



## The Danish Trade Union Development Agency HIV/AIDS Strategy

### 1. Why HIV/AIDS?

Nine out of every ten people with HIV get up everyday and go to work and bear the brunt of the epidemic. Today, over 35 million people lives with HIV (65% in Sub-Saharan Africa).

With low public health budgets and deteriorating health facilities, workers do often not enjoy fundamental human rights to universal access to HIV treatment, care and support. Public health facilities are grossly understaffed and subject to irregular and inadequate supply of anti-retroviral medicines.

At the same time, HIV infected/affected workers face unfair discrimination, dismissals and stigmatisation on the grounds of HIV in companies. In addition, workers are forced to compulsory testing and disclosure their HIV status against their will.

Even progressive national labour legislation on HIV/AIDS is difficult to effectively enforce in workplaces because of few labour inspectorates and ignorance amongst managers and workers about the HIV pandemic.

In many countries, the collapsing and deteriorating national public health care cannot cope with the demands of treating and preventing HIV/AIDS. Thus, the workplace has therefore been elevated to be one of the most effective points for tackling the HIV pandemic amongst the productive population. Here, bread-winners meet every day, structures and facilities exist to promote HIV/AIDS prevention and treatment to infected/affected workers and managers.

In this light, the trade union movement enjoys the comparative advantage as one of the institutional social partners in the workplace. While employers has historically been unfamiliar with the impact of HIV/AIDS on the labour force and not seen it as a workplace issue, the trade union movement has for long been concerned about HIV/AIDS related discrimination and stigmatisation and lack of HIV/AIDS prevention for their (potential) members in public, private and informal sectors – but also as ordinary citizens.

Anecdotal evidence show that partnerships between employers and labour organisations have had positive impact at sectoral and company levels. Agreements on low-cost HIV/AIDS prevention investments have shown to be cost-effective and can reduce indirect and direct labour costs (e.g. sick leave, new infections, morbidity), and subsequently improve productivity at workplace levels. Unfortunately, however, most sectoral and local negotiations often fail to include HIV/AIDS clauses and HIV/AIDS earmarked funds due to lack of specific cost-benefit and productivity analysis on HIV/AIDS prevention programmes and employer who are unfamiliar with possible HIV/AIDS (in) direct savings.



## 2. HIV/AIDS Advocacy

The overall objective of Danish Trade Union Development Agency (DTDA) is “to eradicate poverty and support the development of a just, productive and job-rich and democratic society”. The rights-based approach of the DTDA to HIV/AIDS in the workplace is anchored in the ILO “Decent Work Agenda” (DWA) pillars on guaranteeing rights at work and promoting social dialogue and supports the implementation of the recent ILO recommendation on HIV/AIDS and the world of Work (2010, No. 200).

IN the following, the HIV/AIDS strategies of the DTDA encompasses advocacy, social dialogue and occupational, safety and health in partner countries.

### 2.1. *HIV/AIDS Advocacy*

In line with the national advocacy strategy of DTDA to influence Danish development policies, the DTDA contributes to the Danish debate by emphasizing the importance of the workplace and its social partners. Influence and advocacy of policy decision-makers is done through documentation, resource persons, public campaigns, inputs to public hearings as well as alliance/networking building with other Danish stakeholders (employer organisations, NGOs, ministries, research institutes etc.).

International advocacy is primarily through representation by the Danish trade union movement in ITUC and global unions to support their member organisations, and in the ILO with the work on the ILO Recommendation on HIV/AIDS. The aim of participating in ITUC is a.o. to promote HIV/AIDS prevention and social dialogue and assist in seeking funding to support ITUC member organisations.

National partner organisations use their countrywide infrastructure and political leverage to raise awareness of HIV/AIDS in the workplace by running awareness raising campaigns in surrounding district/local communities and lobby local authorities, religious institutions etc.

### 2.2. *Social Dialogue*

Although still in its infancy, collective and local agreements and work place policies on HIV/AIDS are key to sustain HIV/AIDS prevention mechanisms in the workplace when rights-related HIV/AIDS clauses and budgets are entered by committed employers and workers organisations financially and on long-term basis. Well-known Danish collective agreement traditions lay the foundation of this strategy.

The strategy is to utilize existing workplace structures of social dialogue, workers and safety committees to ensure that employers commit to comprehensive HIV/AIDS prevention measures, care and support, access to employee and medical benefits with (subsidized) antiretroviral treatment and care/support through sectoral and local agreements with employers. To support this, research input cost-benefit analysis and actuarial HIV/AIDS projections must be provided to trade union



leaders/negotiators and shop stewards. They are key negotiating issues and requires considerable negotiator skills.

Representation in national tri/bi-partite institutions and councils is also key when promoting HIV/AIDS in the workplace and lobby legislative- and decision making processes within government ministries. Here, the strategy is to use the central role of national centres as coordinating and policy-developing organisations for the organised labour force (and increasing for the informal economy also). In national bi/tripartite bodies such as national HIV/AIDS councils, the national centres play a leadership role by – in contrast to trade unions – representing a broader spectrum of different sectors and industries.

The strategy is to support them in mobilising their constituency and extensive networks to ensure that government policy and legislative processes incorporates the ILO Recommendation on HIV/AIDS and the positions of the trade union movement. To do this, support to policy development, research/documentation, and capacity building of trade union leadership is also required.

### *2.3. Occupational, health and Safety*

HIV/AIDS is effectively anchored within the institutionalized system of Occupational, Health and Safety at national, sectoral and local levels. Most trade unions have existing and recognized systems of OHS departments, safety representatives and safety committees where HIV/AIDS fits in.

In brief, the strategy is to support capacity-building of safety representatives to promote HIV/AIDS prevention and labour rights of workers in the daily ‘safety organisation’ at shop floor level. For further reference, see also the strategy on Occupational, Health and Safety.