National Workplace Policy on HIV and AIDS

14 July, 2008 02:10:00
In Trinidad and Tobago, the epidemic is concentrated in the 15-49 age group in which 71% of new infections occur. Since the first documentation of the Caribbean epidemic in 1983, there has been a rise in the number of Persons Living With HIV (PLWHIV) in Trinidad and Tobago and the wider region. In Trinidad and Tobago (1992-2002), the ILO placed an average annual GDP loss attributable to HIV and AIDS at US forty-five million dollars. The ILO report also indicated that the total losses, as a proportion of the total labour force were projected to be 4.7% by 2015. The Health Economics Unit of the University of the West Indies has projected that in a few years Trinidad and Tobago will lose about 4% of its annual national income, that is, about TT $2.4 billion dollars if the spread of HIV and AIDS continue at this rate.

In the wake of current statistics and reported economic consequences, a critical response is vital in a growing and expanding economy. The workplace represents an ideal forum in which this country can effectively address HIV-related stigma and discrimination, as well as improve the population’s HIV-related knowledge, attitudes, beliefs and practices.

In August 2006, the Ministry of Labour and Small and Micro Enterprise Development, on behalf of the Government of Trinidad and Tobago, signed a Memorandum of Understanding with the International Labour Organization for the implementation of the ILO/United States Department of Labor International HIV/AIDS Workplace Education Programme – An Accelerated Response, in Trinidad and Tobago. A Project Advisory Board (PAB) was established which consists of representatives from relevant Government Ministries and agencies, Non-Governmental Organizations, Employers' and Workers’ Organizations, the International Labour Organization and the United Nations’ Theme Group on HIV/AIDS. The PAB together with other key stakeholders were instrumental in the formulation of this National Workplace Policy on HIV/AIDS. This initiative is also in keeping with the objectives and strategies of the Government approved National HIV/AIDS Strategic Plan 2004-2008 and the Vision 20/20 Operational Plan 2007- 2010 which identifies strategies for addressing HIV and AIDS in the Workplace.

This Policy is supported by the Constitution of the Republic of Trinidad and Tobago (1976), the Occupational Safety and Health Act No. 1 of 2004 as amended by the Occupational Safety and Health (Amendment) Act, No. 3 of 2006 and ILO Convention No. 111, Discrimination (Employment and Occupation), 1958. It is informed by the ILO Code of Practice on HIV/AIDS and the world of work, is consistent with the Caribbean Tripartite Council/Pan Caribbean Partnership Against HIV/AIDS (CTC/PANCAP) Model Caribbean Workplace Policy on HIV/AIDS (2006).

The National Workplace Policy on HIV and AIDS provides and sets minimum standards for the management of the impact of HIV and AIDS in the workplace. It outlines the rights and responsibilities of each tripartite partner to reduce the spread, impact and stigma of HIV and AIDS in the working environment. Additionally, it addresses key issues of the gender dimension of HIV and AIDS, universal blood and body fluid precautions, general principles for the protection of workers' personal data and reasonable accommodation in the workplace.

This Policy contributes to ongoing national efforts to decrease the spread of HIV and AIDS and mitigate the impact of the national epidemic by setting standards for managing HIV in the workplace and promoting structures and programmes to reduce discrimination in the workplace.

Introduction

The 2006 United Nations General Assembly Special Session on HIV and AIDS, a follow-up meeting on the outcome of the twenty-sixth special session, identified that globally, HIV prevention programmes were failing to reach those at greatest risk. Interventions were needed to address stigma and discrimination, which remain key barriers to the uptake of prevention, treatment and support programmes. The Joint United Nations Programme on AIDS (UNAIDS) has identified five focus areas for a more effective global response to AIDS which includes providing strategic information and development of policies to guide efforts in the response to the epidemic.

The workplace provides an active environment for HIV and AIDS prevention, care, and support. It is an ideal setting for an HIV and AIDS response as it reaches those at risk, is conducive to intervention strategies and provides conditions for measuring impact and effectiveness. Such interventions also contribute to continued productivity by workers infected with and affected by HIV and AIDS.
At present, there is an inadequate response to the HIV/AIDS epidemic in the Trinidad and Tobago work environment. The 2005 survey of organizations conducted by the National AIDS Coordinating Committee (NACC) revealed that only 11% of the organizations surveyed had implemented an HIV/AIDS workplace policy. Similarly, the International Labour Organization (ILO) 2006 review of existing HIV and AIDS workplace policies found that the key principles of the ILO Code of Practice on HIV/AIDS and the world of work, herein after referred to as the ILO Code of Practice, were insufficiently addressed.

A strong response involving the tripartite partners is therefore required. In recognition of this, the Government of Trinidad and Tobago in 2006 entered into a Memorandum of Understanding with the ILO for the implementation of the International Labour Organization/United States Department of Labour (ILO/USDOL) HIV and AIDS Workplace Education Programme – An Accelerated Response. A Project Advisory Board (PAB), with membership from relevant Government Ministries, Non-Governmental Organizations, Employers’ and Workers’ Organizations, the International Labour Organization and the United Nations’ Theme Group on HIV/AIDS, was appointed on July 26, 2006 to provide guidance on policy and technical matters relating to the execution of the project and to ensure coordination with other national HIV and AIDS efforts. Specifically, the PAB was established to:

i. review and advise on the annual project work plan prepared by the National Project Coordinator (NPC);
ii. review the quarterly progress report of the NPC and suggest any required adjustments in the implementation of project activities;
iii. review and advise on any proposed changes in project objectives or strategies;
iv. guide the formulation of the proposed national Plan of Action on HIV/AIDS in the workplace;
v. ensure coordination of project activities between the National Strategic Framework on HIV/AIDS and with other ongoing HIV/AIDS workplace interventions; and
vi. advise on the mobilization of resources for the continuity of project activities.

A list of the membership of the PAB is attached at Appendix I.

The development of a National Workplace Policy as identified in the Memorandum of Understanding between the Government of Trinidad and Tobago and the ILO maintains the objectives and strategies of the Government approved National HIV/AIDS Strategic Plan 2004-2008; it conforms to the ILO code of practice on HIV and AIDS and is consistent with the CTC/PANCAP Model Caribbean Workplace Policy on HIV/AIDS (2006) and is keeping with Vision 20/20 Operational Plan 2007-2010, Nurturing a caring society which calls for the promotion of advocacy and human rights and articulates strategies and initiatives that will promote openness and acceptance of Persons Living With HIV in the workplace and wider community. One of the critical strategies identified in the plan is the development a national workplace policy based on the International Labour Organization’s Code of Practice on HIV/AIDS and the world of work.

This Policy sets standards and provides a framework for the development of workplace policies on HIV and AIDS both at the workplace and organizational levels.

Methodology

This document was developed through consultation with the tripartite partners (Government, employers’ organizations and workers’ organizations), the ILO, the National AIDS Coordinating Committee (NACC), Office of the Prime Minister, the Ministry of Labour and Small and Micro Enterprise Development, the Joint United Nations Team Group for HIV and AIDS, members of the Project Advisory Board of the ILO/USDOL International HIV/AIDS Workplace Education Programme for Trinidad and Tobago, People Living With HIV, the Tobago HIV and AIDS Coordinating Committee, the Tobago House of Assembly, and other stakeholders.

A Policy Development Consultant from the University of the West Indies was contracted to develop a Draft Workplace Policy on HIV and AIDS using the following Terms of Reference:

• review existing HIV/AIDS Workplace policies or guidelines, including relevant sections of the report of the mapping exercise previously undertaken for this project;
• liaise with the National Project Coordinator to obtain copies of the mapping exercise (situation analysis of workplace policies and
• programmes addressing HIV and AIDS; and guidelines for developing a national tripartite policy on HIV/AIDS and the world of work;
  • facilitate two days of Sensitisation and Planning Workshops for the tripartite partners to obtain inputs from participants and prepare a report to be integrated into draft policy;
  • prepare a draft policy and disseminate to stakeholders;
  • facilitate national consultation to obtain feedback on draft policy; and
  • modify draft policy to reflect feedback from consultation.

The Project Advisory Board conducted further reviews and revisions of the Policy to develop a Final Draft to be submitted to Cabinet.

Objectives and Use

The National Workplace Policy on HIV and AIDS provides a framework for an effective workplace response to HIV and AIDS in Trinidad and Tobago. It is intended to guide and support the social partners in their varying roles and at different stages of the policy development and implementation process.

Specifically, this Policy aims to:

• set minimum standards for managing HIV in the workplace;
• promote structures and programmes to reduce discrimination in the workplace against persons living with and affected by HIV;
• contribute to ongoing national efforts to reduce the spread of HIV and mitigate the epidemic’s impact;
• guide employers, managers, and employees on their rights and obligations regarding HIV and AIDS; and
• guide workplace policies and programme development.

What is a Workplace Policy on HIV and AIDS?

A Workplace Policy on HIV and AIDS provides the framework for action to reduce the spread of HIV and to manage its impact on the workforce. It describes an organization’s or sector’s position and practices for the effective prevention and control of HIV. It is akin to a roadmap, outlining the course that an organization would chart in addressing HIV-related issues.

A Workplace Policy on HIV and AIDS:

• commits the workplace to take action;
• defines the rights of all workers;
• guides managers, workers, and their representatives on addressing HIV and AIDS;
• directs managers, workers and their representatives to places of assistance;
• establishes consistency within the organization in dealing with HIV-related issues;
• assists workplaces and organizations to plan for HIV and AIDS and reduce its impact;
• may be a specific document on HIV and AIDS or part of an overall policy or agreement on safety, health and working conditions;
• should be a product of meaningful consultation between management, workers, and their representatives; and
• should be the product of meaningful consultation among tripartite partners.

The tripartite partners comprise Government and its relevant authorities, employers and their organizations and workers and their representatives. Appendices III-V outline the responsibilities of the tripartite partners.

NATIONAL WORKPLACE POLICY ON HIV AND AIDS

5.1 General Statement
The HIV epidemic threatens the health and livelihoods of individuals and the national economy. Since the first documentation of the Caribbean epidemic in 1983, there was a rise in the number of PLWHIV in Trinidad and Tobago and the wider region. Women and girls are increasingly affected as heterosexual transmission has become more common in keeping with regional trends.

The Trinidad and Tobago epidemic is concentrated in the 15-49 age group in which 71% of new infections occur, affecting workers and managers in their productive prime. This can negatively affect productivity in the workplace through absenteeism and the loss of skilled and experienced workers and contribute to rising employer costs due to replacing, training and retraining of staff. Furthermore, it affects the national economy by increased healthcare expenditure and productive sector contractions. However with the introduction of Government sponsored anti-retroviral (ARV) medication, HIV is now considered a manageable chronic infection and infected persons are living longer and are better able to lead productive lives.

HIV-related stigma and discrimination remains a key factor driving the epidemic. The workplace therefore presents an ideal forum in which this country can effectively address HIV related stigma and discrimination, as well as improve the population’s HIV-related knowledge, attitudes, beliefs and practices.

The Government of Trinidad and Tobago has initiated an expanded response to the epidemic guided by a five year National HIV/AIDS Strategic Plan 2004-2008 (NSP). The NACC manages this response under the aegis of the Office of the Prime Minister, with multi-sectoral programmes in HIV Prevention, Treatment, Care and Support, Advocacy and Human Rights, Surveillance and Research, and Programme Management Coordination and Evaluation.

The Strategic Objectives of the Advocacy and Human Rights area of the NSP (Priority Area III) are:

• to reduce stigma and discrimination against PLWHIV; and
• to protect human rights of PLWHIV and other groups affected by HIV and AIDS

One strategy which has been identified to achieve these objectives is the promotion of openness and acceptance of PLWHIV in the workplace and in the wider community. The NSP recognizes the ILO code of practice on HIV/AIDS as the tool to be used to develop guidelines/recommendations for employers for the creation of workplace policies addressing HIV and AIDS.

The Constitution of the Republic of Trinidad and Tobago (1976), the Occupational Safety and Health Act No. 1 of 2004 as amended by the Occupational Safety and Health (Amendment) Act, No. 3 of 2006 and ILO Convention No. 111, Discrimination (Employment and Occupation), 1958 ratified by the government in 1970 support this document. It also conforms to the ILO code of practice on HIV/AIDS and is consistent with the CTC/PANCAP Model Caribbean Workplace Policy on HIV/AIDS (2006).

5.2 Key Principles

The National Workplace Policy on HIV and AIDS establishes the framework for HIV-related workplace action by the Government of the Republic of Trinidad and Tobago, employers and their representatives, workers and their representatives, occupational health personnel and other specialists, and all other relevant stakeholders. The Policy also sets standards for the tripartite partners (government, employers, workers, and their representatives) to work collaboratively to reduce and manage the spread of HIV and its impact in the workplace. It outlines the rights and responsibilities of each of the tripartite partners and key principles in addressing the issue of HIV and AIDS in the workplace.

The following ten key principles are based on the ILO code of practice on HIV/AIDS and the world of work and form the core component of this National Workplace Policy on HIV and AIDS.

5.2.1. Consideration of HIV and AIDS as a Workplace Issue

HIV and AIDS is a workplace issue, which must be treated like any other serious issue that affects the organization. It is 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 effects of the HIV and AIDS epidemic. Individual organizations can mount appropriate workplace responses to the epidemic by developing and implementing a workplace policy on HIV and AIDS supported by an on-going HIV education and training programme. The
responsibilities of the tripartite partners in this undertaking are outlined in Appendices III-V.

5.2.2 Non-discrimination

There should be no discrimination or stigma against workers in Trinidad and Tobago because of HIV status or perceived HIV status. PLWHIV should have the same rights and contractual obligations as their HIV-negative counterparts without victimization or harassment from employers or fellow workers. The employer should undertake to protect the entitlement of any employee with HIV with respect to advancement, promotion, benefits, discharge, discipline, layoffs, privileges of employment, compensation, training, and other terms of employment. Standard health benefits should apply to all employees including those who are living with HIV.

5.2.3 Gender Equality

Gender-specific programmes at the workplace should seek to inform men and women of their rights and responsibilities. Given that women are more likely to be infected and adversely affected by HIV and AIDS because of biological, socio-cultural and economic reasons, the empowerment of women is vital to preventing the spread of HIV. Therefore workplace-devised support systems should be considered that enable women to perform their dual roles as workers and caregivers and assist women and men to assess and reduce their risk of HIV. Appendix VI outlines the gender dimension of HIV and AIDS.

5.2.4 Healthy Work Environment

The workplace should be safe and healthy to minimize occupational risk and contribute to the prevention of HIV transmission. Provisions should be made to ensure that Universal Precautions (Appendix VII refers) are adhered to by all workers. These Universal Precautions should be regarded as standard workplace practice. The Trinidad and Tobago’s Occupational Safety and Health Act, No.1 of 2004, as amended by the Occupational Safety and Health (Amendment) Act, No.3 of 2006 provides a framework for a healthy work environment and should be enforced for workers’ protection. Wherever health and safety guidelines, policies or regulations exist at the level of the sector or organization, these should also be adhered to by all workers.

5.2.5 Social Dialogue

Effective implementation of an HIV and AIDS workplace policy requires cooperation and trust between employers, workers and their representatives and Government (where applicable). The contributions of PLWHIV should be integral to the process. Responsibilities of the tripartite partners are in Appendices III-V.

5.2.6 No screening for purposes of employment

There should be no HIV screening for purposes of employment. Employers should not instruct or require medical officers to conduct HIV tests on candidates for employment or on current workers. HIV testing should not be included in routine medical examination of workers neither should they be tested without their knowledge since this may constitute a breach of their fundamental rights. There is no justification for asking job applicants or workers to disclose HIV-related personal information nor should workers be obliged to reveal such personal information about fellow workers.

5.2.7 Confidentiality

Employers should not disclose information related to any worker’s HIV status, nor should workers be obligated to divulge the HIV status of themselves or others. Persons with responsibility for personnel files should not disclose information pertaining to the HIV status of any worker. Medical Officers’ disclosure of the HIV status of workers is a breach of medical confidentiality. Access to personal data relating to the workers’ medical profile should be bound by confidentiality consistent with the ILO Code of Practice on the Protection of Workers’ Personal Data, 1997 (Appendix VIII refers).

5.2.8 Continuing Employment

HIV infection is not a cause for termination of employment. As with many other conditions, workers with HIV-related illnesses should work as long as medically fit for available, appropriate work. With the introduction of free anti-retroviral (ARV) treatment, HIV may be considered a manageable chronic condition, and Persons With HIV are better able to lead productive lives. If necessary
and wherever possible and feasible, employers in consultation with workers and their representatives, should take measures to reasonably accommodate workers affected by AIDS-related illnesses, as outlined in Appendix IX.

5.2.9. Prevention

Employers’ and workers’ representatives can uniquely promote prevention efforts through the provision of information and education (using appropriate language) that can result in changes in knowledge, attitudes, beliefs, behaviours, and in the creation of a non-discriminatory work environment. A structured, on-going education programme for workers and their families would serve as a ‘social vaccine’ against the epidemic. HIV and AIDS sensitization should be included in the orientation programme for new workers with assistance from agencies involved in HIV and AIDS education (Appendix X refers). A valuable resource for organizations is the document entitled: Implementing the ILO Code of Practice on HIV and AIDS and the world of work - an Education and Training Manual (2001).

5.2.10. Care and Support

Employers’ and workers’ representatives should ensure that workers are aware of and encouraged to seek assistance and counselling from agencies that offer care and support for persons who are infected or affected by HIV (Appendix X refers) and they should invite such agencies to participate in workplace HIV and AIDS education programmes.

Implementation, Monitoring and Evaluation

The Project Advisory Board, in keeping with the decision recorded in Cabinet Minute No. 777 dated April 6th, 2006 recognizes that given the far-reaching implications of the policy and impending organizational changes, the Ministry of Labour and Small and Micro Enterprise Development should seek to put mechanisms in place for the implementation and ongoing monitoring, revision, review and evaluation of the National Workplace Policy on HIV and AIDS.

Conclusion

The National Workplace Policy on HIV and AIDS is a critical step towards the reduction of HIV related stigma and discrimination in the workplace and contributes to the creation of an environment for prevention, care, and support. It is intended to provide the framework for an effective workplace response to HIV and AIDS in Trinidad and Tobago and provides a platform to enable PLWHIV and those affected by HIV to continue to be productive in their places of employment.

APPENDICES

Appendix I: List of Project Advisory Board Members

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<tr>
<th>NAME</th>
<th>ORGANIZATION</th>
<th>REMARKS</th>
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<tr>
<td>Permanent Secretary</td>
<td>CHAIR</td>
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<tr>
<td>Alternate:</td>
<td>Ms. Shanmatee Singh Director (Ag.),</td>
<td></td>
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<tr>
<td>Research and Planning Unit</td>
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28/02/2012
Ministry of Labour and Small and Micro Enterprise Development
Level 11
Riverside Plaza
Besson Street
Port-of-Spain

Mr. Emmanuel George served as the Chair for the period July 2006 to January 2007.

Mr. Ashford Sankar has served as the Chair from February 2007 to present.

Mrs. Cynthia Williams
Senior Human Resource Adviser
Personnel Department
Room No. 24, Level 1,
Park Plaza, St. Vincent Street,
Port-of-Spain

Mrs. Williams has served as a member from July 2006 to present.

Ms. Muriel Douglas
Deputy Director
Tobago HIV/AIDS
Coordinating Committee
Secretariat
Office of the Chief Secretary
Tobago House of Assembly
Wilson Road
(Upstairs Royal Castle)
Scarborough
Tobago

Ms. Douglas has served as a member from July 2006 to present.

(To be identified)
Ministry of Health
Park Street
Port-of-Spain

Dr. Jay Manohar served as the Ministry of Health’s representative from July 2006 to August 2007. Dr. Manohar is currently on retirement leave and a replacement is to be identified.

(To be identified)
National AIDS Coordinating Committee
Level 4, Victoria Office Suites
14-17 Victoria Square
Port-of-Spain

Dr. Amery Browne served as the NACC’s representative from July 2006 to November 2007. Dr. Browne now serves in the capacity of Minister of Social Development. A replacement is to be identified.
Ms. Jane Simon  
Member of NATUC’s Executive  
National Trade Union Centre of Trinidad and Tobago (NATUC)  
16 New Street  
Port-of-Spain  

Ms. Simon has served as the National Trade Union Centre of Trinidad and Tobago’s representative from July 2006 to present.

Mrs. Charlene Pedro  
Director  
Employers’ Consultative Association WISE Building  
23 Chacon Street  
Port-of-Spain  

Mrs. Pedro has served as the Employers’ Consultative Association’s representative from July 2006 to present.

Mr. Steve Williams  
Director  
Student Support Services Division  
Ministry of Education  
66 Pembroke Street  
Port-of-Spain  

Mr. Williams has served as a member from July 2006 to present.

Mr. Darnley Gittens served as an alternate member from July 2006 to August 2007.

Mrs. Carol Ann Senah  
National Project Coordinator for the ILO/USDOL HIV/AIDS Workplace Education Programme  
ILO Sub Regional Office for the Caribbean  
PO Box 1201  
Stanmore House  
6 Stanmore Avenue  
Port-of-Spain  

Mrs. Senah has served as a member from July 2006 to present.

Mrs. Catherine Williams  
Programme Coordinator  
Community Action Resource (CARe)  
# 25 Norfolk Street  
Belmont
Mrs. Williams has served as a member from July 2006 to present.

Dr. Carol Boyd-Scobie
Head, United Nation’s Theme Group on HIV/AIDS

Alternate:
Ms. Marilyn Entwistle
Advisor, Health Services Administration

C/o American Health Organization (PAHO)
#49 Jerningham Avenue
Belmont

Dr. Lilian Reneau-Vernon served as a member from July 2006 to December 2006.

Dr. Boyd-Scobie has served as a member from February 2007 to present.

Ms. Marilyn Entwistle has served as an alternate member from June 2007 to present.

Appendix II: Definition of Terms used in Policy

HIV: The Human Immunodeficiency Virus which attacks and weakens the body’s immune system. It may ultimately destroy the immune system, causing AIDS.

HIV Negative: Specific medical tests to detect HIV infection have been done and the results do not indicate the presence of the virus in the body. There is no indication from the tests that the individual is infected with HIV.

HIV Positive: Specific medical tests to detect HIV infection have been done and the results indicate that the virus is present in the body. The individual is infected with HIV.

AIDS: The Acquired Immune Deficiency Syndrome is a cluster of medical conditions resulting from the breakdown of the immune system.

Anti-retroviral Drugs: Medications used to kill or inhibit the multiplication of HIV. Specific combinations are used in the treatment of HIV infection.

Discrimination: The unjust and unfair treatment of an individual in the workplace based on the HIV status or perceived HIV status of the individual, including discrimination practiced by an organization or by other workers related to an individual’s sexual orientation.

Gender Differences in the social roles and relations between men and women.

Reasonable Modifications or adjustments to a job or to the work
Accommodation:environment that are reasonably practicable so as to enable Persons Living With HIV (PLWHIV) and those affected, to have access to, or participate and advance in employment.

Screening: Measures either direct (HIV testing), indirect,(assessment of risk taking behaviour), or asking questions about tests already taken, or about medication or any other (indirect) method designed to ascertain the HIV status of an employee or job applicant.
Social Dialogue: The process of consultation and negotiation between management and workers on any work-related issue, including the effective management of HIV and AIDS in the workplace.

Stigma: A process of devaluation of persons, either living with, affected by or even associated with HIV and AIDS.

Tripartite: The term used to describe equal participation and representation of government, and employers' and workers' organisations at the national, sectoral and organizational levels.

Universal: A simple standard of infection control practices to be Precautions used in order to minimize the risk of infection by blood-borne pathogens. These blood and body fluid precautions should be practised and applied by all persons regardless of their presumed HIV status.

Vulnerability: Socio-economic disempowerment, cultural context or work situations that make workers more susceptible to the risk of infection of HIV.

Appendix III: Responsibilities of Government and its Competent Authorities

a) Coherence - The Government of the Republic of Trinidad and Tobago (GORTT) shall ensure coherence in national HIV and AIDS strategy and programmes, recognizing the importance of including the workplace in national plans. One example is to always ensure that the National AIDS Coordinating Committee's (NACC) composition includes representatives of employers, workers, PLWHIV and of Ministries responsible for labour, health, and social affairs.

b) Multi-sectoral participation – the NACC and key stakeholders such as the Ministry of Labour and Small and Micro Enterprise Development shall 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.

c) Coordination – GORTT shall facilitate, for example through appropriate legislation, and coordinate, through the NACC and the Ministry of Labour and Small and Micro Enterprise Development, all interventions at the national level that provide an enabling environment for world of work interventions and capitalize on the presence of social partners and all relevant stakeholders. Coordination should generally build on measures and support services already in place.

d) Prevention and health promotion – The relevant authorities, for example, the NACC and the Ministries of Health and Labour and Small and Micro Enterprise Development, shall instigate and work in partnership with the other social partners (employers and workers and their representatives) to promote awareness and prevention programmes particularly in the workplace.

e) Clinical guidelines – in situations where employers assume a primary responsibility for providing direct healthcare services to workers, GORTT, through the Ministry of Health shall offer guidelines to assist employers in the care and clinical management of HIV and AIDS. These guidelines should take account of existing services, ensuring availability of post-exposure guidelines to healthcare providers.

f) Social protection – GORTT shall ensure that benefits under national laws and regulations apply to workers living with HIV and AIDS no less favorably than to workers with other serious illnesses. In designing and implementing social security programmes, the GORTT should tailor schemes such as readily accessible claims, in consideration of the progressive and intermittent nature of the disease.

g) Research – The GORTT shall provide the regulatory framework for vanguard authorities to encourage, support, carry out, and publish the findings of demographic projections, incidence, as well as prevalent and case studies of best practice.
h) Financial resourcing – The GORTT where possible, in consultation with the other social partners and other stakeholders (for example UWI), should estimate the financial effect of HIV and AIDS and continue to mobilize funding locally and internationally for the National HIV/AIDS Strategic Plan.

i) Legislation – In order to eliminate workplace discrimination and ensure workplace prevention and social protection, the GORTT in consultation with social partners and experts in the field of HIV and AIDS, shall provide the necessary legislative framework, and where necessary, revise labour laws and other legislation.

j) Conditionalities for Government support – Where the GORTT provides start-up funding and incentives for national and international organizations, recipients shall be required to adhere to national laws and be encouraged to adhere to the National Workplace Policy on HIV and AIDS.

k) Enforcement – Forefront authorities such as the Ministry of Labour should supply technical information and advice to employers and workers concerning the most effective way of complying with legislation and regulations applicable to HIV and AIDS and the world of work. An example is the strengthening of enforcement structures and procedures, such as Factory/Labour inspectorates and labour courts and tribunals.

l) Workers in informal activities (known as the informal sector or informal economy) – The GORTT shall extend and adapt its HIV and AIDS prevention programmes to such workers, including income generation and social protection. The GORTT shall also design and develop new approaches using local communities where possible.

m) Mitigation – The GORTT shall promote care and support through public health programmes, social security systems and other relevant government initiatives. The GORTT through the Ministry of Health shall also strive to ensure improved access to HIV treatment and, where appropriate work in partnership with employers’ and workers’ representatives.

n) Children and young persons – In child labour elimination programmes, the GORTT shall ensure that attention is paid to the impact of the epidemic on children and young persons whose parent(s) are ill or have died because of an AIDS-related condition.

o) Regional and international collaboration – The GORTT shall promote and support regional and international collaboration through inter-governmental agencies and all relevant stakeholders, for focused international attention on HIV and AIDS, and on the related needs of the world of work.

p) International assistance – The GORTT shall enlist appropriate international assistance in support of national programmes. It should encourage supporting international campaigns aimed at reducing the cost of, and improving access to, anti-retroviral drugs.

q) Vulnerability – The GORTT shall take measures to identify groups of workers who may be vulnerable to infection in the workplace (for example healthcare workers and those in the protective services) and adopt strategies to overcome the factors that can make these workers vulnerable. The GORTT shall also endeavor to ensure structured appropriate prevention programmes for such workers.

r) Economic impact – The GORTT shall devise strategies to assess and appropriately respond to the economic impact of HIV on national development.

Appendix IV: Responsibilities of Employers and their Organizations

a) Workplace policy – Employers shall consult with workers and their representatives to develop and implement an appropriate workplace policy on HIV and AIDS, designed to prevent the spread of the infection and protect all workers from discrimination related to HIV and AIDS. The National Workplace Policy should guide employers on HIV and AIDS.

b) National, sectoral and workplace/organizational agreements – Employers shall adhere to national law and practice in relation to negotiating terms and conditions of employment about HIV and AIDS issues with workers and their representatives, and include
provisions on HIV and AIDS prevention and control in national, sectoral and workplace/organization agreements.

c) Education and Training – Employers and their representatives, in consultation with workers and their representatives, shall initiate and support programmes at their workplaces to inform, educate, and train workers about HIV and AIDS prevention, care and support and the organization’s policy on HIV and AIDS. This shall include measures to reduce discrimination against people infected or affected by HIV and AIDS and specific staff benefits and entitlements. Assistance can be sought from agencies involved in HIV and AIDS education (Appendix X refer). A valuable resource is the ILO document Implementing the ILO Code of Practice on HIV and AIDS and the world of work - an education and training manual.

d) Economic impact – Employers and workers and their representatives, shall work together to develop appropriate strategies to assess and appropriately respond to the economic impact of HIV and AIDS on their particular workplace and sector.

e) Human Resources (HR) policies – Employers shall not engage in or permit any HR policy or practice that discriminates against workers infected with or affected by HIV. In particular, employers shall:

• Not require HIV and AIDS screening or testing. The National Workplace Policy on HIV and AIDS, 5.2.6 and the ILO Code of Practice on HIV and AIDS and the world of work provide further details;

• Ensure that work is performed free of discrimination or stigmatization based on HIV status or perceived HIV status;

• Encourage persons with HIV-related illnesses to work as long as medically fit (Appendix IX refer) Reasonable Accommodation; and

• Where a worker with an HIV-related condition is too ill to continue to work and where alternative working arrangements including extended sick leave is exhausted, make provisions for ceasing the employment relationship in accordance with anti-discrimination and labour laws, paying respect to general termination procedures and full benefits.

f) Grievance and disciplinary procedures – Employers shall have procedures for use by workers and their representatives for work-related grievances. These procedures should specify circumstances for disciplinary proceedings against any employee who discriminates on the grounds of real or perceived HIV status or who violates the Workplace Policy on HIV and AIDS.

g) Confidentiality – HIV and AIDS-related information of workers should be kept strictly confidential. This information should be accessed in compliance with national laws and regulations regarding disclosure of medical information. Access to such information will be strictly limited to medical personnel with disclosure only if legally required, or with the consent of the person concerned.

h) Risk reduction and management – Employers shall ensure a healthy, safe working environment, with measures such as the provision and maintenance of protective equipment and first aid in keeping the practice of Universal Precautions (Appendix VII refer). In support of behavioural change by individuals, employers should also make available, where appropriate, male and female condoms, and counselling, care, support, and referral services.

i) Workplaces where workers come into contact with human blood and/or body fluids – In such workplaces, employers shall take additional measures, and provide facilities to ensure that all workers are trained in Universal Precautions (Appendix VII refer). Additionally in the event of an occupational accident workers are knowledgeable about procedures to be followed and provided with information and access post exposure prophylaxis.

j) Reasonable Accommodation – Employers, in consultation with the worker(s) and their representatives, shall take measures to reasonably accommodate the worker(s) with HIV-related illnesses (Appendix IX).

k) Advocacy – In the spirit of good corporate citizenship, employers and their representatives, should, where appropriate, encourage fellow employers to contribute to the prevention and management of HIV and AIDS in the workplace, placing particular attention on stigma and discrimination prevention against persons infected with or affected by HIV.

l) Support for confidential voluntary HIV and testing – Employers, workers, and their representatives shall encourage support for and access to confidential voluntary HIV testing provided by qualified health services.
m) Workers in informal activities (also known as the informal sector or the informal economy) - Employers of workers in informal activities shall investigate and develop prevention and care programs where appropriate for these workers using assistance listed in Appendix X.

n) International Partnerships – Employers and their representatives should collaborate where appropriate, with international partnerships in the response to HIV and AIDS.

Appendix V: Responsibilities of Workers and their Representatives

a) Workplace policy – Workers and their representatives shall consult with their employers on the implementation of an appropriate policy for their workplace, designed to prevent the spread of the infection and protect all workers from discrimination related to HIV and AIDS. The National Workplace Policy on HIV and AIDS and the ILO Code of Practice on HIV and AIDS shall guide Trade Unions in the implementation of a Workplace Policy on HIV and AIDS.

b) National, sectoral and workplace/organizational agreements - Workers and their representatives shall adhere to national law and practice when negotiating terms and conditions of employment relating to HIV and AIDS issues and endeavour to include provisions on HIV and AIDS prevention and control in national, sectoral and workplace/organizational agreements.

c) Information and Education - Workers and their representatives shall continue to utilize existing trade union structures and other structures and facilities to provide information on HIV and AIDS in the workplace. They shall also develop educational material and activities appropriate for workers and their families. A valuable resource is the ILO document Implementing the ILO Code Practice on HIV and AIDS and the world of work - an education and training manual

d) Economic impact – Workers and their representatives shall work together with employers to develop appropriate strategies to assess and appropriately respond to the economic impact of HIV and AIDS in their particular workplace and sector.

e) Advocacy – Workers and their representatives shall continue to work with employers, their representatives, and government to raise awareness of HIV and AIDS prevention and management.

f) Human Resources (HR) policies – Workers and their representatives shall support and encourage employers in creating and implementing personnel policy and practices that do not discriminate against workers with HIV and AIDS.

g) Monitoring of compliance - Workers’ representatives have the right to take up issues at their workplaces through grievance and disciplinary procedures and/or should report all discrimination on the basis of HIV and AIDS to the appropriate legal authorities.

h) Training – Workers’ organizations should develop and carry out training courses for their representatives on workplace issues related to the epidemic, on appropriate responses, and on the general needs of PLWHIV and their careers.

i) Risk-reduction and Management – Workers and their representatives should advocate for and collaborate with employers to maintain a safe and healthy working environment and the practice of universal precaution, including the correct application and maintenance of protective equipment and first aid. (Appendix VII refer)

j) Confidentiality – Workers have the right to access their own personal and medical files. Workers shall not seek or disclose personnel data relating to a co-worker’s HIV status.

k) Workers in informal activities (also known as informal sector or informal economy) – Workers and their representatives shall extend their activities to these workers in partnership with all other stakeholders, where appropriate, and support new initiatives which help prevent the spread of HIV and mitigate its impact.

l) Vulnerability - Workers and their representatives should ensure that factors that increase the risk of infection in particular workers are addressed in employer consultation.
m) Support for confidential voluntary HIV counselling and testing – Workers and their representatives shall work with employers to encourage and support access to confidential voluntary counselling and testing.

Appendix VI: The Gender Dimension of HIV and AIDS

In Trinidad and Tobago, women in the labour force increased from 34% in 1999 to 39% in 2002, in contrast to a decreased male labour participation rate from 65.8% in 1999 to 60.9% in 2002. HIV and AIDS affect women and men differently in terms of vulnerability and impact. There are biologically determined differences that make women more vulnerable to HIV infection than men, while gender inequalities in the status of women make it harder for them to take measures to prevent infection, and intensify the impact of HIV and AIDS. ‘Gender’ refers to socially determined differences manifested in social roles and relations between men and women. These differences should be considered when addressing HIV in the workplace for example:

- Some women experience sexual and economic subordination in their marriages or relationships and are therefore unable to negotiate safe sex or to refuse unsafe sexual practices;
- The power imbalance in the workplace exposes women to the threat of sexual harassment; which may lead to unsafe sex and/or non-consensual sex;
- Poverty is a noted contributing factor to HIV vulnerability and women make up the majority of the world’s poor;
- The burden of caring for HIV positive family members falls more often on women and girls, thereby increasing workloads and diminishing income-generating and schooling possibilities;
- Studies show that women are more vulnerable than men to the social stigma and ostracism associated with HIV and AIDS, leaving them shunned and marginalized;
- Men are often victims of stereotypes and norms about masculine behaviour (such as machismo), which may lead to unsafe sex and/or non-consensual sex;
- Men may find themselves through their employment in situations that expose them to unsafe sex with women or men; and
- Pregnant PLWHIV workers require special support to access appropriate treatment and care.

Appendix VII: Universal Precautions

Universal blood and body fluid precautions (referred to as Universal Precautions) are simple standards of infection control practice used at all times to minimize the risk of blood-borne pathogens. These precautions as practiced are applied to all persons, regardless of their presumed infectious status.

All blood, open wounds, sores, cuts, breaks in the skin, grazes and open skin lesions as well as all body fluids and secretions should be treated as potentially infectious. Universal Precautions are applicable not only for the prevention of HIV infection but for all fluid and blood-borne infections and include the following:

a) Wherever there is a risk of contact with blood or other body fluids, rubber/PVC gloves, and goggles should be used;

b) If blood or body fluids get on the skin, thoroughly wash skin with soap and water, without using bleach. Practice hand washing as a component of personal hygiene;

c) Wear plastic airways (Laedal) to reduce the risk of contamination from direct oral contact when mouth-to-mouth resuscitation is required;
d) Cover cuts or grazes with a waterproof dressing until scab forms;

e) Clean spilt blood with strong household bleach diluted in water (1 part bleach in 10 parts water]. For absolute safety, treat other body fluids in the same way;

f) Tissues, dressings, and other contaminated materials, should be tied up in heavy plastic bags for disposal by incineration;

g) Wash soiled sheets and clothing separately at a high temperature setting. When handling soiled articles wear rubber/pvc gloves;

h) Sterilise non-disposable instruments or receptacles before re-use. Wash crockery and cutlery in hot water with detergent; and

i) Safely dispose of disposable needles or other ‘sharps’ by placing in appropriate containers and incinerate. Razors should not be re-used.

In cases where workers are required to travel overseas on work-related assignments, they should be provided with information on unprotected sex, condom use, and protection against body fluids exposure.

Appendix VIII: General Principles for the protection of workers’
personal data: An ILO code of practice 1977

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

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

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

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

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

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

g) Employers should regularly assess their data processing practices:
• to reduce as far as possible the kind and amount of personal data collected; and
• to improve ways of protecting the privacy of workers.

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

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

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

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

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

m) Workers may not waive their privacy rights.

Appendix IX: Reasonable Accommodation

Reasonable Accommodation refers to modifications or adjustments to a job or work environment that are reasonably practicable, and enables Persons Living With or Affected by HIV to have access to, or participate, or advance in employment. What is reasonable for one organisation may not be for another. Likewise, the needs of one worker may be different from those of another worker; therefore, the specifics of Reasonable Accommodation are not transferable across the board but specific to each organisation and worker.

In determining what is reasonable or suitable, consideration must be given to a number of factors including the needs of the employer, the worker, the social and economic environment in which the business operates, and existing laws and business standards. Reasonable Accommodation measures for workers with HIV-related illnesses should be determined on a case-by-case basis, in consultation with employers, workers and their representatives. Workers seeking accommodation should be treated impartially as any worker with a chronic condition.

Reasonable Accommodation arrangements may include the following:

1. Arranging a more flexible work schedule by re-arranging working hours - flexi-time;
2. Allowing greater frequency of breaks;
3. Allowing time off for medical appointments;
4. Modifying employee job description;
5. Providing work flexibility to work part-time or at home;
6. Arranging more sick leave or absenteeism;
7. Accepting a less than ideal level of performance as long as minimum standards specified for the job are met;
8. Reassigning the employee to another job; and
9. Accessing special equipment or adapting working equipment and environment.

Appendix X: List of NGOs that provide education, care and support

CONTACT ORGANISATION ADDRESS EMAIL TELEPHONE FAX

Ms. Catherine Williams
Community Action Resource (CARe)
#25 Norfolk Street, Belmont
exdir@tstt.nett
1-868-625-0632
1-868-625-0632

Ms. Grace Mohammed
South AIDS Support Group
#25 Victoria West, Paradise Pasture,
San Fernando
southaids@tstt.nett.tt
1-868-652-2437
1-868-652-2437
Appendix XI: Features of a Workplace Policy on HIV and AIDS

I. General Statement
The Workplace Policy on HIV and AIDS begins with a general statement or introduction that relates it to the local situation, including some or all of the following:

• The reason for the company's HIV and AIDS policy, and its relation to other company policies; and
• Compliance with national laws and sectoral agreements.

II. Policy framework and general principles
The policy establishes some general principles as the basis for other provisions, emphasizing the need to oppose.