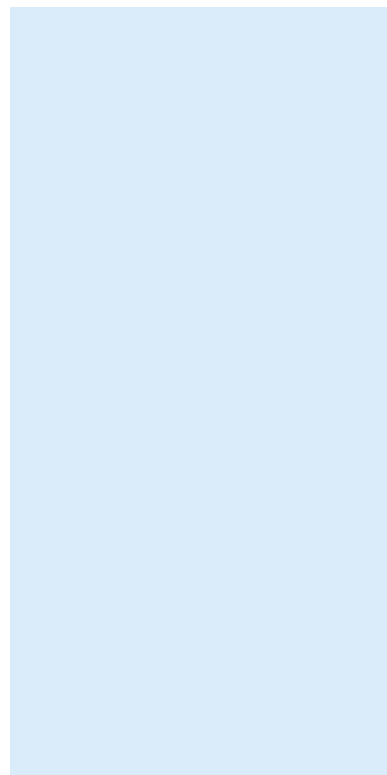
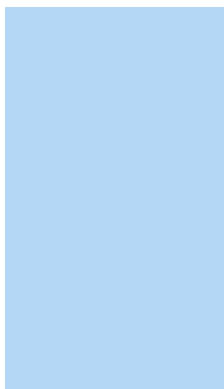


Global reach: how trade unions are responding to AIDS

Case studies of union action

UNAIDS BEST PRACTICE COLLECTION



International Labour Organization



UNAIDS
JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS

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Global reach: how trade unions are responding to AIDS

Case studies of union action



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Abbreviations and acronyms

AIDS	Acquired immunodeficiency syndrome
ART	Antiretroviral therapy
ARV	Antiretroviral (medication)
EI	Education International
GUF	Global Union Federation
HIV	Human immunodeficiency virus
ICEM	International Federation of Chemical, Energy, Mine and General Workers' Unions
ICFTU	International Confederation of Free Trade Unions
IFBWW	International Federation of Building and Wood Workers (now known as BWI – Building Workers International)
IFJ	International Federation of Journalists
ILO	International Labour Organization
ILO/AIDS	ILO Programme on HIV/AIDS and the World of Work
IMF	International Metalworkers' Federation
IOE	International Organisation of Employers
ITF	International Transport Workers' Federation
ITGLWF	International Textile, Garment and Leather Workers' Federation
IUF	International Union of Food, Agricultural, Hotel, Restaurant, Catering, Tobacco and Allied Workers' Associations
NGO	Nongovernmental organization
OECD	Organisation for Economic Co-operation and Development
ORIT	Organización Regional Interamericana de Trabajadores (the ICFTU's regional organization for the Americas)
OSH	Occupational safety and health
PLHIV	People living with HIV
PSI	Public Services International
RH	Reproductive health
STD	Sexually transmitted disease
STI	Sexually transmitted infection
TUAC	Trade Union Advisory Committee to the OECD
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
UNI	Union Network International
VCT	Voluntary counselling and testing
WHO	World Health Organization

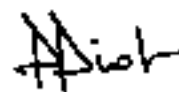
Note: The term HIV/AIDS is no longer in common usage in documents produced by UNAIDS and has been replaced either by HIV or by AIDS depending on the specific context throughout this text.

Foreword

Just as HIV affects people of all ages, and its damaging effects are felt in all areas of human activity, so responding successfully to the epidemic requires action from the widest possible range of participants. The workplace is well recognized as a key location for informing people about how to protect themselves and for providing care and support to people living with HIV and those close to them.

Trade unions have an enviable history of taking action to promote the human rights, dignity and health of workers. Since the early days of the epidemic, both in the workplace and in negotiation with employers and governments, many trade unions have recognised the threat that HIV poses to workers. Within the trade union movement a range of innovative programmes have been developed and implemented to play a crucial role within the global response. This document describes examples, gathered from around the world, of actions taken by different trade unions and their members. Readers will have the opportunity to understand how successful initiatives have been developed in different settings and reflect upon lessons learnt. These initiatives include educating workers about protecting themselves from exposure to HIV, caring for those infected, combating stigmatization and discrimination, and promoting employment rights and human rights. The response to the epidemic need not always be ‘top down’; in a number of programmes workers have organized themselves and encouraged their trade union to give support to ‘bottom up’ initiatives arising directly from within the workplace. The studies also underline that workers do not live in isolation. They have partners, they are mothers and fathers, they have brothers and sisters, they care for children and orphans, and they contribute not only to their places of work, but also to their larger social communities. Successful HIV programmes in the workplace provide ripples of benefit to much wider communities.

This report will inspire workers to join trade union HIV programmes or support new ones and will help managers and owners of companies to better understand the value of such trade union initiatives to themselves, their organizations, and their communities.



Peter Piot
Executive Director
UNAIDS

Preface

This publication is enormously encouraging and significant for two main reasons. First, it shows what the trade unions are already doing in terms of HIV prevention and impact mitigation, and in this way it helps the HIV and development communities at global and national levels to understand the potential of trade unions as partners. This is essential because the only way the response to HIV can turn around the course of the epidemic is by harnessing all of society. Planners, decision-makers and AIDS bodies need to identify all possible partners and understand their strategic potential—this document fulfils this task well. It demonstrates responses in all regions, at all levels from global advocacy to workplace programmes, and in key areas of prevention and care. In particular there is a strong emphasis on measures to combat stigma and discrimination, stemming from longstanding trade union commitment to the protection of rights in the workplace.

Second, this publication is important as a rallying call and demonstration of good practice to the trade union movement itself. Many of our affiliates in extremely poor countries have taken action with few resources and little or no assistance: this is an example to all of us, and a motivation to do more. Whether in the industrialized North or the developing South, we all have a role to play: we can all take responsibility to protect workers' and human rights—including the right to safety and health at work; to offer leadership and promote advocacy; to campaign for universal access to prevention and to treatment; to contribute to national planning on HIV; to provide information and education; to include provisions on HIV in collective agreements and in our own policies and programmes. We already have the structures and networks in place, and relevant experience in training, organizing and campaigning.

I urge global and national unions—as well as employers, national AIDS authorities and international agencies—to share this book widely with all those who can learn from it.

A handwritten signature in dark ink, appearing to read 'Fred Van Leeuwen'. The signature is stylized, with a large 'F' and a long horizontal stroke ending in a small flourish.

Fred Van Leeuwen
General Secretary of Education International and
Chairperson of the Global Union Conference

Summary

Global Reach: how trade unions are responding to AIDS is a set of 11 case studies which illustrate the wide range of responses by trade unions to the HIV epidemic.

It is now well known that the workplace has vast potential for limiting the damaging effects of the HIV epidemic. Workplace programmes that protect rights, support prevention, and provide access to care and treatment can help mitigate the impact of the virus. Yet though the importance of the workplace and the role of employers is generally recognized, the contribution of working people and their organizations has often been overlooked.

This report shows that trade unions, assisted by global union federations, have adopted a wide range of workplace responses to AIDS. These include challenging stigma and discrimination, addressing the factors that facilitate the spread of HIV, providing care and treatment, educating their members on prevention, and building worldwide coalitions that campaign for more to be done to tackle the disease.

The case studies, based on the experiences of working people in Africa, Asia, Central America and the Caribbean, show that the massive memberships and well-structured networks of trade unions are a powerful tool in the response to HIV. Extensive networks of working people in different countries have been spurred into action by the crisis, and are involved in the development of national policy, global framework agreements, community projects, sectoral alliances and worldwide collaboration between governments, employers and trade unions.

The report illustrates how trade unions are building on their extensive experience of the workplace to develop a new front against the epidemic. Trade unions are often the only party in the workplace capable of developing a rights-based programme for prevention and care. Trade unions and employers are working together to develop workplace agreements based on the ILO *Code of Practice on HIV/AIDS*. A strong tradition of adult learning is built on by trade unions to train peer educators. Trade unions are also tireless advocates for care and treatment, as well as the providers of their own health services.

The projects described in this publication contain a wealth of practical experience that trade unions, employers, governments and nongovernmental organizations can draw on and adapt in devising their own approaches to HIV. The case studies are examples of best practice that have been tried and tested in the workplace. They aim to support a process of reflection and learning by people open to new ideas and opportunities in their work on HIV.

There are, however, practical challenges to the potential of trade unions to develop large-scale sustainable responses to the epidemic. Many unions worldwide face declining membership and lack the resources necessary for a robust commitment to AIDS projects. The weakness of trade union organizations in some sectors and industries is a barrier. The informalization of work, unemployment and staff retrenchment, especially in the public sector, creates difficulties for trade unions. The case studies show that successful trade union responses depend on financial resources, strong leadership, and an enabling economic and political environment created by governments and employers.

Nonetheless, these best practice examples are a beacon to all those involved in developing responses to HIV. They demonstrate the potential of the workplace, set out approaches that can be adapted by all those with a stake in the world of work, and reinforce worldwide efforts to ensure a multisectoral and multilevel national response.

SECTION I: Trade union experiences

INTRODUCTION

This report provides an overview of how trade unions are responding to the challenges of AIDS. It presents 11 case studies from around the world which show the breadth of action by trade unions in responding to the HIV epidemic. The report is the result of an unprecedented joint campaign launched by global union federations in 2003 which aims to mobilize union members worldwide in the response to AIDS.

The HIV epidemic has been described as exceptional in the speed of its spread and the depth of its impact². It therefore calls for an exceptional response—radical, bold and innovative action that will halt the natural course of the epidemic. In the urgent search for more effective approaches to the disease, one section of society is frequently overlooked: working men and women.

HIV continues to wreak havoc and inflict human suffering on an unimaginable scale. The relentless spread of the epidemic throughout the world has destroyed countless lives and deeply damaged whole societies. In 2005 alone it is estimated that 3.1 million people died from HIV-related causes. It is estimated that 38.6 million people (range 33.4 million–46.0 million) were living with HIV in 2005. The rate of new infections continues to rise. An estimated 4.1 million people (range 3.4–6.2 million) became newly infected with HIV in 2005, with young people—especially young women—accounting for half of all new infections³.

The impact of the epidemic is deeply felt in the world of work. Discrimination in the workplace threatens people's rights and jobs. HIV-related illness reduces capacity and productivity. Household incomes are slashed as sickness and death affect people's livelihoods. HIV infection exists in complex relationships with poverty, inequality, discrimination and illiteracy, increasing the burdens on the most vulnerable people in society: women, children and the poor.

Workplaces have vast potential for limiting these bad effects. Workplace programmes that protect rights, support prevention, and provide access to care and treatment can help stop the spread of the virus and mitigate its impact. The role of employers in these efforts is generally recognized. The contribution of working people and their organizations, however, has been widely neglected.

This report shows how the power of workers can be harnessed in the response to AIDS. The 11 case studies show how trade union members, many of whom are deeply affected by the epidemic, are mounting bold imaginative responses to HIV in the workplace: challenging stigma and discrimination, addressing the factors that increase vulnerability and risk, providing care and treatment, educating their members on prevention, and building worldwide coalitions that lobby governments for more robust commitments to responding effectively to the disease.

² See for example "Why AIDS is exceptional", speech given at the London School of Economics on 8 February 2005 by Dr. Peter Piot, UNAIDS Executive Director http://data.unaids.org/Media/Speeches02/SP_Piot_LSE_08Feb05_en.pdf

³ Report on the Global AIDS epidemic. May 2006. UNAIDS

The power of these efforts lies in the fact that these actions are not only the actions of individual men and women. They are the organized responses of groups of workers, backed up by the resources, expertise and influence of their trade unions.

Individual trade unions are members of a huge global family of larger trade unions. This global family is unique. It has unprecedented networks, multifaceted structures and unrivalled strength. No other section of society can claim a parallel structure.

This report demonstrates that in the exceptional nature of these global structures there is the potential for an exceptional response to the HIV epidemic.

ABOUT GLOBAL UNIONS

Global unions are the international stewards of the labour movement. They are the global representatives of trade unions organized in specific industries or sectors or geographically. There are 12 global unions, including ten global union federations (GUFs)⁴. Trade unions belong to these international organizations in the following ways.

- Individual trade unions normally belong to a national trade union centre, such as the Trade Union Congress of the Philippines or the British Trades Union Congress. These national centres are often affiliated to the **International Confederation of Free Trade Unions (ICFTU)**. The ICFTU has 233 affiliated organizations in 154 countries with a membership of 145 million. It has three major regional organizations: APRO for Asia and the Pacific, AFRO for Africa, and ORIT for the Americas. It also maintains close links with the European Trade Union Confederation (ETUC) and the global union federations.
- Individual trade unions also affiliate directly to the **global union federation (GUF)** that represents their sector or industry. There are ten GUFs which organize within specific industry sectors or occupational groups. For example, teacher unions may belong to global union Education International. Mining unions in southern Africa are likely to be affiliated to global union International Federation of Chemical, Energy, Mine and General Workers' Unions (ICEM).
- Another global union is TUAC—the **Trade Union Advisory Committee** to the Organisation for Economic Co-operation and Development (OECD). TUAC's affiliates consist of national trade union centres in the 30 OECD industrialized countries. Through its consultative status with the OECD, TUAC coordinates and represents the views of the trade union movement in the industrialized countries.

Global unions are vast membership organizations with a presence in countries throughout the world. Typically they represent the interests of between 100 to 700 trade unions in over 100 countries worldwide. Union Network International (UNI), the global union for skills and services, has 15 million members in 900 unions. Public Services International (PSI) is made up of more than 600 public sector trade unions in 160 countries, including the largest professional grouping of health workers.

Global unions promote the interests of working people in their sector. With headquarters in Geneva, Brussels or London, they develop relationships with international organizations such as the ILO, the World Bank and other UN agencies, and the International Organisation of Employers (IOE). Through their contributions to the development of international labour

⁴ For a complete list of global unions, see appendix 2 of this document.

standards and through high-level negotiations with multinational companies, global unions seek the best standards of trade union and employment rights in companies' operations worldwide. Global campaigns, involving alliances between trade unions in different regions, have yielded success on important issues such as decent work, poverty and child labour.

The impact of global unions can be felt because these mass organizations with international structures operate at every level of society. Global unions have formal structures and informal networks at global, national, regional and sectoral levels. These structures have such breadth and depth that they can be deployed to mount vigorous responses to the most urgent problems facing men and women at work.

GLOBAL UNION COLLABORATION ON AIDS

Background

In December 2003, on World AIDS Day, the international trade union movement launched a global campaign on HIV. Recognizing the urgency of the AIDS crisis, global unions agreed to join forces so that the combined strength of their mass organizations could be the basis for an unprecedented worldwide response towards the disease.

Global unions are not new to joint action. The ICFTU has a long tradition of working closely with global union federations, collaborating with its union partners on advocacy, policy and campaigns. TUAC also seeks to involve global unions in its representations to the OECD.

The AIDS campaign was different. Global unions had never before focused jointly on a specific crisis of such magnitude. It was not obvious that HIV, with less of a direct claim on the world of work than many other issues, should reach the top of the political agenda. The ICFTU, which like all global unions has limited capacity in its headquarters, decided that among hundreds of issues competing for attention, AIDS should be a priority.

The time was right for a joint campaign. Trade unions in sub-Saharan Africa, severely affected by the impact of the HIV epidemic, were appealing to their global unions for greater support in combating the epidemic. The potential for a strong labour movement response was being seen in pioneering work by national trade unions in Africa and Asia, and by campaigns led by global unions such as the ITF and Education International.

On the international stage, global unions' contacts with organizations such as ILO and WHO hinted at the scope for greater collaboration. By 2003 the ILO's programme on HIV/AIDS was well-established, offering the means of supporting a stronger contribution by organized labour. The joint Statement of Commitment signed in May 2003 by the ICFTU and the International Organisation of Employers (IOE), the first such agreement made between the two organizations, was indicative of the trend for increased international cooperation in efforts to tackle the epidemic.

Achievements

With the global campaign, the unions demonstrated that they were prepared to give long-term practical commitment to a sustained programme of action on HIV. Indeed, in recognition of the long-term challenge posed by the epidemic and the commitment of unions to respond, the decision was taken in early 2005 to turn the campaign into the Global Unions Programme on HIV/AIDS.

The Programme benefits from an AIDS Coordinator based in the PSI office who works closely with the AIDS focal points in all the global unions. The focus is on mobilizing members and resources to increase the involvement of trade unions worldwide and strengthen their capacity to respond to the epidemic.

The Programme has had a steady influence on global and national union interventions on HIV. Most union federations have ratcheted up their responses to the epidemic over the past two years, some with substantial commitments to major new projects. The unions have stronger links with world bodies such as the World AIDS Campaign and the Global Fund to Fight AIDS, Tuberculosis and Malaria.

To establish a sound foundation for intensified action, active sharing of information has taken place through international trade union meetings and the Global Unions HIV/AIDS Mapping Exercise⁵. This is conducted once a year, and logs over 150 trade union-led HIV programmes worldwide.

The Mapping Exercise indicates the sheer volume and range of trade union action. However, the inventory is only a snapshot of trade union experiences, with each report entry limited to one short paragraph. Recognizing the importance of sharing successful experiences, UNAIDS, ILO and global unions agreed to collaborate on the production of a more detailed document containing a selection of in-depth case studies. The aim of the case studies was to illustrate trade unions' approaches to the epidemic within each global union sector.

THE CASE STUDIES

The 11 case studies set out in this report show the experiences of trade unions in different sectors and in a range of settings in dealing with HIV. They are striking in their wide diversity, great innovation and deep impact.

The importance of disseminating examples of successful practice from different sectors and regions is a key priority for UNAIDS. It is hoped that the case studies in this report support the process of "best practice" which UNAIDS suggest is "the continuous process of learning, feedback, reflection, analysis, documentation of experience and lessons learned."

The projects contain a wealth of practical experience that trade unions, employers, governments and nongovernmental organizations can draw on and adapt in devising their own approaches to HIV. They can serve as inspiration for trade unions uncertain about how to take the first steps to deal with HIV in the workplace. They will show trade unions already deeply committed to work on HIV and how they can have greater impact by incorporating other approaches. They will also demonstrate to employers, governments and the international community how unions and their global structures can enhance national responses to AIDS.

Methodology

The information for the case studies was collected through the global unions by a consultant contracted to UNAIDS. Each global union was asked to identify examples of good practice by trade unions in their sector that could be written up for the report. The unions provided background material from the head office and a list of contact people for the consultant to approach.

⁵ Global Unions HIV/AIDS Mapping Exercise. Global Unions. October 2004

Over a period of ten weeks, the consultant conducted semi-structured interviews by phone and e-mail with trade union officers working on HIV in Australia, Belgium, Burkina Faso, Cambodia, Central America, the Philippines, Rwanda, South Africa, Switzerland, Uganda, the United Kingdom and Zimbabwe. The global unions represented through these interviews are EI, ICEM, ICFTU, IFBWW, ITF, IUF and PSI.

Not every global union is included in this report. TUAC does not have the same relationship with its affiliates as other global unions. It focuses on policy and advocacy rather than grassroots projects. Global unions IFJ, IMF, ITGLWF and UNI are also not included although a number of their affiliates are involved in activities on HIV. These GUFs are absent either because identifying case studies in the tight project timescale was not possible, or because they are at an early stage of developing a global response to AIDS.

LESSONS LEARNT

This section reviews the experiences of the case studies. It explains how trade unions make an indispensable contribution to efforts to limit the impact of the HIV epidemic. It shows what works, how, and why, through a discussion of issues underlying the case studies.

The first section explores the structures of trade unions. It analyses how national unions, with support from their global federations, build on the unique structures of the labour movement to develop effective projects, policies and programmes at global, national, regional and sectoral levels.

The second section demonstrates the different functions of trade unions in the workplace and in the wider community and how these functions are adapted to work on HIV. It explores unions' approaches to tackling HIV, including combating stigma and discrimination, promoting HIV prevention, and assuring treatment and support.

Union structures

Trade unions are mass-membership organizations with structures at national, sectoral, regional and global levels. Their strength lies in the ability to mobilize their members at any level of this structure in the response to HIV. The case studies demonstrate how unions exploit these international structures to combat the effects of the epidemic and to counter factors such as poverty, inequality and discrimination which increase vulnerability to the disease.

There are many lessons to be drawn from the case studies and from trade unions' experiences elsewhere of different types of **global action**.

- **International HIV policy:** trade unions can be a significant force in helping shape policy. They use long-established links with the ILO, UNAIDS, the World Health Organization, the World Bank and other international bodies to campaign for a commitment to greater resources for responding to the epidemic. They also contribute to the adoption of international standards and guidelines on HIV, most recently in helping to develop the first international guidelines for HIV-related health services. The joint ILO-WHO Guidelines on Health Services and HIV promote the effective management of HIV/AIDS in the health sector. They seek to ensure care and treatment that respects the needs and rights of patients, and aim to provide health workers with decent, safe and healthy working conditions. PSI, the international confederation of public service unions, provided the worker experts from health care unions in five countries. Their first-hand experience on

the challenges faced by health workers contributed to the development of a strong set of guidelines that will help reduce barriers to prevention and care.

- **Framework agreements** (see box): the ICEM case study shows the power of its international links with multinationals. A priority for the chemical and mining confederation is to achieve negotiated global framework agreements with major companies. When these agreements are established or reviewed, the ICEM tries to ensure that the ILO Code of Practice on HIV is incorporated. Its efforts to commit multinationals to fairness and action on HIV through framework agreements provide a model for other global unions.
- **Joint union-employer global projects**: the ICEM case study also demonstrates how good links with multinationals can be the lever for workplace projects on HIV prevention and care and treatment in companies' operations worldwide. The ICEM hopes to negotiate with pharmaceutical companies for targeted donations of antiretrovirals for the mining sector, and is developing partnerships with global mining companies on a proposal for workplace clinics in southern Africa.
- **Worldwide programmes**: Education International built on its longstanding relationship with the World Health Organization and its links to UNAIDS, the World Bank, UNICEF and UNESCO to develop a worldwide HIV education programme for teachers. The programme is based on partnership and brings together the unique resources and skills of the health, education and labour sectors. Education International has developed a training programme and cascade approach to delivery that can be rolled out and adapted for countries worldwide.
- **Supporting national affiliates**: a global union such as Education International can also exert a positive influence on national delivery of HIV programmes. For example, the impetus for Rwanda's teacher training module came initially from the global union body. Teacher unions in Rwanda made it happen at country-level by contributing resources, high level commitment, leadership and the motivation of their members. Similarly, PSI is guiding its membership to negotiate with governments to make sure that public sector workplaces have policies and programmes on HIV.
- **Political mobilization**: the experience of COSATU in South Africa in mobilizing thousands of people in support of the campaign for affordable treatment shows the power of international solidarity. The campaign was boosted by global support from trade unionists and development activists who came out in force in their own countries to demand justice for people in South Africa. UNISON, a British trade union, is another example of how the labour movement in many industrialized countries uses political networks to demand greater international action on the epidemic.

Global framework agreements

Global framework agreements are widely used by trade unions to secure the best standards on trade union rights and decent working conditions worldwide. They are a potentially powerful instrument for employer-union cooperation on HIV.

These international agreements, signed by global union federations and multi-nationals, establish a set of principles for a company's conduct in its operations throughout the world. Typically they seek to ensure that a company adheres to international standards on trade union rights (usually ILO Conventions), health and safety, decent work and the environment in all countries where it operates.

The agreements do not override local or national collective bargaining but provide standards for collective agreements. They are underpinned by monitoring systems which enable trade unions to check the company's performance against the agreement and provide an opportunity for both parties to review the agreement on a regular basis.

There are global agreements in most areas of the economy. The International Metalworkers' Federation (IMF) has twelve agreements, including ones in the automotive industry with BMW, Renault, Volkswagen (VW) and DaimlerChrysler. Global union UNI has five agreements, including ones with the retail giant Carrefour and Telefonica in Spain. The IUF's agreements include the ACCOR hotel chain and Danone in the food industry.

As the ICEM case study shows, trade unions and employers can build on the global framework approach to agree a set of standards for dealing with HIV in the workplace. One way of doing this is to incorporate the ILO's Code of Practice into the global agreement. The framework can also set out a series of goals for joint action by unions and employers on workplace HIV programmes.

Since in practice global agreements involve the creation of alliances to link trade unions in different countries, they are also an effective tool for trade unions to share information and practical experiences on tackling HIV at work.

The case studies also highlight the power of union alliances at **national, regional and sectoral** levels. The examples demonstrate the willingness and capacity of trade unions to work with government, employers, AIDS service organizations and other civil society groups. The strength and uniqueness of these respective constituencies is combined to develop joint action on HIV.

- **Regional:** working in wood and forestry, global union IFBWW has brought together trade unions from Mozambique, Malawi, Swaziland, South Africa and Zimbabwe to develop joint awareness campaigns and training programmes on HIV in the workplace. This large project helps forestry unions throughout the region replicate the successes of a project run by an IFBWW affiliate in Zimbabwe.
- **Regional:** in Central America and the Caribbean, the ICFTU's regional organization ORIT has brought together trade unions and AIDS organizations from eight countries for a joint programme combating stigma and discrimination in the workplace. This

alliance and the comprehensive programme it has developed is unprecedented for the region, and is a potentially powerful tool in an area with high HIV prevalence.

- **National:** at national level there are limitless examples of trade unions forming partnerships in order to develop effective workplace approaches. Many projects are dependent on the endorsement or active participation of government, particularly through the involvement of ministries of health. In Rwanda the health and education ministries are important partners in the schools' project, helping to facilitate access to schools and providing in-kind resources such as photocopying of the training manual.
- **National:** throughout history the labour movement has forged alliances with civil society organizations in order to campaign for social and political change. In work on HIV, these coalitions are used to powerful effect to persuade governments and individuals to take greater responsibility for the epidemic. The COSATU case study from South Africa, for example, is an account of how the trade unions succeeded in combining forces with faith groups and community organizations to create a mass campaign for access to affordable treatment. Sex workers in Cambodia formed their own trade union through support from a women's nongovernmental organization and an Australian aid agency. The union is helping to instigate behavioural change by educating sex workers on measures to reduce their own vulnerability, and by working with brothel owners to change the behaviour of clients.
- **Sectoral:** many of the case studies are sectoral in scope. In each example, trade unions from the same industry or occupation have come together to share resources, experience and expertise on HIV. In Uganda agricultural workers and truck drivers have been targeted by formal alliances of trade unions working in these sectors. In southern Africa public sector unions have been brought together by global union PSI and its British affiliate UNISON to discuss common experiences of the epidemic. Practical responses to the loss of experienced staff through migration abroad have been one of the themes of these discussions.

Union functions

Each case study shows how trade unions employ a wide range of functions in their response to HIV. In many cases the trade union is the only agent in the workplace capable of developing a meaningful HIV prevention programme, of advocating for protection of workers who are HIV-positive, and equipped to tackle the social and economic factors that increase the vulnerability of workers to HIV.

The ILO *Code of Practice on HIV/AIDS and the world of work*⁶, a set of internationally agreed guidelines for the development of workplace policies, contains ten fundamental principles for a fair standard of behaviour for all employees. The case studies show how trade unions have a vital role in ensuring that the principles of the ILO Code of Practice are consistently applied.

The case studies illustrate how and why trade unions are effective in tackling HIV by exploring the contribution unions make in the following essential areas.

- **Protection of fundamental rights:** trade unions take action to challenge discrimination and marginalization of people living with HIV. The focus of many trade union projects is pre-employment HIV testing, continuity of employment for people living

⁶ For further information on the ILO Code of Practice see annex 1 of this document.

with HIV, provision of sickness benefit for people with HIV-related illnesses and death benefit for dependents. The case study from Central America and the Caribbean demonstrates serious efforts trade unions are taking in this area. The project began with a comprehensive survey of legislation and workplace practice in eight countries, and will lead to workplace projects where trade unions work with employers to develop protection for people living with HIV.

Trade unions are often in the position of being the only advocate in the workplace for the rights of people living with HIV. In addition, the shop steward may be the only person who can challenge employees' attitudes. In some workplaces, trust in employers is so low that the shop steward is the best person to counter prejudice from fellow workers and to show fellow employees appropriate attitudes to people living with HIV.

- **Workplace agreements:** effective workplace responses to HIV are often based on workplace agreements. Whether it is a collective agreement that incorporates specific provisions on HIV, a framework for action or a workplace policy on HIV, a workplace agreement demonstrates standards of behaviour towards employees, guidance to supervisors and managers, and plans for prevention, care and treatment.

Workplace agreements are a priority for all the trade unions quoted in the case studies. The Philippines national trade union centre (TUCP) shows how collective agreements can lead to access to reproductive health and family welfare services for trade union members and their dependents.

- **HIV prevention:** from the beginning of the labour movement workers' education has been a core function of trade unions. Trade unions have long-established programmes of adult learning and peer education. Working men and women, often with little experience of formal education, are taught in safe, accessible learning environments using practical, skills-based education programmes.

This tradition of adult learning is the basis for many unions' HIV programmes. In Uganda the transport confederation ITF uses peer educators for HIV prevention among truck drivers. The drivers are receptive to the HIV messages communicated by the educators because they are delivered by people who share the same background and experiences. The Zimbabwe Congress of Trade Unions developed a pioneering project on HIV awareness and behavioural change for couples in the late 1990s. Its success was largely due to an experienced trainer who provided a safe environment for workers to discuss difficult personal issues. Sex workers in Cambodia benefited from training and peer education organized by the Australian agency Union Aid Abroad – APHEDA. At one stage of the programme, female sex workers acted as peer educators of male shop stewards in other industries—an experience that both parties considered successful in challenging attitudes and helping the shop stewards to strengthen their approaches to union organization.

- **Reducing risk:** the spread of HIV is profoundly affected by social, economic and political factors. Trade unions are often at their most effective when taking action to limit those factors that encourage the transmission of the HIV.

Courses run by the Cambodian Prostitutes Union teach sex workers skills to develop alternative paid work. The building and wood workers' federation, the IFBWW, has launched a gender project in Swaziland and Zimbabwe which sets out to analyse

and address the reasons why women workers are particularly at risk of infection. Concerned about the vulnerability of truck workers to HIV, the ITF encourages its members to take action on known contributory factors such as long absences from home, excessive hours and inadequate rest facilities.

- **Voluntary counselling and testing:** trade unions have a crucial role in encouraging people to be tested for HIV and “know your status.” Shop stewards and active union members, serving as role models and peer educators, show that it is safe and normal to be tested. By providing information on local voluntary counselling and testing facilities or even by arranging for voluntary counselling and testing at the workplace, as the ITF does in Uganda, trade unions are able to make HIV testing accessible, confidential and non-discriminatory. Employers who collaborate with trade unions on HIV, as was the case with management at the hotel in Matabeleland Province in Zimbabwe (see box), are able to ensure greater trust from employees and more ready acceptance of prevention messages and of opportunities for testing and treatment.
- **Care and treatment:** trade unions are advocates for care and treatment for people living with HIV as well as providers of services. Because union representatives work alongside their members they often understand their colleagues’ values and beliefs. This knowledge is put to good effect in reducing barriers to treatment such as cost, stigma, fears about confidentiality and literacy. Examples from the case studies include trade unions in the transport industry that established wellness centres at truck stops, ports and railway stations, and the IUF’s partnership with local women’s groups in Uganda to set up clinics on plantations. At these clinics workers can get access to counselling and testing for HIV and family planning information and resources.

CAPACITY

While the case studies highlight the effectiveness of trade unions’ approaches to HIV, they also testify to the significant challenges unions face in mounting a response. The sustainability of some of the projects described in the case studies is doubtful given constraints on resources and capacity. Furthermore, for every successful case study documented in this report, there are many more cases where trade unions have not managed to respond to the threat of HIV or scale up their responses appropriately.

The biggest problem is capacity: notably staff and financial resources. Many global unions have been buffeted in recent years by widespread job losses and the casualization of labour. Despite the size of their membership, global unions and their affiliates have lean workforces in their own offices. For some, mustering the means and the organization to respond to HIV is a tall order. Not all global union federations have managed to adapt their priorities and structures to respond to the epidemic.

Few global and national trade unions have staff members who are solely dedicated to HIV work. For many union officials, HIV is an additional responsibility to an already large portfolio. Typically HIV is added on to the job description of the Health and Safety Official or the Education Officer. While this allows coherent links to be made to other issues and programmes, it can also mean that the official lacks the time and the budget that needs to be dedicated to this area of work.

Trade unions do not have vast financial reserves. Few have been able to devote the resources that are needed for an effective response to the epidemic. Almost all the people inter-

viewed for the case studies complained of insufficient resources. Plans to continue their projects or scale up their responses were in doubt as they scabbled to find funding from external donors.

The lack of a union structure in some industries also prevents trade unions from developing a response. Trade union organization is weak or non-existent in certain sectors and industries, particularly in the informal economy. Employers may discourage or prohibit union access to workplaces. Workers may be difficult to reach because physical workplaces as such do not exist. Where trade unions do have a presence, there may be few shop stewards with the time and skills to initiate a workplace response. Unions in sub-Saharan Africa face particular threats to membership and organization. The death of members from AIDS and the migration of workers abroad have sapped the strength of some union structures. An interesting feature of some of the case studies, though, is how unions such as the IFBWW use their work on HIV to strengthen their presence and organization in the workplace.

The case studies also demonstrate that effective trade union responses are helped by an enabling economic and political environment. Support for unions' efforts needs to come from employers and governments. This can simply mean passive endorsement or—better still—active involvement leading to partnership projects. The success of the teachers' project in Rwanda has been helped by the government's clear political leadership on HIV, and recognition and support for trade union involvement from the ministries of health and education.

An additional challenge is translating a one-off project into a comprehensive programme embedded in the culture of the trade union. The projects introduced in this report have often been running for a number of years. Many have become part of the structure and values of the sponsoring union, but with some there is a question whether a change in union leadership, the loss of key personnel or the withdrawal of external funding would threaten the sustainability of the programme.

Many more trade unions should be encouraged to analyse what works in union-led responses to HIV. There is a lack of formal evaluation in many trade union programmes. Evidence-based programmes are the basis for sustainable strategies. Technical advice on evaluation could be provided by external partners. Education International is an excellent example of a global programme with a rigorous evaluation cycle incorporated into its activities.

How can the case studies help practitioners tackle HIV?

The successful experiences outlined in this report can help governments, employers and workers be more effective in their responses to HIV and AIDS. The case studies are not intended as 'off the shelf' models but rather should be seen as providing material for reflection and learning that can help people address their own situations. They can avoid having to reinvent the wheel because the case studies provide evidence of what has been tried and tested in the workplace.

There are a number of ways in which the lessons from the case studies can be applied in other contexts. Some examples are given in the list below.

Applying lessons

- Global and national union HIV coordinators see where other unions have developed models or approaches that could be applied in their industry. For

example, are there training programmes that could be adapted to a different occupational sector? Has a global union developed a framework agreement that could be a model for a different industry?

- Unions consider the lessons from the case studies, review existing HIV projects and decide whether all the advantages of the unions' structures are mobilized to support the project. Is there a local project that would benefit from the resources, contacts or experience of the global union structure?
- Reflecting on the case studies, unions decide where there is the potential for collaboration with other unions on a new or existing project. For example, do unions have members in the same industry who are not yet involved in the project? Could the facilities of a union-run wellness centre be made available to the members of another trade union?
- Global unions, the ILO and UNAIDS organize practical workshops where unions share experiences, map their involvement and plan their strategies face-to-face.
- Trade unions customize examples in the report by working through a case study to see if it is relevant. This could include checking with the people leading the project for any significant changes or new evaluations since the publication of this report. It would also involve mapping the scope of the case study and analyzing the enabling factors and constraints to see if there is enough similarity between different situations.
- Employers consider the approaches set out in the report and strengthen union-employer collaboration in their industry or company. Are employers already running HIV projects that could benefit from unions' experiences and structures? Could unions help them take the first steps towards adopting the ILO Code of Practice?
- Governments and international organizations consider the lessons to be learnt from the individual activities and the trade union-government cooperation described in the report. For example, are trade unions adequately represented in national AIDS strategy development? Are trade unions included on National AIDS Committees and Country Coordinating Mechanisms? Could governments help trade unions overcome the difficulties they face in work on HIV by contributing political endorsement, expertise, funds or resources in-kind?
- Nongovernmental organizations and community groups see how the case studies could help inform their own approaches to HIV. Does the presence of trade unions in a particular sector serve as an entry-point for an AIDS service organization? Could a trade union's experience in peer education be helpful for educating community groups? Does the nongovernmental organization have expertise that would benefit the trade union in its HIV work? Could the members of a trade union help lobby for political change?
- Trade unions, employers, government and nongovernmental organizations collaborate to extend workplace programmes and services into the local community, and strengthen national efforts to respond to the epidemics.

CONCLUSIONS

The case studies show how trade unions can harness the power of working men and women in the response to HIV. Each case study demonstrates how the global structures of trade unions, mobilizing resources, influence and expertise, can add real value to approaches for dealing with the epidemic.

The report sheds light on the reasons why trade unions are important actors in developing and implementing AIDS policy and programmes. Using their extensive networks, unions already make a strong contribution and have the potential for an even greater role in international HIV policy, framework agreements, worldwide programmes, national delivery and mobilization for political change.

In the workplace they have an important role as agents of change and champions of workers' rights. Through the protection of fundamental rights and workplace agreements trade unions challenge stigma and discrimination. Through programmes based on prevention, voluntary counselling and testing, and care and treatment trade unions are able to influence attitudes and behaviour and improve support for those with HIV. By addressing the socio-economic and workplace factors that contribute to the transmission of HIV, trade unions can slow the spread as well as mitigate the impact of the virus.

In spite of this, the constraints on trade unions are considerable. They lack the capacity in terms of staff and resources to mount a large-scale response. The leadership of some trade unions has been slow to recognize the scale of the disease and to respond appropriately. Similarly, many governments and employers have failed to recognize the positive contribution of trade unions. The weakening of core labour standards and the growing informalization of work are also a challenge to the ability of trade unions to respond to the epidemic.

Nonetheless, these best practice examples are a beacon to all those involved in developing responses to HIV. They are a model for unions who have not yet marshalled a response to the epidemic. They are a resource for unions who are not exploiting their structures and networks to the fullest. They set out approaches that employers, governments and international bodies can adapt and use in developing their own HIV policies and programmes.

These case studies of union action contain a clear message: the principles, experience, networks and mass membership of trade unions are a shared resource and a potentially powerful tool in society's search for new fronts, bold initiatives and effective action in response to the scourge of HIV.

SECTION II: Case studies of union action

Training teachers in Rwanda: a global approach

Global union Education International leads an unrivalled worldwide education programme on HIV prevention. Since 2001 Education International and its affiliates in 17 countries have been working in partnership with WHO to deliver a massive training programme to teachers. The programme develops the skills of teachers to avoid HIV infection and helps young people reduce their own vulnerability. The training aims to reach every teacher in each country where the unions implement the programme. It has reached so far 133 000 teachers in just under 25 000 schools.

Education International is the world's largest union representing teachers. It has 348 member organizations worldwide with a combined membership of over 29 million teachers and education workers. The federation's presence in 166 countries, its well-developed global, regional and national structures and its massive membership were key strengths for the development of a worldwide education programme.

The urgency of the AIDS crisis prompted Education International to begin developing a strong school-based response to HIV in 1994. Working in partnership with the World Health Organization, Education International ran a series of conferences and country-level workshops on school health and HIV prevention. In 2001, in response to demands from its affiliates, Education International launched a global HIV prevention programme with the goal of helping teachers acquire the skills to prevent HIV infection for themselves, their colleagues and their students.

Strong partnerships

The teaching training programme is based on partnership. It brings together the unique resources and experiences of the health, education and labour sectors.

At international level, Education International's principal partners are WHO and the Boston-based Education Development Center (EDC). It also works closely with UNAIDS, the World Bank, UNICEF and UNESCO. Trade unions in industrialized countries, such as the FNV in the Netherlands and the American Federation of Teachers, also support their efforts.

Teacher trade unions from participating countries come together for regional seminars on planning and evaluation. At national level, teacher unions—often cooperating for the first time—work together on the programme and involve ministries of health and education. The unions appoint a national coordinator to run the project and teachers from different trade unions are trained side-by-side.

“These alliances are a spur to good collaboration. Usually it is a great achievement,” says Véronique Miccolis, who helps run the HIV programme from Brussels. “Sometimes it is the first time the unions work together. Now they have specific committees for working together on other projects too.”

Trade unions in Rwanda had no history of joint work before the start of Education International's HIV prevention programme in January 2002. Now SNEP and EER, the two primary

school trade unions leading the project, are close partners. Sylvestre Vuguziga, coordinator of the project for both unions, talks about how in the past each trade union had their own separate box of HIV activities. “Coming together wasn’t difficult. Both organizations had the same objectives. Some structures were different but this wasn’t a huge problem. This project has worked so well that we realize that we can now work together on a number of different projects.”

Cascade delivery

In Rwanda, as in the other 16 countries participating in Education International’s programme, the training is based on a cascade model. In less than three years, the Rwandan trade unions have used this model to reach more than 7000 teachers in 2000 primary schools, that is 90% of all schools in the country.

The process started with the training of national trainers in Rwanda’s capital Kigali in April 2002. In turn, these national trainers ran provincial level training. Provincial trainers are now running training sessions for districts and teacher colleagues, aiming to reach every teacher in every school in their district area.

Rwanda’s training programme was based on Education International’s core resource: the *EI/WHO/EDC Teachers’ Exercise Book for HIV Prevention*. Based on participatory learning techniques, the activities in the manual develop the skills of teachers, other adults, and students to avoid HIV infection and to advocate for effective HIV prevention in their communities and schools.

Powerful role models

Education International’s project was the first HIV prevention programme aimed at schools in Rwanda. Despite high political commitment from the government, the presence of several national coordinating bodies and many active nongovernmental organizations in the country, no attempt had been made to use the education system as a frontline response in the response to HIV.

In many countries where Education International works, teachers are an educated well-informed group, already aware of the basic facts about HIV. This was not the case in Rwanda where the trainers found that teachers were “completely ignorant” about the virus.

For SNEP and EER, the importance of educating this group on HIV could not be overstated. Teachers have a critical role in helping to rebuild Rwanda after the 1994 genocide. Defending themselves from the risk of ill-health and premature death, and protecting the lives of a generation of school children could hardly be more important.

“Teachers are powerful role models. Because they are present in every corner of the country and because they represent the rural elite, if they behave well, then the children in their charge will try to imitate them,” argues Faustin Kanamugires, President of the project coordinating committee. The motivation of teachers to support the project is impressive. “Teachers understand that the future of Rwanda is in the hands of young people. They have taken it upon themselves to change their behaviour and young people’s too,” he adds.

Post-genocide

Rwanda remains severely affected by the genocide which killed more than 800 000 people in 1994. The conflict caused the total collapse of the Rwandan school system. Many teachers were killed or forced to flee the country. Schools were destroyed or damaged beyond repair.

The genocide also helped HIV to take hold in the country because of the widespread use of rape as a weapon. UNAIDS estimates that adult prevalence in 2001 was 5.1% though the teacher unions put the figure far higher.

Half of the country's 2200 primary schools have been rebuilt. Others are housed in temporary buildings or classes are held in the open air. The desperate shortage of teachers is being addressed. The number of qualified teachers is now rising but classes are overcrowded with an average of one teacher for 51 pupils.

Rolling out a large-scale HIV programme in a country still struggling to recover from the events of the 1990s has not been easy. The willingness of the health and education ministries to provide backing for Education International's project and good links with the National AIDS Committee have helped but the implementing unions still face major problems—principally, a shortfall in funding and the lack of modern communications in the country.

“Rwanda is a mountainous country. There are not enough roads and it is difficult to reach all the schools,” explains Faustin Kanamugires. “We try to bring people to Kigali but that costs a lot of money.” In addition, the trainers need mobile phones but few can afford them.

The unions are also concerned about the lack of support for people affected by the virus. “When we arrive in the schools, we encourage voluntary testing,” says Sylvestre. “But when the teachers find out they are HIV positive, they ask what are you going to do to help us?”

Orphans

With most of the initial training completed, the project organizers are now focusing on some of the AIDS-related issues raised by teachers during the training. In some countries Education International affiliates have added satellite topics to their programmes, campaigning for access to affordable treatment, for example, or lobbying for the right of children with HIV to be educated in school.

The plight of children orphaned by AIDS is a major preoccupation for teachers involved in the project. In 2005 Rwanda had an estimated 210 000 (range 170 000–260 000) children who have lost one or both parents to AIDS. “When you see these children with such enormous problems it is very distressing. Who looks after them? Some teachers try to help out financially when they can, but there is no official responsibility from the state.”

Widespread impact

Although the project is less than three years old the immediate results are striking. The programme has touched nearly all Rwanda's primary schools and the majority of teachers. The trainers have remarked a change in teachers' attitudes and behaviour. Anti-AIDS clubs have been set up in schools where groups of pupils show their classmates how to stand up for themselves in situations where they may be at risk. The teachers have also taken on a wider role in their neighbourhoods, answering parents' questions about the epidemic and acting indirectly on the attitudes and beliefs of people in the community.

“Before we came, the pupils—even the teachers—did not dare talk about the problem. It was taboo,” says Sylvestre. “But with everything our project has done, it has become a social problem that can be safely discussed in class and elsewhere.”

An independent evaluation of Education International's programme on HIV prevention has just been published, highlighting the impact of the programme on teachers in three of the countries implementing the programme – Rwanda, Senegal and South Africa. The evaluation, commissioned by the US Centers for Disease Control and Prevention, concluded that the programme had not only motivated teachers to modify their own behaviour, it had also largely succeeded in enabling teachers to advocate for HIV prevention, giving them the necessary confidence to train other teachers and students on HIV prevention and to make use of the skills acquired beyond the classroom.

Sylvestre Vuguziga says that the teachers should be merited with the success of the programme. "It was their contribution on their own initiative which led the teachers to act in this way. They felt that we were colleagues—not external people making them do something. It was not something we imposed on the teachers."

A day in the life of Jeanne d'Arc Mujawamaliya

Jeanne, 43 years old, is headmistress of both Matba and Nyarubuye school centres. These are primary schools which accommodate pupils from seven through to fifteen. In addition, Jeanne represents the primary teachers' union SNEP, chairs the National Women's Council and is Regional AIDS Coordinator for the Kibuye province.

As the Regional AIDS Coordinator, she is responsible for the development of all HIV training activities within her province, and she has to report regularly on this matter to the project National Coordinator in Kigali. Jeanne also endeavours to contact trained teachers as early as possible in order to evaluate the impact of their training and answer any questions or offer advice. Furthermore, she organizes various activities to promote HIV awareness for teachers and the community along with helping to create anti AIDS-clubs in each school.

In 2002 Jeanne was trained to become trainer of trainers for HIV prevention. She is now responsible for all activities concerning the training of teachers in her province. In 2003 Jeanne organized a regional training session on HIV prevention for 20 teachers in her province. Those teachers have then trained HIV focal points in all the schools in the province. The school focal points are now training their teacher colleagues on HIV prevention.

Jeanne is also fighting for funding from the Government and other authorities for the children orphaned by AIDS. Families who are affected by AIDS often prevent their children, and especially their daughters, from attending school. This is because children need to compensate for the lack of income and manpower resulting from parents' disease. On occasions, they also have to stay at home to look after sick family members. Furthermore, families that suffer from AIDS sign their children off from school when they no longer have the money to pay the school fees. Rwanda, like many other developing countries, depends on school fees in order to pay teachers salaries.

Today one of Jeanne's aims is to see every Rwandan child attend school so that they have access to essential knowledge about HIV and build the skills necessary to avoid dangerous situations and protect themselves.⁷

⁷ The text for the "Day in the Life of Jeanne d'Arc Mujawamaliya" is reproduced from *Worlds of Education*, Education International magazine, with EI's permission.

Mobilization for treatment in South Africa

Trade unions in South Africa mobilized thousands of people in support of the Treatment Action Campaign's demand for access to affordable medicine for people living with HIV. The campaign for better treatment is a model for trade unions working in countries where access to antiretroviral drugs is poor. The case study shows the importance of treatment literacy and how political mobilization by trade unions can challenge governments to make faster progress on access to antiretrovirals.

As with many organizations in South Africa, the work of the Congress of South African Trade Unions (COSATU) on HIV was slow to take off. COSATU is South Africa's largest trade union confederation with a combined membership of 1.8 million workers in 21 unions and one of three trade union confederations in the country affiliated to the ICFTU. Although COSATU had passed a series of resolutions on AIDS in the late 1980s and early 1990s, the epidemic was not seen as an important issue. When trade union leaders referred to HIV in their speeches, it was rarely taken seriously.

People dying prematurely

All this changed in the mid-1990s. The devastating experience of friends, colleagues and family members getting sick and dying in the prime of life brought home the harsh reality of the HIV epidemic. Trade unionists realized that people were dying prematurely of opportunistic infections and these deaths could be avoided. At the same time, COSATU began to participate in national planning and strategy on HIV. A member of the ANC Alliance, along with the South African Communist Party and the South African National Civics Organisation, the confederation was in a strong position to influence the national agenda on AIDS.

Trade union task team on HIV

The United States Centers for Disease Control and Prevention (CDC) supported an initiative in 1999 to create a Trade Union Task Team on HIV/AIDS, coordinated by Renee Saunders of the CDC. This was endorsed by South Africa's National Department of Health in order to "develop and coordinate a joint labour response to HIV/AIDS." The Team is comprised of representatives from the three trade union federations—COSATU, FEDUSA and NACTU, as well as the AIDS Law Project, CDC-South Africa, USAID and the National Department of Health, Directorate for the HIV and STD Programme. Both entities and continued CDC support proved to be crucial in solidifying collaboration between South Africa's three trade union federations as well as with government, civil society, and employers.

Task Team activities have included a comprehensive training programme, policy guidance for the HIV prevention and treatment plans of the National Economic Development and Labour Council (NEDLAC), collaboration with a range of nongovernmental organizations, and a joint programme with the Ford Care Center at Ford Motor Company of Southern Africa to provide life skills training, nutritional counselling, and job creation skills for workers living with HIV.

“We then participated in the Treatment Action Campaign,” explains Theodora Steele, Head of Campaigns at COSATU. “We began to understand issues around HIV treatment. We found that people were dying needlessly of infections like thrush in the mouth. We checked what was used to treat them. Pfizer were producing a medicine called Diflucan® that was way too expensive. We had to make our members understand that they couldn’t afford the treatment and that we had to do something about it.”

COSATU became a major force behind the Treatment Action Campaign (TAC). Launched in December 1998, TAC campaigns for access to affordable HIV treatment for all South Africans by raising public awareness and understanding about the issues. One of its main aims is ‘treatment literacy’—educating the public and particularly HIV-positive individuals about HIV and how it is treated. Using workshops, training courses and information materials TAC has been responsible for educating thousands of carers, health workers, school pupils and others about HIV.

The battle for cheaper drugs

TAC has persistently challenged the South African Government and pharmaceutical companies to provide accessible treatment for people living with HIV. With COSATU’s support, TAC has waged a number of important campaigns to persuade drug companies to lower the price of HIV treatments and to encourage the Government to develop nationwide treatment programmes in public health facilities.

Working alongside a coalition of community-based organizations, churches and nongovernmental organizations, COSATU has mobilized its members in mass-based campaigns for affordable drugs for treating HIV and related infections. Many of these drugs are expensive because the firms hold patents which give them a monopoly on manufacture of the drugs for at least 20 years. TAC is not against this system of intellectual property rights but is determined to challenge what they term “excessive profiteering.”

In 2000 TAC launched the Christopher Moraka Defiance Campaign. Christopher Moraka was a TAC member who died in July 2000 from candidiasis, a fungal infection of the throat. His death could have been prevented with treatment by an anti-fungal medicine called fluconazole. Fluconazole (sometimes known by its brand name Diflucan®) is manufactured by Pfizer, one of the world’s largest pharmaceutical companies. It is used to treat two opportunistic infections commonly afflicting AIDS patients: oesophageal candidiasis—the infection that Christopher Moraka died from—and cryptococcal meningitis, an infection of the lining of the brain. At the time the government could not afford to make the drug available through public health facilities. The Treatment Action Campaign called for an immediate price reduction for fluconazole to prevent thousands of South Africans from dying prematurely. Pfizer has since reached a deal with the government to make fluconazole available free of charge but many AIDS patients are still unable to obtain the drug.

Although a close ally, COSATU has had a robust relationship with the South African government over its AIDS policy. TAC has repeatedly challenged the Government’s decisions on HIV treatments, including its opposition to the use of antiretroviral drugs to prevent mother-to-child transmission of HIV. In the late 1990s the Ministry of Health had doubts about the effectiveness of drugs such as nevirapine and zidovudine (AZT) and about whether the programme could be administered safely. In two legal judgments on the issue, the South African

courts found in favour of TAC. The South African Government was ordered to provide a nation-wide treatment programme to reduce the risk of mother-to-child HIV transmission.

Social mobilization

TAC's main fight has involved a three-year campaign to support the South African Government in its attempt to make drugs affordable and available to sick and poor people. In 1997 the Government passed the Medicines and Related Substances Control Amendment Act, giving it the power to circumvent patent laws and to issue licences for drugs when there is a clear threat to public health. The Pharmaceutical Manufacturers' Association (PMA) and 40 multinational pharmaceutical companies took the South African Government to court to prevent the Act becoming law.

The trade union confederation COSATU mounted a massive campaign to defend the South African Government and to seek to persuade the Pharmaceutical Manufacturers' Association to drop its legal action. The action involved a sustained popular campaign of pickets, meetings and demonstrations. At every stage COSATU was able to depend on its affiliates to turn out in force to back up the campaign.

"At first we held small pickets outside the premises of the pharmaceutical companies," explains Theo Steele. TAC used these demonstrations to deliver memorandums to the plaintiffs requesting that they drop their case. Gradually TAC, often represented by COSATU leaders, was invited to meetings where the pharmaceutical companies explained their position.

"We would get invited to these meetings—sometimes it would be the company board meeting. We would raise the issue of the people who had died. We showed what these people were earning and why they couldn't afford the medicine. The response would be how much the company was doing and how much had been spent."

Initial meetings were calm and dignified, but as the PMA court action dragged on, the mood among TAC members became agitated and the campaign's tactics more direct. TAC Chairperson Zackie Achmat began to import safe, effective generics into the country in defiance of patent laws. Demonstrations of angry protesters, joined now by doctors and nurses, targeted the drug companies offices and manufacturing plants in the capital Pretoria and in the provinces.

International support

TAC began organizing large street demonstrations and marches involving thousands of trade unionists, community organizations and faith groups. Support came in from all over the world. On the International Day of Action in March 2001 trade unionists and development campaigners in Australia, Brazil, Canada and Europe organized events in solidarity with TAC. The biggest protest in South Africa was during the PMA court case in April 2001 when bus loads of protesters demonstrated outside the High Court in Pretoria and picketed the United States embassy and the PMA offices.

The campaign ended in victory for TAC. Recognizing the damage to their reputation, the pharmaceutical companies dropped their court action, agreeing to pay costs to TAC and the South African Government.

Victory qualified

“We got what we wanted,” says Dr. Neva Makgetla, COSATU’s Head of Policy. The pharmaceutical companies withdrew and the Government agreed to an ARV roll out. However, implementation has been slow and delivery patchy. “The problem is the federal system. The ANC provinces are doing well, but the reactionary ones are doing quite badly,” says Neva.

Neva Makgetla believes the campaign had a price. The focus on access to treatment led to the neglect of HIV education, prevention and workplace policies. This is now changing with the adoption of a new model workplace policy on HIV as well as the production of 30 000 copies of a shop steward manual funded by Australian aid agency Union Aid Abroad - APHEDA. Although COSATU’s work on treatment action is ongoing, Theodora Steele has moved onto new campaigns, such as understaffing and demoralisation in the health service.

The Treatment Action Campaign’s success shows how, with national coalitions and a united global effort, people in poor countries can defend their right to treatment. In Theodora’s view, the campaign succeeded because it was backed by the power of trade unions but was not obviously trade union-led. “We were successful because we (COSATU) didn’t lead the campaign as workers on our own. We pulled together civil society, churches and a lot of unemployed workers. You need the activism—we went in the right direction.”

Awareness blitz in fashion industry

The South African Clothing and Textile Workers’ Union (SACTWU) has a longstanding and dynamic programme on HIV. The union recently carried out an impressive HIV awareness blitz among fashion industry workers.

Over a 22-day period in April and May 2005, the blitz reached over 52 000 clothing, textile and leather workers in 242 factories country-wide, with a focused HIV awareness HIV message. The theme for this year’s blitz was “there is no cure, but there is treatment.” In addition, just under 80 000 condoms were distributed in the factories during the period of the campaign. This year’s blitz was conducted by six staff members from SACTWU’s HIV/AIDS Project, assisted by 21 senior SACTWU shop stewards who have been trained over a long period as HIV Master Trainers.

The awareness blitz is an important annual event in the union’s calendar. It constitutes the biggest HIV focused campaign by a union in any industry and aims to get a clear message to a large number of workers in a limited timeframe. The blitz was first introduced in 2003 and has run annually thereafter.

Partnerships for treatment and care in southern Africa

Global union federation ICEM has established a two-year project for workers, their families and neighbouring communities in the mining industry in southern Africa. One aim is to negotiate with target companies on partnership agreements to establish health care clinics at companies' major locations. The ICEM hopes that this will lead to linked agreements to be negotiated with pharmaceutical companies to provide low- or no-cost antiretrovirals to the clinics. The project builds on good practice in large international companies like AngloGold Ashanti and Gold Fields. ICEM affiliates—used to 'naming and shaming' companies for their attitudes towards people with HIV—recognize the importance of working with employers to address the pandemic from a workplace perspective.

The ICEM is well-positioned to take a leading role in the response to AIDS. The global union federation represents some 20 million workers in the energy, mining and mineral extraction industries. It also represents workers who have been the hardest hit by the HIV epidemic. Many of the ICEM's affiliates are in sub-Saharan Africa, home to 60% of people in the world living with HIV. Union members are often migrant labourers working for mining companies, and housed in single-sex hostels at the worksites. HIV infection in the mines is endemic.

The ICEM also organizes chemical workers in the pharmaceutical industry, representing the workforce of the major international drugs' companies like Pfizer and GlaxoSmithKline.

Since 1999 the ICEM has negotiated 11 global framework agreements which establish partnerships and set high standards for trade union rights, health, safety and environmental practices, and quality of work principles across a company's global operations. These agreements and the ICEM's strong relationships with large multinational companies in mining and pharmaceuticals provide potential leverage for a major expansion of union and employer efforts to tackle the HIV pandemic.

Workplace clinics

The ICEM has launched a unique regional project, running for two years from 2005 to 2006, one of the aims of which is to establish workplace health clinics in mining companies in southern Africa. The clinics will provide primary health care and HIV-transmission prevention education, care, treatment and support for workers, their families and neighbouring communities. If successful, the federation also plans to extend the clinics to other sectors and countries with high levels of HIV.

The project's objectives include:

- health clinics set up in mining companies at each of their major operations to provide medical facilities to workers, their families and neighbouring communities;
- provision of a comprehensive range of primary health care services through the clinics, as well as voluntary counselling and testing and treatment for HIV and related infections;
- provision of clinical staff and trained union counsellors in the clinics;

- provision of low- or no-cost drugs, including antiretrovirals, to workers and their families.

A major goal of the ICEM's campaign is to sign agreements with pharmaceutical companies for the provision of low- or no-cost antiretrovirals through the clinics. ICEM General Secretary Fred Higgs is conducting a round of negotiations with pharmaceutical companies to agree targeted drugs donations for the companies where the ICEM programmes will be established.

The ICEM believes there is a strong business case for companies to sign up to the project. High HIV prevalence among mining industry personnel leads to the ill-health retirement of many expensively trained workers who are costly to replace. Companies feel they have a duty to care for HIV-infected workers. Added to this, the industry is concerned to improve its reputation, not always justifiably acquired, for poor employment and health and safety practices throughout southern Africa.

Building on good practice

The ICEM project will build on good practice HIV projects that have been long-established in some mining companies in the region. Reg Green, Head of Health and Safety at the ICEM, explains the union's philosophy. "The ICEM has a very strong position that the union should only do things that others are not doing or are unable to do as well as the ICEM and its affiliates. We must not duplicate activity being done by others elsewhere and we must concentrate our efforts where we can make a difference."

The ICEM's South African affiliate, the National Union of Mineworkers (NUM), has signed comprehensive workplace agreements on HIV with a number of employers and has a long history of working on the issues. "The NUM takes it very seriously. Senzeni Zokwana, the NUM President and the ICEM Vice-President for Africa, has a strong commitment to the issue. Our General Secretary (Fred Higgs) was at a recent union workshop with Senzeni when Senzeni stood up and publicly called on all the trade unionists present to go and be tested for HIV—along with him and our General Secretary."

Partnership challenging

Reg Green anticipates that the partnership concept embodied in the ICEM project will be a challenge for some affiliates. "All our affiliates recognize the importance of unions getting involved with HIV/AIDS. Some unions used to be in denial or thought that HIV had nothing to do with them, but all that has changed. The issue for some will be working with employers. In southern Africa unions, sometimes have robust attitudes to employers. They've tended to name and shame companies. For some it may be difficult to say 'let's now work in cooperation,' but they have made it clear that their first priority is the health and wellbeing of those workers that they represent."

The ICEM project is already taking root in southern Africa, although the federation does not expect the on-site clinics to be functional before 2006. A regional and a global coordinator have been appointed to manage the project. A structure of national committees and HIV coordinators has also been established.

In November 2004 national HIV coordinators from nine sub-Saharan countries attended an inaugural workshop in Johannesburg. Each national coordinator has been asked to

identify one or two target companies within their countries. The ICEM is now implementing an education and training programme for all national coordinators. Representatives of companies that have demonstrated a commitment to working with the ICEM on the project will be invited to participate.

Funding gap

ICEM affiliates are expected to fund the cost of their national HIV coordinators. The intention is that workplace clinics will be funded by employers, with targeted donations from pharmaceutical companies. Even with financial support from all these sources, funding gaps remain. ICEM has appointed a global project coordinator whose immediate task is to secure the funding to consolidate the project.

AngloGold Ashanti South Africa

AngloGold Ashanti's HIV programme⁸ is the type of direct-service model the ICEM wishes to extend through its global project. AngloGold is an international gold mining company. The majority of its workforce is in South Africa where it has just fewer than 45 000 workers. The company decided in 2002 to establish a comprehensive HIV programme. Company surveys and national and regional data suggested that in 2002 30% of the workforce was HIV positive.

Workplace agreement

AngloGold signed a wide-ranging agreement with its trade unions on the management of HIV in the workplace in July 2002. The agreement recognizes the threat posed by HIV, defines the rights and obligations of stakeholders and commits AngloGold to develop and maintain responsible programmes in partnership with the trade unions to minimise the impact of the disease.

The document was signed by AngloGold CEO, Bobby Godsell; the President of the National Union of Mineworkers (NUM), Senzeni Zokwana; and representatives from MWU Solidarity (MWU-S), the National Employees' Trade Union (NETU), the South African Equity Workers' Association (SAEWA) and the United Association of South Africa (UASA).

Key features of the AngloGold programme include:

- a partnership with the trade unions who implement and review the programme through a joint management-labour committee;
- workplace HIV prevention programmes, including training, peer education and condom distribution;
- a voluntary counselling and testing programme available for employees and partners;
- targeting sex workers in the vicinity with peer education, treatment of sexually transmitted infections, and provision of condoms;

⁸ For further information see AngloGold Case Study Executive Summary by Peter DeYoung on website of Global Health Initiative, World Economic Forum www.weforum.org/globalhealth

- a wellness management programme for employees with HIV, including antiretroviral therapy;
- industry and nongovernmental organization partnerships to provide home-based care for 45% of employees retired through ill-health.

Business case

AngloGold forcefully argues the business case for its HIV programme. "While HIV/AIDS is a human tragedy of grave proportions, its impact on AngloGold can be managed and contained," Bobby Godsell, Chairman and CEO, was quoted as saying in 2002.

He went on to say, "We estimate that HIV/AIDS is currently increasing costs in the South African operations by between US\$ 4 and US\$ 6 per ounce, though there are reasonable prospects of reducing this with the range of activities that we have in place. We are convinced that... (these activities) will reap rewards for our employees, their families and communities, and, in turn, the company and its shareholders."⁹

⁹ Mr. Godsell quoted on AngloGold Ashanti website www.anglogold.com

Couples' training in Zimbabwe

The Zimbabwe Congress of Trade Unions ran training in HIV awareness and behaviour change for workers, their spouses and partners in the late 1990s. Couples were trained in mixed-sex groups. Counselling for the couples was a necessary though informal feature of the programme. The programme also trained couples as peer educators whose role was to discuss safer sex positively in their own communities. In some programmes, workers set up solidarity programmes to provide emotional and practical support to colleagues living with HIV.

Working with some of the most impoverished people in Zimbabwe, such as farm workers and women workers, Clementine Dehwe has been credited with managing training programmes which are deeply challenging to personal attitudes and behaviour. When the Zimbabwe Congress of Trade Unions (ZCTU) took the decision to run a special HIV education programme for workers and their partners, they turned to Clementine to draw up the programme and conduct the workshops for couples.

The Zimbabwe Congress of Trade Unions, an ICFTU affiliate, has had an HIV education programme since 1992. The national centre started its programme in response to the emerging epidemic and widespread ignorance among its affiliates. They began by inviting union educators, organizers and women activists to attend HIV awareness-raising sessions. The aim was to provide affiliates with enough solid background information that they would feel confident about incorporating HIV issues into organizing, women's issues, health and safety and broader aspects of the union's work.

Traditional training limited

The project quickly evolved into a cascade model of peer education. The national centre embarked on a large-scale plan to train trainers in all its affiliated trade unions. Once trained, the union trainers would then reach the shop floor by setting up their own peer education programmes.

As Health and Safety Officer for the ZCTU, Clementine was responsible for the training programme. She soon became aware of the limits of the training. It was easy to provide the delegates with the facts on HIV, particularly when training groups were single-sex. It was much more difficult to have an honest discussion about personal attitudes and private behaviour.

"It always takes two to tango and, looking at the traditional, cultural and economic issues that lead to the spread of HIV, it really emphasised the need to take on board the issues of couples," she explains. "It was the people within the trade unions themselves who were saying this. That when we are talking of the issue of condoms, we are really talking of the issue of communication. How for example can the woman say to the man 'can we use condoms?' or how can you even encourage your partner to go for voluntary counselling and testing?"

Novel concept

Couples' training was a new concept for the ZCTU. Previously the centre's education programmes had been targeted at members and had focused on a narrow range of union issues.

It had only been two years since the General Council had been asked to broaden its normal curriculum to include training on HIV. Now union delegates were demanding training that went beyond the membership and involved spouses and partners. The delegates argued that if the union movement did not wish to see more and more members dying from AIDS, it had to go beyond its normal boundaries. The only way to change people's sexual behaviour was to talk to couples.

The couples' training programme had three objectives:

- to encourage couples participating in the programme to adopt safer sexual practices;
- to develop couples as peer educators who would have the skills and knowledge to discuss safer sex affirmatively and accurately with their workplaces or communities; and
- to encourage voluntary counselling and testing and help for living positively with the virus.

The trade union also planned to have structured programmes of contact in which union members would provide solidarity from the workplace to fellow workers who were dying of AIDS. Workers might provide food, comfort or other practical help. One benefit from these contacts would be to ensure that people dying of AIDS were visible in the community and did not simply disappear from public life.

The ZCTU's couples' programme began life as a pilot in 1995. Ten couples participated in a series of five-day pilot programmes run jointly with the iron and steel workers, the hotel workers' union and the union representing railway employees. The training took place in workplaces or union offices with Clementine working alongside trainers from the affiliated unions.

Overwhelming demand

The demand for places on the programme took Clementine by surprise. "We thought it might be difficult to persuade people to take part but it wasn't. The issue was on the training. When you start talking about HIV and AIDS with the couples, the men start talking openly and the women are slow in coming out. You have to come up with a way of breaking the ice so that they can openly talk about it because it involves sex which used to be a taboo in Africa." After an initial grounding in the facts and myths relating to HIV, couples were gradually introduced to a range of sensitive subjects: what is safer sex? What are risky behaviours? How can couples satisfy each other if they are to maintain their relationship?

Need for counselling

One-to-one counselling and couples' counselling soon became an adjunct to the programme. After the workshops, delegates would seek out Clementine, a trained counsellor, for advice on personal problems. "In most cases, women were the ones who agreed or obeyed. We realized that some of the couples were really just couples in brackets. Maybe they just stayed together because they had children or culturally they could not divorce. We had to work out how to beef up their relationship or how to trigger the bonding that used to be there."

Clementine left Zimbabwe in 2004 to take up the post of Global Unions HIV/AIDS Campaign Coordinator at the ICFTU in Brussels. The couples' training carried on until last year when political and economic factors forced it to stop. With hyper-inflation sometimes running as high as 700%, the cost of delegates' training became too expensive for trade unions and for the employers who were releasing workers. Another constraining factor was tension between the unions and government.

Challenging infidelity

In 1996, management at a hotel in Matabeleland Province invited the ZCTU and its affiliate, the Hotel and Industry Workers' Union, to educate the hotel's staff about HIV. Wives and partners were to be included in the training. The hotel offered to provide the facilities and to cover the cost of the training.

Most of the hotel workers were male. Members of staff lived in the hotel compound. Multiple partners were common and many people were living with HIV. Initially the men refused to invite their partners to the training, fearing that their wives would find out about other relationships the men were conducting. The trainers decided to run separate workshops for the men and women, followed by a joint workshop.

The workshops revealed that knowledge about HIV and safer sex among the staff was poor. Few participants had ever used a condom. Participants were open about the promiscuity in the compound.

The workshops forced the participants to confront communication, gender and sexual issues within their relationships. Tensions ran high in many of the sessions. The training raised difficult personal issues, and the trainers counselled individuals and couples between the sessions.

"It was high drama," Clementine recalls. "The men were talking about their affairs and accusing some men of taking advantage of their wives when they go on night-shifts. The women were pointing their fingers and making personal attacks. But in the end everyone was on board. There was an awareness about the need to change and a bond, an openness among the men and women."

The trainers believe the workshops had an enduring impact on behaviour in the compound. People began to challenge the culture of widespread infidelity. Workers encouraged each other to be tested for HIV. After the workshops, the women were instrumental in setting up a committee to provide help to colleagues who were living with HIV.

Discrimination in the workplace in Central America and the Caribbean

In Central America and the Caribbean trade unions have launched a major project to deal with workplace discrimination against people living with HIV. The project is taking place in a region with high HIV prevalence. The project partners are ORIT—the ICFTU’s regional organization for the Americas—and LACCASO, a nongovernmental organization representing AIDS service organizations. The first stage of the project was a comprehensive survey of legislation and practices in eight countries. It showed that employers widely violated the law and dismissed or refused to hire people with HIV. Trade union engagement in labour issues related to HIV was found to be limited but this finding triggered a top-level political commitment to step up trade union action in the region.

The AIDS epidemic in the region

The Caribbean is the second most affected region in the world. In the Caribbean AIDS has become the leading cause of death among adults aged 15–44. HIV prevalence in Haiti is particularly high. Heterosexual intercourse is the main route for HIV transmission, although sex between men is also a factor. New infections among women in the region are increasing at a faster rate than among men.

In Central America rates of new HIV infections have been on the increase in a number of countries since the late 1990s. Honduras is the worst-affected country in the region, though prevalence is also high in Guatemala. HIV transmission occurs largely through sex. The highest levels of infection are among men who have sex with men and among female sex workers.¹⁰

Trade unions join forces with nongovernmental organizations

In 2003 the trade union organization ORIT¹¹ and the AIDS nongovernmental organization LACCASO launched a large-scale project to deal with the effects of HIV on employment in Latin America and the Caribbean.

The aim of the project was to work with labour organizations and AIDS nongovernmental organizations in Central America on a range of strategies for dealing with the workplace effects of HIV. ORIT—the Inter American Regional Organization of Workers—is the ICFTU’s organization for the Americas. LACCASO is the Latin American and Caribbean Council of AIDS Service Organizations. The project—named the ‘Discrimination and Labor Exclusion Project due to HIV/AIDS in Central America, Haiti and Dominican Republic’—has eight participant countries: Costa Rica, El Salvador, Guatemala, Haiti, Honduras, Nicaragua, Panama and the Dominican Republic.

The project is funded by the Spanish trade union confederation the UGT and by the trade union development cooperation institute ISCOD—the Instituto Sindical de Cooperación al Desarrollo.

¹⁰ AIDS Epidemic Update 2005. UNAIDS/WHO.

¹¹ ORIT – Organización Regional Interamericana de Trabajadores

Little union engagement

A major factor driving the project was the low level of engagement by trade unions in the region in responses to AIDS. Ivan Gonzalez, ORIT HIV Coordinator, describes the problem, “Trade unions in Latin America do not see HIV/AIDS as a problem yet. Trade unions are largely absent at a national level in discussions about HIV/AIDS. Employers and NGOs are present in the Country Coordinating Mechanisms but trade unions are conspicuous for their absence. But this can be to our advantage—there is a huge gap for us to fill in.”

ORIT and LACASSO were also concerned about the lack of information about the impact of HIV on the workplace. Surveillance of the epidemic in many countries in the region has been slow to develop. The lack of evidence on discrimination and exclusion for people living with HIV hindered real engagement by trade unions in this area.

Country reports

The first stage of the project involved gathering national information from labour organizations and AIDS-focused nongovernmental organizations on workplace discrimination and exclusion. ORIT’s affiliates were asked to prepare country-level reports that diagnosed the extent of stigma and discrimination faced in the workplace by people living with HIV. In order to prepare the reports, eight national workshops were held.

Information for the national reports was collected from a range of written and oral sources, including national epidemiological data, epidemiological reports from UNAIDS, data on complaints regarding violations of human rights of people living with HIV, national accounts, legislation, jurisprudence, interviews with key people and case studies.

Each country was also asked to analyse the status of trade union rights in their countries. ORIT and LACCASO nominated three areas for consideration: national constitution, laws and regulations; rights in practice, including respect for the eight core labour standards of the ILO¹²; and tripartite social dialogue.

Countries lacking information also used sampling techniques to establish the extent of discrimination in the workforce. Statisticians helped draw up surveys targeted at male and female workers living with HIV.

Serious shortcomings

The reports diagnosed the extent of stigma and discrimination experienced in the workplace by people who are HIV-positive. It also identified serious weaknesses throughout the region in countries’ responses to the epidemic.

Although each country had some laws prohibiting discrimination, enforcement was non-existent. Participation by workers in labour issues related to HIV was extremely limited. Few trade unions had made HIV a priority. Moreover, few ministries of labour had workplace policies or programmes dealing with HIV transmission prevention, treatment, training or reinstatement of dismissed workers.

¹²The eight core labour standards of the ILO are No. 29 Forced Labour, No. 87 Freedom of Association and Protection of the Right to Organize, No. 98 Right to Organize and Collective Bargaining, No. 100 Equal Remuneration for Work of Equal Value, No. 105 Abolition of Forced labour, No. 111 Discrimination in Employment and Occupation, No. 138 Minimum Age for Employment, and No. 182 Worst Forms of Child Labour Convention. See www.ilo.org

Perhaps the most blatant form of discrimination against people living with HIV was the widespread practice by employers throughout the region of requiring an HIV test before hiring or during employment. Employers would be informed of the test results but not the workers whose consent for the test might not have been obtained. People found to be HIV-positive would not be employed or would be dismissed.

In El Salvador it was reported that even the Secretary for Labour demands HIV tests as a condition of employment. In Nicaragua jobseekers are forced to undergo HIV tests in violation of the law. Hotels, airlines and maritime companies also demand a health certificate and, in the case of women, a pregnancy test.

No respect for human rights

The main findings from the country reports were:¹³

- requirement for a test that detects antibodies against HIV as a pre-employment requirement or in order to continue the labour relationship;
- violation of the right to confidentiality, as well as the right to privacy and intimacy with respect to the health condition;
- indirect lay offs, lowering of positions or jobs and/or imposing more demanding and harder labour loads and sanctions on the employees so as to force them to resign;
- reduction of or refusal to grant labour benefits;
- restrictions to access to medical care services, permits and legal absences and, therefore, the corresponding payment according to the law;
- psychological violence and violation of the right to integrity and human dignity; and
- denial of promotions and career development in the company.

A political commitment

The national surveys were debated by delegates to a Regional Consultation, held in San Jose, Costa Rica, in April 2004. The meeting determined the strategic lines for the next stage of the project. Delegates signed up to a groundbreaking political declaration on future work on HIV. The statement, the Joint Declaration on HIV/AIDS and Human Rights in the Workplace, committed all ORIT and LACCASO members in the region to urgent work on prevention and assistance on HIV.

Trade unions have been asked to take immediate action to increase campaigns and programmes for prevention, information and assistance. They are also urged to take steps to become actively involved in national responses to the epidemic and to monitor the enforcement of legislation in the workplace. ORIT's plans also include publication of a workplace manual on HIV/AIDS, and elaboration of national plans in Honduras, Costa Rica, Panama and the Dominican Republic.

¹³Regional Report. ORIT/LACCASO. 2004

ORIT is now lobbying hard to make sure that HIV becomes the priority of affiliates. For Victor Baez, ORIT General Secretary, the statement represents a major step forward. “This is very important because of the huge impact of HIV in the region, especially in Central America and the Caribbean. The trade union movement must be involved in the fight to combat the pandemic, and they must also work in partnership with other organizations interested in fighting HIV/AIDS.”

Uganda: education at the truck stop

Transport workers are at high-risk for HIV infection, often spending long periods away from home in working conditions which favour the spread of the virus. Transport unions in Africa, supported by global union ITF, have been targeting truck drivers and sex workers through a range of projects on HIV prevention, collective agreements and workers’ rights. The ITF will shortly launch a global strategy on HIV. Based on extensive global networks and its presence in 142 countries, the ITF will scale up its support for responses to HIV in the transport industry worldwide. Activities have already extended to Asia, with projects in India, Bangladesh and Nepal involving a cross section of unions organizing dockers, seafarers and railway workers.

In the late 1980s and the early 1990s, transport unions in sub-Saharan Africa appealed to their global organization—the International Transport Workers’ Federation—to provide urgent support for their local struggles against HIV. The devastating impact of the global pandemic was being felt in the region. The threat to the health, livelihood and jobs of people working in the transport sector was beginning to be understood.

The ITF is a global union representing 4.5 million workers in 624 trade unions. Its membership is drawn from sectors which include civil aviation, road transport, urban transport, railway workers, dockers and seafarers. The bulk of the ITF’s activities on HIV has been directed towards long-distance truck workers, a group whose working conditions can heighten the risk of exposure to HIV and the risk of transmitting the virus.

Long absence from home

The ITF’s major intervention in Africa began in 1999 with a three-month study, funded by the Dutch union confederation FNV into the impact of HIV on transport workers in Uganda. The study found that the living and working conditions of transport workers greatly influenced the spread of HIV among themselves and other communities.

The vulnerability of truck workers to HIV infection is well-known. Long absences from home, excessive working hours and inadequate rest facilities can lead to truck workers having multiple sexual partners, including sex workers. An ITF survey conducted in 2000 found that 70% of drivers had spent less than one week at home in the preceding four months. Other studies quoted by the ITF study found higher than average HIV prevalence among long-distance truck drivers and sex workers at the truck stops. Research in other countries has shown a high incidence of casual sex and sexually transmitted infections among long-distance truck drivers.

Unable to afford decent accommodation, drivers sleep inside or under their trucks. Long delays at border crossings, stigmatisation and harassment by the police and immigration authorities may also increase risky behaviours. In addition, access to medical care, including treatment for sexually transmitted infections, is difficult for drivers who are constantly on the road. Condoms are not easy to obtain or are unaffordable.

Travelling counsellors

The ITF study led two ITF affiliates, the Amalgamated Transport and General Workers Union (ATGWU) and the Uganda Railway Workers Union (URWU), to set up a major project in Uganda targeting long-distance truck drivers, workers in other transport sectors, and sex workers at the truck stops. The project, which has been running since 1999, sets out to influence behavioural change among the truck drivers through a combination of information, education, workplace policies and condom distribution.

Eight counsellors take information about HIV to transport workers around the country. They began by conducting information and education seminars, involving around 50 workers, at the three truck stop towns of Busia, Malaba and Naluwerere in Eastern Uganda and at various workplaces. To date, nearly 150 seminars have been held. The counsellors also arrange for mobile voluntary counselling and testing clinics at the truck stops where such facilities do not exist.

Alliances

The unions' strong alliance with the community organization The AIDS Support Organization (TASO) has underpinned the project. TASO was founded by people living positively with HIV and has a mission to improve the quality of life of individuals and communities affected by HIV. TASO trained the unions' eight counsellors as well as four trainers in the HIV community.

Uganda's transport sector is not highly unionised but employers who had links to the trade unions were supportive of the project. The official launch involved a two-day workshop attended by representatives of employers and unions. Romano Ojiambo-Ochieng, ITF HIV Project Coordinator, describes employers' attitudes, "Previously, the relationship between unions and employers in the sector had not been very good. The employers had viewed us as a necessary evil but sometimes they found that unions can help with problems." The employers accommodated requests for the unions to conduct seminars on their premises, although often asked that these be held after hours.

Finding the workers

Most transport unions suffer from a major handicap to their work—the lack of a physical workplace where activities can be organized.

"We had wanted to reach the truck drivers at the truck stops but we found we could not get hold of them. Most times they weren't in their vehicles or there were no common facilities," Romano explains.

“We changed our strategy to try inland container depots in Kampala. We could talk to the workers while they were waiting for loading and unloading. Some would stay at the depots and sleep on mattresses. There might be 50–100 people there at one time. We showed videos for entertainment and then showed HIV/AIDS videos after. It was the best way to get them and to keep them there.”

The trade unions also began working with the sex worker communities who lived around the truck stops. The HIV counsellors had been visiting the women and talking to them about HIV. Out of these visits came the idea of setting up groups of women who would educate their own communities about HIV. The trade unions supported the formation of four community groups that would run information and education activities for their own communities using music, dance and drama.

From national to regional to global

Since the pilot project in 1999, there have been two further Netherlands Trade Union Confederation (FNV) funded projects. The first built on the success of the Ugandan project and involved trade unions from other countries along the Trans African Highway and main transport axes in Kenya, Tanzania and Rwanda. The focus of the project, which ran for two years from 2001 to 2003, was negotiating for HIV to be included in workplace agreements, advocacy for HIV programmes and for improved working conditions for transport workers, and information and education seminars for workers and communities.

In May 2004 the ITF also launched a three-year ‘Pan Africa’ project covering selected affiliates from the whole African region. Romano Ojiambo-Ochieng is responsible for this project and helps trade unions to build up their capacity to respond proactively to the epidemic. Affiliates are encouraged to include protective clauses in collective agreements for workers with HIV and to ensure that there is appropriate care, support and treatment.

All the ITF projects make use of the ITF manual, *HIV/AIDS: transport workers take action*. Aimed at union leaders, negotiators, trainers and shop stewards, the manual shows how transport unions can put HIV on the industry agenda. Examples throughout the publication show how trade unions are helping to slow the spread of HIV by adopting specific initiatives on HIV and by appealing to employers to take action on conditions in the industry which increase workers’ vulnerability.

Now the International Transport Workers’ Federation is preparing the launch of a global programme of activities for transport unions on HIV. The programme will include for the first time the Caribbean, the Middle East and central and Eastern Europe. The global union intends to build on its strengths: an extensive network of affiliates, a large worldwide membership, a track record of effectively organizing global campaigns, and its affiliates’ experiences of HIV programmes in Africa.

Florence Wanjiru Theuri, Peer educator on HIV

My name is Florence Wanjiru Theuri. I come from Kenya Railway Workers' Union. I was trained by FES/ITF in Italy in 2002 in Occupational Health and Safety, with a special focus on HIV and AIDS.

Since then we have trained peer educators and held training of trainers (TOTs) and we are now having a programme on sensitisation of women workers at the workplace where we discuss issues related to sex and STIs and their implication for HIV. We also sensitise our union members and workers generally on VCT. We also have an outreach programme, whereby we carry out outreach activities within our communities because in Kenya Railways we have estates where all our workers and their families stay together.

We use films as a way of educating the community. We especially use the film known as the Silent Epidemic that brings a lot of impact because of what they see and hear in the film. We also have discussions at the workplaces on Tuesdays and Thursdays where our employer has given us the afternoon to go and talk to the workers and also hear from them so that we are able to plan and know what problems they have.

It is not an easy task. As you know I have my employer's other duties to perform. But it is a good job, especially when you know that you are saving people's lives. I get satisfaction when I am talking to people, mostly about HIV.

Even where a woman suspects the husband to be going with other women, it is difficult for her to initiate condom use. The husband will turn tables around and accuse her of going with other men as the reason for suggesting condom use. Yesterday we heard that example from one participant (in the workshop) where a woman found condoms in the husband's briefcase and wanted to use that as a chance to begin discussing the issue of condom use with the husband. This led to separation as the man felt offended by the fact that the woman was searching through his bags!

However, a woman needs to think about her life and her children. The time for assuming that the male spouse is a saint and the female is the devil is over and women should demand condom use even in marriages. Women need to be strong and wise in this era of HIV and openly speak to their spouses about safer sex. Women have to come out and raise our voices and speak and say no to a man who goes out and has multiple sexual partners and then turns around to behave like he is a saint.¹⁴

¹⁴Interview with Florence Wanjiru Theuri reproduced from HIV and AIDS in Africa. ITF Newsletter No. 9. April 2005 with permission of the ITF.

ITF trust helps tackle HIV problems

The ITF Seafarers' Trust is to fund a three-year US\$ 900 000 health promotion campaign to improve seafarers' health.

Named the Seafarers' Health Information Programme (Ship), the project will be run by the International Committee on Seafarers' Welfare (ICSW). It will cover seven topics: HIV, STIs, physical fitness, cardiovascular disease, food, obesity and malaria.

The trust—established in 1981 and dedicated to the welfare of seafarers—makes substantial grants every year to many welfare projects. Most of the grant aid is targeted at those regions without adequate welfare facilities and in 2003, the last year for which accounts have been finalized more than 70% of expenditure was in low-income countries.

Projects supported include a grant towards the construction of the first seafarers' centre in the Caspian Sea, four centres in Africa, and the most northern seafarers' centre in the world at Murmansk, Russia. Support was also given for seafarers' missions in Indonesia, the Philippines and Italy.

The Ship project will use all means of communication—videos and DVDs, comic books, posters and stickers—to get the health promotion message across to those at sea. The programme will also use the resources of the global network of seafarers' centres and welfare agencies.

"Seafarers are among the most isolated groups of workers in the world in relation to access to medical care, both in emergency situations and for primary healthcare," says Dr Rob Verbist, Ship Project Manager.

"The main battle is to get our ship messages going to the hearts and minds of individual seafarers, which in turn will help them change their often hazardous lifestyle."¹⁵

¹⁵ Reproduced from ITF Seafarers' Bulletin No. 19/2005 with permission of the ITF.

Union-run health services in the Philippines

The Philippines national trade union centre—the TUCP—has developed a comprehensive programme on HIV and reproductive health for its members. Family welfare clinics, staffed by medical professionals and managed by the trade unions, provide family planning and reproductive health services to workers and their dependents. The TUCP has also developed a workplace programme focused on the prevention of HIV and sexually transmitted infections, the protection of workers' rights and respect for the dignity of people infected with the virus. The programme shows that workers can act as important agents of change and advocates of sexual health.

The Trade Union Congress of the Philippines (TUCP), a member of global union ICFTU, started its involvement in HIV as early as 1991 when it conducted a pioneering workshop on HIV prevention and control in the workplace. The workshop, targeted at union officers and clinical staff, provided basic factual information on HIV and sought to foster appropriate attitudes at the workplace towards people living with HIV.

Ariel Castro, TUCP Director of Education, recalls the myths and ignorance about HIV during this period. “At that time there was not much awareness about HIV and it was only starting to become an issue. People had a lot of misconceptions—about sharing utensils, using the same urinals, catching it from mosquitoes. Our job was to connect them with the right kind of information, recognizing that it was a new disease and an emerging workplace concern.”

Family welfare programme

The workshop formed part of the confederation's family welfare programme. The TUCP runs a network of 14 clinics throughout the Philippines, staffed by trained health service professionals, which provide workers and their dependents with family welfare services. The services are negotiated through collective bargaining agreements in companies with over 200 employees. To date nearly 200 000 workers and their families have benefited from the union's programme.

The initial workshop generated an overwhelming demand from the TUCP's affiliates for further information and clinical services on HIV. At the time, HIV was only just emerging as a public health issue, and few organizations in the Philippines were paying serious attention to the issues. The confederation developed information booklets, ran prevention campaigns and conducted further workshops.

The Cairo Programme of Action

In 1995 the Philippines became a signatory to the Programme of Action adopted at the International Conference on Population and Development (ICPD) in Cairo in 1994. The Programme of Action recognized the rights of individuals to reproductive health and called special attention to women's rights. A key recommendation was the provision of universal access to reproductive health (RH) services, including family planning and sexual health care.

The TUCP was one of the first organizations to adopt the reproductive health approach after the Cairo conference. Over 100 collective bargaining agreements containing reproductive health provisions have been successfully negotiated since. With funding from

UNFPA, eight of its family welfare clinics were equipped to deliver a package of family planning and reproductive health care and services. Clinical workers at the TUCP-run family welfare clinics were trained in HIV counselling and testing and in the management of sexually transmitted infections.

A workplace response

In 1998 the TUCP broadened its response to develop a workplace policy on HIV. “There was a clamour from our affiliates for us to take a firmer position on the workplace impact of HIV,” explains Ariel Castro. “We decided to develop our own policy which became the starting point for a full-blown project.” The TUCP’s policy, embodied in a practical training manual for shop stewards and union organizers, focused on:

- prevention and control of the spread of HIV and sexually transmitted infections;
- protection of workers’ rights and the dignity of persons living with HIV and other sexually transmitted infections;
- responsibility of workers living with HIV and sexually transmitted infections;
- recognition of TUCP responsibility; and
- establishment of a TUCP core group on HIV and sexually transmitted infections.

Creating alliances

The policy became the basis for a major step-change in the centre’s activities on HIV. The TUCP adopted a strategy of coalition-building: creating alliances with government, nongovernmental organizations, employers and academics. The confederation played an important role in the passage of the 1998 Philippines AIDS Prevention and Control Act. The Act provided for the reconstitution of the Philippines National AIDS Council, a multisectoral body responsible for the national response to AIDS. In 1999 the TUCP was nominated to the Council.

With support from the National AIDS Council, the TUCP developed a peer education project in 2001. Using participatory training methodologies, the programme set out to update union educators on national legislation, provide basic information on HIV, promote responsible sexual behaviour and examine gender roles. Some 420 local union officers and members attended the courses in Davao, Cavite, Laguna and Metro Manila. These officers have been responsible for organizing various information, education and communication (IEC) activities for their co-workers in the workplace.

A number of employers supported the programme—providing paid leave for workers, finance for education activities, free use of training rooms and funds for meals. Some companies, including Jollibee, Uniwide Sales and Cebu Rattan Corporations, pledged to provide workers with HIV education using their own resources.

Invincibility

The training had moved on significantly since that first workshop conducted by the TUCP in 1991. “Ten years later we were able to incorporate a much wider knowledge of the virus,” says Ariel Castro. “We understood better the impact of HIV and AIDS on the workplace and the importance of eliminating stigma and discrimination. We found that people’s knowledge was high but practices were bad—there were unsafe behaviours going on. A lot of this was

owed to people's belief in their invincibility towards HIV/AIDS. There was also still a lot of discrimination and stigma—that it was a gay disease or that you should not even come close to a person living with HIV/AIDS. These attitudes have not yet changed.”

Trade unions win UNFPA best practice award

The TUCP has been awarded a nongovernmental organization Best Practice Award by the United Nations Population Fund (UNFPA) for its pioneering project on sexual and reproductive health for Filipino youth.

The Trade Union Congress of the Philippines was the top choice among seven nongovernmental organizations that are implementing adolescent and youth reproductive health projects under the UNFPA 5th Country Programme of Assistance. The UNFPA award recognizes the TUCP's pioneering work on family planning and reproductive health in the workplace.

The project

Workers within the 18–25 age range are the focus of the TUCP-UNFPA project. The project goals are to broaden young people's knowledge of sexually transmitted infections and HIV, and to encourage safer sexual behaviours. It does this by building the leadership capacities of young people, training young workers as Young Adult Peer Educators (YAPEs), developing youth-friendly materials, engaging trade union leaders and employers in discussions and actions on youth sexual and reproductive health, and harnessing multisectoral partnerships.

The project shows that the workplace has vast potential for the implementation of sexual health programmes for young people. It also demonstrates that young workers can act as important change agents and advocates for sexual health if they are helped to develop their leadership skills and given opportunities for action.

Southern Africa: HIV prevention in forestry

Wood and forestry trade unions in southern Africa have joined forces to develop networks of skilled AIDS activists who run public campaigns on HIV and negotiate workplace agreements. The IFBWW—the global union facilitating the programmes—uses occupational health and safety as the entry point for work on HIV. There is a focus on women forestry workers who, employed in a mainly male environment, are at particular risk of HIV infection.

Based in Johannesburg in South Africa, Inviolata Chingayanrara has been leading her union's response to AIDS for many years. Inviolata is Regional Education Coordinator for southern Africa for global union federation, the International Federation of Building and Wood Workers (IFBWW). IFBWW is made up of 287 trade unions who together represent more than ten million workers in building, building materials, wood and forestry.

High risk sector

HIV prevalence among workers in industries covered by the IFBWW is high. In wood and forestry—the focus of IFBWW's HIV work in the region—workers are usually male migrant labourers living far away from their families in makeshift homes and compounds. Their worksites are often in remote areas where the only recreation is to drink heavily in local beer holes. Local communities are usually poor and local women sell sex to the workers to supplement their incomes.

Although the industry is predominantly male, women are employed as nursery attendants to weed, plant and apply fertilizers. They are also employed to pack seedlings, prune and to carry out a range of clerical, secretarial and computer functions. Like their male colleagues, women are likely to be exposed to HIV through risky sexual behaviour associated with long-term separation from families, and poor accommodation. The minority in the sector, women are also susceptible to sexual exploitation and harassment from peers.

Best practice in Zimbabwe

The IFBWW's approach to the epidemic is to put HIV at the top of the occupational health and safety (OHS) agenda of affiliated trade unions. The federation works with health and safety officers to integrate HIV policies into workplace campaigns and collective bargaining policies. The focus of recent projects has been protection and support for populations at risk, particularly women and migrant workers.

An illustration of the IFBWW's approach is a large 'best practice' project implemented by the Zimbabwe Furniture Timber and Allied Trades Union (ZFTATU) with the IFBWW's support between 2000–2002. The project, funded by the Swedish Forest and Wood Trade Union, began as a traditional health and safety project, covering exposure to hazardous dust and chemicals, but quickly expanded to focus on HIV.

"As we were implementing the training, the workers said that they knew all about chemicals and other hazards, but that what they really wanted was information about HIV and AIDS," recalls Inviolata Chingayanrara. The workers were also concerned about discrimination and exclusion in the workplace. The Zimbabwean Government had passed a law on confiden-

tiality and non-discriminatory practices but workers knew nothing about the legislation and employers were capitalizing on their ignorance.

Union valued

The project evolved to include a major focus on HIV prevention. Campaigns and training programmes were conducted on the plantations. Strengthening the capacity of the ZFTATU was also a feature of the programme. “In the process workers became aware of the wider role of the union,” Inviolata explains. “Workers saw that the union was not just there for collective bargaining but also had a role in protecting and supporting workers. We won the support of the employers who saw the value-added of the union’s work. They could see that unions had structures to address HIV: education, social, health.”

The IFBWW is certain that the Zimbabwe programme has had a significant impact on workers and employers in the sector. Knowledge among workers about HIV transmission and safer sex has increased. Employers have worked in close partnership with the Zimbabwe timber union, providing paid time off for training, and allowing the union access to the plantations to distribute union material. The union now polices employers to guarantee that union members get money if they are off sick with HIV-related disease. The ZFTATU has also demonstrated its commitment by signing off a comprehensive union policy on HIV.

Project goes regional

As a result of the ZFTATU experience, the IFBWW and its affiliates decided to extend the project to other wood and forestry unions in southern Africa. Eight unions from Mozambique, Malawi, Swaziland and South Africa joined the programme in 2003.

The first stage of the project has involved sensitisation of workers in wood and forestry to the need for proper occupational health and safety and HIV policies. The project’s outcomes are impressive. To date it has:

- trained over 300 workers on using health and safety as an organizing tool and in addressing HIV in the workplace;
- negotiated for the inclusion of safety issues and HIV in collective bargaining agreements;
- established two safety shop steward councils in South Africa to follow up plans developed after the national workshops;
- conducted six national campaigns on HIV in Zimbabwe, Malawi and Swaziland reaching 11 650 people, and 50 local campaigns reaching close to 13 450 rank and file members;
- used occupational health and safety as a tool for organizing and increased union membership. Since 2003 the two Zimbabwean project partners have acquired 3300 recruits as a direct result of the programme.

In the second stage the IFBWW and its affiliates will concentrate on training, establishment of well functioning safety structures and strengthening the capacity of unions to deal with HIV. Earlier this year, 25 delegates from large wood and forestry plantations met for five days in Swaziland to be trained in the role of workplace safety committees and policy development on HIV. The 25 will act as peer educators within their countries as well as taking responsibility for following up grassroots activity on HIV. At national level, unions from Malawi, South Africa and Zimbabwe are holding joint training workshops and campaigns on OHS and HIV.

Female face of the epidemic

Two unions from neighbouring countries have joined forces to tackle one of the biggest challenges of HIV in the region—the female face of the epidemic. HIV is affecting increasing numbers of women and girls in southern Africa. In some countries, young women are three times more likely to be infected than young men. Women and girls are also more likely to carry the burden of care for the sick.

Swaziland and Zimbabwe have been particularly badly affected by the spread of HIV. In Swaziland nearly 34% of its one million population is HIV positive. In Zimbabwe prevalence is just over 20%. In both countries widespread poverty is exacerbating the impact of the epidemic, making marginalized populations even more susceptible to HIV infection. Both countries have large numbers of orphans and child headed households; some women are forced to sell sex to add to the household income.

The ZFTATU in Zimbabwe and the Swaziland Agriculture and Plantation Workers Union (SAPWU) launched a project in December 2004 to share information on the impact of HIV on workers in the wood sector, particularly the extent to which women workers are affected. The project is supported by the Norwegian Wood Workers Union (NTAF). Like earlier IFBWW projects, the programme also sets out to use the workforce as a forum for reaching people at risk of HIV by campaigning for the integration of HIV into collective bargaining agreements.

Leaders of both trade unions have praised the project's potential to develop high capacity networks of skilled AIDS activists who will be able to deal with the specific threats faced by women workers. In Swaziland the trade union intends to grasp the opportunity to educate the public about HIV and to encourage employers to develop protection and support at work. The presence of committed international partners, ready to provide funding and support, will also be a major strength of the programme.

Popular theatre

In Burkina Faso, the IFBWW funds a drama group called 'Yamwekre' which means 'prick your conscience.' Using music, drama and poetry, the theatre troupe tours rural areas and educates local people about HIV. In two years more than 10 000 people have attended their shows.

After the performances, the actors—20 men and women—host a discussion session with the audience. Abdou Ouedraogo, the IFBWW's Regional Education Coordinator for West Africa, explains how this works, "The feedback is important to win over people who are sceptical. Sometimes people are shocked by the performances, but most are very happy to have accurate information on the pandemic."

The company also works with local schools. Children from 30 schools are asked to take part in a competition to choose the themes which the theatre group should incorporate in their work. The competition is a deliberate attempt to provide young people with information about the virus and to reach the students' parents.

The performances are for the whole community—not just IFBWW members. "We deliberately perform to everyone," says Abdou. "It's a trade union's duty to go everywhere to talk about the epidemic."

International solidarity with southern Africa

UNISON, Britain's largest trade union, builds on its close contacts with members of Public Services International (PSI) to provide practical support to public sector unions in low-income countries in their struggle to respond to HIV. With direct political access to politicians and government in the UK, UNISON also has an effective advocacy arm for calling for greater international action on the pandemic.

United Kingdom trade union UNISON shows the power that trade unions in industrialized countries can bring to the response to HIV. UNISON's work on HIV is one of its main international priorities and is expressed through political lobbying and practical solidarity with public sector trade unions in southern Africa.

UNISON has more than 1.3 million members working in public services, utilities and for private contractors. They include frontline staff and managers working in the National Health Service and local authorities, colleges and schools, transport, the police service, and the electricity, gas and water industries.

On HIV, UNISON works closely with Public Services International (PSI), a global trade union federation based in Geneva, consisting of over 500 public sector unions, including UNISON, from 140 countries.

Political clout

As Britain's biggest trade union, UNISON has political clout and financial muscle. It can mobilize thousands of members in support of workers in the UK and worldwide who are struggling for their rights. While nongovernmental organizations rely on traditional advocacy methods, UNISON's political links give the trade union direct access to Members of Parliament and the government. UNISON members have a direct route to parliament through extensive links with the Labour Party. UNISON lobbies the Labour Government and the Party through policy forums, conferences, local constituencies and its national group of 78 Labour Members of Parliament. It also uses its political fund to collect money from union members to finance big political campaigns.

The trade union uses its links to drive home the need for international action on AIDS. Its work on AIDS began in 1999 when it joined the global solidarity movement that was campaigning for access to cheaper medicines in South Africa. UNISON lobbied for United Kingdom politicians to take up the issues.

For the past two years, UNISON activists have been campaigning for better political and financial support for the Global Fund to Fight AIDS, Tuberculosis and Malaria and for the World Health Organization's "3 by 5" Initiative. In 2004 UNISON organized a lobby of parliament with the National Union of Students (NUS) and the campaigning group Action for Southern Africa (ACTSA) which pressed politicians to step up their support for global action. UNISON has also been campaigning through the Stop AIDS Campaign, a group of 70 development and AIDS nongovernmental organizations, which works to raise awareness in the UK about the global epidemic and campaigns for scaled-up international action.

International solidarity

In 2001 a resolution passed at UNISON's annual conference formally committed the trade union to provide practical support to public sector unions in low- and middle-income countries. UNISON already had strong links with southern Africa. It had collaborated with the trade union movement in South Africa since the late 1980s, supporting trade unions in their struggle against apartheid and, more recently, fighting privatisation.

Although endowed with a large international fund, UNISON did not rush in with money or preconceived ideas about how they should support trade unions in the region. Polly Jones, UNISON International Officer, explains, "We thought it was important to support our sister unions but not necessarily through funding. We started our collaboration by talking to 50 unions in the region. We asked them what they thought it would be useful for UNISON to do to support them. They prioritized opportunities for them to talk to other public sector trade unions in their region."

The consultation was followed by a seminar held in Johannesburg in December 2004. The aim was to bring together public sector unions from across southern Africa to motivate greater trade union action in dealing with HIV in the workplace.

Public sector unity

More than 70 delegates from public sector unions across southern Africa came together for the seminar. Represented were Angola, Botswana, Malawi, Mauritius, Mozambique, Namibia, South Africa, Swaziland, Zambia and Zimbabwe. The seminar was supported by ACTSA and global union federation PSI.

For UNISON, the workshop was an integral part of their consultation to establish what support they could appropriately provide in the region. "The workshop was an important first step. We needed to know what our sister unions wanted from us before we could broaden our participation," says Polly. "It was also an important opportunity for union representatives to learn from each other, exchange ideas and share experiences of their members' struggle against HIV/AIDS."

Delegates shared examples of current activities and discussed the role of political activism in responding to the pandemic. The severe impact on public services in the region was a constant theme. The loss of trained and experienced staff through migration abroad, and AIDS mortality, has eroded the health care infrastructure of many countries. The unions also described how the structural adjustment programmes and poverty eradication policies of the World Bank and International Monetary Fund had had disastrous effects on public services.

Capacity-building

From the discussions that took place, a number of key themes emerged that now form the basis for UNISON's ongoing work in the region¹⁶. The main concern was the capacity of trade unions to work on HIV. The seminar discussed the problem of responding to the epidemic when unions' own capacities and structures have been seriously weakened. Participants were also aware that they needed to formulate coherent policies on HIV with the close involvement of their members.

¹⁶See report of the seminar Developing trade union responses to HIV/AIDS in Southern Africa. UNISON 2005.

“One of the main problems for unions is that they are struggling to have smooth-running systems in basic trade union activities—organization, education and so on. If at grass-roots, the capacity is not there, then the union cannot handle HIV projects,” emphasises Polly Jones. “We will try to help by adapting training modules that we have used elsewhere—for instance working with Iraqi trade unions.”

UNISON now plans to seek out and support a number of capacity-building projects so that weakened union structures and membership can be rebuilt. In cooperation with PSI, the trade union also plans to appoint a regional HIV coordinator to manage UNISON’s work in southern Africa.

The union also intends to conduct research and develop policy on the adverse effects of the migration of health workers on responses to HIV in the region. A forthcoming research paper on international labour migration will show how the exodus of health workers from developing countries puts a severe strain on the health care systems of sending countries and on their capacity to care for people living with HIV.

HIV in the UK

While UNISON’s international unit is preparing to work in southern Africa, officers at home are helping the union’s members to deal with HIV in the UK.

UNISON promotes the rights of UNISON members living with HIV, educates health workers on universal precautions to prevent infection, and protects the rights of people who face stigma and discrimination because of public ignorance and misconceptions about the virus.

The union does this by publishing guidance for its branches on dealing with HIV and enforcing government legislation, as well as by training shop stewards, health and safety representatives and union officials. The aim is to encourage member branches to have policies in place in every workplace, and to equip shop stewards with the information needed to provide comprehensive advice.

Hope Daley, National Health and Safety Officer for UNISON, says, “The most common concern from members is confidentiality. Health workers need to know whether they should share information with colleagues about their status. People don’t want to say because they will face discrimination. But if people can’t come forward, then they may not be able to access the services that they need.”

Members are also concerned about the need to take time off for treatment and time off to recover from treatment, and about the rigid dietary regimes that are linked to the treatments.

Reducing risk among agricultural workers in Uganda

In Uganda trade unions representing agricultural workers have for years been running specific programmes on HIV. In addition the unions actively address issues such as child labour, gender discrimination, casual work and unemployment that increase vulnerability to HIV. United in the belief that strong trade unions help workers to be well-informed and better able to influence their lives, the trade unions focus on grassroots activities to build up union organization and respond to HIV. The unions are assisted by global union federation the IUF.

Agricultural workers are among the lowest paid and the worst treated labourers in Uganda. They are also highly vulnerable to HIV infection. Men and women often live together in living quarters called 'labour camps' where conditions are ripe for HIV to be spread quickly.

Omara Amuko is the Health and Safety Coordinator in Africa for global union IUF and responsible for managing the IUF's response to HIV in the region. The IUF—the International Union of Food, Agricultural, Hotel, Restaurant, Catering, Tobacco and Allied Workers' Associations—is an international federation of trade unions representing workers employed in a range of settings, including agriculture and plantations. Like other global unions, the IUF has strong trade union structures worldwide through which it supports the activities of 336 trade unions in 120 countries.

Labour camps: poor conditions

Omara has first-hand experience of the poor working conditions of agricultural workers. "In a rural environment there is no clear distinction between the working and living conditions of agricultural workers," he explains. "Plantation workers live together in labour camps where the conditions mean that HIV and other infections can be easily spread. The accommodation is poor. The rooms are very small. Poverty is very high and prostitution is a problem." Living quarters around the plantations are known as 'labour camps.' Overcrowding in the camps is common, with as many as 1000 families accommodated on some plantations.

In addition, the level of literacy among agricultural workers is very low, allowing misconceptions about HIV to flourish. Sexual abuse is encouraged by poor work organization, such as isolated work-stations, lonely night shifts and non-transparent practices for recruitment and promotion.

Peer education

Recognizing the urgency of responding to the epidemic, the IUF began organizing a national programme on HIV in the 1990s. The programme's main feature is peer education. Omara first trained and now coordinates a group of six trainers from the national centres of IUF-affiliated trade unions.

This group was responsible for the training of a larger group of 20 union activists—company employees who negotiate time off from their employers to conduct normal trade unions duties, deal with HIV and focus on strengthening grassroots membership and organization. The peer educators also set up family planning sessions and arrange for HIV testing.

Activists also distribute condoms to men and women working on the plantations though some trade unionists are wary. There are complaints about poor quality imported condoms. When use of condoms is not reliable, some peer educators prefer to stick to the first two letters of the HIV ABC: Abstinence (or delay of sexual debut), Be Faithful (or reduce numbers of sexual partners), and Condoms (correct and consistent use).

The high turnover of workers means that trade unions need constantly to renew their work on HIV education on the plantations. Many workers are on 12-month contracts. When new workers are recruited, the unions target them with information on HIV prevention.

Hella Alikuru, the IUF's African Regional Secretary, testifies to the merits of peer education, particularly for young people. "We train women and youth as counsellors and peer educators. It should be easy to change their attitudes and address the negative impact on them. If we train youth by their own peer group in their own language then they will understand each other. It will not be like adults training them and controlling them like parents in their own home."

National programmes

One union with a long tradition of peer education is NUPAW Uganda, the largest trade union organization in the country. The National Union of Plantation and Agricultural Workers (NUPAW) represents workers in the tea and sugar plantations and in other agricultural areas such as rice farms and flower farms.

In the 1990s the union trained 120 workers to be study circle leaders. The study circles engage groups of workers in discussing pressing issues at work. In the past these sessions have been important opportunities for learning new skills and discussing the root causes of problems. In one case, workers from Kasaku Tea Estates filed complaints with their employer after a discussion in their study circle revealed that several workers had become impotent from suspected chemical exposure.

NUPAW and other national trade unions have their own programme of activities for responding to AIDS. Recognizing that many agricultural workers can neither read nor write, they employ drama and music groups to educate men and women on the plantations about the dangers of HIV. The theatre companies are often women's groups who perform plays and make up songs. Their performances are popular with people living on the plantations who have few other avenues for entertainment.

Partnerships with employers

The focus for much of the IUF's work is the tea plantations and the two big sugar companies with large workforces in Uganda—the Sugar Corporation of Uganda Ltd and the Kinyara Sugar Works Ltd. They also work with labourers around the plantations, for example the outgrowers who provide sugar cane to the factory or tea to the tea processing plant.

The unions work closely with the Ministry of Health. There are strong relationships with local women's groups especially in family welfare and reproductive health. Employers are usually supportive of the unions' projects.

“Employers are different in their responses. Many have been very supportive,” says Omara Amuko. “Multinationals have policies on HIV/AIDS and there is no discrimination. The issues are built into collective bargaining agreements. But women who work for local companies, often involved in coffee processing and outgrowing, sometimes face discrimination.”

Care and treatment

With projects in HIV prevention firmly established, Hella Alikuru says that the next step for the IUF is to take up issues of care and treatment for people living with HIV. “We need to take up the issue of access to antiretroviral drugs. Trade unions should solicit them on behalf of their members. Governments must avail drugs for the plantations. Because agricultural workers are confined to where they are working, trade unions need to make sure that their members have time to take their drugs and that they have the proper food. It’s not just about drugs. It’s about proper nutrition.”

She would also like to see more active HIV policies at the workplace, based on the ILO’s *Code of Practice*. “Many companies use their policies as PR. Trade unions need to have a negotiated kind of input so that none of the parties are offended in the process.”

The lessons

Omara says the IUF has learned lessons from its work with affiliates on HIV prevention. “We know that HIV can be controlled. We know that people must be vigilant—they must not backtrack on their commitments. My experience is that big changes can take place—stigma and fear come out and are confronted. In the youth groups now it is a normal issue. There is no fear, and there is much less stigma and discrimination towards people living with HIV and AIDS.”

Broader issues

HIV prevention and awareness programmes are crucial but equally important for the IUF are strategies to deal with broader issues such as child labour, unemployment, women’s skills and casual labourers.

Hella Alikuru, the IUF’s Regional Secretary, is clear about the link between macroeconomic issues and the spread of the pandemic. This year the IUF has launched two new regional projects in English-speaking and French-speaking Africa. Women and young people are two of the main target groups.

“We need to look at the whole picture. How do we help youth who are not employed? If they are idle, they may be behaving in an irresponsible manner. How can we help women have skills so that they have income generation rather than prostitution? How can we organize casual labourers so that they have trade unions to stand up for their rights?”

Organizing sex workers in Cambodia

The Cambodian Prostitute Union has helped reduce HIV infection in the sex industry by educating sex workers about safer sex and their rights. It uses its collective strength to show sex workers how to stand up to brothel owners and clients. Union Aid Abroad - APHEDA, the aid arm of the Australian Council of Trade Unions, was instrumental in helping sex workers form the trade union during its work in Cambodia on HIV in the late 1990s in partnership with CWDA, a leading women's nongovernmental organization.

Cambodia has the highest HIV prevalence in South East Asia. The virus is mainly spread through heterosexual sex, including men who have unprotected sex with sex workers. But the country's HIV prevalence has fallen significantly in the last five years from an estimated 4% of the population in 1999 to 2.6% in 2002 to 1.6% (range 0.9–2.6%) in 2005. The success is due to large-scale efforts by the government and nongovernmental organizations to direct education and treatment at groups at risk. A new trade union, the Cambodian Prostitute Union (CPU), has played an important role in helping women in the sex industry to protect themselves from the risk of infection.

Phnom Penh's sex industry

More than 14 000 women and children are sex workers in Cambodia's capital Phnom Penh. Most are found in the city's red-light district, a strip north of the city known as Svay Pak. Girls aged 15 to 18—some only children—work in brothels, night clubs, massage parlours and private hotels.

Most sex workers have been coerced into the industry, sold by relatives or friends or tricked by promises of well-paid jobs. Others are forced into sex work to escape desperate poverty. One third has been trafficked into Cambodia from Vietnam or China. Sold to brothel owners, they can only escape conditions of abuse and slavery when they have worked off massive debts.

Most clients are Cambodian men—often members of the military police—although sex tourists are also a significant percentage. Virgins, promoted as 'special commodities', are popular with clients who believe that sex with a virgin has rejuvenating properties. Estimates of HIV prevalence among sex workers varies from 20% (Ministry of Health) to 7% (CPU survey), but the number of sex workers infected with HIV has certainly declined because of an increase in condom use during commercial sex encounters.

Educating sex workers

Union Aid Abroad - APHEDA, the humanitarian overseas agency of the Australian Council of Trade Unions (ACTU), has been working in Cambodia on HIV education and prevention since the early 1990s. Its HIV work began as part of its focus on skills training for working men and women in developing countries. Union Aid Abroad has a longstanding relationship with leading national nongovernmental organization, the Cambodian Women's Development Agency (CWDA).

The CWDA was one of the first national nongovernmental organizations to be created in Cambodia in 1993, following a law which, for the first time, allowed Cambodians to establish their own associations. An independent nongovernmental organization with a strong feminist agenda, the CWDA supports local communities with projects which promote self-sufficiency, empowerment and women's rights.

Kien Serey Phal, CWDA Director, explains the organization's philosophy. "Our objective is to empower women by building up self-reliance. In order to address gender equity, we need to involve men and women, young and old. We help people in the communities prioritize what is most urgent. We provide training and help them implement their activities. But the programmes and the resources come from the communities and are run by themselves for themselves."

The same ethos underpins the CWDA's work on HIV which began in 1993. The CWDA directed HIV education and prevention at women working in the sex industry in Phnom Penh. Di Butler, a field worker for Union Aid Abroad - APHEDA with a nursing background and experience of outreach work among Australian sex workers, provided technical advice for the programme. APHEDA produced the first leaflets on HIV for sex workers in Cambodia. A group of peer educators was selected and trained, chosen for their leadership and knowledge of HIV.

A voice for sex workers

The project quickly evolved from a traditional HIV education project to a programme with much broader objectives. During training sessions the women described the problems they faced in their lives as sex workers: the physical and emotional violence they suffered from clients and brothel owners, the desperate poverty they lived in, and the discrimination faced by their children. The training began to focus on helping the women to negotiate with their clients and protect themselves from extreme vulnerability.

At the time the CWDA acted as a spokesperson for the sex workers, channelling the women's concerns to other groups in the capital. The CWDA was not comfortable with this role. "We felt a bit shameful because we were not in their situation," recalls Kien Serey Phal. "The words we used, the emotions and sentiments we expressed were ours, not theirs." The CWDA persuaded the women to talk for themselves. "The women complained that they were treated as if they didn't exist. We tried to make them see that the only way they could change that was by talking for themselves," she continues.

The women gradually began to articulate their grievances in discussions with the brothel owners, nongovernmental organizations, the government and police. More confident in their ability to put forward their views, a group of the most outspoken sex workers—14 trained HIV educators—decided to set up their own association, and in 1998 the Cambodian Prostitute Union was launched.

Union Aid Abroad - APHEDA played an important role in the union's development, training a core group of women in union rights, the labour code, trade union organization and negotiating skills.

Through its ILO-Workers Education Project on HIV/AIDS in 2003, Union Aid Abroad - APHEDA also used CPU members to assist with the training of Cambodia's seven trade union confederations. Mixing the women with Cambodia's traditional trade unionists was not easy.

The confederations initially treated the CPU as the “bad apple” but the delegates soon conceded that the sex workers had an even stronger hold on trade union principles than they did.

Union flourishes

Seven years after its formation, the CPU is a large independent trade union representing more than 1000 sex workers. The legality of the union—like the legality of prostitution—is unclear. The Cambodian Constitution prohibits “any business that ruins women’s dignity” and the 1996 law against trafficking makes it illegal for any person to run a brothel. Legal or not, the union is thriving.

From its premises—a drop-in centre in the red-light district of Phnom Penh—the CPU trains women in reproductive rights and sexual health, organizes training in alternative income-generating activities, and provides information on women’s rights, labour laws and trafficking. The union also runs literacy classes for the women and their children. Few of the women are literate, and only 50% of their children go to school. The union has good links with government and nongovernmental organizations. In recent years police harassment of sex workers has decreased because of good relations between the union and the police.

High impact on HIV

The Cambodian Prostitute Union has been at the heart of efforts to reduce HIV prevalence among sex workers. Peer educators, often union members who are HIV positive, run training sessions for the women on HIV awareness and prevention. More importantly, the trade union teaches the women how to assert their rights, and backs their case if they encounter resistance from clients and brothel owners. Helped by the government’s decision to order all brothels to insist on the use of condoms, the CPU takes any complaint from a member about unprotected sex straight to the brothel owners.

For Kien Serey Phal, Director of the CWDA, it is this demonstration of the union’s strength that has had an important impact on HIV risk and prevalence in the sector. “The CPU shows the women how to look out for themselves when they are in a vulnerable situation. The union shows them how they can get help and support from other sex workers. They make sure the women know how to protect themselves. Before the union the women were powerless to protest if a brothel owner forced them to have unprotected sex with a client. Now the women know how to negotiate.”

Defending the rights of sex workers

My name is Mam. I was born in 1974. I am one of 14 children, my parents and most of us died in the war. Now I am the last daughter alive.

At first I worked in a rubber farm but I was tricked and sold to a brothel in 1991. The trafficker made US\$ 3200. Because I lost my virginity like that, I was upset, but decided not to be embarrassed about it, and continued as a sex worker.

In 1998 I was approached to help set up a sex workers' centre. In July 1998 we changed the centre into a union.

The CWDA approaches brothel owners, explains the rights of sex workers, and fights for legalisation of sex work. It also provides support to sex workers, to inform them about their rights and how to deal with problematic customers. The union organizes classes for illiterate sex workers, providing primary education and knowledge about legal rights. We feel the union is very strong—now the police leave us alone. We argue that our bodies are our own, and making money with them is not like stealing.

In September 1998 the police made fierce raids against sex workers which made educating sex workers much more difficult. So in TV programmes every two weeks, the union broadcast on TV, trying to meet the governor and raised the issue of sex workers' rights. Sixty sex workers met the Queen and the Prime Minister, to discuss sex workers' problems. Now we have won support from five nongovernmental organizations.

The union emphasises that sex workers only sell their bodies to earn money, they do not rob or steal. More and more sex workers become aware of our rights. We support one another, and accompany each other to hospital and police stations. When the police arrest my friends we all go there together to support them. Now the police still ask us for money, but the oppression is greatly reduced.

Since employers try to prevent sex workers from joining the union, now most union members have their own flats [apartments] and work independently. When we are arrested we have to pay a US\$ 20 fine. In principle brothel owners have to pay US\$ 2000. However, since their relations with the military and police is good, or the owners are the military and police themselves, the owners in fact do not have to pay.

The greatest problems for sex workers are AIDS and the police. Because of police raids, sex workers are moving to areas where condoms are not popular, so HIV spreads.¹⁷

¹⁷ Asian Labour Update, issue 33, Dec 1999 to Feb 2000. Extract of interview reproduced with permission of Asia Monitor Resource Center www.amrc.org.hk

Annex 1. The ILO Code of Practice on HIV/AIDS and the world of work

The *ILO Code of Practice on HIV/AIDS and the world of work* is a set of internationally recognized guidelines to promote and support action in the world of work. Developed through extensive consultation with Member States and approved by representatives of government, employers and workers, the *Code* contains fundamental principles for policies at national and enterprise levels, and practical guidance for workplace programmes. It is complemented by an education and training manual.

Key principles of the ILO Code of Practice

1. A workplace issue

HIV/AIDS is a workplace issue because it affects the workforce, and because the workplace can play a vital role in limiting the spread and effects of the epidemic.

2. Non-discrimination

There should be no discrimination or stigma against workers on the basis of real or perceived HIV status—casual contact at the workplace carries no risk of infection.

3. Gender equality

More equal gender relations and the empowerment of women are vital to preventing the spread of HIV infection and helping people manage its impact.

4. Healthy work environment

The workplace should minimize occupational risk, and be adapted to the health and capabilities of workers.

5. Social dialogue

A successful HIV/AIDS policy and programme needs cooperation and trust between employers, workers, and governments.

6. No screening for purposes of employment

Testing for HIV at the workplace should be carried out as specified in the Code, should be voluntary and confidential, and never used to screen job applicants or employees.

7. Confidentiality

Access to personal data, including a worker's HIV status, should be bound by the rules of confidentiality set out in existing ILO instruments.

8. Continuing the employment relationship

Workers with HIV-related illnesses should be able to work for as long as medically fit in appropriate conditions.

9. Prevention

The social partners are in a unique position to promote prevention efforts through information, education and support for behaviour change.

10. Care and support

Workers are entitled to affordable health services and to benefits from statutory and occupational schemes.

ILO standards and HIV/AIDS

While there is no ILO Convention that specifically addresses HIV in the workplace, many instruments exist which cover both protection against discrimination and prevention of infection. The Conventions that are particularly relevant include:

- Discrimination (Employment and Occupation) Convention, 1958 (No.111). This is one of the eight fundamental conventions of the ILO.
- Occupational Safety and Health Convention 1981 (No. 155)
- Occupational Health Services Convention 1985 (No. 161)
- Termination of Employment Convention, 1982 (No.158)
- Vocational Rehabilitation and Employment (Disabled persons) Convention, 1983 (No. 159)
- Social Security (Minimum Standards) Convention, 1952 (No. 102)
- Labour Inspection Convention, 1947 (No. 81) and Labour Inspection (Agriculture)

Annex 2. Resources

Global Unions Programme on HIV/AIDS

c/o Public Services International (PSI)
BP 9
01211 Ferney-Voltaire Cedex
France
Tel: +33 450 406464
www.global-unions.org/hiv-aids

Global Union Federations

International Confederation of Free Trade Unions (ICFTU)
5 boulevard du Roi Albert II
1210 Brussels
BELGIUM
Tel: +32 2224 0204
www.icftu.org

Education International (EI)
5 boulevard du Roi Albert II
1210 Brussels
BELGIUM
Tel: +32 2 224 0624
www.ei-ie.org

Building Workers International (BWI)
54 route des Acacias
Carouge
CH -1227 Geneva
SWITZERLAND
Tel: +41 22 827 37 77
www.ifbww.org

International Federation of Chemical, Energy, Mine and General Workers' Unions (ICEM)
Avenue Emile de Béco 109
B-1050 Brussels
BELGIUM
Tel: +32 2626 2020
www.icem.org

International Federation of Journalists (IFJ)
IPC-Residence Palace, Bloc C
Rue de la Loi 155
B-1040 Brussels
BELGIUM
Tel: +32 2235 2200
www.ifj.org

International Metalworkers' Federation (IMF)
54 bis route des Acacias
Case Postale 1516
CH-1227 Geneva
SWITZERLAND
Tel: +41 22 308 5050
www.imfmetal.org

International Textile, Garment and Leather Workers' Federation (ITGLWF)
Rue Joseph Stevens 8
1000 Brussels
Belgium
Tel: +32 2512 2606 or 2512 2833
www.itglwf.org

International Transport Workers' Federation (ITF)
ITF House
49-60 Borough Road
London SE1 1DR
United Kingdom
Tel: +44 207 403 2733
www.itf.org.uk

International Union of Food, Agricultural, Hotel, Restaurant, Catering, Tobacco and Allied
Workers' Associations (IUF)
Rampe du Pont-Rouge 8
Petit-Lancy
CH-1213 Geneva
Switzerland
Tel: +41 22 793 22 33
www.iuf.org

Public Services International (PSI)
BP 9
01211 Ferney-Voltaire Cedex
France
Tel: +33 450 406464
www.world-psi.org

Trade Union Advisory Committee to the OECD (TUAC)
26 avenue de la Grande Armée
75017 Paris
FRANCE
Tel: +33 15 537 3737
www.tuac.org

Union Network International (UNI)
Avenue Reverdil 8-10
CH-1260 Nyon
Switzerland
Tel: +41 22 365 2100
www.union-network.org

UN AGENCIES

ILO Programme on HIV/AIDS and the World of Work
International Labour Office
4 route des Morillons
CH-1211 Geneva 22
Switzerland
Tel: +41 22 799 8337
e-mail: iloaids@ilo.org
www.ilo.org/aids

The ILO Programme, known as ILO/AIDS, aims to raise awareness of the social, economic and development impact of AIDS through its effects on labour and employment; to help governments, employers and workers support national efforts to control HIV/AIDS; and to fight discrimination and stigma related to HIV status. The ILO is a cosponsor of UNAIDS.

UNAIDS
20 avenue Appia
CH-1211 Geneva 27
Switzerland
Tel: +41 22 791 3666
www.unaids.org

The Joint United Nations Programme on HIV/AIDS (UNAIDS), is the main advocate for global action on the epidemic. It leads, strengthens and supports an expanded response aimed at preventing transmission of HIV, providing care and support, reducing the vulnerability of individuals and communities to HIV, and alleviating the impact of the epidemic.

The Global Fund to Fight AIDS, Tuberculosis and Malaria
Geneva Secretariat
53 Avenue Louis-Casaï
1216 Geneva-Cointrin
Switzerland
Tel: +41 22 791 17 00
www.theglobalfund.org

The Global Fund to Fight AIDS, Tuberculosis and Malaria was created to dramatically increase resources to fight three of the world's most devastating diseases, and to direct those resources to areas of greatest need. As a financing mechanism, the Global Fund works closely with other multilateral and bilateral organizations involved in health and development. In many cases these partners participate in local Country Coordinating Mechanisms, providing important technical assistance during the development of proposals and implementation of programmes.

The Joint United Nations Programme on HIV/AIDS (UNAIDS) brings together ten UN agencies in a common effort to fight the epidemic: the Office of the United Nations High Commissioner for Refugees (UNHCR), the United Nations Children's Fund (UNICEF), the World Food Programme (WFP), the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), the United Nations Office on Drugs and Crime (UNODC), the International Labour Organization (ILO), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the World Health Organization (WHO), and the World Bank.

UNAIDS, as a cosponsored programme, unites the responses to the epidemic of its ten cosponsoring organizations and supplements these efforts with special initiatives. Its purpose is to lead and assist an expansion of the international response to HIV/AIDS on all fronts. UNAIDS works with a broad range of partners – governmental and nongovernmental, business, scientific and lay – to share knowledge, skills and best practices across boundaries.

Produced with environment-friendly materials



UNAIDS • BEST • PRACTICE • COLLECTION

- is a series of information materials from UNAIDS that promote learning, share experience and empower people and partners (people living with HIV, affected communities, civil society, governments, the private sector and international organizations) engaged in an expanded response to the AIDS epidemic and its impact;
- provides a voice to those working to combat the epidemic and mitigate its effects;
- provides information about what has worked in specific settings, for the benefit of others facing similar challenges;
- fills a gap in key policy and programmatic areas by providing technical and strategic guidance as well as state-of-the-art knowledge on prevention, care and impact-alleviation in multiple settings;
- aims at stimulating new initiatives in the interest of scaling up the country-level response to the AIDS epidemic; and
- is a UNAIDS interagency effort in partnership with other organizations and parties.

Find out more about the Best Practice Collection and other UNAIDS publications from www.unaids.org. Readers are encouraged to send their comments and suggestions to the UNAIDS Secretariat in care of the Best Practice Manager, UNAIDS, 20 avenue Appia, 1211 Geneva 27, Switzerland.

Global reach: how trade unions are responding to AIDS **Case studies of union action**

This Best Practice report shows how the power of working people can be harnessed in the response to AIDS. Eleven case studies from different settings show how trade unions are mounting bold, imaginative responses to HIV in the workplace: challenging stigma and discrimination, addressing the factors that increase vulnerability and risk, educating their members on HIV transmission prevention, providing care and treatment, and building worldwide coalitions that campaign for more to be done to tackle the disease.

The report contains a wealth of practical experience that trade unions, employers, governments and nongovernmental organizations can draw on when developing workplace responses to AIDS.

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Fax: (+41) 22 791 41 87
e-mail: bestpractice@unaids.org

www.unaids.org