



**SMARTWORK**  
The Workplace Response to AIDS

## **HAITI COUNTRY BRIEF**

### **ADDRESSING THE NEED FOR A GOVERNMENT, BUSINESS, AND LABOR RESPONSE TO HIV/AIDS AT THE WORKPLACE**

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## KEY FACTS AND FIGURES

- ◆ As of 2002, over 42 million people in the world were living with HIV/AIDS.
- ◆ Hispaniola, the island containing both the DR and Haiti, is home to an estimated 85 percent of the Caribbean's almost half million HIV/AIDS cases.
- ◆ According to the United Nations, as of 2001, Haiti had the highest rate of HIV/AIDS in the Caribbean, and is the country most profoundly affected by the disease outside the African continent.
- ◆ As of 2001, the adult HIV/AIDS prevalence rate in Haiti was hovering around 6 percent. UNAIDS estimates that at least 250,000 adults and children in Haiti are living with HIV/AIDS.
- ◆ Most Haitians currently living with HIV/AIDS are in their most economically productive years; 96% of cases are among those aged 15-49, according to UNAIDS.
- ◆ Some countries will see a drop of 25% in their workforce by 2020, because of AIDS; in some countries, AIDS costs employers over 20% of their total earnings.<sup>1</sup>

## SMARTWORK: THE WORKPLACE RESPONSE TO AIDS

SMARTWork (Strategically Managing AIDS Responses Together in the Workplace) is a project of the Academy for Educational Development (AED). Created with funding from the U.S. Department of Labor, SMARTWork currently works in six countries: Haiti, the Dominican Republic (DR), Nigeria, Ukraine, Vietnam, and Zimbabwe. SMARTWork forges strategic partnerships between government agencies, business enterprises, labor groups, and non-governmental organizations (NGOs) to create workplace HIV/AIDS prevention, and care and support programs. SMARTWork fosters social dialogue around workplace HIV/AIDS prevention at national and enterprise levels, and promotes the reduction of stigma and discrimination towards those living with HIV/AIDS.

SMARTWork/Haiti was established in 2002, and offers a wide range of workplace-focused technical assistance, including:

- ◆ Conducting presentations, workshops, and other training to build capacity to undertake and sustain workplace HIV/AIDS programs.
- ◆ Assisting enterprises to assess their readiness to address HIV/AIDS, and helping them to prepare to respond effectively with appropriate HIV/AIDS policies and comprehensive programs.
- ◆ Providing materials and tools to assist government, business, and labor to create and implement programs at their workplaces.

Whether out of concern for workers' health and safety, to help secure the health and welfare of future generations, ensure economic vitality, or protect an enterprise's bottom line, an effective response to HIV/AIDS requires a comprehensive workplace approach on the part of employers, labor, and government. SMARTWork helps achieve such an approach.

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<sup>1</sup> UNAIDS. *UNAIDS Releases New Data Highlighting the Devastating Impact of AIDS in Africa*. Geneva: UNAIDS. June 2002.

## I. EXECUTIVE SUMMARY

The HIV/AIDS epidemic is expanding rapidly in Haiti, where the seroprevalence rate may have already passed six percent among adults. Haiti is experiencing the most profound HIV/AIDS epidemic outside the African continent—without concerted efforts, Haiti risks the same devastating effects that have been felt by African nations such as Zimbabwe. Until recently, Haiti’s political and economic turmoil has hampered access to health care and HIV prevention information. New political stability brings with it an opportunity to respond to HIV/AIDS in an aggressive and effective manner, and reach employers and the public with prevention, and care and support programs.

In response to these challenges, the Haiti SMARTWork (Strategically Managing AIDS Responses Together) Project is helping to implement HIV/AIDS prevention, and care and support programs built on a tripartite partnership between government, employers, and unions. As part of these efforts, SMARTWork interviewed employers, labor representatives, and workers to assess their views and gather recommendations related to workplace HIV/AIDS programs.

SMARTWork’s research indicates that there are many opportunities to address more aggressively HIV/AIDS in Haiti. SMARTWork found that, despite high rates of HIV/AIDS, Haitians remain poorly informed about the disease and lack access to care and support services. Complicating the situation, employers do not appear to recognize HIV/AIDS as a workplace problem, and few have instituted efforts to address it through prevention education, or care or support programs. At the same time, labor unions have not created programs or policies that could benefit workers living with HIV/AIDS, although they understand the disease to be a pressing issue for their members.

The government has recently taken bold new steps to address the expanding HIV/AIDS epidemic by spearheading a new National Strategic Plan (NSP)—the first Haitian NSP to address the disease—and by drafting a new national *Labor Code*. Nonetheless, many additional legislative protections can be instituted to broaden these protections and ensure the long-term health of the public and the nation’s economic future.

Based on this research, SMARTWork recommends that employers create specific HIV/AIDS policies that prohibit employment discrimination, protect workers’ confidential medical records, and provide mechanisms for them to acquire health information and treatment. At the same time, unions must become more engaged in advocating for workers through explicit contract language and labor agreements that protect people living with HIV/AIDS. The third tripartite member, government, has implemented several beneficial laws and policies, but must become more active in creating new legislative remedies, and reaching the public with health information and services.

## II. THE TRIPARTITE APPROACH: ENGAGING GOVERNMENT, EMPLOYERS, AND LABOR IN A SUSTAINABLE RESPONSE TO AIDS

In the wake of the political and economic turmoil that has affected Haiti for so long, the HIV/AIDS epidemic presents a new threat to the country's stability. With the highest prevalence rate in the Caribbean, Haiti must act now to institutionalize new policy and new programs to curtail the disease. Unchecked, HIV/AIDS will continue to spread throughout the public and the labor force, reducing productivity and increasing poverty. Employers and workers will both bear the burdens of increased health care costs, absenteeism, and AIDS-related illness; these factors are poised to reduce profits and stifle economic growth. Employers will be faced with the costs of hiring and training workers to replace those who are too sick to work, while the pool of skilled labor shrinks as the epidemic expands. Lower earnings, reduced savings, and less disposable income will also harm individuals and hamper Haiti's economic growth.

### **SMARTWork Components:**

- **Education:** IEC materials on HIV/AIDS awareness, prevention, and care and support.
- **Policy Development:** Policy creation to address discrimination against people living with AIDS, and access to services related to HIV/AIDS
- **Capacity Building:** Training for program design and sustainability
- **Social Dialogue:** Creating an enabling environment for sustainable responses
- **Technical Assistance:** For tripartite members wishing to implement effective programs and policies

To respond to the challenges of the Haitian HIV/AIDS epidemic, SMARTWork helps create tripartite responses that benefit both workers and industry. SMARTWork uses a tripartite framework that brings together government, employers, and labor to develop comprehensive workplace responses to the disease. Tripartite efforts are critical because efforts by any single party are unlikely to be sufficient to build effective, comprehensive, and sustainable programs that benefit all partners.

SMARTWork's overall goals are to mitigate the impact of HIV/AIDS among the tripartite sectors, improve workers' welfare, enhance productivity, and decrease employee turnover. SMARTWork helps to create a supportive environment that facilitates creation of national and employer-based programs and policies; trains

organizations to implement effective programs; researches company and legislative situations that affect the epidemic's growth; identifies best practices and programmatic models; and develops appropriate Information, Education, and Communication (IEC) materials. SMARTWork supports implementation of effective policies, education and training programs, and care and support services. Implemented together, these efforts help enhance productivity, lower demands for recruiting and training new workers, prevent workplace disruptions that arise from discrimination and fear, create positive corporate images, improve staff morale, and protect workers' health.

Throughout 2002, SMARTWork researched the challenges of implementing prevention programs in the Haitian workplace. SMARTWork's first project was to conduct a needs assessment and country profile of both employers and labor unions. SMARTWork staff met with managers from three employers, and representatives from three unions, to gather their views on the current climate affecting HIV/AIDS policies and programs in the workplace. Focus groups were also conducted with 44 employees from five other companies to gather their perceptions of useful prevention programs and other needs related to the epidemic. These participants also made

recommendations for effective HIV/AIDS prevention and care and support programs. In addition, SMARTWork met with representatives from five NGO/ASOs (AIDS Service Organizations), two employer associations, and two governmental agencies.<sup>2</sup>

SMARTWork met with these individuals to learn from their experiences, understand their perspective, and gather their recommendations in relation to HIV/AIDS workplace policies and programs. This report summarizes SMARTWork's research, and provides recommendations about how organizations can work in a tripartite approach to develop effective and sustainable HIV/AIDS programs.

Workplaces are appropriate facilities for providing HIV/AIDS prevention education and care and support services. Worksite systems that provide for employee health and overall well-being cannot only lead to higher productivity but also to protecting an enterprise's most important asset—its employees. Investing now in efforts to stem the tide of AIDS will have beneficial long-term effects for both Haitian employers and workers.

### III. OVERVIEW OF HIV/AIDS IN HAITI

Haiti is a nation of 8.2 million that occupies the western half of the island of Hispaniola, located in the Caribbean's Greater Antilles. (The Dominican Republic [DR] occupies the eastern half of the island.) Together, Haiti and the DR are home to 85 percent of the Caribbean region's HIV/AIDS cases.<sup>3</sup> Haiti is one of the least developed countries in the world and one of the poorest countries in the Western Hemisphere. It is estimated that 65% of the population lives in extreme poverty.<sup>4</sup> The per capita GNP is US\$430 (\$17,274.0 Haitian Gourdes).<sup>5</sup>

Outside of the African continent, Haiti has been hardest hit by the HIV/AIDS epidemic and the disease is now the leading cause of death in the country. Haiti's adult HIV/AIDS prevalence rate among 15-49 year olds is estimated to be between 5.9 and 6.1%.<sup>6</sup> In either case, the country's seroprevalence rate has past the 5% 'take-off' point, after which opportunities to curtail the rapid spread of HIV/AIDS quickly diminish. In some urban areas, the rate may be as high as 9.8%.<sup>7</sup>

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<sup>2</sup> Participants included: five ASOs and NGOs (Development Activities and Services for Health [DASH], Center for the Promotion of Female Workers [CPFO], Foundation for Reproductive Health and Family Services [FOSREF], Promoters on the Fight Against AIDS [POZ], Volunteers for Haitian Development [VDH]); two employer associations (Association of Haitian Industries [ADIH], Haitian Chamber of Commerce and Industry [CCH]); three employers (Technology Industry and Agriculture [TECINA], Les Moulins d'Haiti, Itala), workers from five companies (Classic Apparel, Team Manufacturing, Brasserie Nationale d'Haiti, Comme il Faut, Les Peintures Ideales), three government entities (Labor Department, National Council on the Fight against AIDS [CNLAS], and the Office of Employment, Maternity and Accident Insurance [OFATMA]); three labor unions (Latin American Workers' Union [CLAT], Autonomous Union of Haitian Workers [CATH], and Independent Organization of Haitian Workers [OGITH]).

<sup>3</sup> US Agency for International Development (USAID). Country Profile HIV/AIDS: Dominican Republic. Washington, DC: USAID, Bureau for Global Health. Nd.

<sup>4</sup> Joint United Nations Program on HIV/AIDS (UNAIDS). National Responses to HIV/AIDS: Haiti. Geneva: UNAIDS. 2002.

<sup>5</sup> Ibid.

<sup>6</sup> Ibid. See also UNAIDS. Epidemiological Fact Sheets on HIV/AIDS and Sexually Transmitted Disease: Haiti. Geneva: UNAIDS. 2002.

<sup>7</sup> USAID. HIV/AIDS in Haiti and USAID Involvement. Washington: DC. USAID. 2002.

More than a quarter million Haitians have become infected with HIV/AIDS, and 30,000 died from the disease in 2001 alone. Ninety-six percent of Haitians living with HIV/AIDS are between 15 and 49 years of age.<sup>8</sup> Almost half of the Haitian population is under the age of 15, and entering the age of both greatest economic productivity and sexual risk-taking.<sup>9</sup> At the same time, most people living with HIV/AIDS in Haiti are between 20 and 49 years old, the most economically (as well as reproductively) active age group of the population.<sup>10</sup> Estimates of seroprevalence among 15-24 year olds range from a low of 2.64 (males) to a high of 6.69 (females); 65% of sex workers in urban areas are thought to be living with HIV/AIDS.<sup>11</sup>

Several factors contribute to the spread of the disease in Haiti. As noted by UNAIDS, “The feminization of poverty, the stereotypical cultural roles of men, early sexual initiation and the multiplicity of sexual partners, coupled with low levels of education, high levels of violence, and/or erratic low condom use and weaknesses of public institutions, are some of the key factors contributing to Haiti’s HIV/AIDS epidemic.”<sup>12</sup> Haiti has the highest adult mortality rate of any country in the Americas, by far, and the lowest life expectancy at birth; HIV/AIDS is but one of the many health crises that affect the country.<sup>13</sup>

HIV/AIDS is deepening poverty, consuming health care resources, and threatening the Haitian economy. However, prevention and education efforts appear to be having at least some effect. Data comparing 1999 and 2001 indicate that the national HIV/AIDS prevalence has dropped from 5.9% to 4.5% (though these figures may not be completely accurately because of weaknesses in national surveillance). Nevertheless, HIV/AIDS remains the leading cause of death both nationally, and among women of childbearing age.<sup>14</sup>

It is necessary to strengthen both national and local institutional responses to the disease. Haiti spends only about \$21 (\$815 Haitian Gourdes) per capita on health services generally, and less than \$10 per capita (\$388 Haitian Gourdes) on health care.<sup>15</sup> Access to health services, condoms, HIV/AIDS treatment, and support are all lacking or intermittent, and rely heavily on international assistance. When NGOs and international organizations stop providing care and services, the programs tend to dwindle and compromise their sustainability.<sup>16</sup>

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<sup>8</sup> Ibid.

<sup>9</sup> UNAIDS. National Responses. Op. cit.

<sup>10</sup> C.E.R.A. Résultats de l'Enquête BSS (ESC) de FHI, Port-au-Prince et au Cap-Haitien, Haiti. 2000; C.E.R.A. Enquête Santé Sexuelle et de la Reproduction Jeunes 15 - 24 ans des Départements du Nord et de la Grand Anse. FOSREF. HAITI. 1999 ; IHE. Enquête de santé sur l'Unité Communale de Santé (UCS) de Petite Rivière, des Verrettes et de La Chapelle. HAS. 2000; IHE. Analyse situationnelle sur les connaissances, attitudes et pratiques des adolescents en matière sexuelle et santé de la reproduction. Rapport final. FNUAP /VDH. 1999 ; IHE/ORC Macro. Enquête Mortalité, Morbidité et Utilisation des Services, (EMMUS) Haiti 2000 ; Calverton, Maryland, USA: Ministère de la Santé Publique et de la Population. 2000.

<sup>11</sup> UNAIDS. Report on the Global HIV/AIDS Epidemic: 2002 (Country-specific HIV/AIDS estimates and data). Geneva: UNAIDS. July, 2002. See also UNAIDS. Fact Sheet. Op. Cit.

<sup>12</sup> UNAIDS. National Responses. Op. Cit.

<sup>13</sup> WHO. World Health Indicators: Haiti. Geneva: WHO. 2002.

<sup>14</sup> UNAIDS. Fact Sheet. Op. Cit.

<sup>15</sup> Ibid.

<sup>16</sup> UNAIDS. National Responses. Op. Cit.

## **Public Knowledge about HIV/AIDS**

When the disease first emerged, many believed that HIV/AIDS originated in Haiti. The tourism industry, critical to the national economy, collapsed because of fears about the disease. In response, Haitians tried to defend themselves against HIV/AIDS-related discrimination, and some people denied the existence of AIDS. The fear created by HIV/AIDS, as well as the taboos and ignorance surrounding it, has led to discrimination and rejection of those living with the disease. In a recurring vicious cycle, stigmatization leads to denial, silence, and ignorance, which contributes to the continued spread of HIV. SMARTWork's interviews with employees generated several conflicting beliefs that highlight the challenge of stigmatization. For example, some respondents felt that they would not discriminate against co-workers living with HIV/AIDS, but also would not share food with them, live with them, or eat food prepared by people living with the disease.

## **National Efforts around HIV/AIDS**

### *Legislative and Governmental Responses*

Haiti has no law addressing HIV/AIDS discrimination, but national policies exist on key issues, such as mother-to-child transmission (MTCT). The Commission National de Lutte Anti-SIDA, a section of the Ministry of Health, is also in the process of creating norms and protocols for the use of antiretroviral drugs (ARVs). In 2001, Haiti drafted a National Strategic Plan (NSP) for HIV/AIDS Prevention and Control in a process led by the Ministry of Public Health and Population (MSPP), with the participation of a multisectoral committee.<sup>17</sup> This was the first NSP to identify workers as a population at risk for HIV/AIDS. The planning process incorporated the feedback from international groups, and partners at both the central and district levels (including government and civil society representatives). Unions, women's groups, and ASOs represented workers' interests in the creation of the NSP. The process was sponsored by the First Lady of Haiti, and is seen by many as an indicator of increased governmental awareness of HIV/AIDS.

The NSP identifies the main problems linked to HIV/AIDS, they include:

- Vulnerability of young people, women, and commercial sex workers;
- Haiti's unstable economic situation;
- Unsafe sexual practices;
- Stigmatization, misinformation and taboos linked to HIV/AIDS;
- Limited safety of blood transfusions, and;

### ***Recommended Elements of an HIV/AIDS Workplace Policy:***

- *Should be formulated around the principles of:*
  - *Non-discrimination*
  - *Equality*
  - *Confidentiality*
  - *Medical Accuracy*
- *People with HIV/AIDS are entitled to the same rights, benefits, and opportunities as people with other serious or life-threatening illnesses*
- *Employers should not require HIV screening as part of pre-employment or general workplace examinations*
- *Employers have a duty to protect the confidentiality of employees' medical information*
- *If fitness to work is impaired by HIV-related illness, reasonable alternative working arrangements should be made, to the mutual benefit of the company and employee*

*For more information, see the ILO Code of Practice on HIV/AIDS and the World of Work. Geneva: ILO, March 2002.*

<sup>17</sup> MSPP. National Strategic Plan for STI/HIV/AIDS Prevention and Control in Haiti 2002-2006. March 2002.

- The lack of appropriate, high-quality health care services.

In response to these challenges, the NSP focuses on reducing risky sexual behaviors, expanding condom availability, and curtailing the epidemic's feminization.

In 2002, the National Council on the Fight Against AIDS (CNLAS) was established and created implementation plans for the NSP in 2002-2006.<sup>18</sup> The NSP includes concrete actions to be completed by the Ministry of Health and Population. While most NSP interventions target youth and women, several goals address workers. For example, the NSP aims to ensure that, by 2006, 50% of employers will have implemented regulations and practices to eliminate discrimination in recruitment, promotion, and social benefits for workers living with HIV/AIDS. Combined with new funding from the Global Fund to Fight AIDS, Tuberculosis, and Malaria for HIV/AIDS programming, the NSP is expected to expand workplace HIV/AIDS interventions.

The NSP is budgeted at US\$ 1.1 billion (\$44,189,200,000 Haitian Gourdes) for five years, and the Global Fund to Fight AIDS, Tuberculosis, and Malaria has approved US\$ 66.9 million (\$277,186,800 Haitian Gourdes). While this amount appears sizable, there is a need for additional funding to provide adequate care and treatment programs. UNAIDS estimates that these programs would cost more than US\$ 15 million (\$602,580,000 Haitian Gourdes) for 2002-2003.<sup>19</sup>

### *Labor Code & Health Care*

Haitian governmental health policy does not specifically address HIV/AIDS in the workplace, but it does recognize the disease as a threat to the population. Prevention is recommended for inclusion in the Minimum Health Package<sup>20</sup> promoted by the Ministry of Public Health and Population. Haitian law entitles all workers to receive health insurance paid by the employer, although it does not appear, from SMARTWork's research, that this is being offered to many workers (see worker focus group responses).

While providing no special provisions for workers living with HIV/AIDS, the Haitian *Labor Code* stipulates that sick workers be cared for under companies' medical insurance. The *Labor Code* prohibits discrimination based on physical capacity or gender; this has been interpreted to apply to those living with HIV/AIDS who can still carry out their duties. However, according to the *Labor Code*, employers may terminate workers' contracts after three months of incapacitation.<sup>21</sup> It is generally known that some employers circumvent this window of protection by denoting employees as being "in training," and therefore not protected as full workers because trainees can be fired at any time. In effect, people living with HIV/AIDS and other catastrophic illnesses can legally be fired and lose their job, insurance, and resources. The first draft of a revised *Labor Code* is ready to be submitted to Parliament, and includes more

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<sup>18</sup> UNAIDS. *National Responses*. Op. Cit.

<sup>19</sup> Ibid.

<sup>20</sup> The Minimum Health Package includes total care and support for the child, care and support during pregnancy, care and support for all emergency surgery, fight against transmissible diseases, cleaning up of the environment and provision of drinking water, provision and access to essential medicine, and participative sanitary education.

<sup>21</sup> Ministry of Social Affairs, Department of Labor. *Labor Code of the Republic of Haiti*. February 24, 1984.

protections for workers living with HIV/AIDS. It is hoped that this will raise awareness among both employers and workers.

#### **IV. SUMMARY OF RESEARCH FINDINGS: EMPLOYERS, LABOR REPRESENTATIVES, AND WORKERS**

To assist employers, workers, and their union representatives to work together to address HIV/AIDS and to provide support for those living with the disease, it is important to be aware of the challenges and opportunities each group perceives. SMARTWork interviewed representatives from a range of relevant organizations to gain this awareness. As part of this, SMARTWork compared the programs and policies of several appropriate employers with the standards recommended by the International Labor Organization's (ILO) in its influential document: the *ILO Code of Practice on HIV/AIDS and the World of Work* (herein referred to as *The Code*).<sup>23</sup> The document contains fundamental principles and guidelines for HIV/AIDS workplace policies (See box page 7.).

SMARTWork conducted in-depth, formal interviews with managers from three companies in the Port-au-Prince area to learn how employers perceive their responsibilities with respect to the epidemic, and what they believe can be done at the workplace. In addition, SMARTWork met with representatives from three union organizations who explained their views on labor's role in providing education and securing workers' rights. SMARTWork also conducted focus group discussions with 44 workers from five additional companies to discuss the climate around disease prevention that affects workers' decisions to seek information and care. Finally, SMARTWork met with representatives from five NGO/ASOs, two employer associations, and two governmental agencies. The following section is drawn from SMARTWork's research with these groups. Although findings were consistent, they are not necessarily representative of all companies, labor unions, and workers in Haiti.

#### **Organizational and Employers' Responses to the HIV/AIDS Epidemic**<sup>24</sup>

*"The workers are at high risk of getting HIV and AIDS and the impact of this illness will be felt sooner or later."  
– Employer comment during interview with SMARTWork*

Despite efforts on the part of NGOs and ASOs, the Haitian business sector has not yet focused on workplace responses to HIV/AIDS. According to SMARTWork's interviews with managers and workers, most do not appear to have thought about the issue, despite the country's high HIV/AIDS prevalence rate and experiences with AIDS-related mortality among their employees. Because public discussion of the disease is usually

<sup>23</sup> International Labor Organization (ILO). The *ILO Code of Practice on HIV/AIDS and the World of Work*. Geneva: ILO, March 2002.

<sup>24</sup> Participants included two employer associations (Association of Haitian Industries, and the Haitian Chamber of Commerce and Industry); and three employers (Technology Industry and Agriculture [TECINA], Les Moulins d'Haiti, and Itala).

taboo, and turnover costs are little to none, managers at two of the three companies interviewed do not perceive HIV/AIDS to be a threat to productivity and efficiency. At least one, however, recognized the risks to business.

None of the companies interviewed by SMARTWork has formal, written health policies on HIV/AIDS. The companies reported that they comply with the 1982 *Labor Code* (which does not address HIV/AIDS in the workplace). As noted above, the *Labor Code* provides only three months of sick leave and allows workers to be fired after that period. Health services and insurance are no more likely to address HIV/AIDS than are company policies. One employer interviewed offers health insurance for executive staff. The second employer pays for workers' basic health expenses. The third company provides more extensive health insurance, including eye care and dental care, but it does not always cover HIV/AIDS treatment or care. Interviews with workers confirmed this trend—of the five employers represented in the employee focus groups, only one provided health insurance.

None of the companies has formal policies to protect the confidentiality of workers' medical records and/or serostatus (nor do the state health centers managed by the Ministry of Public Health and Population). No company had policies to protect workers against workplace discrimination who either are, or are thought to be, living with HIV/AIDS.

Haitian law requires factories with over 20 salaried employees to have an in-house physician or medical staff to provide basic medical care to workers. Workers who need specialized medical attention are referred to ASOs. While employers reported that they offer health care, the services provided are limited to specific services such as first aid, blood pressure monitoring, or referrals, rather than comprehensive health or medical services. Two companies reported that they help with medical expenses for workers who are ill, regardless of the cause; one also provides condoms in the workplace.

Employers report that they address HIV/AIDS on a case-by-case basis, although one employer said that it would reduce a worker's duties if he or she were incapacitated by HIV/AIDS. Fortunately, none of the companies test employees either before hiring or during their employment. In addition, employers represented in SMARTWork's study did not appear to have any AIDS-related hiring criteria in place. One manager reported that they hire workers living with HIV because, "this health condition is of supernatural essence." (Though this comment also indicates a need for additional HIV/AIDS prevention education for managers.)

***Recommended Components of a Workplace HIV/AIDS Prevention and Care and Support Program:***

- Ongoing formal and informal HIV/AIDS education
- Availability of condoms for employees and their partners
- Treatment of Sexually Transmitted Infections (STIs)
- Access to confidential, voluntary counseling and testing (VCT)
- Care and support services for employees and families
- Treatment of opportunistic infections (OIs)
- Where feasible, provision of antiretroviral therapy (ARVs)

For more information, see *The Code*.

According to their managers, none of the three employers interviewed offered HIV/AIDS prevention education, or care and support programs. The employers felt that not enough workers were living with HIV/AIDS to warrant introducing such programs during work hours. Additionally, management believed these programs would interfere with productivity.

Only one of the companies interviewed expressed interest in implementing an HIV/AIDS program, and then only if productivity were not hampered. The Haitian business association, Association of Haitian Industries (ADIH), is working on such programming, and it is hoped that these efforts will improve the climate among other employers. In 2002, ADIH drafted a new *Code of Ethics*, which incorporated the revised *Labor Code*'s principles of non-discrimination and addressed stigmatization and discrimination against people living with HIV/AIDS. The new ADIH *Code* calls for prohibition of HIV testing, confidentiality of medical records, and continued employment for people living with HIV/AIDS. The ADIH *Code* prohibits firing asymptomatic workers, but offers no protections for symptomatic employees, who may be fired after three months.<sup>25</sup> Although these measures are insufficient to protect the health of those living with HIV/AIDS, they represent a modest improvement for Haitian workers.

### **Labor Unions' Involvement in HIV/AIDS**<sup>26</sup>

The Haitian labor movement did not become active until the 1980s. There are currently three confederations of labor unions in the country, with a combined membership of about 185,000 (out of a labor force of 3.5 million).<sup>27</sup> The strength of the labor union movement has been hampered by political instability, social and economic turmoil, and the lack of sustainable employment opportunities. The Department of Labor was recently created within the Ministry of Social Affairs to attempt to solidify relationships between management and workers, but it does not appear that the Department has been very active to date.

Labor unions recognize that HIV/AIDS is a growing problem in Haiti, but have seen other priorities as more pressing to them. However, with the impending new *Labor Code* and their increasing recognition of the threat of AIDS to their members, labor union representatives are making HIV/AIDS workplace initiatives a greater priority. The labor union representatives interviewed by SMARTWork appear to be interested in implementing workplace initiatives, and prepared to partner with SMARTWork on prevention, and care and support programs.

### **Workers' Perceptions about HIV/AIDS**

SMARTWork conducted interviews with 44 employees in five companies to assess their views about HIV/AIDS and their experience with workplace prevention education, and care and support programs.<sup>28</sup> Although the employees interviewed mentioned HIV/AIDS when asked about their primary health concerns, they were more worried about other problems such as blood pressure and diabetes. Workers at three of the five companies interviewed reported getting health information from the media, clinics, and community meetings. All knew that HIV/AIDS has no cure, and several mentioned that it has a negative impact on people's ability to work. Workers interviewed from four of the five companies said that knowledge about HIV/AIDS had led them

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<sup>25</sup> ADIH. *Code of Ethics*. Port-au-Prince: Haiti. 2002.

<sup>26</sup> Participants included three labor unions (Latin American Workers' Union [CLAT], Autonomous Union of Haitian Workers [CATH], and Independent Organization of Haitian Workers [OGITH]).

<sup>27</sup> World Bank. *World Development Indicators* (table 2.2). Washington, DC: World Bank. 2002.

<sup>28</sup> Participating companies include: Classic Apparel (9 participants), Team Manufacturing (8), Comme Il Faut (10), Brasserie Nationale (9) and Peintures Ideales (8).

not to take sexual risks, although respondents at one company felt that their lack of multiple partners would protect them.

None of the employees interviewed felt they would have negative attitudes towards a co-worker living with HIV/AIDS. In four sites, three-fourths of respondents said that people living with HIV/AIDS should be treated with compassion and not quarantined although, at two sites, one-fourth of respondents felt that quarantine was appropriate. Workers at the fifth site did not have an opinion about the matter. All of the employees knew that an HIV test can give a false positive; and that there is a window during which the virus cannot be detected, necessitating subsequent tests (although the workers were inconsistent about how long the window lasts).

Despite this knowledge level, workers have misinformation that might lead them to stigmatize those living with HIV/AIDS. Some respondents thought that people living with HIV/AIDS would intentionally infect their sexual partners. This is particularly felt to be true for Haitians returning from other countries such as the U.S., Canada, and the Dominican Republic. Employees would room with those who were living with HIV/AIDS, but would neither eat foods cooked by them nor share food with them. They would not buy food from a street merchant known to be living with the disease. Such beliefs marginalize and stigmatize people who are living with HIV/AIDS.

Although employees in four of the five sites reported that knowledge about HIV/AIDS has made them more careful, employees in three of the five companies were not able to define “risky” behavior. Employees at all sites were clear that frequent HIV tests were important, particularly for new couples, but were not adept at describing “risky” sexual relationships. While they knew that condoms protect against infection, employees at all sites felt negatively about condoms and use does not appear to be high in Haiti. Condoms were described as violations of God’s plan, facilitating “debauchery,” uncomfortable to use, and unpopular with women. These views are changing, however. Ten years ago, condom information was seen as shocking, but now they are openly promoted on TV and radio and NGOs’ condom sales are expanding.

While employees interviewed from four out of five companies said their companies provided some kind of health services to workers, it is not comprehensive care. Instead, companies offer first aid or blood pressure monitoring, rather than medical services. (The fifth company offers no health services.) Of the five companies whose employees were interviewed, three companies make condoms available for their staff, and two work with ASOs to provide health counseling or education. Not surprisingly, the employees felt that this level of health care was inadequate, particularly around HIV/AIDS prevention.

The employees interviewed support implementation of broader, more comprehensive STI/HIV/AIDS prevention programs in their companies. Employees suggested that appropriate program components would be prevention education, voluntary and confidential HIV tests, medicine and health care treatment, and regular consultations with health care providers. Universally, the employees wanted these programs to be run by physicians.

## V. RECOMMENDATIONS: POLICIES, CONTRACTS, AND PROGRAMS

Workplace HIV/AIDS programs are more easily sustained when the three entities—employers, unions, and government—work together. A comprehensive approach that includes appropriate policies and programs that provide education and care and support services is the most effective in changing the climate around HIV/AIDS, reducing stigma and discrimination, and ensuring that people receive the information and care they need. The following recommendations were generated during SMARTWork’s research with these three critical players.

### **The Role of Employers**

#### **Employer Roles:**

- *Implement Anti-Discrimination Policies*
- *Form HIV/AIDS Workplace Committees*
- *Partner with AIDS Service Organizations*
- *Conduct Workplace Educational Programs*
- *Ensure Access to Voluntary and Confidential HIV Counseling and Testing*
- *Provide Appropriate Medical Care and Social Services*

**Implement Anti-Discrimination Policies**—Employers can protect workers, who are their core asset, by implementing and publicizing beneficial workplace HIV/AIDS policies that expand upon the ADIH *Code of Ethics*. Policies should include a stated prohibition against screening new and current employees for HIV, and anti-discrimination measures aimed at protecting workers who are living with HIV/AIDS. These policies demonstrate to employees that the company recognizes HIV/AIDS is a problem, wants to help prevent the disease, and will not tolerate discrimination towards those seeking prevention or care and support. HIV/AIDS policies can be added to existing health policies, or be stand-alone policies.

**Form HIV/AIDS Workplace Committees**—Empowering and supporting a group of representatives within the workplace to organize prevention, and care and support programs can help to ensure buy-in and ownership of such programs by the workforce. The committees should include management and union representatives, medical personnel, line managers, workgroup leaders, and informal leaders. Involving workers themselves is essential in creating effective and appropriate programs.

**Partner with AIDS Service Organizations**—Agencies whose primary mission concerns HIV/AIDS can provide important technical assistance and guidance to employers wishing to expand their prevention education and care and support programs. As some already are doing, employers can work with ASOs to assess employees’ needs, knowledge, and current practices; help design and implement effective workplace interventions; and provide feedback on useful next steps. Where the company does not provide medical care or voluntary counseling and testing, ASOs can help meet the workers’ needs for these services.

**Conduct Workplace Educational Programs**—HIV/AIDS prevention and education programs increase employees’ knowledge that can save their lives, and decrease discrimination towards people living with HIV/AIDS. Program content should include culturally appropriate and medically accurate information about HIV/AIDS and other STIs, and referrals to voluntary and confidential counseling, testing, and care services. Effective program strategies include interactive and on-going educational sessions, peer education, condom availability, and prevention education materials. Train the trainer (TOT) programs help spread information

throughout the worksite and to employees' families. While it is critical that all staff attend these programs, workplace leaders are especially important participants, because of their potential role in addressing stigma, encouraging counseling, and testing, and improving employee morale. Individuals who should be required to participate in the programs include: union leaders, human resources staff, medical and clinical staff, labor safety department staff, team leaders, and informal leaders.

***Ensure Access to Voluntary and Confidential HIV Counseling and Testing***—Where stigma towards HIV/AIDS is high and the fear of discrimination well founded, ensuring confidentiality of medical records and visits is vital to encouraging people to learn their serostatus, seek medical care, and protect their sexual partners. Employers should implement written confidentiality protections and educate their workforce about them. Further, any HIV test provided to employees must be voluntary, confidential, and not linked with hiring or firing decisions.

***Provide Appropriate Medical Care and Social Services***—Access to prevention and care and support is essential to maintaining the health of all workers, especially those living with HIV/AIDS. In order to ensure that employees can get the care they need, insurance benefits must cover treatment for HIV/AIDS as well as other catastrophic illnesses. (Currently, no medical insurance directly covers treatment for HIV/AIDS, however, coverage is provided for opportunistic infections.) Other beneficial programs that enhance the health of the workforce include: paid leave for health-related medical care, financial and insurance assistance, and short and long-term leave. Company medical dispensaries provide one appropriate avenue for disseminating prevention efforts and in providing medical care to people living with HIV/AIDS. Where companies cannot provide these services on site—or medical care is more appropriately given by other agencies—linkages with ASOs and other health care providers must ensure that people seeking testing have access to confidential services, and that those who are living with HIV/AIDS and their families receive care and support.

### **The Role of Labor Unions**

#### **Labor Unions Roles:**

- *Review Existing Contracts and Incorporate HIV/AIDS*
- *Advocate for Workers*
- *Educate Labor Leaders and Members*
- *Engage Union Members in HIV/AIDS Programs*
- *Conduct Needs Assessments*

***Review Existing Contracts and Incorporate HIV/AIDS***—Given the small number of companies with explicit protections for people living with HIV/AIDS, labor unions should review existing labor agreements and contracts with respect to the rights of employees living with the disease. This will help ascertain whether beneficial policies are in place and being enforced, or whether an action plan to create (or implement) such policies is needed. These efforts can help to institutionalize worker protections and improve efforts to reduce discrimination against people living with HIV/AIDS

***Advocate for Workers***—Labor organizations should actively promote workplace HIV/AIDS prevention efforts. Unions should prioritize the inclusion of HIV/AIDS issues in labor agreements and advocate for contracts that include explicit workplace anti-discrimination policies, insurance policies that cover treatment for diseases including HIV/AIDS, and specific

protections and benefits for people living with HIV/AIDS. One strategy is to negotiate with employers to implement *The Code*.

**Educate Labor Leaders and Members**—Unions are ideal vehicles for distributing information about, and building support for workplace protections. Labor unions can proactively work to educate their leaders, representatives, and members about the threat posed by HIV/AIDS, so that union members prioritize it as an issue. Labor unions can educate their leaders and representatives on national policies and relevant international documents (such as the United Nations Commission on Human Rights Resolution 1997/33, “International Guidelines on HIV/AIDS and Human Rights”).<sup>29</sup> This will help them to not only enforce the *Labor Code* in their sectors, but also to understand why HIV/AIDS prevention education and care and support programs are an appropriate union concern.

**Engage Union Members in HIV/AIDS Programs**—Union involvement is critical in implementing workplace HIV/AIDS prevention and care and support programs. Unions can help create programs, implement them, encourage member participation, and assess their effectiveness.

**Conduct Needs Assessments**—Labor unions can collect information about their membership’s knowledge about HIV/AIDS, their medical needs, and their concerns. This information can help ensure that programs will be both effective and useful for the targeted workers.

### **The Role of Government**

#### **Government Roles:**

- *Engage and Educate the Public on HIV/AIDS*
- *Collect and Disseminate Data*
- *Fund HIV/AIDS Initiatives and Healthcare*
- *Provide Technical Assistance*
- *Evaluate HIV/AIDS Programming*
- *Review and Enforce Effective Legislation*

**Engage and Educate the Public on HIV/AIDS**—The government must aggressively educate the public about HIV/AIDS and its prevention. Many people have misinformation about the disease and how it is transmitted, which can lead to fear and discrimination. Most unions and employers have not prioritized this as a workplace education issue, and an atmosphere of discrimination is still prevalent. Government must remedy the situation by supplying accurate epidemiological information to the media, schools, government agencies, and worksites explaining how HIV/AIDS is transmitted, prevented, and treated. At the same time, government should continue to engage actively these

entities in its ongoing commissions, committees, and other organizations working to create effective and appropriate national and local responses to the disease.

**Collect and Disseminate Data**—The economic effects of HIV/AIDS are not fully understood, as the costs of absenteeism, sick leave, hiring, and training new staff are not fully apparent in the Haitian workplace yet. As the prevalence rate increases, these costs will become more dramatic. The government can use data on HIV/AIDS prevalence, and probable social and economic losses, to educate the public and focus its attention on education, and care and support. In

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<sup>29</sup> United Nations’ Commission on Human Rights. International Guidelines on HIV/AIDS and Human Rights, U.N.C.H.R. res. 1997/33, U.N. Doc. E/CN.4/1997/150. 1997.

addition, surveys of public knowledge and behavior around HIV/AIDS can be used to plan effective programs. Employers, unions, and the media also can benefit from information on the spread of HIV/AIDS and risk factors associated with the disease.

***Fund HIV/AIDS Initiatives and Healthcare***—Because employers are reluctant to take on the costs of prevention and care and support programs, funding of governmental HIV/AIDS programming and ASOs by the Haitian government will help encourage greater industry involvement in HIV/AIDS prevention and care and support efforts. Funding efforts connected with the NSP will help generate public discussion about the disease, reduce misinformation and stigmatization, and encourage companies to create services and policies around HIV/AIDS in the workplace. Government can help encourage greater collaboration with, and linkages between, various NGOs and ASOs.

***Provide Technical Assistance (TA)***—Employers and unions alike need help to know which types of prevention and care and support programs are most effective. This is particularly true for those companies with no prevention, care or support programming on-site. Government agencies can provide TA on many topics, such as implementing effective programs, complying with national law, protecting workers' rights, and ensuring medical confidentiality. Government can help fund ASOs, and encourage greater collaboration with, and linkages between, various NGOs and ASOs.

***Evaluate HIV/AIDS Programming***—Employers need help evaluating their programs and assessing their success in meeting goals. Evaluation can identify areas of concern, hold program implementers accountable to their constituencies and funders, and identify best practices for others to replicate.

***Review and Enforce Effective HIV/AIDS Legislation***—Haiti needs to expand its legislative framework to protect public health by prohibiting discrimination against those who are living with HIV/AIDS, particularly with respect to employment. The government should ensure that the National Council on the Fight Against AIDS has sufficient authority and resources to conduct its work. The government must also ensure that the new *Labor Code* addresses HIV/AIDS in a way that the former *Labor Code* did not. The revised regulations must guarantee that workers receive health education and benefits (including counseling and treatment for HIV/AIDS), prohibit employers from misclassifying employees as trainees in order to fire them when they become ill, ensure continued employment for people living with HIV/AIDS regardless of their symptoms, and rescind employers' ability to fire sick workers after three months of disability.

## **VI. SMARTWORK'S ROLE**

SMARTWork prepared this country assessment as one step in supporting employer, union, and government collaboration to promote workplace HIV/AIDS prevention and care and support programs. SMARTWork helps these tripartite entities create sustainable networks and programs that address the HIV/AIDS epidemic, form HIV workplace committees, create effective strategies, and evaluate their workplace interventions. In addition, SMARTWork offers materials that can be adapted by both employers and labor unions to create their own programs or to build upon existing efforts, and provides workshops, trainings, and other types of technical assistance

that build skills and capacity.

To help implement the components of the current National Strategic Plan for 2002-2006, SMARTWork will work with Haiti's Ministries, industry sectors, and NGOs. SMARTWork will provide technical assistance, training, and other services to help these entities put into place beneficial and cost-effective HIV/AIDS programming. In particular, SMARTWork intends to help employers achieve the NSP goal that 50% of the country's employers will have implemented non-discrimination regulations and practices around recruitment, promotion, and social benefits for workers living with HIV/AIDS by 2006.

SMARTWork will assist ADIH, as well as CEOs, managers, and labor union members, to elaborate HIV/AIDS policy and guidelines to implement in workplaces. When ADIH finalizes its Code of Ethics, SMARTWork will work with ADIH to help employers conform to the new Code and encourage them to go beyond its suggestions in terms of workplace prevention, and care and support programs.

HIV/AIDS prevention and care and support programs enhance the national health, the stability of the sectors of production and their key assets, and the quality of life of those infected, and affected, by HIV/AIDS. These efforts protect the health and safety of all workers, which is not only good for the Haitian nation, but also enhances economic vitality and protects employers' bottom line.

## VII. CONCLUSIONS

The HIV/AIDS epidemic decreases both the labor supply and production, destabilizes societies, impairs workers' health, undermines development programs, increases poverty, and expands labor costs. These negative effects can be reduced through collaborative, tripartite efforts to develop and implement HIV/AIDS workplace programs and policies. Working together, government, employers, and labor unions can prevent economic and social damage, reduce business and personal losses, lower medical costs, and—most importantly—save lives.

One of the potential challenges facing Haiti will be gaining the full participation of the business sector. Despite the present need in the country, employers do not appear to be immediately interested in HIV/AIDS programming. Some have expressed doubts that programs are needed or productive, especially when focusing on short-term production deadlines. Without the access, enthusiasm, and sponsorship of employers, workplace prevention and care and support programs cannot succeed. Therefore, employers must be educated to view HIV/AIDS programming as an investment in the health and vitality of their workforce, rather than a drain on productivity, in order to stir them to activity in this area. SMARTWork will work to raise employers' awareness of the importance of workplace HIV/AIDS programs, and will support the development of these programs when employers understand the value of them.

Enlisting the participation of the unions is likely to be easier, although they are pressed with many on-going activities. Unions understand, however, that HIV/AIDS is a threat to workers' health, and well within their purview of interests. They will also have a stronger basis and greater leverage for advocating on behalf of workers with respect to HIV/AIDS when the new Labor

*Code* is finally passed. For the unions, leadership and sustainability will be the largest challenges. Workers have an open attitude toward learning about the epidemic, although they also need help understanding the dangers of discrimination and stigmatization, learning about how the disease is transmitted, and becoming comfortable working alongside those who are living with HIV/AIDS.

The government has taken bold new steps to address the expanding HIV/AIDS epidemic in the new National Strategic Plan. This is a hopeful sign that the return of a stable political situation will bring focused governmental efforts to the HIV/AIDS epidemic and public health. Ensuring that the NSP is adequately supported and implemented will be a challenge, but one that is well worth undertaking. The Haitian government must also work to broaden legislative supports that encourage a climate of prevention, and care and support. With new funding and a revitalized structure for addressing HIV/AIDS, the government can set the stage for aggressively working to turn back the rising tide of HIV/AIDS infection that threatens Haitians.

Through the concerted efforts of employers, unions and employees, government, and NGOs, Haiti will be able to undertake workplace HIV/AIDS programs and policies that significantly reduces transmission, and the stigma and discrimination associated with HIV/AIDS. SMARTWork will work collaboratively with each of these partners to catalyze this outcome.

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