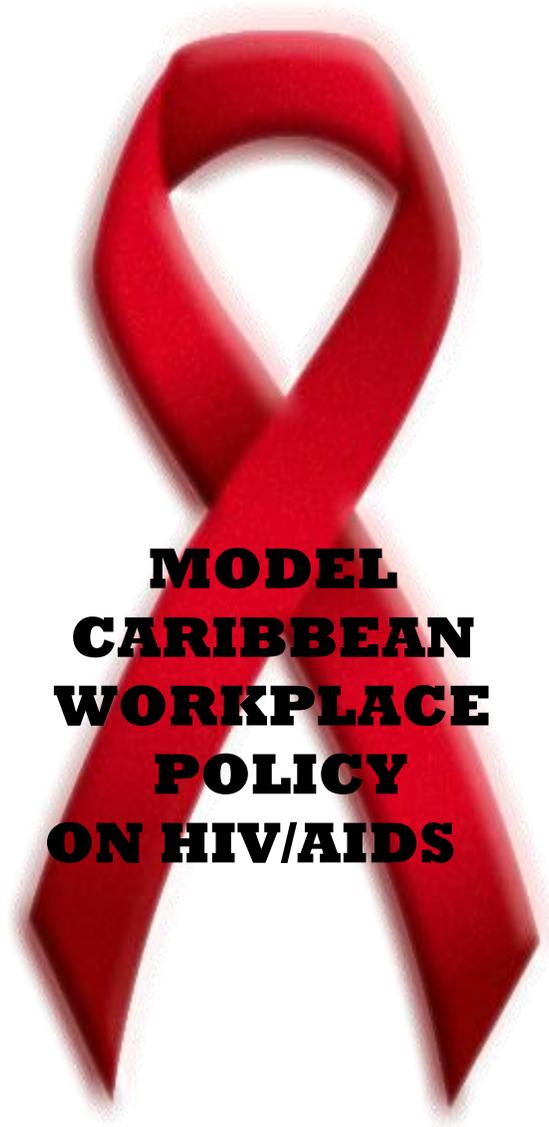


CARIBBEAN TRIPARTITE COUNCIL/  
PAN CARIBBEAN PARTNERSHIP AGAINST  
HIV/AIDS



**MODEL  
CARIBBEAN  
WORKPLACE  
POLICY  
ON HIV/AIDS**

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## **Introduction**

*Beyond the suffering it imposes on individuals and their families, the epidemic is profoundly affecting the social and economic fabric of societies. HIV and AIDS is a major threat to the world of work: it is affecting the most productive segment of the labour force and reducing earnings, and it is imposing huge costs on enterprises in all sectors through declining productivity, increasing labour costs and loss of skills and experience.*

*In addition, HIV and AIDS is affecting fundamental rights at work, particularly with respect to discrimination and stigmatization aimed at workers and people living with and affected by HIV and AIDS. The epidemic and its impact strike hardest at vulnerable groups including women and children, thereby increasing existing gender inequalities and exacerbating the problem of child labour.*

These are the words of Juan Somavia Director General of the International Labour Organisation (ILO) in the introduction to the ILO's 2001 document How to deal with HIV and AIDS in the Workplace. The threat posed to the world of work by the spread of HIV and AIDS is no less today. Available evidence may indicate that in our region the situation may even be worse. The Caribbean continues to have prevalence rates second only to sub-Saharan Africa. At the end of 2005 a total of 333,000 [240,000 – 420,000] were living with HIV in the Caribbean, of whom 300,000 (220,000 – 400,000) were adults 15 years and over. HIV positive children numbered 22,000 [9,800 – 43,000]. An estimated 37,000 [26,000 – 54,000] people became infected with HIV in 2005. (UNAIDS 2006 Report on the Global AIDS Epidemic)

These statements underscore the critical nature of the threat not only to Caribbean production but to the social and economic fabric of Caribbean society. The Caribbean Tripartite Council (CTC) was formed in September 2005 to mitigate the threat posed by the epidemic to the world of work in this region. The CTC, comprising the Caribbean Congress of Labour (CCL), the Caribbean Employers Confederation (CEC), Caribbean Governments represented by the CARICOM Secretariat, the International Labour Organisation (ILO) and the Caribbean Network of Persons living with HIV (CRN+), implements the world of work components of the HIV/AIDS project of the Pan Caribbean Partnership against HIV/AIDS (PANCAP) funded by the Global Fund for AIDS, Tuberculosis and Malaria (GFATM). Shortly after the formation in Trinidad and Tobago on September 20, 2005, it was agreed that a major duty of the CTC would be to develop a policy for a region wide HIV and AIDS workplace policy.

This policy is based on the *ILO code of practice on HIV and the World of Work*. Various other national level policies in several regional countries were taken into account. It also draws from enterprise level policies from some national and regional institutions and regional and multi-national enterprises.

This policy is the outcome of extensive consultation with and among representatives of employers, workers, governments and persons living with HIV and AIDS from CARICOM member states, with two regional consultative workshops held on July 26 – 27, 2006 in Grenada, and September 7-8, 2006 in Barbados. These workshops were initiated and managed by the Caribbean Tripartite Council.

## ***Purpose***

The purpose of this policy is to ensure the following:

1. Protection of the human rights and dignity in the workplace of persons infected with and affected by HIV and AIDS.
2. Elimination of stigma and discrimination against persons infected with and affected by HIV and AIDS.
3. Intensification of workplace HIV and AIDS prevention strategies through information, education and training;
4. Protection of the right of persons infected with and affected by HIV and AIDS to engage in productive employment; and
5. Care and support for workers living with HIV or AIDS and their families.

## ***Scope***

This document should be used to develop workplace policies in the private and public sectors throughout the region. It is intended to be used in the context of social dialogue and the promotion of best practices in the workplace.

## ***Policy Statement***

The organisation is committed to its responsibility as an employer to provide a safe system of work and a healthy work environment. The organisation recognizes that life threatening illnesses such as HIV and AIDS can have social, economic and human rights implications for the workplace. As an employer we embrace our responsibility to provide an enabling and productive environment to all employees to lead a normal life within the workplace, which includes continuing to be employed by the organization.

The organization is committed to the implementation of a pro-active and comprehensive HIV and AIDS workplace programme. This includes:

- ▶ the clear articulation of the organisation's policy in relation to the issue of HIV and AIDS in the workplace;
- ▶ the provision and maintenance of an open, informed and safe work environment through employee education and training; and

- ▶ the provision of an environment that has zero tolerance for stigma and discrimination against persons known or perceived to be living with HIV or AIDS.

The organization further commits itself to balance business needs with empathy to enable persons living with HIV and AIDS to work productively by providing reasonable accommodation to employees thus allowing them to work for as long as they are medically fit in available, appropriate work.

## ***Definitions***

### ***What is HIV?***

HIV is the abbreviation for Human Immunodeficiency Virus. This virus attacks the immune system and slowly weakens a person's ability to fight off other diseases, by attaching itself to and destroying important cells that control and support the human immune system. It is the virus that causes AIDS.

### ***What is AIDS?***

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

## ***Responsibility for implementation***

The organisation recognises that the successful implementation of an HIV/AIDS policy and programme requires cooperation and trust between employers, workers and their representatives and governments, where appropriate, with the active involvement of persons living with, and affected by, HIV and AIDS. As such, the organisation is committed to the successful implementation of an HIV and AIDS policy and programme which creates and fosters partnerships between employers, workers and governments. To ensure the effective implementation of the organisation's policy on HIV and AIDS, a joint committee consisting of an equal number of representatives from management, employees and union designated representatives will be established, a programme coordinator or a focal point person will be selected.

The joint committee/programme coordinator/focal point person is mandated to:

- ▶ Review and/or revise the policy periodically.
- ▶ Work closely with the joint health and safety committee and will be responsible for ensuring that the policy is being effectively implemented and adhered to.
- ▶ Identify appropriate education and training programmes for the employees of the organization.

- ▶ Provide gender sensitive education and information on how to prevent the transmission and spread of HIV.
- ▶ Manage the disease where it already exists, providing the necessary care, support and referrals, and work with co-workers without fear and discrimination.
- ▶ Keep abreast of national laws and their implications.
- ▶ Assess the impact of the epidemic on the workplace and the needs of the workers affected and infected with HIV or AIDS with ongoing program evaluation.
- ▶ Further develop and implement initiatives as necessary and appropriate.

### ***HIV Screening, recruitment and employment***

The organisation will not compel an employee or a job applicant to disclose his or her HIV or AIDS status or that of any other person. The organisation will provide equal employment opportunities for qualified candidates on a non-discriminatory basis, and will not conduct any tests to screen job applicants or employees for HIV and AIDS as a condition of employment, promotion or training. However, the organization shall promote and facilitate access to voluntary confidential counselling and testing (vcct) for all employees.

### ***Confidentiality and non-disclosure***

The organization accepts that an individual's health condition is private and confidential. This information shall only be disclosed after signed written permission is given by the employee, who shall identify the person/institution to which the information shall be disclosed. Where an employee with HIV or AIDS discloses his or her status to management, the identity of that person will be kept confidential, and should not be used to discriminate against that individual in any way.

Any person who breaches the confidentiality and non-disclosure of information relative to HIV and AIDS shall be dealt with in accordance with the grievance procedure, where it exists.

### ***Travel, assignment and vaccination***

For travel to or assignment in a country which requires HIV screening for entry or residence, the organisation will make this requirement known to applicants or staff in advance of recruitment, duty travel or re-assignment. Where HIV screening is required, the organisation will facilitate pre and post-test counselling for the individual. If an employee is unable to take an assignment in a particular country because of that country's

HIV-related requirements, the organisation will take all reasonable steps to find an alternative post.

The organisation will also advise employees when proof of vaccination is required for travel to some countries. In such cases the organisation will advise employees and ensure that they have the opportunity to seek confidential medical advice on the advisability of vaccination.

### ***HIV Prevention***

HIV is preventable, and the organisation will do all that is reasonably practicable to ensure that the contraction rate among its employees is minimized. To this end:

1. The organisation shall provide continuous training and education to employees on the disease, including methods of transmission as well as types of behaviour modification required to prevent contracting the disease and other sexually transmitted or blood borne infections.
2. For the purpose of developing and ultimately assessing the effectiveness of its prevention programme the organization should gather basic information on the level of knowledge, attitudes and behavioural practices among employees, as well as regular risk and impact assessment studies. These will be carried out in consultation and with the informed consent of employees and their representatives, and under conditions of complete confidentiality.

### ***Occupational or other exposure***

The organisation is committed to providing a safe place of work for its employees. In keeping with this commitment, the organisation will ensure that all necessary health and safety systems and practices are in place to protect employees from any undue exposure to anything that poses a threat to their health and safety while on the job. The organisation will provide the appropriate protective equipment and first-aid to employees in the conduct of their duties, and will also provide training for employees in universal precautions, to ensure they are knowledgeable about the procedures to be followed in the event of an occupational incident, particularly those in high risk occupations.

The organisation will facilitate referral for counselling, assessment and medical treatment for employees exposed to the risk of HIV infection whether in the workplace or elsewhere. Reasonable paid time off as specified in the organisation's sick leave policy and/or collective agreement, where they exist, will be provided for counselling following occupational or other exposure.

## ***Information and Training***

The organisation will develop and implement an extensive education and training programme for all employees, to be conducted in collaboration with the joint health and safety, HIV/AIDS committees or relevant entities. The training programme shall inform employees about methods of prevention and transmission of HIV, and related communicable diseases; promotion of safe sex and risk reduction measures in relation to sexually transmitted infections; testing and counselling facilities for HIV and AIDS; care and support and rights of employees who are affected or infected with HIV and AIDS.

Persons from within the organization will also be given training as trainers to further the cause against HIV and AIDS. The organisation will also give employees reasonable time from work in keeping with organisation policy for participation in HIV and AIDS training and education activities.

In addition, literature on HIV and AIDS will be made available to all employees and placed at key locations within the organisation.

## ***Stigma and Discrimination***

The organisation has a zero tolerance policy on stigmatization and discrimination against persons known or perceived to be affected or infected with HIV and AIDS. The organisation will, through its education and training programme promote the need to protect employees from stigma, discrimination and harassment based on real or perceived HIV or AIDS status. The organisation guarantees that job access, status, promotion, security and training will not be influenced by the HIV status of any employee. Redress shall be available for persons who have been stigmatized and discriminated against through the organisation's established grievance procedure, or other appropriate mechanism.

## ***Reasonable Accommodation***

It is the policy of the organisation to respond to the changing health status of employees by making reasonable accommodation in the workplace for employees where necessary and appropriate. The organization in consultation with the worker(s) and their representatives, shall take measures to reasonably accommodate the worker(s) with AIDS-related illnesses. These could include rearrangement of working time, special equipment, opportunities for rest breaks, time off for medical appointments, flexible sick leave, part-time work and return-to-work arrangements.

### ***Termination of employment***

No employee shall be terminated on the basis of their HIV-status. Persons who are living with HIV and AIDS will be allowed to work as long as they are medically fit to do so, and performing according to the organisation's standards of performance. If the infected employee fails to maintain agreed standards of performance in his/her job due to the effects of their illness, and no suitable alternate arrangement within the organisation can be made, the manager or supervisor must resolve the situation in accordance with the organisation's policies on agreed performance standards, sick leave and absenteeism.

### ***Gender Dimensions***

The organisation acknowledges that HIV and AIDS impacts on male and female employees differently. It is recognized that females are more likely to be infected and are more often adversely affected due to biological, socio cultural and economic reasons. Gender specific programmes will be developed to ensure that both men and women are adequately informed about their rights and responsibilities in the fight against HIV and AIDS.

### ***Protection against victimization***

The organisation shall not tolerate discrimination or harassment by any employees, of persons infected or affected by HIV and AIDS. To this end the employer and employees shall not victimize or refuse to work with an employee or employer infected or affected or perceived to be infected or affected by HIV and AIDS.

### ***Grievance and Disciplinary procedures***

In the event that a work-related grievance arises, the organisation's agreed procedure for grievance handling as outlined in the collective agreement/ procedures manual will be followed. The organisation's agreed disciplinary procedures and policy manual shall be revised accordingly.

### ***Counselling***

The organisation promotes and facilitates access to voluntary confidential counselling and testing (vcct) for all employees, in collaboration with the national HIV/AIDS Commission/Secretariat, or any other relevant entity.

## ***Care and Support***

The organisation recognizes that persons who are infected or affected by HIV or AIDS should be granted time off to access or to provide the necessary care and support for persons associated with them, who are infected or affected.

The organisation will ensure that all employees will be given the relevant information or directed to the national agencies, departments/ministries that offer support for persons who are infected or affected by HIV and AIDS.

## ***Revision***

This policy will be reviewed periodically and revised as necessary in light of the changing conditions and findings of the surveys and assessments conducted, as well as the suggestions from the joint HIV and AIDS committee/programme coordinator/focal point person.

## ***Endorsement***

This policy should be dated and signed by all relevant parties as an indication of their understanding and acceptance of the contents of the document.

## ***Further Information***

Other sources of information on issues related to HIV and AIDS in the workplace include:

Barbados Employers' Confederation [www.barbadosemployers.com](http://www.barbadosemployers.com)

Centre for Disease Control and Prevention [www.hivatwork.org](http://www.hivatwork.org)

Family Health International [www.fhi.org](http://www.fhi.org)

International Confederation of Free Trade Unions [www.icftu.org](http://www.icftu.org)

International Labour Organisation [www.ilo.org/aid](http://www.ilo.org/aid)

International Organisation of Employers [www.ioe-emp.org](http://www.ioe-emp.org)

## ***Instructions On Adapting The Policy At The Enterprise Level***

It is recognized that in developing a regional policy on any issue, the ability of enterprises to adopt the policy is affected by the various considerations of the enterprises. It is also recognized that organizations vary in size, financial resources, human resources and other such areas. As a result, the following instructions have been developed to act as a guide for enterprises in determining how this policy framework can be tailored to suit their needs.

1. The organisation should appoint/establish a programme coordinator/a focal point person/a joint committee consisting of an equal number of representatives from management, employees and union designated representatives. The programme coordinator/focal point person/committee should work closely with the joint health and safety committee and be responsible for ensuring that the various aspects of the policy are being effectively implemented and adhered to. In some cases where human resources and other resources are limited, the organization may opt to broaden the scope and mandate of the existing joint health and safety committee to include the responsibility for ensuring that the various aspects of the policy are being effectively implemented and adhered to.
2. The terms of reference of the responsible parties as identified above including scope of work and levels of decision-making authority should be determined either by the organisation or by the responsible parties, or both.
3. The responsible parties should examine the needs of the organization, and review the framework at the regional level in order to determine how the policy framework may be adapted to the specific workplace. In order to make this process more meaningful, a confidential baseline study should be conducted in order to determine the level of awareness and knowledge about HIV and AIDS among employees.
4. The responsible parties should also assess the additional resources that already exist, both within the organization as well as outside of the organization, which they can draw on to make the process more effective. These resources may include legislation, existing policies in the workplace such as policies on acceptable performance standards, policies on discrimination etc.; national HIV/AIDS committees, occupational health professionals employed in the workplace, national policies on issues related to HIV and AIDS etc.
5. The responsible parties should draft the revisions to the policy framework and a work plan, having done the appropriate needs assessments and necessary consultations.

6. The draft policy and work plan should be circulated to the staff for feedback. In some cases it may be necessary to guide the staff through the process by having sessions with them to explain the content of the draft document, and solicit their feedback on the document. If this approach is used, the facilitator, who could either be an existing employee or may be an objective person hired by the organization for this purpose, would capture the feedback from the group(s) to be incorporated in the document. Another approach would be to utilize the committee members to get feedback from their constituents. This approach would allow for more honest and open feedback, and would yield a final document that truly captures the needs and interests of the employees in the organization.
7. Once the feedback is captured and the workplace policy and work plan are finalized, the responsible parties should identify additional persons to be responsible for the implementation of the workplace policy and work plan, and identify appropriate resources and timelines for the various activities in the work plan.
8. The workplace policy and work plan, with the list of persons responsible for implementation, should be made available to all employees. In some cases, where financial constraints may be a consideration, copies of this information should be placed at strategic points for employees to access when necessary. The dissemination of information should include educational sessions for employees to highlight key aspects of the workplace policy and work plan, especially emphasizing their responsibility in ensuring that the various clauses in the policy are adhered to. Emphasis should also be placed on the consequences associated with various actions.
9. The responsible parties should establish a monitoring mechanism to ensure the implementation of the work plan and review the impact of the policy as needed.

## ***Stakeholder Responsibilities***

### ***Responsibility of Employers***

Employers must:

- ▶ Work in partnership with employees and their representatives to develop a workplace policy and programme.
- ▶ Institute appropriate policies that protect the rights of workers, including the right to non-discrimination and to confidentiality of HIV status.
- ▶ Ensure the implementation of workplace programmes.
- ▶ Where appropriate, provide reasonable accommodation for workers living with HIV/AIDS.
- ▶ Ensure satisfactory performance of workers.

### ***Responsibility of Employees***

The employee must:

- ▶ Participate in programmes offered by the employer designed to provide information on all aspects of HIV and AIDS;
- ▶ Follow agreed procedures for the handling of workplace accidents which may result in an exposure to blood and other body fluids;
- ▶ Refrain from behaviour detrimental to the health and safety of others;
- ▶ Make sure that the respect and dignity shown to co-workers is not adversely affected by the knowledge that the co-worker is a person living with HIV or AIDS.

## **Glossary**

### ***Affected Persons***

Affected persons are people whose lives are changed in any way by HIV and AIDS due to the broader impact of the epidemic. These groups of affected persons include but are not exclusive to persons who are infected by HIV for example, family, friends, and the wider community. (ILO Code of Practice)

### ***Anti-Retroviral:***

Drugs used to inhibit the multiplication of HIV.

### ***Decent Work:***

An ILO concept covering the minimum desired content of jobs and occupation, which includes respect for fundamental principles and rights at work and international labour standards, employment and income opportunities for workers, social protection and social security, social dialogue and tripartism at work.

### ***Discrimination***

According to the International Labour Organisation's Discrimination (Employment and Occupation) Convention (No. 111) concerning Discrimination in respect of Employment and Occupation the term "discrimination" includes:

- (a) Any distinction, exclusion or preference made on the basis of race, colour, sex, religion, political opinion, national extraction or social origin, which has the effect of nullifying or impairing equality of opportunity or treatment in employment or occupation. (definition of direct discrimination)
- (b) Any practice, criteria or objective that places a person living with HIV or AIDS at a disadvantage as opposed to any other worker. (definition of indirect discrimination)

In the context of an organization, acts of discrimination include screening people for HIV infection as a pre-requisite to employment, asking job applicants or workers to disclose HIV-related personal information, disclosing privileged, confidential information about a person's HIV or AIDS status, or refusal to establish reasonable accommodation for employees with HIV or AIDS.

### ***Legal Age:***

The age at which an individual is considered a major and legally responsible for decisions as defined by a country's legislation, and guided by ILO Conventions, e.g. Child Labour.

***Peer Educator or Counsellor:***

The trained employee who develops or implements a developmental counselling programme to meet the social, psychosocial and educational or training needs of employees in relation to HIV and AIDS.

***Physician:***

A medical doctor licensed in accordance with the regulations of the state or other competent health licensing authority.

***Post-Exposure Prophylaxis (Pep):***

Measures to be instituted after possible exposure to HIV.

***Opportunistic Infections***

Illnesses caused by various organisms, some of which do not cause disease in persons with healthy immune systems. Persons living with advanced HIV infection may suffer opportunistic infections of the lung, brain, eyes and other organs. Opportunistic illnesses common in persons diagnosed with AIDS include pneumocystis, carinii, pneumonia, cryptosporidiosis, histoplasmosis, other parasitic, viral and fungal infections and some types of cancers. (ILO Code of Practice)

***Reasonable Accommodation***

This refers to 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.

Reasonable accommodation may include, but not limited to, flexible schedules, job sharing, leave of absence, transfers, and working from home.

***Screening***

Measures whether direct (HIV) testing, indirect (assessment of risk taking behaviour) or asking questions about tests already taken or about medication.

***Sex and Gender:***

There are both biological and social differences between males and females. The term 'sex' refers to the biologically determined differences, while the term 'gender' refers to differences in social roles and relations between males and females. Gender roles are learned through socialization and vary widely between cultures. Gender roles are affected by age, class, race, ethnicity and religion, and by geographical, economic and political environment.

***Sexually Transmitted Infections (STI's)***

Sexually transmitted infections are infections, which include, among others, syphilis, chancroid, chlamydia and gonorrhoea. They also include conditions commonly known as sexually transmitted diseases (STDs). (ILO Code of Practice)

***Sharps:***

Objects such as needles or other instruments used in health care that are able to penetrate the skin and may potentially cause infection.

***Stigma***

“Stigma” is defined as the social process that marginalizes and labels persons who are infected or affected by HIV and AIDS as different, including their loved ones and/or associates. It can take the form of blame, rejection, exclusion, repulsion, ostracism and degradation.

***Universal blood and body-fluid precautions:***

Universal blood and body-fluid precautions (known as “Universal Precautions” or “Standard Precautions”) were originally devised by the United States Centers for Disease Control and Prevention (CDC) in 1985, largely due to the HIV/AIDS epidemic and an urgent need for new strategies to protect hospital personnel from blood-borne infections. The new approach placed emphasis for the first time on applying blood and body-fluid precautions universally to all persons regardless of their presumed infectious status.

Universal Precautions are a simple standard of infection control practice to be used in the care of all patients at all times to minimize the risk of blood-borne pathogens. Universal Precautions consist of:

- ▶ careful handling and disposal of sharps (needles or other sharp objects);
- ▶ hand-washing before and after a procedure;
- ▶ use of protective barriers – such as gloves, gowns, masks – for direct contact with blood and other body fluids;
- ▶ safe disposal of waste contaminated with body fluids and blood;
- ▶ proper disinfection of instruments and other contaminated equipment; and
- ▶ proper handling of soiled linen.

## **Appendices**

### Appendix I

#### **Gender issues at the workplace<sup>1</sup>**

How does gender affect the world of work, and what action can be taken at the workplace to promote equality and empower women in the fight against HIV and AIDS?

##### **Aspects of inequality**

Women's lower status in society and their poorer income-generating possibilities make them more vulnerable to the economic impact of HIV and AIDS. Women are more likely to be in the urban informal sector, in subsistence farming, or in the most poorly paid jobs in the formal sector. This means a low income for most and little social or economic security, in terms of savings, insurance or social security.

The world of work is unequal in many ways. Compared to men women still face:

- unequal hiring standards
- unequal opportunities for training and retraining
- unequal pay for equal work
- segregation and concentration in a relatively small number of 'women's jobs'
- unequal access to productive resources, including credit
- unequal participation in economic decision-making
- unequal promotion prospects
- greater likelihood of being unemployed.

##### **Violence against women at the workplace**

Women often find themselves in positions of weakness and dependence at the workplace which easily lead to sexual harassment and abuse. It can be very difficult to say "no" to the boss or the landlord, to the official who can deny you a license, to the lorry driver who can refuse to transport your goods, to the policeman who can keep moving you on in the street. A survey of 200 women in the United Republic of Tanzania discovered that 90 per cent of them felt that sexual harassment threatened their jobs and economic survival.

Research in Kenya's export-oriented sectors such as the coffee, tea, and light manufacturing industries found that women experienced violence and harassment as a normal part of their working lives.

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<sup>1</sup> Adapted from "Implementing the ILO Code of Practice on HIV AND AIDS and the World of Work – an educational and training manual

## The Gender Dimension<sup>2</sup>

HIV and AIDS affect women and men differently in terms of vulnerability and impact. There are biological factors which make women more vulnerable to infection than men and structural inequalities in the status of women that make it harder for them to take measures to prevent infection, and also intensify the impact of AIDS on them.

– Many women experience sexual and economic subordination in their marriages or relationships, and are therefore unable to negotiate safe sex or refuse unsafe sex.

– The power imbalance in the workplace exposes women to the threat of sexual harassment.

– Poverty is a noted contributing factor to AIDS vulnerability and women make up the majority of the world's poor; in poverty crises, it is more likely to be a girl child who is taken out of school or sold into forced labour or sex work.

– Women's access to prevention messages is hampered by illiteracy, a state affecting more women than men worldwide – twice as many in some countries.

– Women make up a substantial proportion of migrants within countries and, together with children, they represent over three quarters of refugees; both of these states are associated with higher than average risks of HIV infection. In conflict situations there is an increasing incidence of the systematic rape of women by warring factions.

– The burden of caring for HIV-infected family and community members falls more often on women and girls, thus increasing workloads and diminishing income-generating and schooling possibilities.

– Sexist property, inheritance, custody and support laws mean that women living with HIV and AIDS, who have lost partners or who have been abandoned because they are HIV positive, are deprived of financial security and economic opportunities; this may, in turn, force them into “survival sex”; the girl child is especially vulnerable to commercial sexual exploitation.

– Studies show the heightened vulnerability of women, compared to men, to the social stigma and ostracism associated with AIDS, particularly in rural settings, thus leaving them shunned and marginalized; this again increases the pressure on them to survive through sex.

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<sup>2</sup> Adapted from How to Deal with HIV AND AIDS in the Workplace – ILO Programme on HIV AND AIDS and the world of work (ILO/AIDS)

- The work that women carry out – paid or unrecognized – is more easily disrupted by AIDS: for example, women dominate the informal sector where jobs are covered neither by social security nor by any occupational health benefits.
- Fewer women than men are covered by social security or occupation-related health benefits.
- Men are often victims of stereotypes and norms about masculine behaviour which may lead to unsafe sex and/or non-consensual sex.
- Men are over-represented in a number of categories of vulnerable workers, and may also find themselves through their employment in situations which expose them to unsafe sex between men.
- Given the prevailing power relations between men and women, men have an important role to play in adopting and encouraging responsible attitudes to HIV and AIDS prevention and coping mechanisms.

## Appendix II

### **Relevant ILO Conventions, Recommendations, Codes Of Practice And<sup>3</sup> Guidelines**

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

Vocational Rehabilitation and Employment (Disabled Persons) Convention, 1983 (No. 159).

Termination of Employment Convention, 1982 (No. 158), and Recommendation (No. 166).

Right to Organise and Collective Bargaining Convention, 1949 (No. 98).

Collective Bargaining Convention, 1981 (No. 154).

Occupational Safety and Health Convention, 1981 (No. 155), and Recommendation (No. 164).

Occupational Health Services Convention, 1985 (No. 161), and Recommendation (No. 171).

Employment Injury Benefits Convention, 1964 (No. 121).

Social Security (Minimum Standards) Convention, 1952 (No. 102).

Nursing Personnel Convention, 1977 (No. 149).

Migration for Employment Convention (Revised), 1949 (No. 97).

Migrant Workers (Supplementary Provisions) Convention, 1975 (No. 143).

Part-Time Work Convention, 1994 (No. 175).

Worst Forms of Child Labour Convention, 1999 (No. 182), and Recommendation (No. 190).

Management of alcohol and drug-related issues in the workplace: An ILO code of practice (Geneva, 1996).

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<sup>3</sup> Adapted from **How to Deal with HIV AND AIDS in the Workplace – ILO Programme on HIV AND AIDS and the world of work (ILO/AIDS)**

Protection of workers' personal data: An ILO code of practice (Geneva, 1997).

ILO: *Technical and ethical guidelines for workers' health surveillance*, Occupational Safety and Health Series No. 72 (Geneva, 1998).

Code of practice on managing disability in the workplace (forthcoming).

## Appendix III

### **Selected Educational and Training Materials and Other Information<sup>4</sup>**

American Federation of Government Employees: *An AFGE guide: Women and HIV AND AIDS* (Washington, DC, undated).

American Federation of Labor and Congress of Industrial Organizations (AFL-CIO): *AIDS in the workplace: A steward's manual* (Washington, DC, undated).

American Federation of Labor and Congress of Industrial Organizations (AFL-CIO): *AIDS in the workplace: Labor's concern* (Washington, DC, undated).

American Federation of Teachers: *HIV AND AIDS education project* (Washington, DC, undated).

Canadian AIDS Society/Canadian Union of Public Employees: *ACT NOW: Managing HIV AND AIDS in the Canadian workplace – A policy development and education manual* (1990).

Canadian Union of Public Employees: *Information kit on HIV AND AIDS and the workplace* (Ontario, 2000).

Communications Workers of America: *CWA and US West respond to AIDS* (1994).

International Labour Organisation, 2002, *Implementing the ILO Code of Practice on HIV/AIDS and the World of Work: An Education and Training Manual*,

Leather, S., "Why AIDS is a trade union issue", in *Scientific World*, 1992, Vol. 36, No. 2.

National Union of Namibian Workers (NUNW): *HIV AND AIDS basic training manual* (Namibia, 1995).

Public Services International: *Focus* (Ferney-Voltaire), Vol. 8, No. 1.

Roskam, E.: *AIDS and the workplace*, one module of *Your health and safety at work: A modular training package* (ILO, Geneva, 1996).

Service Employees International Union: *AIDS education project* (undated).

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<sup>4</sup> Adapted from *How to Deal with HIV AND AIDS in the Workplace – ILO Programme on HIV AND AIDS and the world of work (ILO/AIDS)*

Service Employees International Union: *HIV AND AIDS book: Information for workers* (1991).

South African Motor Corporation (Pty.) Ltd.: *Handbook on HIV AND AIDS* (2000).  
The Building Trades Group of Unions Drug and Alcohol Committee: *AIDS: Get real, get safe* (Sydney, undated).

UNAIDS: *HIV AND AIDS and the workplace: Forging innovative business responses*,  
UNAIDS Best Practice Collection (Geneva, 1998).

United Nations Department of Peacekeeping Operations: “Module 1: Defining HIV and its impact on the military”, in *HIV prevention and behaviour change in international military populations* (New York, 1999).

Whiteside, A.; Sunter, C.: *AIDS: The challenge for South Africa* (Human & Rousseau, Cape Town and Tafelberg, 2000).

## Appendix IV

### **Workplace Policies and Programmes**

To ensure a comprehensive approach to equality of treatment for all workers, inclusive of persons infected and affected by HIV and AIDS, the following policies, programmes and practices should form part of the organisation's infrastructure.

Policies on issues such as:

1. Occupational Health and Safety
2. Acceptable Performance Standards
3. Discrimination in the Workplace
4. Harassment in the Workplace
5. Recruitment, Selection and Placement
6. Promotions
7. Flexible Work Arrangements
8. Confidentiality
9. Sick Leave and Absenteeism
10. Code of Discipline

Programmes and practices such as:

11. Programme of Care and Support
12. Employee Assistance Programme
13. Facilitation of Voluntary Confidential Counselling and Testing (VCT)
14. Training and Education
15. Physical Accommodation