



SMARTWORK
The Workplace Response to AIDS

NIGERIA 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.
- ◆ By the end of 2001, over 3.5 million Nigerians were living with HIV/AIDS.
- ◆ According to UNAIDS, one million Nigerian children under the age of 15 have lost one or both parents to AIDS by the beginning of 2002.
- ◆ Nigeria has an estimated adult HIV prevalence rate of 5.8 percent.
- ◆ In nine of Nigeria's 36 states, the prevalence rate increased more than 10 percent between 1995 and 1999.
- ◆ The majority of those infected with HIV is either in their most economically productive years of life, or approaching this age; about 50 percent of people living with HIV/AIDS die before the age of 35.
- ◆ Some Sub-Saharan African countries will see a drop of 25% in their workforce by 2020 due to AIDS, and in some AIDS is already costing employers over 20% of their total earnings.
- ◆ The rate of economic growth in Sub-Saharan Africa has fallen by as much as 4% because of AIDS, and labor productivity has dropped 50% in the hardest-hit countries.

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: Nigeria, the Dominican Republic (DR), Haiti, 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 encourages 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/Nigeria 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 to 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.

I. EXECUTIVE SUMMARY

Over 3.5 million Nigerians, or an estimated 5.8 % of the country's population, are living with HIV/AIDS.¹ Nigeria's prevalence rate exceeds the 'take-off' point of five percent, after where opportunities to curtail the epidemic's rapid growth quickly diminish. Government and employers within Nigeria are beginning to respond to the burgeoning epidemic, but much remains to be done.

In late-2002 to early-2003, AED's SMARTWork project interviewed representatives from each of the tripartite sectors—government, employers, and labor—to assess their views, experiences, and recommendations related to HIV/AIDS workplace programs. SMARTWork found that most parties were aware of the enormous threat HIV/AIDS presents, and many were working to fight it. Both employers and labor are increasingly concerned about the impact HIV/AIDS is having on their country, and the specific impact on government, organizations, and the workforce. Several employers either had specific HIV/AIDS policies already established, or treated the illness in the same manner as other chronic diseases. Yet, without financial and political support available, many have had difficulty prioritizing HIV/AIDS prevention, and care and support. Few unions have been able to get HIV/AIDS policies included as part of their collective bargaining agreements, and have had difficulty sustaining their HIV/AIDS programming. Workers interviewed did not always perceive HIV/AIDS discrimination in the workplace as a problem, and many were unaware of their own company's specific policies around the disease.

The concern expressed to SMARTWork must be translated into targeted action. SMARTWork/Nigeria is moving ahead to support workplace HIV/AIDS programs and policies that train workers about preventing HIV transmission, provide care and support for those infected and affected by the disease, and prohibit discrimination and its associated stigma. Effective responses will not only enhance public health, but also serve as a positive example for other nations challenged by the pandemic.

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

The Nigerian HIV/AIDS epidemic will result in enormous costs to both the individual and the workplace. As the number of cases of HIV/AIDS increases among the public and workforce, productivity will be reduced and labor shortages will expand. Employers and workers will both bear the costs of increased health care costs, absenteeism and mortality; 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 Nigeria's economic growth.

Workplaces are appropriate facilities for providing HIV/AIDS prevention education and care and support services. To help meet the challenge of the Nigerian HIV/AIDS epidemic, SMARTWork helps create responses that benefit both employees and industry. SMARTWork uses a tripartite framework that brings together government, employers, and labor to develop comprehensive

¹ UNAIDS. Epidemiological Fact Sheets on HIV/AIDS and Sexually Transmitted Infections: Nigeria. New York: UNAIDS. 2002.

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 Components:

- **Education:** IEC materials on HIV/AIDS awareness, prevention, 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.

SMARTWork’s overall goal is 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.

During 2002 and the beginning of 2003, SMARTWork staff identified and explored barriers to implementing HIV/AIDS workplace programs in Nigeria. Structured interviews were conducted with representatives from six companies and four unions in Lagos, and Abuja.² In addition, SMARTWork staff conducted interviews and focus groups with employees to gain insight into their perspectives. 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.

“AIDS is striking more and more people, causing much misery to hundreds of individuals and their families, severely reducing the nation’s population of productive labor force, and leaving orphans and the aged in its wake.”
—Olusegun Obasanjo,
President of Nigeria

In addition, to guide its programmatic efforts and foster buy-in from each of the stakeholders, SMARTWork established a Nigerian Tripartite Advisory Board (TAB) to help lead the overall program. The TAB will seek to expand prevention, and support and care programs at both the national and enterprise level through their respective networks. The Ministry of Labor and Productivity, Nigeria Labor Congress, and the National Employers Consultative Association are just a few of the important bodies serving on the TAB.

As HIV/AIDS increasingly threatens the Nigerian workforce; government, employers, and unions must implement policies and programs that protect workers from new infections, support those that are already infected, and reduce HIV/AIDS-related stigma and discrimination.

² Participants included Nigeria Labor Congress (NLC), the National Union of Bank Insurance and Financial Institutions Employees (NUBIFIE), National Union of Textile, Garment and Tailoring Workers of Nigeria (NUTG), the National Union of Hotel and Personal Services Workers of Nigeria, Unilever Nigeria, Nigerian Breweries, Glaxo SmithKline Nigeria, Sheraton Hotels and Towers (Ikeja-Lagos), Nigerite Nigeria, and Standard Chartered Bank.

Workplace systems that provide for employees' health and overall well-being lead to higher productivity and protect an enterprise's most important asset—its employees. Investing now in effective efforts to stem the tide of the HIV/AIDS epidemic will have beneficial effects for both employers and workers.

III. OVERVIEW OF HIV/AIDS IN NIGERIA

The Nigerian HIV/AIDS Epidemic

With 29.4 million people living with HIV/AIDS, Sub-Saharan Africa is the region most-affected by the disease to date. Some of these countries will see a drop of 25% in their workforce by 2020 due to AIDS; in some countries, AIDS already costs employers over 20% of their total earnings. Further, the rate of economic growth in Sub-Saharan Africa has fallen by as much as 4% because of AIDS, and labor productivity has dropped 50% in the hardest-hit countries.³ Nigeria, with a population of approximately 120 million people, is the most populous nation in Africa, home to one-fifth of people on the continent. According to UNAIDS, in 2002, almost six percent (5.8%) of the Nigerian population was living with HIV/AIDS.⁴ While this percentage is considerably smaller than that found in some Southern and East African nations, Nigeria's large population, when combined with its rate of infection, translates to a significant number of people, approximately 3.5 million Nigerians, living with HIV/AIDS.

The primary routes of HIV transmission in Nigeria are through heterosexual intercourse, perinatal transmission, and tainted blood products.⁵ Each minute, a Nigerian is newly infected, and about half of those who are infected die before age 35.⁶ Already, 1.4 million children under the age of 15 have lost one or both parents to AIDS.⁷ The majority of Nigerians living with HIV/AIDS—3.2 million individuals—are between 15-49 years old and in their most sexually active years, as well as the most economically productive. In nine of Nigeria's 36 states, the prevalence rate increased more than ten percent between 1995 and 1999.⁸

While these statistics describe a chilling situation, the reality may be far worse. Epidemiological data on HIV/AIDS and other sexually transmitted infections (STIs) are scanty in Nigeria. Most come from patients at the country's antenatal clinics and do not reflect the broader context in which HIV occurs.⁹ The lack of information about infection rates among specific groups who are at particular risk (such as youth and young adults) makes it difficult to target prevention, and care and support programs to those most in need of services and information.

Health status is generally poor in Nigeria—for example, the maternal mortality rate is 1,100 deaths per 100,000 births, and the life expectancy is 51 years. Several factors have contributed to

³ UNAIDS. *UNAIDS Releases New Data Highlighting the Devastating Impact of AIDS in Africa*. Geneva: UNAIDS. June 2002.

⁴ UNAIDS. *Fact Sheet*. Op. cit.

⁵ Nigerian Ministry of Health. *HIV/AIDS Action Plan (HEAP)*. Lagos: Ministry of Health. February, 2001.

⁶ Nigerian Minister for Cooperation and Integration in Africa, Chief (Dr.) Bimbola Ogunkelu, as quoted in *This Day* (Nigeria), March 20, 2003.

⁷ UNAIDS. "Epidemiological Fact Sheets on HIV/AIDS and Sexually Transmitted Infections: Nigeria" in *AIDS in Africa: Country by Country*. Geneva: UNAIDS. 2002.

⁸ Federal Ministry of Health, National Action Committee on AIDS. *Situation Analysis Report on STD/HIV/AIDS in Nigeria*. Lagos: Ministry of Health. March 2000.

⁹ UNAIDS. *Fact Sheet*. Op. cit.

the rapid spread of HIV/AIDS in Nigeria. These include high prevalence of co-morbidities such as untreated STIs; multiple sex partners and polygamy; and a lack of accurate information about the disease and its transmission. Condom and contraceptive use is low, with a contraceptive prevalence rate of less than 7.5 percent.¹⁰ Additionally, poverty drives many women into commercial sex activities, a risk factor for HIV infection. Studies in the mid-1990s indicated that up to 30 percent of Lagos' sex workers were living with HIV/AIDS. By 1996, some regions had prevalence rates among sex workers as high as 70 percent.¹¹

At the same time, investment in HIV/AIDS-related services has not kept pace with the disease's impact. The World Health Organization (WHO) notes that, in 1998, Nigeria spent about NGN\$3900 (US\$30) on health care, and recently estimated that only NGN\$4 (US\$0.03) is spent on HIV/AIDS, per capita.¹² While this is a level of investment that exceeds many other African countries, the direct medical cost of AIDS is estimated to consume much more. To be effective, the United Nations estimates that Nigerian investment in care and prevention programs should equal 0.8 percent of Nigeria's current GDP, or NGN\$260-390 (US\$2-3) per capita.¹³

Like many African nations, Nigeria is experiencing relatively high inflation, falling exchange rates, and uncertain government services—all of which exacerbate the health care environment and the spread of HIV/AIDS. A decline in foreign investment and development assistance, dwindling access to world markets, and the lack of technological infrastructure have worsened many African economies, and Nigeria's is no exception.

Nigeria held democratic elections in 1999, and despite the challenges faced by Nigeria, as identified above, the country has made some economic and social progress in recent years.. HIV/AIDS is likely to jeopardize the gains made in Nigeria—particularly given the large population of young adults, who comprise the bulk of the country's workforce and are particularly vulnerable to infection. AIDS threatens to erase the country's improvements in life expectancy and prevent Nigeria from meeting its poverty reduction goals.

Nigerian Attitudes about HIV/AIDS

Despite the disease's impact in Nigeria, the historical lack of both public and private efforts around disease prevention and AIDS awareness has resulted in a public that is largely uninformed and unconcerned about the epidemic. In addition, high levels of stigma and discrimination, and a relatively small number of publicly identified and vocal people living with HIV/AIDS (PLWHA), has stifled personal investment in the disease. In the 1980s, academic and government leaders denied the presence of HIV/AIDS, hampering Nigeria from responding quickly to prevent the epidemic from spreading. More recently, media coverage of the disease has improved, in large part due to the work of Journalists Against AIDS (JAAIDS). This Nigerian non-governmental organization (NGO) educates journalists and monitors media coverage of HIV/AIDS. To build upon past successes, SMARTWork will work closely with JAAIDS to focus even greater attention on HIV/AIDS and the workplace.

¹⁰ Ibid. See also UNAIDS. Country by Country. Op. cit.

¹¹ Ibid.

¹² Ibid. See also Lowenson and Whiteside. HIV/AIDS: Implications for Poverty Reduction. New York: UNDP. June 2001.

¹³ Ibid.

Misinformation about reproductive health in general, and HIV/AIDS in particular, is common among Nigerians. Many myths exist about preventing the disease; equally problematic are rumors and misinformation about purported cures (such as having sex with a virgin). As a result, people may fail to effectively protect themselves or their partners from infection. Despite economic improvements since the end of dictatorship, high levels of poverty continue to exist in Nigeria; the attention of many Nigerians is focused on day-to-day survival, making the long-term effects of HIV/AIDS less of a concern.

Some Nigerians believe that HIV/AIDS is divine punishment, and discrimination against people living with HIV/AIDS remains prevalent. Many are reluctant to either talk about HIV/AIDS or seek prevention information or care. Health and sexuality education are not widespread in either schools or the media. Concurrently, some employers are reluctant to implement HIV/AIDS programs, fearing that the association with the disease will harm their businesses. The resulting lack of action reinforces the reluctance of both individuals and employers to engage in HIV/AIDS efforts, and creates a vicious circle of inactivity and stigmatization. In addition, the limited number of both health care facilities and counseling/testing centers makes it hard for those who are interested in services to access them.

National HIV/AIDS Laws and Policies

The Nigerian government has a long history of forming groups and bodies to address HIV/AIDS, and has recently made a renewed commitment to address HIV/AIDS at the highest levels. In 1986, the government established a National Expert Advisory Committee on AIDS (NEACA), replaced by the National AIDS Control Program (NACP) in 1988.¹⁴ Nigeria's long history of military rule made it difficult for these agencies to implement many programs or policies effectively.

Most recently, in 2000, President Obasanjo created the National AIDS Commission, the Presidential Commission on AIDS and the National Action Committee on AIDS (NACA) via presidential decree. NACA, a multisectoral body located within the Presidency, is responsible for coordinating Nigeria's response to the epidemic. Funding for such efforts remains low, however, and the country depends on international agencies and non-governmental organizations (NGOs) to carry out much HIV/AIDS related education and programming.

Also in 2000, the government built upon the Ministry of Health's *Situational Analysis Report on STD/HIV/ AIDS in Nigeria* as the basis to create the national *HIV/AIDS Emergency Action Plan* (HEAP), Nigeria's newest and most detailed plan to address the disease. Targeted for implementation between 2001-2004, the activities outlined in HEAP are designed to promote multisectoral and participatory responses to HIV/AIDS, and support access to prevention, and care and support services. HEAP includes efforts to create and distribute IEC materials throughout the country and to implement workplace programs.¹⁵

¹⁴ NACP was expanded in 1991 to include STDs, and renamed National AIDS and STDs Control Program (NASCP).

¹⁵ Many ministries, community based organizations and NGOs participated in the creation of HEAP. Ministry of Health. HEAP. Op. cit.

HEAP includes a requirement for each government ministry to develop their own action plan on HIV/AIDS, with the overall objective of streamlining governmental efforts. As a result, the Ministry of Labor is leading a governmental initiative to legislate a national policy on HIV/AIDS in the workplace. Although it has not been publicly released yet, a draft copy of the policy shows it to be consistent with the International Labor Organization's (ILO) *ILO Code of Practice on HIV/AIDS and the World of Work* (herein referred to as the "*ILO Code*").¹⁶ HEAP also requires local and regional government entities to create and implement HIV/AIDS prevention strategies.¹⁷ The next step will be to ensure that all plans and guidelines are actively implemented at both the national and local levels, laws and policies are enforced, and appropriate parties are educated about their roles and responsibilities under the action plans. SMARTWork intends to partner in this effort, providing technical assistance and training wherever possible.

At the moment, Nigeria has no legislation specifically protecting those living with HIV/AIDS. As part of HEAP, however, the Ministry of Labor and Productivity drafted policies to protect employees living with HIV/AIDS against discrimination and stigmatization in the workplace. These policies are currently under legislative review, and SMARTWork will be part of the process of moving them from review to implementation.¹⁸

In 2003, the government launched the Nigerian Business Coalition Against HIV/AIDS, (NBCA) chaired by President Obasanjo. NBCA encourages the private sector to collaborate with government and NGOs to provide education, and support and care for people living with HIV/AIDS. NBCA's establishment is an important step towards more aggressively addressing AIDS in the workplace. Although members have implemented individual programs, to date, there has been little effort to create tripartite or collaborative efforts. SMARTWork is well positioned—as a NBCA member—to strengthen sustainable approaches.

Recommended Elements of an HIV/AIDS Workplace Policy:

- The 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 ILO's *Code of Practice on HIV/AIDS*.

¹⁶ International Labor Organization (ILO). The *ILO Code of Practice on HIV/AIDS and the World of Work*. Geneva: ILO, March 2002.

¹⁷ These include the State Action Committee on AIDS (SACA) and Local Government Area Action Committee on AIDS (LACA).

¹⁸ Ministry of Health. *HEAP*. Op. cit.

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

As part of assisting employers, workers, and their union representatives to work together to address HIV/AIDS, it is important to learn the challenges and opportunities each group experiences. SMARTWork conducted in-depth interviews with six employers to learn how they perceive their responsibilities with respect to the epidemic, and what they believe can be done at the workplace. SMARTWork compared the programs and policies in place at these employers with the standards recommended in the *ILO Code*. Representatives from four unions explained their views on labor organizations' role in providing education and securing workers' rights. Finally, 16 workers at one company discussed the climate around disease prevention that affects their decisions to seek information and care. The following section draws on SMARTWork's research with these groups.

Organizational and employers' responses to the HIV/AIDS epidemic

Unfortunately, there is currently no comprehensive overview of HIV/AIDS workplace activities in Nigeria. SMARTWork's interviews are part of an effort to begin assessing both current workplace efforts and their effectiveness. SMARTWork is gathering information about on-going workplace interventions, and will promote sustainable efforts with other businesses and employers.

"This is an example of how we can make a real difference to communities where we operate and the lives of the people who work for us and come into contact with us."
– Employer

The six employers SMARTWork surveyed (who together employ 6,910 individuals) indicated that employee AIDS-related mortality appears to be low.¹⁹ One employer reported having lost six workers to the disease (.01 percent of the workforce); although this is a small percentage of employees, the experience led the employer to recognize that HIV/AIDS is a growing threat to both productivity and worker health. Two employers reported that they implemented prevention and care and support programs because their East and South African sister-companies had experienced high HIV/AIDS-related morbidity and mortality, and they were committed to preventing infection from growing as exponentially in Nigeria. At least one employer receives training and technical assistance from outside sources, including NGOs, unions, and government agencies.

The fear that businesses will be associated with HIV/AIDS has made some Nigerian employers reluctant to publicly respond to the disease. Nonetheless, SMARTWork is aware of some "pioneer" enterprises that have taken some positive action with respect to the epidemic. For example, all of the employers surveyed by SMARTWork have at least some policies and/or programs on HIV/AIDS in their workplaces. (One had no specific HIV/AIDS policies, but the non-discrimination policies comply with the *ILO Code* and apply to PLWHA.) Most commonly, these policies prohibit discrimination in hiring and employment, protect confidentiality, and provide benefits for employees living with HIV/AIDS. Other employers manage HIV/AIDS as a chronic disease with respect to absenteeism, assessment, and job placement. The two employers affiliated with international sister companies reported adoption of policies and training programs originally developed by these affiliates. One employer trains staff on HIV/AIDS policies so they will be aware of their rights; another posts these policies in common areas.

¹⁹ Participants included Unilever Nigeria, Nigerian Breweries, Glaxo SmithKline Nigeria, Sheraton Hotels and Towers (Ikeja-Lagos), Nigerite Nigeria, and Standard Chartered Bank.

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 ILO's [*Code of Practice on HIV/AIDS*](#).

Unfortunately, even companies who are early adopters are not immune from some negative practices. For example, while the employers SMARTWork interviewed do not appear to proactively screen new hires for HIV/AIDS, in at least two companies, employees who are frequently ill are tested for HIV. SMARTWork will work with targeted enterprises to encourage adoption of comprehensive programs and the *ILO Code's* recommended policies.

The extent and frequency of HIV/AIDS programming among companies reviewed varied widely. Several employers offer a range of trainings for new staff, weekly educational sessions, and/or annual safety programs. It is not clear how multi-faceted or lengthy these programs are, which affects their impact on participants' knowledge, attitudes and behavior. Half of the employers have designated specific staff and/or committees to coordinate HIV/AIDS programming and services and integrate HIV/AIDS information into company activities. Some train staff and union representatives to act as peer educators, and

two employers have surveyed the workforce on HIV/AIDS in order to assess their needs. Two employers also reach out to the communities in which their facilities are located. Examples of community HIV/AIDS projects include a reproductive health radio program targeting youth aged 18-24, a disease awareness comic book for students, and peer education programs.

All profiled employers reported that they provide medical care and condoms to their staff. One makes a special effort to give condoms to workers who travel frequently, such as drivers, sales, and marketing staff. Medical care is offered at on-site and/or off-site clinics, and often is available to workers' families. Three of the employers offer antiretroviral therapy (ARVs) to workers who are living with HIV/AIDS, while others state that they hope to do so in the future. In these companies, trained nurses and medical staff help workers with their medical treatment and drug regimens.

*"AIDS is an immense and growing problem in many countries where we do business. We have made it a duty to educate all of our 28,000 staff in over 50 countries."
-- Employer*

It appears that employees appreciate the workplace programs, and that they are effective in promoting health. Employers who made condoms available believe that both staff awareness and condom use were rising, especially among employees who travel frequently.

The employers reported that HIV/AIDS efforts are a corporate responsibility, and that supporting employee health and wellbeing increases productivity. As noted earlier, some companies are reluctant to address HIV/AIDS out of fear that such efforts will result in the public associating HIV/AIDS with the companies' services or products. However, many of those employers who have initiated programs noted that promoting community welfare garners both satisfaction and good public relations.

Labor Unions' Involvement in HIV/AIDS

The four unions surveyed by SMARTWork were responding to the disease in a variety of ways.²⁰ While all believed that HIV/AIDS must be addressed in order to safeguard working conditions and protect the rights and dignity of people living with HIV/AIDS, their responses to the epidemic varied in intensity. Many unions appeared to be beginning to confront HIV/AIDS more consistently and aggressively. Three of the four unions had incorporated HIV/AIDS programming and policies into their workplace initiatives. Several are signatories of the *ILO Code* and have implemented workplace anti-discrimination policies for their own employees;

Labor unions understand HIV/AIDS to be an issue directly connected with human rights, and one that is essential to protecting workers' rights.

they are now advocating expansion of these protections in their specific labor sectors (e.g. the garment, banking, and hotel industries). Union respondents were particularly interested in anti-discrimination policies, prohibiting pre-employment screening for HIV/AIDS, and protecting medical confidentiality.

The unions were working to bring more affordable medical care (including ARVs) and benefits to their members and to workers in their labor sectors. One union includes provision of ARVs in its collective bargaining agreements, and is working with a pharmaceutical company to fund these medicines. Other unions are working to fund programs through the government's ARV therapy program. To date, however, unions have had very limited ability to pursue these efforts due to an overall lack of funding for, and access to, these medications nationally.²¹ Three-quarters of the unions reported offering HIV/AIDS workplace training programs, creating and distributing educational materials, and providing HIV/AIDS prevention and care and support programs to their affiliates and membership. They also reported efforts to incorporate these policies into contracts and agreements signed with their sectors, to ensure that health and safety regulations are implemented in workplaces governed by labor agreements, to educate workers about these regulations, and to provide oversight of employer compliance.

Several unions reported that they have formed HIV/AIDS committees and are working in partnership with government agencies and NGOs. One receives technical assistance from the Ghana Trade Union Congress and Congress of South Africa Trade Union (COSATU) to develop a document about workplace HIV/AIDS efforts.

It takes support to keep these programs operational, and funding can be an issue—one union has had difficulty sustaining its HIV/AIDS programs without the on-going support of external donors. Even more troubling, respondents at one union reported that the union did not provide any HIV/AIDS-related programs or policies, and the respondents were unaware of other Nigerian organizations that offered prevention and care and support programs.

²⁰ Participants included: The Nigeria Labor Congress (NLC), the National Union of Bank Insurance and Financial Institutions Employees (NUBIFIE), National Union of Textile, Garment and Tailoring Workers of Nigeria (NUTG), the National Union of Hotel and Personal Services Workers of Nigeria.

²¹ For more information on Nigeria's national ARV treatment program efforts, see: <http://www.nigeria-aids.org/MsgRead.cfm?ID=845>

Worker's Perceptions of HIV/AIDS

SMARTWork conducted focus groups and in-depth interviews with 16 employees of one company, to see how fully HIV/AIDS initiatives were integrated into their workplace. The employees felt that their company had responded positively to the epidemic, and many had themselves participated in company prevention education programs. The employees knew that the company offered free medical care and condoms. They appreciated the quality of care received at the company health clinics, trusted the medical staff, and reported that they felt comfortable seeking information and care. They believed that the confidentiality of their medical information was protected.

While recognizing their company's positive efforts, most employees were unaware of specific policies and benefits around HIV/AIDS, and none had seen copies of their company policies. Despite this fact, employees felt that the company had taken constructive steps to address the disease, and they had not perceived HIV-related discrimination within their workplace. Employees felt there were many ways employers and unions could educate workers and protect their health, and they were interested in receiving more prevention, care and support programs. Employees were particularly interested in hearing from external speakers, being trained as peer educators, and getting more information through the company's clinics and internal publications. Their responses indicated that additional information about the disease would be beneficial. Some employees expressed a belief that all workers should be tested and those living with HIV/AIDS should be dismissed in order to prevent new infections. SMARTWork will utilize these findings to develop its technical assistance programs.

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 tripartite players.

The Role of Employers

Implement Anti-Discrimination Policies—Employers can protect workers, who are their core asset, by adopting and publicizing workplace HIV/AIDS policies. These should include prohibiting making employment contingent upon a negative HIV test, and promoting voluntary health counseling and testing services for employees. These policies show that employers recognize HIV/AIDS is a problem, want to help prevent the disease, and will not tolerate discrimination towards those seeking prevention education or care or support.

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

Employer Roles:

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

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 and care and support programs. Employers can work with AIDS service organizations (ASOs) to assess their employee’s needs, knowledge and current practices, and help design and implement effective workplace interventions. Where companies and unions do not provide medical care or voluntary counseling and testing, ASOs can help meet the workers’ needs for these critical services.

Conduct Workplace Educational Programs—Effective HIV/AIDS education programs can increase knowledge 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. Effective program strategies include interactive and on-going educational sessions, peer education, condom availability, and prevention education materials. Train the trainer (TOT) programs can help diffuse information throughout the worksite and to employees’ families. Although participation of all employees is desirable, there are some whose participation should be required because they are company leaders and/or information resources for their peers, and therefore help influence workplace tone and morale. These individuals include union officials, human resources staff, medical and clinical staff, labor safety department staff, and unit 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 HIV status, seek medical care, and protect their sexual partners. Employers can and should implement confidentiality protections for both VCT and employees’ medical records, and educate their workforce about this benefit, and also ensure that they have access to voluntary, confidential HIV counseling and testing services.

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 addition to offering medical care and insurance, effective workplace programs may include: paid leave for health-related medical and service appointments, financial and insurance assistance, short and long-term leave, and access to affordable and confidential medical care. Company medical dispensaries may 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

Review Existing Contracts—Existing labor agreements and contracts should be reviewed with respect to the rights of employees living with HIV/AIDS. 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.

Labor Union Roles:

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

Advocate for Workers—Labor organizations can actively promote workplace HIV/AIDS prevention efforts and protect employee’s rights. Unions should advocate the inclusion of HIV/AIDS issues in labor agreements and ensure that contracts include explicit workplace anti-discrimination policies; medical services; and specific protections and benefits for people living with HIV/AIDS. The ILO Code provides examples of ideal policies.

Educate Labor Leaders—Labor unions can educate their leaders and representatives on both Nigerian HIV/AIDS laws and relevant international documents (such as the United Nations Commission on Human Rights Resolution 1997/33, “International Guidelines on HIV/AIDS and Human Rights.”).²² This will help them to not only comply with the law, but also to understand why it is important to promote prevention and care and support programs.

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.

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.

The Role of Government

Engage and Educate the Public on HIV/AIDS—The government must aggressively educate the public about HIV/AIDS and its prevention. Nigerians lack up-to-date information about HIV/AIDS and many are worried about other problems. Neither unions nor employers have prioritized this as a workplace education issue. Government is an appropriate source to supply accurate information to the media, schools, and worksites, describing how the disease is transmitted, prevented, and treated. At the same time, government should engage all of these entities in its ongoing commissions and organizations working to create national and local responses to the disease.

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*

²² 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.

Collect and Disseminate Data—Data collection and dissemination remains scarce in Nigeria, and largely invisible to the public and employers. The lack of epidemiological data on HIV/AIDS also prevents the public from seeing how dire the situation is becoming. The disease’s economic effects are yet to be understood, as the costs of absenteeism, sick leave, and rehiring and training staff are not fully apparent. The government can use data on HIV/AIDS prevalence, and the probable social and economic losses, to educate the public and focus its attention. In 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, strategic government funding (for example, to provide seed funding for industry initiatives) can help foster and encourage greater industry involvement in these efforts.

Provide Technical Assistance (TA)—Employers need help to know which types of prevention and care and support programs are most effective. Government can provide TA to both employers and unions on many topics, such as implementing effective programs, complying with national law, protecting workers’ rights, and ensuring medical confidentiality. Government can help 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—With HEAP and the Nigerian government’s Sectoral Plans, Nigeria has a good initial framework for protecting public health by expanding access to care and support services. However, the Ministry of Labor and Productivity’s draft policies on stigma and discrimination (currently under legislative review) need to be quickly moved to the implementation stage to ensure that workers are protected.

VI. SMARTWORK’S ROLE

SMARTWork prepared this country assessment as one step in supporting tripartite collaborations to promote workplace HIV/AIDS prevention and care and support programs. SMARTWork helps 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. Employers and labor unions can adapt SMARTWork’s materials for use in their own programs. SMARTWork also offers workshops, trainings, and technical assistance to build skills and capacity.

As Nigerian ministries move forward with drafting and implementing strategic activities required under HEAP, SMARTWork will offer training, technical assistance, and materials development to enhance local and regional efforts to implement effective workplace HIV/AIDS measures. SMARTWork will work with the Ministry of Labor and Productivity to ensure that new labor policies specifically include workplace protections for PLWHA. In addition, SMARTWork will

work with the Ministry of Health to ensure that any revision to the 1997 National AIDS Policy includes measures recommended by the *ILO Code*.

As a member of NBCA, SMARTWork will continue to identify and support education, care and support services within the workplace, and to encourage other NBCA members to engage in HIV/AIDS prevention and support efforts. SMARTWork will also use its newly created TAB to promote workplace HIV/AIDS programs and policies that both benefit workers health and help employers' bottom line.

HIV/AIDS prevention and care and support programs can enhance the national health, stabilize production sectors and their key assets, and improve 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 nation, but also enhances economic vitality and protects employers' bottom line.

VII. CONCLUSION

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.

Nigeria's return to democracy in 1999 has encouraged both private and public entities to prioritize HIV/AIDS prevention and care and support programs. Nigeria is well positioned to aggressively address the disease's impact on the nation and to prevent the epidemic from gaining a greater foothold in the country and throughout Africa. Nonetheless, much remains to be done, and many programs are still in their infancy. The public is uninformed about the disease and its prevention, and needs better access to comprehensive HIV/AIDS programs.

Employers and unions have begun to implement prevention and care and support programs, but have not yet saturated the workplace and need greater governmental encouragement as well. Some programs are dependent on international funding and are far from sustainable. Some employers' policies are haphazard, not promoted throughout the workplace, or not clearly inclusive of HIV/AIDS. Unions, while invested in HIV/AIDS programming, are only beginning to expand their efforts from their own employees into their sectors.

To effectively address the HIV/AIDS pandemic, employers and unions must educate workers about their rights and benefits, particularly as they relate to HIV/AIDS. Both parties must push forward in implementing programs and policies addressing HIV/AIDS in the workplace. Government, as an equal partner in a tripartite approach, must work to educate the public, implement meaningful legislative protections for PLWHA, and help build partnerships between labor and business entities.

The Nigerian government has shown a renewed commitment to addressing HIV/AIDS, as evidenced by the recent creation of Presidential entities such the National AIDS Commission, the Presidential Commission on AIDS, the National Action Committee on AIDS, and the Nigerian Business Coalition Against HIV/AIDS. HEAP's mandate for national and local government to

create plans to address HIV/AIDS fosters opportunities for collaboration between government ministries, unions, and sector industries. These partnerships have enormous potential to combat HIV/AIDS' threat to both the public and the workplace. Tripartite efforts such as these are essential to stabilizing the workforce and ensuring that Nigeria can withstand the growing social and economic pressures created by the HIV/AIDS epidemic.

VIII. REFERENCES

- Rene Lowenson and Alan Whiteside. HIV/AIDS: Implications for Poverty Reduction. New York: United Nations Development Program (UNDP) and Joint United Nations Program on HIV/AIDS (UNAIDS). June 2001. Available online at:
<http://www.undp.org/dpa/frontpagearchive/2001/june/22june01/hiv-aids.pdf>
- Joint United Nations Program on HIV/AIDS (UNAIDS) and the World Health Organization (WHO). AIDS Epidemic Update. Geneva: UNAIDS. December 2002.
- Joint United Nations Program on HIV/AIDS (UNAIDS). Epidemiological Fact Sheets on HIV/AIDS and Sexually Transmitted Infections: Nigeria. Geneva: UNAIDS. 2002. Available online at:
http://www.unaids.org/hivaidsinfo/statistics/fact_sheets/pdfs/Nigeria_en.pdf
- Joint United Nations Program on HIV/AIDS (UNAIDS). “Nigeria: HIV/AIDS Epidemiological Survey.” In AIDS in Africa: Country by Country. Geneva: UNAIDS. 2000. Available online at:
http://www.unaids.org/hivaidsinfo/statistics/fact_sheets/all_countries_en.html#N, also through http://www.nigeria-aids.org/AIDS_in_WestAfrica.cfm
- Joint United Nations Program on HIV/AIDS (UNAIDS) *UNAIDS Releases New Data Highlighting the Devastating Impact of AIDS in Africa*. Geneva: UNAIDS. June 2002. Available online at: http://www.unaids.org/whatsnew/press/eng/pressarc02/G8_250602.html
- International Labor Organization (ILO). The ILO Code of Practice on HIV/AIDS and the World of Work. Geneva: ILO, March 2002. Available online at
<http://www.ilo.org/public/english/protection/trav/aids/code/codemain.htm>
- Nigerian Ministry of Health, National Action Committee on AIDS (NACA). Situation Analysis Report on STD/HIV/AIDS in Nigeria. Lagos: Ministry of Health. March 2000. Available online at <http://www.nigeria-aids.org/situation.cfm>
- Nigerian Ministry of Health. HIV/AIDS Action Plan (HEAP). Lagos: Ministry of Health. February 2001. Available online at <http://www.nigeria-aids.org/pdf/heap.pdf> or <http://www.nigeria-aids.org/pdf/heap.pdf> <http://www.nigeria-aids.org/Heap.cfm>
- 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. Available online at <http://www1.umn.edu/humanrts/instree/t4igha.html>