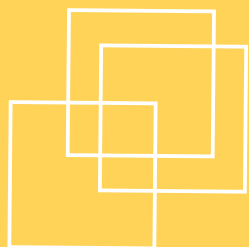
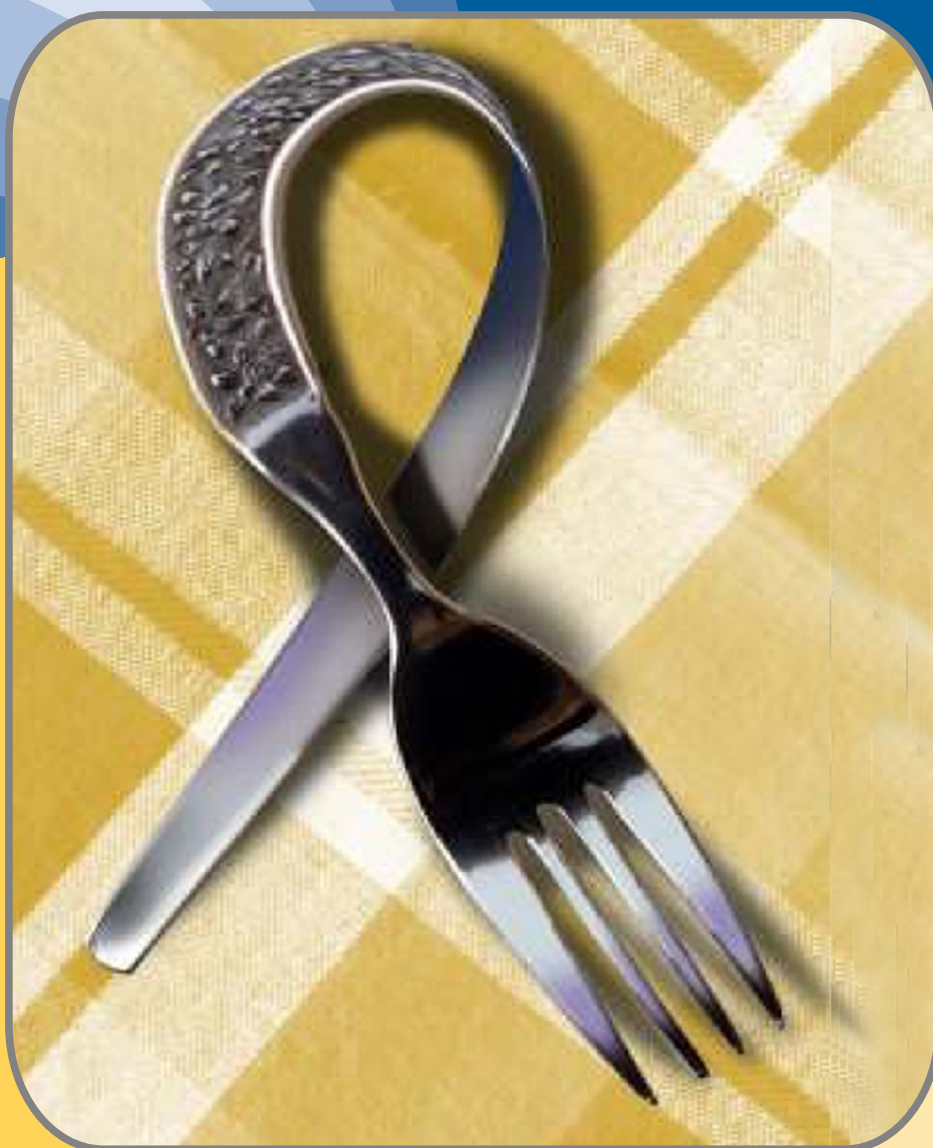




International  
Labour  
Office  
Geneva

# HIV and AIDS:

Guide for the tourism sector



Sectoral Activities Department

ILO Programme on HIV and AIDS  
and the world of work



# **HIV and AIDS:**

## Guide for the tourism sector

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# Preface



*Eliminating HIV and AIDS-related stigma and discrimination in the world of work upholds the dignity of work and of workers. Policies and strategies for prevention and treatment sustain the workforce: they must reach all workers, wherever they work, including in the informal and rural economies. And in sustaining the workforce we sustain families, communities, societies and economies.*

Juan Somavia, Director-General of the ILO, on World Aids Day, 1 December 2009.



As of 2010, there were 34 million people living with HIV worldwide<sup>1</sup>. In a global context in which HIV and AIDS are no longer restricted to a single sector or region, but affect significant numbers of people interlinked in different ways, the tourism industry is in a strategic position to effectively support HIV prevention across entire communities.

The tourism sector can play a significant role in the response to HIV and AIDS given its specific characteristics. Tourism is one of the world's top job-creating and fastest growing industries. It is an extremely labour intensive sector with a diverse workforce and high employee turnover. Tourism offers unique employment opportunities for young, low-skilled and migrant workers, as well as the potential for economic growth for developing countries.<sup>2</sup>

In particular, due to the large amount of workers, companies and communities that can be reached through tourism worldwide, the sector can make a major contribution to countering the global HIV and AIDS crisis by:

- Protecting its workforce by setting up a HIV workplace programme (either as a stand-alone programme or as part of a general wellness/health programme)
- Going beyond the workplace and providing services/information to guests and customers and resources to communities
- Working closely with local partners on sustainable solutions (National AIDS Commission, Ministries of Health, Tourism, civil society and business partners, UN organizations including UNFPA, UNWTO, ILO and UNAIDS)

1 UNAIDS World AIDS Day Report, 2011 at page 6.

2 Developments and challenges in the hospitality and tourism sector. <http://www.ilo.org/public/english/dialogue/sector/techmeet/gdfhts10/gdfhts-paper.pdf>

On 17 June 2010, the International Labour Conference adopted a new international labour standard: the Recommendation concerning HIV and AIDS and the World of Work, 2010 (No. 200).<sup>3</sup> Recommendation No. 200 builds upon the key principles of the *ILO Code of Practice on HIV/AIDS and the world of work* (2005) and is very comprehensive, covering all sectors of the economy, and reaching across the formal and informal economies. The Recommendation contains provisions on prevention programmes and measures to eliminate HIV-related stigma and discrimination at the international, regional and national levels through workplace responses. It aims to strengthen the contribution of the workplace in achieving the goal of universal access to prevention, treatment, care and support in relation to HIV and AIDS.

The present Guide is a product of collaboration between the ILO and the United Nations World Tourism Organization (UNWTO). It is expected that this Guide will help stakeholders in the tourism sector and their affiliated members to develop and implement their own workplace HIV and AIDS policies and programmes as well as to support effective implementation of the key principles established in ILO Recommendation 200.

The time to act is now, and urgency should be the key word driving this initiative. We hope this Guide will be useful to tourism enterprises and other agencies in tackling the HIV and AIDS epidemic and saving lives.

**Ms. Alice Ouédraogo**

*Director*

*ILO Programme on HIV/AIDS  
and the World of Work (ILO/AIDS)*

**Ms. Alette van Leur**

*Director*

*Sectoral Activities Department  
(SECTOR)*

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3 The Recommendation is available at: [http://www.ilo.org/ilc/ILCSessions/99thSession/texts/WCMS\\_142613/lang--en/index.htm](http://www.ilo.org/ilc/ILCSessions/99thSession/texts/WCMS_142613/lang--en/index.htm)

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## List of acronyms

<b>AIDS</b>	Acquired Immunodeficiency syndrome
<b>BCC</b>	Behaviour Change Communication
<b>CSR</b>	Corporate social responsibility
<b>HIV</b>	Human immunodeficiency virus
<b>ILO</b>	International Labour Organization
<b>ILO/AIDS</b>	ILO Programme on HIV/AIDS and the world of work
<b>KABP</b>	Knowledge, attitude, behaviour and practices surveys
<b>NGO</b>	Non-governmental organization
<b>PMTCT</b>	Prevention of mother-to-child transmission
<b>PLHIV</b>	People living with HIV
<b>PPP</b>	Public-Private Partnerships
<b>SECTOR</b>	Sectoral Activities Department of the ILO
<b>STI</b>	Sexually transmitted infections
<b>TB</b>	Tuberculosis
<b>UNAIDS</b>	Joint United Nations Programme on HIV/AIDS
<b>UNWTO</b>	United Nations World Tourism Organization
<b>VCT</b>	Voluntary counselling and testing
<b>WHO</b>	World Health Organization
<b>WPI</b>	Workplace intervention

# Terminology<sup>1</sup>

**AIDS:** refers to the acquired immunodeficiency syndrome which results from advanced stages of HIV infection, and is characterized by opportunistic infections or HIV-related cancers, or both.

**HIV:** refers to the human immunodeficiency virus, a virus that damages the human immune system. Infection can be prevented by appropriate measures.

**Affected persons:** persons whose lives are changed in any way by HIV or AIDS due to the broader impact of this epidemic

**Discrimination** is used in this Guide as that term is defined in the Discrimination (Employment and Occupation) Convention, 1958 (No. 111). The Code is intended to cover discrimination on the basis of both real and perceived HIV status as well as discrimination on the ground of sexual orientation.

**Employer:** a person or organization employing workers 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.

**Occupational health services** is used in this Guide in accordance with the description given in the Occupational Health Services Convention, 1985 (No. 161), namely, health services which have an essentially preventative function and which are responsible for advising the employer, as well as workers and their representatives, on the requirements for establishing and maintaining a safe and healthy working environment and work methods to facilitate optimal physical and mental health in relation to work. The occupational health services also provide advice on the adaptation of work to the capabilities of workers taking into account their physical and mental health.

**People living with HIV** refers to persons infected with HIV.

**People with disabilities:** individuals whose prospects of securing, retaining and advancing in suitable employment are substantially reduced as a result of a duly recognized physical or mental impairment. This definition is the one used in the Vocational Rehabilitation and Employment (Disabled Persons) Convention, 1983 (No. 159).

**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.

**Screening:** measures whether direct (HIV testing), indirect (assessment of risk-taking behaviour) or asking questions about tests already taken or about medication.

**Sex and gender:** there are both biological and social differences between men and women. The term “sex” refers to biologically determined differences, while the term “gender” refers to differences in social roles and relations between men and women. Gender roles are learned through socialization and vary widely within and between cultures. Gender roles are affected by age, class, race, ethnicity and religion and by the geographical, economic and political environment.

**STI:** sexually transmitted infections which include, among others, syphilis, chancroid, chlamydia and gonorrhoea. They also include conditions commonly known as sexually transmitted diseases (STDs).

**Stigma:** a social mark that, when associated with a person, usually causes marginalization or presents an obstacle to the full enjoyment of social life by the person infected or affected by HIV.

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1 Sources: An ILO Code of Practice on HIV/AIDS and the world of work (2001) and the Recommendation concerning HIV and AIDS and the World of Work, 2010 (No.200).

**Termination of employment** has the meaning attributed to it in the Termination of Employment Convention, 1982 (No. 158), namely dismissal at the initiative of the employer.

**Universal precautions:** a simple standard of infection control practice to be used to minimize the risk of blood-borne pathogens.

**Vulnerability** refers to 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.

**Workplace** refers to any place in which workers perform their activity, as defined in paragraph 1(i) of the HIV and AIDS Recommendation, 2010 (No. 200).

**Worker** refers to any persons working under any form or arrangement, as defined in paragraph 1(j) of the HIV and AIDS Recommendation, 2010 (No. 200).



# HIV and AIDS: Guide for the tourism sector

# Introduction



*When approached in a sustainable manner, travel for recreation can help drive economic growth and alleviate poverty. In fact, tourism has proved one of the leading ways for the least developed countries to increase their participation in the global economy. The UNWTO's own "Sustainable Tourism – Eliminating Poverty" initiative illustrates the role of tourism in achieving the Millennium Development Goals.*

UN Secretary-General, **Ban Ki-moon**<sup>1</sup>



Recommendation No. 200 emphasizes "...the important role of the workplace as regards information about and access to prevention, treatment, care and support in the national response to HIV and AIDS".<sup>2</sup> It calls for HIV and AIDS to 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 organizations of employers and workers".<sup>3</sup>

In this respect, the present *Guide on HIV and AIDS for the tourism sector* ("Guide") is based on the principles of the Recommendation, as well as on the *ILO Code of Practice on HIV/AIDS and the world of work* (2001)<sup>4</sup> – adapting the principles contained in these two instruments to the specific characteristics of the tourism sector.

The present Guide is a compilation of a range of resources – including tools and information – that can be used by the different players in the tourism sector to help slow the spread of the AIDS virus. This Guide will also give effect to the provisions of Recommendation No. 200, recalling the specific and important role of employers' and workers' organizations in promoting and supporting sectoral, national and international efforts in response to HIV and AIDS and tuberculosis (TB).

Since 2004, this Guide has been developed through cooperation between ILO/AIDS and SECTOR, as part of their joint Action Programme on HIV and AIDS: *A sectoral approach to HIV/AIDS at the workplace*. The sectoral approach facilitates the development of outcome-oriented, integrated strategies addressing all four of the ILO's strategic objectives.

The ILO is dedicated to improving working conditions in the tourism sector as part of its sectoral approach to address all aspects of work. In 2004, SECTOR launched its action programme — *Addressing crises and creating more and better jobs in the hotels, catering and tourism sector* — which has since developed new activities and established pilot projects in three countries within the framework of its Decent Work Country Programmes (DWCP).<sup>5</sup>

1 [http://www.unwto.org/media/mag/en/pdf/wtonews2010\\_3.pdf](http://www.unwto.org/media/mag/en/pdf/wtonews2010_3.pdf)

2 Recommendation, *supra*, note 4, at Preamble.

3 Recommendation, *supra*, note 4, at paragraph 3 (b).

4 The Code of practice is available at: <http://www.ilo.org/global/publications/KD00015/lang--en/index.htm>

5 <http://www.ilo.org/public/english/dialogue/sector/sectors/tourism.htm>



The Guide is intended to provide a framework for developing and implementing workplace programmes on HIV and AIDS. This publication seeks to answer the following three questions:

- Why should the tourism sector be concerned about HIV and AIDS?
- How can tourism actors draw up an appropriate, pragmatic and practical response to the challenges posed by the epidemic?
- How can the tourism industry and its sub-sectors move beyond the workplace to build partnerships for HIV prevention?

The present guide on HIV and AIDS for the tourism sector is divided into three main sections. **Section I** outlines the characteristics of the tourism sector as a workplace and points out the impact of the epidemic on the industry and its sub-sectors.

**Section II** then considers ways to address the challenges posed by HIV and AIDS based on the principles outlined in Recommendation No. 200 and the ILO Code of Practice and exemplifies such strategies through short case studies and guidance for action.

**The third and final section** aims to help policy makers and practitioners by directly relating the guidance given in the previous sections to some practical steps and recommendations for tourism actors and policy decision makers to assist them in developing and implementing policies and programmes on HIV and AIDS at the workplace.

# HIV and AIDS: an issue for the tourism sector

*“Tourism brings with it its own unique brand of challenges, none more ubiquitous than the high level of interaction between our visitors and our tourism workers. This, coupled with the 4 S association Sand, Sea, Sun & Sex with vacations in ‘paradise’ makes the tourism sector fertile fodder for the AIDS epidemic! Further, the tourism sector...employs a significant number of persons, thus the wellbeing of these persons is central to the sustaining of tourism as a viable product.”*

Mrs. **Karen Ford-Warner**, Executive Director of the Tourism Product Development Co. Ltd. (TPDCo) bringing greetings from TPDCo at the Tourism Sector HIV/AIDS Workplace Policy Launch held at the Hilton Hotel on 22 June 2007 in Jamaica

## 1.1 Where is the workplace?

“The workplace” as defined in the HIV and AIDS Recommendation, 2010 (No. 200) covers a variety of working environments and forms of work, encompassing the formal and the informal economies (self-employed and non-regulated work). Similarly, the term “workers” covers a broad range of people working under different forms of working arrangements. As workplaces and workforces differ, working conditions and HIV vulnerabilities may also vary considerably.

What unites different workplaces is a common interest in maintaining a healthy, productive and motivated workforce and protecting the rights of workers. Recognizing and responding to the threats HIV and AIDS pose to the workplace is in the interests of all sectors of the economy. This is why the tripartite constituents of the ILO called for a framework of action and guiding principles addressing the common challenges posed by HIV and AIDS as well as the shared potential to meet these challenges.

The present Guide aims to provide guidance to workers, employers and stakeholders operating in the tourism sector to assist them in responding to HIV and AIDS, by understanding issues around stigma and discrimination, acting on prevention and exploring possibilities for providing tourism sector workers with access to care and support services. Any measures taken under the present Guide should: a) be planned taking into account the needs and characteristics of different types of tourism sector workers, tourists and local communities (such an assessment should be done as preliminary key step for an effective response) and b) be adapted to the different capacities and priorities set at country level.

## 1.2 Understanding the Hospitality and Tourism Sectors

The UNWTO defines tourism as comprising “the activities of persons travelling to and staying in places outside their usual environment for not more than one consecutive year for leisure, business and other purposes not related to the exercise of an activity remunerated from within the place visited.”<sup>1</sup>

<sup>1</sup> [http://www.mta.com.mt/uploads/1675/WTO\\_definition\\_of\\_tourism.pdf](http://www.mta.com.mt/uploads/1675/WTO_definition_of_tourism.pdf)



The hospitality and tourism sector is one of the fastest growing businesses in the world. The year 2010 marked a new record year with about 940 million international arrivals. These grew by 4.5 per cent in the first eight months of 2011 to a total of 671 million (29 million more than in the same period of 2010)<sup>2</sup>, International Tourism receipts also peaked at US\$ 919 billion in 2010, up from US\$ 851 in 2009.

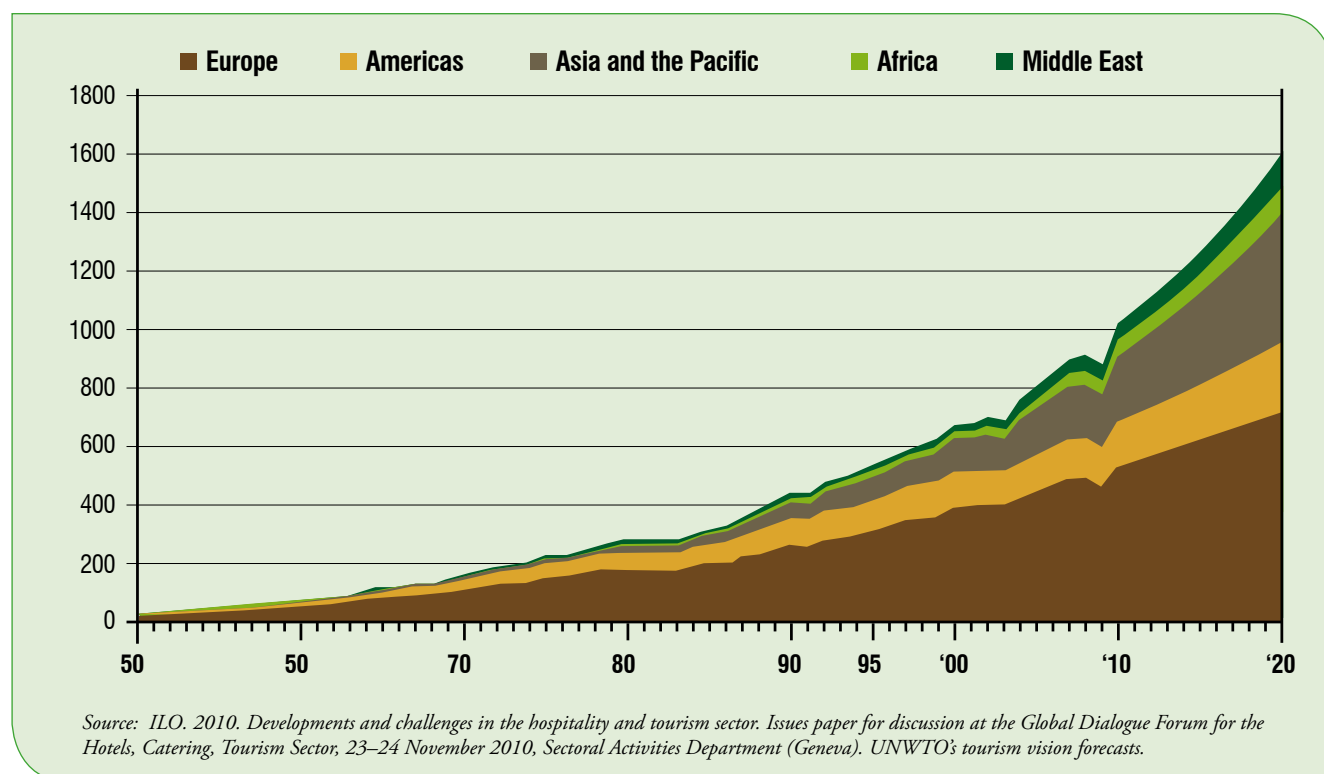
The tourism industry accounts for more than one third of the total global services trade. International tourist arrivals have grown by 4.3 per cent between 1995 and 2008.<sup>3</sup> Globally, as an export category, tourism ranks fourth after fuels, chemicals and automotive products. For many developing countries, tourism is one of the main sources for foreign exchange income and the number one export category, creating much needed employment and opportunities for development.<sup>4</sup>

The tourism sector has benefited from the process of globalization and from the constantly falling relative costs of travel. In 1950 the travel industry recorded 25 million international tourist arrivals compared to 277 million in 1980, 438 million in 1990, 684 million in 2000, 904 million in 2007, 922 million in 2008, and 940 million in 2010. (see Figure 1).

Since 1990, international arrivals have increased by 4.3 per cent annually and the United Nations World Tourism Organization (UNWTO) expects them to rise by 4 per cent per annum over the next 20 years. During the past 25 years, international tourist arrivals have increased about one percentage point faster than global domestic product (GDP) in real terms.

As of 2011, the sector accounts for more than 258 million jobs globally, equivalent to about 8.8 per cent of the overall number of jobs (direct and indirect), or about one in every 12 jobs. The UNWTO is expecting the sector to provide 296 million jobs in 2019.<sup>5</sup>

UNWTO's Tourism 2020 Vision projects that international arrivals will reach nearly 1.6 billion by the year 2020. Of these worldwide arrivals in 2020, 1.2 billion will be intraregional and 0.4 billion will be long-haul travellers.<sup>6</sup>



2 UNWTO (2008), [http://www.unwto.org/media/news/en/press\\_det.php?id=1665](http://www.unwto.org/media/news/en/press_det.php?id=1665)

3 UNWTO: *World Tourism Performance 2011 and Outlook 2012*, UNWTO, 2011.

4 UNWTO Tourism Highlights, 2010 edition [http://www.unwto.org/facts/eng/pdf/highlights/UNWTO\\_Highlights10\\_en\\_HR.pdf](http://www.unwto.org/facts/eng/pdf/highlights/UNWTO_Highlights10_en_HR.pdf)

5 UNWTO: *World Tourism Barometer*, Madrid, June 2010, p. 5 and p.11. (ILO/SECTOR Issue paper: *Developments and challenges in the hospitality and tourism sector*, Geneva, 2010).

6 UNWTO Tourism Highlights, Edition 2010, <http://www.unwto.org/facts/menu.html>

Tourism is one of the most diversified businesses, with locations spread across the globe. Related activities include: tour operators, passenger-transport industries, hotels and other types of accommodation, restaurants and catering businesses, leisure services, souvenir manufacturing and retail (selling) as well as information provision. Tourism is a pillar of many countries' economies as it provides jobs, tax revenues and an influx of foreign currency and capital.

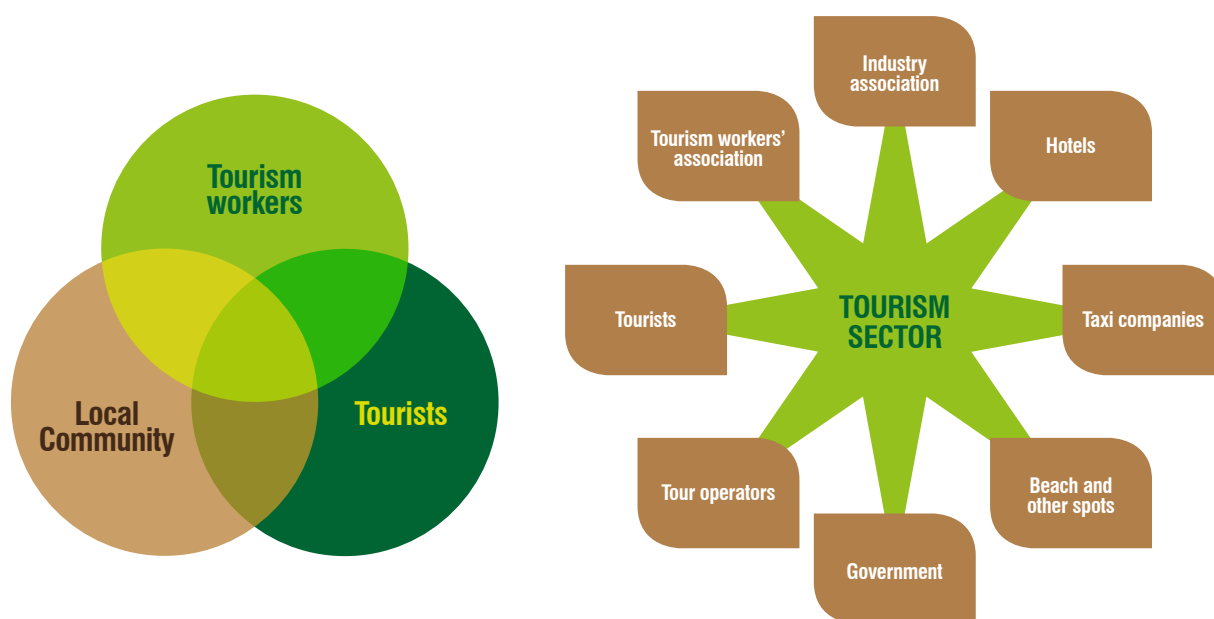
Tourism destinations in general and especially in developing countries also benefit from economic growth triggered by investment in related sectors such as: hospitality, catering, agriculture, manufacturing, transportation (road, airlines, maritime and etc.), construction, retail and telecommunication.<sup>7</sup>

### 1.3 The impact of HIV and AIDS on the tourism sector

The HIV and AIDS epidemic is a global crisis, and constitutes one of the most formidable challenges to development and social progress. In the most affected countries, the epidemic has eroded decades of development gains, undermining economies, threatening security and destabilizing societies.

Beyond the suffering it imposes on individuals and their families, the epidemic profoundly affects the social and economic fabric of societies. In addition, HIV and AIDS affects fundamental rights at work, particularly with respect to discrimination and stigmatization aimed at workers and people living with or affected by HIV and AIDS.

The tourism sector can play a key role in the response to HIV and AIDS. First of all, this sector is characterized by a large network of people and operators that interact with each other across sectors and borders:



The sector is often characterized by a young workforce (often mobile and migrant workers). It is generally associated with fun and pleasure; with easier access to sex and availability of drugs and alcohol – all elements that could lead to higher probability of increased risk behaviours. However, tourism sector workers can also be the drivers in prevention and promoting healthy messages, awareness raising and stigma reduction campaigns to reach the many networks of people with whom they interact.

The response to HIV and AIDS through the tourism industry should take into account the different needs of the stakeholders and actors involved in this sector, in order to assess their different HIV vulnerabilities, their roles in the response and plan actions accordingly:

- workers in the hospitality and tourism industry,

<sup>7</sup> See [http://www.ilo.org/wcmsp5/groups/public/---ed\\_dialogue/---sector/documents/meetingdocument/wcms\\_162202.pdf](http://www.ilo.org/wcmsp5/groups/public/---ed_dialogue/---sector/documents/meetingdocument/wcms_162202.pdf)



- the local community which directly or indirectly interacts with the sector
- tourists
- a wide variety of enterprises concerned.

### ***Tourism Workers***

Many employees working in the hospitality and tourism industry are in their twenties and thirties. They may be single migrant workers residing away from their partners, spouses and families for substantial periods of time.

These characteristics could lead to a higher risk of HIV transmission.

At the same time, tourism workers can also support the HIV response; by using their links with the local communities and tourists they meet to spread healthy messages, to be catalysts for prevention efforts. To achieve this, it is important to encourage an enabling workplace environment, free of stigma and discrimination, where employees and employers can have information about possible modes of transmission, treatment and care, and jointly work on policies that could guide actions at their workplaces.

### ***Local communities***

A specific characteristic of the tourism sector that confirms its strategic position in the global response to HIV and AIDS is that hotels, airlines, beach resorts are used by millions of customers every day and interact constantly with the local communities where they operate. The tourism sector has a wide audience to whom it can communicate effective HIV prevention messages. Many hotels and tourist destinations have already recognized this essential role and are working together with international organizations and national stakeholders to play a key role in the response and to promote HIV prevention to the public.

Tourism sector operators have the opportunity to reduce the impact of the epidemic by setting up HIV and AIDS programmes that focus not only on women and men workers in the sector, but also on the wider community with which they interact: bartenders, taxi drivers, air companies, traders and others who interact and depend on the tourism industry.

### ***Tourists***

Within the tourist industry, the customer level is characterized by an exceptional diversity, including customers of all nationalities, age and income groups who have a wide variety of interests. While many tourists travel with their partners or spouses and/or with children, a large proportion of tourists are unaccompanied travellers. While tour operators usually inform their customers about the risks of contracting malaria and other tropical diseases as well as about food safety, little to no information is generally made available about the risk of HIV and STIs infections, on ways to prevent it and on the availability of condoms (male and female) at the tourist destination.

#### **Case study: Sun International, Zambia** (350 permanent employees, 750 contractual)\*

Sun International Zambia, the largest tourism company in Livingstone, runs two large hotels—the Royal Livingstone and the Zambezi Sun—and an entertainment centre within the borders of the Mosi-O-Tunya National Park. It has been in operation since 2001.

- Key figures on HIV and AIDS:
- 36.8% HIV prevalence estimated.
- If not treated, 12 employees will die due to AIDS each year.
- Overall 11% hike in wage bill.
- Employees, who die of AIDS, take two months more sick leave in last two years & are only 75% productive.
- 25 employees are on treatment (Anti Retroviral Treatment)
- Due to anti-retroviral therapy (ART) there are only 2-3 deaths expected each year as opposed to 12 deaths per year expected without treatment

Sun's workforce is very young. Many HIV-positive employees were likely infected only in the past five years and have not yet become symptomatic. There is access to effective treatment for AIDS in Livingstone, and many Sun International employees are already receiving antiretroviral therapy for HIV/AIDS.

\*) The Impact of HIV/AIDS on the Tourism Sector in Zambia, Center for International Health and Development, Boston University, February 24, 2006

A research study carried out in 2003, focused on the South African hotel sector of the tourism industry with a three-pronged objective:

- To verify the HIV/AIDS infection rate of hotel employees;
- To evaluate the effect of the epidemic on human resources development and training in hotels; and
- To recommend strategies hotels could adopt to ameliorate the impact of the epidemic on the business.



© Fotolia/Michael Jung

## HIV: THE CULTURE OF SILENCE MUST BE OVERCOME

**A survey of 306 hotels suggests that South African hoteliers have adopted a head-in-the-sand attitude to the impact of HIV and AIDS on their staff.**

Tourism is an industry of major importance to the economy of South Africa, particularly in terms of foreign currency earnings and for job creation. South Africa is estimated to have the largest HIV-infected population in the world. The estimated prevalence rate of 25% can have a potentially devastating impact on the labour-intensive tourism industry.

### RESPONSE

A study of 306 hotels found that while 75% of the hotels surveyed were aware of the impact of HIV and AIDS, only 60% of these establishments had a workplace HIV and AIDS policy.

70% of the hoteliers surveyed have implemented HIV/AIDS prevention programs, albeit to varying extents. Peer educator training is provided by 93% of the establishments that do have prevention programs, and 93% of establishments provide counselling and referral services to infected employees. 45% of hotel companies also indicated that they had to deal with many diverse human resources issues as a result of the epidemic including:

- at what stage employees become too ill to serve guests;
- the loss of skilled manpower;
- the adaptation of training programs to deal with illness progression;
- the need for additional training for inexperienced employees;
- death and work performance.

### CONCLUSION

This study has provided the starting point for more studies in the tourism industry that can benefit both hotel businesses and hoteliers as well as the tourism industry as a whole, particularly if South Africa is to continue to be rated as Africa's top tourism destination and one of the top 10 tourism destinations in the world in future.

One problem identified is that the epidemic is often considered as only being of interest and concern to human resource specialists or health care professionals, instead of being the concern of every manager in a hotel business.

Source:

<http://www.hotelandrestaurant.co.za/news/2004/07/hiv.asp>





### 1.3.1 Stigma and discrimination

HIV-related stigma and discrimination impede effective prevention and perpetuates the spread of the virus. In this Guide, the term “discrimination” is used as defined in the ILO Discrimination (Employment and Occupation) Convention, 1958 (No. 111). This term includes direct and indirect discrimination on the basis of a worker’s real or perceived HIV status<sup>8</sup>.

Stigmatization and discrimination, whether inside or outside the workplace, are major obstacles to accessing effective HIV prevention, treatment, care and support services, as workers will be reluctant to seek access to such services where they fear negative consequences, including job loss. Workplace programmes must counteract these fears by acting to reduce HIV-related stigma and discrimination to ensure effectiveness of prevention efforts.

Recommendation No. 200 provides for comprehensive protections against workplace discrimination. Section III on “General Principles” provides that: “there should be no discrimination against or stigmatization of workers, in particular jobseekers and job applicants, on the ground of the 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” (paragraph 3 (c)).

The Recommendation also provides that HIV screening should not be required of job applicants or persons in employment during recruitment procedures or as part of working conditions. Confidentiality is essential and there is no justification for asking anyone to disclose their own HIV-related personal medical information or that of any third person.<sup>9</sup> The Recommendation provides that 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.<sup>10</sup>

The Recommendation establishes that real or perceived HIV status should not be a cause for termination of employment.<sup>11</sup> It further provides that persons with HIV-related illnesses should be able to work for as long as they are medically fit to carry out their work, with reasonable accommodation if necessary.<sup>12</sup>

8 Recommendation, *supra*, note 4, at paragraphs 3 c) and 10; ILO Code of practice, *supra*, note 9 at §4.2..

9 Recommendation, *supra*, note 4, at paragraphs 3 ((h) and (i) and 25.

10 Recommendation, *supra*, note 4, at paragraph 27. The Code on the protection of workers’ personal data, 1997, is available at: [http://www.ilo.org/safework/normative/codes/WCMS\\_107797/lang--en/index.htm](http://www.ilo.org/safework/normative/codes/WCMS_107797/lang--en/index.htm)

11 Recommendation, *supra*, note 4, at paragraph 11; See also Code of practice, *supra*, note 9, at § 4.8..

12 Recommendation, *supra*, note 4, at paragraph 13

## Taking action in the Tourism Sector

While a focus on high-risk groups has proven to be the most effective approach in countries with a low-level and concentrated epidemic, a more comprehensive approach is needed in cases where the HIV epidemic is more generalized. The tourism sector is particularly challenging in this respect because of the variety of workplaces it comprises, the frequent interaction between employees and customers/tourists, as well as the interactions among tourism workers, visitors and the local population. The international dimension of tourism also poses particular problems for the establishment and implementation of sector-specific policies and programmes on HIV and AIDS. To be effective, policies and programmes on HIV and AIDS in the tourism sector should not only address the education of sectoral workers, their families and their communities and make provision for appropriate treatment, care and support, but should also seek to inform tourists about potential risks and promote ethical tourism through responsible behaviour.

Given its economic importance and its network coverage and interactions with other sectors, the tourism industry can effectively promote social welfare and wellness. It can easily reach young people – who are concentrated in this sector – as well as informal workers concentrated indirectly in the industry or in related sub-sectors.

### 2.1 The legal and policy framework: International instruments

International, regional and national tourism associations have begun to recognize and address the challenges posed by HIV and AIDS to the tourism and hospitality industry, leading the way in the sectoral HIV response.

A number of international labour standards in the form of ILO Conventions and Recommendations provide a framework for action to address health and discrimination issues at the workplace<sup>13</sup>.

These include:

- The Domestic Workers Convention, 2011 (No. 184)
- Working Conditions (Hotels and Restaurants) Convention, 1991 (No. 172)
- Work in Fishing Convention, 2007 (No. 188)
- Maritime Labour Convention, 2006 (No. 186)
- Discrimination (Employment and Occupation) Convention, 1958 (No. 111)
- Occupational Safety and Health Convention, 1981 (No. 155)
- Occupational Health Services Convention, 1985 (No. 161)
- Termination of Employment Convention, 1982 (No. 158)
- Vocational Rehabilitation and Employment Convention (Disabled Persons), 1983 (No. 159)
- Social Security (Minimum Standards) Convention, 1952 (No. 102)
- Convention on the Right to Organise and to Bargain Collectively, 1949 (No.98)
- Collective Bargaining Convention, 1981 (No.154)
- Labour Inspection Convention, 1947 (No. 81) and Labour Inspection (Agriculture) Convention, 1969 (No. 129)

<sup>13</sup> A full list of HIV-related international labour standards and other international instruments is provided in Annex 4

- Nursing Personnel Convention, 1977 (No.149)
- Migration for Employment Convention, 1949 (No.97)
- Migrant Workers Convention, 1975 (No.143)
- Part-Time Work Convention, 1994 (No.175)

### 2.1.1 The HIV and AIDS Recommendation, 2010 (No. 200)

*“We are proud to have in hand an unprecedented international instrument to deal with HIV and AIDS through the workplace. As long as we do not have a cure we have no choice but to use the content of this instrument at every level of society.”*

Mr. Jan Sithole (Swaziland), Vice Chair of the HIV and AIDS Committee

The Recommendation is the first human rights instrument to focus on HIV and AIDS in the world of work. It strengthens the contribution of the world of work to universal access to HIV prevention, treatment, care and support and contains provisions on potentially life-saving prevention programmes and anti-discrimination measures at national and workplace levels. It also emphasizes the importance of employment and income-generating activities for workers and people living with HIV, particularly in terms of ensuring access to continuing treatment.<sup>14</sup>

The Recommendation establishes the following principles:

- the response to HIV and AIDS should be recognized as contributing to the realization of human rights and fundamental freedoms for all, including workers, their families and their dependants;
- 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 epidemic with full participation of employers' and workers' organizations;

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

The Recommendation marks a new milestone in the international response to the epidemic, calling for the world of work to play a significant role in preventing HIV transmission, protecting human rights at work and mitigating the impact of HIV and AIDS at work, on families and local communities, on enterprises and national economies.

The Recommendation applies to all workers working under all forms or arrangements and to all workplaces, including:

- Persons in any employment or occupation
- Persons in training (interns, apprentices and volunteers)
- Job applicants and job seekers
- Laid off or suspended workers.



<sup>14</sup> ILO Conference adopts unprecedented New International Labour Standard on HIV and AIDS . [http://www.ilo.org/aids/Whatsnew/lang--en/WCMS\\_141909/index.htm](http://www.ilo.org/aids/Whatsnew/lang--en/WCMS_141909/index.htm)



- there should be no discrimination against or stigmatization of workers, in particular jobseekers and job applicants, on the grounds of real or perceived HIV status or the fact that they belong to segments of the population perceived to be at greater risk of or more vulnerable to HIV infection;
- prevention of all modes of HIV transmission should be a fundamental priority;
- workers, their families and their dependants 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;
- workers' participation and engagement in the design, implementation and evaluation of national and workplace programmes should be recognized and reinforced;
- workers should benefit from programmes to prevent specific risks of occupational transmission of HIV and related transmissible diseases, such as tuberculosis;
- workers, their families and their dependants should enjoy protection of their privacy, including confidentiality related to HIV and AIDS, in particular with regard to their own HIV status;
- no workers should be required to undertake an HIV test or disclose their HIV status;
- measures to address HIV and AIDS in the world of work should be part of national development policies and programmes, including those related to labour, education, social protection and health; and
- the protection of workers in occupations that are particularly exposed to the risk of HIV.







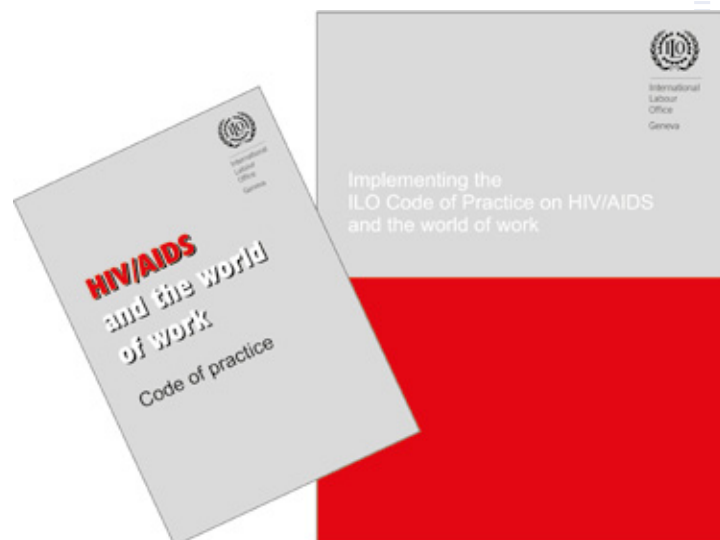
## 2.1.2 An ILO Code of Practice on HIV/AIDS and the world of work (2001)

The *ILO Code of Practice on HIV/AIDS and the world of work* (Code of practice) as well as the accompanying manual, *Implementing the ILO code of Practice on HIV/AIDS and the world of work: an education and training manual*, also provide useful guidance to policy-makers, employers' and workers' organizations and other concerned actors to assist them in developing appropriate strategies to address HIV and AIDS in the world of work.

The Code defines key principles for policy development and provides guidance for action in four key areas:

- Prevention of HIV
- Management and mitigation of the impact of HIV and AIDS on the world of work
- Care and support for workers infected and affected by HIV or AIDS
- Elimination of stigma and discrimination on the basis of real or perceived HIV status

The Code is subdivided into nine sections. These detail the objectives, use and scope of the code, lay down its key principles as well as the rights and responsibilities of tripartite constituents and cover action in the areas of prevention, training, testing and care and support.



### Key principles of the ILO Code of Practice on HIV/AIDS and the world of work

- **Recognition of HIV/AIDS as a workplace issue.** Treating HIV/AIDS as a workplace issue just as other serious illnesses and conditions means recognizing that HIV/AIDS affects both the workforce and the local community and that the workplace can significantly contribute to limiting the spread and effects of the epidemic.
- **Non-discrimination.** A real or perceived HIV status should not give rise to discrimination and stigmatization of any kind against workers as this counteracts the principles of decent work and human rights and thwarts HIV prevention efforts.
- **Gender equality.** Recognizing the gender dimensions of HIV/AIDS and promoting more equal gender relations and the empowerment of women are vital components of any HIV/AIDS workplace program because socio-economic discrimination against women increased their vulnerability to the epidemic and its consequences.
- **Healthy work environment.** As set out in the 1981 Occupational Safety and Health Convention (No.155), the work environment should minimize occupational health risks and adapt to the physical and mental needs of its workers.
- **Social dialogue.** The success of HIV/AIDS policies and programs depends on the level of cooperation and trust between governments, employers and workers, possibly including those workers living with HIV/AIDS.
- **Screening for purposes of exclusion from employment or work processes.** HIV testing should not be a requirement for recruitment or continuation of employment.
- **Confidentiality.** The rules on confidentiality set out in the ILO's 1997 code of practice on the protection of workers' personal data should apply to workers' HIV status as well.
- **Continuation of employment relationship.** If generally available, employment in appropriate conditions should be allocated to workers with HIV-related illnesses as long as they are medically fit for it.
- **Prevention.** The social partners are in a unique position to promote prevention efforts and trigger attitude and behaviour change through information, education and by addressing socio-economic factors.
- **Care and support.** All workers, including those living with HIV/AIDS and their dependents are entitled to benefits from statutory social security programmes and occupation schemes.

### 2.1.3 International policies relevant to the world of work

The Geneva-based *International Union of Food, Agricultural, Hotel, Restaurant, Catering, Tobacco and Allied Workers' Associations (IUF)* was founded in 1920 and is the major international union of tourism workers, representing 336 trade unions and over 12 million workers employed in tourism-related businesses. As part of its response to the AIDS epidemic, the IUF provides training on HIV/AIDS as part of its general training activities for unions and promotes the conclusion of collective bargaining agreements between affiliated unions and employers on workplace HIV and AIDS policies. The IUF prioritizes non-discrimination of workers living with or affected by HIV and AIDS, gender equality as well as care and support for infected and affected workers.

The *International Transport Workers' Federation (ITF)* was founded in 1896 in London. It now comprises 681 unions representing a total of 4, 500, 000 transport workers in 148 countries around the globe. Transport workers are employed in ports, ships, railways, in road and air transport of freight and passengers as well as inland waterways and fisheries. In 2004, the ITF published a manual entitled: *HIV/AIDS: Transport workers take action*. It is meant to guide leaders in transport unions in addressing the challenges HIV and AIDS pose in the transport sector and to facilitate the development of training and educational material that is adapted to the specific needs of the workers they represent.

The *International Hotel & Restaurant Association (IH&RA)* was founded in 1946 and is a unique global business organization in that it represents about 300,000 hotels, 8 million restaurants and 60 million people worldwide. The IH&RA is officially recognized by the United Nations and holds consultative status in the UN's Economic and Social Council. In 1999 the IH&RA and UNAIDS jointly produced the publication: *The Challenge of HIV/AIDS in the Workplace: A Guide for the Hospitality Industry*. The guide aims to assist the members of the IH&RA in creating safer and healthier workplaces for their workers in the tourism business.

### 2.1.4 Action at the workplace and in the community

Due to the large number of workplaces within the tourism sector and the variety of actors interacting with the sector, actions can be planned in very different settings.

- Tour operators can target sales agents, entertainers, and customer service agents,
- Hotels and restaurants can focus on receptionists, waiters, housekeepers, cooks, and cleaning personnel.
- Partnerships between hotels and their subcontractors can lead to specific programmes targeting street vendors who - although not formerly employed - are also part of the workforce in the tourism sector, as are bus and taxi drivers, pilots, and flight and ship personnel.

Because of the variety of different forms of employment in the tourism sector, it is impossible to develop one template for all interventions. Information and training on HIV and AIDS for sales agents cannot be the same as that provided for waiters and entertainers as their needs, risk factors and concerns are different. Likewise, the mechanisms for reaching informal economy workers differ from those in formal employment who may rely on peer education through representatives of workers' associations.

### 2.1.5 Creating trust at the workplace: employer and worker collaboration

An appropriate response to the challenges posed by HIV and AIDS can only be formulated if the social and situational conditions as well as the biological factors that favour the transmission of the virus are openly and extensively discussed. Across the sector, leadership

#### What is Social Dialogue?

Social dialogue is defined by the ILO to include all types of negotiation, consultation or simply exchange of information between, or among, representatives of governments, employers and workers, on issues of common interest relating to economic and social policy.

It can exist as a tripartite process, with the government as an official party to the dialogue or it may consist of bipartite relations only between labour and management (or trade unions and employers' organizations), with or without indirect government involvement.

Social dialogue processes can be informal or institutionalised, and often it is a combination of the two. It can take place at the national, regional or at enterprise level. It can be inter-professional, sectoral or a combination of these.

\*) <http://www.ilo.org/public/english/dialogue/ifpdial/areas/social.htm>



is crucial for promoting openness and encouraging action. Social dialogue is one way through which the representatives of employers and workers can jointly influence governments and promote wider discussion.

Cooperation between the social partners in workplace settings can contribute to establishing an environment of dialogue and trust. Moreover, ensuring inclusive participation in the development of workplace policies and programmes can help extend coverage to workers' families, the local community and the larger society.

In line with the ILO's tripartite approach to policy development and implementation, Recommendation No. 200 emphasizes the need to base the implementation of policies and programmes on HIV and AIDS 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 (Recommendation, at paragraph 38).

Action taken on the joint initiative of the three social partners – governments, employers and workers – is particularly beneficial in terms of scope and coverage, efficiency and effectiveness.<sup>15</sup>

Effective responses to HIV and AIDS in the tourism sector should clearly define the roles and responsibilities of government, employers and workers. These may include:

#### **Governments should:**

- ensure a coherent, co-ordinated and multi-sectoral response; conduct research; provide an appropriate regulatory framework; promote awareness and prevention; promote care and support; ensure access to social security and treatment (where possible); and establish guidelines for employers, as well as mobilize local and international funding.
- develop or revise labour laws and policies in general as well as occupational safety and health and other legislation relevant to tourism (on migrant workers, human trafficking, etc.) in order to eliminate workplace discrimination and ensure HIV prevention and social protection at the workplace.
- promote awareness and prevention programmes in the workplace, in local communities in and around tourist areas and at tourist destinations and transit points such as airports, hotels, restaurants and bars.

#### **Employers should:**

- consult with workers and their representatives to develop and implement an appropriate policy for their workplace, designed to prevent the spread of the infection and protect all workers from HIV-related discrimination educate and train workers about HIV prevention, care and support and the enterprise's policy on HIV and AIDS, including measures to reduce discrimination against people infected or affected by HIV or AIDS and specific staff benefits and entitlements;
- refrain from engaging in or permitting any personnel policy or practice that discriminates against workers infected with or affected by HIV or AIDS;
- ensure that work is performed free of discrimination or stigmatization based on perceived or real HIV status;
- encourage persons with HIV and AIDS-related illnesses to work as long as medically fit for appropriate work;
- ensure a safe and healthy working environment, including the application of Universal Precautions and measures such as the provision and maintenance of protective equipment and first aid;
- take measures to reasonably accommodate the worker(s) with AIDS-related illnesses.

### **Collaborating on HIV policy: The Radisson Hotel Kathmandu Workplace Policy on HIV/AIDS (extract)**

*"Policy Statement: Radisson Hotel Kathmandu recognizes HIV/AIDS is a workplace issue and it values an atmosphere of mutual trust and respect between the management and workforce. Based on the Tripartite Declaration of the organization of the Nepalese employers and workers and the Ministry of Labour and Transport Management, on March 01 at Kathmandu, and as stipulated by the HIV/AIDS Workplace Education Programme in Nepal, following the principles as set out in the ILO Code of Practice on HIV/AIDS and the World of Work, realizing that workers should be educated about HIV/AIDS and they should adopt a safe behaviors, furthermore, hereby commit to a bipartite HIV/AIDS workplace policy to be endorsed and implemented immediately by the enterprise."*

<sup>15</sup> Code of practice, *supra*, note 9, at §6.



### Workers should:

- 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 HIV-related discrimination.
- develop a checklist for workplace policy planning and implementation.
- use existing union structures and other structures and facilities to provide information on HIV and AIDS in the workplace, and develop educational materials and activities appropriate for workers and their families, including regularly updated information on workers' rights and benefits.
- work with employers, their organizations and governments to raise awareness of HIV prevention and management.
- support and encourage employers in creating and implementing personnel policy and practices that do not discriminate against workers with HIV or AIDS.
- develop and carry out training courses for their representatives on workplace issues raised by the epidemic, on appropriate responses, and on the general needs of people living with HIV and their carers.
- have the right to access their own personal and medical files. Workers' organizations should not have access to personnel data relating to worker's HIV status.
- ensure that factors that increase the risk of infection for certain groups of workers are addressed in consultation with employers.
- work with employers to encourage and support access to confidential voluntary HIV counselling and testing.

## 2.1.6 Protecting the human rights of workers

Promoting the rights of workers is essential for creating an enabling environment in which people go for HIV testing and voluntarily seek related counselling, treatment and support voluntarily. Coercing workers to take an HIV test and dismissing those who test positive not only breaches human rights but also triggers fear and distrust and blocks prevention efforts.

The human rights and dignity of all employees in the tourism sector should be respected and promoted regardless of HIV status. Tourism workers living with HIV should be protected against stigmatization, discrimination, and victimization by employers, co-workers and clients at their various workplaces.

Recommendation No. 200 calls for respect for the fundamental human rights of all workers, including observance of the principle of gender equality and the right to be free from compulsory HIV testing and disclosure of HIV status, while encouraging everyone to undertake voluntary confidential HIV counselling and testing as early as possible.<sup>16</sup>

### Protecting workers' rights:

#### The Blue Water Hotel in Sri Lanka

The Blue Water is a medium-sized hotel with 100 beds situated in the south-western city of Wadduwa, Sri Lanka. The hotel's policy on HIV and AIDS recognizes the responsibility of the hotel management for their workforce and protects employees living with HIV from discrimination with regard to employment, retention, career advancement, increments, bonus, training and any other services and facilities related to the employment. The policy also promotes confidentiality of HIV test results.

## 2.1.7 Prevention through information and education

HIV infections mostly occur through unprotected sexual intercourse, but also through sharing contaminated needles. Prevalent social norms and attitudes in many tourism destinations may discourage the use of condoms while indirectly promoting sexual activity and the use of drugs and alcohol. These factors may lead to risky behaviour that increases

<sup>16</sup> Recommendation, *supra*, note 4, at paragraphs 3 (a), ((h)(i) and 16 (d).





the risk of HIV infection in these “hot spots”. It is therefore important to promote an understanding of potential links between tourism and the spread of HIV. Information on the modes of HIV transmission and how to reduce risk behaviours should be disseminated among all actors in the tourism industry.

The Recommendation calls for workplace measures to promote HIV prevention and provides the following guidance:

## Prevention

15. Prevention strategies should be adapted to national conditions and the type of workplace, and should take into account gender, cultural, social and economic concerns.

16. 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 HIV 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 a 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 Nations Office on Drugs and Crime (UNODC) and other relevant guidelines.



### Addressing the needs of tourism workers

Awareness-raising activities and training for tourism workers should be supported by the provision of prevention and treatment resources such as condoms and clean injecting equipment, care facilities and anti-retroviral drugs. Condoms can be provided, for example, in staff changing rooms, toilets and at medical services. While risk of contracting an HIV-infection as a consequence of handling hypodermic needles discarded in hotel rooms and toilets, blood-soiled linen or objects on which blood has been spilled is very low, workers should nonetheless be trained on appropriate health and safety measures to avoid other types of blood-borne infections.

As a result of differences in socially constructed behaviour, men and women face different infection risks and experience different problems once infected. For this reason, it is crucial that workplace education and awareness raising programs incorporate a gender perspective and concrete measures to address the variety of challenges HIV poses appropriately and to challenge traditional gender roles that increase HIV vulnerability. Behaviour change communication and the use of peer education are also essential.

Peer educators have a comparative advantage compared to instructors coming from outside: they know the attitudes, behaviours and dynamics among their peers better than an external party and can therefore communicate messages and set examples more efficiently. Trust, an essential element to enable discussions on sensitive issues such as sexually transmissible diseases, is also typically easier to establish among peers. In addition, involving people living with HIV can make an important contribution to the effectiveness of trainings. However, peer education must also be supported by other forms of more anonymous counselling as confidentiality issues may deter some workers from attending peer education sessions.

### ***Addressing the needs of tourists***

In light of the various levels of interaction between tourism workers and tourists, it is essential that workplace policies on HIV and AIDS extend to the information and protection of tourists. As with general security advice, tourists should be made aware of potential infection risks they may encounter while travelling and on how to minimize their exposure. Taking action at the customer level of the industry should start with changing the ways in which tourist destinations are advertised, for example by seeking to avoid using slogans and pictures that suggest permissiveness and promiscuity among the local population.

Tourists should be provided with information on the modes of HIV transmission, on prevention methods and on the availability of male and female condoms before departure, during their journey, at the point of arrival and at their final destination. High-quality male and female condoms should be made available for purchase at and around tourist locations, especially in pharmacies, drugstores and at medical facilities.

### ***Addressing the needs of local communities***

As outlined in the previous section, local populations in and around tourism areas interact with both tourism workers and tourists. This link can offer a valuable opportunity to extend prevention messages to the larger community.

## **2.1.8 Voluntary counselling and testing for tourism workers and their families**

Recommendation No. 200 calls for workplace prevention programmes to encourage workers to seek voluntary counselling and testing (VCT) so that they can know their own status.

There are two main benefits to encouraging VCT:

1. Knowing one's status makes it possible to change behaviour, so that a negative result stays negative;
2. If the result is positive, people can receive appropriate care and support to enable them to live rich and healthy lives.
  - A health-care network outside the workplace;
  - The occupational health structure at the workplace, if one exists;
  - An external service contracted to offer VCT at the workplace or at another clearly defined and indicated location.

### ***What can employers can do to facilitate VCT?***

- Identify professionals, self-help groups and services within the local community or region which specialize in HIV and AIDS-related counselling and the treatment of HIV and AIDS;
- Identify community-based organizations, both of a medical and non-medical character, that may be useful to workers with HIV and AIDS;
- Suggest that the worker contact his or her doctor or qualified health-care providers for initial assessment and treatment if not already being treated, or help the worker locate a qualified health-care provider if he or she does not have one;
- Employers should provide workers living with HIV with reasonable time off for counselling and treatment in conformity with minimum national requirements;

## **2.1.9 Care and support for tourism workers**

Employers have a strong interest in ensuring stable production by maintaining their skilled workforce, enhancing employee morale and raising customer loyalty through an improved image. Promoting workplace policies on HIV and AIDS at the workplace thus means creating a win-win situation for employers, workers and communities.

With the appropriate drugs, nutrition and rest, many HIV-positive workers can continue to carry out their work and remain medically fit indefinitely. Even in the case of chronic illness, employers can retain workers' skills and experience by providing reasonable accommodation through low-cost steps such as adapting work shifts, tasks and working environments workers' specific needs. The provision of counselling and other forms of social support for workers infected and affected by HIV or AIDS can significantly reduce the impact of the epidemic on the workplace.

Existing health-care services at the workplace should therefore provide appropriate counselling and support and, where possible, also treatment. Furthermore, employers should create linkages with external health providers and inform workers of their services so as to reach beyond them to their families and communities. Public-private partnerships between governments, employers and workers can enhance cost efficiency and effectiveness in service delivery. For example, tourism enterprises can partner with governments to accredit their private health facilities for the provision of treatment to the wider community and in turn receive drugs at reduced prices.

Recommendation 200 provides that: *"Programmes of care and support should include measures of reasonable accommodation in the workplace for persons living with HIV or HIV-related illnesses, with due regard to national conditions. Work should be organized in such a way as to accommodate the episodic nature of HIV and AIDS, as well as possible side effects of treatment."* (Recommendation, at paragraph 21).

## Developing a workplace policy: The Rus Hotel Moscow

*The Rus Hotel is located south of Moscow. It employs about 50 people and offers room for 187 guests and a conference hall for up to 340 delegates. With technical assistance from the ILO, Rus developed a comprehensive workplace policy on HIV/AIDS in 2006.*

*HIV-positive employees are provided with flexible working hours and working conditions that are adapted to their physical condition. Rus thus allows workers living with HIV or AIDS-related illness to take additional breaks and sick leaves, time to visit doctors for examinations, counselling and treatment, and options for part-time employment. Within the framework of Russian legislation, workers may also resume working after a treatment-related break.*



## How can the tourism sector respond to HIV and AIDS? A step-by-step approach

Recommendation No. 200 calls for the design and implementation of national tripartite workplace policies and programmes on HIV and AIDS that are integrated into national policies and strategies on HIV and AIDS and on development and social protection.

A policy statement reflects the management's commitment towards provision of prevention, care and support programmes on HIV and AIDS. HIV prevention programmes become more effective in the presence of a policy and programme assuring non-discrimination of workers, their families and dependants as well. Workplace policy interventions (WPI) provide the framework for action to reduce the spread of HIV and manage its impact. They:

- Make an explicit commitment to corporate action;
- Lay down standards of behaviour for all employees (whether infected or not) and define everyone's rights.
- Give guidance to supervisors and managers; and
- Assist enterprises to plan for HIV and AIDS and manage their impact.

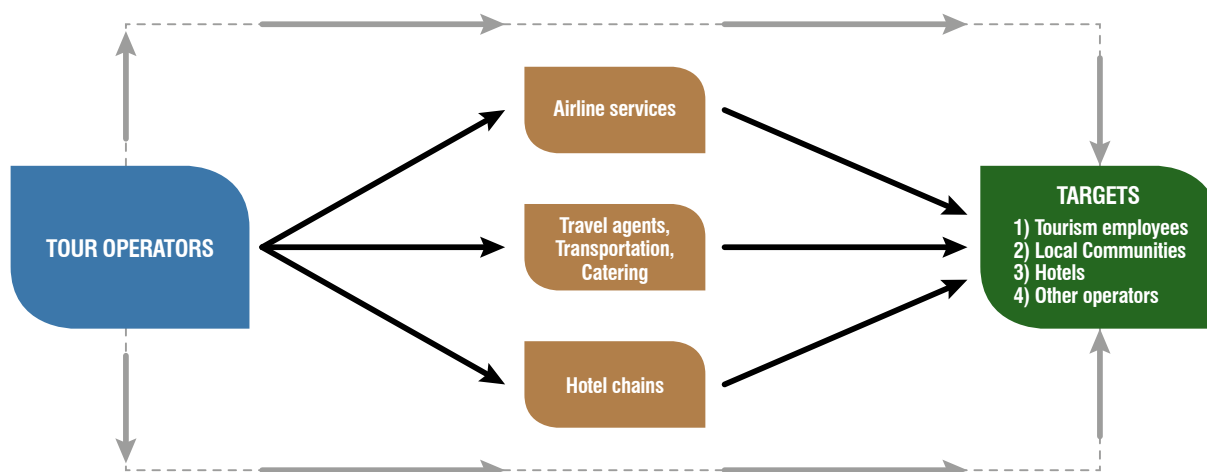
It is important for the policy to encourage action and not to restrain it. It might thus be preferable to formulate policies using simple language and to make more detailed reference to workplace agreements or contracts. A policy should at all times be the result of consultation and cooperation between management and workers.

A workplace programme on HIV and AIDS at the enterprise level rests on three pillars:

- **An HIV and AIDS workplace policy** (based on the key principles of the Recommendation and the ILO Code of Practice);
- **A programme for prevention of HIV;** and
- **A programme for care and support of infected and affected employees.**

Developing HIV and AIDS workplace policies and programmes in the tourism sector will protect workers engaged in the industry and its related sub-sectors. Mainstreaming HIV and AIDS within tourism will also strengthen a multi-sectoral response to HIV and AIDS to reinforce and improve national economies, social welfare as well as healthy destinations.

For example, tour operators deal with a wide range of different suppliers and can influence the supply chain. They have enormous potential for reaching a large number of tourism workers, including migrant workers.







### 3.1 A step-by-step approach to formulating policies and action programmes in the tourism sector

- A step-by-step approach is presented below to provide an example of an action framework based on:
- Policies formulated on the basis of the HIV and AIDS Recommendation, 2010 (No. 200) and/or the ILO Code of practice that guide the development of national HIV and AIDS programmes;
- An HIV and AIDS programme supported by policies for prevention, voluntary counselling and testing, and care and support for the tourism sector;
- A follow-up and evaluation system;

#### Step 1: Collecting information on sectoral, national and global HIV and AIDS policies and programmes

##### ***At the national level:***

Legal and policy regulations should be reviewed to assist in policy formulation. The following documents should be examined, if available:

- National HIV and AIDS policy;
- National programme to respond to HIV and AIDS;
- National strategy on HIV and AIDS;
- Any other national documents on HIV and AIDS.

##### ***At the sectoral level:***

- National policy on HIV and AIDS at the workplace;
- Sectoral policies or strategies on HIV and AIDS;
- Enterprise level policies on HIV and AIDS at the workplace.

The following resources could prove useful to assess the impact of HIV and AIDS in the tourism industry:

- National prevalence data;
- Anonymous HIV-prevalence surveys;
- Statistical surveys of the impact of HIV and AIDS;
- Surveys of the financial impact of HIV and AIDS;
- KAP (knowledge, attitude, behaviour and practices) surveys;
- Statistics by corporate health services.

This information is usually available from the following sources:

- National offices of HIV and AIDS programmes;
- Local government offices;
- Public-sector health services;
- Non-governmental organizations working with HIV and AIDS;
- World Health Organization offices.

ILO, WHO and UNAIDS publications on HIV and AIDS can also provide additional guidance.

## Step 2: Taking action tailored to the tourism sector, taking into consideration specificities and key target groups

1. Identifying the target groups of policies and programmes to respond to HIV and AIDS; and
2. Undertaking a preliminary survey at the workplace.

The aim of this step is to identify the target groups of the action; to determine the appropriate instruments for reaching the target groups; and to conduct a preliminary survey of the workplace to analyze existing HIV and AIDS and health programmes and policies.

Target groups should be identified on the basis of their risk of HIV infection.

	Target groups	Risks / Vulnerabilities	Means available for reaching target groups
Governments			
Workers' organizations			
Employers' organizations			
Surrounding community			

## Step 3: Identifying potential project partners

The goal of this step is to create partnerships. By establishing a list of potential partners at the national, regional and sectoral levels, and within political institutions and different community organizations, crucial strategic partnerships can be set up, which can help to make new programmes and policies more effective and viable.

Potential partners include the following:

- Regional or National AIDS programmes;
- Public health structures offering services related to HIV and AIDS (to establish reference mechanisms);
- Private health services offering services related to HIV and AIDS (to establish reference mechanisms);
- Non-governmental organizations active in responding to HIV and AIDS (at the international and local levels);
- Civil society organizations active in the HIV and AIDS response;
- Association of people living with HIV;
- Community-based health services;
- Regional, national or sectoral multilateral enterprises;
- Tour Operators
- Tour guides
- Airlines
- Informal trade associations operating along the tourist areas
- Trade unions of the tourism sector and other sectors concerned,





Following consultation, and depending on their knowledge and skills each partner will be assigned areas of responsibility that are most appropriate to their profile.

The following table gives an example of what this step should accomplish:

Potential partners	Knowledge and skills	Responsibilities in the partnership
Tour Operators		
Public health structures offering services related to HIV and AIDS		
Trade unions of the tourism sector		

#### Step 4: Advocacy, outreach and awareness-raising on HIV and AIDS and related policies at the workplace

The goal of this step is to strengthen cooperation and support for interested parties to ensure long-term viability and facilitate the implementation of policies and programmes.

Cooperation and support at all levels are essential. Thus, advocacy and outreach activities should target at least the following three key groups:

- ILO constituents: ministers of labour and tourism and organizations of workers and employers, at the national and sectoral levels;
- Advisory councils or committees that deal with sectoral issues;
- The identified target groups: governments, workers, businesses and employers.

##### ***ILO constituents at the national and sectoral levels:***

Advocacy, outreach and awareness-raising must be undertaken with countries' representatives at the ILO to ensure good participation and cooperation at the highest level. Advocacy campaigns can be addressed in particular to ministers of tourism and organizations of workers and employers, as well as to contact persons for issues related to HIV and AIDS; peer educators; labour inspectors working in businesses or in the tourism sector; the staff of occupational safety and health structures at workplaces linked to the three main stakeholders, governments, workers and employers; or any other actors active in the HIV response.

As we saw above, it is therefore essential to identify key partners.

It is also very important to target key actors in the tourism sector. It might thus be useful to contact the ministries in charge of the tourism sector, sectoral committees or councils and the organizations of workers and employers in the sector present in the country or region.

#### Step 5: Assessing and improving existing workplace policies and programmes related to HIV and AIDS and health

The aim of this step is to identify all possible ways of improving existing workplace policies<sup>1</sup> and programmes related to HIV and AIDS and health, or of developing and implementing such programmes and policies (if there were none – in the workplace, as outlined in the preceding steps. The ultimate objective is to establish appropriate, stable, long-term programmes and policies to address HIV and AIDS at the workplace.

<sup>1</sup> More examples of policies can be found in Annex 5.



THE-BLUE-WATER

## HIV / AIDS Policy

### 1. Recognition of HIV/AIDS as a work place issue

The Blue Water recognizes HIV/AIDS as a work place issue and in time to come it will reduce the work force in the country, which will directly affect our work force requirement.

The company considers HIV/AIDS as any other serious illness / condition in the work place.

### 2. Non discrimination

The company will not discriminate any one with HIV/AIDS with regard to employment, continuity in service, career advancement, increments, bonus, training and any other services & facilities related to the employment.

The company will provide reasonable employment and will extend the fullest support for employees with HIV/AIDS until they are medically fit to perform their duties. No screening for HIV will be required when recruiting or while in employment.

### 3. Healthy work environment

The company will provide a healthy & safe work environment in compliance with international standards and requirements.

The company will provide adequate first-aid facilities in order to meet unexpected situations such as accidents to protect the other associates being infected.

### 4. Confidentiality

The company will not request the associates to disclose their HIV/AIDS status and will always maintain confidentiality of the HIV status of its associates.

### 5. Prevention programme

The company will conduct regular awareness, training & counseling sessions for the associates, aimed at prevention of HIV infection.

As it is a preventable disease the company will extend its fullest support in providing information, personal risk assessment, life skills and practical support for behavioral change such as availability of condoms.

The company will also extend its educational programs to all its stakeholders and neighboring communities. Special religious programs will be organized to change risky behaviours and the attitudes of the associates according to the individual religious practices.

### 6. Care & Support

Company will provide guidance for confidential voluntary counseling and testing and to obtain treatment and support.

General Manager  
The Blue Water



To this end, the following must be clarified:

- Are there existing health-related workplace policies or programmes?
- Are there existing workplace policies or programmes addressing HIV and AIDS?

If the answer to the first question is 'yes', activities to address HIV and AIDS should be incorporated into existing health programmes or policies. If the answer to the second question is also affirmative, existing programmes or policies should be assessed to identify any aspects that might need to be modified.

By taking into account what is already there and not attempting to introduce a completely new policy or programme, duplication and repetition can be avoided and regulations made more horizontal. It is thus preferable to consolidate and revise existing instruments for responding to HIV and AIDS with a view to making them more viable and more appropriate to the sectoral, regional and national environments.

If no policy or programme related to health or HIV and AIDS is in place at the workplace, the preceding steps should be carried out diligently to ensure that the programme or policy formulated is implemented successfully.

#### **Key steps for tourism enterprises/actors to help develop workplace policy interventions (WPI):**

##### **Step 1. Convene a meeting with top/senior management to discuss HIV and AIDS:**

- To understand perceptions on HIV and AIDS
- To finalize the process of developing the tourism sector response to HIV and AIDS. Expected output/management decision.
- To nominate a focal point [coordinator] within the enterprise to coordinate the HIV response.
- To set up an internal committee or welfare committee to develop a policy and work plan for the enterprise
- To seek necessary technical partnerships.

##### **Step 2. Organize training of focal point/coordinator and committee members:**

- The coordinator [focal point]/committee members will require training in the basics of HIV and AIDS, an overview of the National AIDS Control Programme and its components, national policy, process of developing enterprise policy, understanding of key principles of the policy, organizing meetings of AIDS Committee (or Welfare Committee), development of work plans, programme monitoring and evaluation (M&E).
- In addition to the training, a visit to an enterprise engaged in the WPI/PPP and interaction with key programme implementers would be useful.
- Expected output: Coordinator trained and draft policy and work plan developed.

##### **Step 3. Organize meeting (s) of Internal/Welfare Committee (IC) :**

- IC meetings to approve the work plan and policy. The work plan will have specific objectives, activities and indicators for performance. It may take a few meetings to approve the policy.
- Expected output: an approved work plan and policy in place.

##### **Step 4. Implementation of annual work plan.**

- Elements of Behaviour Change Communication (BCC) approaches, peer educator training, enhancing access to services, effective dissemination of policy and other elements as per the work plan.
- Expected output: outputs as per the work plan implemented.

##### **Step 5. Programme M&E.**

- Coordinator to collect data prepares progress reports and presents the progress in the meeting of IC.
- Specific KABP (knowledge, attitudes, behaviour and practices) surveys can be undertaken as contained in the work plan.
- An internal system of M&E.
- Expected output: review of progress against key process and impact indicators..



The table below gives an example of how HIV and AIDS can be integrated into existing health policies or programmes at the workplace:

Health-related workplace policies and programmes	Assess the existence of entry points for integrating HIV and AIDS in these existing health programmes.
Is there a contact person or coordinator at the workplace?	If yes, explore the possibility of training the person to implement activities related to HIV and AIDS.  If no, train a person assigned specifically to HIV and AIDS
Is there a monitoring and evaluation process for these policies and programmes?	Explore the possibility of including indicators related to HIV and AIDS in these policies and programmes.

## Step 6: Implementing the programme

Effective implementation begins with clear identification of the target groups.

Three elements should be considered: identification of the target groups; implementation of the programme; and the activities.

### ***Identifying target groups on the basis of a workplace survey:***

- Define the programme objective by identifying the problem and the programme's impact on beneficiaries and others in the surrounding community;
- Identify the programme objectives.

### ***The following elements should be addressed carefully:***

- The key principles for implementation are well understood (step 4);
- Information on HIV and AIDS is appropriate to the context (step 1);
- A certain number of businesses/ workplaces has been identified (step 2);
- There is sound management support for workplace programmes on HIV and AIDS in the businesses/ workplaces identified (step 3);
- Partners have been clearly identified (step 4);
- Existing workplace programmes on HIV and AIDS have been assessed (step 5);
- A preliminary survey has been conducted in the businesses/workplaces identified (step 6).

Hotels and airline companies can develop their workplace programmes and policies for the hotel and airline staff, based on the Recommendation and the ILO Code of Practice. A wider public could also be reached through the policy and programme, particularly tourists and other employees in related sub-sectors (seasonal workers in catering and retail services).

Taking these steps will help to reduce stigma and discrimination associated with HIV and AIDS and will protect the rights of people to work, to access treatment and live a life of dignity. Tourism actors should design HIV care and support programmes in consultation with PLHIV. Greater inclusion will also create an enabling environment for workers living with HIV (PLHIV) and their families.

## A Programme for prevention of HIV and AIDS in the tourism sector:

### a. Behaviour Change Communication

- Begins with advocacy targeting management, unit heads and other key stakeholders in the enterprise. Key changes expected as a result of advocacy are: development of a workplace policy; nomination of an HIV and AIDS focal point; establishment of an internal committee; allocation of a budget for the programme, endorsement of an enterprise work plan on HIV and AIDS and review of implementation of the work plan;
- Formative assessment is the next step to understand the existing levels of knowledge, attitude, behaviours and practices among employees. It leads to developing a BCC strategy based on a n audience-message-media matrix and an action plan;
- Education and Training at all levels, following a peer education approach;
- Development and use of communication materials.

### b. Enhancing access to treatment for STIs and condoms:

- Early diagnosis and treatment for STIs and condom education are successful prevention strategies for HIV;
- Enterprises having their own medical set-up can integrate counselling and treatment for STIs;
- Enterprises can set up referral linkages with nearby government/NGO facilities and inform the workers about it;
- While condom education should be part of BCC efforts, enterprises can set up condom outlets or condom vending machines at their workplaces. Partnerships with National AIDS Committee can be established for this purpose.

Keep in mind the following points when implementing HIV and AIDS-related programmes at the workplace:

- Programmes should aim to reduce the impact of HIV and AIDS on the lives of people living with HIV or at risk of infection;
- Workplace programmes on HIV and AIDS should be developed on the basis of existing workplace programmes;
- Any business - regardless of its size - can put into place at least some of the components of workplace programmes to prevent HIV and AIDS.



## Promote healthy tourism in Goa: “Let HIV/AIDS not affect us, our employees, families and business...”

The economy of Goa thrives on its flourishing tourist activity. During its peak season, from mid September to March, the island known as the “Rome of the East” receives over 300,000 foreign visitors. However, the living conditions (separation from families) and working situation (working schedule and low wages) of workers in the tourism sector can contribute to make them vulnerable to HIV. During the tourist season, people from neighbouring states like Karnataka and Maharashtra, where HIV prevalence is high, come to seek work.

ILO’s collaboration with Goa State AIDS Control Society (GSACS) began in February 2005 with a stakeholders’ meeting at Goa Chamber of Commerce and Industry. GSACS reprinted the ILO posters in local languages and used its programme. As Goa is a major tourist destination, the focus was on developing workplace interventions in the hospitality sector.

### Key achievements:

- Knowledge, Attitude, Behaviour, and Practices Surveys (KABP) were conducted, in the tourism and other sectors, covering both formal and informal workers. The findings became the basis for developing the workplace response to HIV/AIDS in the state.

### Highlights of the work in the hospitality sector in Goa:

- GSACS/ILO undertook advocacy, involving the Travel and Tourism Association of Goa (TTAG). An action plan was developed for reaching hotel employees and staff from 15 hotels. TTAG was assisted to develop and launch its policy statement on HIV and AIDS, which became applicable to some 300 hotels- the members of TTAG. GSACS and ILO assisted TTAG and hotels in organizing training of trainers in these hotels, through a local NGO-Rishta.
- The Goa Chamber of Commerce and Industry played a key role in advocacy and launched its policy, “Corporate response to HIV/AIDS-Policy guidelines”, based on the ILO Code of Practice and disseminated amongst its member companies in Goa. Enterprise based work was initiated in nine enterprises. Kingfisher, Salgaonkar group of company, D-link, Marmugao Port trust and Zuari group of industry developed their HIV and AIDS workplace policy, and got their employees trained on HIV and AIDS. The V.M. Salgaocar Group expanded its programme in four mining areas.

The HIV and AIDS policy is developed on the basis on key recommendations in the meeting and discussions of the Core Committee of TTAG held on 24th February 2006. The aim of the developed policy was to advise the key stakeholders in the tourism and hospitality sectors (government agencies, hoteliers, travels and tour operators, airlines and government tourism department) to develop a comprehensive response to HIV and AIDS in Goa, India. Training was provided to the state labour Inspectors/administrators and the representatives from the factories and boilers; as well as trade unions.





## Step 7: Monitoring and evaluation

Monitoring and evaluation are part of any workplace programme on HIV and AIDS and should be incorporated in the programme at the planning stage. The aim of this step is to ensure that programmes are monitored using appropriate indicators.

At the national level, indicators are developed by national AIDS programmes, which should provide overall guidance in developing indicators for specific initiatives in the tourism sector.

At the workplace level, indicators may be as follows:

- Number and percentage of workers who are aware of the principles of the policy.
- Number and percentage of workers who report that policy provisions and principles are implemented at the workplace.
- Knowledge, Attitude, Practices and Behaviour related indicators (some examples):
  - Number and percentage of workers who have the correct knowledge about the routes of transmission of HIV, symptoms of STI, and availability of services for counselling, condoms, treatment;
  - Number and percentage of workers who access services at workplace for HIV prevention, condoms, treatment and counselling;
  - Number and percentage of workers how display non-discriminatory attitudes towards people/workers living with HIV like comfortable to work, eat or travel with a person living with HIV.

These are only indicative. Specific indicators can be developed based on the context of the programme and its strategy. Gender-specific information is a key element of the monitoring and evaluation.

In addition, there should be programme management indicators such as:

- Number of peer educators trained on HIV and AIDS;
- Number of workers covered in HIV programmes (education, treatment, counselling, etc.);
- Number of condoms distributed/ provided at/ through the workplace;
- Amount of budget allocated and utilized in the programme.

It is important to set up a mechanism to regularly monitor the programme. A representative committee can be set up to meet periodically to review the implementation of work plan on HIV and AIDS.



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## 3.2 Corporate Social Responsibility programmes: Wellness tourism programmes

Tourism enterprises can undertake workplace interventions for their employees and their families as part of their Human Resource Department (HRD) Strategy. The interventions can also cover their contractual workers, workers in the supply chain under their Corporate Social Responsibility (CSR) efforts.

A cost-effective, workable and sustainable strategy is the one that ensures integration of HIV and AIDS programmes within HRD, welfare and corporate social responsibility (CSR) programmes of enterprises. This requires a careful review of existing strategies and finding entry points for integration of HIV in existing programmes within enterprises or businesses.

Tourism enterprises, tour operators and affiliated members can develop partnerships with their respective National AIDS Authority to: get their CSR partners trained in HIV and AIDS; set up referral linkages with the government's programme for HIV testing and treatment; and obtain appropriate communication material. They can also reach out to the community through a range of social development projects such as: community development; income generation; skill building; health and education; women's empowerment and the environment as part of their CSR programmes. This is a cost-effective and sustainable approach.

### The Wellness Program of Serena Hotels, Kenya – A Case Study

*“In any business, productivity is very much based on a healthy workforce that is motivated. Anyone in the private sector that does not look at [Wellness Programs] as a good commercial investment is making a mistake. They are losing out on an amazing opportunity. This is an approach that they could take to improve productivity and efficiency and for people to enjoy their job.”*

Mahmud Jan Mohamed Managing Director, Serena Hotels

Since 2002, Serena Hotels has been responding to HIV among its workforce and surrounding communities as part of its corporate social responsibility commitment. In 2007 Serena transformed its HIV and AIDS program into a broader Wellness Program covering a wide range of health and wellness issues affecting staff. With IFC Against AIDS, the National Organization of Peer Educators (NOPE) and other partners, the company is implementing a robust Wellness Program for its 1,080 employees in Kenya, and reaching out to a population of 150,000 in the surrounding communities. Efforts are underway to extend the program to the 1,280 employees in Serena Hotels in Tanzania, Zanzibar, Uganda and Rwanda. The benefits of Serena's engagement in health issues have been seen in reduced absenteeism and increased productivity, less AIDS mortality, a much lower life insurance premium, increased staff morale, and an improved corporate image.

#### Lessons Learned

- **Programs to improve employee wellness as well as address specific diseases are strongly justified** by the costs and benefits to the company: Serena's experience shows that diseases such as diabetes, AIDS, hypertension, peptic ulcers, obesity and other lifestyle induced conditions constitute a significant part of workers' disease burden. However, anti-retrovirals are provided free of charge by the government, and some cases of TB, other respiratory infections and other illnesses may be linked to HIV infection. While AIDS provided a good "entry point", Serena's experience attests the epidemic is just one of many health and wellness issues that affect the productivity of employees.
- **Prevention is more cost effective:** Adopting a preventive rather than a solely curative approach to health and wellness issues in the workplace is important. Waiting to act after the health of staff has deteriorated eventually costs a company much more than acting early to prevent staff from contracting diseases in the first place.

#### Highlights

- Serena Hotels has implemented an AIDS workplace and community program in Kenya since 2002.
- In 2007, the AIDS program was transformed into a comprehensive Wellness Program.
- AIDS deaths among employees dropped from 35 over the five years before the program began in 2002, to 8 over the next five years.
- The premium paid for employee life insurance was reduced by 6 million Kenyan shillings (approximately US \$90,000) in 2006 due to reduced death claims.
- Lower absenteeism has boosted efficiency.
- HIV infections among staff have fallen.



- **Public-private partnerships are important** in implementation and sustainability of a corporate program on HIV and AIDS: Few companies can single-handedly manage a health program without the support of partners to help deliver various interventions. While the Serena Hotels Group is one of the leading companies addressing HIV within its Wellness Program, the cost of treatment and care for HIV-infected employees is significantly reduced by government subsidies that are made available through the Global Fund for HIV/AIDS, TB and Malaria, the United States Agency for International Development (USAID) and other partners. The engagement of Serena and other private sector companies can help expand access to the benefits of public sector and external support for the response to HIV.

### Key results

- **Reduced mortality:** During the five years before the program, from 1998 to 2002, 35 employees died of AIDS - seven people per year, compared with eight deaths in the five years from June 2002 to June 2007— one to two employees per year.
- **Reduction in life insurance premium:** In January 2006, while renewing its insurance coverage with Jubilee Insurance Company, Serena was pleasantly surprised to learn that its premium payment had been reduced by 6 million Kenyan shillings (approximately US\$90,000).
- **Reduced absenteeism and increased efficiency:** Prior to implementation of the HIV/AIDS program, Serena experienced a high rate of absenteeism, but no sick days have been reported among the HIV-positive employees on ARVs, confirming that their productivity has been maintained and that people can live and work normally with HIV for many years.
- **More knowledgeable and health conscious workforce:** Employees have acquired knowledge on wellness issues which has boosted their confidence.
- **Fewer new HIV infections:** Serena does not carry out pre-employment screening for HIV
- **Improved company image:** The media has taken an interest in the program and published articles about the company's program attracting interest from other companies and organizations across Kenya and beyond
- **Healthier HIV positive employees:** According to the group HR manager, the company realized a dramatic change in the health of its HIV positive employees after introducing ARV treatment.
- **Staff morale:** The wellness program has brought a new enthusiasm amongst the wellness educators who now have many more topics to speak to staff about.

### Moving to a Wellness Programme

The overall program goal of the Serena Hotels Group Wellness Program is to reduce the incidence of occupational injuries, communicable and lifestyle-induced illnesses within the Serena fraternity and its immediate environs, by promoting behaviours that encourage adoption of a wellness lifestyle, and establishing procedures that uphold safety in the workplace, and protect employees and their families against the adverse impact of illnesses.

The Wellness Program is managed by the Group Human Resources Manager, with the assistance of a dedicated Employee Wellness Coordinator, and in collaboration with the Operations Department. The coordinator is responsible for ensuring that each unit has the relevant program in place and that staff are trained on wellness lifestyle issues.

Each hotel has a dedicated wellness committee with a chairperson and a secretary chosen by the members, who comprise wellness educators, staff who have been trained in first aid, and the occupational health and safety committee members. The wellness committee is responsible for the day to day running of the Wellness Program and meets once a month. Wellness committee members have been trained in first aid, fire drills, HIV/AIDS, malaria, and other diseases. The committee's roles are to: (1) create awareness about the environment in which staff live and minimize health risks; (2) disseminate information about health and wellness issues among staff and the community; (3) enforce workplace health and safety regulations; and (4) liaise with the community in identifying health risks.

Hotel managers are members of the wellness committees, and disseminate health and safety information to staff through the committee. They are also responsible for providing transport and other logistical support for the wellness educators, office space for educational sessions, and refreshments during community outreach visits.

The clinic nurse at each hotel coordinates and provides technical support for implementing the program at that hotel, and provides guidance to the wellness committee members. The nurses send a monthly report on the cases seen at the clinic, referrals, and disease trends, to the Wellness Coordinator.

Serena has trained 120 wellness educators including staff and community members. The staff educators organize monthly information sessions on different wellness topics for other staff at their unit. Serena has officially set aside one hour of paid company time per employee per month for wellness issues. Employees use that time to attend the wellness education sessions.

*Source: World Bank Global HIV/AIDS Program, [www.worldbank.org/aids](http://www.worldbank.org/aids)*



### 3.3 Public-private partnerships (PPP) on HIV and AIDS in the tourism sector

PPP for HIV prevention and care is an important component of the national HIV and AIDS and TB response. Different models of PPP include:

- Interventions jointly funded by companies and some international organizations.
- Interventions totally funded by companies, national AIDS programmes implemented by an NGO/company's own foundation, with technical assistance and material support from organizations.
- Interventions jointly funded by companies and corporate groups for setting up interventions at strategic points.

#### **Key steps to set up PPP in the tourism sector:**

- The focal point/coordinator in an enterprise should develop an understanding of PPP programmes. He/she can visit some ongoing PPP interventions.
- The IC should discuss the company's approach and decide if company wants to develop PPP for prevention or for care & support programmes.
- The focal point/coordinator should meet the National AIDS Authority or other agencies and explore different options for PPP that fit within company's situation.
- The focal point/coordinator should develop a concrete proposal for management's approval. The proposal will outline specific contribution from the company.

#### **The HIV and AIDS workplace programme in the tourism and hotel industry in Barbados**

The National HIV and AIDS Workplace Education Programme, launched in Barbados in October 2004, is part of a larger international programme initiated by the ILO and funded by USDOL.

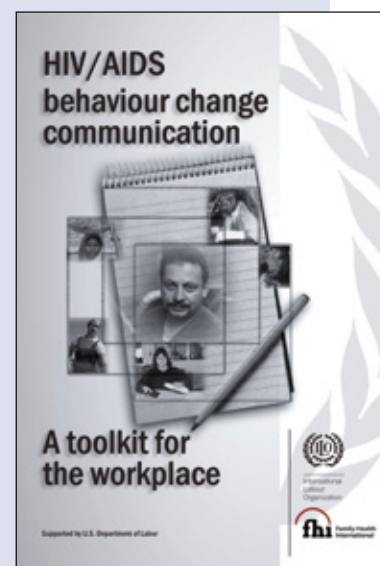
A *Behaviour Change Communication Toolkit for the Workplace* developed by the ILO and Family Health International (FHI) lends structure and standardization to the content and conduct of the programme. In its implementation, the programme relies heavily on a social partnership between government, employers and trade unions to support its behaviour change communication (BCC) workplace programmes.

The Barbados project successfully reached over 10,952 workers in 11 enterprises across three economic sectors and the informal sector. The three targeted sectors (Banking and Finance, Tourism, and Manufacturing) together account for 34% of the country's GDP.

In the Tourism sector, the ILO/USDOL workplace project engaged with four medium-sized hotels on the south and west coasts as well as representatives of the informal sector, specifically taxi drivers, route taxi and mini bus drivers (public service operators) and fisher folk.

Throughout the 3-year period, sound working relations were developed and maintained with the 11 pilot enterprises involved in the project, as well as with the UN Theme Group and key stakeholders such as the national HIV/AIDS Commission (NHAC), the Ministry of Labour and Civil Service (MLC), the Barbados Employers' Confederation (BEC), the AIDS Foundation of Barbados Inc., the Congress of Trade Unions and Staff Associations of Barbados, the Barbados Workers' Union (BWU), the DFID Tourism Sector Project and the involvement of people living with HIV (by forging close links with organizations such as United Gays and Lesbians Against AIDS in Barbados (UGLAAB), and Comfort, Assist, Reach Out, Educate (CARE).

- Participating enterprises and other organizations within the public and private sectors utilized the BCC materials for the promotion of HIV prevention in the workplace and wider community. BCC consultants at the national and regional levels use these materials as part of the BCC training programme.
- 100 peer education manuals and flipcharts developed to form part of the PE toolkit consisting of a bag, T-shirt, cap and condom demonstration model. The peer education manual is designed to be used as a training tool for the training of PEs, and as a resource tool for trained PEs in the field.



## Accor and the fight against AIDS

### Accor results by year-end 2009:

- Training sessions in HIV prevention were held for 15,000 employees in 15 countries.
- 1,800 Accor hotels in 15 countries have installed condom vending machines.
- Partnership with the Institut Pasteur: Accor financed a health information website for travelers – Pasteurtravel.com.
- Accor is getting the entire industry involved.

### Workplace Award Commended (2010): Accor

Accor's global HIV and AIDS workplace program stands out for the effective way in which it targets both employees and customers and also tailors activities to local needs at each Accor hotel or facility (accounting for 4,000 hotels globally). Accor's workplace program's successes run beyond its own hotels.

Started in Accor's African operation in 2002, the program went global in 2006, including the launch of a standardized multimedia toolkit, called ACT-HIV. The DVD toolkit explains in six steps how to plan and execute HIV/AIDS and malaria workplace programs. There are two different entries depending on whether the hotel is in a country that already has an HIV and AIDS action plan or not. The six steps covered in ACT-HIV are: Work with identified local partners; bring together and motivate employees; provide information about HIV and AIDS and train employees; foster prevention, generate awareness and offer condoms and testing; offer support, encourage access to healthcare and medical coverage; consolidate by sharing best practices.

### Balancing Global and Local Needs

Accor facilities in over 27 countries have implemented local action plans. In countries with little government support, Accor provides employees and their families with comprehensive education and treatment. In countries where the government provides treatment, Accor fills gaps where treatment might be delayed. And in countries where stigma is high and HIV rates are low, like China, Accor focuses its efforts on raising awareness and reducing stigma.

### Examples of public-private partnerships:

- In Senegal, for World AIDS Day in December 2008, French members of the Travel and Tourist Industry Dialogue on AIDS launched a joint awareness-raising and screening/counselling operation for their teams. Several professional organizations in Senegal, the Senegalese alliance of private-sector firms for the fight against AIDS (ASEP/LS) and the employers' association for the hotel industry in Senegal (SPIHS) also signed up for the project. In total, several thousand employees took part in the scheme in 2008 under a public-private partnership.
- Ibis Douala signed a partnership agreement with the National Anti-AIDS Committee in Cameroon, funded by the World Bank, to reimburse some of the costs of combating AIDS.

### The Pasteur Institute's four priorities:

1. Work to prevent the spread of emerging worldwide pandemics.
2. Develop new vaccines for cancer and AIDS.
3. Develop innovative treatment strategies for neurological conditions.
4. Aid developing countries by conducting far-ranging research projects on diseases affecting them.

[www.pasteurtravel.com](http://www.pasteurtravel.com)



# A1

## Annex 1

**Developments and challenges in the hospitality and tourism sector, ILO Issue paper, 2010**

Available at: <http://www.ilo.org/public/english/dialogue/sector/techmeet/gdfhts10/gdfhts-paper.pdf>

**ILO and the World Tourism Organization (UNWTO) agreement in 2007 on cooperation to strengthen the capacities and activities of the two UN agencies - The agreement was approved by the ILO Governing Body in March 2008.**

Available at: [http://www.ilo.org/wcmsp5/groups/public/---ed\\_norm/---relconf/documents/meetingdocument/wcms\\_090566.pdf](http://www.ilo.org/wcmsp5/groups/public/---ed_norm/---relconf/documents/meetingdocument/wcms_090566.pdf)

**ILO: *Action on HIV/AIDS in the workplace starts here. A step-by-step guide.***

Available at: <http://www.ilo.org/public/english/protection/trav/aids/steps/index.htm>

**International Hotel and Restaurant Association (IH&RA) and Joint United Nation Programme on HIV/AIDS (UNAIDS): *The Challenge of HIV/AIDS in the Workplace: A Guide for the Hospitality Industry* (1999)**

**Tourism, Hospitality and Sport Education and Training Authority: *HIV/AIDS Handbook for South African tourism and hospitality companies* (2003)**

Available at: [http://www.theta.org.za/downloads/HIV\\_AIDS\\_HANDBOOK.pdf](http://www.theta.org.za/downloads/HIV_AIDS_HANDBOOK.pdf)

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**Steering Committee on the Code of Conduct for the Protection of Children from Sexual Exploitation in Travel and Tourism: *Code of Conduct for the Protection of Children from Sexual Exploitation in Travel and Tourism - Overview and Implementation Examples* (2006)**

Available at: [http://www.accor.com/fileadmin/user\\_upload/Contenus\\_Accor/Developpement\\_Durable/pdf/EN/EN\\_ECPAT\\_Code\\_of\\_Conduct.pdf](http://www.accor.com/fileadmin/user_upload/Contenus_Accor/Developpement_Durable/pdf/EN/EN_ECPAT_Code_of_Conduct.pdf)

**UNAIDS/WHO: *2007 AIDS Epidemic UPDATE* (2007)**

Available at: [http://data.unaids.org/pub/EPISlides/2007/2007\\_epiupdate\\_en.pdf](http://data.unaids.org/pub/EPISlides/2007/2007_epiupdate_en.pdf)

**UNAIDS: *Guidance note on HIV and sex work and AIDS* (2009)**

Available at: [http://data.unaids.org/pub/BaseDocument/2009/jc1696\\_guidance\\_note\\_hiv\\_and\\_sexwork\\_en.pdf](http://data.unaids.org/pub/BaseDocument/2009/jc1696_guidance_note_hiv_and_sexwork_en.pdf)





# A2

## Annex 2

### Paving the way for a workplace policy on HIV and AIDS – a checklist

#### General information and contacts

- **Contact the local ILO or UNAIDS country coordinator to get useful information and contacts**

#### Impact of HIV and AIDS on the workforce

- **Asses how HIV and AIDS can affect your workplace:**
  - » What is the estimated HIV prevalence rate in adults in the country/region/community (sex-disaggregated data)?
  - » Is there data on HIV prevalence rates within the company (sex-disaggregated data)?
  - » Has absenteeism due to illness increased?
  - » Has the mortality rate among workers increased?
  - » Have medical costs and expenditures for funeral benefits increased?

#### National policies on HIV and AIDS

- **What policies on HIV and AIDS exist at the national level? What authorities are concerned with implementing these policies?**

#### The world of work response

- **What policies and programmes do national employers' associations and trade unions have in place?**
- **How do other businesses in your branch respond to HIV and AIDS?**

#### Consultation between management and the workforce

- **Is there a good working relationship between management and the workforce in the sense that the management is aware of women and men workers' needs and includes workers' representatives in the policy development and implementation process?**
  - » Consider conducting a simple and anonymous survey to assess workers' knowledge, attitudes and behaviour with regard to HIV and AIDS (sex- disaggregated data).

#### Assessing available resources and facilities

- **What budget can be allocated to the development an implementation of a workplace policy?**
- **What health and medical facilities are available?**
- **Is there medical personnel trained on HIV and AIDS?**



## A workplace policy on HIV and AIDS: what it should cover

A workplace policy provides the framework for action to reduce the spread of HIV and AIDS and manage its impact. It:

- commits the workplace to take action;
- lays down a standard of behaviour for all employees (whether infected or not) and defines the rights of all;
- gives guidance to managers and workforce representatives;
- assists an enterprise to plan for HIV and AIDS and reduce its impact.

A policy may consist of a detailed document just on HIV and AIDS, setting out programme as well as policy issues; it may be part of a wider policy or agreement on safety, health and working conditions; it may be as short as “This company [or other workplace, e.g. Ministry, hospital...] pledges to combat discrimination on the basis of HIV status and to protect health and safety through programmes of prevention and care”.

It's important that the policy should promote action, not hold it up. For this reason it may be better to have a simple policy, and include more details in workplace agreements or contracts. In any case, it should be the product of consultation and collaboration between management and workers.

The ILO Code of Practice provides guidelines for the development of policies and programmes on HIV and AIDS in the workplace. These encourage a consistent approach based on ten key principles, while being flexible enough to address the different needs of individual workplaces.

Policies should be developed by the people concerned. No one policy is relevant to all situations, but the sections opposite can usefully be included.

Sample language is available in a separate document (see contact details overleaf).

### The policy

#### I. General statement

The policy begins with a general statement or introduction that relates the HIV and AIDS policy to the local situation, including some or all of the following:

- The reason why the company has an HIV and AIDS policy and how it relates to other company policies
- Compliance with national/local 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 stigma and discrimination (see the key principles of the Recommendation and ILO Code of Practice).



### III. Specific provisions

The policy should include clauses on the following areas:

1. The protection of the rights of workers affected by HIV and AIDS
2. Prevention through information, education and training
3. Care and support for workers and their families.

### IV. Implementation and monitoring

Many policies remain pieces of paper that don't change anything. It helps to set out the steps that need to be taken to put the policy into practice, in particular establishing structures and appointing responsible persons.

If the policy does not take the form of a negotiated agreement, a short clause could be added where management and worker representatives pledge their full support to the policy.

Companies should make every effort to establish a budget for HIV and AIDS activities but should bear in mind that many interventions can be put in place at little or no cost; that smaller companies can work together to share costs; that services and resources may exist in the community or may be sought, for example through the local UN Theme Group on HIV and AIDS or the Global Fund to Fight AIDS, TB and Malaria.

Further advice on and examples of workplace policies may be obtained from the ILO ([www.ilo.org/aids](http://www.ilo.org/aids)), Family Health International, the Global Business Coalition on HIV/AIDS, the US Centre for Disease Control & Prevention, the World Economic Forum, and the international organizations of employers and workers (IOE and ITUC).



## HIV-related International Labour Standards

### Specific to HIV and AIDS

- HIV and AIDS Recommendation, 2010 (No. 200)

### Discrimination

- Discrimination (Employment and Occupation) Convention, 1958 (No. 111)

### Occupational Safety and Health

#### General provisions to guide measures to be taken for all workers and at all workplaces:

- Occupational Safety and Health Convention, 1981 (No.155), its Protocol of 2002 and its Recommendation, 1981 (No. 164)
- Occupational Health Services Convention, 1985 (No. 161) and Recommendation, 1985 (No. 171)
- Promotional Framework for Occupational Safety and Health Convention, 2006 (No. 187) and Recommendation, 2006 (No. 197)
- Protection of Workers' Health Recommendation, 1953 (No. 97)
- Welfare Facilities Recommendation, 1956 (No. 102)
- List of Occupational Diseases Recommendation, 2002 (No. 194)

#### Provisions focusing on specific economic sectors, such as construction, mines and agriculture, as well as for:

- Hygiene (Commerce and Offices) Convention, 1964 (No. 120) and Hygiene (Commerce and Offices) Recommendation, 1964 (No. 120)
- Safety and Health in Construction Convention, 1988 (No. 167) and Safety and Health in Construction Recommendation, 1988 (No. 175)
- Safety and Health in Mines Convention, 1995 (No. 176) and Safety and Health in Mines Recommendation, 1995 (No. 183)
- Safety and Health in Agriculture Convention, 2001 (No. 184) and Safety and Health in Agriculture Recommendation, 2001 (No. 192)

#### Provisions focusing on specific categories of workers, such as plantation workers, nursing personnel, hotel and restaurant workers, migrant workers, seafarers and fishers:

- Plantations Convention, 1958 (No. 110), its Protocol of 1982 and Plantations Recommendation, 1958 (No. 110)
- Nursing Personnel Convention, 1977 (No. 149) and Nursing Personnel Recommendation, 1977 (No. 157)
- Working Conditions (Hotels and Restaurants) Convention, 1991 (No. 172) and Working Conditions (Hotels and Restaurants) Recommendation, 1991 (No. 179)
- Occupational Health Services Convention, 1985 (No. 161)
- Vocational Rehabilitation and Employment (Disabled Persons) Convention, 1983 (No. 159)
- Migration for Employment Convention (Revised) 1949 (No. 97)
- Migrant Workers (Supplementary Provisions) Convention, 1975 (No. 143)
- Maritime Labour Convention, 2006 (MLC, 2006)
- Work in Fishing Convention, 2007 (No. 188)



### **Labour inspection/administration**

- Labour Inspection Convention, 1947 (No. 81)
- Labour Inspection (Mining and Transport) Recommendation, 1947 (No. 82)
- Protocol of 1995 to the Labour Inspection Convention, 1947 (No. 81)
- Labour Inspection (Agriculture) Convention, 1969 (No. 129)
- Labour Administration Convention, 1978 (No. 150)

### **Social dialogue**

- Freedom of Association and Protection of the Right to Organize Convention, 1948 (No. 87)
- Right to Organize and Collective Bargaining Convention, 1949 (No. 98)
- Tripartite Consultation (International Labour Standards) Convention, 1976 (No. 144)

### **Terms and conditions of employment**

- Termination of Employment Convention, 1982 (No. 158)

### **Children and Young Persons**

- Minimum Age Convention, 1973 (No. 138)
- Convention concerning the prohibition and immediate action for the elimination of the worst forms of child labour, 1999 (No. 182)

### **Other relevant ILO instruments**

- ILO Declaration on Fundamental Principles and Rights at Work (1998)
- ILO Decent Work Agenda (1999)
- ILO Declaration of Social Justice for a Fair Globalization (2008)
- ILO Social Protection Floor Initiative (2009)
- ILO Global Jobs Pact (2009)
- ILO Resolution concerning Gender Equality at the Heart of Decent Work (2009)

### **Relevant ILO codes of practices**

- ILO Code of practice on HIV/AIDS and the world of work (2001)
- ILO Code of practice on the protection of workers' personal data (1997)
- ILO Code of practice on managing disability in the workplace (2002)
- ILO Guidelines on Occupational Safety and Health Management Systems (ILO-OSH 2001)

## **HIV-related instruments adopted by the United Nations**

- UN Declaration of Commitment on HIV/AIDS (2001)
- UN Political Declaration on HIV/AIDS (2006)
- UN Political Declaration on HIV/AIDS: Intensifying Our Efforts to Eliminate HIV/AIDS (2011)

### **Other international texts**

- OHCHR/UNAIDS, International Guidelines on HIV/AIDS and Human Rights, Consolidated version, 2006

### Travel & Tourism Association of Goa HIV/AIDS Policy

#### Our motto:

*Promote healthy tourism in Goa - Let HIV/AIDS not affect us – our Employees, families and business. Let's keep Goa a preferred tourist destination, undeterred by the threat of HIV/AIDS for our tourists.*

The Travel & Tourism Association of Goa is the apex body representing the Hotel & Travel Trade in Goa. The Association is dedicated to furthering the cause of healthy and positive tourism in Goa. Its members consist of Hoteliers, Travel Agents, Tour Operators, Airlines and other allied bodies.

TTAG realizes the potential threat that HIV/AIDS can impose to tourism in Goa, if urgent action is not taken to prevent it. TTAG, organized a stakeholders' workshop in Goa in collaboration with the ILO and Goa State AIDS Control Society (GSACS) on 20 February 2006. This policy is developed on the basis on key recommendations in the meeting, and discussions of the Core Committee of TTAG held on 24<sup>th</sup> February, 2006.

The Policy is based on the National HIV/AIDS Policy framework of India and the ILO Code Of Practice on HIV/AIDS and World of Work.

#### Aim:

The aim of this HIV/AIDS policy is to advise the key stakeholders in the tourism and hospitality sector (government agencies, hoteliers, travel and tour operators, airlines and government tourism department) to develop a comprehensive response to HIV/AIDS in Goa.

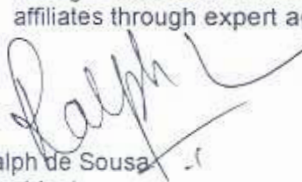
#### Key principles of the policy:

- TTAG realizes that HIV/AIDS is a workplace issue that needs to be addressed by all affiliates: hoteliers, travel and tour operators, airlines and Goa Travel Development Corporation.
- TTAG and its affiliates will not make every attempt to create a non-discriminatory environment at workplaces. There will be no discrimination of employees of the sector on account of their real or perceived HIV status. Fitness to work will be the main criteria along with other educational/professional qualifications required for the job./promotions.
- There will be no mandatory HIV testing of either job applicants/ those in employment unless the law provides so.
- It will not be obligatory on part of employees to inform their employer about their HIV status.
- Every attempt will be made to ensure confidentiality about the HIV status of employees at our workplaces.
- As women are more vulnerable to HIV infection than men, special considerations will be made to the gender dimensions of HIV/AIDS in the HIV prevention and care efforts.



2

- Attempts will be made to provide correct HIV/AIDS information and prevention education to our employees, both regular and contractual in collaboration with the Goa State AIDS Control Society, its partners, and ILO.
- Attempts will be made to enhance access to condoms at our workplaces in collaboration with GSACS.
- Employees on our regular payrolls will be provided with treatment support for HIV/AIDS, including the Anti Retroviral treatment wherever necessary, in order to prolong their working life. For contractual employees, we will set up referral linkages with the government facilities.
- Information about treatment for Sexually Transmitted Infections (STI) and HIV voluntary counseling and testing will be provided to all employees and referral linkages will be established with the government/NGO facilities.
- Attempts will also be made to provide HIV/AIDS education to tourists coming to Goa by integrating HIV/AIDS in our communication channels.
- TTAG will also encourage hotel management training institutions/schools to integrate HIV/AIDS education in their curriculum in order to provide timely education to the young people entering the sector.
- TTAG will collaborate with the tourism department and unions to develop a comprehensive response to HIV/AIDS in the tourism sector.
- All affiliates of TTAG are encouraged to set up representative committees to develop and implement HIV/AIDS programmes in their workplaces
- TTAG will periodically review the implementation of policy and programme through its core committee, and facilitate technical support for this work for our affiliates through expert agencies like the ILO and GSACS/NGOs.

  
 Ralph de Sousa  
 President  
 Travel & Tourism Association of Goa.  
 609 Dempo Tower, Patto, Panaji Goa

## Radisson Hotel Kathmandu

### Work Place Policy on HIV/AIDS

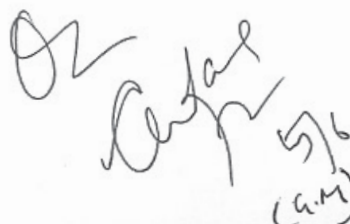
#### Introduction

Over 42 million people around the world are infected with HIV. At least 26 million are workers between the ages of 15 and 49. The effects are catastrophic not just on workers and their families, but on enterprise and national economics. In Nepal, number of reported HIV positive cases by December 2004 is 4593, of which 91% of reported cases belong to 15 -49 age groups, in the prime of their working life. We can easily predict a disaster due to this epidemic in Nepalese workplace too, as in some African countries 40% of the total population is HIV positive.

To prevent the country from devastating health crisis that might result in economic collapse, Radisson Hotel Kathmandu has developed a workplace policy to **Prevent, Care and Support and Protection against stigma and discrimination for all workers.**

**Policy Statement:** Radisson Hotel Kathmandu recognizes HIV/AIDS is a workplace issue and it values an atmosphere of mutual trust and respect between the management and workforce. Based on the Tripartite Declaration of the organization of the Nepalese employers and workers and the Ministry of Labour and Transport Management, on March 01 at Kathmandu, and as stipulated by the HIV/AIDS Workplace Education Programme in Nepal, following the principles as set out in the ILO Code of Practice on HIV/AIDS and the World of Work, realizing that workers should be educated about HIV/AIDS and they should adopt a safe behaviors, furthermore, hereby commit to a bipartite HIV/AIDS workplace policy to be endorsed and implemented immediately by the enterprise. ( Key P. No. 1)

**Prevention:** . The Hotel will provide ongoing educational and training program on the subject of HIV / AIDS for the benefit of all employees. Attendance at all HIV / AIDS related educational programs will be mandatory for all employees at all levels. Radisson Hotel Kathmandu will try and supply enough quantity of condoms to all employees. Employees will be encouraged and allowed to go for check-ups and treatment for Sexually Transmitted Diseases and other Opportunistic Infections. This could be done through linking with other institutions or service providers. (Key No. 9)



Handwritten signature and initials, possibly reading "576 (a.m.)".





**Reduction of Stigma & Discrimination:** An employee who is infected with AIDS will be treated like any other individual in regards to advancement, discharge, compensation, training or other terms, conditions or privileges of employment. (key P No. 2)

**No Screening:** HIV / AIDS testing will not be a mandatory part of the pre / post employment procedure, nor it will be included in the annual physical examinations. (Key P No. 6)

**Confidentiality:** An employee who is HIV infected is not required to inform the hotel; however, transparency will be respected, if they choose to do, the hotel will treat each case with strict confidence and privacy. (Key P No. 7)

**Continuation of employment:** An HIV infected employee will be allowed to continue working provided that they can meet the hotel's acceptable work performance standards, and medical authorities indicate that their condition and presence at work pose no threats to themselves or other employees and guest. (Key P No. 8)

**Healthy Work Environment:** Radisson Hotel will ensure safety work procedures and policies for all employees. The orientation training programs for new staff will cover mandatory, theory and practical training on safe work. There will be a sub-committee to the Welfare Committee as **Occupational Safety and HIV/AIDS Committee** to assist a healthy work environment. (Key P No. 4)

**Gender Equality:** Gender equality will be maintained for all employees in regards to advancement, discharge, compensation, training or other terms, conditions or privileges of employment. There will be no discrimination made on gender, color, status and religion. (Key P No. 3)

**Social dialogue;** There will be monthly department meeting and peer education program to ensure that all employees are aware about their right to information, and care and support mechanism, as specified in the HIV/AIDS workplace policy.

**Care and Support:** The employees of Radisson Hotel Kathmandu will be allowed paid leave or official off (sick leave) to go for Voluntary Counseling and Testing (VCT) **once in a year**, if any employee decides to go for it. This arrangement will be between HR Office and concerned employee. Reasonable transfer will be made for employees infected with HIV / AIDS provided their can perform to the work standards. (Key P No. 10)

### Inter-governmental organizations in the tourism sector

#### **United Nations World Tourism Organization (UNWTO)**

Capitán Haya 42  
28020 Madrid, Spain  
Tel: +34 91 567 81 00  
Fax: +34 91 571 37 33  
Email: [omt@unwto.org](mailto:omt@unwto.org)  
Website: [www.unwto.org](http://www.unwto.org)

### Employers' and workers' organizations in the tourism sector

#### **World Travel and Tourism Council (WTTC)**

1-2 Queen Victoria Terrace  
Sovereign Court  
London E1W 3HA  
United Kingdom  
Tel: +44 (0)870 727 98 82  
Fax: 44 (0)870 728 98 82  
Email: [enquiries@wttc.travel](mailto:enquiries@wttc.travel)  
Website: <http://www.wttc.org>

#### **International Union of Food, Agricultural, Hotel, Restaurant, Catering, Tobacco and Allied Workers' Associations (IUF)**

Rampe du Pont-Rouge, 8  
1213 Petit-Lancy,  
Switzerland  
Phone: + 41 22 793 22 33  
Fax: + 41 22 793 22 38  
Email: [iuf@iuf.org](mailto:iuf@iuf.org)  
Website: <http://www.iuf.org/www/en/>

#### **International Hotel & Restaurant Association (IH&RA)**

42, avenue general Guisan  
CH 1009 Pully  
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Phone: +41 21 711 4283  
Fax: + 41 21 711 4284  
Email: [ihrapresident@gmail.com](mailto:ihrapresident@gmail.com)  
Website : [www.ih-ra.com](http://www.ih-ra.com)

#### **International Transport Workers' Federation (ITF)**

49-60 Borough Road  
London, SE 1 1DR  
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Email: [mail@itf.org.uk](mailto:mail@itf.org.uk)  
Website: <http://www.itfglobal.org/index.cfm>

**International Air Transport Association (IATA)**

Head Office:

800, place Victoria

PO Box 113

Montreal H4Z 1M1

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Tel: +1 (0)514 874 0202

Fax: +1 (0)514 874 96 32

Website: <http://www.iata.org/index.htm>

**International Shipping Federation (ISF)****International Chamber of Shipping (ICS)**

12 Carthusian Street

London EC1M 6EZ

Tel: + 44 20 7417 8844

Fax + 44 20 7417 8877

E-mail: [isf@marisec.org](mailto:isf@marisec.org)

Website: <http://www.marisec.org/isf/index.htm>

**Cruise Lines International Association**

910 SE 17th Street, Suite 400

Fort Lauderdale, FL 33316

Tel: 754.224.22 00

Fax: 754.224.22 50

Email: [info@cruising.org](mailto:info@cruising.org)

Website: <http://www.cruising.org>

**Union internationale des chemins de fer (International Union of Railways, UIC)**

16 rue Jean Rey

75015 Paris, France

Tel: +33 (0) 1 44 49 20 20

Fax: +33 (0) 1 44 49 20 29

Website: <http://www.uic.org>

**Not-for-profit organizations in the tourism sector****Tour Operator's Initiative for Sustainable Tourism Development**

c/o World Tourism Organization (UNWTO)

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28020 Madrid, Spain

Website: <http://www.toinitiative.org/>

This is a joint publications of the ILO Programme on HIV/AIDS and the World of Work and the ILO Sectoral Activities Department



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