

WORKPLACE HIV AND AIDS POLICY MANUAL



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Afya Mzuri, meaning “good health” in Swahili, is a Zambian NGO (non-governmental organisation) specialising in developing and supporting the implementation of HIV and AIDS policies and programmes with workplace clients and in host communities.

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FOREWORD

Zambia has one of the highest HIV prevalence rates in the world, with almost 16% of the population aged 15-49 infected (*Zambia Demographic and Health Survey 2000/1*). This equates to over a million people in the country living with HIV and, of these, 200 000 are either in need of or are already on antiretroviral therapy (ART).

Those most affected by the virus are aged between 15 and 49 – men and women in the productive years of their lives. It is for this reason that the world of work is affected so severely by HIV.

HIV has impacted on all types and sizes of enterprises: the public, private and informal sectors; small, medium and large enterprises; donor agencies; non-governmental and Government bodies. No workplace is untouched. The epidemic causes increased absenteeism, higher rates of staff turnover, increased operational costs (funeral benefits, health care costs, etc.); all of which result in a decline in productivity. For the private sector, HIV has a direct impact on profitability and ultimately affects the wider economic climate in which companies operate.

The workplace clearly has a duty to respond. Efforts to mitigate the impact of the epidemic need to move beyond basic information messages to effective impact management. This means devising strategies to ensure that the 84% of the population who are HIV negative remain that way, and that those who are living with the virus are protected from discrimination and enabled to lead healthy and productive lives.

Central to the workplace response to HIV and AIDS is a workplace policy. The policy is a written statement of how the workplace intends to respond to and address the impact of HIV. The motivation for the development of this manual is to provide a tool – or series of tools – to guide the policy development process for workplaces of all types. The ultimate result will no doubt be more effective workplace responses to the HIV pandemic in Zambia.



Dr Alison Cooke Matutu
Executive Director
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March 2006

ACRONYMS AND ABBREVIATIONS

| | |
|--------|--|
| AIDS | Acquired immune deficiency syndrome |
| ART | Antiretroviral therapy |
| AU | African Union |
| AWiSA | AIDS Workplace Programmes in Southern Africa |
| CBO | Community-based organisation |
| CHAMP | Comprehensive HIV/AIDS Management Programme |
| CHEP | Copperbelt Health Education Project |
| CSI | Corporate social investment |
| DPSA | Department of Public Service and Administration (South Africa) |
| FPP | Focal point person |
| GBC | Global Business Coalition on HIV/AIDS |
| HAART | Highly active antiretroviral therapy |
| HBC | Home-based care |
| HIV | Human immunodeficiency virus |
| HR | Human resource(s) |
| ICCPR | International Convention on Civil and Political Rights |
| ICESCR | International Covenant on Economic, Social and Cultural Rights |
| IEC | Information, education and communication |
| ILO | International Labour Organisation |
| JD | Job description |
| KAP | Knowledge, attitudes and practices |
| KCM | Konkola Copper Mines plc |
| KPI | Key performance indicator |
| LDT | Livestock Development Trust |
| MIS | Management information system |
| MoE | Ministry of Education (Zambia) |
| MoH | Ministry of Health (Zambia) |
| NAC | National HIV/AIDS/STI/TB Council |
| NGO | Non-governmental organisation |
| PEP | Post exposure prophylaxis |
| PLWHA | Person living with HIV or AIDS |
| PMTCT | Prevention of mother to child transmission (of HIV) |
| PRSP | Poverty Reduction Strategy Paper |
| PPE | Personal protective equipment |
| SADC | Southern African Development Community |

| | |
|--------|---|
| STARZ | Strengthening the AIDS Response, Zambia |
| STI | Sexually transmitted infection |
| UNGASS | United Nations General Assembly Special Session on HIV/AIDS |
| VCT | Voluntary counselling and testing |
| ZBCA | Zambia Business Coalition on HIV/AIDS |
| ZDHS | Zambia Demographic and Health Survey |
| ZHECT | Zambia Health Education and Communications Trust |
| ZRA | Zambia Revenue Authority |
| ZWAP | Zambia Workplace AIDS Partnership |

SECTION ONE

THE POLICY MANUAL – WHAT, WHY, WHO AND HOW?

Section One introduces you to the Policy Manual, explaining what it is; why and how it was developed; and for whom.

An orientation to the six sections in the Policy Manual follows, with instructions on how to use it and an explanation of the tools and templates you will find in the Policy Manual.

Finally there are guidelines for consulting with clients on the issue of workplace HIV and AIDS policies.

Background

Workplace HIV and AIDS policy development, implementation and review are fundamental to effective, appropriate and sustainable responses to the HIV and AIDS epidemic, however few organisations – whether private, public or NGO – have the requisite skills and experience to undertake these processes without assistance. To address this situation, Afya Mzuri, a Zambian NGO providing HIV- and AIDS-related support to workplaces, commissioned the development of two products – a **manual** for use by resource persons (such as its technical staff) in their interactions with clients and a **guide** for leaders and managers in client organisations.

This document, the Workplace HIV and AIDS Policy Manual – henceforth known as the **Policy Manual** – is a user-friendly, interactive resource that can be used in different ways to support the development of HIV and AIDS policies in workplaces of all sizes and in all sectors.

The **primary users** of the Policy Manual will be the technical staff of NGOs – referred to as **resource persons** – who provide support to clients, such as companies, on matters related to HIV and AIDS policy development.

The Policy Manual draws on international and national good practices. It was piloted in early 2006 with representatives from the member organisations of the Zambia Workplace AIDS Partnership (ZWAP) during a workplace HIV and AIDS policy workshop.

Orientation to the Policy Manual

The Policy Manual consists of **six** sections:



- **Section One** gets you started!
- **Section Two** contains important contextual information and tools that can be used in preliminary interactions with clients.
- **Section Three** provides key points about workplace HIV and AIDS policies, tools to use when designing a policy and a template and example of a model policy.
- **Section Four** gives guidance on the process to follow when developing a policy.
- **Section Five** covers issues related to monitoring and reviewing a policy.
- **Section Six** contains a number of appendices, including examples of workplace HIV and AIDS policies.

The focus of the Policy Manual is on (i) policy development and (ii) policy review. This does not, in any way, imply that **policy implementation** is unimportant, however that aspect must be led and managed by the organisation concerned and is beyond the scope of the Policy Manual.

Resources and information to support implementation are included in **Appendix Four**.

How to use the Policy Manual

Apart from the information you will find in each section, there are also a number of tools and templates that can be used – with adaptations if required – in your interactions with your clients.

The tools are indicated with this symbol  and the templates with this one . Some of the tools and templates lend themselves to being photocopied for your use or for your clients.

Guidelines for client consultations

In an organisation such as Afya Mzuri, technical staff (referred to as resource persons) provide a wide range of HIV- and AIDS-related support to a number of workplaces (referred to as clients). In the private sector, clients may be small to large companies, including some multinational companies; in the public sector, they may be National, Provincial or District Ministries, Departments, Local Government or semi-government organisations. Clients can also be other NGOs or donor organisations.

The resource person's contact in the client organisation typically is the senior manager, director or official who is accountable for the workplace HIV and AIDS policy and programme. At other times, the contact may be with a small multidisciplinary team tasked to guide the organisation's HIV and AIDS response. He, she or they are likely to be busy people, facing many, competing demands; factors that must be considered when planning and conducting workplace HIV and AIDS policy consultations. So, here is a tool consisting of simple guidelines that you can follow to ensure that your interactions with clients are effective and efficient.

Sectors assisted by members of the Zambia Workplace AIDS Partnership (ZWAP) include:

Government Ministries, commercial farms, the hospitality industry, mining and manufacturing, the pharmaceutical industry, transporters and, finally, unions and learning institutions.

Tool to improve client consultations

Instructions

Follow the process described below to prepare for your consultations with your clients and to conduct and document them in a structured way.

- As preparation, analyse the client organisation to understand –
 - The hierarchy and processes of decision making;
 - Ways and times that communication takes place;
 - Who the key persons are and the structures within the organisation;
 - Who might be your allies in the organisation and who might be your opponents;
 - What the established business practices are, especially those related to policy development and implementation;
 - Capacity issues – both the strengths and weaknesses; and
 - Who is working with the organisation on HIV and AIDS issues and what programmes are in place.

Using a questionnaire or survey tool is one way to conduct an analysis of a client organisation. The following are questions that can be asked to assess and document existing HIV and AIDS activities.¹

1. Is your company/organisation implementing any HIV and AIDS programmes?
2. What types of HIV and AIDS programmes are available through your company/organisation and which are most relevant to your company/organisation and why?
3. Do you have trained peer educators? If yes, rate their level of activity (very active, moderately active, not active at all).
4. What needs to be done for peer educators' activities to be more useful/effective?
5. Does your organisation have any programmes to support employees living with HIV and AIDS? If not, why not? If yes, what form of support is provided (eg palliative care, ART, counselling, etc.)?
6. If your workplace offers any of the following services, rate the quality of the service from 1 to 5, with 1 being very poor and 5 being very good.
 - HIV and AIDS awareness
 - Peer education
 - Condom distribution
 - VCT services
 - STI services
 - Pre- and post-test clubs
 - Distributing IEC materials
 - Provision of ART
 - Training of service providers for ART
 - Counselling services
7. Are there additional HIV and AIDS related services being offered by your workplace that have not been mentioned? If so, what are they?
8. What has the response been of the staff towards the services provided?
9. Is management involved in the implementation of your workplace HIV and AIDS programme? If so, how?
10. Rate management's level of participation in the HIV and AIDS programme (high, moderate, low, none).
11. What HIV and AIDS or health-related programmes are currently not provided that you think should be provided by your company/organisation?
12. Has your company/organisation developed a workplace HIV and AIDS policy? If yes, at what stage is it (in development, completed, adopted and launched).
13. Who helped your organisation develop the policy?
14. Are employees aware of the policy? If yes, how were they made aware of the policy?
15. Are there systems that exist in the workplace to collect, analyse and report on HIV- and AIDS-related data and information?
16. Do you have staff trained to monitor and evaluate this data and information?

Other methodologies for conducting the analysis include:

- Interview with a contact person, key informant or group.
- Informal meeting with a group of employees or union representatives.
- A needs assessment survey.
- Analysis of documentation from the organisation, such as a company information flyer, newsletter, website, organogram, annual report, etc.

¹ Adapted from Afya Mzuri's survey instrument

- Ensure that your time spent with the client is used to good effect –
 - Decide what key messages you want to convey;
 - What language and words should or should not be used; and
 - What format (eg formal or informal) is best suited to the circumstances.

Key messages could be:

- Facts that highlight the impact of the epidemic;
- Description of an optimal response to the epidemic; and
- The benefits to an organisation of having a workplace HIV and AIDS policy

- Then prepare the content of your meeting or session, for example –
 - A clearly defined statement of the issue;
 - Points about why it is important;
 - A short, strategic briefing paper to hand over as evidence²; and
 - A clear and simple proposal for what needs to be done.

Keep a **record of key points** from each meeting.

- What was the purpose of the meeting?
- What were the main outcomes?
- What follow-up action is required, when and by whom?
- How successful was the meeting and what can be done to improve future meetings?

Following the analysis and the initial consultations, the form of the support to your client can be agreed. One example of policy development assistance to a client in the mining sector took this form:

- Following initial consultations, the company was advised to set up a group (or task team) of senior staff from key divisions in the company and who were mandated to develop the policy.
- The resource person provided the group with a policy template.
- A workshop was held, with company representatives, as well as with staff from other organisations who could share their policy development experiences. Key questions can be posed at such a workshop to guide discussions and decision making on issues such as pre-employment testing.
- A policy was drafted and then submitted to technical advisors for 'polishing'. Some companies will include a more comprehensive consultation process, within a clearly defined time frame.
- The policy was then adopted and launched, which included dissemination to all staff. Orientation on the policy can be done during scheduled meetings for important groups, such as management, supervisors and unions.

² See the template for a briefing paper in Section Two

SECTION TWO

UNDERSTANDING THE CONTEXT FOR POLICY DEVELOPMENT

Section Two contains information that can be utilised when making the case to a client for having a workplace HIV and AIDS policy. There is information on the epidemic in Zambia and on the impact of the epidemic on the world of work.

Section Two also covers the legal and policy environment within which policies should be developed and implemented.

There is a tool you can use to check for legal compliance; and a template for preparing a workplace HIV and AIDS policy briefing paper for a client.

The HIV and AIDS epidemic in Zambia

The virus that causes AIDS continues to infect many Zambians. In 2002 about 16% of the adult population was infected, making Zambia one of the seven most seriously affected countries in the entire world³.

HIV prevalence is highest in Lusaka and Copperbelt Provinces. Northern Province has the lowest prevalence. There are some very high prevalence pockets in the Southern Province – due to cross-border trading and certain cultural practices and compounded by poor access to information and services.

The factors that have fuelled the epidemic and created circumstances of vulnerability and risk are:

- Poverty, associated with significant income inequalities and widespread unemployment⁴;
- The low status and inferior position of women in society;
- Mobility and worker migration;
- Lack of commitment by leaders;
- Cultural, traditional, social and sexual practices, such as cleansing and widow inheritance, polygamy, early sexual debut, multiple sexual partners, unsafe sexual practices and low use of condoms;
- Failure or inability to make responsible, independent health-related decisions and low uptake of voluntary counselling and testing (VCT);
- The high prevalence of other sexually transmitted infections (STIs);
- Alcohol and drug use, including intravenous drug use;
- Unprotected consensual and non-consensual sex in prison; and
- Low levels of circumcision in most tribes.

Today, the epidemic is not only affecting population size, but also structure and, in years to come, it will increasingly result in a skewed dependency profile, typical of mature epidemics in

Key facts

- 1 in 6 Zambians aged between 15 and 49 years is HIV positive.
- Young women are 3 to 4 times more likely to be infected than young men.
- AIDS represents a development crisis that must be addressed by all sectors of society.

NOTE: This information must be updated regularly, as new data becomes available. The National HIV/AIDS/STI/TB Council (NAC) is a good source for the latest statistics.

³ NAC; The HIV/AIDS epidemic in Zambia – Where are we now? Where are we going? (September 2004) quotes a prevalence of 15.6%

⁴ The association of poverty and HIV and AIDS is described in the National HIV/AIDS/STI/TB Policy, MoH (June 2005)

developing countries. This is due to increasing mortality – particularly in young adults; decreasing fertility – in HIV infected women; and increasing infant mortality.

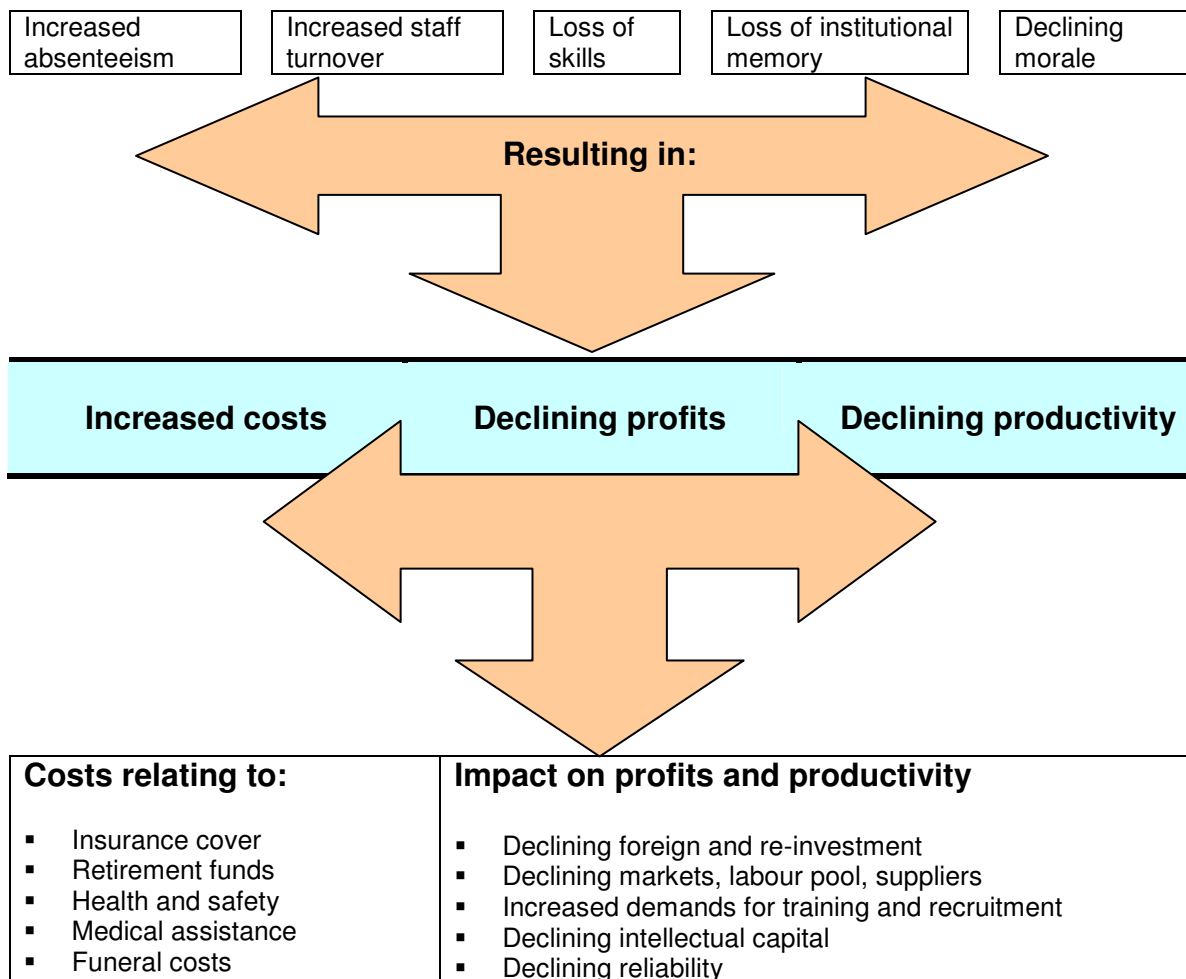
The Poverty Reduction Strategy Paper (PRSP) (2002-2004) made the link between HIV and AIDS and poverty in statements that:

- ... poverty directly or indirectly creates vulnerability to HIV/AIDS; and
- Economic growth and prosperity hinge on a healthy human resource base and this is threatened by the HIV/AIDS epidemic.

HIV and AIDS and the world of work

The HIV and AIDS epidemic impacts on all spheres of life. One of the most significant features is its concentration in the working age population (aged 15-49) such that those with critical social and economic roles are disproportionately affected. AIDS affects the world of work in numerous ways, as illustrated in the diagram below.

Figure 1: The impact of HIV and AIDS on an organisation⁵



Often, a mismatch between human resources and labour requirements is the outcome.

⁵ Adapted from The business response to HIV/AIDS: impact and lessons learned (2000)

The loss to the economy of skilled and experienced workers results in both **direct** and **indirect costs**. For organisations there will be direct costs related to recruitment and training, increased absenteeism and reduced productivity and associated with demands on benefits. Indirect costs relate to loss of skills, experience and institutional memory, disruption of continuity and damaged customer relations as well as staff morale problems. Stigma and discrimination in the workplace also represent costs, as they negatively affect production and workplace morale.

At a more macro level, lower productivity and profitability can result in declining tax contributions, while simultaneously the need for public services increases.

Key facts

The World Bank calculated that Zambia's economy would be 10% to 15% smaller by 2005 than in 2000, as a result of AIDS.

In short, the epidemic is affecting the size, growth rate, and age and skill composition of both current and future labour forces. At the same time, AIDS is raising the cost of labour in all Southern African countries and diminishing the competitiveness of African business in the global marketplace.

Finally, the **gender** dimensions of the epidemic in general, and specifically in terms of the world of work must be acknowledged.

- Gender inequality – linked to patterns of social, economic and cultural inequality – makes women more vulnerable to infection. The situation is worsened further by the biological differences between men and women.
- As the epidemic spreads, women are faced with the double burden of having to work and cope with the additional responsibilities of providing care and support for family and community members who fall ill.
- Most women still have limited access to secure livelihoods and socio-economic opportunities. This increases their dependence on male partners and their vulnerability in situations where there are risks of HIV infection.
- Men, too, are subject to social and cultural pressures that increase their susceptibility to infection and their likelihood of spreading it. Multiple partners and sexual infidelity are condoned for men in many societies.
- Certain occupations tend to encourage risk-taking behaviour, especially those that involve men spending long periods away from their families. This in turn increases the risk of infection for their partners when they return home.

National and international legal and policy frameworks

Every workplace HIV and AIDS policy should conform to international and national laws, policies and agreements.

Whilst there are no laws in Zambia that specifically cover employment-related HIV and AIDS issues, such as pre-employment HIV testing or benefits for HIV infected employees, the Government does endorse the policies recommended by the ILO (International Labour Organisation) and SADC (Southern African Development Community) with regard to HIV and AIDS in the workplace⁶.

In addition, the National HIV/AIDS/STI/TB Policy (2002) details a range of human rights issues including those related to:

⁶ Source: UCSF; HIV/AIDS in Zambia (March 2003)

- Employment and the workplace;
- Confidentiality; and
- Stigma, discrimination and ethical issues.

Extract from the SADC Code on HIV/AIDS and employment

Occupational benefits

- 7.1 Government, employers and employee representatives should ensure that occupational benefits are non-discriminatory and sustainable and provide support to all employees including those with HIV infection. Such occupational benefit schemes should make efforts to protect the rights and benefits of the dependents of deceased and retired employees.
- 7.2 Information from benefit schemes on the medical status of an employee should be kept confidential and should not be used by the employer or any other party to affect any other aspect of the employment contract or relationship.
- 7.3 Medical schemes and health benefits linked to employment should be non-discriminatory. Private and public health financing mechanisms should provide standard benefits to all employees regardless of their HIV status.
- 7.4 Counselling and advisory services should be made available to inform all employees on their rights and benefits from medical aid, life insurance, pension and social security funds. This should include information in intended changes to the structure, benefits and premiums to these funds.

Tool to measure legal compliance

Instructions

Use this tool to ensure that the HIV and AIDS policy process – and the content of the policy itself – comply with Zambian legal and policy provisions. The tool can be used during the policy drafting stage, during implementation and at review stages.

- Step One: In the client organisation, identify two senior staff members (representing management and the union/s), with suitable qualifications, or with access to legal expertise, with whom to work on the legal compliance review.
- Step Two: Collect all relevant employment and AIDS-related national laws, agreements and codes; and international agreements that have been signed by the country.

Examples of general legal and policy documents

- The Constitution of the Republic of Zambia, which is the supreme law in any country.
- The (draft) Bill of Rights, which sets out the rights of all citizens, such as rights to equality and non-discrimination, privacy and access to information.
- Common law protections, which typically include the right to privacy and bodily integrity.

Examples of Zambian laws with employment implications

- The Employment Act, cap 268, which deals with medical fitness to work.
- The Industrial and Labour Relations Act cap 269, which provides for the rights of employees and prohibits ill treatment of workers.
- The Minimum Wages and Conditions of Employment Act cap 276, which covers cases of

- illness longer than 26 days.
- The Factories Act cap 441, which protects the welfare, health and safety of workers in factory environments.
- The Occupational Health and Safety Act and the Workmen's Compensation Act, which regulate workplace health, safety and compensation matters.
- General Orders, which cover all public servants.
- Sectoral laws and policies.

Examples of international conventions, agreements and treaties signed by Zambia

The International Convention on Civil and Political Rights (ICCPR), 1966: Article 6 protects the right to life; Article 12 of the Constitution of the Republic of Zambia commits to the same protection.

The International Covenant on Economic, Social and Cultural Rights (ICESCR), 1966, which provides the right of everyone to the highest attainable standards of physical and mental health.

The ILO Convention 111 on Discrimination (Employment and Occupation) (1958), the ILO Code of Practice on HIV/AIDS and the World of Work (2001) and UNGASS (the UN General Assembly Special Session on HIV/AIDS).

Examples of regional resolutions and agreements signed by Zambia

The African Charter on Human and Peoples' Rights, 1981, which enshrines the right to health and prohibits discrimination in relation to the provision of health services.

The African Union (AU) Summit resolutions on HIV and AIDS.

The SADC Code on AIDS and Employment, which was approved by the Council of Ministers in September 1997.

Step Three: Extract key requirements related to non-discrimination, equity, rights, fair labour practices, health and safety and so on.

Requirements may relate to:

- Non-discrimination on grounds of race, beliefs/religion, gender, employment.
- Fair labour practices in respect of recruitment, promotion, dismissal, transfer, benefits, training and remuneration.
- Health and safety provisions such as a safe working environment, provision of personal protective equipment (PPE), access to medical services and/or wellness programmes, first aid and safety signs.
- Privacy and confidentiality, related to medical and other personal information.
- Protection from harassment, including sexual harassment.
- Freedom of choice, such as choices relating to voluntary counselling and testing (VCT).

Step Four: Prepare a report with a checklist of requirements and recommendations that can be used at specified points throughout the policy development process to check for compliance. Also include indicators to monitor legal compliance during policy implementation, for example:

- Inclusion of a paralegal module in HIV and AIDS training programmes and in management training sessions;
- Regular checks of policies, protocols and procedures against a checklist

- developed for the purpose, and particularly following the promulgation of any new legislation with employment implications; and
- Regular reports on legal compliance to an appropriate management/union forum.

NOTE: Once this exercise has been done for one client, it can be used, with minor adaptations, for others as well.

NOTE: For other sources of national legal and policy information contact the Ministries of Justice, Labour and Social Security, Community Development and Social Services, and Health. Also consult with the National HIV/AIDS/STI/TB Council (NAC) and the Public Service Management Division (if appropriate).

Template for preparing a workplace HIV and AIDS policy briefing paper

Instructions

Use the following template to prepare a briefing paper setting out key facts and issues related to the context of and need for a workplace HIV and AIDS policy. This can be a valuable resource when meeting with the contact person/s in your client organisation.

As you decide what facts and points to include in the briefing paper, test each against this question: “Is this fact/point critical information for the client; and, if so, is it stated in the best, most relevant way possible?”

1. The HIV and AIDS epidemic in Zambia
 - Facts about the extent and distribution (geographic, age and gender) of the epidemic.
 - Projections or scenarios for the future.
2. What this means for (name of the company or organisation)
 - Implications for workplaces and the economy.
 - Any specific issues for the sector concerned.
 - Any assumptions that can be made from the available data for the organisation.
3. Why it is important to develop and implement a workplace HIV and AIDS policy
 - Reasons (positive as well as negative) that will convince the client that it is good business practice to do so⁷.
4. Proposed process for the policy development
 - An explanation of the steps that can be followed⁸.
5. Contact details
 - Your details, as well as clarification of the support you can (and cannot) provide.

NOTE: As with the legal compliance exercise, once this has been done for one client, it can be used, with suitable adaptations, for others as well.

⁷ See Section Three

⁸ See Section Four

EXAMPLES OF BRIEFING PAPERS (DEVELOPED AT THE PILOT WORKSHOP)

| | | |
|--|---|---|
| Profile of the company | MSDP: mining sector; 16 employees; seasonal workers who migrate for work; low education levels; hazardous working conditions. | MoE: education sector; 50 000 employees (2004); majority of teachers aged 25-55. |
| Current and future HIV and AIDS scenario | Clients concentrated in high HIV prevalence areas of the country; prevalence may increase. | Prevalence of HIV not known, but in 1999 there were 1 350 reported deaths and 2 000 in 2004. |
| Implications for the organisation and economy | <p>For the organisation:</p> <ul style="list-style-type: none"> ▪ High absenteeism ▪ Loss of skilled miners ▪ Increasing funeral and medical costs ▪ No continuity of care or follow-up <p>For the economy:</p> <ul style="list-style-type: none"> ▪ Increasing poverty and poor nutrition | <p>For the Ministry:</p> <ul style="list-style-type: none"> ▪ Increased absenteeism, morbidity and mortality ▪ Quality of education undermined ▪ Increasing numbers of orphans <p>For the economy:</p> <ul style="list-style-type: none"> ▪ Insufficient educated people ▪ Imbalance in demand and supply of skills ▪ Reversal of development gains |

SECTION THREE

A WORKPLACE HIV AND AIDS POLICY – WHAT AND WHY?

Section Three focuses on why it is important and good business practice to develop and implement a workplace HIV and AIDS policy. Common questions that a client may have are answered.

The tool in Section Three provides an outline or structure of a workplace HIV and AIDS policy. This is followed by a model policy that can be adapted and used by resource persons and their clients. Finally there is a tool that is a checklist of elements to use when assessing the content of a workplace HIV and AIDS policy.

Why should an organisation have a workplace HIV and AIDS policy?

A workplace HIV and AIDS policy defines an organisation's position on HIV and AIDS and spells out the way in which the organisation will deal with the epidemic. Like other organisational policies, such as health and safety policies, a workplace HIV and AIDS policy must be integrated into the organisation's management system.

Among the many sound reasons why an organisation should have a workplace HIV and AIDS policy are that:

- It sends a strong message that AIDS is a serious workplace issue and that there is commitment to dealing with it as such.
- It provides a framework for consistency of practice and a foundation for the workplace HIV and AIDS response activities.
- It protects rights and specifies responsibilities related to HIV and AIDS, equity, non-discrimination and fair labour practices.
- It sets standards of behaviour expected of employers and employees.
- It informs infected and affected employees of assistance that is available.
- It sets standards for communication about HIV and AIDS.
- It ensures consistency with national and international legislation and good practices.
- It involves employees and external stakeholders (customers, clients, suppliers and contractors).
- It provides a framework for monitoring the workplace HIV and AIDS response.

Before proceeding further it is necessary to understand the role of a policy within a comprehensive and optimal organisational response to HIV and AIDS. For the purpose of the Policy Manual, a framework is used that clusters the interventions that constitute a comprehensive, optimal workplace response to HIV and AIDS into one of three broad areas, namely:

- Management strategies;
- A workplace (or internal) programme, which has two pillars; (i) prevention, and (ii) care and support; and

A policy that reflects this framework may set goals such as:

Goal of the management strategies

To manage and mitigate the impact of the epidemic through a range of governance, assessment, surveillance, planning and monitoring strategies.

Goal of the workplace programme

To prevent new HIV infections and provide care and support for infected and affected employees.

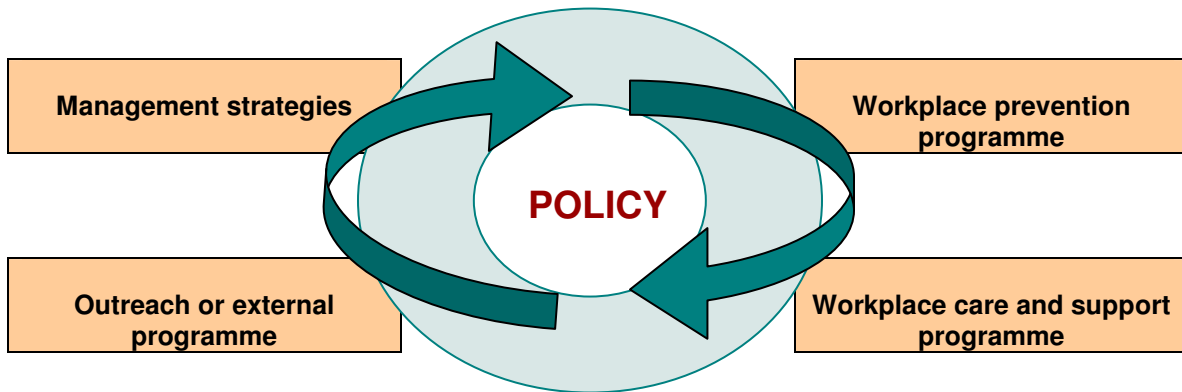
Goal of the outreach programme

To contribute to broader community, sectoral and societal HIV and AIDS responses, in areas of comparative advantage.

- An outreach (or external) programme.

A policy binds all the components together as illustrated in the following diagram.

Figure 2: A comprehensive, optimal response to HIV and AIDS



Common questions and concerns

The following are questions that are often asked regarding workplace HIV and AIDS policies.

What are the options when selecting the sort of workplace HIV and AIDS policy?

The decision as to whether a workplace HIV and AIDS policy should be a stand-alone policy, or integrated into a broader life-threatening illness or disability policy, or a short and succinct statement of intent that is referenced to other organisational policies are decisions that are context-specific and depend primarily on the precedents that have been set by the organisation in the past. Having stated that, most organisations opt for a stand-alone HIV and AIDS policy. This allows for specific issues, such as non-discrimination and workplace HIV and AIDS interventions, to be directly addressed.

NOTE: Some policies are sector-wide, binding all organisations belonging to the sector.

Policy or programme – which comes first?

There are no specific rules about sequence, both are necessary and both are not set in stone and should evolve and change over time. The recommendation is that initiating a workplace programme should not wait on the completion of a policy development process, which may take many months.

Should the policy be restricted to the workplace, or should it be broader, covering customers, suppliers, partners, surrounding communities and so on?

No organisation is an island and workplace HIV and AIDS policies should also define the context for an organisation's commitment to and involvement in broader external or outreach HIV and AIDS activities.

Should the policy be accompanied by an operational plan and/or implementation guidelines?

Yes, policies, by their nature are not detailed. A policy is the WHAT and the plan or guidelines will provide the HOW. They will facilitate implementation and can also be a tool for managing and monitoring day-to-day activities.

It's overwhelming, where does one start implementing the policy?

It is not necessary, in fact probably not possible, to implement all aspects of a workplace HIV and AIDS policy immediately. Start with the obvious and easier elements and add on others over time.

What will it cost?

Many organisations delay embarking on their workplace HIV and AIDS policy development process because of fears of what the cost implications will be. Whilst it is true that there will be costs associated with implementing the policy, there are many cost benefits to early, proactive action, whereas delaying the process could have the opposite effect.

Summary of Zambian NGO experiences in policy development

The following represent the typical constraints and challenges to policy development that have been experienced by resource persons. Possible solutions to the constraints/challenges are proposed.

| TYPICAL CONSTRAINTS AND CHALLENGES | PROPOSED SOLUTIONS |
|---|---|
| Lack of management commitment, ownership and support, as well as lack of awareness | <ul style="list-style-type: none"> ▪ Hold management sensitisation sessions ▪ Introduce a mandatory requirement for all workplaces to have a workplace policy and programme ▪ Train focal points in programme implementation ▪ Mandate Government to take the lead on policy development |
| Lack of financial and other resources, plus lack of understanding of what can be done with minimal resources | <ul style="list-style-type: none"> ▪ Build capacity in resource mobilisation ▪ Sensitise management and financial decision makers on the long-term benefits of developing and implementing a workplace HIV and AIDS policy |
| Absence of a structure and/or framework for policy development | <ul style="list-style-type: none"> ▪ Use tools and manuals in the formulation process ▪ Nominate a structure to spearhead the formulation of the policy |
| Lack of capacity or of trained staff to facilitate policy development | <ul style="list-style-type: none"> ▪ Provide tailored training and orientation to all levels within the organisation ▪ Make formal appointments of staff with HIV- and AIDS-related responsibilities ▪ Provide suitable incentives for delivery |
| Absence or inadequate legislation requiring policy development and implementation | <ul style="list-style-type: none"> ▪ Interpret current laws and policies to extract legal and policy provisions that will facilitate policy development ▪ Lobby for more compelling laws |
| Stigma and discrimination impact negatively on HIV and AIDS responses | <ul style="list-style-type: none"> ▪ Conduct anti-stigma sessions ▪ Create and promote linkages to counselling services |
| <p>Specific barriers, such as:</p> <p>The perception that having a policy means the provision of ARVs</p> <p>Negative opinions of an influential person</p> <p>Prescriptive foreign policies imposed on Zambia</p> <p>Lack of or non-sustained motivation of persons spearheading the programme</p> | <ul style="list-style-type: none"> ▪ Education that a policy covers a range of interventions; and information regarding the Government ART programme ▪ Ongoing education, information and lobbying ▪ Leadership and promotion of local solutions and local expertise ▪ Formal appointments and reporting requirements |

Tool to develop a workplace HIV and AIDS policy outline/structure

Instructions

Use the following as a checklist when advising a client on what a workplace HIV and AIDS policy should include, i.e. at the pre-development stage.

1. Introduction

- Reason(s) why the organisation has an HIV and AIDS policy;
- Scope of the policy (covering some or all employees and any different provisions for different categories of employees, contractors, etc.);
- Policy compliance with international and national laws and regulations, and trade/sector and/or union agreements; and
- How the policy will be applied.

2. General considerations/policy statement

- Statement of the goal and objectives of the policy; and
- Statement as to whether the policy is specific to HIV and AIDS or whether it incorporates AIDS into an existing policy (or policies).

3. Principles

Policies entrench principles as part of an organisation's ethos. A workplace HIV and AIDS policy must reflect a set of principles that are consistent with national and international laws and that describe the organisation's stated position on a range of issues. Typically these are statements that every employee has the right to:

- Equity and equality – in terms of pre-employment practices, promotion, training and access to benefits;
- Non-discrimination and acceptance regardless of HIV status;
- Privacy and confidentiality of medical information; and
- Protection from unfair dismissal.

Principles should also articulate the organisation's commitment to:

- Create a supportive environment for infected and affected employees;
- Protect human rights and the dignity of all employees regardless of their HIV status;
- Recognise the gender dimensions of the epidemic and develop HIV and AIDS responses accordingly; and
- Consult with and ensure the full participation of all stakeholders.

Examples of a few principles from the National Policy for the Management and Mitigation of HIV/AIDS in the Education Sector (final draft)

Equity and protection from discrimination

- Every person has equal rights, opportunities and responsibilities.
- Learners, educators and others, who are infected, affected or vulnerable in any other way, shall be protected from all forms of stigma and discrimination based on actual, known or perceived HIV status.

Access to information

- Every person has the right to access accurate and complete HIV/AIDS information.
- Information shall be age appropriate, culturally sensitive and provided in an accessible format.

Leadership and commitment

- Political leaders and managers in the education sector shall support the policy and its implementation at every stage.

4. Structure

This should describe the governance structure that the organisation will put in place to plan, co-ordinate, implement and monitor the HIV and AIDS response.

5. Roles and responsibilities

The roles and responsibilities defined in the policy could include that:

- HIV prevention is the responsibility of all employees, including senior management, supervisors and unions, and that everyone has responsibilities for maintaining an environment that reinforces safe sex and other protective behaviours;
- Managers and employee representatives should play a leadership role in addressing HIV and AIDS, both in the organisation and in the wider community;
- The employer and union/s have responsibilities for providing all employees with timely, accurate, clear and adequate information about HIV prevention, community support services, treatment options and any changes in the workplace HIV and AIDS activities; and
- Partners and stakeholders have a responsibility to support and/or participate in achieving the goals of the policy and programmes.

6. Programme elements

The policy should reflect the framework of interventions that will constitute the organisation's response, in the three categories:

- Management strategies, including employment and personnel issues;
- Workplace or internal activities – prevention, treatment, care and support for employees; and
- Outreach or external activities.

Example of interventions included in a workplace HIV and AIDS policy

Management of the epidemic within the company

The policy should include provision for assessing the impact of the epidemic on the organisation – the human resource, productivity and cost implications – and the procedures to plan prevention and mitigation strategies in response to this evidence.

The policy should cover all personnel issues, such as:

- Job access;
- Job security;
- HIV testing (eg no screening for HIV as a condition of recruitment, continued employment, training or promotion);
- Confidentiality and disclosure;

- Protection from discrimination;
- Employee benefits (pension/provident, medical, compassionate leave, death benefits, etc.);
- Access to training, promotion, benefits;
- Performance management;
- Grievance procedures; and
- Reasonable accommodation.

Workplace programme

The policy should define the parameters of the workplace programme, consisting of (i) prevention activities and (ii) treatment, care and support activities.

HIV prevention activities should include:

- Awareness activities and support for behaviour change, including condom promotion and distribution;
- Training on prevention and risk reduction, across all levels and from induction to in-service training;
- Peer education;
- Voluntary counselling and testing (VCT);
- Sexually transmitted infection (STI) management; and
- A safe working environment and compensation if infected with HIV as a result of an injury at work.

Treatment, care and support for HIV infected and affected employees should cover:

- Wellness management, including provision of or assistance in gaining access to life-saving treatments and drugs for HIV disease and opportunistic infections;
- Counselling and related social and psychological support services for HIV infected and affected employees (and possibly dependents as well), including support groups and post-test clubs;
- Legal support services for employees (in-house or contracted out) to access advice in order to make decisions related to the preparation of wills, transfer of property and leveraging of social services;
- Links with other workplace programmes; and
- Links with and referrals to other agencies.

External/community outreach activities

The policy should cover external activities such as:

- Partnerships to enhance broader HIV and AIDS responses;
- Participation in local networks of stakeholders responsible for HIV- and AIDS-related activities, projects and programmes; and
- Participation with external stakeholders in the national goals of preventing new infections and mitigating the impact of the epidemic.

7. Implementing and resourcing the policy

The policy should describe key implementation processes and possibly also targets. In addition, there should be a clear statement regarding funding and other resources necessary for implementation.

8. M&E and reporting on the policy

In this section, a formal commitment to regular monitoring and periodic evaluation of policy implementation should be stated. Also, various reporting obligations should be detailed.

9. Policy review

Finally, every policy should be reviewed and updated from time to time and this is particularly true for a workplace HIV and AIDS policy, which must remain relevant in a rapidly changing environment.

NOTE: There are a number of policies and policy extracts in Appendix Two that can be used as examples when assisting your client to develop a workplace HIV and AIDS policy.

1 Template of a model workplace HIV and AIDS policy

Instructions

The following policy was developed at the pilot workshop for a hypothetical tobacco farming company in the private sector, with operations across the country. The workforce, consisting of around 1 000 staff is 60% male and 40% female.

The policy structure and content can be used as a template when working with clients on their policy development.

1. Introduction

Zambia is one of the countries with the highest infection rates of HIV in the world. Out of a population of nearly 11 million, about 10% of Zambians are infected with HIV. (Around the world, 42 million people are infected, with more than half of all infections in sub-Saharan Africa.)

2. Policy statement

_____ Farms Ltd. recognises the HIV and AIDS epidemic as a serious threat to its operations and productivity. The company seeks to minimise the social and economic consequences to its staff (and the broader community). The company commits itself to implement an HIV and AIDS programme which encompasses prevention, care and support, whilst promoting a conducive working environment for persons living with HIV and AIDS.

3. Principles

_____ Farms Ltd. is committed to establishing the fundamental principle that HIV and AIDS shall be treated like any other life threatening condition. Every employee shall have equal rights, responsibilities and opportunities.

- Information and education on HIV and AIDS shall be provided to employees at all levels in order to create awareness and promote prevention.
- Appropriate training shall be provided to policy makers and all personnel responsible for implementation of the HIV and AIDS policy and programme.
- Employees shall not be dismissed or discriminated against on grounds of being HIV positive. All employees shall be protected from stigma and discrimination.
- All employees have the right to access holistic care and treatment services.

- Every employee has the right to privacy and confidentiality regarding their health, including information related to their HIV status.
- The workplace shall be a safe environment, which shall not tolerate sexual harassment, abuse or exploitation.

4. Structures, roles and responsibilities

HIV and AIDS shall be everyone's responsibility – from management to the worker in the fields.

An HIV and AIDS Committee shall be:

- Established with representation from all districts and departments, consisting of 10-12 people and shall be gender balanced. Where possible, people living with HIV and AIDS shall be included in the Committee and involved in the programme.
- Responsible for policy implementation, monitoring and reporting.
- Headed by a senior manager, with relevant, skilled support to implement the policy and programme.
- Supported by all relevant stakeholders.

The HIV and AIDS Committee shall operate in accordance with national laws, policies and standards.

A focal point person (FPP) shall be appointed at every operation. The FPP shall be accessible to every employee at the operation and shall, at all times, maintain confidentiality. The FPP is responsible to report on the programme monthly, quarterly and annually to his/her supervisor.

Key responsibilities include that:

- The HIV and AIDS Committee and the FPPs shall provide timely, accurate, clear and adequate information about HIV prevention and community support services, treatment options and any changes in the workplace HIV and AIDS activities.
- Managers and all employees shall play a leadership role in addressing HIV and AIDS – both within the company and the community.
- All stakeholders, in every district, shall support and participate in achieving the goals of the policy and programme.

5. Programme elements

5.1 Management strategies

The management of _____ Farms Ltd. Is committed to and undertakes to support the policy and programme and all related activities by ensuring that the conditions detailed below exist at the company, for the benefit of all employees.

- a) Adequate financial, material and other relevant support shall be provided to the Human Resources Department for the effective and efficient implementation of the policy and programme.
- b) No person shall be subjected to pre- or post-employment HIV testing for the purposes of management decision making.
- c) Opportunities for employment shall be based on qualifications regardless of the applicant's HIV status.
- d) Through the existing medical scheme, all employees shall have equal access to medical care, regardless of HIV status.

- e) Special medical benefits for critically ill employees shall be provided in accordance with the provisions in the Employee Manual and the Employment Act cap 268. Where the company cannot provide such care, the relevant manager shall ensure that appropriate linkages with other service providers are established on behalf of the employee.
- f) Where an employee's health status renders him/her unable to continue working in a certain position, alternatives, within the scope of reasonable accommodation, shall be sought, in consultation with the concerned employee.
- g) Where an employee is found to be unfit to continue working due to his/her illness, the provisions of the Employment Act shall guide decisions on termination of employment on medical grounds.
- h) Leave entitlements shall be accorded as stipulated in the Employee Manual.
- i) Medical benefits shall be extended to the employee's spouse and two legal dependents (i.e. biological, or registered children, or legal dependents under the age of 18).

5.2 Workplace prevention and care and support programme

5.2.2 Prevention programme

The 2001/2 Zambia Demographic and Health Survey (ZDHS) indicates that 16% of the population aged between 15 and 49 is infected with HIV. This is the age group into which most employees fall. This prevalence rate also means that 84% of this age group is uninfected. Workplace prevention interventions are therefore cardinal.

The company shall ensure that a comprehensive prevention programme that is culturally sensitive and appropriate is implemented, initially using the services of external experts. The elements of this programme shall include the following:

- Education and awareness activities that will ensure in-depth information dissemination to all employees, their spouses and families on HIV and AIDS, STIs and related topics.
- Easily available and accessible condoms to all employees, their spouses and other family members.
- VCT promotion, with the necessary linkages for easy access to these services.
- Capacity building in the workplace and community, by training peer educators (for information dissemination and sustainability).
- Pre- and post-test support groups – both in the workplace and in communities – to effectively deal with issues of stigma and discrimination.
- Linkages with appropriate partners for STI treatment.
- IEC materials, available as back-up to information dissemination activities.
- Promotion of PMTCT (prevention of mother to child transmission), linked to appropriate services.
- Training of selected employees in first aid, and provision of first aid kits at strategic places in all operations.
- Provision of personal protective equipment (PPE) to all employees.

5.2.2 Care and support programme

Through partnerships with relevant service providers, the company shall provide care and support services to employees living with HIV and AIDS and to their families. In this regard, the company shall uphold and promote non-discriminatory practices (in accordance with the provisions in national and international laws and guidelines).

In the event that an employee who is on ARV treatment leaves his/her employment with _____ Farms Ltd. Due to medical reasons, he/she will be provided with continuing treatment for a period not exceeding six (6) months.

5.3 Outreach programme

Recognising the adverse effects that the HIV and AIDS pandemic has had on the general population and on communities, the company commits itself to the fight against HIV and AIDS, not only in the workplace, but in the surrounding community as well. In this regard, the company shall engage in information dissemination and the promotion of safer sexual practices and protective cultural norms, and will actively network with specialist organisations, institutions and partners in these endeavours.

In addition, the company shall, at regular intervals, engage its clients as part of its inclusive prevention and outreach activities.

6. Implementing and resourcing the policy

The HIV and AIDS Committee shall draft guidelines for implementation of this policy.

Managers and supervisors shall be trained on all aspects to ensure smooth implementation.

The HIV and AIDS Committee, managers, supervisors, together with peer educators and FPPs shall be responsible for formulating annual action plans, which shall include budgets for implementation of the HIV and AIDS programme. This planning shall be conducted not later than January 20th of every year.

The company shall be responsible for securing the necessary resources to implement the policy.

7. Monitoring and evaluating and reporting on the policy

The company is committed to implementing the policy. To this end, an M&E Committee shall be created to:

- Hear and settle any complaints or concerns arising from the implementation of the policy;
- Develop a monitoring system, to measure the effectiveness of policy implementation; and
- Perform regular monitoring of policy implementation.

Peer educators, and staff with care and support responsibilities shall submit quarterly reports to the HIV and AIDS Committee.

8. Policy review

The policy shall take effect upon being signed by the nominated representatives of management and employees.

The policy shall be reviewed every three (3) years to ensure suitability, adequacy and effectiveness, unless a reason or need arises to review the policy earlier than the stipulated period.

Tool to check policy elements and issues

Instructions

Review the following checklist and add to or amend the questions to match your client organisation.

NOTE: Some points may be relevant for certain workplaces and sectors but not for others.

Then use the checklist to establish if important issues, principles and programme activities have been included and/or addressed in the workplace HIV and AIDS policy, i.e. during the development of the policy, or after the policy has been drafted.

| ISSUES, PRINCIPLES AND PROGRAMME ELEMENTS | Tick if present in the policy |
|--|-------------------------------|
| Does the policy define HIV and AIDS within the Zambian socio-economic context? | |
| Does the policy refer to women's vulnerability to HIV and AIDS? | |
| Does the policy acknowledge a commitment to ensure a workplace that is a non-discriminatory for persons affected by HIV and AIDS? | |
| Does the policy mention health and safety obligations? | |
| Does the policy refer to risk, behaviour change and protecting the health of workers? | |
| Does the policy state that persons living with HIV and AIDS will be treated in the same way as persons living with any other life threatening medical condition? | |
| Does the policy state that no potential employee or employee will be required to undergo an HIV test for any purpose? | |
| Does the policy contain a clear position relating to misconduct involving HIV- and AIDS-related harassment and stigma and discrimination? | |
| Does the policy cover rules or refer to other policies on sexual harassment within the workplace? | |
| Does the policy specify the grievance and disciplinary procedures to be followed when dealing with HIV- and AIDS-related issues? | |
| Does the policy highlight the legal duties of the employer and employees in respect of HIV and AIDS and the workplace policy and programme? | |
| Does the policy confirm the right of all employees to confidentiality regarding their HIV status and other medical information and that infected employees do not need to disclose their HIV status? | |
| Does the policy outline what support will be offered to employees living with HIV and AIDS and how this support can be accessed? | |
| Does the policy state where employees can obtain further information on prevention, care and support in relation to HIV and AIDS and STIs? | |
| Does policy explain how employees can access voluntary counselling and testing (VCT) and if this can be done during work time? | |
| Does the policy refer to psychosocial support and counselling for infected and affected employees? | |
| Does the policy provide for on-site health care or alternatively information on accessing health care, including antiretroviral therapy (ART)? | |
| Does the policy state whether the organisation will provide some form of nutritional support to employees who are HIV positive? | |
| Does the policy state if the organisation will provide ART (either free or at a reduced cost) for employees living with HIV and does it cover spouses and dependents? | |

| ISSUES, PRINCIPLES AND PROGRAMME ELEMENTS | Tick if present in the policy |
|--|--------------------------------------|
| Does the policy state that the normal provisions for sick leave will apply to employees living with HIV and AIDS? | |
| Does the policy affirm that promotion will be based on an employee's performance and ability to undertake a job irrespective of his/her HIV status? | |
| Does the policy state that when an employee fails to perform her/his normal duties because of ill health due to AIDS, the existing company policies and the Industrial and Labour Relations Act cap 269 will apply? | |
| Does the policy (if appropriate) contain additional measures to protect employees who work in high risk occupations from the risk of occupational exposure to HIV? | |
| Does the policy state that where a sponsoring agency providing training requires an individual to undergo an HIV test for visa purposes, then the decision to undergo the test will be the individual's as will be his/her decision to disclose the results of the test? | |
| Does the policy define the responsibilities of all staff across the workforce to comply with the policy? | |
| Does policy state that managers and supervisors will be briefed and trained to implement and enforce the policy? | |
| Does the policy specify the process to follow in cases of questions/concerns/complaints about the policy? | |
| Does the policy state that non-compliance with the provisions in the policy may lead to the initiation of disciplinary procedures? | |
| Does policy stipulate that regular, appropriate prevention information and activities will be available to all employees? | |
| Does the policy provide for access to condoms in the workplace? | |
| Does the policy include a time frame and process for implementation? | |
| Does the policy state that the policy will be reviewed on a regular basis or when there is a change to any applicable legislation? | |
| Does the policy outline how the review will be undertaken and how the results will be disseminated and used? | |
| ADDITIONAL ISSUES, PRINCIPLES AND PROGRAMME ELEMENTS | Tick if present in the policy |
| | |
| | |
| | |
| | |

SECTION FOUR

DEVELOPING A WORKPLACE HIV AND AIDS POLICY

Section Four introduces a typical policy development, implementation and monitoring process.

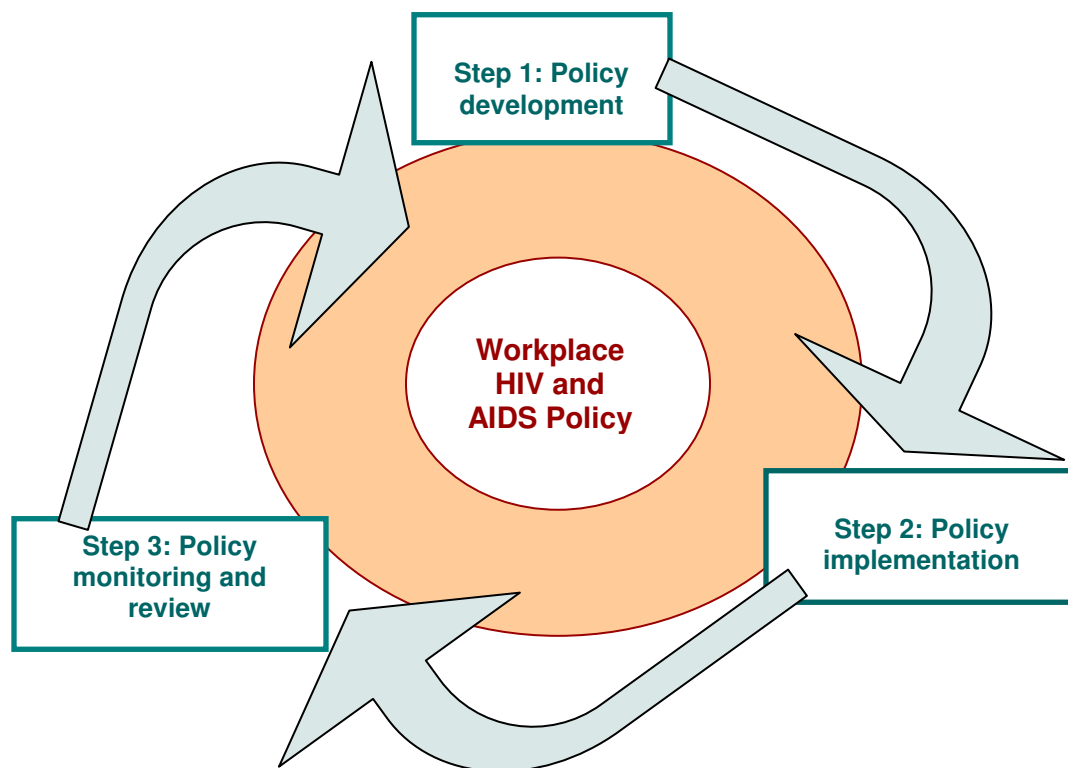
The tool proposes a step by step process that can be followed when drafting a policy. This is supplemented by descriptions of other processes that have worked in different contexts.

Notes on implementing a workplace HIV and AIDS policy conclude the section.

A typical policy development process

The policy process can be described as a cyclical three-step process, commencing with policy development, then policy implementation and regular monitoring and periodic review. This is illustrated in the following diagram.

Figure 3: Workplace HIV and AIDS policy process



Developing a workplace HIV and AIDS policy must be a consultative process. Different constituencies within a workplace will wish to see their issues reflected in the policy.

Employers' issues may include:

- Recruiting and retaining skilled and experienced employees;
- Productivity, performance management and meeting deadlines and targets;
- Providing training and promotional opportunities for employees;

- Providing equitable and sustainable employee benefits;
- Promoting a safe working environment; and
- Keeping costs contained.

Employees' concerns may include:

- Avoiding HIV infection;
- Being protected from discrimination on the basis of HIV status;
- Working in a supportive environment;
- Ensuring that confidentiality is maintained;
- Having a safe working environment;
- Receiving equitable employee benefits;
- Having job security; and
- Being given opportunities for training and promotions.

Unions may be concerned with:

- Ensuring that HIV and AIDS workplace policies and programmes meet the needs of all employees;
- Being involved in and consulted on the development of policies;
- Ensuring compliance with legal obligations towards members; and
- Ensuring fair grievance and disciplinary procedures for all employees, including those living with HIV and AIDS.

Extract from UNAIDS; *Employers' Handbook on HIV/AIDS – A Guide for Action*

The policy must:

- Have worker participation in its drafting;
- Be communicated to all concerned in simple and clear terms;
- Be reviewed and updated in the light of epidemiological data and the very dynamic therapeutic responses to the pandemic, as well as other scientific information;
- Be monitored for its successful implementation; and
- Be evaluated for its implementation and effectiveness.



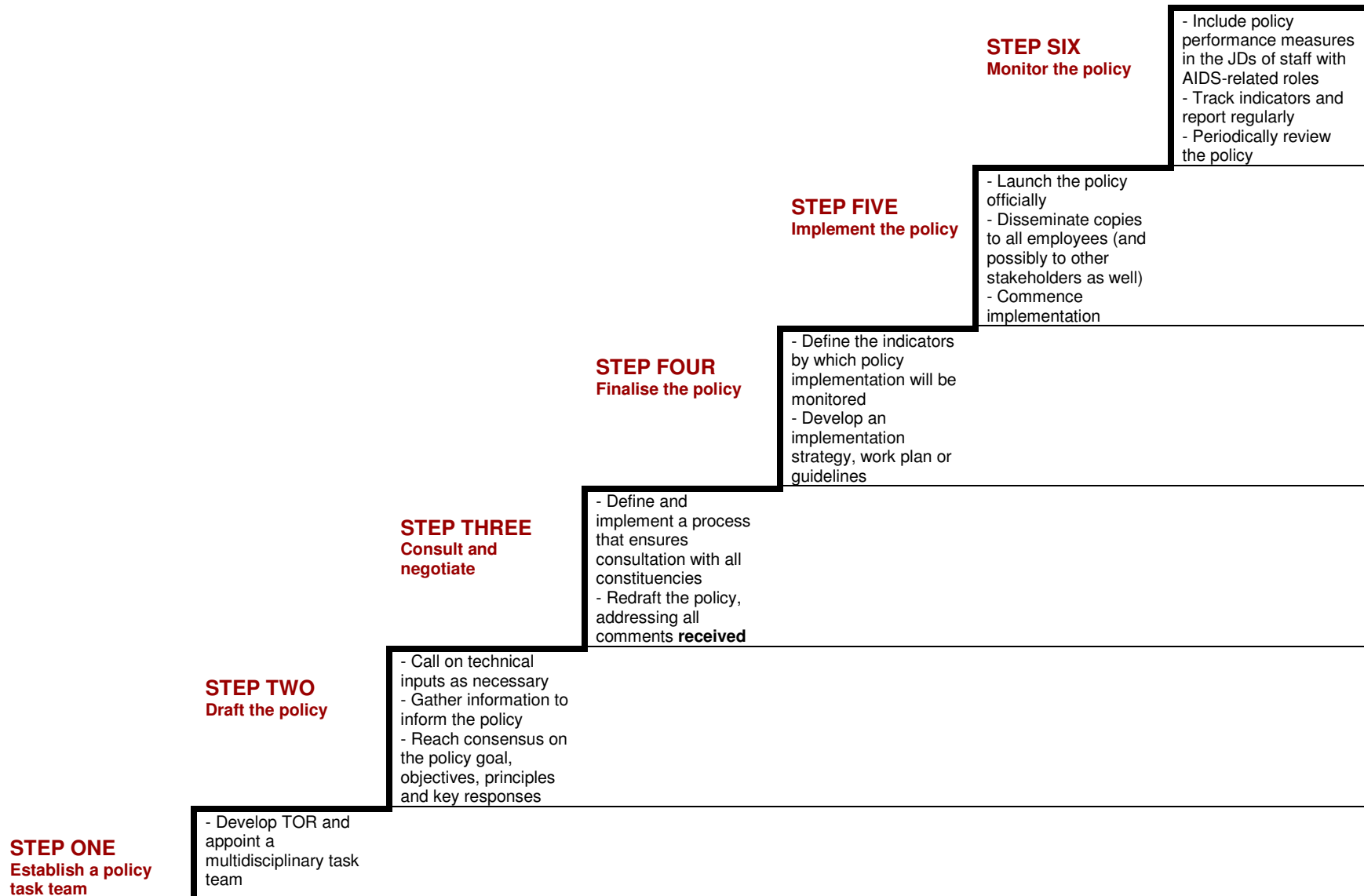
Tool to guide a workplace HIV and AIDS policy development process

Instructions

The process undertaken to develop a workplace HIV and AIDS policy is arguably as important as the policy itself.

If your client has a well-developed and tested policy development and implementation process – that involves employees and the unions at every stage – use that process to develop the policy, but refer to the one described below to check if any steps in the process can be improved.

If, on the other hand, the organisation does not have an established policy development and implementation process, follow the steps detailed below.



- Provide training/capacity building (if required) to task team members

Alternative policy development processes

The following processes were defined at the pilot workshop and represent the collective experiences of the participants:

| STEPS | GROUP A | GROUP B | GROUP C |
|-------|---|--|---|
| ONE | Contact the company and gather all the relevant information | Establish a policy development committee of decision makers and gather information | Get the commitment of management |
| TWO | Conduct sensitisation with management and unions | Build capacity of the committee members (incl. basic HIV and AIDS info.) | Formulate a task team |
| THREE | Appoint a 'policy working group' | Introduce a policy template and present a set of critical questions | Conduct general HIV and AIDS sensitisation for the task team |
| FOUR | Provide training on policy development (and other critical areas) | Draft the policy through group work and consensus building | Train the task team |
| FIVE | Draft the policy (incl. setting deadlines) | Consult on the draft | Present draft one of policy to management |
| SIX | Review, consult and obtain approval | Amend the policy drafts until the final version | Circulate draft two to employees for comment and to develop consensus |
| SEVEN | Launch the policy and commence implementation | Launch the policy, implement and establish M&E procedures | Develop the final document |
| EIGHT | M&E | Conduct policy review | Adopt, launch and disseminate the policy |

Notes on implementing a workplace HIV and AIDS policy

Translating a policy into practice presents a number of challenges. There are many examples of policies that are not implemented, or are only partially implemented, as a result of one or a combination of these challenges. Although policy implementation is not within the scope of the Policy Manual, a few points are provided below to guide initial decisions regarding implementation and to address some of the more common challenges.

- Launch, disseminate and popularise the policy across the organisation and at all levels, using channels such as intranet, handbooks, newsletters, posters on notice boards, payslip packets, and through drama and personal testimonies.
- Conduct orientation sessions for managers, supervisors, unions and other significant employee groups on the policy, on the implications of implementation and on their specific roles.
- Set up any necessary structure/s (eg a committee with Focal Point Persons and peer educators) to implement the workplace HIV and AIDS policy.
- Formalise roles and responsibilities for all aspects of the policy implementation.
- Ensure that lines of communication and accountability are clearly defined, understood and functional at every level in the organisation.
- Identify any existing initiatives (such as an Employee Welfare Programme, a Health and Safety Programme, support groups, pre- and post-test clubs, etc.) that are able to implement components of the policy.
- Develop an implementation strategy or roadmap or work plan or guidelines, with defined priorities, targets, time lines and costs.
- Carry out targeted marketing/advocacy about the HIV and AIDS programme to generate support, across the organisation, for implementation.
- Determine any training and capacity building needs and conduct skills building to support implementation.
- Identify partners to assist with or support implementation and formalise these relationships.
- Ensure that a budget is available for the implementation of the policy.
- Develop M&E tools and systems, with indicators to measure progress.

Use these criteria when selecting priorities for implementation

- The activity is in an area of great need.
- The activity will have maximum impact.
- The activity reaches a large number of the target group.
- The activity has a multiplier effect.
- The activity promises quick and visible results.
- The activity will use available resources and existing structures and processes.
- The activity is not controversial and will get the necessary support.

SECTION FIVE

MONITORING AND REVIEWING A WORKPLACE HIV AND AIDS POLICY

Section Five provides insights into the importance of monitoring and reporting on policy implementation, as well as the often neglected process of periodically reviewing a workplace HIV and AIDS policy.

The tool is a checklist of questions that can be used both as a policy implementation management tool as well as when conducting a policy review process.

Monitoring, evaluation, recording and reporting and policy reviews are functions that all organisations are familiar with, and, as far as is practical, all HIV- and AIDS-related aspects should be integrated into these routine management functions.

1. Monitoring and evaluating a workplace HIV and AIDS policy

An effective monitoring and evaluation strategy is nothing more or less than an open and critically reflective communication process that will serve to improve practice and strengthen programmes and partnerships.

Monitoring the implementation of a workplace HIV and AIDS policy is conducted in order to:

- See what has been achieved;
- Collect evidence of activities and results;
- Measure progress and programme effectiveness in reaching predefined objectives and targets;
- Improve monitoring and management;
- Identify strengths and weaknesses;
- Judge whether the cost was reasonable for what was achieved;
- Collect information to help run activities better; and
- Avoid repeating mistakes by sharing experiences.

Monitoring is the routine, daily assessment of on-going activities and progress.

Evaluation is the episodic assessment of overall achievements (which may be conducted internally or externally).

Monitoring looks at what is being done, whereas evaluation examines what has been achieved or what impact has been made.

2. Recording and reporting on a workplace HIV and AIDS policy

This refers to the formal documentation of processes and events, and the release of information, which may be a statutory requirement, a requirement in order to meet certain set specifications, or an internal requirement (for shareholders or management).

Implementation of a workplace HIV and AIDS policy therefore is recorded and reported on to:

- Document successes and failures;
- Develop a body of knowledge and of good practices; and
- Meet internal and external reporting requirements.

3. Reviewing a workplace HIV and AIDS policy

All workplace policies should be reviewed on a regular basis (eg every two to five years) to ensure continuing suitability, adequacy and effectiveness. This is particularly true for a workplace HIV and AIDS policy which must remain relevant in the context of a dynamic epidemic. Amongst the many issues that a policy review may need to consider are:

- Epidemiological changes – to the prevalence, incidence, spread and profile of the epidemic;
- Legal and policy changes – to international, national and sectoral laws and policies that define the context for workplace HIV and AIDS responses;
- Therapeutic changes – in terms of treatments that may have implications for workplace wellness programmes; and
- Organisational changes – such as staff, budgetary or institutional transition and transformation issues.

Before embarking on the review, check the following key points:

- Is the leadership committed to reviewing and revising the policy?
- Has a team been appointed to direct the process?
- Is the team representative of the employee categories?
- Is there a mechanism to solicit feedback on the policy and its implementation from employees?
- Have indicators been tracked and how will progress reports be used in the review?

Key questions to be posed when conducting a policy review are the following:

- How was the policy developed; was the process consultative?
- Does the policy address the needs and concerns of different stakeholders?
- Are the key elements of a comprehensive workplace HIV and AIDS response present in the policy?
- Does the policy comply with national laws and policies and international requirements?
- Is the policy consistent with good practices in the field?
- Have responsibilities and resources been assigned?

Tool to guide a policy review process⁹

Instructions

Policy review is inextricably linked to implementation and the following checklist can be used both as a management tool to measure and monitor implementation, as well as when reviewing a workplace HIV and AIDS policy. In addition, using the same tool over time or in different operations will allow for comparisons to be made.

- If the review is initiated by the **organisation**: Put together a small multidisciplinary team to conduct the review. It is likely that the resource person will be called upon to provide support to the team in conducting the review.
- If the review is initiated by the **resource person**: Request a small team of staff members to work with in conducting the review, and make efforts to ensure that the review meets the needs and requirements of the organisation, as well as of the resource person and his/her NGO.

⁹ The tool to check policy elements and issues, which can be found in Section Three, is similar and can be used in conjunction with this tool

| MANAGEMENT STRATEGIES | | |
|--|--|---------------|
| ELEMENT | DESCRIPTION | STATUS |
| Policy | <p>What consultation was done in developing the policy? Was the policy popularised? Does the workplace HIV and AIDS policy describe the organisation's commitment to addressing the epidemic? Is the policy being implemented at all levels of the organisation? Are monitoring and review mechanisms institutionalised?</p> | |
| AIDS Co-ordinator and structure | <p>Is a Co-ordinator or FPP appointed and a structure established with responsibility for planning and implementing the policy and programme, as well as for monitoring and reporting? Depending on the size and distribution of operations, do committees exist at business unit or decentralised level? Is a work plan developed and costed annually?</p> | |
| Governance, leadership, involvement and commitment | <p>Is AIDS a strategic priority? At Board meetings is the HIV and AIDS programme a regular agenda item? Is strategic decision-making on HIV and AIDS done at Board level, including decisions on mechanisation, outsourcing, market changes and modifying risk situations, such as migrant labour? Is an AIDS budget a line item in all business unit budgets? Has management integrated HIV and AIDS into the day-to-day operations of the organisation? Are HIV and AIDS key performance indicators (KPIs) included in all management JDs and performance appraisals? Are corporate social investment (CSI) funds earmarked for HIV and AIDS projects?</p> | |
| Legal compliance and personnel issues | <p>Have the organisation's policies been reviewed to ensure compliance with relevant laws? Do HR guidelines cover recruitment, confidentiality and disclosure, protection against discrimination, access to training, promotion, benefits, performance management, grievance procedures and reasonable accommodation? Are staff informed of their rights?</p> | |
| Surveillance and impact assessment | <p>Has an HIV prevalence survey been commissioned – with the necessary consultations and consent – and are results used to inform an impact assessment? Is employment data analysed on an on-going basis and are trends reported regularly to management? Is an analysis of costs (direct and indirect costs) done on an annual basis? Has an impact assessment been commissioned, or conducted in-house with models/scenarios developed for the future? Has the management information system (MIS) been modified (if necessary) to capture and provide HIV- and AIDS-related information, with the relevant allocation of responsibilities?</p> | |
| Skills succession plan | <p>Have critical positions been identified, and interventions been put in place, including multiskilling, shadowing, mentoring and bursary provision for students to acquire the necessary technical qualifications to meet the skills needs of the organisation?</p> | |

| WORKPLACE/INTERNAL PROGRAMME | | |
|-------------------------------------|--|---------------|
| ELEMENT | DESCRIPTION | STATUS |
| HIV prevention activities | <p>Is a knowledge, attitudes and practices (KAP) survey conducted regularly, to inform the programme and to monitor trends?</p> <p>Are awareness activities, using varied techniques (IEC, BCC, etc.), scheduled on an on-going basis, according to an agenda of priority issues?</p> <p>Is training on HIV and AIDS conducted for managers?</p> <p>Is AIDS included in induction courses?</p> <p>Is there a policy on sexual harassment and is it enforced?</p> | |
| Peer education | <p>Have peer educators been identified and have they attended an initial recognised course?</p> <p>Do they receive subsequent on-going training?</p> <p>Do peer educators conduct regular informal sessions as per a work plan?</p> <p>Do peer educators receive appropriate incentives?</p> | |
| Condom promotion and distribution | <p>Do condom promotion activities take place routinely, including accurate information on condom use and disposal?</p> <p>Are male and female condoms available free of charge, or dispensed for a subsidised fee, in strategic places, eg in every toilet facility?</p> <p>Is there regular, supervised condom restocking?</p> <p>Is condom uptake monitored?</p> | |
| STI management | <p>Are STI health-seeking behaviours regularly promoted?</p> <p>Are STI services accessible, on site, or at health facilities in the community?</p> <p>Is there an established referral system?</p> <p>Are STI trends monitored?</p> | |
| PMTCT | <p>Do staff, especially female staff know about PMTCT options?</p> <p>Are services accessible and is there an established referral system?</p> | |
| Voluntary counselling and testing | <p>Is VCT promoted on a regular basis?</p> <p>Are VCT services accessible, on site, or at agencies in the community?</p> <p>Is there an established referral system?</p> <p>Are there pre- and post-test clubs on site or in the community?</p> <p>Is VCT uptake monitored?</p> | |
| Infection control | <p>Is equipment and training provided for first aiders according to workplace legislation?</p> <p>Is a protocol for managing occupational exposure in place and operational and are employees aware of the procedures?</p> <p>Are starter packs for post exposure prophylaxis (PEP) available?</p> | |
| Wellness programme | <p>Is the organisation's wellness programme promoted?</p> <p>Do infected employees who enrol in the programme receive nutritional advice and supplements, immune supporting medications, and prophylaxis and treatment for opportunistic infections?</p> <p>When appropriate, do infected employees, and their immediate dependents, if also infected, receive antiretroviral therapy (ART) and medical monitoring?</p> | |

| | | |
|--|---|--|
| | <p>Are terminally ill employees, who are retired/discharged due to incapacity, referred to community services, such as home-based care (HBC) services?</p> <p>Are psychosocial counsellors identified, trained, and mentored?</p> <p>Is on-going counselling offered on site, as a dedicated service, or as part of the Employee Welfare Programme?</p> | |
|--|---|--|

| |
|------------------------------------|
| OUTREACH/EXTERNAL PROGRAMME |
|------------------------------------|

| ELEMENT | DESCRIPTION | STATUS |
|---|--|---------------|
| Partnerships | <p>Has a partner/stakeholder analysis been conducted and is it regularly updated?</p> <p>Is the organisation a member of a business forum that deals with HIV and AIDS?</p> <p>Are business partners engaged in relation to their own HIV and AIDS programmes?</p> <p>Is there on-going contact and engagement with local public health providers?</p> <p>Are supplier and contractor HIV and AIDS compliance requirements advertised and enforced?</p> <p>Is there capacity building of tributary organisations – contractors and suppliers – to improve the sustainability of their HIV and AIDS programmes?</p> <p>Are persons living with HIV and AIDS (PLWHAs) involved in all workplace and outreach activities?</p> | |
| Development and community HIV and AIDS projects | <p>Is there regular participation in meetings and activities of local multisectoral HIV and AIDS networks?</p> <p>Are identified staff trained to work at community level?</p> <p>Is the involvement of peer educators in community HIV and AIDS projects supported?</p> <p>Is capacity building of community members conducted, to develop their skills to enhance their programmes?</p> <p>Is there support to community organisations, to link them to available resources?</p> <p>Are resources shared with NGOs and CBOs to strengthen community HIV and AIDS initiatives?</p> | |

SECTION SIX

APPENDICES

APPENDIX ONE

LISTS OF FIGURES, TOOLS AND TEMPLATES

Figures

Figure 1: The impact of HIV and AIDS on enterprises

Figure 2: A comprehensive, optimal response to HIV and AIDS

Figure 3: Workplace HIV and AIDS policy process

Tools and templates

Section One:

Tool to improve client consultations

Section Two:

Tool to measure legal compliance

Template for preparing a workplace HIV and AIDS policy briefing paper

Section Three:

Tool to develop a workplace HIV and AIDS policy outline/structure

Template of a model workplace HIV and AIDS policy

Tool to check policy elements and issues

Section Four:

Tool to guide a workplace HIV and AIDS policy development process

Section Five:

Tool to guide a policy review process

APPENDIX TWO

EXAMPLES OF WORKPLACE HIV AND AIDS POLICIES

1. THE ZAMBIA REVENUE AUTHORITY (ZRA)¹⁰

The ZRA launched a workplace HIV and AIDS policy in January 2003. The policy is integrated into the ZRA Corporate Strategy and into all policy and procedure manuals.

Based on an impact study within the ZRA, which found almost 20% of the workforce to be HIV infected, the ZRA policy provides for:

- The protection of the rights of employees (including confidentiality, equality in recruitment, job assignments, training and development, performance evaluation and benefits);
- Reasonable accommodation for infected employees;
- Access to legal advice (for wills, transfer of property and leveraging public services);
- Prevention, through information, education and training, involving the ZRA intranet and peer educators, and integrated into induction and training programmes;
- Care and support, such as treatment for all HIV- and AIDS-related conditions, including ART and HAART;
- Access to VCT, at VCT centres or health facilities;
- Free condoms – male and female;
- Occupational safety precautions, including first aid kits in all ZRA vehicles, first aid training and PEP (post-exposure prophylaxis) for employees occupationally exposed to HIV at work;
- A dedicated HIV/AIDS Co-ordinator to co-ordinate and implement the policy and programme; and
- A budget for the workplace programme.

2. THE SOUTH AFRICAN DEPARTMENT OF PUBLIC SERVICE AND ADMINISTRATION (DPSA)

In a *Guide for Government Departments*¹¹, commissioned in 2002 by the DPSA for use by National and Provincial Government Departments, the following example appears as a template for a workplace HIV and AIDS policy.

Preamble and objectives

Recognising the serious nature of HIV/AIDS and its impact on the Department of [INSERT], we commit ourselves to managing HIV/AIDS in our working environment in order to:

- Ensure the efficient and effective delivery of services in spite of the prevalence of HIV/AIDS within our Department; and
- Minimise the impact of HIV/AIDS on our Department at all levels of employment by contributing to national efforts to minimise the spread of HIV and limiting the impact of existing infections on individuals, communities and society; and encouraging a commitment towards dealing with HIV/AIDS issues in our Department.

¹⁰ Source: Zambian Revenue Authority and DfID (Zambia)

¹¹ Available on www.dpsa.gov.za

Principles

The policy is based on the following key principles:

- Non-discrimination;
- Safety in the workplace;
- A prohibition on HIV testing;
- The encouragement of voluntary counselling and testing;
- Confidentiality;
- Openness, acceptance, care and support for employees living with HIV/AIDS
- ADD OTHERS IF DESIRED.

Non-discrimination

The Department shall ensure that no employee or prospective employee living with HIV/AIDS is unfairly discriminated against on the basis of HIV status in any employment policy or practice.

The Department shall take steps, such as [DETAIL MEASURES IF DESIRED] to actively promote non-discrimination on the basis of HIV/AIDS

HIV testing

No employee or prospective employee shall be required to test for HIV.

The Department shall encourage voluntary counselling and testing for HIV. [INSERT DETAILS IF DESIRED]

Confidentiality

The Department shall ensure that an employee's HIV status is kept confidential, and that no employee or prospective employee shall be obliged to disclose his or her HIV status. [DETAIL PROGRAMMES TO ENCOURAGE VOLUNTARY DISCLOSURE, IF RELEVANT.]

Workplace health and safety

The Department shall assess and manage the risk, if any, of occupational exposure to HIV through the following means: [PROVIDE DETAILS INCLUDING ACCESS TO HIV COUNSELLING AND TESTING, POST-EXPOSURE PROPHYLAXIS, ETC.]

Any employee who becomes infected with HIV as a result of an occupational injury or accident shall be assisted to apply for compensation, in terms of the procedures governing compensation for occupational injuries and diseases

HIV/AIDS workplace programmes

The Department shall provide the following workplace HIV/AIDS programmes as part of its broader wellness programmes for all employees:

- Education and awareness programmes;
- Prevention programmes [DETAIL COMPONENTS OFFERED.];
- Programmes to promote openness, acceptance and care for infected and affected employees; and
- [ADD ANY OTHERS OFFERED.]

Roles and responsibilities

[ALLOCATE ROLES AND RESPONSIBILITIES FOR IMPLEMENTATION OF POLICY COMPONENTS.]

Monitoring and evaluation

The Department shall ensure that a monitoring and evaluation strategy is developed to assess the impact and efficacy of the workplace HIV/AIDS policies and programmes.

3. PLACER DOME WESTERN AREAS – SOUTH DEEP MINE

The following is an extract from the **South Deep Mine HIV/AIDS policy**¹² – sometimes called an agreement in the mining sector. It was signed into practice by the National Union of Mineworkers, the United Association of South Africa and the Placer Dome Western Areas Joint Venture in 2002.

Policy statement

South Africa is facing an HIV/AIDS epidemic of severe proportions. HIV targets the reproductive age group and hence those of working age. The workplace therefore becomes the target of the epidemic.

South Deep acknowledges the seriousness of HIV/AIDS as a reality and fully recognises the tragic social implications associated with this illness as well as the impact thereof upon our operations. The philosophy of South Deep is that it should act in the best interest of all its employees by treating employees infected with HIV/AIDS in the same manner as those employees affected by any other serious or life threatening illness.

Policy principles

- (a) An individual's HIV/AIDS related information will be dealt with on a strictly confidential basis. Breaches of confidentiality will be seen in a serious light and will be dealt with accordingly.
- (b) Information about the HIV status of an individual will be managed within the clinical environment according to standard medical guidelines.
- (c) Employees will not be dismissed or discriminated against on the grounds of being HIV positive. Any necessary termination of service on the grounds of medical incapacity will be dealt with in terms of established medical separation procedures.
- (d) Where applicable, employees who are clinically ill will continue to receive medical treatment or benefits in accordance with the rules of the relevant medical scheme or medical service in which they participate.
- (e) Once an employee becomes incapable of executing his or her normal duties due to ill health, the provisions of the relevant provident or pension fund will be applicable with regard to the payment of benefits.
- (f) Appropriate training and protective equipment will be provided to those employees who are employed in occupations that may expose them to the risk of possible infection.

¹² For the full South Deep HIV/AIDS policy, go to www.weforum.org/globalhealth/cases

- (g) Information and education programmes on HIV/AIDS will be provided to employees to make them aware of the dangers of HIV/AIDS and which preventative steps should be taken to avoid being infected.
- (h) HIV/AIDS testing
 - HIV testing on a voluntary basis will be made available to employees with informed consent. HIV testing is not allowed by the Employment Equity Act.
 - HIV testing in a clinical environment for diagnostic purposes will be per medical ethical guidelines where practically possible.
 - All employment practices that are applied to HIV/AIDS should be consistent with ethical guidelines for good medical and occupational health practice, taking cognisance of prudent policies and relevant international best practices.

Operational guidelines

The company will develop an HIV/AIDS programme with due regard to:

- Statistical surveillance;
- Communication, education, voluntary counselling and testing (VCT) and wellness programmes;
- Effective services for the treatment of STIs;
- Provision of appropriate medical care; and
- Involvement of all stakeholders in programmes and the development of initiatives.

4. KONKOLA COPPER MINES plc (KCM)

KCM adopted the following HIV and AIDS policy in June 2001¹³.

Policy statement

The company recognises the gravity and implications of the AIDS epidemic for the individuals who are infected, their families, the company, its employees and the co-workers of affected individuals.

The company commits itself to addressing HIV/AIDS in a positive, supportive and non-discriminatory manner and seeks to minimise the social, economic and developmental consequences of this epidemic to both the company and its employees.

The HIV/AIDS policy detailed below provides clear guidelines to both employees and management.

(i) Education and information

- All company employees should be informed and educated about HIV/AIDS through ongoing multi media education and information programmes; for example workshops, awareness programmes and presentations, condom distribution, pamphlets and posters.
- The education and information programmes will be administered by the company's health practitioners, human resources practitioners and facilitators, including Union officials who have been taught HIV/AIDS education and training programmes.
- The objectives of the education and information programmes are:

¹³ Source: www.weforum.org/globalhealth/cases

- Communicating basic knowledge about the disease and its prevention
- Building community acceptance of persons living with HIV/AIDS to avoid feelings of rejection and isolation and to de-stigmatise HIV infection.
- Providing information to employees about voluntary counselling and testing within the organisation, about wellness programmes and medication available, about coping with work performance and what happens when employees are too sick to work, and about employee benefits on medical incapacity termination of services.
- Protection of employees potentially exposed to HIV in their duties.
- HIV/AIDS educational material and programmes are to be made available to all employees in KCM.

(ii) Confidentiality

Employees living with HIV or AIDS have a right to confidentiality and privacy concerning their health records. Employees are encouraged to undergo voluntary counselling and testing through the company's medical facilities and thereafter where appropriate to enrol in a supportive health programme. The employees HIV status is confidential within the medical department and will not be divulged unless an employee gives written consent to this.

(iii) Employee assistance

The company's Chief Medical Officer in conjunction with other HIV/AIDS counsellors in the Medical Department are available to provide employees with appropriate counselling services. Employees may also wish to speak informally with colleagues as a first step. Peer educators will be trained to assist with informal education and dissemination of information on HIV/AIDS, and members of MUZ and the HR department will be trained as counsellors as well. Voluntary counselling and testing together with a supportive health programme are available to employees and dependants.

(iv) HIV testing

- ***Pre-employment testing***
The company does not conduct pre-employment testing for HIV/AIDS. Medical testing either before commencing or during employment, which is subject to the consent of the individual concerned, shall assess current functional performance and prognosis with regard to fitness for work. HIV screening may be conducted as part of the selection criteria for long term training periods for example sponsorship of a degree course coupled to a service obligation.
- ***Voluntary confidential HIV testing***
Voluntary confidential HIV testing with pre- and post-test counselling, shall be available to all employees. Results shall remain confidential and employees who have been tested HIV positive shall have access to continuing support and health services. No employee shall be forced to undergo testing for HIV.
- ***Pre-benefit testing***
In the event that the providers of risk benefits, i.e. insurance companies, require HIV testing, it shall be for underwriting purposes only and requested by insurance companies. Such underwriting requirements do not affect the company's policy regarding testing.

(v) No unfair discrimination against HIV/AIDS employees

The company shall not practice any unfair discrimination against employees infected with HIV/AIDS. These employees will be treated in the same way as all other employees, and will be assisted by the company through counselling, and access to medical care, to maintain their health and therefore their capacity to be effective employees for as long as possible.

(vi) Working with employees living with HIV/AIDS

Working with and alongside employees who are HIV positive or who have AIDS is taken as a given in KCM where the infection rate is measured in excess of 18% or roughly one in five employees. The company wishes to foster a caring environment which supports these workers. If an employee discriminates against a co-worker due to the co-worker's HIV status, or assumed HIV status, this will result in disciplinary action. The company further commits itself to inform and prepare employees on the realities of working with colleagues living with HIV/AIDS.

The company recognises that all employees have the right to a safe work environment. The company is therefore committed to provide information to all employees and to establish widespread procedures regarding universal precautions to prevent HIV infection in the workplace. These procedures should be followed at all times in case of an injury at work.

(vii) Employee benefits

Employees who are infected with HIV or who have developed AIDS are entitled to their normal employee benefits while in regular employment. Adjustments to salary or conditions of service which follow re-assignment to alternate duties are normally agreed with employees. Company policy on ill-health retirement includes all ill health retirements irrespective of the cause, and no special conditions exist for employees with HIV/AIDS which places them at a disadvantage relative to others.

(viii) Performance and termination of services

All employees, whether infected with HIV/AIDS, or any other medical condition, are subject to performance requirements in their jobs. For as long as an employee is capable of rendering services effectively at the required performance standard, there is no reason to differentiate between these and other employees. Where an employee is unable to meet the performance requirements of his/her work due to illness, the employee's services may be terminated on the grounds of incapacity.

Within the workforce there will be ill employees who know their HIV/AIDS status and there will be ill employees who do not. There will be those who have undergone voluntary counselling and testing at the company and those who have not. The company will not unfairly discriminate between any of these groups but will adopt a fair and caring approach which seeks to be objective in the evaluation of employees' ability to render effective service, and which attempts to provide appropriate medical and counselling support while they are ill.

Where the company believes an employee is no longer capable of effectively performing his/her normal duties due to ill health of any nature, or where an employee has made representations to management that they are unable to cope, the company will consider if there are any suitable vacancies for the employee in which the employee could reasonably be able to perform. If such alternative employment is available the employee will be offered the position at the conditions of service appropriate for that job. If there are no suitable alternative employment opportunities available, or if the employee turns

down the offer of alternative employment, then the employee's services will be terminated on the grounds of medical incapacity.

(ix) Grievance/disciplinary procedures

Non-compliance with the guidelines set out in this policy will be treated in terms of the company's grievance and disciplinary procedures.

(x) Policy review

This policy will be reviewed from time to time in order to reflect changes in legislation as well as medical, academic, occupational and employment developments with regard to HIV/AIDS.

(xi) Further information

If you have any queries about the HIV/AIDS policy or education programmes, please contact _____.

5. ZAMBIAN MINISTRY OF EDUCATION (MoE)

The following points are extracted from the final draft of the Ministry of Education's HIV and AIDS policy¹⁴.

Human resource planning

Conditions of service and benefits

- When an employee has exhausted their entitlement to sick leave and other leave benefits, employees will be encouraged to seek treatment and gain access to their benefits.
- If an employee is unable to perform his or her normal duties, "*reasonable accommodation*" will apply and the provision of alternative suitable employment within their place of employment will be facilitated where possible. This can only be implemented with the written consent of the employee, and such action, without the consent of the employee, will amount to a breach of contract. This option will always be explored before retirement to pension on medical grounds.
- As HIV/AIDS is not within the control of the employee and does not therefore constitute any form of misconduct, the consultation and counselling process will be dealt with as *incapacity*. Records will be kept of all counselling sessions as proof that the MoE did not make an arbitrary decision to retire an employee. The normal period of notice will apply, and such retirement will be without prejudice to the employee's benefits.
- Employees who opt to leave their posts on medical grounds, will be supported in their retirement applications.
- Where employees disclose their HIV status, measures will be taken to ensure that they are not deployed away from their spouses and families.

Planning, management and mitigation

Goal: *Management structures, systems, partnerships and programmes are in place at all levels of the education sector to plan, advocate, ensure and sustain quality education in the context of HIV/AIDS.*

¹⁴ Source: HIV and AIDS Unit in the MoE and the Mobile Task Team (MTT)

Management structures and responsibilities

- Dedicated management structures will be in place at the national, provincial, district and institutional levels of the education system responsible for education sector HIV/AIDS policy implementation, direction, monitoring, evaluation and reporting.
- Accountable Focal Point Persons will be appointed at every level and in every institution, assisted by nominated senior officers and are to report monthly, quarterly and annually to their supervisors.

HIV/AIDS co-ordination and management

- The HIV/AIDS management unit will be formally established and sustainably resourced to lead the MoE HIV/AIDS response.
- This HIV/AIDS management unit, situated at the MoE headquarters within the HR Directorate, will guide the implementation of the national education sector HIV/AIDS policy and provide leadership, co-ordination, technical support and reporting on the implementation of the policy.
- There will be MoE commitment to sustained capacity building for the HIV/AIDS management unit, its personnel, and all Focal Point Persons and their nominated assistants at every level.

Leadership and advocacy

- Political leaders and managers in the education sector will, at all times, publicly support the education sector HIV/AIDS policy and its implementation at every stage and level.
- Political leaders and managers will be advocates of the education sector policy and positive role models, creating awareness and sharing information about HIV/AIDS impact and education sector responses.

Data collection and information systems

- The MoE will develop a set of core indicators of HIV/AIDS impact on the education system that can be routinely captured at all levels and in all functions of the education system.
- The MoE will review EMIS, HR and related information systems, implement new district level data systems (DEMMIS) to ensure the regular capture of these indicators across the entire education system and timeously analyse these to provide HIV/AIDS sensitive information to support decisions and empower management at all levels.
- This information will be available to every stakeholder.

Planning/budgeting, finance management and resource mobilisation

- Planning for HIV/AIDS impact and response will be carried out on a continuous basis at every level of the education system.
- Planning will include attention to issues of OVC, out-of-school youth and learners with special education needs.
- The HIV/AIDS management unit will be responsible for guiding the education budget planning and financial management processes and co-ordinating external resources for the education sector HIV/AIDS response.

Research

- The development and implementation of policy and related interventions will be guided by regular, prioritised, data based research and proven best practice both inside and outside the education sector, to monitor impact, trends and the effectiveness of responses.
- The education sector and MoE will collaborate with other key research stakeholders on all research and analysis of mutual interest.
- Special attention will be given to research on levels of HIV prevalence in the education sector, orphaning, vulnerability, education access and quality, the effectiveness of prevention, care and support programmes, workplace impact and gender issues.
- All research will be conducted in accordance with internationally accepted ethical standards and scientific principles, and will respect the rights, privacy and confidentiality of every person involved.

Policy implementation and review

- Following approval of the National Policy for the Management and Mitigation of HIV/AIDS in the Education Sector, the MoE will plan and action the policy implementation process at every level of the system.
- The Education Sector HIV/AIDS Policy will be reviewed as may be required but at least every two years.
- All other education sub-sectors and institutions responsible for developing HIV/AIDS policies in compliance with the Education Sector HIV/AIDS Policy will also be responsible for the review of these policies at least every two years.

Partnerships and links

- The MoE will recognise the roles and contributions of all its sectoral and development partners and encourage their participation in the implementation of the Education Sector HIV/AIDS Policy and the achievement of its goals and objectives.
- Through the development and maintenance of a partnership database, the MoE will identify and work effectively with these partners to manage and mitigate the impact of HIV/AIDS.
- The MoE will facilitate the development of links with other social sector ministries and agencies to explore common interests and collaborative relationships. These links will specifically include agreement on joint responsibility and programming for ECCD, OVC, out-of-school youth and cross-cutting or multi-sectoral issues.

Tertiary /higher education sector

- The tertiary and higher education sector will develop sector-specific HIV/AIDS policies at the sectoral and institutional level in accordance with the Zambian National HIV/AIDS/STI/TB Policy and the National Education Sector HIV/AIDS Policy.

Monitoring and evaluation

- The MoE will be responsible for co-ordinating the development and implementation of an appropriate monitoring and evaluation system for the education sector to benchmark, measure and monitor an agreed set of HIV/AIDS impact indicators.
- The MoE will co-ordinate the design and implementation of training in this monitoring and evaluation system for all accountable Focal Point Persons and their nominated senior officers at every level and in every institution.

- Accountable Focal Point Persons at every level and in every institution, assisted by nominated senior officers, will be responsible for the monitoring and evaluation of these indicators and will report on these monthly, quarterly and annually to their supervisors.

Reporting

- The MoE will publish an annual progress report on all education sector HIV/AIDS programmes and policy implementation.

6. UNILEVER SOUTH AFRICA

Unilever adopted the following HIV/AIDS policy statement¹⁵ and subsequently developed a **Management Guide** to assist with implementation.

Acquired immune deficiency syndrome (AIDS) is a serious and growing problem worldwide and especially in Africa. It is caused by the human immunodeficiency virus (HIV), which has already infected millions of people across the world.

The company is committed to protecting employees from hazards at work and promoting their overall health. This policy is an endorsement of that general principle and, in particular, of the company's commitment to specific programmes and actions in response to the HIV epidemic.

The company will, where relevant, ensure that:

- Education and communication programmes are developed for the benefit of employees, covering the risks of and the preventative measures relevant to the spread of HIV/AIDS. Where appropriate, this should be managed in collaboration with the wider community or other related initiatives.
- Medical care policies are appropriate to the environment in which they operate, and the treatment and care of employees and dependants with HIV/AIDS is consistent with how people with other life threatening conditions receive medical care.
- Best practice, both from within and outside Unilever, is learned and transferred across the business in order to mitigate the potential impact of HIV/AIDS upon our people and businesses.
- The company's position on HIV/AIDS is clearly understood and, when necessary, communicated in close consultation with Corporate Relations.

The company will not engage in routine screening, either pre-employment or of existing employees, except in specified circumstances, such as the screening of blood supplies for transfusion and, with informed consent, to establish a diagnosis in patients whose clinical symptoms suggest an HIV-related illness.

The company will endeavour to make available facilities for voluntary testing and to provide appropriate support and counselling services.

An employee who contracts HIV will have no obligation to inform the company but will be encouraged to seek guidance from medical and counselling providers.

Through education and counselling, the company will seek to prevent stigmatisation of those infected with HIV, and will not condone any form of discrimination.

¹⁵ Personal communication from Gill Harrower, Health Services Co-ordinator, Unilever South Africa

The company shall have in place and enforce a procedure for occupational blood exposure.

7. ZAMBIA BUSINESS COALITION ON HIV/AIDS (ZBCA)

The following are extracts from the ZBCA *Policy Guidelines: HIV/AIDS at the workplace*¹⁶:

Recruitment

There shall be an equal employment opportunity to all prospective employees.

- (i) Applicants will be recruited on merit and fitness to work, regardless of their HIV serostatus.
- (ii) No HIV testing shall be carried out privately without consent of the applicant.
- (iii) Medical examinations for employment shall not include screening for HIV.
- (iv) All new employees shall receive information about HIV/AIDS workplace activities on induction.

Promotion

There shall be an equal promotion opportunity to all deserving employees.

- (i) Employees known to be HIV positive shall be availed opportunities for promotion, training and development, without discrimination.
- (ii) No deserving employees shall be denied promotion on account of their HIV serostatus.

Insurance

The business sector shall promote the provision of a Group Life Assurance Scheme for all employees, regardless of their HIV serostatus.

- (i) Insurance premiums shall not vary on the basis of an employee's serostatus or AIDS condition, within the stated free cover limit under the Group Scheme policy.
- (ii) Employees shall be encouraged to take up life assurance cover as a normal routine and not as a pre-condition to safeguard their HIV/AIDS status.
- (iii) Employees known to be HIV positive must be availed the opportunity for insurance cover if required. Employees shall be availed equal payment of insurance premiums by the employer and shall receive their entitled terminal benefits under the Group Life Assurance Scheme, regardless of their HIV serostatus and AIDS condition.

8. LIVESTOCK DEVELOPMENT TRUST (LDT)

The following is an extract from the draft **LDT HIV/AIDS and gender workplace policy**.

Employees and family assistance

In the light of nature of the epidemic, an employees' assistance programme may need to be established or extended appropriately to include a range of services for workers as

¹⁶ Source: ZBCA; Policy guidelines: HIV/AIDS at the workplace (2001)

members of families, and to support their family members. This should be done in consultation with workers and their representatives and can be done in collaboration with Government and other relevant stakeholders in accordance with resources and needs.

Such programmes should recognise that women normally undertake the major part of caring for those with AIDS-related illnesses. They should also recognise the particular needs of pregnant women. They should respond to the needs of children who have lost one or both parents to AIDS, and who may then drop out of school, be forced to work, and become increasingly vulnerable to sexual exploitation. The programme may be in-house; enterprises could support such programmes collectively or contract out for such services from an independent enterprise.

The family assistance programmes may include:

- Compassionate leave;
- Invitations to participate in information and education programmes;
- Referrals to support groups, including self help groups; and
- Specific measures, such as support for formal education and apprenticeships to meet the needs of children and young persons who have lost one or both parents to AIDS.

APPENDIX THREE

CONTACTS

Add any additional information to the contact list and maintain it as a resource for yourself and for your clients.

| ORGANISATIONS THAT PARTICIPATED IN THE DEVELOPMENT OF THE POLICY MANUAL | |
|--|--|
| Afya Mzuri | Contact person: Executive Director Postal address: PO Box 51232, Lusaka, ZAMBIA Tel: +260 (0)1 232942 / 232943 Fax: +260 (0)1 232944 E-mail: enquiries@afyamzuri.org.zm |
| ZHECT (Zambia Health Education and Communications Trust) | Contact Person: Programme Manager Postal Address: Post Net 221; Private Bag E 835, Lusaka, ZAMBIA Tel: +260 (0)1 232838 / 223267 Fax: +260 (0)1 224038 E-mail: zhect@zamnet.zm |
| AWiSA (AIDS Workplace Programmes in Southern Africa) | Contact person: AWiSA Advisor ZAMBIA Postal address: PO Box 50301, Lusaka, ZAMBIA Tel & fax: +260 (0)1 294232 E-mail: zambia@awisa.de Website: www.awisa.de |
| ZBCA (Zambia Business Coalition on HIV/AIDS) | Postal address: PO Box 31026, Lusaka, ZAMBIA Tel: +260 (0)1 220801 / 220802 Fax: +260 (0)1 220802 E-mail: zbca@zamnet.zm |

| OTHER CONTACTS IN ZAMBIA | |
|--|---|
| National HIV/AIDS/STI/TB Council (NAC) | Contact person: Postal address: Tel: Fax: E-mail: Website: |
| | Contact person: Postal address: Tel: Fax: E-mail: Website: |
| | Contact person: Postal address: Tel: Fax: E-mail: Website: |

| INTERNATIONAL AND REGIONAL WORKPLACE CONTACTS | |
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| ILO (International Labour Organisation) | Contact details: Website: www.ilo.org |
| GBC (Global Business Coalition on HIV/AIDS) | Contact details: Website: www.businessfightsaids.org |
| | Contact details: Website: |
| | Contact details: Website: |

APPENDIX FOUR

RESOURCES AND REFERENCES

CODES

- International Labour Organisation; Code of practice on HIV/AIDS and the world of work (2001), available on www.ilo.org.
- SADC Code of good practice on HIV/AIDS and employment (1997), available on www.hri.ca/partners/alp.

WORKPLACE REFERENCES

- Department of Public Service and Administration; Managing HIV/AIDS in the workplace (2002), available on www.dpsa.gov.za.
- FHI; Workplace HIV/AIDS programme; an action guide for managers, available on www.fhi.org/en/aids.
- ILO; Implementing the code of practice on HIV/AIDS and the world of work (2002), available on www.ilo.org.
- International Finance Corporation; HIV/AIDS guide for the mining sector (2004), available on www.ifc.org/ifcagainstaids.

WEBSITES

- www.ifc.org/ifcagainstaids; This International Finance Corporation (IFC) project aims to assist companies with information, tools and guidance to develop their responses to the HIV and AIDS epidemic.
- www.weforum.org; The World Economic Forum's Global Health Initiative is designed to foster greater private sector involvement in the global response to HIV and AIDS (TB and malaria). The website has resources and best practices to help companies in developing their responses.
- www.unglobalcompact.org/Portal; The Global Compact brings companies together with UN agencies, labour and civil society in support of human rights, labour standards and the environment. The Global Compact, the ILO and UNAIDS have joined forces to mobilise businesses, encourage increased action on HIV and AIDS in the workplace and combat stigmatisation.
- www.icftu.org; The ICFTU believes that trade unions are uniquely placed to address the HIV and AIDS epidemic, as the workplace is a major entry point for information, prevention and rights campaigns.
- www.businesssfightsaids.org; The Global Business Coalition on HIV/AIDS brings together a growing number of international businesses dedicated to combating the HIV and AIDS epidemic. The website contains resources and information for employers on ways to address HIV and AIDS in the workplace.
- www.iaen.org; The International AIDS Economic Network (IAEN) provides data, tools and analysis on the economics of HIV prevention and treatment in developing countries, to help developing countries devise cost-effective responses to the global epidemic.
- www.redribbon.co.za; is a website supported by Metropolitan Life. It is the primary link to the official website of SABCOHA (the South African Business Coalition on HIV/AIDS).
- www.sanaso.org; is the website of the Southern African Network of AIDS Service Organisations and contains information on stigma and IEC workplace activities.

APPENDIX FIVE

GLOSSARY

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| AIDS | Acquired immune deficiency syndrome – a syndrome (collection of diseases) that results from infection with HIV |
| Advocacy | Efforts to get support and recognition for a cause, policy or recommendation |
| Antibodies | Substances produced by cells in the body's immune system in response to foreign substances that have entered the body |
| Antiretroviral therapy (ART) | Drugs, nutritional care, medical attention and psychosocial support provided to people living with HIV and AIDS |
| Asymptomatic | Infected by a disease agent but exhibiting no medical symptoms |
| Care | A broad term referring to the steps taken to promote a person's wellbeing through medical, psychosocial, spiritual and other means |
| Compassionate leave | Absence from work to manage acute personal issues, such as to care for a sick relative or to attend a funeral |
| Confidentiality | The right of every person, employee or job applicant to have their medical information, including HIV status, kept private |
| Discrimination | The denial of opportunities or benefits, otherwise available to everyone, to a person or group because of real or assumed features or conditions of the person or group |
| Epidemic | A disease, usually infectious, that spreads quickly through a population |
| Epidemiology | The study of the distribution and determinants of disease in human populations |
| Evaluation | The assessment of the impact of a programme at a particular point in time |
| Gender | Differences in social roles and relations between men and women |
| Health promotion | Programmes aimed at ensuring the physical and mental health and wellbeing of employees |
| Highly active antiretroviral therapy (HAART) | A combination of three or more antiretroviral medications – each of which affects the virus in a different way – to treat people infected with HIV |
| HIV | Human immunodeficiency virus – the name of the virus which undermines the immune system and leads to AIDS |

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| HIV testing | Any form of testing designed to identify the HIV status of a person, including blood tests, saliva tests, medical questionnaires, etc. |
| Immune system | A complex system of cells and cell substances that protects the body from infection and disease |
| Incidence of HIV | The number of new cases of HIV in a given time period, often expressed as a percentage of the susceptible population |
| Monitoring | The systematic and continuous assessment of a programme over a period of time |
| Occupational exposure | Exposure to blood or other body fluids, which may be HIV infected, during the course of carrying out working duties (for example, a health care worker may be exposed to HIV in the case of a needlestick injury) |
| Opportunistic infections | Infections that occur because a person's immune system is so weak that it cannot fight off the infections |
| Pandemic | An epidemic occurring simultaneously in many countries |
| Peer education | An intervention in which trained members of any group of equals, (office, factory, etc.) effect change among members of that same group |
| Policy | A document setting out an organisation's position on a particular issue and defining the way in which it will be addressed |
| Post-exposure prophylaxis | Measures taken and treatment given to a person who has recently been exposed to disease causing organisms, to prevent them from developing the disease |
| Prevalence of HIV | The number of people with HIV at a point in time, often expressed as a percentage of the total population |
| Prevention programme | A programme designed to prevent HIV transmission, including components such as awareness, education and training, condom distribution, treatment of sexually transmitted infections, occupational infection control, etc. |
| Reasonable accommodation | Any modification or adjustment to a job or to the workplace that is reasonably practicable and will enable a person living with HIV or AIDS to have access to or participate or advance in employment |
| Stigma | Negatively perceived characteristics affecting a person or group |
| Support | The services and assistance that could be provided to help a person deal with difficult situations and challenges |
| Treatment | A medical term describing the steps being taken to care for and manage an illness |

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| Unfair discrimination | Discrimination which is not reasonable or justifiable - in the working environment, discrimination is not unfair if it is based on the inherent requirements of a job |
| Universal precautions | Procedures to prevent accidental HIV infection in the workplace (usually applied to health care settings) |
| Wellness programme | A programme designed to promote the physical and mental health and wellbeing of employees, including components such as counselling, support groups, nutritional supplements, provision of treatment for opportunistic infections, provision of antiretroviral therapy, etc. |
| Workplace programme | An intervention to address a specific issue within the workplace (for example, providing staff access to a voluntary HIV counselling and testing programme) |

