



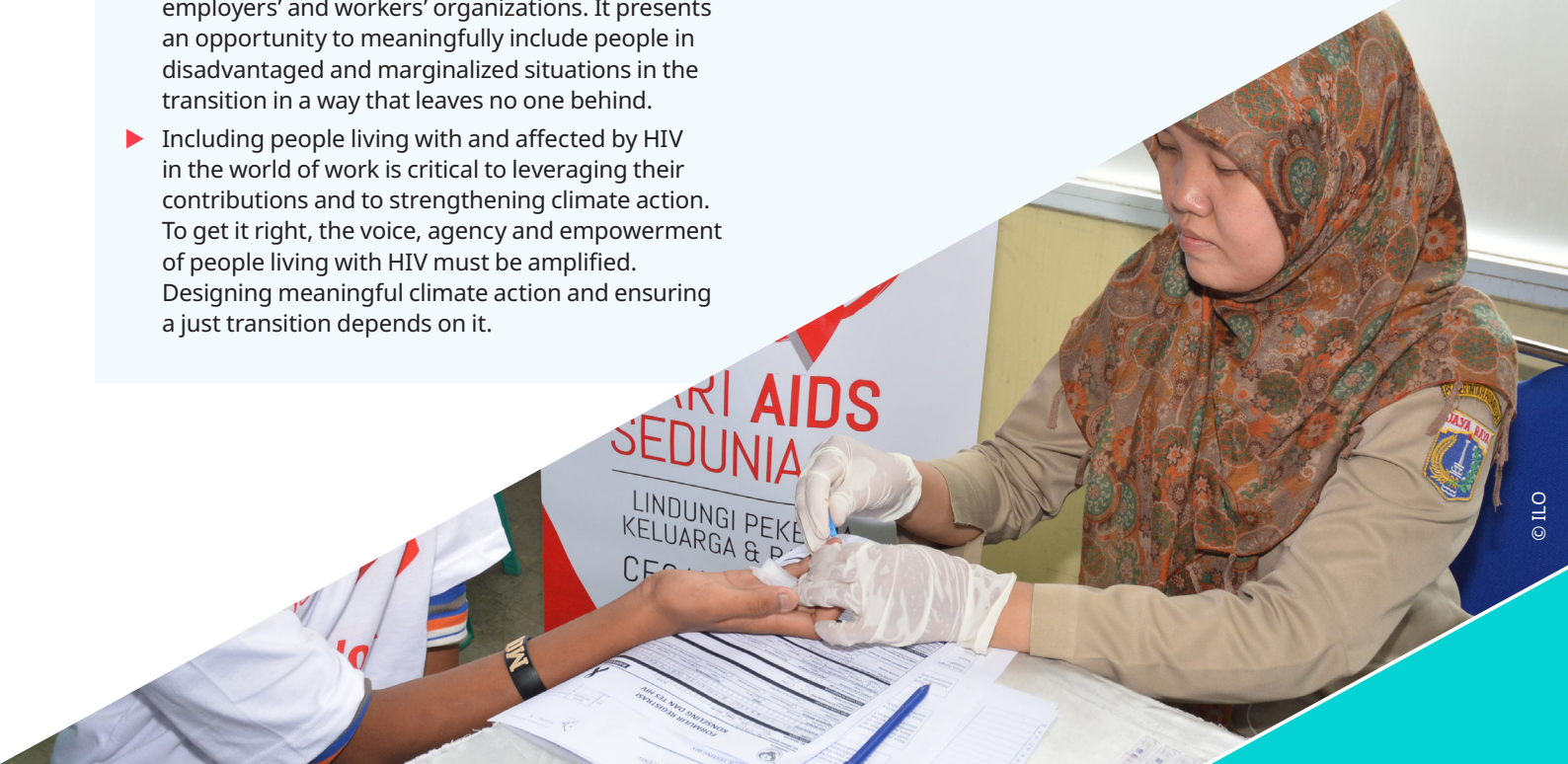
► Just Transition Policy Brief

January 2023

A just transition for people living with HIV in the world of work

Key messages

- Even though the pathways between climate change and HIV are yet to be fully recognized, there is evidence that climate change is impacting people living with HIV by causing disruptions in treatment, slowing down HIV services and affecting the food, nutrition and livelihood needs of people living with and affected by HIV and AIDS. Thus, climate change has emerged as another challenge that is blocking the efforts to ending AIDS as a public health threat by 2030.
- Planning a just transition for people living with HIV in the world of work needs to follow the relevant international labour standards and the process of social dialogue involving governments, employers' and workers' organizations. It presents an opportunity to meaningfully include people in disadvantaged and marginalized situations in the transition in a way that leaves no one behind.
- Including people living with and affected by HIV in the world of work is critical to leveraging their contributions and to strengthening climate action. To get it right, the voice, agency and empowerment of people living with HIV must be amplified. Designing meaningful climate action and ensuring a just transition depends on it.
- Climate finance should be used to support countries in carrying out just transition planning, implementation, monitoring and evaluation and promoting decent work for all, including people living with HIV, in the green economy.
- The health impacts and inequalities exacerbated by climate change are unevenly distributed in society and have an adverse effect on groups in marginalized and disadvantaged situations, including people living with HIV. Therefore, an integrated, multisectoral, gender transformative, inclusive and equity-based approach is critical in tackling HIV and AIDS in the climate change response and just transition.



Background

The ILO *Guidelines for a Just Transition towards Environmentally Sustainable Economies and Societies for All* (hereafter the Just Transition Guidelines), adopted by representatives of governments, employers' and workers' organizations in 2015, provide a policy framework and an operational tool to address environmental change in a way that advances social justice and promotes decent work creation.¹ This policy brief is part of a series of briefs that seek to deepen the technical and policy understanding of the application of the Just Transition Guidelines. The briefs are mutually reinforcing and together form a body of policy guidance on the Just Transition Guidelines.

The just transition briefs are intended for use by policymakers and practitioners at all levels to provide practical information and guidance, fostering a common understanding of what is meant by a just transition in specific topic areas and providing recommendations for implementation by countries, international institutions and other actors in academia and civil society. The briefs seek, in particular, to provide guidance on just transition to ILO constituents, including workers' organizations, employers' organizations, and governments and relevant line ministries.

The briefs cover the following thematic areas: macro-economic and growth policies; industrial and sectoral policies; active labour market policies; enterprise policies; skills development; green works; occupational safety and health; social protection; rights; social dialogue and tripartism; collective bargaining; labour migration and human mobility; indigenous peoples; gender and labour; youth employment; persons with disabilities; people living with HIV; and financing a just transition.

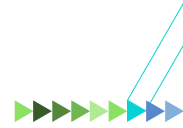
This policy brief is intended to present the linkages between just transition and people living with, at risk of and affected by HIV, providing stakeholders



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with information and recommendations for implementation. The broad implementation of just transition across all policy areas and cross-cutting thematic topics requires careful consideration of the guidance provided in the ILO Just Transition Guidelines, taking into account the needs, priorities and circumstances of each country.

¹ ILO, *Guidelines for a Just Transition Towards Sustainable Economies and Societies for All*, 2015.



1. Introduction

Climate change poses threats to human health by creating extreme weather patterns, variable rainfall, drought and flooding and that negatively affect air and water quality as well as food security. These and other factors, including the redistribution of natural habitats, have the potential to fuel the spread of diseases such as cholera, malaria and gastroenteritis. These health threats affect all members of communities, but people living with HIV are particularly susceptible because of their weakened immunity and physiology, higher nutritional requirements and, often, their lack of access to amenities due to poverty.²

“Floods that came with Cyclone Gombe destroyed my house. I was forced to seek shelter at the Chief’s compound. All my children suffered because there was no food and no clothes for them. I am on antiretroviral treatment. My health deteriorated because I didn’t have enough food to eat.” – Veronica Bernard, living with HIV, Tisasalane Support Group, Nsanje District, Malawi.

According to UNAIDS, 38.4 million people were living with HIV at the end of 2021. In that same year, the AIDS pandemic took a life every minute, and each day, 4,000 people became infected. What’s more, the COVID-19 pandemic disrupted key HIV treatment and prevention services and kept millions of girls out of school, leading to spikes in teenage pregnancies and gender-based violence.

Stigma and discrimination and inequalities continue to fuel transmission of HIV.

In 2022, UNAIDS reported that the global AIDS response is under threat.³ Global progress against HIV is slowing rather than accelerating. Approximately 10 million people living with HIV do not have access to life saving antiretroviral treatment. While new HIV infections fell globally last year, the drop was only 3.6 per cent compared to 2020 – the smallest annual reduction since 2016. As a result, many regions, countries and communities have had to address rising HIV infections alongside other ongoing crises such as climate change.

HIV in the age of climate change: An integrated, multisectoral and equity-focused approach

In the Philippines, which is highly affected by both HIV and climate change, the impact of extreme weather events on the delivery of HIV services is acknowledged as the main issue linking the two. Yet other factors are also important to understand. These include rising sea levels, air pollution, and precipitation and temperature changes. They do not, however, have a direct effect on the virus or on HIV-related clinical outcomes. Instead, they significantly alter what Guinto et al. call “the proximal environment, social systems and human behavior, which then lead to indirect effects on the HIV epidemic”.

It is important to recognize that the health impacts of both climate change and HIV are unevenly distributed in society. These inequalities are driven by social stratifiers that include gender, race, employment and geographic location. Operating on the different pathways of the climate–HIV nexus, “these social determinants eventually impact the whole *sequelae* of the HIV/AIDS experience, from viral transmission and acquisition to *disease progression* and mortality”. To meet these challenges, the authors recommend an integrated approach that focuses on equity and mobilizes multiple sectors.

Source: Renzo R. Guinto et al., “Pathways Linking Climate Change and HIV/AIDS: An Updated Conceptual Framework and Implications for the Philippines,” *The Journal of Climate Change and Health* 6, 2022.

2 A. Aboiyomi and M.N. Cowan, “The HIV/AIDS Epidemic in South Africa: Convergence with Tuberculosis, Socioecological Vulnerability, and Climate Change Patterns”, *South African Medical Journal* 104: 8 (2014).
3 UNAIDS, *In Danger: UNAIDS Global AIDS Update 2022*, 2022.

2. HIV/AIDS, climate change and just transition

A just transition is a transformative process of sustainable development that brings about environmental sustainability and social justice. In practice, it is about greening the economy in a way that is fair and inclusive, creating decent work opportunities that leave no one behind.⁴ Managing such complex processes of change requires giving space and voice to diverse groups in the co-creation of solutions. A just transition cannot be achieved without bringing attention to the most disadvantaged groups in the world of work, and among those who are most marginalized are people living with HIV.

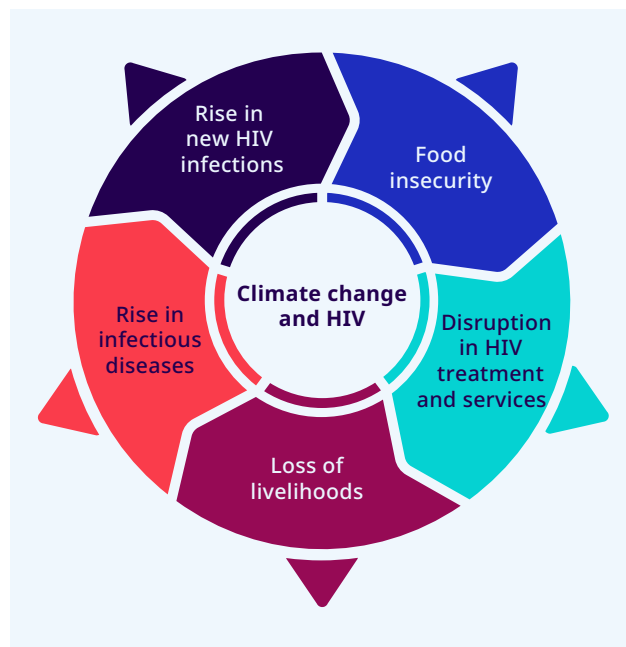
In 2021, approximately 650,000 people died from AIDS-related causes.⁵ Children, who comprise 4 per cent of people living with HIV, accounted for 15 per cent of AIDS-related deaths. In 2021, approximately 1.5 million people were newly infected, including an estimated 250,000 adolescent girls and young women. Key populations - men who have sex with men and other gay men, transgender people, sex workers, people who inject drugs and people in prisons - accounted, together with their partners, for 70 per cent of new infections despite representing less than 5 per cent of the world's population.⁶ Outside the Africa region, key populations and partners accounted for 94 per cent of new infections. It is worth noting that people who inject drugs are 35 times more likely to acquire HIV than adults who do not use drugs; female sex workers are 30 times more likely to acquire HIV than adult women; gay men are 28 times more likely to acquire HIV than adult men, and transgender women are 14 times more likely to acquire HIV than adult women.⁷

Many people living with, at risk of and affected by HIV and AIDS do not have adequate access to health, education, employment, social protection and other services. A considerable proportion of these people are of working age and yet without adequate access to decent work. For example, people living with HIV experience unemployment rates three times higher than national unemployment rates.⁸ Indeed, social, economic, racial and gender inequalities

are reflected in social and legal environments that impede rather than enable the HIV response. The response is further slowed by the infringement of human rights.⁹

Disproportionate impacts of climate change on people living with HIV

Impacts of climate change and environmental degradation exacerbate the significant challenges already faced by people living with and affected by HIV. Their heightened vulnerability to the impacts of climate change is rarely due to a single cause but instead manifests as the product of intersecting social processes that result in inequalities in socio-economic status and income. Such processes include discrimination on the basis of real or perceived HIV status, gender, class, race, ethnicity, age and (dis)ability. While this manifestation is complex and can look different depending on the context, following are five main areas in which it can produce serious consequences for people living with HIV and affected communities.



4 ILO, "Frequently Asked Question on Just Transition", n.d.

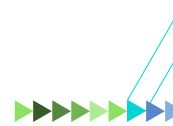
5 UNAIDS, *In Danger: UNAIDS Global AIDS Update 2022*.

6 UNAIDS, *Topics: Key Populations*, n.d.

7 UNAIDS, *In Danger: UNAIDS Global AIDS Update 2022*.

8 UNAIDS, *The Gap Report*, 2014.

9 UNAIDS, *End Inequalities. End AIDS. The Global AIDS Strategy 2021–2026*, 2021.



Food insecurity

Shifting weather patterns can drive up food prices and damage crop harvests in regions where the virus is endemic, leading to food insecurity.¹⁰ This HIV-nutrition link is a common thread around the world, including in higher-income countries. Undernourishment can speed up the disease because the virus may face less resistance in people struggling to feed themselves; antiretroviral therapy may be less effective in persons with inadequate nutrition.¹¹ These physical impacts are compounded by social issues. For example, some people living with HIV experience a deterioration of their mental health, making it more difficult to ensure they take medication to suppress the disease and take precautions to prevent its spread. Food insecurity can lead to substance abuse, heightening gender disparities, sexual violence, risky sexual behaviours including sex for food (transactional sex), gender-based violence, immune function suppression, compromises in adherence to treatment, poor mental health and a disruption of social networks – all of which contribute to an increase in the HIV burden.¹² Food insecurity is an especially important mechanism as it feeds into some of the other pathways such as increased migration and prevalence of other infections.

In sub-Saharan Africa, food insecurity has been associated with increased sexual risk practices among HIV-positive youth¹³ and increased transactional sex and reduced safer sex practices among women living with HIV.¹⁴ It has been linked with reduced condom efficacy among

adolescents¹⁵ and with reduced condom use for adults.¹⁶

A World Bank working paper on risk-coping behaviours in rural Tanzania found that following a negative shock such as food insecurity, women have more unprotected sex and are 36 per cent more likely to have a sexually transmitted infection. Unmarried women in particular were about three times more likely to turn to sex as a way to earn money after a shock like food insecurity. Thus transactional sex is not confined to commercial sex workers.¹⁷

Another study that specifically looked at gender inequalities concluded that while gender roles require women to be primarily responsible for acquiring food, they often get the smallest amount of food, increasing their vulnerability to HIV infection and, for those who are living with HIV, affecting their health and quality of life.¹⁸

Disruptions in treatment and health services for people living with HIV

Climate change-induced extreme weather events such as floods, droughts and cyclones cause disruptions in life-saving antiretroviral treatment (ART) for people living with HIV. Other crises and pandemics can also disrupt access to HIV prevention and treatment. During the COVID-19 pandemic in 2020–2021, for example, WHO and UNAIDS estimated that a six-month long disruption of antiretroviral therapy in sub-Saharan Africa could lead to more than 500,000 extra deaths from AIDS-related illnesses, including from tuberculosis.¹⁹ It is likely that health emergencies related to climate

10 FAO, *The State of Food and Agriculture, Climate Change, Agriculture and Food Security*, 2016.

11 Anna Talman, Susan Bolton and Judd L. Walson, "Interactions Between HIV/AIDS and the Environment: Toward a Syndemic Framework", *American Journal of Public Health* 103, No. 2 (2013): 253–261.

12 Mark Lieber et al., "The Synergistic Relationship between Climate Change and the HIV/AIDS Epidemic: A Conceptual Framework", *AIDS and Behavior* 25 (2021): 2266–2277.

13 Elona Toska et al., "Sex in the Shadow of HIV: A Systematic Review of Prevalence, Risk Factors, and Interventions to Reduce Sexual Risk-taking among HIV-positive Adolescents and Youth in Sub-Saharan Africa", *PLoS One* 12, No. 6 (2017).

14 Elisabeth Chop et al., "Food Insecurity, Sexual Risk Behavior and Adherence to Antiretroviral Therapy among Women Living with HIV: A Systematic Review" *Health Care Women International* 38, No. 9 (2017): 927–44.

15 Carmen H. Logie et al., "Syndemic Factors Associated with Safer Sex Efficacy among Northern and Indigenous Adolescents in Arctic Canada", *International Journal of Behavioral Medicine* 26, No. 4 (2019): 449–53.

16 Alexander C. Tsai, Kristin J. Hung and Sheri D. Weiser, "Is Food Insecurity Associated with HIV risk? Cross-sectional Evidence from Sexually Active Women in Brazil", *PLoS Medicine* 9, No. 4 (2012).

17 Damien De Walque, William Dow and Erick Gong, "Coping with Risk: The Effects of Shocks on Reproductive Health and Transactional Sex in Rural Tanzania", World Bank Policy Research Working Paper No. 6751, 2014.

18 Kelly F. Austin, Mark D. Noble and Virginia Kuulei Berndt, "Drying Climates and Gendered Suffering: Links Between Drought, Food Insecurity, and Women's HIV in Less-Developed Countries", *Social Indicators Research* 154, No. 1 (2021): 313–334.

19 WHO, "The Cost of Inaction: COVID-19-related Service Disruptions Could Cause Hundreds of Thousands of Extra Deaths from HIV", joint news release, 11 May 2020.



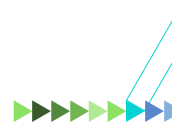
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change crises will cause similar disruptions to the HIV and AIDS response at national and regional levels.

A systematic review of 111 studies analysed the effect of drought on HIV treatment adherence in Africa and concluded that livelihoods and economic conditions emerged as one of strongest determinants of (non)adherence to ART. Often cited in the literature is the impact of worries about taking ART on an empty stomach. The fear of adverse side-effects linked to food insecurity was also noted as an important barrier to adherence in both quantitative and qualitative studies. Lack of access to clean water, or the means to buy it, is a socioeconomic condition also found to have severe impact on ART adherence. Where drought and comorbidities interact with economic stress, social vulnerabilities, medication stock-out, pill burden, or side-effects from ART regimens, this can be detrimental to adherence.²⁰

When Cyclone Idai made a landfall in 2019 in Zimbabwe, people living with HIV were among those who were much affected. The anti-retroviral treatment (ART) which people living with HIV need daily to stay healthy was disrupted, as was other healthcare as hospitals and health clinics especially in and around Manicaland Province suffered severe damage. The Zimbabwe National Network of People Living with HIV (ZNNP+), an umbrella network of individuals and groups of people living with HIV, issued a call for help with continuity of treatment and care. Access to ART for people living with HIV through mobile medical services was set up in response to this call.

20 Kingsley Stephen Orievulu et al., "Exploring Linkages between Drought and HIV Treatment Adherence in Africa: A Systematic Review", *The Lancet Planetary Health* 6, No. 4 (2022).



Rise in other infectious diseases for people living with HIV

Climate change has an impact on human lives and health in a variety of ways. It threatens the essential ingredients of good health – clean air, safe drinking water, nutritious food supply and safe shelter – and has the potential to undermine decades of progress in global health. Decreased air quality, for example, can increase respiratory and cardiovascular disease.²¹ Inhalation of air pollutants affects the lung function and increases vulnerability to lung infections such as TB and other forms of pneumonia.

For people living with HIV, disruptions in ART can weaken the immune system, making them much more susceptible to other infections and diseases caused by extreme weather conditions such as cholera, malaria and gastroenteritis. They are further disadvantaged by their greater nutritional requirements and overall weakened physiology.²²

Disaster events can result in population displacement, increased population density and living conditions conducive to the spread of infectious diseases. Flooding impedes plant growth and production, contaminating drainage basins, and facilitating the spread of water-borne diseases that are detrimental to immunocompromised people living with HIV. Heat waves pose another direct threat to health, increasing rates of hyperthermia and dehydration, the latter of which is worsened in people living with HIV owing to renal toxicity of both HIV and ARV treatment. At the other end of the extreme weather spectrum, cold snaps are projected to become more frequent, creating intense confined air pollution and related ill health as a result of crowding and indoor fuel burning for cooking and warmth.²³

According to WHO, between 2030 and 2050, climate change is expected to cause approximately 250,000 additional deaths per year from malnutrition, malaria, diarrhea and heat stress.²⁴

Loss of livelihoods for people living with HIV

Extreme weather events cause displacement, migration and impact jobs and livelihoods of people living with HIV. In the case of drought, several factors exacerbate already existing socio-economic difficulties. Drought causes loss of production of both crops and livestock, which for subsistence farmers can affect their capacity to access food. People can also be impacted indirectly either through loss of employment or the increase in food prices. In severe cases of drought, some individuals are forced to sell off assets, including those that help to meet individual and family food needs. People on ART might also skip medical appointments as they search for clean water for themselves and their livestock, while insufficient water and low water quality (driven by drought) might exacerbate poor economic conditions faced by individuals, communities, farmers, herders and countries in general.

From 2019 to 2022, the flooding from three major cyclones in Malawi compounded an already difficult situation for people living with HIV. Many lost access to food and livelihoods as crops and livestock were swept away. Their homes were either destroyed, damaged or flooded. Access to education for their children was also affected as schools were flooded or in some areas, displaced people were using schools as communal shelters.

“Cyclone Gombe affected me badly: My house was washed away, my property and crops were destroyed”, said Maxwell Chibambo, who chairs the Tikondane support group of people living with HIV in Nsanje District. “As the breadwinner of the home, I am failing to take care of my family and they are really suffering.”

A drought that extends beyond a year or growing season can affect an individual’s mental health (through anxiety, stress and depression) and also the family’s socioeconomic conditions if the breadwinner

21 C. Arden Pope III, Richard T. Burnett and Michael J. Thun et al., “Lung Cancer, Cardiopulmonary Mortality, and Long-term Exposure to Fine Particulate Air Pollution.” *JAMA* 287, No. 9 (2002):1132–1141.

22 Abayomi and Cowan, “The HIV/AIDS Epidemic in South Africa”.

23 Abayomi and Cowan, “The HIV/AIDS Epidemic in South Africa”.

24 WHO, “Climate Change”, n.d.



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in the family is affected. ART adherence can be affected if, in order to provide food to the family, a person living with HIV can't afford the cost of transportation to a healthcare facility for drug pick up.²⁵

Stressful situations, including those linked to income loss, unemployment, seeking off-farm employment, or migration, and possibly exacerbated by drought-related diseases and disabilities, might culminate in coping mechanisms that include alcohol and substance abuse, which have been implicated in domestic and intimate partner violence.²⁶

Rise in new HIV infections

An economic study found that income shocks related to rainfall contribute significantly to rates of HIV infection in sub-Saharan Africa; HIV infection rates in HIV-endemic areas increased by approximately 11 per cent for every recent drought.²⁷ Although no clear evidence on the cause has been found, transactional sex, early marriage, school drop-out or migration could be contributing factors.

Environmental degradation, such as deforestation, water pollution or falling levels ground water can create conditions conducive to the development and spread of infectious diseases, induce population displacement, damage livelihoods that are dependent on the environment, and create conditions that force persons to indulge in activities that put them at the risk of getting infected with a number of diseases, including HIV.²⁸ Different forms of environmental degradation can also have differed influences on the HIV virus.

In urban areas experiencing drought in Lesotho, adolescent girls and young women aged 15–24 years were found to have an almost fivefold increase in trading sex for money and a threefold increase in being forced into sexual relations. In rural areas there was a reduction in the use of condoms in sexual relationships of adolescent girls and young women. In addition, external migration periods were associated with a greater prevalence of HIV in men and women.²⁹ A study drawing on data from 91 low-income and middle-income countries concluded that drought operates through food insecurity to heighten HIV transmission risk among vulnerable women in poor countries.³⁰ Drought has been linked to violence and displacements as well as increased risky sexual behaviour and alcohol and substance abuse, which have been shown to be associated with poor adherence to ARVs.³¹

25 Orievulu et al., "Exploring Linkages between Drought and HIV Treatment Adherence in Africa".

26 Holly Vins et al., "The Mental Health Outcomes of Drought: A Systematic Review and Causal Process Diagram", *International Journal of Environmental Research and Public Health* 22, No. 12 (2015):13251–75.

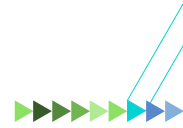
27 Marshall Burke, Erick Gong and Kelly Jones, "Income Shocks and HIV in Africa", *The Economic Journal* 125 (2014): 1157–1189.

28 IPBES, *The Global Assessment Report on Biodiversity and Ecosystem: Summary for Policymakers*, 2019.

29 Andrea J. Low et al., "Association between Severe Drought and HIV Prevention and Care Behaviors in Lesotho: A Population-based Survey 2016–2017", *PLoS Medicine* 16, No. 1 (2019).

30 Austin, Noble and Kuulei Berndt, "Drying Climates and Gendered Suffering".

31 Burke, Gong and Jones, "Income Shocks and HIV in Africa".



Climate degradation and HIV risk at Lake Victoria

Along Lake Victoria, the fish business is divided by gender. Men own boats and go fishing, and women purchase fish from them to sell at the market. The lake's fish population started declining in the 1970s because of overfishing and environmental problems. When the fishermen stopped catching enough to supply all the women, some fishermen began offering a quid pro quo: sex in exchange for a steady supply of fish. With an HIV rate of 30 to 40 per cent in fishing communities of Kenya, the risk of HIV transmission is elevated. However, for many women, the survival of their families depends on this risky model of the fishing business.

Source: Taylor Hall-Debnam, *Georgetown Environmental Law Review*, 23 December 2021.

Migration is associated with greater levels of risky sexual activity and increased prevalence of HIV.³² The resulting extension of new sexual networks also creates conditions conducive to substance abuse. At the same time, migration worsens health outcomes among people living with HIV by disrupting their access to HIV care and ART.³³

Climate induced migration is steadily rising and is expected to rise to 200 million migrants by year 2050.³⁴ The spread of HIV is likely to be accelerated in a situation of large-scale migration. Female migrants, as well as female spouses left behind by male migrants, may be particularly at risk. A modelling study using data from 400,000 persons across 25 sub-Saharan African countries specifically examined the impacts of long-term temperature increases on HIV prevalence. Warmer time periods were associated with increased HIV prevalence, and this increase was higher in rural regions and with younger age groups and may be linked with men's migration and engagement in transactional sex.³⁵

3. The international policy framework for a just transition for all

Adopted in 2015, the UN 2030 Agenda on Sustainable Development, with its 17 sustainable development goals (SDGs), defines strategic objectives based on the shared responsibility principle. In recent years, efforts are being ramped up to meet the long-term goal of the Paris Agreement to contain the increase in global average temperature to less than 2 degrees Celsius above pre-industrial levels. Transitioning to a more sustainable and low-carbon economy is one of the most significant actions countries can take and are taking towards this goal. While such a transition will have complex implications for the world of work, it has the potential to be a net generator of jobs and, if done right, open new opportunities to create a sustainable and inclusive world of work.³⁶

The critical need for the transition to a low-carbon economy to be both fast and fair is also widely recognized by governments, workers, employers,

civil society and other stakeholders, as well as in the Paris Agreement itself.³⁷ Such a transition is absolutely key for the wellbeing of the planet and people, as well as the economy and society, and yet, in the short and medium-term, it may also have certain negative impacts such as job losses in specific polluting sectors. To address these transitional challenges for workers and communities, the ILO Just Transition Guidelines and framework offer a range of social and economic interventions needed to secure rights and livelihoods and enhance green jobs opportunities while still meeting climate action ambitions.

Greater engagement and attention to the intersection of people living with and affected by HIV, decent work and climate action has the potential to be transformative for addressing existing

32 Martin Brockerhoff and Ann E. Biddlecom, "Migration, Sexual Behaviour and the Risk of HIV in Kenya", *International Migration Review* 33, No. 4 (1999).

33 Frank Tanser et al., "HIV Treatment Cascade in Migrants and Mobile Populations", *Current Opinion in HIV and AIDS* 10, No. 6 (2015): 430-438.

34 IOM, *Migration and Climate Change*, IOM Migration Research Series No. 31, 2008.

35 Rachel E. Baker, "Climate Change Drives Increase in Modeled HIV Prevalence," *Climatic Change* 163 (2020): 237-52.

36 ILO's *World Employment and Social Outlook 2018: Greening with Jobs* reports that measures taken in the production and use of energy alone will lead to job losses of around 6 million as well as the creation of some 24 million jobs. The net increase of approximately 18 million jobs across the world will be the result of the adoption of sustainable practices, including changes in the energy mix, the projected growth in the use of electric vehicles and increases in energy efficiency in existing and future buildings.

37 United Nations Climate Change, "Paris Agreement", 2015.

inequalities, building resilience, and promoting social justice for people living with HIV.

The following are some international frameworks and guidelines that provide benchmarks to steer holistic, cross-sectional thinking and action.

The ILO Just Transition Guidelines are aimed at enabling governments, workers and employers around the globe to leverage the process of structural change towards a greener, carbon-neutral economy, create decent jobs at a large-scale and promote social protection.³⁸ The Guidelines are both a policy framework and a practical tool to help countries at all levels of development manage the transition to carbon-neutral economies and can also help them achieve their Nationally Determined Contributions (NDC) and the 2030 Sustainable Development Goals. The framework promotes mechanisms for social dialogue among governments, workers and employers' organizations throughout policymaking processes at all levels.

The 2015 Paris Agreement within the UN Framework Convention on Climate Change lays out an ambitious plan for nations to combat climate change and accelerate and intensify the actions and investments needed for a sustainable low carbon future. Signatory parties acknowledge that efforts to mitigate the risks of climate change should respect human rights obligations, including the rights of persons with disabilities and people in vulnerable situations.³⁹ Specific articles speak directly to the importance of ensuring that adaptation is rights-based and inclusive. The Paris Agreement gives particular importance to the "imperatives of a just transition of the workforce and the creation of decent work and quality jobs in accordance with nationally defined development priorities".

The 2030 Agenda for Sustainable Development and the SDGs, adopted by the UN General Assembly in 2015, provide the basis for rights-based and inclusive global sustainable development efforts in the coming decade. A core principle of the 17 SDGs – and of the global AIDS response and call for a just transition – is that no one should be left behind. This encourages countries to take deliberate steps to ensure that populations that are currently

being left behind, including people living with HIV, are deliberately and proactively included in global, regional, national and local development efforts.

The UN Convention on the Rights of Persons with Disabilities (CRPD), adopted by the UN General Assembly in 2006, restates, reinforces and develops rights contained in other international human rights instruments and confirms that all such rights apply to persons with disabilities. Disability is increasing in prevalence due to ageing populations, trauma, accidents and the increase in chronic health conditions, including HIV. Persistent discrimination against and exclusion of people with disabilities, in particular women and girls with disabilities, increases their vulnerability, including their risk of HIV infection. Several countries protect people living with HIV under their disability laws. Article 27 the right of persons with disabilities to work on an equal basis with others, which includes the right to the opportunity to gain a living by work freely chosen or accepted in a work environment that is open, inclusive and accessible. States Parties also undertake to take appropriate steps, including those mentioned in the CRPD such as accessibility and the provision of reasonable accommodation, to safeguard and promote the realization of the right to work.

Global AIDS Strategy 2021-2026- End Inequalities. End AIDS, is a new approach that uses an inequalities lens to close the gaps that are preventing progress towards ending AIDS. The Global AIDS Strategy aims to reduce these inequalities that drive the AIDS epidemic and prioritize people who are not yet accessing life-saving HIV services.⁴⁰ The focus is on populations left behind, such as people living with HIV and key populations, among others. For the first time, the strategy includes specific quantitative targets on societal enablers to ensure that people living with, at risk of and affected by HIV are not further left behind.

The 2021 Political Declaration on HIV and AIDS, ending inequalities and getting on track to end AIDS by 2030, a resolution adopted by Member States in 2021, commits to "urgent and transformative action to end the social, economic,

38 The guidelines were drafted by a tripartite meeting of experts convened from 5 to 9 October 2015. Eight of the experts were nominated by the Governments of Brazil, Indonesia, Germany, Kenya, Mauritius, Turkey, South Africa and the United States, while the Employers' and the Workers' Group in the ILO appointed another eight for each of the two groups. The meeting was chaired by an independent Chairperson, Minister Esther Byer Suckoo (Barbados); Vice-Chairpersons were Ms Vanessa Phala (Employer expert from South Africa) and Mr Kjeld Jakobsen (worker expert from Brazil).

39 United Nations Climate Change, [United Nations Framework Convention on Climate Change](#), 2015.

40 UNAIDS, [End Inequalities. End AIDS](#).



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racial and gender inequalities, restrictive and discriminatory laws, policies and practices, stigma and multiple and intersecting forms of discrimination, including based on HIV status, and human rights violations that perpetuate the global HIV epidemic”, among others.⁴¹ This also means ensuring that marginalized populations, including people living with HIV, are not left further behind.

ILO Conventions and Recommendations

The [ILO Discrimination \(Employment and Occupation\) Convention, 1958 \(No. 111\)](#) is one of the ILO fundamental conventions. It prohibits ground for discrimination in employment and occupation on the basis of race, colour, sex, religion, political opinion, national extraction or social origin but adds that discrimination includes such other distinction, exclusion or preference which has the effect of nullifying or impairing equality of opportunity or treatment in employment or occupation as may be determined by the Member concerned after consultation with representative employers’ and workers’ organisations where such exist, and with other appropriate bodies (Art. 1(1)(b)).

The recently adopted [Violence and Harassment Convention, 2019 \(No. 190\)](#) provides a framework for member States to work towards the elimination of violence and harassment in the world of work, particularly violence and harassment against vulnerable and marginalized populations.

The [Employment and Decent Work for Peace and Resilience Recommendation, 2017 \(No. 205\)](#) provides guidance on responding to crises. It emphasizes that crisis responses need to ensure respect for human rights. It stresses on the importance of social dialogue in responding to crisis situations and the vital role of employers’ and workers’ organizations in crisis response. It calls on governments to take actions to ensure basic income security for persons whose jobs or livelihoods have been disrupted by the crises; develop, restore or enhance comprehensive social security schemes and other social protection mechanisms, taking into account national legislation and international agreements; and ensure effective access to essential health care and other basic social services, in particular for population groups and individuals who have been made vulnerable by the crisis.

41 UN General Assembly, resolution 75/284, Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030, 2021.

The [Employment Promotion and Protection against Unemployment Convention, 1988 \(No. 168\)](#) further calls on States to promote full, productive and freely chosen employment, and provides that workers who have lost their jobs should have access to employment promotion measures, including employment placement and related services, including vocational training and guidance, with a view to their reintegration into the labour market.

The [Employment and Decent Work for Peace and Resilience Recommendation, 2017 \(No. 205\)](#) calls for applying a gender perspective in all crisis response design, implementation, monitoring, and evaluation activities. Like all crises, climate change is also affecting women more adversely who bear the brunt of the social and economic disruption, including unpaid care giving work. Crisis response should

therefore include a coordinated and inclusive needs assessment with a clear gender perspective.

The [ILO Recommendation concerning HIV and AIDS and the world of work, 2010 \(No. 200\)](#) is the first international labour standard on HIV and AIDS and the world of work. It highlights the serious impact of HIV and AIDS on workers and their families, national economies and the world of work. It includes principles that should be applied to all actions on tackling HIV and AIDS in the world of work. It calls for the development and adoption of policies and programmes on HIV and AIDS at the national level where they do not exist, and for these policies and programmes to be integrated within development plans and poverty reduction strategies, including decent work, sustainable enterprises, income-generating strategies and social protection as appropriate.

4. Leveraging the AIDS response through different policy areas

The changing trends in the world of work offer significant opportunities to address HIV-based discrimination and to promote equality at work for people living with HIV. Taking advantage of this opportunity to achieve social inclusion can have tremendous dividends for advancing human rights as well as for harnessing the full potential of the typically marginalized sections of the labour market.

Ensuring that a just transition to resilient and sustainable economies with decent, green jobs is inclusive of people living with HIV will require, in each context, a well-deliberated combination of appropriate macroeconomic and growth policies, skills development, social protection, legal policies and workplace HIV programmes.

Macroeconomic and growth policies

Macroeconomic and growth policies must not only promote sustainable production and consumption patterns but should also ensure the inclusion of marginalized and vulnerable populations such as people living with HIV. Efforts for full and productive employment and decent work must be truly inclusive. Growth policies must reach out to the furthest behind first and make them the centre of economic and social policies. Such policies must

foster equity and stability. If the right policy and institutional frameworks are in place, economic growth can be a major driver for the creation of green jobs, which are by definition decent jobs.⁴² For this to happen, there must be political will from the very top.

Skills development

Skills development and lifelong-learning policies are needed for workers living with HIV to succeed in green jobs.⁴³ The necessary skills will differ from context to context and need to be anticipated locally through labour market research and industry-specific studies and assessments in sectors such as construction, energy, transport, waste management, manufacturing and agriculture, among others. In some contexts, skills for green jobs will be best determined through regional assessments in addition to local ones. At the government level, strong coordination, coherence and data-sharing between the ministries of labour, skills, environment, climate change and social protection will be important for success. Multi-sectoral bodies formed at the national level, such as national commissions dedicated to the SDGs and the Paris Agreement, can also be involved.

⁴² ILO, *World Employment and Social Outlook: Greening with Jobs*.

⁴³ ILO, *Skills for a Greener Future: A Global View*, 2019.

To meet the demand for new or upgraded skills, education and training systems will need to evolve and ensure equal opportunity for everyone to access training and learning opportunities for successful skills development. Accessibility, reasonable accommodation and HIV awareness among trainers and fellow trainees are among the requirements to enable people living with HIV to take training courses and access mainstream technical and vocational education and training (TVET). In the case of women or transgender persons, further measures may be required to encourage them towards training attendance, particularly in countries where their employment training opportunities are limited for social and cultural reasons.

Social protection

Social protection systems reduce the disadvantages and inequalities that make people vulnerable to HIV infection, helps overcome barriers in access to HIV prevention and treatment, and mitigates the impact of HIV on households.⁴⁴ They can also serve as the first line of protection against the negative effects of the transition to greener economies such as loss of jobs, or reduced income. Such systems are still absent in many countries or are weak with limited access for people living with HIV. The ILO reports that about 4 billion people, 55 per cent of the world's population, are not covered by adequate social security.⁴⁵

Even where the systems exist, people living with HIV often do not access their benefits. A study across four countries (Guatemala; Indonesia; Rwanda; and Ukraine) conducted by the ILO in 2014 reveals that there are serious barriers to people living with HIV accessing social protection dividends, even though they are some of the most in need of them. According to the report, first, many people living with HIV, including key populations, are unaware of the social protection benefits they can apply for and of the application process. Second, when they do apply for social protection – often assisted by NGOs – they find the procedures to access social protection complicated and unfriendly. And third, poor self-image and low self-confidence resulting from persistent discrimination coupled with a lack



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of knowledge about their rights, often stop them from seeking social protection. Therefore, some of the most important measures that can be taken in this area include ensuring that social protection mechanisms such as cash-transfer programmes, public employment programmes (PEPs), or payments for ecosystem services (PES) are fully accessible to people living with HIV and that there is adequate support available to ensure that they are aware of, can apply for and access these benefits.

International labour standards

Legal standards can ensure important progress towards more inclusive and decent work during the transition to a low-carbon economy. There is a rich body of international legal standards on human rights which extends to people living with HIV and on their right to work. HIV and AIDS-related human rights include the right to life; the right to liberty and security of the person; the right to the highest attainable standard of mental and physical health; the right to non-discrimination, equal protection and equality before the law; the right to privacy; the right to work; the right to equal access to education; the right to an adequate standard of living; and the right to social security, assistance and welfare.⁴⁶ Where individuals and communities are able to realize their

44 ILO, *Access to and Effects of Social Protection on Workers Living with HIV and their Households*, 2019.

45 ILO, *World Social Protection Report 2017–19: Universal Social Protection to Achieve the Sustainable Development Goals*, 2017.

46 Other related human rights include the right to freedom of movement; the right to seek and enjoy asylum; the right to freedom of expression and opinion and the right to freely receive and impart information; the right to freedom of association; the right to marry and found a family; the right to share in scientific advancement and its benefits; the right to participate in public and cultural life; and the right to be free from torture and other cruel, inhuman or degrading treatment or punishment.



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rights – to education, free association, information and, most importantly, non-discrimination – the personal and societal impacts of HIV and AIDS are reduced. Similarly, international climate change and disaster risk reduction frameworks also provide for a social pillar that prioritizes social inclusion and a whole-of-society approach.

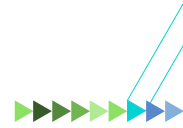
All of the above can provide minimum thresholds for countries to generate their own context-specific legal standards that will promote inclusion of people with HIV in the transition to environmental sustainability. One concrete area that national legal standards can shape is discrimination-free recruitment. Progress must be made to ensure that mainstream green jobs are advertised and recruited for in a manner free of discrimination. Governments can have a profound impact by creating an enabling environment through the effective adoption and implementation of anti-discrimination legislation.

HIV workplace policies and programmes

HIV workplace policies and programmes provide the framework for action to reduce the spread of HIV and AIDS and manage its impact and as

such enterprises and sectors should assess how best such a programme can be instituted. Having a well-thought-out HIV workplace policy and programme demonstrates a company's corporate social responsibility, leadership, and commitment to their inclusiveness, employees and communities. The section above on existing frameworks to guide action points to extensive normative guidance and minimum standards which can shape such policies and programmes, but at a cursory glance, such programmes will need to include aspects related to protection of rights, ensuring non-discrimination, gender equality, prevention, treatment care and support. Prevention programmes would need to ensure that accurate, up to date, relevant and timely information about HIV is made available and accessible to all in a culturally sensitive format and accessible language through the different channels of communication available.

Enterprises can explore comprehensive education programmes to help women and men understand and reduce the risk of all modes of HIV transmission and understand the importance of changing risk behaviours related to infection. Access to all means of prevention, including but not limited to guaranteeing the availability of necessary supplies,



in particular, male and female condoms and, where appropriate, information about their correct use, and the availability of post-exposure prophylaxis would be important components. In terms of treatment and care, workplace health interventions should not be top-down but be determined in consultation with employers and workers and their representatives and should be linked to public health services. They should offer the broadest range of appropriate and effective interventions to prevent HIV and AIDS and manage their impact.

Small and medium enterprises account for two thirds of all jobs worldwide, estimated to be 420 to 510 million, of which 80–95 per cent is in low- and middle-income countries.⁴⁷ Well-planned HIV programmes in SMEs can reach a large number of workers but SMEs need partnerships and support to be able to implement HIV programme for their workers.⁴⁸ Partnership of SMEs should be strengthened with national AIDS programmes and international agencies so that workers in SMEs could benefit of the health services, particularly for HIV, tuberculosis and other health conditions.

Organizations should also ensure workers living with HIV and their dependents benefit from full access to healthcare, whether this is provided under public health, social security systems or private insurance or other schemes. Health services available to workers living with HIV and their dependents should include access to free or affordable voluntary counselling and testing and affordable antiretroviral treatment and adherence education, information and support.

Programmes of care and support should include measures of reasonable accommodation in the workplace for people living with HIV or HIV-related illnesses. Where testing is offered, it must be genuinely voluntary and free of any coercion and testing programmes must respect international guidelines on confidentiality, counselling and consent.⁴⁹ HIV testing or other forms of screening for HIV should not be required of workers, including migrant workers, jobseekers and job applicants. Finally, when there is a possibility of exposure to HIV at work, workers should receive education and training on modes of transmission and measures to prevent exposure and infection.

5. Case studies

Malawi: PLHIV-inclusive disaster response

The Government of Malawi's Department of Disaster Management Affairs developed a Response Plan aiming to support interventions on nutrition, health protection, education, shelter and other support services inclusive of the most vulnerable groups such as people living with HIV and people with disabilities. Local and international organizations distributed food and non-food items to affected populations. The UN in Malawi developed a Malawi Tropical Storm Ana Flash Appeal that ensured the centrality of protection, including protection of children from violence, abuse, neglect, exploitation, and harmful practices. The Ministry of Health, in partnership with relevant stakeholders, reviewed and updated critical documents guidelines for transporting

Source: Sibia Tracy Mjumira, ILO Malawi

laboratory samples for diagnosis of HIV, and the National Cholera Prevention and Control Plan to guide responses. Mobile clinic teams were sent to provide integrated health services including HIV services, including ART to people living with HIV. The Malawi Network of People Living with HIV embarked on awareness campaigns to encourage people living with HIV to visit reachable health facilities to have refills for their ART medication. The Malawi Network of People Living with HIV also organized advocacy sessions for healthcare providers and government officials on the need to provide care in camps where people living with HIV were given shelter. The ILO organized capacity-building programmes in collaboration with UNICEF and WFP on implementation of shock responsive social protection programmes.

47 ILO, *Small and Medium-sized Enterprises and Decent and Productive Employment Creation*, International Labour Conference, Report IV, 104th Session, Geneva, June 2015.

48 ILO, "Small and Medium Enterprises' Response to HIV and AIDS", 2016.

49 Access to such information should be governed by rules of confidentiality consistent with the ILO code of practice on the protection of workers' personal data, 1997, and other relevant international data protection standards.

Zimbabwe: An alert system for people living with HIV to respond to climate change

The impact of climate change on people living with HIV in Zimbabwe is unremittingly felt. When Cyclone Idai made a landfall in 2019, people living with HIV were among those who needed rescue. Continuity of care was interrupted as hospitals and health clinics especially in and around Manicaland Province suffered severe damage. The Zimbabwe National Network of People Living with HIV (ZNNP+) issued a press statement and a call for help for people living with HIV. In response to this call, access to ART for people living with HIV was set up through mobile medical services. ZNNP+ set up a Kutabila Platform

Source: Tatenda Makoni, Executive Director, Zimbabwe National Network for People Living with HIV (ZNNP+) and Ida Tsitsi Chimedza, ILO Zimbabwe

Call Centre, supported by UNAIDS, the National AIDS Council and the Ministry Health. The Kutabila Platform is a response led by people living with HIV to the emergency brought about by COVID-19 and lessons learnt from previous disasters and emergencies such as the Chingwizi and Idai floods that severely affected the access of people living with HIV to health services. The platform sends alerts to its members, collecting real-time responses, and subsequently publishes the data that is gathered on the climate induced challenges and its impact on people living with HIV. ZNNP+ is undertaking advocacy with policymakers to put in place an HIV-sensitive Disaster Preparedness Plan.

Mozambique: Inclusion of natural emergencies in the National AIDS Strategy

Floods and cyclones occur cyclically in Mozambique. In the case of cyclones, health facilities and other infrastructure have experienced destruction, including stock-outs of medication. Problems with supply chain and transport also contribute to insufficient supplies in existing health centres. In the case of floods, households lose their housing, food and sources of income and are left dependent on government assistance for a long period of time until the start of the new agricultural season. This situation perpetuates the vulnerability and poverty of households (including people living with HIV) as each year they must always try to restart their lives and are unable to upgrade or improve their living conditions.

To mitigate the impact of forced displacement of people, including people living with HIV, the government developed several initiatives, such as the establishment of a support network, consisting of civil society organizations that provide integration of health services within the shelter accommodations through health personnel assisting people living with HIV. People living with HIV are categorized as people suffering from chronic illness, thus protecting the

confidentiality of their status and avoiding stigma and discrimination.

Mozambique has government entities with responsibility for coordinating the action of emergency preparedness, response, and mitigation of the effects of emergencies. The Ministry of Health under its National AIDS Strategy has included a chapter on dealing with natural emergencies. This allows for coordination with various stakeholders in emergency management, and inclusion of people living with HIV in response plans, including in humanitarian crisis settings.

Source: Paulo Romao, ILO Mozambique

“The health and conditions of people living with HIV is our top priority because they are a key population and vulnerable group. When they are in emergency situations, we mobilize assistance so that they can get timely support and if necessary, depending on the type of disaster, the government moves them to shelter accommodations where they receive support.” –Silvio Macamo, Senior Manager at the National AIDS Council, Mozambique.



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6. Recommendations

- ▶ Governments, in consultation with Employers and Business Membership Organizations (EBMOS), and workers' organizations, should develop Nationally Determined Contributions (NDCs), National Adaptation Plans (NAPs), pledges and initiatives for Net Zero according to the guiding principles and national circumstances, and create National Biodiversity Strategies and Action Plans (NBSAPs), introducing clear commitments on the inclusion of groups in marginalized and disadvantaged situations including people living with HIV. Social dialogue, inclusion, gender equality and non-discrimination should be key considerations in these plans.
- ▶ Governments should create an enabling environment to support enterprises' transition to a low-carbon economy by devising a policy framework in line with the ILO Guidelines.
- ▶ Governments should foster cooperation with employers' and workers' organizations, international institutions, the private sector, and other relevant organizations, including organizations of people living with HIV and climate activists, in developing and implementing climate action and national just transition plans.
- ▶ Climate finance should be directed toward just transition projects that directly benefit groups in marginalized and disadvantaged situations such as people living with HIV.
- ▶ Governments should collect data on people living with HIV and other groups in disadvantaged situations and ensure that they are not left behind in the process of a just transition in the world of work.
- ▶ Governments, in consultation with employers' and workers' organizations as well as organizations of people living with HIV, should look at discriminatory and non-inclusive laws and policies towards people living with HIV in their countries, and make efforts to end discrimination and enhance inclusion of people living with HIV in development policies and programmes, like employment creation, social protection, health coverage and climate action.
- ▶ Governments, in consultation with employers and workers organizations as well as organizations

of people living with HIV, should also review their social protection programmes and address barriers that may stop people living with HIV and key populations from accessing social protection services.

- ▶ Governments (ministries of labour, health and other relevant ministries) and employers' and workers' organizations should review the national and sectoral HIV workplace policy and programmes and strategies and strengthen collaboration with national climate action responses for a just transition.
- ▶ Employers and business organizations should support their member enterprises in reviewing and improving their HIV workplace policy, programmes and strategies for a just transition, to make sure they are inclusive, action-oriented and coherent.
- ▶ UN and developmental partners should continue to update guidance on making climate change strategies inclusive of vulnerable groups,

including people living with HIV, and facilitate coherence between national climate action plans and national HIV strategies and plans. This also calls for continued research to assess the specific challenges faced by people living with HIV within the framework of a just transition.

- ▶ Civil society organizations working in the areas of climate change and green livelihoods should ensure that their interventions are HIV-inclusive. Organizations of people living with HIV should engage in the climate change and just transition discussions at the global, regional, national and local levels and disseminate their experiences for better understanding of links between HIV and climate change. Civil society organizations should also liaise with the social partners to channel their related concerns – for instance in the context of the effective application in law and practice of C111, C190, etc. – through the ILO international labour standards and supervisory system machinery.



Acknowledgements

This brief is authored by Kofi Amekudzi, Afsar Syed Mohammad and Diddie Schaaf, ILO Geneva, building over an initial draft prepared by the consultant Maria Hasan. Special thanks to ILO colleagues for their contributions: Rishabh Dhir, (RESEARCH), Matilda Dahlquist (DWT/CO-Pretoria), Ricco Victor Hugo (ACTRAV), Viveros Añorve, Jose Luis (ACTEMP), Ida Tsitsi Chimedza (ILO, Zimbabwe), Paulo Romao (ILO, Mozambique) and Sibia Tracy Mjumira (ILO, Malawi). Special thanks to Monica Castillo (GREEN) for coordinating the series of Just Transition Policy Briefs and providing substantive inputs.

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