



**Forum on  
HIV/AIDS and the Informal Economy in Africa:  
Building a Multistakeholder Action Plan**

**20 October 2005, Geneva, Switzerland**

**Report on the Proceedings**

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## Introduction

The Geneva Social Observatory (GSO) convened a “Forum on HIV/AIDS and the Informal Economy in Africa: Building a Multistakeholder Action Plan” with a view to achieving the following objectives:

- Provide a mutual learning experience for participants;
- Stimulate partnerships between actors and constituents in the informal economy; and
- Build a multistakeholder action plan.

The Forum was the culmination of a series of multistakeholder roundtable discussions on HIV/AIDS and social responsibility and Planning Group meetings that have taken place during 2005. What follows is a summary of the proceedings of the Forum. A composite set of recommendations drawn from the day’s deliberations for a multistakeholder action plan have been integrated into an umbrella action plan, which is available as a separate document (to obtain a copy please send an email to [gso@gsogeneva.ch](mailto:gso@gsogeneva.ch) or call +41 22 734 9601).

With regard to the process adopted at the Forum, the GSO presented a progress report on *a mapping exercise* to gather information on the current knowledge and resources for involving people in the informal economy in the fight against HIV/AIDS. The first phase of this mapping exercise included a compilation of existing studies and projects relating to the informal economy and HIV/AIDS in 13 African countries. The exercise identified available data on the informal economy, the social partners, local organizations and other NGOs, as well as estimates of prevalence rates for HIV and AIDS and the government programmes, service providers and international organizations working on HIV and AIDS in the 13 countries.

Important components of the Forum were the three action-oriented roundtable sessions. The roundtable sessions were organized around the themes of advocacy, workplace and partnerships. To set the stage for the roundtable sessions, the participants received a suggested set of questions and brief descriptions of three case studies to provide concrete examples for discussion. Following the working group sessions, the group rapporteurs shared the results of each roundtable session with the full group in plenary. A panel discussion followed to build on the reports by looking at opportunities for action from the perspective of different entry points – an informal sector perspective, an NGO perspective, a private sector perspective and a donor perspective. The participants then identified the key elements of a multistakeholder action plan. In particular they were encouraged to identify the actors, constituents and stakeholders that should be involved and what their roles could be.

The Proceedings start with a keynote address from ILO Executive Director Assane Diop, who provided an overview of the HIV/AIDS crisis. This is followed by summaries of the mapping exercise and the three case studies that were used for the roundtable deliberations. Reports from each of the roundtables are then included in the Proceedings, along with a summary of the panel discussion on entry points, moderated by Ben Plumley from UNAIDS. In the concluding session, the participants received guidance from the Director of ILO/AIDS Sophia Kisting. A summary of her presentation is included here,

followed by the concluding recommendations made by the participants for the building of a multistakeholder action plan.

This report of the Proceedings of the Forum will be presented at the International Conference on HIV/AIDS and STIs in Africa (ICASA 2005) being organized by the Society for AIDS in Africa (SAA) in Abuja, Nigeria from 4 to 9 December 2005. The components of a multistakeholder umbrella action plan on HIV/AIDS and the informal economy will also be shared with the ICASA participants. The intent is to encourage further sharing of information, learning experiences, partnership-building, and adaptations of the action plan. Both documents will also be made available in other settings.

The GSO will seek to build further on the mapping exercise aimed at presenting existing information on where and what can be found on the subject as well as what can be done and who could be involved. The GSO will also seek to develop models of good practice and serve as a clearinghouse of information about advocacy initiatives, workplace programmes and partnership opportunities on HIV/AIDS and the informal economy in Africa.

For more information about the Forum please consult the GSO website [www.gsogeneva.ch](http://www.gsogeneva.ch), which has been developed as a source of relevant and practical information.

Katherine Hagen  
Managing Director, Geneva Social Observatory  
Geneva, October 2005

## Forum Agenda

8h30 Registration

9h00 Opening Remarks: Assane Diop, Executive Director for Social Protection, ILO

9h15 Presentation of mapping exercise highlights (by GSO interns, backed up by ILO experts)

9h40 Introduction of case studies and themes for roundtable discussions

- a. Outreach to the informal economy in Kenya (IOE)
- b. Informal sector project – South Africa (ILO)
- c. Women in the informal economy (YWCA)

10h30 Coffee break

11am Roundtable discussions in break-out groups:

1. Advocacy – facilitated by the YWCA
2. The workplace – facilitated by the ILO
3. Partnerships – facilitated by MSD (Merck&Co., Inc.)

13h00 Lunch Break

14h30 Reporting back from the roundtable discussions

15h00 Panel on Entry Points and Action

Moderator: Ben Plumley, UNAIDS

An NGO perspective: Kanjoo Mbaindikua, Global YWCA

A donor perspective: World Bank representative

A private sector perspective: Donald de Korte, MSD (Merck&Co., Inc.)

An informal sector perspective: Gerry Finnegan, ILO

With additional reflections from UNI (representing ICFTU)

16h00 Concluding roundtable discussion: Building a Multistakeholder Action Plan

Introductory remarks: Sophia Kisting, ILO AIDS

## 1. Opening remarks: Assane Diop, Executive Director for Social Protection, ILO

Ladies and gentlemen,  
Friends and colleagues,

It is a great pleasure and honour to have been invited to address you today and to make the opening remarks at this Forum.

The informal economy is globally a significant and dynamic source of employment and production. In developing and transition economies it is usually the main source of employment and also the main creator of new jobs. In sub-Saharan Africa, 80% of all employment is in the informal sector. In most HIV/AIDS high-prevalence countries, jobs are, therefore, mainly in the informal economy. Given this context it is impossible to intensify prevention, provide universal access to treatment, care and support without urgently addressing the needs of workers in the informal economy.

The majority of workers in the informal economy are not there out of choice but out of desperation. HIV/AIDS worsens this situation. More creative efforts should be made to reduce the size of the informal economy to break the cycle of poverty and insecurity.

A major concern is that the root causes for the continuing growth of the informal economy and the vulnerability of workers to HIV/AIDS is inadequately addressed. Similarly, societal norms perpetuate the high exposure risk for women.

Collectively we need to find innovative ways to intensify prevention and increase access to treatment. For example, some strategies for intervention among well-defined groups of informal workers in Kenya have yielded good results. These include ILO trained peer education garage workers who reduced high risk behaviour by 47% in 7 months, raised condom use by 28%, and reduced the average number of partners from 4.7 to 1.5.

A further example of intervention is home-based care workers. They are by and large unfunded and unrecognized, yet millions of affected people are dependent on them.

We need to understand why workers in the informal economy are more vulnerable to HIV/AIDS.

- **They are poorer than workers in the formal economy.** When workers living with HIV/AIDS lose formal jobs and exhaust benefits, they drift into the informal economy. The informal economy continues to get bigger and the numbers of very poor and very sick workers continue to increase. There is therefore growing congruence between HIV/AIDS and poverty.
- **There are language and media barriers to information.** Most have no access to the rich resources of information on HIV/AIDS available globally because of language or media constraints.
- **They are excluded from labour and occupational health and safety legislation.** Fundamental rights at work are mostly not observed.

- **They generally have limited access to health care and health and social insurance.**
- **They lack labour representation and organization.** As you know, the majority of informal workers are not unionized.

Ladies and gentlemen,

It is clear that HIV/AIDS erodes the labour force and human capital. Increasingly, the quality and the quantity of labour are undermined by the epidemic. The impact of HIV/AIDS on the informal economy hurts the overall economy. The ILO estimates that the 33 most affected countries in sub-Saharan Africa lost on average 1.1% of the annual rate of growth of GDP between 1992 and 2002. This amounts to an average annual loss of \$9 billion US dollars.

The impact of HIV/AIDS on the informal economy also hurts the future economy.

As a result of HIV/AIDS, children, especially girls, tend to leave school. Children who have not yet had the opportunity to acquire skills enter the labour force prematurely. Children lose parents, uncles, aunts, mentors and teachers who can teach them skills. Transmission of skills from one generation to the next is broken and knowledge is lost.

We have seen the challenges. What is our response?

Clearly, we need a comprehensive and strategic response. This response should include action at different levels to:

- Address the root causes of poverty and unemployment. This includes, for example, integrating HIV/AIDS concerns in programmes such as productivity and enterprise development, labour market monitoring and skills development;
- Include people living with HIV/AIDS in all our programmes;
- Strengthen the formal economy and reduce accidents and illness there;
- Extend occupational health and safety services to the informal economy;
- Develop adapted prevention strategies taking into account their own methods of communication;
- Increase financial resources available at grassroots level for more sustainable job opportunities – e.g. home-based care workers who really help to save lives;
- Use the socio-economic structure of workers in the informal economy to disseminate messages and ensure peer review;
- Involve them and make them responsible in the management of the programmes of prevention and care;
- Use the social and cultural environment as a tool, not as a barrier;



- Make workplaces – formal and informal – “Centres of Hope”, providing access to treatment, care and support in a confidential manner.

Ladies and gentlemen,

As you know, the Director-General of the ILO is the current Chair of the Committee of Co-sponsoring Organizations of UNAIDS. We will ensure that the fight against HIV/AIDS in the informal economy in Africa is given priority on its agenda.

The world has the necessary information, knowledge and resources to intervene effectively and decisively in the HIV/AIDS pandemic. We therefore need to act and believe that we will overcome this pandemic. We need to seize the time and take the necessary practical steps collectively. Otherwise, history will not absolve us.

I thank you for your kind attention.

### ***Defining the informal economy***

The following proposed starting definition of the informal economy that emerged from the ILO Conference in 2002 was referred to and used during the discussions:

*“The term “informal economy” refers to all economic activities by workers and economic units that are - in law or in practice - not covered or insufficiently covered by formal arrangements. Their activities are not included in the law, which means that they are operating outside the formal reach of the law; or they are not covered in practice, which means that they are operating within the formal reach of the law, the law is not applied or not enforced; or the law discourages compliance because it is inappropriate, burdensome, or imposes excessive costs.”*

## **2. Presentation of mapping exercise highlights: Caitlin Martin, Intern, GSO**

With support and encouragement from the World Bank, the Geneva Social Observatory has started a mapping exercise on “Mapping HIV/AIDS and the informal economy”. In Phase One, the exercise accumulated statistics currently available in thirteen countries in Africa namely Algeria, Cameroon, Dem. Rep. Congo, Ghana, Liberia, Niger, Nigeria, Senegal, Sierra Leone, South Africa, Tanzania, Uganda, Zimbabwe. The project was carried out by student interns, and a presentation was made to the forum by the lead intern, Caitlin Martin.

The mapping exercise includes statistics for each country in the following areas: HIV/AIDS, size of the informal economy, Gender, Informal activities, programs, in/country contacts, and case studies. Ms. Martin noted that sub-Saharan Africa has just over 10% of the world’s population but is home to more than 60% of all people living with HIV – some 25.4 million people, according to the latest UNAIDS report. Informal employment makes up 48% of non-agricultural employment in North Africa and 72% in sub-Saharan Africa. More women than men are living with HIV, and in most countries, women are being infected with HIV at earlier ages than men. The difference is most pronounced among young people.

The mapping exercise covers data on self-employment, sectors that are predominant in the informal economy, such as home-based workers and street vendors, and the vulnerabilities of HIV infection in these sectors. Other aspects of the mapping exercise include data on organizations and programmes operating in the informal economy, including Streetnet International, HomeNet, and Union Network International. Finally, the mapping exercise contains summaries of all projects and case studies relating to HIV/AIDS and the informal economy that could be located. It is the intent of the mapping exercise to provide a clearinghouse of information on HIV/AIDS and the informal economy, which is available on the Internet at [www.gsogeneva.ch](http://www.gsogeneva.ch).

## **3. Introduction of case studies**

### **I. Targeting specific sectors in the informal economy – presentation by Margherita Licata, International Labour Organization on “HIV/AIDS prevention in the informal sector in selected African countries”**

Margherita Licata spoke about an extensive ILO project on the prevention of the epidemic in the informal economy encompassing initiatives in the informal economies of Ghana, South Africa, Tanzania and Uganda. Following a general background of the project, she described how the project was implemented in two specific sectors of the informal economy of South Africa, food sellers and hard goods vendors. Both urban and rural settings were also included.

The project aimed at identifying informal economic activities particularly vulnerable to HIV/AIDS and piloting behaviour change initiatives through a training of peer educators,

both women and men, in identified vulnerable sectors. Local workshops then determined the specific needs of the workers in the informal economy.

A number of lessons were learned during the education of peer educators. Workers are exposed to violence and crime, and for them, HIV/AIDS is a *lesser* threat. The lack of safety at the worksites meant that workers were reluctant (and unable) to leave the sites to attend training. Working conditions and problems surrounding water and sanitation were also a concern. All “training venues” obtained had to be located near to where the workers *lived* or *worked*. Literacy and entrepreneurial classes organized in combination with peer education training helped to attract participants.

The project showed that broader socio economic conditions inherent to informal workers should be dealt with, in conjunction with HIV/AIDS initiatives. They can and should be assisted to form an umbrella body and ensure that they have a voice to address government on their specific needs. With regard to workplace programmes organized within companies, they should be encouraged to include informal distributors and suppliers. Beyond these basic aspects of connecting informal sector workers with government and the formal economy, an effective strategy is to involve traditional (religious and secular) leaders in behaviour change, as long as they are trained on HIV/AIDS related counselling. To address the specific needs of women in the informal economy and include negotiating skills, specific affirmative training and awareness-raising for women should be included.

Finally, Margherita pointed out that the project showed the importance of combining HIV/AIDS interventions with survival skills training – such as literacy, basic business skills, micro-credit courses. Conversely, income-generating activities should be linked to HIV/AIDS prevention programmes.

## **II. Targeting vulnerable demographic groupings: Michelle Beg, Young Women’s Christian Association on a programme for orphans and vulnerable children in Rwanda**

### **Giving Hope: OVC Empowerment Program Orphans and Vulnerable Children (OVC) in Rwanda**

The YWCA of Rwanda began the child headed households program, Giving Hope, in 2003 in response to the crisis of unaccompanied children. The primary goal of the program is to empower child-headed households, and particularly girls, to support themselves and their siblings, and to participate in the social and economic development of their communities.

Specific objectives:

- To improve the health and well-being of 450 orphans and vulnerable children (both child-headed households and those living with vulnerable caregivers) through the provision of training and education on family management issues, land inheritance rights, health and hygiene, animal and agriculture production, and small business start-up;

- To provide psycho-social support and facilitate community integration of child-headed households through the establishment and training of 13 youth associations;
- To render 90 (40 from the 2003 program and 50 new cases) child-headed households self-sufficient through the provision of vocational training opportunities, employable skills, and start-up support for small livelihood activities;
- To reduce stigma and increase awareness of HIV/AIDS through the provision of HIV/AIDS education to 150 households, and through the integration of HIV/AIDS affected orphans and vulnerable children in community youth and AIDS prevention clubs;
- To improve the community's awareness of and support to HIV/AIDS affected households through the training of volunteers.

Challenges and problems with the implementation:

- Project requires a high level of intensity for sustained commitment
- Learning what is the most effective response, which takes time
- Cannot do it alone – need to engage other partners
- Time consuming to get people involved and to build capacity
- Outcasts due to stigmatization – this is a severe problem.
- Micro-credit initiatives do make a difference
- Treatment and care would benefit from accessible treatment centre and testing

### **III. Targeting linkages between the formal and informal economies: Fredrick Muia, International Organization of Employers on the Federation of Kenya Employers (FKE) support programme on HIV/AIDS to the informal economy.**

There are thousands of small shops in Kenya where people bang out pots and pans, auto parts, and handy crafts. The working conditions are neither safe nor regular. The informal economy in Kenya accounts for nearly 18 % of the country's GDP and comprises 90% of all businesses in the country. While in the past small enterprises were seen as competitors with larger companies, the Government of Kenya and the Federation of Kenya Employers (FKE) now see linkages between the formal and the informal economy as an opportunity to create a win-win situation for both sectors.

Objectives: link the formal and informal economy by bringing in larger operators to supplement each other. Innovation and product improvements are expected to create jobs and as a result reduce poverty.

The FKE project:

- Extend representation to the informal economy operators or associations (Jua Kali associations) by lowering membership fees. This way, informal economy operators are receiving support services directly from the federation.
- Conduit for the establishment of links between informal economy units and formal enterprises

- using supply chain and sub-contracting arrangements to pass useful information on HIV/AIDS
- to make integrate informal economy into the mainstream
- nurturing engineering students to nurture businesses in the informal economy and who are trained to establish contacts with formal companies General Motors
- Informal economy benefits from large company materials on HIV/AIDS
- FKE established Business Development services to promote inter-firm linkages, give access to market information, and promote occupational safety and health.

By the end of 2005, the programme is expected to establish 10 subcontracting arrangements between informal economy businesses and formal Kenyan enterprises. It enables micro enterprises in the informal sector to contribute towards industrialization and to create decent jobs and wealth. These programmes improve production processes in small enterprises and add value to their products. They promote linkages between micro and large enterprises and open up new possibilities for small and informal businesses to improve and sell their products. The informal economy operators are benefiting from the Federation of Kenya Employers support programme on HIV/AIDS. The FKE Code of Conduct on HIV/AIDS in the workplace has been translated into Kiswahili, the country's national language thus enabling many informal economy operators to access it.

## 4. Roundtable discussions in break-out groups

### I. Report to plenary on discussions by the Roundtable Session on ADVOCACY (facilitated by the YWCA)

*Rapporteur: Patrick Reichenmiller*

Overarching theme: Differentiated approach needs to be developed for each specific sector. Strategic focus should be directed to effective advocacy at community level (groups, channels, urban/rural, venues, women/men)

HIV/AIDS is a push factor leading people into the informal sector. Demographic developments, sectors and specific groups, cities/urban environment are all coupled with an increase of the informal sector. It is an increasing dimension of the informal sector globally but more so in Africa because states fail to aid people, leaving them with the sole choice of survival found in the informal sector.

#### Sub sectors

Sub sectors within the informal economy: urban, sex workers, certain industries, women, truckers (their impact on women in the informal sector), home-based workers, self-employed workers, street vendors, entertainment business, "shibeans" (street-bars), people living with HIV/AIDS.

#### Target group specifics: Including people living with HIV/AIDS

- Entertainment business and street vendors
- Importance needs to be given to identify the right group at the right venue.
- The keyword is prevention and in terms of advocacy this means to include testing and adopt behaviours for the progression of HIV/AIDS, information regarding nutrition, and the home-and community based care needs to be more strategic.

Testing is very important since many do not know they are HIV positive, however testing cannot be the end but behaviours for prevention need to be adopted. This means that a supply chain needs to be established as well as a permanent visibility of i.e. condoms. Female condoms are usually not accessible, too expensive and socially difficult but should nevertheless be promoted. Of importance is the communication about contraceptives and condom use- how to use condoms and why.

Local governments are the ones immediately in interaction with informal workers. In order to develop appropriate tools/programmes, the local governments need to be sensitised (best practice), to accept the informal sector and acknowledge its impact on society and economy. Sharing of information i.e. examples of what works and what does not, with the government is important. At the end of the day, governments would need to build trust to the NGOs and local NGOs (community-based organizations that enjoy trust).

The informal sector needs a different approach than for the formal sector employment.

The issue of women: women and home-based caregivers need to be linked and attention needs to be given to these women i.e. the Rights Approach (Switzerland).

There is need for information for women and also for them to pass that information on when they have it. Therefore access to information needs to be established through community-level mechanisms, where the work of NGOs is crucial.

To empower women they need to be taught how to negotiate safe sex and how to encourage their men to be responsible. However, ways to behavioural change need to be applied.

For effective prevention of HIV/AIDS, advocacy needs to be linked/combined with poverty reduction strategies.

#### Communication strategies:

Challenge: organizational form of informal sector

#### Whom to involve?

- Governments
- Women at different dimensions of their lives i.e. home care givers
- Religious leaders- stigma and discrimination but also be aware of language limits (English)

Peer educators play an important role in gaining the trust of the people and provide a "safe space" for them to discuss and inform. Peer educators and local NGOs are very closely linked and should work together in order to expand.

Religious based organizations too often come with a package of values and beliefs, which could impede programmes in this area. However they could address stigma and discrimination if well educated and sensitised.

#### Targeted communication:

- Target group identification
- Methods of reaching the target groups
- Programs for teachers.
- Rural versus urban approaches
  - Rural: absence of health services
  - Need for community-based approaches.

#### Mass communication:

Radio -as an extension from the formal sector

Role models i.e. athletes male and female.

Encourage people to people exchanges e.g. hairdressers, cosmeticians etc.

#### How to access funds?

- Microcredit
- Advocacy with governments
- CGAP
- Umbrella organizations
- Cooperatives

- Mainstreaming HIV/AIDS is very important- donors and other organizations could solve this issue by supporting vocational programs, either in the formal or informal sector,



## **II. Report to plenary on discussions by the Roundtable Session on THE WORKPLACE (facilitated by the ILO)**

*Rapporteur: Chris Trimble*

### Challenges

- Survival is the priority, not HIV AIDS
- Lack of structured organization
- Women status, crime and violence
- Limited education on HIV AIDS / Lack information
- Mobility
- Lack of legal coverage
- Access to health
- Role of traditions and leaders in the community

### Recommendations

#### Challenge: Survival is the priority, not HIV AIDS

- To build Informal workers capacity to address issues specific to their conditions including HIV/AIDS:
  - Provide incentives for them to associate and to respond to HIV/AIDS
  - Integrate HIV/AIDS education in “priority” training (business skills, literacy, professional training etc)
- Survival – dealing with HIV/AIDS should be seen as part of the survival strategy

#### Challenge: Lack of structured organization

- To facilitate linkages between employers and workers organizations, community structures and informal workers
- Engage with existing organizations
- To mobilize informal workers using for example informal workers with any kind of experience in organizations (trade unions, etc) communities activities, leaders
- To mobilize formal businesses to extend their workplace programmes to informal sub-contractors, suppliers and informal networks with whom they interact etc
  - Examples: taxi drivers, shoe shiners, hairdressers etc

#### Challenge: Women status, crime and violence

- To empower women through starting income generating activities and be able to negotiate sex (increasing their status in the family)
  - Taking into account the context of gender equality within the family and the community
- Improve education for young girls and women

#### Challenge: Limited education on HIV AIDS

- “Marketing” of health facilities, HBC networks that can serve the informal setting (there is often a lack of information on referral facilities and care providers)

#### Challenge: Mobility

- Strengthen community based organizations' role in addressing women needs, mobility issues linked to AIDS

- Address mobility of informal workers extending transport sector interventions to surrounding communities
- Stakeholders to campaign to engage the government at local and national level to address informal workers needs and to commit for action

## **II. Report to plenary on discussions in the Roundtable Session on PARTNERSHIPS (facilitated by MSD, Merck&Co., Inc)**

*Rapporteur : Donald de Korte*

1. Partnerships may include public sector partnerships.

In fact, both “internal” and “external” partnering can occur with the public sector. They play an important role in services on HIV/AIDS. Questions about the role of governments were discussed at length. Trust is an issue in the relationship between government and the informal economy – i.e. the enforcement role. It was agreed that government is the key channel for funds AND services. The objective should be to empower networking organizations, including networks for financial support.

Public sector partnerships are not well structured and the informal sector becomes more complex when the number of partners increases. If partnership is to work it needs to be simplified and to speak with one negotiating voice. Formalization is needed i.e. use of Trade Unions.

2. Community issues are significant. NGOs and CBOs will play a critical role in relations with the informal economy. So will FBOs. Partnerships opportunities include unions, NGOs, the private sector and FBOs.

3. Coinvestment and bilateral outreach by companies

Company clinics on occupational safety and health are underused and could fill the empty time with community outreach. Self-help groups also need to be empowered.

4. Traditional healers: We have bitterly failed to include them.

South African programme for traditional healers is helping to correct this. They should be integrated to be part of the solution. In Botswana there are 20,000 traditional healers and only 500 medical doctors. Not all traditional healers fall into the same basket. Efforts to integrate traditional healers need to be sustainable recognising that the informal sector needs continuous attention and services.

5. Women as multipliers

6. Health care delivery schemes – new types of health delivery programmes are needed.

Community insurance schemes. African microfinancing meeting on AIDS in Nairobi. Protection and treatment are equally important.

General conclusions:

Need for better information on informal sector relationships

Need for better measures of effective policies

Need for better funding

## 5. Panel Session: Entry Points and Action

*Moderator: Ben Plumley*

In his introductory comments, the panel moderator Ben Plumley, Director of the Executive Office at UNAIDS, reminded participants that the Global Business Coalition on HIV/AIDS states that one of the biggest problems of the informal sector is that it is not homogenous. It is seen as a community and as a community that businesses need to be engaged in reaching out to. He then invited the panelists to introduce themselves as follows.

- Gerry Finnegan, Senior Specialist, International Labour Organization (ILO)
- Monique Marti, Women's Officer, Union Network International representing the global trade unions
- Patrick Reichenmiller, External Relations, World Bank office in Geneva
- Kanjoo Mbaïndjikua, HIV Advisor, Young Christian Women's Association (YWCA)
- Donald de Korte, Regional Director for HIV Access Program, MSD (Merck&Co., Inc.)

Gerry Finnegan began the discussion by answering the question what the realistic entry points for the ILO are. The ILO has provided a lot of small businesses training, starting and informing businesses, including the development of a module dealing with HIV/AIDS. It is to be remembered that moving into the informal sector is the last resort for people, an act of desperation to keep income coming into the household. When helping individuals who are thinking about starting a business it would be realistic to include something about HIV/AIDS.

Donald de Korte then addressed the issue of employers. They are clearly a good entry point, and they are becoming more inclusive. The problem with the informal economy, however, is that it is not structured so it would help hugely to organize and mainstream it. Women entrepreneurs often serve as a very good vehicle in as much as they can be helped to form associations with capacity building and these associations can then be networked to other associations.

From the labour perspective important issues are how to exploit, how to mobilize and how to champion HIV/AIDS. Monique Marti, speaking from the trade union perspective, began by affirming that the trade unions have worked to create awareness amongst all of their members of HIV/AIDS. They use the ILO Code of Practice as a matter of course. There is a particular focus on women because of their multiplier effect.

The trade unions by definition represent workers in the formal sector. She acknowledged though that the unions are also trying to reach out to the 70% of workers who work in the informal economy. Their main aim would be to try to give informal workers a voice and they have done this sometimes by integrating them into existing trade unions according to the industry in which they work, e.g. agriculture, or by encouraging them to form their own organizations, but the problem still remains. By their very nature, informal workers are not covered by laws because they are not in the formal sector. They have organized

workshops including traditional healers, religious leaders and police. Public Services International (PSI) has run a program to link municipal workers and street vendors to create greater understanding between the formal and informal sectors.

Ben Plumley: We can see that the labour movement plays a critical role, but we all need funding to carry out these linkages. What about funding and sustainability? What is the role of donors?

Patrick Reichenmiller: The World Bank is just one of many sources of funding, that include foundations, bilateral and multilaterals. One of the problems for the World Bank is that it works with national governments and as such does not have individual activities in country. We want to link combating of HIV/AIDS with the Poverty Reduction Strategy Papers (PRSPs). Too often, HIV/AIDS doesn't have the priority that the World Bank would like to see in the PRSPs. They do not have enough information on implementation strategies.

Regarding demographics, he continued, more people will be moving into the informal sector and scaling up would then be imperative. The key constraints/challenges are to have management in place to disburse funds. One way would be through microfinance institutions but the problem remains - we do not have enough knowledge about the informal sector and disbursement of funds.

Ben Plumley then turned to Kanjoo Mjaindjikua to get the NGO perspective on capacity building for women in the informal sectors.

Kanjoo Mjaindjikua shared her experiences in Namibia. She started by describing a "women in development" fund, which is a micro-credit program that is directly working with women in the informal economy. HIV/AIDS and its effect on the informal economy can be managed with direct linkages from the formal to the informal sector and vice versa. NGOs are very significant since they are open to all those who need help and play an important role in communities.

In terms of women working in the informal economy and their programs at national level, micro-credit programs already exist. However, HIV/AIDS is a priority and is being included in the programs. Women work as multipliers, involved in peer education and home-based care. They can reach communities and at household levels.

Ben Plumley: Any thoughts on business and how to target the informal economy?

Donald de Korte: Businesses have obligations to take into account communities- the three circle model consists of the interplay between employers, suppliers and the community. Many have adopted policies but few have effectively implemented them, impeded by the issues of sustainability and financial resources e.g. mining communities where the employee clinic was overwhelmed. It did however serve as an incentive to develop home-care programs such as co-investment arrangements to protect/maintain the workforce. The outreach needs to be sustainable and a balance between giving state of the art treatment to employees and children dying from dehydration needs to be established and maintained.

## **Discussion:**

Françoise Gustin: the role of the ILO could be very important to monitor the implementation of the Code of practice e.g. workers getting fired because of infection. The ILO Code has been designed for the formal workplace, but the ILO is adapting it for the informal economy.

Gerry Finnegan: a number of issues- the ILO is a tripartite organization and cannot implement policies on its own, but tripartism can work to exert pressure. The Code of Practice needs to be adapted to the informal economy. The income generating activity of the informal workers often is the only source of income to the family and if that person is infected then it is an issue of succession where there is no one solution.

Stefanie Meredith: the work place policy and practice is very distinct. Employees should not be fired if infected and it is the responsibilities of the governments to enforce these policies.

Otto Genee: what should be funded? Micro-finance seems to be promoted by the participants here, but I would like to clarify. With regard to the government perspective, it has an obligation to ensure adequate funding, and we must avoid jumping in with pre-conceived ideas. Have PRSPs really taken into account the impact of HIV/AIDS e.g. educators, teachers falling victims? We want to support the PRSPs and send out experts in support of country priorities.

Patrick Reichenmiller: it is astonishing how few PRSPs give attention to HIV/AIDS. The problem is the finance ministry that disburses funds in accordance with PRSP, especially in countries where the epidemic is emerging, e.g. Eastern Europe.

The World Bank has an entry point to offer advice through PRSPs, but they are nationally owned processes and so limited if the demand is not articulated at the national level.

How does microfinance address HIV/AIDS? One of the problems especially regarding women-led businesses, are precariousness and lack of financial security.

Kanjoo Mbaindjikua: Microfinance is an entry point- often it is the only way to make ends meet and is not burdensome while ensuring food security. In addition, the empowerment of women through economic independence enables them to negotiate.

The informal sector is not organized but it does have its own level of organization e.g. street vendors, organized socially. The challenge is to map the informal sector to identify the non-organized components.

Michel Lavollay: the Global Fund is a macrofinance program and a promoter of microfinance. There is no need to duplicate models from the formal to the informal sector. What is needed though is forming new partnerships and the experience in NGOs and CBOs needs to be recognized so as to not start all over again. What we see here are new structures and partners. There have in the past been tensions, but there are systems of organization and NGOs have become important partners.

Daisy Mafubelu: The role of governments as stewards is important, but we need the social partners as well. How do Trade Unions take care of informal workers?

Monique: hairdressers to be included in the programs since they are best informed. Trade Unions can take care of the informal workers when they are organized to do so. It is a matter of reaching out to them.

**Final comments from the panel members**

Gerry: the informal economy is organized in a way that is not immediately recognizable and needs to be mapped. Also needed is to play to respective strengths e.g. ILO development of workplace policy.

Patrick: funding for what? Through the World Bank, US\$ 2.5 billion has been distributed for HIV/AIDS programs, but there continues to be a need to work out the disbursement and management to reach workers in the informal sectors.

Kanjoo: the government is the best service provider because it has the infrastructure and is also important for networking and partnering. It is important to link women to organizations like the YWCA, where they can find help on issues like child care, etc.

Donald: There are still many governments that are allowing discrimination of infected persons. Innovative partnering can help to combat this.

## **6. Concluding roundtable discussion: Building a Multistakeholder Action Plan**

### **I. Introductory remarks: Sophia Kisting, Director, ILO/AIDS**

Sophia Kisting started her remarks with an optimistic affirmation that, within the context of trying to find ways to intensify prevention and areas of treatment, there is a lot of potential in the informal economy. Dr. Kisting gave the example of work that she carried out in an outreach programme in Cape Town, South Africa, one of the most challenging jobs she has undertaken. The work was focused principally on a group of 200 hairdressers working in a housing settlement in the city with no access to amenities.

The entry points with the women participating in the programme included the following issues: the lack of services such as water and electricity, the negative effects of the use of chemicals, with workshops being organized on working conditions. Their main concern however was about the sustainability of their businesses and how to address HIV/AIDS in practical ways, for example how to sterilize their instruments, etc. They talked about how to resolve problems such as whether or not to treat known HIV/AIDS cases and if so how, as there was a real threat that other clients would stop coming. The answers to their questions could not be found in any textbooks so they were resolved by discussing the issues instead. The way forward entailed hours of work and debate in order to reach an agreement.

Given her experience in the field, Dr. Kisting warned that attention needed to be given to not assuming that we know all the answers. It is often the case that workable solutions to issues can only be arrived at by working through them together. ILO/AIDS is dedicated to working with the informal economy. They might not have all the answers but they do have experience in the workplace.

The conclusions from this meeting will make a contribution to help and inform how to move forward in a better way. Problems concerning HIV/AIDS and the informal economy cannot be addressed without looking at the root causes and at the vulnerabilities. It would be useful to look at the impact of HIV/AIDS not only on the economy but also on poverty.



## II. Roundtable Discussion

Katherine Hagen opened the concluding roundtable discussion, stating that the task ahead is to identify the key elements that should be included in building a multistakeholder action plan for HIV/AIDS and the informal economy. These should include the recommendations that have already been reported by the roundtable sessions on advocacy, workplace and partnerships, as well as the panel discussion on entry points. She noted that the advocacy group emphasized the need for targeting and differentiation, as well as the important role of governments. They also looked at gender issues, the role of traditional healers, options for a concrete communications strategy. The workplace working group referred to the preoccupation in the informal economy with basic survival and noted that training needed to be tied to the survival strategy. Although there may be an apparent lack of structure, there are existing organizations and services channels that should be tapped. Marketing of new health services should be encouraged to work through existing channels in the networks organized by people in the informal economy. The workplace working group also reiterated the key role of government. The partnering working group again reported on the key role of governments as the key channel for funds and services. She noted that the group also discussed the merits of working with FBOs and emphasized the importance of partnering with the social partners of the ILO (i.e. the workers and employers' organizations). The group also addressed the important role of women as multipliers of impact. With regard to gender questions, work needs to be done to address the conditions faced by both women and men in their every day struggle for survival. From the panel discussion, additional issues regarding PRSPs and improving the disbursement of funds to projects in the informal economy were identified, with an appreciation for micro-credit financing, partnering with women's organizations, and broadening the outreach of both trade unions and the private sector were identified.

What next?

The GSO will prepare a summary of the forum proceedings, along with these recommendations and a revised umbrella action plan. What further considerations should be included in this exercise?

Several participants found the mapping exercise to be useful and recommended that the work on it needs to continue - the World Bank might be interested in supporting it.

Others proposed that good action needs to be replicated beyond studies. Instead of spending time on a mapping exercise, more time should be spent on going out and looking for models and supporting action, to learn more about what is actually being done and disseminating practical information to others.

Nonetheless, most participants expressed or supported the view that there is value in mapping as long as it can be used to set priorities. Katherine noted that the mapping exercise was in fact more than a data collecting exercise; information was also being gathered on case studies and projects. The exercise is already a clearinghouse of information for identifying models and connecting them with each other. The initial phase of this mapping exercise was already on the new GSO website at [www.gsogeneva.ch](http://www.gsogeneva.ch).

Stefanie Meredith: In all three roundtable discussions, we have identified a need to involve traditional healers, religious leaders, women and athletes but also to look for models and find ways of expanding the application of these models. She also pointed out the importance of religious healers.

In the discussion that followed, the participants agreed that faith-based organizations can be crucial in giving the right information as opposed to giving the wrong information.

Susan Crowley: Would it be possible to get representatives of target groups, i.e. women, FBOs and traditional healers, to attend the ICASA meeting to make linkages there?

Michel Lavollay: There are existing coalitions of NGOs who have been linking up. There are some negative experiences but the ICASO is a good example of a reliable coalition.

Daniel Graymore: Athletes can play a significant role. An example of this is a project carried out by the International Business Leaders' Forum and the Football Association in the UK who have been doing some work in this area by raising awareness with the cooperation of high profile footballers. The UK's Department for International Development has been doing some work with athletes in Malawi that has been very successful in raising awareness.

Monique Marti: NGO and governments should work together. Formation of partnerships and/or pressure groups for governments should be encouraged to take responsibility and for lobbying.

Chris Trimble: The Global Health Initiative at the World Economic Forum is implementing a project regarding companies and their supply chains. There are companies that are reaching out beyond employees.

The group noted that the case study presented by the IOE, highlighting the General Motors example in Kenya, is a good example of this. However, this example showed a supply chain network that connected to networks run by men. We also need to think about how this supply chain model could be used to reach networks of women and how it could impact on women. Innovative strategies to reach networks of women through the supply chain model should be encouraged, just as innovative strategies are being applied by traditional workers organizations to partner with NGOs.

What is an effective prevention and empowerment strategy for women? The participants agreed that:

- The capacity to negotiate and to protect themselves, e.g. through micro-credit schemes, are very important elements.
- Extended discussions with groups working specifically with women in the informal economy should be strongly recommended.

Donald de Korte: most women get infected between the ages of 14 and 24. Therefore it is needed to reach out to that age group, and recruiting older women as mentors. Young girls and young women are the most vulnerable.

Matthew Lukaszewicz: Orphans and vulnerable children make another needy group. It was noted that orphan-headed households, as discussed in the case study from the YWCA, typically involve young teenagers who are in need of apprenticeship programs that will enable them to sustain their households.

Michel Lavollay: Another issue is legal reforms of inheritance laws, i.e. women denied the right to inherit after her husband dies while she is also infected. The group also agreed that other aspects of legal reform should also be reviewed and included in the action plan.

Donald de Korte: He is working with Human Resources managers to develop a policy that works in a stepwise approach. It is in a field-testing phase, due to be ready in April 2006. The GSO action plan can link up with this exercise.

It was agreed that the GSO should continue to build on the mapping exercise with ongoing gathering of information for a comprehensive and dynamic clearinghouse. The exercise should include case studies and projects and should facilitate partnering in order to disseminate information and adapt good practices for action in other settings. The GSO will write up the Proceedings of this forum, prepare a list of the recommendations made by the participants, and put together a revised draft of a multistakeholder action plan for HIV/AIDS and the Informal Economy in Africa, to share with others.

## Appendix 1: List of Planning Group Members and Forum Participants

### Planning Group Members:

Name	Post	Organization
Ashbourne, Elizabeth	Coordinator, Private Sector Partnership, AIDS Campaign	The World Bank ACT Africa
Beg, Michelle	Director of Campaigns and Communications	Young Women's Christian Association
Crowley, Susan	Senior Director, Liaison Office to the Geneva-based Organizations	Merck & Co., Inc.
De Groot, Arie	Former Managing Director	PharmAccess Foundation
Gizaw, Getachew	Senior Health Officer, Global Programme on HIV/AIDS	International Federation of Red Cross and Red Crescent Societies
Hagen, Katherine	Managing Director	Geneva Social Observatory
Hedger, Philip	Executive Managing Director International Affairs	Pfizer Inc.
Kanyoro, Musimbi	General Secretary	Young Women's Christian Association
Leather, Susan	Head, Advocacy Relations and. Publication Unit	International Labour Organization Global Programme on HIV/AIDS and the World of Work
Muia, Frederick	Regional Adviser for Africa	International Organization of Employers
Mulanga, Claire	Technical Officer	International Labour Organization / AIDS Department
Rai, Pallavi	Technical Specialist	International Labour Organization / AIDS Department
Reichenmiller, Patrick	Counsellor, External Relations	World Bank Group, Office of the Special Representative
Smith, Sonia		International Labour Organization Global Programme on HIV/AIDS and the World of Work
Trimble, Chris		World Economic Forum Global Health Initiative
Vela, Ed	Senior Advisor, Partnerships Development	UNAIDS

**Forum Participants:**

<b>Name</b>	<b>Post</b>	<b>Organization</b>
Adler, Marie Nicole	Advisor	Austria, Permanent Mission
Agbetse, Yao	Advocacy Officer	Franciscans International
Beg, Michelle	Director of Campaigns and Communications	Young Women's Christian Association
Bueno de Faria, Rudelmar	Program Officer – Sustainable Development and Environment	Lutheran World Federation
Crowley, Susan	Senior Director, Liaison Office to the Geneva-based Organizations	Merck & Co., Inc.
De Korte, Donald	Regional Director for HIV Access Program	MSD (Merck&Co., Inc.)
Diop, Assane	Executive Director, Social Protection Sector	International Labour Organization
Finnegan, Gerry	Senior Specialist	International Labour Organization
Florea, Simona	Intern	Geneva Social Observatory
Genee, Otto	Director, Policy Coherence Unit	The Netherlands, Ministry of Foreign Affairs
Graymore, Daniel	Private Sector Adviser, Global AIDS Policy Team and Business Alliances Team, Policy Division	United Kingdom, Department for International Development
Gustin, Françoise	Deputy Permanent Representative	Belgium, Permanent Mission
Hagen, Katherine	Managing Director	Geneva Social Observatory
Hoogeweegen, Hans	Senior Vice President	Medical Knowledge Institute
Howe-Lopez, Lucy	Project Coordinator	Geneva Social Observatory/HRI
Kirchberger, Martina	Intern	Austria, Permanent Mission
Kisting, Sophia	Director	International Labour Organization / AIDS Department
Kongsvik, Turid	Counsellor (Social Affairs)	Norway, Mission
Koudougou, Zakari	Project Manager	Union Network International
Laviec, Jean-Pierre	Senior Adviser	International Labour Organization
Lavollay, Michel	Senior Advisor, External Relations	The Global Fund to Fight AIDS, Tuberculosis and Malaria
Licata, Margherita	Associate Expert	International Labour Organization / AIDS Department
Lonchay, Caroline		International Labour Organization / InFocus Programme on Boosting Employment through Small Enterprise Development (IFP/SEED)
Lukaszewicz, Matthew		European Commission, Permanent Delegation
Mafubelu, Daisy	Counsellor (Health)	South Africa, Permanent Mission
Maisch, Nadine	Counsellor	Luxembourg, Permanent Mission
Marti, Monique	Women's Officer	Union Network International
Martin, Caitlin	Intern	Geneva Social Observatory /Merck&Co., Inc.
Martin, Jacques	Counsellor (Development/Health)	Switzerland, Permanent Mission

<b>Name</b>	<b>Post</b>	<b>Organization</b>
Mbaindjikua, Kanjoo	HIV Advisor	Young Women's Christian Association
Meredith, Stefanie	Director, Geneva Office	Global Business Coalition on HIV/AIDS
Moghali, Lebohang	Counsellor	Lesotho, Permanent Mission
Muia, Frederick	Regional Adviser for Africa	International Organization of Employers
Mulanga, Claire	Technical Officer	International Labour Organization / AIDS Department
Pape, Karin		Global Labour Institute
Plumley, Ben	Director, Executive Office	UNAIDS
Rai, Pallavi	Technical Specialist	International Labour Organization / AIDS Department
Reichenmiller, Patrick	Counsellor, External Relations	World Bank Group, Office of the Special Representative
Russo, Vincenza	Liaison Officer	Italy, Permanent Mission
Shiketa, Akliu	First Secretary	Ethiopia, Permanent Mission
Simek, Mathew	Intern	Geneva Social Observatory
Smith, Sonia		International Labour Organization / AIDS Department
Trimble, Chris		World Economic Forum Global Health Initiative

## Appendix 2: Questions for Discussion Groups

Participants were provided with the following questions to stimulate their discussion in the three discussion groups on the themes of advocacy, workplace and partnerships.

1. To what extent is the informal economy affected by the HIV/AIDS epidemic?
2. Are certain sub sectors worse hit than others?
3. Are gender differences affecting prevalence rates in each sub sector?
4. What types of support systems do affected workers and entrepreneurs in the informal market need?
  - a. For effective advocacy
    1. Prevention and/or behaviour change
    2. Availability and information about VCT
    3. Communication strategies that work and those that don't
    4. Coping with the absence of social dialogue
    5. Identifying and supporting peer educators
    6. Gender issues
  - b. For dealing with workplace issues
    1. Stigma and discrimination
    2. Immediate survival concerns
    3. Water and sanitation services
    4. Police services
    5. Health care services
    6. Work/family issues
  - c. For partnering
    1. Public sector partners
    2. Community-wide initiatives
    3. Self-help groups
    4. Linking up with traditional caregivers
    5. New types of health delivery programmes
    6. Basic livelihood support
    7. Other care and support possibilities
5. What are the key components of a multistakeholder action plan?
  - a. For people working in the informal economy
  - b. For people living with HIV/AIDS
  - c. For informal sector associations
  - d. For governments
  - e. For the social partners
  - f. For business
  - g. For donors
  - h. For international organizations
  - i. For NGOs

How can the 10 Key Principles of the ILO Code of Practice on HIV/AIDS and the World of Work (see Appendix 3) be adapted to sectors in the informal economy?

## Appendix 3: Ten Key Principles of the ILO Code of Practice

HIV/AIDS in the workplace

# 10

## Key Principles

*of the ILO Code of Practice  
on HIV/AIDS and the world of work*

- 1

### A workplace issue

HIV/AIDS is a workplace issue because it affects the workforce, and 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 stigma against workers on the basis of real or perceived HIV status - casual contact at the workplace carries no risk of infection.
- 3

### Gender equality

More equal gender relations and the empowerment of women are vital to preventing the spread of HIV infection and helping people manage its impact.
- 4

### Healthy work environment

The workplace should minimize occupational risk, and be adapted to the health and capabilities of workers.
- 5

### Social dialogue

A successful HIV/AIDS policy and programme needs cooperation and trust between employers, workers, and governments.
- 6

### No screening for purposes of employment

Testing for HIV at the workplace should be carried out as specified in the Code, should be voluntary and confidential, and never used to screen job applicants or employees.
- 7

### Confidentiality

Access to personal data, including a worker's HIV status, should be bound by the rules of confidentiality set out in existing ILO instruments.
- 8

### Continuing the employment relationship

Workers 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, education and support for behaviour change.
- 10

### Care and support

Workers are entitled to affordable health services and to benefits from statutory and occupational schemes.



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