



HIV/AIDS POLICY OF THE PUBLIC SERVICE OF BELIZE

*OFFICE OF GOVERNANCE
Government of Belize
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Strategic Direction for the Public Service May, 2007

Vision Statement

A Public Service that is customer focused, inspiring unity and confidence in its quest for national development

Mission Statement

To provide quality and efficient public services which create an enabling environment that contributes to the economic, social and cultural development of Belize for the welfare of all

Values

*Integrity *Equity *Accountability *Efficiency
*Professionalism *Transparency

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PREAMBLE

One of the functions of the Office of Governance is Human Resource Management and Development. The Mission of the Office of Governance is to promote and coordinate public sector modernization and good governance practices that will strengthen professionalism in the Public Service and improve service delivery to the general public. "The quality and range of public services largely depend on the stock of human resources with the requisite competencies, the presence of enabling policies, and the regulatory framework to guide the service." (p.1, paragraph 1, Final Draft HIV Public Service HIV/AIDS Policy, Uganda, 2004). HIV/AIDS can pose a threat to the effective and efficient delivery of service by the Public Service. This may not only limit the government's ability to serve the common interest of national service delivery but can also affect its ability to participate in the attainment of the objectives set out in the National Poverty Reduction Strategy, as well as the international commitments in the Millennium Development Goals (MDGs).

In line with the mandate of the Office of Governance, this policy has been formulated to integrate the issue of HIV/AIDS into the mainstream human capital management policies of the Belize Public Service. This policy is based on the recognition that recruitment, preservation and motivation of high quality employees are an essential component of an effective Public Service. "The global trends on HIV/AIDS have shown that it is paramount for Governments to formulate relevant and critical policies that shall mitigate the impact of the pandemic within public and private sector workplace." (p.1, paragraph 4, Final Draft HIV Public Service HIV/AIDS Policy, Uganda, 2004)

Underlying this policy is the need to protect and develop human capital in line with the principles of nondiscrimination and respect for the basic human rights and dignity as per the Universal Declaration of Human Rights UN Charter (1948), the International Labor Organization (ILO), Code of Practice on HIV/AIDS and the World of Work (2001), the Constitution of Belize (1981), the National Policy on HIV/AIDS (2006) and the National HIV/AIDS Workplace Policy (2006). The HIV/AIDS Policy of the Belize Public Service adopts a HUMAN RIGHTS AND RESPONSIBILITIES perspective.

1.0 INTRODUCTION

HIV/AIDS continues to pose a threat globally as an estimated 58 million persons have been infected to date. Considered a global crisis, HIV/AIDS constitutes one of the most formidable challenges to development and social progress. In the most affected countries, the epidemic is eroding decades of development gains, undermining economies, threatening security and destabilizing societies. "HIV/AIDS is a major threat to the world of work: it is affecting the most productive segment of the labor force, reducing earnings, and imposing huge costs on all sectors through declining productivity, increasing labor costs and loss of skills and experience. In addition, HIV/AIDS is affecting fundamental rights at work, particularly with respect to discrimination and stigmatization aimed at workers and people living with and affected by HIV/AIDS." (p.1, paragraph 2, ILO Code of Practice on HIV/AIDS and the World of Work, 2001)

UNAIDS report currently rank Belize first for rate of infection per capita in Central America and 4th in the Caribbean. The Caribbean is the second most affected region in

the world after Sub-Saharan Africa. As a sparsely populated developing country of only 291,800 people, Belize is seriously vulnerable to the loss of human capital that can result from the spread of HIV/AIDS. According to the Ministry of Health's Surveillance Report for 2006, Belize currently has a rate of infection of 2.6% with 15 to 44 year olds being most at risk of infection. "For a country with limited human and financial resource, it is feared that this epidemic can have potentially devastating effects on the national development." (National HIV/AIDS Policy, 2006)

The effects of HIV/AIDS on the performance of the Public Service can result in affecting: loss of skilled human resource, increased recruitment and training costs, distortions in manpower planning, absenteeism, increased health care expenditure, decline in performance, erosion of work ethics and interruptions in career progression. These may undermine the ability of the Belize Public Service to serve the common interest of national service delivery and development. "Unlike individual companies in the private sector, government ministries play multiple roles and responsibilities in society. Private sector companies make decisions to maximize their profits. Government, through Agencies makes decisions to promote the smooth functioning and welfare of society. Actions by government affect the economic, social, health, and cultural well-being of all sectors of society. These contrasting and sometimes overlapping motivations of the public and private sectors call for different approaches to addressing HIV/AIDS in the workplace." (HIV/AIDS and the Public Sector Work Force: An Action Guide for Managers, p.3)

A multi-sectoral approach has been developed through the National AIDS Commission to coordinate the implementation of the national strategic plan and ensure that HIV/AIDS policies are developed and implemented effectively. The National Policy on HIV/AIDS and the National HIV/AIDS Workplace Policy both introduced in 2006 provide the framework to develop individual workplace policies which will help to fight, prevent and mitigate the effects of the HIV/AIDS epidemic in specific sectors. "The Government of Belize, being the major employer, with a workforce of approximately 11,771 Public Officers, aims to put in place policies that will create an enabling environment for effective and efficient service delivery." (Management Audit of the Belize Public Service, 2004)

The role of the Office of Governance is to integrate HIV/AIDS aspects into the existing mainstream human resource policies and regulations as a way of strengthening the response to the pandemic in the Office. The Belize Public Service recognizes its human capital as the most important asset and is committed to their protection, health and the maintenance of an enabling working environment. To this end, and in view of the recent developments, it has become necessary to develop an HIV/AIDS policy for the Public Service of Belize.

2.0 PURPOSE OF THIS POLICY

The overall purpose of this policy is to promote the health, well-being and productivity of Public Officers by developing and implementing effective HIV/AIDS sustainable prevention, care and control programs; and eliminating stigma and discrimination on the basis of real and perceived HIV status.

3.0 OBJECTIVES

This Policy establishes a set of guidelines to protect the health and welfare of Public Officers in the face of the challenge presented by the HIV/AIDS epidemic. Specifically, the objectives of this policy are:

- a) To provide guidelines on employer (Government) and employee (Public Officer) rights and responsibilities in the context of HIV/AIDS
- b) To develop concrete responses within the Belize Public Service to deal with issues of HIV/AIDS prevention, stigma and discrimination, the productivity of Public Officers, and the care and support of Officers infected or affected by HIV/AIDS
- c) To promote processes of cooperation between government, Public Officers, HIV/AIDS experts and all relevant stakeholders such as community-based and non-governmental organizations

4.0 SCOPE

This policy applies to *all* agencies of the Public Service, such as Ministries, Offices, Departments, and Units including:

- a) All Managers and Supervisors in the Public Service
- b) All Junior Officers in the Public Service
- c) All applicants for employment in the Public Service

5.0 KEY PRINCIPLES

The general principles of this policy are derived from provisions of the Constitution of Belize (1981), Universal Declaration of Human Rights Charter (1948), the International Labor Organization (ILO), Code of Practice on HIV/AIDS and the World of Work (2001), the National Policy on HIV/AIDS (2006) and the National HIV/AIDS Workplace Policy (2006).

5.1 Equal Rights and Obligations

Public Officers are entitled to the same rights and employment obligations irrespective of their HIV/AIDS status; and Public Officers with HIV/AIDS are to be treated with compassion and understanding. HIV infection is not to be a cause for termination of employment as it is a violation of human rights.

5.2 Protection against Discrimination

Public Officers living with HIV/AIDS are to be protected against stigmatization and discrimination in the Belize Public Service. Such discrimination is contrary to internationally agreed human rights as per the Universal Declaration of Human Rights UN Charter 1948.

5.3 Recognition of HIV/AIDS as a workplace issue

"HIV/AIDS is also a workplace issue, and should be treated like any other serious

illness/condition in the Belizean workplace to protect the workforce". (*National HIV/AIDS Workplace Policy, 2006, Article 4.5, p.6*) The Belize Public Service has a role to play in the wider struggle to limit the spread and effects of the epidemic.

5.4 Voluntary Testing for HIV

The Belize Public Service is not to carry out mandatory pre-employment HIV testing as part of the assessment of fitness to work. Also, no mandatory HIV testing is to be carried out as part of periodic examination of Public Officers. Voluntary testing for HIV/AIDS shall be encouraged with appropriate pre and post-test counseling services made available and accessible.

5.5 Confidentiality

Information about the HIV status of a Public Officer shall be treated confidentially by the Physician and such information shall not be divulged to others without the consent of the Public Officer concerned. A Public Officer is not obliged to inform the employer regarding his/her HIV/AIDS status except where the Officer feels that sharing such information with a supervisor would be helpful.

5.6 Information, Education and Communication

Public Officers are to have access to complete and updated information and educational programs on HIV/AIDS as well as support services and referrals. Information, education and communication are effective in empowering people to take control of their own behavior and control exposure to HIV.

5.7 Prevention

"At present, AIDS has no cure, but it is preventable. Adequate effort is therefore required to use the workplace as one of the important sites for enacting appropriate preventive measures, targeted to suit national conditions and provided in culturally sensitive ways." (*National HIV/AIDS Workplace Policy, 2006, Article 4.12, p.8*)

5.8 Care and support

"Belize endorses a responsibility for including adequate measures for the care and support of individuals who are HIV+ or affected by full-blown AIDS". (*National HIV/AIDS Workplace Policy, 2006, Article 4.13, p.8*)

The responsibility should be shared by the Belize Public Service and other key stakeholders including family members of those infected or affected.

5.9 Gender equality

"Women are more likely to become infected and more often adversely affected by the HIV/AIDS epidemic than men due to biological, socio-cultural or economic reasons. Corrective behavioral change measures should be promoted with emphasis placed, wherever necessary, on correction of conditions placing women at greater risk." (*National HIV/AIDS Workplace Policy, 2006, Article 4.7, p.7*)

6.0 THE ROLE OF KEY PLAYERS

The HIV/AIDS epidemic is no longer only a health issue, but rather a development concern. Belize has adapted a multi-sectoral approach to its response to HIV/AIDS. It is therefore imperative that the HIV/AIDS response is made everybody's responsibility. The diverse roles of stakeholders are derived from their mandates and key functions.

6.1 Office of the Prime Minister

The office of the Prime Minister shall continue to provide leadership for the national response to HIV/AIDS epidemic and ensure that all sectors are mobilized and become involved as is necessary.

6.2 Office of Governance

The Office of Governance has a key role to play, which will be to:

- (i) Coordinate the implementation of the HIV Policy of the Belize Public Service
- (ii) Manage, develop and integrate HIV/AIDS related concerns into existing policies in collaboration with other stakeholders
- (iii) Make forecasts and projections for the future supply and demand of human resources by taking into account the effects of the epidemic
- (iv) Ensure that workplace HIV/AIDS education and prevention programs are implemented for all Ministries and Departments
- (v) Undertake continuous monitoring, evaluation and review of policy activities related to HIV/AIDS
- (vi) Ensure expeditious processing of terminal benefits
- (vii) Ensure that the rights of a Public Officer with HIV/AIDS are not infringed upon as stipulated in the policy and any labor related legislation that may be developed

6.3 National AIDS Commission

“National Aids Commission is charged with the duty of inter-sectoral coordination and facilitation of the implementation of a national AIDS strategic plan, development of AIDS policies and related legislation, the mobilization of resources for the purposes of the national AIDS strategic plan, advocacy and development of mechanisms for monitoring and evaluation necessary for preventing and stopping the spread of HIV and AIDS in Belize; and to provide for matters connected therewith or incidental thereto.” (National AIDS Commission Act, 2004)

“The duties and functions of the Commission include, but are not limited to the following:

- a) Multi-sectoral coordination, evaluating and monitoring of the national AIDS strategic plan referred to in section 9 (g)
- b) Making submissions to international organizations for and on behalf of Belize, for the supply of financial, technical, medical and pharmaceutical drugs and assistance for use in fighting the spread of AIDS and HIV, and for treating AIDS and HIV patients in Belize
- c) Liaising with educational institutions, the print, television and radio media and advocating the development of programs that educate the public on the social, economic, medical and legal impact of AIDS and HIV
- d) Facilitating the promotion of a cost-effective approach to the acquisition by Belize

- of pharmaceutical drugs used to treat HIV
- e) Entering into agreements, memoranda of understanding, contracts and other arrangements with research institutions and other organizations, within and outside Belize, involved in activities related to the prevention and control of AIDS and HIV
- f) Generally taking all such other lawful measures as it considers fit and proper to assist in carrying out its functions most effectively.” (p.36, Section 10, *National AIDS Commission Act 2004*)

Based on its duties and functions as outlined in Section 10 of the National AIDS Commission Act 2004, the National AIDS Commission:

- (i) Will recognize the importance of including the world of work in national plans, for example by ensuring that the composition of the National AIDS Commission and its committees include representatives of the workplace from the public and private sector, people living with HIV/AIDS and of ministries responsible for labor and social matters
- (ii) Mobilize and support broad partnerships for protection and prevention, including public agencies, the private sector, workers’ and employers’ organizations, and all relevant stakeholders so that the greatest number of partners in the world of work are involved in the national response to HIV/AIDS in Belize
- (iii) Facilitate and coordinate all interventions at the national level that provide an enabling environment for world of work interventions and capitalize on the presence of all relevant stakeholders
- (iv) Where possible, in consultation with its key partners and other stakeholders, estimate the financial implications of HIV/AIDS and seek to mobilize funding locally and internationally for their National AIDS Strategic plan
- (v) In consultation with its key partners, should provide monitoring of the implementation of the National Policy on HIV/AIDS and the National HIV/AIDS Workplace Policy in order to eliminate workplace discrimination and ensure workplace prevention and social protection

6.4 Key Partner Agencies

Some key partner agencies can include:

- 1) Ministry of Health—HIV/AIDS Surveillance, Care and Treatment
- 2) Ministry of Education—Education and Training
- 3) Ministry of Human Development—Social Support for persons living with HIV/AIDS and orphans
- 4) Ministry of Labour—HIV/AIDS Workplace Policy
- 5) Alliance Against AIDS—Mitigation and Advocacy
- 6) Youth for the Future—Education and Training

7.0 KEY POLICY COMMITMENTS

In accordance with the International Labor Organization (ILO) Code of Practice on HIV/AIDS, the World of Work 2001, the National HIV/AIDS Workplace Policy (2006) and the HIV/AIDS and the Family Health International's Public Sector Work Force, An Action Guide for Managers, the following commitments are being made:

7.1 Prevention through information and education

HIV/AIDS prevention is the responsibility of all employees, including senior management and supervisors. Senior Officers have a leadership role to play both within the Ministries and the wider Public Service in addressing HIV/AIDS.

Workplace information and education programs are essential to combat the spread of the epidemic and to foster greater tolerance for workers with HIV/AIDS. Effective education can contribute to the capacity of workers to protect themselves against HIV infection. It can significantly reduce HIV-related anxiety and stigmatization, minimize disruption in the workplace, and bring about attitudinal and behavioral change.

Programs should be developed through consultations with the National AIDS Commission and other organizations with expertise on the issue of HIV/AIDS. These programs will seek to provide all employees with timely, accurate, clear, and adequate information about HIV prevention, community support services and treatment options. Programs should be targeted and tailored to the age, gender, sexual orientation, sectoral characteristics and behavioral risk factors of the workforce and its cultural context. The following HIV prevention components will be available to public officers:

a. Information and awareness-raising campaigns

- (i) Information programs should, where possible, be linked to broader HIV/AIDS campaigns within the local community, sector, region or country. The programs should be based on correct and up-to-date information about how HIV is and is not transmitted, dispel the myths surrounding HIV/AIDS, how HIV can be prevented, medical aspects of the disease, the impact of AIDS on individuals, and the possibilities for care, support and treatment
- (ii) "As far as is practicable, information programs, training courses and campaigns should be integrated into existing education and human resource policies and programs as well as occupational safety and health and anti-discrimination strategies." (ILO Code of Practice on HIV/AIDS and the Workplace, 2001, p. 9, section 7.0)

b. Educational programs

- (i) Educational strategies should be based on consultation between the Office of Governance and Public Officers, and, where appropriate, other relevant stakeholders with expertise in HIV/AIDS education, counseling, care and treatment
- (ii) Consideration should be given to educational programs taking place during working hours and developing educational materials to be used by

Officers outside of the Belize Public Service. Where courses are offered, attendance should be considered as part of the work obligations.

(iii) Where practical and appropriate, programs should:

- Include activities to help individuals assess the risks that face them personally (both as individuals and as members of a group) and reduce these risks through decision-making, negotiation and communication skills, as well as educational, preventative and counseling programs
- Give special emphasis to high-risk behavior and other risk factors such as occupational mobility that expose certain groups of Public Officers to increased risk of HIV infection
- Promote HIV/AIDS awareness in vocational training programs
- Promote campaigns targeted at young Officers and women
- Give special emphasis to the vulnerability of women to HIV/AIDS and prevention strategies that can lessen this vulnerability
- Emphasize that HIV cannot be contracted through casual contact, and that people who are HIV-positive do not need to be avoided or stigmatized, but rather should be supported and accommodated in the workplace
- Explain the debilitating effects of the virus and the need for all Public Officers to be empathetic and non-discriminatory towards Officers with HIV/AIDS
- Give Officers the opportunity to express and discuss their reactions and emotions caused by HIV/AIDS
- Bring to the attention of Public Officers (especially health-care Officers) on the use of Universal Precautions and inform them of procedures to be followed in case of exposure
- Provide education about the prevention and management of STIs and tuberculosis, not only because of the associated risk of HIV infection but also because these conditions are treatable, thus improving the Officers' general health and immunity
- Promote safer sex practices, including instructions on the use of male and female condoms
- Encourage peer education and informal education activities, which should be evaluated, reviewed and revised where necessary (ILO Code of Practice on HIV/AIDS and the Workplace, 2001, p. 10, section 7.0)

c. Gender-specific programs

“All programs should be gender-sensitive, as well as sensitive to race (ethnicity) and sexual orientation. This includes targeting both women and men explicitly, or addressing either women or men in separate programs, in recognition of the different types and degrees of risk for men and women Officers

- (i) Information for women needs to alert them to, and explain their higher risk of, infection, in particular the special vulnerability of young women
- (ii) Education should help both women and men to understand and act upon the power relations between them in employment and personal situations; harassment and violence should be addressed specifically
- (iii) Programs should help women to understand their rights, both within the workplace and outside it, and empower them to protect themselves
- (iv) Education for men should include awareness-raising, risk assessment and strategies to promote men’s responsibilities regarding HIV/AIDS prevention
- (v) Appropriately targeted prevention programs should be developed for men who have sex with men in consultation with these Officers” (ILO Code of Practice on HIV/AIDS and the Workplace, 2001, p. 10, section 7.0)

d. Linkage to health promotion programs

“Educational programs should be linked, where feasible, to health promotion programs dealing with issues such as substance abuse, stress and reproductive health at the workplace. They should also highlight that intoxication due to alcohol and drugs could lead to behavior which increases the risk of HIV infection”. (ILO Code of Practice on HIV/AIDS and the Workplace, 2001, p. 11, section 7.0)

e. Community outreach programs

“Participation in outreach programs should be encouraged in order to provide an opportunity for people to express their views and enhance the welfare of Officers with HIV/AIDS by reducing their isolation and ostracism. Such programs should be run in partnership with appropriate national or local bodies”. (ILO Code of Practice on HIV/AIDS and the Workplace, 2001, p. 11, section 7.0)

7.2 Training

Training should be targeted at, and adapted to, the different groups being trained, including managers and supervisors. Training content should be relevant and sensitive to local customs and to the different circumstances of Officers. Trainers should also be sensitive to possible areas of discrimination e.g., ethnic origin or sexual orientation. Training should be incorporated into the Belize Public Service’s annual training plan.

a. Training for Managers and Supervisors

In addition to participating in information and education programs that are directed at all Public Officers, supervisory and managerial personnel should receive training to:

- Enable them to explain and respond to questions about this policy

- Be well informed about HIV/AIDS so as to help other Officers overcome misconceptions about the spread of HIV/AIDS at the Office
- Explain reasonable accommodation options to Officers with HIV/AIDS so as to enable them to continue to work as long as possible
- Identify and manage behavior, conduct, or practices which discriminate against or alienate Officers with HIV/AIDS in the Public Service
- Enable them to advise about the health services and social benefits which are available

b. Training for Peer Educators

“Peer educators will be accessible to employees to provide information about prevention, care and support services available in the community. Peer educators should receive specialized training so as to:

- Be sufficiently knowledgeable about the content and methods of HIV/AIDS prevention so that they can deliver, in whole or in part, the information and education program to the Public Service;
- Be sensitive to race (ethnicity), sexual orientation, gender and culture in developing and delivering their training;
- Link into and draw from other existing workplace policies, such as those on sexual harassment or for persons with disabilities in the workplace;
- Enable their co-workers to identify factors in their lives that lead to increased risk of infection;
- Be able to counsel workers living with HIV/AIDS about coping with their condition and its implications”. (ILO Code of Practice on HIV/AIDS and the Workplace, 2001, p. 12-13, section 7.0)

7.3 Testing

(a) Prohibition in recruitment and employment

“HIV testing should not be required at the time of recruitment or as a condition of continued employment. Any routine medical testing, such as testing for fitness carried out prior to the commencement of employment or on a regular basis for workers, should not include mandatory HIV testing”. (ILO Code of Practice on HIV/AIDS and the Workplace, 2001, p. 15, section 8.0)

(b) Voluntary testing

“There may be situations where Public Officers may wish to be tested as part of voluntary testing programs. Voluntary testing should normally be carried out by the community health services and not at the workplace. Where adequate medical services exist, voluntary testing may be undertaken at the request and with the written informed consent of the Officer.

Gender-sensitive pre- and post-test counseling, which facilitates an understanding of the nature and purpose of the HIV tests, the advantages and disadvantages of the tests and

the effect of the result upon the worker, should form an essential part of any testing procedure". (ILO Code of Practice on HIV/AIDS and the Workplace, 2001, p. 15, section 8.0)

7.4. Mitigation

Care and support are critical elements that should guide the Belize Public Service in responding to HIV/AIDS. To mitigate the impact of the HIV/AIDS epidemic in the Belize Public Service, the Office of Governance should endeavor to provide counseling to Officers infected and affected by HIV/AIDS. Where these services are not available within the Belize Public Service, Officers should be informed about the location of available services.

a. Parity with other serious illnesses

- (i) HIV infection and clinical AIDS should be managed in the Belize Public Service no less favorably than any other serious illness or condition
- (ii) "Workers with HIV/AIDS should be treated no less favorably than workers with other serious illnesses in terms of benefits and workers' compensation
- (iii) As long as workers are medically fit for appropriate employment, they should enjoy normal job security and opportunities for transfer and advancement." (ILO Code of Practice on HIV/AIDS and the Workplace, 2001, p. 16, section 9.0)

b. Counseling

- (i) Managers and Supervisors are to encourage Public Officers with HIV/AIDS to use expertise and assistance outside the Belize Public Service for counseling. To give effect to this, Managers should consider the following actions:
 - Identify professionals, self-help groups and services within the local community which specialize in HIV/AIDS-related counseling and the treatment of HIV/AIDS
 - Identify community-based organizations, both of a medical and non-medical character that may be useful to workers with HIV/AIDS
 - Suggest that the Officer contact his or her doctor or qualified health-care providers for initial assessment and treatment if not already being treated, or help the Officer locate a qualified health-care provider if he or she does not have one
- (iii) Supervisors should provide Officers with HIV/AIDS, a reasonable time off for counseling and treatment in conformity with rules and regulations of the Belize Public Service
- (iv) "In the event of occupational exposure to HIV/AIDS, employers should

provide Officers with reasonable time off for counseling purposes". (ILO Code of Practice on HIV/AIDS and the Workplace, 2001, p. 16, section 9.0).

c. Medical Attention

Designated Focal Points and other responsible Officers should assist in coordinating the referral process in seeking medical treatment of Public Officers affected with HIV/AIDS with designated Health Centers including access to anti-retroviral medications and treatment of opportunistic infections and diseases.

d. Linkages with self-help and community based groups

"Where appropriate Managers should facilitate the establishment of self-help groups within the Ministry/Department or refer Officers affected by HIV/AIDS to self-help groups and support organizations in the local community". (ILO Code of Practice on HIV/AIDS and the Workplace, 2001, p. 17, Section 9.0)

e. Benefits

Benefits to Public Officers living with HIV/AIDS shall be provided in line with the current regulations. "Benefits should apply to Officers with HIV/AIDS no less favorably than Officers with other serious illnesses". (ILO Code of Practice on HIV/AIDS and the Workplace, 2001, p. 17, section 8.0)

f. Social Security Coverage

- (i) Public Officers with HIV/AIDS and their families are not excluded from the full protection and benefits of social security programs and occupational schemes
- (ii) These programs and schemes should provide similar benefits for Officers with HIV/AIDS as those Officers with other illnesses (p. 17, section 8.0 ILO Code of Practice on HIV/AIDS and the Workplace, 2001)

e. Privacy and confidentiality

- (i) Managers should ensure that information relating to counseling, care, treatment and receipt of benefits is kept confidential, as with medical data pertinent to Officers
- (ii) Third parties, such as trustees and administrators of social security programs and occupational schemes, should keep all HIV/AIDS-related information confidential, as with medical data pertinent to Officers (p.18, section 8.0, ILO Code of Practice on HIV/AIDS and the Workplace, 2001)

f. Employee Assistance Programs

- (i) In the light of the nature of the epidemic, employee assistance programs may be established to include a range of services for Officers. This may be done in collaboration with other relevant stakeholders in accordance with resources and needs
- (ii) Such programs should recognize that women normally undertake the major part of caring for those with AIDS-related illnesses and to also recognize the particular needs of pregnant women. The programs may be in-house and may include:
 - Compassionate leave

- Invitations to participate in information and education programs
- Legal information, advice and assistance
- Provision of advanced payments due to the Public Officer under the Public Service Regulations
- Directing Officers to the relevant legal and health authorities (ILO Code of Practice on HIV/AIDS and the Workplace, 2001, p. 18, section 8.0)

g. Special Leave of Absence

Public Officers living with HIV/AIDS should be granted special leave of absence in line with the provisions of the Public Service Regulations.

h. Sick Leave

A Public officer living with HIV/AIDS may, on recommendation of a Medical Officer, be granted extended sick leave on full pay in line with the provisions of the Public Service Regulations.

i. Retirement on Medical grounds

- (i) Retirement on medical grounds for Public Officers living with HIV/AIDS shall be handled in accordance with the Public Service Regulations
- (ii) The infected Officer may initiate his/her retirement on medical grounds if he/she is unable to work

8.0 IMPLEMENTATION

The following outlines the creation of Focal Points and monitoring activities to ensure the effective and efficient implementation of this Policy.

Focal points

- The creation of Focal Points in each Ministry whose task it will be to follow-up on policy-related challenges and issues related to HIV/AIDS, and to support the implementation of HIV/AIDS work plans and to communicate and co-ordinate with other Focal Points and with the National AIDS Commission.
- A Ministry HIV/AIDS Focal Point will be a full-time employee with important responsibilities for the HIV/AIDS concerns. The HIV/AIDS Focal Point should be an individual who is:
 - Interested and committed to HIV/AIDS
 - Familiar with HIV/AIDS issues, including prevention and care
 - Familiar with internal personnel policies and procedures
 - Recognized for leadership ability, including interpersonal and facilitation skills
- The HIV/AIDS Focal Point, where necessary, should be relieved of other duties equivalent to the portion of time required to serve as a Focal Point. The Focal Point person's work should be included in his or her performance evaluation. The Focal Point should receive a public and

clear mandate from senior management.

Monitoring

The Office of Governance will monitor Government Agencies' performance by:

- Reviewing the overall organizational application of the HIV and AIDS Policy, the National HIV/AIDS Workplace Policy and the National HIV/AIDS Policy
- Reviewing audit and evaluation reports, both internal and external, on the application of the HIV/AIDS Policy of the Belize Public Service and all other HIV/AIDS Policies.

DEFINITIONS

HIV - The Human Immunodeficiency Virus, a virus that weakens the body's immune system, ultimately causing AIDS

AIDS - The Acquired Immune Deficiency Syndrome, a cluster of conditions, often referred to as opportunistic infections and cancers and for which, to date, there is no cure

Casual contact - activities that bring a person into contact with another person or a common object (such as shaking hands; hugging; being near someone who is coughing, sneezing or crying etc.

Confidentiality - the practice of maintaining and protecting any private information whose unauthorized disclosure could be prejudicial to the person on whom the information is based

Discrimination - Any distinction, exclusion or preference made on the basis of HIV status, real or perceived, which has the effect of nullifying or impairing equality of opportunity or treatment in employment

Gender Equality - Women and men enjoy the same status and have equal conditions for realizing their full human rights and potential to contribute to national, political, economic, social and cultural development, and to benefit from the results

HIV Screening - The process of eliminating or excluding persons who are HIV positive

Medically Fit - Relates to continuation of employment relationship. Medical fitness is the ability, as determined by a licensed physician, for a worker proposed to hold a specific position

Pre-test counseling – Counseling of an individual that takes place before that individual decided to take an HIV test

Post-test counseling – Counseling of an individual that takes place after that individual has taken an HIV test

Screening - Measure whether direct (HIV testing), indirect (assessment of risk-taking behavior) or asking questions about tests already taken or about medication

STI - Sexually transmitted infection, which includes, among others, syphilis, herpes, Chlamydia and gonorrhea

Stigma – A mark of shame or discredit used to brand specific groups of people such as those known to be, or suspected of being, HIV positive

Voluntary HIV Testing – Allowing individuals the will or choice to decide, without discrimination or sanction, whether or not they will take an HIV test