



# GREEN PAPER

ON

# NATIONAL WORKPLACE POLICY ON HIV/AIDS



**MINISTRY OF LABOUR AND SOCIAL SECURITY**

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## **Vision Statement**

Formal and informal work sites will develop and implement HIV/AIDS workplace policies and programmes to protect workers living with or affected by HIV and AIDS, assist in reducing the spread of HIV and the prevention of HIV/AIDS-related stigma and discrimination.

## **Foreword**

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

The policy begins the process of normalising HIV/AIDS at the workplace through improved access to guidelines for prevention, treatment and care and support efforts.

## ACRONYMS AND ABBREVIATIONS

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

# GLOSSARY

<b>Affected Person</b>	Persons whose lives are impacted in any way by HIV/AIDS
<b>AIDS</b>	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.
<b>Discrimination</b>	The unfair and unjust treatment of an individual based on his or her real or perceived HIV status [UNAIDS]. <i>It is used here in accordance with the definition given in the Discrimination (Employment and Occupation) Convention, 1958 (No.C111), to include HIV status and perceived HIV status.<sup>1</sup></i>
<b>Employer</b>	A person or organisation employing workers or contracting labour under a written or verbal contract of employment which establishes the rights and duties of both parties, in accordance with national law and practice. Governments, public authorities, private enterprises and individuals may be employers.
<b>Gender</b>	Refers to learned differences in social roles and relations between men and women.
<b>HIV</b>	Human Immuno-deficiency Virus, which attacks and may ultimately destroy the body's natural immune system, leading to the development of AIDS.
<b>HIV negative</b>	Having done a specific medical test for HIV infection and receiving a test result which does not indicate the presence of the virus in the body, i.e. there is no indication from the test that the individual is infected with HIV.
<b>HIV positive</b>	Having done a specific medical test for HIV infection and receiving a test result which indicates the presence of the virus in the body, i.e. that the individual is infected with HIV.
<b>HIV Test</b>	A medical test to determine a person's HIV status.
<b>Occupational Health Services (OHS)</b>	Health services which have an essentially preventative function and which are responsible for advising all stakeholders on the requirements for establishing and maintaining a healthy working environment and work methods to facilitate optimal physical and mental health in relation to work (Occupational Health Services Convention 1985 [No. 161]) <sup>2</sup>
<b>Prevalence rate</b>	The number of people with HIV at a point in time, often expressed as a percentage of the total population.
<b>Policy</b>	A document setting out an organisation's position and guidelines on a particular issue. It must be within the ambit of the law.

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<sup>1</sup> See Non-Discrimination (Discrimination [Employment and Occupation] Convention 1958, No. C111) in **Guidelines- National Workplace Policy on HIV/AIDS**

<sup>2</sup> See Safety and Health (Occupational Health Services Convention 1985(No. 161) in **Guidelines- National Workplace Policy on HIV/AIDS**

<b>Reasonable Accommodation</b>	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 in employment.
<b>Sex</b>	Refers to the biologically determined differences between men and women.
<b>Sexual Activity</b>	Sexual activity refers to vaginal, anal, or oral penetration.
<b>STI</b>	Sexually Transmitted Infections- These are infections usually passed from person to person by sexual contact, although some may be passed on by other means (e.g. via needle with infected blood injury). STIs include infections such as syphilis, chancroid, chlamydia, and gonorrhoea. They also include conditions commonly known as sexually transmitted diseases (STDs) and formerly known as venereal diseases (VDs).
<b>Stigma</b>	Stigma can be described as a process of devaluation of people, either living with, affected by HIV/AIDS.
<b>Screening</b>	To ascertain an employee's or job applicant's HIV status. Measures whether direct (HIV testing), indirect (assessment of risk-taking behaviour) or asking questions about tests already taken or about medication. This may include written or verbal questions about previous HIV tests, questions related to the assessment of risk behaviour and any other indirect methods  <i>Pre-employment screening is screening done for job applicants. Post-employment screening is screening done for existing employees/ for persons already working within an organisation or industry.</i>
<b>Surveillance Testing</b>	Anonymous unlinked testing which is done in order to determine the incidence and prevalence of a disease within a particular community or group to provide information to control, prevent and manage the disease.
<b>Treatment</b>	Steps taken to care for and manage an illness
<b>Universal Precautions</b>	Simple standards of infection control practice to be used to minimize the risk of blood-borne pathogens. <sup>3</sup>
<b>Worker</b>	An individual who has entered into or works or normally works (or where the employment has ceased, worked) under a contract, however described, in circumstances where that individual works under the direction, supervision and control of the employer regarding hours of work, nature of work, management of discipline and such other conditions as are similar to those which apply to a worker.

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<sup>3</sup> See Management of Occupational Exposure to HIV (Universal Precautions) in **Guidelines- National Workplace Policy on HIV/AIDS**



## Executive Summary

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

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

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

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

The document presents a summary of the HIV/AIDS situation from international, regional and national perspectives. It notes that there are no specific data about HIV/AIDS in the workplace in Jamaica. Surveillance data from the National HIV/STI Programme illustrates the seriousness of HIV/AIDS in Jamaica based on the national HIV prevalence of about 1.5% and the generalized nature of the epidemic.

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

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



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

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

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

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

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

Technical and financial support for the development of the National Workplace Policy on HIV/AIDS was provided through the National HIV/STI Programme (NHP) under the work plan of the Government of Jamaica/International Bank for Reconstruction and Development (GoJ/IBRD) developed for the Ministry of Labour and Social Security. Financial support for its implementation rests heavily on posts created within Ministries and external support through the NHP from the Global Fund grant and the Government of Jamaica/International Bank for Reconstruction and Development (GoJ/IBRD).

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



## Introduction

In Jamaica, 12,063 persons were reported with AIDS between January 1982 and June 2007 representing a male/female ratio of 1.5:1. About 25,000 men and women are estimated to be living with HIV. The HIV adult prevalence rate is about 1.5%. HIV/AIDS is a major threat to the world of work, affecting the most productive sector - persons in the 15-49 age group. If not controlled, HIV/AIDS will impose huge costs on companies through declining productivity and loss of skills and experiences. In addition, HIV/AIDS is affecting fundamental rights at work particularly stigma and discrimination against people living with and affected by HIV/AIDS.

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

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

### Purpose of the Policy

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

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

### Scope of Application

The policy applies to all workers:

1. Current and prospective workers in the public and private sectors
2. All workplaces and contracts of employment including those persons working in the informal sector and the self-employed.
3. All employers and/or contractors of labour in the public and private sectors.

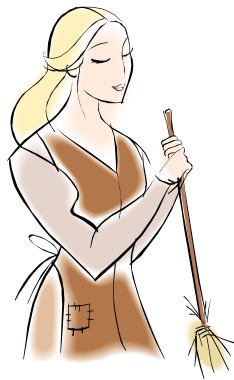
### Objectives:

1. To strengthen the legal framework for HIV/AIDS as a workplace issue.
2. To contribute to the reduction of HIV transmission through effective implementation.
3. To contribute to the reduction of HIV/AIDS related stigma and discrimination through continuous education, training and involvement of persons living with HIV and AIDS.

4. To strengthen the capacities of organizations to provide care and support for persons living with or affected by HIV/AIDS.
5. To manage and mitigate the impact of HIV/AIDS in the workplace through workplace-based research and prevention and support programmes.

**Outcomes:**

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





## Situational Analysis

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

At the end of June 2007, over 33 million people in the world were reported living with HIV. At least 25 million are workers aged 15-49 in the prime of their working lives.<sup>4</sup> The International Labour Organization (ILO) estimates about 917,600 workers living with HIV/AIDS in the entire Latin American and Caribbean region.<sup>5</sup> In 2007, the Caribbean was the region with the second highest HIV average prevalence rate (1.2%) in the world, preceded only by sub-Saharan Africa.<sup>6</sup> Prevalence is highest in Haiti and the Dominican Republic which together accounts for 75% of persons living with HIV in the region.<sup>7</sup> According to UNAIDS, in 2007 AIDS was one of the leading causes of deaths in the Caribbean for persons between 25 and 44 years old. In July 2004, more than 300,000 Caribbean workers were reported HIV infected by the International Labour Organization (ILO). Strengthened political resolve, regional initiatives and National AIDS Programmes have helped to slow the spread in many Caribbean countries.

Jamaica has an estimated HIV prevalence rate of 1.5 per cent or about 25,000 people living with HIV<sup>8</sup>. At the end of June 2007, there were 12,063 persons were reported with AIDS with males accounting for about 60 percent. Just over 1,186 persons were reported with AIDS between January to December 2006 compared to 1,344 January to December 2005. That is an average of three new cases of AIDS diagnosed each day in 2006.<sup>9</sup>

Despite achievements including a slowed prevalence rate, and a high HIV prevention knowledge level, exposure to risk during sex remains a challenge, particularly among the age group of the workforce.<sup>10</sup>

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

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

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<sup>4</sup> 'Workplace Action on HIV/AIDS' from Newsletter of the ILO Programme on HIV/AIDS and the World of Work, issue 4, December 2003, pg. 3

<sup>5</sup> 15<sup>th</sup> International Aids Conference in Bangkok, Thailand, July 2004 at [www.ilo.org](http://www.ilo.org)  
UNAIDS, 2006. Keeping the Score AIDS Responses in the Caribbean, 2007, New York pg. 14

<sup>7</sup> UNAIDS, 2007. AIDS Epidemic Update

<sup>8</sup> Ministry of Health, 2002. Jamaica HIV/AIDS/STI National Strategic Plan 2002-2006, Government of Jamaica, pg.7

<sup>9</sup> 'National HIV/STI Prevention and Control Program Fact and Figures HIV/AIDS Epidemic update January to December 2006', Kingston, Jamaica

<sup>10</sup> Ministry of Health, 2002. Jamaica HIV/AIDS/STI National Strategic Plan 2002-2006, Government of Jamaica, pg.7

pervasive myths about transmission; lack of perception of personal risk and inconsistency between knowledge and HIV preventative behaviour.

2. Economics: slow economic growth, high levels of unemployment, greater prevalence of drugs and prostitution and tourism and population movements.
3. Social and cultural attitudes: discrimination and stigma around HIV/AIDS; gender roles and inequities; need for high-level commitment.
4. Inadequacy of social services: limited access to specialty care and inadequate attention to HIV in the Health and Family Life Education curriculum.

### Legislative Framework

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

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

The following international conventions provide appropriate reference points:

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

1. **C111 Discrimination (Employment and Occupation) Convention 1958**, addresses discrimination in the field of employment and occupation. It points out that discrimination constitutes a violation of rights enunciated by the Universal Declaration of Human Rights.
2. **Occupational Safety and Health Convention 1981, No.155** addresses safety and health and the working environment.
3. **Occupational Health Services Convention, 1985. No. 161** -outlines the maintenance of a safe and healthy working environment as well as the adaptation of work to the capabilities of workers.
4. **Resolution 55/13, 2000, Declaration of Commitment to HIV/AIDS, UN General Assembly**- outlines the commitment to enhance coordination and intensify national, regional and international efforts to combat the problem of HIV/AIDS.

International /Caribbean Guidelines

1. **International Labour Organization (ILO) Code of Practice on HIV/AIDS and the World of Work**- committed to securing decent working conditions and social protection in the face of the epidemic. It also contains fundamental rights for policy development. *In the development of the National Workplace Policy on HIV/AIDS the ten key principles from this Code were used as a guide.*
2. **Caribbean Regional Strategic Plan of Action on HIV/AIDS** -addresses collaboration at the regional level to the benefit of all, while identifying key issues for national level focus that will advance the regional fight against HIV/AIDS.

3. **Pan-Caribbean Partnership against HIV/AIDS (Coalition to fight AIDS)** - increase country level support in the region to fight against HIV/AIDS.
4. **Nassau Declaration on Health 2001**- '*The Health of the Region is the Wealth of the Region, Proclamation by Head of State and Government of CARICOM*'- promotes the improvement and well-being of member states and improved health status of Caribbean people.
5. **Charter of Civil Society for the Caribbean Community** -addresses human rights
6. **Barbados Platform for Action on HIV/AIDS and the World of Work in the Caribbean Sub-region, 2002** - outlines the commitment of the regional governments, employers organisation and workers to fight the spread of HIV/AIDS

Existing and Proposed national legislation::

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

### **Institutional Framework**

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

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

#### Goals

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

#### Objectives

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

Major gaps and constraints:

1. No workplace policy on HIV/AIDS
2. No HIV/AIDS educational programmes suitable for the workplace
3. No specific legislation regarding HIV/AIDS issues
4. No body of trained personnel to handle HIV/AIDS-related complaints
5. Insufficient attention to HIV/AIDS and occupational health
6. Lack of preventive services, support and follow up to migrant farm workers who test positive for HIV.

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

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



## Strategies

	Objectives	Strategies
1	To strengthen the legal framework for HIV/AIDS as a workplace issue	<ol style="list-style-type: none"> <li>1. Amendment of existing legislation related to workforce, occupational safety and labour issues</li> <li>2. Lobby for the enactment of new legislation concerning HIV/AIDS and the rights of workers</li> </ol>
2	To contribute to the reduction of HIV transmission through effective workplace policies and programmes	<ol style="list-style-type: none"> <li>1. Sensitisation and dissemination of the National Workplace Policy on HIV/AIDS</li> <li>2. Development and execution of work plans for the dissemination and training in the use of culturally-appropriate, gender-specific HIV/AIDS information</li> </ol>
3	To contribute to the reduction of HIV related stigma and discrimination	Involvement of persons living with HIV/AIDS in education and training programmes from design to implementation
4	To strengthen the capacities of workplaces to provide care and support for persons living with and affected by HIV/AIDS	<ol style="list-style-type: none"> <li>1. Establishment of an appropriate environment for provision of confidential pre-test and post-test counselling education with access to referral for voluntary counselling and testing</li> <li>2. Provision of opportunities for community involvement in home-based care and support networks for people living with and affected by HIV/AIDS</li> <li>3. Strengthening of social support schemes and benefits to include provision for HIV/AIDS</li> </ol>
5	To manage and mitigate the impact of HIV/AIDS in the workplace	<ol style="list-style-type: none"> <li>1. Strengthen the workplace environment to conduct research related to HIV/AIDS at the workplace</li> <li>2. Integrate HIV/AIDS issues of prevention, treatment care and support into existing training and office-based staff development and other human resources development</li> </ol>

### Education, Training and Improved Awareness

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



1. All workers should be exposed to education and training in HIV/AIDS issues at the workplace including the definition of HIV and AIDS and the difference; how HIV is transmitted, how HIV is not transmitted, how HIV is prevented and how it relates to sexuality and the values/belief system.
2. Employers and workers should be informed about the 10 guiding principles for HIV/AIDS and the world of work.
3. Employers working in consultation with workers should provide training and education opportunities during working hours and preferably through ongoing, existing programmes. Such training should be provided for staff at different levels within the organisation, beginning with decision makers and involving all categories of staff. Training and education should be culturally appropriate and gender-sensitive and presented using informal and non-traditional methods such as role-playing, “edutainment” and involve feedback and interaction.
4. The provision of special training for trainers, peer educators and peer counsellors will enable them to explain and respond to questions and make referrals concerning matters of prevention, testing, counselling, treatment, care, support and research among other things.
5. Workers who come in contact with human blood and other body fluids should be trained in infection control procedures. Training should be provided in first aid, universal precautions and the use of protective equipment to reduce the risk of exposure to human blood and other body fluids.<sup>11</sup>
6. Information and awareness programmes about HIV/AIDS should be incorporated into human resource development, occupational safety and health and anti-discrimination interventions.
7. Employers should designate workers to organise regular HIV/AIDS awareness programmes/sessions which may include HIV/AIDS; condom-use skills; sexuality and values clarification, interaction with a person living with HIV and AIDS and the use of universal precautions. All such sessions should include the use of one-page easy-to-use pre-post tests.
8. Education programmes should be linked, where feasible, to health promotion programmes at the workplace dealing with issues such as substance abuse, stress, healthy living and reproductive health. Existing workplace health and safety committees can provide an entry point to HIV/AIDS awareness campaigns and educational programmes. The services of relevant government departments and Non-Governmental Organizations (NGOs) may be utilised to provide these sessions.
9. Education awareness activities should be participatory: involving employers, workers, and their representatives and, where appropriate, government and other relevant stakeholders with expertise in HIV/AIDS education, counselling and care.
10. HIV/AIDS awareness should be promoted in vocational training programmes carried out by governments and enterprises in collaboration with workers’ organisations. Such awareness activities should emphasise how HIV is transmitted and prevented and that HIV cannot be contracted through casual contact. Such interventions should highlight the fact that PLWHA do not need to be avoided or stigmatised and should be supported and accommodated in the workplace.

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<sup>11</sup> See Management of Occupational Exposure to HIV (Universal Precautions) in [Guidelines- National Workplace Policy on HIV/AIDS](#)



## **Counselling, Care and Support**

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

1. Workers infected and/or affected by HIV/AIDS should be treated with empathy and provided with support and care directly or through referrals. They should be given reasonable accommodation or referred to relevant agencies or organisations.
2. Counselling and other forms of social support should be provided to workers infected and affected by HIV/AIDS. Counselling support should be made accessible at no cost to the workers. It may be appropriate to liaise with government, workers and their organisations and other relevant stakeholders in establishing and providing such support as a method of enhancing the capacity of the workplace to provide the required care and support.
3. The social and economic well being of workers infected and/or affected by HIV/AIDS are guaranteed by ensuring (a) the protection of their right to privacy and other human rights, and (b) proper care and support.
4. Mechanisms should be created to encourage openness, acceptance and support for those workers who disclose their HIV status, to ensure that they are not discriminated against nor stigmatised.
5. Workers have the right to continue to work for as long as they are able to perform their duties in accordance with performance standards. When workers are unable to meet performance standards or their performance is significantly affected, they should be encouraged to take advantage of any relevant separation package provided by the organisation's policies or labour laws under such circumstances.
6. The employer should respond to the HIV positive worker's changing health by making reasonable accommodation in the employee's duties or work schedule and should take measures to reasonably accommodate the worker with AIDS-related illnesses.
7. Employers should encourage workers with HIV/AIDS to use expertise and assistance outside the workplace for counselling. If employers provide access to counselling within their occupational safety and health unit, they should ensure that such counselling offers privacy and confidentiality.



## Guiding Principles

The foundation of the National Workplace Policy on HIV/AIDS is the ten (10) key principles identified in the International Labour Organization Code of Practice on HIV/AIDS and the World of Work. The Ministry of Labour and Social Security and its stakeholders fully support these ten (10) key principles and urge all workplaces to use them as a basis for developing and implementing HIV/AIDS workplace programmes and policies.

### **1. HIV/AIDS as a Workplace Issue**

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

### **2. Non-Discrimination**

There should be no discrimination against workers based on real or perceived HIV status. Discrimination and stigma inhibit prevention and support efforts.

### **3. Gender Equality**

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

### **4. Healthy Work Environment**

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

### **5. Social Dialogue**

The principle of social dialogue, trust and cooperation between employers, workers, their representatives and government should be recognised and sustained to ensure the effective implementation of any HIV/AIDS policy and programme.

### **6. Non-Screening for purposes of exclusion from employment and work processes**

There is no justification for any HIV/AIDS screening for purposes of exclusion from employment or work processes. HIV/AIDS screening must not be required of job applicants or employees. This does not preclude informed consent between an employer and (potential) employee. Each person (employer and employee) should endeavour to know his/her HIV status through voluntary

counselling and testing (VCT).<sup>12</sup> Clause 8.1 on Testing from the ILO code of practice on HIV/AIDS and the world of work states “HIV testing should not be required at the time of recruitment or as a condition of continued employment. Any routine medical testing, such as testing for fitness carried out prior to the commencement of employment or on a regular basis for workers, should not include mandatory HIV testing”. According to Clause 8.2 “(a) HIV testing should not be required as a condition of eligibility for national insurance schemes, insurance policies, occupational schemes and health insurance. (b) Insurance companies should not require HIV testing before agreeing to provide coverage for a given workplace. They may base their cost and revenue estimates and their actuarial calculations on available epidemiological data for the general population. (c) Employers should not facilitate any testing for insurance purposes and all information that they already have should remain confidential.

## **7. Confidentiality**

Confidentiality should be maintained. No job applicant or worker should be asked to disclose his or her HIV status or HIV-related information and no co-worker should be asked to reveal such information about fellow workers. Access to personal data relating to a worker’s HIV status should be bound by the rules of confidentiality consistent with the ILO Code of Practice on the Protection of Workers’ Personal Data, 1997.<sup>13</sup>

## **8. Continuation of Employment**

HIV infection cannot be a cause for termination of employment. HIV/AIDS should be treated like any other medical/health condition – persons who are HIV positive or have HIV related illnesses should be able to work for as long as they are medically fit in available, appropriate work.

## **9. Prevention**

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

## **10. Care and Support**

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

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<sup>12</sup> ILO, 2001 An ILO code of practice on HIV/AIDS and the world of work, Geneva pg 25

<sup>13</sup> See Privacy (ILO Code of Practice on Protection of Workers’ Personal Data, 1997/General Principles [Section five]) in [Guidelines-National Workplace Policy on HIV/AIDS](#)



## Rights and Responsibilities of Stakeholders

### **Ministry of Labour and Social Security (representing the Government)<sup>14</sup>**

It is the responsibility of this ministry to ensure that the appropriate legislations on HIV/AIDS and the Workplace are drafted and enacted to create the legal framework for HIV/AIDS. It shall also be the responsibility of the Ministry of Labour and Social Security to ensure that the National Workplace Policy on HIV/AIDS is documented, consistent with the ILO Code and serves as the framework that will facilitate an environment for multi-sectoral participation to HIV/AIDS prevention. Through implementation of the necessary infrastructure and systems within the Ministry and the establishment of a National Tripartite Committee, it shall facilitate the dissemination and implementation of the Workplace Policy on HIV/AIDS in all organisations within both the private and public sector. These policies shall be consistent with the National Workplace Policy on HIV/AIDS. This Ministry shall also ensure that there are systems that allow for the administration of legal recourse for discrimination cases related to HIV/AIDS.

### **Jamaica Confederation of Trade Unions (JCTU) (representing the workers)<sup>15</sup>**

The JCTU shall partner with the government specifically the Ministry of Labour and Social Security to implement various aspects of the policy and advocate interventions to ensure that its member unions are so educated and sensitized. The JCTU will facilitate the establishment of a national tripartite committee. It is also the responsibility of the JCTU to ensure that the intent of the ILO Code of Practice on HIV/AIDS and the World of Work are integrated into labour guidelines and collective bargaining agreements. To facilitate the objectives of HIV/AIDS prevention and control programme, the JCTU shall build the capacities of its' member unions and their representatives such that they are suitably trained to handle the range of HIV/AIDS issues at the workplace. This will enable them to provide support such as training, counselling, guidance and representation up to full legal recourse in instances of HIV/AIDS stigma and discrimination.

### **Workers**

Workers shall be involved in and informed on all aspects of policy development, implementation and evaluation. Workers have the right to HIV prevention knowledge, skills and services including abstinence, condom use and treatment, care and support and Voluntary Counselling and Testing (VCT). This is so that workers will understand their role in affirming the rights of persons living with HIV/AIDS to ensure that exclusion from work, work related activities, promotion etcetera, is not based on their HIV status, and to normalise HIV/AIDS by reducing the stigma and discrimination associated with it.

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<sup>14</sup> Platform for Action on HIV/AIDS and the World of Work in the Caribbean Sub-region 17 May 2002, adopted by participants to the ILO Caribbean Meeting on HIV/AIDS and the World of Work: Mobilising for Action 15-17 May 2002, Sam Lord's Castle Resort, Barbados, pg 5

<sup>15</sup> Op cit , pg. 6

Workers have the right of privacy and confidentiality of their HIV/AIDS status and non-disclosure of their HIV related personal information and that of their co-workers.

Access to grievance and disciplinary procedures and the appropriate legal authorities in the case of stigma and discrimination related to HIV/AIDS is also the right of every worker.

### **Jamaica Employers Federation (representing the Employers)<sup>16</sup>**

Ensure that member companies facilitate the communication of HIV/AIDS prevention, care and support measures to their staff. The Jamaica Employers Federation shall guide and sensitize their member companies' with respect to the need for workplace programmes and policies that address HIV/AIDS issues. These programmes shall also be consistent with the integration of the ILO Code of Practice. The Jamaica Employers Federation shall also facilitate the provision of programmes such as Voluntary Counselling and Testing, Peer Education/Facilitator programmes, Sensitization and Awareness sessions and Condom Use and Negotiation skills to its member companies.

### **Employers**

Employers should ensure that appropriate systems including procedures are in place that can be accessed by workers and their representatives in cases of stigma and discrimination. These shall include but not limited to personnel policies such as grievance procedures, reasonable accommodation and medical benefits for PLWHAs. Employers shall ensure that policies and procedures are in place to prevent testing and screening as a prerequisite for employment, continued employment appointment and/or promotion. Employers have the responsibility of ensuring that their workers have access to information on HIV/AIDS such as the National Workplace Policy, the company's HIV/AIDS Policy and procedures, and are given an opportunity to be involved in the policy development and implementation process.

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<sup>16</sup> Ibid, pg 6



## HIV Screening

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

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

1. No worker should be made to undergo mandatory testing for HIV, that is, any routine medical testing or examination before or during employment.
2. No employer may require that an employee do an HIV test for continued employment, appointment or promotion, or that a potential employee do an HIV test as a condition or pre-condition for employment.
3. Employees should be encouraged to undergo Voluntary Counselling and Testing (VCT) at public sector sites or by private health care professionals.
4. HIV testing should not be required as condition of eligibility for any relevant social security or occupational schemes, or any health insurance policies.
5. Anonymous, unlinked surveillance or epidemiological HIV testing in the workplace may occur provided it is undertaken for scientific research, in accordance with the ethical principles of scientific research, professional ethics and the protection of individual rights and confidentiality. Where such research is done, workers and employers should be consulted and informed that it is occurring. The information obtained may not be used to discriminate against individuals or groups of persons. Testing will not be considered anonymous if there is a reasonable possibility that a person's HIV status can be deduced from the results.
6. In the event that a worker wishes to get his or her HIV status verified through testing, all necessary facilities should be given to that person and results should be kept strictly confidential. Such results should be given out to the person and with his or her consent to family members. The attending physician with proper counselling should invariably do disclosure of the HIV status to the spouse or sexual partner of the person. However, the person should also be encouraged to share this information with the family in order to get appropriate home-based care and emotional support from family members.
7. All persons with HIV or AIDS have the right to privacy and are therefore not legally bound to disclose their HIV status to their employer or co-workers/fellow-employees.
8. While mandatory testing and/or disclosure of HIV status are not a requirement at the workplace, voluntary, confidential testing with counselling and access to such testing should be facilitated for workers.
9. In developing the HIV/AIDS policies within the various government ministries and their respective agencies, it is recognised that this document will detail the present situation with specific reference made to the Ministry's future strategy to abide by the ILO principle on HIV testing.



## Implementation

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

The Focal Point on HIV/AIDS in the Ministry of Labour and Social Security working in collaboration with the other partners of the tripartite team; the policy component of the National HIV/STI Programme; the National AIDS Committee and other private sector partners such as the Jamaica Business Council on HIV/AIDS will be responsible for the implementation of the policy.

The Jamaica HIV/AIDS/STI National Strategic Plan 2002-2006 and the Ministry's annual work plan on HIV/AIDS 2004-2005 provided a framework for the implementation of the policy.

The Ministry of Labour and Social Security will appoint departments and officers of its workforce to be involved in the dissemination and implementation of the policy such as labour inspectors, officers of the National Insurance Scheme (NIS) and the Programme of Advancement Through Health and Education (PATH).

Financial and technical resources from the Government of Jamaica/International Bank for Reconstruction and Development (GOJ/IBRD) loan agreement and the UN Global Fund to Fight AIDS, Malaria and Tuberculosis supported the implementation through resources allocated to the Ministry of Labour and Social Security. The Ministry of Labour and Social Security will also absorb some of the implementation costs, by integrating policy implementation into existing training programmes.

Checklist for policy development and implementation:

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





## **Monitoring & Evaluation**

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

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

## Acknowledgements

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

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

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Photos /Illustrations:

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