17) and Recommendation (No. 23), 1925; Workmen’s Compensation (Occupational Diseases) Convention (Revised 1934); Employment Injury Benefits Convention (No. 121) and Recommendation No.121,1964.

- Medical care and social security: Sickness Insurance (Industry) Convention (No. 24), 1927; Sickness Insurance (Agriculture) Convention (No.127), 1967; Medical Care Recommendation (No.69), 1944; Minimum Standards of Social Security Convention (No. 102), 1952 (part II, medical care); Medical Care and Sickness Benefit Convention (130) and Recommendation (No. 134),1969; the coverage of these latter instruments includes workers, their families and retired workers.

- Employment and working conditions of medical and health care personnel: Nursing Personnel Convention (No. 149) and Recommendation (No. 157), 1977; these instruments recognize the vital role of nursing personnel with other workers in the field of health in the protection and improvement of health and welfare of the population.
Scope of the project:
This project envisages the development of a coordinated strategy between the ILO and the WHO in the area of health care (preventive and curative) delivery systems regarding HIV/AIDS. This could be achieved within the framework of the inter-agency cooperation on basic social services. This project will elucidate the social dimension of health care and the importance of the need for collaboration between the health and labour sectors.

Project strategy:
The project shall involve training of health workers in selected health care institutions (especially the Rural/District health centres) on how to prevent occupational exposure to HIV by:

- Becoming familiar with various kinds of blood-borne infections, including HIV.
- Exploring the actual tasks on the job that could expose a worker to blood and body fluids that could transmit blood-borne diseases like HIV, hepatitis B, and hepatitis C.
- Learning ways in which workers can prevent being exposed to blood on the job, including universal precautions and the requirements for employees as prescribed by the international standard or code of practice.
- Knowing what to do if a worker is exposed to blood, body fluids containing visible blood, or the concentrated virus on the job.

A comprehensive approach which combines a primary, secondary and tertiary prevention will also be developed. This will include a concept of occupational health care which bridges workers’ health care (curative), occupational health (preventive), first-aid, rehabilitation and compensation (mitigation or tertiary prevention) within the framework of a primary health care approach. Also a policy for improving health care workers protection, their working conditions and their working environment within the context of HIV/AIDS will be developed and incorporated into the overall HIV/AIDS workplace policy.

The project will increase the knowledge base of the rural/district health care workers with regard to the prevention and protection against occupational exposure to HIV. It will also enhance collaboration between the ILO and the WHO in the area of health care delivery and social protection for workers.

Starting date: