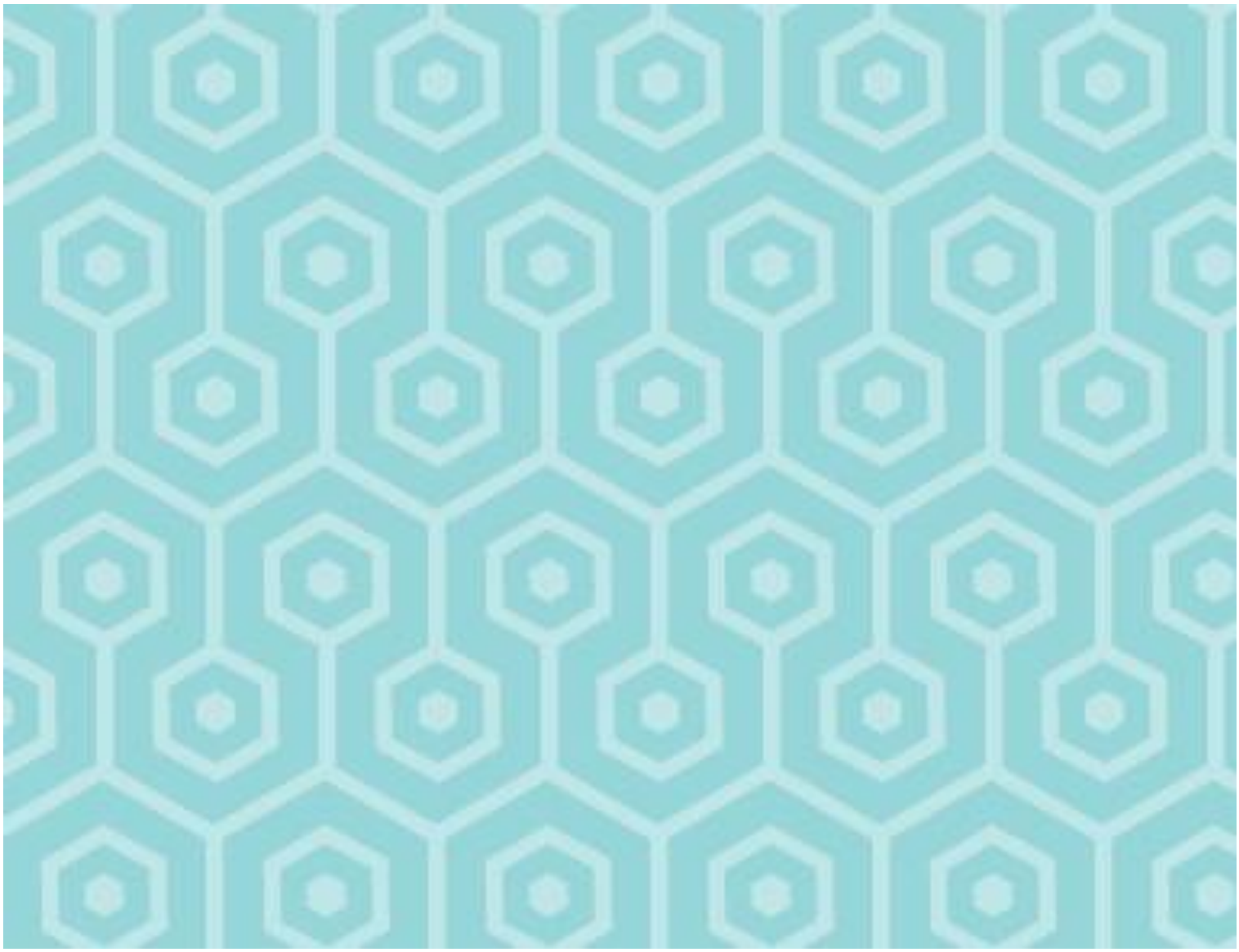
International Labour Organization (ILO)

Unified Budget Results and Accountability Framework (UBRAF) 2016-2021



Contents

Achievements

Introduction

The 2016 -2017 biennium marked a shift in the focus of the International Labour Organization's (ILO) HIV programme which began to target a fewer number of Unified Budget Results Accountability Framework (UBRAF) outputs so to as to bring a critical mass of resources to achieve concrete results. A data driven rights-based gender-sensitive approach which concentrates significant resources on key and vulnerable working populations in fast track countries (mainly) was adopted.

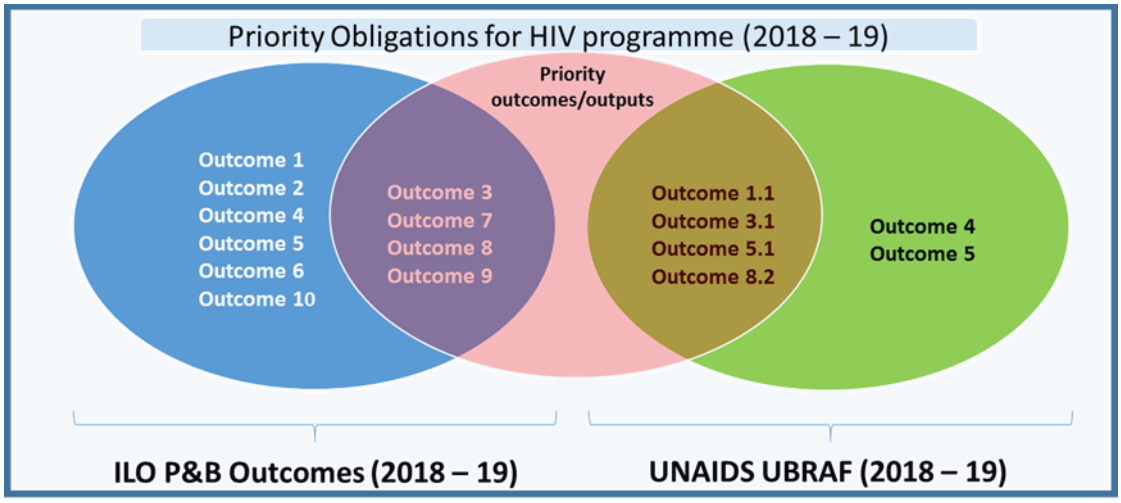
This report will cover: a short overview of the ILO's strategy and approach; highlights of the 2016 – 17 results at global and country levels by Strategic Results Areas (SRAs); presentation of a country case study; and knowledge products for 2016 – 17.

The biennium marked a shift in the ILO's focus to a more targeted approach focussing on a limited number of UBRAF outputs

Strategy and Core Approach

The ILO's response to HIV and AIDS has evolved alongside the evolving HIV epidemic, the transition from the MDGs to the SDGs as well as the changing financial landscape for HIV programmes. The framework for ILO's programmes were/are the ILO Programme and Budget (2016/17 & 2018/19), the UNAIDS Strategy (2016 – 2021) and the 2016 United Nations Political Declaration on HIV and AIDS. The ILO's Programme and Budget (2018 – 19) includes HIV as a cross-cutting policy driver liked to many outcomes including 3, 7, 8 and 9. The UNAIDS Strategy (2016 – 21) explicitly includes a target to reduce discrimination in workplace settings (target 8) and promotes values and actions close to the ILO's mandate such as inclusive national HIV-sensitive social protection; access to HIV services for migrants (including labour migrants); combination prevention programmes for women and young women; and gender equality. The 2016 Political Declaration on HIV and AIDS makes specific reference to the principles enshrined in the ILO Recommendation n. 200 (2010).

Within the context of the UNAIDS UBRAF (2018 – 19) the ILO contributes to six outputs, four of which have been further prioritized. Similarly, within the context of ILO Programme and Budget (2017 – 18), HIV programmes contribute to ten outcomes, four of which have been prioritized. Figure 1 depicts the contribution of the HIV programme to the ILO and UNAIDS obligations.



With regard to the ILO's UNAIDS obligations, the priorities are:

•SRA 1 (Output 1.1): HIV testing;

•SRA 3 (Output 3.1): Combination prevention programmes;

•SRA 4 (Output 5.1): Gender equality & transforming unequal gender norms;

•SRA 8 (Output 8.2): HIV-sensitive Social Protection.

Even though the ILO contributed to all six UBRAF outputs, this report would, because of the limited number of pages, focus on the four prioritized outputs under the section on "Highlights of 2016 – 17". Even though some global level results would be highlighted, the emphasis would be on concrete country outcomes.

Key achievements by Strategy Result Area

Strategy Result Area 1: Children, adolescents and adults living with HIV access testing, know their status and are immediately offered and sustained on affordable quality treatment

Innovative HIV testing and counselling programmes

Considerable progress has been made in putting people living with HIV on life saving Antiretroviral therapy (ART), yet substantial challenges remain. Even though there are

currently more people living with HIV on treatment than those waiting for treatment, some populations, including men and children, have been left behind. With 2020 less than 3 years away, accelerated action is needed to ensure the 90-90-90 targets are met. This provided the basis for the launch of the VCT@WORK Initiative.

For 2016 – 2017, the VCT@WORK Initiative was actively promoted in Botswana, Cambodia, Cameroon, China, Congo DR, Egypt, Guatemala, Haiti, Honduras, India, Indonesia, Kenya, Mozambique, Nigeria, Russian Federation, South Africa, Tanzania, Ukraine, Zambia and Zimbabwe among vulnerable workers. With a view to finding workers and their families living with HIV so as to refer them to treatment and care services, the ILO and partners focus their HIV testing services in communities with a relatively higher burden of HIV. Strategic partnerships were forged at the country level to drive the VCT@WORK Initiative. In 2016 – 17, the UNAIDS Secretariat, WHO, UNICEF, UNDP, UNESCO, Ministries of Health, National AIDS Authorities, Employers' organizations, Workers' organizations, networks of people living with HIV and multiple civil society actors mobilized 1,316,755 workers (30% women and 69% men) to test for HIV. Since the launch of the VCT@WORK Initiative, in 2013 by the UNAIDS Secretariat, the International Organization of Employers (IOE), the International Trade Unions Confederation (ITUC) and the ILO, 4,310,432 women and men workers have tested for HIV, 106, 592 have tested positive and 104,887 were referred to treatment and care services. The focus has been on sectors with mobile workers, migrant workers, seasonal workers and mining workers. The VCT@WORK Initiative has generated considerable momentum around HIV testing in the workplace. The strength of the VCT@WORK Initiative lies in its ability to reach more men than women with HIV testing, thereby closing the treatment gap for men.

The VCT@WORK Initiative has mobilized over 4.3 million workers to test for HIV since its launch

To enhance the sharing and learning of experiences from different countries, the ILO drafted a VCT@WORK Initiative good practice document. This publication was widely disseminated to all the partners supporting the VCT@WORK Initiative. Some of the good practice examples include the following: providing tailored support to Trade Unions to champion HIV testing among their membership in Ukraine; building synergies between HIV testing and the registration for the national social protection floor in Kenya; positioning VCT@WORK within the context of a multi-disease screening initiative in Mozambique; working with umbrella associations such as the Hotel Association in Uganda to promote HIV testing among workers in the hospitality industry; and supporting large private sector companies like the Siberian

Coal Energy Company in the Russian Federation and Coal India Limited in India to lead the private sector's HIV testing efforts. The ILO adopted a strong focus on country work and a few examples of the different aspects of the VCT@WORK initiative are provided below.

The strength of the VCT@WORK Initiative lies in its ability to reach more men than women with HIV Testing services

The HIV burden in mining communities South Africa is often higher than the national average. In this regard, the ILO and the UNAIDS Secretariat provided technical support to the Mining Health and Safety Council (MHSC) to implement the Masoyise iTB and HIV initiative (Let's beat TB and HIV). Through the Masoyise iTB and HIV initiative 242,404 working women and men were counselled for HIV and 139,051 agreed to test for HIV. By the end of Nov-2017 more than 35,000 people were on HIV Treatment since the beginning of Masoyise i-TB and HIV. Workers and community members who test positive are immediately linked to treatment and care services. Additionally, the ILO provided tailored technical support to the Department of Mineral Resources (DMR) to revise its reporting and monitoring form and strengthen its alignment to the 90-90-90 targets.

In Zambia, to institutionalize the VCT@WORK Initiative, the ILO supported the National HIV/AIDS/STI/TB Council (NAC) to develop a draft Framework for the Implementation of VCT@Work. The framework included the development of customized HIV Testing services (HTS) Tools for the Public and Private Sectors, including a monitoring and evaluation system. The Tools are being used to support HIV testing in Zambia.

In Nigeria, to ensure Trade Unions prioritise HIV testing, the ILO provided proposal development support to the National Labour Congress (NLC) to secure a second tranche of $100,000 from the National Agency for the Control of AIDS (NACA) to implement HIV testing initiatives in six high burden States in Nigeria. Through this effort and other partnerships, the ILO and partners supported HIV testing of 75181 people in Enugu, Kaduna, Rivers State, Abuja and Sokoto.

The ILO, National AIDS Control Organization (NACO) and partners undertook an analysis of HIV testing data in India in order to identify sectors in which workers are more likely to be living with HIV. The strategy was to build evidence for effective and efficient HIV testing, and focus the VCT@WORK initiative in sectors and communities where workers living with HIV can be identified and made to access life-saving treatment. The HIV prevalence of workers was 1.39% which was approximately four times higher than that of the general population.

NACO developed Action Plans focussing on sectors where workers had higher prevalence in 23 States. The ILO is providing targeted support in five States (i.e. Mumbai, Jharkhand, West Bangal, Mashya Pradesh and Delhi) for HIV testing.

One opportunity the ILO is yet to explore is combining the VCT@WORK Initiative with Self Testing

Strategy Result Area 3: Young people, especially young women and adolescent girls, access combination prevention services and are empowered to protect themselves from HIV

Combination prevention

Successful HIV Prevention Programmes require mutually reinforcing biomedical, behavioural and structural interventions

Successful HIV prevention programs require a combination of evidence-based, mutually reinforcing biomedical, behavioral, and structural interventions. During the 2016 – 17 biennium, the ILO prioritized technical support to 24 countries to implement HIV combination prevention programmes. The countries are: Botswana, Cambodia, Cameroon China, Congo DR, Egypt, Guatemala, Haiti, India, Indonesia, Kenya, Lesotho, Malawi, Mozambique, Nigeria, Russia Federation, South Africa, Swaziland, Tanzania, Uganda, Ukraine, Vietnam, Zanzibar and Zimbabwe. A few concrete country examples are presented along the three components of HIV combination prevention.

The development of the Zanzibar Employment Code on HIV and AIDS, based on the ILO Recommendation No. 200 was one of the outcomes of the ILO's support to Zanzibar in the biennium. The Code is strengthening the work of labour inspectors and OSHA inspectors in monitoring HIV workplace programmes.

In Vietnam, the ILO focussed on strengthening the policy framework by providing tailored support to the Ministry of Labour, Invalids and Social Affairs (MoLISA) to review policies regarding the rights of venue-based entertainment/sex workers and the subsequent development of a technical guideline (which provides guidance on the protection of the rights of venue based sex workers) to support MoLISA's HIV programmes to reach sex workers in 5 provinces in Vietnam.

The ILO's support in India to corporate groups (private sector) led to the development and implementation of HIV workplace programmes for entire groups, benefiting their employees/families, contractual workers and workers in the supply chain. Peer education is a critical element of these programmes. Major private sector partners of the ILO include - Ambuja Cement, PepsiCo, J K Tyres Ltd, Apollo Tyres Ltd, Sab Millers, Crompton &Greaves, SRF group, Ballarpur Industries Ltd, Hindustan Unilever Ltd, Transport Corporation of India Ltd, Jubilant Organosys Ltd and Sona Koyo Steering Ltd. These partnerships have increased access to HIV services for millions of workers vulnerable to HIV.

In Mozambique, Lesotho and South Africa, the ILO implemented WHO/ILO HealthWISE, a practical, participatory quality improvement Tool for health facilities which encourages workers and managers to work together to improve workplaces and practices with low-cost solutions. In Lesotho, the ILO collaborated with the World Bank funded project Southern Africa Tuberculosis and Health Systems Support (SATBHSS) and the Ministry of Health (Lesotho) to implement the HealthWISE methodology in 5 key hospitals, namely Berea, Maluti, Mamohau, Ntsheke and Motebang hospitals. In Mozambique, the ILO is supporting the implementation of the HealthWise tool to promote the prevention of infectious diseases particularly HIV and TB and also reduce the levels of stigma and discrimination in health facilities. HealthWISE is being implemented in Maputo City and in Matola and targeting 900 health workers in Mozambique.

In Uganda, some of the concrete results from the ILO's support include: the development and finalization of the HIV & AIDS resource guide for the hotel and hospitality industry; the launch of the resource guide at the Annual General Meeting (AGM) of the Uganda Hotel Owners Association (UHOA); the dissemination of the resource guide in 10 districts including: Kampala, Iganda, Tororo, Mbale, Kabarole, Kasese, Masindi, Gulu, Sororti and Kumi; the provision of condoms to 80 hotels; and capacity development for managers and supervisors of 48 hotels in the hospitality industry in the districts on Moroto and Kotido (Karamoja region).

In Kenya, the ILO was a member of the Technical Working Group organizing the innovative Maisha County Football League which aimed at leveraging the power of football to mobilize young people for a nationwide campaign to "Kick Out HIV Stigma." The campaign is striving to end HIV stigma and link young people, people living with HIV and people affected by HIV to stigma-free HIV testing, treatment and care. The initiative was coordinated through NACC

in partnership with key stakeholders including UNAIDS and other UN Joint Team on HIV and AIDS members. ILO supported mobilization of the private sector to raise resources for the initiative. The initiative reached over 10 million young people (15 – 24 years) with HIV information, and 2.8 million reached through the one-on-one mentorship programmes. Many tested for HIV and those who tested positive were linked to treatment and care services.

In India, a concrete outcome of the ILO's support to the National AIDS Control Organization (NACO) is the signing of 14 MOUs at the national level between NACO and the public sector undertakings (PSUs), for mainstreaming HIV and AIDS in the PSUs of these Ministries. An outcome of this partnership is that over 20 million migrant, mobile and seasonal workers in the public sector are being reached with HIV services and policies including VCT services with linkages to treatment and care.

Strategy Result Area 5: Women and men practice and promote healthy gender norms and work together to end gender-based, sexual and intimate partner violence to mitigate risk and impact of HIV

Gender equality

The process leading to the adoption of the first International Labour Standard on Violence and Harassment against women and men in the world of work has commenced

The ILO and partners provided advocacy, technical advice, legal and policy review and reform and capacity development to promote gender equality and the empowerment of women and girls, including the most vulnerable and marginalized in over 60 countries. Country level action focussed on providing support to country partners to transform unequal gender norms for women and also LGBTI people. A few concrete results at the global and country levels are presented.

Leading up to the ILO's centenary celebration in 2019, the ILO launched the Women at work centenary initiative. A global report on Care Work and the Care Economy is being prepared in the context of the initiative. This report, which would include an analysis of the extent of paid and unpaid care and household work and its impacts on gender inequalities at work, will have HIV mainstreamed. Data on the impact of HIV on countries' health care needs and on the HIV

burden on care workers has been produced to feed into the global report on Care work and the Care Economy, and for a report on the future of women at work to be launched in 2019.

In Tanzania, to reduce vulnerability to HIV, the ILO provided a US$ 50,000 grant as a revolving fund as part of a comprehensive HIV programme accessed by the vulnerable youth both affected by and infected with HIV in the transport corridors in order to start and improve the economic activities and generate decent employment for them. The fund is expected to benefit 537 (135 men 402 women) adolescent girls and young women and men beneficiaries of KIWOHEDE/SAUTI, Baylor and SUMASESU in Kyela, Mbeya and Makete. The target group received ILO training on entrepreneurship and developed business plans.

In the context of the Inter Agency Task Team (IATT) on Education, the ILO provided technical inputs into a comprehensive study on “Empowering the School Community to prevent and respond to school-related Gender Based Violence” considering the close link between GBV and HIV vulnerability. The findings of the study would be used to strengthen the education sector’s leadership to prevent and respond to GBV by empowering school administrators and teachers, all of whom are workers. The study was supported by UNESCO, ILO, UN Women, GIZ and USAID.

Between 2011 and 2016, the ILO, in partnership with Sida and UNAIDS, implemented an innovative economic empowerment programme amongst hard-to-reach populations in transport corridors and communities in Malawi, Mozambique, South Africa, Tanzania, Zambia and Zimbabwe with the aim of reducing their vulnerability to the HIV epidemic. Approximately 60% of the beneficiaries were women. The following are some of the outcomes of the initiative: the proportion of women who reduced sex partners rose from 56% (2011) to 74% in 2015 while the proportion of women who adopted HIV risk reduction strategies rose from 31% (2011) to 81% (2015).

In Uganda, gender has been systematically mainstreamed into the ILO-supported HIV workplace programmes targeted at the hotel and hospitality industry. Concrete examples of gender mainstreaming include the provision of female condoms for female workers; establishment of female model figures who provide guidance and protection to female workers who have been sexually assaulted or harassed; revision of the work-schedule time to protect especially female workers from the dangers of working late and leaving for home late from duty; raising awareness on Post Exposure Prophylaxis; and encouraging opportunities for female workers to up-grade skills in hotel management to compete favourably for management positions.

In Cambodia, the ILO supported programmes to improve working conditions of sex workers in the entertainment sector

In Ukraine, in partnership with the UNAIDS Secretariat, gender has been systematically mainstreamed into the Sida-funded ILO project on reducing HIV stigma and discrimination to protect women and men workers from unacceptable forms of work. Concrete examples of gender mainstreaming include the fact that the National Tripartite Advisory Committee of the Project is represented by 50% of women, the training programme developed by the project included gender aspects of HIV and out of more than 300 direct beneficiaries of the capacity development activities at least 60% were women.

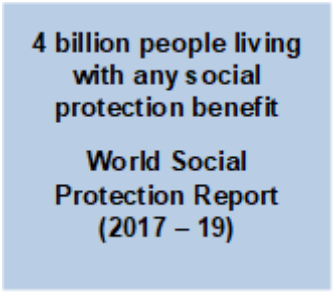
In Cambodia, the ILO in collaboration with UNAIDS and the Cambodia Business Coalition on AIDS (CBCA) continued to provide technical support to the Ministerial AIDS Committee (MAC) of the Ministry of Labour and Vocational Training (MoLVT) in the implementation of the ministerial regulations (Prakas no. 086 and 194) which are empowering women (i.e. sex workers) by improving their working conditions within entertainment establishments. The implementation of Prakas no. 194 with employers' and workers' organizations provides improved health and safety for sex workers in entertainment establishments.

The ILO and the UNAIDS Secretariat supported a documentary review on policies and programmes addressing gender, HIV and migrants within the informal economy in South Africa, Swaziland and Botswana with a view to making recommendations to strengthen gender mainstreaming. The findings of the review were shared at a SADC knowledge-sharing workshop.

In Honduras, the ILO and UNAIDS Secretariat provided technical and financial support to the Employers' Organization (COHEP) and the Association of Chambers of Commerce of Honduras to promote the Guidelines on Gender Perspective and Human Resource Management. The capacity of 658 human resources management experts from 6 regional departments was built to address gender-based discrimination in the workplace. Good practices on addressing sexual harassment and promoting gender equality were promoted.

Strategy Result Area 8: People-centred HIV and health services are integrated in the context of stronger systems for health

HIV sensitive social protection



In 2016, the ILO launched a new global flagship programme for social protection. This programme is making Social Protection Floors (SPFs) a national reality in target countries that still have underdeveloped or fragmented social protection systems. The Social Protection Floor programme carries out assessments of social protection situations and provides recommendations to build nationally-defined social protection floors, supports the design of new schemes or reforms existing schemes, supports implementation and improves the operations of social protection systems. Concrete global and country level examples are presented below.

At the global level, the ILO published the World Social Protection Report (2017 – 19) with data from over 204 countries and territories. The report indicates that only 45% of the global population are effectively covered by at least one social protection benefit, while the remaining 55% – as many as 4 billion people – are left unprotected. The report reinforces the need to ensure that social protection systems are HIV-sensitive as this helps to overcome the policy and social barriers that otherwise leave behind people living with, at risk of or affected by HIV and AIDS. This includes, among other things, the effective combination of income support, where necessary, with measures to ensure effective access to health care, meeting both HIV-specific and general needs, in line with the ILO HIV and AIDS Recommendation, 2010 (No. 200), and Recommendation on Social Protection Floors (No. 202)

As part of global level advocacy, the UNAIDS Secretariat, UNRISD, the Global Fund and ILO organized a panel discussion on the theme: HIV-sensitive Social Protection to realize the right to health and social security. The panellists for the event were drawn from the Swaziland Mineworkers Association, the UNAIDS Secretariat and the ILO (the Social Protection Department). The objectives of the panel discussion was to: deepen understanding on HIV-sensitive social protection programmes; Identify the challenges and obstacles faced by

people living with HIV and key populations, including LGBTI in accessing social protection programmes; highlight good practices of HIV-sensitive Social Protection programmes; and identify opportunities for expanding HIV-sensitive social protection programmes. The discussion ended with a commitment to ensure National Social Protection Floors are systematically made HIV-sensitive.

To strengthen global advocacy, the ILO, UNAIDS, UNRISD, UNDP, Helpage International, STOP AIDS NOW and Housing Works organized a panel discussion at the World Health Assembly (WHA) in 2016 on the theme Fast-Tracking Social Protection to End AIDS. The event provided an opportunity to increase the visibility of HIV-sensitive Social Protection activities in the run up to the High Level Meeting on HIV held in New York.

During the biennium, the ILO also published the Social Protection Floors. Volume 1: Universal Schemes which presents best practices and experiences from countries, for practitioners and to provide the basis for more informed policy-making. The publications share 16 experiences from 12 countries covering healthcare, child allowances, maternity benefits, disability benefits and old age pensions. The publications show how social protection schemes, as part of national social protection floors in Lesotho, Rwanda and South Africa were used to address the needs of people living with HIV.

The UNAIDS Secretariat with support from UNICEF, the World Bank, ILO, WFP, UNDP, WHO, PEPFAR and others developed a HIV and Social Protection Assessment Tool, which has been used to conduct HIV-sensitivity assessments in over six countries in sub Saharan Africa. The Tool provides an overview of the HIV-sensitivity of Social Protection schemes where they exist and helps to build new HIV-sensitive schemes where they do not exist.

The following are some of the concrete results obtained from the implementation of the ILO Social Protection Floor: 26 member States developed new or improved social protection policies, financing strategies, governance frameworks and coordination mechanisms; 34 member States enhanced the knowledge base on social protection delivery; 13 member States set up new programmes to increase the coverage of contributory and non-contributory systems or to improve benefit adequacy; 5 member States included the extension of social protection in their integrated formalization strategies; 12 member States strengthened or reformed wage policies and collective bargaining to improve working conditions; and 19 member States developed or updated national OSH profiles, plans and policies.

In Kenya, the ILO in partnership with UNICEF and WFP supported the development of the draft comprehensive Social Protection Investment Plan (2030). The Plan covers the broader elements of social protection. The ILO provided technical inputs around the engagement of the social protection floor and employment issues. ILO inputs also addressed issues around HIV, employment injury, maternity protection and social health insurance.

In Kenya, the ILO in partnership with UNICEF, WFP, COTU(K), Kenya National Commission on Human Rights, Helpage, NSSF and NHIF supported the government to organize a Social Protection Legal Frameworks Forum and provided legal advisory support to the draft Social Protection Bill. The draft Bill is aimed at enhancing social protection coordination in Kenya

In Nigeria, the ILO is a member of the UN Group on Social Protection (SP) and provided technical input to the draft SP policy. The ILO also supported its constituents to provide their technical input into the document during National consultative meetings. The process is still on going and the ILO remains a key technical partner. The ILO worked closely with UNICEF, UNDP and UNAIDS alongside all relevant National stakeholders in this regard.

In Kenya, the ILO is a member of the UNDAF outcome on social protection, which comprises WFP, UNICEF, ILO and IOM and is part of the committee overseeing the county mapping and coordination exercise aimed at assessing social protection programmes in all the 47 counties. The mapping also identifies the coordination models with the aim of enhancing overall coordination of social protection programmes by the Social Protection Secretariat at the Ministry of East Africa Community, Labour and Social Protection (MoEACL&SP). The process of developing a comprehensive social protection Bill has also been initiated with ILO participating in the initial dialogue phase. A social protection sector review has been commenced through support of UNICEF with ILO being part of the technical committee.

In Zambia, the ILO is providing support to the Government to extend social protection to workers in the informal economy. The package also includes maternity insurance, which is improving access to people living with HIV in Zambia. An estimated one million people are expected to benefit from this package within five years.

In Rwanda, the ILO is supporting the implementation of maternity insurance and improved access to social protection for people living with HIV. The expected beneficiaries in 5 years are 300 000 people vulnerable to HIV (including people living with HIV).

In Cambodia, the National Social Security Fund (NSSF) of the Ministry of Labour and Vocational Training (MoLVT) started a new scheme on HIV-sensitive social health insurance for workers in the formal economy from May 2016. Contributions started in October 2016 to cover the cost of health expenses for workers in the formal economy. The ILO Social Protection team is actively involved in the technical working group and provided technical support to the NSSF.

In Indonesia, the ILO and UNAIDS supported the National AIDS Commission to establish a task force to ensure coverage of people living with HIV and key populations under the national social protection scheme. The task force continues to monitor the implementation of the scheme. The ILO assisted a people living with HIV organization to develop promotional material to support improving access and reducing barriers of people living with HIV to social protection scheme.

UNAIDS
20 Avenue Appia
CH-1211 Geneva 27
Switzerland

+41 22 791 3666

unaids.org