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# **An HIV and AIDS Workplace Policy for the Education Sector in Southern Africa**



International Labour  
Organization



United Nations Education, Scientific  
and Cultural Organization

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## LIST OF ACRONYMS

<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>ARV</b>	Antiretroviral
<b>ART</b>	Antiretroviral therapy
<b>CDC</b>	Centers for Disease Control (USA)
<b>EMIS</b>	Education management and information system
<b>FBO</b>	Faith Based Organization
<b>HIV</b>	Human Immunodeficiency Virus
<b>ILO</b>	International Labour Organization
<b>PEP</b>	Post-exposure prophylaxis
<b>PTA</b>	Parent-teacher association
<b>STD</b>	Sexually transmitted disease
<b>STI</b>	Sexually transmitted infection
<b>UNESCO</b>	United Nations Educational, Scientific and Cultural Organization
<b>V(C)CT</b>	Voluntary (and Confidential) Counselling and Testing
<b>WHO</b>	World Health Organization

## 1. INTRODUCTION

Education institutions and services (hereafter the use of “institutions” is understood also to include “services”, unless otherwise stated) play a vital role in teaching employees and students about HIV and AIDS, shaping attitudes towards HIV, AIDS and people living with HIV, and building skills for reducing risk of HIV, promoting care and opposing stigmatization. Infection rates remain high in the southern African region. At the same time, the education sector must take account of the fact that people who are HIV-positive can remain capable of normal work for many years. It is therefore critical for education institutions and services as workplaces to adopt and implement a policy, or, where such a policy already exists in the education sector or as a national workplace policy, to adapt it for use in education workplaces and effectively integrate it with national strategies based on the principles and concepts of the present text. Either approach would enhance the education sector response in ways that protect the rights of all employees and students, prevent further HIV infection, and create a caring, safe and supportive learning environment.

This policy is based on the *ILO code of practice on HIV/AIDS and the world of work* (hereafter, “the ILO code of practice”), adopted by an international tripartite meeting convened by the ILO in 2001, and includes key concepts and principles of the ILO code of practice. Development of the policy has resulted from collaboration between ILO and UNESCO.

The policy was carefully reviewed and modified during a tripartite workshop held in Maputo, Mozambique, 30 November - 2 December 2005, composed of representatives from seven southern African countries<sup>1</sup>. Participants at the workshop included representatives of Ministries of Education and Labour, teacher trade unions, private employers and National AIDS Councils/Commissions. The policy is designed to be an additional contribution to the realization of the overall objectives of the Education for All (EFA) goals adopted in Dakar, Senegal in 2000.

<sup>1</sup>Botswana, Lesotho, Mozambique, Namibia, South Africa, Swaziland, Zambia

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## 2. PURPOSE

The purpose of this policy is to provide a framework for addressing HIV and AIDS as a workplace issue in education sector institutions and services through social dialogue processes, complementing other national workplace or overall education sector policies where they exist. The policy aims to enhance commitment among senior education sector management, private school employers and managers and education sector unions to respond effectively to HIV and AIDS in the education sector. It should be used to give effect to changes designed to prevent and reduce the impact of HIV and AIDS in national legislation or regulation, collective bargaining agreements and institutional decisions.

The policy covers the following key areas of action:

- prevention of HIV through workplace prevention, education and training programmes
- reduction of vulnerability arising from unequal gender and staff/student (or learner) relationships
- elimination of stigma and discrimination on the basis of real or perceived HIV status and adherence to the rights of infected or affected staff and students
- care, treatment and support of staff and students who are infected and/or affected by HIV and AIDS
- management and mitigation of the impact of HIV and AIDS in education institutions
- safe, healthy and non-violent work and study environments

## 3. DEFINITIONS

**Abstinence:** not engaging in sexual intercourse or delaying sexual debut

**Administrator:** Principal, School Manager, Vice Principal, Dean or other officer who plays a managerial role at the education institution or services, including school heads, department heads and school management teams.

**AIDS:** the Acquired Immune Deficiency Syndrome, is a range of medical conditions that occurs when a person's immune system is seriously weakened by infection with the Human Immunodeficiency Virus (HIV). HIV weakens cells in the immune system. This impairs the body's ability to respond to other infections. People living with AIDS are susceptible to a wide range of unusual and potential life-threatening diseases and infections. Though most of these can be treated, there is no successful treatment for the underlying immune deficiency caused by the virus to date.<sup>2</sup>

**Care, treatment and support:** The care, treatment and support available to employees and students living with HIV, according to national legislation, education service regulations or institutional policy

**Community:** local institutions outside the education institution which provide leadership or support on social, economic and political issues relevant to citizens, such as private employers or business, non-governmental social welfare organizations, health care providers, faith based organisations (FBOs), cultural institutions, etc

**Discrimination:** any distinction, exclusion or preference made on the basis of HIV status or perceived HIV status, including discrimination on the grounds of sexual orientation, which has the effect of

<sup>2</sup> Definition inspired by the *ILO Code of practice on HIV/AIDS and the world of work*, 2001 and *UNESCO Guidelines on Language and Content in HIV- and AIDS-Related Materials*, 2005

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nullifying or impairing equality of opportunity or treatment in employment or occupation, or training, in accordance with the definition and principles of the Discrimination (Employment and Occupation) Convention, 1958 (no. 111).

**Education institution:** the establishment or setting where the learning, whether formal or non-formal, takes place. For purposes of this policy, education institutions include pre-primary, primary and secondary schools, post-secondary vocational/technical training, further and higher education institutions, and places of specialised, distance, adult, community and non-formal education.

**Education service(s):** components of a nation's education and training system, public or private, other than an education institution, including education based support services.

**Employee:** an administrator, teacher or non-teaching support staff employed in an educational institution or service.

**Employer:** a person or organisation employing workers in an education institution(s) under a written or verbal contract of employment which establishes the rights and duties of both parties, in accordance with national law and practice.

**Governing Body:** the governing authority of an education institution, public or private

**HIV:** Human Immunodeficiency Virus, a virus that weakens the body's immune system and (if remained untreated) may result in AIDS. Even though there is no cure to an HIV infection, antiretroviral (ARV) medication treatment reduces the rate of replication of the virus in the body, which may drastically reduce the possibility of developing AIDS.

**Parent/s:** this term is inclusive of the biological and adoptive parents or custodians, and guardians of children.

**Peer educator:** the trained employee or student who develops or implements a developmental counselling programme to meet the personal, psychosocial, social, and educational or training needs of employees or students in relation to HIV and AIDS.

**Physician:** a medical doctor licensed in accordance with the regulations of the State or other competent health licensing authority.

**Post-exposure prophylaxis (PEP):** measures to be instituted after possible accidental exposure to HIV infection, e.g. rape, sports injuries and exposure to sharp instruments etc.

**Reasonable accommodation:** any modification or adjustment to a job or to the workplace that is reasonable, practicable and will enable a person living with HIV or AIDS to have access to or participate or advance in employment.<sup>3</sup>

**Screening:** assessing the level of actual risk of exposure to HIV and/or providing access to HIV testing. HIV screening should be done within the framework of the HIV/AIDS Workplace Policy.

**Sex and gender:** there are both biological and social differences between males and females. The term 'sex' refers to biologically determined differences, while the term 'gender' refers to differences in social roles and relations between males and females. Gender roles are learned through socialization and vary widely within and between cultures. Gender roles are affected by age, class, race, ethnicity and religion, and by the geographical, economic and political environment.

<sup>3</sup> Definition from the *ILO Code of Practice on HIV/AIDS in the World of Work*

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**Sharp/sharp instrument:** an object such as a needle or other instrument used in school health care or in the education setting (eg tools in woodwork) that is able to penetrate the skin and potentially cause infection.

**STIs:** sexually transmitted infections, which include, among others, syphilis, chancroid, chlamydia, gonorrhoea. They also include conditions commonly known as sexually transmitted diseases (STDs).

**Social dialogue:** any form of information sharing, consultation or negotiation between educational authorities, public and private, and employees or their representatives (i.e., employees' representatives as defined below). In the context of this policy social dialogue is also applied to students and other stakeholders.

**Stakeholder:** an individual, organization or body with a direct and continuing interest in an education institution or service

**Stigma:** a process of devaluation of people either living with or associated with HIV/AIDS. This stigma often stems from the underlying stigmatisation of sex and intravenous drug use, sexual orientation and sexual preference.

**Student/learner:** a person attending formal or non-formal classes or pursuing studies at a school, training institution, college, university, or any other education institution.

**Teacher/educator:** a person engaged part-time or full-time in education of students/learners in an educational institution, formal or non-formal

**Termination:** of employment means dismissal at the initiative of the employer.<sup>4</sup>

**Unfair labour practice:** unfair conduct of an employer relating to the employment terms and conditions, including probation or promotion, training, provision of benefits or disciplinary action of an employee as defined in national law or practice

**Universal Precautions:** are infection control practices to be used to minimize the risk of exposure to blood-borne pathogens.<sup>5</sup>

**Violence, verbal or physical:** Any action, incident or behaviour that departs from reasonable conduct in which a person is assaulted, threatened, harmed, injured in the course of, or as a direct result of, his or her work.<sup>6</sup>

**Workers/Employees' representatives,** in accordance with the ILO Workers' Representatives Convention, 1971 (No. 135) are persons recognized as such by national law or practice whether they are: (a) trade union representatives, namely, representatives designated or elected by trade unions or by members of such unions; or (b) elected representatives, namely, representatives who are freely elected by the workers of the undertaking in accordance with provisions of national laws or regulations or of collective agreements and whose functions do not include activities which are recognized as the

<sup>4</sup> Definition from an *ILO Code of Practice on HIV/AIDS in the World of Work*

<sup>5</sup> Definition from an *ILO Code of Practice on HIV/AIDS in the World of Work*

<sup>6</sup> Definition from an *ILO Code of Practice on HIV/AIDS in the World of Work*

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exclusive prerogative of trade unions in the country concerned.<sup>7</sup> For purposes of this policy, “undertaking” is understood to mean “educational institution or service”.

## **4. APPLICATION AND SCOPE**

This policy should be used as the basis for a national policy for the education sector and as the basis of policy for individual education and training institutions at all levels: early childhood, primary, secondary, tertiary, technical/vocational and adult education, except as otherwise stated in this policy.

## **5. PROCESS, AVAILABILITY AND REVIEW OF POLICY**

### **5.1 Social dialogue**

In accordance with the key principles set out in section 6 of this Policy, its provisions have been decided in consultation or negotiation, as appropriate, between the public education authorities as public employers, or private education employers, and worker representatives acting on behalf of employees. This Policy, resulting from such agreement, has been established in accordance with national law or practice and education service provisions for information sharing, consultation or negotiation between employers and employees and their representatives, as well as relevant HIV and AIDS policies.

In view of its importance within education institutions, agreement on this Policy, its application and its revision should involve representatives of students, parents and the community.

Given that denial, prejudice, stereotypes and stigma associated with HIV and AIDS constitute principal barriers to effective action, the development of the policy should be preceded or accompanied by a “values clarification” process on the issue among the principal actors and relevant stakeholders, to ensure transparency, trust, cooperation, ownership and commitment to the process

The education institution should appoint and provide training for an HIV and AIDS coordinator and where practicable an HIV and AIDS committee, as appropriate to its size and resources, in order to help apply and monitor this Policy. Where a workplace committee already exists, this should be used (e.g. occupational safety and health or health advisory committees etc.) A committee should be composed of at least one representative each of the management, teachers, other employees, employees’ representatives, students, parents and a community-based HIV/AIDS association. The committee or coordinator should:

- be responsible for promoting the HIV/AIDS policy in the institution
- support the implementation of the education programme
- access and mobilize resources and partnerships for assistance and support
- work with parents and the wider community to disseminate information about HIV and AIDS and address HIV- and AIDS-related stigma and discrimination
- adhere strictly to the confidentiality issues of this policy (see Article 11);

<sup>7</sup> Definition from an *ILO Code of Practice on HIV/AIDS in the World of Work*

- 
- help evaluate the objectives, processes and outcomes of the HIV/AIDS programme.

## **5.2 Availability of Policy**

A copy of this Policy is to be kept on display in the institution and made available to all employees and students for reading and for reproduction. All forms of communication normally used in the institution - for example, posters, circulars to employees, staff meetings, notices of governing bodies, student body meetings, institution assemblies and electronic mail - should be used to make the Policy known and help ensure its application. Forms of communication to ensure communication with illiterate or semi-literate parents or other stakeholders should also be used.

## **5.3 Review of Policy**

This Policy should be reviewed regularly to take account of new developments in medical information or experience in the management of HIV and AIDS in educational institutions. The results of such reviews and changes in the Policy will be made known on the same basis as set out section 5.2 above.

The management should provide opportunities at staff meetings, Parent-Teacher Association meetings, institutional assemblies or other meetings as appropriate to discuss the policies and the effectiveness of their application.

## **6. KEY PRINCIPLES**

The adoption of this policy implies commitment to the following key principles.

### **6.1 Recognition of HIV and AIDS as an issue affecting the education sector**

HIV/AIDS is an issue for all education institutions and services, not only because the virus affects employees and students/learners, but also because education institutions can play a vital role in limiting the spread and effects of the infection.

### **6.2 Non-discrimination and reduction of stigma**

In the interests of an effective teaching and learning environment and respect for human rights, there should be no discrimination against an employee or student who has, is perceived to have, or who is affected by HIV and AIDS. Discrimination and stigmatisation inhibit efforts for prevention, care, treatment and support. Education institutions and services should adopt a pro-active approach to avoiding and eliminating stigma and discrimination as part of this Policy.

### **6.3 Gender equality**

HIV and AIDS impact on men and women differently. Women and girls are often more adversely affected by the epidemic, due to physiological, socio-cultural and economic reasons. Women and girls may also be more vulnerable due to unequal gender relations. Sexual harassment in the educational setting should be addressed. Any discrimination and/or action that may put an employee or student of either sex at risk of HIV because of their sex strictly violates the basic principles of this policy, should be reported and may be sanctioned in accordance with relevant disciplinary policies. Education programmes should address the roles and responsibilities of men and boys in promoting gender equality as well as the rights of women and girls. Application of this policy is designed to take account of these

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unequal gender relations and enable all employees and students to successfully avoid risks, the spread of HIV infection and to cope with the impact of HIV and AIDS.

#### **6.4 Caring and supportive environment**

The employee or student who has contracted HIV needs empathy, care, treatment and support. There should be no discrimination against employees or their families in access to affordable health services and statutory or occupational benefits. There should be no discrimination against students with respect to the normal health benefits accessed and enjoyed by other students. Education institutions should set up programmes of care and support that guarantee access to treatment, and provide for reasonable accommodation, provision of or referral to counselling, healthy living information (on nutrition, positive living, and sexual behaviour), including life skills education where relevant, and consider the extension of employee and student assistance programmes where available.

#### **6.5 Healthy work environment**

The teaching/learning and work environment should be healthy and safe, so far as is practicable, for all concerned parties in order to reduce risk of HIV infection and transmission. While there is no risk of HIV transmission through normal casual contact, universal precautions should be applied to avoid transmission in the event of accidents in the education setting, and risks reduced or eliminated.

#### **6.6 Screening for purposes of exclusion from employment or studies**

HIV screening should not be required of job applicants, students who wish to enrol, or current employees or students. Testing for HIV should not be carried out at the education institution except as specified in section 11 of this policy.

#### **6.7 Continuation of employment relationship**

HIV infection is not a cause for the termination, suspension, involuntary transfer or denial of career advancement of an employee or the expulsion or suspension of a student. Persons living with HIV-related illnesses should be able to work or study for as long as medically fit in appropriate work or studies and be provided with reasonable accommodation.

#### **6.8 Confidentiality**

All personal medical information, whether oral, written, or in electronic format, obtained from an individual or third parties will be treated as confidential. No employee, student, or parent on behalf of the student, is compelled to disclose HIV status to authorities at the education institution or service.<sup>8</sup>

#### **6.9 Prevention**

HIV infection is preventable through information, education, and the creation of a climate that gives assistance and encouragement to all individuals in assessing and reducing their risk to HIV. Educational institutions should set up programmes for all staff and students to provide information and behaviour change communication, promote voluntary (and confidential) testing with counselling

<sup>8</sup> The ILO's Code of practice on the protection of workers' personal data, 1997, provides guidelines on confidentiality rules; see Appendix 5

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(VCT), and provide information on practical means of prevention, including abstinence, behaviour change, access to condoms, disposable syringes, etc, in accordance with national guidelines.

## **6.10 Social dialogue**

A successful HIV/AIDS policy and programme requires cooperation, trust and dialogue between government officials, the governing body of the education institution, administrators, employees, education union representatives, students, and parents, and other relevant stakeholders.

# **7. RIGHTS AND RESPONSIBILITIES**

## **7.1 Respect for rights**

.Education authorities, the governing body, administrators, teachers and other employees and their representatives, students and their representatives and parents of students in the institution are expected to respect the rights of all members of the education institution, regardless of their actual or perceived HIV status.

## **7.2 Public education authorities**

The public education authorities should monitor and evaluate the implementation of this policy in all public and private education institutions, and assist institutions with capacity building, training and implementation of the Policy. The education authorities should also provide all institutions access to items necessary for implementation of universal precautions.

Public education authorities should especially ensure:

- the compulsory integration of education and training on HIV and AIDS within the formal national or institutional curriculum;
- effective human resource (HR) strategies to deal with the impact of HIV and AIDS throughout the education system, including HIV and AIDS-relevant information in the education management and information system (EMIS) for purposes of planning, recruitment, deployment and replacement of staff, with particular attention to prevalence and risk, geographical impact, subject shortages, vulnerability (newly qualified teachers and spouses) and the provision of qualified teachers. The EMIS should also serve the purpose of planning demand side issues such as increases in OVCs and decreases in enrolment. Application of an EMIS would need to be in the context of commitment to maintaining confidentiality in the use of statistics for planning.

## **7.3 The institutional governing body**

The governing body of the education institution where applicable should ensure that the institution develops or adopts a policy on HIV and AIDS - based on the principles set out in section 6, that the process includes consultation between the representatives of employers, employees, students and parents, and that appropriate measures are taken for its implementation, including making it known to all staff and students and the development of a continuous training programme for management and staff. The governing body is expected to promote an educational climate that protects the rights of every student and employee living with HIV or affected by HIV and AIDS.

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## 7.4 Administrators

The administrators should:

- Advise the governing body of the implications of HIV and AIDS for the institution, to enable governing body members to develop successful strategies to reduce stigmatization and eliminate discrimination against those living with and/or affected by HIV and AIDS, and prevent the spread and mitigate the effects of HIV in the institution and create a supportive and caring environment for employees and students;
- Take the necessary steps to develop or adopt, through social dialogue, a policy on HIV and AIDS, a plan for its implementation and a programme for prevention, care and support;
- Agree on the appointment of an HIV/AIDS focal point or committee (in larger institutions), in consultation with the representatives of the employees and the students, in accordance with section 5 of this Policy;
- Ensure a safe and healthy work and study environment, including the application of universal precautions as part of first aid provisions.

## 7.5 Teachers/Educators

Teachers are expected to adhere to the policy, and support its implementation. They are responsible for the provision of accurate and up-to-date information on HIV and AIDS, as provided to them. They are also responsible for the promotion of caring and supportive relationships between students -, and ensuring the identification of children with special needs, in accordance with the agreed programme and subject to adequate training and working time provided for these responsibilities.

## 7.6 Employee and student/learner representatives

Representatives of employees and (where they exist) representatives of student bodies have a responsibility to protect those they represent from any form of discrimination related to HIV status, and to help implement the institution's HIV/AIDS policy and programme by monitoring and promoting the information, education, health and safety and other practices and provisions set out in the Policy.

## 8. EMPLOYEE-STUDENT RELATIONSHIPS

The relationship between administrators, teachers and students is central to the academic mission of the educational institution, and should be based on mutual respect and trust. There are risks in any personal relationship between persons in inherently unequal positions of authority, and in the case of a sexual relationship these risks could include vulnerability to HIV. No sexual or romantic relationship will therefore be permitted between employees and students in institutions up to and including secondary-level education. Relationships between administrators, teachers and other employees in all institutions and relationships between employees and students in post-secondary institutions will be subject to the institutional code of conduct and in accordance with Chapter 10.1 of this policy.

To apply the above policies, as appropriate, administrators and teachers are expected to ensure a learning environment, which supports clear boundaries concerning respectful student/staff interaction and relationships, including respect for the following guidelines:

- Administrators, employees and other staff should avoid being alone with a student of either sex;

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- When meeting individually with a student, staff should ensure that this meeting is in the sight of other adults;
  - Staff should avoid meeting students outside the educational institution unless this is part of an approved learning activity or excursion. The permission of both the administrator and parent/guardian should be received in such circumstances.

Public education authorities and administrators of education institutions should strictly enforce legislation, regulation or institutional rules on sexual misconduct and staff/student relationships, as appropriate to national laws and custom.

## **9. PREVENTION: EDUCATION, INFORMATION AND TRAINING**

To ensure that employees and students develop the comprehensive understanding and skills needed to cope with or avoid infection through the necessary risk-reducing behavioural changes, it is essential that the educational institution allocate sufficient time within the work hours and the curriculum to assist employees and students to gain the knowledge and skills needed to prevent HIV, and if infected, to live with HIV in a safe, secure and supportive working and learning environment. The HIV and AIDS education programme should be sensitive to cultural, developmental and socio-economic contexts, be gender and age sensitive, involve people living with HIV and form part of an integrated life skills curriculum where this exists. Furthermore, it should fit within an education sector conceptual framework for dealing with HIV and AIDS. This will also require a well defined structure appropriate to the existing institutional setting and a cadre of peer educators/counsellors. Where possible, the HIV/AIDS education programmes should also be extended to parents of students.

### **9.1 Peer educators**

The institution should identify, train and support at least two groups of HIV and AIDS peer educators: (i) for employees and (ii) for students/learners. Peer educators should receive training in accordance with their roles and responsibilities in this Policy and reasonable release time from other duties so as to carry out their responsibilities.

The following are broad principles for HIV-related education/counselling:

- Peer education, to the extent possible, is based on a life skills approach. The peer educator is well acquainted with the following information: how the transmission of HIV occurs and may be prevented; the attitudes and behaviour choices that put people at risk for HIV; gender and staff/student relationships; universal precautions; accurate information that dispels myths and addresses HIV and AIDS-related stigma and discrimination; and services and benefits available within the institution or the community generally that enable employees and students to cope with HIV and AIDS, including voluntary (confidential) counselling and testing (V(C)CT) and other forms of support, among which means of prevention such as condoms and disposable syringes (in line with national guidelines) The educator should be knowledgeable and available to provide information, and counselling if trained to do so, for anyone concerned with or affected by HIV and AIDS;
- Counselling (where appropriate) is offered in a private and confidential setting, with sufficient time available and by a trained professional;
- The quality of the peer education training is ensured through monitoring and evaluation. Peer educators should also undergo periodic refresher training;
- The management of the institution is responsible for the implementation of the institution's HIV and AIDS education programme. Peer educators are supporters of the programme.

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## 9.2 Employees

All employees will be given the opportunity to participate during working time in a planned HIV and AIDS education programme that addresses their concerns concerning coping strategies with regard to risk, as well as care, treatment and support, and:

- provides factual and current information on HIV transmission and prevention
- helps employees assess their own risk and understand means of prevention and universal precautions
- provides guidance on behaviour change
- addresses psychosocial issues linked to HIV and AIDS in the workplace
- assists staff to maintain productive, non-discriminatory and stigma-free staff, student, parent and community relations
- informs employees on rights and benefits of care, treatment and support provided in the institution or education service as well as in the local community environment.
- includes means for monitoring, evaluation and annual review sessions
- is an integral part of a coordinated educational institution life skills curriculum where relevant
- is taught by well-prepared instructors, with adequate management support
- is part of required, ongoing professional development at all levels
- is the subject of consultations or negotiation between employers and employees and their representatives, and appropriate government and other stakeholders such as students, in accordance with the social dialogue provisions in section 5 of this Policy.

The content will include, but will not be necessarily limited to, the elements listed in Appendix 2.

## 9.3 Students

All students in education institutions should have access to HIV and AIDS education programmes. The goals of HIV and AIDS education are to promote healthy living, provide a supportive and caring environment to those affected by HIV and AIDS, and discourage behaviours that place students at risk for HIV infection. The educational programme for students will:

- be appropriate to students' developmental levels and age
- be gender responsive and in accordance with universal human rights
- annually build upon knowledge and skills developed previously
- use instructional methods known to be effective, participatory and culturally appropriate
- develop an understanding of basic human biology (including reproductive health and risks involved with drug use) and care and treatment for HIV, including monitoring of the condition, treatment for other HIV-related conditions, such as opportunistic infections, and anti-retroviral treatment.

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- develop supportive attitudes towards those infected with and/or affected by HIV and work against stigma and discrimination
  - stress the benefits of safe sex, including the use of condoms (in line with national guidelines), abstinence, faithfulness to one partner, and avoidance of illegal drugs and alcohol abuse.
  - address students' own concerns
  - include means for monitoring and evaluation
  - be an integral part of a coordinated education institution life skills curriculum where relevant
  - provide information on health care, counselling and support services within and outside the education institution, notably from other education stakeholders
  - be taught by well-prepared instructors with adequate management support
  - be sensitive to the psycho-social environment in which the learner lives and the context of their home life
  - involve parents and families as partners in education.

The programme for students will include culturally sensitive, gender responsive and age appropriate information on (though not limited to) the elements listed in Appendix 2.

#### **9.4 Parents**

Parents will be provided with opportunities to discuss HIV issues with administrators, teachers, counsellors and peer educators.

### **10. PREVENTION: A SUPPORTIVE, SAFE AND HEALTHY WORK ENVIRONMENT**

The environment at the education institution should be safe in order to prevent the transmission of HIV and be supportive to those living with HIV and/or affected by HIV and AIDS. Every education institution should also foster and maintain a social climate wherein health, physical and emotional well-being, non-violence and safety are an important part of everyday work and learning.

#### **10.1 Non-violence**

Employees will make all reasonable attempts to maintain an environment free of violence and intimidation. No employee or student should engage in or tolerate the physical or verbal abuse of persons living with HIV, a person associated with someone living with HIV, or a person perceived as living with HIV. Incidents of such behaviour should be subject to the rules governing behaviour at the education institution, contractual obligations of employees, and national law, and should be handled in accordance with sections 5 and 13 of this Policy with a view to improving respect for these provisions.

#### **10.2 A Code of conduct**

A Code of conduct should be developed for employees, students by means of social dialogue mechanisms, which addresses ethical behaviour at the educational institution,

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including the unacceptability of violence and other abuse and behaviour that discriminates against students and employees on any basis, including HIV/AIDS.

The Code should be applied through the development of a reporting mechanism for incidents of stigma and discrimination, sexual harassment and breaches of the ban on staff-student sexual relationships, and disciplinary sanctions for breaches should be applied as appropriate in accordance with Chapter 13 of this policy. Given the sensitive nature of the issues, employees and students should be selected and trained to receive any such reports and refer them to the appropriate body according to agreed procedures.

### **10.3 First Aid**

Employers should ensure that first aid kits and necessary protective equipment (for example latex and heavy-duty gloves) are available for emergency use and for routine protection against the risk of HIV transmission at the educational institution at all times according to universal precautions. All employees and student peer educators must complete an approved first aid and injury prevention course that includes implementation of infection control guidelines (see Appendix 3 on universal precautions).

### **10.4 Exposure to blood and body fluids**

Administrators, other employees and students will be trained in and will follow universal precautions, as described in Appendix 3, in order to avoid accidental exposure to blood or body fluids. The institution must also have a post-exposure prophylaxis (PEP) procedure in place, including referral to counseling and guidance for the employee or student and access to antiretroviral therapy (ART), in accordance with education service or national HIV and AIDS guidelines, as appropriate. A checklist for such a procedure applied in health services and of relevance to education sector workplaces is provided in Appendix 4.

### **10.5 Management of sharps/sharp instruments**

Where sharps or sharp instruments must be used for work or educational purposes, use of these items should be carefully monitored and controlled. The administrators are responsible for ensuring that there is no unauthorized or unsupervised use of sharps or sharp instruments, and that any used on institution property are disposed of immediately and safely (in the case of used medical sharps) or safely stored (in the case of other sharp instruments). Guidelines are provided in Appendix 4.

### **10.6 Employees and students with open wounds**

Any wound that is bleeding or discharging should be kept covered and universal precautions should be observed.

### **10.7. Hygiene**

Educational institutions should promote and implement rigorous procedures relating to hygiene and school health in accordance with national or international norms.<sup>9</sup>

<sup>9</sup> For instance, *Teachers' Exercise Book for HIV Prevention*, WHO Information Series on School Health, 2004. The UNESCO resource 'Focusing Resources on Effective School Health' (FRESH) also provides a framework school health.

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## **10.8 Practical measures to support risk reduction**

In addition to education, information and training on risk reduction in accordance with section 9 of this policy, latex condoms will be available at the educational institutions free or at affordable prices to employees and to secondary and tertiary level students, in accordance with national guidelines.

## **11. TESTING, CONFIDENTIALITY AND DISCLOSURE**

### **11.1 Testing and medical advice**

The education institution or service will not engage in the mandatory testing for HIV of employees or students as a condition for employment or admission, for continued employment or enrolment, or for purposes of work assignments, benefits or educational activities. Routine fitness testing related to employment or educational activities will not include HIV testing.

Employees or students who wish to be tested as part of voluntary testing or 'Know your status' programmes should be provided with information on where to do so and on what the procedures entail. Such testing should normally be carried out by community health services and not in the education institution. If such programmes are organized by health services within the institution, testing should only be carried out at the request of and with the written consent of the employee or student (or parent or guardian on their behalf as appropriate), be performed by suitably qualified health personnel, adhere to strict confidentiality and disclosure requirements (as set out in this Policy), and be accompanied by gender-sensitive pre- and post-test counselling on the nature and purpose of the test, and on post-test options and services whether the result is positive or negative.

### **11.2 Ensuring confidentiality**

All health records, notes, and other documents that make reference to an employee or student living with HIV, including those with AIDS, should be kept confidentially in a secure place accessible only in accordance with provisions of the International Labour Organization code of practice on the protection of workers' personal data (Appendix 5). Only those persons who have received written permission from the employee, student, parent or emergency medical personnel may have access to those records. Information regarding HIV status will not be added to a student's permanent educational record.

Confidentiality should also be assured by providing a private environment for personal interviews (for example any discussion related to HIV status), and by working out arrangements for care and support with the person concerned, including wellness programmes.

Medical certificates do not have to specify an employee or student's HIV status.

### **11.3 Disclosure**

Although disclosure should always be voluntary, it should be encouraged for purposes of support. If information on the HIV status of an employee or student needs to be communicated by anyone other than the person concerned it should be only on the basis of their written and informed consent. Procedures should be established to ensure confidentiality on HIV status in the institution based on the social dialogue processes set out in section 5 of the Policy, and in accordance with national laws and education service regulations.

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## **12. EMPLOYMENT, CARE, TREATMENT AND SUPPORT**

### **12.1 Recruitment and admission**

HIV infection should not be taken into consideration as part of the employment or admission procedure or decision for any individual applying to the education institution for work or studies.

### **12.2 Employee rights, careers and right to study**

#### a) Employees

Employees living with HIV should not be discriminated against in decisions concerning their job security or tenure, renewal of fixed term contracts, opportunities for professional development or promotion. They may, however, be transferred from work positions that have been determined by their physician or an institutional medical board/health advisory committee to be too strenuous for their condition [see provisions for reasonable accommodation, Section 12.4] or where specific duties may carry a risk of exposure to HIV for the employee or others. Such transfers should occur in consultation with the employee living with HIV, in accordance with the principles of social dialogue of this policy, be voluntary as far as possible, and where involuntary, may be subject to the grievance procedure provisions of the Policy (Chapter 13).

#### b) Students

Administrators and teachers should follow established policies and procedures for students with chronic health problems. HIV or AIDS are not causes for denial of normal study opportunities or segregation in the education institution. Administrators and teachers, following consultations with the student and where not of legal age, parent as defined by this policy, must consult with and obtain the consent of the student's physician before the transfer or removal of a student from normal institutional activities. If a student becomes incapacitated and unable to follow normal education coursework, the education institution should apply the principles of reasonable accommodation to ease their workload as would be the case for any major illness, disability or incapacity, including - if possible and in cooperation with the education services and HIV/AIDS support networks in the community - making home study available to them.

### **12.3 Care and treatment**

The education institution should facilitate access to medical services and healthy living programmes, including condom provision, ARVs, treatment to relieve HIV-related symptoms and common opportunistic infections, nutritional advice and supplements, and stress reduction measures. This may take the form of provision of some services, where appropriate, or referral to services in the community.

### **12.4 Statutory benefits and reasonable accommodation**

Employees living with HIV, including those with AIDS, should enjoy the same social protection benefits under national law, education service regulations or education institution provisions as employees with other chronic or serious illnesses. In accordance with national education service regulations, the education institution or the human resource department of the education service if more

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appropriate, should also examine the sustainability of new benefits packages addressing the specific nature of HIV infection and AIDS as part of its human resource strategy.

Measures should be taken to reasonably accommodate employees with severe ARV side-effects or AIDS-related illnesses to enable them to continue working as long as possible. Needs should be established by the administration of the education institution, or the human resource department of the education service if more appropriate, on a case-by-case basis, in consultation with the physician of the individual concerned and with the individual's informed and written consent, as well as balancing both institutional/service and individual needs. Reasonable accommodation may include: rearrangement of working hours; modified tasks or jobs; adapted work equipment; provision of rest periods; part-time, job-sharing, substitute or other flexible work arrangements; reassignment to other institutions (closer to appropriate medical facilities); and appropriate leave provisions.

Employers should give consideration to making extended paid sick leave available to HIV positive employees as well as staff with other chronic or serious illnesses.

## **12.5 Employee, student and family assistance programmes**

To reduce the impact of HIV and AIDS on work and study, education institutions should consult, or as appropriate negotiate as part of collective bargaining, with representatives of employees and students to establish or extend employee, student and family services, in cooperation with public education authorities and/or community-based organizations. Services may include: compassionate leave; revised death and funeral benefits; referrals to support groups or to tutorial programmes for students; school feeding programmes; financial counselling, including advice on social security and other forms of financial support such as welfare grants, support with school fees etc, where these are available; legal information and assistance, information about, or referrals to, support services including psycho-social and spiritual counselling, stress management, drug and alcohol abuse programmes. [See also section 9 of the *ILO Code of practice on HIV/AIDS and the world of work*].

Attention needs to be paid to the situation of employees and students who are caring for HIV positive family members, with special consideration for female employees and students, who assume a relatively larger burden of care, as well as for students who are orphans and/or vulnerable in other ways.

## **13. DISCIPLINARY AND GRIEVANCE PROCEDURES**

The procedures for discipline and grievance-resolution for employees in relation to perceived or actual violations of this policy should be carried out in accordance with the relevant legislation (criminal, discrimination and labour acts), institutional policy and regulations, and negotiated/collective bargaining agreements of [*insert name of relevant country*]. The procedures should be the result of consultations with employees' organizations, include proper guarantees of confidentiality, rights to information access, representation, written notification of decisions and appeal in accordance with international standards, and should be made known to all staff. Complainants may have recourse to normal appeal procedures related to unfair labour practices (including dismissal, denial or unjustified restriction of employment or work related rights and benefits), and may refer in this regard to the provisions and related jurisprudence of the ILO Discrimination (Employment and Occupation) Convention, 1958 (No. 111).

Education authorities and institution management should establish due process procedures for investigating and taking decisions regarding employee rights and responsibilities as part of their

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employment relationship. Similarly, the disciplinary and grievance procedures for students should be in line with the regulations of the education service.

### **13.1 Stigma, discrimination or refusal to work or study with an individual living with HIV**

There is no justification for stigmatization, including refusing to work, study or be present in the education institution with HIV-positive individuals, since HIV cannot be transmitted through casual contact in a classroom or other learning environment. Employees or students who are not prepared to work or engage in learning activities with an HIV-positive individual will be offered education and counselling by the institution or from the community or education service.

If after counselling, the individual refuses to carry out contractual duties or to participate in the learning programmes of the education institution with HIV-positive employees or students, the education institution's disciplinary procedures concerning refusal to work or study should be followed.

Where discrimination occurs in the form of physical or verbal abuse, the employee or student who has experienced any form of discrimination will have recourse to existing mechanisms for redress, including regulations governing physical attacks and bullying. The appropriate representative of the Committee or Coordinator should also be informed to ensure that proper measures are taken.

### **13.2 Violation of medical confidentiality**

Employees or students who acquire personal information about the real or perceived HIV status of other employees or students must not disclose such information unless the person concerned has given her/his informed written consent. In accordance with section 11 of this Policy, the violation of medical privacy may be the cause for disciplinary action to be taken against an administrator, teacher, other employee, or student.

### **13.3 Sexual relationships with students**

Employees who engage in sexual relationships with students in violation of the relevant provisions of this Policy (Chapters 8 and 10) and in violation of other national codes of conduct should be subject to the relevant disciplinary action as indicated above.

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## Appendix 1: Examples of stigma and discrimination against employees and students based on actual or perceived HIV status

<b>Discriminatory Action</b>	<b>Against Whom</b>
Denial of employment	Employee (candidate)
Dismissal	Employee
Denial of promotion opportunities	Employee
Not given access to employee benefits	Employee
Not given access to professional development or work-related social activities	Employee
Compulsory transfer from a job function in which the person with HIV does not pose any form of medical threat to other employees “is not incapable of performing work to a reasonable standard, and is not afforded reasonable accommodation in an alternative work assignment”	Employee
Denial of admission to study	Student (candidate)
Expulsion, suspension, denial of student privileges	Student/learner
Not given the opportunity to advance to the next grade/level	Student/learner
Not given the opportunity to engage in social activities sponsored by the education institution	Employee and student/learner
Breach of privacy or confidentiality	Employee and student/learner
Not receiving protection from physical and verbal abuse related to actual or perceived HIV status, HIV-related behaviour or life-style choices	Employee and student/learner

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## **Appendix 2: Recommended content for employee and student education programmes**

### **Employees**

- The HIV epidemic, how HIV is contracted and prevented, what is AIDS, risk assessment and reduction, including reference to other STIs, available monitoring and treatment, including ARV treatment
- Differences in risk between men and women, unequal power relations in education institutions - particularly affecting girls and young women, and rights and responsibilities of both men and women
- How to communicate with other employees and students about HIV and AIDS
- How to communicate with other employees and students living with HIV
- How to communicate with parents, guardians and other relatives of students living with HIV
- How to engage community members in the response to HIV and AIDS
- How to encourage solidarity, dialogue and empathy that will result in a caring environment
- How to dispel myths relating to HIV and AIDS and avoid discriminatory practices and stigmatisation of those living with HIV
- Basic occupational health and safety and first aid procedures, the application of universal precautions and strategies on creation of a safe, enabling environment
- How to cope with an HIV-positive diagnosis, and healthy living (wellness) management programmes, rights, care, treatment and support benefits and responsibilities arising from HIV infection or diagnosis, including continuing means of preventing transmission.

### **Students/learners**

- Accurate and up-to-date information about HIV and AIDS (transmission, prevention, care, treatment and support)
- The links between HIV, AIDS and other STIs
- The rights of persons living with HIV/AIDS
- How to support fellow students living with HIV and other illnesses
- How to encourage solidarity, dialogue and empathy that will result in a caring environment
- How to communicate with teachers and other students about HIV and AIDS
- How to communicate with parents, guardians and other relatives about HIV and AIDS
- How to live a healthy life (through life skills education, where relevant)

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- Basic first aid procedures and the use of universal precautions
  - How to cope, lead a healthy life, receive treatment and support if living with and/or affected by HIV

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## **Appendix 3: Universal precautions and checklist of precautions to prevent HIV transmission**

### **Universal precautions**

**(extract from the ILO code of practice, Appendix II)**

#### **A. Universal blood and body-fluid precautions**

Universal blood and body-fluid precautions (known as “Universal Precautions” or “Standard Precautions”) were originally devised by the United States Centers for Disease Control and Prevention (CDC) in 1985, largely due to the HIV/AIDS epidemic and an urgent need for new strategies to protect hospital personnel from blood-borne infections. The new approach placed emphasis for the first time on applying blood and body-fluid precautions universally to all persons regardless of their presumed infectious status. Universal Precautions are a simple standard of infection control practice to be used in the care of all patients at all times to minimize the risk of blood-borne pathogens. Universal Precautions consist of:

- careful handling and disposal of sharps (needles or other sharp objects);
- hand-washing before and after a procedure;
- use of protective barriers – such as gloves, gowns, masks – for direct contact with blood and other body fluids;
- safe disposal of waste contaminated with body fluids and blood;
- proper disinfection of instruments and other contaminated equipment; and
- proper handling of soiled linen.

### **Additional checklist of precautions to prevent HIV transmission**

#### **1. First Aid Kits**

- Store first aid kits in selected rooms in the education institution.
- Ensure that the first aid kits contain at least 4 disposable single-use latex - gloves, gauze, scissors, and materials to help heal the wound.
- Check the contents of first aid kits every week.
- Ensure that the responsible persons know where the first aid kits are stored.

#### **2. Emergencies and Mouth to Mouth Resuscitation**

- If you are trained to do so, perform mouth-to-mouth resuscitation in emergencies with persons living with HIV/AIDS.
- Although saliva has not been implicated in HIV transmission, to minimize the need for contact with the mouth, you may use mouth-pieces, or other ventilation devices.

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### **3. How to Manage Injuries Involving Blood**

- Put on your gloves.
- Cover any abrasions or cuts on your arms with a waterproof dressing.
- Clean the wound.
- Remove the gloves and place in a resealable bag.
- Do not touch your eyes before washing up.
- Wash hands immediately after touching blood, body fluids, and contaminated items, whether or not gloves had been worn.
- Wash hands with soap and water for at least 15-20 seconds.
- Change any bloodstained clothes as quickly as possible.
- Immediately discard contaminated sharps and materials in resealable bags.

### **4. Disinfecting**

- Prior to disinfecting, ensure that adherent blood is scraped from surfaces and objects.
- HIV does not survive in the environment. None the less, potentially contaminated spills should be disinfected by using household bleach, 1 part bleach to 10 parts water. Pour the solution around the periphery of the spill.
- Ensure that mops, buckets and other cleaning equipment are disinfected with fresh bleach solution.

### **5. Cleaning Staff**

- Inform all cleaning staff about the universal precautions for handling bodily fluids.

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## Appendix 4: WHO Fact Sheet - management of occupational exposure to blood-borne pathogens

### Provide immediate care to the exposure site:

- Wash wounds and skin with soap and water.
- Flush mucous membranes with water.

### Determine risk associated with exposure by:

- Type of fluid (e.g. blood, visibly bloody fluid, other potentially infectious fluid or tissue and concentrated virus).
- Type of exposure (i.e. percutaneous injury, mucous membrane or non-intact skin exposure and bites resulting in blood exposure).

### Evaluate exposure source:

- Assess the risk of infection using available information.
- Test known sources for HBsAg, anti-HCV and HIV antibody (consider using rapid testing).
- For unknown sources, assess risk of exposure to HBV, HCV or HIV infection.
- Do not test discarded needles or syringes for virus contamination.

### Evaluate the exposed person:

- Assess immune status for HBV infection (i.e. by history of hepatitis B vaccination and vaccine response).

### Give PEP for exposures posing risk of infection transmission:

- HBV: PEP dependant on vaccination status:
  - unvaccinated: HBIG + HB vaccination;
  - previously vaccinated, known responder: no treatment;
  - previously vaccinated, known non-responder: HBIG + HB vaccination;
  - antibody response unknown: test and administer HBIG + HB vaccination if results are inadequate.
- HCV: PEP not recommended.
- HIV: Initiate PEP as soon as possible, preferably within hours of exposure. Offer pregnancy testing to all women of childbearing age not known to be pregnant:
  - seek expert consultation if viral resistance is suspected;
  - administer PEP for four weeks if tolerated.

### Perform follow-up testing and provide counselling:

- Advise exposed persons to seek medical evaluation for any acute illness occurring during follow-up.

### HBV exposures:

- Perform follow-up anti-HBs testing in persons who receive hepatitis B vaccine:
  - test for anti-HBs one to two months after last dose of vaccine;
  - anti-HBs response to vaccine cannot be ascertained if HBIG was received in the previous three to four months.

### HCV exposures:

- Perform baseline and follow-up testing for anti-HCV and alanine aminotransferase (ALT) four to six months after exposure.
- Perform HCV RNA at four to six weeks if earlier diagnosis of HCV infection desired.

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- Confirm repeatedly reactive anti-HCV enzyme immunoassays (EIAs) with supplemental tests.

**HIV exposures:**

- Perform HIV-antibody testing for at least six months post-exposure (e.g. at baseline, six weeks, three months, and six months).
- Perform HIV antibody testing if illness compatible with an acute retroviral syndrome occurs.
- Advise exposed persons to use precautions to prevent secondary transmission during the follow-up period.
- Evaluate exposed persons taking PEP within 72 hours after exposure and monitor for drug toxicity for at least two weeks.

Source: *Joint ILO/WHO guidelines on health services and HIV/AIDS, 2005*, Fact Sheet No. 10

***Safe handling of disposable sharps and injection equipment***

Employers should develop procedures for the safe handling and disposal of sharps, including injection equipment, and ensure training, monitoring and evaluation. The procedures should cover:

- (a) placement of clearly marked puncture-resistant containers for the disposal of sharps as close as practicable to the areas where sharps are being used or are found;
- (b) regular replacement of sharps containers before they reach the manufacturer's fill line or when they are half full; containers should be sealed before they are removed;
- (c) the disposal of non-reusable sharps in safely positioned containers that comply with relevant national regulations and technical guidelines;
- (d) avoiding recapping and other hand manipulations of needles, and, if recapping is necessary, using a single-handed scoop technique;
- (e) responsibility for proper disposal by the person using the sharp;
- (f) responsibility for the proper disposal and for reporting the incident by any person finding a sharp.

Source: *Joint ILO/WHO guidelines on health services and HIV/AIDS, 2005*, paragraph 43

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## Appendix 5: Protection of workers' personal data

General principles from the *Protection of workers' personal data: An ILO code of practice (1997)*

### 5. General principles

5.1. Personal data should be processed lawfully and fairly, and only for reasons directly relevant to the employment of the worker.

5.2. Personal data should, in principle, be used only for the purposes for which they were originally collected.

5.3. If personal data are to be processed for purposes other than those for which they were collected, the employer should ensure that they are not used in a manner incompatible with the original purpose, and should take the necessary measures to avoid any misinterpretations caused by a change of context.

5.4. Personal data collected in connection with technical or organizational measures to ensure the security and proper operation of automated information systems should not be used to control the behaviour of workers.

5.5. Decisions concerning a worker should not be based solely on the automated processing of that worker's personal data.

5.6. Personal data collected by electronic monitoring should not be the only factors in evaluating worker performance.

5.7. Employers should regularly assess their data processing practices:

- (a) to reduce as far as possible the kind and amount of personal data collected; and
- (b) to improve ways of protecting the privacy of workers.

5.8. Workers and their representatives should be kept informed of any data collection process, the rules that govern that process, and their rights.

5.9. Persons who process personal data should be regularly trained to ensure an understanding of the data collection process and their role in the application of the principles in this code.

5.10. The processing of personal data should not have the effect of unlawfully discriminating in employment or occupation.

5.11. Employers, workers and their representatives should cooperate in protecting personal data and in developing policies on workers' privacy consistent with the principles in this code.

5.12. All persons, including employers, workers' representatives, employment agencies and workers, who have access to personal data, should be bound to a rule of confidentiality consistent with the performance of their duties and the principles in this code.

5.13. Workers may not waive their privacy rights.

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## **Appendix 6: Checklist for implementation of an HIV/AIDS policy for Education sector workplaces**

### **At national level**

1. Ministry of Education and Labour jointly establish a review committee composed of representatives of government, education sector unions and private school employers/managers, and other stakeholders as agreed among the tripartite partners, to consider application of the policy's provisions at institutional level in accordance with existing national laws and the education sector strategic framework, regulations, policies and collective bargaining agreements, as well as human resource (HR) policies.
2. Employers' organizations and education sector unions review the policy framework in order to reflect its principles and guidelines into collective agreements
3. Review committee revises the policy as needed and organizes distribution of the agreed policy to all education sector workplaces: schools, TVET and tertiary institutions, adult and non-formal learning centres, etc.
4. Review committee establishes implementation support mechanisms to assist institutions to apply the policy.

### **At education institution level**

1. In consultation with other major stakeholders, the governing body or Principal [Director] of the institution appoints an HIV/AIDS coordinator/committee - depending on the size and resources of the institution - to coordinate the implementation of the policy and design a monitoring mechanism. Where a workplace committee already exists, this should be used (e.g. occupational safety and health or health advisory committees etc).
2. The HIV/AIDS coordinator/committee in consultation with the HR department of the institution and/or the education service, the governing body or Principal, students' and teachers and other education sector workers' representatives:
  - a. identifies specific institutional needs by reviewing the policy framework adopted at national level and considering how to adapt it to the specific workplace setting;
  - b. identifies the needs of students and educators, prior to planning the institutional programme.
3. The HIV/AIDS coordinator/committee assesses what health, social and support services, information services and other resources are already available in the education institution or in the surrounding community.

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4. On the basis of the needs assessments and mapping of available services, the coordinator/committee drafts possible revisions of the policy framework and a work plan in consultation with students' and teachers' and other education sector workers' representatives. The work plan should include: time frame and lines of responsibility.
  5. The draft policy and plan are circulated for comments to the governing body and the Principal.
  6. When the workplace policy and work plan are finalised, the coordinator/committee draws up a list of resources – human, financial and technical - that are necessary for implementation, in consultation with the governing body and principal.
  7. The implementation of the workplace policy should happen through the established planning and budgeting cycles of the institution.
  8. The Coordinator/committee organizes the dissemination of the policy and work plan through the governing body, teachers' assemblies and education sector union meetings, students' assemblies, induction courses and training sessions
  9. The Coordinator/committee, in consultation with representatives of teachers and other education sector workers and students, designs a monitoring mechanism to ensure the implementation of the work plan and review the impact of the policy as needed.

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## Selected resources

This is a short list of resources from ILO and UNESCO on HIV and AIDS and education (and the education workplace). Related key resources from other organizations are also listed.

## Annotated bibliography

Global Campaign for Education (2005) *Deadly Inertia? A cross-country study of educational responses to HIV/AIDS*.

<http://www.campaignforeducation.org/resources/Nov2005/ENGLISHdeadlyinertia.pdf>

Summary of research which evaluated education sector strategies on HIV/AIDS in 18 countries. Topics include: government strategic responses, school-based interventions, infected and affected learners and educators, and the role of civil society organisations are considered. Includes a set of recommendations on strengthening educational responses.

ILO (2001) *An ILO Code of Practice on HIV/AIDS and the world of work*.

[http://www.ilo.org/public/english/protection/trav/aids/code/languages/hiv\\_a4\\_e.pdf](http://www.ilo.org/public/english/protection/trav/aids/code/languages/hiv_a4_e.pdf)

The code provides a set of guidelines for addressing HIV and AIDS in the world of work and within the framework of the promotion of decent work. It addresses prevention of HIV, management and mitigation of its impact in the world of work, care and support for HIV positive workers, and the elimination of stigma and discrimination on the basis of real or perceived HIV status.

ILO (2002) *Implementing the ILO Code of Practice on HIV/AIDS and the world of work: an education and training manual*.

<http://www.ilo.org/public/english/protection/trav/aids/publ/manualen.htm>

The manual is designed to help the ILO's partners understand the issues and apply the Code of Practice on HIV/AIDS and the world of work. It is intended as an education and reference document as well as a tool for training, a guide for negotiators, and an aid for all those seeking to promote action to limit the spread and impact of HIV in the world of work.

ILO/WHO (2005) *Joint ILO/WHO guidelines on health services and HIV/AIDS*.

<http://www.ilo.org/public/english/dialogue/sector/techmeet/tmehs05/guidelines.pdf>

The purpose of these guidelines is to promote the sound management of HIV and AIDS in health services, including the prevention of occupational exposure; and to ensure that health-care workers have decent, safe and healthy working conditions, while ensuring effective care that respects the needs and rights of patients, especially those living with HIV. An extract from the Guidelines is contained in Appendix 4 of this Policy.

ILO/UNESCO (1966) *ILO/UNESCO Recommendation concerning the Status of Teachers*.

<http://www.ilo.org/public/english/dialogue/sector/techmeet/ceart/teache.pdf>

Adopted by the Special Intergovernmental Conference on the Status of Teachers, Paris, 5 October 1966, the Recommendation is the comprehensive international standard on the teaching profession, including their roles, rights and responsibilities.

Kelly, M (2000) *Planning for education in the context of HIV/AIDS*, IIEP Fundamentals of Educational Planning 66.

[http://unesdoc.unesco.org/images/0012/001224/122405e.pdf#xml=http://unesdoc.unesco.org/ulis/cgi-bin/ulis.pl?database=ged&set=42E8ED0A\\_3\\_121&hits\\_rec=22&hits\\_lng=eng](http://unesdoc.unesco.org/images/0012/001224/122405e.pdf#xml=http://unesdoc.unesco.org/ulis/cgi-bin/ulis.pl?database=ged&set=42E8ED0A_3_121&hits_rec=22&hits_lng=eng)

This book is one of the first in-depth texts examining the role of education in HIV prevention and the impact of HIV and AIDS on education. It discusses HIV and AIDS in relation to content, process, and organizational aspects of education, as well as funding and planning.

MTT and HEARD (2004) *Report on the education sector: Global HIV/AIDS Readiness Survey*.

<http://unesdoc.unesco.org/images/0013/001399/139972e.pdf>

Survey commissioned by the Inter-Agency Task Team (IATT) on Education, analysing the capacity and readiness of vulnerable or affected countries to manage the impact of HIV and AIDS on their education systems. Education

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ministries from seventy-one countries completed a questionnaire which analysed subjects including ministry structures; creating an enabling environment for an effective response to HIV and AIDS; HIV and AIDS mainstreaming; human resource adaptation to HIV and AIDS; workplace HIV and AIDS programmes; HIV and AIDS and the curriculum; partnership development; and research. An appendix contains selected key results in a one-page summary for each country.

UNESCO (1997) *Recommendation concerning the Status of Higher-Education Teaching Personnel*.

[http://portal.unesco.org/en/ev.php-URL\\_ID=13144&URL\\_DO=DO\\_TOPIC&URL\\_SECTION=201.html](http://portal.unesco.org/en/ev.php-URL_ID=13144&URL_DO=DO_TOPIC&URL_SECTION=201.html)

Adopted by UNESCO's 29<sup>th</sup> General Conference, Paris, 11 November 1997, it is the comprehensive international standard on the teaching profession, its roles, rights and responsibilities in higher education.

UNESCO (2002) *Education For All (EFA) Global Monitoring Report, 2002: Is the World on Track?*

[http://www.unesco.org/education/efa/monitoring/monitoring\\_2002.shtml](http://www.unesco.org/education/efa/monitoring/monitoring_2002.shtml)

Chapter 3 considers *Planning for HIV/AIDS*, focusing on examples in Botswana, Thailand and Uganda. Chapter 4 looks at *the costs to education of HIV/AIDS*, considering the analytic framework, resource availability for attaining EFA, and the cost implications for learners, educators, and for adjusting education programmes to the context of HIV and AIDS.

UNESCO (2004a) *UNESCO's Strategy for HIV/AIDS Prevention Education*.

<http://unesdoc.unesco.org/images/0013/001345/134572e.pdf>

This strategy presents the emphases and focuses of UNESCO's programme on HIV prevention with and for education.

UNESCO (2004b) *Quality Education and HIV/AIDS*.

[http://portal.unesco.org/fr/file\\_download.php/4067f0b5d262ef06398678e7ba48d37eQualityEdHIV5.pdf](http://portal.unesco.org/fr/file_download.php/4067f0b5d262ef06398678e7ba48d37eQualityEdHIV5.pdf)

This document explores the ways in which education systems can and must change in relation to HIV and AIDS. A new framework is presented containing 10 key dimensions of quality education, along with some practical case studies.

UNESCO (2005a) *UNESCO's Response to HIV and AIDS*.

<http://unesdoc.unesco.org/images/0014/001414/141417e.pdf>

This booklet provides illustrations of activities undertaken by UNESCO to prevent HIV and mitigate the impact of the epidemic on the education sector. It presents UNESCO's approach, priorities and regional and country level action focusing on prevention and education.

UNESCO (2005b) *EDUCAIDS: briefs for decision-makers*.

<http://unesdoc.unesco.org/images/0013/001398/139831e.pdf>

EDUCAIDS is *the Global Initiative on Education and HIV/AIDS* (see <http://www.educaids.net>). The briefs aim to support planning and decision-making at country level and are intended for ministers, high-level ministry officials and policy makers. They are organized under five themes: policy planning, management and resources; education and communication: materials and methods; social, legal & service environment; key populations; and terminology & sources.

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UNESCO Bangkok (2003) *HIV/AIDS and Education: A Toolkit for Ministries of Education.*

<http://www.e-alliance.ch/media/media-4317.pdf>

This information kit was developed by UNESCO and UNAIDS to encourage and help officials in ministries of education in the South East Asia and Pacific region to respond to HIV and AIDS, and has been translated into a number of regional languages. It contains 10 advocacy sheets, further reading, and a checklist to assess the response of a Ministry or Department response to HIV and AIDS.

UNESCO Bangkok (2005) *Reducing HIV/AIDS vulnerability in the schools setting: a teacher training manual.*

<http://unesdoc.unesco.org/images/0013/001389/138910e.pdf>

This manual aims to help students to acquire and develop the knowledge, attitudes, values, skills and practices (KAVSP) necessary for prevention and control of HIV. The content and training procedures focus on providing knowledge and life skills, and shaping attitudes on HIV and AIDS and STIs.

UNESCO Windhoek (2004) *HIV and AIDS Preventive Education: A Training Programme for Teacher Educators in Sub-Saharan Africa.*

This eight-module programme seeks to broadly cover all aspects of HIV/AIDS as well as providing advice and support for programme facilitators.

UNESCO-IIEP (2002a) *The impact of HIV/AIDS on education and institutionalizing preventive education.* IIEP Education in the Context of AIDS series.

<http://unesdoc.unesco.org/images/0012/001293/129353e.pdf>

This book examines the impact of HIV and AIDS on education, particularly in sub-Saharan African countries. It emphasizes the need to react quickly and to institutionalize the response of education systems to the negative consequences of the pandemic. The first part discusses indicators for monitoring the impact of HIV and AIDS on the demand for, supply of, and management and quality of education at all levels. The second part focuses on education as a means of prevention, ways to institutionalize HIV and AIDS education, and accompanying problems and possibilities.

UNESCO-IIEP (2002b) *The HIV challenge to education: a collection of essays.* IIEP Education in the Context of AIDS series.

<http://unesdoc.unesco.org/images/0013/001376/137638e.pdf>

This collection of 10 essays focuses on the relationships between HIV and AIDS and education, including the role of education in preventing transmission, gender equality in schools, and helping children cope with trauma and grief.

WHO/EI/EDC (2004) *Teachers' Exercise Book for HIV Prevention*, WHO Information Series on School Health, 2004

WHO, *Universal Precautions, including injection safety.*

<http://www.who.int/hiv/topics/precautions/universal/en/print.html>

This web page defines these precautions, explains their importance and how to use them and outlines necessary resources (in terms of human resources, infrastructure and supplies needed) and costs.

World Bank (2003) *Education and HIV/AIDS: Sourcebook of HIV/AIDS Prevention Programmes.*

<http://www.schoolsandhealth.org/Sourcebook/sourcebook%20intro.htm>

A compendium of practical experiences of designing and implementing HIV prevention programmes targeted at school-age children in Mozambique, Senegal, South Africa, Tanzania, Uganda, Zambia and Zimbabwe.

Material on broader topics and/or search facilities can also be found at:

ILO web pages on HIV/AIDS

<http://www.ilo.org/public/english/protection/trav/aids/>

UNESCO's *network of HIV/AIDS and education Clearinghouse websites* aims to collect and share timely and relevant information at global and regional levels.

[http://www.ibe.unesco.org/AIDS/Clearinghouses/clearing\\_home.htm](http://www.ibe.unesco.org/AIDS/Clearinghouses/clearing_home.htm)

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UNESCO publications – there is a significant amount of material on topics including training, curriculum development, and planning.

<http://unesdoc.unesco.org/ulis/index.html>

UNESCO, *Focusing Resources on Effective School Health (FRESH)*

[www.unesco.org/education/fresh](http://www.unesco.org/education/fresh)

FRESH is an inter-agency initiative for Focusing Resources on Effective School Health, which provides a framework for designing and implementing effective school health programmes, based on the partner agencies' combined experience in the area of school health.

UNESCO-IBE (International Bureau for Education) *Curriculum development resources*

[http://www.ibe.unesco.org/curriculum\\_dev.htm](http://www.ibe.unesco.org/curriculum_dev.htm).

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## **HIV/AIDS policies, strategies and related documents from the Southern African region**

The following documents can be downloaded from the HIV/AIDS Impact on Education Clearinghouse:

[http://hivaidsclearinghouse.unesco.org/ev\\_en.php](http://hivaidsclearinghouse.unesco.org/ev_en.php)

### **BOTSWANA**

- *National Policy on HIV and AIDS* (1998)
- *National Strategic Framework for HIV/AIDS 2003-2009* (2003)
- *Ministry of Education Policy on HIV/AIDS Education* (1998)
- *Ministry of Education Response to HIV/AIDS: Country Presentation: Botswana: Sectoral Mobilisation Workshop for the Fight Against HIV/AIDS in the Education and Training Sector* (2003)

### **LESOTHO**

- *Policy Framework on HIV/AIDS Prevention, Control and Management* (2000)

### **MALAWI**

- *National HIV/AIDS Policy* (2003)
- *Malawi National HIV/AIDS Strategic Framework 2000-2004* (2000)
- *Address HIV/AIDS Related Problems in the Education Sector: Concept note for the Ministry of Education, Science and Technology* (2002)
- *HIV/AIDS intervention in the education sector in Malawi: IIEP in co-operation with UNDP and UNICEF Workshop on The Impact of HIV/AIDS on Education, Paris, 27-29 September 2000.*

### **MOZAMBIQUE**

- *The National Control Programme against STD/AIDS (NCP STD/AIDS) in Mozambique: Structure, justification and medium term plan* (2005)
- *Strategic Plan for the Fight Against HIV/AIDS 2003-2005, Ministry of Education* (2003)

### **NAMIBIA**

- *HIV/AIDS Charter of Rights* (2000)

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- *The National Strategic Plan on HIV/AIDS 1999 – 2004* (1999)
  - *National Policy on HIV/AIDS for the Education Sector* (2003)

## **SOUTH AFRICA**

- *HIV/AIDS/STD Strategic Plan for South Africa 2000-2005* (2000)
- *National Policy on HIV/AIDS, for learners and educators in public schools, and students and educators in further education and training institutions* (1999)
- *Response to HIV/AIDS: South Africa: IIEP in co-operation with UNDP and UNICEF Workshop on The Impact of HIV/AIDS on Education*, Paris, 27-29 September 2000.

## **SWAZILAND**

- *Policy document on HIV/AIDS and STD prevention and control* (2005)
- *Swaziland National Strategic Plan for HIV/AIDS* (2002)

## **ZAMBIA**

- *Strategic Framework 2001-2003* (2000)
- *HIV/AIDS Education Programme - BESSIP 2001-2005: HIV/AIDS Education Component Logical Framework* (2002)
- *HIV/AIDS Education Strategic Plan 2001-2005: A strategy for schools, learners and educators* (2001)
- *Recent Developments in the Fight Against HIV/AIDS in the Ministry of Education in Zambia: A Paper Presented at the IIEP Seminar On HIV/AIDS and Education*, Paris, 27 – 29 September, 2000

## **ZIMBABWE**

- *National policy on HIV/AIDS for the Republic of Zimbabwe* (1999)
- *Strategic Plan 2002-2006: Ministry of Education, Sports and Culture* (1999)

### **See also:**

POLICY project (2002) *National and sector HIV/AIDS policies in the member states of the Southern Africa Development Community*. Southern African Development Community.

This report is a summary of the existing HIV/AIDS national policies and plans among countries in SADC. It is intended to provide a snapshot of the current status of policy formulation in the region and to suggest future steps to strengthen the policy environment for an effective response to the epidemic. Much of the information in this report is derived from national HIV/AIDS policies, strategic plans, HIV/AIDS policies for specific sectors and work plans. National consultants in each country collected these documents and commented on the final report.