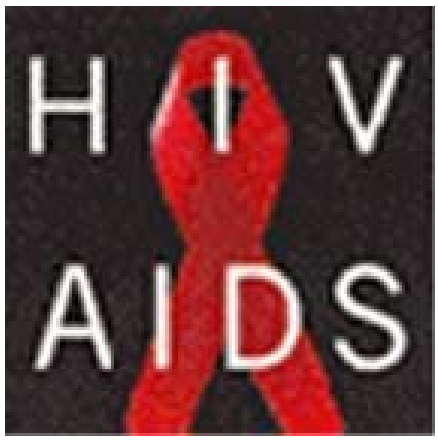

Waiting for something to happen:
Trade Union responses to HIV/AIDS in the South Pacific

Report of a needs analysis survey for ILO and SPOCTU

SPOCTU

Report prepared by

Union Aid Abroad – APHEDA

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"HIV/AIDS is not only a human crisis, it is a threat to sustainable global, social and economic development. The loss of life and the debilitating effects of the illness will lead not only to a reduced capacity to sustain production and employment, reduce poverty and promote development but will be a burden borne by all societies, rich and poor alike."

ILO Director-General Juan Somavia,
International AIDS Conference, Bangkok, July 2004.

"HIV/AIDS has now reached almost every corner of the region. Left unchecked, AIDS will not only devastate millions of lives; it will also impose huge burdens on the region's health systems, and soak up resources that are badly needed for social and economic development."

"We know, from experience elsewhere, that the spread can be turned back when – but only when – there is a coordinated response, from all sectors of society and every branch of Government. It requires leadership at every level. As representatives … all of you can help make that happen. It is a vital responsibility, which requires all your energy and imagination. It requires finding ways to reach out to all groups, and devising approaches for prevention and treatment that are suited to their needs -- whether young people, sex workers, injecting drug users, or men who have sex with men."

"And it means stamping out stigma and discrimination in communities and in the workplace -- ugly phenomena that create fear and exclusion, and undermine both prevention and treatment efforts. The essential components in the fight against HIV/AIDS are: political commitment, community involvement, policy and resources. They are the four corners of the foundation for a successful and sustained response."

"Leaders in the Asia-Pacific region must act decisively to tackle HIV-AIDS. The region is at a turning point. We need leaders everywhere to demonstrate that speaking up about AIDS is a point of pride, not a source of shame. There must be no more sticking heads in the sand, no more embarrassment, no more hiding behind the veil of apathy."

UN Secretary General Kofi Annan's Opening address,
International AIDS Conference and Ministerial Meeting on HIV/AIDS, Bangkok, July 2004

Executive summary

Summary of conclusions

- Unions in the Pacific are a key part of civil society. They can play a special role in providing credible behaviour change education about sexual health and HIV to workers and their families. Unions must spearhead solidarity, support, care and treatment initiatives for workers with HIV or AIDS.

- Unions in South Pacific countries face many threats and in many instances have weak or fragile capacities and infrastructures. Programs that respond to the needs of members and non-union workers in relation to HIV and sexual health can assist in building unions as effective civil society (or "non-state") actors.

- Unions need to be consulted in the development and implementation of national and regional HIV plans. Unions need to advocate for public and industrial policy in relation to the impacts of HIV.

- Unions in most countries have not been active in the struggle against HIV/AIDS. Union leaders and members need accurate information and greater awareness on HIV in general and in the workplace. The ILO Code of Practice needs to be widely disseminated and available to all unions.

- The extent of HIV in the workforce and assistance by unions are not well known due to the small number of cases in most countries. Even in countries with significant numbers of cases, fear of the disease and stigma are powerful disincentives to disclosure of status by members.

- There is protection of rights for workers with HIV in Australia, New Zealand and French territories. Involuntary HIV testing in these countries is not permitted. Elsewhere in the South Pacific, the rights of workers are not yet protected in law once their status becomes known or evident. Legislation has recently been passed in PNG to protect against involuntary testing and breaches of confidentiality.

- Discrimination does not appear to be a major problem in most countries and has been resisted by unions when it has occurred. As cases grow, union policies will need to be in place to counter discrimination that will inevitably occur due to fear and ignorance. Issues of voluntary testing and confidentiality have not been widely debated or considered in most countries. Union leaders and their members need to be well informed and convinced of these key issues in order to protect the rights of workers and to counter demands for involuntary testing and keeping HIV status confidential.

- Apart from Australia, New Zealand, and French territories, other South Pacific unions have yet to develop plans of actions to deal with HIV/AIDS. Unions require assistance to develop workplace policies and education programs in line with the ILO Code of Practice.

- Though they have been somewhat neglected, national and regional union structures should interact with regional HIV responses through ILO, PIFS, SPC, UNAIDS and the PRHP, to increase attention to and resourcing of workplace HIV programs. ICFTU and regional GUFs should assist unions in the region to make HIV/AIDS a union issue.

CONTENTS

1. INTRODUCTION

The HIV/AIDS pandemic is creating increasingly significant health, social and economic problems. By 2003, 42 million people were estimated to be living with the human immunodeficiency virus (HIV), which over time severely affects the immune system and renders the body vulnerable to opportunistic infections such as thrush, tuberculosis, pneumonia and diarrhoea. Two-thirds of cases are in sub-Saharan Africa but the disease is now spreading rapidly in the Asia-Pacific region. More than 20 million people have died of AIDS related conditions since 1981 when the disease was first identified. Worldwide in 2003, 5 million people were newly infected with HIV and 3 million died of AIDS.

HIV/AIDS has affected most Pacific island countries and territories (PICT) very gradually and relatively recently, except in Papua New Guinea (PNG) where the disease is now generalised in the population and growing rapidly. HIV/AIDS is posing an increasing threat to PICT, adding to the serious problems created by development, rapid socio-economic change, and population growth. As representatives of workers and promoters of labour rights, trade unions are key institutions in addressing these problems. This report examines how trade unions in the South Pacific are responding to the threat of HIV/AIDS and assesses how their responses can be improved.

1.1 The HIV/AIDS shark – a new threat

A visual image used in HIV education in Pacific island countries is of a shark submerged in water, with only the fin visible above water while the body remains unseen. This image is more appropriate than the Northern metaphor of the tip of an iceberg for explaining the unforeseen threats posed by the HIV epidemic to working people in the Pacific, particularly in countries where few people with HIV are diagnosed or visible. Furthermore, many other shark species do not threaten humans. Like sexually transmitted infections (STI), they are casually ignored. However, the HIV/AIDS shark is a newly introduced species, lethal, and ignored at one's peril.

HIV has been spreading slowly since the late 1980's and over 9000 people were reported as infected with HIV in 22 PICT by the end of 2003, a rate of 33 per 100,000 population.[1] There is considerable under-reporting of cases due to lack of testing facilities outside capital centres and fears surrounding testing. Rates of infection vary considerably with Papua New Guinea (PNG), Guam, French Polynesia, and New Caledonia having the highest reported rates of more than 90 per 100,000. Smaller countries such as Kiribati and Fiji have significant and growing numbers, while others such as Solomon Islands and Vanuatu still have very few reported cases.

The number of cases in the Pacific is dominated by PNG, which has 67% of the total PICT population but almost 90% of reported cases (9,156) with over 2000 cases of AIDS (including people who had already died of HIV related illnesses). PNG has moved into the 'fast burn' or 'springboard' phase of the epidemic that threatens to spiral out of control as well as a concomitant TB epidemic. The greatly increased numbers in PNG are not only due to a much larger population of 5 million but also due to road networks and major urban centres in the Papuan mainland, which create transmission patterns similar to Africa and Asia. In island nations where roads and urbanisation are more scattered and populations much smaller, transmission is slower, which has led to a longer 'slow burn' or 'pre-springboard' phase of the HIV epidemic over the past 15 years.

[1] See appendix3. HIV/AIDS Statistics for Pacific Island Countries and Territories, Secretariat of the Pacific Community, May 2004.

1.2 Constraints and vulnerabilities in the Pacific relevant to HIV

- There is a crisis of globalisation, of economic development, of trade and production, of security and political leadership, with low commodity prices and mass youth unemployment.
- Many PICT have small populations and a small skills base. Education provision is limited, impacting on productive labour force development and social leadership.
- The dispersed geography of countries and communities, high transport costs and difficulty in sustaining national air or sea transport impacts on the provision of all social programs.
- New processes of aid management by the larger Pacific Rim countries threaten the sustainability and sovereignty of national infrastructures, particularly of smaller PICT.
- The weakness of health services provision in most PICT, and the dependence on France, USA, Australia and NZ for tertiary level medical services, limits access to those able to afford international travel and treatment costs.
- There is great unevenness of health/HIV resources between Pacific sub-regions:
  (a) the Francophone countries access HIV and health care through French system
  (b) most Micronesian countries can access funds from the USA but little HIV programming is implemented currently. USA territories such as Guam and CNMI can access high-level health care in Hawaii.
  (c) Melanesia countries with vast linguistic/cultural diversities, rapidly growing populations, and weak central state structures, experience increasing difficulty in providing primary and secondary health services
  (d) Polynesian countries with intact national structures have small and dispersed populations, with significant Diasporas in Pacific Rim countries.
- In some instances relations between civil society and governments are weak, except for some of the mainstream churches.
- Conservative religious and traditional cultures can exacerbate and entrench stigma about STI and HIV. Explicit public discussion of issues of illness and sexuality is often difficult.
- As with most regions of the world, women in the Pacific have less political, economic, and social power than men, as well as less access to education and waged work, which makes them less able to make personal decisions for safe behaviours.

1.3 Workplace vulnerabilities and impact on different sectors

Apart from the maritime sector, there has been little social research on the impact of HIV on particular labour force sectors and work environments. This is due in part to the small numbers of cases on most countries and minimal impact to date on labour. Without social and behavioural epidemiology or medical anthropology to inform trade unions and others, it is difficult to estimate how the epidemic specifically impacts on different sectors of the workforce, in particular through workplace environments. However, some specific vulnerabilities of workers in different sectors can be identified.

- **Transport** workers, seafarers, air crew, truckers, taxi drivers often have higher rates of HIV and STI because they are away from family for long periods, experience particular social isolation due to travel and shift hours, may use stimulants to cope with long hours, or may have sex in stop-over locations.
- **Teachers** may have higher risk of HIV, particularly as young teachers working in urban areas. Sexual relations with students are not uncommon. Teachers have a unique role to play in educating young people about sexual (or drug use) risk activities and are often key community leaders, particularly in rural villages.

- **Nurses and doctors** have particular occupational health risks in relation to blood-borne infections such as HIV and Hepatitis C. Like teachers, nurses may be young single adults transferred to work in remote communities, where they are likely to play significant roles in health education and in overall community leadership.
- **Timber and mining** workers often live away from home in men-only accommodation, engaging with sex workers or women offering sex for cash, gifts or alcohol near worksites.
- **Garment, manufacturing and fish/food processing** workers are key industrial sectors in several Pacific countries and may bring concentrations of young rural women into urban areas, earning cash for their families, away from families and exposed to sexual exploitation due to lack of gender and labour rights.
- **Expatriate and "guest"** workers are significant in some sectors in some countries. For example, Chinese, Vietnamese, and Filipino garment workers in parts of Micronesia, may be working in extremely constrained situations with few rights, and vulnerable to sexual exploitation by employers, police and others. Asian loggers, fishermen and managers in Melanesia working away from home have higher wages to spend on "transactional sex" and may form higher-infection risk groups.
- **Media and cultural performance** workers may travel away from their families for assignments. They can also play key roles in shaping public understanding of HIV.
- **Public servants** have opportunities to travel widely inside their countries or internationally and often engage in unprotected sexual behaviour, in some instances returning home with HIV.
- Retail, finance and private sector/**white collar** workers in some areas have higher disposable incomes for urban socialising and alcohol, which increases risk behaviours.
- **Military and security** workers from the Pacific are increasingly being hired for regional and international peace keeping assignments, sometimes in relatively high HIV risk environments. Remittances from Fiji peacekeeping forces and private security staff are significant for the economy. In addition, with rising crime the domestic security industry is growing.
- **Hospitality sector** workers in several countries may be vulnerable due to occupational hazards due to sexual contacts with foreign tourists and in some countries due to injection drug use by tourists. Local low-paid hospitality workers, for example attendants and cleaners in local restaurants and bars, may face sexual offers from local patrons, or need to supplement incomes through transactional sex.
- **Sex workers**, (women, men and transgender) working in public places, parlours or as "privates" in urban communities in the Pacific. Due to the low status of women and violence by clients, employers and police, they may be unable to adopt safe sex practices. In some areas efforts have been made by sex workers to organise for their rights, and in several countries peer outreach on sexual health and HIV has been initiated.
- In the PICT, the waged workforce is a relatively small percentage of the overall workforce, and **informal sector** workers (for example, women market traders or craft producers) may be associated with transactional sexual activities when travelling to towns and cities.

1.4 Current HIV challenges in the Pacific

- With few visible people with HIV in PICT, it is commonly believed that Pacific and religious/church cultures, and remote locations will help keep their communities safe from the epidemic. This allows continuing denial, even though the epidemic has reached critical mass in PNG and may be approaching dangerous levels in other countries.
- There has been a lack of regional HIV program funding for the past two years. Regional HIV programs have slow funding mechanisms, and much time and money has been spent on planning and coordination infrastructures, without extensive grassroots outcomes. In addition, Pacific governments, civil society, religious and community-based organisations criticise "boomerang aid", noting that internationally funded programs are primarily spent on home-country companies and highly paid international consultants.
- Voluntary counselling and confidential testing (VCCT) has been very limited, which has contributed to significant under reporting and awareness of HIV infection.
- Anti-retroviral treatments (ARV) are available in the French territories, and now in pilot projects in PNG and Fiji. ARV is largely unavailable or unaffordable for people with HIV and dangerously lowered immune function in most parts of the Pacific. Post-exposure prophylaxis (PEP) for health care workers, rape-survivors and others experiencing incidents of HIV risk is also unavailable. Anti-retroviral prevention of mother-to-child transmission during pregnancy/labour/breastfeeding is also generally not available. Proper treatments or prophylaxis for opportunistic infections, or palliative care, may be unavailable from health services.
- Evidence of unprotected sex resulting in STI and unplanned pregnancies, as well as social research, shows that condom access and use is low and inconsistent in many countries. Availability of condoms is often poor and limited by relatively high costs of private purchase and conservative attitudes to free condom provision, particularly to young people.

1.5 Responses to HIV/AIDS in the Pacific

Considerable work has been done in the region on strategic planning, led by the Secretariat of the Pacific Community (SPC), UNAIDS, the World Health Organisation (WHO), and the Australian Agency for International Development (AusAID). Most PICTs now have national policies and programs supervised by National AIDS Councils and Ministries of Health. Few countries have treated HIV/AIDS as an urgent threat because the number of cases has remained small compared with diseases such as TB and malaria, plus emerging lifestyle diseases such as heart disease and diabetes. In keeping with responses in other parts of the world, the response by the PICT governments and the public has been characterised by ignorance, denial, blaming foreigners and scapegoating minorities.

Conservative religious and cultural attitudes to sexuality, sex education and condoms have hindered effective responses. However, countries with larger numbers of cases, particularly PNG, have now reached the stage where the sheer number of cases and widespread personal familiarity with affected people now makes the epidemic impossible to ignore. There is still great fear and misunderstanding of the disease. PNG provides some horrifying examples of victimisation, including murder and isolation of people with, or simply rumoured to have, AIDS.

There has been a growing realisation among unions that HIV/AIDS will affect the most productive sectors of society, the economy in general, and the unions in particular. ILO has identified HIV/AIDS as a major global issue but few unions have initiated any activities that directly protect workers or prevent the disease. Implementation of ILO standards and

policies for HIV in the Workplace has been constrained by weak or low levels of unionisation and the slow emergence of the epidemic. Trade unions have generally not been influential in the response to HIV/AIDS except for maritime unions in Kiribati, Tuvalu, Samoa and PNG who have clearly recognised the threat to their members and the economy.

1.6 Assessment of trade union responses in the Asia-Pacific region

An ICFTU-APRO survey of 14 peak union bodies in 2001 [2] concluded that:

- HIV is a relatively new issue and experience for unions in the region
- Most trade unions have not done very much on the HI/AIDS issue
- There are not enough awareness and education programs by unions
- Unions must stand up for workers' rights against discrimination and wrongful dismissal
- Workplace policies need to be drafted with employers and governments
- Policies need regular review and effective implementation
- Infected members must be given care, support and treatment
- Gender equality must be strengthened.

Only one union body (Fiji TUC) from the Pacific islands was represented in the survey and there has been no other assessment of responses from other PICT. The Australian Council of Trade Unions (ACTU) has been keen to work with international, regional, and local union bodies to assist the union response to HIV/AIDS in the Pacific. ACTU adopted a comprehensive policy response to HIV/AIDS as early as 1985. For this reason, Union Aid Abroad – APHEDA, the humanitarian agency of the ACTU with long experience with HIV/AIDS in Southern Africa and South East Asia, was asked to conduct a rapid needs assessment of trade union responses. Australia is an integral part of the Pacific region and has developed some of the most effective responses to HIV/AIDS in the world. Funding for the needs assessment (USD $6,500) was provided by the ILO Subregional Office for South-east Asia and the Pacific (SRO-Manila) and Union Aid Abroad (USD $5,500).

1.7 Terms of reference for the needs analysis and methodology used

Trade union responses in Pacific island countries vary according to their familiarity with members with HIV/AIDS, the severity of the epidemic, levels of unionisation, and socio-cultural factors. Union-based programs are needed that can integrate the specific needs of smaller Pacific countries within a broader regional strategic response. In order to develop and enhance trade union responses, there is a need for an assessment of trade union attitudes and responses to date and their plans for the future, including:

- Investigation of the level of incidence of HIV/AIDS in each country in the Pacific and the impact on trade unions and workplaces.
- Assess the level of awareness of HIV/AIDS and the impact on trade unions and workplaces.
- Document the activities and action of trade unions (to include prevention, care and support, gender mainstreaming, etc) in dealing with the issue of HIV/AIDS in the workplace.
- Develop and enhance trade union responses to HIV/AIDS so that specific needs of smaller Pacific countries can be integrated within broader Asia / Pacific regional AIDS strategic responses.

The methodology was adapted from the 2001 ICFTU-APRO survey. Representatives at the 2003 SPOCTU conference completed a questionnaire and the results are presented in the

[2] ICFTU-APRO / CLC Survey on Trade Union responses to HIV/AIDS. Reference Series 9. ICFTU-APRO, Singapore. 2002.

next part (section two) of the report. The questionnaire was slightly adjusted and sent to Global Union Federations but only one GUF (IFBWW) responded so data is limited from these sources.

The questionnaire survey was supplemented by field visits to five countries - PNG, Solomons Islands, Vanuatu, New Caledonia and Fiji in the first half of 2004. These countries have a combined population of 7,337,900 or 86% of the total population of PICT (8,500,800).

Key questions used in interviews during the field review visits included:

- Which unions are operating in each country and what are their overall capacities?
- What is the HIV/AIDS situation in each country (current and future estimates)?
- What are the perceptions of the HIV/AIDS problem by the unions?
- What are unions doing (policies and activities) to address the problem?
- What activities and responses are needed and planned in future?
- What support (technical and financial) is available and needed?
- What roles could Australian, regional and international union bodies play?

The review visits were conducted by two APHEDA staff members (Christopher Chevalier and Ken Davis), plus a francophone ex-staff member (Bill Leslie), all of whom have extensive experience in HIV and occupational health programming and policy, including in the Pacific. Summary analysis of interviews and discussions with representatives of unions and regional organisations are presented in section three of the report.

2. HIV/AIDS QUESTIONNAIRE RESULTS

The questionnaire survey closely followed that used in the 2001 ICFTU-APRO survey of Asia-Pacific countries. Fourteen questionnaires were completed at the SPOCTU Conference in 2003. Responses from three countries (Australia, New Zealand and Fiji) in the 2001 ICFTU-APRO report have been included to assess whether there have been changes in the past three years. In total, 17 questionnaire responses have been analysed from 11 countries (see list below) of which seven are current ICFTU affiliates. Three affiliates (Cook Islands, Kiribati, Tuvalu) are not represented in this survey. North Pacific countries and US territories were not included because their union structures and affiliations are significantly different from South Pacific countries.

COUNTRIES	UNION ORGANISATIONS REPRESENTED
PNG	Police Union, PNG Trade Union Congress
Solomon Islands	Nurses Association
Vanuatu	National Workers Union & Teachers Union
New Caledonia	Syndicate of Unions of Organised Workers
Fiji	Fiji Trade Union Council, FTUC (2001)
Samoa	Samoa Trade Union Congress
Tonga	Teachers Association, Nurses Association
Wallis & Futuna	Force Ouvriere
French Polynesia	A Tia I Mua
Australia	Nursing Federation, Australian Council of Trade Unions
New Zealand	Representatives from New Zealand Council of Trade Unions, Public Service Association, EPM

2.1 Awareness among trade union leaders and members

2.1.1 Are your members aware of the HIV/AIDS problem globally?

Yes	PNG (PU); PNGTUC; Vanuatu; New Caledonia, Fiji, FTUC (2001), French Polynesia, Tonga (FITA), Tonga (TNA); Wallis & Futuna; Australia, ACTU (2001); NZ, NZCTU (2001)
No	-
Don't know	Samoa

2.1.2 Are your members aware that HIV/AIDS is also a workplace problem?

Yes	PNG (PU), PNGTUC; Fiji, Fiji 2001; Tonga (NA); Wallis & Futuna; Australia, ACTU (2001); NZ, NZCTU (2001)
No	Vanuatu; New Caledonia; French Polynesia
Don't know	Solomons; Samoa; Tonga

2.1.3 Are the members aware that at this moment there is no cure for HIV/AIDS?

Yes	PNG (PU); PNGTUC; Solomons; Vanuatu; New Caledonia; Fiji, FTUC (2001); Samoa (minority), Tonga; Tonga (TNA); French Polynesia; Wallis & Futuna; Australia, ACTU (2001); NZ, NZCTU (2001)
No	-

Almost all of the countries (10/11) thought that their members were aware of HIV/AIDS as a global problem. Approximately half of the countries (6/11) thought their members were aware that HIV/AIDS was also a workplace problem. All the countries thought their members were aware that there is currently no cure for HIV/AIDS.

2.1.4 How is HIV/AIDS transmitted from one person to another?

Sexual intercourse	PNG (PU), PNGTUC; Solomons; Vanuatu; Fiji, FTUC (2001), Wallis & Futuna; Australia, ACTU (2001), NZCTU (2001)
Unsafe / unprotected sex	FTUC (2001), Tonga, Tonga (TNA); French Polynesia; ACTU (2001), NZCTU (2001)
Mother to child	PNGTUC; Solomons; Tonga, Tonga (TNA); ACTU (2001), NZCTU (2001)
Blood transfusion	PNGTUC; Solomons; New Caledonia, Tonga, Tonga (TNA); French Polynesia; Wallis & Futuna; Australia; ACTU (2001)
Sharing needles	PNGTUC; Solomons; New Caledonia; Tonga; French Polynesia; Australia, ACTU (2001)
Injection	Fiji
Drug users	Tonga (TNA)
Other	Men who have sex with men (MSM), tattoos (PNGTUC) Blood tests (Solomons); through cuts (FTUC 2001); through bodily fluids (NZ)
No answers	Samoa

Note: Answers were not prompted on the questionnaire form

All the countries were aware that HIV/AIDS is sexually transmitted. Other routes of transmission such as mother-to-child, blood transfusion, and sharing needles were mentioned by slightly more than half of the countries. Only PNG mentioned tattoos and sex between men. These responses indicate that union leaders could be better informed about the facts on HIV/AIDS.

2.1.5 Do you have a copy of the new "ILO Code of Practice on HIV/AIDS and the World of Work"?

Yes	PNGTUC; Solomons; Tonga
No	PNG (PU); Vanuatu; New Caledonia, Fiji; Tonga (TNA); Samoa; Wallis & Futuna; French Polynesia; Australia; NZ

The ILO Code of Practice provides comprehensive guidelines for developing an HIV/AIDS policy for the workplace and within unions. However only three representatives said that they had a copy of the Code and only PNG and Tonga had read it. This suggests that more dissemination and information on the Code of Practice is required in the region. Many unions do not have ready access to the Internet and printed copies are often not circulated widely.

2.1.6 "More equal gender relations and the empowerment of women is an important factor to help prevent the spread of HIV/AIDS infection and help women cope with HIV/AIDS." Do you agree the above statement?

Yes	PNG (PU); PNGTUC; Solomons; Vanuatu; FTUC (2001), Tonga, Tonga (TNA); Samoa; French Polynesia, Australia; ACTU (2001), NZ, NZCTU (2001)
No	Wallis & Futuna
No answer	Fiji; New Caledonia; French Polynesia

Nine of 11 countries agreed with this statement on the importance of women. However, this is a leading question and may not reflect actual attitudes of trade union leaders. Male leaders dominate the trade union movement in the South Pacific where negative attitudes to equal gender relations and empowerment of women are common.

2.1.7 Is treatment available for HIV/AIDS infected workers in your country?

Yes	PNG (PU); PNGTUC; New Caledonia, Wallis & Futuna; French Polynesia; Australia; NZ, NZCTU
No	Solomons; Vanuatu; Fiji; Tonga (TNA); Samoa

Anti retroviral treatment (ARV) is currently only available in French territories, Australia and New Zealand. In these countries the cost is low and accessibility easy through the public health systems. In PNG and Fiji, ARV is not yet available under the public health system and the cost is high because treatment has to be sourced from overseas and is not available for working people.

Conclusions: Unions and union leaders need accurate up-to-date information and greater awareness on HIV in general and in the workplace. The ILO Code of Practice needs to be more widely available and disseminated.

2.2 Extent of the HIV/AIDS problem among members

2.2.1 Are there HIV/AIDS cases among members in your organisations?

Yes	PNG (PU), PNGTUC; Wallis & Futuna; French Polynesia; Australia; NZ; NZCTU (2001)
No	Solomons; Vanuatu; New Caledonia, Tonga, Tonga (TNA)
Don't know	Fiji; Samoa

2.2.2 Please estimate the number of cases:

3 years ago	1000 (PNG PU); 119 (Fiji); 1 (Wallis & Futuna); 1 (Solomons)
2 years ago	2000 (PNG PU); 1 (Wallis & Futuna); 1 (Solomons)
1 year ago	6,500 (PNG PU); 1 (Wallis & Futuna); 1 (Solomons); 1 (Vanuatu)
6 mon. ago	7000 (PNG PU); 1 (Solomons); 1 (Vanuatu); 7 (Samoa); 1 (Wallis & Futuna); 1 (French Polynesia)
Don't know	PNGTUC; Tonga; Tonga (TNA); Australia; NZ, NZCTU 2001 – we believe so but are unaware of the extent

Representatives interpreted this question to mean the number of cases within their country rather than among their members. It is therefore not an estimate of the extent of HIV/AIDS among union members. In PNG, which has the vast majority of cases in the Pacific, HIV/AIDS status is usually not disclosed or officially known to unions, although union representatives may find out informally or unofficially.

2.2.3 Regarding cases of members infected with HIV/AIDS, what was the reaction of managers or employers?

- Very bad (PNG PU); discrimination, fear, dismissal of workers (PNGTUC)
- No awareness conducted in workplace (Fiji)
- One woman was sacked (Samoa)
- Compassion but the job is not fully covered (Wallis & Futuna)
- One time we went to court because a member was sacked - the employer was sentenced to 6 months jail (French Polynesia)
- Where policies existed, policies were followed; in other cases, managers sought advice from HR and health workers (Australia)
- Don't know (NZ)
- We believe there are cases but unaware of the reaction (NZCTU 2001)
- No response (Vanuatu; Tonga; Tonga NA)
- No cases in our union (New Caledonia)

Dismissal of workers with HIV/AIDS was reported by PNG, Samoa, and French Polynesia. This question was difficult to answer because few cases have come to the official notice of union representatives or because they did not have information on how cases were dealt with by management.

2.2.4 Have any members infected with HIV/AIDS approached any of your union leaders regarding HIV/AIDS?

Yes	Wallis & Futuna, French Polynesia; NZCTU (2001)
No	PNG PU; Vanuatu; New Caledonia, Fiji; Tonga
Don't know	PNGTUC; Samoa; NZ
No response	Tonga; Tonga NA; Australia, ACTU 2001

Only three representatives reported having members with HIV/AIDS who had approached the union regarding their situation. Other union representatives either had not been approached by members or did not know.

2.2.5 Are there any factors preventing HIV/AIDS infected members from seeking help in your organisation?

		Comment
Religion	**Yes** PNG PU; PNGTUC; Wallis & Futuna; **No** Vanuatu; Fiji; Australia; NZ **No response** New Caledonia, Tonga, Tonga NA; French Polynesia	Counselling (PNGPU) Have right to attend church (Samoa)
Cultural	**Yes** PNG PU**;** PNGTUC; Wallis & Futuna **No** Vanuatu; Fiji; Australia, NZ **No response** New Caledonia, Tonga; Tonga NA; French Polynesia	Accept situation (PNG PU)
Peer pressure	**Yes** PNGTUC; Wallis & Futuna **No** Vanuatu; Fiji; NZ; Australia **No response** New Caledonia, Tonga, Tonga NA; French Polynesia	Compassion (Wallis & Futuna)
Family issues	**Yes** PNGTUC **No** Vanuatu; Fiji; Australia, NZ **No response** New Caledonia, Tonga; Tonga NA; French Polynesia	
Any others? Please specify	Use of herbs are encouraged - PNG PU Health Ministry conducted some awareness programs re preventive measures – Samoa Associations - Wallis & Futuna Shame - French Polynesia NZ is a relatively heterogenous population, therefore there will be obstacles but these are unlikely to be institutionalised within unions - NZ Probably many of these factors but we do not have sufficient information to give a definitive response – NZCTU (2001)	

The replies to this question are difficult to interpret because of the number of no responses and lack of cases known to unions. In PNG where more cases and experience are available, religious, cultural, peer and family pressures create shame, fear and denial by people with HIV or AIDS. Elsewhere in the Pacific, traditional and Christian cultures are strong and likely to create similar inhibitions to disclosure and seeking help.

2.2.6 Has your organisation provided any assistance to infected members?

Yes	PNG PU; Wallis & Futuna; French Polynesia; Australia, NZCTU (2001)
Type of assistance	Provide counselling by welfare dept - PNG PU Half salary because of absences - Wallis & Futuna Defended the sacked member in court – French Polynesia Legal and representation advice – Australia Yes information but through a third party – NZCTU (2001)
No	PNGTUC; Vanuatu; New Caledonia, Fiji; Samoa
Reasons	Fear – PNGTUC; No one is affected, maybe some but not reported – Samoa
Other	Don't know – NZ; no response - Tonga, Tonga NA

Unions have little experience of providing assistance to infected members. In French territories, Australia and New Zealand, workers rights are better protected in law. In most countries, few cases have come to the attention of unions and therefore assistance to members has been very limited.

Conclusions: the extent of HIV in the workforce and assistance by unions are not well known due to the small number of cases in most countries. In countries with significant numbers of cases, fear of the disease, stigma, and denial are powerful disincentives to disclosure of status.

2.3 Actions taken by employers

2.3.1 Are there any HIV/AIDS policies in the workplaces unionised by your organisations?

Yes	Australia, ACTU (2001) – HIV/AIDS policies are part of OH&S policies which are developed at a tripartite level at state and federal levels and as such employers are bound to implement them. NZ, NZCTU (2001) – yes, majority
No	PNG PU; PNGTUC; Solomons; Vanuatu; New Caledonia; Fiji TUC (2001); Tonga, Tonga NA; Samoa; Wallis & Futuna; French Polynesia

HIV/AIDS workplace policies are established in developed countries like Australia and New Zealand, where governments and unions have been pro-active in addressing the HIV/AIDS epidemic. The French territories do not have specific workplace policies but, through their links with metropolitan France, have developed public HIV policies that provide for workers. Elsewhere in the South Pacific, only PNG has taken steps to introduce HIV workplace policies.

2.3.2 If Yes, please comment on the degree to which HIV/AIDS policies are complete and/or are implemented?

- Not sure – Australia
- Generally developed some time ago, very rarely used so are most likely stale – NZ

Even if workplace policies are in place, they are not necessarily complete or enforced. Policies may exist on paper but may not be used, particularly if the number of cases remains small or grows slowly. This is an important point for other countries to consider when adopting workplace policies.

2.3.3 If Yes, how are the unions involved in the drafting and implementation of the policies?

- **Yes** – Australia,
- **Yes**, general workplace consultation/participation processes ACTU (2001)
- **Yes** – NZ, Yes - NZCTU (2001)

Unions in Australia and New Zealand were involved in the drafting and implementation of policies. The ILO tripartite approach involving government, employers and unions would help promote the involvement of unions as well as a collaborative rather than adversarial approach, which often characterises relations between the three sectors.

2.3.4 If No (to question 2.3.1), are there any plans regarding HIV/AIDS policies?

Yes	Human rights groups recommendations to government – PNG PU National policy to be developed in 2004 – PNGTUC By different associations and one public service - Wallis & Futuna FTUC (2001)
No	Fiji; Tonga; Samoa
Don't know	Tonga NA

Not all countries completed this question. PNG is the most active country in terms of plans for workplace policies, reflecting the rapid growth of the epidemic and sense of urgency there.

2.3.5 Has the HIV/AIDS issue been brought up in newsletter or publications of the companies or workplaces organised by your organisation?

Often	PNG PU; Tonga NA; NZCTU (2001)
Sometimes	PNGTUC; Solomons; Vanuatu; Fiji; Australia, ACTU (2001); NZ (rarely)
Never	New Caledonia; FTUC (2001); Tonga; Samoa; Wallis & Futuna; French Polynesia

Seven of eleven countries reported HIV/AIDS being included in company or workplace publications. Publicity is likely to depend on the level of cases and risk in a particular sector and the country overall.

2.3.6 What did employers do to workers infected with HIV/AIDS?

Provide medical care and support	**All**	Free – New Caledonia; Wallis & Futuna; French Polynesia Not directly by employers – Australia State provided – NZ
	Some	All medical requirements are exploited - PNG PU PNGTUC; Vanuatu
	None	Samoa (3-5 cases just came back to Samoa to die)
	D. know	Tonga
Allow to continue normal duties	**All**	Allowed to continue daily responsibilities – PNG PU Half time - Wallis & Futuna
	Majority	Australia NZ – except specific high risk duties
	Some	One male allowed to work – Samoa
	D. know	Not certain - PNGTUC; Vanuatu; Tonga

Entitled to all normal benefits	**All**	Benefits are paid in full to members – PNG PU Full pay for 6 month, then 50% up to 3 years – French Polynesia; Wallis & Futuna; Australia; NZ – discrimination illegal, often additional benefits
	Don't know	Not certain – PNGTUC; Vanuatu; Tonga; Samoa
Workload reduced according to condition	**All**	-
	Majority	Australia, NZ
	Some	Wallis & Futuna
	None	Not reduced - PNG PU; Vanuatu;
	Don't know	Not certain PNGTUC; Tonga; Samoa
Forced to take leave	**All**	-
	Some	PNGTUC; Vanuatu; Australia
	None	Wallis & Futuna; French Polynesia
	Don't know	Tonga; Samoa
Dismissal / termination	**All**	-
	Some	PNGTUC; Samoa – one spouse of deceased person was terminated by private sector employee One case - French Polynesia Australia
	None	Member stays on until / whenever his life spent – PNGPU; Wallis & Futuna; NZ – illegal
	Don't know	Vanuatu; Tonga
No known cases		Solomons; Tonga NA; FTUC (2001); NZCTU (2001)

Note: Fiji – no response in 2003

In French territories, Australia and New Zealand, workers conditions are better protected by law. Medical care and support is provided through the public health system. Normal benefits and duties continue if the health of the worker permits. In other countries, unionised workers usually enjoy normal benefits and duties until their health deteriorates but then their position is not guaranteed. There have been cases of unfair dismissal in PNG, Samoa and French Polynesia.

Life insurance is a contentious issue and insurance policies usually exclude HIV/AIDS. This is a difficult situation for unions to alter because insurance companies are private enterprises. Sympathetic doctors may not reveal AIDS on the death certificate so that families will not be denied benefits.

2.3.7 Do employers require job applicants to take involuntary HIV/AIDS tests?

Yes	-
No	PNG PU; Vanuatu; New Caledonia (prohibited by law), Tonga; Samoa; Wallis & Futuna; French Polynesia (forbidden by law); Australia; NZ, NZCTU (2001)
Don't know	PNGTUC; Tonga NA
No response	Solomons; Fiji; FTUC (2001)

Involuntary HIV tests for job applications were not reported by any of the countries, although the actual situation is not known across all sectors. In New Zealand, the Ministry of Health states that no job applicant or employee is obliged to disclose to their employer that they have HIV unless there is a risk to safety of others, for example some health workers.

2.3.8 Do employers require workers already in employment to take involuntary HIV/AIDS tests?

Some	Vanuatu Tonga NA – those that work with AIDS patients
None	PNGTUC; French Polynesia (prohibited), Tonga; Samoa; Wallis & Futuna; French Polynesia (forbidden by law); Australia, NZ, ACTU (2001), NZCTU (2001)
Don't know No reply	PNG PU; Solomons; Fiji Fiji TUC (2001)

Involuntary HIV/AIDS tests for employees are reportedly rare and prohibited in French territories. Voluntary testing is the norm if there has been exposure at the workplace.

Conclusions: there is protection of workers with HIV/AIDS in Australia, New Zealand and French territories. Involuntary HIV testing in these countries is not permitted. Elsewhere in the South Pacific, the rights of workers are not yet protected in law once their status becomes known or evident. Legislation has recently been passed in PNG to protect against involuntary testing and breaches of confidentiality.

2.4 Actions taken by Trade Unions towards HIV/AIDS

2.4.1 Does <u>your</u> organisation have an HIV/AIDS policy?

Yes	Australia, ACTU (2001); NZ, NZCTU (2001)
No	PNG PU; PNGTUC; Solomons; Vanuatu; New Caledonia; Fiji; Tonga, Tonga NA; Samoa; Wallis & Futuna; French Polynesia

Apart from Australia and New Zealand, none of the union representatives reported having an HIV/AIDS policy. The PNGTUC has recently developed an HIV/AIDS strategic plan and is assisting affiliate unions with the development of workplace policies. As cases increase in the Pacific, unions are becoming more concerned with HIV/AIDS and aware of the need for policies.

2.4.2 If YES, do you review your policy according to circumstances and results of the implemented policy?

Yes	Australia, ACTU (2001); NZ (but instances are rare)
No	NZCTU (2001)

ACTU first adopted a comprehensive policy on HIV/AIDS in 1985 and participated in partnership with employers and government to define policy. The policy addressed occupational health, voluntary counselling and testing, discrimination, promotion of safe sex and harm reduction strategies, work modification or rapid payment of superannuation and

other benefits to affected employees. The promotion of safe sex and needle exchange programs in the mid-1980s and the introduction of antiretroviral therapies in the early 1990s has resulted in relatively low numbers of new infections and deaths. Consequently, HIV has become less of an immediate issue, while other blood-borne infections such as Hepatitis C have become more urgent.

2.4.3 If NO (to question 2.4.1), why do you not have a policy?

- Don't know - PNG PU
- No response – PNGTUC, Fiji
- Ministry of Health has a policy on HIV/AIDS but not SINA - Solomons
- Not moved by members - Vanuatu
- Not a major problem in Fiji right now, there are currently only 50 cases - FTUC (2001)
- Not an issue in our current development – Tonga
- HIV/AIDS has not been addressed as a priority union issue - Tonga NA
- No one has ever taken it seriously – Samoa
- Only one imported case to date - Wallis & Futuna
- No need because we have a policy and full support for the whole population not just workers – French Polynesia

While cases within unions are still very small or unknown, there is little pressure for unions to adopt policies. In French territories, state policies are considered sufficient protection.

2.4.3.1 If you do not have a policy yet, will your organisation adopt one in the future?

Yes	**PNGTUC; Solomons; Vanuatu; Fiji; Samoa; Wallis & Futuna**
No	-
Maybe	PNG PU, Tonga, Tonga NA (would like to have one); FTUC (2001)
Other	No response - French Polynesia; New Caledonia

Apart from the French territories, there seems to be a broad intention to adopt policies in future with only Tonga uncertain in this regard. Six out of nine countries without HIV/AIDS policies said that they will adopt one in future. If the ILO Code of Practice were used to develop policies, it would make the task faster, easier, and consistent with best practice elsewhere.

2.4.4 Have any of your members sought assistance from your organisation regarding HIV/AIDS?

Yes	PNG PU, PNGTUC; Wallis & Futuna; French Polynesia (to go to court) Australia (advice on employment rights and referrals to relevant health care assistance); NZCTU (2001)
No	Vanuatu, New Caledonia, Fiji, Tonga, Tonga NA, Samoa
Don't know	Solomons; NZ

Five countries reported members seeking assistance from unions. These are all countries with higher numbers of cases or operating within the French system. Elsewhere, little assistance has been sought by infected members to date. There have been few cases known to unions and therefore assistance to members has been very limited.

2.4.5 Has the HIV/AIDS issue been brought up at union meetings?

Yes	PNGTUC; Vanuatu; French Polynesia; Australia (not so much these days but frequently in the past) ACTU (2001); NZ, NZCTU (2001)
No	PNG PU; New Caledonia; Fiji, FTUC (2001); Tonga, Tonga NA; Samoa; Wallis & Futuna

Only five of the 11 countries reported HIV/AIDS having been raised at union meetings. HIV/AIDS is not a commonly raised issue because there are more pressing labour issues, small numbers of workers with HIV, and cultural barriers to open discussion on matters involving sex.

2.4.6 Have members with HIV/AIDS ever brought up HIV/AIDS issues officially to members and union leaders?

Yes	PNGTUC; Australia; NZCTU (2001)
No	PNG PU; Vanuatu; Fiji; Tonga, Tonga NA (no members with HIV/AIDS), Samoa; Wallis & Futuna; French Polynesia
Don't know	Solomons; NZ; ACTU (2001) - members could have bought up the issue to their union officials

Although respondents could not be sure about other unions or sectors, HIV/AIDS issues are not yet considered part of union business by members in the majority of countries

2.4.7 Have members discriminated or refused to work with members with HIV/AIDS?

Yes	NZ - isolated and initial response, not supported by unions' policy
No	PNG PU; Vanuatu; Fiji; Samoa; Wallis & Futuna; French Polynesia; Australia
Don't know	PNGTUC; Tonga
N/A	Tonga NA (no members with HIV/AIDS)

Discrimination by members does not appear to be a problem although respondents are not aware of all situations. For example, the Maritime Union in PNG has reported cases of discrimination but the SPOCTU representatives from PNG did not report this.

What actions should be taken to stop discrimination against workers with HIV/AIDS?

- Awareness, workshops, seminars - PNG PU
- Advocacy. Legislation, Education, Information - PNGTUC
- Awareness through workshops / seminars, newspapers, radio - Solomons
- Adopt policy, get policy to be adopted by government - Vanuatu
- Awareness program so workers can be informed about it – Fiji
- Awareness programs about HIV/AIDS discrimination in workplace, include in workplace policies - Tonga NA
- Awareness programs to be carried out especially for members – Samoa
- There is no discrimination - French Polynesia;
- Continuing education and awareness of the rights and needs of PLWHA, that there are various levels of the infection and that many people with HIV may lead normal work and social lives - Australia
- Education of workplace rights and realistic lack of risk to workers / citizens, education of safe workplace practices (for all workers) – NZ
- NZCTU (2001) – advocacy, representation, education, support and information
- ACTU (2001) – negotiation, if fails industrial action complaint to anti-discrimination
- No response –Tonga, Wallis & Futuna, FTUC (2001)

Eight of the 11 countries believe that awareness and education programs should be introduced to stop discrimination against workers with HIV/AIDS.

2.4.8 If a member with HIV/AIDS is retrenched or terminated by the employer, what would be the union action?

- Fight for rights of the worker, reinstatement and compensation - PNGTUC
- Educate the employer and advise against such action - Solomons
- Strike action – Vanuatu
- Court office – New Caledonia
- Prefer that the workers should not be discriminated against - Fiji
- It will be the same as a non-infected union member and fight for his/her rights - FTUC (2001)
- Half salary - Wallis & Futuna
- Investigate, collective support from unions - Tonga NA
- Go to court and prosecute using the previous case - French Polynesia
- 1) Convene meeting of members; 2) Seek to have employer prosecuted under relevant discrimination regulations; 3) Seek reinstatement of workers - Australia
- Pursue corrective actions – reinstatement or legal actions to pursue compensation - NZ
- Negotiation, if fails industrial action complaint to anti-discrimination - ACTU (2001)
- Don't know - PNG PU; Samoa; Tonga -no response

Ten of the eleven countries would seek to protect the rights of the worker and reinstatement through negotiation and legal action if necessary.

2.4.9 What are the best ways for unions to protect members infected with HIV/AIDS?

- Their rights be taken into consideration without discrimination - PNG PU
- Advocate against stigma and discrimination, provide support for PLWHA & workers family - PNGTUC
- Education through workshops / seminars - Solomons
- Assist in reducing stigma – Vanuatu
- Association AIDS program – New Caledonia
- Conduct the awareness program – Fiji
- Increase awareness, union support for policies against discrimination, and policies to protect other workers from spread of AIDS - Tonga NA
- Awareness seminars for members – Samoa
- Prevention education **-** Wallis & Futuna
- Information, education program, provide free condoms - French Polynesia;
- Ensure that members are not industrially disadvantaged, promote OH&S protection/Workcover - Australia
- Education and safe workplace practices; education on workplace rights; all bodily fluids should be regarded as dangerous (universal precautions) - NZ
- No response – Tonga

Advocacy, education and workplace policies are the common strategies suggested by union representatives to protect members with HIV/AIDS. Support for members with HIV and provision of condoms were also mentioned

2.4.10 Has your organisation organised any HIV/AIDS awareness and education programs?

Awareness	**Yes**	PNG PU, PNGTUC; Vanuatu; Tonga; French Polynesia; Australia; NZ
	No	Fiji; Tonga NA; Samoa; Solomons; Wallis & Futuna
Education	**Yes**	PNG PU, PNGTUC; Tonga; French Polynesia; Australia; NZ
	No	Vanuatu; Fiji; Tonga NA; Wallis & Futuna; Samoa (only through Min. of Health); Solomons
Advocacy	**Yes**	PNG PU, PNGTUC; French Polynesia; Aus; NZ
	No	Solomons; Vanuatu; Fiji; Tonga, Tonga NA; Wallis & Futuna; Samoa (only through Villages Women's Committees and other NGOs);
Plays	**Yes**	PNG PU
	No	PNGTUC; Solomons; Vanuatu; New Caledonia; Fiji; Tonga; Samoa; Wallis & Futuna; French Polynesia
	Not sure	Australia; NZ
Workshops	**Yes**	PNG PU, PNGTUC; FTUC (2001)
	No	Solomons; Vanuatu; Fiji; Tonga, Tonga NA; Samoa; Wallis & Futuna; French Polynesia
	Not sure	Australia; NZ

Conferences	**Yes**	PNG PU, PNGTUC; Australia (included in conferences); NZ
	No	Solomons; Vanuatu; New Caledonia; Fiji; Tonga, Tonga NA; Wallis & Futuna; French Polynesia
Any others?	• Involvement of police dept with community policing – PNG PU • Members involved in HIV/AIDS related activities through other organisations but not the union - Tonga NA • Some unions, particularly in health and education sectors, if any would have been 5-10 yrs ago – NZ • Some affiliates have education programs – ACTU (2001)	

Five out of 11 countries have organised awareness and education programs and four have done advocacy work on HIV/AIDS. Four countries had held workshops or included HIV/AIDS in conferences. This confirms that HIV/AIDS has not become a mainstream issue for unions in the majority of countries.

2.4.12 Does your organisation think that there is discrimination in the workplace regarding HIV/AIDS?

Yes	PNG PU, PNGTUC; New Caledonia; Samoa, Australia (virtually impossible to remove all discrimination by employers and employees or other union members) NZ (but isolated and not institutionalised)
No	Tonga; Wallis & Futuna; French Polynesia
Don't know	Solomons; Vanuatu; Tonga NA
No response	Fiji

It is difficult to generalise about discrimination in the workplace where the number of cases is small or unknown. In PNG, where there are large numbers of cases, fear of infection leads to discrimination. The Australian response above highlights that it may be virtually impossible to remove all discrimination by employers, employees or other union members.

2.4.13 Does your organisation agree that HIV/AIDS screening / testing can be permitted for job applicants?

Yes	Wallis & Futuna
No	PNGTUC; New Caledonia (prohibited except some careers); French Polynesia (forbidden by law); Australia (why should HIV/AIDS be treated differently from other infectious diseases?); NZ
Don't know	PNG PU; Solomons; Vanuatu; Tonga, Tonga NA; Samoa
No response	Fiji

2.4.14 Does your organisation agree that HIV/AIDS screening / testing can be permitted for workers already in employment?

Yes	Samoa; Wallis & Futuna
No	PNGTUC; New Caledonia; French Polynesia; NZ; Australia (as per previous response),
Don't know	PNG PU; Solomons; Vanuatu; Tonga, Tonga NA
No response	Fiji

Five countries disagreed with voluntary testing and two countries agreed with involuntary testing. Representatives from four countries did not know whether they agreed. This may mean that they did not know the position of their organisation or did not know if this was a good idea. In other cases, this reflects a lack of familiarity with the issues of HIV testing. The country visits also revealed mixed opinions within countries and unions about testing.

A common belief is that it is necessary to know someone's HIV status in order to protect oneself and others. There is also ignorance of transmission routes and the false sense of confidence created by negative results when levels of testing are low. Issues of voluntary informed testing and confidentiality need further awareness, education and debate. Countries where public debate on testing has taken place usually adopt a clear stand against involuntary testing.

2.4.15 Does your organisation agree that a worker's HIV/AIDS status should be kept confidential from employers and other workers?

Yes	PNG PU, PNGTUC; New Caledonia; Samoa; French Polynesia; NZ
No	Tonga - not from the employers because they are responsible for the safety of other workers and those consumers who use the product; Wallis & Futuna
Don't know	Solomons; Vanuatu; Tonga NA; Australia
Other	NZCTU (2001) – the NZ Nursing Association recognises that there are instances HIV positive status could affect a nurses' ability to perform the required job or pose a significant risk.

There was no general consensus on confidentiality, which is often a contentious matter, particularly in Pacific countries where individual rights have less importance than communal rights. It is a common attitude that the community should have a right to know, sometimes justified on the grounds "that we can help them [people with AIDS]." The New Zealand Nursing position in 2001 recognised that there are special circumstances with health workers that may require HIV status to be known.

2.4.16 Does your organisation agree that HIV/AIDS should not be a cause of termination?

Yes	PNG PU, PNGTUC; Solomons; Vanuatu; New Caledonia; Fiji, FTUC (2001); Samoa; Wallis & Futuna; French Polynesia; Australia, ACTU (2001); NZ, NZCTU (2001)
No	-
Don't know	Tonga, Tonga NA

Almost all countries agree that HIV/AIDS should not be a cause of termination. Tonga is a very traditional society, which may account for their responses on issues of testing and termination.

2.4.17 What does your organisation think that workers with HIV/AIDS are entitled to?

- Normal life / entitlements just like a normal employee - PNG PU
- Normal or adjusted work according to severity, full terms and conditions, ARV treatment care & support, social security schemes – PNGTUC
- Same as workers without HIV/AIDS - Solomons
- To work and to a normal life - Vanuatu
- Entitled to respect from other workers and employers, to living allowance from unions, employers or government - Tonga
- Same rights and privileges as everyone else - Tonga NA
- Know their (human) rights), no discrimination, access to any available treatment – Samoa
- Medical care and help with salary - Wallis & Futuna
- Medical care and medication, leave entitlements that allow for convalescing - Australia
- Full rights of workers at work and in society - NZ
- No response – Fiji; New Caledonia

Most countries believe that workers with HIV/AIDS are entitled to full benefits and medical care.

2.4.18 Does your organisation have specific budget allocations for HIV/AIDS activities?

Yes	**-**
No	PNG PU, PNGTUC, Solomons, Vanuatu, New Caledonia, Fiji, Tonga, Tonga NA, Samoa, Wallis & Futuna, French Polynesia; NZ; Australia, ACTU (2001) - not directly from own budget

No country has a specific union budget for HIV/AIDS activities, which reflects the relatively low priority attached to HIV/AIDS as well as limited funds and membership of unions. PNG is beginning to access donor funds for activities.

2.4.19 In the current situation, how does your organisation rate the HIV/AIDS issue compared with other union issues such as organising industrial relations, conditions of work and pay?

Much higher	PNG PU, PNGTUC; Wallis & Futuna
Higher	ACTU (2001)
Same	Vanuatu; Tonga
Lower	NZ, NZCTU (2001)
Much lower	Solomons; New Caledonia; FTUC (2001); Tonga NA; French Polynesia; Australia
No response	Fiji, Samoa

Seven out of 11 countries currently consider HIV/AIDS to be a lower priority than other core union issues. This reflects the relatively small number and growth of cases in the region. As more cases become evident and impact on workers, levels of concern and priorities can be expected to rise

2.4.20 Does your organisation cooperate with the following organisations?

World Health Organisation	PNGTUC; Solomons; Fiji, FTUC (2001); Tonga, Tonga NA (indirectly); Australia; NZCTU (2001)
ILO	PNGTUC; Solomons; Vanuatu; New Caledonia; Fiji, FTUC (2001); Tonga; Wallis & Futuna; Australia, ACTU (2001); NZ, NZCTU (2001)
SPOCTU	Vanuatu, Solomons; New Caledonia; Tonga, Tonga NA; Samoa; Wallis & Futuna; French Polynesia; Australia; NZ
Government	PNG PU, PNGTUC; Solomons; Vanuatu; New Caledonia; Fiji; Tonga, Tonga NA; Samoa; Wallis & Futuna; French Polynesia; Australia, ACTU (2001); NZ, NZCTU (2001)
UNAIDS	PNGTUC; Solomons; FTUC (2001); Australia
Others	▪ APHEDA, EU, ICFTU-APRO, National AIDS Council, UNDP, UNICEF ▪ Religious and traditional leaders ▪ Social security - New Caledonia

Nine out of 11 countries had cooperation with ILO and SPOCTU. All countries have had cooperation with governments, particularly Ministries of Health which usually have the lead role in addressing HIV/AIDS. Trade unions have generally relied on other organisations in addressing HIV/AIDS. Maritime unions in PNG, Kiribati and Tuvalu have been more engaged due to the central role of seafaring in their economies.

Conclusions: Most countries have not been active in the struggle against HIV/AIDS. Discrimination does not appear to be a major problem in most countries and has been resisted by unions when it has occurred. As cases grow, union policies will need to be in place to counter inevitable cases of discrimination that will occur due to fear and ignorance. Issues of voluntary testing and confidentiality have not been widely debated or considered in most countries. Union leaders and their members need to be well informed and convinced of the arguments in order to protect the rights of workers and to counter demands for involuntary testing and revealing HIV status.

2.5 Further actions by trade unions

2.5.1 Do you think HIV/AIDS will be a major problem in your country within the next three years?

Yes	PNG PU, PNGTUC; Solomons; Vanuatu; FTUC (2001); Tonga; Samoa; Australia (instances of HIV/AIDS expected to grow), ACTU (2001), NZCTU (2001)- growing problem
No	New Caledonia; Fiji; Tonga NA; Wallis & Futuna; French Polynesia; NZ
Don't know	NZ

Five out of 11 countries believe that HIV/AIDS will be a major problem within the next three years while Australia considers that cases will grow. The French territories, Fiji and New Zealand do not think it will be a major problem. Apart from PNG, cases have been growing slowly, which is more due to the small population of most countries than the effectiveness of HIV prevention programs.

2.5.2 Does your organisation have any action plans with regards to HIV/AIDS?

Yes	PNGTUC
No	PNG PU; Solomons; Vanuatu; New Caledonia; Fiji; Tonga; Samoa; Wallis & Futuna; French Polynesia; NZ
Don't know	Tonga NA; Australia; NZ
Other	NZCTU (2001) – working with other organisation and HIV/AIDS support agencies most desirable and efficient ACTU (2001) – no direct national involvement, done by affiliates

Almost all countries have no specific action plans. French territories, Australia and New Zealand can rely on responses through government services, affiliates or other HIV/AIDS support agencies. PNG unions, faced with a rapidly growing epidemic, are preparing action plans through the PNGTUC. Solomon Islands, Vanuatu, Samoa, Tonga and Wallis & Futuna still have very few reported cases and have not reached the critical threshold of cases to trigger demand for action.

2.5.3 If your organisation <u>already has a policy</u> on HIV/AIDS, do you intend to incorporate the ILO "Code of Practice on HIV/AIDS and the World of Work" into your present policies?

Yes	ACTU (2001), NZ, NZCTU (2001)
No	-
Don't know	Australia

2.5.4 If your organisation <u>does not have a policy</u> on HIV/AIDS, do you intend to incorporate the ILO "Code of Practice on HIV/AIDS and the World of Work" into your present policies?

Yes	PNG PU, PNGTUC; Solomons; Vanuatu; Fiji, FTUC (2001); Tonga, Tonga NA; Samoa
No	-
Don't know	New Caledonia, Wallis & Futuna; French Polynesia

The ILO Code of Practice will inform union HIV/AIDS policies in all the English-speaking countries. The response from French territories indicated uncertainty due to state policies and programs that take precedence and therefore render specific union policies less urgent.

Conclusions: Apart from Australia, New Zealand, and French territories, the other South Pacific countries need to develop plans of actions to deal with HIV/AIDS. Unions will require assistance to develop workplace policies and education programs in line with the ILO Code of Practice.

<u>Other comments and suggestions:</u>

Comment*: "It was difficult to develop responses to the questionnaire for the whole of NZCTU."*
This was also true for other representatives of specific unions. For example, responses to the same questionnaire by four unions in PNG showed mixed responses both within and between unions. Thus the results and conclusion from this survey must be treated with caution and no more than a general overview.

Comment: *"HIV/AIDS is an issue that has gone somewhat "off the boil" in NZ over the past 5 years (fatigue? treatment?)".*

This will become an important issue in countries where ARV treatments are available or extensive education has taken place. There is evidence from developed countries that gay men have difficulty in sustaining safe sex practices because they have grown weary or bored with safer sex practices and messages after two decades. HIV is now perceived as treatable and HIV+ partners are less like likely to be infective. Depending on the availability of ARV, this perception may also occur as the epidemic progresses in the Pacific.

3. REPORTS FROM COUNTRY VISITS

During the visits to five countries, personal interviews were conducted with representatives from union peak bodies, unions, local and international organisations working with HIV/AIDS.

3.1 Papua New Guinea

Information was gathered during the review visit from questionnaire results, interviews and meetings with five pilot unions involved in the PNGTUC HIV/AIDS (HETURA) project - Financial Services, Energy, Maritime, Airline Employees and Timber Workers – plus representatives from the National AIDS Council (NAC), European Union Sexual Health Project, United Nations Development Program (UNDP), and the Australian Agency for International Development (AusAID).

3.1.1 Trade union situation

Union membership in PNG is approximately 70,000 or 23% of an estimated formal employment workforce of 300,000. Organising workers has been fairly successful in the mining, maritime, communications, energy, timber, health services, manufacturing, and financial institutions. A much larger number of workers work in the informal and subsistence agricultural sectors. Unemployment is estimated to be over 30% (up to 60% in urban areas) while 35% of the population is reported to be living in poverty.[3] PNG's Human Development Index ranking of 133 is the lowest in the region, below fellow Pacific Island Forum states Tonga (No.63), Western Samoa (No.75), Fiji (No.81), Solomon Islands (No.124) and Vanuatu (No.129).[4]

The PNG Trade Union Congress (PNGTUC) represents 23 affiliated trade unions with a combined membership of approximately 35,000. Three major public sector unions are non-affiliates, the Public Employees, Police and Teachers Associations who have almost an equal number of numbers (34,000). [5] The PNGTUC has been dogged by chronic lack of funds and political infighting. All unions are challenged for resources and many find it difficult to pay affiliation fees to the TUC, limiting its capacity to operate effectively.

3.1.2 Extent of HIV/AIDS

HIV is now generalised in the population with cases now reported from all provinces. High rates of population growth, poverty, STI, rape, crime, teenage pregnancy, and low levels of literacy, condom use, awareness of risk, and access to effective health care are accelerating HIV/AIDS. People are ashamed to talk in public about sex and many taboos surround the issue.

With a population of 5.6 million (67% of the total Pacific population), HIV/AIDS in PNG dwarfs the rest of the Pacific. With more than 9,000 reported cases, this accounts for almost 90% of all reported cases and the cumulative incidence rate (146 per 100,000) is the highest in the Pacific.[6] Cases of HIV were first reported in 1987 and PNG had 9,156 cumulatively recorded cases by December 2003. [7] There are estimates that actual cases could be four to eight times higher (33,000 – 65,000) and the World Bank estimate is 50,000 cases. There has been a rapid increase since 1995 with cases doubling every 18-36 months. With no formal AIDS related death notification system, many more deaths are likely to have

[3] Report of ACTU mission to Papua New Guinea, 2001
[4] Annual Human Development Index, United Nations Development Program, 2004
[5] The Public Employees Association has recently agree to affiliate with the PNGTUC.
[6] Secretariat of the Pacific Community, HIV/AIDS statistics, May 2004
[7] National AIDS Council Secretariat and Department of Health HIV/AIDS Quarterly Report, September 2003

occurred than the 313 deaths officially reported. Females predominate in the 15-29 year age group and males predominate in the 30-49 year age group. Heterosexual transmission is most common with reported cases evenly divided between males and females. Homosexual and injection related transmission is rare. In 2003, 1% of antenatal mothers were HIV positive and perinatal transmission is now the second most common (9%) route of transmission. AIDS has become the leading cause of death in Port Moresby General Hospital and 20% of TB patients are also HIV positive. Three precent of sex workers in Lae and 17% in Port Moresby were found HIV positive in a 2002 study.[8]

HIV/AIDS poses a serious threat to the social and economic future[9] of the country in the following ways:

- Directly/indirectly impoverishing people infected and affected by HIV/AIDS;
- Eroding the capacity of both urban and rural institutions through loss of economically productive manpower, particularly the 20-34 year age groups;
- Undoing post-independence gains in trained manpower and human resource investment;
- Increasing health care costs, diversion of health care resources, and loss of health care manpower;
- Break up of family structure and increasing numbers of orphans of parents die from AIDS, which puts a strain on kinship and "wantok" systems.[10]

3.1.3 Union awareness of HIV/AIDS issues

All the unions consulted are aware that HIV/AIDS is a global problem and that there is no cure for it. Most union representatives are aware that treatment is not generally available in PNG (anti-retroviral treatment is only available for individuals if sourced from overseas). Union representatives are aware of transmission routes via unprotected sex, mother to child, blood transfusion and shared use of needles. Unions did not identify transmission through sex between men, tattoos, injections or through bodily fluids. There is growing awareness and familiarity with the disease, which suggests that PNG is moving beyond the denial phase. All pilot unions are aware that HIV/AIDS is a workplace problem but many of their members are not yet aware or convinced of this. Not all union representatives regard HIV/AIDS as more important than other industrial relations issues. As more cases become evident, the level of concern can be expected to rise.

HIV/AIDS has rarely been an issue for discussion at union meetings and to date has not been regarded as a union issue. Most union representatives could not recall of members seeking information regarding HIV/AIDS. This reflects the small number of cases known to unions and the probability that infected members keep the problem to themselves due to fear, shame and denial.

It is not possible to assess of the extent of the HIV/AIDS problem among members. Unions unofficially know individual cases rather than officially. They know of PLWHA in prisons (mainly prisoners), maritime workers, and energy workers, some of whom have already died. Unions and employers have very little familiarity dealing with workers with HIV because members with HIV/AIDS do not generally approach their unions regarding their condition and keep their situation private.

[8] UNDP Country Assistance Program to PNG 2003

[9] See Potential Economic Impacts of An HIV/AIDS Epidemic in Papua New Guinea, Centre for International Economics/AusAID, Feb 2002

[10] Report on the Trade Union Conference on HIV/AIDS, April 2003

Core responses to HIV/AIDS are shame, fear of stigma, and denial. Confidentiality is very difficult to ensure in a society where gossip is rapid and rife, and where family, *wantok* and community rights take precedence over individual rights. This is a major deterrent to disclosure. Cultural beliefs about sorcery, contamination, quarantine for infectious, chronic and incurable diseases are recreated in responses to HIV and are powerful deterrents to compassion and help for PLWHA. Religion is not considered by unions to be a barrier but union representatives are often not aware of their own religious bias and moralising. These instinctive reactions further discourage members from disclosing their situation and seeking help from unions and colleagues. Assistance to members has therefore been very limited in the few cases officially known to unions.

Workplace responses of employers and unions to members with HIV are difficult to gauge because the number of known cases is small. None of the unions have developed HIV/AIDS workplace policies. The lack of visible HIV/AIDS cases in the formal employment sector, as well as lack of advocacy of HIV/AIDS as a workplace issue has delayed workplace policy development. Advocacy and development of workplace policies has begun following a PNGTUC HIV/AIDS Conference in 2003.

HIV testing

HIV/AIDS testing is not normally required for job applications or workers already in employment in the sectors represented by unions. HIV positive workers usually continue normal duties as long as they are able, often because no one is aware of their condition. Workloads may be adjusted according to their condition and type of work. Medical care and support for workers with HIV/AIDS varies according to both their condition and disclosure. Diagnosis is often delayed until opportunistic infections occur. Members will take leave when they are too sick to work but HIV/AIDS is not a cause for dismissal in the pilot unions, unless they are permanently unable to work. All the unions consulted agreed that HIV/AIDS should not be a cause for termination if the worker can still function normally. Non-union and casual workers have greater difficulty in keeping their jobs if their physical condition deteriorates. Workers with HIV/AIDS are entitled to normal workplace benefits but life insurance policies specifically exclude HIV/AIDS. It is difficult for unions to alter this because insurance companies are driven by profit not social conscience. Sympathetic medical officers may not disclose HIV/AIDS as a cause of sickness or death if it may disqualify a member or their family from benefits.

Discrimination and unfair dismissal

Discrimination in the workplace is recognised as a possible problem by all the unions except those unions that report no known cases. Discrimination arises because other workers are afraid of the disease and are not aware of the real risk of transmission in the workplace. All the unions believe that action should be taken to stop discrimination against workers with HIV/AIDS. All unions believe that protection of members with HIV/AIDS should be included in industrial awards, workplace policies, and education of members. They believe that workers with HIV/AIDS are entitled to normal benefits and protection from unfair dismissal. The principal mechanisms identified for preventing discrimination include: education & awareness for union members and management; workplace policies; and legislation prohibiting discrimination (which was approved by Parliament in 2003).

Screening, testing and confidentiality

Differing opinions about issues of testing exist within unions. The majority opinion is that HIV/AIDS screening should not be permitted for workers already in employment. While the majority of union representatives understand the importance of confidentiality of status,

some hold the popular belief that they should know someone's HIV status because it would help them to protect their members and those who are infected. Education for union members on informed voluntary testing and confidentiality is much needed.

HIV/AIDS education programs

To date, HIV/AIDS education and awareness raising by unions has been very limited, except for the Maritime Union, which reflects earlier awareness of the problem through the SPC/ITF Seafarers project, NAC and StopAids program run by the Anglican Church. The Maritime Union realises the need for awareness and education outside the workplace at recreational venues and in settlements, where risk behaviour is probably highest. Some unions have made their members aware of HIV/AIDS in their publications, which are a potentially important avenue for information. Other unions have only recently become sensitised to the issue and are ready to begin education and awareness activities with assistance from HETURA and NAC. Unions have had some linkages in the past with external organisations such as ILO, WHO, and UNAIDS. The HETURA project has now become the central link with the organisations involved with HIV/AIDS. None of the unions presently have HIV/AIDS budgets. While short-term funding for activities is beginning, it also carries the danger that activities will stop when the funding ceases unless HIV/AIDS issues become mainstreamed in normal union activities.

3.1.4 Actions and activities by unions to date

Despite the alarming growth of the epidemic, trade unions have been slow to respond, partly due to the difficulties faced by the PNGTUC over the past 10 years. The PNGTUC HETURA project was started in May 2003 with funding from by Union Aid Abroad – APHEDA. An HIV/AIDS coordinator was appointed to work with PNG trade unions and has established an office in the PNG TUC premises. Funding for HETURA office, salary and administration has been promised for three years by Union Aid Abroad while longer term and locally available funding are also being sought.

In April 2003, the PNG TUC organised an HIV/AIDS conference in Port Moresby attended by more than 80 union delegates with funding from the National AIDS Council. This was the first trade union activity focusing on HIV/AIDS and an important step in advocating a union response. Another seminar was held prior to the annual TUC Congress in October 2003 for consultation with 15 unions on an overall TUC strategic plan. The seminar also included inputs by NAC, UNAIDS, UNDP, and the EU Sexual Health Project. A National Strategic Planning Workshop was held in November 2003 to endorse the TUC HIV/AIDS program and a Framework of Action. Another seminar was held in late 2003 for five pilot unions to develop strategic plans for HIV/AIDS.

European Union assistance to unions

In the second half of 2004, the EU Sexual Health Project is providing grants of 25-30,000 kina ($US 9,000-10,000) for peer education programs in the five pilot unions, plus a peer educator coordinator. Peer education in the work environment can be defined at three levels:

- Peer advocacy (employees trained in advocacy for unions and management at the workplace)
- Peer teaching (outreach to employees and distribution of materials)
- Peer counselling (information and guidance with problems e.g. risk behaviour, rape, workplace risks).

The HETURA project has assisted the pilot unions with developing project proposals for submission to EU. HETURA will coordinate the peer education projects and provide capacity building to ensure success of the project and sustainability of peer education when funding ceases. Capacity building required by unions includes: reporting, accounting and acquittals, computer skills, planning, conducting meetings and formative research. There will also need to be capacity building for HIV committees set up by the pilot unions. Management generally supports peer education but details such as time off to conduct activities and use of training facilities need to be negotiated.

ILO assistance to unions

Within the UNDP PNG Country Framework and HIV strategy, an ILO project on HIV/AIDS is focusing on the following areas: advocacy and workplace policy dialogue, gender and workplace support, and legal rights for People Living with HIV/AIDS. In February 2004 an ILO consultant drafted a toolkit for developing workplace policies on HIV/AIDS based on the ILO Code of Practice, including an OH&S perspective. The key principles and issues include:

- Recognising HIV/AIDS as a workplace issue
- Non-discrimination
- Gender equality
- Social dialogue
- Testing and screening
- Confidentiality
- Continuation of employment
- Prevention through information, awareness-raising and education programs
- Care and support including counselling, linking with groups, benefits, social security, employee and family assistance
- Training for different levels of workers and managers

ILO will further develop and pilot test the toolkit in the second half of 2004, which will also provide a model for the development and testing of a similar toolkit in other Pacific countries. The HETURA Coordinator is part of a UNDP Steering Committee for HIV. UNDP also proposes to conduct a survey on employment-related discrimination, plus counselling training for unions, advocacy and training for care and support. A UNIFEM project on HIV is also proposed and this may be able to support a Women's Union Network that has recently been formed.

National AIDS Council

The NAC is the principal organisation responsible for coordinating the national response to HIV/AIDS and the vehicle for a five-year $60 million AusAID National HIV/AIDS Support Project contracted to an Australian company. Australia has recently announced extra regional funding of $300 million, a significant part of which can be expected to go to PNG. In 2003, NAC provided small-scale funding under its institutional strengthening component for a national trade union HIV/AIDS conference and two seminars for strategic planning for unions. NAC also funded an HIV conference for employers. NAC has agreed to fund HETURA training in 2004/5 for the other 18 affiliated unions, particularly in the provinces. Care and counselling training for unions will also be considered through NAC and each union may be able to send three or four members to be trained.

3.1.5 Plans to enhance union responses

All the unions realise that HIV/AIDS has become a major problem in PNG and will have increasing social and economic impact on workers and the country. They recognise the need for unions to protect and support members and workers in general. The five pilot unions are

developing strategic plans, action plans, and workplace policies through the HETURA project, which can be adapted and adopted by the remaining 18 affiliated unions.

Most union representatives think that their HIV/AIDS policies should incorporate the ILO Code of Practice. All five pilot unions intend to adopt workplace policies in the near future. Other unions will be encouraged to adapt and adopt policies as part of the HETURA project. All the pilot unions had copies of the ILO Code of Practice but not all representatives had seen or read it. The challenge will be not just to produce policies but also to make sure they are widely known and implemented.

3.1.6 Recommendations

- The epidemic in PNG is much larger than elsewhere in the Pacific with rapidly growing numbers of cases (presently 80-100 per month). Effective control of the epidemic in PNG would have a major impact on the overall picture of HIV/AIDS in the region.
- The development of strategic plans is an important first step in educating union leaders and setting up activities. However, strategic plans must then be implemented and monitored.
- Mainstreaming of HIV/AIDS in union affairs is vital because activities that rely on external funding will not be maintained if funding stops or is not continuous.
- Unions not affiliated to the PNGTUC, such as the Public Employees Association and Teachers Association, need to be integrated into the overall union response. This should preferably be done through the HETURA program rather than developing separate programs.
- The Teachers Association could have a major impact through the professional role and widespread distribution of their members.
- Given that only a minority of workers in PNG belong to unions, it will be essential to develop responses in non-unionised workers and the informal sector.
- Tripartite agreements will help to protect non-union and casual workers, who are in the majority. HETURA should play an active role in tripartite development of workplace policies.
- HETURA recognises the need for unions to adapt generic policies based on the ILO Code of Practice to specific workplaces. The risk remains that policies will not be enforced or monitored.
- Unions must start to address counselling, care and support issues for workers and their families with HIV/AIDS.
- Unions must start to address through policy and advocacy the issue of ARV treatments access for workers and their families with HIV/AIDS.
- PNG provides important lessons and warnings for the rest of the Pacific. The formative work being done by HETURA, pilot unions, EU, ILO and NAC can provide blueprints for union responses elsewhere in the Pacific.
- It would be very useful to arrange study tours for other Pacific union leaders to visit PNG to understand the consequences of the epidemic and how unions are responding.

3.2 Solomon Islands

3.2.1 Trade union situation

In 2004 Solomon Islands has an estimated population of 480,000. The collapse of the economy, law and order in 1999-2000 significantly decreased employment and union membership, which are only slowly recovering. The Solomon Islands Council of Trade Unions (SICTU) is the national centre and core of trade union activity in Solomon Islands. It has an estimated affiliated membership of 10,000 comprising:

SICTU affiliated trade unions	Workforce	Membership
SI Islands Nurses Association (SINA)	580	520
SI Paramedical Association (SIPMA)	410	400
Senior & Subordinates Police Officers Association (SPOA)	1000 (est)	1000 (automatic membership)
SI National Teachers Association (SINTA)	4000	4000
College of Higher Education National Staff Association (CHENSA)	210	198
College of Higher Education National Lecturers Association (CHENLA)	120	90
SI Public Employees Union (SIPEU)	3000	1500
SI National Union of Workers (SINUW) - with law & order restored	5,000 (15,000 approx)	2000
Total	14,300	9,700 [11]

Unions identified a clear need for more active involvement of international and regional unions in supporting the union movement in Solomon Islands.[12] Key union issues that require support include:

1) The size and capacity of the existing public sector unions is very low. With public sector downsizing, there is a case for a unified public sector union.
2) Each union had its own industry concerns and all need better training, awareness on OH&S, and skills upgrading. Better connections, networks and links with corresponding unions in the region would be beneficial.
3) All unions need general trade union training and materials development. Support is needed to conduct and organise seminars, workshops, and materials on issues such as negotiation, labour legislation, organising and recruitment, trade union finances, OH&S, and training of trainers. Resource people from the region would be very useful in assisting with materials development and facilitating training.
4) A trade union radio program would be effective in communicating messages to members and raising the public profile of unions.
5) SICTU needs better infrastructure and administrative support. Extra office space to accommodate some of the smaller unions would be less costly than trying to support the infrastructure needs of all the unions individually.

3.2.2 Extent of the HIV/AIDS situation

By May 2004, Solomon Islands had only three cases confirmed by medical authorities. The first case was recorded in 1994, a foreigner who was reputedly deported, and two more cases were recently confirmed in 2004. Given very low levels of HIV testing, the actual number of cases of HIV is undoubtedly higher, possibly several hundred. It was recently

[11] Discussions held with CHENSA, CHENLA, SINA, SINUW, SIPMA, SICTU, February 2004
[12] Sarah Fitzpatrick, Report to SPOCTU regarding the Solomon Islands, IFBWW, 2003

revealed that over 200 positive HIV results were found in routine blood samples between 1989 and 1999. The anonymous samples were not retested and therefore not confirmed.[13] The Ethnic Tension, as the crisis from 1999-2002 was called, was thought to have led to a significant increase in risk taking behaviour and transmission of the virus. Social disruption and increasing poverty led to more sex for exchange, sexual networking, and rape. The potential for spread of HIV in Solomon Islands is high because of the rapidly growing youth population, plus increasing levels of STI, teenage pregnancy, extramarital relationships and remarriage.

The disease is still regarded as a medical issue. The HIV/AIDS response is centrally organised by the Ministry of Health and Medical Services (MHMS), which has an HIV/AIDS policy. The MHMS has been active in protecting rights to confidentiality and defusing alarming stories that circulate from time to time, sometimes from ill-informed political leaders. The National AIDS Council was started in 1998 but is said to have "died a natural death".[14] A national strategic planning process was conducted in 1999-2001 but unions were hardly involved. A National Strategic Plan was formulated in 2000 but many components are not being implemented due to lack of resources.

3.2.3 Union awareness of HIV/AIDS issues

Although HIV/AIDS is publicised and widely known, it is not yet taken seriously and is rated a much lower priority than other industrial and labour issues. There are no known cases among union members and it is still not internalised as a personal threat. The lack of reported cases accounts for the absence of urgency and false sense of confidence. Union representatives report a belief among the majority of people that HIV/AIDS will not happen to them. HIV/AIDS is thought to be a risk for people who travel overseas or frequent nightclubs, and for students and youth. Attitudes and practices are not changing even when people have knowledge of the disease. Sex is treated as fun and not a serious threat. There are myths and misconceptions about the disease, including the belief that it is curable with traditional medicines.

Unions need considerable education on issues of HIV/AIDS in the workplace and the threat of HIV/AIDS to workers. Understanding of voluntary testing and the issues associated with mandatory testing is limited and varies among union representatives. Some believe that mandatory testing is justified by the need to protect fellow workers. HIV testing is not part of routine medical examination, labour contracts and workplace agreements. Pre-employment medical examinations often have clauses to protect workers if there is no evidence of a disease before employment. Unions need to ensure that testing for HIV/AIDS does not become routine or a barrier to employment.

Attitudes to confidentiality are worrying and will require educational programs for union leaders and members. Confidentiality is very difficult in a small country with rapid informal communication networks. Representatives of some non-health unions believe that the identity of cases should be known in order for unions to protect their members and others. Individual rights need to be safeguarded to protect PLWHA from discrimination and isolation, which are part of traditional beliefs about incurable disease, including sorcery. The Nurses Association (SINA) believes that stigma will become a big problem. Despite an educated membership, SINA thinks that many nurses will still avoid and distance themselves from PLWHA. Most union representatives understood that PLWHA need to be supported and

[13] Reproductive Health Unit, Ministry of Health and Medical Services, November 2003
[14] Solomon Island Nursing Association representative, February 2004

maintained within the family. *"HIV/AIDS should be treated no differently from malaria and pneumonia."* [15]

3.2.4 Actions and activities by unions to date

Unions in Solomon Islands have not taken the threat of HIV/AIDS seriously to date. Although there has been some discussion of HIV/AIDS, there has been no specific union response because no cases among members have been recognised or created problems as yet. Unions acknowledge the need to link with people and institutions that can help, particularly in the medical sector. The principal response has been through health professionals in the MHMS. Although SINA members have been involved for a decade in education and prevention campaigns, many nurses are strongly religious and resist supplying condoms to unmarried people. Rates of STI and unplanned pregnancy continue to rise. Churches with health programs have also begun to embark on campaigns but many church members have conservative attitudes to discussion of sex and condom use.

The Solomon Islands Marine School conducts education on STI, HIV/AIDS, and use of condoms as part of a 3-day Safety at Sea course developed with the SPC/ITF Seafarers' project. Trainees are made aware of HIV/AIDS but once they graduate there is little education on Solomon Islands ships. Education and provisions of condoms on overseas ships are reportedly better than local ships.[16] Technical schools at the College of Higher Education do not have any HIV/AIDS education for apprentices (carpentry, mechanics, plumbers, electricians, marine engineers and land surveyors). The school has received information and pamphlets on the topic but these are not distributed to students. Lecturers also need updating and training in OH&S.

3.2.5 Plans to enhance union responses

Unions realise that the threat of HIV/AIDS is growing and will become a workplace issue. Joint activities on the issue of HIV/AIDS and infectious diseases in health sector unions would help promote union solidarity. An estimated 20% of the working population in the Solomons is unionised and union-based HIV/AIDS programs could potentially have considerable impact beyond union members. Unions think it would be useful to have a blueprint for action and are willing to adopt the ILO Code of Practice. Unions see the need to learn from other countries and would like to see examples of how HIV/AIDS has been included in workplace agreements elsewhere. They welcomed the idea of study tours to neighbouring PNG to enable union leaders in the Solomons to understand how the disease impacts on workers and how unions can best respond.

3.2.6 Recommendations

- Awareness, policies and procedures for workplaces and enterprise agreements are needed, plus legislation to protect the rights of infected workers and their families.
- Unions will need assistance to introduce the ILO Code of Practice and educate members in its use.
- Education workshops and peer education programs are needed for union leaders and members.
- Low literacy levels among some sections of workers will require that written materials are supported by peer education in order to make the information accessible and persuasive.

[15] SI Paramedical Association representative
[16] Head of Marine School, February 2004

- Closer links should be developed with the Maritime Union and the Mission to Seaman run by the Church of Melanesia (which does promote condoms). Sex workers who engage with seafarers need inclusion in education programs and condom provision.
- Unions need closer connections with training institutions. The teachers union (SINTA) can work with technical trainers/lecturers to include HIV/AIDS education in training as well as being part of their professional role with school children.
- A study tour to neighbouring PNG should be organised to enable union leaders to understand the impact of a generalised epidemic and the trade union response being developed there.

3.3 Vanuatu

3.3.1 Trade Union situation

During the review visit, meetings were held with representatives from Vanuatu Teachers Union and Vanuatu National Workers Union. They describe a history of hostile post-independence governments in Vanuatu that has left trade unions in a very weak position. A failed public servants strike in early 1990s led to the dismissal of more than a thousand public servants and the demise of the Public Servants Union in 1993. Membership and confidence in unions were seriously undermined. Unions also lost faith in ICFTU after international union representatives were declared persona non grata while the Australian labour movement sat on the fence. The Vanuatu Council of Trade Unions is no longer effective due to lack of funds and staff as individual unions are unable to pay VCTU (as well as GUF) affiliation fees. The Teachers Union provides representation of Vanuatu trade unions in SPOCTU and ICFTU-APRO.

VCTU affiliated trade unions	Workforce	Membership
Vanuatu Teachers Union	(est) 1625	1300
Vanuatu National Workers Union	Data not available	700
Vanuatu Seafarers Union	Data not available	Data not available

An estimated 44,000 workers are in paid employment with approximately 19,000 in the formal sector. Only 10% of the formal sector is estimated to be unionised and it is very difficult to organise unions in the private sector. The established unions in Vanuatu – the Teachers Union and National Workers Union – plan a merger of the two. The National Workers Union, which also represents remnants of public sector workers, faces membership losses of 300 out of 700 members due to government cutbacks. A seafarers' union has recently been established in Espiritu Santo but it was not possible to meet their representatives during the review visit.

Vanuatu is now a member of ILO. The country has yet to ratify conventions on industrial relations, youth, OH&S, respect for labour, social protection and women. A key issue for Vanuatu unions is globalisation, including privatisation and creation of free trade zones, which are acceptable to unions if jobs are created and workers adequately paid and protected. Minimum wages have remained unchanged since 1995 at US$140 per month and unions have not been strong enough to negotiate increases with the government and private sector. The government structural reform program funded by foreign donors aims to increase privatisation of government assets and foreign investment.

There has been no review since 1993 of labour legislation (industrial relations regulations, Workers Compensation Act, OH&S regulations and protection against child labour), which is needed because many colonial laws are still in place. Child/underage labour is increasing as numbers of primary school dropouts grow. In common with other parts of the Pacific, corruption and improper use or acquittal of public funds by politicians and government are also issues of concerns to unions.

3.3.2 Extent of HIV/AIDS

There has been only one reported case of HIV/AIDS in Vanuatu, which was confirmed in 2002. Levels of surveillance and HIV/AIDS educational activities by the Department of Health (DOH) are low. Vanuatu has not developed a national strategic plan nor demonstrated an energetic approach to prevention. In this early stage of the epidemic, the Vanuatu government has been concerned not to deter tourism and offshore financial

business, which are critical for the national economy. The threat of HIV/AIDS is still believed to be from the outside world. Unions consider the workers at higher risk to be seafarers and fishermen, transport workers, aircrew, public servants, overseas peacekeepers, and overseas travellers.

3.3.3 Union awareness of HIV/AIDS issues

Unions consider they have a role in combating HIV/AIDS as an important sector of society in a small country. HIV/AIDS in the workplace is a matter of concern for unions that requires more awareness by workers and employers. Union leaders are clearly against compulsory testing prior to or during employment. Unions hold the view that HIV/AIDS should be treated like any another serious illness, such as TB, and should not be a reason for termination if the person is still able to work. They anticipate problems of stigma and the need to help workers to understand and deal with HIV/AIDS. Cultural beliefs, including religion and sorcery, may result in criticism of unions if they are active in HIV/AIDS work.

Unions are concerned about lack of confidentiality for people with HIV/AIDS. They report that one nurse infected with HIV from a needle-stick injury was dismissed in 2003. Unions were critical of the DOH for allowing the name of the nurse to become public. Another version of the story is that the worker was an operating theatre nurse and the DOH moved her from this risk area, to which she objected and claimed unfair dismissal. She has since become a vocal campaigner for the rights of people with HIV/AIDS. Unions understand the need to have policies in place to reduce stigma and discrimination.

Free condoms are available at some kava bars and hotels in Port Vila and unions report there is a high interest in taking them. Shame and indifference to condom use appear to be decreasing although there is much debate about whether young people should have access to them. Nurses are often reluctant or refuse to allow unmarried people access to condoms. This can be described as an AB minus C strategy. Churches have not been helpful in this debate and some church leaders are not good exemplars of abstinence and fidelity as a preventive strategy. Traditional chiefs and leaders, who are very influential and recognised in the constitution, are also conservative forces in the debate.

3.3.3 Actions and activities by unions to date

Unions do not yet have an active HIV/AIDS response due to the absence of reported cases until recently and more pressing union priorities. Unions realise that they cannot wait for many cases to emerge but apart from the case mentioned above HIV/AIDS has not presented as a workplace issue. Health workers and some tourism professionals have been involved in HIV/AIDS education and campaigns.

3.3.4 Plans to enhance union responses

The union leaders consulted during the review showed good understanding of HIV/AIDS workplace issues, such as screening, confidentiality, and unfair dismissal. They are keen to develop a union response to HIV/AIDS and welcomed suggestions for a union strategic planning workshop and study tour to PNG to mobilise the union response. The union leaders said that they would be alert to cases among workers and protecting their rights and confidentiality.

Low levels of unionisation and the weakness of the union movement mean that union based programs could only have a very limited impact. It will therefore be particularly important to develop a tripartite approach with government and employers so that non-union workers and workers in the informal sector can access education programs and legal protection.

3.3.6 Recommendations

- A tripartite approach should be promoted to develop policies and procedures for workplaces and enterprise agreements, plus legislation to protect the rights of infected workers and their families.
- Unions need assistance to introduce the ILO Code of Practice and educate members in its use.
- Education workshops and peer education programs should be developed for union leaders and members.
- Closer links should be developed between the Seafarers union, other Vanuatu unions and maritime unions elsewhere in the region. Sex workers who engage with seafarers need inclusion in education programs and condom provision.
- The Teachers Union has an important role to play to promote HIV/AIDS education in schools and training institutions.
- A study tour to PNG should be organised to enable union leaders to understand the impact of a generalised epidemic and the trade union response being developed there.

3.4 New Caledonia

3.4.1 Trade Union Situation

New Caledonia has an estimated population of 240,000 in 2004. Forty four per cent of the population is Melanesian, 34% European and 22% of other origin including other Oceanians and Asians. The formal employment workforce of 57,000 persons comprises:

New Caledonia trade unions	Membership
• Public and Semi Public Service:	12,000 (21%)
• Private sector:	45,000 (79%)
- Commerce (including food, hotel and restaurants)	(18%)
- Building and construction	(15%)
- Mechanics and metalworkers	(12%)
- Office workers	(11%)
- Transport	(6%)
- Mining	(3%)*.

*will expand with four new nickel or cobalt mines due to open by 2010.[17]

There are an unknown number of people in the workforce in subsistence agriculture and fishing. The overall rate of unionisation is around 10% to 15% with a membership rate of 20-25% in the public sector and 12-15% in the private sector. There are a number of unions and confederations of unions in New Caledonia:

- USTKE (Syndicate of Unions of Kanak & Exploited Workers) was formed in the mid-1980s to establish rights for Kanak workers. It is currently the largest union with a membership of 4,430. USTKE has good coverage in transport and communications, commerce and mining. It also has a strong activist wing in the public health sector. The current President has committed a staff member (a former nurse) to assist with any proposed HIV/AIDS programs.

- USOENC (Syndicate of Unions of Organised Workers in New Caledonia) is the oldest in the private sector, based around the nickel mining industry and associated trades of metallurgy and allied crafts. A major split recently occurred, which has halved the membership of USOENC. It sent two delegates to the 2003 SPOCTU conference and is interested in any initiatives on HIV/AIDS that may emerge. The splinter union (Union of Free Labourers) is not recognised as a national confederation and said it was unable to commit to any inter-union proposals on HIV/AIDS.

- SFP (Federation of Public Servants of New Caledonia) is the oldest public sector union, with a membership of approximately 3,000. SFP does not have close links with SPOCTU but its Secretary-General and the officer responsible for the Public Health sector expressed interest in proceeding with inter-union programs proposals to implement the ILO Code of Practice on HIV/AIDS.

- UTFO, a union confederation closely linked with Force Ouvriere in France, advised APHEDA that it would not be able to work with any future proposal from SPOCTU.

3.4.2 Extent of HIV/AIDS

By December 2003, New Caledonia had 263 reported cases of HIV/AIDS, of which 193 men and 68 women, with 2 unknown.[18] By December 2003, 99 or 38% of cases had died from

[17] Source: MEDEF (Employers Federation), May 2004

AIDS related illness while 110 persons are currently under treatment by the Territory Health Services. Medical authorities believe that the epidemic is relatively stable, citing an average of 25% fewer new cases in 2001-2003 compared with 1996-2000. SPC advises that its Surveillance Unit will be publishing a more detailed set of data on HIV later in 2004.

In New Caledonia, HIV/AIDS disproportionately affects people of European origin who make up 34% of the population but 68% of HIV/AIDS cases. Melanesians with 44% of the population comprise 15% of recorded cases but may be more likely to have unreported cases.[19] Sexual transmission between men accounts for 40% of known cases. Transmission in the Melanesian population, usually heterosexual, is gradually increasing. In particular, young rural women do not have access to correct information and understanding about testing and associated issues.[20] Intravenous drug use accounts for 10% of known transmissions, a result of New Caledonian links with France and Asia. The epidemiologic picture is therefore different to independent Pacific nations but similar to other French territories. Union representatives interviewed during the review did not know the number of cases among unionised workers.

3.4.3 Union awareness of HIV/AIDS issues

From discussions and survey responses, none of the unions have specific HIV/AIDS policies. The general opinion is that industrial labour provisions, social security, and access to ARV treatment are generally adequate to protect and support HIV/AIDS affected workers. Refusal to work with HIV+ members is not reported to be a problem but discrimination was reported to occur by USOENC. There were assertions of discrimination and dismissals from workplaces, especially hotels and restaurants, but no details were given. *"Workplaces are pre-historic in their attitudes"* was a comment made by the HIV/AIDS lobby group. [21] HIV/AIDS testing is prohibited for job applications or employees. Unions agree that HIV status should be kept confidential and cannot be grounds for dismissal.

Unions consider that HIV/AIDS is a lower or much lower priority than other union matters. In the health sector, TB and Hepatitis B are of equal if not greater concern. There are no union-based or education prevention HIV/AIDS programs promoted in the workplace, in workers' homes or at recreation venues. The Territorial Health Services are sponsoring public marketing of condoms with a safe sex message through a media campaign known as "Rock and Rubber" ("Caillou et Caoutchouc").[22]

Care, support and treatment for workers are considered as the responsibility of the state. This is viewed by unions as proper and positive. People with HIV/AIDS undergoing treatment receive subsidies (reportedly US$10,000) for board, food, lodgings and personal expenditure. This is regarded as inadequate by the AIDS lobby groups but far exceeds support available in any independent Pacific countries.

3.4.4 Actions and activities by unions to date

There has been no direct role taken by unions in the struggle against HIV/AIDS. Union perceptions of the HIV/AIDS problem at the present time are minimalist, with most unaware of their potential for intervention and action. Those who sent delegates to the SPOCTU conference in 2003 were made more aware and are awaiting further initiatives following the

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[18] Secretariat Pacific Community Surveillance Unit, Noumea

[19] ibid, December 2001

[20] Cit. Inserm "Santé,Conditions de vie et de securité des femmes calédoniennes" Aug 2003 p.14

[21] Interview, Comité de Lutte Nouméa, 26 June 2004

[22] Interview, Directeur Prevention DASS, Noumea, June 2004

ILO survey report. During the review the APHEDA consultant gave union representatives copies of the French language ILO Code of Practice and this may stimulate further consideration by unions.

3.4.5 Plans to enhance union responses

The possibility of an inter-union working group to liaise with SPOCTU HIV activities was discussed, but this would need to be referred back to and approved by the respective unions. Some unions are not affiliated to the USTKE, SFP or USOENC and therefore are not connected to SPOCTU. The teachers' union has connections with COPE, the Educational International regional organisation based in Fiji. COPE has some funding and plans to promote a response in the region.

Visits to other organisations, including the Department of Social Security (DASS), Employers' Federation (MEDEF), Comite de Lutte/Solidarité-SIDA, and the SPC HIV/AIDS Unit, generated positive reactions to the possibility of union mobilisation. All parties will await the outcomes of the report to ILO and SPOCTU in July 2004.

3.4.6 Recommendations

- Unions need to establish or reassert the notion of industrial rights as human rights and emphasise solidarity of the union endeavours to address HIV/AIDS.
- Technical support is needed for training and education programs to develop unions' individual and collective capacities. These programs should involve:
  - general *raising of awareness levels* (*conscientisation* or *sensibilisation*), among union leadership and senior management of unions to put into effect the ILO Code of Practice.
  - *education of union members* on the issues of workplace risks, gender, and forms of discrimination, including stereotyping, within the workplace.
  - *workshops with workplace delegates (*either within separate or combined union structures) to establish peer educators in the workplace.
- A range of culturally appropriate francophone resource materials needs to be available to unions, based on the ILO Code of Practice criteria including gender awareness, human rights and other related workplace issues. Further suggestions include:
  - *materials in selected local languages* would be desirable. This would add considerably to cost and time needed for translation and production from major to other community languages.
  - the Secretariat of the Pacific Community in Noumea could be particularly valuable as a technical resource through its HIV/AIDS program and French speaking personnel.
  - *a stock of such materials should be built up for each of the national inter-union confederations* of the Territories.
  - *time, space and small budget allocations* will be needed to assist in their production and proper usage by peer educators, trainers, and union leaders.
- Tri-partite agreements (between government, employers and unions) on rights within the workplace, time off for training, use of human resources departments to assist with education, etc.
- Appropriate funding needs to be made available for the development of materials and training. Funding may need to be sourced from the national and regional resources, such as UNAIDS (which includes ILO), Global Fund (to fight HIV, TB and Malaria), SPC and the AusAID Pacific HIV/AIDS Project. Specific criteria and restrictions for Global Funding and the SPC French Pacific Territories need to be addressed.

3.5 Fiji

With around 820,000 people Fiji has the second largest population in the Pacific and is the largest Polynesian languages-speaking country. It is a centre for most of the regional and international organisations, has the best-developed international tourist sector, and is an air-transport hub for the south Pacific. The workforce is approximately 300,000, but a high percentage is not employed in the waged/salaried sector. Ethnic Fijians and Rotumans comprise 51% of the population and 44% are Indo-Fijian, giving it the most significant non-indigenous community among independent PICT.

Official unemployment is 8%, but real unemployment is estimated to be 25%. The Fiji government estimates that 25% of households live on yearly incomes of less than F$7,500 (AUD $6,000, USD$4,200). In most sectors, minimum wages are lower than this. Some UN organisations and the trade unions estimate that 50% of the population are living under this poverty line. As poverty increases, there is further polarisation of incomes and a concomitant rise in crime. Twenty five percent of the population live on income from sugar, but the future of the land leases from the traditional owners is uncertain. Squatter settlements are growing with displaced farmers and around 10% of the national population are estimated to be in semi-urban informal settlements.

The economy of Fiji is facing serious challenges, with new trade rules threatening the sugar and garment industries, and with primarily overseas/international ownership of the tourism sector. Like other PICT, Fiji has a young population, with very high youth unemployment, including among those with technical or university education. The coups against elected Fiji Labour party governments in 1987 and in 2000 have left a legacy of uncertainty about democracy and doubts about a non-racial future for Fiji. There is increasing tension between chiefs and between provinces regarding allocation of resources. The political situation remains somewhat tense and many people are apprehensive.

3.5.1 Trade Union situation

The Fiji trade union movement is very well established, with some rural workers' associations founded in the late 19th century, and other associations, such as of teachers, founded in the 1920s. However, British colonialism left a legacy of ethnic divisions, including sections of the labour movement. The Fiji union movement, and in particular the Trade Union Congress (FCTU), has maintained a high level of engagement in the international labour movement: in ILO, ICFTU, SPOCTU, and GUFs.

In recent years, pro-government forces have engineered a split in the trade unions, with the non-racial FTUC representing most organised workers (25,000-30,000) and approximately half that number in unions affiliated with the new Fiji Islands Council of Trade Unions (FICTU), which is closer to the Qarase SDL government. Only FTUC has international recognition but the government consistently selects FICTU representatives for national[23] and international consultations. In the public sector, agreements discriminate in favour of FICTU-affiliated unions and against the FTUC-affiliated FPSA. The Fiji Teachers Union (FTU) with 4,200 members (including over 700 indigenous Fijians) is affiliated to FTUC but the Fiji Teachers' Association with 3,500 members is a leading affiliate of FICTU. Both are long-time members of EI and COPE. The Nurses Association with 1,200 members is not affiliated with either federation but is part of a public sector alliance with the FTUC-affiliated Public

[23] Such as representation on the Labour Advisory Board, National Health and Safety Committee, Fiji National Training Council, Fiji National Provident Fund Board.

Servants Association (FPSA). The Fiji labour movement maintained a very high level of unionisation until the political and economic turbulence resulting form the coups of 1987 and 2000. Now key FTUC affiliated unions organize around a third of the workforce in their sectors.

The most strongly organized unions are those of public servants and staff of semi-government organisations, teachers, nurses, hotel workers, sugar workers, construction, workers and University of the South Pacific workers. The less organized sectors are retail and manufacturing, in particular garment workers. Due to the dynamics of the Fiji labour movement and the democratic struggle since 1987, the FTUC also has an orientation to organising the unorganised and informal sectors and reaching out through alliances with other democratic forces, for example farmer's, women's and human rights organisations.

3.5.2 Extent of HIV/AIDS

The official number of cases reported up to June 2004 was 156, of whom 62% were men and 15 had died (this mortality date in particular is regarded as under-reported). A further 30 new diagnoses are in the process of being added to the statistics for the first half of 2004. Estimates by UNAIDS and other international organisations vary between 1,000 and 4,000 cases. The main presentation of opportunistic infections for HIV are TB, diarrhoea/wasting, and fungal/yeast infections.

Voluntary counselling and confidential testing (VCCT) is available in cities but has not been widely taken up. Although 82% of people diagnosed with HIV are indigenous Fijians and 13% are Indo-Fijian, this may be an over-representation of the ethnic discrepancy because Indo-Fijians are more likely to access VCCT and care while travelling or staying with family in Australia, NZ or other countries. Heterosexual spread accounts for 85% of transmission. Although both main communities have identifiable homosexual sub-cultures and sex between men is not uncommon, HIV transmission through unsafe anal sex between men is less of a factor than mother-to-child transmission (7%). Injection drug use (1 case) seems to be a minimal factor in HIV spread in Fiji, though inadequate supplies for sterile medical procedures (or "universal precautions") may have resulted in undocumented HIV infections. Post-exposure prophylaxis is not available for health workers with occupational exposure, nor is nevirapine or 36-week AZT available to minimize risks of mother-to-child transmission.

There are some community education programs supported by the Ministry of Health and international donors. Although there are high STI and teenage pregnancy rates, some religious organisations promote "A+B minus C" prevention, i.e. Abstinence, Be faithful, and then condoms are not needed. Condom availability rates are very low in villages. NGOs are giving them out in urban areas but they can be expensive from chemists. Government funded condoms are available for family planning only but nurses are often reluctant. Recently there has been a police crackdown on sex workers in some brothels as well as street workers, which makes outreach education for these informal sector workers and their clients more difficult.

Local responses to HIV/AIDS

- In March 2004 a regional meeting was organized by UNAIDS and hosted by the Fijian Great Council of Chiefs. Due to the strong participation of the traditional and political leaders, plus the "coming out" of two articulate young HIV+ Fijians, this conference could mark a significant change in popular consciousness in Fiji and other South Pacific countries, in particular Vanuatu, Cook Islands, and to a lesser extent Samoa and Tonga.

- In April 2004 the World Council of Churches held a Pacific regional conference on HIV in Fiji which also advanced thinking within mainstream Christian churches in the Pacific about compassionate and pragmatic responses to the epidemic.

- For ten years the community-based AIDS Task Force of Fiji (ATFF) has run training, peer education, counselling and testing facilities, and in association with the new Fiji Network of Positive People, is spearheading a pilot treatment project for 20 people.

- The Fiji government is establishing a new National Advisory Committee on AIDS (NACA). At the same time it is introducing new HIV legislation, which while protecting against discrimination, may mandate HIV testing and criminalise intentionally infecting others.

3.5.3 Union awareness of HIV/AIDS issues

Unions are aware of HIV as a national and regional threat, particularly following heightened public discussions around the regional meeting supported by the Great Council of Chiefs in March 2004. Union leaders want their members and their families/communities to have education to understand HIV/AIDS. However, they are not aware of members directly affected by HIV. Unions would welcome training on the ILO Code, and would be interested in participating in developing HIV policies not only for the workplace, but contributing to the shaping the national response. However, the current government is not keen to involve the FTUC in negotiations.

3.5.4 Actions and activities by unions to date

Given more pressing challenges to workers' and democratic rights in Fiji, unions have not been able to do as much as they might wish in HIV education and policy areas. Unions report that they have discussed HIV at regional meetings of SPOCTU and their GUFs. ATFF was able to send a local trainer to a FTUC meeting of affiliated unions two years ago for OH&S training. However, there was no follow-up with companies, workplaces or union branches. FTUC has asked ILO for funding for a training of union leaders in July 2004 but had not received a reply at the time of the review visit. ILO has run a training seminar on HIV and the ILO Code in Nadi but only one hospitality union was involved, while the other participants were employers.

ATFF also assisted the Seafarers' Project, giving talks within the one-year curriculum at the Academy in Suva. In the last year, ATFF has provided HIV training with workers in Customs, Inland Revenue (all staff), Punjas food & spices, Vaticola, Carlton Breweries and Fiji Sugar Co. The opinion of the training providers is that is that workers' knowledge about HIV is low, and people do not see themselves as at risk. ATFF and the Fiji Network of Positive People (FJN+) would welcome providing training for workers with unions but would need funding by employers or external sources. Basic HIV disease and transmission information would be integrated with occupational and policy implications, plus testing, care and treatment issues.

The Nurses' Association (FNA) reports that nurses are often poorly informed and afraid of HIV+ patients. There is not enough preparation of health professionals to deal with HIV/AIDS. As leaders in the communities and religious organisations, nurses are asked to give talks on HIV to religious, women's, youth, school, village and workplace groups. FNA has held two training seminars on HIV in Suva and Nadi, and participates in the National Advisory Council on AIDS, the National Health and Safety Board and the National Council of Women, who have included HIV into this year's programs. FNA also plays active role within the regional PSI. There will also be training of trainers in local towns. The two seminars were held with UNIFEM support and involved 10 local women's groups.

FNA is interested in the ILO Code because they lack resources and have particular concerns about occupational health and confidentiality. Protocols for HIV+ patients are lacking and many nurses want to isolate or use barrier nursing on HIV+ patients. FNA has 20 branches and all need training in the following areas:

- how to nurse people with HIV, PEP and prevention MTCT, ARVs
- universal precautions and OH&S
- policy development and leadership
- empowering nurses to assist community awareness and home care
- how to change behaviours to avoid HIV in personal and family life

Teachers, like nurses, have relatively strong unions and strong linkages with their regional union structures. They are also dispersed to sometimes-remote areas away from their families. Teachers play significant respected local leadership roles and are called on to give education on HIV to community groups. Although FTU does not know of affected members, in many other countries teachers have high rates of infection. The Council of Pacific Education (COPE), part of Education International, has connections with the Fiji Health Department and NACA. COPE and FTU are keen to be resourced to collaborate with regional colleagues and initiate education on HIV. The school health curriculum is poorly developed and there has been some conflict with the Ministry of Health and Ministry of Education about what is appropriate to include in the curriculum. Teachers are sensitised to discussion in the health/biology classes in high schools but not in primary schools.

ILO assistance to Unions

ILO has run an HIV/AIDS awareness raising training course through the Training and Productivity Authority of Fiji (TPAF). Following this training course, the Ministry of Labour and Industrial Relations drafted a general workplace policy for HIV/AIDS for Fiji in accordance with the ILO Code of practice. A tripartite sub-committee was set up under the National Occupational Health and Safety Advisory Board (NOHSAB) to discuss and endorse the Draft Code of Practice for HIV/AIDS in the workplace. FTUC, FEF, Nurses Union, Government and other stakeholders were involved. The sub-committee completed the draft Code of Practice which is now with the Solicitor-General's office to be made into an amendment to the OHS Act. ILO plans to assist the launching of the Code once it is passed by Parliament.

3.5.5 Plans to enhance union responses

Fijian unions have unmet needs in HIV education for their memberships and are interested in regional collaboration. Apart from the training by FTUC for July 2004, no specific activities are planned. Trade unions would welcome training at SPOCTU and regional GUF meetings. FTUC is willing to promote the ILO Code and liaise with community groups such as ATFF and FJN+ to run workplace and delegate training. Such activities will require external funding.

3.5.6 Recommendations

- ILO and external union donors should assist the FTUC in implementing training for key affiliate officials and education officers, including funding for local HIV organisations to assist in local training.
- ILO should provide more access by Fijian trade unionists to training and promotion of the ILO Code.
- The Fiji Nurses Association should be assisted in strengthening its in-service education about universal precautions, VCCT and treatments and external HIV education to communities.

- The capacity of the Maritime Academy to sustain HIV and sexual health behaviour change education for new seafarers should be reviewed and strengthened by SPC and ITF.
- FTUC should be supported in developing a comprehensive policy on HIV, in developing effective peer education/support strategies within affiliate unions, and in developing appropriate local education materials for workers and their families in English, Fijian and Hindi.

4. REGIONAL HIV PROGRAMS AND OPPORTUNITIES

4.1 Intergovernmental sector

- **UNAIDS**

UNAIDS is the collaboration agency for nine UN agencies on HIV/AIDS. The Suva office was re-established in September 2003 after a three-year absence and covers 14 countries: Fiji, Kiribati, Tuvalu, Marshalls, FS Micronesia, Palau, Tonga, Samoa, Solomons, Vanuatu, Cooks, Nauru, Niue, and Tokelau. The World Health Organisation (WHO) covers all countries and promotes programs in reproductive health, including control of STI. The United Nations Children's Fund (UNICEF) currently chairs the HIV theme group.

UNAIDS worked with the Great Council of Chiefs to hold a regional meeting in 2004. It has recently assisted with a mapping exercise to identify strengths and gaps in HIV responses in the region by government and non-state actors. UNAIDS has expressed interest in assisting regional and national trade union responses. It has identified the following groups of workers as needing particular attention: seafarers and spouses, taxi drivers, casual labourers, fisheries and canning workers, tourism and hospitality industry workers (especially in Palau and Fiji), garment workers, health care workers, teachers, mining and timber workers, and uniformed services (police, military and private security). UNAIDS has conducted pre-deployment training for troops engaged in overseas assignments. In August there will be a meeting of police chiefs in Fiji on adopting HIV workplace policies. UNAIDS funded a workshop, via ILO, in December 2003 in Nadi with 22 companies and organisations, focusing on the ILO Code on HIV. There will also be an Asia-Pacific workshop in Bali with the head of health for Standard Chartered Bank of South Africa to develop HIV policies for the finance sector. UNAIDS has runs a small grant program funded by New Zealand aid and may be able to support specific HIV trainings for groups of workers.

- **International Labour Organisation**

The ILO Suva regional office serves 22 PICT and has a female officer with responsibilities for HIV, among other concerns. ILO has small funding of USD28,000 for training employers and workers in Fiji, Vanuatu, Solomons, Kiribati and Samoa. ILO has run an HIV awareness training course in Fiji through the Training and productivity Authority of Fiji (TPAF), which no longer includes FTUC (the largest union federation). Following Fiji, training courses on the workplace policy for HIV/AIDS will be conducted in Kiribati (October 2004), Vanuatu (October 2004) and Solomon Islands (November 2004) by an ILO consultant. Subject to funding, ILO plans to conduct similar training courses in other Pacific Island countries such as Cook Islands, Marshall Islands, Nauru, Samoa and Tuvalu.

Although few PICT are directly members of ILO, there are very basic issues to tackle on the ILO fundamental principles and Rights at Work. HIV is just one among the ILO's many priorities although they have been promoting the ILO Code of Practice to government, employers and workers' organisations. A project is being developed to develop and pilot test a toolkit similar to PNG in other Pacific countries. A regional ILO meeting could also serve as a venue to promote awareness on HIV/AIDS for employers and workers organisations,

- **Pacific Islands Forum Secretariat (PIFS)**

As the key regional intergovernmental body PIFS is charged with addressing pressing issues of governance, free trade and security. A meeting in August 2004 will discuss the regional HIV inventory of activities and strategic plan. As an employer, PIFS has undergone a model process of participatory HIV workplace policy development, which could be emulated by

governments and employers in the region. PIFS has a framework for engagement with non-state actors (such as SPOCTU) who can be brought into working groups, such as Health and Population, which ATFF and Red Cross and a regional disability association participate in. There is also a Gender working group and a Human Resources Development working group. COPE is already involved in some of these working groups.

- **Secretariat of the Pacific Community (SPC)**

SPC, based in Noumea and Fiji, provides technical advice on many areas of development and health, including HIV, to 22 member countries and territories in Pacific. SPC coordinates the Regional Coordinating Mechanism of the Global Fund against AIDS, TB and Malaria and is project holder of the existing regional project. SPC is also one of the project implementation coordinators for the Australia-France HIV/AIDS regional project, with particular responsibility for enhancing capacities in epidemiologic and behavioural surveillance. SPC has years of experience working with the International Transport Federation (ITF) on the Seafarers' Project, which provided behaviour change training on HIV to Seafarers and trainee seafarers in four Pacific island countries. For many years SPC has published the Pacific AIDS Alert, which provides people across the region with information on HIV/AIDS and approaches being pioneered. The HIV staff of SPC will be very useful technical resources in assisting regional union bodies to develop new education initiatives.

- **Pacific Regional HIVAIDS Project (PRHP)**

This USD8.75m 5-year project began in Nov 2003, part of a joint Australian-French funding initiative, of which USD3.5m is allocated for project grants, operating through National AIDS Councils in 14 countries. The project has two coordinating/implementing organisations:
(a) SPC Noumea, which has responsibilities for upgrading sectoral and regional responses, developing a regional strategy, behaviour change and epidemiology capacity building.
(b) PRHP Suva, which has responsibilities for national strategic planning and capacity building including:

- technical support
- grants for projects, mainly via National AIDS Councils
- training, according to the adopted plan for each country, developing HIV capacity and HIV management capacities.

Draft Guidelines are currently being prepared for approval of funding for projects, which small Community Based Organisations, national and international NGOs with local offices can apply for. Trade unions and federations could also be eligible to apply for the following:

- CBOs (and possibly unions) can apply to their NAC for up to $60,000 over five years, or $10,000 per year. National offices of international NGOs, such as Save the Children, World Vision, and Oxfam are showing tremendous interest.
- Competitive grants of $50,000 are open to government and NGOs to be appraised/selected by a panel of UNAIDS, SPC and AusAID
- Larger countries will appoint lead capacity development organisations, who will help monitor NAC grants and increase management capacities of smaller NGOs/CBOs. These funds will be up to $50,000 p/y for 3 years, selected by NACs. Unions may be able to get help in developing training or policies from lead capacity development organisations.
- "Rapid development" grants for particular workshops of strategic value. Regional organisations such as COPE and the South Pacific Nurses' Forum may be able to access these grants.
- The PHRP regional training program could possibly co-fund specific training conferences, for example HIV and security sector workers, seafarers/ITF, hospitality industry workers, nurses or teachers.

- **Global Fund to Fight AIDS, TB and Malaria (GFATM)**

The Pacific and the Caribbean are the only regions with Regional Coordinating Mechanisms. PNG has its own Country Coordinating Mechanism and received a USD30m project in the most recent funding round. The current program (2003-2005/8) covers 11 countries and the three diseases, with a focus on malaria in Vanuatu and Solomons. Project submissions are highly competitive and closely scrutinised. All countries need to acquit their projects on time for tranches to be released and many countries have quite low administrative and absorption capacities. USD3.4m funding for HIVAIDS has supported:

- Laboratory upgrading in Fiji
- Enhanced HIV surveillance
- Wan Smol Bag theatre, Vanuatu
- Assistance for Red Cross and PIAF in care/support for PLWHA
- Development of Information, Education and Communication (IEC) materials
- Anti retroviral treatment for 200 PLWHA
- STI drugs and VCCT kits via WHO
- Peer education capacity building and networking for non-government organisations through ATFF.

The head of GFATM, Dr Richard Feacham, has indicated to Sharan Burrow, President of ICFTU-APRO, that GFATM is very interested in greater involvement of unions and workplace programs within the GFATM projects. Trade unions are regarded as among the most viable of civil society organisation, while workplaces provide key arenas for credible education and behaviour change. There may be scope for union engagement through SPOCTU who should approach SPC, the project holder, to discuss how SPOCTU, GUFs, COPE or SPNF might develop project plans within the next regional submission for Round 5 grants.

4.2 Non-government and community sectors

- **Red Cross** is providing home care and support for people with HIV/AIDS and basic AIDS information to communities. The International Federation of Red Cross Societies funds national Red Cross organisations for HIV work in the Pacific. There may be scope for Red Cross to assist particular unions with advice on care for workers with HIV-related illness.

- The **World Council of Churches** and the **Pacific Council of Churches (PCC)** held a groundbreaking meeting on HIV in Fiji in April 2004. Churches could collaborate with specific groups of workers on HIV education, for example, the Church of Melanesia missions for seamen.

- The **Pacific Islands AIDS Foundation (PIAF),** located in Suva, is a federation of organisations assisting PLWHA, although key organisations such as FJN+ are not affiliates. PLWHA are often the most effective educators and PIAF could assist unions in providing speakers with HIV to personalise the issue to workers and collaborate on finding avenues of support for members affected by HIV.

- **The AIDS Task Force, Fiji (ATFF)**, now in alliance with FJN+, plays a leading role in capacity building for non-government and community organisations in the region. It may play a role in establishing a PICASO, a Pacific Islands network of AIDS Service Organisations, separate from the existing APCASO (Asia-Pacific). With experience in workplace and community education, ATFF and some partner organisations in other countries could assist national trade unions in developing healthy workplace policy on HIV, comprehensive

occupational health guidelines, credible peer education, VCCT, suitable workplace-based support networks, and identifying opportunities to gain access to treatments for workers with HIV.

4.3 Trade union regional structures

National trade union structures are weak in many Pacific countries and have to deal with more acute challenges than HIV. Regional trade union organisations and Global Union Federations (GUFs) must therefore take the lead in developing responses by workers to HIV, including:

- Basic education for workers and their partners on HIV
- Occupational health issues
- Discrimination
- Workplace policy and agreements
- Prevention education for workers and families
- Promotion of VCCT
- Ensuring workers with HIV get proper benefits and access to care, support and treatment.

This last issue is important for some GUFS, such as ICEM and ITF, which have adopted policies on HIV treatment access. They may be in a position to identify multinational employers who could be targeted to make regional agreements on provision of treatments to employees and their families, following the instance of Anglo Mining and Heinecken in southern Africa.

- **South Pacific and Oceanic Council of Trade Unions (SPOCTU)**

As the regional trade union organisation, SPOCTU has made HIV an agenda item for Pacific unions and has held discussions on HIV in previous meetings. Future SPOCTU meetings will deepen attention to HIV and workplace health issues. Visitors from unions affected by HIV in Africa or Asia could be invited to attend meetings and tour Pacific countries to raise awareness. SPOCTU can also approach UNAIDS, ILO, SPC, the Global Fund, and PRHP to identify areas where unions can get assistance and resources for developing training, education materials and policies. SPOCTU should continue the process of engaging with the Pacific Island Forum Secretariat (PIFS) as a key "non-state actor" and prioritise HIV policy development. SPOCTU can utilise technical advice from ICFTU, ILO, Australia and New Zealand. Any substantial HIV project would need to be based in Suva to ensure local ownership, ease of transport, and interact with key regional HIV programs. SPOCTU could implement a capacity building program for unions on HIV to strengthen union structures in the region. It could also use a HIV education program to reach unions that are not affiliated and unorganised sectors of the Pacific workforce.

- **South Pacific Nurses' Forum**

HIV has been placed on the agenda for the 12th South Pacific Nurses Forum "Challenges and Actions for Nursing and Nurses in the South Pacific", to be held in November 2004 in Raratonga, Cook Islands. Nurses in several countries are very concerned with HIV issues, including nursing protocols, universal precautions, occupational exposure, discrimination and confidentiality, access to PEP and treatments, policy development, safe personal behaviours and leadership in community education. Within the International Council of Nurses and within the region, stronger Nurses Associations may be able to resource SPNF with relevant nursing leaders to boost HIV education and policy activities for the Forum.

- **Council of Pacific Education (COPE**)

COPE, the regional organisation of Education International, would appreciate a partnership to resource the local development of booklets for teachers on HIV in Pacific languages. Collaboration with nurses would be useful as they are also professional workers who are dispersed and provide education in smaller and remote communities. Some school systems in the region (eg Australian and New Zealand) have introduced innovative curricula. Pacific Teachers Associations have not been able to access the resources and advice needed to take up their responsibilities of educating youth and communities on HIV. Donors within EI may be able to assist with this. COPE would like to include further training and discussion on HIV at their next regional meeting.

- **Public Services International (PSI**)

PSI has developed international level policy on HIV and provides crucial support to SPOCTU. Public service workers are often the best organised (along with nurses and teachers) in the Pacific. PSI has discussed HIV in regional fora and has a small amount of funds allocated for work on HIV in the Asia-Pacific region. Some PSI leaders are acutely aware that there is much international donor funding allocated for HIV in the Pacific that is not being used for effective work at grassroots or workplace levels and is not involving or building unions. PSI will hold a regional conference in Nadi in March 2005, which could address HIV issues.

- **International Transport Workers' Federation (ITF)**

ITF is possibly the strongest of the GUFs involved with HIV, directly offering services to members in addition to supporting its affiliate unions. ITF will specifically address HIV strategies at its next regional meeting. ITF partnered SPC in the groundbreaking project on training seafarers' as one of the key sectors vulnerable to HIV, particularly in Kiribati and Tuvalu. This project has had sustainable impacts in those two countries but needs reinvigorating, particularly in the following areas: peer education structures in association with home communities, behaviour change education in the maritime academies in the region, and accessing treatments for ITF members (and families) with HIV. Other transport sectors, such as drivers and airline staff also need specific targeted HIV education. ITF has produced an excellent resource book on HIV for transport workers that can be adapted and used in the region.[24]

- **International Federation of Building Workers Worldwide (IFBWW)**

IFBWW works in PNG, Fiji, Solomons, Vanuatu, Samoa, Australia and New Zealand. It has been assisting the PNGTUC and APHEDA in implementing the HETURA project in PNG. IFBWW is significantly involved in capacity development for trade unions in PNG, particularly timber workers. It is committed to making HIV a priority in its programs but acknowledges that for most Pacific affiliates HIV ranks lower than other labour issues. Pacific affiliates have not brought up HIV issues at GUF meetings but these have been raised in IFBWW newsletters and publications.

IFBWW is starting an HIV/AIDS project based in Kuala Lumpur that will focus on Asia but also provide room for representation from the Pacific. The project will concentrate on HIV information materials for unions with a specific focus on women. There is an agreement with other GUFS that they will work together on this project. A meeting will be held in Thailand in October 2004 to develop country workplans.

[24] "HIV/AIDS: Transport Workers Take Action"- An ITF Resource Book for trade unionists in the transport sector.

- **International Union of Food, Agriculture, Hotel, Restaurant, Catering, Tobacco and Allied Workers (IUF**)

HIV has been raised at IUF regional meetings and is potentially a significant issue, particularly for hotel staff in countries with large tourist flows, such as Fiji, Palau, Vanuatu, and French Polynesia. IUF may be able to assist with negotiations about HIV in agreements with multinational hotel chains. Future IUF meetings will need to explore the specific impact of HIV on workers in this sector.

5. CONCLUSIONS AND RECOMMENDATIONS

This needs assessment survey concludes that:

- HIV/AIDS is still perceived as a minimal threat to labour and is not yet a core issue for unions. Apart from PNG, unions in the Pacific have done very little on HIV/AIDS issues.
- Unions need to take responsibility for being informed and active on HIV/AIDS issues.
- Union leaders and members need to be better informed on HIV in the workplace and issues of confidentiality, testing and discrimination.
- Unions should identify staff members and peer educators for training on HIV/AIDS.
- Unions need to introduce preventive education programs in the workplace for their members.
- Unions should also link with education programs outside of the workplace where most members are exposed to risk.
- Unions need to adopt workplace HIV policies. Most unions are willing to adapt and adopt the ILO Code of Practice.
- Workplace policies need to be drafted with employers and governments so that policies will be properly implemented and include non-unionised labour. Policies need effective implementation and regular review.
- Unions need to create close links with care, support and treatment programs so that infected members can receive appropriate care.
- Unions should play an advocacy role in national responses to HIV/AIDS, on issues of gender, protection of human and labour rights of PLWHA, and access to treatment.

Key challenges for unions include:

- Poor financial situation due to small formal employment sectors, low levels of unionisation and minimal membership fees.
- More immediate visible industrial issues that occupy the attention of unions.
- Uninformed or unexamined beliefs among leaders, members, and society that create a climate of ignorance and blame.

Trade unions in the Pacific can no longer wait for something to happen and then respond to the threat of HIV/AIDS. Despite long-standing warnings about the threat, the number of cases is still regarded as insignificant and a low priority compared with industrial relations and the worsening economic conditions. In most countries, only the fin of the HIV/AIDS shark is visible and too far out to sea to create alarm. The body of the shark and the danger it poses are unknown and therefore ignored. In PNG, and to a lesser extent, Fiji, French Polynesia, and New Caledonia, the threat is visible but union responses are still very limited.

Unions need to engage much more pro-actively with the regional and national HIV/AIDS programs in the Pacific. Regionally, the Secretariat of the Pacific Community, AusAID's Pacific Regional HIV/AIDS Program, the Global Fund, and UNAIDS (including ILO and UNDP) have significant resources and technical expertise that unions can link with. Within the labour movement, ILO, the Global Union Federations, SPOCTU and unions in Australia and New Zealand are in a position to make more effective contributions to addressing the issue in the region or supporting Pacific unions. At the national level, trade unions are not sufficiently engaged with national HIV/AIDS programs. They need to advocate on behalf of workers and to provide leadership and education for their members. This will require better understanding of key issues as well as personal and political will to overcome cultural and traditional barriers.

5.1 Recommended national responses

All countries have national AIDS programs of varying effectiveness and dynamism. Peak bodies and union leaders need to engage pro-actively with these programs. The vulnerability of workers should be identified, whether it is due to greater access to income, recreation, specific locations or occupational hazards. With suitable adaptation, existing information and education programs can be promoted in the workplace. Advocacy for the rights of workers to protection from risks, discrimination, unfair dismissal, and rights to access ARV treatments will benefit not only their members but the general public as well.

Local unions do not have sufficient funds to undertake activities without external support. However, advocacy and attitudinal change will require not only funds but also the political will to address HIV as a labour, economic and social issue. Unions should access both regional and local funds through the small grants scheme of the Pacific Regional HIV/AIDS Project and National AIDS Councils. Unions need to strengthen their voice and expertise in the issues by engaging with training programs, conferences, and in public debate. Unions should build up a cadre of peer educators who will play the critical role in education and support programs in the workplace. Finally, unions must be willing to address the needs of non-unionised and casual labour, the majority and often most vulnerable members of the work force.

5.2 Recommended regional responses

SPOCTU

- SPOCTU should continue to act as a principal advocate for the ILO Code of Practice and workplace policy development in national and local union structures.
- A regional SPOCTU program, based in Fiji, should be developed to support unions in the region to address HIV/AIDS as a workplace and labour issue, with funding and technical advice from ILO/UNAIDS, SPC, Australia and New Zealand.
- SPOCTU should continue to incorporate HIV/AIDS issues in its conferences. SPOCTU should hold its next conference in PNG and link this with a study tour for affiliates to examine the issues and detailed responses there.
- SPOCTU could also seek representation on and funding from the Regional Coordinating Mechanism of the GFATM and approach SPC with a view to planning regional trade union education as part of the next south Pacific submission for Round 5 grants.
- SPOCTU could enlist an experienced HIV workplace educator, such as Clementine Dehwe from the Zimbabwe Congress of Trade Unions, who now directs the ICFTU campaign on HIV, to visit and motivate and empower local union HIV initiatives.
- A SPOCTU newsletter and website could be developed to share information and report on union activities across the region. Specific funding could be sought from ILO or from ICFTU/APRO Pacific Region to support such mechanisms.
- SPOCTU should enhance its efforts to be involved in Pacific Island Forum processes as a "non-state actor" and to be included in HIV policy development and education.

Secretariat of the Pacific Community

- The Secretariat of the Pacific Community in Noumea is a key regional resource and is more than willing to provide technical support to unions. Specifically, requests should be made for:
- SPC HIV/AIDS advisers to be invited to conduct a workshop on the overall Pacific HIV/AIDS situation at the next SPOCTU Conference.
- Similar opportunities to be extended to SPC HIV/AIDS advisers to meet with union representatives in countries during their travel itineraries

- The SPC Behaviour Change Specialist to be invited to assist in working directly with Francophone delegates.
- Provision should be made to conduct specific workshop sessions on gender and mobilisation of workplace representatives in the struggle against HIV/AIDS.

ILO

- The tripartite approach and ILO Code of Practice require active promotion and support by ILO in all the countries of the region. This higher level of policy development and engagement with governments and employers could offset the weakness of unions and low levels of unionisation in the region.
- The regional office in Suva might well be encouraged and resourced to play a more active coordinating role in promoting the tripartite approach and identifying local consultants with relevant experience.

Global Union Federations, COPE and Nurses' Forum

- GUFs, in particular Education International, IFBWW, ICEM, PSI, International Transport Workers' Federation (ITF), the International Union of Food, Agriculture, Hotel, Restaurant, Catering, Tobacco and Allied Workers (IUF), and International Federation of Journalists (IFJ), could be providing more financial and technical support to their sectors.
- Teachers especially have an important role to play as educators of children and youth. HIV should be a regular and mainstream topic in conferences, information exchange and policy development.
- The next regional meetings of ITF, COPE, IUF, PSI and the South Pacific Nurses' Forum should include sessions on HIV, if possible with speakers from SPC or other regional HIV coordination and technical advice providers. SPNF, ITF and COPE have the capacities to implement their own regional programs on HIV and deserve international and regional resourcing to do this.
- Care must be taken not to impose inappropriate values and education approaches but modestly share experiences and lessons learned from other developing countries, such as South Africa and Thailand, possibly through visits by inspiring trade union trainers.
- GUFs can link HIV support with other important labour issues and organisational capacity building, which at present are more pressing concerns for national unions. IFBWW in PNG provides an example of how GUFs can provide essential support to sector unions.
- GUFS such as ICEM and ITF, which have adopted policies on HIV treatments access, may be in a position to identify multinational employers who could be targeted to make regional agreements on provision of treatments to employees and their families.

Australian and New Zealand unions

- As relatively well-resourced organisations in countries with effective and long established responses to the epidemic, unions in Australia and New Zealand can provide financial and technical support for sister organisations in the Pacific, regional GUFs and SPOCTU.
- Bilateral projects between sister unions could link HIV with other capacity building needs in organisation, negotiation, education and OH&S. For example, CFMEU (Construction) in Australia is one of the few unions to implement a strong and effective safe sex and drug use education campaign for its members, some of whom are from Pacific Islands.
- The peak bodies, ACTU and NZCTU, can play an important role in advocacy with their affiliates, governments, and international bodies. The humanitarian agency of the ACTU, Union Aid Abroad – APHEDA has extensive experience in providing technical advice to unions on HIV programming and policy development in Zimbabwe, South Africa, PNG, Philippines, Lao PDR, Cambodia and Vietnam, and with unions from Burma in exile in Thailand.

Appendix 1: Acronyms and Terms

ABC	Abstain, Be faithful, use Condoms (Consistently)
ACTU	Australian Council of Trade Unions
ARV	Anti-retroviral therapies, usually triple combination
ATFF	AIDS Task Force, Fiji (a community-based organisation)
AusAID	Australian Agency for International Development
COPE	Council of Pacific Education, (part of Education International)
FICTU	Fiji Islands Council of Trade Unions
FJN+	Fiji Network of (HIV) Positive People
FNA	Fiji Nurses' Association
FTA	Fiji Teachers' Association (affiliated to FICTU)
FTU	Fiji Teachers' Union (an affiliate of FTUC)
FTUC	Fiji Trade Union Congress
GFATM	Global Fund to Fight TB, AIDS and Malaria
GUF	Global Union Federation
HETURA	HIV/AIDS Epidemic Trade Union Response Actions (PNG)
ICEM	International Federation of Chemical, Energy, Mining & General Workers' Unions
ICFTU	International Confederation of Free Trade Unions
IFBWW	International Federation of Building Workers Worldwide
ITF	International Transport Workers' Federation
MSM	Men who have sex with men (defined by practice not identity)
MTCT	Mother to child transmission
NAC	National AIDS Council
NACA	(Fiji Islands) National Advisory Council on AIDS
NZCTU	New Zealand Council of Trade Unions
OH&S	Occupational health and safety
PCC	Pacific Council of Churches
PEP	Post-exposure prophylaxis, using ARVs to prevent sero-conversion after occupational (needle-stick) or sexual exposure (such as rape)
PIAF	Pacific Islands AIDS Foundation (an international NGO).
PIFS	Pacific Islands Forum Secretariat
PICT	Pacific Island Countries and Territories
PLWHA	Person/people living with HIV/AIDS
PRHP	Pacific Regional HIV Program (AusAID-funded)
SICTU	Solomon Islands Council of Trade Unions
SINA	Solomon Islands Nurses' Association
SPC	Secretariat of the Pacific Community
SPNF	South Pacific Nurses' Forum
SPOCTU	South Pacific & Oceanic Council of Trade Unions
STI	Sexually transmitted infection/s
TPAF	Training and Productivity Authority of Fiji
UNICEF	United Nations Children's Fund
VCCT	Voluntary counselling and confidential (or anonymous) testing for HIV antibodies

Appendix 2: Principles of the ILO Code of Practice on HIV/AIDS and the World of Work

1. Recognition of HIV/AIDS as a workplace issue
HIV/AIDS is a workplace issue, not only because it affects the workforce, but also because the workplace can play a vital role in limiting the spread and effects of the epidemic.

2. Non-discrimination
There should be no discrimination or stigmatization of workers on the basis of real or perceived HIV status.

3. Gender equality
More equal gender relations and the empowerment of women are vital to successfully preventing the spread of HIV infection and enabling women to cope with HIV/AIDS.

4. Healthy work environment
The work environment should be healthy and safe, and adapted to the state of health and capabilities of workers.

5. Social dialogue
A successful HIV/AIDS policy and programme requires cooperation and trust between employers, workers, and governments.

6. Screening for purposes of employment
HIV/AIDS screening should not be required of job applicants or persons in employment and testing for HIV should not be carried out at the workplace except as specified in this code.

7. Confidentiality
Access to personal data relating to a worker's HIV status should be bound by the rules of confidentiality consistent with existing ILO codes of practice.

8. Continuing the employment relationship
HIV infection is not a cause for termination of employment. Persons with HIV-related illnesses should be able to work for as long as medically fit in appropriate conditions.

9. Prevention
The social partners are in a unique position to promote prevention efforts through information and education, and support changes in attitudes and behaviour.

10. Care and support
Solidarity, care and support should guide the response to AIDS at the workplace. All workers are entitled to affordable health services and to benefits from statutory and occupational schemes.

(Note) The full text of the ILO Code of Practice on HIV/AIDS and the World of Work and its accompanying training manual are downloadable at: http://www.ilo.org/aids

Appendix 3: HIV/AIDS Statistics for Pacific Islands Countries and Territories

Country	As at date specified	HIV including AIDS	Mid year population (June 2003)	Cumulative incidence rate/ 100,000	AIDS cases & AIDS deaths	Male (HIV/ AIDS)	Female (HIV/ AIDS)	Unknown (HIV/ AIDS)
American Samoa	Dec 2003	2	61,400	3.3	1 (0)	1	1	0
Cook Islands	Dec 2003	1	17,800	5.6	0 (0)	1	0	0
Federated States of Micronesia	Dec 2003	14	112,600	12.4	7 (3)	n/a	n/a	n/a
Fiji	Jun 2004	156	831,600	17.1	25 (15)	94	62	0
French Polynesia	Nov 2003	229	250,000	91.6	77* (56*)			
Guam	Jun 2002	168	162,500	103.4	68 (42)	145	23	0
Kiribati	Dec 2003	42	88,100	47.7	19 (19)	28	14	0
Marshall Islands	Jun 2002	9	54,000	16.7	2* (2*)	3	2	4
Nauru	Dec 2003	1	12,100	8.3	0 (0)	1	0	0
New Caledonia	Dec 2003	263	235,200	111.8	99 (58)	193	68	2
Niue	Dec 2003	0	1,650	-	0 (0)	0	0	0
Northern Mariana Islands	Oct 2002	25	75,400	33.2	11 (7)			
Palau	Dec 2003	4	20,300	19.7	2 (2)	2	2	0
Papua New Guinea	Aug 2002	8,202	5,617,000	146.0	1,765* (313)	4,096	3,780	326
Pitcairn	Dec 2003	0	50	-	0 (0)	0	0	0
Samoa	Oct 2002	12	178,800	6.7	8 (8)			
Solomon Islands	Feb 2004	2	450,000	0.4	1 (0)	1	1	0
Tokelau	Dec 2003	0	1,500	-	0 (0)	0	0	0
Tonga	Dec 2003	13	101,700	12.8	11 (11)	9	4	0
Tuvalu	Dec 2003	9	10,200	88.2	2 (2)	8	1	0
Vanuatu	Dec 2003	2	204,100	1.0	2 (0)	0	2	0
Wallis and Futuna	Oct 2000	2	14,800	13.5	1 (n/a)			
TOTAL reported by 31 Dec '03	**Dec 2003**	**9,156**	**8,500,800**	**107.7**	**1,672 (n/a)**	**-**	**-**	**-**
TOTAL (excluding PNG)	**Dec 2003**	**954**	**2,883,800**	**33.8**	**336 (225)**	**-**	**-**	**-**

Source: Secretariat of the Pacific Community, May 2004.

Appendix 4: Country membership or program coverage, Pacific regional organisations

Country	Territory	SPOCTU	UN	WTO	ILO memb	ILO Suva serves	SPC	PIF	UNAIDS Suva	Global Fund proj	AusAID PRHP
1. American Samoa	USA					✓	✓				
2. Cook Islands		✓				✓	✓	✓	✓	✓	✓
3. Fiji Islands		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4. French Polynesia	FR	✓				✓	✓				
5. Guam	USA					✓	✓				
6. Kiribati		✓	✓		✓	✓	✓	✓	✓	✓	✓
7. Marshall Islands			✓			✓	✓	✓	✓		✓
8. Micronesia/FSM			✓			✓	✓	✓	✓	✓	✓
9. Nauru			✓			✓	✓	✓	✓		✓
10. New Caledonia	FR	✓				✓	✓				
11. Niue						✓	✓	✓	✓	✓	✓
12. North Mariana Is.	USA					✓	✓				
13. Palau			✓			✓	✓	✓	✓	✓	✓
14. PNG		✓	✓	✓	✓	✓	✓	✓			✓
15. Pitcairn	UK					✓		?			
16. Samoa		✓	✓			✓	✓	✓	✓	✓	✓
17. Solomon Islands		✓	✓	✓		✓	✓	✓	✓	✓	✓
18. Tokelau	NZ					✓	✓		✓		
19. Tonga		✓	✓			✓	✓	✓	✓	✓	✓
20. Tuvalu		✓	✓			✓	✓	✓	✓	✓	✓
21. Vanuatu		✓	✓		✓	✓	✓	✓	✓	✓	✓
22. Wallis & Futuna	FR	✓				✓	✓				
Australia		✓	✓	✓	✓		✓	✓			
New Zealand		✓	✓	✓	✓		✓	✓			
Total		14	15	5	7	22	23	16	14	11	14

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Union Aid Abroad – APHEDA is the overseas aid arm of the Australian Council of Trade Unions (ACTU) and concentrates on skills training for working women and men, and strengthening trade unions in developing countries. Working through local trade unions and workers' organisations, Union Aid Abroad – APHEDA assists HIV education programs for workers in Papua New Guinea, Vietnam, Cambodia, Philippines, South Africa and Zimbabwe.

For further information, please contact Union Aid Abroad – APHEDA
Address Level 3, 377 Sussex Street
Sydney NSW 2000
Australia
Email: apheda@labor.net.au
Phone 61.2.9264 9343
Web www.apheda.org.au