

National Workplace Strategy on HIV and AIDS

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National Workplace Strategy on HIV and AIDS

1. Introduction

1.1 Necessity/prerequisites of the strategy development

Studies conducted in the recent years show that, though many investments are made and a lot of financial resources are spent for the treatment of people living with HIV, for improvement of the policy associated with them, and for delivering other services to them, the number of HIV-positive people is increasing all over the world. In a measure, the increase is associated with the introduction of modern diagnostic methodologies and with the raised awareness. Nevertheless, HIV/AIDS remain a serious threat to population health and economic well-being.

It is evident that in the last decade, the approaches to regulating the issues requiring provision of individual with a long-term care, treatment, social support, social integration, etc. have been changed both in the state policy and in the society. Such issues cannot be addressed within the competence of one department any longer, they require multisectoral approach. In addition, protection of human rights is the fundamental priority for regulating those issues.

People living with HIV should be legally protected and the implemented strategy should contribute to elimination of stigma and discrimination against them.

It is reasonable to implement the strategy, because workplace is the best environment for carrying out programmes and activities on the response to HIV, since employees at the workplace basically have homogeneous social and demographic characteristics. Workplace is a well-organized structural environment favourable for the strategy implementation (social dialogue, labour and health protection committees, health care services, etc.).

Necessity of development the National Workplace Strategy on HIV and AIDS also follows from the provisions of the “Decent Work Country Programme for the Republic of Armenia, 2007-2011”, which envisages development and implementation, by the ILO constituents, of the national action plan addressing HIV/AIDS at the workplace.

1.2 HIV/AIDS epidemic in the Republic of Armenia

In Armenia registration of HIV cases started in 1988. In general the HIV/AIDS statistics is as follows:

- 1988 - registration of the first HIV case; the transmission mode is heterosexual intercourse
- 1988 - registration of the first AIDS case
- 1989 - registration of the first death from AIDS
- 1990 - registration of the first case of HIV infection through injecting drug use
- 1996 - registration of the first HIV case among women
- 2000 - registration of the first case of HIV transmission through homosexual practice
- 2001 - registration of the first cases of HIV infection and AIDS among children
- 2001 - registration of the first case of child death from AIDS
- 2002 - HIV prevalence among IDUs is in the range of 15%
- 2007 - HIV prevalence among IDUs is in the range of 6.8%
- 2010 - HIV prevalence among IDUs is in the range of 6.5%.

From 1988 to 31 October 2011 1127 HIV cases had been registered in the country among the citizens of the Republic of Armenia with 148 new cases of HIV infection have been registered during 2010.

Males constitute a major part in the total number of HIV cases - 797 cases (70.7%), females make up 330 cases (29.3%). 1127 reported cases include 22 cases of HIV infection among children (2%).

57.1% of the HIV-infected individuals belong to the age group of 25-39.

In the Republic of Armenia the main modes of HIV transmission are through heterosexual practices (53.7%) and injecting drug use (37.4%). Additionally, there are also registered cases through homosexual practices, as well as mother-to-child HIV transmission and through blood transfusions.

According to the HIV infection transmission modes, the percentage ratio of HIV carriers in Armenia is as follows:

Transmission through heterosexual practices	53.7%
Transmission through injecting drug usage	37.4%
Mother-to-child transmission	1.8%
Transmission through homosexual practices	1.8%
Transmission through blood	0.3%
Unknown	5.0%

AIDS diagnosis was made to 536 patients with HIV, of whom 124 are women and 11 are children. 94 of all the AIDS cases have been registered during 2010. From the beginning of the epidemic 258 death cases have been registered among HIV/AIDS patients (including 43 women and 5 children).

All the individuals infected via injecting drug use were men. As a matter of fact, the majority of them temporarily inhabited in the Russian Federation and the Ukraine and was probably infected with HIV

there. In addition, the majority of all the HIV-infected males (53.6%) are individuals who practice injecting drug usage, while almost all the women (98.4%) were infected through sexual contacts.

The maximum number of HIV cases was reported in Yerevan, the capital: 459 cases, which constitute 40.7% of all the registered cases. Shirak Marz follows next - 127 cases, which constitute 11.3% of all the registered cases. The estimation of HIV registered cases per 100 000 population shows the highest rate in Shirak marz - 45.1%, followed by Yerevan, Lori, Armavir marzes with the rates of 41.1%, 37.6%, 33.4% respectively.

The HIV/AIDS situation assessment has shown that the estimated number of people living with HIV in the country is about 2500.

1.3 HIV/AIDS and the world of work

HIV is a peculiar disease and its influence on society is not limited to the physical harm it does to people's health. The issue of HIV and AIDS affects nearly all the spheres of human activity, including also the world of work.

In June 2001, the United Nations member states, including Armenia, at the Special Session of the United Nations General Assembly on HIV/AIDS (UNGASS) adopted the Declaration of Commitment on HIV/AIDS, which is actually the first global programme of the response to HIV and AIDS. The Declaration defines clearly that: "Realization of human rights and fundamental freedoms for all is essential to reduce vulnerability to HIV/AIDS. Respect for the rights of people living with HIV/AIDS drives an effective response".

Lack of respect for economic and social rights of people makes them more vulnerable to HIV. Where civil rights of people are not respected, and their right to freedom of speech is curtailed, it is difficult or impossible to respond effectively to the HIV epidemic.

Rights of people living with HIV in the Republic of Armenia are regulated by the Law of the Republic of Armenia "On Prevention of the Disease Caused by the Human Immunodeficiency Virus", adopted in 1997. According to the Law, HIV positive status of a person should not be a ground for restriction of his/her rights and freedoms with the exception of cases determined by the Law.

In 2009 the above-mentioned Law was amended and supplemented and, thereby, brought into consistency with the international guidelines on human rights. In particular, the number of groups subject to mandatory HIV testing was reduced to a considerable extent, the Article, defining conditions of entry to Armenia of foreign citizens and stateless persons (foreign citizens and stateless persons applying for Armenian entry visas for a period exceeding three months were obliged to present an HIV testing certificate), was repealed. Also, the provision of the Article defining the implications of detecting HIV in the body of a foreign citizen or a stateless person (if the presence of HIV in the body of a foreign citizen or stateless person who is in the territory of the Republic of Armenia was confirmed, he/she was subject to administrative deportation from the Republic of Armenia) was repealed.

The provisions related to HIV and AIDS are fixed up in the "Decent Work Country Programme for the Republic of Armenia, 2007-2011", where enhanced awareness on HIV/AIDS prevention at workplace is determined as a mid-term outcome. One of the indicators of attaining this outcome is the national action plan developed and implemented by the ILO constituents specifically addressing HIV/AIDS at the workplace equally for men and women.

Currently, the new “Decent Work Country Programme for 2012-2014” is being developed in Armenia. One of the expected results of this Programme is building up capacity of the tripartite constituents for development of the workplace strategy on HIV and AIDS.

The draft Programme envisages that ILO and the national counterparts take steps to apply the principles of ILO Recommendation No.200 on HIV and AIDS and the World of Work in the national initiatives on enhancing the response to the HIV epidemic in Armenia.

People living with HIV are full and equal members of the society. The international best practice shows that non-discrimination of people living with HIV and protection of their rights are consistent with the efforts to mitigate the harmful impact of the epidemic and to prevent its further spread.

Stigma and discrimination on the basis of real or perceived HIV status can lead to violations of rights of people living with or affected by HIV and AIDS. There are cases of people living with HIV being denied the right of healthcare, education or work. Often an employer refuses to recruit an HIV positive individual, or terminates the employment of a worker upon learning about his or her HIV positive status. Sometimes, health care workers refuse to provide care to HIV-positive patients. Due to stigma and discrimination people living with HIV do not receive support when they need it desperately. Often people living with HIV, due to fear of being evicted from their homes or experiencing social ostracism, conceal their disease, and do not seek medical care, which could improve the quality of their lives and their life expectancy.

Fear of stigma and discrimination suffered by persons affected by HIV or AIDS is a barrier to knowing one’s HIV status. That has a negative impact not only on the people living with HIV but also on their families. Ultimately that hinders integration of people living with HIV into the society.

All the mentioned above proves the fact that elimination of stigma and discrimination associated with HIV and AIDS is one of the prerequisites for reducing the HIV epidemic spread. Recognizing HIV as an important workplace issue, it is necessary to ensure that HIV testing is not required at the time of recruitment or as a condition of continued employment. HIV status should not be a ground for termination of employment. As with many other conditions, persons with HIV-related illnesses should be able to work for as long as medically fit in available, appropriate work. It is necessary to protect the rights of people living with HIV, to establish relevant legal and ethical norms, to combat discrimination with regards to HIV, so that people living with HIV could lead a decent life. To organize this process efficiently, it is necessary unite all segments of society, to provide the population with correct and up-to-date information on HIV and AIDS, to change the society’s attitude of condemnation towards people living with and affected by HIV and AIDS, to overcome fears and misconceptions associated with HIV and AIDS, to enhance provision of care and support to people living with and affected by HIV and AIDS.

HIV/AIDS is one of the important workplace issues. It has a negative impact on enterprises through loss of workers’ skills and experience, decreasing workforce supply and increasing labour costs, declining productivity, reducing incomes and investments. In addition, HIV/AIDS is affecting fundamental rights at work, particularly with respect to discrimination and stigmatization aimed at workers with HIV.

HIV/AIDS, being a significant workplace issue, can have a serious impact on the economy of the country and separate regions.

The risk of HIV transmission is higher in the workplaces where workers come into regular contact with human blood and body fluids.

Though HIV is not transmitted by casual physical contact, accidents may occur in any workplace. That is why the work environment should be healthy and safe, so far as is practicable, for all concerned parties, in order to prevent transmission of HIV, in accordance with the provisions of the ILO Occupational Safety and Health Convention, 1981 (No. 155).

Employers are required to ensure a safe and healthy working environment, that is to ensure that the workplaces, machinery, equipment and work processes under their control are safe and without risk to health. Safety and health measures at workplaces should include, among others, prevention of HIV transmission and reducing occupational risk of exposure to HIV. Safe and healthy working environment is an integral part of decent work. Decent working environment facilitates optimal physical and mental health in relation to work and adaptation of work to the capabilities of workers in the light of their physical and mental health. Safe working environment protects workers' health and gives them a sense of confidence. The basic elements of minimizing the risk of HIV and blood-borne infections are hygiene, relevant training of staff and application of Universal Precautions and measures.

Relevant measures taken in the workplace could promote reducing the transmission of HIV and alleviating its impact. That could be reached by continuation of employment, protection of labour rights, ensuring social protection, provision of treatment, care, support, as well as provision of information on modes and means of HIV prevention.

HIV prevention should include:

- Awareness raising
- Proper implementation of the programmes focused on elimination of HIV/AIDS related stigma and discrimination
- Regular training of staff on the issues of HIV prevention,
- Voluntary counselling and testing for HIV.

Workplace HIV prevention programmes should be adapted to the national conditions.

1.4 Existing legislation of the Republic of Armenia on HIV/AIDS and the world of work

Labour relations in the country are regulated by the Constitution of the Republic of Armenia, the Labour Code of the Republic of Armenia, Laws, other legal acts and collective agreements.

Article 3 of the Constitution of the Republic of Armenia reads that the human being, his/her dignity and the fundamental human rights and freedoms are an ultimate value. The state ensures the protection of fundamental human and civil rights in line with the principles and norms of the international law. At the same time, Article 14.1 defines that everyone is equal before the law. Any discrimination based on sex, race, colour, ethnic or social origin, genetic features, language, religion or belief, political or any other opinion, membership of a national minority, property, birth, disability, age or other personal or social status is prohibited. Article 32 of the Constitution of the Republic of Armenia states that everyone has the freedom to choose his/her occupation. Every worker has the right to fair remuneration, which must not be lower than the minimum wage set by law, as well as the right to working conditions in compliance with the safety and hygiene requirements.

According to Article 3, paragraph 1, points 1, 3, 5 of the Labour Code of the Republic of Armenia, the principles of the labour legislation are:

- Freedom of employment, including the right to work, which should be freely selected or agreed to by each person, the right to manage one's employment capabilities, choose the profession and kind of activity;
- Legal equality of parties of labour relations irrespective of their gender, race, nation, language, origin, citizenship, social status, religion, marital and family status, age, convictions and views, affiliation to political parties, trade unions or public organizations, other factors not relating to an employee's professional qualities;
- Equality of the rights and opportunities of the workers.

According to Article 89, paragraph 1, point 4 of the Labour Code of the Republic of Armenia, the documents, which employers are obliged to require from candidates prior to execution of the agreement, should include a statement on health status (medical record), if labour contract is concluded for a job requiring preliminary and periodic medical examinations, as well as when concluding an employment contract with citizens under the age of eighteen. The list of such jobs and the format of the statement on health status (medical record), is established by the Government of the Republic of Armenia (Decision of the Government of the Republic of Armenia N347-N dated 27 March 2003).

According to second paragraph of the Article 89 of the Labour Code, employers are not entitled to require documents, which are not stipulated by law or other normative legal acts.

Article 249 of the Labour Code of the Republic of Armenia envisages compulsory preliminary medical examination and periodic medical examinations for certain categories of workers. According to paragraph 7 of this Article the list of professions and activities, for which employees must undergo compulsory preliminary and periodic medical examination, as well as the procedure of medical examination are established by the Government of the Republic of Armenia. HIV/AIDS screening is not envisaged by the Decision of the Government of the Republic of Armenia N347-N dated 27 March 2003 on "The procedure for compulsory preliminary (when being admitted to employment) and periodic medical examination of health status; the list of spheres of activities, persons engaged wherein are subject to compulsory examination of health status, as well as the list of the scope and periodicity of medical examination; the list of individual medical record and of persons subject to medical examination".

Chapter 16 of the Labour Code of the Republic of Armenia addresses the relationships between employers and workers relating to protection of workers' personal data.

Article 131 of the Labour Code of the Republic of Armenia defines that personal data of a worker related to the employment relations and information on the concrete worker are considered to be data necessary for an employer.

Article 132 of the Labour Code of the Republic of Armenia specifies the general requirements set forth for the processing of workers' personal data and guarantees for their protection. The Article defines that in order to ensure the rights and freedoms of person and citizen, while processing the personal data of a worker, an employer has to fulfil the following requirements:

- processing of workers' personal data can be done exclusively to comply with laws and other normative legal acts, to assist in selection for employment, training and promotion of workers, to ensure personal security of workers, control over the quality and amount of the work and protection of property;
- all personal data should be obtained from the individual worker. If personal data can be collected only from third party, the worker should give his/her written consent. The employer should indicate the purpose of personal data receipt, the sources and means the employer intends to use, as well as the type of data to be gathered, and the consequences, if any, of refusing to provide written consent;
- the employer has no right to collect and process personal data concerning the worker's political, religious or other beliefs or private life. If the data are directly relevant to the employment relations, the employer may acquire and process data concerning the private life of the worker only upon his/her written consent;
- workers are not entitled to abandon their right to maintain confidentiality.

Article 132 of the Labour Code of the Republic of Armenia specifies also other responsibilities of employers, however the responsibilities mentioned above are those pertaining to protection of the rights of people living with HIV.

As far as the transmission of the worker's personal data is concerned, so, according to Article 134 of the Labour Code of the Republic of Armenia, the employer has to fulfil the following requirements:

- not to communicate the worker's personal data to third parties without written consent of the worker, except for the cases, when communications are necessary to prevent threat to life or health of the worker, and for other cases stipulated by law;
- to instruct those who receive workers' personal data that the data may be used only for the purposes about which workers are informed, and to request confirmation that the instructions have been followed. The recipients of personal data of employees shall keep them confidential. This provision does not apply to the transmission of workers' personal data pursuant to any statutory obligation;
- internal communications of workers' personal data should be limited to the internal legal acts of the employer;
- the right of access to personal data of workers is preserved only by specifically authorized users, who should have access only to such personal data as are needed for the fulfillment of their particular tasks;
- not to require information about employee's health, except for the data, indicating fitness for the proposed assignment.

Article 134 of the Labour Code of the Republic of Armenia provides for other responsibilities of employers, however the responsibilities mentioned above are relative with protecting the rights of people living with HIV.

According to Article 12 of the Law of the Republic of Armenia "On Prevention of the Disease Caused by the Human Immunodeficiency Virus", employees ensuring the diagnosis and treatment of HIV-positive

persons in various enterprises, institutions, and organizations, as well as employees who work with materials containing the human immunodeficiency virus shall be entitled to:

- a) a salary bonus,
- b) a reduced workday,
- c) additional remuneration,
- d) additional leave.

The Government of the Republic of Armenia defines the terms and procedures of giving the above-mentioned privileges.

In compliance with this Article, the Government of the Republic of Armenia, through its Decision N614 dated 25 December 1997 “On giving privileges to persons running the risk of infection with Human Immunodeficiency Virus”, established the following privileges to be granted to employees ensuring the diagnosis and treatment of HIV-positive persons as well as to employees who work with materials containing the human immunodeficiency virus:

- a) salary bonus at the rate of 60%;
- b) five-hour workday;
- c) additional remuneration:
 - for employees with the work history of less than 1 year - 20% of basic rate,
 - for employees with the work history of 1-2 years - 40% of basic rate,
 - for employees with the work history of 2-3 years - 60% of basic rate,
 - for employees with the work history of 3-4 years - 80% of basic rate,
 - for employees with the work history of 4 years and more - 100% of basic rate.
- d) additional annual leave of seven working days duration.

Provisions related to social protection in the work sphere of persons running the risk of HIV infection, and privileges for them are defined by the Decisions of the Government of the Republic of Armenia N201-N dated 1 February 2007, N1599 dated 11 August 2005 and N1698-N dated 2 December 2010.

According to the Decision of the Government of the Republic of Armenia N201-N dated 1 February 2007 “On defining the specifics of work and rest schedule of employees working in the fields of health care, trusteeship (guardianship), child education, energy, gas and heat supply, communications and other spheres of work of special nature”, the “weekly maximum duration of working time of employees whose work is directly linked to provision of diagnosis and medical care to patients with HIV and AIDS, with conducting forensic medical examination or other activities for patients with HIV and AIDS, may not exceed thirty-three hours during a week”.

According to the Decision of the Government of the Republic of Armenia N1599 dated 11 August 2005 “On defining the list of special category employees entitled to an extended annual leave, on minimum duration of the leave and on defining the procedures of the leave provision” the extended annual leave for a period of 25 working days (for those having 5-day workweek) or 30 days (for those having 6-day workweek) is granted to physicians, nurses, nurse's aide working at HIV/AIDS organizations, hospitals, departments, laboratories.

According to the Decision of the Government of the Republic of Armenia N 1689-N dated 2 December 2010, workers of enterprises or hospitals dealing with provision of care and treatment to people living with HIV, as well as laboratory workers are included into the list of extremely hazardous and extremely difficult work conditions, jobs, occupations and positions, and, in the order established by Article 183 of the Labour Code of the Republic of Armenia, such workers receive salary bonus at the rate of no less than 50% of their pay rate.

Article 13 of the Law of the Republic of Armenia “On Prevention of the Disease Caused by the Human Immunodeficiency Virus” defines the right to compensation for the harm caused to a person’s health while he/she was receiving or providing medical care. According to this Article, if persons acquire HIV infection while providing or receiving medical care, they have a right to receive compensation as stipulated by the existing legislation of the Republic of Armenia.

The Law does not define that HIV infection acquired during the performance of job duties is an occupational disease. Whereas, the Government of the Republic of Armenia, by the Annex 3 to its Decision N458-N dated 23 March 2006 “On approving the procedure for the registration and official examination of occupational diseases (intoxications), the procedure for the registration and official examination of accidents, approving the list of occupational diseases (intoxications) and on repealing the Decision of the Government of the Republic of Armenia N121 dated 25 April 1996” approved the list of occupational diseases (intoxications), where unspecified human immunodeficiency virus [HIV] disease (ICD (International Classification of Diseases) - 10’B24) is listed among viral infections. Regulations on reimbursement for damages caused by occupational disease are defined by the Decision of the Government of the Republic of Armenia N579 dated 15 November 1992 “On establishing rules on regulation of compensation for workers’ injury, occupational disease and injuries caused to health by other damages during performance of work duties in enterprises, establishments and organizations (despite ownership form)”. According to point 6 of the Decision, the amount of compensation for injury, occupational disease and injuries caused to health by other damages during performance of work duties is determined according to the level of loss of occupational working capacities based on the average monthly salary received by a worker before getting injury, occupational disease or injuries caused to health by other damages.

Therefore, individuals who acquired HIV infection while providing medical services should be offered compensation for the damage suffered, in the order determined for other occupational diseases.

Article 12 of the Law of the Republic of Armenia “On Prevention of the Disease Caused by the Human Immunodeficiency Virus” stipulates also that health care facilities shall be obliged to ensure, in accordance with the procedure established by the Government of the Republic of Armenia, the availability of means and conditions necessary for the safety of individuals undergoing HIV testing, for HIV-positive individuals, as well as for health workers to perform their duties. This procedure, however, has not been approved by the Government of the Republic of Armenia yet.

The Government of the Republic of Armenia, by its Decision N573 dated 11 December 1997, approved the list of jobs/manipulations that HIV-positive persons are not allowed to do:

- Transplantation
- Blood transfusion
- Hemodialysis
- Anaesthesia and rehabilitation

General surgery
Cardio-vascular surgery and chest surgery
Otorhinolaryngological surgery
Neurosurgery
Obstetrics and gynecology
Burn therapy
Ophthalmology
Stomatology.

It should be noted that the existing legislation of the Republic of Armenia does not envisage compulsory HIV/AIDS screening neither for job applicants (for whom compulsory preliminary (when being admitted to employment) medical examination is envisaged) nor for persons in employment (who have to undergo periodic medical examination).

In general, it is evident that the legislation of the Republic of Armenia relating to HIV/AIDS and the world of work is in conformity with ILO conventions and recommendations.

1.5 Rationale for the strategy adoption

Human rights deserve general respect, protection and realization. The fundamental constitutional rights and freedoms of a person may be restricted only by the law if it is necessary in the interest of national or public security, protection of public's health, rights and freedoms of others.

Protection of human rights of people living with HIV is of particular importance, since it decreases vulnerability to HIV infection, allows people living with HIV to lead decent lives free from stigma and discrimination, mitigates harmful impact of the epidemic on individuals and communities. Protection of human rights is cardinaly important for effective, legally sound response to the HIV epidemic. That presupposes realization of all human rights and freedoms in compliance with the existing international norms on human rights.

Various programmes on the response to the HIV epidemic are being implemented in the Republic of Armenia. However, the workplace HIV prevention is a highly important process having its particularities.

HIV epidemic has a direct effect on the world of work because it reduces the workforce. HIV/AIDS has an enormous impact on enterprises' (organizations') activities, individuals and their families. The society's discriminatory and intolerant attitude withdraws the working-age persons living with HIV from the world of work. That hinders HIV-positive people from their efforts to earn their livelihoods, to meet their needs and the needs of their families and therefore turns those people into consumers only. That decreases the standards of living of other family members, and poses a significant obstacle for their further education and development. These people are also deprived of the opportunity to receive quality health services.

Those negative effects may be aggravated bringing about multiple social problems.

Implementation of workplace HIV prevention should be based on the principle of social partnership. The government, trade unions and employers have an equally important role to play in establishing, strengthening and developing of this principle.

In recent years in our country serious efforts have been made towards the development of relations based on the principle of social partnership. The social partnership mechanisms are regulated by law. Appropriate provisions are included into the Labour Code of the Republic of Armenia, which contains norms on the concept, principles, types, system of social partnership, etc. There are also provisions on collective agreements, which are highly important for the process of development of social partnership.

In Armenia no researches have been conducted regarding the impact of HIV and AIDS on the world of work, neither reliable statistical data in this field are available. The study of those registered at Disabled People Database shows that the majority of people with AIDS recognized as disabled are in their working age. However, this database does not give complete information about people with AIDS, because they avoid applying to the Medico-Social Expert Commission for being recognized as disabled for fear that their HIV positive status be disclosed.

The study in this field would identify all the challenges people with HIV and AIDS are faced with in their labour relations. At the same time it would be possible to find the ways and sources to address those challenges.

2. Workplace Strategy on HIV and AIDS

2.1 Goal

It is generally known that it is easier to reduce the epidemic spread than to eliminate the effects caused by it, which is more costly and ineffective. It is important to realize that HIV is not only a healthcare problem, and multisectoral approach is required to address it. The goal of the strategy is to respond to HIV and AIDS at the workplace on the principle of social partnership.

The objectives of the strategy are as follows:

1. HIV prevention among workers and their families;
2. Reducing high-risk behaviours with a view to decreasing the incidence of HIV;
3. Protection of rights of people living with HIV;
4. Ensuring full access to affordable health care, social and other services;
5. Elimination of discrimination at workplaces, fostering greater tolerance for workers with HIV and AIDS;
6. Taking HIV/AIDS awareness-raising measures at the workplace, ensuring access to relevant information;
7. Alleviating negative impact of HIV and AIDS on the social, labour and economic development.

2.2 Scope

This strategy applies to:

1. all employers (irrespective of organizational and legal status) and workers, including job-seekers, those in training, including interns and apprentices and volunteers;
2. job applicants, suspended workers;
3. workers of informal sector;
4. all agencies, public and private sectors organizations;
5. employers and workers trade union organisations;

6. international associations and organizations functioning in the Republic of Armenia.

2.3 General principles

The International Labour Office has performed a great amount of work and conducted many studies on the issue of HIV/AIDS and the world of work. As a result, highly important documents were developed: “An ILO code of practice on HIV/AIDS and the world of work” (Geneva, 2001) and ILO Recommendation No.200 on HIV and AIDS and the World of Work (Geneva, 2010).

The principles of the above-mentioned documents, which should form the basis of this strategy, are the following:

1. Recognition of HIV and AIDS as a workplace issue

HIV/AIDS is a workplace issue, since it affects the workforce. Workplace is a well-organized structural environment favourable for struggling to limit the spread and effects of the epidemic.

2. Non-discrimination

In the spirit of decent work and respect for the human rights and dignity of persons, there should be no discrimination against people living with HIV. Discrimination and stigmatization of people living with HIV inhibits efforts aimed at promoting HIV/AIDS prevention.

3. Gender equality

The gender dimensions of HIV/AIDS should be recognized. Women are more likely to become infected and are more often adversely affected by the HIV/AIDS epidemic than men due to biological, socio-cultural and economic reasons. The greater the gender discrimination in societies and the lower the position of women, the more negatively they are affected by HIV.

Therefore, more equal gender relations and the empowerment of women are vital to successfully prevent the spread of HIV infection and enable women to cope with HIV/AIDS.

4. Safe work environment

In order to prevent transmission of HIV in the workplace, all concerned parties should ensure safe and healthy working environment; the work should be adapted to the capabilities of workers in light of their state of physical and mental health.

5. Social dialogue

The successful implementation of HIV/AIDS strategy and programmes requires cooperation and trust between employers, workers and their representatives and government, where appropriate, with the active involvement of workers infected and affected by HIV and AIDS.

6. Inadmissibility of compulsory HIV screening

HIV screening should not be required of job applicants or persons in employment.

7. Confidentiality

There is no justification for asking job applicants or workers to disclose HIV-related personal information. Nor should co-workers be obliged to reveal such personal information about fellow workers.

8. Continuation of employment relationship

HIV infection is not a cause for termination of employment. As with many other conditions, persons with HIV-related illnesses should be able to work for as long as medically fit in available, appropriate work.

9. Prevention

HIV infection is preventable. The social partners are in a unique position to promote prevention efforts. Effective response to the HIV epidemic can be achieved through the implementation of preventive activities, particularly in relation to changing attitudes and behaviours through the provision of information and education, and in addressing socio-economic factors.

10. Care and support

Solidarity, care and support should guide the response to HIV/AIDS in the world of work. All workers, including workers with HIV, are entitled to affordable health services, including voluntary counseling and testing antiretroviral treatment and treatment for opportunistic infections, etc. Those services should be provided through statutory social security programmes and occupational schemes.

There should be no discrimination against workers with HIV and their dependants.

2.4 Aims of the workplace strategy on HIV and AIDS

1. Legislative reforms

Though the Armenian legislation related to HIV/AIDS and the world of work in general is in consistency with the ILO conventions, and other documents, in the process of practical application of the proposed strategy some problems or discrepancies may occur. To avoid them the following activities should be conducted:

- Reviewing the existing legislative acts relating to the labour and HIV/AIDS fields;
- Submitting suggestions and objections on making amendments and supplements to the existing legislative acts, if appropriate, on developing new statutes;
- Involving people living with HIV and organizations dealing with their problems into the process of improving the legislative field;
- Integrating the National Workplace Strategy on HIV and AIDS into the National Strategy on the response to the HIV epidemic.

2 Prevention of HIV spread

Prevention programmes should ensure:

- Taking effective occupational safety and health measures, which should include universal precautions, accident and hazard prevention measures;
- Providing accurate, up to date, relevant and timely information through the different channels of communication available (information for workers with disabilities should be provided in the appropriate formats);

- Developing comprehensive education programmes to help women and men understand and reduce the risk of all modes of HIV transmission;
- Taking measures to encourage workers to know their own HIV status through voluntary counselling and testing;
- Ensuring accessibility and affordability of all means of prevention.

3. Awareness raising

- Promoting HIV/AIDS awareness and education at all levels;
- Taking measures to promote behavioural change through peer education and other methods;
- Integrating HIV-related issues into the workplace existing and planned programmes;
- Creating a non-discriminatory environment;
- Setting up internal HIV/AIDS committees.

4. Promotion of social protection and health programmes

- Provision of social support to workers with HIV and AIDS (food aid, pecuniary aid, etc.);
- Ensuring provision of care services to workers with HIV and AIDS or their families;
- Strengthening collaborative relationships on the issues of HIV prevention between public and private sectors;
- Ensuring the right of HIV-positive workers, their family members and caregivers to receive health care services. The services should include: free or affordable voluntary testing and counselling, antiretroviral treatment and adherence counselling, nutrition counselling, as well as treatment for sexually transmitted infections and HIV-related illnesses (e.g. tuberculosis), prevention and support programmes for HIV-positive people, including psychosocial support.

5. Promotion of employment

- Job creation
- Accommodation (measures should be taken to reasonably accommodate the worker(s) with AIDS-related illnesses, re-deploy them to other duties, etc.)
- Ensuring continuation of employment of workers with HIV (retraining, requalification, etc.)

6. Gender equality

Studies conducted around the world prove that women are the hardest hit by the HIV epidemic. On the one hand, women are more likely to become infected than men due to biological, socio-cultural and economic reasons. On the other hand, women assume more family care responsibilities. The burden of caring for those with AIDS-related illnesses falls more often on women and girls thus diminishing their income generating and schooling possibilities. Therefore, more equal gender relations and the empowerment of women are vital to successfully prevent the spread of HIV infection and enable women to cope with HIV/AIDS.

Though there are no discriminatory provisions against women in the existing national legislation, considering the necessity and importance of adhering to the gender equality principle in various spheres of life, and of cultivating this principle in the society, it is necessary to implement appropriate strategy at the workplaces.

According to the Constitution of the Republic of Armenia, international agreements of the Republic of Armenia, men and women have equal rights, freedoms and obligations. Any discrimination based on sex is prohibited.

At present the draft Law of the Republic of Armenia “On ensuring equal rights and equal opportunities for men and women” is under discussion. The law defines state guarantees for ensuring equal rights and equal opportunities for men and women. It aims to eliminate all forms of discrimination based on sex, and to create conditions for actual exercising the rights, freedoms and opportunities of a human and citizen in state, social, economic, cultural, and other spheres of social and political life.

7. Development of measures for workers in informal sector, based on analysis of their vulnerability and risks assessment

3. Competent authorities on the response to HIV/AIDS at workplace

Consultation of the government with employers’ and workers organizations on the principle of social partnership is vitally important for the response to the HIV epidemic at the workplaces. The social partners are in unique position to promote prevention efforts.

3.1 Government and Ministries (departments)

1. The Government should ensure coherence in national HIV/AIDS strategy, programmes and activities, support and develop collaboration between regional, international and public organizations (self-government bodies), employers’ and workers’, as well as non-governmental organizations. Employers as well as representatives of workers’ trade-union organizations, and of non-governmental organizations dealing with HIV/AIDS should be involved in the process of the strategy development.
2. The government should provide legal framework, mobilize social partners for collecting data, conducting incidence and prevalence studies, as well as relevant activities for the effective implementation of the strategy.
3. Every ministry/department should develop its own workplace strategy on HIV/AIDS, based on the principles and requirements fixed up in this strategy and in other ILO documents.
4. The strategy must be carried out by the appropriate inter-agency coordination mechanisms. In the process of development of the workplace strategy on HIV and AIDS, it should be coordinated with the Ministry of Labour and Social Affairs and the Ministry of Health of the Republic of Armenia.
5. Ministries/departments should appoint their HIV/AIDS focal points. They should receive, on the principle of social partnership, technical support from relevant organizations for developing strategy or programmes for workers with HIV and their families. The support also should be provided within the frameworks of on-going programmes.
6. Ministries should develop methodological guidelines and/or recommendations for the public and private institutions under their control, for the joined implementation of workplace activities and programmes on HIV and AIDS.

7. Ministries, within the state budget planning, should envisage finances for implementing the workplace strategy on HIV and AIDS. If appropriate, they could apply for donor organizations support.
8. HIV and AIDS-related issues should be included into the agendas of consultations held by the government or ministries/departments.
9. Ministries/departments should give coverage on performed work, conduct awareness-raising activities, encouraging all public agencies to join the process of implementation of workplace strategy on HIV and AIDS.
10. Ministries/departments should organize training on the issues of HIV and AIDS for their representatives, as well as for representatives of employers, workers and workers' trade-union organizations (having coordinated the issue with the Ministry of Labour and Social Affairs and the Ministry of Health of the Republic of Armenia).
11. Ministries/departments should take measures to disseminate the Armenian version of ILO Recommendation no 200 on HIV and AIDS and the World of Work (if appropriate, in Braille format).

3.2 Employers' associations

Employers have a right to establish, on a voluntary basis, employers' associations to protect the rights of their members in their relations with public and local self-government bodies, trade unions, employees of the enterprise and individual workers, as well as with a view to represent their members' legitimate interests in the development of and discussions on labour legislation and other normative legal acts comprising norms of labour law, as well as in labour and labour related socio-economic relations.

An employers' association is a non-profit legal entity uniting employer organizations and citizens-employers.

The employers' organizations should:

1. Advocate the involvement of their member organizations into the process of implementation of the workplace programmes and strategy on HIV and AIDS.
2. Ensure that their member employers consult with workers and their representatives to develop and implement an appropriate strategy for their workplace, designed to prevent the spread of HIV and protect all workers from discrimination.
3. Endeavour to include provisions on HIV/AIDS protection and prevention in national, sectoral and enterprise collective agreements.
4. Work together with employers, workers and their organizations, to develop appropriate strategies to assess and appropriately respond to the economic impact of HIV/AIDS.
5. Provide education and training to their members, raise their awareness on HIV and AIDS-related issues, including the issues of HIV prevention and reducing discrimination against people living with or affected by HIV.
6. Ensure that their member employers do not consider real or perceived HIV status as a ground of discrimination, preventing the recruitment or continued employment, an obstacle or a cause for termination of employment.
7. Ensure that their member employers, in consultation with workers and their representatives, initiate and support programmes at their workplaces to inform, educate and train workers about HIV/AIDS prevention, care and support.

8. Develop, if appropriate international collaboration to respond to HIV.

3.3 Organizations

It is suggested that all public and private organizations in the formal and informal sectors develop workplace programmes and strategy on HIV and AIDS.

The following activities should be implemented by organizations:

1. Designate focal points on HIV/AIDS, which should be representative of managers and supervisors.
2. Set up internal HIV/AIDS Committees with representatives of workers of various departments aimed to develop the organization's programmes and strategy relating to HIV/AIDS.
3. Ensure mandatory training on the issues of HIV and AIDS for focal points on HIV/AIDS or representatives of internal HIV/AIDS Committees in all public and private organizations.
4. Ensure safe and healthy work environment.
5. Develop relevant activities to support workers with HIV and their families (food support, health care provision, condom availability, nursing care, involvement of social workers, etc.)
6. Promote increasing access to HIV voluntary counselling and testing. That can be reached within an organisation's medical services or through referring a worker to the National Center for AIDS Prevention or to the Centers of Voluntary Counselling and Testing.
7. Strengthen capacity of organization's medical staff and health care services.

Employers should endeavour to include provisions on HIV/AIDS protection and prevention in national, sectoral and enterprise collective agreements.

Employers should not engage in nor permit any personnel policy or practice that discriminates against workers with HIV.

Employers should ensure that HIV/AIDS-related information of workers is kept strictly confidential. It should be kept only on medical files, whereby access to information should comply with the Occupational Health Services Recommendation, 1985 (No. 171), and existing legislation of the Republic of Armenia.

In developing and implementing the workplace strategy on HIV and AIDS, a number of factors should be prioritised and taken into consideration:

1. Programmes on the response to HIV and AIDS should be part of other policies and programmes. It would be more cost-effective to integrate them into the on-going activities related to social protection, corporate social responsibility, human resources management, labour protection and occupational safety.
2. Introduction of workplace programmes on HIV/AIDS does not require large financial expenditures.
3. In the spirit of good corporate citizenship, organizations can contribute significantly to the expansion of HIV prevention programmes and care services.
4. Organizations should support people living with HIV to enhance their possibilities to develop their working capabilities and to gain livelihoods.
5. Organizations should ensure that persons with HIV-related illnesses are able to continue to work for as long as medically fit in available, appropriate work. Measures should be taken to re-deploy and accommodate the workers with HIV-related illnesses through their re-qualification.

6. In the workplaces where workers come into regular contact with human blood and body fluids, employers need to take additional measures to ensure that all workers are trained in Universal Precautions, that they are knowledgeable about procedures to be followed in the event of an occupational incident and that Universal Precautions are always observed. Relevant financial and human resources should be provided for these measures.
7. Organizations can involve also social workers into the implementation of this strategy.

3.4 Trade Unions

Trade Unions are public associations of employees that are banded together voluntarily to represent the interests of workers and to protect their labour, social, economic, etc. rights. In addition, Trade Unions have an important role to play in making collective agreements, through which it is possible to secure and protect workers' interests.

As one of the social partners, trade unions can play a significant role in the implementation of the programmes and activities envisaged by the national workplace strategy on HIV and AIDS.

In this process trade unions should use as a basis the requirements of the existing national legislation, collaborate with other partners and responsible departments/agencies in managing and regulating HIV/AIDS-related issues, and in organizing activities.

It is suggested that trade unions implement the following activities:

1. Endeavour to include provisions on HIV/AIDS protection and prevention in national, sectoral and enterprise collective agreements.
2. When facts of non-provision of occupational safety are ascertained, to negotiate with employers to eliminate the facts or to alleviate them.
3. Promote awareness of workers, ensure accessibility and dissemination of relevant information. That could be implemented in a variety of ways, through "peer education", through everyday conversations and discussions, through designing relevant posters, disseminating brochures or methodological guidelines, organizing various public events devoted to the World AIDS Day, etc.
4. Work together with employers to develop appropriate strategies to assess and appropriately respond to the economic impact of HIV/AIDS.
5. Ensure that personnel policy and practice are free of HIV-related discrimination or stigmatisation. When workers with HIV are faced with stigmatisation or discrimination they should report on it or address relevant complaint to an employer. Also, the workers have a right to apply with those issues to the law enforcement agencies.
6. Workers have the right to access their own personal and medical files. Trade unions should not have access to personnel data relating to a worker's HIV status. In all cases, when carrying out trade union responsibilities and functions, the rules of confidentiality and the requirement for the concerned person's consent set out in the Occupational Health Services Recommendation, 1985 (No. 171), should apply.
7. Trade unions should involve in their activities workers of informal sector as well, and support the initiatives to reduce the transmission of HIV and alleviate its impact.
8. Encourage support for, and access to, HIV voluntary counselling and testing.

3.5 Non-governmental organizations (social organizations, civil society)

Effective response to HIV and AIDS requires active involvement of non-governmental organizations (social organizations, civil society). Broad participation in the response of the organizations dealing with HIV/AIDS and of other organizations is important. Specifically, the involvement of non-governmental organizations should include the following:

1. Develop HIV/AIDS strategies for their workplaces, based on the existing legislation of the Republic of Armenia, ILO recommendations (in particular, ILO Recommendation No.200) and principles of this policy paper.
2. Strengthen their capacity to provide technical assistance to organizations/associations and trade unions on the issues of developing appropriate workplace strategy and programmes on HIV and AIDS.
3. In conjunction with the relevant departmental bodies to organize and implement programmes, seminars, aimed at raising general awareness on HIV and AIDS.
4. With the methodological support from the governmental bodies, to publish various HIV/AIDS information/education materials - booklets, brochures, etc.
5. Involve also workers of informal sector in the implemented activities.
6. Integrate HIV and AIDS-related issues into the on-going programmes (particularly into the programmes focused on the most vulnerable populations - women, adolescents, children, and people with disabilities). That could help to protect those populations from the negative impact of HIV.

4. Strategy implementation monitoring

For practical application of the developments in relation to the national workplace strategy on HIV and AIDS, they should be regularly monitored. The monitoring should be conducted at two levels:

4.1 Policy/administrative level

4.2 Workplace level

4.1 The following should be monitored at the **policy/administrative level**:

- whether the appropriate national workshops were held with participation of the social partners and other interested stakeholders;
- whether consultation were held with the Ministry of Labour and Social Affairs and the Ministry of Health;
- how the number of organizations involved in this strategy increased;
- whether any suggestions or comments were made in regards of making amendments and supplements to the developed policy paper;
- and other.

If appropriate, amendments should be made into the implemented strategy and activities, based on the results of the monitoring and evaluation regularly conducted at this level.

4.2 The monitoring **at the workplace level** can be conducted through:

- evaluation of work environment and occupational safety provision;
- asking workers to complete the designed questionnaires;
- holding discussions with workers;
- and other.

Representatives of the Labor Inspectorate, employers, trade unions, trained on the issues of workplace strategy on HIV and AIDS, may be involved in the process of monitoring and evaluation.