



PRACTICAL GUIDELINES FOR DEVELOPING AND IMPLEMENTING WORKPLACE POLICIES AND PROGRAMMES ON HIV AND AIDS

Based on ILO experiences in the
English- and Dutch-speaking Caribbean Countries



International Labour Organization
Decent Work Team and Office for the Caribbean



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ILO

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Based on ILO's experience in the English- and Dutch-speaking Caribbean Countries Port of Spain, International Labour Office, 2013

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FOREWORD

For more than a decade the International Labour Organization has been providing technical support in the area of HIV and AIDS and the world of work to the constituents in the Caribbean. As a result, many of the countries now possess national tripartite policies and workplace programmes on HIV and AIDS.

These guidelines represent the crystallization of the lessons learnt from ILO's long partnership with its constituents to develop and implement tripartite-plus workplace policies on HIV and AIDS. While this Guide emerged out of the Caribbean experience, it is a universal tool that constituents in the Caribbean and beyond can use to develop and implement their own HIV policies at the national, sectoral or enterprise level.

The process espoused in this publication is designed to build the capacity and confidence of tripartite constituents to develop, implement, own, and sustain their workplace response to the HIV epidemic. This process has been applied consistently in the majority of Caribbean countries as has been the ILO framework for responding in the workplace, namely: 1) The ILO Recommendation No. 200 Concerning HIV and AIDS and the World of Work (2010); and 2) ILO Code of practice on HIV/AIDS and the world of work (2001), undoubtedly contributing to the elements that strengthen the regional bond.

I wish to record my sincere appreciation to Madhuri Supersad, former HIV/AIDS Specialist at the ILO Caribbean Office for producing these guidelines based on her experiences and work in the region. I am sure the guidelines will ensure a continued and sustainable response to HIV as a workplace issue.

I would also like to thank Suzanne Joseph, Information Services Assistant, for editing, design and layout of this publication, as well as for the design and production of the CD and web versions.

Giovanni di Cola
Director
ILO Decent Work Team and Office for the Caribbean

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“Decent work for all, including people living with HIV, is a cornerstone for **Getting to zero. Zero new infections. Zero discrimination and zero AIDS-related deaths.** We must act now to make all workplaces free from stigma and discrimination!”

Guy Ryder, Director-General, International Labour Office (ILO)



“No other organization in the UN system has the capacity of the ILO to reach 3.2 billion workers across the globe – and each worker is linked to five or more other people. So we can really talk about universal access. [...] Many people think that ending AIDS will only happen in the laboratory, through scientific research. But I think [...] **the end of AIDS will begin in the workplace.**”

Excerpts from Mr. Sidibe's statement at the launch of ILO/UNAIDS VCT@ Work Initiative, 6 June 2013, Geneva

LIST OF ACRONYMS

AIDS	Acquired Immunodeficiency Deficiency Syndrome
HASC	HIV Advocacy and Sustainability Centre
HIV	Human Immunodeficiency Virus
ILO	International Labour Organization
MOC	Memorandum of Cooperation
NCD	Non-communicable diseases
NGO	Non-Governmental Organization
OECS	Organisation of Eastern Caribbean States
OSH	Occupational Safety and Health
PHCO	Pan American Health Organization HIV Caribbean Office
PLHIV	Person Living with HIV
SBW	Skills-building Workshop
SMEs	Small and Micro Enterprises
USDOL	United States Department of Labor

INTRODUCTION

Purpose of these guidelines

Do you want to develop a workplace policy on HIV and AIDS and do not know where to start or how to go about the task?

Look no further. This publication is designed to provide you with clear and simple guidelines for developing a workplace policy on HIV and AIDS, whether it is at the enterprise or national level. It also provides guidance on developing and implementing a workplace programme on HIV and AIDS. This publication contains specimen and supporting documents to provide greater clarity to users.

Who should use these guidelines?

Ministries of labour, enterprises, employers' and workers' organizations, HIV workplace committees, HIV focal points, and policy development consultants and facilitators can use this guide to spearhead the process for the development and implementation of a workplace policy on HIV and AIDS, at national, sectoral or enterprise level.

Rationale for these guidelines

Manuals, guidelines, and other publications addressing the importance of a workplace response to HIV invariably encourage the formulation of workplace policies on HIV and AIDS. Some provide specimen policies that could be followed. Most of them identify the key principles of the ILO that should be contained in such a policy. But none seeks to actively equip users with the skills and the knowledge to actually develop policies and programmes.

This publication promotes a skills-building workshop (SBW) on HIV policy development as the foundation of any action to develop a workplace policy on HIV and AIDS. The SBW, in a simple and incremental manner and within the framework of ILO's standards on HIV and the workplace, seeks to simultaneously build knowledge, capacity and confidence of users to actually draft a workplace policy on HIV and AIDS.

The publication is born out of a decade of ILO's involvement in tripartite-plus HIV workplace policy development in the Caribbean region. ILO's three-year HIV workplace education projects in the five larger Caribbean countries - Barbados, Belize, Guyana, Jamaica and Trinidad and Tobago - implemented between 2003 and 2008 with funding from the United States Department of Labor (USDOL), bequeathed a sound process for a sustainable response to HIV in the workplace. As a result, these countries continue to possess a robust national workplace response to the epidemic.

In the current climate of scarce resources and time constraints faced by workplace actors, the 'ILO/USDOL' process has been compressed so as to achieve similar success and sustainability in a shorter period, while maintaining the authenticity of the content and the collaborative tripartite-plus process. The condensed approach to policy development and implementation, found in this guidebook, has been successfully applied to the national policy development process in Anguilla, Aruba, Antigua and Barbuda, Dominica, Montserrat, Saba, Sint Maarten, Saint Kitts and Nevis, and Saint Vincent and the Grenadines. For some of the countries, ILO partnered with the HIV Caribbean Office of the Pan American Health Organization (PHCO).

At the enterprise level, the SBW process has been applied in Saint Vincent and the Grenadines, Suriname, and Trinidad and Tobago.

With respect to the implementation of policies and short-term pilot programmes, the process described in this guidebook has been successfully applied at the enterprise level in at least three of the countries of the Organisation of Eastern Caribbean States (OECS). Barbados, Belize, Guyana, Jamaica and Trinidad and Tobago continue to implement enterprise-level HIV programmes, using the same process.

The methodology advocated in this guide, therefore, has been successfully tried and tested in most of the countries in the English- and Dutch-speaking Caribbean. One positive externality resulting from this has been the consistency of the human rights standards that are in force in the Caribbean region for workers living with and affected by HIV.

PART A

DEVELOPING A WORKPLACE POLICY ON HIV AND AIDS

I. BEFORE YOU BEGIN THE POLICY DEVELOPMENT PROCESS

If you wish to initiate action toward the development of a workplace policy on HIV and AIDS, you should understand and have the conviction yourself of the importance of pursuing such action. If other persons are assisting you, they too should have basic sensitization on HIV as a workplace issue. At the minimum, you should appreciate the following.

Why address HIV and AIDS as a workplace issue?

- ❑ The majority of persons living with HIV are between the ages 15-49 and usually located in the workplace. A workplace response will reduce the negative impact of the epidemic on workers and the enterprise.
- ❑ The labour force in most countries represents about half of the total population. The workplace, therefore, can contribute significantly to the achievement of the goal of universal access to prevention, treatment, care and support.
- ❑ The workplace is an excellent avenue for the provision of long-term prevention education and the promotion of behaviour change to reduce personal risk to infection.
- ❑ Action in the workplace contributes to the broader national response to the epidemic and to the goal of getting to zero: Zero new infections; Zero AIDS-related deaths; Zero stigma and discrimination; and An AIDS-free generation.

Why a workplace policy?

The single most effective and important action in a workplace response to HIV and AIDS is the development of a workplace policy on HIV and AIDS.

A national or enterprise-level workplace policy:

- ❑ signals an explicit commitment by a government or an employer to workplace action regarding HIV;
- ❑ gives guidance to workplaces and their supervisors and managers;
- ❑ specifies a standard of behaviour for all employees;
- ❑ helps People Living with HIV (PLHIV) to understand the support and care they would receive;
- ❑ through prevention programmes helps to stop the spread of the virus;
- ❑ helps governments and employers to plan for HIV and manage its impact.

What are the standards that should apply to a workplace response?

The ILO framework for a workplace response to HIV and AIDS, namely the ILO Recommendation No. 200 Concerning HIV and AIDS and the World of Work (2010), and the ILO Code of practice on HIV/ AIDS and the world of work (2001) constitute the gold standard for the workplace.

Who should be involved in the policy development process?

The process for the development of any HIV workplace policy must be a collaborative one. A national or sectoral policy should

not be developed solely by the Ministry of Labour or a government agency, or an enterprise policy by its management or a human resource manager. At the national level, the employers' and workers' organizations, key ministries and stakeholders from the public and private sectors as well as representatives from the informal economy and organizations of persons living with HIV must participate in the development of the policy. At the enterprise level, the process must involve workers and their representatives, management and the government, where appropriate. The process of social dialogue will ensure that the policy content is representative of its target population. Meaningful participation by workers and key stakeholders in the development of their own policy, whether national or company-related, will encourage ownership of the policy and the commitment to implement its provisions.

Tips

Engage a Non-governmental group, the National AIDS Programme or the Ministry of Health to educate you and your team on HIV and on the status of the epidemic.

Ask ILO to provide sensitization on the ILO Framework if its Office is located in your country or region, or ascertain whether there may be competent colleagues at the Ministry of Labour or the employers' and workers' organizations who could provide this sensitization to you and your team. You should also study the material provided in the Appendices to this guidebook.

II. THE PROCESS

The Skills-building Workshop

The Skills-building Workshop (SBW) is central to the policy development process. A successful SBW sets the tone for the content of the policy, the process of collaboration among key stakeholders, leadership for the drafting process, the ability, enthusiasm and confidence to draft a policy, and ownership of the policy by the constituents. Normally, an SBW will not result in a completed policy.¹ A two-day period does not provide sufficient time for indepth discussions among the key stakeholders of policy issues or for research and consultation on the legal and policy framework within which the policy will be implemented. Equipped with the tools received at the workshop, a core policy drafting group assigned to the task must continue the policy development and finalization activity.

A policy development workshop is equally fundamental to the drafting of a national tripartite-plus workplace policy as it is to an enterprise-level policy or a sectoral workplace policy on HIV and AIDS. Most of Part A seeks to provide guidance on the planning and convening of a successful SBW.

The six steps in policy development

1. Obtain high-level approval

High level approval at the outset will ensure that there is a supportive environment for the drafting, approval and subsequent implementation of the HIV workplace policy and will facilitate access to resources to undertake the policy development activity. In the case of a national workplace policy, ensure that Ministerial- or even Cabinet-level approval has been received. Typically, the Labour Ministry may be the lead agency for developing a national workplace policy.

¹ Saba was an exception. Its SBW resulted in a completed draft policy at the end of the two-day period. This was due to the confluence of circumstances at the time, including the persons participating in the workshop, the leadership and geographical and policy considerations.

In some instances, the lead could be the Ministry of Health or the national HIV unit.

Be sure to engage, at the outset, the most representative organizations of employers and workers, the national AIDS body and groups representing persons living with HIV.

At the enterprise level, the policy initiator may be the HIV coordinator, the Occupational Safety and Health (OSH) Unit or Committee, the Human Resources Manager or Department, or a worker representative. In this setting, high-level approval should be sourced from the chief executive officer (CEO) or general manager (GM).

2. Plan and conduct a skills-building workshop (SBW)

The SBW is central to the development of the HIV Workplace Policy. Sections I, III and IV of this publication provide guidelines for planning and conducting an SBW.

3. Establish a policy-drafting core group

Prior to the end of the SBW, the facilitator should identify five to ten persons from among the workshop participants to comprise a core group that will continue to draft and finalize the workplace policy. For a national-level policy, the membership should reflect the tripartite constituents (government, employers, workers) and other key organizations such as the ministries responsible for health and legal affairs, national AIDS programme and those representing persons living with HIV. The focal person from the lead or initiating agency will be responsible for managing the work of the tripartite-plus core group.

The core drafting group at the enterprise level should be representative of the main categories of staff, ensuring representation from management and also from district offices, as far as is practicable. The lead person in this setting could be the HIV focal person, a human resources manager or a representative from an OSH Unit.

4. Prepare a first draft of the policy

The national- or enterprise-level core group will build on the policy outputs from their SBW and draft a policy within an agreed time frame. The drafting activity could focus either on the development of a first-time workplace policy or on the revision of an existing HIV workplace policy. The group may co-opt the services of experts and other contributors as needed, including SBW participants, during the drafting period.

If the intention of the Ministry or Government agency or private sector company is to engage a consultant to draft the HIV workplace policy, that consultant should participate in the SBW so as to be as equally informed and equipped as the core group. The consultant should always work in collaboration with the core group in drafting the policy. This approach will ensure that there is meaningful collaboration and consultation with the key stakeholders so that policy content reflects the voices and needs of the target population. It will ensure, by extension, greater ownership of the policy and an environment more conducive to the implementation of its provisions.

Higher-level permission should be obtained to share the first draft with a wider group of constituents for further review and discussion. In the case of a national workplace policy, the Minister or Permanent Secretary should provide such permission while at the enterprise level permission should be granted by the CEO or GM.

5. Convene a forum to review the first draft

A larger tripartite-plus public forum should be convened to discuss the content of the first draft of a national tripartite workplace policy. SBW participants and other key constituents in the public and private sectors should be invited to participate in this forum. The lead agency, supported by the core group and the consultant, where applicable, should organize the consultation. Similarly, the lead person and the core group in an enterprise will be responsible for organizing the enterprise-level consultation. The participants in this case will be a larger forum of workers in that company - including participation from the representative workers' organization - and of managers.

6. Finalize draft policy and submit for adoption

The drafters or consultant will revise and finalize the policy, based on the discussions and recommendations from the review forum. In the case of a national workplace policy, the lead agency will submit the final draft to the Minister for approval and transmission to Cabinet for adoption.

At the enterprise level, the lead person or committee will submit the final draft for company approval, adoption and implementation, in accordance with the protocols relevant to that organization.

III. PLANNING A POLICY DEVELOPMENT WORKSHOP

A skills-building workshop for policy development at the national level or in the formal sector

A minimum period of two days is required to comfortably conduct a skills-building workshop (SBW) to begin the process of drafting an HIV workplace policy. Since the focus of the workshop will be on policy development, the assumption is that participants would all have knowledge on the basics of HIV. Should that not be the case, then the duration of the workshop may need to be increased to incorporate a session on HIV and AIDS.

Key steps in planning your workshop

Develop the workshop agenda

Below are some key questions to guide the determination of workshop sessions and content.

Is the purpose of the SBW to develop a new policy or revise an existing one?

If you will be revising your existing HIV workplace policy, you should provide a copy to all participants and devote group work time specifically to critiquing the existing policy. Take into consideration

global human rights standards and changes in the epidemic and response, both nationally and globally as well as within your own enterprise or workplace, if you are developing an enterprise-level policy.

Do you wish to develop a stand-alone HIV workplace policy? or Do you wish to consider an expanded policy that also addresses Non-communicable Diseases/Sexual and Reproductive Health and Rights/Sexually Transmitted Diseases/Occupational Safety and Health or Life-Threatening Illnesses?

If you are considering an HIV policy that incorporates other health and well-being issues at the workplace, you will need to include a session in the agenda on the other area(s) and invite appropriate experts to sensitize participants on the topic. This will enable them to make an informed decision on the scope of the proposed policy.

What information must be provided to participants to ensure a common platform of knowledge among them as they proceed to develop the workplace policy?

Participants, whether they are drafting a national or an enterprise-level HIV policy, must have information on the status and impact of the HIV epidemic at the global and national level, the national and workplace response, and the human rights standards that should apply to a workplace response to HIV. These are: the ILO Recommendation No. 200 and the ILO Code of practice on HIV/AIDS.

Which agencies or persons may have expertise on the selected topics?

You will need to liaise with agencies such as the Ministry of Labour, Ministry of Health, the national AIDS programme, the public OSH department, the legal affairs unit, the organization representing persons living with HIV, and United Nations agencies, particularly the ILO, regarding expertise on issues that you will cover in your workshop programme.

Identify and invite participants

Consideration should be given to:

- ❑ Employer and worker representation;
- ❑ Representation from communities of Persons Living with HIV;
- ❑ Particularly for national workplace policies, key Government agencies that should be part of the process, such as Health, Labour (if the initiative is not driven by the Ministry of Labour), Legal Affairs, and the national AIDS programme;
- ❑ For enterprise-level policies, representatives from management and all key categories of workers that should participate, including union representatives and field offices;
- ❑ The nature of work undertaken by the enterprise to determine whether clients and subcontractors should be part of the policy development process;
- ❑ The need to have passionate, knowledgeable and committed persons, selected from among workshop participants, to comprise a post-workshop core group to continue the policy development and finalization process;
- ❑ Whether a consultant will be engaged to draft the policy. If so, then the consultant should be a participant in the SBW.

Compile material to complement the workshop objectives and sessions

Things to consider here:

- ❑ Variety in modes of delivery of learning for instance, presentations, group work, role-play, videos and discussions;
- ❑ Cultural nuances of the country or enterprise;



Tips

Thirty persons should be the maximum number of participants in an SBW. For a national workplace policy workshop, this could comprise tripartite-plus stakeholders at the national level.

For cost-effective policy development at the enterprise-level, a collective workshop could be held for 10 enterprises, with each fielding a team of three persons, representing management and workers, inclusive of workers' representatives. Each enterprise team could then replicate the workshop at their workplaces either for a proposed policy core group or a larger group of workers.

The collective workshop could be initiated by the Ministry of Labour or the employers' association, a sectoral body or even one enterprise. Efforts should be made to include workplaces in the informal economy, small and micro enterprises (SMEs) and the NGO community in collective workshops.

A workshop could be arranged also to cover both national and enterprise-level HIV workplace policy development.

Within a single enterprise, while the target group for an SBW will be the small drafting team, such a workshop will certainly be beneficial to other employees such as human resource and OSH personnel, workers' representatives and other linked agencies such as subcontractors.

- ▣ The nature of work of the enterprise and the receptivity of the workers to the various modes of delivery and types of materials and documentation that may be preferred;
- ▣ Strategic energizing activities for the group of participants.

Addressing the policy needs of the informal economy, NGO community and the small and micro enterprise sector

Workplaces with few employees find it challenging in terms of time and resources to plan or participate in a complete SBW. They also find it impractical to develop formal workplace policies on HIV and AIDS. In this context, the lead Government agency for the workplace response has to devise creative ways to ensure that an HIV response reaches these workplaces. The employers' and business associations also have a critical role to play in reaching SMEs. It should be a deliberate strategy of the lead government agency and business associations to include the informal economy and SMEs in HIV workplace policy planning activities.

Many small workplaces and their professional associations may prefer to develop a simple statement of commitment to the ILO standards for a workplace response to the epidemic rather than develop a detailed policy. Similarly, national NGOs prefer to develop short statements of principle.

In single-person workplaces where even a statement of principles may not be achievable, education on the business impact of HIV, on prevention, care, support and treatment, and on the human rights at work of PLHIV should reach these workplaces. Here, the lead government agency will have the primary responsibility for the provision of this education. In Tobago, a group of trained local persons, in a partnership with the Ministry of Labour, the Tobago House of Assembly and the ILO, used the methodology of edutainment to provide HIV workplace education to persons in SMEs and the informal economy in select communities.

NOTE

Under the ILO projects in the Caribbean, the ministries of labour worked with the ILO to reach workers in the informal economy - hairdressers, barbers and taxi drivers - through partnerships with their representative associations.

In Trinidad and Tobago, for example, a partnership was established with the National Barbering Association (NBATT). Sensitization sessions on HIV and on rights in the workplace were provided to members of the Association at times convenient for them to be away from their workplaces, such as Sunday afternoons. These sessions also offered training in topics relevant to the target group including hygiene standards and care for hairdressing tools and handling of dermatological matters in the profession. Many hairdressers were trained as peer educators.

The NBATT is now a member of Advisory Board of the HIV Advocacy and Sustainability Centre (HASC), the Unit that implements the national workplace policy.



IV. CONDUCTING A SKILLS-BUILDING WORKSHOP ON HIV POLICY DEVELOPMENT

Sequencing of the sessions in the SBW must be strategic so as to incrementally build the capacity and confidence of participants to actively contribute to the development of an HIV workplace policy. The specimen agenda appended is so designed and should be studied alongside the guidance provided below (*See page 39*).

Day One

Day One of a workshop is typically dedicated to building *knowledge* among participants about the epidemic and response, and the ILO gold standard for a workplace response; building the *capacity* to apply this knowledge in assessing existing policies; and building their *confidence* in their ability to apply this knowledge to the drafting of their own workplace policies, whether national, sectoral or enterprise-level.

If other issues are being contemplated for inclusion in the policy, such as OSH or Non-communicable diseases (NCDs), these should be discussed by participants and experts preferably on Day One. This will facilitate informed reflection on these issues to better determine the parameters of the proposed policy on Day Two, when more in-depth policy development work will begin.

Participants should begin applying their knowledge on the afternoon of Day One, in critiquing actual policies. If the SBW is designed for a national policy, groups should study and critique formally adopted policies of other countries. If NCDs or other issues are being considered for inclusion, similar policies of other countries should be used. A minimum of four work groups should be formed in a workshop with 30 participants and four different policies studied, with one policy per group.

Where the SBW is designed to revise an existing policy, that policy should be critiqued by all participants so that everyone will be familiar with the content, strength and weaknesses of the existing policy.

Group presentations and plenary discussions of the issues emerging from the presentations usually serve to further clarify the form and items for the content of the proposed policy.

Tips

A brief formal opening ceremony reinforces high level commitment and generates visibility for the initiative and should be a part of national- and enterprise-level SBWs.

Include an interactive session of introductions since this serves as an ice-breaker.

The session(s) on the ILO Framework may be unavoidably 'heavy' and can be made more interesting by encouraging participants to ask questions and make comments at any point in the presentations. As a result, most key workplace issues, challenges and solutions usually emerge during the discussions.

Day Two

Armed with the knowledge gained on Day One, and empowered and enthused by the interactive and group sessions, participants will begin the process of drafting their HIV workplace policy in incremental steps on Day Two. They should begin with considerations of a title for the proposed policy. From this initial activity participants will be able to determine whether they wish to have a stand-alone policy on HIV and AIDS or whether they want an HIV policy that also addressed NCDs or other health issues at work. They then, in incremental stages, proceed to develop policy content.

The group presentations and notes of the discussions of these presentations must be collected by the lead agency since they will be valuable reference and guidance information to the core drafting group.

At the end of the second day, there will be outlines and minimal content of the proposed policy. Importantly, there will be clear ideas of structure, content and topics to be addressed in greater detail as the drafting continues in the post-SBW period. By the end of the second day too, the steps required for the development and finalization of the policy would have been determined and a core group of drafters selected.

The final session on Day Two is vital to the continuation of the policy development process. For a national policy, the agency and focal person to lead the drafting process must be confirmed at that session. If it is an enterprise-level policy, that session would identify the focal person or the team or committee to lead the process. Timelines for the finalization of the policy and the date and venue of the first meeting of the core drafting group, should be established during that final session.

Tips

The video developed by the Caribbean HIV/AIDS Alliance, 'Wanted: an HIV Workplace Policy', should be shown at the start of Day Two. In a light-hearted manner it synthesizes the key learning from Day One and provides an excellent segue to the policy drafting activities on Day Two. While this video is universally appealing and relevant, non-Caribbean countries may have their own material to be used instead of this video. Additionally, the video was developed prior to 2010 and as such, it addressed the ILO code of practice on HIV/AIDS but not ILO Recommendation No. 200.

Day One work groups could be randomly formed by the facilitator.

Work groups for Day Two should be more deliberately selected to be representative of the key stakeholders and to ensure a better distribution of expertise and strengths among the groups. Groups formed at the start of the second day should remain intact for the various group activities on Day Two to permit a smoother flow regarding the incremental policy building activities.

Typical flow of a two-day policy development workshop

Flow	Agenda Item	Rationale
1	Brief formal opening of workshop	To reinforce high level commitment and give visibility to the policy.
2	Introductions activity	To clarify objectives, expectations and process and to serve as an ice-breaker.
3	HIV epidemic and response	To clarify gaps in legislation and policy regarding HIV and the workplace; to ascertain involvement of workplace actors and set the context for the development of the policy at global, regional, national, sectoral and enterprise levels
4	Analysis and discussion of issue(s) for consideration for an expanded HIV policy e.g. NCDs	To facilitate a more informed decision on the scope of the policy to be developed.
5	ILO Framework for a workplace response to HIV and accompanying group activity	To set the gold standard for a rights-based workplace response to HIV and AIDS, with the group activity aimed at reinforcing learning.
6	Form and content of policies and process for developing a policy	To provide options in policy development and to encourage an inclusive approach to policy development.
7	Group work: Critiquing actual policies	To reinforce learning on ILO standards and on applying a collaborative approach to policy development, and to build participants' confidence in their ability to draft their own policies.
1	Recap session and video on policy development	To reinforce and synthesize learning from Day One
2, 3, 4, & 5	Group work (3) and reporting (1) sessions	To deconstruct the tasks of developing a policy into manageable and incremental steps, to build capacity and confidence to draft policies and to encourage ownership of the process and content.
6	Next steps and timelines	To identify members of core policy development group and lead person/agency and to establish a plan of action and timelines for preparing first draft of policy.

DAY ONE

DAY TWO

Post-workshop steps

A core group of drafters would have been formed on Day Two of the SBW and the date of their first meeting determined. The next major steps toward the finalization of the policy are:

- Prepare a first draft of the policy, co-opting experts and other contributors as required;
- Convene a national consultation to review the draft policy if it is a national one, or a larger group of workers to review if it is an enterprise-level policy;
- Refine and finalize draft and submit for formal adoption.

Please refer to the six steps, especially steps 3-6 in Part A, Section II of this publication for details on the post-workshop action that should be followed.

V. HIV WORKPLACE POLICY DEVELOPMENT: CONTENT

The provisions in the ILO Code of Practice on HIV/AIDS and the World of Work (2001) and the ILO Recommendation No. 200 Concerning HIV and AIDS and the World of Work (2010) together, guide the content of an HIV workplace policy. Recommendation No. 200 expands on the provisions of the Code and enhances the implementation of its key principles. Policy drafters must possess an understanding of both instruments. They must appreciate also the provisions of key ILO Conventions, in particular, ILO Conventions Nos. 111, 158 and 159.

Policy content should include:

1. An Introduction and a general statement of commitment to action

You must develop a policy that reflects your specific situation in terms of the epidemic, response, legal and policy environment, target population and culture. Your introduction therefore, should establish the context of your policy.

2. The scope of the policy

Recommendation No. 200, paragraph 2, specifies the scope of a national policy and by extension, an enterprise policy as:

- ❑ All workers under all forms or arrangements and at all workplaces;
 - Persons in any employment or occupation
 - Those in training, including interns, apprentices
 - Volunteers
 - Job seekers and job applicants
 - Laid-off and suspended workers

- ❑ All sectors of economic activity, including the private and public sectors, formal and informal economies;

- ❑ Armed forces and uniformed services.

3. The legal and policy framework at the national and workplace levels, as appropriate, within which the policy is located

The drafting team should seek input from the relevant government department in relation to the national policy. Enterprise-level drafters can be guided by the legal and policy framework as set out in the national workplace policy. Where there is no national policy, enterprise-level drafters can seek assistance from the Ministry of Labour and the Ministry of Legal Affairs. They should also be guided by company policies and relevant collective agreements.

The General Principles of ILO Recommendation No. 200 set out in its Section III

1. An HIV response contributes to human rights for all
2. HIV is a workplace issue
3. There should be no discrimination based on HIV status or perceived status
4. Prevention of all means of transmission is a fundamental priority
5. Workers, their families and dependents should have access to prevention, treatment, care, support
6. Workers should participate in design, implementation and evaluation of workplace policies
7. Programmes should address prevention of occupational transmission of HIV and related transmissible diseases
8. Privacy and confidentiality related to HIV and AIDS should be protected
9. No testing or disclosure of HIV status should be required in the workplace
10. Measures to address HIV should be part of national development strategies
11. Protection measures should address workers in occupations that are exposed to the risk of HIV transmission.

Please see detailed provisions at:
www.ilo.org/aids/WCMS_142706/lang--en/index.htm

The 10 key principles of the ILO Code

1. Recognition of HIV and AIDS as a workplace issue
2. Non-discrimination
3. Gender equality
4. Healthy work environment
5. Social dialogue
6. No screening for purposes of exclusion from employment or work processes
7. Confidentiality
8. Continuation of the employment relationship
9. Prevention
10. Care and support.

Please see detailed provisions at:
www.ilo.org/aids/Publications/WCMS_113783/lang--en/index.htm

4. The general principles that would guide action

Recommendation No. 200 and the ILO Code both address the key principles that must apply in a workplace response to HIV. While the policy must be guided by the ILO framework, its content should be tailored to the particular context and to the needs and concerns of its target population. Constituents should study the principles in both documents and determine the way they wish to address these key principles in their policy.

5. Specific provisions or areas for targeted action

Recommendation No. 200, Section IV, specifies seven main areas for action in national policies. Countries and enterprises should be guided by the provisions in these seven areas in their determination of the specific provisions for targeted action in their policies. The areas are:

- ❑ Discrimination and promotion of equality of opportunity and treatment;
- ❑ Prevention (See also Sections 6 and 7 of ILO Code);
- ❑ Treatment and care (See also Section 9 of ILO Code);
- ❑ Support;
- ❑ Testing, privacy and confidentiality (See also Section 8 of ILO Code);
- ❑ Occupational safety and health;
- ❑ Children and young persons. Additionally, Recommendation No. 200 identifies key groups for targeted action, such as migrant workers, workers with disabilities or workers discriminated against due to their sexual orientation.

6. Provisions for implementation and monitoring, inclusive of the specific Ministry/Unit/person that would be responsible for overseeing the implementation of the policy.

7. Provisions for grievance handling and penalties.

Such provisions will be guided by existing grievance procedures in relevant national legislation and enterprise-level policies and agreements.

8. A provision for periodic review of the policy.

9. Additional considerations for the policy document:

- ❑ Table of content;
- ❑ List of abbreviations;
- ❑ A page with signatures of endorsement from the tripartite partners for a national policy and from management and workers and their representatives, for enterprise-level policies;
- ❑ Details of the roles and responsibilities of key actors such as the worker and employer;
- ❑ Appendices as determined by the drafters and key stakeholders.

TIPS

Recommendation No. 200 is an international labour standard focused on rights in the workplace and form part of international human rights law. Constituents' adoption of its general principles in their HIV workplace policies will ensure the comprehensive coverage of the rights at work of persons living with or affected by HIV.

It will be more meaningful to tailor the text on these principles to suit the national or workplace context and the target population rather than simply insert the language of the ILO Recommendation No. 200.

The source and year should be indicated for statistics used in the policy.

A policy should include, possibly in its title or subtitle, the year of adoption so as to be able to clearly determine its implementation period and its review date.



PART B

IMPLEMENTING A WORKPLACE POLICY ON HIV AND AIDS

It is critical that implementation of an approved national workplace policy begin immediately upon its adoption. Postponement of implementation may forever relegate the workplace response to oblivion, denying businesses, PLHIV and, ultimately, a country, the benefits that would result from a workplace programme.

The implementation of a national workplace policy requires a comprehensive programme of action that includes widespread dissemination of the policy and sensitisation of all workplace actors on the policy. However, workplace-level programmes in the public and private sectors have been shown to be the most meaningful and sustainable mechanism for implementing the provisions of the national policy. Part B of this guidebook provides guidance on the implementation of a pilot workplace programme in enterprises.

Pre-requisites for implementing the provisions of a national workplace policy

A lead agency: A national workplace policy should contain clear provisions for its implementation, indicating a lead agency, unit, committee or person responsible for coordinating its implementation. Typically, the Ministry of Labour is charged with this responsibility. Barbados, Belize, Jamaica, Guyana and Trinidad and Tobago all have sound and sustainable national workplace responses led by their Ministries of Labour.

A workplan: The first step toward implementation is the development of a realistic workplan, preferably for three years with a one-year plan of action, detailing the specific tasks, implementers, timelines and resources. The three-year implementation plan should be developed through a consultative process with the tripartite partners and other key stakeholders.

Dissemination of the policy and widespread information on its provisions should be the first major task of the implementing entity.

Human and financial resources: The lead agency must make a realistic assessment of the human and financial resources required to implement the workplan and put in place sustainable measures to access and maintain these resources. It is important to secure a regular source of funding for the work of the public sector entity responsible for the implementation of the national workplace policy on HIV and AIDS. Both Jamaica and Trinidad and Tobago have dedicated HIV Units in the Ministry of Labour. In Jamaica, the small Unit is located in the OSH Department. In Trinidad and Tobago, there is a separate Unit - The HIV Advocacy and Sustainability Centre - with a Manager, a comprehensive staff establishment and a Cabinet-appointed multipartite Advisory Board that oversees the work of the Unit.

Workplaces in the public and private sectors: A national workplace policy on HIV and AIDS can only be considered to be successfully implemented when workplaces in the public and private sectors are implementing programmes which are guided by the provisions of the national workplace policy. To do so, these enterprises would require a period of continuous support from the national implementing entity, usually the Ministry of Labour.

A pilot workplace programme

A pilot workplace programme, targeting about 10 workplaces in the public and private sectors, is the best way to get the implementation of the national policy off the ground. ILO's experiences in the Caribbean have shown that the minimum period for a pilot should be six months and, ideally, one year. The number of participating agencies

Main objectives of a pilot programme

- To implement the provisions of a national workplace policy on HIV and AIDS.
- To ensure that the workplace assumes its share of the responsibility in the national response to HIV.
- To build capacity to address HIV as a workplace issue.
- To stimulate an expanded response among workplaces in both public and private sectors.

and the duration of the pilot combine to make the first phase of implementation a manageable one and provide a fertile learning ground for both the implementing and participating entities. A major outcome of the pilot is the development of in-country capacity to implement workplace programmes. This, in turn, can lead to a continuous expansion in the number of enterprises implementing workplace programmes.

The Ministry of Labour or designated implementing agency will be responsible for sensitizing and recruiting the workplaces for the pilot programme. Where possible, the implementing agency should seek to engage the services of a national coordinator to provide support to the pilot agencies.

Partnership framework: The Memorandum of Cooperation

A Memorandum of Cooperation (MoC) formalizes the partnership between the implementing agency and the participating workplace to implement a pilot workplace programme on HIV and AIDS. The MoC has been used by the ILO as the framework for the provision of technical support to enterprises in the implementation of HIV programmes in more than twenty-five countries globally. Under this arrangement, both the enterprise and the implementing agency agree to the terms and conditions of a partnership to facilitate the achievement of four basic programme components. A specimen of a typical MoC is provided in the Appendices (*See page 43*).

The specific details and timelines for the four action areas are finalized between the partners and are determined by the particular context of that participating agency. All technical support for the implementation of the four components are to be provided by the implementing agency in collaboration with appropriate experts and providers such as other government departments, UN agencies and NGOs.

Signatories to the MoC are usually high level persons such as the Minister or Permanent Secretary in the Ministry of Labour and the CEO or General Manager of the participating enterprise.

Prior meetings and sensitization sessions with the high-level personnel at the enterprise or agency are necessary to get agreement to participate in the pilot programmes and enter into an MoC.

Components of a workplace programme

The four main components of a workplace programme are designed to establish the foundation for a sustainable response to the HIV epidemic in private or public sector workplaces. While the focus here is on a pilot workplace programme to implement the provisions of a national workplace policy on HIV and AIDS, the programme components constitute a comprehensive HIV workplace programme that can be applied to any workplace in the formal sector, even in the absence of a national workplace policy on HIV and AIDS.

Component 1: HIV workplace coordination

Participating enterprises and agencies are required to assign someone as Focal Person, and where appropriate, put an HIV Committee in place to manage the HIV response and the pilot programme. They must also approve time for staff training to take place. The implementing agency, in turn, will provide training to the Focal Person and Committee.

The enterprise Focal Person serves as the main line of communication and has a critical role to play in managing the implementation of the programme. It is essential that after the signing of the MoC the first major activity should be a sensitization session for all Focal Persons in the pilot programme. This will ensure that they are fully briefed on their roles and responsibilities.

Component 2: Enterprise policy on HIV and AIDS

Workplaces in the pilot programme are also required to develop HIV workplace policies with technical support from the implementing agency. The policy provides a framework for a long-term response to HIV by the enterprise.

In pursuing the development of an enterprise policy, the Focal Person and team will be expected to apply the techniques and tools described in Part A of this guidebook. Specifically, the development of a workplace policy will require the convening of an SBW to develop a workplace policy on HIV and AIDS. Toward this end, it will be cost-effective for the implementing agency to organize a collective SBW for all workplaces participating in the pilot programme.

Component 3: HIV education and information services

Participating workplaces, among other things, are required to provide the enabling environment for worker education on HIV and prevention services, and for the training of a cadre of peer educators. A quick-capture survey of the knowledge, attitudes, practices and behaviour of workers (KAPB study) will provide valuable information to ascertain the training and education needs of workers, and to develop targeted programmes.

ILO has developed various handbooks for training peer educators, with the Trinidad and Tobago Handbook (2008) being the latest (*see CD insert*). It is used by the countries of the OECS in their pilot programmes. This Handbook has been translated into Dutch and is used by constituents in Suriname.

Component 4: Monitoring and evaluation

The HIV Focal Person is required to monitor and evaluate the progress in the implementation of the pilot programme at the workplace. A simple data-tracking table is included in the Appendices to assist Focal Persons with this task (*See pages 45-46*). The table can be modified to suit the needs of the particular workplace programme.



Tips

It may not be possible to implement all four components of a programme in workplaces in the informal economy, SMEs and NGOs.

In this context, Component 3 regarding HIV education and information services should be the main focus of any workplace intervention.

Expected results from a workplace programme

Overall, it is expected that the pilot programme will result in the establishment of a sound and sustainable response to the HIV epidemic in the participating enterprises. Specifically, the programme should result in:

- ❑ An HIV Focal Point integrated into the work and structure of the enterprise.
- ❑ A workplace policy on HIV.
- ❑ A trained cadre of peer educators.
- ❑ Provision of HIV-related services.
- ❑ A workforce educated on HIV, risks, prevention and human rights.
- ❑ A clear plan of action and budget for HIV-related workplace activities.
- ❑ An active monitoring system.

Tips

The programme components constitute a comprehensive HIV workplace programme that can be applied to any workplace in the formal sector, even in the absence of a national workplace policy on HIV and AIDS.

Checklist for implementing a pilot workplace programme

1. Appoint a lead implementing agency with focal person.
2. Identify and allocate financial resources and engage a consultant, if necessary.
3. Establish partnerships for the provision of technical support.
4. Recruit participating workplaces in the private and public sectors.
5. Discuss and agree on content of MoCs.
6. Sensitise workplace focal persons on programme components and their roles and the ILO Framework for a workplace response.
7. Provide focal points with all support material, inclusive of:
 - i. ILO Recommendation No. 200 Concerning HIV and AIDS and the World of Work;
 - ii. ILO Code of practice on HIV/AIDS and the world of work;
 - iii. Focal Person roles and responsibilities;
 - iv. A copy of their agency's MoC;
 - v. Data tracking table for monitoring and evaluation;
 - vi. Reporting guidelines.
8. Host media event to launch the programme and sign MoCs.
9. Finalize workplans and timelines with each participating workplace, for the implementation of the four components.
10. Provide technical support for the implementation of the components of the MoC in each participating workplace.
11. Monitor and evaluate the implementation of the programme.



Tips

The number of enterprises participating in a workplace programme should be guided by the capacity of the Ministry of Labour or the lead national implementing agency, to manage the programme. An average number of 10 enterprises is usually manageable.

A.I.V.
POSITIVE

APPENDICES

I: Specimen agenda

A1:	Saint Kitts/Nevis - Development of a National Workplace Policy on HIV and NCDs	39
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II: Support material for pilot programmes

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A6:	ILO Framework for a workplace response to HIV and AIDS (Power Point Presentation)	51



Ministry of Foreign Affairs, Immigration,
National Security, Labour and Social Security,
Government of Saint Kitts and Nevis



International Labour Organization
Office for the Caribbean

The goal of the Workshop is to strengthen participants' capacity to effectively develop a national workplace policy on HIV and AIDS:

- to increase participants' knowledge of the ILO's framework for a workplace response to HIV and AIDS and, in particular, the ILO Code of practice on HIV/AIDS and the world of work and the ILO Recommendation No. 200 Concerning HIV and AIDS and the world of work;
- to strengthen participants' capacity to apply the ILO framework in HIV workplace policy development; and
- to engage participants in commencement of the process for the development of a national workplace policy on HIV and AIDS work.

Skills-Building Workshop on the Development of a National Workplace Policy on HIV and AIDS Saint Kitts and Nevis, 24-25 August, 2011

DAY 1: WEDNESDAY 24TH AUGUST 2011

08:00 – 08:30 a.m.	Registration
08:30 – 09:00 a.m.	Opening Remarks (Ministry of Labour)
09:00 – 09:30 a.m.	Introductions and Orientation Orient participants to objectives and process of workshop and identify expectations
09:30 – 10:00 a.m.	St. Kitts and Nevis - Epidemic and Response (National AIDS Programme) Improve participants understanding of the HIV epidemic and the context for developing a national workplace response

10:00 – 10:45 a.m.	ILO Code of Practice on HIV/AIDS and the World of Work Improve participants' knowledge of the content of the Code
10:45 – 11:00 a.m.	<i>Break</i>
11:00 – 11:30 a.m.	ILO Recommendation No. 200 Concerning HIV and AIDS and the World of Work Enhance participants' appreciation of the new global human rights instrument on HIV and AIDS
11:30 – 12:00 p.m.	Group Work: Understanding the ILO Code and ILO Recommendation No. 200 Enhance participants' appreciation of the key issues in a workplace response to HIV
12:00 – 01:00 p.m.	<i>Lunch</i>
01:00 – 01:30 p.m.	Steps for Policy Development Familiarize participants on the process for commencing the development of an HIV policy
01:30 – 02:00 p.m.	HIV workplace policies: form and content Increase participants' ability to identify type of policy suitable for St. Kitts and Nevis
02:00 – 03:00 p.m.	Group Work: Review structure and core content of policies Build participants' capacity to review policies (Working break)
03:00 – 03:30 p.m.	Discussion and clarification Clarify issues related to the implementation of a workplace response. Open forum

DAY 2: THURSDAY 25TH AUGUST 2011

08:00 – 08:30 a.m.	Video
08:30 – 09:00 a.m.	Recap and discussions on the first day and new tasks Assess the progress toward the achievement of objectives Open forum
09:00 – 09:30 a.m.	Other Life-Threatening Illnesses and Chronic Non-Communicable Diseases in St. Kitts and Nevis Consider other health issues that impact on the workplace
09:30 – 10:15 a.m.	Group Work 1: Identify the title and main topics to form the content of the policy
10:15 – 10:30 a.m.	Break
10:30 – 11:00 a.m.	Presentations for Group Work 1.
11:00 – 12:00 p.m.	Group Work 2 Develop policy content, Part 1: Introduction, policy statement, key principles (1-5)
12:00 – 01:00 p.m.	<i>Lunch</i>
01:00 – 02:30 p.m.	Group Work 3 Develop policy content, Part 2: Key principles (6-10), review period, line responsibility, monitoring and evaluation, other issues
02:30 – 03:00 p.m.	Presentations of findings: Parts 1 and 2
03:00 – 03:30 p.m.	Next Steps, Timelines, Roles and Responsibilities Ensure commitment to completion of policy development process

**Partnership for a Pilot HIV/AIDS Workplace Programme
Memorandum of Cooperation**

_____ name of enterprise/participating agency _____
and the
Labour Department, Ministry of in collaboration with?

I. Introduction

The Department of Labour, in collaboration with the Ministry of is assisting companies to develop and implement HIV workplace policies and programmes. The aim of this partnership is to help prevent the transmission of HIV among workers and to mitigate the impact of the epidemic on workplace productivity.

II. Proposed Areas of Collaboration

Enterprise and the Labour Department, Ministry.... agree to cooperate in the development and implementation of a workplace programme on HIV and AIDS that includes the following 4 components:

Component	Goal	Main Activities	MOL, Coordinator & ?? Contribution	Company Contribution	Timeframe (est.)
1. HIV/AIDS Workplace Coordination	To ensure company ownership and sustainability of the HIV workplace programme	<ul style="list-style-type: none"> • Nomination of focal point • Creation of HIV committee • Training of focal point and committee members 	<ul style="list-style-type: none"> • Training of HIV/AIDS Focal Point and committee members • Technical assistance to focal point and committee 	<ul style="list-style-type: none"> • Nomination of HIV/AIDS Focal Point with TORs • Designation of HIV/AIDS committee members and TOR • Staff time allocated to oversee HIV/AIDS activities in workplace 	<p>Timeframe:... Focal point named, committee established</p> <p>Timeframe:... Focal point and committee members training</p>
2. Enterprise policy on HIV and AIDS	To establish procedures for dealing with issues in the workplace on HIV and AIDS	<ul style="list-style-type: none"> • Drafting a policy in consultation with worker representatives • Adoption and publication, briefing to all workers 	<ul style="list-style-type: none"> Technical support (information on model policies; assistance in consultation process with ILO expert) 	<ul style="list-style-type: none"> • Drafting of policy and consultation with HIV/AIDS Committee • Dissemination of HIV/AIDS policy 	Timeframe:
3. HIV education and information service	To support HIV/AIDS prevention, non-discrimination, care and support, and to inform workers about resources in the community	<ul style="list-style-type: none"> • Management briefing • Training of trainers and peer educators • Workers' education • Training of OSH personnel • Incorporation of HIV/AIDS module into regular training programmes • Condom availability • Creation of regular update of information services on STI, VCT and care and support outside the workplace 	<ul style="list-style-type: none"> • Briefing of management • Training curriculum • Information, education and communication materials • Training of peer educators • Identification of available STI, VCT and care and support services outside the workplace 	<ul style="list-style-type: none"> • Allocation of time and space for activities • Incorporation of HIV/AIDS module into regular OSH or HR training programmes • Dissemination of information • Establish partnership to ensure provision of condoms for workers and managers • Establish referral system for workers and managers to community STI, VCT and care and support services 	Calendar for training/ services to be determined
4. Monitoring and evaluation	To measure results and maintain sustainability	<ul style="list-style-type: none"> • Regular monitoring by focal point 	<ul style="list-style-type: none"> • Provide monitoring forms to focal point 	<ul style="list-style-type: none"> • Semi-annual monitoring by focal point 	Focal point monitoring every 6 months

1) Date and place: _____

Chief Executive Officer/General Manager
(Name of Company): _____

3) Date and place: _____

Ministry of _____

2) Date and place _____

Permanent Secretary, Ministry...

4) Date and place _____

Other Key Partner _____

**ILO PILOT HIV WORKPLACE PROGRAMME FOR ENTERPRISES:
DATA TRACKING TABLE FOR ENTERPRISES**

Indicator		BASELINE 1 Jul 2013	31 Aug 2013	31 Oct 2013	31 Dec 2013				
IMPROVED WORKPLACE HIV/AIDS POLICIES OR GUIDELINES									
1. Is there a written HIV/AIDS policy									
2. # and % of workers to whom HIV/AIDS policy was clearly communicated									
3. Does the current policy incorporate the principles of the National HIV workplace policy or the ILO HIV/AIDS Code and ILO Recommendation No. 200	Dialogue between management and labour								
	No stigmatization/discrimination on basis of real or perceived HIV status								
	Reasonable Accommodation as long as medically fit for employment								
	No denial of employment								
	Healthy work environment								
	Medical confidentiality								
	No termination on the basis of real or perceived HIV status								
	Same opportunities/benefits as other workers								
	Gender equality								
	HIV/AIDS prevention program								
Narrative analysis of data:									
INCREASED AVAILABILITY OF QUALITY HIV/AIDS WORKPLACE SERVICES									
1. Are the following HIV/AIDS services available in or through the workplace	HIV/AIDS education								
	Condom availability								
	STI treatment information service								
	VCT information service								
	Care and support information service								
	Other (list)								
Narrative analysis of data:									

DATA TRACKING TABLE FOR ENTERPRISES Cont'd

Indicator	BASELINE 1 Jul 2013	31 Aug 2013	31 Oct 2013	13 Dec 2013			
INCREASED CAPACITY OF WORKPLACE TO IMPLEMENT COMPREHENSIVE HIV/AIDS POLICY/PROGRAMS ON A SUSTAINED BASIS							
1. Is there an HIV/AIDS focal point?							
2. Does the workplace have a collaborative agreement with an external HIV/AIDS resource person or organization or a full-time HIV/AIDS coordinator?							
3. Is there a specific budget for implementation of HIV/AIDS programs?							
4. Is HIV/AIDS integrated into existing OSH/HR training programs?							
5. Is there a mechanism to address alleged violations of policy provisions?							
Narrative analysis of data:							
INCREASED LEVELS OF WORKPLACE COLLABORATION AND COMMITMENT BY LABOUR AND MANAGEMENT							
1. Have worker representatives been consulted in the design and/or implementation of HIV/AIDS policy in the workplace?							
2. Is there an active joint committee addressing HIV/AIDS issues?							
3. Has the company allocated official working hours to HIV/AIDS education programme implementation during the last six months?							
Narrative analysis of data:							

INTERNATIONAL LABOUR ORGANIZATION
HIV/AIDS AND THE WORLD OF WORK
PILOT WORKPLACE PROGRAMME FOR ENTERPRISES

GUIDELINES FOR REPORTING

COUNTRY:

NATIONAL CONSULTANT:

PROJECT DURATION:

REPORTING PERIOD:

DATE SUBMITTED:

TOPICS TO BE ADDRESSED IN THE REPORT RE EACH
PARTICIPATING ENTERPRISE:

1. ENTERPRISE NAME AND PROFILE:
2. STATUS OF MEMORANDUM OF UNDERSTANDING (SIGNING):
3. WORKPLACE COORDINATION:
(Name of Focal Point and enterprise committee members and what is being done).
4. FOCAL POINT TRAINED
5. PEER EDUCATORS TRAINED
6. EDUCATION AND INFORMATION SERVICES
7. STATUS OF WORKPLACE POLICY
8. SENSITIZATION SESSIONS
9. MONITORING AND EVALUATION
10. PLAN OF ACTION DEVELOPED
11. PLAN OF ACTION ENDORSED
12. OBSERVATIONS/MAJOR TRENDS
13. PROBLEMS, PROPOSED SOLUTIONS, ACTIONS TAKEN OR REQUIRED
14. NEW PROPOSALS (activities, funding etc.)
15. LESSONS LEARNED
16. CASE STUDIES (FINAL REPORT)
 - a. Please submit as annexes

TERMS OF REFERENCE FOR ENTERPRISE FOCAL POINT FOR HIV AND AIDS

Background

.....(Company's Name)... has committed itself to contributing to the prevention of HIV and the adverse impact of the pandemic on employees, family members and the community by developing an HIV/AIDS Work place Policy and Programme.

In order to effectively implement and monitor the workplace policy and programme, the enterprise has established an HIV/AIDS Committee and will nominate a representative to serve as the focal point for the company. (For those enterprises that have Occupational Safety and Health (OSH) Committees, HIV/AIDS activities could be integrated as part of the mandate of the OSH Committee).

Specifically, the focal point will:

1. Coordinate the development of the workplace programme on HIV and AIDS;
2. Coordinate the implementation of all components of the HIV workplace programme at the enterprise level (including the peer education programme);
3. Disseminate the HIV workplace policy as well as all educational material such as pamphlets, posters, briefings, training modules etc;
4. Ensure that community referral systems for confidential Voluntary Counseling and Testing (VCT), Sexually Transmitted Infections (STI) and care and support services are established and sustained;
5. Ensure that partnerships are established and sustained for the provision of condoms;
6. Provide written reports to the HIV and AIDS committee in the enterprise and to the Coordinator to monitor the implementation of the pilot programme;
7. Suggest ways of improving the HIV programme to the HIV/AIDS Committee.

HIV/AIDS AND THE WORKPLACE

ILO Framework for a Workplace Response to HIV and AIDS

Madhuri Supersad
ILO HIV/AIDS Consultant



...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*



2011 HIV Statistics

	Global		Caribbean
	TOTAL	PER DAY	
Adults & Children living with HIV	34.2 million (Adults: 30.7 m) (Women: 16.7 m)		230,000
Adults and children newly infected with HIV	2.5 million (Adults: 2.2 m)	7,000 (Adults: 6,000 47% women 41% 15-24 ys)	13,000
Adult and child deaths due to AIDS	1.7 million (Adult 1.5 m)		10,000
Adults prevalence	0.8%		1.0%



With respect to the workplace, Governments...

Commit to mitigate the impact of the epidemic on workers, their families, their dependants, workplaces and economies, including by taking into account all relevant conventions of the International Labour Organization, as well as the guidance provided by the relevant International Labour Organization recommendations, including the Recommendation on HIV and AIDS and the World of Work, 2010 (No. 200), and call upon employers, trade and labour unions, employees and volunteers to eliminate stigma and discrimination, protect human rights and facilitate access to HIV prevention, treatment, care and support.

Paragraph 85: Political Declaration on HIV and AIDS High Level Political Meeting June 2011



Why focus on workers?

Where 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



Why focus on the workplace: Getting to Zero

ZERO NEW HIV INFECTIONS

ZERO DISCRIMINATION

ZERO AIDS-RELATED DEATHS

and

An AIDS-Free Generation



Counting down to ZERO

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



Investing in Treatment

The 3.5 million people receiving ART through programmes co-funded by the Global Fund will gain 18.5 million life-years between 2011-2020 and return between US 12 billion and US 34 billion to society through increased labour productivity, averted orphan care and health care for opportunistic infections and end of life care.

Together we will end AIDS, page 101



Investing in Treatment for Workers

People receiving ART are able to resume productive working lives and potentially earn their customary income again. A 7-year study in Kwa-Zulu Natal, S. Africa, found that 89% of the people living with HIV receiving treatment either regained or kept their employment

Together we will end AIDS, page 100



Investing in Prevention

We don't have the money to treat our way out of this epidemic [...]. If we push for a new focus on efficiency, especially in prevention, we can, over the next two decades, drive down the number of new infections dramatically.



*Bill Gates,
IAC, Vienna, Austria,
July 2010*



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



What we can do in the workplace

- Reduce the impact of the epidemic on business
- Reduce personal risk to infection through prevention education and behaviour change
- 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



Workplace Response

The development of a workplace policy is the single most effective and important action an enterprise can take in the fight against HIV



Workplace Policies: a framework for action

- Makes an explicit commitment to workplace action regarding HIV
- Gives guidance to all workplaces and their supervisors & managers
- Specifies a standard of behaviour for all employees
- Helps PLHIV to understand the support and care they would receive
- Helps, through prevention programmes, to stop the spread of the virus
- Helps employers to plan for HIV/AIDS and manage its impact



ILO Recommendation

concerning HIV and AIDS
and the World of Work, 2010 (No. 200)



Responsibilities of Member States

- Adopt national policies and programmes on HIV and AIDS and the world of work and on occupational safety and health; and
- Integrate their policies and programmes ... in development plans and poverty reduction strategies

...in consultation with the most representative organizations of employers and workers, as well as organizations representing persons living with HIV



Recommendation No.200

...With this new human rights instrument we can harness the strength of the world of work and optimize workplace interventions to significantly improve access to prevention, treatment, care and support. We cannot do it alone but this standard will, I believe, provide a major contribution to making the dream of an AIDS-free generation a reality.



Dr. Sophia Kisting, Director, ILOAIDS



Scope: All workers and all workplaces

- All workers under all forms or arrangements and at all workplaces
 - Persons in any employment or occupation
 - Those in training, including interns, apprentices
 - Volunteers
 - Job seekers and job applicants
 - Laid-off and suspended workers
- All sectors of economic activities
 - Private & public sectors; formal & informal economies
- Armed forces and uniformed services

NB: Services extended to families and dependents



General principles: Recommendation No. 200

Human rights and gender equality

Universal access

No testing or disclosure

Workplace issue

Full engagement of workers

National development

No discrimination or stigma

Occupational transmission

Prevention as a fundamental priority

Privacy and confidentiality



Key principles: ILO Code

non-discrimination

Social dialogue

workplace issue

No dismissal
Reasonable accommodation

No screening

Prevention

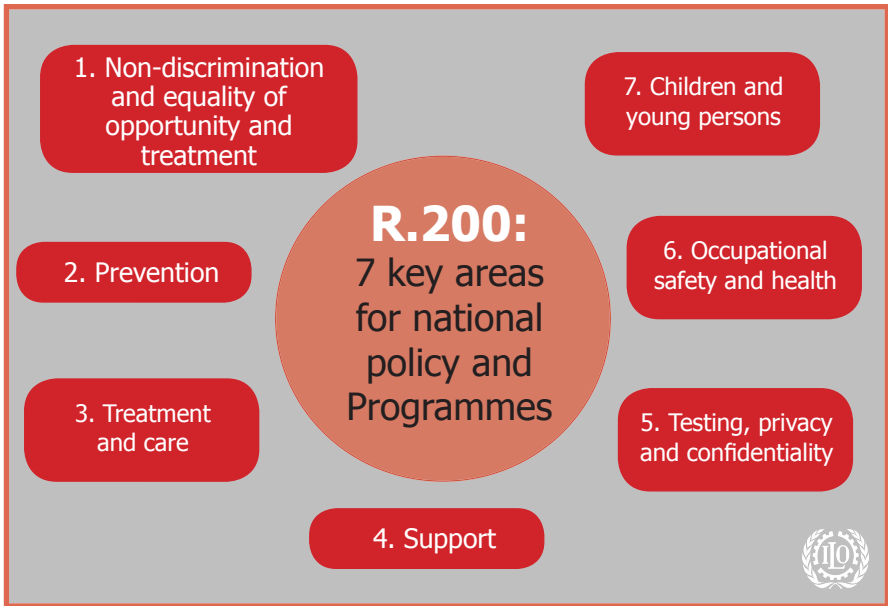
Confidentiality

Gender equality

Healthy work environment

Care and support





1. Discrimination and promotion of equality of opportunity and treatment

Real or perceived HIV status...not a cause for termination of employment. Temporary absence from work because of illness or caregiving duties related to HIV...should be treated in the same way as absences for other health reasons, taking into account the Termination of Employment Convention, 1982 (Para. 11);

Persons with HIV-related illness should not be denied the possibility of continuing to carry out their work, with reasonable accommodation if necessary, for as long as they are medically fit to do so....(Para. 13)

NB: Para. 12 calls for the adaptation or replacement of inadequate measures for protection against discrimination



2. Prevention (Paras 15-16)

Prevention programmes should ensure:

- Accurate, up to date information available to all in a culturally sensitive form
- Education programmes to help women and men understand and reduce risk to all modes of transmission
- Measures to encourage workers to know their status through VCT
- Access to all means of prevention, including condoms and PEP
- Effective measures to reduce high risk behaviours
- Harm reduction strategies



3. Treatment and Care (Paras 17-20)

- Governments should ensure that workplace health interventions are linked to the public health services
- PLHIV and dependents should have full access to health care and education on accessing it
- Health care services should include free or affordable access to VCT, ARV treatment and adherence education, proper nutrition, treatment for OIs and STIs, support including psychosocial support
- There must be no discrimination against PLHIV and dependents in access to social security and occupational insurance schemes



4. Support (Paras 21-23)

- Programmes should include measures of reasonable accommodation
- Work should be organized in such a way to accommodate the **episodic nature** of HIV and AIDS, as well as possible side effects of treatment (Para. 21);
- Members should promote the retention in work and recruitment of persons living with HIV (and) should consider extending support through periods of employment and unemployment, including where necessary income-generating opportunities for PLHIV.. (Para. 22).



5. Testing, privacy and confidentiality (Paras 24-29)

- Testing must be genuinely voluntary and free of any coercion and testing programmes must respect international guidelines on confidentiality, counselling and consent
- Testing or other forms of screening for HIV should not be required of workers including job seekers....
- The results of testing should be confidential and not endanger access to jobs, tenure, job security or opportunities for advancement



6. Occupational safety and health(Paras 30-34)

Where a direct link can be established between an occupation and risk of infection, AIDS and infection by HIV should be recognized as an occupational disease or accident (Para. 23)

Safety and health measures to prevent workers' exposure to HIV should include universal precautions (Para. 31);

Where there is a possibility of exposure to HIV at work, workers should receive education and training (Para. 32);

... Workers whose occupations put them at risk of **exposure to human blood** [...] should receive **additional training** (Para. 42).



7. Targeting Children and Young Persons (and Other Vulnerable Groups)

Members should take measures to

- combat **child labour and child trafficking** that may result from the death or illness of family members....due to AIDS...(Para. 35);
- protect **young workers** against HIV infection...(Para. 36).
- promote the involvement and empowerment of all workers regardless of their **sexual orientation** and whether or not they belong to a vulnerable group (Para 14 (e);
- reduce high-risk behaviours, including for the **most-at-risk groups**.. (Para 16 (f);
- Include **harm reduction** strategies in prevention programmes (Para 16 (g);
- accord same rights at work to **migrant workers** (Paras 25/27/28/47)



Gender-related measures to reduce transmission and impact of HIV

- Ensuring **gender equality and empowerment of women**;
- Ensuring actions to prevent and prohibit **violence and harassment** in the workplace;
- Promoting the **active participation** of both women and men in the response to HIV and AIDS;
- Promoting the protection of sexual and reproductive health and **sexual and reproductive rights of women** and men.

(Para. 14)



IMPLEMENTATION(Paras 37-50)

Through:

National laws & regulations
Collective agreements
National and workplace policies
Sectoral strategies

Within a framework of:

social dialogue, education and information and involvement
of key public services (labour, health)



Workplace Policy: Form

- Detailed document just on HIV/AIDS, setting out programme as well as policy issues?
- Part of a wider policy or agreement on safety, health (e.g. life-threatening illnesses or Chronic Non-Communicable Diseases or STIs) and working conditions?
- Short statement of principle?



Workplace Policy: Structure

- General statement (why a policy, how it relates to other policies)
- General principles (see Key Principles ILO R.200 & Code)
- Specific provisions (protection of rights, prevention through education and training, care and support for workers and their families...) see 7 Areas in R. 200
- Implementation and monitoring



Planning and implementing a joint workplace policy: The process

- HIV/AIDS Committee set up
- Committee sets its TORs & decision-making powers & responsibilities
- Review relevant national laws and their implications for the enterprise
- Committee undertakes a confidential baseline study to assess impact of HIV/AIDS on workplace and needs of workers infected and affected



Process cont'd

- Committee establishes what health & information services already available at the workplace & in the community
- Committee formulates draft policy, circulates it for comments, revises and then adopts policy
- Committee draws up budget and identifies sources of funding



Process cont'd

- Committee develops plan of action with timelines and implementers
- Policy & plan of action widely disseminated
- Committee monitors impact of policy
- Committee regularly reviews policy



Managing HIV/AIDS in the workplace: Key elements

- A policy framework
 - 10 principles in the ILO Code of Practice
 - ILO Recommendation No. 200
- Workplace education programme
 - Myths, risk behaviour, stigma, gender issues
- Personnel policies
 - No testing, confidentiality, non-discrimination
- Care and support package
 - Time-off, reasonable accommodation, social benefits, counseling, referrals, healthy workplace
- Monitoring and evaluation mechanisms



CHECKLIST (Where to find copies)

	Document title	Hard copy	CD	Web
	1 Practical guidelines for developing and implementing workplace policies and programmes on HIV and AIDS	x	x	x
Specimen Agendas	2 Aruba Development and workplace policy		x	x
	3 Belize - Revision of workplace policy		x	x
	4 Trinidad and Tobago - Skills-Building Workshop on the development of workplace policies on HIV and AIDS		x	x
	5 Saint Kitts/Nevis - Development of a National Workplace Policy on HIV and NCDs	x	x	x
Support materials for pilot programmes	6 Partnership for a pilot HIV/AIDS workplace programme - Memorandum of cooperation	x	x	x
	7 ILO pilot HIV workplace programme for enterprises: Data tracking table for enterprises	x	x	x
	8 HIV/AIDS and the world of work pilot workplace programme for enterprises - Guidelines for reporting	x	x	x
	9 Terms of reference for enterprise focal point for HIV and AIDS	x	x	x
	10 A handbook for Peer Educators - Addressing HIV/AIDS in the workplace. ILO/USDOL HIV/AIDS Workplace Education Programme		x	x
Specimen workplace policies	11 National Workplace Policy on HIV and AIDS and other Chronic Diseases Government of St. Kitts and Nevis		x	x
	12 ABWU and ABPSA Policy on Occupational Safety and Health and the Working Environment Including HIV/AIDS and Other Life-Threatening Illnesses		x	x
	13 Charter on HIV/AIDS and human rights in the workplace in Barbados		x	x
	14 St. Vincent and the Grenadines - The National Tripartite Workplace Policy on HIV and AIDS		x	x
Power Point Presentations	15 HIV and AIDS: ILO's Framework for Workplace Action: ILO Code of Practice on HIV/AIDS and the world of work		x	x
	16 HIV and AIDS: ILO's Framework for Workplace Action: ILO Recommendation No. 200		x	x
	17 Developing workplace policies on HIV and AIDS: Process, Form and Content		x	x
	18 Implementing your national workplace policy on HIV and AIDS: Pilot Workplace Programme		x	x
	19 HIV and AIDS: ILO's Framework for a Workplace Response to HIV and AIDS	x	x	x

