MINISTRY OF LABOUR
& SOCIAL SECURITY

National Workplace Policy
on HIV and AIDS

MAY 2012
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Jamaica has been dealing with the HIV and AIDS epidemic for the past two decades, and while we are making some progress in understanding this developmental challenge, the country still has a long way to go in containing its spread. In fact, while HIV and AIDS cases occur in all occupational groups and social classes, statistics reveal that the age group 15-49 years old (when people are in their most productive years) is the most affected.

HIV and AIDS not only have social implications but are an important workplace issue, given the economic costs to companies such as declining productivity, increased labour costs and the loss of skills and experience arising from early deaths. Additionally, the country continues to deal with widespread discrimination, stigmatization and exclusion of persons living with or affected by HIV in the workplace and other social settings.

It is this recognition of the tremendous social and economic impact which has led the Ministry of Labour and Social Security - the Agency designated to lead the Government’s workplace response to HIV - to formulate this National Workplace Policy on HIV & AIDS. The document is not an end in itself, but sets the tone and serves as an example as the Caribbean seeks to address HIV and AIDS issues.

In fact, Jamaica is one of the few countries – through intervention by the International Labour Organisation – which has successfully employed the tripartite approach and has taken action at the level of the Parliament to reduce HIV-related stigma and discrimination. We are grateful to employers, trade unions and other interest groups for their cooperation and collaboration.

This National Workplace Policy on HIV & AIDS forms a part of the Government’s commitment to the 2011 United Nations High Level Meeting Political Declaration on HIV and AIDS to which we are a signatory.

It will be a critical element of the proposed Occupational, Safety and Health Act which will address health and safety concerns in the workplace. Each workplace is, therefore, encouraged to adopt and/or adapt the policy to implement programmes aimed at reducing stigma and discrimination.
We know that stigma and discrimination drive the spread of HIV, so overcoming prejudices and increasing awareness are important intervention strategies. Additionally, stigma and discrimination are violation of human rights, so taking definitive action is essential towards achieving Millennium Development Goal (MDG) #6: “To halt and begin to reverse the spread of HIV and AIDS”

This policy, therefore, is important to national development and is designed to let Jamaicans understand that where workers are free from stigma and discrimination on the basis of real or perceived HIV status, they can benefit from improved access to education, information, treatment, care and support at the national and workplace levels.

Access will help them to lead long and productive lives and to contribute to the national economy and their communities. Access will also help in strengthening companies’ bottom-line, expanding outputs, improving productivity and increasing corporate growth and profitability.

The National Workplace Policy on HIV & AIDS upholds and reinforces the fundamental right of all Jamaicans to be treated with respect and dignity and to be afforded swift redress and justice when human rights are violated.

We look forward to implementing the policy in partnership with other critical stakeholders and partners in the public and private sectors. I charge all Jamaicans to use it as an operational guide as we accelerate efforts to tackle HIV-related stigma and discrimination at the workplace and lessen exclusion and inequality.

Let us really make Jamaica the place of choice to “live, work, raise families and do business” in keeping with our National Development Vision.

Hon. Derrick Kellier, CD, MP
Minister of Labour and Social Security
December 2013
The Ministry of Labour and Social Security is pleased to formally launch this National Workplace Policy on HIV and AIDS and count it as one of the major achievements for the 2013/2014 financial year.

As the Ministry responsible for employment and human capital development, it is an essential part of our mandate to ensure that Jamaicans can engage in productive workplace activities and perform to optimal capacity in safe and healthy environs.

In keeping with this mandate, the Ministry has taken steps to establish a framework to address life-threatening illnesses in the workplace, including, but not limited to HIV and AIDS. This is being accomplished in consultation with our social partners, and is guided by the International Labour Organization’s Codes of Practice for workplace safety and health, as well as Recommendation No. 200.

HIV and AIDS, in particular, have a significant impact on production and national development, especially when the working age cohort is the most at risk group for infections. This National Workplace Policy offers practical guidelines on how to deal with HIV and AIDS in the workplace and to reduce stigma and discrimination. It must become the framework for action by all: Government, employers and workers. This is important as the country needs to rally, not only around the treatment, but also the prevention of HIV. The Ministry, therefore, remains committed to a multi-pronged, long-term public education programme to influence behaviour change and risk-reduction.

HIV and AIDS must be managed effectively in the workplace and this National Workplace Policy on HIV and AIDS provides the starting point. The Ministry stands ready to offer needed expertise and advice through our Occupational Safety and Health Department.

Let us fight HIV and AIDS in the workplace through a committed, national partnership.

Alvin McIntosh, CD, JP
Permanent Secretary
December 2013
As the world of work becomes more complex and engaging around issues such as HIV and AIDS and its impact must be accelerated in order to ensure that working environments are accommodating and conducive to physical and psychosocial conditions that promote safer, healthier and more productive activities.

HIV and AIDS have been on the radar for some time now and the Ministry of Labour and Social Security (through the Occupational Safety and Health Department) has gained some traction in promulgating the National Workplace Policy on HIV and AIDS in organizations. For this reason, many persons infected and affected by HIV are now more empowered to continue pursuit of their legitimate jobs without fear of being victimised or stigmatised. This is important to the overall objectives of occupational safety and health outcomes for Jamaica.

The principles and concepts contained in the occupational safety and health paradigm that Jamaica is about to adapt demand a more holistic approach to wellness and well-being in industrial work environments. In this regard, the impact of HIV and AIDS is one issue that has to be dealt with as we take a sustainable approach to industrial safety and wellness, including physical, psychosocial and environmental aspects.

In this context, the National Workplace Policy on HIV and AIDS is a tool to guide management and workers towards higher standards of working relations as we strive to achieve the optimal goal of making Jamaica “the place to live, work, raise families and do business.”

Robert St. F. Chung
Director of OSH & HIV Focal Point
Formal and informal work sites will develop and implement HIV and AIDS workplace policies and programmes to protect workers living with or affected by HIV and AIDS, assist in reducing the spread of HIV promoting access to HIV-related prevention, treatment, care and support services and the prevention of HIV and AIDS-related stigma and discrimination.
Foreword

The Jamaica HIV/AIDS/STI National Strategic Plan 2002-2006 outlined goals, priority objectives, key gaps, strategies and organisational development to guide the implementation of this policy within a five-year period. It was created within the framework of the Ministry of Labour and Social Security’s work plan under the Jamaica HIV and AIDS Prevention and Control Project. A loan agreement signed on May 10, 2002 between the Government of Jamaica and the International Bank for Reconstruction and Development (IBRD) provided resources for this endeavour.

The policy begins the process reducing the spread of HIV and attenuating the impact of HIV and AIDS in and through the workplace through providing guidelines to support effective HIV prevention, treatment, and care and support efforts.
Acronyms and Abbreviations

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
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<tr>
<td>CBOs</td>
<td>Community Based Organisations</td>
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<td>CDC</td>
<td>Centers for Disease Control and Prevention</td>
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<td>FBOs</td>
<td>Faith Based Organisations</td>
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<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<td>IBRD</td>
<td>International Bank for Reconstruction and Development</td>
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<td>ILO</td>
<td>International Labour Organization</td>
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<td>ISD</td>
<td>Industrial Safety Department</td>
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<td>KABP</td>
<td>Knowledge, Attitude, Behaviour and Practice</td>
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<td>LAC</td>
<td>Labour Advisory Committee</td>
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<td>LRID</td>
<td>A Labour Relations and Industrial Disputes Act</td>
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<td>LTI</td>
<td>Life Threatening Illnesses</td>
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<td>NAC</td>
<td>National AIDS Committee</td>
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<td>NGOs</td>
<td>Non-Governmental Organisations</td>
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<td>NIS</td>
<td>National Insurance Scheme</td>
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<td>OHS</td>
<td>Occupational Health Services</td>
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<td>OSHA</td>
<td>Occupational Safety and Health Act</td>
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<td>PAC</td>
<td>Parish AIDS Committee</td>
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<td>PATH</td>
<td>Programme of Advancement Through Health and Education</td>
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<td>PCU</td>
<td>Project Coordination Unit</td>
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<td>PHIV</td>
<td>People Living with HIV and AIDS</td>
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<td>PVC</td>
<td>Polyvinyl Chloride</td>
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<td>STD</td>
<td>Sexually Transmitted Diseases</td>
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<td>STI</td>
<td>Sexually Transmitted Infections</td>
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<td>UNAIDS</td>
<td>Joint United Nations Programme on HIV and AIDS</td>
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<td>VCT</td>
<td>Voluntary Counselling and Testing</td>
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<td>WHO</td>
<td>World Health Organization</td>
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Glossary

Affected
Persons whose lives are changed by HIV and AIDS owing to the broader impact of the pandemic

AIDS
Acquired Immune Deficiency Syndrome which results from advanced stages of HIV infection and is characterized by opportunistic infections or HIV-related cancers or both.

Discrimination
Any distinction, exclusion or preference which has effect of nullifying or impairing equality of opportunity or treatment in employment or occupation, as referred to in the Discrimination (Employment and Occupation) Convention, 1958, and Recommendation, 1958

HIV-related discrimination
The unfair and unjust treatment of an individual based on his or her real or perceived HIV status [UNAIDS].

Employer
A person or organisation employing workers or contracting labour under a written or verbal contract of employment which establishes the rights and duties of both parties, in accordance with national law and practice. Governments, public authorities, private enterprises and individuals may be employers.

Gender
Refers to learned differences in social roles and relations between men and women.

HIV
Human Immunodeficiency Virus, a virus that damages the human immune system. Infection can be prevented by appropriate measures.

HIV negative
Having done a specific medical test for HIV infection and receiving a test result which does not indicate the presence of the virus in the body, i.e. there is no indication from the test that the individual is infected with HIV.

HIV positive
Having done a specific medical test for HIV infection and receiving a test result which indicates the presence of the virus in the body, i.e. that the individual is infected with HIV.

HIV Test
A medical test to determine a person’s HIV status.

Occupational Health Services
(OHS) Health services which have an essentially preventative function and which are responsible for advising all stakeholders on the requirements for establishing and maintaining a healthy working environment and work methods to facilitate optimal physical and mental health in relation to work (Occupational Health Services Convention 1985 [No. 161])

Prevalence rate
The number of people with HIV at a point in time, often expressed as a percentage of the total population.

Policy
A document setting out an organisation's position and guidelines on a particular issue. It must be in conformity with applicable national law. Workplace policies should also be aligned with the national HIV strategic plan.

Reasonable
Accommodation Any modification or adjustment to a job or to the workplace that is reasonably practicable and enables a person living with HIV or AIDS to have access to, or participate or advance in, employment.

Sex
Refers to the biologically determined differences between men and women.

Sexual Activity
Sexual activity refers to vaginal, anal, or oral penetration.

STI
Sexually Transmitted Infections- These are infections usually passed from person to person by sexual contact, although some may be passed on by other means (e.g. via needle with infected blood). STIs include infections such as syphilis, chancroid, chlamydia, and gonorrhoea. They also include conditions commonly known as sexually transmitted diseases (STDs) and formerly known as venereal diseases (VDs),

HIV-related stigma
“Stigma” means the social mark that, when associated with a person, usually causes marginalisation or represents an obstacle to the full enjoyment of social life by the person infected or affected by HIV

Screening
To ascertain an employee’s or job applicant’s HIV status. Measures whether direct (HIV testing), indirect (assessment of risk-taking behaviour) or asking questions about tests already taken or about medication. This may include written or verbal questions about previous HIV tests, questions related to the assessment of risk behaviour and any other indirect methods

Pre-employment screening is screening done for job applicants. Post-employment screening is screening done for existing employees/ for persons already working within an organisation or industry.

Surveillance Testing
Anonymous unlinked testing which is done in order to determine the incidence and prevalence of a disease within a particular community or group to provide information to control, prevent and manage the disease.

Treatment
Steps taken to care for and manage an illness

Universal Precautions
Simple standards of infection control practice to be used to minimize the risk of blood-borne pathogens.3

3 See Management of Occupational Exposure to HIV (Universal Precautions) in Guidelines- National Workplace Policy on HIV and AIDS
Vulnerability

The unequal opportunities, social exclusion, unemployment or precarious employment, resulting from the social, cultural, political and economic factors that make a person more susceptible to HIV infection and to developing AIDS.

Worker

An individual who has entered into or works or normally works (or where the employment has ceased, worked) under a contract, however described, in circumstances where that individual works under the direction, supervision and control of the employer regarding hours of work, nature of work, management of discipline and such other conditions as are similar to those which apply to a worker.

Workplace

Any place in which workers perform their activity.
The National Workplace Policy on HIV and AIDS is a framework for action by government, employers and workers to deal effectively with HIV and AIDS at the workplace. The policy takes into consideration the effects of HIV and AIDS on the most productive segment of the workforce and as such, views the problems associated with HIV and AIDS in terms of the significant negative implications they hold for production and national development. It accepts effective prevention and management of the epidemic in and through the workplace, will benefit all national stakeholders. It is expected that the policy will:

- Assist in the development of a caring, supportive and responsible working environment that will protect all workers
- Reduce HIV and AIDS related stigma and discrimination and
- Assist in the reduction of HIV and AIDS transmission.

The policy presents the case for dealing with HIV and AIDS as a workplace phenomenon. Highlighted is the fact that the most productive segment of the workforce (the 15-49 age group) is the most seriously affected. HIV and AIDS takes its toll on the rights of workers infected with and affected by HIV and AIDS primarily through stigma and discrimination. It further impacts on workers through ignorance and prevailing myths that hinder corrective preventive action and access to treatment care and support. The workplace can play a critical role in preventing and controlling the spread of HIV and AIDS and in reducing significantly stigma and discrimination. Education and training are support tools for attitude and behaviour modification.

The purpose of the policy is explained as facilitating the development of a working environment that protects the rights of workers regardless of their HIV status. This encompasses all workers irrespective of where they work. The purpose is further discussed as objectives for action designed to guide the national response to HIV and AIDS at the workplace.

The document presents a summary of the HIV and AIDS situation from international, regional and national perspectives. It notes that there are no specific data about HIV and AIDS in the workplace in Jamaica. Surveillance data from the National HIV/STI Programme illustrates the seriousness of HIV and AIDS in Jamaica based on the national HIV prevalence of about 1.7% and the generalized nature of the epidemic.

It is expected that this policy will strengthen the legal framework for dealing with HIV and AIDS and will ensure that mechanisms are in place to protect workers from stigma and discrimination.

The policy underscores the importance of the organizational framework for the national response including the National HIV/STI Programme through key government ministries and the National AIDS Committee (NAC); the private sector and the broader civil society including faith-based organizations. The responsibility of the Ministry of Labour and Social Security in the development of the policy and the establishment of a Focal Point for HIV and AIDS in the Industrial Safety Department of this Ministry is outlined. The role of monitoring and evaluation is mentioned within the context of process, outcome and impact indicators developed for the respective partners.

The ten guiding principles from the International Labour Organisation Code of Practice on HIV and AIDS and the World of Work are used as the foundation for the development of strategies and
objectives. These, developed and recommended by the International Labour Organization Code of Practice on HIV and AIDS and the World of Work cover: HIV and AIDS as a workplace issue; non-discrimination; gender equality; healthy work environment; social dialogue; non-screening (for purposes of exclusion from employment or work processes); confidentiality; continuation of employment; prevention and care and support. Jamaica fully supports all ten principles.

Strategies suggested for implementation are based on four key objectives that incorporate education and training, improved awareness and counselling, care and support. If utilised effectively, these strategies will contribute to reduced transmission of HIV and improve acceptable attitudes towards persons living with and affected by HIV and AIDS while mitigating the impact of HIV and AIDS on the workforce.

Rights and responsibilities of government, employers and workers are outlined in reference to the International Labour Organisation Code of Practice on HIV and AIDS and the World of Work and the Platform for Action on HIV and AIDS and the World of Work in the Caribbean signed in Barbados on May 17, 2002. It notes that employers are responsible for ensuring that policies and programmes are designed and implemented to prevent the spread of the epidemic and protect workers from stigmatisation and discrimination.

It recommends that HIV testing be carried out on a voluntary basis with appropriate pre-test and post-test counselling. Jamaica fully agrees with the International Labour Organization Code of Practice on HIV and AIDS and the World of Work and ILO Recommendation No. 200 Concerning HIV and AIDS and the World of Work (2010) that there is no justification for HIV screening of job applicants or for HIV screening for continued employment.

The Ministry of Labour and Social Security through the Focal Point on HIV and AIDS is the lead body guiding the dissemination and implementation of the National Workplace Policy on HIV and AIDS. In this regard, all workplaces are encouraged to adapt or adopt the policy and implement it to give full operational effect. Effective implementation will require collaboration and consultation from all stakeholders.

Technical and financial support for the development of the National Workplace Policy on HIV and AIDS was provided through the National HIV/STI Programme (NHP) under the work plan of the Government of Jamaica/International Bank for Reconstruction and Development (GoJ/IBRD) developed for the Ministry of Labour and Social Security. Financial support for its implementation rests heavily on posts created within Ministries and external support through the NHP from various funding sources including the US President’s Emergency Plan for AIDS Relief (PEPFAR) and the Government of Jamaica/International Bank for Reconstruction and Development (GoJ/IBRD).

The National Workplace Policy on HIV and AIDS should be reviewed at the end of a five-year period. The Focal Point on HIV and AIDS and HIV and AIDS Committee in the Ministry of Labour and Social Security working in collaboration with other members of the tripartite team will monitor the implementation of the policy using process and outcome indicators.
Introduction

In Jamaica, 15,289 persons were reported with AIDS between January 1982 and December 2010 representing a male/female ratio of 1.3:1. About 32,000 men and women or 1.7% of the adult population are estimated to be living with HIV. Approximately one half of these persons are unaware that they are HIV infected. AIDS is the leading cause of death among adults 15-49 years with 333 reported deaths due to AIDS in 2010. While new HIV infections in Jamaica have declined by 25% in the past decade, it is estimated that as many as 2,500 Jamaican will become newly infected in 2012.1 HIV and AIDS therefore remains a major threat to the world of work, affecting the most productive sector - persons in the 15-49 age group. If not controlled, HIV and AIDS will impose huge costs on companies through declining productivity and loss of skills and experiences. In addition, HIV and AIDS is affecting fundamental rights at work particularly stigma and discrimination against people living with and affected by HIV and AIDS.

HIV and AIDS is a workplace phenomenon not only because it has the potential to affect labour and productivity, but also because the workplace can play a vital role in the wider struggles to limit the spread and effects of the epidemic. The workplace is an appropriate setting to involve the working age population in efforts to prevent and control the spread of HIV and AIDS through education and training, counselling, care and support.

The tripartite partners representing government, workers and employers have taken action to establish an appropriate framework to address HIV and AIDS at the workplace. The team has taken the initiative since 2002 to utilise the ten (10) key principles provided by the International Labour Organization (ILO) in the Code of Practice on HIV and AIDS and the World of Work to develop the National Workplace Policy on HIV and AIDS.

Purpose of the Policy

The purpose of the policy is to facilitate the development of a working environment that protects the rights of workers infected and/or affected by the epidemic by:

1. Developing a framework for action in the workplace
2. Highlighting the rights and responsibilities of workers
3. Articulating the usefulness of education, training, improved awareness; counselling, care and support in prevention, treatment and care efforts.

Scope of Application

The policy applies to:

a) all workers working under all forms or arrangements, and at all workplaces, including:
   i. Persons in any employment or occupation;
   ii. Those in training, including interns and apprentices;
   iii. Volunteers;
   iv. Job seekers and job applicants; and
   v. Laid-off or suspended workers;

b) All sectors of economic activity, including the private and public sectors and the formal and informal economies.

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1 UNAIDS, 2010. Epidemiological Fact sheet on HIV and AIDS
General Principles:

The following general principles should apply to all action involved in the national response to HIV and AIDS in the world of work:

(a) The response to HIV and AIDS should be recognized as contributing to the realization of human rights and fundamental freedoms and gender equality for all, including workers, their families and their dependents;

(b) The response to HIV and AIDS should be recognized and treated as a workplace issue, which should be included among the essential elements of the national, regional and international response to the pandemic with full participation of organisations of employers and workers;

(c) There should be no discrimination against or stigmatization of workers, in particular job seekers or job applicants, on the grounds of real or perceived HIV status or the fact that they belong to regions of the world or segments of the population perceived to be at greater risk of or more vulnerable to HIV infection;

(d) Prevention of all means of HIV transmission should be a fundamental priority;

(e) Workers, their families and their dependents should have access to and benefit from prevention, treatment, care and support in relation to HIV and AIDS, and the workplace should play a role in facilitating access to these services;

(f) Workers’ participation and engagement in the design, implementation and evaluation of national and workplace programmes should be recognised and reinforced;

(g) Workers should benefit from programmes to prevent specific risks of occupational transmission of HIV and related transmissible diseases, such as tuberculosis;

(h) Workers, their families and their dependents should enjoy protection of their privacy, including confidentiality related to HIV and AIDS, in particular with regard to their own HIV status;

(i) No workers should be required to undertake an HIV test or disclose their HIV status;

(j) Measures to address HIV and AIDS in the world of work should be a part of national development policies and programmes, including those related to labour, education, social protection and health; and

(k) The protection of workers in occupations that are particularly exposed to the risk of HIV transmission.

Objectives:

1. To strengthen the legal framework for HIV and AIDS as a workplace issue.
2. To contribute to the reduction of HIV transmission through effective implementation.
3. To contribute to the reduction of HIV and AIDS related stigma and discrimination through continuous education, training and involvement of persons living with HIV and AIDS.
4. To strengthen the capacities of organizations to provide care and support for persons living with or affected by HIV and AIDS.
5. To manage and mitigate the impact of HIV and AIDS in the workplace through workplace-based research and prevention and support programmes.
Outcomes:

1. Strengthened legal framework to protect the rights of workers.
2. Reduction in the spread of HIV as a result of effective workplace policies and programmes.
3. Reduction of HIV and AIDS related stigma and discrimination through the introduction of culturally appropriate and gender-sensitive education, training, and awareness sessions.
4. Improved accepting attitudes and behaviour towards persons living with and affected by HIV and AIDS.
5. Improved access to treatment, counselling, care and support.
6. Decreased impact of HIV and AIDS through planning and intervention and improved knowledge and action skills among workers.
Situational Analysis

In Jamaica there are limited and anecdotal data regarding the number of persons in the workplace living with HIV and AIDS. Based on surveillance statistics, we estimate that there are 17 persons living with HIV in every group of 1000 employees. The reported cases of AIDS, as well as Knowledge Attitudes Behaviour and Practice (KABP) surveys conducted every two years, confirm that the persons between 15 and 49 years old are the hardest hit.

At the end of December 2010, over 34 million people in the world were reported living with HIV.5 At least 25 million are workers aged 15‐49 in the prime of their working lives.6 The International Labour Organization (ILO) estimates about 917,600 workers living with HIV and AIDS in the entire Latin American and Caribbean region.7 In 2007, the Caribbean was the region with the second highest HIV average prevalence rate (1.2%) in the world, preceded only by sub-Saharan Africa.8 Prevalence is highest in Haiti and the Dominican Republic which together accounts for 75% of persons living with HIV in the region.9 According to UNAIDS, in 2007 AIDS was one of the leading causes of deaths in the Caribbean for persons between 25 and 44 years old. In July 2004, more than 300,000 Caribbean workers were reported HIV infected by the International Labour Organization (ILO). Strengthened political resolve, regional initiatives and National AIDS Programmes have helped to slow the spread in many Caribbean countries.

Jamaica has an estimated HIV prevalence rate of 1.7 per cent or about 32,000 people living with HIV.10 At the end of 2010, there were 15,289 persons reported with AIDS with males accounting for 57% percent. 935 persons were reported with AIDS between January to December 2010 compared to 909 for the period January to December 2009. It should be noted that in 2005 there were 1344 reported AIDS cases. That is an average of three new cases of AIDS diagnosed each day in 2010.11

Despite achievements including a slowed prevalence rate, and a high HIV prevention knowledge level, exposure to risk during sex remains a challenge, particularly among the age group of the workforce.12

In Jamaica reported HIV prevalence is highest in tourism/resort areas such as St. Ann and St. James and large urban centres such as Kingston. HIV transmission is predominantly through heterosexual contact and AIDS cases have been reported in all occupational groups and social classes. Transmission is driven by behaviour, economics, socio-cultural attitudes and limited access to relevant social services:

1. Behaviour: multiple sexual partners especially among young people 20-29 years old; early sexual activity; inconsistent use of condoms; sex with prostitutes; crack/cocaine use;

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5 UNAIDS World AIDS Day Report, 2011 from Joint UN Programme on HIV and AIDS, pg 6
6 Workplace Action on HIV AND AIDS’ from Newsletter of the ILO Programme on HIV AND AIDS and the World of Work, issue 4, December 2003, pg 3
7 15th International Aids Conference in Bangkok, Thailand, July 2004 at www.ilo.org
9 UNAIDS, 2010. Epidemiological Fact sheet on HIV and AIDS
10 UNAIDS, 2010
11 'National HIV/STI Programme Fact and Figures HIV AND AIDS Epidemic update January to December 2010', Kingston, Jamaica
pervasive myths about transmission; lack of perception of personal risk and inconsistency between knowledge and HIV preventative behaviour.

2. Economics: slow economic growth, high levels of unemployment, greater prevalence of drugs and prostitution and tourism and population movements.

3. Social and cultural attitudes: discrimination and stigma around HIV and AIDS; gender roles and inequities; need for high-level commitment.

4. Inadequacy of social services: limited access to specialty care and inadequate attention to HIV in the Health and Family Life Education curriculum.

Legislative Framework

The National HIV and AIDS Policy seeks to protect the rights of everyone, reduce the spread of HIV and AIDS, reduce stigma and discrimination and provide treatment, counselling, care and support for everyone. It provides the basis for the development of a National Workplace Policy on HIV and AIDS.

This National Workplace Policy on HIV and AIDS will provide a foundation for the development, introduction and strengthening of the legal framework around HIV and AIDS.

The following international conventions provide appropriate reference points:

International Labour Organisation Conventions and United Nations resolution ratified or signed by Jamaica

1. C111 Discrimination (Employment and Occupation) Convention 1958, addresses discrimination in the field of employment and occupation. It points out that discrimination constitutes a violation of rights enunciated by the Universal Declaration of Human Rights.


3. C161 Occupational Health Services Convention - outlines the maintenance of a safe and healthy working environment as well as the adaptation of work to the capabilities of workers.

4. Resolution 55/13, 2000, Declaration of Commitment to HIV and AIDS, UN General Assembly - outlines the global commitment to enhance coordination and intensify national, regional and international efforts to combat the problem of HIV and AIDS.

5. Resolution 65/277, 2011, Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS, UN General Assembly Resolution - outlines the global commitment to expand and intensify prevention and treatment efforts and to mitigate the impact of the epidemic on workers, their families, their dependents, workplaces and economies.
for national level focus that will advance the regional fight against HIV and AIDS.

3. **Caribbean Tripartite Council/PANCAP Model Caribbean Workplace Policy on HIV and AIDS 2007** - increase country level support in the region to fight against HIV and AIDS.

4. **Nassau Declaration on Health 2001** - "The Health of the Region is the Wealth of the Region, Proclamation by Head of State and Government of CARICOM" - promotes the improvement and well-being of member states and improved health status of Caribbean people.

5. **Charter of Civil Society for the Caribbean Community** - addresses human rights

6. **Barbados Platform for Action on HIV and AIDS and the World of Work in the Caribbean Sub-region, 2002** - outlines the commitment of the regional governments, employers organisation and workers to fight the spread of HIV and AIDS

Existing and Proposed national legislation:

1. **Labour Relations and Industrial Disputes Act** - defines workers rights with respect to stigma and discrimination.
2. **Labour Relations Code** - this Code was established in accordance with the provisions of Section 3 of the Labour Relations and Industrial Disputes Act, 1975. It promotes good labour relations.
3. **Public Health Act** - addresses care, support and prevention of diseases.
4. **Occupational Safety and Health Bill** - when enacted will address a safe and healthy working environment.

**Institutional Framework**

The Government of Jamaica through the National HIV/STI Programme in the Ministry of Health is leading the national response to HIV and AIDS in Jamaica. Through its expanded response initiated in 2002, made possible by a Government of Jamaica/World Bank loan agreement at the time, five line ministries were included as partners - Ministry of Labour and Social Security; Ministry of Education; Ministry of National Security; Local Government Department in the Office of the Prime Minister and the Ministry of Tourism. The loan agreement provided financial and technical resources to implement priority objectives provided in the Jamaica National HIV and AIDS/STI Strategic Plan (NSP) 2002-2006.

The Ministry of Labour and Social Security in its five year strategic work plan was guided by the following goals and objectives:

**Goals**

1. To promote and sustain equity in the workplace and remove discrimination; and
2. To empower working adults with the knowledge and skills necessary to initiate and sustain healthy relationships, which are aimed at reducing vulnerability to HIV and AIDS/STI.

**Objectives**

1. Protect the rights of the workers against discrimination, abuse and stigma;
2. Reduce the social and economic impact of HIV and AIDS/STI and improve the working environment;
3. Reduce HIV and AIDS/STI transmission; and
4. Mitigate the impact of HIV and AIDS/STI on individuals and households.

**Major gaps and constraints:**

1. No workplace policy on HIV and AIDS
2. No comprehensive HIV and AIDS
3. No specific legislation regarding HIV and AIDS issues
4. No body of trained personnel to handle complaints of HIV and AIDS-related discrimination within the workplace
5. Insufficient attention to HIV and AIDS and occupational health
6. Inadequate support and follow up to migrant farm workers who test positive for HIV.

The Ministry of Labour and Social Security acted on the mandate given by the Government of Jamaica and appointed a Focal Point on HIV and AIDS to:

1. Promote and coordinate HIV and AIDS activities within the Ministry and organisations in its purview
2. Liaise with the National HIV/STI Control Programme, the National AIDS Committee (NAC) and non-governmental organizations
3. Act as a representative of the Ministry of Labour and Social Security on the NAC.
### Objectives and Strategies

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<th>Objectives</th>
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| 1. To strengthen the legal framework for HIV and AIDS as a workplace issue | 1. Amendment of existing legislation related to workforce, occupational safety and labour issues  
2. Lobby for the enactment of new legislation concerning HIV and AIDS and the rights of workers |
| 2. To contribute to the reduction of HIV transmission through effective workplace policies and programmes | 1. Sensitisation and dissemination of the National Workplace Policy on HIV and AIDS  
2. Development and execution of work plans for the dissemination and training in the use of culturally-appropriate, gender-specific HIV and AIDS information |
| 3. To contribute to the reduction of HIV related stigma and discrimination | Involvement of persons living with HIV and AIDS in education and training programmes from design to implementation |
| 4. To strengthen the capacities of workplaces to provide care and support for persons living with and affected by HIV AND AIDS | 1. Establishment of an appropriate environment for provision of confidential pre-test and post-test counselling education with access to referral for voluntary counselling and testing  
2. Provision of opportunities for community involvement in home-based care and support networks for people living with and affected by HIV and AIDS  
3. Strengthening of social support schemes and benefits to include provision for HIV and AIDS |
| 5. To manage and mitigate the impact of HIV and AIDS in the workplace       | 1. Conduct research related to HIV and AIDS at the workplace to facilitate the development of evidence-informed responses  
2. Integrate HIV and AIDS issues of prevention, treatment care and support into existing training and office-based staff development and other human resources development |
Education, Training and Improved Awareness

Employers in consultation with workers should develop culturally appropriate, gender-sensitive education and training programmes. Workers should be encouraged to participate in and express their opinions and discuss issues regarding sexuality and HIV and AIDS.

1. All workers should be exposed to education and training in HIV and AIDS issues at the workplace including the definition of HIV and AIDS and the difference; how HIV is transmitted, how HIV is not transmitted, how HIV is prevented and how it relates to sexuality and the values/belief system.

2. Up to date scientific and socio-economic information and, where appropriate, education and training on HIV and AIDS should be available to employers, managers and workers' representatives, in order to assist them in taking appropriate measures in the workplace.

3. Employers working in consultation with workers should provide training and education opportunities during working hours and preferably through ongoing, existing programmes. Such training should be provided for staff at different levels within the organisation, beginning with decision makers and involving all categories of staff. Training and education should be culturally appropriate and gender-sensitive and presented using informal and non-traditional methods such as role-playing, "edutainment" and involve feedback and interaction.

4. Training, safety instructions and any necessary guidance in the workplace related to HIV and AIDS should be provided in a clear and accessible form for all workers, newly engaged or inexperienced workers, young workers and persons in training, including interns and apprentices. Training, instructions and guidance should be sensitive to gender and cultural concerns and adapted to the characteristics of the workforce, taking into account the risk for the workplace.

5. Workers, including interns, trainees and volunteers should receive awareness-raising information and appropriate training in HIV infection control procedures in the context of workplace accidents and first aid. Workers whose occupations put them at risk of exposure to human blood, blood products and other body fluids should receive additional training in exposure prevention, exposure registration procedures and post-exposure prophylaxis.

6. Workers who come in contact with human blood and other body fluids should be trained in infection control procedures. Training should be provided in first aid, universal precautions and the use of protective equipment to reduce the risk of exposure to human blood and other body fluids.13

7. Information and awareness programmes about HIV and AIDS should be incorporated into human resource development, occupational safety and health and anti-discrimination interventions.

8. Employers should designate workers to organise regular HIV and AIDS awareness programmes/sessions which may include HIV and AIDS; condom-use skills; sexuality and values clarification, interaction with a person living with HIV and AIDS and the use of universal precautions. All such sessions should include the use of one-page easy-to-use pre-post tests.

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13 See Management of Occupational Exposure to HIV (Universal Precautions) in Guidelines- National Workplace Policy on HIV AND AIDS
9. Education programmes should be linked, where feasible, to health promotion programmes at the workplace dealing with issues such as substance abuse, stress, healthy living and reproductive health. Existing workplace health and safety committees can provide an entry point to HIV and AIDS awareness campaigns and educational programmes. The services of relevant government departments and Non-Governmental Organizations (NGOs) may be utilised to provide these sessions.

10. Education awareness activities should be participatory: involving employers, workers, and their representatives and, where appropriate, government and other relevant stakeholders with expertise in HIV and AIDS education, counselling and care.

11. HIV AND AIDS awareness should be promoted in vocational training programmes carried out by governments and enterprises in collaboration with workers’ organisations. Such awareness activities should emphasise how HIV is transmitted and prevented and that HIV cannot be contracted through casual contact. Such interventions should highlight the fact that PLWHA do not need to be avoided or stigmatised and should be supported and accommodated in the workplace.

Counselling, Care and Support

Counselling, care and support are key elements in the response to HIV and AIDS in the workplace. Organisations should offer care and support to those infected with or affected by HIV and AIDS. Where health services exist at the workplace appropriate treatment should be provided. Where health services are not provided workers should be informed and referred to available outside services. The needs of workers with HIV or AIDS extend far beyond drugs and health care. Those who suspect or learn they are infected need psychological support to cope with the implications of having a life-threatening disease. Psychological and social support involves addressing the fear of being ostracized by peers, co-workers and/or family and friends.

1. Workers infected and/or affected by HIV and AIDS should be treated with empathy and provided with support and care directly or through referrals. They should be given reasonable accommodation or referred to relevant agencies or organisations.

2. Counselling and other forms of social support should be provided to workers infected and affected by HIV and AIDS. Counselling support should be made accessible at no cost to the workers. It may be appropriate to liaise with government, workers and their organisations and other relevant stakeholders in establishing and providing such support as a method of enhancing the capacity of the workplace to provide the required care and support.

3. The social and economic well being of workers infected and/or affected by HIV and AIDS are guaranteed by ensuring (a) the protection of their right to privacy and other human rights, and (b) proper care and support.

4. Mechanisms should be created to encourage openness, acceptance and support for those workers who disclose their HIV status, to ensure that they are not discriminated against nor stigmatised.

5. Workers have the right to continue to work for as long as they are able to perform their duties in accordance with performance standards. When workers are unable to meet performance
standards or their performance is significantly affected, they should be encouraged to take advantage of any relevant separation package provided by the organisation’s policies or labour laws under such circumstances.

6. The employer should respond to the HIV positive worker’s changing health by making reasonable accommodation in the employee’s duties or work schedule and should take measures to reasonably accommodate the worker with AIDS-related illnesses.

7. Employers should encourage workers with HIV and AIDS to use expertise and assistance outside the workplace for counselling. If employers provide access to counselling within their occupational safety and health unit, they should ensure that such counselling offers privacy and confidentiality.

8. In keeping with ILO Recommendation, all persons including workers living with HIV and their families and their dependents, should be entitled to health services. These services should include access to free or affordable:
   a. Voluntary counselling and testing;
   b. Antiretroviral treatment and adherence education, information and support;
   c. Proper nutrition consistent with treatment;
   d. Treatment for opportunistic infections and sexually transmitted infections, and any other HIV-related illness, in particular tuberculosis; and
   e. Support and prevention programmes for persons living with HIV, including psychosocial support.
The foundation of the National Workplace Policy on HIV/AIDS is based on the key principles identified in the International Labour Organization (ILO) Code of Practice on HIV/AIDS and the world of work and ILO Recommendation No. 200 Concerning HIV and AIDS and the World of Work. The Ministry of Labour and Social Security and its stakeholders fully support the ten (10) key principles of the Code and urge all workplaces to use them as a basis for developing and implementing HIV/AIDS workplace programmes and policies.

1. HIV/AIDS as a Workplace Issue

Jamaica recognises HIV/AIDS as a workplace issue that impacts on productivity and the country’s development and also recognises that it should be treated like any other serious illness or condition in the workplace. It is also a workplace issue, not only because it affects the workforce but also because the workplace can play a vital role in limiting the spread and effect of the HIV and AIDS epidemic.

2. Non-Discrimination

Real or perceived HIV status should not be a ground for discrimination preventing the recruitment or continued employment, or the pursuit of equal opportunities consistent with the provisions of the Discrimination (Employment and Occupation) Convention, 1958.

There should be no discrimination against workers or their dependents based on real or perceived HIV status in access to social security systems and occupational insurance schemes, or in relation to benefits under such schemes, including for health care and disability, and death and survivors’ benefits.

3. Gender Equality

The gender dimensions of HIV and AIDS should be recognised. The physical/biological, social, cultural, emotional and economic impacts of HIV and AIDS may differ between men and women and must therefore be addressed from a gender sensitive perspective.

4. Healthy Work Environment

The work environment must be as healthy and as safe as possible for all concerned parties, in order to prevent transmission of HIV, in accordance with the provisions of the Occupational Safety and Health Convention, 1981 (No. 155) and Jamaica’s proposed Occupational Safety and Health Bill.

Where a direct link can be established between an occupation and the risk of infection, AIDS and infection by HIV should be recognised as an occupational disease or accident, in accordance with national procedures and definitions, and with reference to the List of Occupational Diseases Recommendation, 2002, as well as other relevant International Labour Organisation instruments.

Safety and health measures to prevent workers’ exposure to HIV at work should include universal precautions, accident and hazard prevention measures, such as organizational measures, engineering and work practice controls, personal protective equipment, as appropriate, environmental control measures, post exposure...
prophylaxis and other safety measures to minimize risk of contracting HIV and tuberculosis, especially in occupations most at risk, including in the health-care sector.

Awareness-raising measures should emphasize that HIV is not transmitted by casual physical contact and that the presence of a person living with HIV should not be considered a workplace hazard.

Occupational health services and workplace mechanisms related to occupational safety and health should address HIV and AIDS, taking into account the Occupational Services Convention, 1985, and Recommendation, 1985, the Joint ILO/WHO guidelines on health services and HIV and AIDS, 2005, and any subsequent revision, and other relevant international instruments.

5. Social Dialogue

Implementation of policies and programmes on HIV and AIDS should be based on cooperation and trust among employers and workers and their representatives, and governments, with the active involvement, at their workplace, of persons living with HIV.

Organisations of employers and workers should promote awareness of HIV and AIDS, including prevention and non-discrimination, through the provision of education and information to their members. These should be sensitive to gender and cultural concerns.

6. No Screening or mandatory testing for purposes of exclusion from employment and work processes

There is no justification for any HIV and AIDS screening for purposes of exclusion from employment or work processes. HIV and AIDS screening must not be required of job applicants or employees, including migrant workers. Each person (employer and employee) should endeavour to know his/her HIV status through voluntary counselling and testing (VCT). Clause 8.1 on Testing from the ILO Code of Practice on HIV and AIDS and the World of Work states “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”. According to Clause 8.2 “(a) HIV testing should not be required as a condition of eligibility for national insurance schemes, insurance policies, occupational schemes and health insurance. (b) Insurance companies should not require HIV testing before agreeing to provide coverage for a given workplace. They may base their cost and revenue estimates and their actuarial calculations on available epidemiological data for the general population. (c) Employers should not facilitate any testing for insurance purposes and all information that they already have should remain confidential.

7. Confidentiality

Confidentiality should be maintained. No job applicant or worker should be asked to disclose his or her HIV status or HIV-related information and no co-worker should be asked to reveal such information about fellow workers or any other person, including workers’ family and dependents. Access to personal data relating to a worker’s HIV status should be bound by the rules of confidentiality consistent with the ILO Code of Practice on the Protection of Workers’ Personal Data, 1997.
8. Continuation of Employment

HIV infection cannot be a cause for termination of employment. HIV and AIDS should be treated like any other medical/health condition – persons who are HIV positive or have HIV related illnesses should be able to work with reasonable accommodation as necessary, for as long as they are medically fit to do so.

9. Prevention

The workplace is an appropriate setting for interventions and strategies related to the prevention of HIV, which are appropriately targeted to local conditions and are culturally sensitive and involve all the social partners. Changing attitudes and behaviour through education and training is important to promote prevention.

Prevention programmes should ensure:

(a) That accurate, up to date, relevant and timely information is made available and accessible to all in a culturally sensitive format and language through the different channels of communication available;

(b) Comprehensive education programmes to help women and men understand and reduce the risk of all modes of HIV transmission, including mother-to-child transmission, and understand the importance of changing risk behaviours related to infection;

(c) Effective occupational safety and health measures;

(d) Measures to encourage workers to know their own status through voluntary counselling and testing;

(e) Access to all means of prevention, including but not limited to guaranteeing the availability of necessary supplies, in particular male and female condoms and, where appropriate, information about their correct use, and the availability of post exposure prophylaxis;

(f) Effective measures to reduce high-risk behaviours, including for the most-at-risk groups, with the view to decreasing the incidence of HIV, and

(g) Harm reduction strategies based on guidelines published by the World Health Organization (WHO), the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the United Office on Drugs and Crime (UNODC) and other relevant guidelines.

10. Care and Support

The workplace is appropriate to promote care and support for all workers, including those affected or infected by HIV and AIDS, and their entitlement to affordable health care. All workers should have full access to benefits from any relevant social security programmes and occupational schemes.
Rights and Responsibilities of Stakeholders

Ministry of Labour and Social Security (representing the Government)\textsuperscript{16}

It is the responsibility of this Ministry to ensure that the appropriate legislations on HIV and AIDS and the Workplace are drafted and enacted to create the legal framework for HIV and AIDS. It shall also be the responsibility of the Ministry of Labour and Social Security to ensure that the National Workplace Policy on HIV and AIDS is documented, consistent with the ILO Code and ILO Recommendation No. 200 Concerning HIV and AIDS and the World of Work and serves as the framework that will facilitate an environment for multi-sectoral participation to HIV and AIDS prevention. Through implementation of the necessary infrastructure and systems within the Ministry and the establishment of a National Tripartite Committee, it shall facilitate the dissemination and implementation of the Workplace Policy on HIV and AIDS in all organisations within both the private and public sector. These policies shall be consistent with the National Workplace Policy on HIV and AIDS. This Ministry shall also ensure that there are systems that allow for the administration of legal recourse for discrimination cases related to HIV and AIDS.

The role of the labour administration services, including the labour inspectorate, and of the judicial authorities competent in labour issues, in the response to HIV and AIDS, should be reviewed and, if necessary, strengthened.

Public health systems should be strengthened and follow the Joint ILO/WHO guidelines on health services and HIV and AIDS, 2005, and any subsequent revision, to help ensure greater access to prevention, treatment, care and support, and reduce the additional strain on public services, particularly on health workers, caused by HIV and AIDS.

Members should stake measures to combat child labour and child trafficking that may result from the death or illness of family members or caregivers due to AIDS and to reduce the vulnerability of children to HIV, taking into account the ILO Declaration on Fundamental Principles and Rights at Work, 1998, the Minimum Age Convention, 1973, and Recommendation, 1973, and the Worst Forms of Child Labour Convention, 1999, and Recommendation, 1999. Special measures should be taken to protect these children from sexual abuse and sexual exploitation.

Members should take measures to protect young workers against HIV infection, and to include the special needs of children and young persons in the response to HIV and AIDS in national policies and programmes. These should include objective sexual and reproductive health education, in particular the dissemination of information on HIV and AIDS through vocational training and in youth employment programmes and services.

Jamaica Confederation of Trade Unions (JCTU) (representing the workers)\textsuperscript{17}

The JCTU shall partner with the government specifically the Ministry of Labour and Social Security to implement various aspects of the policy and advocate interventions to ensure that its member unions are so educated and sensitized. The JCTU will facilitate the establishment of a national tripartite committee. It is also the responsibility of the JCTU to ensure that the intent of the ILO Code of Practice on HIV and AIDS and ILO Recommendation No. 200 Concerning HIV and AIDS and the World of Work are integrated into labour guidelines and collective bargaining agreements. To facilitate the objectives of HIV and AIDS prevention and control programme, the JCTU shall build the capacities of its member unions and their representatives such that they are suitably trained to handle the range of HIV and AIDS issues at the workplace. This will enable them to provide support such as training, counselling, guidance and representation up to full legal recourse in instances of HIV and AIDS stigma and discrimination.

Workers

Workers shall be involved in and informed on all aspects of policy development, implementation and evaluation. Workers have the right to HIV prevention knowledge, skills and services including abstinence, condom use and treatment, care and support and Voluntary Counselling and Testing (VCT). This is so that workers will understand their role in affirming the rights of persons living with HIV and AIDS to ensure that exclusion from work, work related activities, promotion etcetera, is not based on their HIV status, and to normalise HIV and AIDS by reducing the stigma and discrimination associated with it. Workers have the right of privacy and confidentiality of their HIV and AIDS status and non-disclosure of their HIV related personal information and that of their co-workers. Access to transparent and efficient grievance and disciplinary procedures and the appropriate legal authorities in the case of stigma and discrimination related to HIV and AIDS is also the right of every worker.

Jamaica Employers Federation (representing the Employers)\textsuperscript{18}

Ensure that member companies facilitate the communication of HIV and AIDS prevention, care and support measures to their staff. The Jamaica Employers Federation shall guide and sensitize their member companies’ with respect to the need for workplace programmes and policies that address HIV and AIDS issues. These programmes shall also be consistent with the integration of the ILO Code of Practice and ILO Recommendation No. 200 Concerning HIV and AIDS and the World of Work. The Jamaica Employers Federation shall also facilitate the provision of programmes such as Voluntary Counselling and Testing, Peer Education/Facilitator programmes, Sensitization and Awareness sessions and Condom Use and Negotiation skills to its member companies.

Employers

Employers should ensure that appropriate systems including procedures are in place that can be accessed by workers and their representatives in cases of stigma and discrimination. These shall include but not limited to personnel policies such as grievance procedures, reasonable accommodation and medical benefits for PLHIV.

\textsuperscript{17} Op cit, pg 6  
\textsuperscript{18} Ibid, pg 6
Employers shall ensure that policies and procedures are in place to prevent testing and screening as a prerequisite for employment, continued employment appointment and/or promotion. Employers have the responsibility of ensuring that their workers have access to information on HIV and AIDS such as the National Workplace Policy, the company's HIV and AIDS Policy and procedures, and are given an opportunity to be involved in the policy development and implementation process.
HIV Testing and Screening

There is no health reason for mandatory testing and screening for employment purposes. HIV testing should be carried out on a voluntary basis with appropriate pre-test and post-test counselling as recommended by international, regional and national governing bodies in accordance with guidelines on HIV testing provided by the World Health Organization (WHO).

Jamaica supports the International Labour Organization Code of Practice on HIV and AIDS and the World of Work, which states:

1. No worker including migrant workers, job seekers and job applicants should be made to undergo mandatory testing for HIV, that is, any routine medical testing or examination before or during employment. That is testing must be genuinely voluntary and free of any coercion and testing programmes must respect international guidelines on confidentiality, counselling and consent.

2. No employer may require that an employee do an HIV test for continued employment, appointment or promotion, or that a potential employee do an HIV test as a condition or pre-condition for employment. The results of HIV testing should be confidential and not endanger access to jobs, tenure, job security or opportunity for advancement.

3. Employees should be encouraged to undergo Voluntary Counselling and Testing (VCT) at public sector sites or by private health care professionals.

4. HIV testing should not be required as condition of eligibility for any relevant social security or occupational schemes, or any health insurance policies.

5. Anonymous, unlinked surveillance or epidemiological HIV testing in the workplace may occur provided it is undertaken for scientific research, in accordance with the ethical principles of scientific research, professional ethics and the protection of individual rights and confidentiality. Where such research is done, workers and employers should be consulted and informed that it is occurring. The information obtained may not be used to discriminate against individuals or groups of persons. Testing will not be considered anonymous if there is a reasonable possibility that a person’s HIV status can be deduced from the results.

6. In the event that a worker wishes to get his or her HIV status verified through testing, all necessary facilities should be given to that person and results should be kept strictly confidential. Such results should be given out to the person and with his or her consent to family members. The attending physician with proper counselling should invariably do disclosure of the HIV status to the spouse or sexual partner of the person. However, the person should also be encouraged to share this information with the family in order to get appropriate home-based care and emotional support from family members.

7. All persons with HIV or AIDS have the right to privacy and are therefore not legally bound to disclose their HIV status to their employer or co-workers/fellow-employees.

8. While mandatory testing and/or disclosure of HIV status are not a requirement at the workplace, voluntary,
confidential testing with counselling and access to such testing should be facilitated for workers.

9. In developing the HIV and AIDS policies within the various government ministries and their respective agencies, it is recognised that this document will detail the present situation with specific reference made to the Ministry’s future strategy to abide by the ILO principle on HIV testing.

10. There should be in place an easily accessible dispute resolution procedure which ensures redress for workers if their rights as set out above are violated.
Implementation

While overall responsibility for the implementation of the National Workplace Policy on HIV and AIDS rests with the Ministry of Labour and Social Security, all workplaces should adopt or adapt and implement this policy in accordance with other existing policies governing the workplace, which do not undermine its objectives. In the adaptation of this policy it is recognised that this policy will be adapted to reflect the intent of the organisation and will be in keeping with the policies under which the entity operates.

The Focal Point on HIV and AIDS in the Ministry of Labour and Social Security working in collaboration with the other partners of the tripartite team; the policy component of the National HIV/STI Programme; the National AIDS Committee and private sector partners such as the Jamaica Business Council on HIV and AIDS will be responsible for the implementation of the policy. Every opportunity should be taken to inform about the policies and programmes on HIV and AIDS and the world of work through organisations of employers and workers, other relevant HIV and AIDS entities, and public information channels.

Financial and technical resources from the Government of Jamaica/International Bank for Reconstruction and Development (GOJ/IBRD) loan agreement and the UN Global Fund to Fight AIDS, Malaria and Tuberculosis supported the implementation through resources allocated to the Ministry of Labour and Social Security. Through the National HIV/STI Programme support from various funding sources including the various funding sources including the US President’s Emergency Plan for AIDS Relief (PEPFAR) continue to be made available. The Ministry of Labour and Social Security will also absorb some of the implementation costs, by integrating policy implementation into existing training programmes.

Checklist for policy development and implementation:

1. Every workplace/organisation should designate a Focal Point on HIV and AIDS or Coordinator and establish a working link HIV and AIDS Committee to coordinate and implement the HIV and AIDS workplace policy. This committee should be representative of all constituents in the organisation/workplace.
2. The HIV and AIDS Committee should have representatives from all categories of workers and co-op if possible PLWHA (with their consent) from outside the organization.
3. The HIV and AIDS Committee/Coordinator should lead the process of developing and implementing annual work plans to implement the policy. The activities/interventions should be based on the strategies created from the objectives. The committee/coordinator will also evaluate and report on the progress of implementation in accordance with reports required from the Focal Point on HIV and AIDS and the tripartite partners.
Monitoring & Evaluation

The National HIV and AIDS Workplace Policy should be reviewed over a five-year period by an independent team contracted through the Monitoring and Evaluation Specialist of the National HIV/STI Programme working in collaboration with the tripartite partners. Monitoring and evaluation of the implementation process should be carried out in accordance with indicators developed by the National HIV/STI Programme.

Reports will be submitted through the Focal Point on HIV and AIDS in the Ministry of Labour and Social Security to the tripartite partners, the Permanent Secretary, the Labour Advisory Committee, the National AIDS Committee/National Planning Council and the Policy Coordinator of the National HIV/STI Programme.
Acknowledgements

Under the mandate of the Government of Jamaica the Ministry of Labour and Social Security led the development of the National Workplace Policy on HIV and AIDS.

A team of tripartite partners representing government, employers and workers developed the National Workplace Policy on HIV and AIDS to assist in the prevention and management of HIV AND AIDS in the workplace. The team comprised the Ministry of Labour and Social Security (MLSS); the Jamaica Confederation of Trade Unions (JCTU); and the Jamaica Employers' Federation (JEF).

Technical guidance was provided by the National HIV/STI Programme, the National AIDS Committee and the Legal Unit at the Ministry of Labour and Social Security

The Joint Select Committee (JSC) had 6 sittings at which the following stakeholders contributed:
- The Jamaica Confederation of Trade Unions
- The National HIV/STI Programme, Ministry of Health
- The Jamaica Bar Association
- The Child Development Agency
- The Jamaica Association of Guidance Counsellors in Education
- The Jamaica Network of Seropositives
- Mr. Ainsley Reid
- The Insurance Association of Jamaica
- The Independent Jamaica Council of Human Rights
- The Lawyers’ Christian Fellowship
- The Jamaica AIDS Support for Life

The report of the Committee was tabled in the House of Representatives on November 10, 2009. The House debated the report and approved the recommendations of the Joint Select Committee on February 16, 2010.

Key contributing writers/reviewers: Neville Moodie, Andrew Dale, Nicola Rowe, Gail Hoad, Julia Bonner Douett, Faith Hamer, Saani Fong, Peta-Gay Pryce and Khadrea Folkes.

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