

**Independent evaluation of the ILO's
strategy
to address HIV and AIDS
and the world of work**

Vol. 2 – Annexes

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Oct. 2011

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ANNEX 1. MISSION-SUPPORTED COUNTRY CASE STUDIES

Ethiopia

ILO's HIV and AIDS projects' portfolio in Ethiopia

Project time frame	Project allocation (US\$)	Funding	Project title
1/09/ 2009 – 31/08/11	\$240,000	OPEC Fund for International Development (OFID) and ILO	Policy and programme on HIV and AIDS in the world of work
2004-09		Government of Italy	Prevention and Mitigation of HIV/AIDS Labour and Socio-economic impact in the world of work
2007-2009	US\$ 504,762.00	Sweden International Development Agency (SIDA)	Programme on HIV/AIDS prevention and impact mitigation in Sub-Saharan Africa
2004-2007	US\$ 854,431.00	U.S. Department of Labour	HIV/AIDS Workplace Education Program (SHARE)

1 Overview of HIV in Cambodia

Ethiopia is an HIV high prevalence country with an estimated 1.1 million people living with HIV in 2008. The HIV epidemic is primarily concentrated in urban areas (8.8% prevalence) although roughly 80 % of the population are rural (0.8% prevalence). Rates of new infections have plateaued in Addis Ababa but are rising in other urban areas.

2 Conclusions and lessons learned

2.1 Conclusions

2.1.1 Role and relevance of the ILO's "HIV and AIDS and world of work" strategy

Initiatives to address HIV through the workplace have been part of the National AIDS Council planning and strategy for several years. The private sector, Ethiopian Business Coalition Against HIV/AIDS, and NGOs work with the ILO to address the crisis through work place initiatives. Since 2001, when the ILO began actively promoting the Code of Practice in Ethiopia, most of the ILO's work has focused on work place interventions primarily in the urban and formal sector.

The ILO is considered the lead agency for addressing HIV through the world of work in Ethiopia because it has the means to integrate tripartite processes into the development of workplace policies and practices at enterprise and national levels. ILO's role has evolved from direct service delivery at enterprise level to a coordinating and capacity building function for the tripartite constituents HIV Plus groups now operational in delivering enterprise level support and oversight.

2.1.2 Contribution of ILO to:

- ***Development of national tripartite workplace policies on HIV/AIDS as part of the national AIDS response;***
- ***Enabling tripartite constituents to take significant action to implement HIV/AIDS programmes at workplaces.***

The ILO has been the principal international agency addressing HIV through the workplace. Initially the ILO worked directly with enterprises while recently it has worked more indirectly through national agencies. Prior to 2010, through project work (ILO/USDOL, ILO/Italy, ILO/SIDA and ILO/OFID); the ILO has facilitated development of workplace policies and practices to address HIV in over 100 companies. Through promotional materials and awareness raising activities, communities surrounding workplaces have also learned more about prevention and treatment. The ILO work is credited with helping reduce the stigma of HIV among workers and for improving access of workers to ARV and ART.

Ethiopia has a high-level tripartite committee in place with additional members, such as the Ethiopia Business Council for HIV and AIDS, the Small Business Administration, regional government representatives, to address HIV at work places. In 2004 MOLSA, CETU and EEF agreed on joint policy guidelines and in 2008 this was complemented with a tripartite work place policy framework. In 2009, the government estimated that 106 public and 181 private medium sized enterprises had HIV policies and programmes. 74 enterprises included HIV issues in their collective agreements.

Some national funding has been used to support enterprises and care providers to address HIV in the workplace. This funding has not, however, been adequate to address the shortage of care and support providers. Most workers seek care outside of the workplace largely for privacy reasons.

UN and constituent colleagues have highlighted that the ILO's added value is to advocate for the mainstreaming of HIV and AIDs, mostly at the policy development level, rather than working on direct implementation.

2.1.3 Positioning of HIV and AIDS within the ILO Decent Work Country Programme

HIV and AIDS is addressed under the DWCP outcome calling for improved working conditions for men and women and aims for HIV/AIDS workplace policies drafted for public and private enterprises. In line with the DWCP major actions to be taken include:

- Technical assistance to MoLSA, CETU and EEF to develop gender sensitive workplace HIV/AIDS policies, programmes and code of practice;
- Technical and financial contributions towards the UN HIV/AIDS in the workplace programmes (UN CARES);
- HIV/AIDS in SMEs and cooperatives mitigated in collaboration with Federal Cooperative Development Agency, Regional micro and small scale enterprises and development agency;
- Mainstreaming HIV/AIDS in all programmes and projects;
- Carry out a baseline survey of the socioeconomic impact of HIV/AIDS taking into account gender disparities; and
- Develop a sectoral gender sensitive strategy to effectively respond to the pandemic.

Work and progress within all of these areas was evidenced during the evaluation mission.

2.1.4 Effectiveness of technical interventions

Project design has been of variable quality and has tended to be influenced by individual donors which weakened the coherence of work across funding sources prior to 2010. Where multiple projects followed a standard approach, as was the case with SHARE, comparability and identification of good practices and lessons learned was feasible and exploited to good effect by SHARE management and

donors. The SHARE project focused heavily on enterprise-level HIV and AIDS, while SIDA focused on both general and sectoral models. Projects did not specify how they would reinforce each other and collaborate unless they were financed by the same donor.

Financing provided by Italy and SIDA helped support efforts aimed at reaching workers that are particularly vulnerable and who live in rural areas in the Oromia Region. As a result of the work started by master trainers and peer educators, progress is evidenced among cooperatives and communities. Examples of areas of progress include in voluntary counselling and testing, joint campaigning against the pandemic with nearby schools, and care and support for orphans and vulnerable groups. The use of antiretroviral drugs has started in several cooperative societies.

The Ministry of Labour, EEF, and CETU have regularly supported their own measures to advance initiatives to address HIV and the world of work, which have largely taken advantage of their comparative advantage.

A major challenge to the joint strategy's effectiveness is the weak coordination within the Constituent Plus network set up to address HIV and the world of work. During a recent review workshop members noted that roles remained vaguely defined between, for example, the federal government (MOLSS) and regional and local governments with regard to implementing HIV programming linked to the world of work.

Some unilateral actions were also taken by individual actors, which resulted in fragmentation of the overall work. At times there had also been strong divisions between several leaders. Overwhelmingly, however, members considered that their greatest constraint was having too few resources to sustain initiatives, and too much competition to attract new resources.

A lower number of women as compared to men have been reached through the work place programs. A growing number of AIDS orphans were also being forced into child labour. These issues have not yet been addressed in the emerging Tripartite Plus strategy although this shortcoming was also recognised by their membership.

The ILO has also taken the lead within the UN for workplace policies under the umbrella of UN Cares.

2.1.5 Coordination and management internally and with key UN and donor partners

The ILO has been an active and well regarded member of the UNDAF joint programme on HIV and AIDS, and has collaborated with other UN agencies nationally on various initiatives. ILO constituents consider UN joint action to address HIV and AIDS, including through the world of work programme, effective.

The Director of the ILO Ethiopia Country Office has actively supported the HIV projects and staff, and well coordinates ILO's contribution to the UN joint programme on HIV and AIDS.

Regarding ILO project implementation, most projects have been administratively and technically managed from ILOAIDS in Geneva. Lines of supervision and accountability can become weaker under these arrangements since established line management structures no longer apply.

Implementation of the SIDA project, which was linked to five different ILO technical programmes, encountered delays because of ambiguity over management and decision making processes, according to the independent evaluation. Several other evaluations also raised the issue of donor dependence and called on the ILO to designate a larger role for implementation to constituents and partners. This sentiment was also emphasized by constituents, who additionally cautioned against dependence on donors for implementation.

2.1.6 Results framework, monitoring and evaluation

ILO has done an adequate job of monitoring its project level work, and this has improved since 2010 with links to UNDAF and UNGASS reporting. The SHARE project applied a standard programme monitoring plan, which supported comparisons across countries but was not fully adapted to the social, cultural and religious context of Ethiopia, according to its mid-term evaluation.

The government does not have an established measurement and reporting system for HIV and little has been done recently to assess the impact of HIV on enterprises or sectors, or the effectiveness of work place interventions other than that done through projects.

2.1.7 Evidence of impact and sustainability of ILO's technical support in the form of improved policies, institutions, knowledge, tripartite processes and enterprise practices (also including attention to dissemination, visibility of ILO HIV in the world of work strategies, policies, actions, etc.)

At enterprise level, the ILO's work has led to workplace policies in medium and large enterprises and for cooperative associations. The quality and effectiveness of the peer education programme, and innovativeness of awareness raising initiatives, are also repeatedly acknowledged. A major challenge was to overcome entrenched thinking among many enterprise leaders. Changes were ultimately achieved but perhaps with an excessively high dependence on project resources to do so.

The Tripartite Plus Network has been operational and focuses on planning strategies and interventions to support workers through the work place. Less attention is focused on initiatives targeting those not directly employed, or those working in the informal economy.

Prior to 2011 strategic planning process had tended to focus primarily on formal areas of work, in contrast to the national 2011-14 HIV and AIDS strategy, which is focused on those at risk to become newly infected, emphasizing women and those living in more rural areas.

The tripartite plus members report having limited participation in HAPCO and limited links to the Global Fund. This is in part due to a pronounced focus on the health sector and health-related means of action within the new national and UN strategies, but may also reflect the limited progress in joint fund mobilization, and ILO's technical support for this.

The national HIV and AIDS strategy plan for 2011-14 has been endorsed by major stakeholders and is being implemented. To date, constituents are not directly involved in the process. From within the UN, HAPCO is reported to be overstretched and has insufficient capacity for managing the strategy effectively. HAPCO has included ILO in the planning of a joint monitoring and evaluation component of the strategy but the final output is not yet known.

The Constituents Plus group wants to move in new directions through a jointly agreed strategy. This includes developing guidelines and standards to be added to the new national occupational safety and health policy to address HIV and AIDS. The group also calls for more attention to the informal sector in national strategies to address work place, HIV and tuberculosis. A third priority is to identify a mechanism through which to improve integration of the ILO Code of Practice and Rec. No. 200 into the national HIV and AIDS policy and strategy, and to pursue development of clear legislation and a regulatory body to address rights issues linked to HIV and AIDS.

2.2 Lessons learned

- 1) Ethiopia highlights the need to harness strong ownership and leadership within enterprises, local areas, and public sector to ensure sustainability. This requires long-term organizational commitment of time and resources, which most enterprises have not managed to do.
- 2) Without effective monitoring and evaluation, policies and practices of enterprises are not reviewed and can more easily lapse.
- 3) Fighting HIV involves fighting poverty; in Ethiopia, where poverty is widespread, HIV and poverty reduction must be tackled simultaneously.
- 4) Cultural and political influences can alter the appropriateness of some approaches. For instance, ensuring confidentiality at enterprise level has proven challenging, and enterprise leadership deny the existence of stigma and discrimination, despite evidence to the contrary.
- 5) In-kind support, such as food, to workers has proven more effective than cash payments in Ethiopian enterprises.

Ethiopia

2006-07

Outcome 3b.3: National plans for combating HIV and AIDS in the world of work.

Indicator 3b.3 (iii): HIV and AIDS policies and programmes are implemented at the workplace

IR Country (GB.301/PFA/2)	ILO output reported (GB.301/PFA/2)	Impact/result of output (GB.301/PFA/2)	DWCP Outcome (SMM)
Ethiopia	HIV and AIDS Workplace Education Programme supported tripartite constituents between 2002 and 2007. This involved: mapping of existing policy, programmes and available resource material; development of country-specific performance monitoring plans; collection of baseline data; translation and dissemination of the ILO code of practice on HIV and AIDS; training of enterprise focal points; and establishment of enterprise HIV and AIDS action committees. The same activities took place for all countries in the programme.	Ethiopia: 13 enterprises implemented HIV and AIDS workplace policies or programmes in the following sectors: agriculture, manufacturing, industry, service, transport, hotel, banking, insurance and informal sectors.	

2008-09

Immediate Outcome 3d.1: Increase tripartite constituent capacity to develop policies and programmes that address the HIV and AIDS epidemic in the world of work and within the framework of the promotion of decent work.

Indicator 3d.1.(i): Number of member States that integrate key principles of the ILO code of practice on HIV and AIDS and the world of work in their HIV and AIDS workplace policies.

IR Country (GB.307/PFA/2)	ILO output reported (GB.307/PFA/2)	Impact/result of output (GB.307/PFA/2)	DWCP Outcome (SMM)

Ethiopia	Provided technical and financial assistance for development of national HIV and AIDS policy signed in November 2008.	Ethiopia adopted national policy framework on HIV and AIDS.	√
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Indicator 3d.1 (ii): Number of member States in which each tripartite constituent has a trained HIV and AIDS focal point, adopts a gender-sensitive HIV and AIDS workplace policy, and includes a funded time-bound implementation plan.

IR Country (GB.307/PFA/2)	ILO output reported (GB.307/PFA/2)	Impact/result of output (GB.307/PFA/2)	DWCP Outcome (SMM)
Ethiopia	Provided support and organized training for focal points. Provided legal advice on drafting and adoption of gender-sensitive HIV and AIDS workplace policies and development of funded time-bound implementation plans. Helped raise over US\$70 million to support implementation of these plans.	Each tripartite constituent has a trained focal point, an HIV and AIDS policy and a time-bound plan.	

Indicator 3d.1 (iii): Number of member States in which at least 20 formal or informal workplaces provide HIV and AIDS prevention and information on treatment, care and support services to workers through bipartite HIV and AIDS committees that previously received training on policy formulation and programme design/implementation/monitoring or through partnerships with national AIDS authorities.

IR Country (GB.307/PFA/2)	ILO output reported (GB.307/PFA/2)	Impact/result of output (GB.307/PFA/2)	DWCP Outcome (SMM)
Ethiopia	Provided support and organized training for focal points. Provided legal advice on drafting and adoption of gender-sensitive HIV and AIDS workplace policies and development of funded time-bound implementation plans. Helped raise over US\$70 million to support implementation of these plans.	Each tripartite constituent has a trained focal point, an HIV and AIDS policy and a time-bound plan.	

Immediate outcome 3d.2: Improve member State implementation of policies and programmes that address the HIV and AIDS epidemic in the world of work and within the framework of the promotion of decent work.

Indicator 3d.2 (i): Number of member States that either apply ILO technical assistance or tools to give effect to the principles of ILO standards, including the tripartite governance of social security schemes, or use of tools to increase administrative efficiency and effectiveness or to improve financial sustainability.

IR Country (GB.307/PFA/2)	ILO output reported (GB.307/PFA/2)	Impact/result of output (GB.307/PFA/2)	DWCP Outcome (SMM)
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Benin, Cameroon, China, Ethiopia, India, Indonesia, Kenya, Malawi, Republic of Moldova, Mozambique, Nepal, Nigeria, Sri Lanka, Ukraine, Zimbabwe	<p>Provided technical and financial support to establish public-private partnerships with large-scale enterprises and organized mass prevention campaigns to improve workers' knowledge of HIV and AIDS. Provided information, education, behavioral change programmes and assistance with referral services through the workplace. Provided technical guidance to develop bipartite HIV and AIDS committees and facilitated implementation of referral mechanisms designed with the ILO help to reach voluntary counseling and testing services, treatment for sexually transmitted diseases and anti-retroviral treatment services. Strengthened bipartite HIV and AIDS committees, with referral to health facilities; supported workplace programmes in the formal sector.</p>	<p>Workers in enterprises with ILO-supported HIV and AIDS programmes demonstrated increased knowledge as follows:</p> <ul style="list-style-type: none"> • 250,163 workers agreed to go to public health facilities to undergo medical tests (in referral services); • 3,380 undertook voluntary counseling and testing to know their HIV status; • 4,211 peer educators were trained to conduct peer education; • 953 HIV focal points were appointed and trained to become HIV resource persons; • 109 labour judges were trained to review HIV-related employment cases; • 1,212 factory labour inspectors received training on HIV and AIDS and TB to be able to conduct labour inspections and monitor HIV-related labour regulation violations; • 58,931 workers demonstrated increased knowledge of HIV and AIDS, according to post-training impact assessment. 	
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Immediate outcome 3d.3: Increase the participation of employers' and workers' organizations in policy development and in accessing national and international funding.

Indicator 3d.3 (i): Number of member States in which employers' and workers' organizations actively participated in the drafting of national AIDS legal frameworks that integrate key principles of the ILO code of practice on HIV and AIDS and the world of work and in decision-making and delivery processes of national structures, including Global Fund Country Coordination Mechanisms.

IR Country (GB.307/PFA/2)	ILO output reported (GB.307/PFA/2)	Impact/result of output (GB.307/PFA/2)	DWCP Outcome (SMM)
Ethiopia	Strengthened these organizations' engagement with the national AIDS authority in decision and delivery process.	Ethiopia: Ethiopian Labour Union Confederation and Ethiopian Employers' Federation participated in development of tripartite policy guidelines for the workplace and delivery of responses of national AIDS authority.	

Zambia

Project time frame	Project code	Project title	Project allocation (US\$)
	ZAM/04/02/UND	Rapid assessment of the impact of HIV/AIDS in the informal sector	97,590.00
	ZAM/08/02/UND	Support to HIV/AIDS programmes in Zambia Police	71,865.00
January 2005 – March 2008	RAF/04/57/USA	Combating and Preventing HIV/AIDS-Induced Child Labour in Sub-Saharan Africa: Pilot Action in Uganda and Zambia	US \$ 3,000,000.00

1 Overview of HIV in Zambia

In 1999 the adult prevalence of HIV in Zambia was estimated at almost 20%.¹ HIV and AIDS prevalence is currently estimated at about 14.3% of the population between the ages of 15-49 years, with young women proportionately more infected and affected than young men. As this age group is the most productive segment of the population, the impact of HIV and AIDS on the individual workplace and on the economy as a whole is devastating, leading to further worsening of the poverty situation. The disproportionate impact of HIV and AIDS on women as workers, as entrepreneurs, as carers and heads of household requires immediate and supportive actions in relation to prevention and mitigation.

Background information and rationale for the ILO's involvement

The ILO has worked to support the Zambian government to address HIV and AIDS issues as part of the Decent Work Country Programme. The ILO in Zambia supports its key national partners to take up a leadership role in HIV and AIDS in workplace interventions in line with the national HIV strategic response. The work is currently led by a Coordinating Committee on HIV and AIDS in the workplace, which is composed of the tripartite partners, the National AIDS Council and a key workplace NGO (SHARE) as well as ILO. The committee is chaired by the Ministry of Labour and Social Security (MLSS), and the ILO functions as its secretariat. The objective is to further build the capacity of the partners so that even the Secretariat role can be taken up by a national organization to be determined at a later stage (likely the MLSS). The section on effectiveness summarises the activities of the ILO to support the national programme.

2 Conclusions and lessons learned

2.1 Conclusions

2.1.1 Role and relevance of the ILO's "HIV and AIDS and world of work" strategy

The ILO strategy is highly relevant to the country and is in line with national priorities and frameworks, as well as with UN partners. For over 10 years the ILO Zambia office has included some focus on the HIV and AIDS epidemic which is affecting its economically active workforce and supply of skilled manpower. The ILO worked to ensure that the Code of Practice is implemented in workplaces.

2.1.2 Contribution of ILO to:

¹ UNAIDS/WHO (2000) Epidemiological Fact Sheet on HIV/AIDS and sexually transmitted infections for Zambia. Geneva: UNAIDS WHO

- ***Development of national tripartite workplace policies on HIV/AIDS as part of the national AIDS response;***
- ***Enabling tripartite constituents to take significant action to implement HIV/AIDS programmes at workplaces.***

HIV and the world of work have already been mainstreamed into the national HIV and AIDS response policy framework. The ILO is providing technical input into the development of a specific National HIV and AIDS Workplace Policy with a view to providing a framework that various sectors and individual workplaces can draw from when developing their individual workplace policies and programmes. The policy is expected to incorporate the principles of the Recommendation and is expected to be finalized in 2011.

A study is being supported to analyse existing HIV and AIDS workplace policies and programmes in Zambian formal sector companies and to identify gaps in relation to Recommendation 200 as well as to see how workplace policies have been operationalized. The study is expected to inform the development of the national workplace policy as well as sectoral workplace policies in the future.

The ILO is working with key economic sectors to develop sectoral workplace policies. A sectoral workplace policy has so far been developed with ILO support for the transport sector, while the ILO supported the piloting of a regional education sector HIV and AIDS workplace policy for four selected educational institutions in cooperation with UNESCO and Zambia Health, Education and Communication Trust. The ILO has further supported the development of enterprise level workplace policies and programmes in diverse enterprises and work settings.

2.1.3 Positioning of HIV and AIDS within the ILO Decent Work Country Programme

The Zambia 2007-2011 Decent Work Country Programme includes as Priority 2: Responding to HIV and AIDS challenges in the world of work in Zambia. Several interviewees during the global evaluation noted that the level of priority given to HIV in the DWCP was not commensurate with the allocation of human and financial resources into the programme.

2.1.4 Effectiveness of technical interventions (Including partnerships and tools developed)

Although resources remained limited throughout the global evaluation period, the ILO Zambia office did implement a number of actions and was included in some multi-country programmes such as a SIDA funded project on transport corridors. Zambia was also, with Uganda, a pilot country for testing a model on the elimination of HIV induced child labour. The child labour project developed some useful tools and guidelines on helping address the problems of AIDS orphans. Assisting AIDS orphans is included under one of the indicators for MDG 6 on addressing HIV, malaria and tuberculosis.

Some efforts were undertaken to address the informal economy worker and gender issues but these efforts are still limited and need scaling up. Public sector initiatives coverage of government staff in Zambia is good as compared to some other countries.

2.1.5 Coordination and management internally and with key UN and donor partners

In relation to joint UN programming, the ILO is the lead agency for the HIV and AIDS in the workplace component within the UN Joint Team on AIDS and contributes to the related UNDAF HIV outcome. The ILO is also working on developing UN joint programmes with other UN agencies as opportunities and appropriate synergies arise, at present in particular with IOM on the transport sector. The ILO's technical input is appreciated although some partners would like the ILO to play a larger role in joint efforts to address issues such as the integration of employment and enterprise development into their programmes.

The ILO has worked extensively with the UN agencies to establish an HIV and AIDS workplace programme for UN staff. This was realized through the establishment of UN Cares programme. The ILO has also supported the recruitment of a UN Cares officer to coordinate the HIV and AIDS support services for UN staff and dependents.

2.1.6 Efficiency of operations

While the actions and projects that were implemented in Zambia were relatively efficient, there are major funding gaps as compared to needs. There is, for example, a low capacity for the ILO to participate effectively in all necessary meetings due to lack of human resources. Stakeholders note that although the ILO states that HIV and AIDS is a priority area, the allocation of resources does not support the stated importance.

Resource mobilization efforts have not yet been successful with regard to a comprehensive informal economy intervention.

In Zambia the promotion of the ILO's work on HIV has led to increases in requests for technical support which the office could not meet due to understaffing.

2.1.7 Results framework, monitoring and evaluation

Projects were monitored through their respective Monitoring and Evaluation frameworks. The overall ILO and DWCP results based management outcomes and outputs were monitored at country level and provided to ILO headquarters. There is a national need for a more comprehensive means to monitor the quality of interventions being provided at enterprise and industry levels.

Due to lack of resources, there has been very limited follow-up on implementation of the recommended HIV mainstreaming actions.

2.1.8 Evidence of impact and sustainability of ILO's technical support in the form of improved policies, institutions, knowledge, tripartite processes and enterprise practices (also including attention to dissemination, visibility of ILO HIV in the world of work strategies, policies, actions, etc.)

In the future the ILO is planning to focus further on developing the capacity of key national stakeholders, such as the tripartite partners, to work with individual workplaces in the development of policies and programmes, while direct ILO interventions in support of individual workplaces would be more limited in the future.

Follow-up monitoring and support for the actual implementation of TB – HIV and AIDS mainstreaming strategies, police training programme and other HIV training programmes implemented with support of the ILO are still limited.

Frequent turn-over of staff among most of the stakeholders impedes long term sustainability including government and company turnover at management level. In some cases, several trained peer educators were retrenched, for example. The ILO intervention responded to the retrenchment by supporting the regrouping of remaining employees to continue with the workplace programme. The National HIV & AIDS Workplace Policy is expected to be finalised and adopted in 2011 which will provide a sustainable framework that various sectors and individual workplaces can draw from when developing their individual workplace policies and programmes. Future emphasis for sustainability will need to concentrate on further development of the capacity of key national stakeholders, such as the tripartite partners, to work with individual workplaces in the development of policies.

2.2 Lessons learned

- 1) The materials and good practices developed in the HIV induced child labour project were effective and are now being mainstreamed in other child labour projects, particularly in high HIV prevalence countries.
- 2) Capacity strengthening gaps still remain. Evidence includes the need for the ILO to continue to function as the secretariat of the national HIV and AIDS Workplace Coordinating Committee, mainly due to the inadequate capacity within the main national actors to take up the task. The situation could be improved through establishment of HIV and AIDS units among key tripartite constituent and ensuring that their capacities are appropriately strengthened.
- 3) The support to the piloting of an HIV and AIDS Policy for Education Institutions in four learning institutions in Zambia resulted in lessons on how to operationalize workplace policies in education institutions that could be adapted and replicated elsewhere.
- 4) One of the important issues is the ability of the ILO to be flexible to address the changing needs and challenges as the epidemic and its effects alter in different ways. In one example from Zambia, a mining company has a directive to make 10% of the staff redundant. The company's challenge is to reduce the workforce without discriminating against people living with HIV. Technical input into how to address such challenges is, thus, important. Given that most of the stakeholders on HIV in the world of work are either not experts on health and discrimination issues, there is a continued need for HIV in the world of work specialists.
- 5) Some efforts were undertaken to address the informal economy worker and gender issues but these efforts are still limited and need up-scaling.
- 6) There is a need to further develop mainstreaming approaches to ensure that HIV and AIDS is effectively mainstreamed in ILO projects, starting from the HQ level led by ILO AIDS. As a consequence of extensive knowledge of ILO staff about the need to address HIV and AIDS in their projects, HIV and AIDS is increasingly taken into account in the early planning stages of project development.

Zambia

2006-07

Outcome 3b.3: National plans for combating HIV and AIDS in the world of work.

Indicator 3b.3 (iii): HIV and AIDS policies and programmes are implemented at the workplace

IR Country (GB.301/PFA/2)	ILO output reported (GB.301/PFA/2)	Impact/result of output (GB.301/PFA/2)	DWCP Outcome (SMM)
Zambia	The ILO code of practice on HIV and AIDS was used as a key reference and guidance document. The ILO reviewed and helped to develop policies.	Zambia: 53 companies and 13 line ministries implemented HIV and AIDS policies at the workplace, including the private sector and government ministries.	

2008-09

Immediate Outcome 3d.1: Increase tripartite constituent capacity to develop policies and programmes that address the HIV and AIDS epidemic in the world of work and within the framework of the promotion of decent work.

Indicator 3d.1.(i): Number of member States that integrate key principles of the ILO code of practice on HIV and AIDS and the world of work in their HIV and AIDS workplace policies.

IR Country (GB.307/PFA/2)	ILO output reported (GB.307/PFA/2)	Impact/result of output (GB.307/PFA/2)	DWCP Outcome (SMM)
Zambia	Provided assistance in developing the workplace policies through tripartite workshops and interaction with UNAIDS.	Zambia: Social partners and other key stakeholders adopted national and sectoral HIV and AIDS policies for formal and informal economies, based on ILO code of practice.	√

Zimbabwe

Project time frame	Project code	Project title	Project allocation (US\$)
	ZIM/05/01/UKM	Strengthening of the Zimbabwe HIV and AIDS Response Programme	161,976.00
	ZIM/07/01/SID	Scaling up HIV/AIDS responses among employers' and workers' and their organizations in Zimbabwe	657,847.57
	RAF/06/50/OPE	Mozambique and Zimbabwe: HIV/AIDS workplace policies and programmes	346,699.00
	RAF/05/61/SID	HIV/AIDS prevention and impact mitigation in Sub-Saharan Africa	504,762.00

1 Overview of HIV in Zimbabwe

Between 2002 and 2006, the population of Zimbabwe is estimated to have decreased by four million people as a result of the HIV epidemic. Adult prevalence was 24.6% in 2003, and fell to 13% in 2010.² The country had almost one million orphans due to the loss of one or both parents to AIDS in 2003. A rise in the number of people dying from AIDS as well as the number of people (living with HIV or otherwise) who have migrated to other countries, are thought to have played a role in the change.³

The National AIDS Co-ordination Programme (NACP) was established in 1987 and several short term and medium term AIDS plans were carried out over the following years although it was not until 1999 that the country's first comprehensive HIV and AIDS policy was announced.⁴ The Government then put in place a multi-sectoral response coordinated by the National AIDS Council (National AIDS Council Act 1999). The policy was implemented the following year by the newly formed National AIDS Council (NAC), which took over from the NACP. At the same time, the government introduced an AIDS levy on all taxpayers to fund the work of the NAC. The Government declared HIV and AIDS a national emergency in 2002. While these measures have had a positive impact, the government's response to HIV and AIDS has been affected by political and social crises that have influenced the implementation of the national AIDS policy.⁵

The national response is guided by *The Zimbabwe National HIV and AIDS Strategic Plan ZANSP 2006–2010*. The national response is also premised upon the national Labour Relations Act on HIV and AIDS, i.e., the *Statutory Instrument 202 of 1998 (SI202/1998)*. The Instrument covers the prevention and management of HIV and AIDS in the workplace and is meant to ensure that employees living with HIV are not discriminated against. It establishes and protects the rights and responsibilities of both employers and employees. In order to enforce the SI202/1998 an inspection form used by labour inspection officers to assess the level of HIV and AIDS interventions at both the sector and enterprise level has been developed.

Background information and rationale for the ILO's involvement

² UNAIDS/WHO Epidemiological Fact Sheet - 2004 Update (Based on 2003 statistics); Zimbabwe Demographic and Health Survey 2009 (2010) (Methods for calculating prevalence changed at the beginning of the millennium so earlier statistics may not be reliable).

³ AVERT, (2011) HIV and AIDS in Zimbabwe (Website consulted May 21, 20110, <http://www.avert.org/aids-zimbabwe.htm>)

⁴ Ibid

⁵ Ibid

Zimbabwe has adopted a national HIV/AIDS Action Framework which has become the basic tool for coordination across partnerships and funding mechanisms, and for the effective functioning of a National AIDS Coordinating Council. The framework calls for the affirmation and optimisation of the growing drive to engage civil society organisations and the private sector in the HIV and AIDS service delivery system.

2 Conclusions and lessons learned

2.1 Conclusions

2.1.1 Role and relevance of the ILO's "HIV and AIDS and world of work" strategy

Current evidence shows a strong link between poverty, joblessness, underemployment and HIV infection, particularly in areas of high HIV prevalence. With the advent of the global economic crisis, people living with HIV who lose their jobs are often unable to adhere to their AIDS treatment regimes. The loss of income also means the depletion of family assets with which people attempt to cover health costs; further driving particularly those in the informal sector with little or no social protection into deeper poverty and higher risk of HIV infection.

The country has a generalized epidemic with higher concentrations among most at risk groups and populations such as mobile migrants, transport workers, mining, agricultural populations, though the epidemic poses serious challenges for all sectors of the economy. As a result, the ILO elected to support the government and other stakeholders by focusing strongly on national policies, sectoral approaches and building models of intervention in workplaces.

2.1.2 Contribution of ILO to:

- ***Development of national tripartite workplace policies on HIV/AIDS as part of the national AIDS response;***
- ***Enabling tripartite constituents to take significant action to implement HIV/AIDS programmes at workplaces.***

The ILO contributed to the integration of HIV in the world of work in the national HIV and AIDS strategy policies. The ILO has also contributed to the enabling the tripartite constituents to take significant actions to implement HIV/AIDS programmes at workplaces through its projects.

2.1.3 Positioning of HIV and AIDS within the ILO Decent Work Country Programme

Three main priority areas Decent Work Country Programme priorities were identified and agreed on in 2005 that have been maintained and have guided the development of the expected outcomes and outputs. One of the three areas is "Impact of HIV and AIDS at the workplace reduced".

2.1.4 Effectiveness of technical interventions (Including partnerships and tools developed)

Despite the difficult context of the last few years the ILO has succeeded to implement a number of effective actions in Zimbabwe, particularly on the development of sectoral approaches.

The ILO supported the development of the Zimbabwe National Strategic Framework for the Private Sector Response to HIV and AIDS (2007-2010). The Zimbabwe framework was developed together with a multi-sectoral taskforce including tripartite representatives, civil society organizations; international non-governmental organizations, multilateral and bilateral agencies and donors.

ILO AIDS conducted capacity strengthening of middle and senior managers to mitigate the impact of HIV and AIDS at the workplace. Air Zimbabwe and Railways are currently mainstreaming their respective HIV and AIDS policies into their daily activities throughout their companies. At Air Zimbabwe, workers who join the organization are inducted and informed about the existence of the HIV and AIDS policies and programmes and also about how to access HIV and AIDS support services. Scaling up of these pilot initiatives is expected and will cover larger areas of the country. Sectoral policies were developed for the textile industry, energy sector, transport sector and others. In each case the policies were developed with the support of different stakeholders such as the employers' and workers' representatives, government officials, NGOs like the Zimbabwe AIDS network, and UN development partners.

The ILO is working with formal sector and informal economy transport workers and communities along major transport corridors. The ILO work supported the development of gender sensitive workplace policies for Air Zimbabwe and National Railways. There is also a great deal of turnover of labour inspectors so that there is a need to continually train new inspectors. The role of people living with HIV in Zimbabwe in world of work actions needs to be increased. The Ministry of Small and Medium Enterprises has been closely involved.

Zimbabwe is one example where workers organisations report that political elements play a role in their participation in discussions and implementation of actions on HIV.

The ILO provided technical support to the Ministry of Labour as well as training to the Ministry of Transport and Communication, employers and workers organisations to enable them to take significant actions on HIV in the world of work.

The SIDA project was implemented during a period when the country was experiencing economic challenges including hyper-inflation. This strongly affected project implementation. Businesses were struggling and few companies were operating at capacity, most were working only at 50% capacity. Workers struggled, for example, to raise transport money to attend workshops due to cash shortages. Obtaining financial commitment to HIV and AIDS programmes was difficult though the interest and non-financial commitment remained high.

Zimbabwe is moving forward with the development of a tripartite national policy on HIV and AIDS and the world of work which incorporates the principles of the Recommendation. The coverage of the public sector employees is not yet adequate.

2.1.5 Coordination and management internally and with key UN and donor partners

The ILO is participating in the Zimbabwe United Nations Development Assistance Framework (ZUNDAF) 2007-2011 in line with the DWCP through several thematic groups including HIV and AIDS. The UN and other donor partners such as GiZ appreciate the role of the ILO in all discussions on HIV and AIDS. The ILO has some difficulties in contributing to joint actions due to limited resources outside of HIV project budgets. This restricts the ILO from contributing visibly to various joint actions.

Coordination with tripartite constituents is generally good although political differences between the workers representative organisations do provide challenges to ensure smooth collaboration. The role of the Zimbabwe Business Council is complex and country stakeholders note that it needs clarification. The NAC requests that the ILO work more closely with the NAC.

Internal coordination and management have generally been well implemented.

2.1.6 Results framework, monitoring and evaluation

The projects on HIV in the world of work were monitored and evaluated in accordance with the project requirements. The overall results of the HIV and AIDS programme of the ILO in Zambia was monitored as part of the DWCP monitoring system.

There has been a lack of adequate monitoring of continued actions as an M&E system to capture on-going efforts at workplaces does not exist for post project implementation of actions. The ILO is dependent on the voluntary reporting by enterprise level individuals who are expected to capture and report results.

Aside from internal monitoring, the ILO DFID project contributed to the integration of objectives to include a results framework, monitoring and evaluation system as a strategic areas of the *Zimbabwe National Strategic Framework for the Private Sector Response to HIV and AIDS: 2007 – 2010* indicated as: "improved M&E and documentation of the private sector contribution to the national response to HIV and AIDS."

2.1.7 Evidence of impact and sustainability of ILO's technical support in the form of improved policies, institutions, knowledge, tripartite processes and enterprise practices (also including attention to dissemination, visibility of ILO HIV in the world of work strategies, policies, actions, etc.)

Aside from working on the establishment of national policies on HIV in the world of work, the ILO in Zimbabwe provided technical support for the training of labour inspectors who are responsible to ensure that companies provide the necessary training to their workers on HIV and AIDS in the workplace. Training of trainers was also conducted to enhance sustainability which has improved opportunities for replication and sustainability of ILO supported actions, even if limited due to the on-going economic crisis. Some of the tripartite partners such as Air Zimbabwe and Zimbabwe railways are mainstreaming HIV and AIDS into their routine activities. HIV and AIDS awareness has become an integral component of their in-house training programmes and including the induction of newly recruited staff as well as health and safety training.

2.2 Lessons learned

- 1) The informal economy in Zimbabwe has become larger due to the economic issues still affecting the project. A gap in ensuring that the informal economy is reached still remains.
- 2) The 2007-2010 SIDA project was able to demonstrate that, many activities could still be carried out with minimum financial input on, for example, policy development and peer education.
- 3) Sectoral approaches, policies and tools are effective and well received by employers and workers.
- 4) Major gaps remain in the capacity of social partners and the informal sector, which provides 80% of the workforce, to take workplace level programme responses to scale, to ensure comprehensive gender-sensitive workplace policies and programmes, access to treatment, care, support and impact mitigation of HIV and TB. For the private sector, building on strong public private partnerships to maximize on the comparative advantages in the partnerships is critical.
- 5) The public sector needs to be more adequately covered and actively involved in internal workplace actions.
- 6) Resources are needed to support the operationalization on of the mining sector policy and the SME and informal economy sector policy strategies in terms of education and awareness of the high risk populations in these sectors. Evidence already shows limited access to services including access to treatment, low personal risk assessment and knowledge of one's status and high TB incidences. The programmes could thus mainstream HIV/TB screening in the context of public private partnerships; expand male motivation for PMTCT, male circumcision and other behaviour change modification interventions.

- 7) On impact mitigation, the programmes would empower those affected with livelihood skills being initiated in the project on economic empowerment along transport corridors; thus taking the programme responses to scale.
- 8) The ILO has had a relatively strong local resource mobilization strategy despite political and environmental challenges. However the resource gap remains large.
- 9) Working closely through national structures such as the Project Advisory Committees pays dividends as it contributes to ownership and sustainability.

Zimbabwe

2006-07

Outcome 3b.3: National plans for combating HIV and AIDS in the world of work.

Indicator 3b.3.(ii): Each of the tripartite constituents in a member State has a gender-sensitive HIV and AIDS policy, time-bound action plan and trained focal point.

IR Country (GB.301/PFA/2)	ILO output reported (GB.301/PFA/2)	Impact/result of output (GB.301/PFA/2)	DWCP Outcome (SMM)
Zimbabwe	Supported the development of a gender-sensitive Zimbabwe Mining Sector HIV and AIDS policy. Assisted with the policy for the SME sector. Technical and financial support for the framework for the private sector response.	Zimbabwe: Each of the tripartite constituents developed policies. The Public Service Commission developed and disseminated an HIV and AIDS policy and strategy. The policy/strategy is guiding sector ministries in developing sector specific HIV and AIDS strategies. Employers and workers finalized a National Strategic Framework for the Private Sector Response to HIV and AIDS. A workplace policy and implementation work plan for the mining sector and SMEs was developed.	

Indicator 3b.3 (iii): HIV and AIDS policies and programmes are implemented at the workplace

IR Country (GB.301/PFA/2)	ILO output reported (GB.301/PFA/2)	Impact/result of output (GB.301/PFA/2)	DWCP Outcome (SMM)
Zimbabwe	Technical advice to develop and implement policies for the mining and transport sectors. Technical and financial support for: training of trainers and focal points in enterprises and for the development of the National Strategic Framework and implementation plan.	Zimbabwe: Policies on HIV and AIDS developed and implemented in the mining and transport sectors. Two public sector enterprises implemented workplace policies and programmes. Zimbabwe National Strategic Framework and implementation plan for the Private Sector Response to HIV and AIDS launched.	

2008-09

Immediate Outcome 3d.1: Increase tripartite constituent capacity to develop policies and programmes that address the HIV and AIDS epidemic in the world of work and within the framework of the promotion of decent work.

Indicator 3d.1.(i): Number of member States that integrate key principles of the ILO code of practice on HIV and AIDS and the world of work in their HIV and AIDS workplace policies.

IR Country (GB.307/PFA/2)	ILO output reported (GB.307/PFA/2)	Impact/result of output (GB.307/PFA/2)	DWCP Outcome (SMM)
Zimbabwe	Provided assistance.	Drafting of the HIV and AIDS legislation and/or workplace policy.	√

Indicator 3d.1 (ii): Number of member States in which each tripartite constituent has a trained HIV and AIDS focal point, adopts a gender-sensitive HIV and AIDS workplace policy, and includes a funded time-bound implementation plan.

IR Country (GB.307/PFA/2)	ILO output reported (GB.307/PFA/2)	Impact/result of output (GB.307/PFA/2)	DWCP Outcome (SMM)
Zimbabwe	Provided support and organized training for focal points. Provided legal advice on drafting and adoption of gender-sensitive HIV and AIDS workplace policies and development of funded time-bound implementation plans. Helped raise over US\$70 million to support implementation of these plans.	Each tripartite constituent has a trained focal point, an HIV and AIDS policy and a time-bound plan.	

Indicator 3d.1 (iii): Number of member States in which at least 20 formal or informal workplaces provide HIV and AIDS prevention and information on treatment, care and support services to workers through bipartite HIV and AIDS committees that previously received training on policy formulation and programme design/implementation/monitoring or through partnerships with national AIDS authorities.

IR Country (GB.307/PFA/2)	ILO output reported (GB.307/PFA/2)	Impact/result of output (GB.307/PFA/2)	DWCP Outcome (SMM)
Zimbabwe	Provided peer education, information and referral for voluntary counselling and testing, as well as treatment and behavioural change strategies regarding HIV prevention.	Zimbabwe: 23 enterprises provided information on HIV and AIDS prevention, treatment, care and support services to workers in the sectors indicated: agriculture, education, commerce, leather, motor industry.	

Immediate outcome 3d.2: Improve member State implementation of policies and programmes that address the HIV and AIDS epidemic in the world of work and within the framework of the promotion of decent work.

Indicator 3d.2 (i): Number of member States that either apply ILO technical assistance or tools to give effect to the principles of ILO standards, including the tripartite governance of social security

schemes, or use of tools to increase administrative efficiency and effectiveness or to improve financial sustainability.

IR Country (GB.307/PFA/2)	ILO output reported (GB.307/PFA/2)	Impact/result of output (GB.307/PFA/2)	DWCP Outcome (SMM)
Benin, Cameroon, China, Ethiopia, India, Indonesia, Kenya, Malawi, Republic of Moldova, Mozambique, Nepal, Nigeria, Sri Lanka, Ukraine, Zimbabwe	Provided technical and financial support to establish public–private partnerships with large-scale enterprises and organized mass prevention campaigns to improve workers’ knowledge of HIV and AIDS. Provided information, education, behavioral change programmes and assistance with referral services through the workplace. Provided technical guidance to develop bipartite HIV and AIDS committees and facilitated implementation of referral mechanisms designed with the ILO help to reach voluntary counseling and testing services, treatment for sexually transmitted diseases and anti-retroviral treatment services. Strengthened bipartite HIV and AIDS committees, with referral to health facilities; supported workplace programmes in the formal sector.	Workers in enterprises with ILO-supported HIV and AIDS programmes demonstrated increased knowledge as follows: <ul style="list-style-type: none"> • 250,163 workers agreed to go to public health facilities to undergo medical tests (in referral services); • 3,380 undertook voluntary counseling and testing to know their HIV status; • 4,211 peer educators were trained to conduct peer education; • 953 HIV focal points were appointed and trained to become HIV resource persons; • 109 labour judges were trained to review HIV-related employment cases; • 1,212 factory labour inspectors received training on HIV and AIDS and TB to be able to conduct labour inspections and monitor HIV-related labour regulation violations; • 58,931 workers demonstrated increased knowledge of HIV and AIDS, according to post-training impact assessment. 	

Immediate outcome 3d.3: Increase the participation of employers’ and workers’ organizations in policy development and in accessing national and international funding.

Indicator 3d.3 (i): Number of member States in which employers’ and workers’ organizations actively participated in the drafting of national AIDS legal frameworks that integrate key principles of the ILO code of practice on HIV and AIDS and the world of work and in decision-making and delivery processes of national structures, including Global Fund Country Coordination Mechanisms.

IR Country (GB.307/PFA/2)	ILO output reported (GB.307/PFA/2)	Impact/result of output (GB.307/PFA/2)	DWCP Outcome (SMM)
Zimbabwe	Provided technical assistance.	Employers’ and workers’ organizations actively participated in the drafting of national HIV and AIDS legal frameworks and in the decision-making and delivery processes of national bodies	

ANNEX 2. DESK COUNTRY CASE STUDIES

Desk country case study – Cambodia

Project time frame	Project code	Project title	Project allocation (US\$)
September 2009-August 2010	CMB/09/01/UNA	Integrating HIV/AIDS into Garment Factory Occupational Safety and Health Committees: Workplace Sensitization, Mobilization and Management	50,000
March 2003-August 2007	CMB/03/50/USA	HIV/AIDS Workplace Education Programme (umbrella INT/02/M15/USA) - CMB/03/50/USA	468,104

1 Overview of HIV in Cambodia

The HIV infection rate in Cambodia was the highest in Asia when the ILO started a program on HIV in the world of work in Cambodia in 2003. The Ministry of Health had been active in the fight against HIV and AIDS since 1991. The National AIDS Committee—later renamed the National AIDS Authority (NAA)—was established in 1993 to help ensure a multi-sectoral approach. The involvement of the Ministry of Labour and Vocational Training (MoLVT), employers' and workers' organizations were originally limited in scope. A general awareness among ILO's tripartite constituents did exist that promoting an enabling environment to develop policies and prevention programmes on HIV and AIDS and the world of work was necessary. The national law on "Prevention and control of HIV and AIDS" highlighted the importance of workplace programmes and MoLVT developed a "Strategic Plan for a Comprehensive Response to HIV/AIDS, 2002-2006".

Background information and rationale for the ILO's involvement

The ILO was awarded a US\$ 4,644,596 million by the USDOL to implement the global HIV/AIDS in the workplace programme (SHARE) in 2003. The ILO began a three-year US\$ 431, 000 (later increased to US\$ 468,104) HIV/AIDS workplace education project in Cambodia as part of the USDOL financed SHARE programme. The project was continued with a no-cost extension until August 2007. The overall strategy of the ILO/USDOL project was to increase the capacity of the tripartite constituents to design and implement workplace HIV and AIDS prevention policies and education programmes. The strategy built upon the ILO's experience in advocacy and policy development particularly drawing on the ILO Code of Practice on HIV/AIDS and the World of Work, and Family Health International's (FHI) experience in developing behaviour change communications (BCC). The project was launched in 2003 to provide direct support to the implementation of the law on "Prevention on the Prevention and Control of HIV/AIDS" that was enacted in 2002. The project provided technical support to develop mechanisms, including implementation guidelines, to ensure that the law (referred to as the "the Prakas", a Royal Decree) was enforced. The Prakas is based on the ILO Code of Practice on HIV/AIDS in the world of work and includes guidelines on establishing Committees on HIV in each enterprise.

The desk case study concentrates on the ILO/USDOL International HIV/AIDS Workplace Education Programme in Cambodia and draws information mainly from the 2007 *Final Evaluation Report* and the 2008 *Cross-Country Study* of the ILO/USDOL HIV/AIDS Workplace Education Program: Strategic HIV/AIDS Responses in Enterprises (SHARE)

2 Conclusions and lessons learned

2.1 Conclusions

2.1.1 *Role and relevance of the ILO's "HIV and AIDS and world of work" strategy*

The final evaluation considered that the project strategy was valid. The Cross-Country study confirmed that the project design was well considered overall. The project design was well linked to government strategies but assessed as somewhat overly focused on HIV in the workplace in isolation of other efforts on working conditions. The design could have integrated HIV issues with government occupational safety and health initiatives from the beginning of project implementation. .

The overall strategy of the ILO/USDOL project was to increase the capacity of the tripartite constituents to design and implement workplace HIV and AIDS prevention policies and education programmes. The design capitalised on the ILO's experience with advocacy and policy development particularly drawing on the ILO Code of Practice on HIV/AIDS and the World of Work, and Family Health International's (FHI) experience in developing behaviour change communication programmed for different target groups.

Cambodia was the first country project included in the ILO/USDOL HIV/AIDS workplace education programme. As a result, very few proven interventions and tools were available to project management when the project was launched. The final evaluation estimated that, given the limited starting point for interventions and tools, the results achieved were impressive.

The Cambodia stakeholders considered that the ILO/USDOL project was a serious partner and actively collaborated to implement its strategic framework. Active partnerships were developed with main stakeholders in Cambodia, in particular with the MoLVT and the National AIDS Authority (the government's HIV/AIDS coordination body). Project partners deemed that the project was too short to ensure full sustainability.

2.1.2 *Contribution of ILO to:*

- *Development of national tripartite workplace policies on HIV/AIDS as part of the national AIDS response;*
- *Enabling tripartite constituents to take significant action to implement HIV/AIDS programmes at workplaces.*

The Cross-country study confirmed that the project was able to demonstrate some effective approaches and provided added value through the tripartite approach. The ILO Code of Practice was very well received and found to be complete, precise and to the point. It was used to inspire and contribute to the Prakas on HIV, policies and training materials at all levels of the tripartite. Important project achievements were evaluated as follows:

- The project effectively supported implementation of the Prakas which promotes a comprehensive set of practices on HIV in the workplace.
- Project strategy encouraged stakeholders to implement HIV awareness raising and training programmes in the workplace.
- Project contributed to social dialogue and joint convening capacity through the establishment of a tripartite working platform.
- Committed involvement of all three tripartite partners, UN partners, national and international NGOs, media representatives for establishment of actions to seriously address HIV and AIDS issues in the workplace.
- Strategic choice of intervention sectors, thus laying the foundation for the implementation of the ILO Code of Practice in workplaces that are representative of large-scale HIV and AIDS risks.

- Development of an HIV and AIDS education system at the workplace to considerably increase HIV and AIDS prevention and ensure that other principles and services stipulated in the Prakas are adhered to and/or delivered.
- IEC materials were developed for general workers and for workers in specific sectors (garment, hotel industry, informal economy workers). Guidelines for implementing programmes at workplace level were produced but availability of IEC materials at workplace level was limited. (i.e., limited dissemination)
- Development of capacity to assess impact on the workforce thus contributing to monitoring of methods for behaviour change of individuals.

The evaluation report noted limited implementation capacity of the project's main stakeholders who still needed consistent follow up and training. The Cross-Country study underlined that only 8 of the 15 companies to which the project provided technical support ultimately formally adopted workplace policies. The Cross-Country study confirmed that additional resources would be needed to cover the informal economy and to provide support to unions. It was noted that most unions did not have sufficient resources for large scale actions on HIV and development of additional workplace programmes was considered uncertain unless further funding was provided. The Cambodian Business Coalition on AIDS (CBCA) was established by employers' representatives in 2007 to address HIV in the workplace issues and is still functioning.

2.1.3 Positioning of HIV and AIDS within the ILO Decent Work Country Programme

The project was initiated before the establishment of a Decent Work Country Programme in Cambodia. The current Cambodia Decent Work Country Programme strategy indicates that there is a need to strengthen the capacity of the tripartite constituents to implement existing policies and strategies to prevent discrimination against people living with HIV, particularly the implementation of the Prakas #86 on the creation of HIV/AIDS Working Groups or HIV/AIDS Committees.⁶ The Decent Work Country Programme also includes reference to the further development of ILO collaboration with government, workers and employers to:

- reduce levels of HIV risk behaviour of workers in the formal and informal economy;
- counter discrimination against people living with HIV/AIDS;
- promote confidential testing and counselling, treatment and information services in HIV/AIDS.

2.1.4 Effectiveness of technical interventions (Including partnerships and tools developed)

The final evaluation and cross country study noted that the ILO strengths included the concentration on promoting and developing tripartite commitment and national capacities. The ILO Code of Practice on HIV and AIDS and the World of Work, the Performance Monitoring Plan and Behaviour Change Communication (BCC) toolkit were the three main support instruments used by the Programme Management Team (PMT). The PMT was based in Geneva.

The international management information system—i.e., the interactive website referred to as “Community Zero”—accompanying the project was assessed as excellent. The project management structure functioned well. The structure and approach of the BCC model, using HIV and AIDS committees, training of trainers, and peer educators, were appropriate for large, medium and small enterprises. The overall BCC model was considered a logical and thorough system of sensitizing and educating on HIV. At the time of the evaluation the model was, however, not yet implemented sufficiently systematically and there were still some important weaknesses in the system.

In some enterprises, HIV and AIDS education was not considered a priority issue, hence participation remained limited. In some cases, workers did not know their peer educators or the peer educators

⁶ ILO, 2008 -2010 *Cambodia Decent Work Country Programme*. Pg 25

never performed their tasks with the result that no information and knowledge was shared. Sustainability was assessed as questionable unless an optimally functioning BCC model at workplace level is integrated. The needs assessment provided an effective base for project intervention with results presented in the document “Assessment on responses, gaps and opportunities regarding HIV and AIDS at the workplace in Cambodia” (ILO, June 2004). The study was of good quality and helped the project make crucial decisions about target sectors and develop useful elements for immediate and longer-term project planning. The Cross-Country study underlined that the SHARE BCC Toolkit was primarily oriented to HIV in the workplace and did not cover other types of stakeholders such as informal economy workers. The project did develop a toolkit for informal economy workers.

2.1.5 Coordination and management internally and with key UN and donor partners

The Project Advisory Board (PAB) was assessed as important and contributed a high degree of country policy support for the implementation of project activities. UNAIDS was represented in the PAB which helped avoid duplication of work and contributed to obtaining support from the UN system for the ILO/USDOL project. UNAIDS considered the focus on the workplace as ILO added value. The project was able to create an active, functional, positive and mutually professionally rewarding partnership with the main stakeholders in Cambodia. Links between the project and non-governmental efforts were well developed. The ILO/USDOL project was assessed as a remarkable player within the context of other efforts in the field of HIV in Cambodia and no significant overlaps or duplications were identified.

The HIV and AIDS component was integrated into various ILO Cambodia projects:

- HIV peer training in the ILO project for the alleviation of poverty.
- The ILO Workers’ Education Project benefitted from HIV and AIDS training of its Project Advisory Committee members. Mutual technical and sensitization support but no functional link.
- Training and education on HIV and AIDS provided to ILO staff and their family members.

The evaluation report noted that the project collaborated well, within the possible scope, with other ILO projects in Cambodia. The cross-country study stated, however, that the ILO could have increased its impact if the project design included the creation of more synergies with other ILO projects. Not taking advantage of potential synergies was considered common in Cambodia, often resulting from donor reporting requirements which demanded proof of individual project results.

2.1.6 Efficiency of operations

The high quality human resources allocated to the project, supported by good project implementation mechanisms, allowed for achievements with relatively few financial resources. The project was understaffed given the amount of the work to be carried out at the initial stage. This shortcoming was rectified following mid-term assessment recommendations to increase staffing.

2.1.7 Results framework, monitoring and evaluation

The monitoring system was implemented at national, enterprise and worker levels. The National Programme Coordinator was in charge of monitoring at national level. Focal points conducted monitoring-related activities in enterprises and were involved in baseline (2004) and impact (2007) surveys. The monitoring system was well developed overall and allowed for regular monitoring. Some shortcomings were identified with respect to monitoring at the enterprise level. The position of the focal point was not permanent and new focal points needed to be trained continually.

The cross-country study emphasized the need for capacity strengthening on the implementation and monitoring of quality actions in diverse settings. The cross-country study considered that the Performance Monitoring Plan (PMP) was a good tool to monitor and track the project. The PMPs detailed structure did not, however, necessarily encourage the transition of the monitoring system to a national body. A post-project monitoring plan should be included in any sustainability plan to ensure that national entities could appropriate and implement it beyond the life of a project. For this reason, a clear PMP, limited to core indicators and including qualitative monitoring, was considered essential for the post-project monitoring activities.

The cross-country study observed that the tracking of the informal economy actions was not included in the PMP although they were of significant importance. No post-project monitoring was found at the time of the cross country survey. A post project monitoring system implemented by stakeholders could ensure that behaviour change models and materials were correctly being implemented in the enterprises.

2.1.8 Evidence of impact and sustainability of ILO's technical support in the form of improved policies, institutions, knowledge, tripartite processes and enterprise practices (also including attention to dissemination, visibility of ILO HIV in the world of work strategies, policies, actions, etc.)

Evidence of the project's cost-effectiveness:

- 23,000 workers were reached with HIV and AIDS education.
- Investments made in 15 enterprises to establish policies and BCC systems.
- Contribution to establishing a legislative environment for HIV in the workplace at the national level, capacity development of the three important tripartite partners in Cambodia, the MoLVT, the most important trade unions and employers' organization.

Stakeholders expressed their commitment and involvement in the HIV and AIDS workplace education activities. Active collaboration between workers and enterprise management was confirmed through the enterprise management's growing commitment to the implementation of the Prakas. The project's sustainability was not given sufficient early attention and project activities had not been made fully sustainable at project end. ILO's important partners felt that they were missing the necessary information about whether and how the project was ending. No certainty existed about future funding after project termination. The sustainability workshop failed to provide clear guidelines on how to fill the gap or make a smooth transition. The cross-country study observed that policies and strategies were in place at national level but strategies still needed some refinement.

The ILO/USDOL project was developed as a "pilot" project, but no information was provided on how it would become a mature programme. The cross-country evaluation noted the need for steps to improve sustainability including attention to more capacity strengthening of MoL staff starting from project inception. Although capacity strengthening was provided, it was mostly focused on training and policy and strategy development while the actual management of a program on HIV in the workplace was not addressed. The final evaluation of the project also determined that capacities among stakeholders needed to be strengthened so that they could continue coordination and support functions previously provided by project staff. Although there was good technical know-how on HIV in the workplace among project partners at national level, there was limited implementation capacity at enterprise level.

The key project activity of HIV education in the workplace was not yet entirely successful and, therefore, not yet sustainable. The project had a moderate positive impact on behaviour change as a preventive measure to HIV and AIDS among workers in the various workplaces, partially because the project was only effectively operational for two years and five months. The system should be rendered more coherent and activities intensified at the same target workplaces in order to ensure real

lasting impact. The Department of Occupational Safety and Health (DoOSH) assured that awareness raising activities at the Friendly Education Centre in Phnom Penh for workers who were undergoing a general health examination would continue into the future.

2.2 Lessons learned

- 1) Question of sustainability should be addressed from the very beginning of the project cycle.
- 2) Project design should lead to the sustainability of all major activities (essential HIV and AIDS workplace education activities, coordination, technical activities, and financial support) by the end of the project.
- 3) More attention should be paid to the actual implementation of the project activities at the workplace level.

Cambodia 2006-07

Outcome 3b.3: National plans for combating HIV and AIDS in the world of work.

Indicator 3b.3 (iii): HIV and AIDS policies and programmes are implemented at the workplace

IR Country (GB.301/PFA/2)	ILO output reported (GB.301/PFA/2)	Impact/result of output (GB.301/PFA/2)	DWCP Outcome (SMM)
Cambodia	HIV and AIDS Workplace Education Programme supported tripartite constituents between 2002 and 2007. This involved: mapping of existing policy, programmes and available resource material; development of country-specific performance monitoring plans; collection of baseline data; translation and dissemination of the ILO code of practice on HIV and AIDS; training of enterprise focal points; and establishment of enterprise HIV and AIDS action committees. The same activities took place for all countries in the programme.	Cambodia: Eight enterprises (tourism, manufacturing) are implementing workplace policies and programmes. National “parkas” (ministerial guidelines on HIV and AIDS) were developed. The parkas endorsed a legal framework to create HIV and AIDS committees in enterprises to prevent HIV and AIDS in the workplace.	

2008-09

Immediate Outcome 3d.1: Increase tripartite constituent capacity to develop policies and programmes that address the HIV and AIDS epidemic in the world of work and within the framework of the promotion of decent work.

Indicator 3d.1 (ii): Number of member States in which each tripartite constituent has a trained HIV and AIDS focal point, adopts a gender-sensitive HIV and AIDS workplace policy, and includes a funded time-bound implementation plan.

IR Country (GB.307/PFA/2)	ILO output reported (GB.307/PFA/2)	Impact/result of output (GB.307/PFA/2)	DWCP Outcome (SMM)
Cambodia	Provided support and organized training for focal points. Provided legal advice on drafting and adoption of gender-sensitive HIV and AIDS workplace policies and development of funded time-bound implementation plans. Helped raise over US\$70 million to support implementation of these plans.	Each tripartite constituent has a trained focal point, an HIV and AIDS policy and a time-bound plan.	

Desk country case study – China

Project time frame	Project code	Project title	Total allocation (US\$)
January 2007- August 2009	CPR/04/51/USA	HIV/AIDS Workplace Education Programme in China	3,481,621.00
	CPR/07/03/UNA	Reducing stigma and discrimination in health settings	79,967.00
	CPR/08/01/UNA	Strengthening trade unions' response to HIV/AIDS in the workplace in China	260,000.00

1 Overview of HIV in China

China is considered a low-HIV prevalence country with an estimated 0.1 per cent of adults living with HIV although an overall total of at least 700,000 people in the country are living with the virus. According to UNAIDS with the epidemic concentrated among at risk groups, particularly injecting drug users (IDUs). While the total population of female sex workers (FSWs) is relatively small, the number of male clients is far greater and may be as high as 37 million. Rural populations, the poor, and those living along transport routes are considered the most vulnerable groups. High-risk practices, a large migrant population, and stigma and discrimination, are among key factors that put China in danger of a broader epidemic. As of 2008, China had an estimated tuberculosis (TB) incidence of 97 new cases per 100,000 people, and it remains one of the world's 22 "high burden" countries for TB designated by the World Health Organization (WHO). Approximately 1.7 percent of new TB cases in 2008 occurred among people who are also HIV-positive. Although the current number of HIV-TB co-infections is relatively low, an increase could pose a challenge to providing treatment and care for both diseases in the future.⁷

Background and rationale for ILO's involvement

A key problem in China is that stigma and discrimination against people living with HIV/AIDS is widespread and is reportedly fuelling the spread of the epidemic. Discrimination and behaviour indicating stigma against people living with HIV in the workplace continues to exist. This is not only a human rights issue, stigma and employment related discrimination can also seriously hinder the success of Information, Education and Communication (IEC) and Behaviour Change Communication (BCC) programmes as the epidemic continues to spread into the general rural and urban populations.

Since 2002, and as a result of UNAIDS PAF project, the ILO has actively supported Ministry of Labour and Social Security (MOLSS), China Enterprise Confederation (CEC) and All China Federation of Trade Unions (ACFTU) through awareness raising, capacity building, research and policy development. The ILO *Code of Practice on HIV/AIDS and the world of work*, its training and educational manual and other materials have been translated into Chinese and distributed for workplace educators, employers and government officials. Currently there is stronger interest from multinational companies and international pioneer enterprises in developing HIV and AIDS workplace prevention programmes.

In light of the current government response to the epidemic, there is an increasing need for ILO constituents and Chinese enterprises and workers to join hands with existing national health and illness prevention efforts. As China has opened up to the world, the prevention and control of HIV

⁷ USAID, 2010 China HIV and AIDS Health Profile;
http://www.usaid.gov/our_work/global_health/aids/Countries/asia/china_profile.pdf

and AIDS in China can be seen as an integrated part of the worldwide campaign against HIV and AIDS.

In the context of the alarming HIV and AIDS situation in China, the ILO, with the support of the USDOL, and in consultation with the national partners, mainly the Ministry of Human Resources and Social Security (MOHRSS) and China Enterprise Confederation (CEC), formulated a three-year US\$ 3,481,621.00 project entitled “HIV/AIDS Workplace Education Programme” aimed at supporting their efforts to combat HIV and AIDS in the world of work, developing programmes in selected sectors and targeted enterprises, enhancing workplace protections against stigma and discrimination, and helping to increase worker access to prevention, care and support, and treatment services. The project sought to contribute to the prevention of HIV and AIDS in the world of work, the development of national policy on HIV and AIDS in the world of work, education and training of Chinese workers, enhancement of workers’ protection and the reduction of the adverse consequences of HIV and AIDS on social, labour, and economic development in China.

Consequently, the desk case study has concentrated on the ILO/USDOL International HIV/AIDS Workplace Education Programme in China and also draws information mainly from the 2009 Final Evaluation Report.

2 Conclusions and lessons learned

2.1 Conclusions

2.1.1 Role and relevance of the ILO’s “HIV and AIDS and world of work” strategy

The independent evaluation considered the project design as valid, logical and relevant to the situation in China. The evaluation confirmed that the project strategy was in line with national strategies on HIV, internal migration and non-discrimination including China Strategy on HIV control in the country. The project’s focus was set on internal rural to urban migrants, a group that had more than doubled in number between 2000 and 2007.

2.1.2 Contribution of ILO to:

- ***Development of national tripartite workplace policies on HIV/AIDS as part of the national AIDS response;***
- ***Enabling tripartite constituents to take significant action to implement HIV/AIDS programmes at workplaces.***

The independent evaluation considered the existence of national laws, regulations and policies as very important for the effective implementation of project actions at all levels. Improvements were observed in the national level legal framework related to HIV at the workplace with the passing of the Employment Promotion Law in 2008. The law is considered to have more authority than the existing regulation on AIDS and contains a clause guaranteeing the recruitment rights of people with infectious diseases which includes PLWHIV.

The evaluation confirmed that the project promoted the adoption and improvements of laws, regulations and policies at national level through advocacy with tripartite stakeholders. The evaluation did note that changing laws and regulations as well as the adoption of policies was a long process. The evaluation remarked that advocacy and technical support were provided for the adoption of “Provincial tripartite policies on HIV/AIDS” in the three project provinces of Guangdong, Yunnan and Anhui. Policies are based on the key elements of the ILO Code of Practice. Support was provided for the implementation of international labour standards through advocacy and technical support efforts on the ILO Code of Practice.

At the time the evaluation exercise was conducted, 15 pilot companies had passed workplace HIV policies to reduce discrimination, protect employment rights of people living with HIV and guarantee on-going prevention and health services referrals. Policy development was underway in 10 enterprises that joined the project in 2009. The independent evaluation confirmed the solid commitment and collaboration of labour and management of the enterprises, the employment agency and vocational schools visited.

As the evaluation report stated, advocacy and training were provided to tripartite partners so that they could support the development of workplace policies. Sensitization training, consultation for policy development and training for the labour inspection were provided to the representatives from the MoHRSS, the DoHRSS and Bureau of Human Resources and Social Security (BoHRSS). Similar training workshops were provided to the ninety-eight trade union representatives and the CEC assisted with the training for the employers.

2.1.3 Positioning of HIV and AIDS within the ILO Decent Work Country Programme

The independent evaluation observed that the project was also in support of the China Decent Work Country Programme. ILO's DWCP in China (2006-2010) incorporates HIV and AIDS in the workplace under Priority Three: The Extension and improvement of social protection. The National Regulations on Prevention and Control of HIV and AIDS requires taking action to educate all staff and employees of any kinds of organizations on knowledge, national and workplace policies and information and services available at localities and workplaces.

2.1.4 Effectiveness of technical interventions (Including partnerships and tools developed)

The independent evaluation confirmed the increased capacity of management to develop policies and supervise HIV programmes through training and/or face-to-face interactions and technical support with employers. The combination of training and face-to-face contact proved important to ensure increased commitment and capacity of managers. Company trainers and peer educators were trained to deliver programmes through formal training and informally outside of working hours.

Direct technical support was provided to all partners on policy development, advocacy, training methods, behaviour change communication (BCC) material development, dissemination of BCC in enterprises and public forums/ mass media and development of sustainable systems for the initiated actions. According to the evaluation, tripartite partners considered the methodology developed was effective and worthwhile to promote jointly. NGOs were also associated with the project. The initial entry into the enterprises was considered the main challenge for the project and its partners. Persistence, patience and support from partners helped overcome this obstacle. The evaluation stressed the need to continue to develop new BCC materials and approaches to avoid possible disinterest from continued exposure.

The evaluation report considered the internal structure of the enterprises as a sometimes challenging factor for the coordination of activities. A study of internal structures of enterprises was recommended to ensure that full and effective coordination was possible from the initial stages. The BCC model had two principal components, a mass media component that aimed to reach as many workers as possible with relevant messages and a more intensive training/peer education component. The evaluation noted the systematic, yet varied BCC approach that was adapted, depending on the situation in a given enterprise. The project was able to develop methods in accordance with the needs of the target groups in line with the sectors but also in accordance with the situation of different types of workers within enterprises.

Multiple stakeholders recognized the contribution of the BCC model to improve the ability to address other important issues with workers beyond HIV. The BCC model was solidly based in information

acquired from the baseline survey and mapping exercise but also on previous experience of project staff and partners. The evaluation noted that some agencies had learned other good practices through their association with the project such as how to develop and implement BCC models.

The evaluation confirmed the project's efforts to address gender issues by providing training on gender issues to some groups, providing online resources about male behaviours and how it put them and their sexual partners at risk. The evaluation also observed that the gender aspect could have been highlighted more strongly in different project components.

2.1.5 Coordination and management

The commitment of key stakeholders, including the Government of China, Employers' and Workers' organizations, enterprises, ILO, US Embassy, UNDAF Country Team, UNAIDS and NGOs was assessed as good. At the national level, the Government through the MoHRSS, SCAWCO and CDC and their corresponding agencies at provincial level, increasingly recognized the usefulness of the project and provided human resources for different aspects of project implementation. The project also distributed a booklet on the labour contract law for the other ILO China project that assisted in implementing the labour laws.

The independent evaluation noted the project's collaboration with the All China Federation of Trade Unions (AFCTU) to develop a plan to integrate HIV prevention and rights protection into routine union training programmes for workers. The evaluation reported on the ILO's support provided through HQ and the ILO office in Beijing.

The UNDAF country team cited the project under Focus Area 2 in the UNDAF cycle for China (2006-2010). The ILO was represented in UNAIDS through the China Joint United National Programme on AIDS. UNAIDS was in the process of developing a system to increase synergies and cooperation between UN programmes in the country that included the ILO. Hometown Fellows Campaign developed by the project to reach rural migrant workers using their own socio-cultural networks was highly appreciated.

The ILO supporting services provided from Geneva and the support from China office as well as from USDOL were assessed as good.

The evaluation noted the ILO's plans to extend effectiveness into the future through synergies created with other ILO programmes such as on Start and Improve Your Business (SIYB), OSH, and the project on non-discrimination that also included Hepatitis B discrimination.

2.1.6 Efficiency of operations

The independent evaluation confirmed the efficiency in terms of the results obtained in relation to the expenditure incurred and resources used by the project. In-kind contributions from different sources were received and investments in terms of human and other resources were made by most companies into the project initiated actions. The report considered the project-related activities conducted in a well-organized and timely manner. T

The evaluation assessed the cost/benefit ration as good in terms of the quality and quantity of materials developed and disseminated. The expenditure incurred was adequately justified and resources were spent as economically as possible. The issue of financial allocation was raised through the evaluation exercise as it was signalled that the financial regulations were not always in accordance with realities at the local level.

2.1.7 Results framework, monitoring and evaluation

The evaluation assessed the project's clear set of objectives and corresponding indicators of achievement. The monitoring system for collecting performance data was assessed as mostly appropriate to monitor the project implementation and measure of project performance.

Development and implementation of a baseline and end-line study as well as regular monitoring of project activities and outcomes were included in the PMP. The evaluation noted that some improvements should be made with regard to the baseline and end-line data collection for covering some issues such as condom use with different types of partners, in a more specific manner. The report considered it would have been more useful to include more qualitative aspects to the end-line survey to learn in greater detail which aspects were particularly effective.

The PMP system was not too detailed or insufficiently detailed. The lack of well-rounded monitoring system for the vocational training schools was considered a gap as this component was actually an add-on to the project.

Improvement was noted in terms of delegation and ownership of project efforts at the provincial level. Knowledge development on HIV and ILO regulations was confirmed at the project staff level, including the government staff delegated to the project.

Results framework:

In terms of the increased knowledge of HIV and AIDS workplace policy the evaluation observed that the awareness of having an HIV policy in the workplace had increased from 17.5% from the baseline survey to 77.7% in the end-line data collection. With regard to the reduced stigmas against PLWHA, the evaluation noted that the acceptance of people living with HIV increased from 7.6% in the baseline survey to 54.9% in the end-line survey.

Improved knowledge and attitudes related to HIV and AIDS risk behaviours were identified:

- Worker perceptions of their knowledge about HIV increased from 54% from the baseline survey to 78% in the end-line survey.
- Acceptance of condom use with all types of partners increased from 18.5% in the baseline survey to 46.5% in the end-line survey.
- Improvement was still needed regarding the reported condom use during casual or commercial sexual encounters.

2.1.8 Evidence of impact and sustainability of ILO's technical support in the form of improved policies, institutions, knowledge, tripartite processes and enterprise practices (also including attention to dissemination, visibility of ILO HIV in the world of work strategies, policies, actions, etc.)

Coordination and cooperation between tripartite constituents and other partners at national and provincial level was increased. The project fostered the involvement of the tripartite partners and promoted social dialogue, particularly on models to address HIV and decreasing stigma and discrimination. Involvement of workers organizations' involvement was considered most evident at local levels in project enterprises where trade union representative played key roles in policy development and as trainers.

The evaluation confirmed the establishment of a National AIDS Programme for Rural Migrant Workers with a functioning mechanism focused on those workers considered to be most at risk. The project had achieved wider impact because it had developed new and innovative strategies to reach beyond the targeted workplaces, such as through mass media efforts and training in additional government training institutions and an employment agency. The materials developed by the project were considered interesting and attractive and would likely contribute to sustained interest levels

although there is a need to develop new materials to strengthen the sustainability of the project and avoid disinterest. Project impact at the national level was considered substantial, but the need to further fine-tune the national policies was identified to ensure greater clarity with regard to HIV, stigma and discrimination.

The systems for collaboration between the tripartite partners and NGOs on HIV, stigma and discrimination and related issues were instituted and were likely to continue. Commitment from partners was recognized in terms of resource attribution to expanding impact in space and time and on-going support was requested from others. The evaluation considered the project to have good sustainability in terms of lasting effects after the termination of the project and the withdrawal of external resources. Commitment from the MoHRSS was identified with regards to support the sustainability efforts through:

- Promotion and application of laws, regulations and policies;
- Linkages with other MoHRSS;
- Continued capacity building of labour inspectors to encourage them to apply their knowledge on HIV in their work.

A sustainability plan was developed with input from all partners towards the middle of the implementation period and the plan was already carried out at the time of the evaluation exercise. The sustainability plan was extensive in prioritizing efforts that ensure the sustainability of action to meet the original objectives. The report recognized the importance of direct and concentrated advocacy and technical support for enterprises as a pre-requisite for ownership and sustainable success.

2.2 Lessons learned

- 1) It was not effective to limit the BCC methods to actions such as peer training given the sheer number of workers.
- 2) It was necessary to ensure that all actions were solidly integrated into existing training and education systems within the enterprises.
- 3) Include China Family Planning from project inception for technical support at the local level and tap into their network of peer educators who can work with workers in groups and individually.
- 4) Enterprises do not always send their senior staff members to attend workshops on awareness-raising despite the importance of support at senior level.
- 5) All actions need to be solidly integrated into existing training and education systems within the enterprises.
- 6) Senior peer influence is important to convince enterprises to participate in a programme on HIV.
- 7) High mobility of staff, including peer educators, means that systems need to be instituted to continually train new peer educators.

China

2006-07

Outcome 3b.3: National plans for combating HIV and AIDS in the world of work.

Indicator 3b.3 (iii): HIV and AIDS policies and programmes are implemented at the workplace

IR Country (GB.301/PFA/2)	ILO output reported (GB.301/PFA/2)	Impact/result of output (GB.301/PFA/2)	DWCP Outcome (SMM)
China	HIV and AIDS Workplace Education Programme supported tripartite constituents between 2002 and 2007. This involved: mapping of existing policy, programmes and available resource material; development of country-specific performance monitoring plans; collection of baseline data; translation and dissemination of the ILO code of practice on HIV and AIDS; training of enterprise focal points; and establishment of enterprise HIV and AIDS action committees. The same activities took place for all countries in the programme.	China: 11 enterprises implemented HIV and AIDS workplace policies or programmes, covering nearly 100,000 workers in the chemical, steel, mining and electricity sectors. Tripartite workplace policies put in place in Guangdong.	

2008-09

Immediate Outcome 3d.1: Increase tripartite constituent capacity to develop policies and programmes that address the HIV and AIDS epidemic in the world of work and within the framework of the promotion of decent work.

Indicator 3d.1.(i): Number of member States that integrate key principles of the ILO code of practice on HIV and AIDS and the world of work in their HIV and AIDS workplace policies.

IR Country (GB.307/PFA/2)	ILO output reported (GB.307/PFA/2)	Impact/result of output (GB.307/PFA/2)	DWCP Outcome (SMM)
China	Provided technical assistance to tripartite partners for policy development and capacity building and established programmes in companies, employment agencies and vocational schools.	China included funded world-of-work component in national AIDS strategy. Adopted workplace policies in two provinces to reduce discrimination and protect employment rights of people living with HIV.	√

Indicator 3d.1 (ii): Number of member States in which each tripartite constituent has a trained HIV and AIDS focal point, adopts a gender-sensitive HIV and AIDS workplace policy, and includes a funded time-bound implementation plan.

IR Country (GB.307/PFA/2)	ILO output reported (GB.307/PFA/2)	Impact/result of output (GB.307/PFA/2)	DWCP Outcome (SMM)
China	Provided support and organized training for focal points. Provided legal advice on drafting and adoption of gender-sensitive HIV and AIDS workplace policies and development of funded time-bound implementation plans. Helped raise over US\$70 million to support implementation of these plans.	Each tripartite constituent has a trained focal point, an HIV and AIDS policy and a time-bound plan.	

Indicator 3d.1 (iii): Number of member States in which at least 20 formal or informal workplaces provide HIV and AIDS prevention and information on treatment, care and support services to workers through bipartite HIV and AIDS committees that previously received training on policy formulation and programme design/implementation/monitoring or through partnerships with national AIDS authorities.

IR Country (GB.307/PFA/2)	ILO output reported (GB.307/PFA/2)	Impact/result of output (GB.307/PFA/2)	DWCP Outcome (SMM)
China	Provided peer education, information and referral for voluntary counselling and testing, as well as treatment and behavioural change strategies regarding HIV prevention.	China: 29 enterprises provided information on HIV and AIDS prevention, treatment, care and support services to workers in the sectors indicated: transport, consultancy, electric and heavy equipment, steel, mining, construction, retail.	

Immediate outcome 3d.2: Improve member State implementation of policies and programmes that address the HIV and AIDS epidemic in the world of work and within the framework of the promotion of decent work.

Indicator 3d.2 (i): Number of member States that either apply ILO technical assistance or tools to give effect to the principles of ILO standards, including the tripartite governance of social security schemes, or use of tools to increase administrative efficiency and effectiveness or to improve financial sustainability.

IR Country (GB.307/PFA/2)	ILO output reported (GB.307/PFA/2)	Impact/result of output (GB.307/PFA/2)	DWCP Outcome (SMM)
Benin, Cameroon, China, Ethiopia, India, Indonesia, Kenya, Malawi, Republic of Moldova, Mozambique, Nepal, Nigeria, Sri Lanka, Ukraine, Zimbabwe	Provided technical and financial support to establish public-private partnerships with large-scale enterprises and organized mass prevention campaigns to improve workers' knowledge of HIV and AIDS. Provided information, education, behavioral change programmes and assistance with referral services through the workplace. Provided technical guidance to develop bipartite HIV and AIDS committees and facilitated implementation of referral mechanisms designed with the ILO help to reach voluntary counseling and testing services, treatment for sexually transmitted diseases and anti-retroviral treatment services. Strengthened bipartite HIV and AIDS committees, with referral to health facilities; supported workplace programmes in the formal sector.	Workers in enterprises with ILO-supported HIV and AIDS programmes demonstrated increased knowledge as follows: <ul style="list-style-type: none"> • 250,163 workers agreed to go to public health facilities to undergo medical tests (in referral services); • 3,380 undertook voluntary counseling and testing to know their HIV status; • 4,211 peer educators were trained to conduct peer education; • 953 HIV focal points were appointed and trained to become HIV resource persons; • 109 labour judges were trained to review HIV-related employment cases; • 1,212 factory labour inspectors received training on HIV and AIDS and TB to be able to conduct labour inspections and monitor HIV-related labour regulation violations; • 58,931 workers demonstrated increased knowledge of HIV and AIDS, according to post-training impact assessment. 	√

Immediate outcome 3d.3: Increase the participation of employers' and workers' organizations in policy development and in accessing national and international funding.

Indicator 3d.3 (i): Number of member States in which employers' and workers' organizations actively participated in the drafting of national AIDS legal frameworks that integrate key principles of the ILO code of practice on HIV and AIDS and the world of work and in decision-making and delivery processes of national structures, including Global Fund Country Coordination Mechanisms.

IR Country (GB.307/PFA/2)	ILO output reported (GB.307/PFA/2)	Impact/result of output (GB.307/PFA/2)	DWCP Outcome (SMM)
China	Facilitated and supported participation of these organizations in decision-making and delivery process of the national AIDS authority.	China: China Enterprise Confederation and All-China Federation of Trade Unions participated in the national AIDS authority to include world-of-work component in national AIDS strategy, in addition to developing Yunnan provincial guidelines on HIV and AIDS in the workplace and Yu Cheng Shoe Company workplace policy on HIV and AIDS prevention. They also participated in the delivery process of the national AIDS authority.	

Desk country case study – India

Project time frame	Project code	Project title	Total allocation (US\$)
	IND/04/51/USA	HIV/AIDS workplace education programme in India (INT/04/20/USA)	1,522,849
January 2003-September 2009	IND/05/01/UNA	HIV/AIDS Prevention in the world of work: a tripartite response (Phase II)	147,301
	IND/08/02/UND	Preparatory assistance for development of a programme on mitigation and HIV programme	39,272
	IND/09/01/UND	Expanding HIV/AIDS interventions amongst the migrant workers in the Construction Sector in India	95,616
June 2001-December 2002	IND/00/51/USA	HIV/AIDS prevention in the world of work in India (Phase I)	413,116
	IND/03/02/UNF	Coordinated HIV/AIDS and STD Response through Capacity-building and Awareness (CHARCA)	61,744
	IND/03/04/UNA	Strengthening the capacity of ILO constituents and stakeholders including people living with HIV/AIDS to expand the word of work response to HIV/AIDS in India	134,090

1 Overview of HIV in India

The first HIV/AIDS case in India was identified in Chennai, the capital of Tamil Nadu state, in 1986. Twenty-four years later, 2.4 million Indians are living with HIV, according to an estimate from the National HIV Sentinel Surveillance (United Nations General Assembly Special Session [UNGASS], 2010). Between 2001 and 2009, however, HIV incidence fell by more than 25 percent, and estimated national prevalence remains below 1 %. This figure is significantly lower than previous estimates that used only sentinel surveillance data but is considered more accurate because it is based on a national household survey (National Family Health Survey, 2005–2006, [NFHS-3]). It is also supported by expanded national surveillance efforts, which estimate a national adult prevalence of 0.29 percent (UNGASS, 2010).

The epidemic is shifting from the most vulnerable populations (IDUs, FSWs, and MSM) to “bridge” populations, primarily migrant workers and truckers (UNGASS, 2010). HIV is becoming more common among women and rural inhabitants, who accounted for 39 and 67 percent of PLWHA in 2009, respectively. Historically, these groups have been more difficult to reach with public education campaigns, but awareness is on the rise. The NFHS-3 found that 61 percent of women ages 15 to 49 had heard of AIDS, compared with 84 percent of men. Smaller percentages (20 percent of women and 36 percent of men) had comprehensive, correct knowledge of HIV/AIDS.

Young women living in urban areas were more than twice as likely as those in rural areas to have comprehensive knowledge of HIV and AIDS. Only 40 percent of pregnant women knew that HIV can be transmitted from mother to child, and just 15 percent knew that taking certain drugs can reduce the likelihood of transmission. According to the World Health Organization (WHO), India is one of the world’s 22 high-burden countries for tuberculosis (TB), with 170 cases per 100,000 population in

2008. The HIV-TB co-infection rate of adults testing HIV positive among incident TB cases is 6.7 percent. HIV-TB co-infections pose a challenge to providing treatment and care for both diseases.⁸

Background information and rationale for the ILO's involvement

The project, "Prevention of HIV/AIDS in the World of Work: A Tripartite Response" was part of a US\$ 2 million grant awarded by the USDOL to the ILO between 2001-2005 to develop a programme for HIV and AIDS prevention education and workplace policy. Additional funds were provided through PEPFAR since FY 2006-2007 that enabled project's extension till September 2009. The project was implemented in three phases and was developed by ILO India in consultation with its tripartite constituents and National AIDS Control Association (NACO). The project was been implemented as a part of the International HIV/AIDS Workplace Education Programme, created by the ILO and the USDOL. Known as the Strategic HIV/AIDS Responses in Enterprises (SHARE), the project has been implemented in more than 700 enterprises in 24 countries.

The project focussed on establishing sustainable national action on HIV/AIDS prevention, care and support in the world of work. The objective of phase I of the project, implemented between June 2001 and September 2002, was to establish an infrastructure for mobilizing the tripartite partners for HIV and AIDS in the world of work and prepare a plan of action for the second phase. Phase II of the project, originally intended to be completed between January 2003 and December 2005 and extended into Phase II-B to continue till September 2009, sought to consolidate and build on effective strategies developed under the earlier project stage. More specifically, Phase II focuses on the implementation of a tripartite plan of action on HIV and AIDS prevention, care and support in the world of work in three selected states. The project has not yet ended and continues through 2011.

Consequently, the desk case study has concentrated on the Prevention of HIV/AIDS in the World of Work: A Tripartite Response project and draws information mainly from the 2008 Final Evaluation Report with support of the 2008 Cross-Country Study of the ILO/USDOL HIV/AIDS Workplace Education Program: Strategic HIV/AIDS Responses in Enterprises (SHARE).

2 Conclusions and lessons learned

2.1 Conclusions

2.1.1 Role and relevance of the ILO's "HIV and AIDS and world of work" strategy

The independent evaluation noted that the project was developed in support of the Indian Government's broad strategies to address HIV. The Government of India established NACO in 1992. The project started implementation under the second National AIDS Control Program, which began in 1999 and ended in 2006. The evaluation recognized the project's contribution to the NACP III by ensuring effective integration of HIV in the workplace. The role of the ILO was recognized by the NACO in having based the India's National AIDS Prevention and Control Policy on the ILO Code of Practice ("The ILO Code of Practice mirrors the vision and action statements in India's National AIDS Prevention and Control Policy", in the message of introduction to the Indian Employers' Statement of Commitment on HIV/AIDS). The report observed that although few other agencies had undertaken efforts that had affected the workers but these had not resulted in programmes that had been fully integrated into the workplace. The ILO project was considered to take the lead on efforts to address HIV in the workplace. It was equally noted that donors and NGOs sought and received technical input and support from the project.

2.1.2 Contribution of ILO to:

⁸ USAIDS, 2010 India HIV/AIDS Health Profile;
http://www.usaid.gov/our_work/global_health/aids/Countries/asia/india_profile.pdf

- ***Development of national tripartite workplace policies on HIV/AIDS as part of the national AIDS response;***
- ***Enabling tripartite constituents to take significant action to implement HIV/AIDS programmes at workplaces.***

The final evaluation considered strengthening national policy/legislative frameworks as key achievements of the project accomplished in the following ways:

- Advocacy services that influences the inclusion of statements related to HIV/AIDS in the world of work in national and ministerial HIV policy documents and national planning documents.
- Advocacy and facilitation for Indian Employers Statement of Commitment on HIV/AIDS (2006), a Joint Statement for Commitment on HIV/AIDS of the Central Trade Unions of India (2007), and endorsement of the ILO Code of Practice by the Indian Network of People Living with HIV and AIDS.
- Project team's support in consultations for the design of the NACP III.

The final evaluation of Phase II considered that a particularly strong point of the project was the creativity of both individual staff members as well as some of the project partners to adapt in accordance with realities and requests from the field. The project and its tripartite partners were seen as vocal and effective advocates on policy and legal framework development. The final evaluation of Phase II noted that the project developed a strong tripartite framework (called "tripartite plus" to recognize the involvement and contribution of representatives of PLHIV). The report considered the project as successful in building partnerships between NACO, the SACS, and the trade unions through pilot actions such as in Mumbai and in Kolkata. The report recognized the carefulness of the project about how to offer advice and opinions in order to gain true acceptance of the tripartite partners of the necessity to address HIV in the workplace.

The evaluation recognized the project's contribution to the adoption of a range of policies and strategies on HIV in the workplace. The ILO Code of Practice, endorsed officially by NACO in 2006, was considered one of the tools that were used to inspire and formulate a number of the policies. The report indicated that bureaucracy was the main challenge to passing additional laws and adopting policies. At the time of the evaluation exercise, a National Policy on HIV/AIDS and the World of Work was in the process of finalization. The ILO project facilitated the Indian Employers' Statement of Commitment on HIV/AIDS and was published on the NACO Website. A Joint Statement of Commitment on HIV/AIDS was adopted in 2007. The ILO Code of Practice was endorsed by the Indian Network of People Living with HIV/AIDS (INP+) as the key instrument for reducing HIV-related stigma and discrimination, and protecting rights of PLHIV at workplaces.

The report recognized the project and project stakeholders' contribution to the development of strategies for the NACP III. At the time of the evaluation exercise, a draft law on HIV was submitted to the government, but adoption procedures were still in progress. The project contributed to improved government capacities to implement HIV programmes in the workplace through technical support on linking strategies and mainstreaming. At the same time, it was concluded that technical support from the ILO, particularly to assist with scaling up efforts, was requested from the national-level decision-makers.

2.1.3 Positioning of HIV and AIDS within the ILO Decent Work Country Programme

The India Decent Work Country Programme (2007-2012) addresses HIV and AIDS in the workplace under Outcome 3: Social Protection policies/programmes formulated and progressively extended. According to the DWCP, constituents should have better access to knowledge/tools and mechanisms to address the expansion of social security, occupational safety and health, working conditions and formulation of HIV and AIDS workplace policies at national and enterprise levels.

2.1.4 Effectiveness of technical interventions (Including partnerships and tools developed)

The independent evaluation reported the gradual adjustment of the initial project design in accordance with field realities, new options, and funding availability. The design and strategic framework of the first phase was assessed as logical, coherent, and provided sufficient flexibility for later adaptations. The conceptual framework applied in the second phase allowed the project to continue to have the flexibility of a pilot project to experiment with and develop innovative approaches. The evaluation found that the design for Phase II applied innovative approaches including successfully promoting and integrating awareness-raising efforts and detailed information in training courses within the curriculum of national training institutes.

The evaluation considered that placing the HIV workplace thematic areas under the IEC component in NACO as limiting the outreach of the HIV workplace initiatives, since many more aspects than just the IEC needed to be addressed for effective impact. A broader approach to HIV in the workplace was applied under NACP III, but improvement was still needed. The project was implemented in both, formal and informal economies. The final evaluation reported the application of a series of different approaches in the formal sectors and considered the impact achieved in selected enterprises as good. As for the informal sector, a wide range of actions, directly or indirectly targeting HIV issues among workers in the informal economy, differed from the model applied with formal enterprises. The enormous geographic dimension and the wide diversity in ways of living and culture were considered the major challenges of reaching the informal economy worker. The evaluation found that the MOLE training institutes were not targeting the informal sector sufficiently and the project needed time to consolidate efforts already underway, ensure impact monitoring, and provide technical support for scaling-up.

The actual model used was considered by partners to be potentially very effective; but the need to substantially scale up the human and financial resources to effectively reach the informal economy in Delhi and the rest of the country was signalled. The evaluation considered the BCC model as an effective tool and the materials developed by the project were assessed as good in terms of quality and content. As in the case of Cambodia, the evaluation noticed lack of addressing other types of stakeholders in the SHARE BCC Toolkit and its primary orientation to HIV in the workplace for workers. The evaluation recommended the inclusion of advocacy materials and training for decision-makers in enterprises, government, employer and worker organizations, partner NGOs, and others in the toolkit. The evaluation considered the involvement of PLHIV as key and very effective, particularly with respect to stigma and discrimination. The qualitative assessment conducted in the formal sector confirmed the improvement toward PLHIV, stigma, and discrimination. The implementation of the corporate enterprise model through a series of steps was considered effective.

The final evaluation noted the project's shift of focus to increase national capacity strengthening policy, and strategy development from direct enterprise involvement in workplace interventions after the midterm review of the current project phase. At the same time, the cross-country study considered the project's involvement at the enterprise level as equally important and emphasized the need to maintain the interventions. The final evaluation observed that efforts that had been initiated at local level in a number of corporate groups were scaled up to reach other units in different parts of the country. The final evaluation considered that working directly with enterprises was useful to acquiring practical experience and field-level credentials. The report considered the training of master trainers among employers' and workers' organizations, as well as various government training departments, as a key project activity.

2.1.5 Coordination and management internally and with key UN and donor partners

The independent evaluation assessed the relationship between the project and PEPFAR as very good and productive. The ILO was recognized by different partners to have contributed in an effective way

by providing useful technical support through PEPFAR to designated partners. Stronger synergies could have been achieved with other ILO programmes, such as those on social protection, to further increase project's impact. The evaluation considered the ILO-USDOL cooperation as good.

The final evaluation noted the project's somewhat weaker performance in the area of promoting livelihoods, partially due to the lack of synergies with other projects with expertise in this area. The report did observe that project efforts were being made to strengthen this approach, and that PLHIV were integrated in the training and income-generating practices of the ILO-led Alternative Livelihood Programmes.

The progress report for the period March-August 2010 covered the project's contribution to the Joint UN plan on HIV and AIDS, compiled by UNAIDS and shared with the National AIDS Control Organization. The efforts of the Joint UN Team for HIV/AIDS in India towards a Joint UN response to HIV within the UNDAF framework was aimed at aligning with and reporting to the National AIDS Control programme and the UNDAF outputs. The final evaluation found that support on HIV in the world of work was not always provided by the State AIDS Control Society (SACS), particularly in places where no specialist was assigned to cover HIV in the workplace. The Progress Report for March-August 2010 noted the SACS' request for technical assistance from the ILO for the development of workplace interventions. The Progress Report for March-August 2010 reported the engagements between the ADB, UNAIDS and ILO for discussing the possibility of collaboration for a proposal on "Mobilizing Private Sector Response to HIV Prevention in North Eastern State Roads Investment Program", to be financed by the ADB's HIV/AIDS Cooperation Fund for Fighting HIV/AIDS in Asia and the Pacific. Preparatory work was undertaken by UNAIDS and proposal was submitted to NACO.

The ILO will likely have a role in the implementation of the world of work component of the proposal, as and when it is realised. The Progress Report reported that the proposal made by the Joint UN Team on HIV and AIDS to support the NACP through Joint action in thematic areas, was agreed on with NACO. Based on the mandate and expertise in the area, agencies would be able to access small funds for Joint UN action through UNAIDS and ILO was part of the discussions.

2.1.6 Efficiency of operations

The reported considered the cost-effectiveness of the project good with adequate budgets for the actions planned and the project able to prioritize their activities according to country needs. The evaluation confirmed an appropriate management approach with little staff turnover over the life of the project and recognized the project's flexible structure and management methods. This allowed it to address many specific requests from corporate groups for additional support, beyond its standard model. The final evaluation found the current design of interventions focused on organizations and government agencies at different levels but with an uneven coverage. The evaluation advised tailoring capacity strengthening to the local economic, socio-cultural and political situation and addressing gender issues, particularly women's rights.

The evaluation confirmed the project's shift from direct enterprise involvement in workplace interventions, as the mid-term evaluation had recommended, since continuing to place high focus on individual companies was determined to have become an inefficient use of further resources while well-functioning national structures were more important in the long term.

The final evaluation observed that the project's long duration allowed it the opportunity to study different approaches, identify a wide diversity of partners within the tripartite structure to work with, and consolidate its actions. Progress Report for March-August 2010 reported on securing additional funding from UNAIDS in November 2009 for scaling up work in the construction sector.

2.1.7 Results framework, monitoring and evaluation

Although the mid-term evaluation had considered the PMP as a generally good tool to monitor and track the project, the final report signalled the need for improvement. The evaluation suggested the reduction of indicators and sub-indicators to a series of core indicators to accurately reflect the key objectives. In addition, the core indicators should include some common indicators for cross-country comparison as well as others adapted to individual project needs. The inclusion of a post-project Project Monitoring Plan in any sustainability plan is needed to appropriate and implement relevant actions beyond the life of the project. The evaluation concluded that due to the high level of detail, the transition of the monitoring system to a national body might be difficult.

Additional monitoring was assessed as needed, preferably based within the workplace to help in monitoring of actual behaviour change. The evaluation noted that the PEPFAR funding allotted to the project on an annual basis did not facilitate good long-term planning. The report advised developing a multilayer funding mechanism or project to further upgrade, scale up and improve technical assistance of the project to PEPFAR and other partners.

The report considered the KABP study in the enterprises to be well worded and to have adequately covered the necessary issues. The final evaluation found the KABP studies conducted in the formal sector at the beginning of the project useful as an advocacy tool to convince management that a program on HIV is useful and should be supported. The project monitoring system was developed after the initial rapid assessment and, therefore, some indicators of the PMP were not measured in the baseline and a full comparison to all impact measures was impossible. The evaluation confirmed the implementation of the monitoring systems in the enterprises, but a great deal of follow-up and technical support was still necessary to ensure its efficiency.

The report assessed PEPFAR funding, channelled to the project through USDOL, as an effective mechanism. The evaluation determined that although the project was implemented in the informal economy and the interventions were of significant importance, the PMP did not include tracking of the activities carried out in this sector. The report also suggested higher consideration of gender issues in the design of baseline and impact studies, as well as in formative assessments.

Results framework:

- In 157 enterprise units across the country, the project reached 213,422 workers through the 12 corporate groups.
- The capacities of enterprises to offer comprehensive HIV policy, programmes, and services were strengthened through the training of 2,303 master trainers. The project worked with 67 state level enterprises, of which 16 groups developed their workplace policy and communicated it to their workers.
- The project supported a total of 466 enterprises in developing workplace policies, of which 139 developed policy as a result of technical assistance from the project.
- The project developed a training and advocacy package with unions, and 732 union representatives were trained as trainers/peer educators at national and state levels.

2.1.8 Evidence of impact and sustainability of ILO's technical support in the form of improved policies, institutions, knowledge, tripartite processes and enterprise practices (also including attention to dissemination, visibility of ILO HIV in the world of work strategies, policies, actions, etc.)

The evaluation considered that the overbearing government bureaucracy was one of the challenges for the scaling-up and sustainability of the project. The report recognized the project's contribution and participation in the development of a proposal to the Global Fund, part of which would aim at improving coverage and sustainability. The MOLE submitted its proposal for the Global Fund and was granted US\$ 35 million within the 9th Round. The final evaluation found evidence of the project's cost-effectiveness in the fact that it only provided technical support and materials in small quantities for actions and made internal financing of actions within most companies a precondition.

A sustainability plan was included from project inception, but given the size and complexity of the country, expected success in this area was not yet fully attained at the time of the evaluation. The report equally noted the acquisition of solid experience on developing HIV in the world of work actions through a wide range of mechanisms and institutions. Although a certain degree of ownership had been realized, more technical support would be needed according to the tripartite constituents. The evaluation confirmed project efforts to establish sustainability at the national level by supporting policy and strategy development, and capacity strengthening of the tripartite constituents and civil society partners; and through the implementation of sustainable programmes independently by companies at the enterprise level.

The evaluation found that technical support at the national level to MOLE, trade unions, and NACO would be required for approximately 5 more years for full sustainability and identified a need for a more gradual phasing out of the project. The project's policy to avoid funding the actions of tripartite partners and concentrate instead on the provision of technical support, training, and training materials was good. At the enterprise level, intensive work was conducted with each company for 2 years to provide technical support for the development of HIV programmes and after this period the project started to phase out its activities. The evaluation noted that all of the corporate groups associated with the project were still implementing their programmes.

The final evaluation found that, due to the country's size, the project still was not able to cover many states or covered them only indirectly. In 2009, The National Policy on HIV/AIDS and the World of Work⁹, a policy document formulated by the Ministry of Labour & Employment, was launched at 43rd Session of the Standing Labour Committee. The policy aims at preventing transmission of HIV infection amongst workers and their families; protect right of those who are infected and provide access to available care, support and treatment facilities, deal with issues relating to stigma and discrimination related to HIV/AIDS by assuring them equity and dignity at the workplace and ensure safe migration and mobility with access to information services on HIV/AIDS.⁹

The Progress Report for March-August 2010 confirmed wide dissemination of the National Policy on HIV/AIDS and the World of Work and setting in place a plan of action for implementation. The Report informed that a national steering committee with ILO's participation was being set up for guiding the policy implementation. The Progress Report indicated the plans of the ILO in consultation with its constituents, the MOLE, UN agencies and other partners to prepare a strategy to ensure sustainability and scale up support to NACO/SACS in effective integration of workplace programme interventions in the four phase of the National AIDS Control Programme (NACP-IV).

⁹ Press Information Bureau Government of India; MOLE Press Release of 30 October 2009; http://pib.nic.in/release/rel_print_page1.asp?relid=53728

2.2 Lessons learned

- 1) The large geographic dimension and the wide diversity in ways of living and culture were considered the major challenges for reaching informal economy workers. The actual model used was potentially very effective but the need to substantially scale up the human and financial resources to effectively reach the informal economy was signalled.
- 2) The evaluation considered the involvement of PLHIV as key and very effective, particularly with respect to stigma and discrimination.
- 3) It is useful for the ILO to also do at least some work directly with enterprises to acquire practical experience and field-level credentials prior to providing technical support to state and national stakeholders.
- 4) Stronger synergies can be achieved with other ILO programmes, such as those on social protection, to further increase project impact.

India

2006-07

Outcome 3b.3: National plans for combating HIV and AIDS in the world of work.

Indicator 3b.3 (iii): HIV and AIDS policies and programmes are implemented at the workplace

IR Country (GB.301/PFA/2)	ILO output reported (GB.301/PFA/2)	Impact/result of output (GB.301/PFA/2)	DWCP Outcome (SMM)
India	HIV and AIDS Workplace Education Programme supported tripartite constituents between 2002 and 2007. This involved: mapping of existing policy, programmes and available resource material; development of country-specific performance monitoring plans; collection of baseline data; translation and dissemination of the ILO code of practice on HIV and AIDS; training of enterprise focal points; and establishment of enterprise HIV and AIDS action committees. The same activities took place for all countries in the programme.	India: 16 enterprises implemented HIV and AIDS workplace policies or programmes. Ten corporate groups are implementing HIV and AIDS programmes in their multi-location worksites. A joint Employers' Statement of Commitment is being promoted by employers' organizations.	

2008-09

Immediate Outcome 3d.1: Increase tripartite constituent capacity to develop policies and programmes that address the HIV and AIDS epidemic in the world of work and within the framework of the promotion of decent work.

Indicator 3d.1.(i): Number of member States that integrate key principles of the ILO code of practice on HIV and AIDS and the world of work in their HIV and AIDS workplace policies.

IR Country (GB.307/PFA/2)	ILO output reported (GB.307/PFA/2)	Impact/result of output (GB.307/PFA/2)	DWCP Outcome (SMM)

India	Organized consultations with employers' and workers' organizations to generate inputs on national policy.	India adopted national policy on HIV and AIDS at the workplace.	
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Indicator 3d.1 (ii): Number of member States in which each tripartite constituent has a trained HIV and AIDS focal point, adopts a gender-sensitive HIV and AIDS workplace policy, and includes a funded time-bound implementation plan.

IR Country (GB.307/PFA/2)	ILO output reported (GB.307/PFA/2)	Impact/result of output (GB.307/PFA/2)	DWCP Outcome (SMM)
India	Provided support and organized training for focal points. Provided legal advice on drafting and adoption of gender-sensitive HIV and AIDS workplace policies and development of funded time-bound implementation plans. Helped raise over US\$70 million to support implementation of these plans.	Each tripartite constituent has a trained focal point, an HIV and AIDS policy and a time-bound plan.	

Indicator 3d.1 (iii): Number of member States in which at least 20 formal or informal workplaces provide HIV and AIDS prevention and information on treatment, care and support services to workers through bipartite HIV and AIDS committees that previously received training on policy formulation and programme design/implementation/monitoring or through partnerships with national AIDS authorities.

IR Country (GB.307/PFA/2)	ILO output reported (GB.307/PFA/2)	Impact/result of output (GB.307/PFA/2)	DWCP Outcome (SMM)
India	Provided peer education, information and referral for voluntary counselling and testing, as well as treatment and behavioural change strategies regarding HIV prevention.	India: 175 enterprises provided information on HIV and AIDS prevention, treatment, care and support services to workers in the sectors indicated: cooperatives and public sector coal companies.	

Immediate outcome 3d.2: Improve member State implementation of policies and programmes that address the HIV and AIDS epidemic in the world of work and within the framework of the promotion of decent work

Indicator 3d.2 (i): Number of member States that either apply ILO technical assistance or tools to give effect to the principles of ILO standards, including the tripartite governance of social security schemes, or use of tools to increase administrative efficiency and effectiveness or to improve financial sustainability.

IR Country (GB.307/PFA/2)	ILO output reported (GB.307/PFA/2)	Impact/result of output (GB.307/PFA/2)	DWCP Outcome (SMM)
Benin, Cameroon, China,	Provided technical and financial support to establish public-private partnerships with large-	Workers in enterprises with ILO-supported HIV and AIDS programmes demonstrated increased knowledge as follows:	

Ethiopia, India, Indonesia, Kenya, Malawi, Republic of Moldova, Mozambique, Nepal, Nigeria, Sri Lanka, Ukraine, Zimbabwe	scale enterprises and organized mass prevention campaigns to improve workers' knowledge of HIV and AIDS. Provided information, education, behavioral change programmes and assistance with referral services through the workplace. Provided technical guidance to develop bipartite HIV and AIDS committees and facilitated implementation of referral mechanisms designed with the ILO help to reach voluntary counseling and testing services, treatment for sexually transmitted diseases and anti-retroviral treatment services. Strengthened bipartite HIV and AIDS committees, with referral to health facilities; supported workplace programmes in the formal sector.	<ul style="list-style-type: none"> • 250,163 workers agreed to go to public health facilities to undergo medical tests (in referral services); • 3,380 undertook voluntary counseling and testing to know their HIV status; • 4,211 peer educators were trained to conduct peer education; • 953 HIV focal points were appointed and trained to become HIV resource persons; • 109 labour judges were trained to review HIV-related employment cases; • 1,212 factory labour inspectors received training on HIV and AIDS and TB to be able to conduct labour inspections and monitor HIV-related labour regulation violations; • 58,931 workers demonstrated increased knowledge of HIV and AIDS, according to post-training impact assessment. 	
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Immediate outcome 3d.3: Increase the participation of employers' and workers' organizations in policy development and in accessing national and international funding.

Indicator 3d.3 (i): Number of member States in which employers' and workers' organizations actively participated in the drafting of national AIDS legal frameworks that integrate key principles of the ILO code of practice on HIV and AIDS and the world of work and in decision-making and delivery processes of national structures, including Global Fund Country Coordination Mechanisms.

IR Country (GB.307/PFA/2)	ILO output reported (GB.307/PFA/2)	Impact/result of output (GB.307/PFA/2)	DWCP Outcome (SMM)
India	Provided technical assistance.	Employers' and workers' organizations actively participated in the drafting of national HIV and AIDS legal frameworks and in the decision-making and delivery processes of national bodies	

Desk country case study – Paraguay

Project time frame	Project code	Project title	Total allocation (US\$)
22/01/2007-30/0/2009	PAR/06/50/OPE	Paraguay: HIV/AIDS workplace programmes and policies	US\$ 159 028,00
01/10/2009-30/06/2011	PAR/09/51/OPE	Fortalecer las respuestas al VIH/SIDA en el mundo del trabajo en Paraguay: Reducir las vulnerabilidades asociadas al VIH y contrarrestar la discriminación dentro del sector transporte	US\$ 110 000,00

1 Overview of HIV in Paraguay

At the end of 2005, UNAIDS estimated that there were 13,000 people in Paraguay living with HIV. HIV prevalence among adults aged 15 to 49 is 0.4% (UNAIDS, 2006). Over the past 25 years, sexually transmitted infections and HIV prevalence have increased among pregnant women and female sex workers, and the HIV prevalence among men who have sex with men has remained high (12%). Factors such as migration to neighbouring high-prevalence countries, increased drug injection use, earlier first sexual encounters, and difficulty to access healthcare have greatly affected the course of the HIV epidemic in Paraguay.¹⁰ Since the notification of the first AIDS case in the country in 1985 until December 2008, 4,501 cases of HIV and 2,302 cases of AIDS have been registered. During 2009, an average of 70 people living with HIV has been registered per month. All regions of Paraguay have reported HIV/AIDS cases with majority concentrated in the capital of Asunción, in the Central region and along the border regions with Argentina and Brazil (78.8%).

Paraguay continues to face severe problems with homophobia and transphobia, with discriminatory information campaigns run by some non-governmental organizations aimed against men (MSM) having sex with men and attacks on MSM's basic human rights. Since it has been observed that greater HIV incidence occurs in the regions considered strategic for the transport sector, the truck drivers and the communities they interact with remain one of the most vulnerable groups. Given this context, these vulnerable groups have little chance to receive help in their workplace or information on HIV prevention.

Background and rationale for ILO's involvement

Since 2007, Paraguay has been included in the ILO's inter-regional project on HIV/AIDS aimed at initiating policy development and HIV workplace interventions including awareness-raising, sensitization, and capacity development targeting employers and workers. The ILO's assistance in a 12 country programme has been funded jointly by the OPEC Fund for International Development (OFID) and the ILO. Phase II of the project in Paraguay has initiated in 2009 and builds on the experience and achievements of the previous assistance.

Consequently, the desk review case study has concentrated on the ILO interventions in Paraguay covered by the OFID funding and draws information mainly from the final project report of phase I. Observations, where applicable, have also been formulated in terms of the on-going project (Phase II), mainly to monitor the impact the previous assistance and to verify whether coherence between two projects has been secured.

¹⁰ Implementing the UN Learning Strategy on HIV/AIDS: Sixteen Case Studies; UNAIDS; March 2007

Phase I of the OFID funded assistance in Paraguay was a three year (2007-2009) US\$ 159 028,00 project that sought to initiate policy development and HIV workplace intervention including awareness-raising, sensitization, and capacity development targeting employers and workers within the transport sector. Building upon the foundations and lessons learned from Phase I, the second phase is a two year (2009-2011) US\$ 110,000 project that focuses on building knowledge to design evidence-informed interventions in policy-strengthening and capacity improvement through tripartite partnerships. The emphasis is on reducing HIV and TB vulnerabilities and combat discrimination and homophobia in the transport sector.

Phase I of the project was aimed at obtaining commitment from the national tripartite constituents to include the world of work dimension in the national fight against HIV and AIDS in order to reduce discrimination in the workplace against people infected and affected by HIV and AIDS within the transport sector. In the process of achieving this development objective, the project had two immediate objectives:

- Increase the level of awareness of the impact of HIV and AIDS in the workplace and knowledge on how to support the initiative of non-discrimination and assist people infected and affected by HIV and AIDS among men and women at the top management level and persons in charge of training at the union level (Immediate Objective 1).
- Disseminate the same information on the impact of HIV and AIDS in the world of work, among members and affiliates of organizations by the trained trainers at the industry level and in the enterprises selected as well as by the labour inspection personnel.

The project focussed on the transport sector because it had not yet been included in the national HIV and AIDS programmes. Because of the nature of their work, the workers in the transport sector are highly exposed to risk behaviours arising from being separated from their families. At the same time, the high mobility of the workers would facilitate the dissemination of information and prevention messages across the national territory.

The original project document for Phase I predicted final evaluation at its end, but this has not taken place. The final evaluation of the projects covered by the OPEC umbrella included only three countries, Bolivia, Senegal and Sierra Leone.

2 Conclusions and lessons learned

2.1 Conclusions

2.1.1 Role and relevance of the ILO's "HIV and AIDS and world of work" strategy

Phase I of the project proved relevant as it filled the gap in the national HIV/AIDS strategy by addressing the issue of discrimination in the world of work within the transport sector, dominated by men in general and more susceptible to the risk of HIV/AIDS infection than others. Tripartite constituents appreciated the potential of such a project as it allowed them to improve their leadership skills. Mainstreaming the topic of HIV/AIDS non-discrimination provided the incentive for further discussions within the framework of the ILO's other pillars and ultimately to fulfil the principles of the Decent Work Country Agenda. The beginning of the project also coincided with the formulation of a new Strategic Plan for the Fight against HIV/AIDS till 2011 and resulted in the inclusion of a labour dimension in the area of public policies.

With the new government and significant political changes in Paraguay, the project served to bring together the new and old officials to acknowledge that there was limited information available and that there was a need to develop skills, improve attitudes and adapt formal instruments for a proper treatment of various issues that arise in the workplace, particularly with regard to HIV and AIDS stigma and discrimination.

Since the project objectives and design were considered appropriate for Phase I of the project, a similar approach was applied for the on-going phase. At the same time, it was determined that a better adjustment between objectives and strategy in Phase II of ILO's assistance could increase efficiency and sustainability of the project.

2.1.2 Contribution of ILO to:

Development of national tripartite workplace policies on HIV/AIDS as part of the national AIDS response;

- ***Enabling tripartite constituents to take significant action to implement HIV/AIDS programmes at workplaces.***

Phase I of the project filled the gap in the national HIV/AIDS strategy by addressing the issue of discrimination in the world of work within the transport sector, dominated by men in general and more susceptible to the risk of HIV/AIDS infection than others.

The project proved to be highly effective, judging by the achievement of expected outputs and planned activities; most were completed within the assigned time-frame and allocated resources. With the applied principles of the strategic management, the Phase I of the project managed to achieve its expected outputs and objectives, even if coordination or organizational problems occurred in carrying out the scheduled activities. In such cases, some activities were replaced by others seeking to achieve the same objective or were rescheduled.

Phase I of the project contributed to several achievements, including:

- Mainstreaming the issue of HIV/AIDS in the workplace among the key tripartite constituents;
- HIV/AIDS awareness raising and information dissemination among the key tripartite constituents about the impact of HIV/AIDS in the workspace and relevant measures to mitigate the impact;
- Strengthening capacities of trainers at each level (business unions, labour unions, Ministry of Justice and Labour) to provide sensitization and learning sessions on HIV/AIDS prevention and control in the workplace;
- Knowledge development and trainings programmes on HIV/AIDS-related issues (transmission modes, prevention in the workplace and non-discrimination against people infected and living with HIV/AIDS in the workplace) provided to directors and workers in the selected companies from the transport sector;
- Development of HIV/AIDS workplace policies and programmes in several companies in the transport sector and the Vice-Ministry of Labour;
- First publication on labour standards prepared by the Ministry of Justice and Labour; Integration of important provisions on workplace and non-discrimination into the 2009 AIDS Law;

Tripartite constituents and national key stakeholders recognized results achieved within Phase I of the project and requested broader inclusion of potential public beneficiaries.

For the Phase II of the project, the means and resources used have proved sufficient to reach the proposed objectives as well as those still in progress. As in the case of Phase I, the transport unions had the greatest participation. So far, the major achievements reported under phase II of the project include:

- “Model” of workplace policy drafted, drawing on the ILO's new Recommendation No.200 (awaiting adoption/ preparatory stage);
- Signing of the “Declaration of tripartite interest for the development of a policy on HIV and AIDS in the area of work of transport companies in Paraguay” by the tripartite partners as the commitment for creating an actual HIV policy for the transport sector during first half of 2011;

- Draft of the HIV strategy including components to combat homophobia within the transport sector prepared;
- Specialized training for truck drivers on HIV and homophobia in three hot-spots and lessons learned incorporated into the training materials to be replicated at a higher level;
- Training and educational materials prepared and awaiting finalization;
- Participation of the tripartite constituents in the preparation of the UNGASS Report in Paraguay to increase the visibility of the HIV and AIDS in the workplace initiative;
- Survey on sexual behaviour, HIV and homophobia for long-distance truck drivers (“Vida de Camioneros”);
- Draft training materials on preventing HIV and combating homophobia developed for long distance truck drivers.

2.1.3 Positioning of HIV and AIDS within the ILO Decent Work Country Programme

The “Tripartite Agreement: National Programme for Decent Work: Assistant for the better application of labour standards”, adopted in 2009, spells out clear role for the ILO’s action on HIV and AIDS in Paraguay within section 4 on “Support for better implementation on labour norms”:

“Regarding fundamental rights of people living with HIV in the workplace, the ILO will continue to disseminate information regarding the rights of people living with HIV and AIDS, as much inside and outside workplaces, to reduce dissemination towards infected and affected persons”.

2.1.4 Effectiveness of technical interventions (Including partnerships and tools developed)

Within Phase I of the project, a high level of disinformation concerning the HIV/AIDS in the workplace-related issues has been registered. Special attention and additional time were, therefore, paid to basic concepts such as sexuality and workers’ rights.

In addition, a general low level of knowledge registered in terms of the ILO, its mission, role and mode of operations with tripartite constituents made the establishment of potential partnerships and joint cooperation was identified. The ILO’s sub-regional office addressed this issue by sending its experts to raise project awareness and improve its institutional positioning. Some stakeholders suggested that consultants and organizations should be included to develop their interest and draw attention about the ILO in general, its principles, methodologies, HIV workplace policies and programmes, as well as the Recommendation no. 200.

Knowledge development among the key beneficiaries proved to be efficient as it allowed anchoring Phase I of the project in each of the workplaces concerned. In Phase II of the project, a survey on knowledge, attitudes and behaviour of long-distance truck drivers was carried out in the first half of 2010 and drew on interviews with truck drivers, Government representatives, and experts from the tripartite partners.

The data collected in the survey has been used to support the development of educational materials, the policy and the strategy to combat HIV-related discrimination and homophobia. In addition, upon the request of the tripartite partners, the ILO launched the piloted version of educational and training materials for the transport workers in mid-2010 and the final draft will be available by the second semester of 2011. These training materials, designed in a user-friendly manner, have been prepared in a language that fits the context of the transport sector.

The survey on knowledge, attitudes and behaviour of long-distance truck drivers was the first of its kind in the country. According to the Ministry of Justice and Labour, the National Programme for the Control of STDs and HIV from the Ministry of Health and the specialized institutions that were

consulted, it will be the reference point for later studies, as it is the first significant sample of adult males from the general population on HIV, discrimination and homophobia. The initiative has generated a great deal of interest from other agencies such as from the United Nations Thematic Group in Paraguay. It has resulted in a Letter of Understanding between the ILO and UNFPA for the coordination between the two agencies. Moreover, UNFPA has carried out a complementary survey focused on sex workers that principally service transport sector workers in or near “hot-spots” where there is a concentration of truck drivers. In addition, innovative educational materials on HIV/AIDS for truck drivers have been created and training programmes at key areas of the country for this important group of workers have been carried out.

2.1.5 Coordination and management internally and with key UN and donor partners

The National Project Coordinator (NPC) coordinates the project in cooperation with the ILO’s country tripartite constituents, co-sponsor organizations of UNAIDS in Paraguay and organizations of People Living with HIV. A Tripartite Support Group (TGA) has been established to support the project by exchanging and disseminating information. Project document for Phase I assumes collaboration and synergies with other ILO’s projects in Paraguay as well as projects implemented by co-sponsors of UNAIDS and other relevant initiatives conducted at national level.

The ownership of the project has been assumed mostly by the transport unions, government and to a lesser extent, by the business sector represented in the Tripartite Support Group (TAG). This has contributed to better coordination of the project and more efficient allocation of available resources. The study undertaken within Phase II of the project has generated a great deal of interest from other agencies from the United Nations Thematic Groups in Paraguay, resulting in a Letter of Understanding between the ILO and UNFPA for the coordination between the two agencies. Moreover, UNFPA has carried out a complementary survey focused on sex workers that principally service transport sector workers, in or near “hot-spots” where there is a concentration of truck drivers. During the first half of 2011, the ILO will cross-reference the data from both surveys, and it plans to present a joint publication of the results.

2.1.6 Efficiency of operations

The resources allocated were used in a rational manner to reach the set objectives and goals. With the reasonable use of resources provided by the project and ILO/AIDS, the project completed other relevant activities. The actual availability of resources was minimal in the second year of Phase I of the project, yet progress was registered despite a decrease in pace. Special attention was paid to avoid unnecessary overlaps and changes which would result in extra costs. Savings were achieved in some cases thanks to coordination with the beneficiary institutions or other partners, especially in the first and second year of the project.

Time has been identified as a limiting factor for implementing the project according to the schedule, as each organization had its own agenda which was not always compatible with the project. Consequently, activities thought to be conducted simultaneously (such as training in enterprises) had to be completed one by one at the time requested by the enterprises. However, the project managed to use the specific time slots to implement different activities and to focus more on the sensitization activities for the top management and directors of the selected organizations.

The project management was decentralized at the ILO’s sub-regional office in Santiago. During phase II, the project faced the challenge of scarcity of consultants/organizations within Paraguay having the capacity to carry out a number of the planned activities. This was the case with the sexual behaviour survey and the HIV training for truck drivers. These challenges were, however, resolved through good communication and partnership between ILO/AIDS-Geneva, ILO-Santiago and ILO staff in Paraguay.

The project document for Phase II differs significantly from Phase I in terms of addressing ILO's P&B immediate objectives and indicators for 2009-2010. Phase II of the project has been formulated in relevance with 2010-2011 P&B Outcome 8 and project's immediate objectives have been captured under indicators 8.1 and 8.2.

2.1.7 Results framework, monitoring and evaluation

An Intervention Logic (logframe) was included in the project document for Phase I with specified targets, results and performance indicators. The Final Report, however, made no attempt to analyse the M&E framework apart from the narrative reporting the results against the targets planned. The document indicated that progress reporting activities were conducted through emails and meetings of the PAB (Grupo del Apoyo al Proyecto). Information was also broadcast through radio and the press. Progress Report for Phase II covering the period from September 1, 2009 to December 31, 2010, differs in terms of the template applied. Although an evaluation exercise was not conducted for Phase I of the project, a final report was prepared and progress has been monitored for the on-going project through progress reports. As previously mentioned, the Progress Report for Phase II has monitored progress in a much more comprehensive way in reporting on progress towards ILO's immediate objectives and indicators for 2009-2010; DWCP immediate outcomes and priorities, ILO common principles of action, as well as a detailed analysis of progress against project objectives/outcomes.

2.1.8 Evidence of impact and sustainability of ILO's technical support in the form of improved policies, institutions, knowledge, tripartite processes and enterprise practices (also including attention to dissemination, visibility of ILO HIV in the world of work strategies, policies, actions, etc.)

Although the project documents do not address the issue of sustainability, various activities were completed and delivered sustainable project results. Inclusion of the world of work dimension in the national legislation on HIV/AIDS, enhanced cooperation between agencies and institutions supporting the national response to HIV/AIDS in Paraguay, or mobilization of local resources to further develop HIV/AIDS workplace programmes, serve as an example for confirming sustainability of the project.

The HIV/AIDS workplace programmes have used the already existing structures. It would be possible to support these initiatives in the future with available resources and minimum investments, on the basis of the capabilities developed within the company, union or institution. This would ensure the sustainability of the initiatives and its effects.

Since the second half of 2008, time and efforts have been invested to mobilize local resources that could prolong and expand the project, as requested by constituents. In addition, in the second semester of 2010, the project requested a no-cost extension, in order to provide training to its tripartite partners, particularly members of the Ministry of Justice and Labour, as a way to ensure sustainability.

In addition, several HIV/AIDS in the workplace-related activities aimed at sensitization and information dissemination have been included in the project funded by GFATM Round 8.

Within phase II of the project, increased partner awareness has been observed and the capacities of the sector to continuously implement HIV projects and programmes in the workplace stimulated. Tools for information dissemination and the promotion of positive behaviour and strategy information have been provided. It has been equally observed that in a few cases SME union leaders did not feel capable to replicate the learnt concepts within their organizations and requested ILO's assistance.

2.2 Lessons learned

- 1) Commitment from the highest leaders at business, union and government levels and their knowledge is important for the presentation of the project, but it is not sufficient to ensure the implementation and sustainability of actions within every institution. It is the knowledge and commitment from the lower management leaders that would ensure the empowerment of the project in the area concerned.
- 2) Achieving the targets set for the first phase of the project was partly due to the enthusiasm and confidence that the project will result in positive changes for the environment, demonstrated by key people in each sector.
- 3) Objections to the project faded fast as it was shown that, despite its ambitious scope, the project did not add complexity to everyday tasks and was implemented in a simple manner.
- 4) Stakeholders' expectations should be framed within the boundaries of the project, but included in a long-term vision. Achievements and short-term results must be shared with key players and a "post-project" stage must be designed so that the target groups can take care of the project ownership and the continuity of project objectives.
- 5) Dealing with personal beliefs and prejudices as a starting point has created a greater openness to the topic, better perception of risk and, in particular, the effects of discrimination. The need to incorporate a gender module, mainly in the training of peer trainers and key allies has been identified, since most of the population are men and gender is the base to understand homophobia, transphobia and HIV transmission.
- 6) Despite the interest and support the project received from the tripartite constituents, it is still a challenge to integrate the world of work into the national HIV/AIDS response which remains very focused on Most-at-Risk Groups, without a full understanding of "bridging populations" such as highly mobile workers. The HIV/AIDS epidemic and the national response do not constitute the priority for the national agenda. Consequently, the supporting leaders are too busy with other urgent issues on the national agenda to dedicate much of their time and resources to focus on the HIV/AIDS in the workspace dimension.
- 7) The project made many important advances, such as safeguarding workers' rights within the new national AIDS law, and this raised the visibility of the ILO's work, but challenges remain. It will be important to accompany the tripartite partners as they seek consensus on and finalize the draft policy on HIV and transport during 2011, as this will serve as a framework for further action- most importantly HIV education- at the enterprise level.

Paraguay

2006-07

Outcome 3b.3: National plans for combating HIV and AIDS in the world of work.

Indicator 3b.3 (iii): HIV and AIDS policies and programmes are implemented at the workplace

IR Country (GB.301/PFA/2)	ILO output reported (GB.301/PFA/2)	Impact/result of output (GB.301/PFA/2)	DWCP Outcome (SMM)
Paraguay	Information and sensitization activities provided to section directors, chiefs of justice, labour ministry and national and local employers' and workers' organizations in the transport sector and the Global Compact group. Organized training workshops for peer educators.	Paraguay: Implementing workplace policies and programmes in three transport companies.	

Desk country case study - Senegal

Project time frame	Project code	Project title	Total allocation (US\$)
October 2006- April 2008	RAF/06/51/OPE	Guinea, Guinea-Bissau & Senegal: HIV/AIDS workplace policies and programmes	US\$ 432 852,00
October 2009- December 2011	SEN/09/50/OPE	Senegal - Strengthening the world of work response on HIV/AIDS: AIDS Capacity building and Technical Support (ACTS)	US\$ 240 000,00

1 Overview of HIV in Senegal

Despite the fact that Senegal constitutes one of the poorest countries in the world, it is considered to be one of the world's success stories in HIV prevention. Several factors can be mentioned to explain Senegal's success at maintain low overall prevalence, including strong political leadership, early involvement and leadership among religious leaders, conservative cultural norms regarding sexual practices, and a comprehensive strategic approach implemented in the early epidemic.

Challenges to continued success in containing the epidemic do, however remain, including population movement across borders, early sexual behaviour, and high HIV prevalence among sex workers and MSM. Moreover, a large proportion of MSM also have sex with women, thus providing a bridge of transmission to the general population. In 2002, 88 percent of MSM in Dakar reported having had vaginal sex, according to UNAIDS. Lack of knowledge about HIV status is another concern; less than 2 percent of individuals know their serological status, according to Senegal's 2008 UNGASS report.¹¹

Background and rationale for ILO's involvement

Since 2006, Senegal, covered under the Sahel sub-region component, was included in the ILO's inter-regional project on HIV/AIDS aimed at initiating policy development and HIV workplace interventions including awareness-raising, sensitization, and capacity development targeting employers and workers. The ILO's assistance in a 12 country programme has been funded jointly by the OPEC Fund for International Development (OFID) and the ILO. Consequently, the desk review case study has concentrated on the ILO interventions in Senegal covered by the OPEC funding and drew information mainly from the 2009 independent evaluation of the phase I of the project in Senegal, Bolivia and Sierra Leone.

The sub-Sahel component of the Phase I was a three-year US\$ 430,000 that covered three countries – Guinea, Guinea-Bissau and Senegal. The project in Senegal started in October 2006 and ended in April 2008. The project sought to strengthen the awareness, technical capacity and institutional capabilities of the government and the workplace partners to support the development and effective implementation of HIV/AIDS workplace policies and programmes. Main immediate objectives were as follows:

- Assess HIV and AIDS impact in the world of work and develop a plan of action;

¹¹ USAID Senegal HIV/AIDS Health Profile; September 2010;
http://www.usaid.gov/our_work/global_health/aids/Countries/africa/senegal.pdf

- Advocate with ILO constituents, including political authorities and senior managers in the private sector, to ensure their commitment to the fight against HIV and AIDS and to the development of HIV and AIDS workplace programmes;
- Build the capacity of resource persons within social partners and government's structures to design and manage programmes on HIV and AIDS prevention and care in the world of work;
- Support the negotiation of a policy on HIV and AIDS between employers' and workers' organizations in order to put in place an adequate framework on HIV and AIDS response in the world of work.

Phase I of the project in Senegal was based on the tripartite constituents' needs and played an important role in shaping the HIV and AIDS response in the work of Senegal. The ILO, with its institutional knowledge and expertise, supported mainstreaming HIV/AIDS among all the constituents. The Office provided its technical and legal advisory services and contributed to the process of strengthening national capacities offering access to various awareness-raising, education and information materials.

In general, Phase I of the project was well received and supported by the tripartite constituents at the national level. The independent evaluation indicated that the project activities should be extended along the same lines, as clear demand and needs were identified.

Phase II (2009-11) of the OPEC project in Senegal builds on the achievements of the previous stage, and, therefore, ILO's assistance seems a natural continuation of the project management. This current intervention in Senegal (*Strengthening the world of work response on HIV/AIDS – AIDS capacity building and technical support (ACTS)*) runs as a separate project, decentralized at the SRO in Dakar.

2 Conclusions and lessons learned

2.1 Conclusions

2.1.1 Role and relevance of the ILO's "HIV and AIDS and world of work" strategy

The ILO assisted its tripartite constituents with HIV and AIDS and the workplace-related activities and contributed to drafting of the HIV/AIDS Charter for the World of Work in Senegal, signed in 2003 and based on the principles of the *ILO Code of Practice on HIV/AIDS and the world of work*.

The independent evaluation confirmed the relevance of Phase I of the project in Senegal. The project filled a gap by promoting HIV and AIDS in the workplace in debates among the tripartite constituents leading to policy application and positive attitudinal change. The project was assessed as having well addressed the needs of the stakeholders.

Collaboration with tripartite constituents and other key stakeholders (UNAIDS, CNLS, IOM, national actors) in the world of work is the foundation of the ILO's strategic response to HIV and AIDS in the workplace in Senegal. Close co-operation with the government ensures that the legal and policy framework is conducive to workplace programmes and the protection of workers' rights. In collaboration with workers and employers, it was possible to launch effective gender-sensitive and sustainable programmes of prevention, care and support within the workplace and surrounding communities.

The Ministry of Labour and other line ministries, workers' and employers' organizations were the direct recipients of the project. The targeted workers' organizations included, among others, Global Union and Inter Central Syndical en Santé, Sécurité, Environnement au Travail (ISTT). Conseil National du Patronal (CNP), Confédération Nationale des Employeurs du Sénégal (CNES), Mouvement des Employeurs du Sénégal (MDES), Union National des Commerçants et Petites

Industries du Sénégal (UNACOIS), Chambre de Commerces du Sénégal, La Coalition des Entreprises (Business Coalition), are the principal employers' organizations.

2.1.2 Contribution of ILO to:

- ***Development of national tripartite workplace policies on HIV/AIDS as part of the national AIDS response;***
- ***Enabling tripartite constituents to take significant action to implement HIV/AIDS programmes at workplaces.***

According to the independent evaluation, during the Phase I of the project, the ILO programme on HIV and AIDS in the world of work created a strong impact on the tripartite constituents in each of the project countries visited. A commonly held view was that HIV and AIDS came to be seen as a critical aspect of the work place environment and not only a health issue. Positive initial results were identified in terms of bringing the attention to HIV and AIDS in the workplace at both the tripartite constituents level and in some selected activities in the private and informal sector.

The individual evaluation concluded that the Phase I of the project was geared towards reaching the immediate objectives – some tangible results were achieved but in a still limited manner. The amount of resources and time-frame allocated did not guarantee the simultaneous progress on both the upstream (national level policy, tripartite agreements and strategies) and downstream (individual interventions in private companies and in the informal sector) levels. In addition, ownership and empowerment were delayed and constrained due to the political changes within the Ministry of Labour and staff turn-over. Despite these constraints, the major achievements were as follows:

- Strong advocacy work for HIV in the workplace among the tripartite constituents and the UN agencies, in particular from the UNAIDS and the CNLS;
- The establishment of strategic partnerships with civil society and the NGOs such as SWAA, UGPN and ANDSE for implementation of training in both the formal and informal sectors; including translation of ILO Code of Practice into national language and carrying out a KAP survey;
- Mainstreaming the issue of HIV and AIDS in the workplace among all tripartite constituents to address and subscribe to an HIV and AIDS workplace policy stemming from all the ILO HIV/AIDS principles;
- Inclusion of the world of work aspects into the draft national law on HIV and AIDS;
- HIV and AIDS Charter for the World of Work in Senegal drafted and adopted, based on the principles of the *ILO Code of Practice on HIV/AIDS and the world of work*. HIV and AIDS Charter for the World of Work signed by 110 companies by December 2008, ratified by all the employers' organizations and validated by the National AIDS Council. Within the framework of five years, the Charter should be signed by 400 companies and, in the long-term perspective, adopted by every enterprise of the country;
- Development of the multi-sectoral tripartite strategic plan on HIV/AIDS in the world which incorporates the activities of all tripartite constituents and a budget for the 2009-2011 of over US\$ 1.1 million;
- Strengthening of the existing training programmes and national training capacity;
- Behavioural change towards HIV and AIDS in the workplace changes in 50 per cent of the ministerial departments and 50 per cent of the workers' and employers' organizations. Activities related to the fight against HIV and AIDS organized and special committees/units established.
- 50 per cent of workers from public and private sectors participated in the HIV and AIDS sensitization sessions, aimed at gaining knowledge in terms of HIV and AIDS-related issues, such as HIV and AIDS infection, transmission, prevention and treatment.
- Satisfying conditions provided to people living with HIV in conformity with rules of universal good practices.
- People infected or affected by HIV and AIDS are appropriately supported and assisted.

- The tripartite sectoral commission, working under the CNLS, and committees for the fight against the HIV and AIDS established in companies.

The mid-term Progress Report for phase II of the OPEC project in Senegal (covering the period between the 1st September 2009 and 31st December 2010) positively assessed the progress against project objectives/outcomes.

2.1.3 Positioning of HIV and AIDS within the ILO Decent Work Country Programme

The current 2009-2011 project focuses on the achievements made in phase I of the OPEC project. HIV/AIDS was not included in the DWCP II (2006-2009) – the past activities were driven by the ILO constituents to ensure the HIV in the world of work integration into the national AIDS response.

The independent evaluation conducted in 2009 indicated that the Phase I of the project remained on the side lines in Senegal in terms of the DWCP. It has been assumed that the inputs and structures to ensure tripartite constituents' needs from the current phase II (2009-11) of the project would be integrated in the formulation process of the new DWCP.

2.1.4 Effectiveness of technical interventions (Including partnerships and tools developed)

In Phase II of the project, the knowledge base of the tripartite constituents was strengthened by the provision of baseline information of HIV/AIDS (KAPB and sero-prevalence study). Training of peer educators was provided, but the down-streaming of this knowledge to the regional and local levels was considered a challenge.

In the partnerships with civil societies and NGOs, the project provided training programmes in both, formal and informal sectors. However, due to the lack of technical oversight of the training materials, signs of confusion were identified both in the formal and informal sectors concerning some critical HIV/AIDS-related issues, such as the window period or the risk associated with pregnant and lactating women.

In case of Phase II of the project, the evaluation identified the need to review the training material/curriculum, if not by the project NPC, then at least by some technical staff from the CNLS, to ensure that the partner organization were transmitting their messages not only in line with the ILO directives on HIV and AIDS, but also consistent with the national messages for HIV and AIDS awareness and dissemination. The evaluation suggested developing a standard training curriculum.

Effort was made in terms of awareness raising activities by setting up information kiosks aimed at providing HIV/AIDS information, counselling and condom distribution in the workplace.

The independent evaluation concluded that some individual country projects have used innovative and positive approach to maximise resource use (Sierra Leone) or undertake ground-breaking work with indigenous population (Bolivia), or working with the informal sector through CBOs (Senegal).

The independent evaluation identified the following technical support activities completed under Phase I:

- KAPB survey on HIV and AIDS among workers in the three countries of the Sahel regions;
- Training and capacity building for managers, trade union leaders;
- Training on VCT for social partners;
- Training on communication within enterprises and medias;
- Training on resource persons within enterprises responsible for workplace programmes on HIV and AIDS prevention and care;
- Radio broadcast at national level to raise awareness among workers;
- Elaboration of a workplace policy negotiated among workers' and employers' organizations;

- Support to development and implementation of HIV and AIDS workplace programmes in enterprises by trained resource persons.

The independent evaluation recognized the change in attitude and behaviour as a result of project activities, in particular with regard to the use of condoms and undertaking VCT. Strong discrepancy in terms of the level of HIV and AIDS awareness and knowledge between the formal and informal economy did remain. The evaluation identified a great demand for further extending training and HIV and AIDS awareness raising.

It was observed that during Phase II, production activities have slowed down at certain mining companies which have posed a threat to the efficient conduct of the KAP survey at their enterprises and the development of the HIV/AIDS policies and programmes in synergy with other enterprises.

2.1.5 Coordination and management internally and with key UN and donor partners

Phase I of the project was able to establish partnerships with key civil societies and NGOs for implementation of training in both formal and informal sectors. Collaboration with tripartite constituents resulted in developing a strategic framework on HIV/AIDS in the world of work for 2009-2011.

Strikes at the Ministry of Labour and replacement of the Minister of Mines and his Cabinet were identified as a problem for conducting and completing planned activities within Phase II.

2.1.6 Efficiency of operations

Phase I of the project had a very short time-frame (October 2007- April 2008), with a quarterly no-cost extension up to April 2008. Consequently, quality implementation as well as the supervision of the project was not properly secured. This caused a dispersion of resources and inconsistency to adequately support all three project countries in the Sahel region. The scope of the project was assessed as too ambitious given the resource allocation.

Progress reports for Phase II have reported that duration, activities conducted and resources used were considered as correct.

Phase I of the project was technically decentralized to the Senegal sub-regional Office. The National Project Coordinator (NPC), however, covered not one but three countries (Senegal, Guinea, and Guinea-Bissau), so at most one third of his time was devoted to HIV and AIDS in the workplace-related issues, having to balance activities in the other two countries. In addition, the selected NPC did not have a relevant background which resulted in the lack of technical knowledge to ensure the quality of the training curriculum. In return, the NPC in Senegal was the only one with ILO background and knowledge in working with tripartite constituents.

In addition, the independent evaluation found that lack of transportation offered in any of the three project countries severely limited the outreach capacity for all.

The insufficient level of resources and the time-frame allocated for each project did not guarantee simultaneous progress on both the upstream and downstream levels in terms of achieving the immediate objectives.

Progress report for phase II remarks that due to the insufficient human capital, a considerable amount of time was wasted in dealing with various administrative and financial formalities. This could be partially solved by recruiting an intern to facilitate the organizational processes.

Phase II project document addresses the issue of project relevance to the P&B 2008-2009 Outcome 8. No such information was addressed in the phase I of the project.

2.1.7 Results framework, monitoring and evaluation

Under the umbrella of an inter-regional programme, Phase I of the project was designed to guide specific information in each of the covered countries. The project managers were not asked to use the programme document as the overall M&E framework. Consequently, the results were not appraised compared to the original programming framework document, but against each individual project document. The Sahel sub-region component for the OPEC-funded project was provided with a detailed set of planned activities aiming at achieving the specific objectives. Each activity was properly detailed with the expected time-frame, cost and relevant M&E indicators.

In the case of the Sahel sub-region component of Phase I of the project, a detailed intervention logic (logframe) with planned activities was designed to delineate the achievement of the specific objectives. Nine activities were formulated in total in different areas of the ILO's involvement. Each activity was properly detailed with the expected time-frame, cost and relevant M&E indicators. The project document did not specify how progress would be monitored or reported. The Progress Report for Phase II has monitored progress towards DWCP immediate outcomes and priorities, ILO common principles of action, as well as a detailed analysis of progress against project objectives/outcomes and outputs obtained versus performance plan.

Phase II of the OPEC project in Senegal is to be monitored through report-keeping, quarterly and annual reports compiled by the national project coordinators, and shared with the Dakar SRO director and the ILO/AIDS Programme. In order to measure progress against indicators, gathering baseline data on knowledge attitudes and behaviour through the KAP survey has been scheduled early in the implementation stage. The progress report for phase II indicates that the data collection through the KAP survey has not been achieved yet due to the delays in the implementation of scheduled activities at the level of certain mining companies.

Other scheduled activities include regular monitoring and field visits. So far, the Mid-term Review Report (September 2010) has been prepared and a final independent evaluation is planned at the end of the project.

2.1.8 Evidence of impact and sustainability of ILO's technical support in the form of improved policies, institutions, knowledge, tripartite processes and enterprise practices (also including attention to dissemination, visibility of ILO HIV in the world of work strategies, policies, actions, etc.)

The government quickly reacted at an early stage by bringing on board the religious and traditional leaders in coalition to support the HIV/AIDS campaign at national level. Much work remains to be done at the local level and in the informal economy. There is a very low level of basic knowledge and awareness on HIV and AIDS in the informal economy – a negative prejudice towards people living with HIV dominates. A majority of the workers' associations are represented in the national tripartite community – trainers from these organizations as well as within the Ministry of Labour were provided training.

The remaining challenge is how to find the way to disseminate and diffuse the knowledge down to the regional and local levels, working through the regional and local focal points and committees which were set up for this purpose. During Phase I of the project, certain activities were undertaken in the formal sector in terms of formulating an HIV and AIDS workplace policy, based on the ILO directives, aimed at engaging four trained companies to sign it. However, due to the limited financial envelope during the life of the phase I of the project, no funds were available to ensure the follow-up

activity. Cost-sharing must be gradually introduced in a successful manner in the world of business in terms of HIV and AIDS response in order to lessen the country's dependence on accessing the Global Fund. Commitment from the private sector is considered as the critical success factor for ensuring the sustainability of the programme.

Contrary to the Sahel sub-region Phase I of the OPEC project, sustainability has been addressed in the Phase II of the Senegal project for 2010-2011. The project document shows that since the current project builds on the experience of the previous intervention, the recommendations formulated in the independent evaluation have been taken into consideration. The buy-in from the government and a long-term commitment by all stakeholders have been recognized as the critical success factors for achieving sustainability. The ILO's key areas of intervention include building/strengthening political and institutional support; establishing institutional capacity within the countries; addressing socio-economic, psychosocial and cultural issues; aligning the Programme with the Three-Ones principle (one policy framework, one coordinating mechanism, one M&E system).

2.2 Lessons learned

- 1) Project design must include a realistic time-frame and resource allocation to meet the development objectives set up in the project formulation process. At least a five-year programme is necessary to address a sustained attitudinal and behavioural change in a comprehensive manner.
- 2) Since financial sustainability or an exit strategy was not reflected at the project design stage, the viability of the programme management was questioned. Programmes require an explicit exit strategy designed during the early stages of project formulation to ensure further ownership transfer to local stakeholders.
- 3) The ILO's contribution to addressing HIV and AIDS in the workplace, particularly in the private sectors, has received strong appreciation resulting in its inclusion into the UN Joint Country Team on the HIV and AIDS work plan. HIV and AIDS at the workplace is becoming a very strong entry point for all ILO programmes.
- 4) The development of the ILO's visibility has not been conducted in a most cost-effective manner given the wide scope of responsibilities assigned to the NPC and scarce resource allocation. In addition, the ILO's SRO in Dakar should determine the need for a separate sub-regional focal point for HIV and AIDS from the project NPC.
- 5) The HIV and AIDS programme is a high visibility and high impact programme with mainstreaming of HIV and AIDS in the workplace among all tripartite constituents. The project activities have generated expectations of larger involvement and have been well received by the project targets at all levels. The allocated level of resources proved to be insufficient to address the needs and the programme's ambition.

Senegal

2008-09

Immediate Outcome 3d.1: Increase tripartite constituent capacity to develop policies and programmes that address the HIV and AIDS epidemic in the world of work and within the framework of the promotion of decent work.

Indicator 3d.1.(i): Number of member States that integrate key principles of the ILO code of practice on HIV and AIDS and the world of work in their HIV and AIDS workplace policies.

IR Country (GB.307/PFA/2)	ILO output reported (GB.307/PFA/2)	Impact/result of output (GB.307/PFA/2)	DWCP Outcome (SMM)
Senegal	Provided assistance.	At the stage of drafting HIV and AIDS legislation and/or workplace policy.	

Indicator 3d.1 (ii): Number of member States in which each tripartite constituent has a trained HIV and AIDS focal point, adopts a gender-sensitive HIV and AIDS workplace policy, and includes a funded time-bound implementation plan.

IR Country (GB.307/PFA/2)	ILO output reported (GB.307/PFA/2)	Impact/result of output (GB.307/PFA/2)	DWCP Outcome (SMM)
Senegal	Provided support and organized training for focal points. Provided legal advice on drafting and adoption of gender-sensitive HIV and AIDS workplace policies and development of funded time-bound implementation plans. Helped raise over US\$70 million to support implementation of these plans.	Each tripartite constituent has a trained focal point, an HIV and AIDS policy and a time-bound plan.	

Indicator 3d.1 (iii): Number of member States in which at least 20 formal or informal workplaces provide HIV and AIDS prevention and information on treatment, care and support services to workers through bipartite HIV and AIDS committees that previously received training on policy formulation and programme design/implementation/monitoring or through partnerships with national AIDS authorities.

IR Country (GB.307/PFA/2)	ILO output reported (GB.307/PFA/2)	Impact/result of output (GB.307/PFA/2)	DWCP Outcome (SMM)
Senegal	Provided peer education, information and referral for voluntary counselling and testing, as well as treatment and behavioural change strategies regarding HIV prevention.	Senegal: over 20 enterprises provided information on HIV and AIDS prevention, treatment, care and support services to workers in the sectors indicated: commerce, crafts, fisheries and food.	

Desk review case study – Russian Federation

Project time frame	Project code	Project title	Total allocation (US\$)
April 2009-June 2010	RUS/09/01/UND	Reducing stigma and discrimination and promoting tolerance through HIV/AIDS awareness raising campaign in 3 pilot regions	33 227,00
2002-2006	RUS/03/01/UNF	Comprehensive Partnership Strategies for HIV/STI Prevention among Young People in the Russian Federation	207 687,00
2004-2008	RUS/03/52/USA	HIV/AIDS Prevention Education Programmes in the Workplace in Russia (INT/03/M19/USA)	949 153,00

1 Overview of HIV in the Russian Federation

With 1.1 per cent adult HIV prevalence, the country has the second highest HIV prevalence in Eastern Europe and Eurasia. Injecting drug use remains the primary means of HIV transmission in Russia, accounting for 62 per cent of new cases in 2009. Heterosexual transmission accounts for more than one third of newly registered HIV cases in 2009. Women and young people are two groups in the general population most affected by the epidemic. According to UNAIDS, 44 per cent of new infections in 2009 were among women. Sexual contact remains the main transmission mode for women. Targeting the at risk populations with HIV/AIDS services is difficult due to the strong stigma and discrimination directed at people living with HIV, IDU (Injecting drug users), MSM, sex workers and prisoners. In addition, the high rate of tuberculosis (TB) incidence, with an estimated 110 new TB cases per 100,000 population in 2008, intensifies the risk of HIV-TB co-infection and complicates treatment and care for both diseases.¹²

The desk case study has concentrated on the ILO/USDOL International HIV and AIDS Workplace Education Programme in Russia and draws information mainly from the 2009 Final Project Report. As all projects covered by the SHARE Programme pursued a similar strategic framework and a significant number of final evaluations had already been conducted, the final independent evaluation for the project in Russia was cancelled.¹³

The Russia HIV and AIDS Workplace Education Programme was a three-year US\$ 949 153,00 project that sought to contribute to the prevention of HIV and AIDS in the world of work, the enhancement of workplace protection and the reduction of its adverse consequences on social, labour and economic development. The HIV and AIDS Workplace Education Programme was supported by the US Department of Labor and implemented jointly by the ILO, the Russian Ministry of Health and Social Development, and social partners.

The project framework had four immediate objectives:

¹² 2010 Russia USAID HIV/AIDS Profile;

http://www.usaid.gov/our_work/global_health/aids/Countries/eande/russia_profile.pdf

¹³ USDOL Bureau of International Labor Affairs/Trade Agreement Administration and Technical Cooperation; Combined Technical Progress Report

- Improved knowledge, attitudes and perception of norms related to HIV/AIDS risk behaviours;
- Increased use of available HIV/AIDS workplace programmes;
- Reduced stigma against people living with HIV/AIDS;
- Increased knowledge and understanding of HIV and AIDS workplace policies.

It was assumed that by achieving the immediate objectives, the project would aim to minimize HIV and AIDS risk behaviours among targeted workers and reduce the level of employment-related discrimination against people living with HIV.

Within the project framework, the ILO was engaged in its key areas of intervention in order to promote tolerance towards workers living with HIV and develop concrete and simple tools and methodologies for workplace education on HIV and AIDS prevention and workers' rights protection.

2 Conclusions and lessons learned

2.1 Conclusions

2.1.1 *Role and relevance of the ILO's "HIV and AIDS and world of work" strategy*

The Russian Federation fully supports the International Labour Organization's basic program elements and practical approach to decent work. Although there is no established DWCP for the Russian Federation, the 2006-2009 ILO-Russia Programme of Cooperation has included workers' protection against HIV and AIDS as one of its priorities in terms of improving social protection systems.

Prior to the project, HIV and AIDS and the workplace issues were not included in the constituents' conceptual thinking framework and action agendas. The project was considered one of the key initiatives for mainstreaming HIV and AIDS in the workplace among the constituents. Since 2004, developments have been made in conceptualizing the national level policy framework on HIV and AIDS workplace issues by the ILO constituents. A common understanding was developed among stakeholders to address HIV and AIDS not only within the medical sphere, but equally in the sphere of social and labour relations.

2.1.2 *Contribution of ILO to:*

- *Development of national tripartite workplace policies on HIV/AIDS as part of the national AIDS response;*
- *Enabling tripartite constituents to take significant action to implement HIV/AIDS programmes at workplaces.*

Positive results were identified in terms of promoting tolerance towards workers living with HIV and developing concrete and simple tools and methodologies for workplace education on HIV prevention and workers' rights protection. The project provoked a shift in the constituents' perspective on HIV and AIDS issues, leading to the new policy framework, based on the principles of the ILO Code of Practice on HIV and AIDS and the World of Work. With the National Declaration on HIV/AIDS and the World of Work drafted, revised and adopted, Russia is committed to the international standards from the perspective of universal access to prevention for working populations and non-discrimination based on HIV status.

The Russian government and social partners considered the project results satisfactory. Main tangible impacts and palpable benefits were as follows:

- Adoption of workplace policies on HIV/AIDS in all pilot enterprises;

- Establishment of national expert and training capacity on HIV/AIDS and the world of work, including training on the implementation of the ILO Code of Practice, Behaviour Change Communication (BCC) strategy development, and Peer educator (PE) training;
- National level policy framework on HIV/AIDS workplace issues conceptualized (National Policy on HIV/AIDS and the World of Work prepared by MH&SD in May 2006 with the technical support of the ILO);
- The expansion and strengthening of national and sub-regional networks of tripartite constituents and other partners.

The knowledge base of tripartite constituents has been increased through the provision of baseline information on HIV/AIDS, key behavioural risks in the selected pilot enterprises. The impact reports, based on the baseline surveys, were highly appreciated and extensively used by the government and other partners. Due to the clear lack of policy and analytical materials available in Russian on HIV and AIDS-related issues, with the project website (www.spidtrud.ru) launched in March 2008, all reports were available for public use, thus contributing to HIV and AIDS awareness-raising.

The Report noted that at the request of the MH&SD in April 2006, 90 copies of the Policy Paper on HIV/AIDS and the World of Work, and 240 copies of the ILO Code of Practice were sent to all 88 regions of the RF. The Policy Paper was used by the Federal Service in preparation for parliamentary hearing on public health in February 2005. Information about the project was included into the UNGASS Country Report prepared by the Russian government in 2008.

2.1.3 Positioning of HIV and AIDS within the ILO Decent Work Country Programme

The Russian Federation fully supports the International Labour Organization's basic program elements and practical approach to decent work. Although there is no established DWCP for the Russian Federation, the 2006-2009 ILO-Russia Programme of Cooperation has included workers' protection against HIV/AIDS as one of its priorities in terms of improving social protection systems.

2.1.4 Effectiveness of technical interventions (Including partnerships and tools developed)

The project received strong interest from various tripartite organizations. Information dissemination materials, such as posters, information brochures for workers, guidelines, were produced to document the practices and support the efforts of the organizations in sharing tools and resources. In addition, a set of various workshops (e.g. sensitization workshop, dissemination workshop) contributed to the HIV/AIDS in the workplace awareness-raising and information dissemination.

The Final Report noted that the BCC strategy development workshops proved to be an extremely challenging exercise from the intellectual point of view because it required the kind of skills that none of the participants already had. In addition, the length of the workshops was reduced to 3 days as it was impossible to obtain management permission for participants to be away from their jobs for 5 days.

The Project Report observed that experience from other workplace initiatives, such as TPAA and the EU AIDS Prevention Project, Phase I, was used in the process of drafting workplace policies for pilot enterprises. The Final Report noted that the design and layout of communication materials was commissioned to three different providers, the advertising agencies in Moscow and Murmansk regions, and a NGO in Novosibirsk (Gumanitarnyi Proekt), for a series of posters about stigma and discrimination towards PLHIV in the workplace. In addition, the Project Report identified the development of "Guidelines for Enterprises on How to Set Up and HIV/AIDS Workplace Education Programme", "Guidelines for Unions", and production of an adapted version of the "Guidelines for Peer Educators", making them country-specific.

2.1.5 Coordination and management internally and with key UN and donor partners

The Russia HIV and AIDS Workplace Education Programme in terms of the social dialogue dimension was structured on three levels – national, regional and workplace. The project was conducted in two pilot regions of the Russian Federation: the Murmansk region and the Moscow region, each assigned the Regional Project Coordinator (RPC). The Expert Group selected the regions based on a set of criteria, including incidence rate, location in a centre of transport corridor, and presence of effective social dialogue. The project governance was provided by the system of tripartite advisory boards – one at the federal level and two in the pilot regions. A multi-sectoral approach to HIV/AIDS prevention was applied with the involvement of representatives from the government, unions, employers and the health community. National partners supported the ILO in establishing initial contacts, and in negotiating implementation arrangements with the pilot regions.

As the Ministry of Health and Social Development replaced the traditional Ministry of Labour, the project encountered an initial resistance from the new partner, resulting in challenging the project rationale and relevance to the Russian Federation. The project regained its credibility after the sensitization workshop held in 2004.

The Final Report noted that UNAIDS was invited to join the federal PAB and colleagues from the UN agencies were briefed by the NPC and the ILO/Moscow FB on a regular basis. In addition, the NPC made two presentations at the UN Partnership Forum on HIV and AIDS- one being the summary of findings of the formative assessment research and the other highlighting distinctive features of workplace education programmes by sectors.

2.1.6 Efficiency of operations

Management arrangements

Thanks to internal stock-taking workshops attended by the project staff and BCC specialist one a year, it was possible to coordinate and monitor the implementation of the project, despite the complexity of the programme, being split between two regions and three offices.

In addition, it has been observed that the project greatly benefited from the human capacity and expertise of the ILO/UNFIP project (Complex Strategies to Prevent HIV/AIDS among Youth in the Altay Kray and Volgograd Region, 2004-2006), and adapted its information materials for workplace education.

2.1.7 Results framework, monitoring and evaluation

Baseline and end-line survey as well as a formative assessment were completed within the project's framework. The Final Project considered conducting the baseline survey as extremely challenging from administrative perspective due to the strong management resistance and lack of experience of survey participation in the companies. The Project considered reports from baseline survey and formative assessment of high quality and to have provided a valuable basis for analysis and strategy planning. Impact Report, based on the baseline and final workers' survey in both pilot regions, was shared with the constituents and distributed to the participant of the dissemination workshop in Moscow.

2.1.8 Evidence of impact and sustainability of ILO's technical support in the form of improved policies, institutions, knowledge, tripartite processes and enterprise practices (also including attention to dissemination, visibility of ILO HIV in the world of work strategies, policies, actions, etc.)

Preparation of the four-component sustainability plan at the federal level was already started approximately 12 months prior to the expected project's end. The plan aims at ensuring the sustainability of national policy and programmes; functioning of the tripartite coordination mechanisms; continuation of regional workplace education programmes; and mobilization of resources for new areas/activities. Sustainability planning was also conducted in two regions covered by the project.

The ILO/Moscow capacity to provide further policy advice and technical support to the Russian constituents in their HIV/AIDS initiatives was considered critical for ensuring ownership and sustainability of the programme.

Keeping the PAB apprised of all developments was helpful to establish a sense of national ownership over the project, which actually enabled it to deliver on the targeted outcomes and protected the project from political risks.

An intention to assign funds in the 2009 budget was expressed by the Federal Service for Consumer Rights and Human Wellbeing for the potential replication of the workplace education programme drawing on the existing expert and training capacity.

Experience and best practices drawn from the SHARE project have served as the basis for implementing the project on *Reducing stigma and discrimination and promoting tolerance through HIV/AIDS awareness raising campaigns in 3 pilot regions* within the framework of within the framework of the *Joint UN Programme of Support on AIDS in the Russian Federation for 2009-2010*.

2.2 Lessons learned

- 1) The tripartite approach applied in the project has shown several negative aspects in terms of workers' and employers' organizations' involvement. Both tripartite constituents tend to avoid taking individual responsibility due to their limited resource capacity and relatively young development stage. Consequently, they tend to assign the main responsibility for the future development of the programme to the government.
- 2) A more systematic manner should be applied in handling the HIV/AIDS and the world of work-related issues. Assigning a full or part-time resource person within the government or the Secretariat of the Russian Tripartite Commission would ensure a proper and strategic HIV/AIDS and the world of work approach.
- 3) The ILO/USDOL project was able to build HIV/AIDS educational activities into the normal working hours at most of the pilot enterprises – an achievement that many other international partners did not succeed in. At the same time, involving employees in the workshops during the normal working hours was considered as one of the biggest challenges for the RPCs.
- 4) A strategic gap was identified between the project's systematic approach to prevention and its absence in the present government practices. Due to the absence of a holistic approach to national prevention strategies, the current practices conducted at the state level remain rather reactive and deal with the direct consequences of the epidemic. Since there is no evidence of a state agency systematically promoting HIV prevention strategies on the research of various groups, such tasks are performed predominantly by national and international NGOs, each dealing with a selected group and/or region according to their respective mandates.
- 5) In terms of project design, addressing HIV-related issues as a part of a broader agenda (e.g. health at work) was highly appreciated by the project implementers.

- 6) The collected available information has proved to be insufficient to draw proper conclusions in terms of the case study evaluation exercise. In addition, it remains unclear whether the conclusions and recommendations from the final evaluations of SHARE projects in different countries can be replicated and applied in a generic manner to the Russian case. In return, the Final Project Report could serve as a relevant and useful information reference, should the final evaluation of the project in the Russian Federation have been conducted. It should, however, be kept in mind that the final report tends to focus on the implementation aspect of the project and remains somehow limited in terms of the project management per se.

Russian Federation

2006-07

Outcome 3b.3: National plans for combating HIV and AIDS in the world of work.

Indicator 3b.3 (iii): HIV and AIDS policies and programmes are implemented at the workplace

IR Country (GB.301/PFA/2)	ILO output reported (GB.301/PFA/2)	Impact/result of output (GB.301/PFA/2)	DWCP Outcome (SMM)
Russian Federation	HIV and AIDS Workplace Education Programme supported tripartite constituents between 2002 and 2007. This involved: mapping of existing policy, programmes and available resource material; development of country-specific performance monitoring plans; collection of baseline data; translation and dissemination of the ILO code of practice on HIV and AIDS; training of enterprise focal points; and establishment of enterprise HIV and AIDS action committees. The same activities took place for all countries in the programme.	Russian Federation: Workplace programmes implemented in 11 enterprises, involving approximately 8,000 workers. Peer educators were trained in all enterprises. Plans to incorporate HIV and AIDS activities into existing structures at enterprise level were developed. One enterprise (a transportation company) signed a collective bargaining agreement that included HIV and AIDS as a workplace issue.	

2008-09

Immediate Outcome 3d.1: Increase tripartite constituent capacity to develop policies and programmes that address the HIV and AIDS epidemic in the world of work and within the framework of the promotion of decent work.

Indicator 3d.1.(i): Number of member States that integrate key principles of the ILO code of practice on HIV and AIDS and the world of work in their HIV and AIDS workplace policies.

IR Country (GB.307/PFA/2)	ILO output reported (GB.307/PFA/2)	Impact/result of output (GB.307/PFA/2)	DWCP Outcome (SMM)
Russian Federation	Provided technical advice on national tripartite agreement on HIV and AIDS based on ILO code of practice. Promoted inclusion of prevention of HIV at the workplace in General Agreement and distribution of ILO code of practice.	Russian Federation incorporated HIV and AIDS component in General Agreement 2008–09 and in national health project.	

ANNEX 3. ILO/AIDS OPERATIONAL OBJECTIVES AND INDICATORS

2000-2001 Biennium		
Operational objective 3c: Improved working and employment conditions for vulnerable groups		
Indicator	Target	Result
3c.4. The number of member States addressing the issue of HIV/AIDS and the world of work with ILO assistance.	10 member States	10 member States

2002-2003 Biennium		
Operational objective 3b: Working conditions		
ILO constituents target and take effective action to improve safety and health and conditions of work, with special attention to the most hazardous conditions at the workplace.		
Indicator	Target	Actual
3b.6. Member States that have incorporated world of work component and workplace initiatives, involving ILO tripartite constituents, into their national action plans to combat HIV and AIDS.	20 member States	37 member States

2004-2005 Biennium		
Operational objective 3b : Labour protection		
ILO constituents target and take effective action to improve safety and health and conditions of employment, with special attention to the most hazardous conditions at the workplace.		
Indicator	Target	Result
3b.4. Member States have incorporated a world of work component into national action plans to combat HIV and AIDS both the formal and informal economy, and workplace initiatives involving ILO tripartite constituents, into their national action plans to combat HIV and AIDS.	20 member States	38 member States

2006-2007 Biennium		
Operational objective 3b: Effective labour protection		
ILO constituents develop and implement labour protection policies and programmes at national and enterprise levels in both the formal and informal economy.		
Outcome 3b.3: National plans for combating HIV and AIDS in the world of work.		

Indicator	Target	Result
3b.3.(i) Member States include a gender-sensitive strategy for the world of work in their national AIDS plans.	15 member States	17 member States
3b.3.(ii) Each of the tripartite constituents in a member State has a gender-sensitive HIV and AIDS policy, time-bound action plan and trained focal point.	15 member States	5 member States
3b.3.(iii) HIV and AIDS policies and programmes are implemented at the workplace.	15 member States	29 member States

2008-2009 Biennium

Intermediate Outcome 3d: Workplace policies respond to need for HIV and AIDS prevention, treatment, care and support.

Immediate outcome 3d.1: Increase tripartite constituent capacity to develop policies and programmes that address the HIV and AIDS epidemic in the world of work and within the framework of the promotion of decent work.

Immediate outcome 3d.2: Improve member State implementation of policies and programmes that address the HIV and AIDS epidemic in the world of work and within the framework of the promotion of decent work.

Immediate outcome 3d.3: Increase the participation of employers' and workers' organizations in policy development and in accessing national and international funding.

Indicator	Target	Result
3d.1.(i) Number of member States that integrate key principles of the ILO code of practice on HIV and AIDS and the world of work in their HIV and AIDS workplace policies.	10 member States in the Africa region 10 member States across all other regions	11 member States 9 member States across all other regions
3d.1.(ii) Number of member States in which each tripartite constituent has a trained HIV and AIDS focal point, adopts a gender-sensitive HIV and AIDS workplace policy, and includes a funded time-bound implementation plan.	10 member States in Africa region 10 members States across all other regions	11 member States in Africa region 10 member States across all other regions
3d.1.(iii) Number of member States in which at least 20 formal or informal workplaces provide HIV and AIDS prevention and information on treatment, care and support services to workers through bipartite HIV and AIDS committees that previously received training on policy formulation and programme design/implementation/ monitoring or through partnerships with national AIDS authorities.	20 member States across all regions	20 member States across all regions
3d.2.(i) Number of workers, including in informal economy settings, who demonstrate increased knowledge of HIV/AIDS issues and have access to referral services through workplace mechanisms coordinates and implemented by bipartite HIV and AIDS committees.	300, 000 workers of whom 50 per cent are women, in 7 member States in the Africa region and 7 member States across all other	Over 300, 000 workers, in 8 member States in the Africa region and 7 member States across all other regions.

	regions.	
3d.3.(i) Number of member States in which employers' and workers' organizations actively participated in the drafting of national AIDS legal framework that integrate key principles of the ILO code of practice on HIV and AIDS and the world of work and in decision-making and delivery processes of national structures, including Global Fund Country Coordination Mechanism.	6 member States in Africa 6 member States across all other regions	10 member States in Africa 6 member States across all other regions

2010-2011 Biennium		
Outcome 8: The world of work responds effectively to the HIV and AIDS epidemic		
Indicator	Target	Result
8.1.: Number of member States that, with ILO support, develop a national tripartite workplace policy on HIV and AIDS, as part of the national AIDS response.	50 member States, of which at least 10 in Africa, 5 in Asia and in the Americas, and 3 in Europe and 2 in the Arab States	
8.2.: Number of member States where tripartite constituents, with ILO support, take significant action to implement HIV and AIDS programmes at workplace.	10 member States	

ANNEX 4. 2008-2009 COUNTRY-LEVEL PORTFOLIO OF ACTIONS IN COUNTRY-CASE STUDIES¹⁴

2008-2009 Country-level reporting for country case studies										
	Paraguay	Russian Federation	Senegal	China	Cambodia	Barbados	Zambia	Zimbabwe	India	Ethiopia
DCWP										
DWCP already in place	√		√	√	√		√	√	√	√
DCWP drafted										
DCWP finalized	√		√	√	√		√	√	√	√
HIV component included in the DWCP	√		√	√	√		√	√	√	√
DWCP being developed		√				√				
Workplace policies and national legislation										
National HIV and AIDS Workplace Policy in place				√		√		√	√	√
National HIV and AIDS Workplace Policy based on the ILO Code of Practice				√		√		√	√	
ILO support for National HIV and AIDS Workplace Policy				√				√	√	√
National HIV Legislation		√	√		√			√		
ILO support for National HIV Legislation		√	√		√			√		
Sectoral Workplace Policy in place		√	√	√				√		√
ILO support for Sectoral Workplace Policy		√	√	√				√		√
National AIDS Strategy										
National AIDS Strategy			√	√	√	√		√	√	√

¹⁴ The analysis of country-level portfolio of actions in country-case studies is based on the information obtained through the reporting exercise conducted by the ILO/AIDS in 2008-2009. The analysis is limited to this period as at the moment of conducting this exercise, the data collection for the 2010-2011 reporting stage was not yet finished and therefore the information was incomplete.

Finalized National AIDS Strategy			√	√	√	√		√	√	√
National AIDS Strategy being reviewed					√			√		√
WoW in National AIDS Strategy			√	√	√	√		√	√	√
ILO support WoW component in NAS			√	√		√		√	√	√
ILO support for Action/Operational Plan			√	√	√	√		√	√	√
ILO support for policies/legislation which affect stigma and discrimination			√	√		√		√	√	
UNAIDS and Joint UN Country Team Operations										
ILO part of Joint UN Country Teams & UN Theme Groups on AIDS		√	√	√	√	√		√	√	√
ILO input into UNAIDS Country documents		√	√	√	√	√		√	√	√
ILO convened or participated in high level UNIADS meeting in country		√	√	√	√	√		√	√	√
ILO support for NASA (National AIDS Spending Assessment)			√		√	√		√		
ILO involved in Inter-agency activities with PAF funds			√	√	√			√	√	√
ILO support for the use of CHAT (Country Harmonization and Alignment Tool)								√		
ILO support for development, implementation of PMTCT guidelines (Prevention Mother-To-Child-Transmission)								√		
ILO support for joint reviews of PMTCT & Treatment programmes								√		
Capacity building for ILO constituents and stakeholders										
MOL with HIV Focal Point		√	√	√	√	√		√	√	√

Employers' Org with HIV Focal Point		√	√	√	√	√		√	√	√
Workers' Org with HIV Focal Point		√	√	√	√	√		√	√	√
MOL adopted gender sensitive HIV policy			√	√		√		√	√	√
EOs adopted gender sensitive HIV policy			√	√				√	√	√
WOs adopted gender sensitive HIV policy			√	√	√			√	√	√
MOL on NAC (National AIDS Commission)			√	√	√	√		√	√	√
EOs on NAC			√	√	√	√		√		√
WOs on NAC				√	√	√		√		√
MOL on CCM (Country Coordinating Mechanism)			√	√				√	√	
EOs on CCM			√		√			√	√	√
WOs on CCM				√				√		
Labour Judges and Magistrates trained									√	
# of Labour Judges & Magistrates									51	
Labour Factory Inspectors Trained		√		√				√	√	√
Total Number of Labour Factory Inspectors trained		150		555				100	55	35
HIV and AIDS Programmes in the workplace										
HIV Workplace programs implemented			√	√	√	√		√	√	√
HIV/TB workplace programs implemented										
Involvement of bipartite or tripartite committees				√	√			√	√	√
Workplace programmes in the informal economy			√	√				√	√	√
Workplace programmes involve PLHIV			√	√		√		√	√	√

ILO support for strategy for M&E for workplace programmes			√	√	√	√		√	√	
# of HIV FPs trained				107		12		211	28	
# of HIV PEs trained				1500		49		379	488	479
# who went for VCT										
# referred for PMTCT										
# referred to health facilities				250,000						
# of enterprises with workplace programs				29				23	175	15
ILO participation in UN Cares		√	√	√	√			√	√	√
Research (national level)										
Research into the socio-economic impact on AIDS undertaken by the ILO								√		
ILO contribution to gathering and analysing data on labour and employment trends					√			√		
Strengthening HR for health										
Strategic plans for health workers developed and/or activities to address HIV for health workers implemented by the ILO (alone or with WHO)				√				√		
Resource mobilization										
ILO supported constituents to mobilize funds from GFATM		√		√	√	√		√	√	√
ILO supported constituents to mobilize funds from PEPFAR				√						
ILO supported constituents to mobilize funds from other donors				√	√			√	√	

Total amount of technical support person (days)		6		20	30	30		80	150	15
Amount (Funds) raised (different currencies)				EUR 20,000M	PAF US \$50,000			SIDA US\$ 840,000	US\$ 40,000	
Total Amount (\$)				US\$ 59,040,000	US\$ 50,000			US\$ 5,290,000	US\$ 40,000	
Integration of HIV and AIDS into the other areas of activity										
ILO activities in income generation and HIV and AIDS				√						√
ILO activities in employment and HIV and AIDS			√	√	√	√		√	√	√
ILO activities in skills development and HIV and AIDS				√				√	√	√
ILO activities in micro-finance and HIV and AIDS				√						√
ILO activities in health insurance and HIV and AIDS				√				√		
ILO activities in social security and HIV and AIDS										
ILO activities in home based HIV and AIDS care										
ILO activities in child labour and HIV and AIDS								√		
ILO activities in cash transfer and HIV and AIDS					√					
ILO support for the integration of HIV and AIDS into PRSPs			√							
Focus on MARPs and other vulnerable populations										
ILO HIV and AIDS activities with young people			√	√				√		

ILO HIV and AIDS activities with migrant & mobile workers			√	√		√		√	√	
ILO HIV and AIDS activities with sex workers					√			√		
ILO HIV and AIDS activities with clients of sex workers				√	√			√		√
ILO HIV and AIDS activities with MSM				√						
ILO HIV and AIDS activities with IDUs				√						
ILO support for PLHIV and their families			√	√				√		
Links to UNAIDS priority areas										
ILO support to mothers and babies										
ILO support to PLHIV and Civil society networks			√	√				√	√	
ILO activities in the area of Gender			√	√				√		√
ILO activities in the area of Social Protection								√		√
ILO activities in the area of the Private sector			√	√	√			√		
ILO's work in emergencies										
ILO work in the area of Emergencies in accordance with the IASC guidelines								√		

ANNEX 5. IMPLEMENTATION PLANNING VS. REPORTING EXERCISE (2006-2009)

2006 Strategic Management Module - Implementation planning¹⁵ versus 2006-07 ILO Programme Implementation Report for Operational objective 3b-Effective labour protection

1. Outcome 3b.3: National plans for combating HIV/AIDS in the world of work.

Indicator 3b.3 (i): Member States include a gender-sensitive strategy for the world of work in their national AIDS plans.

IR Country (GB.301/PFA/2) Indicator 3b.3(i)	ILO output reported (GB.301/PFA/2)	Impact/result of output (GB.301/PFA/2)	DWCP Outcome (SMM)
Benin	The HIV/AIDS Workplace Education Programme supported tripartite constituents between 2002 and 2007. This involved: mapping of existing policy, programmes and available resource material; development of country-specific performance monitoring plans; collection of baseline data; translation and dissemination of the ILO code of practice on HIV/AIDS; training of enterprise focal points; and establishment of enterprise HIV/AIDS action committees. The same activities took place for all countries in the programme.	Benin: Part V of the general law on HIV/AIDS refers to the workplace and includes the principles of the ILO's code of practice. A gender-sensitive national AIDS plan with reference to the workplace is also in place.	
Belize	The HIV/AIDS Workplace Education Programme supported tripartite constituents between 2002 and 2007. This involved: mapping of existing policy, programmes and available resource material; development of country-specific performance monitoring plans; collection of baseline data; translation and dissemination of the ILO code of practice on HIV/AIDS; training of enterprise focal points; and establishment of enterprise HIV/AIDS action committees. The same activities took place for all countries in the programme.	Belize: National Policy on HIV/AIDS and the (draft) national policy on HIV/AIDS and the world of work both recognize gender as one of the ten key principles in the workplace response.	

¹⁵ HQ departments are to use this module to define and plan their global and country-level goals and products (SMM- IP should essentially be the basis for the compilation of the list of planned deliverables).

Ghana	The HIV/AIDS Workplace Education Programme supported tripartite constituents between 2002 and 2007. This involved: mapping of existing policy, programmes and available resource material; development of country-specific performance monitoring plans; collection of baseline data; translation and dissemination of the ILO code of practice on HIV/AIDS; training of enterprise focal points; and establishment of enterprise HIV/AIDS action committees. The same activities took place for all countries in the programme.	Ghana: National Strategic Framework includes gender sensitive strategies to reduce the impact of HIV on women and children.	
Indonesia	Technical support to National AIDS Commission on policy development and the implementation of employment-related projects to address the employment needs of people living with HIV. Advocacy campaign to improve the recognition of HIV/AIDS as a workplace issue. Training on ILO code of practice provided to tripartite partners and HIV/AIDS organizations.	Indonesia: 2007-10 National AIDS Strategy extended to cover migrant workers and contains references to the workplace and to gender equity.	
Kenya	Coordinated the compilation and drafting of the work plan and the deliberations of tripartite and other partners in endorsing the plan. Currently assessing the national time-bound action plan.	Kenya: Section 7(1) of the HIV/AIDS Prevention and Control Act, 2006 contains a gender-sensitive workplace component based on the ILO code of practice. A national time-bound action plan is in place to address HIV/AIDS at the workplace.	
Kyrgyzstan	Provided support for: contracting between providers and mutual health organizations at the national level; the implementation of an innovative mutual health insurance scheme for a rural region (Koudougou); and for the informal urban sector.	Kyrgyzstan: The State Programme to counteract HIV/AIDS and its socio-economic consequences was approved for 2006-10 and contains a gender-sensitive workplace component.	
Lesotho	The HIV/AIDS Workplace Education Programme supported tripartite constituents between 2002 and 2007. This involved: mapping of existing policy, programmes and available resource material; development of country-specific performance monitoring plans; collection of baseline data; translation and dissemination of the ILO code of practice on HIV/AIDS; training of enterprise focal points; and establishment of enterprise HIV/AIDS	Lesotho: Guidelines adopted for the implementation of the Labour Code contain a workplace component and use the ILO code of practice.	

	action committees. The same activities took place for all countries in the programme.		
Mozambique	Supported constituents to build the capacity of employers' and workers' organizations in particularly vulnerable sectors, such as small businesses and the informal sector.	Mozambique: Developed a gender-sensitive National AIDS Policy and a strategic plan.	
Nigeria	Support to draft and launch the policy, and develop guidelines. Training of government officials, employers' and workers' organizations in the use of the ILO code of practice.	Nigeria: National Policy on HIV/AIDS and the World of Work was adopted and contains a chapter on gender equality. Guidelines for the implementation of the National Policy developed and distributed.	
Rwanda	Assistance in implementing an HIV/AIDS project focusing on working children, in partnership with workers' organizations.	Rwanda: Draft HIV/AIDS workplace policy submitted to the Government for approval.	
Sierra Leone	Awareness-raising activities in the public sector on HIV/ AIDS as a workplace issue. Training of employers' and workers' organizations in the mining and tourism sectors to coordinate workplace response. Coordinated implementation of policies and programmes in two mining companies. Assessment to identify training opportunities for informal workers.	Sierra Leone: Adopted a National Workplace Policy on HIV/ AIDS and the Workplace based on the ILO code of practice.	
South Africa	Support and consultation in the drafting of the plan and incorporating the workplace component, based on the ILO code of practice.	South Africa: The National Strategic Plan 2007-11 has a gender-sensitive workplace policy, focusing on the rights of women and girls.	
United Republic of Tanzania	Seed funds, technical advice and materials/literature provided to develop sectoral workplace programmes within the national multi-sectoral strategic framework.	United Republic of Tanzania: ILO code of practice referred to in sectoral workplace HIV/AIDS programmes (Ministry of Health, Ministry of Labour, Ministry of Energy & Minerals, banking sector, telecommunications utility).	
Tajikistan	Advice for the drafting of the National Programme.	Tajikistan: The National Programme on Counteracting HIV/ AIDS in the Republic of Tajikistan for 2007-10 contains a gender-sensitive workplace component.	
Thailand	Ongoing assistance to produce a National Code of Practice that is applicable throughout Thailand.	Thailand: The National Plan for Strategic and Integrated HIV and AIDS Prevention and Alleviation 2007-11 includes a gender-sensitive HIV/AIDS workplace component.	
Togo	The HIV/AIDS Workplace Education Programme supported tripartite constituents between 2002 and 2007. This involved: mapping of existing policy,	Togo: Section 2 of Act No. 2005-012 Protecting People with HIV/AIDS refers to the workplace, based on the ILO code of practice.	

	programmes and available resource material; development of country-specific performance monitoring plans; collection of baseline data; translation and dissemination of the ILO code of practice on HIV/AIDS; training of enterprise focal points; and establishment of enterprise HIV/AIDS action committees. The same activities took place for all countries in the programme.		
Viet Nam	Provided extensive comments in the development of the Law and its guidance decree. Compiled a mapping of all training materials relevant to workplace HIV responses in Viet Nam as a CD-ROM for wide distribution.	Viet Nam: Law on HIV/AIDS Prevention and Control adopted containing clear provisions on HIV and the workplace, consistent with the ten principles of the ILO's code of practice.	

Indicator 3b.3.(ii): Each of the tripartite constituents in a member State has a gender-sensitive HIV/AIDS policy, time-bound action plan and trained focal point.

IR Country (GB.301/PFA/2) Indicator 3b.3(ii)	ILO output reported (GB.301/PFA/2)	Impact/result of output (GB.301/PFA/2)	DWCP Outcome (SMM)
Ghana	HIV/AIDS Workplace Education Programme supported tripartite constituents between 2002 and 2007. This involved: mapping of existing policy, programmes and available resource material; development of country specific performance monitoring plans; collection of baseline data; translation and dissemination of the ILO code of practice on HIV/AIDS; training of enterprise focal points; and establishment of enterprise HIV/ AIDS action committees. The same activities took place for all countries in the programme.	Ghana: Each tripartite partner has a trained focal point, an HIV/AIDS policy (one in draft) and a time-bound work plan.	
Lesotho	Provided studies and technical advice on the Social Security Minimum Standards Convention, 1952 (No. 102). Held national tripartite seminars which contributed to this outcome.	Lesotho: Ministry of Employment adopted gender-sensitive guidelines for the implementation of the Labour Code that included the ILO code of practice. Employers' and workers' organizations adopted enterprise-level HIV/AIDS workplace policies and increased their programmes.	
Nigeria and South	Nigeria and South Africa: Tripartite constituents	HIV/AIDS Workplace Education Programme supported tripartite constituents	

Africa	have gender-sensitive HIV/AIDS policies, time-bound action plans and trained focal points.	between 2002 and 2007. This involved: mapping of existing policy, programmes and available resource material; development of country specific performance monitoring plans; collection of baseline data; translation and dissemination of the ILO code of practice on HIV/AIDS; training of enterprise focal points; and establishment of enterprise HIV/ AIDS action committees. The same activities took place for all countries in the programme.	
Zimbabwe	Supported the development of a gender-sensitive Zimbabwe Mining Sector HIV and AIDS policy. Assisted with the policy for the SME sector. Technical and financial support for the framework for the private sector response.	Zimbabwe: Each of the tripartite constituents developed policies. The Public Service Commission developed and disseminated an HIV and AIDS policy and strategy. The policy/strategy is guiding sector ministries in developing sector specific HIV/AIDS strategies. Employers and workers finalized a National Strategic Framework for the Private Sector Response to HIV/AIDS. A workplace policy and implementation work plan for the mining sector and SMEs was developed.	

Indicator 3b.3 (iii): HIV/AIDS policies and programmes are implemented at the workplace

IR Country (GB.301/PFA/2) Indicator 3b.3 (iii)	ILO output reported (GB.301/PFA/2)	Impact/result of output (GB.301/PFA/2)	DWCP Outcome (SMM)
Barbados	HIV/AIDS Workplace Education Programme supported tripartite constituents between 2002 and 2007. This involved: mapping of existing policy, programmes and available resource material; development of country-specific performance monitoring plans; collection of baseline data; translation and dissemination of the ILO code of practice on HIV/AIDS; training of enterprise focal points; and establishment of enterprise HIV/AIDS action committees. The same activities took place for all countries in the programme.	Barbados: 12 enterprises implemented HIV/AIDS workplace policies or programmes in the following sectors: tourism, manufacturing, banking and informal sectors.	
Belize	HIV/AIDS Workplace Education Programme supported tripartite constituents between 2002 and 2007. This involved: mapping of existing policy, programmes and available resource material; development of country-specific performance monitoring plans; collection of baseline data;	Belize: 16 enterprises implemented HIV/AIDS workplace policies or programmes in the following sectors: tourism, agriculture and service sectors.	

	translation and dissemination of the ILO code of practice on HIV/AIDS; training of enterprise focal points; and establishment of enterprise HIV/AIDS action committees. The same activities took place for all countries in the programme.		
Botswana	HIV/AIDS Workplace Education Programme supported tripartite constituents between 2002 and 2007. This involved: mapping of existing policy, programmes and available resource material; development of country-specific performance monitoring plans; collection of baseline data; translation and dissemination of the ILO code of practice on HIV/AIDS; training of enterprise focal points; and establishment of enterprise HIV/AIDS action committees. The same activities took place for all countries in the programme.	Botswana: 13 enterprises implemented HIV/AIDS workplace policies or programmes in the following sectors: construction, textile, wholesale, and tourism and hospitality sectors.	
Burkina Faso	HIV/AIDS Workplace Education Programme supported tripartite constituents between 2002 and 2007. This involved: mapping of existing policy, programmes and available resource material; development of country-specific performance monitoring plans; collection of baseline data; translation and dissemination of the ILO code of practice on HIV/AIDS; training of enterprise focal points; and establishment of enterprise HIV/AIDS action committees. The same activities took place for all countries in the programme.	Burkina Faso: 16 enterprises implemented HIV/AIDS workplace policies or programmes in the following sectors: finance, energy, telecom, hotels and informal sectors.	
Cameroon	HIV/AIDS Workplace Education Programme supported tripartite constituents between 2002 and 2007. This involved: mapping of existing policy, programmes and available resource material; development of country-specific performance monitoring plans; collection of baseline data; translation and dissemination of the ILO code of practice on HIV/AIDS; training of enterprise focal points; and establishment of enterprise HIV/AIDS action committees. The same activities took place	Cameroon: 15 enterprises implemented HIV/AIDS workplace policies or programmes in the following sectors: agricultural industry, transport, forestry and informal sectors.	

	for all countries in the programme.		
China	HIV/AIDS Workplace Education Programme supported tripartite constituents between 2002 and 2007. This involved: mapping of existing policy, programmes and available resource material; development of country-specific performance monitoring plans; collection of baseline data; translation and dissemination of the ILO code of practice on HIV/AIDS; training of enterprise focal points; and establishment of enterprise HIV/AIDS action committees. The same activities took place for all countries in the programme.	China: 11 enterprises implemented HIV/AIDS workplace policies or programmes, covering nearly 100,000 workers in the chemical, steel, mining and electricity sectors. Tripartite workplace policies put in place in Guangdong.	
Ghana	HIV/AIDS Workplace Education Programme supported tripartite constituents between 2002 and 2007. This involved: mapping of existing policy, programmes and available resource material; development of country-specific performance monitoring plans; collection of baseline data; translation and dissemination of the ILO code of practice on HIV/AIDS; training of enterprise focal points; and establishment of enterprise HIV/AIDS action committees. The same activities took place for all countries in the programme.	Ghana: 13 enterprises implemented HIV/AIDS workplace policies or programmes in the following sectors: five in the agricultural industry, five in mining, two in the public sector, one in the informal sector.	
Guyana	HIV/AIDS Workplace Education Programme supported tripartite constituents between 2002 and 2007. This involved: mapping of existing policy, programmes and available resource material; development of country-specific performance monitoring plans; collection of baseline data; translation and dissemination of the ILO code of practice on HIV/AIDS; training of enterprise focal points; and establishment of enterprise HIV/AIDS action committees. The same activities took place for all countries in the programme.	Guyana: 31 workplaces implemented HIV/AIDS workplace policies or programmes in the following sectors: public sector, manufacturing, logging, mining and security sectors.	
India	HIV/AIDS Workplace Education Programme supported tripartite constituents between 2002 and 2007. This involved: mapping of existing policy,	India: 16 enterprises implemented HIV/AIDS workplace policies or programmes. Ten corporate groups are implementing HIV/AIDS programmes in their multi-location worksites. A joint Employers' Statement of Commitment is	

	programmes and available resource material; development of country-specific performance monitoring plans; collection of baseline data; translation and dissemination of the ILO code of practice on HIV/AIDS; training of enterprise focal points; and establishment of enterprise HIV/AIDS action committees. The same activities took place for all countries in the programme.	being promoted by employers' organizations.	
Indonesia	HIV/AIDS Workplace Education Programme supported tripartite constituents between 2002 and 2007. This involved: mapping of existing policy, programmes and available resource material; development of country-specific performance monitoring plans; collection of baseline data; translation and dissemination of the ILO code of practice on HIV/AIDS; training of enterprise focal points; and establishment of enterprise HIV/AIDS action committees. The same activities took place for all countries in the programme.	Indonesia: Nine enterprises implemented HIV/AIDS workplace policies or programmes in the following sectors: manufacturing, heavy industry, shipyard, tourism and transport sectors.	
Ethiopia	HIV/AIDS Workplace Education Programme supported tripartite constituents between 2002 and 2007. This involved: mapping of existing policy, programmes and available resource material; development of country-specific performance monitoring plans; collection of baseline data; translation and dissemination of the ILO code of practice on HIV/AIDS; training of enterprise focal points; and establishment of enterprise HIV/AIDS action committees. The same activities took place for all countries in the programme.	Ethiopia: 13 enterprises implemented HIV/AIDS workplace policies or programmes in the following sectors: agriculture, manufacturing, industry, service, transport, hotel, banking, insurance and informal sectors.	
Jamaica	HIV/AIDS Workplace Education Programme supported tripartite constituents between 2002 and 2007. This involved: mapping of existing policy, programmes and available resource material; development of country-specific performance monitoring plans; collection of baseline data; translation and dissemination of the ILO code of	Jamaica: 21 enterprises implemented HIV/AIDS workplace policies or programmes in the following sectors: agriculture, manufacturing, utilities and informal sectors.	

	practice on HIV/AIDS; training of enterprise focal points; and establishment of enterprise HIV/AIDS action committees. The same activities took place for all countries in the programme.		
Lesotho	HIV/AIDS Workplace Education Programme supported tripartite constituents between 2002 and 2007. This involved: mapping of existing policy, programmes and available resource material; development of country-specific performance monitoring plans; collection of baseline data; translation and dissemination of the ILO code of practice on HIV/AIDS; training of enterprise focal points; and establishment of enterprise HIV/AIDS action committees. The same activities took place for all countries in the programme.	Lesotho: 11 enterprises implemented HIV/AIDS workplace policies or programmes in the following sectors: construction, textiles, hospitality and service sectors.	
Madagascar	HIV/AIDS Workplace Education Programme supported tripartite constituents between 2002 and 2007. This involved: mapping of existing policy, programmes and available resource material; development of country-specific performance monitoring plans; collection of baseline data; translation and dissemination of the ILO code of practice on HIV/AIDS; training of enterprise focal points; and establishment of enterprise HIV/AIDS action committees. The same activities took place for all countries in the programme.	Madagascar: 14 enterprises implemented HIV/AIDS workplace policies or programmes in the following sectors: transport, utilities and banking sectors.	
Nepal	HIV/AIDS Workplace Education Programme supported tripartite constituents between 2002 and 2007. This involved: mapping of existing policy, programmes and available resource material; development of country-specific performance monitoring plans; collection of baseline data; translation and dissemination of the ILO code of practice on HIV/AIDS; training of enterprise focal points; and establishment of enterprise HIV/AIDS action committees. The same activities took place for all countries in the programme.	Nepal: Ten enterprises implemented HIV/AIDS workplace policies or programmes in the following sectors: banking, hotel, carpet weaving, textiles and manufacturing sectors.	

South Africa	HIV/AIDS Workplace Education Programme supported tripartite constituents between 2002 and 2007. This involved: mapping of existing policy, programmes and available resource material; development of country-specific performance monitoring plans; collection of baseline data; translation and dissemination of the ILO code of practice on HIV/AIDS; training of enterprise focal points; and establishment of enterprise HIV/AIDS action committees. The same activities took place for all countries in the programme.	South Africa: Nine enterprises implemented HIV/AIDS workplace policies or programmes in the following sectors: agriculture, tourism, health and construction sectors.	
Sri Lanka	HIV/AIDS Workplace Education Programme supported tripartite constituents between 2002 and 2007. This involved: mapping of existing policy, programmes and available resource material; development of country-specific performance monitoring plans; collection of baseline data; translation and dissemination of the ILO code of practice on HIV/AIDS; training of enterprise focal points; and establishment of enterprise HIV/AIDS action committees. The same activities took place for all countries in the programme.	Sri Lanka: 14 enterprises implemented HIV/AIDS workplace policies or programmes in the following sectors: manufacturing and tourism sectors. Developed a Tripartite Declaration on Prevention of HIV/AIDS at Workplaces and a Trade Union Policy.	
Swaziland	HIV/AIDS Workplace Education Programme supported tripartite constituents between 2002 and 2007. This involved: mapping of existing policy, programmes and available resource material; development of country-specific performance monitoring plans; collection of baseline data; translation and dissemination of the ILO code of practice on HIV/AIDS; training of enterprise focal points; and establishment of enterprise HIV/AIDS action committees. The same activities took place for all countries in the programme.	Swaziland: 12 enterprises implemented HIV/AIDS workplace policies or programmes in the following sectors: agriculture, manufacturing and retail sectors.	
Trinidad and Tobago	HIV/AIDS Workplace Education Programme supported tripartite constituents between 2002 and 2007. This involved: mapping of existing policy, programmes and available resource material;	Trinidad and Tobago: 13 enterprises implemented HIV/AIDS workplace policies or programmes in the following sectors: banking, tourism, energy, ports and manufacturing sectors.	

	development of country-specific performance monitoring plans; collection of baseline data; translation and dissemination of the ILO code of practice on HIV/AIDS; training of enterprise focal points; and establishment of enterprise HIV/AIDS action committees. The same activities took place for all countries in the programme.		
Cambodia	HIV/AIDS Workplace Education Programme supported tripartite constituents between 2002 and 2007. This involved: mapping of existing policy, programmes and available resource material; development of country-specific performance monitoring plans; collection of baseline data; translation and dissemination of the ILO code of practice on HIV/AIDS; training of enterprise focal points; and establishment of enterprise HIV/AIDS action committees. The same activities took place for all countries in the programme.	Cambodia: Eight enterprises (tourism, manufacturing) are implementing workplace policies and programmes. National “parkas” (ministerial guidelines on HIV/AIDS) were developed. The parkas endorsed a legal framework to create HIV/AIDS committees in enterprises to prevent HIV/AIDS in the workplace.	
Eritrea	Technical and financial support for the Community Capacity Enhancement process manual. Translated manual into Tigrinya and Arabic. Training of trainers for 60 workers (informal workers included) and 60 facilitators.	Eritrea: Programmes implemented in approximately 20 public and private enterprises.	
Estonia	Disseminated code of practice and other training material at regional meetings. Advocated for its use in formulating and implementing workplace programmes.	Estonia: The Department of Strategy and Planning in the Health Development Institute implemented a workplace policy to tackle HIV/AIDS in public sector workplaces. Conducted training, using the ILO code of practice and the education and training manual, for public sector staff. Code of practice and training manual were translated into Estonian.	
Mongolia	Supported the first tripartite workshop on HIV/AIDS and the workplace. Advice, training and technical comments provided on the draft Declaration.	Mongolia: Employers developed and initiated a programme on HIV/AIDS in the workplace and finalized a Declaration on HIV/AIDS Prevention.	
Mozambique	Assisted partners in developing sector-specific policies. Ongoing support to a number of enterprises in the transport sector that are at various stages of policy development.	Mozambique: Implemented policies and programmes in the transport sector. HIV/AIDS coordinators from the 12 provinces were trained in monitoring and database management. Provided training on programme planning and implementation.	
Paraguay	Information and sensitization activities provided to	Paraguay: Implementing workplace policies and programmes in three transport	

	section directors, chiefs of justice, labour ministry and national and local employers' and workers' organizations in the transport sector and the Global Compact group. Organized training workshops for peer educators.	companies.	
Russian Federation	HIV/AIDS Workplace Education Programme supported tripartite constituents between 2002 and 2007. This involved: mapping of existing policy, programmes and available resource material; development of country-specific performance monitoring plans; collection of baseline data; translation and dissemination of the ILO code of practice on HIV/AIDS; training of enterprise focal points; and establishment of enterprise HIV/AIDS action committees. The same activities took place for all countries in the programme.	Russian Federation: Workplace programmes implemented in 11 enterprises, involving approximately 8,000 workers. Peer educators were trained in all enterprises. Plans to incorporate HIV/AIDS activities into existing structures at enterprise level were developed. One enterprise (a transportation company) signed a collective bargaining agreement that included HIV/AIDS as a workplace issue.	
Zambia	The ILO code of practice on HIV/AIDS was used as a key reference and guidance document. The ILO reviewed and helped to develop policies.	Zambia: 53 companies and 13 line ministries implemented HIV/AIDS policies at the workplace, including the private sector and government ministries.	
Zimbabwe	Technical advice to develop and implement policies for the mining and transport sectors. Technical and financial support for: training of trainers and focal points in enterprises and for the development of the National Strategic Framework and implementation plan.	Zimbabwe: Policies on HIV/AIDS developed and implemented in the mining and transport sectors. Two public sector enterprises implemented workplace policies and programmes. Zimbabwe National Strategic Framework and implementation plan for the Private Sector Response to HIV and AIDS launched.	

2008 Strategic Management Module - Implementation planning versus 2008-09 ILO Programme Implementation Report for Operational objective 3d: Social protection

1. Immediate Outcome 3d.1: Increase tripartite constituent capacity to develop policies and programmes that address the HIV/AIDS epidemic in the world of work and within the framework of the promotion of decent work.

Indicator 3d.1(i): Number of member States that integrate key principles of the ILO code of practice on HIV/AIDS and the world of work in their HIV/AIDS workplace policies.

IR Country (GB.307/PFA/2) Indicator 3d.1 (i)	ILO output reported (GB.307/PFA/2)	Impact/result of output (GB.307/PFA/2)	DWCP Outcome (SMM)
Albania	Provided technical advice and legal assistance in support of the amendment and its adoption.	Albania adopted an amendment to incorporate the prohibition of discrimination in employment based on HIV status in its AIDS strategy.	
Barbados	Provided assistance in integrating the ten key principles of the ILO code of practice.	Barbados incorporated non-discriminatory provisions into HIV/AIDS testing and insurance policy.	
Benin	Provided technical assistance in formulating the policy.	Benin adopted workplace policy prohibiting discrimination based on HIV status.	
Burundi	Organized tripartite workshop and provided technical support resulting in the adoption of the HIV workplace policy.	Burundi adopted policy to combat HIV/AIDS at the workplace.	√
China	Provided technical assistance to tripartite partners for policy development and capacity building and established programmes in companies, employment agencies and vocational schools.	China included funded world-of-work component in national AIDS strategy. Adopted workplace policies in two provinces to reduce discrimination and protect employment rights of people living with HIV.	√

Ethiopia	Provided technical and financial assistance for development of national HIV/AIDS policy signed in November 2008.	Ethiopia adopted national policy framework on HIV and AIDS.	√
Fiji	Held training workshop on ILO code of practice to enable tripartite partners to draft national code.	Fiji adopted national code of practice for HIV/AIDS policy at the workplace based on ILO code.	√
India	Organized consultations with employers' and workers' organizations to generate inputs on national policy.	India adopted national policy on HIV and AIDS at the workplace.	
Kenya	Provided financial and technical support for code of practice. Translated ILO code into Kiswahili.	Kenya adopted national code of practice on HIV/AIDS.	√
Malawi	Provided technical assistance on policy and action plan with extensive tripartite consultations at ministerial and workplace levels.	Malawi: Transport sector adopted national HIV/AIDS policy and strategic action plan.	
Mozambique	Provided technical assistance integrating key principles of ILO code of practice into the law and on developing a tracking system to monitor the implementation of the policy.	Mozambique adopted anti-discrimination law and launched transport sector's policy on HIV and AIDS.	
Namibia	Provided technical and financial assistance for development of education sector and public service policies and organized tripartite workshop.	Namibia adopted HIV and AIDS workplace policy, action plan for the education sector and drafted HIV and AIDS policy for public service.	√
Nepal	Provided technical and financial assistance and training leading to the adoption of the policy.	Nepal adopted HIV workplace policy for Ministry of Transport and Employment.	

Russian Federation	Provided technical advice on national tripartite agreement on HIV/AIDS based on ILO code of practice. Promoted inclusion of prevention of HIV at the workplace in General Agreement and distribution of ILO code of practice.	Russian Federation incorporated HIV and AIDS component in General Agreement 2008–09 and in national health project.	
South Africa	Provided technical assistance for development of strategic plan and workplace policy framework.	South Africa adopted strategic HIV/AIDS plan for transport sector which is used to implement HIV/AIDS activities in the workplace. Transport sector constituents developed a national workplace policy framework on HIV/AIDS.	√
Sri Lanka	Assisted Ministry of Labour in developing and implementing national policy on HIV/AIDS at the workplace. Assisted in developing Tripartite Declaration based on ILO code of practice.	Sri Lanka finalized national AIDS strategy that includes world of work. Constituents signed a Tripartite Declaration on HIV/AIDS.	
Swaziland	Held workshop at which tripartite declaration was signed. Developed implementation plans and identified gaps in labour legislation.	Swaziland signed tripartite declaration on implementation of the ILO code of practice. Incorporated anti-discrimination clause in Employment Act.	√
Thailand	Provided technical and financial support to Ministry of Labour in drafting national guidelines, including consultations with other ministries, civil society and associations of people living with HIV.	Thailand adopted guidelines on prevention and management of HIV and AIDS in the workplace.	√
Uganda	Provided technical assistance in developing the workplace policy and in implementing a national plan of action.	Uganda adopted a national HIV/AIDS workplace policy.	√
Zambia	Provided assistance in developing the workplace policies through tripartite workshops and interaction with UNAIDS.	Zambia: Social partners and other key stakeholders adopted national and sectoral HIV/AIDS policies for formal and informal economies, based on ILO code of practice.	√

Bahamas, Georgia, Ghana, Grenada, Honduras, Republic of Moldova, Rwanda, Saint Vincent and the Grenadines, Senegal, Seychelles, Sierra Leone, Timor-Leste, Trinidad and Tobago, Ukraine and Zimbabwe	Provided assistance.	Countries are at various stages of drafting HIV and AIDS legislation and/or workplace policy.	√
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Indicator 3d.1 (ii): Number of member States in which each tripartite constituent has a trained HIV and AIDS focal point, adopts a gender-sensitive HIV/AIDS workplace policy, and includes a funded time-bound implementation plan.

IR Country (GB.307/PFA/2) Indicator 3d.1(ii)	ILO output reported (GB.307/PFA/2)	Impact/result of output (GB.307/PFA/2)	DWCP Outcome (SMM)
Benin, Plurinational State of Bolivia, Cambodia, Cameroon, China, Ethiopia, Ghana, India, Indonesia, Kenya, Madagascar, Republic of Moldova, Senegal, Sierra Leone, Sri Lanka, United Republic of Tanzania, Thailand, Trinidad and Tobago, Uganda, Ukraine, Zimbabwe	Provided support and organized training for focal points. Provided legal advice on drafting and adoption of gender-sensitive HIV and AIDS workplace policies and development of funded time-bound implementation plans. Helped raise over US\$70 million to support implementation of these plans.	Each tripartite constituent has a trained focal point, an HIV/AIDS policy and a time-bound plan.	

Indicator 3d.1 (iii): Number of member States in which at least 20 formal or informal workplaces provide HIV/AIDS prevention and information on treatment, care and support services to workers through bipartite HIV/AIDS committees that previously received training on policy formulation and programme design/implementation/monitoring or through partnerships with national AIDS authorities

IR Country (GB.307/PFA/2) Indicator 3a.2(i)	ILO output reported (GB.307/PFA/2)	Impact/result of output (GB.307/PFA/2)	DWCP Outcome (SMM)
Benin	Provided peer education, information and referral for voluntary counselling and testing, as well as treatment and behavioural change strategies regarding HIV prevention.	Benin: 27 SMEs and cooperatives provided information on HIV and AIDS prevention, treatment, care and support services to workers in the sectors indicated: carpentry, mechanics, butchers, hairdressers, tailors; formal sector: petroleum distributors, electricity and water suppliers, health cooperatives, carpentry cooperatives.	
Cameroon	Provided peer education, information and referral for voluntary counselling and testing, as well as treatment and behavioural change strategies regarding HIV prevention.	Cameroon: 35 enterprises, cooperatives and informal sector associations provided information on HIV and AIDS prevention, treatment, care and support services to workers in the sectors indicated: transport, agriculture, timber, commerce.	
China	Provided peer education, information and referral for voluntary counselling and testing, as well as treatment and behavioural change strategies regarding HIV prevention.	China: 29 enterprises provided information on HIV and AIDS prevention, treatment, care and support services to workers in the sectors indicated: transport, consultancy, electric and heavy equipment, steel, mining, construction, retail.	
Ethiopia	Provided peer education, information and referral for voluntary counselling and testing, as well as treatment and behavioural change strategies regarding HIV prevention.	Ethiopia: 88 cooperatives, SMEs and informal sector associations provided information on HIV and AIDS prevention, treatment, care and support services to workers in agriculture.	
Ghana	Provided peer education, information and referral for voluntary counselling and testing, as well as treatment and behavioural change strategies regarding HIV prevention.	Ghana: 20 enterprises and informal sector entities provided information on HIV and AIDS prevention, treatment, care and support services to workers in the sectors indicated: insurance, service industry, media, manufacturing, revenue agency, traders, drivers, craft workers.	

Guyana	Provided peer education, information and referral for voluntary counselling and testing, as well as treatment and behavioural change strategies regarding HIV prevention.	Guyana: 18 enterprises and informal entities provided information on HIV and AIDS prevention, treatment, care and support services to workers in the sectors indicated: agriculture, banking, hospitality, manufacturing, mining, national agencies, security services.	
India	Provided peer education, information and referral for voluntary counselling and testing, as well as treatment and behavioural change strategies regarding HIV prevention.	India: 175 enterprises provided information on HIV and AIDS prevention, treatment, care and support services to workers in the sectors indicated: cooperatives and public sector coal companies.	
Indonesia	Provided peer education, information and referral for voluntary counselling and testing, as well as treatment and behavioural change strategies regarding HIV prevention.	Indonesia: 103 enterprises provided information on HIV and AIDS prevention, treatment, care and support services to workers in the sectors indicated: heavy industry, manufacturing, migrant workers' private recruitment agencies, plantations, service industry, shipping, transport, tourism, dock workers' cooperatives.	
Jamaica	Provided peer education, information and referral for voluntary counselling and testing, as well as treatment and behavioural change strategies regarding HIV prevention.	Jamaica: 20 formal and informal undertakings provided information on HIV and AIDS prevention, treatment, care and support services to workers in the sectors indicated: agriculture, finance, manufacturing, utilities and services, hairdressers, cosmetologists.	
Kenya	Provided peer education, information and referral for voluntary counselling and testing, as well as treatment and behavioural change strategies regarding HIV prevention.	Kenya: 42 enterprises provided information on HIV and AIDS prevention, treatment, care and support services to workers in the sectors indicated: agriculture, tourism, transport, and manufacturing.	
Lesotho	Provided peer education, information and referral for voluntary counselling and testing, as well as treatment and behavioural change strategies regarding HIV prevention.	Lesotho: 81 enterprises provided information on HIV and AIDS prevention, treatment, care and support services to workers in the sectors indicated: construction, textile, utilities and services, hospitality, private security.	√
Malawi	Provided peer education, information and referral for voluntary counselling and testing, as well as treatment and behavioural change strategies regarding HIV prevention.	Malawi: 20 enterprises provided information on HIV and AIDS prevention, treatment, care and support services to workers in the sectors indicated: agriculture, banking and insurance, hospitality and catering, transport.	

	regarding HIV prevention.		
Mozambique	Provided peer education, information and referral for voluntary counselling and testing, as well as treatment and behavioural change strategies regarding HIV prevention.	Mozambique: 113 cooperatives, enterprises and other undertakings provided information on HIV and AIDS prevention, treatment, care and support services to workers in the sectors indicated: railway, air transport, agriculture, customs and immigration, traders.	
Senegal	Provided peer education, information and referral for voluntary counselling and testing, as well as treatment and behavioural change strategies regarding HIV prevention.	Senegal: over 20 enterprises provided information on HIV and AIDS prevention, treatment, care and support services to workers in the sectors indicated: commerce, crafts, fisheries and food.	
Sri Lanka	Provided peer education, information and referral for voluntary counselling and testing, as well as treatment and behavioural change strategies regarding HIV prevention.	Sri Lanka: 20 enterprises provided information on HIV and AIDS prevention, treatment, care and support services to workers in the sectors indicated: hotels, plantations, factories, informal fishing.	
South Africa	Provided peer education, information and referral for voluntary counselling and testing, as well as treatment and behavioural change strategies regarding HIV prevention.	South Africa: 20 public, private and informal undertakings provided information on HIV and AIDS prevention, treatment, care and support services to workers in the sectors indicated: air transport, railway, waterway, port authority.	
Swaziland	Provided peer education, information and referral for voluntary counselling and testing, as well as treatment and behavioural change strategies regarding HIV prevention.	Swaziland: 38 enterprises provided information on HIV and AIDS prevention, treatment, care and support services to workers in the sectors indicated: agriculture, communication, manufacturing, retail, textile.	√
United Republic of Tanzania	Provided peer education, information and referral for voluntary counselling and testing, as well as treatment and behavioural change strategies regarding HIV prevention.	United Republic of Tanzania: 37 cooperatives provided information on HIV and AIDS prevention, treatment, care and support services to workers.	

Ukraine	Provided peer education, information and referral for voluntary counselling and testing, as well as treatment and behavioural change strategies regarding HIV prevention.	Ukraine: 100 enterprises and institutions provided information on HIV and AIDS prevention, treatment, care and support services to workers in the sectors indicated: food, education, health.	
Zimbabwe	Provided peer education, information and referral for voluntary counselling and testing, as well as treatment and behavioural change strategies regarding HIV prevention.	Zimbabwe: 23 enterprises provided information on HIV and AIDS prevention, treatment, care and support services to workers in the sectors indicated: agriculture, education, commerce, leather, motor industry.	
Burkina Faso	Provided technical assistance.	Burkina Faso: 16 enterprises are providing information on HIV and AIDS prevention, treatment, care and support services to workers in selected sectors (energy, finance, hospitality, industry and informal workers).	
Madagascar	Provided technical assistance.	Madagascar: 13 workplaces are providing information on HIV and AIDS prevention, treatment, care and support services to workers in selected sectors (agro-industry, hospitality, mining, textile and transport).	

2. Immediate outcome 3d.2: Improve member State implementation of policies and programmes that address the HIV/AIDS epidemic in the world of work and within the framework of the promotion of decent work

Indicator 3d.2 (i): Number of member States that either apply ILO technical assistance or tools to give effect to the principles of ILO standards, including the tripartite governance of social security schemes, or use of tools to increase administrative efficiency and effectiveness or to improve financial sustainability

IR Country (GB.307/PFA/2) Indicator 3d.2(i)	ILO output reported (GB.307/PFA/2)	Impact/result of output (GB.307/PFA/2)	DWCP Outcome (SMM)
Benin, Cameroon, China, Ethiopia, India, Indonesia, Kenya, Malawi, Republic of Moldova, Mozambique, Nepal, Nigeria, Sri Lanka, Ukraine, Zimbabwe	Provided technical and financial support to establish public-private partnerships with large-scale enterprises and organized mass prevention campaigns to improve workers' knowledge of HIV and	Workers in enterprises with ILO-supported HIV and AIDS programmes demonstrated increased knowledge as follows: <ul style="list-style-type: none"> • 250,163 workers agreed to go to public health facilities to undergo medical tests (in referral services); • 3,380 undertook voluntary counselling and testing to know their HIV status; 	√

	<p>AIDS. Provided information, education, behavioural change programmes and assistance with referral services through the workplace. Provided technical guidance to develop bipartite HIV and AIDS committees and facilitated implementation of referral mechanisms designed with the ILO help to reach voluntary counselling and testing services, treatment for sexually transmitted diseases and anti-retroviral treatment services. Strengthened bipartite HIV and AIDS committees, with referral to health facilities; supported workplace programmes in the formal sector.</p>	<ul style="list-style-type: none"> • 4,211 peer educators were trained to conduct peer education; • 953 HIV focal points were appointed and trained to become HIV resource persons; • 109 labour judges were trained to review HIV-related employment cases; • 1,212 factory labour inspectors received training on HIV and AIDS and TB to be able to conduct labour inspections and monitor HIV-related labour regulation violations; • 58,931 workers demonstrated increased knowledge of HIV and AIDS, according to post-training impact assessment. 	
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3. Immediate outcome 3d.3: Increase the participation of employers' and workers' organizations in policy development and in accessing national and international funding.

Indicator 3d.3 (i): Number of member States in which employers' and workers' organizations actively participated in the drafting of national AIDS legal frameworks that integrate key principles of the ILO code of practice on HIV/AIDS and the world of work and in decision-making and delivery processes of national structures, including Global Fund Country Coordination Mechanisms

IR Country (GB.307/PFA/2) Indicator 3d.3(i)	ILO output reported (GB.307/PFA/2)	Impact/result of output (GB.307/PFA/2)	DWCP Outcome (SMM)
Azerbaijan, Benin, Burundi, India, Kazakhstan, Tajikistan, United Republic of Tanzania, Thailand, Uganda, Zimbabwe	Provided technical assistance.	Employers' and workers' organizations actively participated in the drafting of national HIV and AIDS legal frameworks and in the decision-making and delivery processes of national bodies	

Cameroon	Built capacity of social partners to participate in decision and delivery processes of the Country Coordinating Mechanism.	Cameroon: Employers' and workers' organizations participated in the Country Coordination Mechanism of the Global Fund deliberating on the workplace component of the national AIDS strategy and proposed programme of responses, as well as on resource allocation and the selection of executing agencies.	
China	Facilitated and supported participation of these organizations in decision-making and delivery process of the national AIDS authority.	China: China Enterprise Confederation and All-China Federation of Trade Unions participated in the national AIDS authority to include world-of-work component in national AIDS strategy, in addition to developing Yunnan provincial guidelines on HIV and AIDS in the workplace and Yu Cheng Shoe Company workplace policy on HIV and AIDS prevention. They also participated in the delivery process of the national AIDS authority.	
Ethiopia	Strengthened these organizations' engagement with the national AIDS authority in decision and delivery process.	Ethiopia: Ethiopian Labour Union Confederation and Ethiopian Employers' Federation participated in development of tripartite policy guidelines for the workplace and delivery of responses of national AIDS authority.	
Ghana	Provided training and funding to strengthen the constituents' capacity to engage in decision and implementation of the national AIDS programme.	Ghana: Ghana Employers' Association and Ghana Trade Union Congress actively supported their members in developing a workplace policy framework. As members of the Country Coordinating Mechanism of the Global Fund, they received a grant to implement workplace responses.	
Kenya	Provided training to enhance skills and advocated the employers' organization's membership of the Global Fund's Country Coordinating Mechanism and AIDS Control Committee for decision and delivery processes.	Kenya: Federation of Kenya Employers and Central Organization of Trade Unions participated actively in developing national code of practice on HIV and AIDS in the workplace and in action plan delivery process of the Country Coordinating Mechanism of the Global Fund and national AIDS Control Committee.	
Sierra Leone	Provided training, guidance and technical input for their engagement in decision and delivery process of the national AIDS authority and the Country Coordinating Mechanism.	Sierra Leone: Sierra Leone Chamber of Commerce and Industry and Sierra Leone Labour Congress participated in developing the national policy and action plan on HIV in the world of work. They are part of the delivery process of the national AIDS authority and the Country Coordinating Mechanism of the Global Fund.	

ANNEX 6. PARTNERSHIPS AND STRATEGIC ALLIANCES

Collaboration between the ILO and a number of bilateral and multilateral partners aims at the efficient and successful delivery of ILO's support and assistance to the recipient member States in the workplace-related issues.

At international level, the Office has collaborated on HIV and AIDS with a number of institutions, which include other UN agencies in the framework of UNAIDS (e.g. UNDP and WHO), International Financial Institutions (IFIs) (e.g. the World Bank), multilateral organizations and funds (e.g. the OPEC Fund for International Development) and bilateral technical cooperation partners (e.g. USDOL, GTZ¹⁶, SIDA).

In parallel, the ILO has linked with the World Economic Forum's Global Health Initiative, the Global Compact, the Global Business Coalition on HIV and AIDS and Harvard University's AIDS and Enterprise Initiative - plus various multinational companies on an individual basis - to promote and support workplace action.¹⁷

External partners

The UN Family

UNAIDS

The ILO is a part of a broad international effort against HIV and AIDS. It has been a co-sponsor of UNDAID since 2001, and works closely with the other nine co-sponsor agencies: UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, UNESCO, WHO, and the World Bank. As a co-sponsor of UNAIDS, and under the UNAIDS division of labour, the ILO plays the role of the lead agency on HIV workplace policy and private sector mobilization. The ILO collaborated with UNAIDS and its co-sponsors towards the achievement of the MDG 6 contributing to:

- Halting and beginning to reverse the spread of HIV through strategic, targeted workplace initiatives; and
- Achieving universal access to HIV prevention, treatment, care and support including social protection floors at work settings.¹⁸

The ILO, under the leadership of the Director General, chaired the UNAIDS Committee of Cosponsoring Organizations (CCO) from 1 July 2005 until 30 June 2006. The CCO provides input from the cosponsors into the policies and strategies of UNAIDS and ensures the clarification and coordination of roles and responsibilities at the more operational levels. During the chairmanship, the ILO was able to anchor the HIV and AIDS in the context of the Decent Work Agenda, and encourage a collaborative response among the Cosponsors to scaling up national responses to HIV and AIDS through the world of work.¹⁹

¹⁶ Operating as GIZ as of January 1, 2011

¹⁷ GB.288/ESP/3 2003; pg 6

¹⁸ ILOAIDS Strategic Framework ILO/AIDS Strategic Framework (2010-2015): "Anchoring the workplace in the changing environment" (Draft); ILO/AIDS e-workplace platform; January 2011

¹⁹ GB.295/16/4, Geneva, March 2006; pg 1-5

UNAIDS funds a substantial part of ILO/AIDS headquarters and field operational costs. UNAIDS resources are used to convene meetings, translate the Code of Practice and support a range of global, regional and sub-regional activities relating to advocacy, public information, training and policy guidance. The ILO plays an active role in inter-agency collaboration: this includes representation on the highest level of decision-making bodies as well as participation in four Inter-Agency Task Teams (care, education, gender, and young people); leadership of the IATT on the workplace, and membership of bodies such as the advocacy and best practice reference groups.²⁰

The ILO is provided resources to implement its obligations with regards to the UNAIDS Unified Budget and Workplan (UBW), a two-year plan which identifies programme priorities, specifies objectives and expected outputs. For the UBW 2008-2009, the ILO contributed to the 6 Principal Outcomes and reported back on a set of key outputs and indicators on a broad range of issues.²¹ The 6 Principal Outcomes for the 2008-2009 biennium were as following:

- **Principal Outcome One:** Strengthened leadership and resource mobilization for a broad-based AIDS response at all levels, including governments, civil society, including people living with HIV, and other non-state partners;
- **Principal Outcome Two:** Improved planning, financing, technical assistance and coordination at all levels for a sustainable multi-sectoral AIDS programmatic response, addressing the impact of the epidemic and integrated with national development efforts;
- **Principal Outcome Three:** Strengthened evidence base and accountability of the AIDS response through greater availability and use of strategic information, including monitoring and evaluation, surveillance, and resource tracking;
- **Principal Outcome Four:** Enhanced human resource and systems capacities at all levels of government, civil society and other non-state partners to implement comprehensive HIV and AIDS responses, including improved availability and access to affordable HIV commodities;
- **Principal Outcome Five:** Strengthened human rights-based and gender-responsive policies and approaches to reduce stigma and discrimination;
- **Principal Outcome Seven:** Increased coverage and sustainability of programmes addressing the vulnerability of and impact on women and girls, young people, children and populations of humanitarian concern.²²

At country level, UNAIDS makes available Programme Acceleration Fund (PAF) to and through UN organizations that are members of the Theme Group on HIV and AIDS. The UN Theme Group on HIV/IDS is a mechanism that coordinated the development activities of the various UN organizations present in a country. Programme Acceleration Funds are aimed at supporting strategic approach to planning, as well as supporting the initiation of activities. In this context, PAF resources have been made available to the ILO to carry out research and project development in several countries.²³

²⁰ Technical cooperation: A means to implement the ILO Code of Practice on HIV/AIDS and the world of work; ILO Programme on HIV/AIDS and the World of Work, Geneva, June 2004; pg 25

²¹ ILO/AIDS Strategic Framework ILO/AIDS Strategic Framework (2010-2015): “Anchoring the workplace in the changing environment” (Draft); ILO/AIDS e-workplace platform; January 2011

²² UBW 2008-2009 – ILO proposed activities; ILO/AIDS e-workspace

²³ Technical cooperation: A means to implement the ILO Code of Practice on HIV/AIDS and the world of work; ILO Programme on HIV/AIDS and the World of Work, Geneva, June 2004; pg 25

The ILO's particular contribution to UNAIDS includes:

- its tripartite membership, encouraging the mobilization of governments, employers and workers against HIV and AIDS;
- direct access to the workplace, with its opportunities for HIV and AIDS prevention as well as care, support and treatment;
- long-standing experience in framing international standards to protect workers' rights; a number of ILO standards relate directly to the prevention and management of HIV and AIDS, and others are less directly related to this effort;
- a global network of field offices and technical cooperation projects; and
- substantial capacity for research, information sharing, and training.²⁴

Following the review of Global AIDS response and the commitments made in Paris Declaration on Aid Effectiveness during the High-Level Meeting on Making the Money Work in 2005 in London, a Global Task Team on improving AIDS Co-ordination among Multilateral Institutions and International Donors (GTT) was established. The GTT recommendations were endorsed by the ILO Governing Body in March 2006.²⁵

UNDP²⁶

In view of the interconnection between HIV and AIDS, work and sustainable development, UNDP and the ILO have set up a partnership to address development implication of HIV and AIDS through appropriate workplace-related action. The conceptual framework for the programme is provided by the Millennium Development Goals and the ILO Code of Practice. The objectives are to bring UNDP experience in transformative leadership technologies to the ILO's tripartite constituents; promote dialogue between community and workplace as a mechanism for human rights protection, behaviour change and outreach; and promote responses to human capital implications of AIDS in national strategic plans. The ILO and UNDP have agreed to initiate their partnership with pilot projects in three countries, Ghana, Thailand and Ukraine.

The World Bank²⁷

In September 2000, the Bank launched the Multi-Country HIV and AIDS Program (MAP) for Africa to accelerate access to prevention, treatment and care programmes and to prepare all actors to cope with the future consequences of the epidemic. MAP aims at supporting national efforts in Sub-Saharan Africa to accelerate and expand existing programs in prevention, care, treatment and impact mitigation, and to build capacity. MAP was established in the partnership with UNAIDS to respond to the identified shortcomings of HIV and AIDS programmes:

- Insufficient human and financial resources;
- Uneven and inadequate government commitment and leadership;

²⁴ ILC, 98th Session, 2009; *HIV/AIDS and the world of work, Fourth item on the agenda*; pg 18

²⁵ GB.295/16/4, Geneva, March 2006; pg 1-5

²⁶ Technical cooperation: A means to implement the ILO Code of Practice on HIV/AIDS and the world of work; ILO Programme on HIV/AIDS and the World of Work, Geneva, June 2004; pg 25

²⁷ Technical cooperation: A means to implement the ILO Code of Practice on HIV/AIDS and the world of work; ILO Programme on HIV/AIDS and the World of Work, Geneva, June 2004; pg 25

- Slow responses from national governments and the international community, especially in the scaling-up of successful initiatives;
- Failure to reach communities; and
- Limited, health-oriented focus of initiatives.²⁸

ILO/AIDS has prepared and made available an Information Note on the procedure to apply for MAP funding to ILO constituents in Africa. It has also taken part in several MAP strategic meetings to define a basis for collaboration. The ILO is a partner in implementing the Bank-funded HIV and AIDS Project for the Abidjan-Lagos Transport Corridor, aimed at increasing access to HIV and AIDS prevention services along this major transport route, with particular attention to migrants and populations living in the border areas.

WHO²⁹

The ILO-WHO partnership has already been discussed in detail concerning the ILO's sectoral approach on HIV and AIDS in section V.1 (Internal collaboration). Therefore, the present section refers to the ILO-WHO collaboration in terms of the recent cooperation developments.

The ILO as a long-standing partner of the WHO – especially in the fields of occupational safety and health and human resource development – as well as fellow cosponsor of UNAIDS. In 2003, the ILO and WHO collaborated – with the World Economic Forum – on the development of guidelines for the management of tuberculosis in the workplace. More recently the ILO has become a member of the Task Force established to implement the WHO/UNAIDS initiative to treat three million people by the end of 2005.

The ILO and WHO are currently developing an operational plan for the National Occupational Health and Safety joint framework, presented to the ILO Governing Body in November 2010 for approval. In addition, the HealthWISE action manual and HealthWISE training guide for Occupational Safety and Health for health workers are being developed. These manuals are being translated into Kiswahili and French for pilot testing in Tanzania and Senegal prior to their finalization. In December 2010, the Joint WHO-ILO-UNAIDS Policy Guidelines on Improving Health Workers' access to HIV and TB prevention, treatment, care and support services were launched by the ILO in partnership with WHO and UNAIDS. The guidelines provide the framework for preventing HIV and TB transmission among health workers.³⁰

Other global initiatives

The Global Fund to Fight AIDS, Tuberculosis and Malaria

Formalized in 2003, the ILO/Global Fund partnership aims at strengthening public-private partnerships to extend access to prevention and care, with a particular emphasis on the role of

²⁸ Technical cooperation 2, Workplace action on HIV/AIDS, How to access funds at country level; ILO/AIDS, October 2005

²⁹ GB.309/STM/1/2, 2010; pg 4-6

³⁰ ILO, *Some examples of recent collaborations between the ILO and UNAIDS Co-sponsors at the Global level*; document provided by the ILO/AIDS staff; Geneva

the workplace in supporting the delivery of treatment and taking it into the local community. The Fund is considered as the main source of finance for programmes to fight AIDS, tuberculosis and malaria, with approved funding of US\$ 21.7 billion for more than 550 programmes in 150 countries. It provided the financial support to programmes developed by the recipient countries in line with national strategic plans and priorities.

The Global Fund was created in order to “dramatically increase resources to fight three of the world’s most devastating diseases and to direct those resources to areas of greatest need”.³¹

Main functions of the Fund include:

- operating as a financial instrument, not an implementing entity;
- providing additional financial resources; and
- supporting programmes that reflect national ownership.³²

A key objective of ILO/Global Fund partnership is to strengthen the Country Coordinating Mechanism (CCM) process by a greater participation of the stakeholders in the world of work.

Global Business Coalition on HIV and AIDS (GBC) and the World Economic Forum³³

Both alliances constitute a business response to HIV and AIDS and the workplace at the global level. The partnerships cover a variety of area such as programme and policy development, even planning, capacity-building, service delivery and general support as part of the global response to HIV and AIDS.

The GBC has endorsed the ILO Code of Practice as an international reference for workplace action on HIV and AIDS, particularly with regard to prevention of stigma and discrimination related to AIDS. Within the alliance of over 200 international companies, the GBC contributes to the fight against the AIDS epidemic through the business sector’s unique skills and expertise. As the official focal point of the private sector delegation to the GFATM, the GBC provides its members with guidance, services, and expertise on malaria and TB, as well as on HIV and AIDS.

The World Economic Forum’s Global Health Initiative aims to develop and communicate corporate best practices in the areas of HIV and AIDS, tuberculosis and malaria. In this context, the ILO, WHO and the WEF have collaborated in the development of joint guidelines on the management of tuberculosis in the workplace.³⁴

Bilateral donors

USDOL / PEPFAR

Regional focus: Africa, Asia, Latin America and the Caribbean, Eastern Europe and Central Asia

³¹The Global Fund’s website; <http://www.theglobalfund.org/EN/about/how>

³²ILC, 98th Session, Report IV (1); HIV/AIDS and the world of work, Fourth item on the agenda; 2009, pg 23

³³ILC, 98th Session, Report IV (1); HIV/AIDS and the world of work, Fourth item on the agenda; 2009, pg 73

³⁴Technical cooperation: A means to implement the ILO Code of Practice on HIV/AIDS and the world of work; ILO Programme on HIV/AIDS and the World of Work, Geneva, June 2004; pg 26

The relations between the ILO and the United States Department of Labour (USDOL) in the field of development and implementation of HIV and AIDS workplace policies and programmes are marked by a long-term partnership. ILO/AIDS, in partnership with the USDOL, has created an International HIV and AIDS Workplace Education Programme known as **Strategic HIV and AIDS Responses in Enterprises (SHARE)**. The ILO began implementing SHARE programme in 2001 with a pilot project in India. With the benefit of direct funding from the USDOL, and with the financial support of the US President's Emergency Funds for AIDS Relief (PEPFAR) in Botswana, Burkina Faso, Guyana, India, Lesotho, and Swaziland, **the SHARE programme had reached more than 700 enterprises in 24 countries, for the benefit an estimated million workers plus their family members.** The SHARE programme aims at overcoming employment-related discrimination, reducing risk behaviours, facilitating access to VCT and treatment, and maintaining employment of workers living with HIV.

In a partnership with USDOL, the ILO has secured PEPFAR funding for projects in Botswana, Guyana, India, Lesotho and Swaziland to consolidate projects' achievements. The ILO has also submitted project proposals for consideration by the PEPFAR Public-Private-Partnership Technical Working Group (PPPTWG) hoping that these could be funded by the HOP. So far, a project proposal for Burkina Faso has been successful in 2008, and five proposals were submitted for funding in 2009.

The strategic framework for the ILO/USDOL project has three levels. Long-term objectives are accomplished by pursuing four immediate objectives:

- Improved knowledge and attitudes related to HIV and AIDS risk behaviours;
- Increased awareness and use of available HIV and AIDS workplace services;
- Reduced stigma against persons living with HIV and AIDS; and
- Increased capacity of the constituents to develop and apply HIV and AIDS workplace policies.

Each objective is supported by sub-immediate ones designed to ensure fine-tuning of project focus and selection of activities, namely:

- Increased availability of quality HIV and AIDS workplace services;
- Improved HIV and AIDS workplace policies;
- Increased levels of workplace collaboration and commitment by labour and management;
- Increased capacity of workplace to offer comprehensive HIV and AIDS policies and programmes on a sustained basis;
- Improved coordination and cooperation between tripartite actors and other partners at the national level;
- Improved national-level policy framework related to HIV and AIDS in the workplace; and
- Increased capacity of tripartite constituents to support development of workplace policies and programmes.³⁵

For the USDOL projects, a national project coordinator (NPC) manages the project in each country. A Project Advisory Board (PAB) steers the project to ensure harmony with national

³⁵ GB.295/TC/2, 2008; pg 3-4

policy and strategy as well as monitor progress. The PAB brings the tripartite constituents together with other key stakeholders, including governmental agencies, international bodies such as UNAIDS, United Nations Theme Groups on HIV and AIDS, representation from the donor country, if available, as well as interested non-governmental organizations and networks of people living with HIV and AIDS (PLWHA). A key component of the USDOL projects is a built-in monitoring system to assess progress and identify strengths and weaknesses for any re-planning needed. A performance monitoring plan (PMP) with country-specific indicators is used to assess project impact.³⁶

PEPFAR works in 120 countries around the world, with a special emphasis on 15 countries in Africa, Asia and the Caribbean that account for around 50 per cent of HIV infections worldwide: Botswana, Côte d'Ivoire, Ethiopia, Guyana, Haiti, Kenya, Mozambique, Namibia, Nigeria, Rwanda, South Africa, the United Republic of Tanzania, Uganda, Viet Nam and Zambia.³⁷

GTZ/GIZ³⁸

Regional focus: Africa, Eastern Europe and Central Asia

The German federally owned international cooperation enterprise GTZ (Gesellschaft für Technische Zusammenarbeit), has a long-standing relationship with ILO and supported projects in various countries, including Ukraine, Moldova, Namibia and Mali with the aim to promote workplace policies and programmes on HIV and AIDS. These projects were funded specifically through GTZ's BACKUP Initiative. The objective of Initiative was to advise governmental and civil society partners, including ILO, on how to apply for funding from the Global Fund and to build their capacity to do so. Particular attention was being paid to gender equality, integration into existing health systems, increased participation of civil society and capacity development.

In all four ILO project countries, the GTZ-funded programme has been working with ministries of labour, employers and workers organizations to develop policies on HIV and AIDS in the world of work. It has also trained labour inspectors on HIV-related issues. In Ukraine and Moldova, for example, the project has worked with stakeholders from the education and the health sectors as well as with local NGOs and mass media to build the capacity of staff in these sectors to respond to HIV. Projects completed their activities in 2009.

The strategic alliance with the GTZ provides ILO/AIDS with access to the internationally recognized technical capabilities of the GTZ and the means to carry out research and methodology development that other countries and international bodies can then use and adapt.

Within the framework of the partnerships, immediate objectives include:

- Providing training and services on workplace policies and initiatives;

³⁶ GB.295/TC//2, 2008; pg 5-6

³⁷ ILC, 98th Session, Report IV (1); HIV/AIDS and the world of work, Fourth item on the agenda; 2009, pg 23

³⁸ Operating as GIZ (Deutsche Gesellschaft für Internationale Zusammenarbeit) as of January 1, 2011

- Facilitating the inclusion of workplace policies and programmes in national action plans and GFATM proposals and helping them scale up;
- Improving the methodologies for monitoring and evaluating the impact of HIV and AIDS workplace interventions;
- Enhancing the scientific understanding of the economic and social impact of HIV and AIDS, and providing an intellectually sound basis for advisory services in the world of work;
- Helping policy-makers and stakeholders respond to AIDS-related changes in the labour market and in the working environment; and
- Identifying, promoting and disseminating examples of good practice.³⁹

OPEC Fund for International Development (OFID)⁴⁰

Regional focus: Africa, Latin America and the Caribbean

ILO/AIDS cooperates in a close partnership with the Organization of Petroleum Exporting Countries Fund for International Development (OFID) to address workplace health and safety policies and programmes in Africa, Latin America and the Caribbean. The partnership seeks to build the capacity of government Ministries, employers' and workers' organizations to develop and implement enabling HIV and TB policies and programmes. The policies and programmes would support the establishment of a healthy workforce and a safe and healthy work environment.

From May 2006 to April 2009, the OFID granted 2 million US\$ to the ILO to initiate policy development and HIV workplace interventions including awareness-raising, sensitization, and capacity development targeting employers and workers. This phase of collaboration has been implemented in Africa with partners in **Guinea-Conakry, Guinea-Bissau, Kenya, Madagascar, Mozambique, Senegal, Sierra Leone and Zimbabwe**. In Latin America the collaboration covered **Bolivia, Paraguay, Peru and Surinam**.

The Phase I of the joint collaboration achieved the adoption of national workplace HIV and AIDS policies consistent with international labour standards and the key principles established in the ILO Code of Practice on HIV and AIDS and the World of Work. It also facilitated the creation of national tripartite social dialogue mechanisms to reduce stigma and discrimination among employers, workers and their families and communities.

The Phase I project evaluation noted the value of the ILO's comparative advantage in effectively creating and cultivating equal partnerships. Equality in partnerships ensures that the voices of governments, employers and workers are heard and that their views are taken into account in planning and delivering interventions benefiting all tripartite constituents. The value added by the ILO-OFID collaboration continued into a Phase II partnership.

The phase II partnership covers **Ethiopia, Kenya, Liberia, Senegal, Sierra Leone in Africa**

³⁹Technical cooperation 2, Workplace action on HIV/AIDS, How to access funds at country level; ILO/AIDS, October 2005; pg 16

⁴⁰ Information available on ILO/AIDS official website; http://www.ilo.org/aids/Projects/lang--en/WCMS_116588/index.htm

and Bolivia, Guyana, Haiti, Honduras, Nicaragua and Paraguay in Latin America and the Caribbean. These countries are high HIV and TB burden countries and/ or impoverished countries.

Building upon the foundations built and lessons learned from Phase I, the second phase focuses on building knowledge to design evidence-informed interventions in policy-strengthening and capacity improvement through tripartite partnerships. The emphasis is on reducing economic sector-specific HIV and TB vulnerabilities based on a country's specific cultural and social contexts. Particular attention is placed on poverty reduction through improving employment skills, entrepreneurship, gender transformation in small and medium enterprises and informal economies. Sectors covered include the transport, maritime, manufacturing and mining sectors in addition to health.

The ILO-OFID partnership invests in creating enabling environments for decent work and healthy workforces. A healthy workforce is the foundation for sustainable socio-economic development which contributes directly to the achievement of the Millennium Development Goals.

SIDA⁴¹

Regional focus: sub-Saharan Africa

SIDA's strategy on HIV and AIDS aims at achieving two key objectives:

- 1) Reducing the further spread of virus;
- 2) Mitigating the effects of the epidemic on individuals and society.

Within its partnership with the ILO, SIDA is providing support for an ongoing multi-country programme on HIV and AIDS prevention and impact mitigation in the world of work in sub-Saharan Africa. The programme started in December 2005 and comprises three components:

- **Reaching the transport sector** through a corridor approach aiming to increase knowledge on HIV and AIDS and minimize risk behaviours;
- **Working with the informal economy and cooperatives** to mitigate impact of HIV and AIDS and improve working conditions in informal settings; and
- **Enhancing legal and policy compliance.** The programme covers 15 countries: Lesotho, South Africa, Mozambique, Malawi, Zimbabwe, Botswana, Ethiopia, Nigeria, Burkina Faso, Mauritius, Tanzania, Togo, Benin, Cameroon, and Democratic Republic of Congo. The transport and informal economy components operate in Benin, Cameroon, Ethiopia, Malawi, Mozambique, South Africa, Tanzania and Zimbabwe, which are the main programme counties.

This innovative programme addresses different dimensions of the HIV and AIDS response through a common strategy led by different ILO departments and programmes (i.e. COOP, CoopAfrica, SEED, STEP). The programme takes into account the socio- economic, cultural

⁴¹ Information available on the ILO/AIDS official website; http://www.ilo.org/aids/Projects/lang--en/WCMS_116576/index.htm

and gender-related factors that undermine prevention and impact mitigation efforts. It seeks to address the specific needs of men and women in project implementation and, in particular, women specific HIV and AIDS-vulnerabilities in the informal economy by using empowerment strategies. Small business development is encouraged as a way to reduce vulnerabilities. In Cameroon for instance, a number of innovative activities under the cooperatives and informal economy component of the programme have been undertaken. Specific interventions aiming at increasing financial resources and enhancing livelihoods and quality of life of women affected by the epidemic yet demonstrated interesting results.

The ILO SIDA-financed programming covers the period 2006-2009 and aims to mobilize cooperatives and community-based organizations to take action to fight HIV and AIDS, to strengthen legal and policy provisions, improve occupational safety and health, and boost HIV and AIDS prevention efforts in Sub-Saharan Africa.

The SIDA funded ILO project has held various workshops in Africa aimed at educating and training on aspects of HIV and AIDS in the workplace. The training of law enforcers is believed to have helped to facilitate better legal compliance. By 2008 around 160 law enforcers had been through a workshop, and in several countries follow up training for labour court staff was run by magistrates' own initiative.

The ILO has also partnered with Coop Africa who contributes to capacity building of cooperative support structures by providing skills and resources. One such project of Coop Africa was “Mobilising cooperatives to mitigate and reduce the impact of HIV and AIDS in the world of work in Tanzania” (2008).⁴²

Norway

The partnership between Norway and the ILO builds on the initial agreement on the ILO/Norway multi-bilateral programme signed with the Norway Ministry of Foreign Affairs in 1972. The issue of HIV and AIDS has been addressed for the first time in the ILO/Norway partnership programme – the Programme Cooperation Agreement for 2010-2011. January 2011 marked launching a joint project, entitled “The World of Work effectively responds to HIV and AIDS through Recommendation 200 with emphasis on social protection”.⁴³

Built on the achievements of the programmes supported by Norway in earlier phases of Norway-ILO cooperation, the PCA 2010-11 incorporates a contribution to the Regular Budget Supplementary Account (RBSA) and to the ILO Technical Cooperation Programme. An additional grant not exceeding NOK 6 million (six million Norwegian Kroner) will be made by the Norwegian MFA to finance ILO's work on HIV and AIDS in support of the Decent Work Outcome 8 of the ILO's P&B 2010-11 and the SPF 2010-2015.⁴⁴

National stakeholders

⁴² ILO AIDS, 2008-09, *The Newsletter of the SIDA funded ILO programme on HIV/AIDS prevention and impact mitigation in the world of work in Sub Saharan Africa*, (Newsletters 1-3) Accessible at www.ilo.org/aids.

⁴³ Information available on the ILO/AIDS website; http://www.ilo.org/aids/Projects/lang--en/WCMS_153295/index.htm

⁴⁴ Norway/ILO Programme Cooperation Agreement 2010-11; pg 1-4

A coordinating body responsible in some way for dealing with HIV and AIDS exists in all countries, either established in the form of the national AIDS authorities or organized within the ministry of health or, in some cases, with the involvement of the ministry of labour. Very often these bodies operate as national councils or national committees, with various kinds of coordinating power over the range of national efforts to combat HIV and AIDS. Non-governmental actors, including organizations of PLHIV, as well as various ministries compose these bodies and function within a framework of a ministerial decree or, in some cases, legislation adopted by the national parliament. Coordination of the execution of multi-year national plans or programmes on HIV and AIDS lies often within their mandate.⁴⁵

Business response

The ILO has been a strong supporter of business coalitions at regional and national levels in the fights against the AIDS epidemic. It may be mentioned that various multinational companies, including BMW, Volkswagen or Coca-Cola have been the leading players in providing treatment at workplaces. In many countries, the involvement of the SMEs in the fight against HIV and AIDS has resulted in the establishment of relevant workplace policies, occupational health services and ARV treatment available to staff. Reasoning behind this kind of initiatives is often explained by aiming at cost-effectiveness or expression of corporate social responsibility.⁴⁶

⁴⁵ ILC, 98th Session, 2009; *HIV/AIDS and the world of work, Fourth item on the agenda*; pg 6

⁴⁶ ILC, 98th Session, 2009; *HIV/AIDS and the world of work, Fourth item on the agenda*; pg 74

ANNEX 7. ILO'S INTERNAL COLLABORATION

ILO/AIDS is the main operational unit that implements the Office's mandate in the area of HIV and AIDS in the workplace, but additional capacity can be found in all its main departments and programmes, including:

International labour standards (NORMES)

The ILO's supervisory bodies have recognized the negative implications of the epidemic for the realization of human rights and workers' rights. This has sometimes been seen in terms of Discrimination within the meaning of the Discrimination (Employment and Occupation) Convention, 1958 (No. 111). The serious implications of the epidemic for child labour, and the contribution that can be made to combating it through freedom of association and collective bargaining, are an additional important reason to take account of HIV and AIDS in considering how the Conventions on these subjects have been applied. In addition, the application of ILO standards on social security, occupational health services, and OSH, has been a vital element of the ILO response to HIV and AIDS.⁴⁷

The International Programme on the Elimination of Child Labour (IPEC)

The IPEC has been working on the linkages between HIV and AIDS and child labour since 2001, focusing on children who have lost one or both parents to AIDS. IPEC has assembled a knowledge base on the linkages between child labour, in particular its worst forms, and AIDS orphanage and vulnerability. This resulted in a three-year project entitled "Combating and preventing HIV and AIDS-induced child labour in sub-Saharan Africa". The project aims at assisting HIV and AIDS-affected boys and girls who are in child labour or at risk of entering child labour in Uganda and Zambia. It also aims at disseminating tools on HIV and AIDS and child labour issues.⁴⁸ In 2010, the ILO Recommendation concerning HIV and AIDS and the World of Work (No.200) was adopted as the new labour standard aimed at expanding and strengthening AIDS responses in the world of work, including a response to the ongoing problem of stigma and discrimination. Recommendation no.200 is considered as an unequivocal commitment by the ILO's constituency of tripartite constituents, in close collaboration with organizations of PLWHIV and partner international organizations to strengthen workplace prevention efforts and facilitate access to treatment for persons living with or affected by HIV and AIDS.⁴⁹

Employment Sector (EMPLOYMENT)

The Women's Entrepreneurship Development and Gender Equality Programme (WEDGE) has adopted measures to mainstream HIV and AIDS in its activities. The Employment Sector works with ILO/AIDS to develop strategies and practical actions to provide employment and income-generating opportunities for PLHIV.⁵⁰

⁴⁷ ILC, 98th Session, 2009; *HIV/AIDS and the world of work, Fourth item on the agenda*; pg 20

⁴⁸ ILC, 98th Session, 2009; *HIV/AIDS and the world of work, Fourth item on the agenda*; pg 20-21

⁴⁹ Recommendation concerning HIV and AIDS and the World of Work, 2010 (no.200), ILO

⁵⁰ ILC, 98th Session, 2009; *HIV/AIDS and the world of work, Fourth item on the agenda*; pg21

Social Dialogue Sector (DIALOGUE)

The programme has responsibility for a work programme that takes into account the importance of reinforcing legal systems, in order to ensure that any action adopted in response to HIV and AIDS finds support within an effective legal framework with associated enforcement mechanisms; this will assist social partners and other stakeholders (labour courts, judges and labour inspectors) in strengthening their capacity to apply relevant labour standards, improved national laws and the ILO's 2001 code of practice. In order to respond to HIV and AIDS, the ILO has already developed various tools to enrich the training, and these include:

- *Guidelines on addressing HIV/AIDS in the workplace through employment and labour law;*
- *A handbook on HIV and AIDS for labour and factory inspectors;*
- *Using the ILO code of practice and training manual: Guidelines for labour judges and magistrates.*

Sectoral Activities Programme (SECTOR)⁵¹

As it has been outlined in the previous sections, the ILO aims at strengthening its response to HIV and AIDS in the workplace through its inter-sectoral approach. Since 2004, the Sectoral Activities Programme has developed various tools and activities jointly with ILO/AIDS in different strategic sectors.⁵²

Sectoral approach on HIV and AIDS

Since the inception of the sectoral Action Programme on HIV and AIDS in the workplace, approved by the Governing Body in March 2003, the Sectoral Activities Department and the ILO Programme on HIV and AIDS and the World of Work (ILO-AIDS) have worked together in sectors including education, health and transport (2004-05) and construction, mining and commerce (2006-07). In order to allow for replication of good practices, sector-specific guidelines and training toolkits have been developed, guided by the ILO Code of Practice on HIV/AIDS and the World of Work. Tools have been adopted for the construction, education, health, maritime, postal services, public services, tourism and transport sectors. Guidelines awaiting validation have been drafted for commerce and mining.⁵³

The sectoral approach applied to the ILO's activities in the HIV and AIDS-related issues in the work place ensures the relevance of specific guidance for workers in different sectors and also enables an easier involvement of the sectoral social partners. Other organization with mandates in closely related fields can also be more easily involved when sectoral approach is used.⁵⁴

Commerce

⁵¹ See the previous part on Sectoral approach to HIV/AIDS

⁵² ILC, 98th Session, 2009; *HIV/AIDS and the world of work, Fourth item on the agenda*; pg 22

⁵³ GB.309/STM/1/2, 2010; pg 1

⁵⁴ GB.309/STM/1/2, 2010; pg 2

Taking into account the importance of retail sector for the employment, draft guidelines have been developed by the ILO in collaboration with a major retailer, drawing on the experience of individual retailers from around the world. The guidelines provide a framework for the development and promotion of HIV and AIDS workplace programmes, focusing on orientation and information on what and how retail enterprises can undertake as a practical and properly focused response to HIV and AIDS.⁵⁵

*Construction*⁵⁶

In 2008, the ILO developed guidelines for the construction sector in 2008 with the aim of contributing to a reduction of the HIV and AIDS risks faced by construction workers and enterprises, as well as the wider economy. These guidelines provide good practices, recommendations and workplace policies to be applied specifically on construction sites, and aim at strengthening the role of trade unions, employers and governments in tackling HIV and AIDS.

The guidelines have resulted useful for developing strategic HIV and AIDS policies and programmatic interventions for construction workers at country level. They have also been used by several partners such as Building and Wood Workers' International (BWI), the International Trade Union Confederation (ITUC), and other entities working with the ILO such as the International Federation of Consulting Engineers (FIDIC), the Institute of Civil Engineers (ICE) in the United Republic of Tanzania, and the Global Reporting Initiative (GRI) for developing their own programmes and policies.

The guidelines have also been used by the Trade Union Advisory Committee to the OECD (TUAC), the International Organization for Migration (IOM), the Asian Development Bank (ADB), the Asia-Pacific Economic Cooperation (APEC), the United States Agency for International Development (USAID), the German Organization for Technical Cooperation (GTZ), and the Water Supply and Sanitation Collaborative Council (WSSCC).

*Education*⁵⁷

In 2004 the ILO joined forces with UNESCO to implement the Action Programme (AP) HIV and AIDS Workplace Policies for the Education Sector. The main objective of the AP was to develop a strategy to reduce the impact of HIV and AIDS in the education sector and to improve responses to HIV and AIDS in education workplaces. Under this programme regional assessments were prepared and workplace policy documents and implementation checklists drafted. Based on the ILO code of practice, guidelines were formulated and validated at two sub-regional tripartite workshops jointly organized by ILO and UNESCO in 2005.

The tripartite participants at the Joint ILO–UNESCO Caribbean Subregional Workshop, held in Jamaica, adopted an *HIV and AIDS Workplace Policy for the Education Sector* in the Caribbean. The tripartite participants at the Joint ILO–UNESCO Southern African Subregional Workshop, held in Mozambique, reviewed and agreed on an HIV and AIDS

⁵⁵ GB.309/STM/1/2, 2010; pg 2

⁵⁶ GB.309/STM/1/2, 2010; pg 3

⁵⁷ GB.309/STM/1/2, 2010; pg 3

workplace policy for the Education Sector in Southern Africa which aims at enhancing “commitment among senior education sector management, private school employers and managers and education sector unions to respond effectively to HIV and AIDS in the education sector”.

These policies were designed to be additional contributions to the realization of the Education for All (EFA) goals adopted in Dakar, Senegal in 2000, and have been endorsed by the UNAIDS Inter-Agency Task Team (IATT) on Education. They have been used by education staff and stakeholders at national and institutional levels.

*Health services*⁵⁸

The ILO has been actively cooperating with WHO on HIV and AIDS response and, more broadly, in the area of occupational health. Since 2005, the ILO’s sectoral approach to HIV and AIDS has been strengthened by joint tripartite consultations convened by both agencies. The consultations resulted in adopting the *Joint ILO-WHO guidelines on health services and HIV and AIDS* in 2005 and publishing the *Joint WHO-ILO guidelines on post-exposure prophylaxis to prevent HIV infection*, published in 2008.

In 2006, as part of the efforts to deal with the crisis in human resources for health, WHO in collaboration with the ILO engaged in formal consultations with ILO constituents, stakeholders and partners on a number of issues, including the preparation of a 17-country study on a policy to improve health workers’ access to HIV and tuberculosis (TB) services. This initiative originates from the Treat, Train, Retain (TREAT) strategy, a joint initiative by WHO, the ILO and the IOM to support universal access to HIV and AIDS services and address the impact of HIV on the health workforce. In September 2009 an international WHO–ILO consultation on policy guidelines to improve health workers’ access to prevention, treatment and care services for HIV and TB took place in Geneva.

The inter-agency collaboration between the ILO and WHO has been further strengthened thanks to a new action programme on the promotion of social dialogue in protecting health workers from occupation hazards carried out for the 2010-11 biennium. In this context, 2010 was marked by several outputs resulting from this collaboration:

- the finalization of the Joint WHO-ILO-UNAIDS policy guidelines on improving health workers’ access to HIV and TB prevention, treatment, care and support services;
- the review and finalization of the WHO-ILO Global Framework for National Occupation Health Programmes for Health Workers;
- the ILO’s contribution to the second phase of the joint UN project in the United Republic of Tanzania on reducing maternal mortality (MDG 5), by adapting the WISE+⁵⁹ materials for health-sector workers.

The ILO Promotional Framework for Occupational Safety and Health, adopted in 2006, and the WHO Global Plan of Action for Workers’ Health 2008–17 encourage the development of

⁵⁸ GB.309/STM/1/2, 2010; pg 4-6

⁵⁹ The ILO Work Improvement in Small Enterprises (WISE+) programme provides trainees and trainers with guidance in 15 technical areas, all related to improving working conditions and productivity in small and medium-sized enterprises around the world.

strategies to promote a preventative safety and health culture, to progressively achieve a safe and healthy working environment, and to support national governments to strengthen activities related to workers' health. The newly adopted Recommendation No. 200 emphasizes the protection of workers from exposure to HIV and TB in the occupational setting.

With the aim of strengthening links between the WHO and the ILO, the Tripartite Working Party of Experts was established in June 2010 with a mandate to conduct the tripartite review and validation of the draft guidelines and the Global Framework, and to retain the ongoing mandate to develop joint strategies for the funding and implementation of additional occupational health related tools including HIV and TB to promote health workers' safety and health. The first meeting of the Joint ILO–WHO Tripartite Working Party of Experts on Occupational Health and HIV and AIDS for Health Services Workers was held from 6 to 9 July 2010. The mandate and follow-up work of the Working Party are also in line with the recently adopted Action Plan 2010–16 for the ILO Programme on Safety and Health at Work and the Environment (SafeWork) calling for implementation of ILO Conventions on occupational safety and health (OSH) and of WISE+. The Office plans to support this work in the health sector by continuing work in Senegal and the United Republic of Tanzania and hopes to involve other target countries such as Ukraine where the Government has recently ratified the Occupational Health Services Convention, 1985 (No. 161).

*Maritime*⁶⁰

In 2009 a Global Partnership on HIV and Mobile Workers in the Maritime Sector was jointly launched by the ILO, the International Organization for Migration (IOM), the Joint United Nations Programme on HIV and AIDS (UNAIDS), the International Transport Workers' Federation (ITF), the International Shipping Federation (ISF), the International Committee on Seafarers' Welfare (ICSW), and the International Maritime Health Association (IMHA).

The main focus of the partnership aims at reducing high-risk behaviours among seafarers; increasing access to HIV information and services, including counselling and testing; a raising high-level commitment by stakeholders.

The ILO is the lead agency for the programme component aiming at strengthening high-level commitment and ownership of stakeholders around seafarers' issues on HIV. The target population includes: seafarers from the Philippines who visit the port of Durban in South Africa; families and partners of seafarers; maritime health professionals; instructors at maritime academies; and ship owners.⁶¹

*Mining*⁶²

Several programmes have been conducted in the sector in a number of countries, including China, India and Sierra Leone. Having identified the need of truly tripartite guidance in the sector, the ILO has developed tripartite ILO guidelines on HIV and AIDS for the mining

⁶⁰ GB.309/STM/1/2, 2010; pg 6

⁶¹ ILO, Some examples of recent collaborations between the ILO and UNAIDS Co-sponsors at the Global level; document provided by the ILO/AIDS staff; Geneva

⁶² GB.309/STM/1/2, 2010; pg 6

sector, together with ITUC, the International Federation of Chemical, Energy, Mine and General Workers' Union (ICEM) and the International Organisation of Employers (IOE).

*Postal services*⁶³

July 2009 marked launching a global HIV prevention campaign in post offices around the world by UNAIDS, the Universal Postal Union (UPU), the ILO and UNI Global Union. Guidelines for the development of workplace policies and programmes on HIV prevention, care and support for postal workers and managers were developed, aiming at informing postal workers about prevention and protection measures relating to HIV and AIDS. The global HIV prevention and awareness campaign in and through post offices will continue in 2011.

*Public services*⁶⁴

The ILO implemented in 2006-07 an action programme in public services in the United Republic of Tanzania aimed at improving human resources development for sustainable public services in response to the impact of the HIV and AIDS in that sector. Two training programmes for HIV and AIDS coordinators from local government authorities in Dar es Salaam were organized collaboratively by the ILO and the President's Office-Public Service Management in August 2007. They aimed at designing and implementing HIV and AIDS workplace programmes, and on how to implement the guidelines for the management of HIV and AIDS in the public service. The programmes were to enhance the understanding of the participants on HIV and AIDS and strengthen their capacity to develop and implement effective workplace intervention programmes. 66 district focal coordinators were trained.

*Tourism*⁶⁵

The ILO has already marked its presence in tourism with the development of an HIV and AIDS workplace policy for tourism sector in the Caribbean. Consequently, the Office supported the elaboration of Guidelines on HIV and AIDS in the tourism industry, validated already in 20 hotels of the Lao People's Democratic Republic since 2009. The Guidelines will be launched as a joint publication of the ILO and the World Tourism Organization.

In addition, awareness-raising material on HIV and AIDS in Arabic for hotel workers was also produced with the aim of promoting workplace approached.

Transport

Under the sectoral HIV and AIDS action programme, the ILO has developed training materials for the road transport sector. Relevant guidelines were published in 2005 after research and validation workshop held in Pretoria in 2005.

Following the conclusion of the Tripartite Meeting on labour and Social Issues Arising from Problems of Cross-Border Mobility of International Drivers in the Road Transport Sector

⁶³ GB.309/STM/1/2, 2010; pg 6

⁶⁴ GB.309/STM/1/2, 2010; pg 7

⁶⁵ GB.309/STM/1/2, 2010, pg 8

(2006), the ILO, jointly with the IRU Academy and ITF, and with the support of the European Union, developed and published a training toolkit in March 2008.

The toolkit can be used for training road transport workers and operators on HIV and AIDS prevention, including behaviour change, counselling and testing, care and support. In April 2010, a similar toolkit, *On the right track: A training toolkit on HIV and AIDS in the railway sector*, was jointly developed and published with the International Union of Railways (UIC) and ITF.

ANNEX 8. DIAGNOSTIC OF MAJOR IMPACT ASSESSMENT TOOLS AND STUDIES OF ILOAIDS

Table 1. ILOAIDS rapid assessment report: “HIV/AIDS in the transport sector of Southern African countries: A rapid assessment of cross border regulations and formalities (2005)”

Study summary: This regional and thematic Swedish-financed rapid assessment is a study of policies and practices relating to HIV/AIDS in the Southern African transport sectors (i.e. the South African, Zambian, Zimbabwean, Malawian, Mozambican and Botswanan transport sectors) and the degree of harmonization of border-crossing procedures. It concludes with recommendations for the implementation of policies and activities to help prevent the spread of HIV/AIDS in the transport sector and address the higher than average levels of infection among its workers.

	Purpose	What is being done	Findings and recommendations
Description	<ul style="list-style-type: none"> - assess national policies and practices relating to HIV/AIDS in transport sectors and the cross-border harmonization measures (i.e. formalities causing extensive waiting periods for transport workers at border spots; constraints against speedy service delivery for the prevention of HIV transmission; high-risk geographical areas; information on government, nongovernmental and international organizations working with transport workers and commercial sex workers in border crossing areas) - provide recommendations for revising policies and planning interventions to help prevent the further spread of HIV in targeted countries' transport sectors 	<ul style="list-style-type: none"> - thorough descriptive mapping of the situation in the region including listing of the regional organizations promoting harmonisation of transport procedures and HIV policies and their activities; - identification of regional chokepoints on the main transport corridors; - listing of HIV hotspots and review of the national policy instruments, as well as impediments to safer behaviours 	<ul style="list-style-type: none"> - main output of the study (according to its authors) is the list of actionable recommendations. These include: (1) speeding up of the implementation of the <i>ILO Code of Practice on HIV/AIDS and the world of work</i>, and elaboration of actions plans consistent with both the <i>Code</i> and the <i>SADC Code of conduct on HIV/AIDS and Employment</i>; (2) boosting information sharing and promoting cooperation in the implementation of activities; (3) expanding linkages between efforts aimed at fighting HIV/AIDS and efforts at harmonising border crossing laws and procedures; (4) bringing education, training and treatment closer to transport workers, finding alternative activities (including sport) for workers, and enlisting border officials and communities in the fight against HIV/AIDS
Observations	<ul style="list-style-type: none"> - the rapid assessment's findings should clearly help identify needs and design better interventions targeting transport workers in Southern African countries. - the intent to use the same findings as a benchmark against which to measure effectiveness and/or impact is not stated 		<ul style="list-style-type: none"> - again, what the authors stress is not the descriptive data they gathered or the value of key indicators they have measured but the input to the probable design of an ILOAIDS intervention. They are more concerned with assessing needs than benchmarking, or so it seems

Table 2. ILOAIDS baseline survey report: “Report on the review of HIV/AIDS workplace programmes in the South African transport sector (2008)”

Study summary: This report provides the findings of a baseline survey and makes recommendations for further planning and support of projects and programmes implemented to address the spread of HIV/AIDS in the transport sector. The country level thematic study’s target population is the South African transport sector, its 5 subsectors and workers, accounting for 576 000 jobs or 4.5 per cent of the total employed population in South Africa.

	Purpose	What is being done	Findings
Description	<ul style="list-style-type: none"> - gain better understanding of the knowledge, attitude, behaviour and practices (KABPs) of workers in the transport sector and of the projects and programmes implemented to address the spread of HIV/AIDS in the transport sector - inform the ILO Swedish-financed “HIV and AIDS Prevention and Impact Mitigation in the Transport Sector” project design (i.e. amendments to the generic plan) 	<ul style="list-style-type: none"> - KABP survey; data disaggregated along the following lines: gender, age, educational level, and occupational category - interviews of key informants - also policies’ review with ILO core principles of and criteria for a workplace response to HIV/AIDS as the framework of analysis; issues addressed are recognition of HIV/AIDS as a workplace issue, non-discrimination, gender equality, social dialogue, non exclusion of the infected from work, prevention, care and support... 	<ul style="list-style-type: none"> - organizations within which questionnaire administered are all members of the National HIV and AIDS Transport Coordinating Committee: 17 out of 22 organizations had HIV and AIDs policies in place - of the 17 policies that were reviewed, only 8 per cent recognised the gender dimensions of HIV and AIDS and only 18 per cent recognised social dialogue as an important factor. Most policies vague and lacked detail and clarity on key aspects of policy; programmes mainly implemented are prevention programmes; implementation of care and treatment programmes was inadequate. - generally, high knowledge on HIV/AIDs among respondents; a majority had undergone voluntary counselling and testing; more than half have family or friends living with HIV. Yet inconsistent use of condoms pamphlets, magazines, and HIV and AIDS training sessions in organizations identified as workers’ main sources of HIV and AIDS information. - recommendations include development of transport sector specific policy framework, capacity-building and M&E plans; more communication and strengthened partnerships with unions

<p style="text-align: center;">Observations</p>	<p>- again, benchmarking not stated as the main purpose of a baseline survey.</p>	<p>- disaggregation along gender line explained by the identification in the National Strategic Plan (NSP, 2007-2011) of ‘low status of women, including gender-based violence, in society’ as a fundamental driver of the epidemic. Special focus on designing interventions sensitive to social circumstances is also a guiding principle of the National Strategic Plan and accounts for the exploration of the remaining dimensions (i.e. age, educational level and occupational categories).</p> <p>- ILO core principles also reflected in the National Strategic Plan and its 4 key priority areas in particular.</p>	<p>- findings again implementation as opposed to results-oriented. Yet, identified gaps in policy for instance are descriptive of the status “before the project” and the persistence of such gaps would signal a lack of effectiveness of future projects...</p> <p>- There will for instance be room for “before after comparisons” of percentages of respondents having undergone voluntary counselling and testing, and their consistency in the use of condoms and KAP survey results in general.</p>
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Table 3. ILOAIDS baseline survey report: “*Projet de mobilisation des coopératives, PME, et organisations de l’économie informelle pour la lutte contre le VIH/SIDA au Cameroun : rapport d’évaluation de base (2008)*”

Study summary: The report presents the findings of a survey in 8 cities (Yaounde, Sa'a, Limbe, Muntenguene, Babadjou, Bafoussam, Bamenda, Kumbo) from 4 different regions. These regions are an ILOAIDS Swedish-financed project targeted regions. The survey focuses on the future project targeted populations i.e. cooperatives and informal sector associations and organizations.

	Purpose	What is being done	Findings
Description	<ul style="list-style-type: none"> - gather baseline data to allow for the assessment of the impact of the Swedish-financed ILO project in Cameroon down the line: the project will aim to mobilize cooperatives and community-based organizations to take action to fight HIV/AIDS, to strengthen legal and policy provisions, improve occupational safety and health, and boost HIV/AIDS prevention efforts - formulate recommendations for the design of interventions aimed to address HIV/AIDS related issues within cooperatives and informal sector associations and organizations 	<ul style="list-style-type: none"> - appraisal of the knowledge, attitude, risk behaviour and practices; also collection of information regarding workers' perceptions, stigma and discrimination determinants and identification of communication channels; data disaggregated along gender lines 	<ul style="list-style-type: none"> - generally, knowledge on HIV/AIDs among female respondents remains low; 11 per cent of the male respondents identified correctly three modes of transmission of the HIV virus; inconsistent use of condoms and high-risk behaviours for a significant proportion of males (some 41 per cent); females more prompt to rely on voluntary counselling and testing; - radio and TV broadcasts, magazines, and opinion leaders' speeches identified as respondents' main sources of HIV and AIDS information.
Observations	<ul style="list-style-type: none"> - fostering ownership of the fight against HIV/AIDs at all levels including the community level and among local leaders as well as in the informal sector features as key priority 4 in the national strategic plan for 2006-2010. Recommendations on how to address HIV/AIDs related issues within cooperatives and informal sector associations and organisations are likely to be welcomed by government partners and could be used to improve the coherence of sector-specific interventions. - the intent to establish a benchmark is made clear here; it is one of the two stated purposes for the study 	<ul style="list-style-type: none"> - reductions in the number of new infections (national objective as described in the <i>Plan stratégique de lutte contre le VIH/SIDA 2006-2010 au Cameroun</i>) can only be achieved through change in KABP; their investigation is thus a first and crucial step in the design of effective projects and programmes. 	<ul style="list-style-type: none"> - the reported frequencies and percentages could be compared to those for a comparable sample after the implementation of the ILOAIDS project

Table 4. ILOAIDS SHARE project impact study: "Impact assessment on the workplace HIV/AIDS intervention [Ethiopia] (2008)"

Study summary: The stated purpose of this assessment is to measure the impact of the SHARE project implemented in Ethiopia (i.e. Addis Ababa, Oromia and Southern Nations, Nationalities and People Regional states) within 7 sectors of activity including the civil aviation, shipping, tea development, hotel enterprise, banking and weathering sectors. The project has been implemented from May 2004 to March 2008 focusing on piloting workplace HIV/AIDS prevention and control activities through providing technical support and a workplace focused comprehensive behavioural change communication (BCC) intervention in 15 enterprises in collaboration with ILO constituents (the tripartite) and other labour stakeholder partners.

	Purpose	What is being done	Findings
Description	<ul style="list-style-type: none"> - to measure change in HIV/AIDS awareness, attitude and practices among workers of the enterprises covered by the 2004-2008 USDOL-financed education programme (SHARE project) and SHARE's influence on HI- related risky behaviour and number and use of prevention, care and support services at the workplace and community levels. 	<ul style="list-style-type: none"> - descriptive study of a cross-section of facilities/enterprises covered by the project - comparison of 2008 worker and enterprise-level survey data with results from the 2005 Behavioural Change Communications (BCC) formative assessment (worker and enterprise-level baseline survey) - also qualitative inquiries about the national and institutional context and disaggregation along gender lines 	<ul style="list-style-type: none"> - awareness of HIV and AIDS remained constant (99 per cent of respondents have heard of the disease); knowledge of the 3 means of protection has increased (from 63 to 70 per cent of those surveyed); 9.3 per cent more respondents reported knowledge of how to use a condom - percentage of ever-tested respondents has increased by 19 per cent; percentage of those who know of the existence of HIV/AIDS policies in their workplace increase from 1 per cent to 34 per cent - national tripartite constituents and other four key partners shouldered the role of a national workplace coordinating mechanism for the HIV/AIDS prevention and control activities taking place in the workplace, agreed to have one national umbrella policy....
Observations	<ul style="list-style-type: none"> - the need for a large-scale comprehensive approach to preventing the spread and mitigating the impact of HIV/AIDS stressed in the Ethiopian Strategic Plan justifies the multi-sectoral approach to this study and to SHARE. 	<ul style="list-style-type: none"> - impact is best measured in the long-term. Yet, SHARE has been implemented between 2004 and 2008, the present study conducted only months after its end; also "baseline data" collected after the beginning of the programme. 	

ANNEX 9. ILO/AIDS STANDARDS-SETTING INSTRUMENTS

1 Summary description of ILO standards-setting instruments

International Labour Conventions, Protocols and Recommendations

International labour standards are legal instruments drawn up by the ILO's constituents (governments, employers and workers) and setting out basic principles and rights at work. They are either *Conventions*, which are legally binding international treaties that may be ratified by member States, or *Recommendations*, which serve as non-binding guidelines. In many cases, a convention lays down the basic principles to be implemented by ratifying countries, while a related Recommendation supplements the Convention by providing more detailed guidelines on how it could be applied. Recommendations can also be autonomous, i.e. not linked to any Convention.⁶⁶

Protocols are also international treaties but which, in the ILO context, do not exist independently since they are always linked to a Convention. Like Conventions, they are subject to ratification (however, the Convention to which they are linked also remains open for ratification). They are used for the purpose of partially revising Conventions, where the subject of the revision is limited. They thus allow adaptation to changing conditions and enable practical difficulties to be dealt with which have arisen since the Convention was adopted, thus making the Conventions more relevant and up to date.⁶⁷

Other ILO instruments

(a) ILC and Governing Body Declarations

Declarations are generally used by the ILO ILC or Governing Body in order to make a formal statement and reaffirm the importance which the constituents attach to certain principles and values. Although Declarations are not subject to ratification, they are intended to have a wide application and contain symbolic and political undertakings by the member States.

(b) ILC resolutions

The ILC generally uses Resolutions for two different purposes. It may use Resolutions as a way of formally expressing its will or its opinion on a given subject. The ILC may also adopt Resolutions accompanied by Conclusions following general tripartite discussions within one of its technical committees.

2 Selected Conventions

Discrimination (Employment and Occupation) Convention, 1958 (No.111)

Occupational Safety and Health Convention, 1981 (No.155)

⁶⁶http://www.ilo.org/global/What_we_do/InternationalLabourStandards/Introduction/ConventionsandRecommendations/lang--en/index.htm (accessed April, 28, 2010)

⁶⁷ ILO: *Setting social security standards in a global society. An analysis of present state and practice and of future options for global social security standard setting in the International Labour Organization*, Social Security Policy Briefings, Paper 2, Geneva, 2008, p.79

Occupational Health Services Convention, 1985 (No.161)
Termination of Employment Convention, 1982 (No.158)
Vocational Rehabilitation and Employment (Disabled Persons) Convention, 1983 (No.159)
Social Security (Minimum Standards) Convention, 1952 (No.102)
Labour Inspection Convention, 1947 (No.81), and Labour Inspection (Agriculture) Convention, 1969 (No.129)
Maritime Labour Convention, 2006
Work in Fishing Convention, 2007 (No.188)

3 Selected ILO Recommendations

Recommendation concerning HIV and AIDS and the World of Work 2010 (No.200)

4 Other ILO's instruments regarding HIV and AIDS and the World of Work

Resolution concerning HIV and AIDS and the world of work, adopted at the 88th ILC Session in 2000

ILO Code of Practice on HIV and AIDS and the World of Work, adopted by the ILO Governing Body at the UN General Assembly Special Session on HIV and AIDS in June 2001

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