

DOWNLOAD PDF PROGRAMME ON HIV/AIDS AND THE WORLD OF WORK

Chapter 1 : WHO | Policy, advocacy and stakeholder mobilization

On 17 June , governments, employers' and workers' organizations (ILO constituents) made history at the 99th International Labour Conference in adopting, by an overwhelming majority, the first international human rights instrument to focus explicitly on HIV and AIDS and the World of Work. The.

A key element for success is that the identification of needs and the formulation of programmes, as well as the actual implementation process at the workplace, are the joint responsibility of management and employees. The formation and efforts of workplace committees are essential for this partnership process. The workplace committees plan and implement the activities. Even though the approach has been amended to meet the special requirements and needs of each of the countries, certain commonalities exist in the way the workplaces choose to implement their activities. The process can be described in eight steps which almost all concerned workplaces engage in: In total, it translates into The networks organise trainings, possibilities for sharing of experiences, and, in some countries, joint VCT sessions and development of workplace policies. Additionally, many of the workplaces conduct programmes that include families of the employees and interventions targeting the surrounding community as well as some neighbouring and supply chain companies. Sessions have been completed in a vast majority of the workplaces involved, generally with very good results. Important factors for a high VCT uptake are the amount of confidence between the different actors at the workplace as well as lack of confidentiality or fear of discrimination. Strong support from top management is thus a very important factor; when the MD is the first in line to get tested, the employees tend to follow. It is crucial for the individual as well as the company to know the HIV status in order for the person as well as the enterprise to be able to plan the way forward. Apart from VCT, training, care and treatment programmes are vital parts of the workplace activities. The various workplaces have tremendously creative ideas on how to efficiently work with this issue. For instance, many of the companies active in the SWHAP are operating in the mining- and transport sector, consequently the employees are part of some of the most vulnerable groups as concerns being infected by HIV and AIDS. However, within the programme, what could be seen as a problem is instead becoming part of the solution. In several of the truck companies active in the programme the drivers receive training on HIV and AIDS every time their truck comes in to the workplace for service. The buddy-box, which is refilled at service stations, contains educational information on HIV and Aids and prevention, as well as prophylaxis and condoms. This is only one example of when the core competencies of business become an efficient tool to prevent further spread of HIV and alleviate the effects of AIDS. This has been carried out at the national level between the workplaces management and employees as well as with other national actors such as trade unions and business coalitions; between workplaces from different countries within the same company group; between all SWHAP workplaces regionally; with the head quarters in Sweden; as well as with a number of organizations and institutions regionally. The networking serves both at enhancing the existing workplace programmes as well as to spread the experience of the SWHAP to more actors and, thus, reaching a larger impact than only at the workplaces supported.

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Chapter 2 : HIV prevention programmes overview | AVERT

The ILO Programme on HIV/AIDS and the World of Work (ILO/AIDS) was established in and contributes to the UN Millennium Development Goals by promoting universal access to HIV prevention, treatment, care and support.

Following the example of the Caribbean Conference of Churches, the creation of fora and formal alliances among the various religious organisations involved in the effort to combat AIDS at the country level ought to be given priority consideration. The programme now consists of the following components: The basis of these six areas of action is the reflection of a human response to a human issue taking into consideration our "comparative advantage" as faith based organizations dealing with this issue. Accompanying this will be the publication of contact and other necessary information. The programme also focuses on enhancing the regional sharing of resources among churches in the region. Exchanges of information, personnel and other resources is promoted through this programme. Some participants including Church leaders and Church workers attended. The objectives of the conference were: The conference provided an opportunity for leaders of our member churches and lay activists concerned to come together to reflect, share on their work and plan action. This workshop will focus on sharpening their project management and other skills, among other things. In addition, sessions specially designed for clergy were held. This was with a view to their supporting the peer educators and building awareness among their own peers. The beneficiaries were young people within the 15 to 24 age group, who attended denominational schools or were involved in young adult church groups. This age group was targeted because it is an age group that is at high risk of contracting HIV and one that makes up more than half the population of the Caribbean region. Clergy in the four territories also benefitted. Achievements to date include: This will be done through the establishment of guidelines as well as the provision of training and capacity building in various areas. The CCC is also well aware that one issue cannot be dealt with in isolation, and so approaches its programmatic work in an integrated approach. Future Outlook We are hoping to continue to build on this programme with follow-up youth activities. These would focus on issues of:

Chapter 3 : DoD HIV/AIDS Prevention Program Hosts Training for Global Staff

A veteran in the fight against AIDS, World Vision invests an average \$45 million annually in HIV and AIDS programmes in 35 countries, working in partnership with governments, local and global organisations, donors and the private sector in strengthening families, communities and national health systems to end AIDS for good.

HIV prevention programmes usually focus on preventing the transmission of HIV through a complementary combination of behavioural, biomedical and structural strategies. Despite the progress made by prevention programmes across the globe, the decline in new HIV infections among adults has slowed in the past decade which indicates the need for increased funding and scale up of services. Explore this page to find out more about combination prevention, intervention approaches and the future of prevention strategies to meet Fast Track Targets. They are implemented to either protect an individual and their community, or are rolled out as public health policies. Initially, HIV prevention programmes focused primarily on preventing the sexual transmission of HIV through behaviour change. However, by the mid-2000s, it became evident that effective HIV prevention needs to take into account underlying socio-cultural, economic, political, legal and other contextual factors. While some countries have achieved impressive declines in new HIV infections among adults in the past decade, many others have not made measurable progress, and others have experienced worrying increases in new HIV infections. They can be implemented at the individual, community and population levels. Young people in high prevalence countries need more than condoms and behaviour change communications. They also require comprehensive sexuality education and access to effective HIV and sexual and reproductive health services without economic barriers, such as prohibitive costs, or structural barriers, such as parental consent laws. This involves looking at factors such as modes of HIV transmission, key affected populations and key epidemiological trends such as the number of new HIV infections among young people. A planning process that is inclusive and based on evidence Ensure the participation of all relevant stakeholders, including government officials, cultural leaders, civil society organisations, donors, and most importantly, individuals and communities affected by HIV and AIDS. Identify modes of transmission and the most affected populations Understand how HIV is spread in an epidemic. Identify the most common modes of transmission, and the most affected populations. Know the size of key affected populations Ensure that the appropriate tools are available to collect, monitor and evaluate data about key populations. Identify and understand structural factors that might fuel HIV prevalence Analyse social, legal, economic and cultural drivers of HIV prevalence. For example, punitive laws or gender inequalities. Planning HIV responses for cities Data from 30 countries that conducted nationally representative household-based population surveys found HIV prevalence among adults 15–49 years living in urban areas was significantly higher than among those living in rural areas. Even in countries that are still predominantly rural, cities are often home to disproportionate numbers of people living with HIV. As such, behaviour change communication forms a basic component of combination prevention. These programmes often feature intensive approaches involving a combination of activities to address multiple outcomes, including knowledge, risk perception, norms, skills, sexual behaviours and HIV service demand. To date, these types of interventions have proved the most successful. On the contrary, there has been a worrying pattern of deprioritisation and discontinuation of these programmes in recent years. In 23 countries outside of sub-Saharan Africa, just Population-based surveys show that the proportion of adults aged 15–49 years with multiple sexual partners in the 12 months prior to the survey declined slightly among women but increased slightly among men.

Chapter 4 : ILO Programme on HIV-AIDS and the World of Work

Malaysia eliminates mother-to-child transmission of HIV and syphilis 8 October - Malaysia was today certified by the World Health Organization (WHO) as having eliminated mother-to-child transmission (MTCT) of HIV and syphilis.

The Recommendation marks a new milestone in the international response to the pandemic, calling for the World of Work to play a significant role in preventing HIV transmission, protecting human rights at work and mitigating the impact of the pandemic at work, on local communities and the national economies. ILO Online spoke with Dr. How does the Recommendation change the international landscape in relation to the HIV response? The discussions held around the Recommendation at the ILC in and highlighted the great urgency of scaling up the global response to the pandemic by optimally utilizing the immense opportunities provided by the structures of the world of work. Despite progress achieved in providing treatment to more than 4 million HIV positive persons, more than half who are in need still lack access to life-saving medication. The global economic crisis has led not only to a job crisis, but also a health crisis. Most of the persons affected by HIV are of working age, and the workplace is already playing an important role in reaching them with prevention and treatment services but this needs to and can be scaled up enormously especially for prevention in high and low prevalence countries. The Recommendation provides guidance on actions to be taken at the global, regional, national and enterprise levels and paves the way for new innovative partnerships and synergies. What makes it unique? The Recommendation also calls for measures to be taken to ensure gender equality, the empowerment of women and a greater emphasis on enhancing the all important positive role men can play in the response. It explicitly promotes the empowerment of workers regardless of sexual orientation as well as the protection of sexual and reproductive health and rights of both women and men. The Recommendation is also a unique ILO labour standard with regards to coverage. It is the first international labour standard in the history of the ILO to explicitly extend its coverage to the armed forces and uniformed services. It provides for the broadest possible scope of application, covering persons working in any employment or occupation working under all forms or arrangements, including job applicants and job seekers, persons in training, laid-off and suspended workers. It covers all sectors of economic activity, including the public and private sectors and the formal and informal economies. How will the Recommendation assist with efforts to halt the HIV pandemic, and help bring about change? We can curb the pandemic by making HIV totally preventable in two ways. First, equal access to HIV voluntary testing and counselling for all must be ensured. Second, an enabling work environment must and can be created. Our experience in the ILO indicates that early testing and early access to lifesaving treatment and support services happen where confidentiality of medical information is ensured, where job security, irrespective of HIV status, is ensured and where access to treatment is provided. These measures can only happen through a negotiated and agreed upon workplace policy between employers and workers that is owned and implemented collectively at individual workplaces. Hence the central importance in the new standard on the development of national tripartite workplace policies that can then be implemented at specific workplaces and contribute to the HIV response as an integral part of the national policy or programme of the member State. Stigma and discrimination against people living with HIV, or who are believed to have positive HIV status, represent major barriers to the promotion of HIV prevention and impact mitigation. Workers will be reluctant to seek voluntary HIV testing, counselling, treatment and support services if they fear that as a result they may be exposed to loss of employment or other negative consequences. Protection of human rights at work is of paramount importance for efforts by ILO constituents to be successful in helping to stop outpacing our interventions. In this respect, the standard underscores the need to engage with key populations, including women and girls, migrant workers, and children and young persons. It establishes protection against discrimination in recruitment on the basis of HIV status as well as unjustified dismissal. In addition, there should be no discrimination against or stigmatization of workers, in particular jobseekers and job applicants, on the grounds of real or perceived HIV status or the

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fact that they belong to regions of the world or segments of the population perceived to be at greater risk of, or more vulnerable to HIV infection. The Recommendation protects confidentiality of personal medical data, the right to equal employment opportunities and treatment and promotes equal access to income opportunities and social protection benefits. The Recommendation provides that all persons covered – including workers living with HIV, their families and dependants – should be entitled to free or affordable health services including voluntary HIV counselling and testing, antiretroviral treatment and adherence information, proper nutrition consistent with treatment, and treatment of opportunistic infections and other HIV-related illnesses such as tuberculosis. The ILO constituents provided us with a standard very well suited to their needs. The Recommendation can respond to specific national conditions and HIV epidemics to ensure maximum impact at country level. ILO constituents decided unanimously on a Resolution to accompany the Recommendation to promote its dissemination and implementation. The Resolution invites the ILO Governing Body to allocate greater resources to give effect to the new standard and request that a Global Action Plan be established to achieve its widespread implementation as well as regular reporting from ILO member States. Now that the Recommendation is adopted, what are the next steps? The Recommendation calls for member States to develop national HIV workplace policies and programmes through an inclusive dialogue process involving governments, organizations of employers and workers, as well as organizations representing persons living with HIV. These national HIV workplace policies and programmes can then be implemented at individual workplaces as part of a national workplace plan or strategy and are of critical importance to optimally engage with the actors of workplaces. These should be an integral part of the National Programme or Strategy of member States. In addition to the development of national HIV workplace policies and programmes of action, the provisions of the Recommendation may also be implemented through national laws and regulations, collective agreements and sectoral strategies, particularly in sectors in which persons covered under the Recommendation are considered to be most at risk.

Chapter 5 : HIV and AIDS | U.S. Agency for International Development

International HIV/AIDS workplace education programme SHARE - strategic HIV/AIDS responses by enterprises: final evaluation Jamaica. [Robert Ransom; ILO Programme on HIV/AIDS and the World of Work.].

Chapter 6 : HIV/AIDS and tuberculosis | World Food Programme

Within the Joint United Nations Programme on HIV/AIDS (UNAIDS), the World Food Programme (WFP) is the lead agency for ensuring that food and nutrition support is integrated into national HIV and TB strategies and provided to patients when needed.

Chapter 7 : Swedish Workplace HIV/AIDS Programme - Wikipedia

The SWHAP workplaces can serve as spearheads nationally as well as provide arguments globally for taking action on HIV and AIDS in the world of work. Search The Swedish Workplace HIV and AIDS Programme, General Programme Secretariat, Address: P.O. Box 45, 04 Stockholm, SWEDEN.

Chapter 8 : HIV AIDS Workplace Programmes and Policies -

The Joint United Nations Programme on HIV/AIDS (UNAIDS) is an innovative joint venture of the United Nations family which brings together the efforts and resources of 11 UN system organizations to.

Chapter 9 : World Bank, Global HIV/AIDS Program | National Prevention Information Network

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Research on the programme's impact revealed a % increase in HIV testing for every additional year individuals were exposed to the programme, an increase in awareness of HIV status among people who were HIV positive of %; a % increase in people living with HIV on treatment; and an 8% reduction in the perception of stigma and.