LABOUR FIGHTS AIDS
A report on workers’ rights, advocacy and international solidarity

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Sisters and Brothers

If there is one single truth common to the whole of the labour movement, its past as well as its future, it is that working people win when they set aside their differences and work together toward a common good.

We call this solidarity, and it makes even the most vulnerable workers stronger than they ever imagined they could be. Through our solidarity, working people have shown we can change the future for our families and our communities.

Bringing the power of our solidarity to the fight against the spread of HIV/AIDS, offers another source of hope for the millions of workers whose own lives, families and communities are being ravaged by this pandemic.

This is especially true in places where the workplace is one, if not the only place where people can come together, share their stories and learn how to turn the tide against this global human crisis. Whether it is access to public health services, overcoming taboos that don’t allow open talk about gender or sexuality, or confronting economic barriers; the issues labour has long dealt with to win social and economic justice for working people, are well fitted to fighting the discrimination, inequity and ignorance that propel the HIV/AIDS pandemic.

I have to say that the labour movement is here today, on the front lines in the fight against HIV/AIDS because workers have asked us to be there. This collective demand for action from workers for workers, makes me proud to be a union member.

It is with this tremendous sense of pride that I bring you this report from the Canadian Labour Congress, “Labour Fights AIDS”.

Here, you will see how collective bargaining helps workers living with HIV/AIDS and prevents its further spread. You will learn about the work labour unions are doing in countries devastated by this pandemic though the support of individual unions and especially through the Canadian HIV/AIDS Labour Fund, to which so many give. You will learn about workers’ long struggle for a universal right to care and treatment, and for safe, equitable and healthy workplaces. Most of all, you will be challenged to do more as you learn about the continuing spread of this pandemic both at home and around the world.

Sisters and brothers, solidarity is the source of our strength. It is also the source of the hope we all have for a better world and a brighter future.

In solidarity (with hope and pride),

Kenneth V. Georgetti,
PRESIDENT

Foreword
About the Authors

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We would like to thank the many people who have generously allowed us access to their time and resources and who shared stories, information and experiences which are recorded in this report. Many of these trade union activists are on the front lines of the fight against HIV and AIDS, and we acknowledge their important work and wish them well.
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President, Canadian Labour Congress

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Labour Fights AIDS
Introduction

Workers know only too well the shadow cast by the HIV/AIDS pandemic. Around the world, three out of every four people living with HIV are workers. AIDS has made inroads in the workplace, in communities and in families. The challenge of the pandemic lies in the fight against inequity, oppression and injustice. However, organizing to overcome a challenge is not new to workers, and unions have risen to fight HIV/AIDS as they have fought previous battles – with activism, solidarity and intelligence.

In the midst of the human tragedy wrought by the HIV/AIDS pandemic, there is hope. Thanks to the generous donations of workers in Canada – individually, through locals, labour councils, provincial and territorial bodies, affiliates and the Canadian Labour Congress – the Canadian HIV/AIDS Labour Fund is a tangible expression of our solidarity. This fund allows Canadian workers help African women to negotiate condom use. It helps Nigerian workers forge a worker-oriented approach to the pandemic and it supports prevention and education work in the schools and workplaces of Senegal, Tanzania and other countries.

This report – Labour Fights AIDS – acknowledges that unions are at the fore of the global fight against AIDS, and provides concrete and detailed examples of how that struggle takes form, with a particular focus on the role played by Canadian unions. This is the first time that such an account has been published, and it is a worthy reflection of these efforts. While no one document can fully describe the breadth and scope of efforts to fight AIDS, the Canadian Labour Congress is proud to bring you this assessment of trade unions’ work.

Workers know struggle well, and solidarity was forged in it. The chapters that follow demonstrate how solidarity is applied to the pandemic: In our own workplaces; in shaping government policy in Canada and around the world; and in unions helping unions across international borders.

Divided into three chapters, the report describes unions’ work in terms of protecting workers rights through collective agreements and union policies, policy and advocacy which shapes government actions and improves conditions for all, and international solidarity where international partnerships between unions empower workers to educate, take action and change society.

The power of workers uniting across borders is revealed in the chapter titled International Solidarity. In Tanzania, union solidarity help propel a broad coalition of workers, employers, government and civil society to develop comprehensive strategies to combat the pandemic’s spread. In Mozambique, women workers empower themselves, their workplaces and their communities, thanks to the power of international cooperation. In Nigeria, Ghana and Senegal, worker organizations develop plans and learn from each other successes as solidarity powers the movement towards a pan-African labour approach. In Swaziland, unions from neighbouring South Africa help combat the pandemic’s effects by helping unions challenge society’s unequal treatment of women. And in schools in both Ontario and Africa, students learn about their world and the impact HIV/AIDS has upon it through manuals written by workers and their unions.

Here in Canada, similar examples of solidarity are denting the pandemic’s spread and helping workers living with HIV/AIDS access the care and treatment they need and work with the dignity they deserve. The chapter on Workers’ Rights outlines collective bargaining on HIV/AIDS-related issues in Canada. By bargaining access to health benefits, confidentiality and the responsibility of employers to accommodate workers with disabilities such as HIV/AIDS, trade unions are bringing essential protections into the workplace, and hope to workers and their families.
But despite these successes at home and around the world, workers know there is much more to do. Workplaces are valuable and proven environments to beat back the pandemic’s spread but they exist in a broader world, where profit and corporate interests dominate. In this global sphere, halting progress is being made at the United Nations and G8 in large part due to the pressure that unions as part of civil society bring to bear, as outlined in the chapter on Policy and Advocacy.

In the face of formidable pressure from corporate interests and social conservatism, trade unions work to influence national government policy and practice – on both domestic activities and international policy. Through advocacy on HIV/AIDS and related issues, unions work not only to protect their own members, but to improve conditions for all members of society – through access to treatment, elimination of inequities, reduction of poverty and protection of human rights. The Policy and Advocacy chapter of this report outlines some of the initiatives undertaken by the Canadian Labour Congress and other members of civil society to force these changes.

TAKING STOCK AND RENEWING OUR EFFORTS

Sometimes, in the face of a pandemic that sees 40 million people worldwide testing positive for HIV, including more than 58,000 Canadians, it is possible to think the problem is too large to solve. But workplace by workplace, policy by policy and solidarity initiative after solidarity initiative, workers are doing their part to fight back. This report outlines how, although as impressive as our victories sometimes are, the scale of the pandemic demands that unions and all society do more.

Infection rates in Canada find new fuel in the inequality that surrounds us. The fastest growth is among young, heterosexual women, and in marginalized communities infection rates are far above the national average. Workers’ long struggle for justice attacks the poverty and exclusion that propel infection rates upwards.

It is time, then, to take stock of the contribution that unions have made in the fight against AIDS, and to address the reality that more is needed. The information in this report, firmly anchored in the certainty that AIDS is a workers’ issue, can guide and inspire our movement. The spread of HIV/AIDS is a core health and social justice issue, in the North as in the Global South. The level of access to income, social security and treatment for affected workers around the world is a test of our commitment to each other.

This report is released on the occasion of the Labour Forum on AIDS in Toronto, Canada – the first ever global meeting of Labour activists working on HIV/AIDS. The Canadian Labour Congress is hosting this Forum on the occasion of the XVI International AIDS Conference in August 2006.

The global Labour Forum on AIDS is a time to celebrate what solidarity has achieved at home and around the world. More urgently, it is also a time for solidarity to rise to the challenge once more and deal with the pandemic’s haunting human impacts with renewed vigour and determination.

This report marks a significant milestone in labour’s achievements in the fight against HIV/AIDS. From the smallest workplace to the largest global stage, AIDS is a workers’ issue and unions face its injustice with an unwavering commitment to another world in which workers are equal, and free from stigma and discrimination. This document sheds light on the struggle and illuminates the path ahead.
This chapter reviews recent engagements by the Canadian Labour Congress (CLC) in policy and advocacy on the challenge of HIV/AIDS. These actions and positions are largely based on the national policies outlined in the third chapter covering “Workers’ Rights”. The global dimensions, community, gender-specific and development impacts of the pandemic require an equivalent response.

Canadian Labour Congress participation in international bodies like the International Labour Organisation (ILO), and in many international labour bodies, as well as its bilateral relations with national federations, particularly in developing countries, give its actions additional strength and substance. The development of projects in partnership with union and community bodies in developing countries, often in concert with the international offices of CLC’s affiliates provide material, and often, political support to these partners.

Much additional work is done by CLC affiliate unions, making this chapter a series of highlights only.

ONE DIMENSION OF THE WHOLE: AIDS IN CONTEXT

The global struggle to defeat the pandemic has many dimensions: women’s empowerment, poverty eradication, decent food, clean water, safe housing, education, attention to vulnerable groups, combating stigma and discrimination, decent and safe work among others. While this chapter focuses on specific policy and advocacy on HIV/AIDS and more particularly on international policy with a focus on sub-Saharan Africa, other aspects of the Canadian Labour Congress engagement should be kept in mind.

Consider the following activities:

- Enhancing Canadian development policy, with a focus on eradicating poverty, through support of the UN Millennium Development Goals and public campaigns like Make Poverty History/the Global Call to Action Against Poverty.
- Defending and extending public health care and supporting access to quality public health care through the strengthening of health systems world wide.
- Extending understanding, respect, legal guarantees and opportunities for empowerment of women and girls at home and abroad.
- Establishing and defending the human rights of gay, lesbian, bisexual and transgendered people at home and abroad.
- Working to guarantee respect for vulnerable groups including sex trade workers, injection drug users, prisoners and others.
- Outreach with Aboriginal communities, workers of colour, new immigrants and Canadians arriving from the countries most affected by HIV/AIDS.

Restricted access to essential medicines makes engaging international financial and trade bodies imperative. Current trade and development policies make economic justice an essential tool in combating HIV/AIDS, and engaging bodies like the World Bank, the World Trade Organization and G8 is essential. Contributions to poverty relief like the cancellation of debt and an end to harmful conditions on grants, loans and development assistance must also be part of the overall effort. The achievement of victory over HIV/AIDS is intimately connected with the goals of “Health for All”, “Education for All” and “Make Poverty History”.

www.canadianlabour.ca

Chapter One
Policy advocacy on HIV/AIDS: the Canadian Labour Congress and Public Policy
Author: John Foster
Policy framework

Policy references to AIDS stem from the Canadian Labour Congress’ 1988 Convention when delegates passed a resolution calling on the CLC and its affiliates to “formulate a policy statement on AIDS which includes information on workers’ rights when routinely exposed to carriers of the AIDS virus, and also a statement which ensures the protection of confidential health information of employees carrying the virus.”1 A resolution at the same convention resolved that the CLC:

“lobby the federal government for policies and programs to ensure that employers make the workplace safe for AIDS sufferers and carriers, and for co-workers, and to reinforce that mandatory testing is an inappropriate response to this problem:”

and

“lobby the federal government to develop appropriate programs with the goal of promoting understanding of AIDS and its transmission, increasing safety and compassion, and reducing fear and hostility towards carriers and sufferers”2

The position against mandatory testing was reiterated at conventions in 1990 and 2002, with the latter CLC Convention broadening its reach on domestic strategy. Delegates at the 2002 convention passed a resolution calling on the CLC to work to ensure all necessary care services to infected people, necessary resources for education, research and prevention and prevention of discrimination against HIV-positive people.3 Particular attention was given to the gender impact of the pandemic, notably seeking investment on microbicides to improve women’s protection for themselves, and funding for comprehensive prevention programs for young women.4

But 2002 marked a significant new international direction with a resolution on CLC action on HIV/AIDS. It was based on a clear sense of the pandemic’s global impact, particularly in developing countries, on UN estimates of impact with a focus on Sub-Saharan Africa and a recognition that “international resources devoted to combatting the epidemic are not commensurate with the magnitude of the problem”. The Resolution called on the CLC to lobby government, business and the international community for:

- Greater spending on HIV/AIDS and opportunistic diseases’ treatment and prevention;
- changes to global patent rule to cut the cost of HIV/AIDS drugs and to promote the use of generic drugs to fight HIV/AIDS, opportunistic infections and other communicable diseases in developing countries; and
- distribute campaign material to inform Canadians and build strong public support for strengthening the Canadian response to the HIV/AIDS epidemic throughout the world, and especially in sub-Saharan Africa.

The CLC would also “continue to provide support for trade unions around the world in their efforts to fight HIV/AIDS at the workplace and in their communities.”5

The resolution was updated and broadened in 2005. This most recent policy action calls on the CLC to build awareness among workers regarding AIDS’ impact on the developing world, and agrees to actively support coalitions promoting the right to health such as the Global Treatment Action Group. The resolution notes that both Doctors without Borders and the Canadian HIV/AIDS Legal Network are involved. It called on the Congress to use World AIDS Day and the 2006 International AIDS conference to promote labour perspectives, and encouraged affiliates to contribute to the Canadian HIV/AIDS Labour Fund and support the Stephen Lewis Foundation.6

The accent on advocacy continues with monitoring and lobbying the Canadian Federal government for increased funding for HIV/AIDS through a variety of channels including the ILO and the Global Fund.

The Canadian Labour Congress entered the 21st Century with a strong policy orientation on HIV/AIDS, a clear international understanding, a focus on Sub-Saharan Africa and a mandate to advocate, fund and work in coalition for results.

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1 1988 CLC Convention, Resolution No. S-93.
3 2002 CLC Convention, Resolution No. CY-98.
6 The Canadian HIV/AIDS Labour Fund was set up in December 2003. “This Fund seeks to support the efforts of our partners in the most affected regions of the world, in particular those aiming to benefit working women, young workers and people working in marginalized sectors of the formal and informal economy.” [http://canadianlabour.ca/index.php/HIVAIDS/469]. The Stephen Lewis Foundation was established by Stephen Lewis who served most recently as the Secretary-General’s Special Envoy on AIDS in Africa. Its purpose is to ease the pain of HIV/AIDS in Africa by providing care to women who are dying, assisting orphans and other AIDS-affected children, supporting associations of people living with HIV/AIDS.
Global Policy Commitments

Canadian Labour Congress HIV/AIDS policy and advocacy work on HIV/AIDS has been developed in concert with the world labour movement, as understanding and commitments have evolved over the 25 years since the emergence of AIDS.

In the late 1980s, unions worldwide began making important in-roads into acting on HIV/AIDS as a labour issue – raising awareness of rights-related issues, addressing occupational health and safety concerns and providing basic transmission and prevention information to workers.

These efforts gained momentum and by April 2000, the 17th ICFTU World Congress adopted a first resolution on HIV/AIDS. This global labour commitment was followed in June 2000 by the adoption of a Resolution concerning HIV/AIDS and the world of work by the General Conference of the International Labour Organisation.

In Africa, an ICFTU-AFRO pan-African Conference adopted the Gaborone Trade Union Declaration on Involving Workers in the Fight Against HIV/AIDS in the Workplace in September 2000. By the end of that year, the African State leaders were debating the impact of HIV/AIDS on the world of work at an ILO event during the Africa Development Forum on AIDS.

The ILO’s Code of Practice on HIV/AIDS in the World of Work, launched in June 2001, is a key instrument for the global labour movement. This document followed a groundbreaking initiative by South African trade unions and their social partners, who in 1999 agreed a ‘Code of good practice on key aspects of HIV/AIDS and employment.’

Momentum was growing. By World AIDS Day – December 1, 2003 – the Global Unions HIV/AIDS Campaign had been launched.

The ICFTU’s 18th World Congress in 2004 approved action to enlist regional organizations, global unions’ partners and regional affiliates in the fight against HIV/AIDS, through collective bargaining, promoting the ILO Code of Practice, educational programs and “world of work” projects. Unions were encouraged to promote legislation against discrimination and for social protection, address gender and human rights issues, and engage in joint efforts to combat HIV/AIDS with employers, UNAIDS, the WHO, the Global Fund and the ILO. Universal access to high quality, affordable life saving drugs, including generics, along with strengthening the public health sector, were endorsed.
HOW WE WORK

What does advocacy involve, in terms of daily work by the International Department at the Canadian Labour Congress?

• Policy development and expression, whether drafting briefs for Parliament, providing policy commentaries, articles or contributions to joint policy statements, letters and petitions.
• Developing resolutions and policy statements for the Congress and contributing to development in affiliates and the ICFTU.
• Direct representation through liaison with government departments including CIDA, Foreign Affairs, Health Canada and others.
• Public education and advocacy, developing presentation tools for public events.
• Engaging affiliates in trade unions’ cooperation and solidarity on AIDS campaigns and projects.
• Monitoring and denouncing AIDS-related labour rights violations, and writing condolences letters on the passing of key African labour leaders.
• Engaging affiliates in trade unions’ cooperation and solidarity on AIDS campaigns and projects.
• Fundraising for the Canadian HIV/AIDS Labour Fund, managing its projects, as well as developing new project proposals focused on labour and AIDS.
• Providing technical assistance, monitoring and reporting to Executive Council on international AIDS projects.

These diverse activities are part of an international labour engagement with HIV/AIDS requiring participation and exchange with the ICFTU, the ILO and other global union bodies as well as with various formations at national level.

Visitors from partner unions overseas have frequently taken leadership in policy representation and public education in Canada with the CLC as the bridge or CLC Conventions as the occasion. African visitors played a dynamic role in the Peoples’ Summit in Calgary coincident with the Kananaskis G8, and at the CLC’s 2005 Convention in Montreal. Ongoing partnership and exchange relationships have been formed, and in some cases joint projects developed.

The CLC consistently chooses to work alongside in coalitions that share its objectives and complement its capacities. It has contributed financial resources, policy input and advocacy to several efforts in the global struggle.

One such example is through launching the HIV/AIDS Labour Fund in 2003. It addresses the impact of HIV/AIDS on workers and their families, as well as on the workplace and on developing countries’ economies. The Fund supports the efforts of partners in the most affected regions, in particular those of benefit to working women, young workers and workers in marginalized sectors of the formal and informal economy.

SHAPING CANADIAN INTERNATIONAL POLICY

Setting the framework

Nothing like HIV/AIDS so vividly illustrates the extent to which foreign policy has broken the boundaries of traditional foreign affairs ministries and demands broad government participation: industry, finance, health, development assistance, defense.

The CLC has made its own representations to government but also contributed extensively to coalition efforts to influence Canadian policy.

Perhaps the most wide-reaching effort to affect international policy and action on HIV/AIDS is the Global Treatment Action Group (GTAG), a lively – if informal – coalition of key social movements and NGOs.

GTAG organized the “Global Health is a Human Right!” summit in Ottawa in 2003, bringing together a wide range of Canadian organizations interested in joint advocacy on realizing the human right to health in developing countries, with a particular focus on addressing the global crises of communicable diseases such as HIV/AIDS, tuberculosis and malaria.

As Canadian Labour Congress Vice-President, Barbara Byers stated in opening the Summit “the crisis in global health demands our intense, focused attention . . . It comes down to a very simple choice. Either people are at the centre of development, or greater profits for big business are at the centre of development.”

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9 Among members of the GTAG are development agencies like Care Canada, Canadian Crossroads International, Médecins Sans Frontières, OXFAM-Canada and World Vision, religious groups like KAIROS, research organizations like the North-South Institute and AIDS-specific bodies like the Inter-Agency Coalition on AIDS and Development and the Canadian HIV/AIDS Legal Network.
The Summit mobilized support for a comprehensive common platform on health as a human right, which ultimately gained the endorsement of scores of Canadian organizations, orienting their individual and joint work for several years. Its main lines included:

- Human rights and support for the right to health around the world.
- Gender empowerment, the ability of women and girls to protect themselves from illness and HIV infection in particular.
- The urgent need to radically increase investment in public health systems in developing countries.
- Access to affordable, effective medicines and other pharmaceutical products.
- Action to ensure that trade and investment agreements and multilateral bodies ensure the right of countries to determine their own health policies.

- Increasing support for survival through Canada’s development assistance, the Global Fund, debt cancellation and policy change at the World Bank and IMF that ensure affected countries have adequate resources but are free from conditions that prevent investment in health.
- Research for the public good, including microbicides, vaccines and diagnostics for HIV/AIDS and neglected diseases.10

The GTAG Coalition and the platform outlined above were created with conscious reference to the commitments that Canada and other countries made in Health for All, the UN millennium development goals and the UN General Assembly special session on HIV/AIDS in 2001. They were also influenced by new global networks as the People’s Health Movement and the People’s Charter for Health.

A Common Vision for Public Health

The common platform was created against the background of widespread public concern about the future of public health care in Canada. A Call to Care, initiated by the Canadian Health Coalition and endorsed by more than 150 organizations, “affirmed the belief of Canadians that health is a fundamental right of every human being and pledged to defend this right by mobilizing for a public health care system that is:

- properly funded by governments;
- truly comprehensive and universal, with all health care services provided, publicly insured, publicly delivered, on a not-for-profit basis;
- accountable through democratic participation and governance at all levels;
- excluded from all international trade agreements so that the expansion and quality of the system is not subject to review by international trade tribunals;
- pays decent wages, provides decent working conditions and training opportunities, recognizing that proper compensation is essential to high quality care and the retention of health workers.” 11

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The CLC continues to be a significant constituent of the GTAG, and the common platform was followed by a Civil Society Platform for Action issued prior to the 2006 International AIDS conference.

This new platform aims for universal access to HIV/AIDS treatment by 2010, with four steps required by Canada:

• Pay our fair share of prevention and treatment in developing countries.
• Invest in the public health care systems of developing countries.
• Cancel the debts of developing countries to free up resources to fight AIDS and poverty.
• Honour commitments to make medicines affordable to developing countries.

At the time of the Conference, the 2006 platform has gained dozens of endorsements.

HOW POLICY IS IMPLEMENTED: ENGAGING MINISTRIES

CIDA

The Canadian Labour Congress has taken a close and critical look at the policies established by key government departments involved, Foreign Affairs and the Canadian International Development Agency (CIDA). In representations in 2001 and again in 2005, the CLC addressed CIDA’s Action Plan on HIV/AIDS and its Strategic Framework on HIV/AIDS. The CLC addressed both AIDS-specific policies and their development framework.

The CLC was critical of the CIDA strategic framework partly because it was too “purely rooted in the new international development orthodoxy” and “poorly reflects the originality and specificity of the Canadian contribution to face the challenge raised by the pandemic.” The CLC’s findings were formed by more than 15 years of policy attention and concern regarding HIV/AIDS, programming through AIDS-related projects in a number of countries and a commitment to the global right to health.

The CIDA framework’s contention that poverty eradication, gender equality and human rights are key was supported by the CLC. The framework recognized the “threat that the pandemic represents to countries’ economic and social development, and on the challenge it poses to poverty eradication and the MDGs.” But while the challenge was recognized, the related policy was inadequate. While it may provide for labour programming, without more explicit commitment, it was feared this may again “fall through the cracks”. The CLC urged a further objective, to work at “prevention of HIV/AIDS and the mitigation of its impact especially on public and private sectors workers, in both formal and informal economies.”

Chiefly, the framework’s strategic goals needed to be “specifically designed to respond to the social and economic development challenges identified,” boldly aiming “to help halt the social and economic loss, the increased poverty and the aggravated inequalities brought about by the pandemic.”

The emphasis in the response to CIDA focused on the need for community ownership and people’s empowerment. If efforts against AIDS were to succeed, those “most at risk and most burdened” must be involved in a diversified approach. Workers and their families, workplaces, communities and neighbours must be instrumental. There is clear need for “a diversified approach to funding and delivery mechanisms and … more innovation and resources,” including Canadian community representatives working with counterparts overseas.

While Canada’s contributions to the Global Fund and WHO’s 3 by 5 Initiative were appreciated, “CIDA’s bilateral and partnership programs on HIV/AIDS have remained few and unable to fundamentally engage the pandemic on its social and economic development grounds.”

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Foreign Affairs

Following a request from Canadian Foreign Affairs Minister, Bill Graham, in 2003, for policy advice on international AIDS approaches, the Health Minister conveyed a major brief to the Department of Foreign Affairs15 that helped Foreign Affairs develop its own draft strategy on HIV/AIDS. This received extensive comments from the Canadian Labour Congress.

While generally supportive, the CLC noted that both in describing and analyzing the pandemic, more attention was required on HIV/AIDS’ impact on development – specifically the loss of labour force participation. It urged more be done in workplace interventions, collaboration with unions and civil society in general, which both represented much of the ‘value-added’ of Canadian contributions. The CLC called for the labour movement to be represented in governments consultations on HIV/AIDS, with the labour minister and ILO representatives involved in overall federal initiatives given the value of such work as the ILO’s code of practice.

The action component required strengthening, with the CLC urging Canada to:

• Build capacity for HIV/AIDS and public health management by removing loan conditions requiring privatization or downsizing; give flexibility on inflation targets to allow greater public spending and deal with public health and food scarcity crises; long term sustained funding to strengthen public health systems; and defend countries’ right to determine health policies, exempt from trade and patent regimes.

• Respond to gender vulnerability and support initiatives to reduce the vulnerability of migrant and mobile workers.

• Join ‘Action Against Hunger and Poverty’ (covered below) to develop new financial means to end poverty and hunger; ensure that new financial programs in Africa have extensive public consultation and strict public scrutiny.16

These contributions are only partially evident as a new federal government prepares for the 2006 international conference on HIV/AIDS.

ACCESS TO TREATMENT

The necessity of dealing with health and pandemics converged with trade, intellectual property, industrial policies and the private interests that dominate them in the battle over a Canadian initiative to supply affordable medicines.

The stage was set by the 2001 Doha WTO declaration on the Trade Related Intellectual Property (TRIPS) agreement, which stated that TRIPS “can and should be interpreted and implemented in a manner supportive of WTO Members’ right to protect public health and, in particular to promote access to medicines for all.”17

The declaration dealt inadequately with countries without capacity to produce relevant drugs, and work ensued to develop a formula to cover needs for cheap imports. The Canadian Labour Congress followed the issue closely, noting initiatives taken in Europe that endorsed protection of the right to use compulsory licensing in facilitating drug provision; and raising the scope of drugs that could be considered and number of countries that could be assisted.18

Faced with this potential deal-breaker in 2003, the WTO decided to relax rules on patent protection for this group of countries.

A group of Canadian cabinet ministers, challenged by UN Special Envoy Stephen Lewis, and led by Industry Minister Allan Rock, proposed Canada act to take advantage of the WTO decision, and facilitate “access to pharmaceutical products to address public health problems afflicting many developing and least-developed countries, especially those resulting from HIV/AIDS, malaria, tuberculosis and other epidemics.”19


16 Canadian Labour Congress Comments on Foreign Affairs Canada’ draft strategy on HIV/AIDS. Submitted by e-mail, January 27, 2005.


In a 2003 letter to then Prime Minister Chrétien, CLC President, Kenneth V. Georgetti, noted that "countries such as Canada have a contribution to make, as the home to potential suppliers of lower-cost medicines." He called for change to the Patent Act to enable production of generic medicines for export to developing countries.

In November, 2003 a bill was introduced in the House of Commons by Prime Minister Chrétien, which – following Paul Martin becoming Prime Minister – was ultimately passed in May, 2004 and became the Jean Chrétien Pledge to Africa Act in May, 2005.

The ensuing effort to bring into place an Act to facilitate this Pledge was one of the most intense and detailed periods of advocacy on the global AIDS challenge. The CLC, with allies from GTAG, was among the most intimately involved in civil society. Due to a process of consultation with various “stakeholders”, the arguments of the CLC and allies met often complementary initiatives from the generics industry and elicited persistent opposition from multinational pharmaceutical manufacturers.

While the trade union movement had helped create public desire for action, the negotiations over the legislation became so technical it was difficult to apply mass pressure beyond general principles. What was required was careful review of texts, application of well-researched arguments with officials and politicians, quick response to surprising shifts and, chiefly, persistence. CLC staff worked intensely with allies from the HIV/AIDS Legal Network and agencies like Oxfam to ensure each change in the law was scrutinized, that amendments were developed and introduced, and that CLC leadership lobbied MPs appropriately. Representations were made before the relevant Parliamentary standing committee.

Given strong pressure on MPs from multinational drug companies, repeated attempts were made to ensure the firms would have last say at virtually every stage of an approval process for generic alternatives. Battles ensued over:

- Right of refusal
- Extent of eligibility of countries
- Lists of relevant diseases and drugs
- The right of a multinational to obtain contracts developed by a generic firm with a recipient country or agency
- The ability of non-governmental agencies to purchase/import generic alternatives

These were complicated by the government’s removal of the most committed minister, representing a city where the generic firms were largely based. His replacement came from a city where multinationals were influential.

The resulting legislation embodied the Liberals’ balancing act rather than a swift mechanism to export affordable drugs. By spring 2006, not one pill has been exported. The Tanzanian High Commissioner to Canada comments that the system set up by the act is too complicated. We must ensure prospects for a deal are realized.

The legislative process clarified several key issues and may be regarded as a victory by the CLC and other civil society advocates. It was the first “detailed legislative model for implementing the WTO General Council Decision of August 30, 2003” but contains some TRIPS-plus elements that undermine it. As Richard Elliott of the HIV/AIDS Legal Network advises, “it can and must be improved”.

A review of the law is scheduled to occur in early 2007, providing civil society advocates like the CLC an important opportunity to improve on first efforts.

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21 Kate Press, “Working analysis on the formulation and implementation of Bill C9 using Kingdon’s 3-stream model”. Draft paper given to author.
Funding

Access to prevention, care, treatment and support is and will be inadequate without increased resources. At the 2002 G8 Summit, Canadian Labour Congress President Georgetti was among international labour leaders who “strongly supported the creation of the Global Fund.”

The CLC has long urged a more generous Canadian response, and increased support for such initiatives as the Global Fund since its creation in 2002. In 2003 the CLC noted while the government seemed open to increased funding the need was urgent, and that less than two years after its creation the Fund was “facing a financial crisis.” It demanded Canada lead and announce an increased contribution.

In May 2004, the CLC congratulated the government for increasing funding to HIV/AIDS. The 2005 Convention declared that the CLC would continue monitoring and lobbying to increase funding, including “support to labour and other civil society initiatives.”

The UN


...continued reading

Canada as one of the G8

The Canadian Labour Congress has given particular attention to the G8’s role in the global battle against HIV/AIDS. Much advocacy regarding Canada’s G8 role has focused on Africa, with the commission on Africa eliciting attention and comment.

The 2002 G8 Summit in Canada, provided a key occasion for debate and policy progress for Africa. When a Parliamentary committee studied Africa in preparation, the CLC made a detailed submission. It reviewed African initiatives and advised on future policy.

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24 The former Commonwealth Trade Union Council, of which the CLC was a member, prepared a submission to the Abuja CHOGM, which included reference to increased support for the ILO Code of Practice on HIV/AIDS and the World of Work. See Kenneth V. Georgetti to The Honourable William Graham, Minister of Foreign Affairs, November 26, 2003.
Key to the CLC’s approach was getting beyond government-to-government and government-investor engagements, to partnerships between African governments and their peoples, “including trade unions”. It urged labour standards be central, and that “participation of women in all aspects of recovery is absolutely essential,” with a recognition that most poor people are women. The CLC also stressed consultation with civil society as important, more often claimed than practiced, and called for conditions from international financial institutions to be changed.

With AIDS killing more Africans than war, it must be seen as a security crisis that weakens states and compounds other challenges. This fact fed the CLC urging, “there can be no African recovery nor development without the HIV/AIDS pandemic urgently addressed, not only as a public health crisis but as an unprecedented human crisis that also triggered extremely serious social, economic and security crisis.”

The CLC recommended the G8 Summit build “on recent stronger engagement with HIV/AIDS in Africa, and must both put up resources and apply strong pressure to ensure that African governments work with civil society to fashion and implement appropriate and humane policies to respond to the HIV/AIDS pandemic, before it destroys what they profess to be determined to achieve…” The brief also challenged the silence of African leaders on HIV/AIDS.

These recommendations were only a portion of an overall approach to re-orienting African development policies. Also, following established practice, a labour forum with international union colleagues was organized prior to the summit along with direct conversations with participants.

The Africa Commission

With an eye to the 2005 G8 Summit in Scotland, UK Prime Minister Blair initiated the Commission on Africa in 2004, in which then Canadian Finance Minister Ralph Goodale participated. The CLC took the opportunity to engage Minister Goodale and through him the Commission, by commenting on the commission’s consultation document. A comprehensive and critical commentary was presented including a strong emphasis on the need to implement energetic international responses to HIV/AIDS, along with attention to partnership, decent jobs, the participation of women and the limitations of “trade liberalization as the entry point for strategies of development.”

In a detailed brief, For a Just and Respectful Partnership for Africa, an ambitious series of recommendations were presented, including the need for a long-term commitment by donor countries and international financial institutions to strengthen public health systems and power for each country to determine its own health policies “and exempt them from trade and investment negotiations and agreements.” To defeat HIV/AIDS, the need for countries like Canada to provide leadership to prevent and lessen the pandemic’s impact on workplaces and family income was stressed, “starting with their own personnel in Africa” through workplace policies for locally engaged staff. Funding for African trade unionists to take part in global and pan-African programs was sought to equip people to fight the pandemic at workplace and industry level.

It also recommended that developed countries encourage their companies and NGOs to implement workplace policies, and provide antiretroviral treatment for overseas staff and dependents, with companies receiving CIDA funding submitting to an annual HIV/AIDS audit. International funding programs should include encouragement and support for African governments to engage civil society and unions in developing innovative ways to prevent and mitigate the impact of AIDS. The brief recommended an acceleration to 12% per year for Canada’s aid increase, and called for a clear commitment by the international community to commit the necessary funds to the Global Fund and the WHO’s 3 by 5 Initiative.

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To Russia

The G8 has often made action on HIV/AIDS, a specific agenda item for continued attention and action. The Scotland summit endorsed the target of universal access to treatment by 2010 and the commitment to develop a vaccine to prevent the spread of HIV. To reinforce and focus that activity the CLC joined others in calling for the creation of a permanent high-level working group on HIV/AIDS at the 2006 G8 Summit, in Russia. An ongoing working group “is essential to ensure continuity, maintain momentum and support progress on the implementation of G8 commitments on HIV/AIDS from year to year.”

The 2006 summit, taking place in a region where HIV/AIDS infection is increasing significantly, is time to review some of the priorities in the response to the pandemic: “The threat from AIDS in Eurasia is clear,” comments The Moscow Times.

Injection drug use, the sex trade and unprotected man-to-man sex contribute significantly to this increase and require specific attention to harm reduction, stigma and human rights. Further, the infection is spreading beyond these groups, with heterosexual transmission in India, for instance, accounting for an estimated 80 % of new infections.

LOOKING FORWARD: SPECIAL SESSION REVISITED

In May 2006, government representatives and civil society gathered at the United Nations for the five-year review of the plan of action that emerged from its special session on HIV/AIDS, in 2001. The record of achievement had some bright spots – more than a million people in treatment – but was distressingly short in general. As Secretary-General Kofi Annan concluded: “The world has been unconscionably slow in meeting one of the most vital aspects of the struggle: measures to fight the spread of AIDS among women and girls.”

“There is a real lack of comprehension about the calamity we are dealing with,” said Canadian Labour Congress Secretary-Treasurer Hassan Yussuf, who attended the May 2006 UN gathering. Yussuf said rich countries’ commitment is, “quite hollow, as if we have all the time in the world on our hands.”

While not attempting a general evaluation of the political declaration that emerged from this review, several themes are worthy of special attention:

Resources

The review urged a target of US$23 billion per year in funding by 2010; at the same time, the Global Fund has launched an appeal for round six of proposals. The significance of the Fund is considerable as it provides 20 % of international AIDS funding and 65 % for tuberculosis and malaria. It estimates total resource needs for 2006-2007 at US$5.5 billion, with a current shortfall of US$2.1 billion. The short-term issue is the need for Canada to contribute its share and lead by going beyond its proportional contribution.

At the same time, there are resource issues that go beyond the current urgencies of the Global Fund, WHO and the ILO. If universal access to treatment is to be available by 2010, and if, just as importantly, prevention, treatment, care and support are to be sustained, high levels of consistent and predictable international as well as domestic funding are required.

Recognizing fluctuations and inadequacies in national donor aid budgets, a number of countries – stimulated by Action Against Hunger and Poverty initiated innovative ways to provide additional, ongoing funding. In several cases these are linked to health outcomes, particularly to HIV/AIDS. The most advanced is the airline ticket levy inaugurated by France in July, which applies a small graduated tax on all tickets with the approximately $300 million in revenue in year one invested in a trust fund. This sort of levy is now in process in more than a dozen countries. More than 40 countries are also cooperating in developing an International Drug Purchase Facility to provide consistent and low-price supplies of antiretroviral drugs and other elements for diagnosis and treatment for HIV/AIDS, TB and malaria, with contributions from varying sources. Canada, to date, has joined in neither initiative.

32 Interview with Hassan Yussuf, Ottawa, June 13, 2006.
33 ICASO. Global Fund Advocacy Alert: Urgent Need to Mobilize Resources for Round 6, June 8, 2006
Human Resources for Global Health

The World Health Organization and World Health Assembly, in 2006 paid special attention to the need for trained health workers if health systems in developing countries are to be strengthened and sustained.

The 2006 World Health Report focuses on the situation of the workforce. As its former head noted, “We have to work together to ensure access to a motivated, skilled, and supported health worker by every person in every village, everywhere.” The report covers vital ground, but its lead challenge is a lack of health workers, equivalent to 2.4 million doctors, nurses and midwives. “There are currently 57 countries with critical shortages,” most prominently in sub-Saharan Africa and south and south-east Asia. Strong country strategies and global solidarity are urgently required if this essential component to the global struggle is to be sustained. “A premier challenge is advocacy that promotes workforce issues to a high place on the political agenda and keeps them there … There are no short cuts and there is no time to lose. Now is the time for action, to invest in the future, and to advance health – rapidly and equitably.”

This challenge involves dealing with an issue that many governments and agencies are reluctant to address: the migration of health personnel and the “push” and “pull” factors that drive it. Currently, for example, 23.1 % of Canadian doctors are from abroad, and 43.4 % of those are from lower income countries, notably South Africa, India and Egypt. Among doctors trained in sub-Saharan Africa, though, 29 % trained in Ghana and 37 % trained in South Africa are working in OECD countries, joining more than 18,500 from 11 countries. Disturbing patterns draining nurses and other health workers from developing countries comprise a fundamental challenge to pledges to strengthen health systems.

The WHO report urges comprehensive action that focusses on health workers. It calls for transparent and inclusive decision-making processes, intense dialogue and strategies that deal with working life from entry to exit. The opportunity for engagement with labour organizations is vital, as is the issue.

When asked why they leave, workers from Cameroon, South Africa, Uganda and Zimbabwe cite: better remuneration, safer environment, living conditions, lack of facilities among a variety of key factors. Action to ensure that workers are part of restored and strengthened health systems must address these and related “push” factors.

Clearly, training and supporting an adequate cadre of health workers at all levels in developed “pull” countries is one of the key contributions to dealing with global needs. A Commonwealth study of approaches to nursing needs in the Caribbean examined the possibility of a temporary movement program to address personal advancement, supply and development needs. It suggests capacity building for Caribbean nursing education, expanded temporary employment opportunities in Canada, expanded incentives for return migration and support for Caribbean institutions to become centres of training excellence.

While the UK has developed bilateral agreements with some African countries, like Malawi, to address health worker needs, no action has as yet been taken on the study recommendations by Canada.

The WHO report urges comprehensive action that focusses on health workers. It calls for transparent and inclusive decision-making processes, intense dialogue and strategies that deal with working life from entry to exit. The opportunity for engagement with labour organizations is vital, as is the issue.

36 New England Journal of Medicine. 353;17. October 27, 2005. www.nejm.org In the US the proportions are 25% and 60.2%, in the UK 28.3% and 75.2% and Australia 26.5% and 40.0%.
The right to health

While the UN review urged governments to utilize full flexibility in existing intellectual property regimes (TRIPS) under the WTO, it ignored the continuing restrictions on access embodied in numerous bilateral and regional trade and investment agreements.

Civil society organizations at the UN urged a full moratorium on all new “TRIPS plus” accords, but no such clause was included. As Canada continues to expand its range of bilateral and regional accords, no further extension of TRIPS restrictions should be included, and, in its role at the WTO, Canada should oppose such initiatives that conflict with the right to health.

Continued work on the provision of new medicines of priority importance in poorer countries was pushed forward by the WHO in 2006. The 2006 World Health Assembly asked member states to “encourage that trade agreements take into account the flexibilities” in TRIPS as outlined by the WTO. It set up a working group to devise a global strategy and plan of action aimed at “securing an enhanced and sustainable basis for needs-driven, essential health research and development relevant to diseases that disproportionately affect developing countries”. Non-governmental organizations in official relations with WHO were invited to attend.

Vulnerable people

Due to the persistence of prejudice, stigma, power relations that deny women and many vulnerable groups political power, repressive attitudes enforced by security forces, the enjoyment of full human rights and accesses to the sexual and reproductive rights that help prevent infection, remain elusive. Despite the leadership of the Secretary-General and the diverse voices of civil society, several countries blocked the mention of specific vulnerable groups. This verbal and political refusal represents willful blindness to the situation, and to the rights and urgent needs of many people threatened by the pandemic, particularly where the expansion of infection is recent and rapid. India now has more infected people than South Africa; Russia and various other countries in transition have significant increases, too. If they remain unrecognized, they are likely to remain unrespected, unassisted and often repressed.

Effective responses to HIV/AIDS frequently depend on the experience and insight of just these people. As Canadian civil society delegate Joanne Csete told a General Assembly panel:

“We can be inspired by the courage of those living with HIV, those working in the sex trade, those who use drugs, those in prison and formerly in prison, and those men who have sex with men who organize to amplify their voices and to fight every day against HIV/AIDS, even when it is dangerous or highly inconvenient to do so.

“But it is not enough to be inspired by them. Effective responses to HIV/AIDS will not be found and will not be sustained until those most affected are listened to and respected in decision-making …”

Yet the evidence of sexual oppression continues to mount, as shown in a recent issue of the African e-newsletter Pambazuka, which asks “How can HIV/AIDS policy be successful in Uganda when the country makes homosexuality illegal?” and reviews “Family values, hate speech and the right to be gay in Nigeria.” It has also focused on the uneven implementation of the Protocol on the Rights of Women in Africa.

The CLC has responded on occasions like the murder of Jamaican AIDS support leader Steve Harvey. This “vicious assassination … ended a life full of commitment, energy and dedication, seeking to improve the quality of life of those most vulnerable to human rights violations.” CLC President Georgetti called on the Jamaican government to find the guilty, and “ensure that the Jamaican Government formulate, enact and enforce policies to protect Jamaican citizens from violence, homophobia and all forms of discrimination.”

Occasions requiring such response are unlikely to cease in the near future, but advocacy and policy need to focus on a long-term effort to disperse the prejudice, sexism, stigma and homophobia which are the fertile soil of violence.

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41 Kenneth V. Georgetti to The Honorable P.J. Patterson, Prime Minister of Jamaica. December 13, 2005.
THE CHALLENGE REMAINS

In the midst of disappointment with the overall result of the 2006 UN review session, one of the key African civil society witnesses looked beyond “the failure to demonstrate real political leadership in the fight against the pandemic.” Njongonkulu Ndungane, Anglican Archbishop of Cape Town, continued: “Even at this late stage, we call on the world’s political leaders to rise up and meet the challenges that the pandemic presents and set ambitious targets at a national level to guarantee universal access to treatment, care, support and prevention.”

Alan Leather, Chair of the Global Unions Advisory Committee on HIV/AIDS, stressed the role of workers and the workplace in pressing for a growing response. “Our 155 million members are distributed throughout most countries and territories of the world, and many of them, as well as other citizens, are dying because of this disease. All governments must speak up: it cannot be left only to those that are facing high or moderate infection rates today.”

Looking to the Toronto International AIDS Conference and beyond, CLC Secretary-Treasurer, Hassan Yussuf, calls for a deeper engagement on the part of labour, to demonstrate that working people are exercising their responsibility in this struggle, at the workplace and in dealing with governments:

“Only a multilateral effort is going to break this cycle of calamity, without it there won’t be the political or material resources to provide access to treatment, to fund the Global Fund … The trade union movement has a real role and responsibility to make this happen. We need to continue to educate ourselves, to raise many many voices to get government action and to commit more of our own, however modest, resources. I hope Toronto will unite us to do more and to do it better.”

44 Interview with Hassan Yussuf, Ottawa, June 13, 2006.
At this stage in the world’s fight against HIV/AIDS, the urgency is clear as is the need to strengthen and diversify response. Whether campaigning for increased access to antiretroviral drugs, training shop-stewards to fight HIV and gender-related stigma and discrimination, empowering students and teachers to be joint leaders in the fight, creative and committed unions worldwide are acting to stop the spread and mitigate the effects of HIV/AIDS.

There are many reminders of the severity with which HIV/AIDS is affecting – unequally – all countries. In 2001, the world mobilized to approve the United Nations’ declaration of commitment on HIV/AIDS when an estimated 36 million people worldwide had already been infected with HIV, and 22 million had died.45 By the end of 2005, the estimated number of people living with HIV/AIDS had risen to 38.4 million, and an estimated 2.8 million more had died that year alone.46 Although we are cheered by an isolated decline in HIV prevalence in a handful of countries – Kenya, Zimbabwe, the Caribbean, Cambodia, Thailand and parts of India – we must also recognize that HIV infection rates continue to rise in most of the world, including in wealthy countries such as Canada and Russia.47 Sub-Saharan Africa is still the most severely affected region, with exceptionally high infection rates. South Africa, in particular, suffers from one of the worst epidemics with no signs of improvement.48 Clearly, global citizens have much to do to help meet the global targets, set out by the UN, of halting and reversing the spread of HIV/AIDS by 2015.49

Most official declarations concerning HIV/AIDS emphasize the need for solidarity in the fight against the pandemic, the need to forge strong partnerships and alliances that recognize and embrace diversity within collectivity. The UN has made specific reference to trade unions as a key partner in the fight against HIV/AIDS.50 Trade unions – born out of solidarity and struggling for the recognition and protection of socio-economic rights through that solidarity – are ideologically and structurally well situated for the fight against HIV/AIDS.

This chapter highlights specific actions taken by labour unions, in solidarity with one another, against HIV/AIDS and sometimes in parallel with governments and employers. It looks at roles Canadian unions are playing with their labour partners and civil society, as well as strategies labour partnerships are developing to address HIV/AIDS in a variety of contexts. Five HIV/AIDS labour projects with Canadian involvement, acting as case studies in international labour solidarity around HIV/AIDS are highlighted.

47 Ibid., pp. 6, 71.
48 Ibid., pp. 6.
50 A recent example is in the Declaration of Political Commitment that emerged from the June 2006 UNGASS review (section 14). www.un.org/ga/aidsmeeting2006/declaration.htm
Overview – Responding to AIDS from a labour perspective.

“The HIV response is insufficiently grounded in the promotion, protection and fulfillment of human rights.,” says UNAIDS.51 This sentiment is echoed by Dutch trade unions in FNV Mondiaal’s overview of “Trade Union Support in the Struggle Against HIV/AIDS”, which argues for increased advocacy and lobbying capacity within the trade union movement, both globally and nationally. With better protection of rights, stronger mechanisms in place to affect socio-economic structural contexts, unions can focus on their advocacy role and de-emphasize their less sustainable, but more immediately necessary, ‘service’-based actions.

The Canadian Labour Congress’ international labour programs, similarly, are based on the principle of sustainable development, and therefore prioritize education on workers’ rights and issues, and institutional development that will “foster democratic governance and self-reliance among partners, as well as policy analysis and campaigning”.52

The Canadian HIV/AIDS Labour Fund is central to many activities of the CLC and its affiliates, with a mandate that helps situate the labour-dimension of HIV/AIDS within a broad context. It underlines the direct impact that workers’ vulnerability to HIV/AIDS has on workplaces, families, and communities; but also draws attention to the impact of HIV/AIDS on entire economies and societies. It considers such wide-ranging effects as reduced education and training levels due to reduced income for school fees, and increased numbers of under-educated children and youth entering high HIV/AIDS-risk marginalized sectors of the formal and informal economy. The Fund also alerts project developers to tailor HIV interventions for specific sectors and types of work that expose workers to particular risk. Finally, the Fund outlines the strategic importance of carrying out peer education in workplaces as both a way of disseminating information, and influencing behaviour and social change, within the safe space of discussion with co-workers.53

The increasing recognition of and ability to address the gender dimension of HIV/AIDS in the world of work – in both formal and informal work environments – is also a top priority for the Fund. In supporting projects where there are funding gaps, those projects coming from workers’ organizations from the “poorest and most affected regions of the world”, the Canadian HIV/AIDS Labour Fund works alongside existing international development labour projects to meet short and long-term goals.

Canadian unions have adopted several ways to express their solidarity in the global fight against AIDS, including through charities. The growing recognition of their specific role in fostering workers’ solidarity through international union cooperation is however significant. The review of selected labour projects – funded through multilateral or bilateral initiatives – offers insight into how Canadian unions are addressing their shared concerns of sustainability, appropriateness of interventions, and strength of impact, alongside the struggle to meet immediate needs – and hopefully stimulate more innovative responses to come.
Five Case Studies

CASE STUDY 1
Making Bipartite and Tripartite Partnerships Work

The Trade Unions Congress of Tanzania (TUCTA) has worked directly with the Canadian Labour Congress to fight HIV/AIDS in workplaces since 2002. Their campaign has focused on providing peer education and training skills to TUCTA's 12 affiliates, as well as on developing bipartite (union and employer) workplace policies and increasing TUCTA's involvement in tripartite (unions, employers and national government) HIV/AIDS endeavours.

Affecting change through education and policy requires time, energy and patience, but a union armed with both can move a long way in ensuring its own sustainable development and the sustainability of its actions. Tanzania's unions have already seen some important successes, in a fraternal partnership with the CLC that they describe as having "improved TUCTA's performance remarkably".54

According to an independent project evaluator who reviewed the Canadian Labour Congress’ international program, this project “is based on a partnership model which is designed to strengthen the capacity of trade union partners in developing countries … The support provided to the overseas partners is appropriately operationalized through a strong and fraternal partnership relationship. The partnership relationship with most overseas partners has been long-standing over many years, and therefore each of the LIDP partners has a sound and intimate understanding of the labour context of the countries in which they are involved.” 55

KEY GOALS AND ACHIEVEMENTS

For both TUCTA and the CLC, the project’s objectives are to:

- Preserve economic and social development levels - though too low - through the mitigation of HIV/AIDS’ impact on workers, their workplaces and communities;
- Improve Human Rights and Social Justice, through the promotion of gender equality, the fight against child labour and the defence of workers’ rights – including those working in the informal economy and those living with HIV;
- Contribute to good governance through an increased participation of trade unions, including women activists, in public debates, national policy-making, legislative processes and governing bodies.

By 2005, TUCTA had provided HIV peer counseling and education for all 12 affiliates. The program focused on training trainers through a series of courses for 24 unionists (2 from each of the affiliated unions, including 4 women). A total of 46 people were also trained as peer educators, including 18 women. Together, these union activists are now educating workers about HIV/AIDS and preparing more peer educators to raise awareness in more workplaces.

This training process in itself – lasting up to seven days for peer educators, and two weeks for training of trainers – is already strengthening the education and advocacy capacity of TUCTA and its affiliates. Each new participant becomes well versed in basic facts about HIV/AIDS prevention, care, testing, counseling, and management; but also in facts about HIV/AIDS within the world of work. They expand their knowledge of HIV/AIDS to include its impact on workplaces and workers rights, the content of the ILO Code of practice and national legislations, possible options for employers’ assistance programs, and methods for collective bargaining and developing workplace policies and action plans. As such, each learner becomes a resource person and advocate for his workplace as well as others organized by the same national union.

54 Interview with Dr. Meja Kapalata, TUCTA's Director Health and Safety and HIV/AIDS Coordinator, June 5-8, 2006.
In 2002, through the first activity implemented with the Canadian Labour Congress’ support, TUCTA took the significant step of developing its own national HIV/AIDS policy. Having developed this union document, available both in English and Swahili, helped national unions to consider HIV/AIDS a priority, and their subsequent participation in the courses convinced them to develop workplace policies. To date, TUCTA and its affiliates have developed and bargained with employers a total of 17 bipartite workplace policies. These policies, based on the ILO code of practice, treat key areas such as the rights of workers and people living with HIV/AIDS, protection against discrimination and stigma, provision of workplace education programs and access to appropriate treatment, care and support. The policies themselves are a considerable step forward in meeting TUCTA’s goals to preserve and improve economic and social development levels through the mitigation of HIV/AIDS’ impact on workers, their workplaces and communities; and improve human rights and social justice through promoting gender equality, fighting child labour and defending workers’ rights.56

TUCTA has also advanced towards meeting its third major objective – to enhance governance through more trade union participation, including women activists, in public debates, national policy-making, legislative processes and governing bodies57 – as a result of its 2004 Tripartite workshop on HIV and the Workplace.

This workshop boasted the participation of all 12 affiliates, as well as representatives from the ministries of labour and health, Tanzania’s national AIDS commission – TACAIDS, and its national Employers’ Association and Chamber of Commerce. The Canadian Labour Congress, local and international NGOs, CIDA and the media were also present. Discussions included a general review of the TUCTA-CLC campaign to date, the HIV/AIDS situation in Tanzanian workplaces; common ways of collaboration between employers, workers, and other stakeholders; and, importantly, strategies for increasing workplace HIV interventions.

The success of this forum led to greater collaboration between TUCTA, the national AIDS commission and employers.58 It has also caused more on-going engagement between TUCTA and the ministries of labour concerning HIV/AIDS in the workplace, and the inclusion of the rights of workers living with HIV/AIDS in Tanzania’s poverty reduction strategy paper. Finally, TUCTA is now a member of Tanzania’s overseeing body for the Global Fund to fight AIDS, Tuberculosis and Malaria, and also part of broader discussion of HIV/AIDS in which stakeholders are finalizing a code of practice specific to Tanzania. In short, social dialogue is well underway.

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56 Ibid.
57 Ibid.
58 TUCTA collaborates with the Association of Tanzania Employers, that represents 850 employers and 250,000 workers.
Dr. Meja Kapalata is TUCTA’s committed and knowledgeable HIV/AIDS coordinator, who brings a vast expertise to the labour movement’s fight against HIV/AIDS.

“As I am a medical doctor and a lawyer by training. I have spent most of my lifetime practising as a clinician. I left medical practice in 1999 and worked briefly for a health insurance company, until 2002 when I joined TUCTA as a director of OHS and HIV/AIDS the same year. Prior to that, I had established some involvement with trade unions while working as a doctor at a shipping company, where I first developed an interest in HIV/AIDS education.

As the TUCTA HIV/AIDS coordinator, I am charged with the responsibility of coordinating HIV/AIDS workplace interventions in collaboration with TUCTA’s affiliates. This involves giving technical assistance in terms of education, training, bipartite and tripartite dialogue on HIV/AIDS.”

Providing support and training on HIV/AIDS-related social dialogue with government and employers, Brother Kapalata is well-positioned to comment on the response of employers to TUCTA’s HIV/AIDS initiatives.

To his own surprise, he has met largely positive responses from employers to initiate workplace programs and work in collaboration with workers’ organizations.

At the 2004 Tripartite on AIDS and the Workplace, an employer explained to others in attendance that without the unions, management cannot succeed in implementing AIDS programs simply because workers will not trust their motivations (based on first hand observation).

“One aspect of this work I find inspiring is the willingness of employers to work with TUCTA in the fight against HIV/AIDS. Last week, as a part of our project evaluation, I visited some workplaces where policies had already been implemented. In following-up on the status of the policies, I could see that they are being followed.”

COTWUT represents employees of the Tanzanian Postal Corporation, a large employer with 58 workplaces throughout the country.

Sister Juliana Mpanbuji, an inspiring COTWUT activist, was trained by TUCTA’s peer education and counselling program, and has since been instrumental in developing bipartite workplace policies. One major achievement is the development and implementation of a workplace policy for the Tanzanian post office, through which Sister Mpanbuji has helped promote and protect the rights of all postal workers.

In her view, the most important clauses of the workplace policies include the provision of antiretroviral medications (by the employer); equal protection of all workers against discrimination and job loss; equal access to HIV-related training and activities for people living with HIV/AIDS; and the inclusion of HIV/AIDS in all workplace education programs.

Sister Mpanbuji feels strongly about the need to continue raising awareness, particularly for women, and the challenges her union faces in doing so:

“We need to reach everyone – all our members – and especially all women. But we have financial constraints. We want to reach as many workers as possible, but we don’t have enough funds to speak to everyone. There are people working at the grassroots who we are not able to support.

Women need to be empowered. One major problem is that most women workers are not aware of their rights or of the facts about HIV/AIDS. Women are not empowered, and we need to help build their capacity to fight against HIV/AIDS.

One time I was in Nyanza, talking about HIV/AIDS, and I found that people did not even know how to use condoms. I wanted to cry. Some people use the same condom 3 times, with 3 different people. So we can see what the problem is. And we need to reach more workers, to give the proper information. And we need more people living with HIV/AIDS visiting workplaces, to take the time to talk with workers and answer their questions. That way people can understand how serious the problem is.”

60 Interview with Ms. Juliana Mpanbuji, COTWUT-TUCTA, June 8, 2006.
CASE STUDY 2

Empowering women workers

The second case study involves a collection of both Mozambican and Canadian partners, and allows for an interesting comparison with TUCTA’s work.

In Mozambique, HIV/AIDS rates have been on a steady increase since 2001, reaching 16.1% among adults in 2005. As in most countries, women are the most severely affected, making up an estimated 960,000 of the total 1,600,000 adults currently living with HIV/AIDS.61

Women’s heightened vulnerability to HIV/AIDS in Mozambique – like much of sub-Saharan Africa – is grounded in sharp gender-based inequalities that affect women’s access to education, training, and employment; access to financial resources and property; access to healthcare; ability to exercise sexual and reproductive rights such as negotiating condom use; and inability to share the burden of domestic responsibilities, including the care of sick family members.

As early as 2001, an informal coalition of women’s committees from six national unions came together to discuss strategies for fighting sexual harassment in the workplace. To add an original twist to the initiative, the six unions were affiliated to two different national trade union centres, however their women’s committees had maintained good working relationships.62

At that time, none of the unions had a gender policy, or had made HIV/AIDS a priority. But even without workplace-based data to demonstrate the profound impact of sexual harassment on women workers in all sectors, the leaders based their claim on extensive consultation with workplace-level women’s committees and remained determined to find means of confronting the problem. As a result, they liaised with a Canadian development agency’s linkage program to develop a project plan and funding proposal.63

By 2002, the women’s committees began developing a partnership with the CLC, and had expanded the project plan to address sexual harassment in conjunction with HIV/AIDS. After an extended period of fundraising, the women’s committees launched a nationwide workplace campaign against HIV/AIDS and gender-based violence in 2004, in partnership with the CLC and the development agency CUSO, and with the support of CIDA. This innovative project exemplifies the spirit of linkages, and serves to strengthen partnerships nationally (within Mozambique, within Canada), and internationally (between Mozambique and Canada). It also builds on the expertise of each implementing partner: the two labour centrals of Mozambique, OTM-CS and CONSILMO; the CLC for senior technical assistance; and CUSO on the ground to directly support the project coordinators elected by the six women committees.64 Project activities also draw on the participation of diverse Mozambican players, including government, employers, national and international NGOs, HIV/AIDS associations, artists and the media.

This campaign also draws upon the commitment of both male and female unionists, and aims for gender parity in an effort to understand gender, and how deeply its construct shapes workers’ lives, experiences, expectations, levels of privilege and types of vulnerability. Based on this knowledge, the campaign aims to help eliminate the inequalities between women and men, and empower women and men to better communicate, respect and value one another within a shared understanding of equality.

62 Three of the unions belong to the Organization of Mozambican Workers – Trade Unions Centre (OTM-CS) and the three others are part of the National Confederation of Independent and Free Unions of Mozambique (CONSILMO). These are two distinct national trade union bodies to which different national unions are affiliated. The OTM-CS is an affiliate of the International Confederation of Free Trade Unions (ICFTU).
63 The CUSO-Mozambique Linkage Program has operated since 1988 through the work of volunteer cooperants, who are responsible for facilitating labour linkages and sharing information between Mozambique, Canada, and elsewhere in an international solidarity effort. Cooperants have also provided technical assistance to unions, as required, with such things as project proposals.
64 Sister Regina Fernando, representing the affiliates of the Organization of Mozambican Workers – Trade Union Centre (OTM-CS), and Sister Maria da Conceição Nhate for those from the National Confederation of Independent and Free Unions of Mozambique (CONSILMO).
**PLANNED ACTIONS**

The project consists of three areas of activities over three years: union and workplace-level training; broadened awareness raising in the workplace and the community; and HIV/AIDS and gender policy development for unions and workplaces.

It began in 2004 with a national seminar for union leadership addressing HIV/AIDS and gender as a workplace issue, to ensure union leadership were committed to supporting the women’s committees. Following, workers from all provinces, representing each union, were trained as HIV/AIDS and gender workplace peer educators. This took place through three regional training courses involving a total of 110 unionists – 69 women and 41 men – encompassing shop-stewards, workplace and national women’s committee members, and rank-and-file union members. Like in Tanzania, these courses helped build a cadre of strong HIV/AIDS labour activists with a critical understanding of gender, and improved skills for disseminating HIV/AIDS and gender-related information at workplaces and in unions; liaising with management to establish workplace HIV/AIDS committees; and understanding, defending and protecting the rights of workers within a context of HIV/AIDS. Unlike TUCTA, however, policies will not be developed until 2007/2008, when awareness is higher.

As workplace HIV/AIDS focal points, these trained activists will be called upon in awareness-raising activities to act as resources, as well as be available to help negotiate HIV/AIDS clauses into collective bargains. The campaign aims to capture the attention of wide audiences by holding theatre performances in workplaces – inviting family and community members – and launching public murals depicting the joint issues of sexual harassment and HIV/AIDS in the workplace. Finally, following a broad national conference on HIV/AIDS in the workplace and regional seminars on developing workplace HIV/AIDS and gender policies, the project will help develop and adopt policies in unions and strategic workplaces in its final year.

**CHALLENGES AND SUCCESSES**

Some of the challenges faced so far in Mozambique include low levels of understanding about gender, and trade unionism generally, within the labour movement. The fact that many unionists were challenged by the concepts of gender and sexual harassment was not a surprise to project coordinators, as those were key issues needing a forum for discussion. Contrary to expectations, however, the peer educator training courses provided many workers with their first opportunity to learn about their own unions, Mozambique’s labour movement and the basic tenets of unionism. From negatives sprung positives, as the project provided support to the unions in general shop-steward training and reached unionists in remote provinces who may not have otherwise been involved.

Another challenge was the scarcity of labour expertise linking HIV/AIDS and gender, and guidance from the coordinating team was needed to facilitate the trainers’ work. The coordinators themselves, however, have gained increased HIV/AIDS and gender expertise as a result; an outcome that will help strengthen their own leadership skills.

A third challenge and complementary solution involves how the method of training occurs in workplaces. This project focuses on sustainable HIV and gender workplace training and encourages study circles and one-on-one informal conversations with co-workers. Following the training courses, many peer educators expressed concern that they could not carry out awareness-raising activities due to lack of funds. In response, the coordinating team identified the need to re-emphasize the study circle method, thereby continuing cost-free, sustainable union education that can operate without depending on either short-term project fund, or scarce union funds.
Each of the women’s committees in the 6 participating Mozambican unions elected a representative, one for OTM-CS and one for CONSILMO (the two national trade union centres), and together they coordinate the project.

Long-time labour activists Sisters Regina Fernando and Maria da Conceição Nhate describe what they feel is the most significant aspect of their HIV and gender work:

“The commitment of the activists [in this project] to really concentrate on the issues being discussed, and learn more about HIV/AIDS and sexual harassment, has been impressive. This signals a change. People are no longer saying that HIV doesn’t exist or that HIV is an invention of rich countries to create a market for condoms. People are saying they must fight against HIV to save their own families. They are feeling directly affected by it, and both men and women are discussing the need for women to negotiate safe sex and protect themselves. Sex and gender are being discussed openly, by men and women together, for the first time. This is a major step in addressing gender-based violence, gender-based inequality, and HIV/AIDS.

Also, the growing relationship between our union leaders – between the labour centrals especially – has been an inspiration to us. Before, the OTM-CS and CONSILMO leaders were a bit distant from one another, and didn’t have a way of talking together – especially in the provinces but also here in the Capital. But now, through this project, the Secretariats of each central are coming closer together and getting to know one another better. We think this is positive for the labour movement.”

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65 Interview with Ms. Regina Fernando, OTM-CS and Ms. Maria da Conceição Nhate, CONSILMO, June 8, 2006
CASE STUDY 3

Fighting to Save Lives: Union strategies in Nigeria

The Nigeria Labour Congress (NLC) has partnered with the Canadian Labour Congress, in conjunction with the Communications, Energy and Paperworkers Union of Canada (CEP) and the Public Service Alliance of Canada (PSAC), to reach 80% of members among its 29 affiliated industrial unions, and to reach its top priorities in the fight against HIV/AIDS.

“The HIV/AIDS Project’s overall aim is to protect, defend and promote the rights, well-being and interests of all workers and trade union members in relation to the HIV/AIDS pandemic. The primary goals of this project are to: 1) Contribute to national HIV/AIDS prevention and control efforts; and 2) Mitigate the impact of HIV/AIDS on the workplace, workers and their families.”

This project will also contribute to reaching some of the priorities identified by NLC’s representative for HIV/AIDS, Sister Maureen Onyia:

- Implement the Nigeria national workplace policy and the NLC HIV/AIDS policy at various workplaces;
- Establish a voluntary counseling and treatment centre for workers who may have more confidence visiting an NLC-based centre than one run by the government or private sector;
- Campaign against stigma and discrimination and encourage all workers to know their status;
- Assist in developing sector-specific HIV/AIDS policies and programs, including peer education and access to voluntary counselling and treatment.

In contrast to smaller Mozambican labour centrals, the NLC has almost 4 million members in a country with an estimated 2.6 million people living with HIV/AIDS – 3.9% of the adult population. Reaching its target of 80% of members, more than 3 million people, is of strategic importance in fighting HIV/AIDS in Nigeria as a whole. The NCL, CLC, CEP and PSAC will work together at least until 2007 to reach as many of these workers as possible through peer education, policies, access to counselling and treatment centres and/or protection from discrimination.

ROBUST PARTNERSHIPS

North-South

The NLC’s HIV/AIDS work has many interesting components, one being the important roles that ‘north-south’ and ‘south-south’ labour partnerships play.

Sister Maureen Onyia, NLC’s lead staff person for HIV/AIDS, describes the relationship with Canadian labour partners as “a pure recognition of international solidarity”. She credits this joint project for “awakening the trade union leadership’s interest in HIV/AIDS; in contrast to their usual approach to issues of HIV/AIDS, union leaders are interested in knowing in where and how their different organizations can participate”. And consistent with the Canadian HIV/AIDS Labour Fund criteria, these funds fill a need for the NLC, which could not access the same financial support from its national AIDS commission (NACA).

One factor underlining the success of this solidarity is the fact that Canadian partners were approached by the NLC secretary general to support this project during the CLC’s Africa representative’s participation at an NLC schools evaluation conference. This demonstrates the NLC has acted on the initiative of top-level leadership, ensuring that involvement in internationally-sponsored HIV/AIDS work is carried out with the full political support of its leadership.

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67 Interview with Ms. Maureen Onyia, NLC Focal Point for HIV/AIDS and Occupational Health and Safety, June 5-12, 2006.
Finally the NLC HIV/AIDS policy, arguably the union centre’s most significant contribution to the fight against the pandemic in Nigeria, is directly related to good partnerships. At a 2005 pan-African conference on AIDS held in Nigeria, the NLC was “influenced towards adopting its own HIV/AIDS policy”. Shortly after, the NLC policy on AIDS, in draft form for two years, was signed. Notably, NLC participation at the conference was supported by the CLC.

**South-South**

This project has also created opportunities for exchanges of ideas between the NLC and its Ghanian, Tanzanian and – to a lesser extent, given the language barrier – Senegalese brothers and sisters. Union delegates from these three countries attended the 2005 ICASA conference and were part of the active NLC team. Their presentations at a roundtable sponsored by NLC enriched the discussion, leaving the audience with a positive feeling of what is happening at the workplace in Ghana and Tanzania, according to people present. These exchanges, initiated through a regional seminar sponsored by the Canadian Labour Congress held in Uganda four years before, have helped share strategies for negotiating with employers that are used in other countries and may be effective in Nigeria.

Several south-south labour exchange programs have been facilitated by the NLC over a number of years, including capacity-building exchanges and invitations to labour partners from Ghana, Senegal, South Africa, Tanzania and Zimbabwe to attend twice-annual NLC trade union schools. In addition, the NLC and Ghana’s labour central signed a bilateral partnership agreement in 2003.

For improved south-south partnerships and strengthened labour platforms, however, Sister Onyia believes in the need to establish a new summit for African unions that could help focus responses to HIV/AIDS in workplaces and negotiation with employers. This would strengthen solidarity among unions, and send a clear message to governments that trade unions are organized individually but work in collaboration, too.

In her view, one of the challenges facing the NLC’s HIV/AIDS action is to find a way of establishing such an African trade union summit on HIV/AIDS.

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69 ICASA (International Conference on AIDS and STIs in Africa).
70 A first regional trade union conference on AIDS took place in Gaborone in 2001.
Fighting Stigma and Discrimination

Sister Maureen Onyia is the NLC’s lead staff person for HIV/AIDS, Health and Safety, and Child Labour. She enjoys a varied background that includes business studies, international law and diplomacy. She was up for the challenge when her Secretary-General asked her to coordinate the NLC’s first HIV/AIDS program for workers following the 2000 ILO Geneva conference.

At that time, her knowledge of the epidemic was limited to having been subjected to discriminatory compulsory testing for a U.S. entry visa in 1995.

Now, Sister Onyia is an in-house expert, trainer and advisor of high caliber.

Having been involved in much of the NLC’s HIV/AIDS workplace action, she recounts one experience as having particular lessons for HIV/AIDS activists:

“I’ll share my experience with a woman who found out she was living with HIV/AIDS.

She was an informal sector worker who happened to see our banner hanging outside the NLC office and came to our HIV program in 2003. She came on her own, not from any particular industrial sector union. I was her customer, which may have helped.

At this event, she was offered testing, took advantage, and discovered that she was HIV+. She said she’d take her life, since she would die anyway.

But I followed up, got counseling for her – found people who could assist (I also needed information) – and tried to provide daily assistance and encouragement.

The woman’s family did not desert her when she announced she was HIV+. In fact, the counseling offered encouraged family members to attend sessions also. But she isolated herself. She refused to see people, starved herself. She had no children, but had been living with two of her brother’s and sister’s children who were sent home when she discovered her status. She refused to return to her business, and was afraid she would infect others.

She did become part of the support group (organized through the NLC), and sought treatment for opportunistic diseases that she caught. But she died last August (2005), of liver problems, after being in hospital for 8 months.

We must do more to fight stigma and educate people so that they don’t stigmatize themselves. One way is by simply showing kindness to people seeking help or information about HIV. But we all need to do a lot more advocacy to fight stigma and discrimination around HIV/AIDS.”71

71 Interview with Ms. Maureen Onyia, NLC Focal Point for HIV/AIDS and Occupational Health and Safety, June 5-12, 2006.
CASE STUDY 4  
South-South Linkages: Learning from our Neighbours

As shown in this case study, south-south labour linkages can be very effective within a single region, and on a small scale, for sharing much-needed expertise.

In the tiny Kingdom of Swaziland, SATU72 (Swaziland Amalgamated Trade Unions) has begun collaborating with a strong union from neighbouring South Africa, NUMSA (National Union of Metal Workers). Since 2005, SATU has benefited from the HIV/AIDS experience and expertise of NUMSA. It, in turn, has expanded its own HIV/AIDS training into Swaziland, and helped administer the financial aspect of the partnership with the United Steelworkers’ Canadian Humanity Fund. The Humanity Fund encourages Canadian workers to buy and proudly wear a Steelworker AIDS pin, to pass the message on.

NUMSA has already made considerable progress in the fight against HIV/AIDS, including the development of its own excellent training materials and in-house expertise. Because NUMSA had already worked in solidarity with Swazi unionists to help amalgamate the country’s smaller unions, it was suggested the existing SATU-NUMSA alliance be expanded into the area of HIV/AIDS.

This particular project has a lifespan of 3 years and focuses on training unionists about HIV/AIDS, with a particular focus on strategies for changing behaviours that are based on deeply-entrenched socio-cultural practices.

Training began in 2005 and was composed of five workshops. The first was for national union leadership; the second and third were for shop stewards trained as peer educators (95 in total); and the fourth and fifth for activists re-trained as HIV/AIDS trainers. The key facilitator came from NUMSA but worked with the assistance of Swazi trainers. SATU is also careful to collaborate with Swazi NGOs working in HIV/AIDS, and associations for people living with HIV/AIDS, particularly in order to involve them in sessions where they can share some of their experiences and help members better understand the impact of HIV/AIDS on peoples’ lives.

Future project plans include carrying out shop steward-level training in workplaces, targeting SATU membership and the community at large. The unions also plan HIV/AIDS training in conjunction with health and safety issues, and estimate that 200 people will be involved in addition to shop stewards in each location.

SATU aims, ultimately, to incorporate HIV/AIDS clauses into collective agreements. It has also begun pressuring employers to collaborate in developing HIV/AIDS workplace policies to workers living with HIV/AIDS, combat discrimination, ensure there is confidential testing and encourage people to know their status. The leadership of SATU intends to significantly increase its involvement in the fight against HIV/AIDS, but recognizes the considerable challenges ahead.

Zulu “love letters”

Traditionally, a young Zulu woman made a pin with coloured beads to carry a message to the man she had her eye on. Today, older women use traditional beadwork skills to make AIDS pins. Sales of the pins generate income for caring for AIDS orphans. The pins carry the red ribbon, the international message of solidarity for those with HIV/AIDS. The pins are attached to a safety pin, representing the way in which these women are trying to hold together their torn and damaged families.73

72 Interview with Mr. Frank Mncina, Secretary General, Swaziland Amalgamated Trade Unions, June 9, 2006.
73 www.usw.ca/program/content/2071.php
Swaziland has one of the highest HIV prevalence rates in the world, currently standing at 33.4% of the total adult population. It is also a staunchly patriarchal society, where polygamy for men is not only condoned but also expected. Swaziland’s king has many wives and marries a new ‘young bride’ every year.

Brother Frank Mncina, SATU’s Secretary General, is directly involved in the union’s HIV/AIDS project with NUMSA and the United Steelworkers. When asked what he felt was the biggest challenge in the fight against HIV/AIDS, he did not hesitate to answer:

“In Swaziland, the cultural norm that allows, even encourages, men to marry as many women as possible is a major problem in the fight against HIV/AIDS. Swazi women do not have the right to do certain things, and can’t refuse certain things. This makes women more vulnerable to HIV/AIDS.

SATU aims at empowering women to play leadership roles in their communities. We need to ensure that women know their rights! We therefore need to look at cultural practices and assess their relevance in today’s society, especially the practice of polygamy.

As much as you can help to empower and educate people, changing ideas about cultural norms is very difficult and will take quite some time. Many people believe strongly in those norms. Even our union leaders practice polygamy!! We, in Swaziland, have no role models of people who are faithful to one partner.

We believe that people can change but that it will be a long struggle.”
CASE STUDY 5

A South-to-North Learning Curve

This last snap-shot describes a HIV/AIDS labour program that is particularly intriguing in its capacity to meet the needs of a diverse target audience – secondary school teachers and students – in the south and north: South Africa and Canada.

The key motivation for this project was simple: “South African students need effective school-based prevention programs and Canadian students need a higher level of awareness of the (HIV/AIDS) pandemic”.74

Its two main players are SADTU, the South African Democratic Teachers’ Union, a multi-racial teachers’ union with more than 230,000 members;75 and OSSTF, the Ontario Secondary School Teachers’ Federation, a Canadian Labour Congress affiliate with more than 50,000 members.76

Between 2004 and 2006, this OSSTF-SADTU partnership formed project teams; researched existing HIV/AIDS training materials and parallel training needs; and developed, tested, and revised professional, and ‘classroom-ready’ HIV/AIDS materials. These came with supporting information on how they could be used to meet the specific curriculum requirements of secondary schools authorities in Ontario and South Africa. Following this, they began evaluating the materials through feedback from students and teachers.

One immediate success is the way in which broad-based and focused impacts are combined: the ‘Common Threads’ course materials are wide enough in scope to impact on teachers and students in both South Africa and Canada, and to be used in classes that range from sex education to sociology to world politics. They are also focused on the core subject matter and developed to such a professional and ‘ready-to-use’ stage that they are excellent teaching and learning tools, complete with lesson plans.

Another key success is the way in which educators from the north have learned from the experience and expertise of educators from the south. This sharing is grounded in South Africa, from which teachers and students in Canada are able to broaden understanding and analysis of HIV/AIDS within a global context. Yet the learning is reciprocated by teachers and students in South Africa, whose sharing has resulted in the development of additional training materials, increased knowledge of the HIV/AIDS epidemic from an international perspective and strengthened partnerships.

Strengths, Challenges, Lessons Learned

Similar to the other projects discussed, the overarching challenge for SADTU in effectively fighting against HIV/AIDS involves insufficient funds. A key difficulty for OSSTF, conversely, is a lack of training materials, low HIV/AIDS-awareness levels, and uncertainty about how and where to introduce the topic into the classroom. The effective sharing of expertise and resources through this project helps meet both needs. For David Mbete, SADTU’s national HIV/AIDS coordinator, the relationship has been like “hand and glove, developmental and solid”.77

74 Interview with Dr. David Mbete, SADTU HIV/AIDS Coordinator, June 5-8, 2006.
76 OSSTF-FEESO website. www.osstf.on.ca/
77 Interview with Dr. David Mbete, SADTU HIV/AIDS Coordinator, June 5-8, 2006.
For educators in South Africa, HIV/AIDS is not an issue that can be ignored. HIV/AIDS does continue to be, however, a highly politicized, sensitive, and taboo subject, difficult for teachers and learners alike to address appropriately and discuss openly in classrooms.

Due to long delays within the department of education, SADTU did not wait for government approval to go ahead with HIV/AIDS work. “For a union, it’s very easy to reach our target group without wading through bureaucracy,” according to Brother David Mbetse, SADTU’s HIV/AIDS coordinator. “As a union, we must deliver services to members. We are accountable to our members.”

In 2004, 12.7% of all teachers in South Africa were HIV-positive. SADTU encourages teachers to be tested, openly declare their status and access counselling and testing. Their hope is to reach all members, while focusing on those who are HIV-positive.

Brother Mbetse emphasizes the importance of developing teaching materials – like the Common Threads materials, in conjunction with existing SADTU training materials – and training teachers to use the materials, in order to capacitate teachers themselves to address HIV/AIDS.

“The education department had been targeting learners for HIV/AIDS awareness, using teachers as merely vehicles for disseminating information, but not treating teachers as a target group itself that needs proper education on how to prevent and manage HIV/AIDS.”

An integrated example of strong community leadership and effective HIV/AIDS education focuses on SADTU’s early actions against HIV/AIDS and, in fact, its initiation into the fight against the pandemic.

“One teacher, a woman, disclosed her HIV+ status to her Principal. This was in 2000. Her Principal had no knowledge of how to respond, and so informed his immediate superior. The teacher was immediately discriminated against, and summarily dismissed. This was my first experience of representing teachers at the Department of Education to fight against HIV-related discrimination in the workplace. I’ve since returned many times! But we were successful, in this case. The teacher was re-hired. And I was then hired as SADTU’s HIV/AIDS coordinator. Now, we are better able to respond because we have teachers trained in all the provinces who know how to follow-up on cases of discrimination.”

The teacher herself has become an example for others, and in fact appears in the “Common Threads” DVD, demonstrating innovative approaches for teaching about prevention.

SADTU has become a leader in the fight against HIV/AIDS, not only among educators, but among government officials as well. Numerous ministries have approached SADTU for advice on designing and running peer educator programs.”

78 Ibid.
Cross-Border Lessons

There is considerable evidence on both sides of this partnership that the Common Threads resource materials have been a success, and made a welcome contribution to the fight against HIV/AIDS within the education sector.

In Canada, the OSSTF received many positive comments from teachers: “This is admirable work”; “The project is helping make important and much-needed change in the schools. True development in action!”; “I think that every library in the province should have access to the Common Threads curriculum”; “The word is out on how wonderful it is!”. As in all learning processes, however, some areas – or gaps – have been highlighted for future improvement, which are important to note as Canadian educators, workers, unions become increasingly involved in solidarity HIV/AIDS work.

In brief, the few concerns come from the project’s primary focus on HIV/AIDS as it affects South Africa, and the minimal treatment of the epidemic within Canada’s borders. The root of this focus is obvious: developing countries are much more severely affected by HIV/AIDS than Canada. But the assumption could use some re-thinking.

As global citizens engaged in solidarity actions, workers must remain aware of our own place in the struggle, and be able to identify and respond to different priorities in different parts of the world. Equally, we must be careful to remain aware of all our respective starting points. Without that critical base, we react more than act, and we are less able to form a cohesive picture of global actions.

Specifically, some teachers, in both Canada and South Africa, suggested that:

- the materials should have treated issues of homophobia, stigma and discrimination; and
- the materials should have included more Canadian voices.

In addition, the sections on rights and freedoms could have been more powerful for both South African and Canadian students had they treated Canada’s relationship with First Nations peoples and some of the similarities drawn between apartheid policies and the Indian Act, and consequent human rights actions in both countries. The video in the education series lends cursory treatment to this.

These suggestions may help avoid externalizing problems as ‘happening elsewhere’, and provide tools for understanding those problems within one’s own context. This process of ‘claiming ownership’ and viewing oneself as part of the issue has been a crucial step in the fight against HIV/AIDS and is an important lesson to remember.79

Looking Forward

Looking back allows for greater clarity in considering future steps. Although limited in scope, this review of five HIV-related labour projects provides food for thought, leading to recommendations for trade unions:

- continue with and increase the inclusion of HIV-related clauses in collective agreements and policy development in workplaces – with direct worker involvement and representation – as well as in unions;
- increase advocacy efforts, around laws and policies regarding HIV/AIDS as well as other issues with direct socio-economic impact on vulnerability or resilience, including trade and investment, and privatization of social services;
- increase trade unions’ presence at national levels, and particularly in tripartite bodies or other forms of broad national fora;
- continue to build and strengthen labour partnerships, as well as partnerships between trade unions and NGOs, community-based organizations, and other civil society organizations.

There are many encouraging elements to each of the projects examined and trade unions involved in the fight against HIV/AIDS can feel proud of their part in starting the actions underway. There are already signs that the work of different organizations is complementary, at a time when the global movement against HIV/AIDS is increasingly empowered. This lends strong credibility to the world’s capacity to enhance the fight against HIV/AIDS everywhere, both maximizing linkages and adapting approaches to meet sector, region, target group-specific needs, while remaining focused on the individual people making up the struggle.

As the CLC’s Africa representative, Marie-Hélène Bonin, has observed:

“Our support of labour partners gains great value in the very achievements of those partners, and in the increased pride unionists have for the important work they’ve accomplished for their members. Through all our joint efforts – no matter how modest – we can see that unionists who once felt overwhelmed and paralyzed by the sheer brutality and apparent inevitability of the pandemic have become more empowered and able to help their people, and to effect change within their countries.

Have we learned anything from that? Perhaps this work has helped a growing number of us here in Canada, see that AIDS is a lot more than just a major health crisis. Many Canadian unionists have now recognized this pandemic as being a symptom of severe and numerous inequalities that can no longer be hidden, ignored, or simply ‘managed’. Our international work on HIV helps keep us mindful of the crucial role unions must play in addressing a whole range of urgent national and global issues.”
Aside from these examples of very direct international cooperation among trade unions, some Canadian unions also donate money to various organizations and projects that either address HIV specifically or include an HIV component.

This is the case with the CAW-Social Justice Fund (SJF) for instance, which supports a truck drivers’ project in Sierra Leone, through the International Transportation Federation. Peer educators are trained in workshops for the drivers, their families and communities on the trucking routes. In Malawi, the CAW-SJF, partnering with Canadian Physicians for Aid and Relief (CPAR) and the Canadian International Development Agency (CIDA), has funded a rural community project for the past few years. Community organizations are supported in dealing with the many aspects of HIV/AIDS, including improved nutrition, basic public health, support to orphans and micro-economic activities. In Mozambique, the CAW-SJF partners with OXFAM and the Mozambique Peasants Union, in micro-economic projects that help the many women-headed rural households affected by HIV/AIDS. Many women are left with the full responsibilities for subsistence farming because their husbands have gone to find work or returned home with AIDS-related illnesses. Some women themselves now live with HIV and struggle to provide for their families. Their co-operatives’ project helps to introduce and grow more nutritious foods so that they can stay healthier longer. Working with the University of Saskatchewan, CIDA and the Mozambique Ministry of Health, the CAW-SJF also supports the ongoing training of a “barefoot nursing” network based in Massinga that helps provide for a public health system in dire crisis.

Other Canadian unions also make financial donations for humanitarian relief or developmental purposes.
Labour Fights AIDS
This last chapter of the report describes how unions have addressed HIV/AIDS in the Canadian workplace, starting with reinforcing why HIV/AIDS is a workplace issue. This is followed by a discussion of actions taken by Canadian unions on HIV/AIDS and workers' rights in the collective bargaining process, and through the development of policies, educational and advocacy materials, and the grievance process. The section concludes with a brief description of initiatives taken by global union-related organizations on HIV/AIDS and workers' rights.

Given the growing activism in the labour movement, it was not possible to survey all Canadian unions with respect to their HIV/AIDS-related initiatives. Consequently, this chapter of the report does not attempt to provide an exhaustive list of everything that Canadian unions are doing in this area. Rather, it describes the kinds of initiatives Canadian unions have undertaken in a broader and representative sense.

WHY HIV/AIDS IS A WORKPLACE ISSUE

HIV/AIDS has an ever-increasing impact on Canadian workplaces, and unlike many diseases has its highest incidence among workers already in the workforce or about to enter it. This is magnified by the fact that many workers – both HIV-positive and negative – have a family member or loved one who is HIV-positive.

The following is a discussion of some specific ways that HIV/AIDS can have an impact on the workplace:

- Like other chronic illnesses, HIV/AIDS may affect the ability of a worker to continue performing the same job or to continue working or working the same hours. As a result, workplaces need to treat HIV/AIDS like any other chronic illness. This includes making sure that there are workplace policies on accommodation, training or retraining when workers can continue working but require some modification to their duties; and that there are workplace policies on termination, short- and long-term disability, and pension entitlement for workers who can no longer work.

- HIV/AIDS can be an episodic disability. Workers may be able to come in and out of the workforce. This necessitates consideration of issues such as medical leave, the right to return to work after taking disability leave, and job rights and seniority.

- In a minority of workplaces, there may be a risk that work practices can carry a risk of spreading HIV. This primarily includes the health care sector, but can also include transportation and resource extraction industries, making it essential that such workplaces require policies to protect the health and safety of all workers.

- Tragically, discrimination and stigma continue decades into the epidemic for people living with HIV/AIDS. Such stigma can be harsh, particularly when coupled with homophobia. Stigma and discrimination are powerful obstacles to workers' willingness to get voluntary counselling and testing, to disclose their status if found to be HIV-positive; and to access care, treatment, support and reasonable accommodation once they become ill.
As a consequence, there is a need for programs to educate workers about all aspects of HIV/AIDS. The workplace is an appropriate forum for challenging prejudice and misinformation regarding HIV/AIDS, particularly concerning stigma and discrimination that workers may encounter at home or in the community. Workplace education programs have been shown to increase knowledge and reduce fear. In some workplaces, programs to educate clients/customers/students will also help to reduce the stigma associated with HIV/AIDS and protect the rights of workers.

- Flowing from this stigma, there are instances in which workers living with HIV/AIDS have been discriminated against, but the labour movement has demonstrated success in reducing this discrimination. As with all discrimination, this means that workplaces need policies to protect workers against discrimination in the workplace. Unions have a legal and ethical responsibility to defend workers from discrimination regarding the terms and conditions of employment.

- In a related challenge, employers may attempt to screen applicants for HIV/AIDS that requires vigorous opposition.

- Because of associated stigma with HIV/AIDS, workers living with the disease may be concerned about keeping their HIV status confidential. This requires workplace protection for the confidentiality of the status of an HIV-positive worker. In rare cases, it may be appropriate to have a policy concerning when and to whom the HIV status of an HIV-positive worker can be revealed.

- Workers living with HIV/AIDS are likely to face significant costs for drugs and other services not covered by provincial health insurance. This requires comprehensive extended health care plans to provide adequate coverage for HIV-positive workers.

- Workers living with HIV/AIDS, especially if newly diagnosed, may need information on where they can access counselling, support and treatment, which means collective agreements should ensure that employers are providing appropriate referrals and compensatory time in such cases.

- HIV/AIDS strikes family members of workers, meaning protection is needed for paid and/or unpaid leave for workers in order to care for partners and family members living with HIV/AIDS.

These cases provide some examples of workplace-specific responses to the pandemic. But the labour movement’s contributions to beating HIV/AIDS is broader as covered in other chapters. Workplaces play a vital role in the wider struggle to limit the spread and effects of the HIV/AIDS epidemic, and are ideal settings, not only for fighting stigma and discrimination, but also for HIV prevention. For many workers – particularly older workers or new Canadians – workplaces may be the only place for such efforts, and provide great possibilities for peer education and positive peer pressure towards behavioural change.

Because workplace education has a spillover effect at home, HIV/AIDS workplace programs are among the best vehicles to educate workers’ families in an effort to break the cycle. Even the informal workplace is an ideal venue for outreach work among working people.

Because of the nature of HIV disease, and with the advent of antiretroviral therapies, most HIV-positive workers with access to treatment are in good health and able to perform their jobs. Most workers living with HIV/AIDS have many years of productive life with no significant disability, and want to continue working as long as possible. Secure employment and fair working conditions are important for maintaining the health and well-being of workers living with HIV.
ACTIONS TAKEN BY CANADIAN UNIONS ON HIV/AIDS AND WORKERS’ RIGHTS

The following are examples of the kinds of initiatives that Canadian unions have taken to address HIV/AIDS and workers’ rights issues:

- Unions have negotiated language in collective agreements specific to HIV/AIDS.
- Unions have adopted policies specifically on HIV/AIDS.
- Unions have developed HIV-specific educational and advocacy materials.
- Unions have fought specific instances of discrimination directed at workers living with HIV.

The initiatives listed above are specific to HIV/AIDS, and are dealt with in greater detail shortly. Many unions have chosen to deal with HIV/AIDS in a broader context. These measures may include: the use of non-discrimination clauses that cover numerous grounds of discrimination; initiatives that are designed to protect the rights of people with disabilities (HIV/AIDS has long been recognized by Canadian courts, human rights tribunals and arbitrators as a disability); and measures that protect the health and safety of workers with respect to all infectious diseases. The following are examples of the kinds of initiatives Canadian unions have taken to address HIV/AIDS and workers’ rights issues in this broader context:

- Unions have included HIV/AIDS, both explicitly or implicitly, in collective agreement language covering non-discrimination, harassment, disability and measures to protect the health and safety of workers.
- Unions have included HIV/AIDS, explicitly or implicitly, in policies on non-discrimination, harassment, disability and the need to protect the health and safety of workers.
- Unions have conducted studies and developed educational and advocacy materials for union officers and members on non-discrimination, harassment, privacy, disability and protecting the health and safety of workers.
- Unions have undertaken a number of initiatives with respect to workers with disabilities’ rights, including: establishing committees and working groups; integrating workers with disabilities into union leadership ranks; organizing conferences; launching advocacy campaigns; and participating in efforts organized by other groups concerned with people with disabilities.

The remainder of this chapter discusses these initiatives in more detail.

INITIATIVES SPECIFIC TO HIV/AIDS

Collective Agreement Language

The number of Canadian collective agreements that contain language specific to HIV/AIDS is relatively small, but some collective agreements contain HIV-specific language on non-discrimination. What is probably the most comprehensive language on this topic can be found in the collective agreement negotiated by a local of the Canadian Union of Public Employees (CUPE) and the University of Guelph:

_The University of Guelph will not discriminate against any worker with AIDS or with a positive HIV antibody test. Particularly: (1) The University of Guelph will not refuse admission to any qualified student with AIDS or a positive HIV antibody test. (2) The University of Guelph will not refuse employment to any qualified applicant on the basis of AIDS or a positive HIV antibody test. (3) The University of Guelph will make no attempt to identify carriers of HIV antibody or persons with AIDS by questions, screening or other means._

A collective agreement between a CUPE local and United Way of Greater Victoria states that

_([n]o worker testing HIV positive shall be discriminated against or harassed in any manner. No worker who has a family member testing HIV positive or who has in any way been exposed to the HIV virus shall be discriminated against or harassed in any manner._

81 CUPE Local 3913 (Unit #1) and University of Guelph. Effective September 1, 2002. Negotech No. 1041205a.
Another collective agreement between a CUPE local and Trent University states that “there will be no mandatory testing or screening of students, faculty or staff for HIV infection (including AIDS)” and that the university “will not tolerate discrimination against any visitor, student, faculty or staff member who has AIDS or tests positively for the HIV antibody.”83 That same collective agreement states that students, faculty members and staff living with HIV are encouraged to perform their regular duties as long as they are able to do so.

A collective agreement between the National Automobile, Aerospace, Transportation and General Workers Union of Canada (CAW) and Sterling Trucks makes a specific reference to the duty to accommodate: “If [the] fitness for work is affected by HIV or AIDS, the Company will make reasonable efforts to adjust work requirements to accommodate their particular needs.”84

The CUPE-Trent University collective agreement states that medical information concerning workers or students who test HIV-positive “will be treated with the strictest confidence” and that “[a]ll cases related to the AIDS virus on campus will be handled in a confidential manner, with strict ‘need-to-know’ restrictions for access to the information.”85

Some collective agreements require the employer to develop educational campaigns on HIV/AIDS. The CUPE-Trent agreement states that in order to keep the community informed, and to minimize misunderstandings concerning the spread of the disease, “[t]he university will continue to develop educational programs about AIDS for students and workers.”86

**Union Policies**

As was the case with collective agreement language, the number of union policies that contain specific language on HIV/AIDS is relatively small.

One very early example was adopted by the Canadian Airlines Flight Attendants Association (CALFAA; now part of CUPE) in 1985. In that policy statement, among other things, CALFAA:

- undertook to educate its staff, leadership and membership about HIV/AIDS and urged employers to develop similar programs;
- opposed any discriminatory practices related to HIV/AIDS, such as HIV testing, employment restrictions, forced leave of absence or sick leave, and medical and insurance coverage; and
- undertook to maintain strict confidentiality concerning a member’s HIV status.

In 1990, the Canadian Labour Congress adopted a policy statement on AIDS in the workplace.87 Its goal was to prevent HIV infection in the workplace “while protecting the rights of workers and public, with whom we come into contact.” The statement said the best means to prevent the spread of HIV was “education combined with reasonable precautions,” and called for employers to adopt workplace HIV/AIDS programs that contain three main elements: education program; a non-discriminatory HIV/AIDS policy; and a control program that eliminates exposure to blood and bodily fluids.

It also called for HIV/AIDS to be treated in the “general context of protection against infectious diseases,” and that unions and employers should jointly develop guidelines on AIDS in the workplace, including:

- development of safe working practices;
- a procedure for education and information on safe working practices;
- provision by the employer of appropriate protective clothing, equipment and installations;
- confidentiality for workers who are HIV-positive;

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83 CUPE Local 3908 (Unit #1) and Trent University. Effective September 1, 2004. Negotech No. 1103005a.
85 Supra, note 2.
86 Ibid.
• development of protocols for the provision of services and care to workers who are HIV-positive;

• a prohibition against mandatory HIV testing in the workplace, as well as the use of pre-employment HIV testing; and

• the assurance that anyone who volunteers to take an HIV test will receive pre- and post-test counselling, and have his/her job security, income security and confidentiality guaranteed.

In 1993, the board of the Communications, Energy and Paperworkers Union of Canada (CEP) adopted a policy on AIDS that included:

• that workers have a right to a clean, healthy and safe workplace; and that employers are responsible for ensuring necessary precautions are taken in any workplace where blood or blood products are part of the work environment;

• union locals should use films on AIDS and a CEP pamphlet on AIDS to conduct membership education and prepare presentations to employers;

• that persons who have tested HIV-positive should be treated “with the same confidentiality and understanding” that would be accorded to any other person whose health has been affected;

• that there is no reason to quarantine people living with HIV;

• that regular sick leave as provided in the collective agreement should be reviewed in regards to chronic and long-term illness; and that the review should ensure as much as possible has been done to provide for sick-leave coverage for workers who may become ill at a later date as a result of being HIV-positive; and

• that there should be no mandatory or pre-employment testing of workers.

In the 1990s, The Public Service Alliance of Canada (PSAC) adopted a Policy on HIV/AIDS that stated:

• that all workers have the right to full and ongoing education concerning HIV and AIDS;

• that workers who may be exposed to HIV because their duties could bring them in contact with contaminated blood or blood products have the right to specialized education; that such education should incorporate information about prevention and infection control guidelines, including the concept of universal precautions; and that workers in this situation must be provided with the necessary protective clothing and equipment and trained how to use it;

• that the PSAC opposes all mandatory, universal, pre-employment and employment HIV and AIDS testing, except when the Canadian Human Rights Commission has identified a bona fide occupational requirement for testing;

• that workers living with HIV have the right to continue working; that as with any worker with a disability, they have the right to reasonable changes in their working arrangements, if necessary, to accommodate their illness; and that those who are unable to work must be entitled to full benefits and union protection;

• that the PSAC is unequivocally opposed to segregation or quarantining of persons living with HIV; and

• that workers living with HIV must be provided the right to privacy in the disclosure of their medical status; that there must be no obligation to inform the employer or union officials of the worker’s HIV status; but that, where the employer or union officials have been informed, they have an obligation to maintain confidentiality.

89 PSAC. Policy 28A. Undated.
The policy statement identified a series of activities the PSAC planned to undertake to ensure that the policy's principles were implemented. The activities included:

- the PSAC will continue to develop and provide educational materials on AIDS and HIV and ensure that these materials are readily available on union courses and through the regional offices;
- the PSAC will encourage and assist locals and components to offer AIDS awareness sessions specifically tailored to their membership;
- through joint consultation, the PSAC will pressure Treasury Board and other employers to ensure that all AIDS and HIV guidelines are jointly developed, implemented and disseminated;
- through collective bargaining, consultation, and the national joint council, the PSAC will ensure that workers testing HIV-positive are protected by all existing health benefits, and that special accommodations that may be required are fully provided; and that the right to confidentiality and privacy is maintained; and
- for those working in a workplace where exposure is possible, the PSAC will ensure that the employer and union develop and implement universal precautions guidelines, infection control guidelines and safe working practices; and that the employer makes appropriate protective clothing and equipment available.

At its 1995 national convention, CUPE adopted a policy statement on HIV/AIDS. The statement contained the following guidelines for use in collective bargaining:

- Information about an worker's HIV status is not relevant to the workplace, and should not be collected, used, disclosed or retained.
- The employer should not be permitted to discriminate with respect to any terms and conditions of employment on the grounds of disability.
- Workers must not be denied work because they have, or are believed to have, HIV infection.
- There must be no discrimination against an worker in matters of hiring, pay, training, promotion, transfer, lay off, recall or any other terms and conditions of employment because they have, are suspected to have, HIV or AIDS.
- Employers and unions have the legal duty to accommodate workers with disabilities.
- Paid sick leave provisions must be adequate to cover situations both where a worker living with HIV is unable to work for short periods of time and where a worker is absent for extended periods.
- Extended health benefits plans should cover the full cost of HIV drugs.
- Life insurance benefits should offer “living benefits,” an option for terminally ill policy holders to receive a pay out in advance on their policies.
- Pension plans should include disability pensions.
- Family, bereavement and compassionate leaves must be expanded to meet the unique leave requirements associated with HIV/AIDS.
- In occupations where exposure to blood and body fluids is likely to occur, employers should institute infection control programs, providing the necessary clothing and devices to prevent exposure.
- Workers living with HIV should have access to counselling and referral services.
- Education and support services should respect the confidentiality of personal information and the right of workers with HIV to privacy.

The policy statement also contained an action plan that committed the union to inform workers living with HIV about the protections and benefits available to them through the collective agreement; support members in enforcing these rights; develop educational activities and train staff and members to raise awareness on HIV/AIDS; and develop ways to support workers living with HIV as well as their loved ones and co-workers.
**Education and Advocacy Materials**

Several unions and central labour bodies have developed educational and advocacy materials related to HIV/AIDS, which are key components to prevention and combating stigma and discrimination.

Early in the epidemic, in 1988, the Canadian Labour Congress produced a curriculum for a three-hour education course on AIDS and the workplace. Its curriculum consisted of a quiz on HIV/AIDS; a series of case studies on HIV testing; an exercise on policies to deal with HIV/AIDS in the workplace; epidemiological information on AIDS; information on the implications of AIDS for different types of workers; a list of relevant resources and sources of information on AIDS; a discussion of AIDS, health and safety law; information on the HIV test; a discussion of AIDS and employment rights; and information on some of the early policies on AIDS adopted by unions in Canada.

In 1997, CUPE produced an information kit on HIV/AIDS and workplace issues. The kit consisted of a summary of the contents, an overview paper and detailed information presented in nine subject areas that included areas as diverse as workplace and government policies; education; health and safety, and testing; pensions and benefits; and privacy.

An article currently on the website of the United Steelworkers (USW) on gay, lesbian, bisexual and transgendered issues also contains some information on HIV/AIDS. Among other things, it calls for coverage for HIV/AIDS medications in drug plans; preventing harassment and discrimination of workers living with HIV; measures to educate people about HIV/AIDS; and measures to ensure that affected workers receive counselling and support.

In July 2005, the Canadian Labour Congress produced a strategy paper on infectious diseases in the workplace; the paper includes a section on HIV/AIDS. The paper states that though the risk of HIV transmission for health care workers is limited, and is almost exclusively related to needle stick injury, it is nevertheless important:

To further elaborate on the specific challenges posed by HIV/AIDS in the health sector. As an example, it may be necessary to offer HIV testing of health-care workers before and during allocation to areas of high risk to themselves, such as multi-drug-resistant tuberculosis (MDR TB) wards. The new HIV/AIDS practices in health service settings may, once again, be useful to controlling the spread and mitigating the impact of other communicable diseases.

The paper also states that all HIV testing, including for health workers, should be provided on the basis of informed consent, and should be accompanied by counselling. As well, the results should be kept strictly confidential.

The paper mentions the case of a surgeon at a children’s hospital who died of AIDS in 2004, and cites the recommendations of an inquiry conducted by the Quebec Medical Association (Collège des médecins du Québec) concerning how similar cases should be handled.

**Instances of Discrimination**

Canadian unions have been active in using the grievance procedure to fight individual cases of discrimination against workers living with HIV. There are two examples of cases decided by arbitrators.

In Pacific Western Airlines Ltd v Canadian Air Line Flight Attendants Association, the Arbitration Board held in 1988 that dismissing a flight attendant from his job on the basis of his HIV status amounted to prohibited discrimination.

In Centre d’accueil Sainte-Domitille v Union des employés de services, local 298 (FTQ), the arbitrator ruled that an employer does not have the right to require a medical examination where the purpose is merely to obtain evidence that the worker is HIV-positive, when that status poses no danger to others.

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94 [1988], 28 LAC (3d) 291 (Canada Labour Arbitration Board).
**BROADER INITIATIVES**

**Collective Agreement Language**

HIV/AIDS is often included as a prohibited ground of discrimination in non-discrimination clauses negotiated in collective agreements. The following is an example of one such clause:

The Employer and the Union agree that there shall be no discrimination, interference, restriction, coercion, or harassment exercised or practised in any matter concerning the application of the provisions of this Agreement by reason of age, race, creed, colour, national origin, language of origin, ethnic origin, ancestry, citizenship, religious or political affiliation or belief, sex, gender, marital or parental status, number of dependants, Acquired Immune Deficiency Syndrome (AIDS), AIDS-related illness, positive Human Immune Deficiency Virus (HIV) test, sexual orientation, gender orientation, personal appearance, mode of dress, place of residence, academic school of thought, record of offences unless the worker's record of offences is a reasonable and bona fide qualification because of the nature of employment, physical disability provided that such disability does not clearly prevent the carrying out of the required duties nor by reason of the worker's non-membership, membership or activity in the Union.96

Of course, many non-discrimination clauses in collective agreements include “disability” as a prohibited ground of discrimination; such clauses automatically cover HIV/AIDS because, as indicated above, courts, tribunals and arbitrators have ruled that HIV/AIDS should be considered a disability. The following, negotiated by the United Food and Commercial Workers Union, is an example of a disability clause that deals with the right to return to work:

The parties agree to establish a Provincial Disability & Reintegration Committee consisting of two (2) Union representatives (one from Local 1518 and one from Local 2000) and two (2) Employer representatives ... The Committee shall meet monthly to:

(a) Review and recommend rules and guidelines for temporary modified duty programs.
(b) Discuss a light or modified duties job inventory.
(c) Establish and develop policies regarding permanent accommodations.
(d) Discuss and resolve issues concerning unresolved modified return to work programs (i.e. a worker has failed in multiple attempts at returning on a gradual or modified program).
(e) Keep abreast of continuing jurisprudence on “Duty to Accommodate”. It is acknowledged that the Employer, the Union and the workers all have a responsibility to accommodate disabled workers who return to work, but must rely on objective, not subjective, medical information concerning the specific needs of each individual.97

And the following is an example of a disability clause, negotiated by the Service Employees International Union (SEIU), that deals with the duty to accommodate:

The parties recognise that the Manitoba Human Rights Code establishes a Reasonable Accommodation requirement to the point of undue hardship, in order to accommodate the special needs of any person or group where those needs are based on the protected characteristics as set out in the Manitoba Human Rights Code. The Employer and the Union are committed to Reasonable Accommodation in a manner that respects the dignity of the worker. Reasonable accommodation is the shared responsibility of the worker(s), the Employer and the Union. Where a need has been identified, the parties will meet to investigate and identify the feasibility of accommodation that is substantial, meaningful and reasonable to the point of undue hardship. Where necessary, relevant provisions of the Collective Agreement may, by mutual agreement between the Union and the Employer be waived ...98

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96 CUPE (Local 3903) and University of Toronto. Effective September 1, 2001. Negotech No. 0526809a.
Similarly, any clauses dealing with protection against infectious diseases, or with measures to ensure occupational health and safety generally, can be read to include HIV/AIDS.

**Union Policies**

There are numerous union policies on non-discrimination, harassment, disability and the need to protect the health and safety of workers. Two such examples are below.

In its policy on disability rights, the United Steelworkers (USW) calls for, among other things:

- recognition that all people with disabilities who want to work should be accommodated by the employer;
- equal treatment and opportunity in employment for all people with disabilities; and
- adequate financial support for members who cannot work because of their disability.

The policy commits the USW to taking certain actions, including developing a booklet for union activists and bargaining committees on negotiating and using the duty to accommodate, return to work policies, and health and safety protections.

The PSAC’s policy on infectious diseases contains a list of 11 steps that employers need to undertake in workplaces where there is a potential risk of the spread of infectious diseases. It also includes an 11-step action plan for implementing the policy.

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**Educational and Advocacy Materials**

One prominent example of the many educational and advocacy materials developed by Canadian unions on non-discrimination, harassment, disability rights and the protection of worker health and safety is the collective bargaining manual on disability rights produced by the Canadian Labour Congress a few years ago. It provides information on who people with disabilities are, describes what Canadian unions are doing on disability issues and discusses the duty to accommodate. The manual also provides examples of contract language, checklists for negotiators to use for the duty to accommodate, return to work, job rights and seniority; and employment equity and privacy.

The manual is part of the CLC’s MORE campaign (Mobilize, Organize, Respect and Educate around disability issues), and in 2003 it issued a series of recommended actions, including tackling discrimination and promoting the duty to accommodate workers. In 2004, CUPE produced a bargaining tool on equality issues, which included separate sections on discrimination, the duty to accommodate, and harassment and violence. Each section provides examples of collective bargaining language.

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102 Available via http://canadianlabour.ca/index.php/more_campaign
Labour Fights AIDS

These actions were complemented by other initiatives taken by Canadian unions with respect to disability rights:

- In 1994, the CLC established the disability rights working group to assist affiliates in integrating workers with disabilities into the Canadian labour movement.
- In 1999, the CLC created the position of vice-president (persons with disabilities) on its executive council.
- In 2001, the CLC disability rights working group launched the MORE campaign. The campaign asked affiliates to find ways they can do MORE to get work working better for people with disabilities. ¹⁰⁴
- In 2002, the CLC organized the first national disability rights conference, with a second in 2004.
- Last March, representatives of the CLC and PSAC participated in a national summit for episodic disabilities convened by the Canadian Working Group on HIV and Rehabilitation.

Over the years, the CLC has also produced a number of papers on disability issues, which include:


INITIATIVES BY GLOBAL UNION-RELATED ORGANIZATIONS ON HIV/AIDS AND WORKERS’ RIGHTS

The International Labour Organization (ILO), the International Confederation of Free Trade Unions (ICFTU), and Public Services International (PSI) have all addressed the issue of HIV/AIDS in the context of workers’ rights.

International Labour Organization

The International Labour Organization is a UN specialized agency tasked to promote social justice and internationally recognized human and labour rights. In 2001, it produced a seminal document on HIV/AIDS, entitled *An ILO Code of Practice on HIV/AIDS and the World of Work*.¹⁰⁵ It provides a basis for unions’ work in preventing and managing the impact of HIV/AIDS in the world of work, caring for affected workers and combating stigma and discrimination on the basis of real or perceived HIV status.

The Code of Practice also outlines key principles to guide workplace policy on HIV/AIDS, including:

- HIV/AIDS should be treated like any other serious illness or condition in the workplace.
- Workplaces have a role to play in the wider struggle to limit the spread and effects of the epidemic.
- There should be no discrimination of workers on the basis of real or perceived HIV status.
- More equal gender relations and the empowerment of women are vital to prevent the spread of HIV infection and enable women to cope with HIV/AIDS.
- The work environment should be healthy and safe in order to prevent transmission.
- The successful implementation of an HIV/AIDS policy and program requires cooperation and trust between employers, workers and their representatives and government, with the active involvement of workers infected and affected by HIV/AIDS.

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¹⁰⁴ For more on the MORE Campaign, see [http://canadianlabour.ca/index.php/more_campaign](http://canadianlabour.ca/index.php/more_campaign)

• HIV/AIDS screening should not be required of job applicants or workers.
• There is no justification for asking job applicants or workers to disclose HIV-related information, or obliging co-workers to reveal such information about fellow workers.
• HIV infection is not a cause for termination of employment.
• Workplaces are excellent venues for the promotion of prevention, particularly in changing attitudes and behaviours through the provision of information and education.
• All workers, including workers with HIV and their dependents, are entitled to affordable health services.

The code of practice also describes the rights and responsibilities of governments, employers and workers and their organizations with respect to implementing these principles. The ILO has also developed a manual on how to implement its code of practice.106

In 2005, in conjunction with the World Health Organization (WHO), the ILO published the Joint ILO/WHO Guidelines on Health Services and HIV/AIDS.107 This was developed to assist health services in building capacity to provide their workers with a safe working environment, as the most effective way to reduce transmission of HIV and other illnesses while ensuring effective care that respects the needs and rights of patients, especially those living with HIV.

The key recommendations of the WHO-ILO report was social dialogue and cooperation, and it outlined specific roles for legislators, employers and trade unions. It covers many relevant issues, specifically those affecting the health care sector such as the management of exposure incidents; as well as broader concerns including the need for education, workplace health and safety, and the need for research and development.

International Confederation of Free Trade Unions

The ICFTU is a confederation of national labour central, and at its 2000 Congress adopted a resolution on HIV/AIDS.108 The resolution says that the workplace, in both the formal and informal sectors, is “one of the most important and effective points in tackling the disastrous effects of the HIV/AIDS pandemic.” It calls on ICFTU affiliates to engage their governments and employers to strengthen health and safety programs; eliminate the stigma and discrimination attached to HIV/AIDS; maintain HIV/AIDS affected workers in social protection systems; and to develop social and labour programmes that mitigate the effects of HIV/AIDS.

At its 2004 Congress, the ICFTU adopted another resolution on HIV/AIDS109 that highlighted “the varied forms of discrimination and victimisation of workers suffering from HIV and AIDS, including many cases of workers being discriminated against for social protection and retirement benefits …” and calls for workplace programs to combat discrimination and encourage awareness.

The resolution calls on ICFTU partners and affiliates to:
• raise HIV/AIDS to greater prominence on the trade union agenda;
• support trade union action against HIV/AIDS, with particular emphasis on collective bargaining, the use of education materials, and promotion of the ILO Code of Practice;
• encourage unions to include HIV/AIDS in their trade union education programs;
• engage employers’ organizations in joint efforts to combat HIV/AIDS; and
• encourage unions to address the gender dimensions of HIV/AIDS, and the special needs and rights of women, young people, migrants, refugees and gay men.

In 2003, the ICFTU and the International Organisation of Employers jointly issued a statement on fighting HIV/AIDS. The statement stressed the critical added value of labour-management cooperation to combat the spread of the epidemic, which is covered in other chapters, and calls on members of both organizations to accord HIV/AIDS the “highest priority” while citing the ILO’s Code of Practice as a “sound basis for workplace partnerships.”

Public Services International

Public Services International is the global union federation for public sector trade unions, including seven million health workers. It has become a leader in campaigning for strengthening health systems, protecting workers and developing workplace policies. In 2004, PSI produced a policy statement on HIV/AIDS that focused on governments as employers. It urged them:

- upgrade policies on human resource management and ensure public sector workers receive fair wages, decent working conditions, and proper safety and health training, including education on HIV transmission and prevention;
- develop workplace policies based on the ILO Code of Practice, which cover workers’ rights, employment protection, gender equality, access to benefits; and
- implement programs for workers and their families that include prevention through education, gender-awareness programs, and practical support for behaviour change.

The PSI policy statement contained a specific strategy for health workers. The strategy called for:

- strengthening the public health sector in the face of HIV/AIDS by increasing financing for health services; working for wage fairness for health workers as well as decent working conditions; and proper training for workers to mitigate transmission as well as support for HIV-positive workers.
- negotiating worker involvement in blood-borne exposure prevention and control on joint labour-management needlestick prevention committees with the authority to negotiate the products and availability of same to protect health care workers (including safer needle devices, basic equipment and protective clothing, and simple agents such as bleach to minimize transmission risk); and
- negotiating for availability of post-exposure prophylaxis and compensation protection for workers’ infected with HIV and other blood-borne pathogens from occupational exposure.

Public Services International’s strategy is just one example of the positive role played by global union federations in tackling HIV/AIDS and which influence the actions of Canadian unions in protecting workers’ rights.

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Building on our Strengths

Since the epidemic’s early days, Canadian unions have recognized the need for a workplace response that balances the need to protect against HIV transmission with the need to protect the rights of HIV-positive workers. As more information became available on HIV transmission, unions concluded that specific measures to prevent workplace spread were required only in a minority of workplaces where there is a real risk of transmission. Unions were also quick to recognize the need for educational programs in the workplace to both prevent transmission and also reduce the stigma and discrimination of HIV/AIDS.

One of the strengths of the response in the workplace has been unions’ actions to ensure that collective agreements contain clear language on the human rights issues, including those related to HIV/AIDS.

Unions can build on these strengths to ensure that policies and practices keep pace with new challenges of HIV/AIDS in Canada, which is changing. HIV/AIDS is increasingly affecting women, Aboriginal people and people arriving from countries with high rates of HIV infection. Unions should evaluate whether this changing epidemiology requires new approaches in the workplace. As well, unions must remain vigilant to ensure adequate measures exist to protect workers in workplaces where workers may come into contact with blood or blood products.

In addition, with the advent of antiretroviral therapies, some workers living with HIV previously on long-term disability may wish to return to work, which leads to HIV-AIDS being seen as an episodic disability. Unions must ensure that collective agreements and union policies adequately deal with these issues, and be prepared to initiate new workplace responses to new emerging diseases, perhaps including SARS and the avian flu.

Unions may also wish, in future, to map out and compare legal provisions provided by provincial labour and human rights legislation, regulation and practice. Further study of these provisions may indicate the need for future advocacy and policy work directed to these areas of provincial jurisdictions. This area offers the potential for unions to work collaboratively with civil society partners, including community AIDS activists and NGOs in advancing the rights of all workers.

Realities and threats to workers change with time, and unions must remain flexible and committed to ensuring workplace response changes with them.