



International
Labour
Office



HIV/AIDS: A resource book



**On the right track
A training toolkit
on HIV/AIDS
for the railway sector**



On the right track

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HIV/AIDS: A resource book

This toolkit has been produced as a joint initiative of the International Union of Railways (UIC), the International Transport Workers' Federation (ITF) and the International Labour Organization (ILO).

It is intended for policy-makers, managers, and workers in the railway industry. It can be used by governments (ministries of railways), railway enterprises in the public and private sector, workers' organizations, railway medical services and their partners to help them develop HIV/AIDS policies and programmes in the railway sector.

It can be used by all those who are involved in dealing with HIV/AIDS – employers, trade unions, training institutions (formal and informal) and government agencies.

Together we can fight HIV/AIDS.

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Why this toolkit?

There is already a huge amount of literature about HIV/AIDS. Do we need more?

Yes. As long as workers in the railway industry are at risk of being infected with the HIV virus, as long as they cannot get advice, care or treatment, as long as railway companies are at risk of losing skilled drivers and helpers, we all need to find ways of spreading the key messages about HIV and AIDS. There are no training materials dealing with the issue aimed specifically at the railway industry, so the toolkit fills an important gap.

What is in the toolkit?

The toolkit contains four booklets together with other materials:

■ Fact sheets about HIV/AIDS

There are many myths and misconceptions about HIV/AIDS. The set of eight factsheets explains the facts.

■ HIV/AIDS: A resource book

This booklet looks at the impact of HIV/AIDS – how it is a threat to railway enterprises and how railway workers are particularly vulnerable to the infection.

It also explains about the social partners in the railway industry, namely workers and employers who have come together to develop the toolkit with the International Labour Organization (ILO).

The booklet also provides suggestions on how railway enterprises and railway trade unions can work together on the issue of HIV/AIDS. This involves a comprehensive response at the workplace, and also a recognition of the importance of railway systems for the prevention and treatment of HIV/AIDS as well as care and support for many sections of the population.

The booklet includes a glossary with definitions and abbreviations used in the toolkit.

■ Learning materials

This booklet contains learning activities, games and role plays for use in education and awareness-raising programmes.

■ Facilitators' guide

This booklet provides a guide to the education methods that should be used with the toolkit. It will help you to run training programmes aimed at changing behaviour in the railway industry so that risky practices can be reduced. It explains the methods that can create successful adult learning.

- ***An ILO code of practice on HIV/AIDS and the world of work***
- ***Using the ILO code of practice on HIV/AIDS and the world of work: Guidelines for the transport sector***
- **A CD-ROM containing:**
 - PowerPoint presentations
 - An electronic version of *An ILO code of practice on HIV/AIDS and the world of work*
 - An electronic version of *Using the ILO code of practice on HIV/AIDS and the world of work: Guidelines for the transport sector*
- **Condoms (male and female)**



Foreword

This toolkit on HIV/AIDS for the railway sector follows on from the successful similar toolkit developed for the road transport sector. HIV/AIDS can have a serious impact on railway enterprises, since railway workers are particularly at risk because of the nature of their work. But railways can also make a significant contribution to the overall response to HIV/AIDS, and a railway-specific response can attract support from government, managers, trade unions, employees and the public who use the railway.

It is for this reason that the social partners in the global railway industry – the International Union of Railways (UIC), representing railway enterprises, and the International Transport Workers' Federation (ITF), representing workers – have come together with the International Labour Organization (ILO), an agency of the United Nations, to prepare this toolkit.

The ILO's focus on different economic sectors is achieved through its Sectoral Activities Department. The Department has cooperated with the ILO Programme on HIV/AIDS and the World of Work (ILO/AIDS) to create policies and networks that guide and support the actions of ILO constituents on HIV/AIDS, and also to sensitize and mobilize leaders in the transport sector. Much remains to be done in addressing the fundamental factors and risks, including trans-boundary risks, to railway workers and the communities with which they interact.

It is hoped that the toolkit will strengthen the capacity of ILO constituents to respond to and manage the impact of HIV/AIDS in the railways sector. It will assist in the implementation of the *ILO code of practice on HIV/AIDS in the world of work* and the *Guidelines for the transport sector* developed by the Sectoral Activities Department together with ILO/AIDS. It is designed to enable railway workers, operators and managers to respond to the epidemic in their workplace.

The toolkit is based on the principle of joint collaboration and action between workers and employers, and their organizations, as a basis for an effective response to HIV/AIDS by the railways sector – a sector that can have a far-reaching influence on the local and national community in general.

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About this booklet

This resource book looks at the impact of HIV/AIDS – how it is a threat to railway enterprises and how railway workers are particularly vulnerable to the infection.

It also explains about the social partners in the railway industry, namely workers and employers who have come together to develop the toolkit with the International Labour Organization (ILO).

The booklet also provides suggestions on how railway enterprises and railway trade unions can work together on the issue of HIV/AIDS. This involves a comprehensive response at the workplace, and also a recognition of the importance of railway systems for the prevention and treatment of HIV/AIDS as well as care and support for many sections of the population.

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Introduction

Few issues are as important in the world today as HIV/AIDS, and those of us who work in the railway industry cannot afford to ignore it.

The profits of some railway enterprises have been severely affected by HIV and AIDS. Absenteeism on the part of workers who are unwell can have a severe impact on operations, yet it is costly for railway enterprises to provide comprehensive medical support. But providing HIV and AIDS training, prevention and treatment through well-planned policies and programmes is a good investment.

HIV/AIDS can have a devastating effect on individual workers, their families and railway enterprises. In some situations it would be difficult to provide services if skilled railway workers were absent through sickness. When large numbers of workers are ill, medical services and the finances of benefit schemes provided by railway enterprises will be placed under pressure. The impact on individual workers and their families is no less serious. There are now millions of “AIDS orphans” and the families of those who are unable to work can suffer considerable financial hardship.

HIV/AIDS is not something that affects only those who are ill, or their families. It can have a serious impact on a railway enterprise as well as on the national economy of a country.

One key lesson from three decades of HIV/AIDS programmes is that the response cannot be left to a Ministry of Health alone. As HIV affects different sectors, a sectoral response is called for. A railway-specific response can attract support from government, managers, trade unions, employees and the public who use the railway.

At the same time, it is important to recognize that we now know how to respond to HIV/AIDS. With proper care, support and treatment, those who are infected are able to continue in work for many years.

Railway enterprises have a special role to play in preventing the transmission of HIV. They reach millions of people who travel, and in some countries imaginative and ground-breaking education initiatives in the industry are playing a vital role in national campaigns about HIV/AIDS.

This is why the social partners in the global railway industry – the International Union of Railways (UIC) representing railway enterprises, and the International Transport Workers' Federation (ITF) representing workers – have come together with the International Labour Organization, a United Nations agency, to prepare this toolkit. Its aim is to help educate and inform all those involved in the industry about the threat from HIV/AIDS and what we can do about it.

We hope you will find the toolkit useful – and spread the message that HIV/AIDS is a serious problem, but it is also a problem we can do something about.

HIV/AIDS is a threat to our industry. We can beat it – working together.

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Making a difference: One railway worker's story

Florence Wanjiru Theuri, a member of the Kenya Railway Workers' Union, describes what is happening in her country and how she was trained on HIV and AIDS.

I was trained in 2002 by the Friedrich Ebert Stiftung Foundation (a Foundation based in Germany that works with trade unions) and the International Transport Workers' Federation (ITF) in occupational health and safety, with a special focus on HIV and AIDS.

Since then we have trained peer educators and held workshops on the training of trainers, and we now have a programme on the sensitization of women workers, where we discuss issues related to sex and sexually transmitted infections and their implications for HIV and AIDS.

We also sensitize our union members and workers generally on voluntary counselling and testing. We conduct outreach activities within our communities, because in Kenya Railways we have estates where all our workers and their families live together.

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

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

Even where a woman suspects the husband of going with other women, it is difficult for her to initiate condom use. However, a woman needs to think about her life and her children. The time for assuming that the male spouse is a saint and the female is the devil is over!

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Women need to be strong and wise in this era of HIV and AIDS, speaking openly to their spouses about safer sex. Women must raise their voices and speak, and be able to say no to a man who goes out and has multiple sexual partners and then turns around and behaves as though he is a saint. Women should demand condom use even in marriage.



1 HIV/AIDS AND THE RAILWAY INDUSTRY

HIV/AIDS is **not** spread through normal contact at work. It is **not** transmitted by working in the same gang, travelling in the same cab, working on the same machinery, sharing tools or replacing another worker at a work station.

So why is it an issue in the railway industry?

Vulnerable workers

Some groups of workers seem to be particularly vulnerable to HIV/AIDS due to the particular conditions of their work. In general, workers who are mobile often encounter individual and social factors that increase their vulnerability to sexually transmitted infections (STIs), including HIV. Transport workers are not unique in facing this problem. Groups of workers who are highly mobile and are away from their home a lot are at higher risk of contracting the virus. Amongst some groups of miners, migrant workers and construction workers who have travelled long distances from their homes, higher rates of HIV infection have been found.

Many railway workers have to spend time away from home. Some also work in isolation, although there are differences in overnight stays, duration of trips and the frequency of absence from home. Engine drivers and some maintenance workers are among the categories of railway workers who spend considerable time away from home. Sometimes there is only limited access to health services, particularly those providing diagnosis and treatment for sexually transmitted infections (STIs). The majority of workers on railways are male, and in some enterprises and cultures this has given rise to a “macho” culture. In some countries, monogamous drivers are ridiculed by their colleagues who have sexual partners in several stopping places along their regular routes (Caraël, 2005).

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Risk and vulnerability

When considering HIV and AIDS, we draw a distinction between risk and vulnerability.

Risk may be something an individual can control. So we talk of risky behaviour such as having unprotected sex with a person whose HIV status you do not know. Or having several partners.

Vulnerability is about the external factors that a person cannot easily control. These could include working conditions, such as being away from home for a period of time, with poor recreation facilities. We know from other sectors within the transport industry that this is a problem – and it can increase situations in which people are at risk.

Other factors that increase vulnerability are poverty and gender.

Evidence from a survey

In 2006–07 the International Transport Workers' Federation (ITF) conducted an HIV/AIDS mapping exercise among its affiliates (ITF, 2007). Nearly 100 affiliates replied. More than half the trade unions representing railway workers thought that HIV/AIDS was having a clear effect. Nearly one in five unions thought that it was starting to have an effect.

According to the survey, HIV was most prevalent amongst road and railway transport workers, followed by seafarers. This figure coincides with data from UNAIDS and other agencies, according to the ITF.

The impacts of HIV and AIDS included:

Absenteeism – more than 50 per cent of railway unions found this to be an issue.

Death of co-workers – again, more than half of ITF affiliates in the railway sector reported this.

Skill shortages – 44 per cent of the railway unions responding reported that HIV and AIDS were leading to skill shortages.

Discrimination – four out of ten railway trade unions reported discrimination by employers on the grounds of HIV/AIDS.

Gender-based impacts – 40 per cent of ITF railway affiliates found that there was a disproportionate effect on women.

A burden on business

Railway enterprises are major employers – indeed, in some countries railways are the largest employer. HIV/AIDS can have a significant impact on the workforce, both present and future.

Research at Boston University suggests that AIDS-related costs to companies across the many sectors studied ranged from 3 to 11 per cent of the annual salary bill in 1999 and were estimated from 2 to 8 per cent in 2010. The variation among enterprises depends on each company's production structure and human resource policies (Brookings Institution, 2001).

At the enterprise level, AIDS-related illnesses and deaths reduce productivity and increase labour costs. Enterprises in all sectors in the most seriously affected countries report increases in absenteeism (due to illness, the burden of care and bereavement), in labour turnover (due to illness and death) and in the costs of recruitment, training and staff welfare (including health care and funeral costs). Absenteeism has a particularly disruptive effect on the provision of services. Loss of skills and knowledge make it difficult to replace staff, even where a pool of unemployment exists. The workload of non-infected workers rises, to the detriment of their morale.

Botswana

The Botswana Railway and Amalgamated Workers' Union (BRAWU) launched a project for union leaders and members because it was so concerned about the rate of turnover due to HIV/AIDS. Botswana's workforce is being depleted as many productive adults develop AIDS and are no longer able to work. Between 1999 and 2005, Botswana lost approximately 17 per cent of its health-care workforce from AIDS. And the number of transport workers who have died of HIV/AIDS has also increased significantly.

The union has decided to incorporate HIV/AIDS education into occupational health and safety training to make sure that every member is informed. They are also promoting voluntary counselling and testing to encourage members to know their HIV status, as a majority of HIV-infected workers do not know this.

Canada

Some groups of railway workers are at risk because railway premises can be used by injecting drug users who then discard their needles. Railway workers in Canada have specifically reported this as a problem.

India

Indian Railways is the second largest employer in Asia after the Chinese army, with 1.8 million workers. An ILO/AIDS report in 2005 cited a baseline survey undertaken in 1994 estimating that by 2006, six per cent of railway workers

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were likely to have become HIV-positive. Fortunately, prompt action by Indian Railways has helped to ensure that the situation has been kept under control. The prevalence rate in 2009 was 0.23 per cent, and had declined from 0.41 per cent in 2006.¹

HIV/AIDS on Indian Railways, 2009		
	Number HIV+	Number on ART*
Employees (male)	2,681	1,013
Employees (female)	259	102
Spouses (male)	76	49
Spouses (female)	999	220
Children of employees (male)	111	28
Children of employees (female)	61	29
Total	4,187	1,441

* In addition to the number of employees and family members who were HIV+.

Uganda

Uganda Railways reported that it lost 5,600 workers due to HIV/AIDS in the 1990s, representing 15 per cent of the company's personnel.

The annual company medical expenses of Ugandan Railways increased from US\$69 per head in 1988 to US\$300 in 1992, and this was attributed to HIV/AIDS.

The International Transport Workers' Federation (ITF) supported two of its affiliates in Uganda in carrying out research into HIV/AIDS and transport workers (Bikaako-Kajura, 2000). Individual interviews were conducted, as well as focus group discussions with members of the Uganda Railways Workers Union (URWU). At the time of the research there was no HIV/AIDS policy in the workplace. Railway workers reported that both living and working conditions contributed to an environment where many workers engaged in risky behaviour. Workers' comments included the following:

1 Indian Railway Board statistics, based on anonymized blood tests; the national prevalence rate is estimated to be 0.34 per cent.



“Staff are away from their base for a long time. . . Those who cannot control themselves find available alternatives for companionship at the rest places or stop-overs.”

“When a staff member is away from home for a week to do engineering on the train, he meets somebody and they decide to sleep together.”

Sometimes workers were left to improvise accommodation arrangements for themselves. In such situations, one respondent to the survey asked, “If you have a woman who is willing to accommodate you free of charge, why hesitate?”

Zimbabwe

The National Railways of Zimbabwe (NRZ) is the largest transport company in Zimbabwe, employing 17,000 workers in 1997. By 1990 the company reported operational problems due to an absenteeism rate greater than 15 per cent. A later impact study estimated the company’s AIDS costs at Z\$39 million, which was equivalent to 20 per cent of the company’s profits. In 1997, absenteeism costs increased further to Z\$80 million.

The budget for the direct costs of managing HIV/AIDS prevention was estimated to be close to Z\$1.5 million per year in 1999. Further direct costs included an additional 10 per cent staff complement to cover for absentees in certain work areas. Training costs to replace skilled workers (direct training and lower productivity) were projected to increase five-fold due to AIDS between 1991 and 2000. Railmed, the company’s medical aid society, noticed an 18 per cent rise in medical-related costs (from Z\$5.6 million in 1995 to Z\$6.8million in 1996). Since the costs of the medical scheme are shared between employer and employee, costs for both parties are bound to continuously increase (Bollinger, 1999).

Many railway enterprises operate extensive medical systems for their workforce. Health-care costs are increasing, particularly in enterprises which extend medical services to employees’ dependants. The costs to enterprises of HIV/AIDS are both direct and indirect.

For many countries where the HIV prevalence rate is high, we do not know the exact situation regarding HIV/AIDS in the railway sector, as no study has been undertaken.

A lack of knowledge does not mean lack of a problem!

No room for complacency

Particular groups of transport workers

Some groups of railway workers are put into situations that increase their vulnerability.

One high-risk group is the one involved in railway construction. In Namibia, for example, an extensive research programme in 2007 (Ministry of Works, 2007) found that construction contract workers are employed for periods of six months at a time. The company responsible for the construction generally does not provide accommodation for these contract construction workers.

Maintenance teams, because of distance, must stay in the field to carry out the maintenance work. TransNamib provides temporary accommodation such as coaches and, where available, rest rooms at TransNamib centres.

Both groups of employees are thought to be at high risk since they spend extended periods of time away from their homes.

In New Delhi, where a new metro system is being built, the Delhi Metro Rail Corporation Ltd (DMRC) has recognized this vulnerability of construction workers. All contractors are required, under the terms of their contract, to cooperate with an agency appointed by DMRC which will run awareness programmes for construction workers. Contractors must release a number of workers to be trained as peer educators.

“DMRC recognizes HIV/AIDS as a developmental challenge and realizes the need to respond to it by implementing regular HIV/AIDS prevention programmes and creating a non-discriminatory work environment for HIV-infected workmen engaged by contractors.”

DMRC, Conditions of contract on Safety, Health and Environment.

Railway police

A number of railway systems have a dedicated railway police force. Anecdotal evidence indicates that this group of railway employees is at higher risk. In India, for example, between 30 and 40 per cent of constables in the Railway Protection Force (RPF) live in single-sex barracks.



The impact on trade unions

Trade unions in several countries have already lost key staff and activists at national and branch level.

According to the survey undertaken by the International Transport Workers' Federation (ITF), mentioned earlier, its affiliates in the railway sector reported a profound impact on the union because of HIV/AIDS.

- More than one-fifth of affiliates reported the death of union officials; half the trade unions reporting said that members had died.
- Nearly one-third of unions reported that there was less participation by members due to HIV-related illness.
- Most worryingly, 30 per cent of unions reported that there was stigmatization by union members against those of their colleagues who were HIV-positive.

Many unions in developing countries have limited resources to organize and represent members; they have invested heavily in the training and development of core staff and workplace representatives. Their loss will affect how unions are able to support their membership effectively.

Unions in countries with high prevalence rates have to consider how they can best assist with programmes of prevention and care and ensure that workers are not subject to discrimination. They must also consider the direct effects of the pandemic on their own organizations.

Transport workers are not to blame!

Because of the risk factors described here, transport workers are sometimes stigmatized and blamed for the high rates of HIV infection. This is unfair. Workers are placed into situations which encourage risk-taking behaviour. Stigmatizing them will only drive the problem of HIV/AIDS underground, and that will in turn lead to infections increasing faster.

HIV/AIDS and the railway industry

Transport workers need rights

“Transport workers’ . . . complex variety of sexual relationships is strongly linked with the nature of their work and the socio-economic conditions with which they live and work. Their sexual behavioural patterns are closely associated with their efforts to meet their basic needs and respond to poor social organizations. Exclusion from a decent community life and victimization as carriers of HIV infection has contributed to the rapid spread of HIV among transport workers and the communities with which they closely interact. Therefore without observance of the rights of workers, starting with a redress of their working and living conditions, no meaningful response to the control of HIV transmission . . . is possible.”

Source: ITF: *AIDS and transport: The experience of Ugandan road and rail transport workers and their unions* (London, 2000).

Travel bans

For the railway industry, as a travel business, the importance of free movement cannot be over-emphasized. Yet many countries still retain actions on persons entering who are HIV-positive. Others require tests. These measures do not prevent the transmission of the virus, and they do not protect anybody.

Transport workers are still required, in some countries, to provide a certificate “proving” they are not HIV-positive before they can get a visa.

There has been a long-standing ban that prevents people who are active and HIV-positive from travelling to the United States. In August 2009, the US Secretary for Health and Human Services Secretary Kathleen Sebelius announced that the ban would be lifted – appropriately enough at a national conference on HIV prevention. Her remarks are worth quoting at length:

“We know that HIV/AIDS stigma remains a huge problem with real repercussions in people’s lives. There are people who don’t get tested because they’re afraid they could get beaten up or lose their place to live if the test comes back positive. They don’t pick up a flyer about treatment because they’re afraid that if they’re seen with it, someone will make a judgement about their sexual orientation or their drug use. Because we care about all of our friends, families, and neighbors, we need to send a message that HIV/AIDS may be a serious condition, but we have the knowledge and tools to help people live successfully with this condition.”



“Sometime later this year, we will strike a major blow against this stigma when we finally lift the rule – sometimes referred to as the “HIV entry ban” – that includes HIV on the list of diseases that can bar entry into this country. This change has been a long time coming.”

“The ban was not only unfair. It was also unsafe. The more accepted people with HIV/AIDS feel, the more open they are about their HIV status. The more open people can be about their HIV status, the more likely other people are to get tested. The more likely people are to get tested, the slower the spread of HIV. It’s a virtuous cycle and it starts with ending the stigma.”

Working together: Social partners in railway transport

2 WORKING TOGETHER: SOCIAL PARTNERS IN RAILWAY TRANSPORT

This toolkit has been developed as a joint initiative of the International Union of Railways (UIC), the International Transport Workers' Federation (ITF) and the International Labour Organization (ILO). The ITF is part of a global network of trade unions, and the UIC is part of a corresponding network of employers' organizations.

Working together

Employers and workers have arguments and disagreements, which is quite normal. Such disputes are handled by negotiations between employers and their organizations and workers and their organizations, that is, trade unions.

We call these employers and their organizations and workers and their organizations the *social partners*. Partners do not always agree. Married couples do not always agree! But it is better to go on talking and trying to work through difficulties. We call this *social dialogue*. This can include the formal procedures of collective bargaining.

HIV/AIDS is a threat about which there should not be any disagreement. It is a threat to railway enterprises and to railway workers, and it is sensible to work together against it.

In the railway industry, in the wider transport industry and at the global level, employers' and workers' organizations are now working closely together.

A toolkit similar to this one has been developed for the road transport industry, involving the ITF representing workers, the International Road Transport Union, and the International Labour Organization. In the shipping industry, the social partners have also launched a programme of joint activity on HIV/AIDS.

The following common statement has been agreed by the International Organisation of Employers (IOE) and the International Confederation of Free Trade Unions (ICFTU).



Fighting HIV/AIDS together: A programme for future engagement

The International Organisation of Employers (IOE) and the International Confederation of Free Trade Unions (ICFTU) jointly recognize the direct impact of the HIV/AIDS pandemic on the world of work.

This joint statement gives voice to that mutual recognition, hereby calling on IOE and ICFTU affiliates and their member enterprises and trade unions, wherever located, to give the issue the highest priority. Efforts need to continue to be mobilized to fight this disease and its consequences. There is no room for complacency. We also call on both to work together to generate and maintain the momentum necessary for successful interventions.

HIV/AIDS has already devastated many countries and communities and is spreading rapidly in others. Workers' and employers' organizations need to recognize the common interest that exists on this issue and cooperate at both the workplace and at the national and international level to promote effective action to address this unprecedented public health crisis. We cannot afford to do anything less.

In addition to the destruction of communities and families, HIV/AIDS is reversing development in many countries, threatening the survival of workers and enterprises. Efforts to address the pandemic must therefore continue to be intense and must strategically target countries and regions where they can have the most impact.

Our work in this area will be built around the *ILO code of practice on HIV/AIDS and the world of work*. The code is comprehensive and covers areas of education, prevention, training, assistance, workers' rights, issues of discrimination, occupational health and safety, and many other areas. It was developed through tripartite consensus, and the ICFTU and the IOE played an important role in its adoption. It forms a sound basis for workplace partnerships as well as for effective action on HIV/AIDS beyond the workplace.

Working together: Social partners in railway transport

The IOE and the ICFTU are convinced that employers and trade unions, working together and building on that experience 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.

There are also important gender dimensions to this problem, particularly among young people. In sub-Saharan Africa, for example, young women are five times more likely to contract HIV/AIDS than young men. Due to the devastating economic effects of the disease, people are forced to adopt survival strategies, which contribute to this vicious cycle. There are many other high-risk groups to focus on as well, especially migrant workers.

Given the nature of the virus and its direct impact on industry, the IOE and the ICFTU both independently and in collaboration acknowledge and stress the crucial added value of labour management cooperation to combat its spread. In addition to promoting common efforts, including partnerships in support of sustainable development, we will work for effective tripartite action to help bring solutions to a whole series of problems that cannot be resolved by workplace action alone. Both approaches are vitally and urgently needed if victory over this terrible affliction is to be won.

As part of their joint commitment, both ICFTU and the IOE will explore opportunities to identify and develop joint action programmes. These will be done in partnership with their national members and will look to build on the efforts and initiatives taken to date at the workplace but which will, at the international level, seek to both increase the profile of the problem as well as looking to increase the resources available to fight this pandemic.

Source: <http://www.ilo.org/public/english/protection/trav/aids/ioeicftudecl.pdf> where the full statement can be found.

International Union of Railways

The International Union of Railways is the global employers' organization for the railway sector – one of the social partners. It is the worldwide international organization of the sector, and is often referred to by its French initials, UIC.

The UIC was established in Paris in 1922. It was set up to harmonize and improve conditions for railway constructions and operations. Initially the UIC

had 51 members from 29 countries including Japan and China; these were soon joined by members from the USSR, the Middle East and North Africa.

Today, the UIC has 194 members across all five continents, in three categories of membership:

- 82 active members, including the railway enterprises from Europe, China, India, Japan, Kazakhstan, Republic of Korea, the Middle East, North Africa, Pakistan, Russian Federation, South Africa and companies operating worldwide.
- 81 associate members, including railways from Asia, Africa, America and Australia.
- 31 affiliate members, comprising related or ancillary rail transport businesses or services.

UIC members may be:

- integrated railway companies
- infrastructure managers
- railway or combined transport operators, rolling stock and traction leasing companies service providers (restaurant services, sleeping cars, public transport, maritime transport)

UIC's mission and objectives

UIC's mission is to promote rail transport at world level and meet the challenges of mobility and sustainable development.

UIC's main objectives are to:

- facilitate the sharing of best practices among members
- support members in their efforts to develop new business and new areas of activities
- propose new ways of improving technical and environmental performance
- promote interoperability and create new world standards for railways (including common standards with other transport modes)
- develop centres of competence.

For further information please see www.uic.org.

International Transport Workers' Federation

The International Transport Workers' Federation (ITF) is the global trade union federation for all transport workers' trade unions, including railways as well as all other transport modes. Any independent trade union with members in the

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transport industry is eligible for membership of the ITF. A total of 681 trade unions representing 4,500,000 transport workers in 148 countries are members of the ITF. It is one of several Global Federation Unions allied with the International Trade Union Confederation (ITUC).

The aims of the ITF are:

- to promote respect for trade union and human rights worldwide
- to work for peace based on social justice and economic progress
- to help its affiliated unions defend the interests of their members
- to provide research and information services to its affiliates
- to provide general assistance to transport workers in difficulty

The ITF campaign against HIV/AIDS

Three ITF sections representing civil aviation workers, seafarers and inland transport workers, including railway workers, have developed specific activities around HIV. Education activities on HIV/AIDS have been held in all parts of the world. The global Congress of the ITF adopted resolutions on HIV/AIDS in 2002 and 2006.

Activities

The ITF campaign draws on the *ILO code of practice on HIV/AIDS in the world of work*. The ITF encourages its affiliates to:

- develop trade union and workplace policies
- negotiate collective agreements incorporating HIV/AIDS-specific provisions
- organize training for trade union leaders and for managers
- organize education for workers and their families and people in surrounding communities including commercial sex workers
- challenge discrimination, prejudice and marginalization of people living with HIV/AIDS
- show solidarity with organizations of people living with HIV/AIDS and assisting with their care
- develop linkages with HIV programmes targeting commercial sex workers and create synergies with these
- support community-based prevention initiatives
- work with governments and non-governmental organizations (NGOs) to develop and deliver specific programmes for members

- lobby governments to acknowledge the problem, especially in countries where the severity of the HIV/AIDS crisis is not officially recognized
- negotiate improved working conditions (reduce time away from home, speed up border checks, and so on)
- set up health centres at popular truck stops
- encourage members to go to voluntary counselling and testing centres
- develop information campaigns on STIs and their link to HIV/AIDS
- develop resource materials on HIV/AIDS for all relevant stakeholders
- lobby for affordable and accessible AIDS drugs

For further information please see www.itfglobal.org.

Trade unions in action in Malawi

The Central East African Railway Workers' Union, Malawi organized an open day to educate members and their families on HIV/AIDS as part of World AIDS Day. They posted press releases in daily newspapers about their activities.

The role of governments

In some countries railways are in private hands, while in others they are state-owned. In either case, governments lay down a policy framework, either through a specific Ministry of Railways or Transport, or more directly as the employer.

More widely, governments set down the overall framework within which national efforts are made with respect to HIV and AIDS. This normally takes place through a national AIDS programme (the exact name will vary from country to country). Collaboration by the stakeholders in the railway sector also needs to be highlighted: an opportunity for increased cooperation now exists, as countries are now talking about strengthening a multi-sectoral response to HIV/AIDS. India, for instance, has set up a National Council on AIDS, chaired by the Prime Minister, which includes some 31 ministries as well as representatives of the private sector in addition to civil society organizations.

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Cooperation between the UIC and ITF

The UIC and ITF have agreed to cooperate on a number of issues, including HIV/AIDS.

In a Memorandum of Understanding (MOU) agreed in July 2007, the two organizations agreed “to promote rail transport and the interest of rail workers at the global level through mutual cooperation”.

Article 2 of the MOU specifies the areas of cooperation:

i) information exchange and communication:

The UIC and the ITF will regularly exchange information on their activities in particular for rail transport and multimodal transport developments.

Such exchange will be through meetings at expert levels and at management level, mutual access to the web sites and other information held by the organizations with the safeguarding of confidentiality if required.

ii) organization of studies and seminars:

The UIC and the ITF shall carry out studies related to subjects such as the following:

- a. To enhance the safety culture in rail transport
- b. To promote the public services role of the railways
- c. To upgrade professional skills to help with the adoption of new technologies in rail transport
- d. To address the issue of managing HIV and AIDS and other health and safety related issues in rail transport
- e. To analyse various organizational aspects of rail transport, including concessioning, workers' participation, human factors

The UIC and the ITF will discuss cooperation in ILO activities as social partners in the railway sector.

International Labour Organization

The International Labour Organization (ILO) is the specialized agency of the United Nations that deals with the world of work.

Each part of the UN system is responsible for a particular area – its “mandate” or mission. The ILO’s mandate covers social questions, in particular the world of work and employment. Industrial relations, child labour, vocational training, equal pay, employment creation, social security, and health and safety at work – these are some of the issues contained in the mandate of the ILO.

Like all organizations of the UN system, the ILO is financed by member States. Countries have to join the ILO separately. The ILO currently has 183 member States. The ILO is actually older than the United Nations. It was set up in 1919 by the Treaty of Versailles, which marked the end of the First World War. It became the first UN Specialized Agency in 1946.

The ILO Constitution states that “universal and lasting peace can be established only if it is based upon social justice”.

What makes the ILO unique within the UN is its tripartite structure, consisting of employers’ and workers’ organizations as well as government representatives.

At the International Labour Conference, which meets every year, each member State is represented by four delegates; two government representatives, one employers’ and one trade union representative.

The Governing Body of the ILO is composed in the same way.

Why is the ILO involved?

The ILO is involved in the fight against HIV/AIDS because the pandemic has a huge impact on the world of work. It is a challenge to economic growth and global security. It compromises and threatens the ILO’s goal of achieving decent work.

The ILO brings strengths to the fight against HIV/AIDS.

- Its tripartite structure makes it possible to mobilize employers and workers against HIV/AIDS. Other UN agencies deal principally with governments.
- It is the UN agency with a presence at the workplace.
- The ILO has more than 90 years of experience in guiding laws and framing standards to protect the rights of workers and improve their working conditions.
- It has a global presence, with regional and national offices the world over.

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- It has specialist expertise in many relevant sectors, including child labour, workplace-based programmes on drug and alcohol abuse in the workplace, employment law, occupational safety and health and social security.
- It has experience of research, information-dissemination and technical cooperation, with a particular focus on education and training.

The ILO and HIV/AIDS

The ILO responded early to the threat of HIV/AIDS. In 1988 the World Health Organization (WHO) and the ILO issued a joint statement on AIDS and the workplace.

In June 2000, the International Labour Conference adopted a resolution asking the ILO's Governing Body to develop a plan for the organization's work on the issue. A dedicated unit, the ILO Programme on HIV/AIDS and the World of Work, was established in November 2000. It is known as ILO/AIDS.

In May 2001, a tripartite group of experts from all regions discussed and finalized the draft of a code of practice on HIV/AIDS and the world of work. The text was approved by the Governing Body of the ILO in June 2001; the code has now been translated into more than 40 languages.

ILO code of practice on HIV/AIDS and the world of work

The ILO code of practice is an important document that has been used as the basis for action in the workplace by governments, businesses and trade unions all over the world. It was drawn up by a group of experts drawn from all three ILO constituents – workers' and employers' organizations and governments – and was then approved by the Governing Body, which is tripartite in nature. It has become the basis of many national codes or laws dealing with HIV/AIDS and employment.

HIV/AIDS is a human rights issue. The *ILO code of practice on HIV/AIDS and the world of work* rests on ten fundamental principles that protect the rights of workers in the context of HIV/AIDS. These are:

- Recognition of HIV/AIDS as a workplace issue
- Non-discrimination
- Gender equality
- Healthy work environment
- Social dialogue
- No screening for the purposes of exclusion from employment
- Confidentiality of information on HIV status
- Continuation of employment relationship

- Prevention
- Care and support

A new international labour standard

In March 2007 the ILO Governing Body agreed that a discussion was needed to adopt a new international labour standard specifically on HIV/AIDS. Labour standards are adopted through what is called a “double discussion” procedure which ensures that there is maximum debate about any proposal, and opportunity to reach wide agreement on the final text. The first discussion took place at the 2009 International Labour Conference, with the second discussion and hopefully adoption in 2010. This will strengthen efforts to ensure that HIV/AIDS is seen as a workplace issue.

Comprehensive help is available from ILO/AIDS to develop workplace policies and programmes based on the principles of the code of practice. A copy of the code is included in this toolkit and its principles are discussed individually in the next chapter.

For further information about ILO/AIDS please see <http://www.ilo.org/public/english/protection/trav/aids/>.

3 RESPONDING TO HIV/AIDS

The components of a successful strategy to respond to the challenge of HIV/AIDS are now very well known.

The four pillars of an HIV/AIDS programme are as follows:

1. The protection of rights, including gender rights. It is vital to overcome the stigma and discrimination connected with HIV/AIDS.
2. Preventing the transmission of the virus remains vital.
3. Treatment must be available for those people who are HIV-positive, as well as to prevent the onset of opportunistic diseases. In many cases there are now effective treatments for those diseases.
4. Care and support should be provided for all HIV-positive people who need it.

In 2008, the amount of funding available to respond to HIV/AIDS reached \$US10 billion. The large increase in funding has made treatment available to many more people. Much more is necessary, but there are many reasons to be optimistic.

All programmes need to be based on good quality data. An important first step for the railway sector is to collect information on vulnerability and the impact of HIV/AIDS in the sector. Railway ministries and enterprises can work with their national AIDS programmes to collect this data.

Stigma and discrimination

The ways to prevent HIV and AIDS have been understood for many years by scientists and policy-makers. However, the virus continues to spread. One of the reasons for this is that some groups of people are particularly associated with HIV and AIDS. And these groups of people are often stigmatized and discriminated against. Commercial sex workers, men who have sex with men and people who inject drugs are all at high risk of contracting the HIV virus.

- **Stigma** is commonly recognized as a process of devaluing an individual or group through beliefs and attitudes that discredit them.
- **Discrimination** occurs when people are able to act on their feelings of hostility towards others – they can put the stigma into practice. Discrimination is practised both by individuals and by institutions.

Whereas HIV is a virus that is found in the body, stigma is found in the thoughts of people and communities. Stigma occurs when people believe that a particular illness, or something a person has done or feels, is shameful and brings disgrace on themselves, their family or their community. So stigma can



arise because of an infection such as HIV, or because of behaviour such as taking drugs, or types of sexual behaviour such as homosexuality.

Because of this and because of an unwillingness to talk about sex and drugs, many people still do not know the facts about HIV and AIDS and continue to put themselves at risk.

It is now clear that mobile workers are particularly at risk: workers who have migrated from one country to another, construction workers – and transport workers.

This is why the most important way of combating HIV and AIDS is to oppose stigmatization of and discrimination against *all* vulnerable groups.

Voluntary counselling and testing (VCT)

“Knowing your status” is an important step for everyone in the railway industry. Those who are HIV-positive can take steps to make sure that they do not pass the virus on to other people, and they can also seek the necessary care and support. Those who test negative know that they can take steps to protect themselves and their families.

Those who have the test should receive counselling both before and after. Testing should be based on the key principles of voluntary, informed consent and confidentiality regarding the results. It should be accompanied by counselling, and linked to a certain level of services to follow up the test. If the result is negative, the individual needs information on assessing and preventing risk. If the result is positive, he or she needs information and advice on ways of maintaining health and protecting partners from infection, and on services available in the community, including treatment. Employers can try to provide care and support at the workplace, including treatment where possible.

Testing centres that are seen to belong to the transport industry may attract more workers than centres in the community.

Responding to HIV/AIDS

Kenya: How railway unions helped to increase take-up of testing

According to the state-run National Aids Control Council (NACC), national HIV prevalence was estimated to be 7.1 per cent among adults aged 15 to 64 years in 2009. The decline in the prevalence rate is quite significant: from a high of about 14 per cent in the mid-1990s.

According to NACC the fall in prevalence is attributable to greater acceptance of prevention strategies, widespread use of VCT services and antiretroviral drugs (ARVs), greater use of condoms and more responsible sex behaviour.

The ITF affiliate, the Kenya Railway and Allied Workers' Union, has helped. The union started implementing a workplace HIV/AIDS programme which included peer education programmes for all workers. Peer educators are helping other workers to obtain correct information, resolving myths and misconceptions about HIV/AIDS.

They also help them to get access to voluntary counselling and testing (VCT), condoms and management of sexually transmitted infections (STIs). Recently the union has organized a special VCT session which was attended by a large number of leaders and workers.

Care, support and treatment

While antiretroviral (ARV) drugs are available that slow the progression of the disease and prolong life, they are expensive. Some countries have made them available to sufferers through paying drug manufacturers, or by producing generic copies of the drugs. Once a person starts taking ARVs, in most cases he or she will have to take them for life, otherwise the virus may develop resistance to the drug.

Although ARVs are increasingly available, there still remains a substantial problem. The regime of administering the drugs requires a level of health infrastructure which is simply not available in many poor countries.

In addition, patients receiving ARV therapy need to have good food and be able to rest.

Opportunistic infections also need to be treated, often with antibiotics.



ARV therapy is a good investment

ILO research shows how providing antiretroviral (ARV) therapy resulted in a large and immediate increase in the number of people with HIV/AIDS who were able to continue working: within six months of beginning treatment, 20 per cent more were likely to be at work and 35 per cent more were able to work longer hours.

How does treatment translate into productivity and income? In the United Republic of Tanzania, for example, the ILO has calculated that a worker living with HIV/AIDS who is able to regain three-quarters of his or her current level of productive activity due to ARV treatment would gain about 18 months of productive life, or the equivalent of about US\$1,000 in monthly productivity gained.

Source: ILO: *HIV/AIDS and work: Global estimates, impact on children and youth, and responses* (Geneva, 2006).

How railway enterprises can respond

There are several ways in which railway enterprises can respond to HIV/AIDS:

- Provide a response at the workplace. HIV/AIDS can have an impact on railways as a workplace – reducing the supply of labour and available skills, increasing labour costs, reducing productivity, threatening the livelihoods of workers and employers and undermining rights. There needs to be a workplace response.
- Railway stations are communities. People congregate there to buy and sell a huge number of products, work in the informal economy, transact commercial sex, or to buy, sell and use drugs. Railway premises can be an access point for programmes of prevention, treatment, care and support.
- Railways offer immense opportunities to provide information to passengers about the threat of HIV and AIDS to their health and the health of their families. There are some excellent examples of such an approach.

These three areas will each be considered in turn.

Responding to HIV/AIDS

Action in the workplace

An ILO code of practice on HIV/AIDS and the world of work is the basic document on which to base a workplace response. As we have seen in Chapter 2, it rests on ten fundamental principles that have received widespread support. A copy of the code is included in this toolkit.

Code principle 1. Recognition of HIV/AIDS as a workplace issue

HIV/AIDS should be treated like any other serious illness or condition in the workplace. This is necessary not only because it affects the workplace, but also because the workplace, being part of the local community, has a role to play in the struggle to limit the spread and effects of the epidemic.

Code principle 2. Non-discrimination, and equal protection and treatment before the law

Discrimination (and stigmatization) of people with HIV/AIDS is contrary to fundamental human rights. *It also helps the spread of the disease.* If people who are HIV+ are mistreated, discriminated against or stigmatized, they are not going to come forward and let the fact of their status be known. They will be reluctant even to get tested for the disease.

Code principle 3. Gender equality: The right to non-discrimination on the basis of gender, and equality before the law

One of the main reasons why HIV/AIDS has spread so quickly is gender inequality. Women are more likely to be infected than men. Women are also more likely than men to be involved in caring for those who have the disease, or caring for those, such as orphans, who have lost those who support them.

The legal systems in many countries continue to grant women lesser status than men, restricting property inheritance and other rights. Customary laws, beliefs and practices continue to sustain gender inequalities and discrimination.

Gender-discriminatory beliefs lead directly to a higher risk for women of becoming infected with HIV. For example, in Botswana women who hold three or more gender discriminatory beliefs have 2.7 times greater odds of having unprotected sex with a partner who is not their primary partner (Physicians for Human Rights, 2008).



Workplace policies and discrimination: An example from Mumbai

The Mumbai Port Trust HIV/AIDS workplace policy states:

“Mumbai Port Trust management emphasizes the need to respond to HIV/AIDS by implementing regular HIV/AIDS prevention programmes and creating a non-discriminatory work environment for any person(s) infected by HIV. The features of the policy are as under :-

“Mumbai Port Trust recognizes HIV/AIDS as a workplace issue which needs an immediate attention from every sector. Mumbai Port Trust makes an attempt to prevent its employees suffering from the Human Immunodeficiency Virus (HIV), which causes the AIDS.

“Mumbai Port Trust will not discriminate against any members of staff because of his/her real/perceived HIV status. HIV status of a person will not be a criterion for either employing someone or keeping people in employment of Mumbai Port Trust. There will be no mandatory HIV testing during the employment.”

Code principle 4. Healthy working environment

Safety and health at work is itself a human right. The Universal Declaration of Human Rights says:

Everyone has the right to work, to free choice of employment, to just and favourable conditions of work . . . (Article 23)

This includes making the workplace safe from the point of view of HIV infection. The “universal precautions” should be followed to prevent the spread of HIV. At the same time the workplace should be adapted, if necessary, for those workers living with HIV/AIDS to ensure that it is safe and healthy for them.

Responding to HIV/AIDS

Mainstreaming gender in workplace HIV programmes

In order to be effective, workplace HIV/AIDS programmes must take into account the reality of the sexual behaviour of men and women. Therefore:

- All workplace HIV/AIDS programmes should, in addition to being sensitive to race and sexual orientation, be gender-sensitive. They should explicitly target both women and men, possibly by addressing women or men in separate programmes.
- Information for women on HIV/AIDS needs to alert them to their higher risk of infection and explain this, in particular the special vulnerability of young women to HIV infection.
- HIV/AIDS education should help both women and men to understand and act upon the unequal power relations between them, both in employment and personal situations; sexual harassment and violence should be specifically addressed.
- Programmes should help women to understand their rights, both within the workplace and outside it, and empower them to protect themselves.
- HIV/AIDS education for men should include awareness-raising, risk assessment and strategies to promote men's responsibilities regarding HIV/AIDS prevention.
- Women must be particularly involved in the planning and implementation of workplace HIV/AIDS policies and programmes.

Source: Romano Ojiambo-Ochieng, ITF *Agenda* magazine, 2007.

Code principle 5.

Social dialogue, and the right to freedom of association

HIV/AIDS causes embarrassment. The condition is seen as a death sentence, although many people live full lives – including work – for years after a diagnosis. The main way in which HIV infection is spread is through sexual contact. And people do not like talking about this most intimate and often secret activity.



It is essential that there should be the fullest discussion about the impact of HIV/AIDS and why it happens. One of the ways in which this can take place is through social dialogue.

If workers' and employers' organizations are to play an active role in the fight against HIV/AIDS, governments will need to encourage and strengthen these organizations and promote social dialogue. Stronger employers' and workers' organizations can be more active in the fight against HIV/AIDS.

Freedom of association for employers' and workers' organizations is a prerequisite for effective workplace action against HIV/AIDS.

Decent toilets for women

In an ITF survey in 2006/07 of women transport workers and occupational safety and health issues, 63 per cent of women said that there were no women's toilets for them to use. If you cannot go to the toilet when you need to, you run the risk of internal infection, kidney damage, haemorrhoids and other conditions. Infections of the urinary tract could conceivably lead to a higher risk of HIV infection.

Where toilets and washrooms do exist, women repeatedly complain about how dirty they are – and therefore how unhealthy. Lack of access to clean drinking water is another common health complaint. Clean and sanitary conditions would benefit the whole workforce.

Code principle 6.

No screening, and the right to privacy

All forms of compulsory screening and testing of individuals for HIV/AIDS, whether in the workplace or more generally as an immigration or residence requirement are contrary to basic human rights. They do not help to prevent the spread of the disease. Workers have the right to privacy and employers should not violate such privacy.

Code principle 7.

Confidentiality

The HIV status of a worker must be kept confidential if she or he requests it. There is no practical reason why other workers should be made aware of it. If proper health and safety practices are followed, there is no risk of infection. The same point applies to applicants for jobs and retired employees.

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A railway trade union takes a stand on confidentiality

The New Zealand Rail and Maritime Union (RMTU) has a policy that states:

“For reasons of confidentiality and impartiality, counselling and peer support services for those with HIV/AIDS should be provided by external organizations such as New Zealand Aids Foundation. Time for this should be given during normal working hours in the same way that this occurs for other personal problems.”

The RMTU would actively support any member’s request for support and access to these providers.

Code principle 8. Continuation of employment relationship

Workers infected by HIV can, in most cases, carry on at their jobs for many years. Even when they develop AIDS, and become ill through opportunistic infections, periods of ill health can alternate with spells of better health, when the worker can return to work. If the worker can be helped to work for as long as medically fit, this will benefit the enterprise as well as the worker. It may be appropriate to arrange different work for the employee. Dismissals should only be considered when an employee is unable to work at all, and will not be able to return to work.

Code principle 9. The right to prevention

Prevention has been called the “social vaccine”. The workplace is one more arena in which the prevention of HIV/AIDS can be promoted. Prevention is not simply a matter of providing a few posters or leaflets, or even of distributing condoms and giving talks. A preventative environment needs to be created – a combination of measures and attitudes which mutually reinforce each other. Changes in behaviour and knowledge, together with the human rights approach, will all contribute to a climate which supports prevention.

Employers’ and workers’ organizations can cooperate to bring about changes in attitudes and behaviour. They can also address issues such as safety in the workplace, which will contribute to preventing the further spread of the disease.



Peer education on Indian Railways

South Central Railways (a part of Indian Railways) has a network of peer counsellors serving its health units and hospitals. They offer information on HIV/AIDS, meet patients, and work closely with doctors and nurses. The Voluntary Testing and Counselling Centre (VCTC) at the hospital in Vijayawada routinely refers its clients to the peer counsellors, and vice versa.

“Running rooms”, where drivers rest between their shifts present another opportunity for peer counsellors to meet workers. Drivers in India report that they are more comfortable asking questions about sex, homosexuality, condoms and HIV/AIDS because of the work of the peer counsellors. Engine drivers have asked for condom boxes in running rooms. Many drivers also ask for information about HIV/AIDS to read on their trips.

Code principle 10. The right to care and support

In common with all those suffering from the infection, workers should receive care and support. There are two reasons for this:

1. Someone who is unwell or infected is entitled to medical treatment. This is a human right.
2. If care and support are *not* available, people have no incentive to come forward to be tested. And if a positive test result will only lead to stigmatization and discrimination and not to medical care and help, why bother? If a person already know they are HIV-positive, why should they change their behaviour? If there is no treatment, what is the point? Care and support are a vital part of preventing the spread of HIV.

Care for people living with AIDS involves:

- provision of antiretroviral therapy
- prevention of TB and other opportunistic infections
- treatment of HIV-related illnesses
- pain relief
- treatment for sexually transmitted infections
- prevention of further HIV spread (for example, by supplying condoms)

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- family planning
- psychological support
- end-of-life care

The entry point to comprehensive care is voluntary counselling and testing for HIV (VCT). Good quality VCT provides many benefits in addition to diagnosis of HIV: it bridges the gap between care and prevention, while clients derive support from counselling and gain entry to a range of HIV care interventions. VCT services alone cost more per person than the annual per capita health expenditure of many developing countries, so in many countries it will not be available as part of the public health system. A number of voluntary organizations may provide it.

Workplaces have the potential to provide VCT services as a natural extension of existing welfare services.

Care and support is about much more than ARV drugs. Still, some larger employers have taken the decision to supply ARV drugs to employees who are HIV-positive. Such enterprises usually have the in-house medical facilities to deliver such support.

Why should the social partners agree a policy?

The *ILO code of practice on HIV/AIDS and the world of work* suggests that workplace policies should be agreed between management and union. The advantages of an **agreed** policy, rather than one simply published by the management, are as follows:

- An agreed policy demonstrates that both union and management are committed to dealing with the problems of HIV/AIDS in the workplace.
- An agreed policy is likely to be more effectively implemented than a unilateral policy.
- The process of consultation that takes place before the policy is agreed will allow both management and union to identify areas of possible disagreement and resolve these areas of difficulty.
- An agreed policy can clarify how the policy fits in with other joint agreements between union and management that regulate workplace relations.
- An agreed policy will limit the number of disputes that arise when dealing with many of the difficult and sensitive issues surrounding HIV/AIDS in the workplace.



Developing a workplace policy

A workplace policy provides the framework for enterprise action to reduce the spread of HIV/AIDS and manage its impact. A workplace policy on HIV/AIDS should:

- provide a clear statement about non-discrimination;
- ensure consistency with appropriate national laws;
- lay down a standard of behaviour for all employees (both infected and non-infected);
- provide guidance to supervisors and managers;
- help employees living with HIV/AIDS to understand what treatment, support and care they will receive, so they are more likely to come forward for testing if they think they may be HIV-positive.

What should be included in a workplace policy on HIV/AIDS?

The key areas for an HIV/AIDS policy are:

- a description of the role of the social partners in implementing the policy;
- non-discrimination in relation to recruitment, promotion, training, and so on;
- testing policy;
- confidentiality;
- health and safety issues (risks to employees at work);
- employee responsibility to work with other employees who are HIV-positive or thought to be so;
- care and support for people living with HIV/AIDS;
- education and information provided at the workplace on prevention and care;
- reasonable accommodation for employees who become ill;
- dismissal if and when appropriate.

The role of railway medical services

Railway medical services can play an important role in the HIV/AIDS strategies of railway enterprises.

The medical care of railway workers has played an important part from the early days of railways. The founder medical officers concerned themselves not only with suitability questions within the context of railway safety, but also with the working conditions of staff in order to avoid the negative effects of such

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conditions on the capacity of workers to undertake their duties. The first railway medical service was instituted in Germany as early as 1889.

Transport medicine is a special form of occupational medicine directed not only at the individual worker, but also at operational safety. Railway medical services are broadly of two types:

- In some countries the focus is on occupational medicine, ensuring that railway employees are fit to undertake their specific job-related tasks and functions. For certain groups of railway employees, for example train drivers, this might include ensuring that their eyesight reaches a certain standard and that they can distinguish red signals.

In these situations, there is almost always a periodical medical examination (PME) to ensure fitness for work. But railway employees may also have a doctor through the state health system, or through health insurance, who will deal with non-railway-related medical matters.

- In many developing countries railway medical services provide comprehensive health care, covering all medical problems, for railway employees and their families.

Prevention

The periodical medical examination (PME) is an excellent opportunity to provide messages to railway personnel on how to avoid becoming infected, since health education is frequently one aspect of the PME. In some situations it may be possible to offer a test for infection, but this should be accompanied by appropriate counselling and should be voluntary.

Where the railway medical services are providing comprehensive health provision to employees and their families, there are many more opportunities to provide information on how they can avoid the risk of infection.

As mentioned elsewhere in this toolkit (Fact sheet No. 8 on HIV/AIDS and occupational safety and health), some railway employees have concerns about possible infection arising out of providing first aid, or cleaning up after incidents such as a person under a train or an accident, or cleaning railway premises used by injecting drug users.

Railway medical services can provide reassurance to employees and guidance on the proper procedures to be followed to reduce the already negligible risk in these situations. They may wish to consider whether they need to have post-exposure prophylaxis available for the very small number of situations in which it might be required.

Where railway enterprises are providing hospitals or clinics, the health-care staff working in these need to be provided with protection in case of needle stick injuries.



Psychological support

There has been increasing concern in railway medical services about stress, whether work-related or caused by outside problems.

A railway worker who is suffering from stress as a result of anxiety about his or her HIV status will affect the operational efficiency of the railway. Where railway employees are concerned about their HIV status, doctors can provide advice and support both to the employees and to their managers.

Managing HIV and AIDS

With the widespread availability of antiretroviral therapy, HIV is a chronic manageable condition similar to, for example, diabetes.

Some railway employees may prefer their status not to be known at work, and may be receiving medication through a medical practitioner who has no connection with the railway. However, in some cases railway employees will be receiving their medication through the railway medical service. Doctors and nursing staff need to be familiar with the different treatment regimes and drugs that are available.

A worker whose status is known and acknowledged will also require support. A programme of treatment, care and support can be designed by the railway medical service. If a worker is suffering from an illness as a consequence of a suppressed immune system, the enterprise should offer reasonable adjustment to a different job, or a reduced workload. The railway medical service can advise the management and the worker's trade union regarding appropriate adjustments.

Wider health promotion

Railway medical services can promote and support wider campaigns aimed at passengers and the general public.

Responding to HIV/AIDS

Action in the workplace: China

HIV/AIDS has been treated as a high priority by the Ministry of Railways in China.

There is a national high-level group on HIV prevention and control, chaired by a Vice-Minister of the Ministry of Railways. The group meets every March to review progress and discuss a work plan. A senior official of the China Railway Workers Union is a member of the high-level group.

The Ministry of Railways developed its own HIV/AIDS Action Plan for 2004–08 and is now planning a new Railway Action Plan to coincide with the national AIDS planning cycle (2011–15).

HIV/AIDS is seen chiefly as an occupational safety and health (OSH) issue. The Ministry of Railways has not issued any statistics of the number of employees who are estimated to be HIV-positive. It has, however, identified certain priority groups for education and awareness raising. These are:

- railway police (a group that has also been identified in India as a category with a high prevalence rate);
- staff who come into contact with passengers, such as ticketing staff or workers who sell food;
- staff who work permanently on the tracks and who may therefore be away from their homes for a period of time.

It is not permitted to dismiss employees because of their HIV status.



Action in the workplace: India

Testimony by Renuka Lakshmiraja Sridhar, Southern Railway Mazdoor Union:

“For us women trade unionists, coordinating along with our male comrades has made it easier for us to work against this dreadful disease. Initially, women had inhibitions about sharing and spreading the information. The peer group training conducted by the ITF helped our women comrades to learn about the subject, including medical terms. Now it has been made easier for women to work against infections.

“HIV/AIDS is a workplace issue not only because it affects the workforce but also because the workplace plays a vital role in limiting the spread and effect of this epidemic. Trade unions are key actors in the workplace, and can help to stop the spread of HIV/AIDS in collaboration with employees. They share the same background as the people they represent, so the messages are more readily accepted. This is why we have worked hard to raise awareness. In recent times, the Southern Railway Mazdoor Union, along with Tamil Nadu Aids Control Board and the Rotary Club of Chennai, Samudra held an awareness campaign on HIV/AIDS and conducted meetings at railway premises and schools. We distributed around 10,000 booklets on HIV/AIDS, insisting that every household should possess one.

“Our union’s Red Ribbon Committee was formed when the ITF conducted a peer education programme and trained about 25 comrades (including 12 women) on HIV/AIDS. The workshop educated the trainees in detail about the disease and on how to conduct awareness programmes and counsel HIV/AIDS-affected patients and their relatives, and related general issues.

“The Southern Railway Mazdoor Union Red Ribbon Committee observes World AIDS Day on 1 December and International Women’s Day on 8 March every year. We held an awareness campaign on HIV/AIDS among railway employees at the railway premises, and for the public at railway stations. We worked through information on exhibitions, the display of posters and the distribution of pamphlets and booklets. We distributed condoms.

Responding to HIV/AIDS

“During our recent campaign, the divisional medical officer of railways was grateful for the work of the Southern Railway Mazdoor Union Red Ribbon Committee. More than 100 railway workers have attended the HIV screening test at the railway hospital. They are aware of the risks of blood transfusion, and there is more awareness about safe sex.”

Source: *Agenda 2009*, ITF annual publication on HIV/AIDS and transport.

Action in the workplace: Ukraine

Ukraine is the country with the highest HIV/AIDS incidence (1.4 per cent) in Europe, and tuberculosis is also increasing there. The response has so far concentrated on certain high-risk groups such as intravenous drug users and commercial sex workers. As a result there has been little support for prevention activities and the workplace has been neglected.

The Ukrainian Trade Union of Railway Workers and Transport Constructors of Ukraine (TURW) is working with a non-governmental organization, the Labour, Health and Social Initiatives (LHSI) to develop the union’s capacity and resources to carry out HIV/AIDS and TB workplace prevention programmes.

The project focuses on the Ukraine’s most industrialized region, Donetsk, which has one of the highest HIV/AIDS and TB incidence rates in the country. Its aims and activities include:

1. increasing the participation and influence of trade unions in policy-making processes;
2. training trade union peer educators and medical staff of the Donetsk Railway;
3. carrying out education sessions for 18,000 union members;
4. an information campaign at railway stations, on trains and through union publications;
5. lobbying to address HIV/AIDS and TB issues in the collective bargaining agreement.



Responding in the community

Railway stations and workplaces are communities. People congregate there to buy and sell a huge number of products, work in the informal economy, transact commercial sex, or to buy, sell and use drugs. Railway premises can be an access point for programmes of prevention, treatment, care and support. This provides an opportunity for awareness raising, education programmes, and the protection of rights.

One approach would be to establish an outreach office at a railway station as a joint initiative of the management and trade unions, working together with appropriate NGOs, UN organizations and government AIDS-control organizations.

Such an initiative could play a most important coordinating role. There is no point in NGOs trying to encourage sex workers (for example) to come forward for prevention or testing if they are afraid that railway police officers will take action against them.

Workers in the informal economy

Many workers are employed not directly by railway enterprises, but around railway premises. They include vendors, porters and other groups.

In the southern Indian state of Andhra Pradesh, railway trade unions have developed a project aimed at porters and other informal workers. The project began in 2006 with the complete cooperation of the railway authorities, led by a railway nurse who is an active union member. It started with the target of reaching 600 porters and 400 spouses. Vendors and cleaners were included later.

Among the key achievements of the project are the following:

- 36 peer educators were identified and trained.
- Around 665 porters and vendors were reached in three large railway stations.
- Two workers were tested positive and were referred for treatment at a local hospital.
- HIV-awareness components were included in other relevant activities such as International Women's Day and the International Day for the Elimination of Violence against Women.
- Health camps were organized; through these, about 60 STI cases were identified and treated.
- 3,500 pamphlets and 600 booklets with HIV/AIDS information were distributed.

Responding to HIV/AIDS

In addition, after advocacy efforts by the union, a rest room for the informal porters has been built at the railway station. The building is double-storied and has cupboards for each person to safely store their belongings. It also has a large hall with fans where the porters can rest. It serves as a perfect site for condom promotion.

Families of railway workers

In Uganda, a joint programme run by two Ugandan transport workers' trade unions has targeted and reached spouses and children of employees of the Uganda Railways Corporation with information and education campaigns on STDs and HIV/AIDS.

The project has trained counsellors to carry out the information and education exercise. Workers are reached at their respective workplaces, while their spouses and children are sensitized at their places of residence. This is possible because they live in housing estates provided by the employer.

During workshops, films on HIV/AIDS and STDs are shown and proper condom use is demonstrated. Voluntary counselling and testing (VCT) is encouraged among all the target groups. The project distributes free male and female condoms. To encourage openness in talking about issues that are normally taboo, spouses are sensitized separately from the children. Spouses have revealed that their partners often do not share the information they receive on HIV/AIDS with them. It is difficult to popularize the use of female condoms.

The wider prevention role

Railways offer immense opportunities to provide information to passengers about the threat of HIV and AIDS to their own health and the health of their families – particularly during journeys. There are some excellent examples of such an approach.

Prevention messages

Railway enterprises and trade unions working with a range of organizations have developed imaginative programmes that reach beyond the workplace.

China Railways carries over 1.1 billion passengers each year. It is working with the Red Cross Society of China (RCSC) to provide AIDS information to train passengers. RCSC staff offer consultation services and hand out AIDS-prevention brochures on trains and at railway stations on the nation's major routes, telling passengers the ABCs of HIV/AIDS prevention.

Collaboration between China Railways and the United Nations Population Fund (UNFPA) began in 2001 in two railway regions in high-prevalence areas. The main emphasis in the pilot project was on HIV prevention in nine railway stations, with passengers as the target group. This was combined with some



general education on reproductive health. Condom vending machines were installed, and posters and electronic boards used to provide prevention messages.

A second pilot project took place in 2004/05, and included work on trains. The Ministry of Railways selected five bureaux and scaled up the work.

Migrant workers

Reaching train passengers is a particular innovation in China. Long-distance trains have a radio service, so tapes were developed to be broadcast on the train radio system. There was a particular focus on trains known to be carrying migrant workers during the spring and harvest festivals (March and August). These so-called “green trains” have fewer facilities, hard seats and are slower than normal passenger trains, but their low fares attract migrant workers.

It has been recognized that migrant workers are particularly vulnerable to HIV/AIDS due to their lack of education and health knowledge. Ministry of Railways staff and Red Cross Society of China volunteers travel on the trains used by migrant workers to hand out leaflets and talk to them about the risks of HIV infection.

Red Ribbon Express: India

Established in 2007, the Red Ribbon Express is a special train travelling throughout India, with a target of reaching 60,000 rural villages in its first year of operation. The initiative was so successful that it has been extended. The express stops at stations where teams provide education, counselling and other HIV/AIDS-related services to anyone who wishes. The teams also fan out into surrounding areas to provide HIV/AIDS education in very informal settings. One of the compartments is designed as a training room. The Red Ribbon Express achieved 27,000 stops in 24 Indian states in its first year.

The train attracts great attention wherever it goes, breaking down reluctance to talk about HIV and AIDS. Students are able to play interactive computer games on board and watch television spots. Health workers and people from the surrounding towns get a refresher lesson on HIV and AIDS.

Responding to HIV/AIDS

“The teachers accompanying the school students said it was a great way to break the ice for the school students and to initiate a discussion on matters relating to sexuality for the young boys and girls – an issue which has not been discussed openly. People who came with their families appeared nervous and embarrassed in the beginning, but came out of the trains with smiling faces.”

Source: Nishi Kapahi, ITF New Delhi, in *Agenda 2009*, ITF annual publication on HIV/AIDS and transport.

Trade unions affiliated to the ITF have been actively involved in the whole journey of the Red Ribbon Express. In many railway stations, they set up information centres with ITF posters and other materials.

The Red Ribbon Express is undertaking the longest journey any train has ever made in India, both in terms of distance and of time.

In addition to this initiative, the National AIDS Control Organization in India is working with the Ministry of Railways to set up condom vending machines at railway stations across the country.

HIV-prevention information is provided through hoardings at railway stations and information panels in coaches and toilets, while HIV-prevention messages are displayed on CCTVs installed at railway stations.

The Ministry of Railways also grants a 50 per cent discount to passengers living with HIV/AIDS on train fares for journeys for treatment at certain antiretroviral therapy centres.



4 NEXT STEPS

Whatever your role – manager, trade unionist, station manager, train driver, conductor, doctor or nurse working in a railway medical service, porter – you can do something about HIV and AIDS in your railway enterprise.

What are the next steps?

The following checklist suggests how a programme of work on HIV and AIDS in your railway enterprise could be developed.

- Set up an HIV/AIDS committee or task force. This should be broad-based and include representatives of top management, supervisors, workers, trade unions, railway medical services, human resources departments, training departments, industrial relations units, health and safety committees and, if they agree, persons living with AIDS.
- The terms of reference (TOR) of the committee or task force need to be agreed. They can be limited to the enterprise as an employer, but they could be wider – for example, dealing with the railway community and the impact that railways can have on raising awareness of the HIV/AIDS issue with the travelling public.
- The committee or task force could review national laws and policies and what other enterprises are doing, particularly transport enterprises in their country, and what other railway enterprises have done internationally.
- The committee or task force should arrange for a survey of the impact of HIV/AIDS (and its potential impact) on the enterprise. If a method of collecting data is not already in place (such as that followed by Indian Railways explained elsewhere in this toolkit), a baseline study needs to be made among the workforce. Health and information services should be appraised, both at the workplace, in any accommodation made available to rural workers and their families, and in the railway community – people who do not work on the railways but live or work in and around railway premises.
- The next stage is to develop a policy or policies. A specific policy for dealing with HIV/AIDS in the workplace should be negotiated with the relevant social partners. Policies focused on the railway community and on awareness raising for passengers should be developed in consultation with the National AIDS control organization (the exact name varies from country to country) and NGOs working on the issue. (For further information on developing a workplace policy see above, pp. 34-35);
- The committee or task force should prepare budgets and provide guidance on the implementation of its recommended policies and actions, including

Next steps

timetables. Recommendations should be made for responsibility and lines of reporting.

- In some situations, the task force will now have finished its job and the implementation of policies can be handed over to permanent committees or subcommittees of other structures. The exact decision will vary between different railway enterprises.
- The reports, policies, plans of the committee or task force should be widely disseminated.
- There should also be a way of monitoring the implementation and impact of the reports and policies.

Setting an example: What you can do as an individual

Don't forget that you who are reading this resource book can make a difference as an individual. In July 2000 the UN Security Council declared AIDS to be a potential national and global security threat – the first and only disease so declared. So we all need to do what we can.

- Publicly take a test and disclose your status. Not sure? Embarrassed? Watch <http://www.whitehouse.gov/blog/gettested/>
If he can do it, so can you!
- Talk to your work colleagues about HIV/AIDS.
- Talk to your family about HIV/AIDS.

Speaking out about HIV and AIDS should be a point of pride, not a source of shame or embarrassment.



Glossary

Sources: ILO, UNAIDS, UNICEF

Note: HIV terminology and statistics keep changing; up-to-date information can be found at www.unaids.org.

AIDS	Acquired Immune Deficiency Syndrome, the most severe manifestation of infection with the Human Immunodeficiency Virus (HIV). A syndrome is a cluster of medical conditions, including a number of opportunistic infections and cancers. To date there is no cure for AIDS, though antiretroviral treatment helps boost the immune system and increase resistance to the infections and cancers.
Affected persons	Persons whose lives are changed in any way by HIV/AIDS as a result of the infection and/or the broader impact of the epidemic.
Antibodies	Proteins produced by the immune system to neutralize infections or malignant cells.
Antigen	Any foreign substance, such as a virus, bacterium or protein that triggers an immune response by stimulating the production of antibodies.
Antiretroviral drugs	Substances used to kill or inhibit the multiplication of retroviruses such as HIV.
BCC	Behaviour Change Communication.
CD4+ cell	An immune system cell which plays a key role in orchestrating the way the immune system attacks foreign invaders. HIV infection leads to the destruction of these cells, leaving the immune system less able to fight infection. A normal CD4+ count in a healthy, HIV-negative adult is usually between 600 and 1,200 per cubic millimetre of blood. In an AIDS patient it is usually below 200.
CEO	Chief Executive Officer of a company or corporation (private or public).
Discrimination	Term used in accordance with the definition given in the Discrimination (Employment and Occupation) Convention, 1958 (No. 111), to include HIV status. It also includes discrimination on the basis of a worker's perceived HIV status, including discrimination on the ground of sexual orientation.
DNA	Deoxyribonucleic acid (DNA) molecules are known as the building blocks of life. They carry the genetic information necessary to create cells and to ensure that they function in the right way.
Employer	A person or organization employing workers under a written or verbal contract of employment which establishes the rights and duties of both parties, in

accordance with national law and practice. Governments, public authorities, private enterprises and individuals may be employers.

Epidemic

A disease that spreads rapidly through a demographic segment of the human population, for example everyone in a given geographic area, a military base, or similar population unit, or everyone of a certain age or sex, such as children or women in a particular region. Epidemic diseases can be spread from person to person or from a contaminated source such as food or water.

Epidemiology

The branch of medical science that deals with the study of incidence, distribution, determinants of patterns of a disease and its prevention in a population.

Fusion inhibitors

A class of drugs which prevent HIV from penetrating the host cell.

Gender and sex

There are both biological and social differences between men and women. The term “sex” refers to biologically determined differences, while the term “gender” refers to differences in social roles and relations between men and women. Gender roles are learned through socialization and vary widely within and between cultures. Gender roles are also affected by age, class, race, ethnicity and religion, as well as by geographical, economic and political environments.

GIPA

Acronym for “greater involvement of people living with or affected by HIV/AIDS”.

Global Fund

The Global Fund to Fight AIDS, Tuberculosis and Malaria, established in 2001, is an independent public–private partnership.

HAART

Highly Active Anti-Retroviral Therapy, a combination of three or four different drug treatments which has been found to be an effective way to block the progress of HIV, to reduce the amount of virus to the level where it becomes undetectable in a patient’s blood and to slow the progress of HIV disease.

HIV

Human Immunodeficiency Virus, a virus that weakens the body’s immune system, ultimately causing AIDS.

HIV-negative

Showing no evidence of infection with HIV (e.g. absence of antibodies against HIV) in a blood or tissue test. This is also called being “seronegative”.

HIV-positive

Showing indications of infection with HIV (e.g. presence of antibodies against HIV) on a test of blood or tissue. Synonymous with “seropositive”. The test may occasionally show false positive results.

HIV incidence

Sometimes referred to as “cumulative incidence”, HIV incidence is the proportion of people who have become infected with HIV during a specified period of time.



HIV prevalence	Usually given as a percentage, HIV prevalence quantifies the proportion of individuals in a population who have HIV at a specific point in time.
IEC	Acronym for “information, education and communication”.
ILO	International Labour Organization, a United Nations agency. Web site: www.ilo.org .
Integrase inhibitors	Drugs currently under development which interfere with HIV’s integrase enzyme. Integrase plays a key role in the process where the HIV virus inserts its own genetic material into the host cell in order to use the cell to make new HIV particles.
ITF	International Transport Workers’ Federation representing workers. Web site: www.itfglobal.org .
IOE	International Organization for Employers. Web site: www.ioe-emp.org .
ITUC	International Trade Union Confederation. Web site: www.ituc-csi.org .
Karposi’s sarcoma	A type of cancer closely associated with AIDS. It usually appears as pink or purple painless spots on the skin or inside the mouth. It can also attack the eyes and occur internally.
Microbicide	An agent (e.g. a chemical or antibiotic) that destroys microbes. Research is being carried out to evaluate the use of rectal and vaginal microbicides to inhibit the transmission of sexually transmitted diseases, including HIV.
MTCT	Mother to child transmission. See also http://www.unaids.org/publications/documents/mtct/index.html .
NAC	National AIDS Council/ Coordination Committee.
NACP	National AIDS Control Programme.
NAP	National AIDS Programme.
Occupational health services (OHS)	This term is used in accordance with the description given in the Occupational Health Services Convention, 1985 (No. 161), namely health services which have an essentially preventative function and which are responsible for advising employers, as well as workers and their representatives, on the requirements for establishing and maintaining a safe and healthy working environment and work methods to facilitate optimal physical and mental health in relation to work. The OHS would also provide advice on the adaptation of work to the capabilities of workers in the light of their physical and mental health.

Opportunistic infections	Illnesses caused by various organisms, some of which usually do not cause disease in persons with healthy immune systems. Persons living with advanced HIV infection suffer opportunistic infections of the lungs, skin, brain, eyes and other organs.
Orphans	In the context of AIDS, this term refers to “children orphaned by AIDS” or “orphans and other children made vulnerable by AIDS”.
Pandemic	A disease prevalent throughout an entire country, continent, or the whole world. See Epidemic .
Persons with disabilities	This term is used in accordance with the definition given in the Vocational Rehabilitation and Employment (Disabled Persons) Convention, 1983 (No. 159), namely individuals whose prospects of securing, retaining and advancing in suitable employment are substantially reduced as a result of a duly recognized physical or mental impairment.
PMTCT	Acronym for “prevention of mother-to-child transmission”. See also http://www.unaids.org/publications/documents/mtct/index.html .
PLWHIV	People Living With HIV/AIDS.
Protease inhibitors	A class of antiretroviral drugs, designed to interfere with the action of HIV’s protease enzyme. Protease works as “chemical scissors” to cut up newly created chains of protein into smaller pieces: these are then used to build new HIV virus particles.
Reasonable accommodation	Any modification or adjustment to a job or to the workplace that is reasonably practicable and will enable a person living with HIV or AIDS to have access to or participate or advance in employment.
Retrovirus	A type of virus that, when not infecting a cell, stores its genetic information on a single-stranded RNA molecule instead of the more usual double-stranded DNA. HIV is an example of a retrovirus.
Reverse transcriptase inhibitors	Drugs which interfere with an enzyme called reverse transcriptase, which HIV needs in order to copy its genes into the host cell and reproduce itself. These are the oldest class of antiretroviral drug.
Screening	Measures – whether direct (HIV testing), indirect (assessment of risk-taking behaviour) or asking questions about tests already taken or about medication – designed to establish HIV status.
SME	Small and medium-sized enterprises.
Social dialogue	Social dialogue includes all types of negotiation, consultation and information sharing among governments, employers, and workers and their representatives. It may be a tripartite process, with government as an official party to the



dialogue, or it may consist of bipartite relations between employers and workers and their representatives. The main goal of social dialogue is to promote consensus building and cooperation between the government and social partners in the world of work in order to achieve objectives of common interest.

- STD** See **STI**.
- STI** A sexually transmitted infection is an illness caused by an infectious pathogen that has a significant probability of transmission between humans by means of sexual contact, including vaginal intercourse, oral sex, and anal sex. STIs include, among others, syphilis, chancroid, chlamydia and gonorrhoea. The spectrum of STIs now includes HIV, which causes AIDS. The complexity and scope of STIs have increased dramatically since the 1980s; more than 20 organisms and syndromes are now recognized as belonging in this category.
- The term sexually transmitted disease (STD) is also used. STI has a broader range of meaning; a person may be infected, and may potentially infect others, without showing signs of disease.
- Testing** HIV testing and counselling is pivotal to both prevention and treatment interventions. The “three Cs” continue to be the underpinning principles for the conduct of HIV testing of individuals: testing must be confidential, accompanied by counselling, and only be conducted with informed consent, meaning that it is both informed and voluntary.
- Tripartite** The term used to describe equal participation and representation of governments and employers’ and workers’ organizations in bodies both within the ILO and at the national, sector and enterprise levels.
- UIC** The French acronym for the International Railway Union, representing rail enterprises. The French name is Union Internationale de Chemins de Fer. Website: www.uic.org.
- UNAIDS** Joint United Nations Programme on HIV/AIDS. The Programme brings together the efforts and resources of ten organizations of the UN system to help the world prevent new HIV infections, care for those already infected, and mitigate the impact of the epidemic.
- Universal Precautions** These are a simple standard of infection control practice to be used to minimize the risk of exposure to HIV, e.g. the use of gloves, barrier clothing, and goggles (when anticipating splatter, masks) to prevent exposure to tissue, blood and body fluids.
- VCT** Voluntary counselling and testing. All testing should be conducted in an institutional environment which has adopted the “three Cs”: confidentiality, informed consent, and counselling. It should include both pre-testing

counselling and post-testing counselling. See also <http://www.unaids.org/publications/documents/health/counselling/index.html>.

Viral load

The amount of HIV in the blood, measured in the number of copies of the virus per millilitre of blood plasma.

Vulnerability

This refers to socio-economic disempowerment and a cultural context, working conditions and situations that make workers more susceptible to the risk of infection

Workers' representatives

In accordance with the Workers' Representatives Convention, 1971 (No. 135), these are persons recognized as such by national law or practice whether they are: (a) trade union representatives, namely, representatives designated or elected by trade unions or by members of such unions; or (b) elected representatives, namely, representatives who are freely elected by the workers of the undertaking in accordance with the provisions of national laws or regulations or of collective agreements and whose functions do not include activities which are recognized as the exclusive prerogative of trade unions in the country concerned.



Resources

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A guide to further information

There is an enormous amount of information available about HIV and AIDS. Appendix V of the *ILO code of practice on HIV/AIDS and the world of work* contains a useful reading list

General sources of information

There are a number of web sites which provide information, starting with the partners that have produced this toolkit:

International Union of Railways (UIC): <http://www.uic.org>

International Transport Workers' Federation (ITF): <http://www.itfglobal.org/>

International Labour Organization (ILO). You can go to: <http://www.ilo.org> and click on the link to ILO/AIDS or go straight to: <http://www.ilo.org/public/english/protection/trav/aids/>

The report of the conference committee that discussed the proposed new standard on HIV and AIDS can be found at: http://www.ilo.org/wcmsp5/groups/public/---ed_norm/---relconf/documents/meetingdocument/wcms_108262.pdf

Other social partners

A number of trade union web sites are very helpful. The International Trade Union Confederation (<http://www.ituc-csi.org/>) and Global Union Federations (<http://www.global-unions.org/hiv-aids/>) have information on HIV/AIDS.

International Organisation of Employers (IOE): <http://www.ioe-emp.org/>

For pages specifically on HIV/AIDS: <http://www.ioe-emp.org/en/policy-areas/hivaids/index.html>

Global Business Coalition on HIV/AIDS, Tuberculosis and Malaria (GBC): <http://www.gbcimpact.org/>

United Nations web sites

The web site of UNAIDS is a source of information: <http://unaids.org>

UNAIDS produces a *Best Practice* series.

The UN agencies which come together to form UNAIDS include, besides the ILO:

United Nations Children's Fund (UNICEF)

<http://www.unicef.org>

United Nations Development Programme (UNDP)

<http://www.undp.org>

United Nations Population Fund (UNFPA)

<http://www.unfpa.org>

United Nations International Drug Control Programme (UNDCP)

<http://www.undcp.org>

United Nations Educational, Scientific and Cultural Organization (UNESCO)

<http://www.unesco.org>

World Health Organization (WHO)

<http://www.who.int>



World Bank
<http://www.worldbank.org>

On all these web sites you should find links to pages about HIV and AIDS, or you can use the search engine.

Other web sites

Family Health International, a non-profit organization, has a large programme on HIV/AIDS. Of particular relevance is its *Workplace HIV/AIDS Programs: An Action Guide For Managers* (<http://www.fhi.org>).

International HIV/AIDS Alliance is a policy and advocacy organization (<http://www.aidsalliance.org/>).

KaiserNetwork is a general health site, with a large section on HIV and AIDS. You can sign up for a daily email digest of stories about HIV and AIDS. The service is free. Stories are archived and can be searched (<http://www.kaisernetwork.org>).

HIV/AIDS: The epidemic and how it affects the world of work

UNAIDS issues regular reports on the epidemic which provide estimates of infection rates for each country and overviews of the pandemic. The latest is the *AIDS Epidemic Update 2008*.

UNAIDS. 2001. *The Global Strategy Framework on HIV/AIDS* (Geneva).

United Nations. 2001. *Declaration of Commitment on HIV/AIDS*. UN General Assembly Special Session on HIV/AIDS, 2001 (New York).

Working together in the fight against HIV/AIDS

Family Health International. 2002. *Workplace HIV/AIDS Programs: An Action Guide for Managers* (Chapel Hill). Also available to download from their web site.

International Organisation of Employers (IOE). 2002. *Employers' Handbook on HIV/AIDS* (Geneva).

The gender dimensions of HIV/AIDS in the world of work

Global Coalition on Women and AIDS. 2006. *Keeping the promise: An agenda for action on women and AIDS* (Geneva). Available at <http://womenandaids.unaids.org/>

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Prevention, care and support

Employers' Forum on Disability. 2002. *A practical guide to employment adjustments for people who have HIV* (London).

<http://www.employers-forum.co.uk>

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