HIV/AIDS AND THE WORKPLACE

HIV and AIDS: ILO'S Framework
for Workplace Action
1. ILO Code of Practice on
HIV/AIDS and the World of Work

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2011 HIV Statistics

	GLOBAL		CARIBBEAN
	TOTAL	PER DAY	
Adults & Children Living with HIV	34.2 million (adults: 30.7 m Women: 16.7m)		230,000
Adults & Children Newly Infected with HIV	2.5 million (adults: 2.2 m)	7,000 (adults: 6,000 47%: women 41%: 15-24yrs)	13,000
Adult & Child Deaths due to AIDS	1.7 million (adults: 1.5 m)		10,000
Adult Prevalence	0. 8%		1.0%

Transforming the Response

We are on the verge of a significant breakthrough in the AIDS response……

Just a few years ago, talking about ending the AIDS epidemic in the near term seemed impossible, but science, political support and community responses are starting to deliver clear and tangible results.

Yet to be effective, the AIDS response must be transformed. <u>We need to move from a short-term, piecemeal approach to a long-term strategic response with matching investment</u>.

Michel Sidibe, UNAIDS Executive Director, World AIDS Day Report 2011

New Vision: Getting to Zero

ZERO NEW HIV INFECTIONS

ZERO DISCRIMINATION

ZERO AIDS-RELATED DEATHS
and
An AIDS-Free Generation

Together we will end AIDS

A decade of antiretroviral treatment has transformed HIV from a death sentence to a manageable chronic disease . There is a real opportunity to eliminate new infections among children within the next three decades.

UN Secretary General Mr. Ban Ki Moon, 2012

- **Annual deaths fell from 2.3 m. in 2005 (peak) to 1.7 m. in 2011**
- **In Sub-saharan Africa 550,000 fewer persons died from AIDS-related causes than in 2005**
- **In the Caribbean about half as many persons died in 2011 as in 2001**
- **In the Caribbean,38% fewer persons were infected in the 2011 than in 2001**
- **Prevention of Mother To Child Transmission (PMTCT) global target of 90% by 2015 is achieved by Botswana, South Africa and Swaziland.**

After three decades: still much to be done

- *...HIV and AIDS constitute a global emergency and pose one of the most formidable challenges to the development, progress and stability of our respective societies and the world at large, and require an exceptional and comprehensive global response.......*

- *.....despite substantial progress over three decades since AIDS was first reported, the HIV epidemic remains an unprecedented human catastrophe inflicting immense suffering on countries, communities and families throughout the world*

Political Declaration on HIV and AIDS
High Level Political Meeting June 2011

Challenges **in getting to zero**

- *Thousands are newly infected daily*
- *There are still severe challenges regarding access to services including information and particularly for key populations*
- *There is significant gender inequality and gender-based violence that create increased risk to infection*
- *There is still severe stigma and discrimination based on HIV or perceived HIV status*
- *Many countries still possess punitive laws and policies that impact on universal access for key populations and persons living with or affected by HIV and AIDS*

Caribbean Country statistics: PLHIV 2009 (2001)
Source: UNAIDS Keeping Score III

Country	No. of PLHIV	Adult Prevalence	Male PLHIV	Female PLHIV	ART Coverage
Bahamas	6,600	3.1% (3.1)	40%	60%	52%
Barbados	2,100	1.4% (.50)	63%	37%	89%
Jamaica	32,000	1.7% (1.9)	66%	34%	46%
Trinidad & Tobago	15,000	1.5% (1.2)	67%	33%	41%
Belize	4,800	2.3% (2.2)	42%	58%	40%
Guyana	5,900	1.2% (1.4)	50%	50%	95%
Suriname	3,700	1.0% (1.0)	69%	31%	53%
Cuba	7,100	0.1% (<0.1)	69%	31%	95%
Dominican Republic	57,000	0.9% (0.9)	42%	58%	47%
Haiti	120,000	1.9% (2.6)	41%	59%	43%

Country statistics: HIV Prevalence in Key Populations 2009 (Sources: UNAIDS Keeping Score III; UNGASS Reports 2010)

Country	MSM	FSW	Male Prisoners	Most Affected Age Group
Bahamas	8.2%	NA	2%	20 – 39
Barbados				30-39 yrs 1.3%; 40-49 yrs 1.2%
Jamaica	32%	5%	3.3%	20 44 yrs (65%)
Trinidad & Tobago	20%	NA		
Belize			4.9%	>15 yrs
Guyana	19.4%	17%	5.24%	20 – 44 yrs
Suriname	6.7%	24%		
St Vincent			4.1%	
Antigua & Barbuda			3%	15 - 49
Dominica			2.6%	25 - 44 yrs
St Kitts & Nevis			2.4%	35 – 39 yrs
Grenada			2.2%	15 - 49 yrs
St Lucia			2%	25 – 49 yrs

Why focus on the workplace?

Juan Somavia
Former Director-
General of the ILO

Two out of three people living with HIV/AIDS go to work every day – it makes the workplace a vital entry point for tackling HIV/AIDS

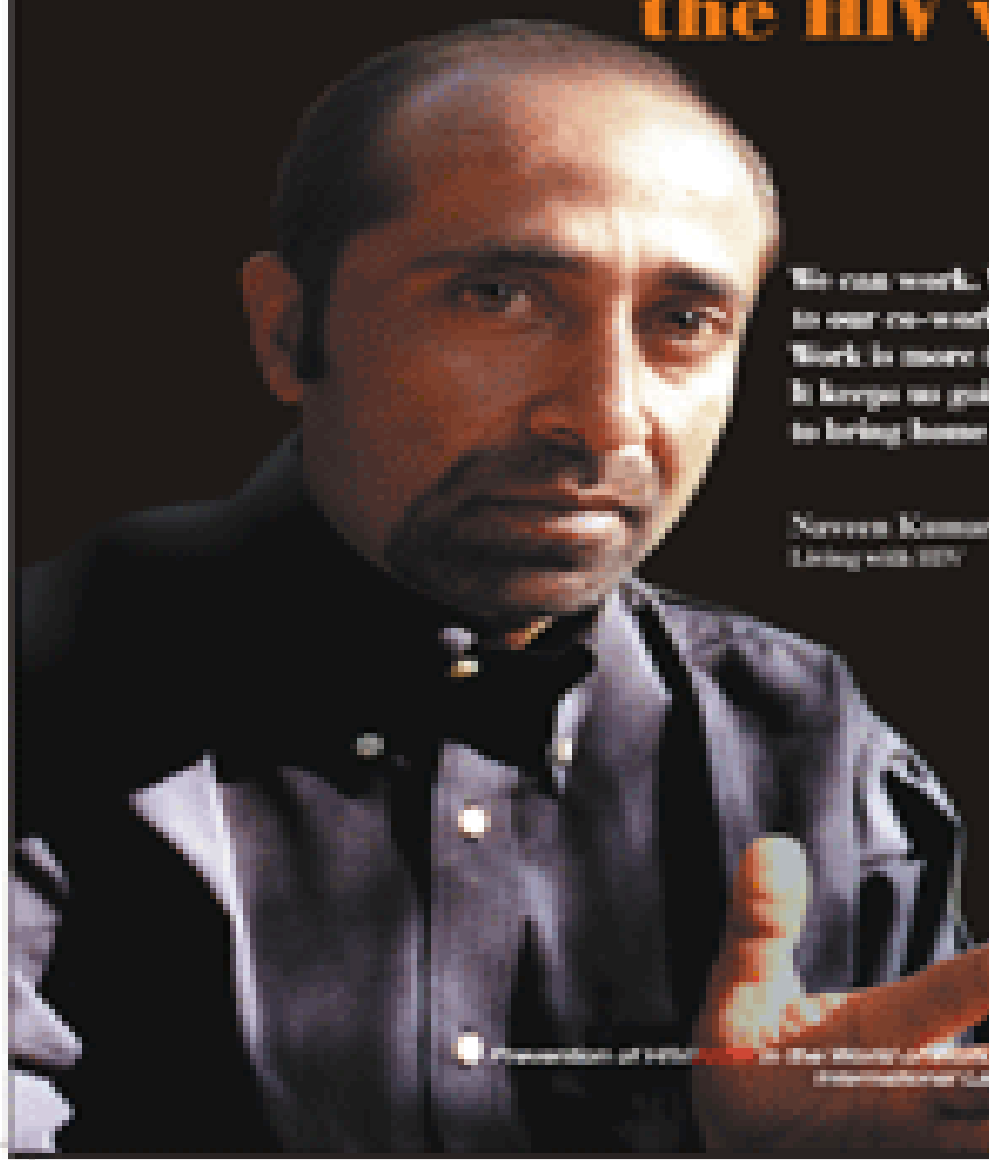**The impact on workplaces**

- Loss of skills and experience
- Reduced supply of labour
- Rising labour costs
- Falling productivity
- Reduced profit and investment

"If you take away our jobs, you will kill us faster than the HIV virus..."

We can work. We pose no risk to our co-workers. Work is more than medicine to us. It keeps us going and enables us to bring home food and medicine."

Naveen Kumar
Living with HIV

Why focus on workers?

When adults are well enough to work household well-being improves and health costs are reduced. Companies incur fewer costs from absenteeism, retraining and recruitment.

Together we will end AIDS, pg 96, UNAIDS Publication 2012

What we can do in the workplace

- Reduce the impact of the epidemic on business
- Reduce personal risk to infection
- Reduce stigma and discrimination against workers living with and affected by HIV and AIDS and ensure their human rights in the workplace
- Contribute to the goal of universal access to prevention, treatment, care and support:

Why a Rights-based Approach?

HIV programmes achieve the bes t outcomes when they are founded in rights-based approaches, emerge from inclusive processes, draw on the knowledge and energies of the affected communities and confront inequality and unfairness in society

Together we will end AIDS, pg 58, UNAIDS Publication 2012

ILO's Rights-based Framework for a Workplace Response:
1. ILO code of practice on HIV/AIDS and the world of work, 2001

An ILO code of practice on **HIV/AIDS** and the world of work

International Labour Office
Geneva

Adopted by the Governing Body of the ILO on 22 June 2001

IMPLEMENTING THE CODE

The code is a tool **for action !**

HIV/AIDS policies and programmes at **every workplace**

Legal and policy framework:
- reform labour laws to take account of AIDS

- include the workplace in national AIDS plans

THE OBJECTIVES OF THE CODE

- **Prevent spread of *HIV***
- **Combat stigma and discrimination**
- **Mitigate the impact of *HIV* and *AIDS***
- **Provide care and support**

Content of the Code

- Key Principles
- General Rights and Responsibilities (Gov't/Employers/TUs)
- Prevention
- Training
- Testing
- Care and support
- *Appendices:*
  - *Basic Facts*
  - *Infection Control in the Workplace*
  - *Checklist for planning and implementing a workplace policy*

Reasonable accommodation

Any modification or adjustment to a job or to the workplace that is reasonably practicable and will enable a person living with HIV to have access to or participate or advance in employment. It can include:

- rearrangement of working hours;
- modified tasks and jobs;
- adapted working equipment and environment;
- provision of rest periods and adequate refreshment facilities;
- granting time off for medical appointments;
- flexible sick leave;
- part-time work and flexible return-to-work arrangements.

The Code: an excellent guide

Prevention (sect. 6)

- Information & awareness-raising campaigns
- Educational programmes
- *Gender-specific programmes*
- Linkage to health promotion programmes
Practical measures to support behaviour change
- Community outreach programmes

The Code: an excellent guide

Training (sect. 7)

- Managers, supervisors & personnel officers
- Peer educators
- Workers' representatives (7.3)
- Health & safety officers
- Factory & labour inspectors
- Workers who come in contact with human blood & other body fluids

The Code: an excellent guide

Testing (sect. 8)

- Recruitment & employment: NO
- Insurance purposes: NO
- Epidemiological surveillance: YES *with conditions*
- Voluntary testing: YES *with conditions*
- Tests & treatment after occupational exposure (8.5)

The Code: an excellent guide: Care & support (sect. 9)

- Parity with other serious illnesses
- Counseling
- Occupational and other health services
- Linkages with self-help and community-based groups

- Benefits
- Social security coverage
- Privacy and confidentiality
- Employee and family assistance programmes

Applying the Code: Examples

- Caribbean Tripartite Council/Pan Caribbean Partnership against HIV/AIDS: Model Caribbean Workplace Policy on HIV/AIDS 2007

- The Republic of Trinidad and Tobago: The National Workplace Policy on HIV/AIDS

- Guyana: National HIV/AIDS Workplace Policy