

Trades Union Congress

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TUC conference on HIV/AIDS

Beating the pandemic

Workplace responses to the global challenge of HIV/AIDS
Saturday 4 December 2004

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The TUC takes this opportunity to express its gratitude to all the partners – affiliates, ICFTU, NGOs, notably the National AIDS Trust, Stop AIDS Campaign etc – who collaborated with it in organising this important event on the *Workplace Response to the Global Challenge of HIV and AIDS* in Congress House on Saturday 4 December 2004. It would also like to extend special thanks to the Department for International Development for the financial contribution made towards the cost of organising the Conference and to the ILO for provision of valuable educational material. We are also grateful to the VSO for agreeing to meet the expenses of the speaker from South Africa.

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Beating the Pandemic - A Workplace Response to Global Challenge of HIV/AIDS - organised in co-operation with the Bill Morris Testimonial Campaign on HIV/AIDS

Every day millions of workers all over the world face stigma and discrimination at work because they have been diagnosed as HIV Positive. Many lose their jobs, and some have lost their homes, friends and families.

The ILO estimates that over 40 million people are affected globally with HIV and Aids, and some 20 million people have already died with no continent spared of the pandemic.

We rightly focus on the human and social cost of the pandemic, but there is also the hidden economic cost. Addressing the economic dimension, the ILO writes: "HIV/Aids destroys human capital built of over many years and weakens the capacity of workers to produce goods and services for the economy."

It is clear that HIV and Aids recognises no barriers and now demands the attention of opinion formers and decision makers everywhere.

In Britain there are currently 53,000 people living with HIV and Aids, mostly of working age. They deserve and must get trade union support and protection.

To date, the global response of trade unions has been led by the international trade union organisations. But the fight against HIV and Aids must now mobilise each union in every country and all of their members.

On December 4, 2004, the TUC, supported by the Bill Morris Testimonial Fund for HIV and Aids, convened a conference, which brought together a variety of organisations working to combat the effects of HIV and Aids, including union members and organisers. The clear consensus was for the formation of a broad coalition involving every worker in every workplace; we need to move from seeing HIV and Aids not only as an issue for trade union policies, but an issue for workplace practice.

Bill Morris

Chair, "Beating the Pandemic" conference

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Programme of the day

Registration, coffee and tea

Opening remarks by **Sir Bill Morris**, Conference Chair

Frances O'Grady, TUC Deputy General Secretary

Gareth Thomas MP, Parliamentary Under-Secretary of State for International Development

Peter Busse, HIV/AIDS Counsellor and Consultant (South Africa)

Franklyn Lisk, Director, ILO Programme on HIV/AIDS and World of Work

Stephen Lewis, UN Special Envoy for HIV/AIDS

Questions from the floor

Coffee Break

Workshops

Workshop i: Sharing and promoting best practice at the workplace

Workshop ii: HIV/AIDS: Facing the facts – the real state of the epidemic in the UK

Workshop iii: HIV/AIDS: UK legal framework

Workshop iv: HIV/AIDS: Setback for Development Agenda in Africa

Workshop v: Impact of HIV and AIDS on women at the workplace and families

Clementine Dehwe, Global Unions HIV/AIDS Campaign Co-ordinator

Feedback from workshops

Concluding remarks from Chair

Lunch and conference ends

Conference speakers

Sir Bill Morris - Conference Chair

Sir Bill Morris was born in Jamaica, arriving in Birmingham, England in 1954 and working his way through the ranks of the Transport and General Workers' Union to be elected as Britain's first black General Secretary in 1995. He retired from that post in October 2003.

On retirement he established the Bill Morris HIV and AIDS Testimonial Fund to raise awareness of HIV and AIDS among trade unionists in the workplace and about the pandemic affecting the African Continent.

He is continuing his public role in a variety of ways. He chaired The Morris Inquiry (a public inquiry) into the professional standards of the Metropolitan Police. Among his other commitments are Non-Executive Director, Bank of England, Member, Commission for Integrated Transport and Chancellor, University of Technology, Jamaica and Staffordshire University, England. He has recently been appointed to the Cricket Board for England and Wales.

In October 2002 Bill Morris was awarded the Order of Jamaica by the Jamaican Government for services to international trade unionism. In November 2003 he received a Knighthood from the Queen.

Frances O'Grady - TUC Deputy General Secretary

Frances became TUC Deputy General Secretary in January 2003, the first woman ever to hold this post. Frances has lead responsibility for a wide range of key areas of policy development across the TUC's work including trade union recruitment and organisation, inter-union relations and TUC services to members.

Prior to this, she headed up the TUC's Organisation and Services Department (OSD). She has also been responsible for the TUC's regional machinery, TUC education programme for workplace union reps and the TUC national network of Learning Services projects. Frances was the union nominated member of the Local Government Pay Commission and the Royal Mail's National Partnership Board. She sits on the board of the think tank, IPPR, and is a member of the UK Skills Board and the National Employment Panel. Frances has recently been appointed to the LSC National Council.

Peter Busse - HIV/AIDS Counsellor, Trainer and Consultant

Peter started his involvement in AIDS work in 1989 as a volunteer counsellor and was closely associated with the establishment of the Township AIDS Project in Soweto, (Johannesburg), South Africa. He was also involved in the drafting of the National AIDS Plan and was appointed to the National AIDS Convention of South Africa (NACOSA) as a representative for People Living with HIV/AIDS. In 1996, he was appointed Chair of the National Association of People Living with HIV/AIDS (NAPWA) and became its director in 1997.

He was heavily involved in the XIII International AIDS Conference held in Durban in 2000. As a Conference Director and Chairperson of the Community Programme, he was responsible for the overall conference programme, and the community programme in particular. Currently, he is a consultant to government departments, the corporate sector and non-governmental and development organisations. Peter's work is inspired and enhanced by his personal insight and experience of living and working with HIV/AIDS.

Gareth Thomas MP - Parliamentary Under-Secretary of State for International Development

Gareth was elected as the Member of Parliament for Harrow West in 1997, and was a member of the Environmental Audit Select Committee from November 1997 to October 1999. Prior to his appointment as Parliamentary Under-Secretary of State, he was working as Parliamentary Private Secretary to the Secretary of State for Education, Charles Clarke MP.

He is currently Chair of the Co-op Party and he is the Co-author of the Mutuo publication 'From Margins to Mainstream: Making Social Responsibility part of

Corporate Culture (2002)' and of the Fabian Society publication 'At the Energy Crossroads: Policies for a Low Carbon Economy (2001)'.

Since becoming PUSS, Gareth has been a strong advocate of global mobilisation of resources for prevention of the pandemic and for treatment and care of people living with HIV/AIDS. His Department published its strategy on HIV/AIDS in July 2004 with a pledge to substantially increase funding for AIDS related work over the next three years.

Stephen Lewis -UN Special Envoy

UN Secretary-General Kofi Annan appointed Stephen Lewis as his Special Envoy for HIV/AIDS in Africa in 2001. From 1995 to 1999, Stephen was Deputy Executive Director of UNICEF in New York. In 1984-88, he was Canadian Ambassador to the United Nations. In this capacity, he chaired the Committee that drafted the Five-Year UN Programme on African Economic Recovery.

Stephen Lewis holds 20 honorary degrees from Canadian universities. In May 2003, in recognition of outstanding contributions to public health, Columbia University's Mailman School of Public Health honoured him with the Dean's Distinguished Service Award. And in 2003, he was appointed a Companion of the Order of Canada, Canada's highest honour for lifetime achievement.

In March 2004, Stephen Lewis was honoured by the United Nations Association in Canada with the Pearson Peace Medal, which celebrates outstanding achievements in the field of international service and understanding. Recently, he created the Stephen Lewis Foundation to help ease the pain of HIV/AIDS in Africa.

Dr Franklyn Lisk - Director of the ILO Programme on HIV/AIDS and the World of Work

Dr Lisk is a national of Sierra Leone. Before joining the ILO in 1974, he was a lecturer in Economics at Aston University in Birmingham. From 1974 to 1985, he was the Research Economist and Senior Economist for the World Employment Programme in Geneva.

Dr Lisk served as Regional Adviser on Employment Policy and Manpower Planning in the ILO Caribbean Office, Port-of-Spain, in Trinidad and Tobago from 1986-88. He became the Senior Economist and Head of Planning in Geneva after serving as

Deputy Regional Director for Africa in Abidjan in 1991-1996. He was Director and Representative to the United Nations at the ILO Liaison Office with the United Nations in New York from 1998 to 2000.

Dr Lisk holds a PhD from the University of Birmingham. He has provided technical advisory services to ILO tripartite constituents in a number of countries in Asia, Africa, Middle East, the Caribbean, Latin America and Eastern Europe.

Clementine Dehwe - Global Unions HIV/AIDS Campaign Coordinator

Clementine joined the General Agriculture and Plantation Workers Union (GAPWUZ) in Zimbabwe in 1985 as a secretary and later become an organizing secretary. In 1986, she was appointed National Women's Co-ordinator and was responsible for implementing a joint programme for GAPWUZ and the International Union of Food (IUF) - one of the Global Unions.

In 1992 she joined the Zimbabwe Congress of Trade Unions (ZCTU) as an occupational health and safety training officer and later, in 1992, she became its HIV/AIDS Co-ordinator. As representative of the ZCTU and ICFTU-AFRO, she took part in, and facilitated, a number of regional and international seminars and workshops. She joined the ICFTU as Global Unions HIV/AIDS Campaigns Coordinator in January 2004. The main objectives of this campaign are to raise the problems of the HIV/AIDS pandemic as a union issue, ensure that HIV/AIDS is a priority issue in setting up new policies and encourage workplace programmes aimed at combating stigma and discrimination associated with the pandemic.

Sir Bill Morris

Former General Secretary of Transport and General Workers' Union and Chair of the Conference

On behalf of the TUC General Council and the Bill Morris Testimonial Fund can I say welcome to this Conference and particularly welcome to our international guests and speakers for this morning. I understand the Minister representing the DFID will be joining us shortly.

My first task is to say thanks to all the organisations that have supported the Conference and a number of organisations that have not managed to be represented here this morning have sent messages of support for the Conference and its objectives.

Friends, the goals for today, in my view, are realistic goals; they are achievable goals. For my part, it is merely to seek to establish a consensus for a workplace response to the global challenge of HIV and AIDS.

Your presence is a statement of an inclusive approach to that consensus that we have to build, not only a consensus but also a practical coalition. It's a practical coalition which basically says that you can count on me in taking personal responsibility in playing your part in the coalition and we need that because we know that in the UK over 53,000 people are living with the virus and many of those are active workers in the workplace and, of course, a large number are trade unionists.

As a trade union movement we have an extremely good and enviable track record, I would say, in fighting discrimination in challenging race discrimination, sex discrimination, disability discrimination, AIDS discrimination. We have policies and procedures for dealing with a raft of workplace issues whether it's drug or alcohol abuse. All these are issues that we confronted and indeed are challenging.

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The time has come to break the taboo – to remove the workplace stigma from those who are struck by the virus. You're saying you want to be part of that coalition; you want to be part of the consensus. And we can make a start by building a capacity in every single trade union affiliated to the General Council and even those who are not.

We can build that capacity by educating the rank and file to a greater understanding, educating the employers because there is not just a moral case but a business case also. Educating the bargainers – giving them the tools to do their job and ensuring they have the confidence to face up to the tough and difficult decisions at times.

We have to develop agreements, processes and procedures, and we have to make the case for more and better rights for those suffering with the virus.

But, friends, in the end our responsibility as trade unionists is inescapable. We are rightly the legitimate and authentic voice of people at work as trade unions. But we can only earn the right to ensure that we continue to be that voice, if we deliver on the demands in terms of ending discrimination in respect of those struck by the virus. We cannot leave it to others, it is not enough to say the voluntary sector can do it; of course they can make a contribution.

Frances O'Grady

TUC Deputy General Secretary

This is a very important conference on a hugely important issue. Defeating the pandemic is one of the greatest challenges facing humanity. And there's no doubt our fight against HIV/AIDS must involve the workplace. The scale of the task we all face is enormous. Consider a few facts.

UNAIDS says today over 39 million people of working age are living with HIV/AIDS. The ILO estimates that some 26 million of them are in work. By the end of this year, the global workforce will have lost 28 million workers to HIV/AIDS since it was first diagnosed in 1981. And think about Africa, where in some countries the pandemic is having a devastating impact. About 70% of those living with HIV/AIDS

are in Sub-Saharan Africa – and 57% of them are women. And if just one statistic could tell the whole story, it's this – life expectancy has dropped to 37 years in some parts of Africa.

HIV/AIDS has beyond doubt become the most serious challenge to all development efforts in Africa – and indeed elsewhere. Unless we make a concerted effort to avert the impending crisis, the future will be bleak. Trade unionists consider HIV/AIDS not just a health issue, but also a human rights issue, a social issue and an economic issue.

We have a special duty to help our brothers and sisters at work in their hour of need. So what can we do to defeat AIDS? We in the trade union movement are acutely conscious of the need for action at workplace level. Indeed, the TUC has just launched a new advice service on our WORKSMART website in conjunction with the National Aids Trust. So why is the workplace such an effective forum for campaigning on this issue?

Firstly – it brings together a sizeable proportion of the at risk 15-49 age-group, which is also the most productive age group.

Secondly – many workplaces have good facilities for disseminating information on the disease, and also for educating workers, and that's vital, because as the recent Marie Stopes survey revealed, ignorance about AIDS is still widespread.

Thirdly, we know that existing structures and institutions like Works Councils, Health and Safety Committees and Study Circles provide a useful forum for awareness-raising campaigns.

Fourthly, in many countries trade union leaders play a significant role as opinion formers – and they could provide leadership for the campaign, because workers are likely to be more receptive to the message when trade unionists are actively involved in it.

Fifthly, we as trade unionists have a duty to protect and promote the employment and human rights of those affected by the pandemic – indeed combating HIV/AIDS-related stigma and discrimination at work remains one of our priorities.

So there's no doubt that the workplace is a hugely important forum for tackling the disease.

And there's no doubt we need a joint approach.

The TUC has always advocated and encouraged an inclusive approach to the HIV/AIDS crisis - one which encourages employers to take their obligations seriously. In many developing countries both unions and employers have suffered in equal measure. Unions have lost hundreds of thousands of members to the disease, not to mention a number of leaders and key officials. Employers suffer increased absenteeism and rising costs in terms of recruitment, training, insurance, pensions and health management.

The involvement of trade unions and employers in a joint campaign will encourage other stakeholders - Governments and civil society organizations - to participate in it.

Let me say a few words about the TUC's experience of joint campaigning on HIV/AIDS.

As you probably know, we were among the first to react to the onset of the disease in the UK in the early eighties. We did it in collaboration with the CBI and ACAS, playing a leading role in co-ordinating workplace responses to HIV/AIDS. We developed a set of workplace policies and strategies through partnership with employers.

Events in the two decades since have vindicated our approach to the problem.

Today, in many parts of the world, unions and employers have been instrumental in organising training for health and safety representatives, disseminating information and best practice and organising counselling, treatment and care in the workplace.

And we have been very much aware of the importance of an international approach to fighting HIV/AIDS.

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The ICFTU and the employers' federation – the International Organisation of Employers – issued a joint statement of commitment to join forces in the fight against HIV/AIDS.

The TUC is part of the ICFTU Trade Union HIV/AIDS network, and we're using our influence within the ICFTU family to develop policies on HIV/AIDS. We have also been very active in supporting the efforts by the ILO to co-ordinate the workplace response, playing a leading role in promoting the ILO Code of Practice on HIV/AIDS.

And we have supported through the ICFTU the campaign on access to cheap drugs for treatment of HIV/AIDS. We are pleased that an agreement was reached on this last year under the auspices of the WTO and continue to campaign for access to cheap generic drugs, not just for HIV/AIDS but also for other diseases like Malaria and Tuberculosis.

In the UK, we have been working with a number of NGOs on HIV/AIDS. In fact, this Conference is a testimony to the effective collaboration between NGOs and the trade union movement on this important issue. And let me take this opportunity to mention a few practical things that we have been doing specifically to help our colleagues in Africa. We're supporting the five-year ICFTU-AFRO initiative on preventing the spread of HIV/AIDS, combating discrimination, and caring for people living with the disease in nine African countries.

We sponsored a number of training workshops in Zambia, Kenya, Zimbabwe and Mozambique involving a large number of shop stewards and trade union educators, who are now providing support for those living with HIV/AIDS. We've also helped the ICFTU-AFRO to develop a Training Manual on HIV/AIDS – available in both English and French and very soon Swahili. More generally, the TUC has made representations to the Prime Minister for increased resources for the Global Fund for HIV/AIDS, TB and Malaria.

We made a submission to the UK Government consultation on its HIV/AIDS strategy.

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And of course many of our affiliates are also involved in the campaign on HIV/AIDS on their own and through Global Unions.

In this country and abroad, trade unions are making a real difference in changing hearts and changing minds and in offering practical support to those who need it most.

Let's keep up that good work – and let's think how to develop it.

Gareth Thomas

MP

Parliamentary Under Secretary of State for International Development

My role is to focus on the international aspect of the pandemic, but I was told recently that in 1996 that great British institution - the Sun newspaper - did a survey of how Sun readers rated 20 professionals in order of trustworthiness. Trade unionists, you'll be pleased to know were in 10th place; politicians were in 18th place. The same survey by that same great British institution was repeated in 2000 and you'll be pleased to hear that trade unionists were still in 10th place; politicians however, had slipped to 20th place and we had fallen behind second-hand car dealers and even estate agents. So, one of the reasons of coming today is a hope that your aura of trustworthiness rubs off on me.

As Bill alluded to, 1 in 5 of the world's poor live in abject poverty at the moment – that's a billion of the world people, who don't have access to the essential medicines, that we take for granted, that don't have access to clean water and often can't afford to send their children to school regularly, either.

That by any definition is a massive injustice. It represents a call for action by governments, certainly by labour ministers in particular but also a call for action by us as trade unionists. When you compound this injustice with the HIV and AIDS

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pandemic you have a truly global emergency. AIDS is one of the greatest threats to poverty reduction at the moment.

58 million people, worldwide, have been infected by HIV. We have seen some 20 million people die of AIDS and there are in Africa alone 12 million children orphaned as a result of AIDS. It's an epidemic that is reversing development gains in sub-Saharan Africa.

In the UK, the average life expectancy is 75. In Botswana now because of AIDS it's 27. AIDS is complex. It is not just about health. The AIDS epidemic does not affect the world's poor equally.

The reasons for its hold have deep roots – the UNAIDS said last week that such is the rage of HIV infection now in young girls and women that in parts of Africa they are in danger of becoming an endangered species.

From anyone else, such a comment would be dismissed overblown rhetoric, but we know that young women in sub-Saharan Africa are becoming infected at between 3 to 6 times the rate of young men.

Indeed, 75% of young people newly infected by HIV in Zimbabwe, Zambia and South Africa are young women and girls. In May this year, I was taken to a project in a township just outside Johannesburg run by the Anglican Church, to see some remarkable women supporting the township dealing with the impact of AIDS. They help to keep orphans in schools; they support grandparents to claim pensions so they can afford to look after orphans; they provide nursing services for the dying and they support families through funerals of loved ones.

They took me to a typical home in the township, a corrugated hut, earthen floor, just off the main road going through the township to meet a woman who had acquired HIV from her husband who had already died of AIDS. That woman was so sick that it took her a huge effort just to sit upright to hold a conversation with me.

So we have to build better healthcare systems; we have to challenge the political, economic, social conditions people are living in and we have to continue to champion the broader fight against global poverty to secure a fairer system of

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world trade, to make more progress on debt relief, to secure more aid and political reform.

We also have to continue to champion the emancipation of women to end the situation where too many women are pressured into sex or can't negotiate condom use in the developing world.

We have to challenge, too, the ridiculous notion that just a bit more abstinence is all that's required to tackle the epidemic. There is of course a role to encourage people to have fewer sexual partners and to delay the onset of sexual activity. But we have to deal with the reality and we have to get much greater access to female and male condoms.

We do know what we need to do to tackle AIDS effectively; in Uganda, Brazil, Senegal and Thailand the epidemic has been brought under control or indeed the epidemic never took off.

The lessons from those countries are at the heart of Britain's strategy for tackling HIV and AIDS in the developing world launched by Tony Blair and Hilary Benn in July this year.

The heart of that strategy is money. Money does matter so we will spend at least £1.5 billion on AIDS-related work over the next 3 years including more money going to the Global Fund and secondly that money will help to pay comprehensively for programmes to focus on prevention, on treatment, on testing and health programmes to support orphans in particular, women and young people and to reduce the social impact of AIDS on schools and hospitals, for instance and will support thirdly too long term financing and increased research for a vaccine and for an effective microbicide. But, above all, at the heart of that strategy, is a commitment to work to galvanise political leadership that is fundamental in tackling the epidemic.

In 2005 the UK will have the presidencies of the G8 and European Union and the Prime Minister confirmed again on Wednesday, on World AIDS Day, that we will use our leadership next year to increase action on aids.

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We want to take some new ambitious steps to bring the world together again to tackle AIDS. We need more money for AIDS, but money alone is not going to help us to turn the epidemic around.

We also need a step change; in the way business is done in developing countries.

We have agreed with the UN that they will put together an international plan which we will support, to clarify the roles and responsibilities of all the different players across the international architecture because we need to ensure all the donors, NGOs, trade unions, international agencies, private foundations pull together and don't duplicate each other's work in countries and we will bring people together in March at a high level event, probably in Sweden, to agree the way forward. Once we've got that plan we need to secure the funding to implement that plan so in September we will host the Global Fund Replenishment Conference back to back with a broader AIDS funding conference.

As trade unionists we have a role to play in helping to build pressure on politicians to act. Trade unions, too, have a crucial role to play in challenging the stigma, the discrimination and often the hate that across Africa, the Caribbean and Asia is helping to fuel the spread of AIDS.

On an official visit to Calcutta, last year, I visited an AIDS clinic in the city's largest brothel. I met there a stunningly beautiful woman who was HIV-positive; I mention that because when you're not beautiful yourself you tend to remember those who are. She'd been working in the music industry on the fringes of Bollywood in Mumbai and she'd lost her job there when her HIV status became known. She couldn't find any other work in Mumbai as a result and she had to go home to her parents and family in Calcutta. However, they were embarrassed by her status; they blamed her for the fact that she was HIV-positive. They wouldn't let her join them for meals and for the other things that normal families do together. When she tried once more to join in family life, they forced her out – they forced her to leave home and she ended up in the Sonagachi slum of Calcutta which is home to one of the world's largest brothels.

We know the causes of stigma and discrimination – it's the fear of those who are different; the feeling that they are inferior or a danger; deep-seated cultural values

that prejudice and that we practice without thinking. We know the results of that stigma and discrimination – people are made to feel that they are outsiders, that they are excluded; that somehow they are second best. I think as trade unionists we also know how to tackle that stigma and that discrimination. It is our attitude, the attitude of our friends and our neighbours, because if people don't feel comfortable to come forward for a test that might allow treatment to start if they might be HIV-positive, that means that more people will become positive, it means that more people will become ill. It means that more people won't be able to work long periods of time and of course, if those people were in public services or key industries, then AIDS begins to have an impact beyond the immediate individual and their family, on the economy, the health service, the police, the army, etc.

Just one example to confirm this. In Zambia, there are more teachers dying of AIDS than there are people being trained to be teachers. That's the scale of the impact.

So we need to know and act on the human cost of stigma quickly to understand how families are deprived of their rights and entitlements because discriminatory behaviour hasn't been challenged enough.

That's one of the reasons that the workplace matters so much. The ILO has estimated that 9 out of 10 people infected with HIV worldwide are adults in their professional, productive prime.

The workforce is being severely depleted in several countries; people are increasingly absent from work from death, illness or to care for sick relatives or to attend funerals.

A study of a tea estate in Malawi found that over a five-year period employee deaths had risen by six times due to AIDS. Companies are experiencing reduced productivity through absenteeism, through disruption to their businesses and increased health and benefits cost as employees fall ill because of AIDS or AIDS-related illnesses.

And employees in turn become HIV-positive and face on occasion the sack, loss of income and other forms of discrimination in the workplace. So trade unions have a key role to play in the workplace, working with companies to tackle AIDS.

Frankly, the private sector response has been mixed. Where it has been good, it's been led by large multinationals. Diageo, for example, has pledged to provide all HIV-positive staff in Africa and their dependents with anti retroviral drugs therapy for life.

A second example - Anglo American has launched a partnership with the Global Fund to extend prevention and treatment programme to local communities in South Africa.

Trade unions have a key role in spreading good practice working with employees in large, small and medium sized companies, not only in the formal sector but also the informal sector, as well as the public and private sectors. Trade unions can also support the implementation of effective workplace policies.

The International Union of Food workers in Zimbabwe are developing a project which focuses on women being educators and counsellors on AIDS to reach as wide a community as possible, to spread general awareness about the virus and the Ghana TUC is working with the Ghana employers' association to develop a national AIDS workplace policy.

And I know that the TUC here in the UK has been doing work, not only in the UK but also internationally working with the International Confederation of Free Trade Unions to publish an HIV and AIDS Training Manual for shop stewards, not only available in English, but also in French and I've been told in Portuguese soon or working with the Zambia Congress of Trade Unions to co-sponsor a training workshop for shop stewards in Lusaka to train those stewards in the prevention of HIV and AIDS in the workplace.

So, working in partnership unions and employers can work together to reduce the spread of HIV in the workplace, to provide care and treatment to those with HIV and AIDS and ultimately, to reduce the impact of AIDS. AIDS, for those who know AIDS better than me, is compared to apartheid in the depth and the scale of its impact. Change can happen, the woman dying of AIDS who I'd met earlier, had been given hope by the arrival in the area, of a new hospital consultant who trained in dispensing anti retroviral drugs and those women whom I'd spoken about were hopeful she would get onto an ARV programme. Trade Unions are fundamental to

the fight against AIDS, through the role of demanding leadership by politicians, through a role in supporting communities and challenging discrimination and above all through your role in the workplace.

In the end, I think it is our compassion, our sense of solidarity and our belief in social justice that demands that we respond to this terrible epidemic.

Peter Busse

HIV and AIDS Counsellor and Consultant, South Africa

What I'd like to do is not give you a prepared talk, but to share some of my own personal experiences and hopefully to be able to give you some useful things that you can take into the conference and your work in the future.

Some background about myself – I have been working on HIV and AIDS for 17 years, since 1987, and was diagnosed HIV-positive in 1985; so I have been living with HIV for the last 19 years. What I'd like to do this morning, is try and put those two together, my experience of living as a person living with HIV and to integrate that experience of living with HIV as a reality with my experience in the workplace, and basically to share with you what I've found as being empowering and helpful to me and what I've found have been basic barriers and to conclude by reflecting on some of the comments the other speakers have made.

What I'd like to focus on is prevention and management of HIV in the workplace from a personal perspective and as a trainer and educator, as somebody who has worked in Zambia, Zimbabwe, Mozambique, Swaziland, Ethiopia, Uganda, Ghana and South Africa – to bring some of that southern African experience to bear.

Looking at what works with training, what we need to do in the workplace to develop effective policies, effective programmes and what can help people and what can be a barrier for them.

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The first thing I'd like to talk about is that I was trained as a counsellor and then got involved as an educator. So, I think I have a unique perspective – one to one education, sitting down with someone who is testing or wanting to go for a HIV test and helping them through that process and also working with larger groups of people as a trainer, so looking at what essentially works with adult education, as we are talking about what we need to do and how do we need to do it well - to actually reach people and make an impact on the training we have in the workplace.

The first thing that amazes me is that 20 years into the epidemic, a lot of organisations, including AIDS service organisations, still do not have any kind of policy and I'm really pleased to see that the TUC has developed policies and programmes to address this. The number of companies that I have worked for in South Africa, which, as you know, has one of the most severe AIDS epidemics in the world, a lot of them are only now developing policies; a lot of the major donors and international NGOs are only now starting to use myself and others to actually say that "Oh, it's 20 years into the epidemic, we need a policy – now how do we do it?" So I think the first thing is to develop a policy. Why do we need it? What is a policy? It's the kind of word we throw around, but I think until you have a policy which defines your organisation's position, and its practices and relations to this epidemic, it's just a rudderless ship – you've got nothing to guide you, you can't respond in an equitable, fair manner. It tends to be on a case-by-case scenario. So a policy is essential in providing a framework and parameters in which to address this in a legally and ethically correct manner.

Your policy is going to be central in implementing your workplace programme and that will include things like training, counselling, etc and most importantly, given the inactivity around HIV and AIDS, I think a policy can finally galvanise an organisation into action. It's a document and if it's implemented and widely consulted, it will actually provide the entire organisation with something that can actually project you into addressing this epidemic and doing something about it – so it can be a call to action!

In your policy, you are going to have to look at various issues and one is job access. In southern Africa, so often people are living with HIV and AIDS - and in my country alone there are over 5 million people out of a population of 42 million, who are

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HIV-positive, who cannot access work because of their status – so the first thing that your policy needs to do in the personnel areas is to look at job access.

Then it will need to look at job security – how many people have been dismissed illegally and unfairly from work because of their HIV- status, so how to address that?

We throw this word around, confidentiality - what does it actually mean? For me, confidentiality gives somebody who has just been diagnosed time to come to terms with their own status and when they are ready, to then share that.

Confidentiality is not secrecy. It is not saying keep your HIV-positive status to yourself for the rest of time and I will respect that. Confidentiality in my understanding is giving people the opportunity to come to terms with their own diagnosis, so they when they do share it with other people, they are ready. So, confidentiality is critical because also, it needs to be linked with disclosure. We need, when talking about confidentiality, to help prepare people to talk about this. How many people are HIV-positive, but are too afraid to talk about it and share it?

Somebody once said to me “you cannot get help unless you ask for it!” So, if you’re HIV-positive, unless you go to somebody and say “I am HIV-positive”, unless you have disclosed to one other person, you cannot join a support group, you can’t access ARVs, you can’t access any kind of support unless you have said “I am HIV-positive – I need this HIV- positive specific support.” The disclosure and confidentiality are two incredibly important factors.

Protection against discrimination – we’ve heard a lot about stigma this morning and I think stigma leads to discrimination, the seeing of other people as different, that the identities of some are polluted and spoiled. Just the discourse and language we have around HIV, the innocent victims – on World AIDS Day we had a telephone call-in to pledge money to the innocent victims – the children. The reverse of that is the dirty, guilty adults – you know, “I’m not going to get HIV/AIDS - all my sexual partners are clean”. There is a certain way of being looked at that is kind of victim, dirty, criminal or apart from others.

Something I want to talk you about is access to training and promotion. I once sat down with a very intellectual manager and I said if you had two candidates, equal in all respects and one was HIV-positive and the other one wasn't, whom would you promote and whom would you send for training? And he said the HIV-negative person. I said, in this country – South Africa – what is the average amount of time that somebody stays in one job? He said, statistically, that's three years. So, it's an unconscious thing – you know that you are prepared to invest money in yourself, to train you and promote you but the likelihood of you staying in that particular company is three years and then you're going to move on, but you're not going to train the HIV-positive person, because they may die in a decade or so – it's like an unconscious discrimination that goes on.

In terms of prevention programmes, I think we need to look at STD management in conjunction with HIV – this is particularly necessary in southern Africa.

Obviously, the amount of attention being paid to women in the epidemic in southern Africa also needs to be translated into the developed world because the thing that really hurts me when I come to conferences in England and Canada and America is that women say 'we have nowhere to go. There's the drug users, the gay men, the men who have sex with men and I am a single mother with a child – there is no forum for me, there's no meeting room for me.' We are looking at the world from a developed world's perspective and the heterosexual epidemic in Canada and the UK is largely ignored. Women in your own workplaces with HIV have a very hard time.

In my experience in doing HIV training in the last 10 years, one of the key issues is that we do not personalise HIV and AIDS; we've always seen HIV and AIDS as something that happens to other people, in other places. If we get an audience like yourself to go through the history of HIV, the Americans will tell you that it was from Haiti and Africa. People in Africa, and in my country South Africa, will say it came from America, people in Kenya will say it came from Tanzania and vice versa but it is always the other - never something that our country, our community, our workplace and myself. And because it has never been personalised, there is no change in behaviour, there is no kind of adaptation of your own life, own workplace, your own kind of country strategy to the idea that this could be something that could happen to a member of my family, my child's colleague at

school, etc. For me, the key challenge in making HIV and AIDS a reality is to personalise it.

In our training we have to look at some of the core issues that have already been mentioned. Issues around human rights and legal issues are incredibly important. The disproportionate impact on women; we have to include gender not just as a cross cutting theme. I am so tired of reading about it in policy documents, but not as something real. The majority of people living with HIV in Africa are women, particularly young women – we need to look at that. We need to talk openly about sexuality – the fact that people use lotions in their vagina, to dry their vaginas so that they dry during sex and the man gets more pleasure and as a result you are more vulnerable to it. These are the kind of issues that we really need to inform people about.

Talk about sexuality, human and legal rights, impacts and then and make it a personalised reality.

I'd like to conclude by giving you two or three challenges:

I think we are still “othering” AIDS. I've been in the UK three times this year and the consistent thing I hear is that this is something that is happening in Africa. It is something that is happening in Africa but it is also happening in the UK and we are, 20 years later, sitting here at a TUC conference and talking about southern Africa and the emerging epidemic in eastern Europe and South East Asia; we are still ignoring to a degree that figures in this country are still growing; young gay men are growing rapidly; the heterosexual growth is very rapid and also we've got an enormous explosion of STDs happening in this country. So don't sit here and think that Peter enlightened us about southern Africa and start looking at yourself. I am not the only HIV-positive person here, I've got some very dear friends that I can see in this audience that happen to be women, British citizens who are HIV positive and I want you to look around, amongst your midst you have HIV positive women who are British citizens - so don't think this is just something black, which is another stereotype, as I happen to be a white south African that is not something which is particularly African.

What became very clear in Bangkok is the simplistic ABC nonsense is not going to work; ABSTAIN, BE FAITHFUL OR CONDOMISE, it is much more complicated than that. There are a lot of political agendas attached to funding initiatives and people are starting to realise again that AIDS is becoming a highly politicised terrain and that funding is not necessarily neutral in any way and we really need to start saying, what works, what doesn't work, what do we want to do and what money do we want to take?

The third thing which is extremely dangerous, this is the feeling I have been having since the Vancouver Conference is the idea that in developed countries AIDS is over. There are ARVs, treatments so that it doesn't matter if you become infected, if you are infected just pop a few pills. It is not over; it is only beginning. Even in countries where there are free ARVs available, there are major side effects often and those countries that have ARVs available in Africa such as Namibia and Botswana, where I have worked recently, people are not accessing them because of fears of discrimination and stigma. So treatment is not the magic bullet and South Africa has become synonymous with the fight for treatment – we have seen it in too narrow a perspective, despite the major successes that TAC has made. For example the focus and provision of the treatment has not been holistic enough and at the same time we need to address the stigma because once these ARVs are available, stigma is going to prevent people going to that clinic on a Tuesday morning at 8 o'clock to actually collect them.

The last thing is leadership. The UK and the TUC can display leadership. You can display leadership through the TUC by what you've done. To the representative from the government, you have a fantastic opportunity of the G8 and the EU but each one of you can be leaders and my question to you is: what are you going to do – this morning, this afternoon and for the rest of this year about HIV and AIDS and what can you do with your own contacts, your own families, your own children, your own friends? What are your attitudes, your perceptions, and your stigmas? And focus away from Africa and South Africa and say what are we going to do as the TUC in the UK and what can the TUC do in the global arena, advocacy and lobbying and let's look for an integrated and holistic approach.

Franklyn Lisk

Director, ILO Programme on HIV/AIDS and the World of Work

Last night at dinner, Bill Morris emphasised and lamented the fact that it has still not sunken in that HIV and AIDS is a workplace issue. This is the basis of the ILO's involvement in HIV and AIDS.

For the ILO, we see HIV and AIDS as first and foremost as a workplace issue and second as a development challenge. The majority of our members are in the developing world and we know the epidemic is not only affecting development but also reversing gains already made.

I would like to start by reiterating the point that has been made that at least two thirds of the estimated 40 million people living with HIV and AIDS today are workers and AIDS threatens their livelihoods and it undermines their rights. In fact in some cases these rights are abused.

The ILO is concerned about livelihoods, incomes, social protections – we're concerned about rights, discrimination, social exclusion, gender inequalities, and child labour. Another fact is that AIDS is concentrated among the most productive segment of the workforce, as has been mentioned, workers in their productive prime, 15-49, and those who contribute most to economic and social production.

The labour force is affected through losses in both numbers and quality and lower levels of productivity and this leads to increases in labour costs as well as lower demand in terms of consumers. Another dimension of concern to the ILO is how this all translates into the effect on human capacity.

Through impact on workers, we know that there are large losses in human resources and this itself affects sustainable development. Not only is sustainable development affected but it is also a threat to the renewal of human resources. In Africa knowledge in certain occupational categories is traditionally passed from one generation to the other by direct transfer of knowledge from father to son; mother to daughter. This is being affected seriously because adults die before they

have the opportunity to pass on their knowledge and experience on to the next generation.

We believe in the ILO that as much as the problem is in the workplace - that is HIV/AIDS is a workplace issue - that the solution can be sought through the workplace. What is the ILO's response? To begin with, the ILO is a service organisation; we're there to serve our constituents – tripartite constituents – and we're concerned about development objectives, particularly poverty and lastly and most importantly, we are a rights-based organisation, with a rights-based approach aimed at promoting social justice.

Now, how does all of this fit into our contribution - the global effort to fight HIV and AIDS? We have a unique structure – a tripartite structure – and our membership and constituents represent the basis for action in the ILO. First, we seek to mobilise our tripartite constituents, to safeguard workers' rights, to promote prevention and comprehensive care and support in the workplace as well as to mobilise commitment and leadership. Much has been said about leadership, and I would not spend more time on that, but I would think that being in the TUC you are more aware of the importance of leadership than some of us. Second, the ILO seeks to put in place workplace policies and programmes and promote their implementation. To do this, the ILO established a comprehensive programme – the Global Programme on HIV and AIDS in the World of Work, which I am privileged to direct, and we use this programme to provide services to our constituents so that that we can respond to the vast potential of the workplace as a unique medium for fighting HIV and AIDS.

I will go through six means of action at the disposal of the ILO for working with you, our constituents, in fighting HIV and AIDS.

First, advisory services – we started off by collaborating with our tripartite constituents in putting together the ILO Code of Practice on HIV and AIDS in the World of Work. This unique document - which itself is the result of consensus amongst the tripartite constituents when they met in Geneva in the spring of 2001 - provides guidelines, policies and workplace programmes. It also offers the prospect of integrating these workplace policies into national strategies and action plans and labour laws. We have also developed a companion education and training manual,

which you as constituents demanded as a tool to help implement the ILO Code of Practice.

Second, education and training – we believe that capacity building of our constituents is central to addressing HIV and AIDS – separately and collectively – through workplace interventions. We have therefore invested throughout the ILO both in Geneva and in our field structures to create the conditions and put at your disposal the resources for you to draw on and support capacity building initiatives.

Third, advocacy – we emphasize in particular the identification and dissemination of examples of good practice and workplace action. One of the workshops today will be looking at sharing and promoting best practice. The ILO is pleased to be associated with this workshop because last year in December, we sponsored a meeting in Geneva on best practice and workplace action and out of that meeting emerged another unique document, the consensus statement by the tripartite constituents on how to make use of best practice to support the fight against HIV and AIDS in the workplace. We have now put on our website a section on best practice and examples of how to share this among our constituents.

Fourth, research and policy analysis – here, what we try to do is document and analyse socio-economic impact of HIV and AIDS mainly through the multiple effects on the labour and consequences for the world of work in general. We have examined and reviewed the huge potential to address HIV and AIDS through workplace action. We continue to analyse legal and policy changes that will promote and facilitate workplace policy and programmes and their implementation. We're also analysing socio-economic trends and projecting the future impact of HIV and AIDS on the labour force. The best example of this is the Global Estimate Report which we launched during the Bangkok Conference in July this year, and we hope to bring this out as a biennial publication. We estimated the impact of HIV and AIDS on the world of work and a number of indicators affecting workers, their productivity, affecting enterprise output, above all, affecting the livelihood and humanity of workers and their families.

Fifth, technical co-operation – we use technical cooperation projects in the ILO to support the efforts of our constituents. We provide input; we are not a funding agency; we are not the Global Fund, nor DfID, but what we do is work with our

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implementing partners and we provide support. At present, we have projects in 30 countries in all regions, some of which are funded by our partners (the US Department of Labour, the Swedish International Development Agency, the Italian Development Agency, the German GTZ and I think soon the DfID). I have spoken with Gareth Thomas and we hope that DfID will support the ILO in a number of areas and HIV and AIDS will be one of the areas that we enjoy DfID support within the ILO. It is important that we support your efforts by technical inputs as well as providing you with examples of good practice based on our own role as an international agency, with a global membership covering 175 countries; we can share with you the experience of fighting HIV and AIDS in other settings, what works and what does not work and under what conditions.

And finally, partnerships – ILO values partnership, not only tripartite partnerships with our constituents, but partnerships with other organisations that are like-minded in fighting HIV and AIDS. To begin with, we are co-sponsors of UNAIDS - one of ten co-sponsors - and we subscribe to the ‘Three Ones Principle’ which aims at coordinating and harmonising at country level and which includes a common budget and work plan. We are also a partner of the Global Fund, in the sense that our Director General has exchanged letters with Richard Feacham and we have worked with them to develop the co-investment concept whereby organisations like trade unions and employers’ organisations can participate in Global Fund finance activities at country level. We are a partner of the WHO in the implementation of their ‘Three By Five Initiative’ which is to provide treatment to 3 million people by the end of 2005; we are doing this through our traditional strength in occupational health services. We are also a partner of the Global Business Coalition; we are working with them to promote corporate social responsibility, not only among like nationals but also at other levels where workforce tends to be disadvantaged at accessing HIV and AIDS resources and accessing information, treatment, care and support.

I have just come from South Africa where I was at Stellenbosch University where we were working with them in implementing a range of activities including community mobilisation within the framework of the African Centre for HIV/AIDS Management which we have set up with the University. We are also involved, last but not least, with the ICFTU.

We have worked with the ICFTU at global, regional and national levels. More importantly, we teamed up with the ICFTU and International Organisation of Employers to carry out pilot country studies in 8 countries looking at the contribution of workers and employers within the framework of social dialogue in the workplace to address HIV and AIDS.

I would like to conclude by emphasising the importance of key principles of ILO Code of Practice, which are listed in the front at the beginning of this document. They all point to the importance of the workplace and the importance of the workplace both in terms of social dialogue as well as in terms of addressing the rights issues particularly, non-discrimination, gender equality. The ILO Code of Practice also clearly encourages our constituents to reach out beyond the workplace to embrace community outreach programmes. We know that the majority of workers tend to fall outside the formal sector, particularly in Africa. Therefore, we attach a lot of importance to community outreach programmes which are linked to action in the work place and also, we believe that the workplace, above all is a hugely important medium for prevention, care and support. And in this, we - the ILO - regard you as our partners and we hope that together we can make a difference. Thank you

Stephen Lewis

UN Special Envoy for HIV and AIDS

Let me also take the opportunity to thank you for the privilege of being here at the TUC and to say to everyone in this audience, that, although I am, nominally at least, a representative of the United Nations, I am also a lifelong democratic socialist, who has worked forever with the trade union movement and I know which side of the class struggle I am on and I simply would like you all to know that at the outset.

In part because of that collaboration, I'm a little more familiar than most with the yearnings and expressions of social justice and human rights and the commitment to development internationally, which so many parts of the trade union movement manifest in my own country, Canada. Most of the leading trade unions have humanity funds and social justice funds which they invest directly into activities in developing countries and primarily now related to HIV and AIDS, and what I want

to do, although I admit the Minister has done it superbly before me, is to provide some sense of context for the reality within which you work. The simplest way of dealing with the context is to make reference to the Report which emerged from UNAIDS on November 23rd last, which gave a sense of where we are at the end year 2004 in dealing with this overall pandemic.

Number one - the Report made bruisingly clear that the pandemic is moving irreversibly around the planet and that all of the epidemiologists and scientists who thought we that we might be able to contain it, fairly speedily, despite its progression over 20 years, were, alas, wrong. China, India and Russia have now become terrifying centres of the pandemic's extension.

I was quite taken aback earlier this week, when Peter Piot, the Executive Director of UNAIDS went before a committee in Washington and used words, which are, by and large, unfamiliar to Peter, who is a pretty moderate and sober fellow, describing the catastrophic potency which he saw, if China, Russia and India did not respond on an emergency basis. He drew a direct analogy with the state of their pandemic in time and where it stood in South Africa, 10 to 12 years ago and the prospect of an upheaval in those parts of the world with which the world simply could not contend if the virus spread exponentially.

Number two - the Report demonstrated again, alas, that Africa is the epicentre of the pandemic, but it made an observation that had not been made before - that the pandemic in Africa had the appearance across the continent of having stabilised at certain prevalence levels. In truth, said the Report, what had happened is that the number of deaths now equals the number of infections. So, you have the illusion of stability. I want to remind you that every single year that these reports have been emerging, the numbers of infections are always higher than the numbers of deaths - in the year 2004, roughly 5 million infections and 5 million deaths. So you can imagine what it implies that across the continent, the number of deaths equals the number of infections. It means, fundamentally, that you have a pervasiveness of death, which is absolutely annihilating in human terms. And it is palpable in every single southern African country one visits.

Number three, and we've known this time and time again, and I simply want to emphasise it. There is a massacre of women taking place. The phenomenon of

gender inequality is causing such destruction of women who are so disproportionately vulnerable, particularly in their younger years that it is almost beyond the capacity of the mind to comprehend. We have said for the last 2 or 3 years that the pandemic has a woman's face. What is now clear is that the pandemic is erasing the face of women in country after country. What the Minister said is absolutely valid, that we are creating the possibility of an endangered species for women more generally. The Report indicates that only 1% of the population in the major countries, between the ages of 15 and 49 are accessing voluntary counselling and testing. This means that the overwhelming majority of women simply do not know their status and they are dying in huge numbers and we know why they are dying, but the testing culture hasn't taken hold. Only 10% of the women in the high prevalence countries of sub-Saharan Africa who are pregnant are in programmes that involve the prevention of mother to child transmission. That's an appalling statistic, that roughly in the year 2005 only 10% of pregnant women have access to programmes, which would prevent the transmission of the virus to the child during the birth process.

When Gareth Thomas mentioned that fascinating experience he had with the woman in the village, I thought to myself that that is an absolute truth right across the continent. That wherever you go in the rural villages – because 90% of the care in Africa occurs in the rural villages - you meet these incredibly sad situations where the woman - the mother - is lying in anguish on the floor in the throes of death, barely able to raise the head or a hand to greet a visitor; you utter a kind of banal comment implying sympathy and solace and you look around you, in the hut to see her children standing and watching their mother die. It makes you think that the world has descended into a kind of madness. And, when Peter says in passing that we're paying attention to the women in Africa, but not so much to the women in our own western societies, I think Peter would probably agree with me that we're not paying attention to the women in Africa - we're not paying attention to the women anywhere who are afflicted with this virus. Gender inequality is savaging women in the developing world and unless there is the most assertive and aggressive campaign to deal with predatory male sexual behaviour and to empower women to withstand it – we're in a terrible and continuing predicament.

Number four that emerged from the Report is that capacity is everywhere being eroded and the reference to Zambian teachers dying in larger numbers than those who are graduating from teacher training colleges, is merely one example.

In agriculture, the Food and Agriculture Organisation points out that some seven million farmers, that is to say women, died between 1985 and the year 2000 and it is anticipated that another 16 million will perish by the year 2020, so it becomes impossible in a number of beleaguered societies to maintain agricultural productivity and when you can't maintain agricultural productivity, you can't maintain household food security. And when the body has no food to consume, the virus consumes the body. And those patterns are everywhere evident in the countries that are most under siege. Working people, as Franklyn indicated, in huge numbers are carrying the virus and the workplace, therefore, becomes a terribly important locus around which to respond.

Finally, although we haven't dealt with it in a particular fashion, the number of orphans is rising exponentially and one of the figures in the Report, which stops you in your tracks, was that only 3% of all the orphans are receiving public support for services, that is to say from government and the public sector generally only 3% of the orphan population, expected to exceed 20 million by the year 2010, are receiving appropriate support.

There are in the process of this miasma of horror – there are glimmers of support, hope and everyone is sustained by that and understands that and I want to run through them very quickly.

Number one - the visionary and immensely significant initiative on the part of the World Health Organisation to put 3 million people into treatment by the end of the year 2005. Were it to be achieved, it would unleash a tremendous reservoir of hope everywhere because then people who got tested and found they were HIV positive would recognise it wasn't a death sentence, that they could find ARV treatment, have life prolonged. You'd get a pick up of testing and prevention services, as we have seen in a number of communities, particularly where Médecins Sans Frontières are working on providing free ARV treatment. We've seen the way prevention and treatment come together in a kind of inseparable mash.

And we also have access to fixed dose combinations which are undoubtedly familiar to this crowd, where you have three drugs in one pill, taken twice a day, once in the morning, once in the evening - an easy regimen to follow. In many parts of Africa where that is now being tried, the adherence levels are now higher than they are in San Francisco and San Diego and the side effects are relatively nominal giving the ease of the treatment and everyone is now working on second line drug intervention when resistance develops. We have fixed dose combinations, thanks to the Clinton Foundation Initiative we have a negotiated price with the generic companies in India of something around \$150 per person per year, which means, that if ever the western world were to fulfil the commitments it has made on financial terms we would be able to treat all those who require treatment.

Number two - the need for resources, to which Gareth Thomas made reference, is absolutely fundamental. We have more resources, and the Report I refer to talks about a sea change, because by 2004 we would have raised \$6.1 billion, eclipsing everything we had before. But may I point out, these things are so frustrating that UNAIDS itself, despite its little orgy of triumphalism in the Report, has indicated that it needs \$15 billion for AIDS alone in 2005, \$20 billion for AIDS alone in 2007 and we manage \$6.1 billion for AIDS, tuberculosis and malaria in 2004. In other words, we will be at least 50% below the target next year and god knows how far below the target in 2007. And had it not been for the quite remarkable interventions of President Mkapa of Tanzania, on the one hand and Hilary Benn, on the other, at the recent Global Fund meeting, we wouldn't even have had a round 5 in 2005 because the Global Fund is in such difficult financial shape.

Number three - there is a new and absolutely sterling energy around the quest for a vaccine, driven by the government of the United Kingdom - and that is an immense contribution, because the work around the vaccine one sensed had become a little sluggish and it needs obviously a regeneration. And there is an equivalent and even greater momentum at the moment around a quest for a microbicide, which would at least give women some power over sexuality, which the man could not violate.

Number four - the UK role in 2005 becomes absolutely indispensable. The TUC and all of those involved in the Stop AIDS Campaign in the UK have a magnificent opportunity for collaboration with a government which appears fiercely determined. It is not merely the chairing of the G8 and the EU; it is also the holding

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of the replenishment conference of the Global Fund in September; it is also the tabling of the Report of the Commission for Africa which will surely have a number of recommendations which speak to AIDS and development and it is also, the apparent friendship that exists between the Prime Minister and the President of the United States. That's rather useful in attempting to persuade the US to maintain whatever commitment it has on this issue.

I have sat through so many meetings of all of the interested parties that it reaches the level of ad nauseam and I just hope that this one is rather more useful collectively than the others have been. Frankly, I have now sat through 8 meetings on orphans including meetings with Nelson Mandela, Graca Machel and countless governments and every UN agency and all the major NGOs where in every single meeting we agreed that the abolition of school fees was one of the most fundamental requirements for children who are orphaned and vulnerable and to this day, despite 5 years of meetings, no one has taken the initiative on what everyone agrees is a central response.

My own feeling is that there is no mystery to what is required – what is required is the execution and if that execution comes from the UK, so much the better.

Finally, I love the idea of the union to union twinning; I love the idea of taking the work of the ILO, because the guidelines are so excellent, and getting them into the workplace and dealing with these vexing problems - painful beyond description for those who are at the receiving end of the stigma and of the discrimination and of the workplace violations both in terms of benefits of seniority and promotion and interest. This Report I refer to talks of the UK several times, about the rising course of the pandemic in this country. What you do here has a resonance everywhere else.

I beg you to do it to protect your own working colleagues, as we're fighting the struggles elsewhere. And when part of the human family is under siege the more privileged part of the human family must respond.

Commented [PC1]:

Clementine Dehwe

Global Unions HIV and AIDS Campaign Co-ordinator

I will emphasise the need for action. We have been told about the statistics; we know the situation in Africa; and let's not forget what is happening in other parts of the world - Asia, Latin America, America and the UK.

First and foremost, let me thank the TUC for organising this very important Conference. I heard Stephen Lewis saying that he has been participating in several meetings, workshops and conferences with no concrete results, and I want to assure him that if trade unions call for action, they mean action. I wanted to tell him that he must follow up with the TUC and request concrete results. I believe personally as a trade unionist that if trade unions advocate action, then we can change the world.

We know resources are available - but trade unions are facing some difficulties getting to them. Most trade union organisations have problems of even accessing resources from their own governments so as to implement HIV and AIDS programmes.

So, what is the role of the trade unions? We know that a trade unionist is the most trusted person by the workers when it comes to workplace issues - I say this because there are some employers who have tried to run HIV/AIDS campaigns at certain workplaces, but the employees did not easily trust the employer. Why? Because of stigma, discrimination and the issue of confidentiality that is attached to HIV and AIDS. If trade unions join hands with employers, then we know that the HIV and AIDS programme will be more effective. Employees will not suspect that the employers are indirectly going to test and victimise them.

There is a question of why people are not going for voluntary counselling and testing? We cannot talk of Voluntary Counselling Testing (VCT) without antiretroviral drugs (ARVs) and nutrition. When you are on ARVs, you need to eat well and the issue of poverty is still a big issue. You cannot take the drugs without food, so we have to start thinking of how to deal with this situation. This is the big picture that everyone is avoiding. Nutrition alone can boost your immune system.

I come from Zimbabwe where 25% of the people are living with HIV and AIDS. The economic situation has deteriorated to the extent that the majority cannot afford three meals per day. I know that most of you are aware of the situation.

We have the international organisations dealing with HIV and AIDS such as Global Fund, WHO, UNAIDS, ILO. Trade unions are advocating and lobbying these organisations – I must say that if we all agree that there are resources to fight HIV and AIDS then the question is, why are we still struggling with the pandemic – HIV and AIDS is a political issue and we have to look at politics at international level up to the national level. This is hindering progress in fighting HIV and AIDS. So, we have to focus on that and when you talk of health, my brothers and sisters, let's have a flashback of health delivery systems in Africa. Just to go for treatment for the basic illnesses, where you just need to be treated because you have a headache; it is not easy. What of the ARVs? We are talking about the World Health Organisation (WHO) 3x5 treatment campaign; yet there are more than 42 million people living with HIV and AIDS, who need treatment, care and support. Therefore, the majority of the people are not willing to go for counselling and testing voluntarily if they are not so sure of the availability and accessibility of treatment. The majority of the workers cannot afford to pay for treatment.

Who is going to take care of their children, if workers are not taken care of by their trade unions? Trade unions are there to represent the interests of their members.

Trade unions are supposed to make sure that their members are in good health and work in a healthy and safe work environment. If our members are not so sure about the future, even if you go for voluntary counselling and testing, then why go? You would rather stay in denial. This includes the UK. If all of us in this room were to be tested for HIV, then there will be more people living positively with the virus. The issue of stigma and discrimination comes into play; let's not forget that HIV and AIDS is more than just a health issue, because it touches real life and if you are stigmatised or discriminated you are bound not to come out. We should remember that stigma comes in different forms – either you are stigmatised because you are black or maybe you are gay or maybe just because you are a woman. We have to look at all these issues in relation to living with HIV and AIDS – worst is if you are a woman because then you need to think about being infected and affected by the virus.

This year's World AIDS Day is focussing on women and girls. The truth is that women are the backbone of the countries in the world. Women should spearhead the campaigns on HIV and AIDS. Woman of today should join hands in the fight against HIV and AIDS. Women are taking care of the sick and at the same time they are also infected. If you are married, then you need to trust and believe that your partner is playing safe.

There are a lot of issues that lead to the spread of HIV and AIDS such as cultural, traditional, economic and political issues. HIV and AIDS is a complex issue. So when we talk of HIV and AIDS or plan our programmes we need to take into consciousness the factors that are leading to the spread of HIV.

I will give you an example. I attended a conference in Canada and there are aboriginals in Canada. Talking from the global level, the aboriginals have the poorest health conditions and HIV and AIDS infection is also high among them. This means the aboriginals are treated the same way as people in the under-developed or the developing countries. What about the UK? What about in Russia? What about in Asia? How then can we talk of assisting Africa if we haven't looked in our own area for the reasons why HIV and AIDS is affecting the poor so badly?

HIV and AIDS is a political and an economic issue. The international community has failed to act decisively and promptly to promote universal access to life-saving drugs. Poverty will remain the important issue that we have to think about and start discussing ways of eradicating poverty.

If people are unemployed, then there is no present and future for any nation that is hard hit by the pandemic. Youth are not going to be educated. There is no need to point fingers at others when fighting HIV and AIDS. It has been twenty years, my brothers and sisters; I don't feel so happy to talk about HIV and AIDS after twenty full years of struggling and watching people die.

The last thing that I want to say is that we need to put pressure on the politicians or parliamentarians. If we are dedicated to fighting HIV and AIDS then we need to put pressure on our governments so that they support the Global Fund and the WHO 3x5 treatment campaign.

Finally, Mr Chair, let me explain that Global Unions is made up of 10 Global Unions Federations (GUFs) and the International Confederation of Free Trade Unions (ICFTU). The GUFs are sector specific; for example, the International Transport Federation is for the unions in the transport sector. National trade union centres are affiliated to the ICFTU.

Global Unions is calling on board all trade unions to take action in the fight against HIV and AIDS. If trade unions take action in the fight against HIV and AIDS, then we will change the world, that's my belief and I believe we can do so if we come together and discuss concrete ways of collaborating and working together. Let's not just duplicate each other's efforts; let's not compete because with HIV and AIDS we are talking about life and death. So, if we are really serious about fighting HIV and AIDS then we should be joining hands in the trade union arena. Trade unions can lobby and advocate for change. We can lobby the governments. We know we have problems; we have to lobby and fight for our rights. It is a right to live. We have to ensure that HIV and AIDS policies are in place and ensure that there is a clause in our collective bargaining agreements so as to reduce stigma and discrimination. Trade unions can make a change.

The main thrust of Global Unions Campaign on HIV and AIDS is to ensure that each and every trade union takes HIV and AIDS on their trade union agenda and makes sure that programmes are in place. Global Unions are coming up with best practice publications for information sharing.

For example, the TUC initiative is already good practice. Other trade unions can emulate and learn from what the TUC is doing. Global Unions are trying to mobilise resources. We are also looking at what the international organisations are doing. At the same time, we are discussing ways of collaborating and networking with them.

The ICFTU and the International Organisation of Employers (IOE) signed a memorandum of agreement on HIV and AIDS. The ICFTU and IOE are convinced that employers and trade unions working together and building on their experiences and expanding cooperation in Africa as well as across the globe, can accomplish a great deal more, achieving greater results together than either can produce separately.

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It's good to sign everything on paper, but when it comes to implementation it's a different story. That's why we have to push for policies to be in place at the workplace level. There are very few workplaces that have policies; we have to make sure that the agreed action should then be implemented so that we have the actual policy in place. So, brothers and sisters, let me end by saying that trade unions can change the world.

Workshop I

Sharing and promoting best practice at the workplace

Objective

Recommend action for promotion and effective implementation of ILO Code of Practice in partnership with employers at workplace in the UK

Recommendations

- 1.1 Develop an aspiration towards introducing Workplace Policies and Programmes (WPP), take it to management and start negotiating for WPP.
- 1.2 Don't get hung up on chicken and egg arguments about union reps needing to be fully trained in the WPP issues before launching the push to get WPP introduced.
- 1.3 It is more difficult to make progress where the organisation has a multi-divisional structure, maybe across several sites. Try to develop core principles applicable across all workplaces.
- 1.4 As awareness-raising activities get started, support will flow from Branch Reps and the membership.
- 1.5 Be clear on the UK (or other specific overseas) context; so as to establish the facts and figures which help people to personalise the issues: it's not a question of HIV/AIDS just affecting them/the "other"...it affects us all.
- 1.6 Education and awareness raising on HIV/AIDS can be embedded within trade unions' ongoing general health/wellness messaging work. Try to integrate work around WPP into the union's mainstream agenda.
- 1.7 Aim to create a supportive environment in the workplace around HIV/AIDS, across staff, union reps, management.

1.8 Draw on other relevant experiences. There are comparable issues, tools and approaches and structures with which trade unionists have worked.

1.9 Don't re-invent the wheel. Through networking and partnerships build on the learning of others (e.g. some of the International NGOs like Oxfam GB, or the UK Consortium on AIDS and International Development).

1.10 Plan for investment in capacity building of branch officials and Shop Stewards, through some form of HIV/AIDS WPP pack for union activists. This will enable bottom-up pressure for management action to be combined with the more top-down pressure which can flow from the ILO code of practice.

1.11 There is a need to counter the black homophobic music culture, and engage young people positively around HIV/AIDS issues (at same time avoiding bland stereotyping of black male homophobia).

1.12 Young people are likely to be attracted to trade union involvement in these issues; and this could lead to membership growth in the long run.

1.13 Consider carefully whether WPP should be separated out on its own; or whether it would be better treated within other existing policies, e.g. on Critical and Chronic illnesses.

1.14 It could be useful to tie WPP into health and safety and occupational health policies and agendas (but be wary of limiting WPP to being seen solely as a health and safety issue).

1.15 On countering stigma and fear of discrimination look to the experience of international NGOs who have used staff as office champions and peer educators. Staff in these roles are likely to be trusted by the workforce. Shop stewards could perhaps be trained in these roles.

1.16 Take account of cultural issues within segments of the population in the UK (bearing on sexual mores, attitudes to Sexually Transmitted Diseases, use of condoms, etc.)

1.17 Take account of cultural segments, yes: but don't ignore the need for work with the white, well-educated "middle class". Don't let education and awareness work be "ghetto-ised". Overall a sophisticated approach is needed to tailor messages to the specific needs of targeted segments of the population/workforce.

1.18 Empowered and trained trade unionists can be a resource who can take education and awareness raising into their families and the wider communities (parallels here with International NGOs seeking to extend their education and awareness work into the communities in which they work).

1.19 The long latency period (delay between HIV infection and symptoms of AIDS-related illnesses) can fuel denial, and the tendency to label HIV as relating to "them" not "us."

1.20 It is vital to get the message across that being HIV+ does not mean the person is sick. With appropriate treatment and care the person living with HIV/AIDS can remain healthy and fit for work for years. It is vital not to allow discrimination due to HIV+ status: this undermines the drive for voluntary counselling and testing, and disclosure.

1.21 Management and unions have shared interests - keeping employees healthy, fit for work and productive.

1.22 The ILO recognises HIV/AIDS as a joint/shared issue between employees, unions, management and ultimately governments, too. The ILO Code was developed across many regions of the world and distils the key factors to be addressed in the workplace. Unions can negotiate from this strong starting point.

1.23 For WPPs to be more than shelfware, and be taken on into real action plans, individuals are needed wherever they are in the trade unions' organisational structure, to take personal responsibility for making things happen and getting things done. Capacity building to make people confident is required.

Some 25 participants were in the Workshop. Of these, 3 non-NGOs and 4 NGOs had Workplace Policies and Programmes (WPP) in place. Some 15 non-NGOs wanted to get WPPs introduced. The workshop tried to focus on the question from the union

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branch perspective.

Workshop II

HIV/AIDS: Facing the facts – the real state of the epidemic in the UK

Objective

Make recommendations to minimize the impact of homophobia and racism in the reporting of the UK epidemic on public belief, policymaking and service provision

Recommendations

- Ensure wider knowledge of the reality of the epidemic: 84% of infections that happened in the UK in 2003 were due to sex between men.
- The large increase in heterosexual diagnoses is mainly due to migration, not sex in the UK.
- Gay men are 90 times more likely than other groups to be living with HIV.
- African people in the UK are 50 times more likely to be living with HIV than other ethnic groups.
- Address and tackle the myths about HIV transmission and about living with HIV (especially the media discourse in the workplace etc.)
- Integrate HIV in the TUC's work in fighting racism and homophobia.
- Help create an environment where people can be out about their status and/or their sexual identity in the work environment.
- Help organisations to develop good workplace policies on HIV.
- Campaign and lobby government for more resources to address the growing and changing needs of people living with HIV.
- Actively fight the stigmatization of people living with HIV in the workplace, using positive images (radio, TV and internet).
- Create more HIV awareness with other unions and create safer sex messages.

Workshop III

HIV/AIDS: UK legal framework

Objective

Recommend action for improvements to legislation (for example, Disability Discrimination Bill) to enhance protection of people living with HIV/AIDS at the workplace and eliminate all discrimination in employment

- The workshop was facilitated by the National Union of Teachers (NUT), the National AIDS Trust (NAT) and the Fire Brigades Union (FBU).
- Main focus for the workshop was on the current UK disability discrimination legal framework.
- As a collective we (NAT, NUT, and FBU) agreed to incorporate the legal side of things into workplace practice, and to see what areas of concerns we had and where we could deliver fundamental changes.
- We also agreed to provide the TUC with a framework to work with, to deliver action in eliminating workplace discrimination and stigma with reference to HIV and AIDS.
- Our primary aim was to gather active trade union reps, NGOs and employer representatives and feed back their thoughts on the best way forward in legal terms, and also in practical working terms, i.e. the lack of workplace policies, implementation of these policies and a general understanding of the impact of HIV and AIDS.
- The UK legal framework places HIV and AIDS related discrimination firmly within the scope of the Disability Discrimination Act 1995. Yet the Act does not provide those suffering from HIV and AIDS related discrimination with comprehensive protection. The Act provides protection, for example, to those with HIV or AIDS, but not to those perceived as having, or associated with HIV and AIDS (e.g. gay men or black Africans, HIV workers). The groups most affected by HIV related discrimination are required, therefore, to seek protection from other legislation, though these may not be the most appropriate vehicles through which to pursue their claims.
- There is also no protection from harassment and/or assault by 3rd parties, i.e.

service users, in the workplace, against workers living with HIV or AIDS or those perceived to be HIV-positive.

- In addition, though the Disability Discrimination Bill proposes the introduction of a new duty on public sector organizations to promote equality of opportunity for the disabled, the duty will not extend to the private sector. This will limit the effectiveness of education and anti-discrimination policies in the workplace. During the workshop, we discussed the likely impact on people affected by HIV and AIDS of bringing a claim to an employment tribunal. It was felt by participants that most victims of HIV related discrimination would prefer not to pursue a claim which would inevitably cause stress and possibly harm their prospects of future employment. When compared to the uncertainty of success and the likely size of an award, most would choose to walk away from a bad workplace environment. It was suggested that, therefore, far higher awards for successful claimants might mitigate the negative effects of litigation on the individual.
- The stigma associated with HIV and AIDS was also viewed by the majority of participants as an obstacle to redress, as few people discriminated against would be willing to expose themselves to the public scrutiny engendered by litigation. This, coupled with the fact that individuals might be seriously ill or on heavy medication at the time of discrimination, makes the three-month statutory time limit for commencing discrimination claims unhelpful to potential claimants.

It is recommended that, therefore, there should be an extension of the statutory time limits to take account of the problems peculiar to victims of HIV related discrimination.

Key points

- Leadership is key to success with regard to workplace policies, and we believe that within the scope of employment, the TUC has the qualities and skills available to deliver this guidance down to affiliates.
- This leadership in terms of trade unions needs to be instigated at the very top, and the General Council needs to be the driving force behind this.
- General Secretaries should be getting this on agenda at national executives of respective unions, and also within the scope of health, safety and welfare, and of course fairness at work/equal opportunities working groups.

- We need to have clear focus of what we require within the scope of current and future legislation.
- We have a collective and individual responsibility to empower our reps with the knowledge and understanding of HIV and AIDS, so that they can educate, inform and quell the myths within our membership.
- A clear workplace policy from the TUC, working in conjunction with an already written employer policy, from the National Aids Trust, to send to our affiliates offering support and guidance within their respective areas of employment.
- We need policies that deal with the issue in terms of legal and ethical way and that deal with training, counselling, education and awareness. Access and security in the workplace and confidentiality, which gives the individual the time to come to terms with the issue and then take forward and share with others when ready are important.
- TUC education needs addressing in terms of basic understating of the issue of HIV and AIDS, i.e. the health and safety courses etc.
- We (employers, employees and trade unions) all have duty of care and we must unite to tackle the problems workers are facing.
- Utilising the strengths of organisations like the National AIDS Trust, Terence Higgins Trust to help us in this fight. This can be done with stalls at conferences (Regional TUC, and Congress, along with other conferences arranged by the TUC or at Congress House).
- We must look at cultural differences in communities and also the issue of languages, when communicating information to our affiliates.
- Clearly Section 28 created problems within the education of young people on this issue. Homosexuality was not discussed at school and therefore HIV and AIDS may have been considered a taboo subject.
- Teaching unions obviously can pick up on this and move the agenda forward in a positive way to help eliminate stigma and discrimination.
- Are children the problem, or are we shying away from the fact that it is the teachers and board of governors who are creating this problem for us?
- Proactive education needs to go hand in hand with implementation of policies.
- Biggest challenge is myth that HIV and AIDS = gay men, black Africans and drug users!

Workshop IV

HIV/AIDS: Setback for Development Agenda in Africa

Objective

Recommend action to minimise impact on development through workplace response to the pandemic

What could trade unions in the UK best do to support trade unions in southern Africa in order to tackle the HIV and AIDS crisis internationally?

- 1.1 Champion the cause – use publicity materials of trade unions and build solidarity.
- 1.2 Sponsor programmes and projects in southern Africa.
- 1.3 Lobby companies to provide treatments to protect workers' rights.
- 1.4 Lobby the UK government and DFID particularly around the opportunities in 2005.
- 1.5 Provide support for southern African trade unions to lobby their own governments to ensure legal protection of workers' rights and the prohibition of discrimination in the workplace and to lobby against structural barriers and structural adjustment programmes and on fair trade and the global fight against privatisation.
- 1.6 Exert influence on employers to make businesses more responsible. This could be linked to the debate in Britain on corporate social responsibility.
- 1.7 Work through the Global Unions to avoid reinventing the wheel and build on existing programmes.
- 1.8 Promote global networking at all levels - trade union to trade union - but also bring in other partners, the ILO, NGOs and other stakeholders.

1.9 Exchange information and experience.

1.10 Ensure co-operation and co-ordination across all the sectors of trade unions.

1.11 Arrange twinning programmes to support workers' organisations and training and capacity building of sister unions in southern Africa.

1.12 Organise campaigns at shop floor and have information and training at a shop floor level.

1.13 Raise awareness in the UK and build support for action.

1.14 Mobilise members to engage with the issues here and elsewhere.

Why is HIV/AIDS so severe in southern Africa?

It is due to

- poverty;
- politics;
- cultural stereotypes, gender issues, religion and male attitudes;
- shortage of education and skills; and
- lack of infrastructure.

What is the impact of HIV and AIDS on workers in southern Africa?

- Discrimination- job insecurity -job loss - lack of status - increased poverty - breakdown of family - breakdown of social structures.
- Health issues – costs to the employers of providing health services -lack of access to anti-retroviral drugs - increase of workloads on other workers - impact on their health, physical and mental -absenteeism.
- Changing job environment – job loss in formal sector – increase in jobs in the informal sector.
- Impact on children –impact of pandemic on women and young girls going into sex industry through lack of income - financial and social consequences.

Workshop V

Impact of HIV and AIDS on women at the workplace and families

Objective

Recommend ways and means of organizing prevention, care, treatment and support for family members affected by the pandemic.

Recommendations

General

- There should be HIV and AIDS policies in every workplace
- There should be HIV and AIDS education and awareness programmes in every workplace - this is the role of trade unions and employers.
- Women living with HIV must be given voice to speak for themselves, and unions and employers must draw upon the expertise of people living with HIV when developing and implementing workplace policies.
- Trade unions must ensure that HIV and AIDS policies are acted upon.

Specific Recommendations

- Laws and policies that strengthen the rights of women overall will help protect women from HIV and help them in dealing with its impacts. These policies and laws need to be implemented, but also reviewed to ensure that they take into account HIV and AIDS: e.g. Disability and Discrimination Act.
- Sexual harassment and violence contribute directly to women's vulnerability to HIV, either through direct transmission from rape or by preventing women from asserting their rights to safer sex through condom use. Laws and policies that address sexual harassment and violence need to be strengthened to take into account the realities underlying HIV and AIDS and fully implemented.
- The "workplace" for many women around the globe is not in formal contracted employment, but in the "informal" sector. More effort must be made by trade unions to reach out to women in these settings and help them to organise to strengthen their rights regarding HIV and AIDS.
- A disproportionate number of women in the UK and abroad are on short-term contracts and this could limit women's access to education about HIV and AIDS,

health services, and lead to increased discrimination for women living with HIV. The rights of women and men on short-term contracts regarding HIV and AIDS must be guaranteed.

- Simple practical measures, such as access to transport, can significantly help women who are either living with HIV or caring for someone who is HIV positive.
- Workplace policies should recognise the particular needs of women in the context of HIV and AIDS: as people infected with the virus and as carers for people living with HIV and AIDS. Flexibility to accommodate these different realities should be considered.
- There is too little information and awareness of HIV and AIDS as a workplace and trade union issue. Women shop stewards, trade union women's committees and women officers all have a vital role to play.
- In addition to reducing vulnerability in the workplace, greater effort must be made to increase women's opportunities for employment, as for the majority of women around the globe economic empowerment is one of the most effective means of reducing vulnerability to HIV.
- Public health services must be strengthened to meet the needs of women and men affected by HIV and AIDS.
- Government must place more pressure on employers to ensure that the rights of women and men regarding HIV and AIDS are fully taken into account and acted upon.
- More attention must be paid to the needs of pregnant women infected with HIV and to their children. In particular, access to clean drinking water to prepare milk supplements and sustained care for the parents living with HIV.
- Financial instruments, such as pensions and insurance, must be strengthened to ensure that women in general are not discriminated against, and that the needs of women living with HIV in particular are taken into account. More education is necessary to raise awareness of existing services amongst short-term staff, for example.

Questions Explored:

- How does HIV and AIDS affect women as individuals in the workplace?
- How can the workplace respond to the challenges faced by women living with and affected by HIV and AIDS?
- What can be done outside the workplace to improve working conditions for

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women living with and affected by HIV and AIDS?