



SMARTWORK

SMARTWork: The Workplace Responds to HIV/AIDS

**The Zimbabwe Component of an
HIV/AIDS Global Workplace Prevention and Education Program
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Zimbabwe Country Brief

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LIST OF ACRONYMS

AED	Academy for Educational Development
AIDS	Acquired Immunodeficiency Syndrome
ARV	Anti-Retroviral Treatment
CDC	U.S. Centers for Disease Control and Prevention
CIMAS	Commercial and Industrial Medical AID Society
CSO	Central Statistics Office
DOL	U.S. Department of Labor
DOTS	Directly Observed Treatment Short Course
FGD	Focus Group Discussion
GAPUZ	General Agriculture and Plantation Workers' Union
GOZ	Government of Zimbabwe
HIV	Human Immunodeficiency Virus
IEC	Information, Education, and Communication
ILO	International Labor Organization
KAPB	Knowledge, Attitudes, Practices, and Beliefs
MOHCW	Ministry of Health and Child Welfare
NAC	National AIDS Council
NGO	Non-Governmental Organization
PLWHA	People Living With HIV/AIDS
PMTCT	Preventing Mother-to-Child Transmission
STIs	Sexually Transmitted Infections
UNAIDS	Joint United Nations Program on HIV/AIDS
VCT	Voluntary Counseling and Testing
ZAPP	Zimbabwe AIDS Prevention Project
ZCTU	Zimbabwe Congress of Trade Unions
ZFTU	Zimbabwe Federation of Trade Unions
ZNFPC	Zimbabwe National Family Planning Council
ZWRCN	Zimbabwe Women's Resource Centre and Network

KEY FACTS AND FIGURES

- According to UNAIDS, as of 2003, up to 46 million people in the world were living with HIV/AIDS.¹
- With as many as 2.3 million people living with HIV/AIDS, Zimbabwe's HIV/AIDS prevalence rate is the third highest in the world, after Botswana and Swaziland.²
- One-quarter (24.9%) of all adults between the ages of 15 and 49 are living with HIV/AIDS. These individuals are in their most sexually active years, as well as their most economically productive.³
- The epidemic has reduced life expectancy in Zimbabwe from 66 to 33 years of age. Each year, 200,000 Zimbabweans die from AIDS-related causes, and 2,000 new infections occur every day. Approximately 70% of hospital admissions are now HIV-related.⁴
- The Zimbabwean National AIDS Council estimates that over 90% of cases are transmitted through unprotected heterosexual intercourse. Young women are particularly vulnerable to infection by older male sexual partners.
- Severely affected countries will see a drop of 25% in their workforce by 2020 because of AIDS, and in some countries, AIDS costs employers over 20% of their total earnings.⁵

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 (DOL), SMARTWork currently operates in six countries: the Dominican Republic, Haiti, Nigeria, Ukraine, Vietnam, and Zimbabwe. In Zimbabwe, the U.S. Centers for Disease Control and Prevention (CDC) also funds the SMARTWork program.

SMARTWork forges strategic partnerships between business enterprises, labor groups, and governmental and non-governmental organizations (NGOs) to create workplace HIV/AIDS prevention, care, and support programs. SMARTWork fosters social dialogue around workplace HIV/AIDS prevention at both the national and enterprise levels, and works to implement programs that reduce stigma and discrimination towards those living with HIV/AIDS.

SMARTWork/Zimbabwe was established in September 2002. The program offers a wide range of workplace-focused activities, including:

¹ Joint United Nations Programme on HIV/AIDS (UNAIDS). Report on the Global HIV/AIDS Epidemic. Geneva: UNAIDS. 2002.

² Garbus, Lisa and Gertrude Khumalo-Sakutukwa. Country AIDS Policy Analysis Project: HIV/AIDS in Zimbabwe. San Francisco: University of California San Francisco, AIDS Policy Research Center. November 2003.

³ UNAIDS. AIDS Epidemic Update 2003.

⁴ Garbus, and US Dept. of State Bureau of African Affairs. Background Note: Zimbabwe. Washington, DC: U.S. Department of State. 2002.

⁵ UNAIDS. UNAIDS Releases New Data Highlighting the Devastating Impact of AIDS in Africa. Geneva: UNAIDS. June 2002.

- Helping enterprises assess their readiness to address HIV/AIDS, and assisting them to respond effectively with appropriate HIV/AIDS policies and comprehensive programs.
- Conducting presentations, workshops, and other trainings that build employers' and workers' capacity to undertake and sustain workplace HIV/AIDS programs.
- Providing materials and tools that aid government, business, and labor in creating and implementing effective workplace programs.

The negative impact of HIV/AIDS can no longer be seen as a challenge only for government and the health sector. An effective national response to HIV/AIDS requires a comprehensive workplace approach in which employers, labor, and government work together. Addressing HIV/AIDS in this manner will protect workers' health and safety, secure the welfare of future generations, ensure economic vitality, and protect employers' productivity and profitability. SMARTWork helps to achieve these goals and to safeguard individuals, their employers, and the broader community.

EXECUTIVE SUMMARY

Sub-Saharan Africa is the region of the world most profoundly affected by the global HIV/AIDS epidemic. Zimbabwe has the third highest seroprevalence rate in the world, with one quarter of adults living with HIV/AIDS. The epidemic is transforming the nation, and exacerbating Zimbabwe's social, economic, and agricultural woes.

In response to these challenges, SMARTWork/Zimbabwe helps implement HIV/AIDS prevention, care, and support programs built on a tripartite partnership between government, employers, and unions. As part of this effort, SMARTWork conducted a Needs Assessment to identify barriers and opportunities for addressing HIV/AIDS at the workplace. SMARTWork/Zimbabwe interviewed employers, labor representatives, and workers (over 100 in total) to assess their views and gather recommendations related to workplace HIV/AIDS programs.

SMARTWork/Zimbabwe found that the government has created numerous entities to address HIV/AIDS, and has passed regulations that protect the rights of people living with HIV/AIDS (PLWHA). It does not appear that the regulations are being enforced in the workplace, however, as many employers lack anti-discrimination policies. Although they may not have official HIV/AIDS policies, some employers offer HIV/AIDS education, care, and support programs for their workers. However, workers would like more comprehensive programs and medical care that is more confidential. At the same time, the union response to HIV/AIDS appears to be limited from the perspective of the workers. None of the employees interviewed felt that their unions were adequately addressing HIV/AIDS or advocating for workers on this topic.

While managers believe that PLWHA are not discriminated against in the workplace, employees report that discrimination is prevalent, particularly once people are visibly ill. Workers expressed the fear that they would lose their jobs if their employers discovered their serostatus. This widespread fear and discrimination prevents people from seeking HIV tests and treatment, and from disclosing their HIV status to friends, co-workers, and employers.

Based on the findings from this Needs Assessment, SMARTWork/Zimbabwe recommends that the government work to create tripartite and other collaborative interventions around HIV/AIDS. Unions need to be much more active around the issue, and work to implement beneficial policies and programs for their members. Employers should institutionalize policies that prohibit employment discrimination, protect workers' confidential medical records, and provide mechanisms for accessing health information and treatment. The third tripartite member—government—must become more active in funding prevention, care, and support programs, enforcing its anti-discrimination regulations, and educating the public and workforce about HIV/AIDS.

HIV/AIDS IS A BUSINESS ISSUE

A frequently asked question is “Why should employers care about HIV/AIDS?” The answer is clear: Employers should care about HIV/AIDS because of its potential negative impact in the workplace. HIV/AIDS can undermine the health and productivity of the labor force, increase costs, increase turnover and reduce labor supply, and reduce profits. Private sector companies, public agencies, and NGO employers within Zimbabwe and in other countries that have been hard hit by HIV/AIDS have already learned how HIV/AIDS can affect them. Here are a few facts:

- **HIV/AIDS increases employer costs and reduces profits.** One trucking company in Zimbabwe estimated that health care costs related to HIV/AIDS equaled about 20% of profits.⁶
- **Productivity is affected.** Absenteeism and turnover reduce productivity, as less trained and less experienced workers try to replace workers lost to HIV/AIDS. Employees may be absent from the job due to their own illness, the illness of family members, or funeral attendance. For example, in comparative studies of East African businesses, absenteeism accounted for as much as 25-54% of company costs.⁷ Increased absenteeism among HIV-infected workers may require overtime or extra days of work for healthy employees, resulting in increased costs to the company, as well as exhaustion and stress. Some companies are severely affected by the loss of skilled workers. For example, a Zambian electrical company experienced a reduced supply of electric power due to the deaths of workers from HIV/AIDS. In a sugar mill in South Africa, this dynamic resulted in loss of both quantity and quality of the final product, resulting in waste from poor quality product (e.g., sugar). Between 1993 and 1997, there was a 50% drop in processed sugar; between 1995 and 1997, over 8,000 days of work were lost due to HIV/AIDS.⁸

⁶ Stover, J and Bollinger, L, “The Economic Impact of AIDS,” Study conducted as part of The Policy Project for U.S. Agency for International Development (USAID) by The Futures Group International, 1999.

⁷ UNAIDS, *Report on the Global HIV/AIDS Epidemic 2002*.

⁸ Morris, C., D.R. Burdge, and E.J. Cheevers. 2001. *Economic Impact of HIV Infection on a Cohort of Male Sugar Mill Workers in South Africa from the Perspective of Industry*. Vancouver, Canada, and Durban, South Africa: University of British Columbia and Illovo Sugar.

- **Recruitment and training costs increase.** Valuable skills and experience are lost when workers become ill or die. Replacement workers must be recruited, hired, and trained. In some countries, two or more workers are being trained for certain jobs to ensure necessary labor skills.
- **Benefit costs typically increase.** These may include health and medical care, sick pay, funeral expenses, bereavement leave, life insurance, survivor pensions, and other benefits. For example, in many larger African companies, surviving family members are offered a death benefit. In some cases, it could total as much as three years' salary plus funeral expenses.⁹
- **Worker fears or misconceptions about HIV/AIDS can cause work stoppages or slowdowns.** Workers unaware that HIV/AIDS cannot be transmitted through casual contact may refuse to work or share facilities with co-workers who have HIV/AIDS.
- **Workforce is reduced and experienced workers are lost due to AIDS.** The majority of people living with HIV/AIDS worldwide are between the ages of 15 and 49—in the prime of their working lives. The ILO has projected that by 2020, Zimbabwe will have lost almost 29% of its workforce due to HIV/AIDS.¹⁰

In addition to these direct costs, there are indirect costs to employers and workers. These include a number of factors that are important but difficult to quantify, such as increased supervisory time, loss of workplace cohesion, low morale, and management burden. A long-term study from Kenya and Botswana outlines some direct costs of HIV/AIDS.¹¹ As the figure shows, about half the costs are related to absenteeism, half to all other identified factors.

The impact goes beyond individual employers, affecting the entire economy and society. In many countries, the HIV/AIDS pandemic has led to decreased consumption reflected in decreased corporate revenues, decreased monthly income, and increased debt. For example, a South African furniture manufacturer (JD Group) projected an 18% reduction in its customer base as a result of HIV/AIDS.¹² The overall economic impact can be devastating. The real gross domestic product of South Africa, which represents about 40% of sub-Saharan Africa's economic output, is projected to be 17% lower than it would have been without AIDS, by 2010.¹³ In countries like Zimbabwe, where the national HIV/AIDS prevalence rate is 20% or higher, it causes an average drop of 2.6% points in the annual gross domestic product (GDP).¹⁴

⁹ USAID, "How Does HIV/AIDS Affect African Businesses?", 2001.

¹⁰ International Labor Organization, "HIV/AIDS IN AFRICA: The Impact on the World of Work." Available at: www.ilo.org/public/english/protection/trav/aids/download/pdf/adforange.pdf.

¹¹ Peter Lamptey, "Economic Impact of HIV/AIDS: Measuring Costs and Business Response." Speech to Brookings Institution, June 28, 2001. See: www.brook.edu/dybdocroot/fp/projects/health/20010628_slidese.

¹² Whiteside, A., "Demography and Economics of HIV/AIDS." *British Medical Bulletin* 57, 2001.

¹³ UNAIDS, *Report on the Global HIV/AIDS Epidemic 2002*.

¹⁴ UNAIDS, "Fact Sheet 2002: The Impact of HIV/AIDS."

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

The Southern African region demonstrates the tragic effects of a widespread HIV/AIDS epidemic. The enormous number of HIV/AIDS cases among the public and workforce has reduced productivity and threatens to create labor shortages. Employers and workers alike are bearing the burdens of increased health care costs, absenteeism, and shortened life spans, which reduce profits and stifle economic growth. Employers additionally face 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 also harm individuals and exacerbate Zimbabwe's economic crisis.

SMARTWork Components:

- **Education:** Information, Education, and Communication 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:** In-depth advice for tripartite members wishing to implement effective

Only by working on all levels—individual, community, workplace, and national—can Zimbabwe hope to recover from the devastating impact of HIV/AIDS. Workplaces are appropriate facilities for providing HIV/AIDS prevention, care, and support services. Worksite systems that provide for employee health and overall wellbeing lead to higher productivity and protect the enterprise's most important asset: its employees.

To respond to the challenge of the HIV/AIDS epidemic, SMARTWork/Zimbabwe helps create 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 epidemic. Tripartite efforts are critical because efforts on the part of any single party are unlikely to be sufficient to build effective, comprehensive, and sustainable programs that benefit all partners.

SMARTWork helps to create supportive environments that facilitate national- and employer-based programs and policies. SMARTWork identifies situations that foster HIV/AIDS both nationally and locally, and identifies best practices and programmatic models that can change the

situation. SMARTWork develops Information, Education, and Communication (IEC) materials, and offers workshops and training on implementing policies, prevention 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.

SMARTWork's first initiative in Zimbabwe was to conduct a Needs Assessment and draft profiles of employer and labor unions' responses to the epidemic. Throughout late 2002 and

early 2003, SMARTWork researched the current environment, noting the challenges of implementing prevention programs in the workplace. The project interviewed managers at four companies, conducted focus group discussions with workers at nine companies, and met with representatives from 20 unions (19 individual unions and the umbrella Zimbabwe Congress of Trade Union) to gather their views on the current climate affecting HIV/AIDS policies and programs in the workplace.¹⁵ These participants made recommendations for effective HIV/AIDS prevention, care, and support programs.

SMARTWork/Zimbabwe established a Tripartite Advisory Board (TAB) on January 30, 2003 that includes representatives from the employers, unions, and government.¹⁶ The Board is currently developing a strategic plan. SMARTWork/Zimbabwe has also provided over 12 training sessions, ten workshops, and technical assistance and information to some 40 business, labor, and NGO organizations on establishing workplace policies and HIV/AIDS prevention, care, and support programs. SMARTWork/Zimbabwe is providing several of these organizations with technical assistance on policy development.

OVERVIEW OF HIV/AIDS IN ZIMBABWE

HIV/AIDS in Zimbabwe

The first Zimbabwean AIDS case was diagnosed in 1984 and, since then, the HIV seroprevalence rate has grown exponentially.¹⁷ The numbers of those affected by HIV/AIDS are staggering. According to the United Nations, seroprevalence in Zimbabwe is 25 percent (24.9%) of the adult population aged 15-49.¹⁸ By the end of 2001, the United Nations estimated that 1.8 to 2.7 million Zimbabweans were living with HIV/AIDS, of whom two million were adults aged

¹⁵ Participants included Automotive and Allied Workers' Union of Zimbabwe, Commercial Workers' Union of Zimbabwe, Communication and Allied Services Workers Union Of Zimbabwe, Crest Breeders, Datlabs, Edgar's Stores, Electronics Communicators' Radio and TV Workers' Union, Federation of Food and Allied Workers' Union of Zimbabwe, General Agriculture & Plantation Workers' Union of Zimbabwe (GAPUZ), Zimbabwe Congress of Trade Unions (ZCTU), Hippo Valley Estates, Iron and Steel Workers' Union of Zimbabwe, Mazowe Flowers, National Engineering Workers' Union, Population Services International, Railway Association of Enginemen, Standard Chartered Bank, Victoria Falls Informal Traders' Group, World Vision International, Zimbabwe Amalgamated Railways' Union, Zimbabwe Banker and Allied Workers' Union, Zimbabwe Chemical Plastics and Allied Union, Zimbabwe Construction Workers' Union, Zimbabwe Domestic and Allied Workers' Union, Zimbabwe Electricity and Energy Workers' Union, Zimbabwe Federation of Trade Union (ZFTU), Zimbabwe Furniture Timber Allied Trade Unions, Zimbabwe Railways & Artisans Union, and the Zimbabwe Textiles Workers' Union.

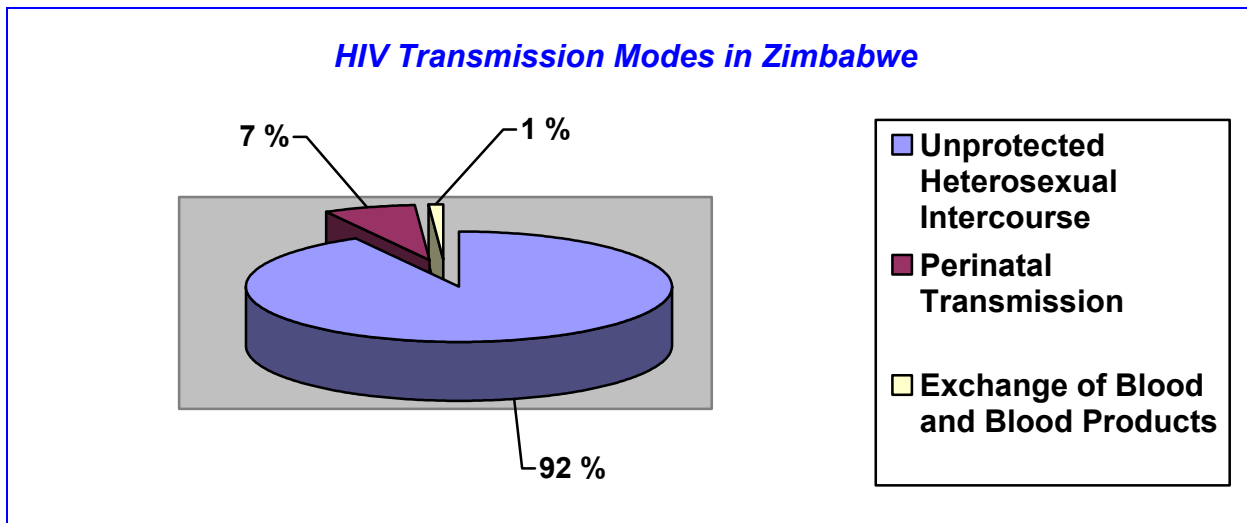
¹⁶ Members of the TAB are CDC/Zimbabwe (observer), Employers Confederation of Zimbabwe, Informal Sector Representative, International Labor Organization, Law Development Commission, Ministry of Health and Ministry of Labor and Social Welfare (pending SMARTWork's governmental registration approval), National AIDS Council, Women and AIDS Support Organization, Zimbabwe Business Council on AIDS, Zimbabwe AIDS Network, Zimbabwe Congress of Trade Unions, and the Zimbabwe Economics Society.

¹⁷ Central Statistical Office and Macro International. Zimbabwe Demographic and Health Survey: 1999. Harare, Zimbabwe: Central Statistical Office and Macro International. 1999.

¹⁸ UNAIDS. AIDS Epidemiological Update 2003. The 2003 data correct previous, flawed data that indicated a prevalence rate of 33.7 percent. The lower number, according to UNAIDS, indicates a correction rather than a decline in seroprevalence.

15-49 and 60% were women.¹⁹ The United Nations estimates that Zimbabwe experiences 200,000 AIDS-related deaths annually, and 2,000 people are newly infected every day.²⁰ Already, 500,000 people have died, and 780,000 children have lost one or both parents.²¹

Because of AIDS, Zimbabwe’s life expectancy has plunged from to 66 to 33 years and it is estimated that the country’s population will be 61% smaller in 2050 than it would have been without the epidemic.²² Ninety-two percent of HIV transmission is due to unprotected heterosexual intercourse. Perinatal transmission accounts for 7% of cases, and infected blood another 1%.²³ In 1990, the government began a surveillance system among pregnant women to assess unprotected heterosexual activity; the results indicate that many women have older male sexual partners, from whom they are at high risk of infection with HIV.²⁴



High rates of unemployment and poverty have forced people—particularly women and youth—into survival sex, thereby increasing the risk of HIV and other sexually transmitted infections (STIs).²⁵ A worker interviewed by SMARTWork/Zimbabwe noted, “If I fail to eat because I

¹⁹ Garbus; Zimbabwe National AIDS Council (NAC). AIDS in Africa During the 90’s: Zimbabwe—A review and analysis of surveys and research studies. Harare: The Zimbabwe Ministry of Health and Child Welfare, the MEASURE Project, and the CDC/Zimbabwe. 2002; UNAIDS. Report on the Global HIV/AIDS Epidemic. Geneva: UNAIDS. 2002.

²⁰ Garbus; NAC AIDS in Africa During the 90’s: Zimbabwe—A review and analysis of surveys and research studies; and UNAIDS. Report on the Global HIV/AIDS Epidemic.

²¹ Garbus and UNAIDS. Epidemiological Fact Sheets on HIV/AIDS: Zimbabwe. Geneva: UNAIDS. 2002.

²² Garbus.

²³ NAC. AIDS in Africa During the Nineties. Garbus cites Zimbabwe General Statistics Office. Zimbabwe Demographic and Health Survey 1999. Calverton, MD: Macro International. 2000.

²⁴ Ministry of Health and Child Welfare. Draft: National Survey of HIV and Syphilis Prevalence Among Women Attending Antenatal Clinics in Zimbabwe: 2000. Harare, Zimbabwe: MOHCW. 2001; NAC. AIDS in Africa During the Nineties.

²⁵ Zimbabwe AIDS Prevention and Support Organization (ZAPSO). An Impact Assessment of the Private Sector AIDS Prevention Initiative: Workplace-Based Peer Education Program. Harare: ZAPSO. 2002 and Zimbabwe Women’s Resource Center and Network. Gender and HIV/AIDS: an Analysis of Zimbabwe’s National Policies and Programs on HIV/AIDS/STIs. Harare: Zimbabwe Women’s Resource Center and Network. 2003.

have no money, I die in a week. If I engage in commercial sex to live, I die [from AIDS] in 20 years.” A 1995 study found that 86% of Harare’s sex workers were living with HIV/AIDS.²⁶ Seventy percent of hospital admissions are HIV-related.²⁷ With HIV/AIDS-related costs rising to 60% of the national health budget, the government’s capacity to provide basic social services is declining.²⁸ At the same time, Zimbabwe’s health allocation dropped from 12.7% of the budget, in 2002, to 8.33% in 2003.²⁹ The HIV/AIDS epidemic is also compounded by droughts that have affected the country since 1999 and placed half of the country at risk of starvation.³⁰

Zimbabwe’s population is young; 40% of the population is under age 15.³¹ Because most PLWHA are young and economically productive, the epidemic’s impact on the country’s economy has been devastating.³² HIV/AIDS has reduced the country’s active and productive labor force while increasing poverty. The economy faces massive challenges in maintaining sustainable productivity levels with a workforce that is often absent, placed on light duty, or unavailable due to sick, compassionate, or extended leave.³³ For example, the Food and Agriculture Organization of the United Nations (FAO) estimates that between 1985 and 2020, the country will lose 23% of its agricultural labor force because of the HIV/AIDS epidemic.³⁴

Public HIV/AIDS Knowledge

Despite over two decades of experience with HIV/AIDS in Zimbabwe, misconceptions about the epidemic continue to exist. Misinformation about the virus’ origin, transmission modes, and prevention and treatment methods were common in SMARTWork/Zimbabwe’s interviews with workers. Respondents communicated erroneous information about condoms (including, among some, misguided fears about holes in condoms through which HIV can enter, and the belief that condoms are laced with HIV as a means of infecting Africans) that hampers prevention efforts.

Stigmatization against PLWHA is also prevalent in Zimbabwe, where illness has traditionally been viewed as punishment for negative behavior.³⁵ Fear of stigma and discrimination at work and in the community prevents people from seeking counseling and testing services, and an estimated 90% of those living with HIV/AIDS do not know their serostatus.³⁶ In numerous SMARTWork/Zimbabwe interviews, respondents stated that they knew where to be tested, but were afraid of learning the results. Discrimination against PLWHA was noted as being

²⁶ Garbus.

²⁷ US Dept. State. Background Note: Zimbabwe.

²⁸ Garbus and USAID. Zimbabwe: Health and Family Planning Briefing Sheet. Washington: USAID. 2002.

²⁹ United Nations Office for the Coordination of Humanitarian Affairs (OCHA) Zimbabwe: AIDS-related deaths rise due to food crisis. Bulawayo: OCHA. November, 2003.

³⁰ Garbus cites OCHA. UN Consolidated Inter-Agency Appeal in Response to the Humanitarian Crisis in Southern Africa – Zimbabwe. New York: UN. July 2002-June 2003.

³¹ Garbus.

³² Zimbabwe AIDS Prevention Project (ZAPP). Peer Education Training Manual. Harare: ZAPP. 2000 and Zimbabwe National Family Planning Council. National Youth Reproductive Health Survey: 1997. Harare: Zimbabwe: Zimbabwe National Family Planning Council. 1999.

³³ NAC. AIDS in Africa during the Nineties.

³⁴ Garbus.

³⁵ Garbus cites SAFAIDS/PANOS/UNAIDS. Men and HIV in Zimbabwe. 2001

³⁶ Garbus cites Ghosh, S. et al. Social Marketing Approaches to Voluntary Counseling and Testing (VCT) in Zimbabwe. In *XIV International Conference on AIDS*. Barcelona. 2001.

widespread in both workplaces and the community. Fear and discrimination is a major hindrance to individuals learning their HIV/AIDS status, seeking care and support services, and protecting their partners from infection.

National HIV/AIDS Laws and Policies

Since the first AIDS cases were identified in 1984, the government has engaged in several responses to the epidemic. It introduced universal blood product screening, with the result that infections from blood transfusions are now extremely rare (.61%).³⁷ Zimbabwe created its first National HIV/AIDS Policy in 1999. The most important workplace response has been *Statutory Instrument 202 of the 1998 Labor Relations Act*, which addresses HIV/AIDS in the workplace and establishes the rights and responsibilities of employers and employees. The *Statutory Instrument* is designed to ensure non-discrimination against PLWHA.

The *Statutory Instrument* requires employers to provide education and information relating to HIV/AIDS and other STIs; prohibits discrimination on the grounds of an employee's serostatus; prohibits HIV testing as a condition of employment or promotion; ensures the confidentiality of workers' HIV status; requires employers to provide training and information to reduce risk of infection as well as necessary personal protective devices; and requires that PLWHA receive the same medical and sick benefits as other workers.

In addition to the *Statutory Instrument*, Zimbabwe has passed a number of other policies and regulations on HIV/AIDS. Zimbabwe introduced a National AIDS Levy in 1999, which is funded by a 2.4% tax on all formally employed workers' salaries. The funds, managed and distributed by the National AIDS Council, support HIV prevention efforts and care and support programs. Other efforts include the 1999 National AIDS Policy and National Orphans' Policy; the 2000 Strategic Framework for National HIV/AIDS Response (2000-2004); and the 2001 Prevention of Parent to Child Transmission Policy. In 2002, HIV/AIDS was declared a state of emergency in Zimbabwe, and the National HIV/AIDS Task Force convened in the same year. The government is drafting a *Plan for the Nationwide Provision of Antiretroviral Therapy*.

As demonstrated through the interviews conducted by SMARTWork, the public's awareness of these policies, programs, and funding streams remains low. Until 2000, President Mugabe rarely mentioned HIV/AIDS publicly.³⁸ In addition, despite the *Statutory Instrument's* requirement that employers provide a copy of the document to workers', many are unfamiliar with the rights ensured by the law. In 2001, the Zimbabwe National Association of Non-Governmental Organizations (NANGO) and the Zimbabwe AIDS Network (ZAN) released a report that assessed NGO's awareness of the country's HIV/AIDS programs and policies. It found that awareness and implementation of the National AIDS Policy is weak, and recommended clearer and more aggressive leadership of viable prevention, care, and support efforts.³⁹

³⁷ Garbus.

³⁸ Garbus.

³⁹ Hatenti. Assessment of the Level of Implementation of the Zimbabwe National AIDS Policy and Accessibility of the National AIDS Trust Fund by Civil Society. Harare: Zimbabwe National Association of Non-Governmental Organizations and Zimbabwe AIDS Network. September 2001

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

In order to help employers, workers, and their union representatives work together to address HIV/AIDS, it is critical to learn the challenges and opportunities each group perceives. To this end, SMARTWork/Zimbabwe conducted in-depth, formal interviews with employers, union representatives, and workers to learn how they believe HIV/AIDS can be addressed in the workplace. SMARTWork/Zimbabwe compared the program and policies in place at these employers with the standards recommended by the International Labor Organization (ILO) in its influential document: *The ILO Code of Practice on HIV/AIDS* (hereafter, “The Code”).⁴⁰ The following section is drawn from SMARTWork’s research with these groups.

Organizational and Employers’ Responses to the HIV/AIDS Epidemic

SMARTWork interviewed managers at four companies and employees at nine companies. Three of the four company managers indicated that their organization has an official policy on HIV/AIDS. Managers also reported that they use the *Statutory Instrument* to guide their treatment of workers. Surprisingly, in all three cases, employees were aware neither of the existence of the HIV/AIDS policy, nor its contents. For the nine companies represented by focus groups with workers, at only one company did employees report that their employer has an official HIV/AIDS policy; in actuality, four employers stated they have such policies. This finding indicates a lack of communication with workers about company policies and employees’ rights.

While most employers do not have an official HIV/AIDS policy, most offer some kind of education, care, or support programs for their employees.

Though they may lack official policies, many companies do offer HIV/AIDS education, care, and support programs. Six of the nine companies where employees were interviewed have implemented some kind of education, care, and support program. Often, they are assisted by NGOs such as the Zimbabwe AIDS Prevention Project (ZAPP). Programs include peer education programs (five companies), theatrical presentations about HIV/AIDS (three companies), and IEC campaigns or other forms of outreach (two companies). Three companies have designated staff to supervise these programs. In the most extensive of the company programs, a full-time staff member supervises HIV/AIDS activities under the direction of a medical officer, and regular evaluations and assessments of employees’ knowledge occur. Companies are more likely to have programs if they are large and/or subsidiaries of international firms.

Employers also provide health services for employees and their families that include condoms (6 companies) and medical services (4 companies). Three companies either provide or are planning to provide anti-retroviral treatment (ARV) for their employees living with HIV/AIDS. A number of organizations are subscribing to the recently launched Commercial and Industrial Medical AIDS Society (CIMAS) ‘Chronic Disease’ Package, which assists with ARV payments for subscribers.

⁴⁰ International Labor Organization (ILO). *The ILO Code of Practice on HIV/AIDS*. Geneva: ILO, March 2002.

Of the nine companies, the most extensive company medical program includes an STI educational campaign, treatment for STIs, condom availability, partner notification and treatment, psychosocial and nutritional support, and treatment for tuberculosis. Unfortunately, most company programs are much less comprehensive.

Managers believe that PLWHA are not discriminated against in the workplace, and report that duties are allocated according to recommendations from staff or general clinic staff. Employers believe that, as long as employees can perform their duties, PLWHA are treated no differently than other employees.

Labor Unions' Involvement in HIV/AIDS

All unions are affiliate members of the Zimbabwe Congress of Trade Unions (ZCTU) and are expected to actively promote their members' health and welfare. In the early 1990s, the organization developed a policy position paper on HIV/AIDS. It states that workers have a right to confidentiality, compensation, non-discrimination, benefits, security of employment, access to medical and general insurance, adequate accommodation when working away from their homes, and freedom from HIV testing for employment.

The policy directs member unions to negotiate for the prohibition of mandatory HIV testing of employees and job applicants, advocate for the protection of confidentiality of medical information, and for equal opportunities and anti-discrimination measures for PLWHA. ZCTU seeks to develop counseling skills among union cadres; organize for adequate time and material support from employers; and press for access to condoms at the workplace and support for children of sick or deceased workers. ZCTU holds an annual workshop that addresses HIV/AIDS, highlights HIV/AIDS-related issues in its monthly magazine for members, and operates an education program for union members and their partners.

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*.

Employees universally reported that their unions are inactive on the subject of HIV/AIDS in the workforce.

Recommended Components of a Workplace HIV/AIDS Prevention Education 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 (ARV)

For more information, see [*The ILO Code of Practice on HIV/AIDS*](#).

SMARTWork interviewed representatives of 19 unions that are member affiliates of the ZCTU. All but two of the unions report that they offer some kind of HIV/AIDS programming, and 13 have incorporated HIV/AIDS into a specific union department. Seven unions state that they have included HIV/AIDS issues in their collective bargaining agreements, and four have used the *Statutory Instrument* in their negotiations with employers.

Despite this beneficial framework, none of the employees interviewed felt that their unions were adequately addressing HIV/AIDS or advocating for workers on this topic. Employees at six companies were unionized; none of the employees at these companies reported that the unions were active or engaged around HIV/AIDS issues. While employees wanted their union leaders to demonstrate more commitment to this subject, they did not see the unions taking any action on HIV/AIDS, and doubted that the unions were committed to implementing effective programs.

Workers' Perceptions about HIV/AIDS

The bulk of SMARTWork/Zimbabwe's research was conducted with employees. Employees get most of their HIV-related information from the media, church, peer educators, and their friends. The researchers found that workers often have accurate knowledge about many facts on HIV/AIDS and social and economic factors that contribute to risk behavior, but they also have

Workers often have accurate knowledge about many facts on HIV/AIDS and social and economic factors that contribute to risk behavior, but they also have considerable misinformation that undermines their efficacy to prevent transmitting HIV.

considerable misinformation that undermines their efficacy to prevent transmitting HIV. For example, a worker might be able to explain how gender inequalities can prevent women from negotiating condom use, but at the same time say that HIV can be passed to people by simply walking barefoot. Some respondents felt that condoms were a Western relic of colonialism that should be avoided by Zimbabweans.

While the majority of participants knew that they could learn their serostatus from testing, many reported that they were afraid to learn their HIV status. Many connoted the test itself with death or psychological trauma. In addition, fear of stigmatization and discrimination are prevalent, and deter individuals from being tested or disclosing their HIV status to friends, co-workers, and employers.

Discrimination is felt in both the workforce and community. While managers did not think that discrimination was a major problem, the workers' responses contradict that belief. Employees

report that their co-workers stigmatize colleagues who are living with HIV/AIDS, particularly once they are visibly ill. Workers living with HIV often expressed the fear that they would lose their jobs if their employers discovered their serostatus. They had not seen any documents or policies that would guarantee this would not happen. Even employees at companies with non-discrimination policies were unaware of the protections, and feared for their jobs.

While most companies have engaged in some form of HIV/AIDS education programming, employees felt that these efforts could be strengthened. Employees almost universally desired expanded and more thorough HIV/AIDS prevention, care, and support programs in the workplace. They felt that peer educators need better training, programs should be offered on a regular basis, and medical care should be extended to all workers.

One major problem was the lack of confidentiality at company medical clinics. One company's employees described how people with STIs were seated on a separate bench and publicly humiliated when they sought treatment. Others noted that there was very little privacy at their company clinics. Employees mentioned that some staff are paternalistic or unfriendly to PLWHA. All of these factors prevent people from seeking timely care and support for HIV/AIDS and other STIs.

RECOMMENDATIONS: POLICIES, CONTRACTS, AND PROGRAMS

Workplace HIV/AIDS programs are more easily sustained when the three key partners—employers, unions, and government—work together. A comprehensive approach that includes appropriate policies and programs that provide prevention, care, and support services, is the most effective. This approach can change 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/Zimbabwe's research with these three critical players.

The Role of Employers

Establish Workplace HIV/AIDS Policies—

Employers can protect workers, who are their core asset, by implementing and publicizing beneficial workplace HIV/AIDS policies. These should include all of the components of the *Statutory Instrument*: prohibit making employment contingent upon negative HIV tests and protect the rights of PLWHA. These policies not only comply with the law, but also demonstrate to employees that the company recognizes HIV/AIDS is a problem, want to help prevent new infections, and will not tolerate discrimination towards those seeking information or assistance. HIV/AIDS policies can be added to existing health policies where they exist, or be stand-alone policies. The fact that

Employer Roles:

- Implement HIV/AIDS workplace policies
- Form HIV/AIDS workplace committees
- Partner with AIDS service organizations
- Conduct workplace educational programs
- Ensure access to confidential and voluntary HIV counseling and testing
- Provide appropriate medical care and social services

most employees did not know about the HIV/AIDS policies of their companies indicates a need for better communication with workers about the protections that exist.

Form HIV/AIDS Workplace Committees—Empowering and supporting a group of representatives within the workplace to organize prevention, care, and support programs can help to ensure buy-in and ownership of such programs by the workforce and management. 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 and informing people about them.

Conduct Workplace Educational Programs—HIV/AIDS education programs increase employees' knowledge and can both save lives and decrease discrimination towards PLWHA. Program content should include culturally appropriate and medically accurate information about HIV/AIDS and other STIs, and provide referrals to confidential, Voluntary Counseling and Testing (VCT) services. Effective program strategies include interactive and on-going educational sessions, condom availability, and prevention education materials. Train the trainer (TOT) programs and peer education programs help spread accurate information and dispel myths about HIV/AIDS. 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. The workplace leaders include human resources staff, medical and clinical staff, labor safety department staff, team leaders, union leaders, and informal leaders.

Reach Out to the Community—Employees suggested that companies extend HIV/AIDS prevention and education programs to families (particularly youth) in their communities. Community programs can address needs for recreational and income-generating activities and prevent people from engaging in risky behavior. Employers should join community efforts that link businesses, schools, churches, and civic groups in addressing the HIV/AIDS epidemic.

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 care is essential in encouraging people to learn their serostatus, seek medical treatment, and protect their sexual partners. The employees surveyed by SMARTWork/Zimbabwe felt that the medical staff did not treat them respectfully, protect their privacy, or keep their records confidential. These factors make workers reluctant to seek information or care from company clinics. Employers should implement written confidentiality protections and educate their workforce about them, and medical staff should be trained to treat all patients with respect and empathy. 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, care, and support is essential to maintaining the health of all workers, especially those living with HIV/AIDS. In order to ensure that employees get needed care, employers should ensure that workers have feasible means to receive treatment services for HIV/AIDS. Other beneficial programs that employers can offer that enhance the health of the workforce include paid leave for health-related medical and service appointments, financial and insurance assistance, short and

long-term leave, and death benefits. Company medical dispensaries provide one appropriate avenue for providing care services. Where companies cannot provide these services on site—or medical care is more appropriately given by other agencies—linkages with AIDS service organizations (ASOs) and other health care providers should be ensured.

Partner with AIDS Service Organizations (ASOs)—Agencies whose primary mission concerns HIV/AIDS can provide important technical assistance and guidance to employers wishing to expand their prevention, care, and support programs. As some already do, employers can work with ASOs such as ZAPP to assess their employee’s needs, knowledge and current practices, help design and implement effective workplace interventions, train peer educators, and provide feedback on useful next steps.

The Role of Labor Unions

Labor Unions Roles:

- Advocate for workers
- Review existing contracts and incorporate HIV/AIDS
- Educate labor leaders and members
- Engage union members in HIV/AIDS programs
- Conduct needs assessments

Advocate for Workers—Labor organizations do not appear to be as fully engaged in HIV/AIDS issues as they could be. They should be actively promoting workplace HIV/AIDS prevention efforts and working to ensure compliance with the *Statutory Instrument* in all workplaces. Unions should prioritize the inclusion of HIV/AIDS issues in labor agreements by advocating 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 PLWHA. The ZCTU policy provides a beneficial model that other unions can use to promote the health and well-being of all workers.

Review Existing Contracts—Given the legal protections that exist for PLWHA, labor unions should work to safeguard these rights. Unions should review existing labor agreements and contracts 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 reduce discrimination against PLWHA.

Educate Labor Leaders and Members—Unions are ideal vehicles for distributing information about workplace protections guaranteed under Zimbabwean law. As noted, ZCTU has a beneficial policy on HIV/AIDS, and should prioritize educating its member unions and workers about the policy and their rights under the law. Leadership must begin to prioritize this as an issue and work to help employers and members establish programs and policies to combat the epidemic. Communication between labor leaders and managers can help to encourage employers to implement programs and policies.

Engage Union Members in HIV/AIDS Programs—Union involvement is critical in implementing workplace HIV/AIDS prevention, care, and support programs. Unions can help create programs, implement them, encourage member participation, and assess their effectiveness. Unions that are engaged in the issue need to do a better job of reaching out to their membership with information about services and programs. None of the employees felt that their

unions were involved in HIV/AIDS matters, indicating a failure on the unions' part both to communicate with members about services and programs and to engage them in ongoing activities.

Implement HIV/AIDS Care and Support Programs—There are very few programs to offer care and support, and the need is high. Unions can work to create and implement these programs, including home-based care, nutrition, counseling and support programs for PLWHA.

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

Engage and Educate Employers and Workers on HIV/AIDS—The Zimbabwean government should work to educate employers and the workforce about HIV/AIDS and its prevention. While people are relatively well informed about HIV/AIDS, dangerous myths (e.g., about condom efficacy) continue to exist. Government also can supply epidemiologically accurate information to the media, worksites, and other forums about HIV/AIDS. Government should also continue to actively engage these entities in its ongoing commissions, committees, and other organizations working to create national and local responses to HIV/AIDS.

Government Roles:

- Engage and educate Employers and workers on HIV/AIDS
- Collect and disseminate data
- Fund HIV/AIDS initiatives and healthcare
- Evaluate HIV/AIDS programming
- Review and enforce effective legislation

Collect and Disseminate Data—Data collection about HIV/AIDS remains in flux in Zimbabwe, as the recent dramatic swings in seroprevalence indicate. The country needs accurate data on the epidemic, and its impact on specific populations such as women and youth. Additional research on HIV/AIDS' economic effects (e.g., costs of absenteeism, sick leave, hiring, and training new staff) can be useful in making the case for programs to employers and unions. The government can use data on HIV/AIDS prevalence and costs to educate the public and focus its attention on prevention, care, and support.

Fund HIV/AIDS Programs—HIV/AIDS-related costs are consuming the majority of the government's health budget, leaving little for prevention and education programming. At the same time, employers need financial support in order to implement their own programs. For these reasons, the government should increase its funding support of workplace-related HIV/AIDS programs, employer initiatives, and condom availability programs. Disbursements from the National AIDS Trust Fund must be made more transparent, and NGOs and other organizations encouraged to seek support from the Fund.

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—Zimbabwe already has the legislative framework for protecting public health by prohibiting discrimination and mandatory HIV tests. However, individual employers and unions have not implemented the law or educated their workers about their rights. To ensure that the workers understand their rights, it may be necessary to augment the *Statutory Instrument* with more specific requirements for employers.

SMARTWORK'S ROLE

SMARTWork prepared this brief as one step in supporting tripartite collaborations to promote workplace HIV/AIDS prevention, care, and support programs. Through the TAB and direct work with business, labor, and governmental tripartite stakeholders, SMARTWork helps create effective strategies to address the HIV/AIDS epidemic, form HIV workplace committees, and evaluate their workplace interventions.

SMARTWork offers materials that can be used by employers and labor unions to create their own programs or build upon existing efforts. SMARTWork also provides workshops, trainings, and other forms of technical assistance to help businesses, unions, NGOs, and other organizations to establish workplace programs and policies.

CONCLUSION

The HIV/AIDS epidemic decreases the labor supply and production, destabilizes societies, impairs workers' health, undermines development programs, increases poverty, and increases labor costs. These negative effects can be reduced through the development and implementation of 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.

While the government has passed beneficial legislation and has begun to prioritize HIV/AIDS, employers and unions have been less active in addressing HIV/AIDS in the workplace. Aggressive legislative enforcement and innovative programming will be required to truly impact the epidemic in Zimbabwe. The government must make greater investments in HIV/AIDS education, care, and support. So must employers. The companies SMARTWork/Zimbabwe surveyed appear to have HIV/AIDS policies that their employees do not know about. Anti-discrimination policies are a mystery to the workforce, who fear discrimination and the loss of their jobs if they are found to be living with HIV/AIDS. As a result, workers are fearful of both learning and disclosing their serostatus. Unions have been inactive on the subject, despite the fact that the Zimbabwean Congress of Trade Unions has model policies and several beneficial programs that unions could use to provide services to their own members.

To help overcome these deficits, SMARTWork/Zimbabwe is providing technical assistance to educate employers on the importance of HIV/AIDS programming and non-discrimination guarantees for workers. SMARTWork is also working with ZCTU and its member unions to

prioritize protecting the rights of PLWHA and providing IEC materials to the workforce. Finally, SMARTWork will continue to advocate with the government for increased support for effective programming to protect the public health.

Zimbabwe faces a plethora of interconnected problems that impact, and are affected by, the HIV/AIDS epidemic. These include a devastating food shortage, rising poverty and economic uncertainty, a shortage of trained medical personnel, and a crumbling public health infrastructure. SMARTWork/Zimbabwe will work with the tripartite entities to help them create collaborative efforts aimed at addressing these problems. Collaboration between government, unions, and employers to address the HIV/AIDS epidemic offers Zimbabwe a great opportunity to recover her former economic and social strength and stem the tide of the HIV/AIDS epidemic.

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