



SMARTWORK

The Workplace Response to AIDS

DOMINICAN REPUBLIC COUNTRY BRIEF

A CRITICAL NEED FOR A GOVERNMENT, BUSINESS, AND LABOR TRIPARTITE 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.
- ◆ The Dominican Republic (DR) has the third highest rate of HIV/AIDS in the Caribbean, after Haiti and the Bahamas; 85% of the region's HIV/AIDS cases are in Haiti and the DR.
- ◆ According to UNAIDS, the estimated adult HIV/AIDS prevalence rate in the DR was 2.5% in 2001.
- ◆ In the same year, at least 130,000 people in the DR were living with HIV/AIDS, fewer than 5% of whom know their serostatus.
- ◆ Most people living with HIV/AIDS in the DR are in their most economically productive years; almost 80% of registered cases are among those aged 15-44. Almost 40% of registered cases are among individuals aged 25-34.
- ◆ Some countries will see a drop of 25% in their workforce by 2020, as a result of AIDS; in some countries, the disease costs employers over 20% of their total earnings.

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: the Dominican Republic (DR), Haiti, Nigeria, Ukraine, Vietnam, and Zimbabwe. SMARTWork forges strategic partnerships between government agencies, business enterprises, labor groups, and non-governmental organizations (NGOs) to create workplace HIV/AIDS prevention, and care and support programs. SMARTWork fosters social dialogue around workplace HIV/AIDS prevention at national and enterprise levels, and promotes the reduction of stigma and discrimination towards those living with HIV/AIDS.

SMARTWork/Dominican Republic, known as *Trabajo Vivo*, was established in 2001, and offers a wide range of workplace-focused technical assistance, including:

- ◆ 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.
- ◆ Conducting presentations, workshops, and other trainings to build capacity to undertake and sustain workplace HIV/AIDS programs.
- ◆ Providing materials and tools to assist government, business, and labor to create and implement programs in the workplace.

Out of concern for workers' health and safety, to help secure the health and welfare of future generations, to ensure economic vitality, and to protect enterprises' bottom lines, HIV/AIDS can no longer be viewed as a challenge solely affecting government and the health sector. An effective response to HIV/AIDS requires a comprehensive workplace approach on the part of employers, labor, and government, and SMARTWork helps achieve such an approach.

I. EXECUTIVE SUMMARY

The HIV/AIDS epidemic is in its infancy in the Dominican Republic (DR), where the prevalence rate is below three percent. For the moment, the nation has an opportunity to address the epidemic aggressively and safeguard its citizens. Yet, low rates of HIV/AIDS have led to a lack of action on the part of most businesses and unions, and the public remains unconcerned about the risks posed by the disease. However, the rapidly growing impact of the disease on workplaces and economies should lead DR to take notice: it is estimated that some 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.¹

In response to these challenges, SMARTWork/DR is helping to implement HIV/AIDS prevention, and care and support programs built on a tripartite partnership between government, employers, and unions. As part of these efforts, SMARTWork conducted a needs assessment to develop a strategic plan for addressing HIV/AIDS at the workplace. SMARTWork interviewed employers, labor representatives and workers to assess their views and gather recommendations related to workplace HIV/AIDS programs.

SMARTWork found that the DR public is poorly informed about HIV/AIDS and that an enormous amount of stigma is still associated with the disease. Fear of rejection and discrimination cause many to hesitate in seeking knowledge of their serostatus, and for those who know they are infected, the discrimination often leads them to hide their condition and go without health care. Although national legislation guarantees access to employment and confidential medical records for people living with HIV/AIDS, employers and workers are both largely unaware of these protections. Employers do not, for the most part, recognize HIV/AIDS to be a workplace problem, and have not instituted prevention efforts. At the same time, employers frequently require HIV tests from job candidates, despite legislation prohibiting this practice, and fire those found to be living with HIV/AIDS. Employees, understandably, are reluctant to seek information and services in this climate, and the labor unions have been largely unengaged in HIV/AIDS programs.

Based on this research, SMARTWork recommends that employers create specific HIV/AIDS policies that institutionalize national law at the workplace level and prohibit employment discrimination, protect workers' confidential medical records, and provide mechanisms for accessing health information and treatment. At the same time, unions must become more engaged in advocating for workers through explicit contract language and labor agreements that protect people living with HIV/AIDS. The third tripartite member, government, has implemented a number of beneficial laws and policies, but must become more active both in enforcing these laws with unions and employers, and in educating the public and workforce.

Employers and labor representatives appear to be interested in, and willing to, make disease prevention a priority. The recent signing of the DR's *Multisectoral Collaborative Agreement for HIV/AIDS Workplace Prevention* is a strong step towards creation of a systematic and wide-sweeping national response to HIV/AIDS. It is essential that the energy and commitment that led to this *Agreement* be institutionalized, and additional HIV/AIDS prevention education and care and support programs implemented throughout the country.

¹ UNAIDS. UNAIDS Releases New Data Highlighting the Devastating Impact of AIDS in Africa. Geneva: UNAIDS. June 2002.

II. THE TRIPARTITE APPROACH: GOVERNMENT, EMPLOYERS, AND LABOR

Unless the Dominican Republic takes active steps to address the HIV/AIDS epidemic now, the number of cases of HIV/AIDS will grow among the public and workforce, reducing productivity and creating labor shortages. Employers and workers will both bear the burdens of increased health care costs, absenteeism and shortened lifespans; 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 DR's economic growth.

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

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:** In-depth advice for tripartite members wishing to implement effective programs and policies.

To respond to the challenge of the burgeoning HIV/AIDS epidemic, SMARTWork/DR 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 disease. 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.

SMARTWork helps to create a supportive environment that facilitates creation of national and employer-based programs and policies; trains interested parties in implementing 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.

SMARTWork's first activity in the DR was to conduct a needs assessment and country profile of employers and labor unions. Throughout 2002 and early 2003, SMARTWork researched the challenges of implementing prevention programs in the workplace. Staff met with twelve employers, and representatives from two unions to gather their views on the current climate affecting HIV/AIDS policies and programs in the workplace. Focus groups were also conducted with 24 employees from three companies, and with labor leaders from five of the employers, to

gather further input.² These participants made recommendations for effective HIV/AIDS prevention, and care and support programs.

Within the first year of activities, SMARTWork served as a major impetus behind the creation and finalization of the new *Multisectoral Collaborative Agreement for HIV/AIDS Workplace Prevention*, described more fully below. Seven key organizations signed the *Agreement* in 2002 and are creating five-year plans to address HIV/AIDS within their sectors. SMARTWork is one of the agencies overseeing implementation of the plans and the *Agreement*, thereby expanding HIV/AIDS programs and policies in the workplace and providing models for other employers.

III. OVERVIEW OF HIV/AIDS IN THE DOMINICAN REPUBLIC

The DR is a nation of 8.5 million people that, along with Haiti, occupies Hispaniola Island, located in the Caribbean's Greater Antilles. Hispaniola is home to an estimated 85 percent of the region's almost half million HIV/AIDS cases, the majority of which are among Haitians. Among Caribbean nations, the DR ranks third, in HIV/AIDS prevalence, behind Haiti and the Bahamas.³ By the end of 2001, it was estimated that there were more than 130,000 cases of HIV/AIDS in the DR and 7,800 deaths that year alone. Prevalence is estimated to be 2.5 percent.⁴ The national surveillance system is weak, however, and only 13,723 HIV/AIDS cases have been officially reported as of January 2003.⁵

Most people living with HIV/AIDS in the DR are in their most economically productive years; 79.6% of the registered cases of HIV/AIDS are among those aged 15-44. Almost 40% of registered cases are among individuals aged 25-34 (39.8%); 18% are among young people between 15 and 24, who were probably infected as adolescents.⁶ It is estimated that fewer than five percent of those living with HIV/AIDS know their serostatus and most, therefore, are not receiving any treatment, support or care.⁷

Bolstered by increasing political stability and strong economic growth in the last decade, the DR today enjoys a relatively stable economic environment. This has fostered improved labor market conditions.⁸ Nonetheless, income disparities remain high (10% of the population holds 40% of the nation's wealth) and the unemployment rate, at 16 percent, is sizable. Despite the legal right

² Participants included Central General de Trabajadores (CGT) and the Confederación Autónoma Sindical Clasista (CASC); Turinter, Riu Hotels, Coral Hotels, Viva Resorts (tourism sector); Signal, D'Clase, Timberland (free trade zone sector); Falconbridge (mining); Banco BHD (banking sector); E. León Jiménez, Helados Bon, Colgate Palmolive (manufacturing). SMARTWork's impact analysis will explore the HIV/AIDS' financial effects at Falconbridge, D'Clase Corporation, and E. León Jimenes.

³ TvT Associates. *HIV/AIDS in the Dominican Republic and USAID Involvement*. February, 2002. Silver Spring, MD: Social & Scientific Systems. See also US Agency for International Development. *Dominican Republic: Country Profile HIV/AIDS*. Washington, DC: USAID, Bureau for Global Health. Nd.

⁴ Joint United Nations Program on HIV/AIDS. *Epidemiological Fact Sheets on HIV/AIDS and Sexually Transmitted Disease: Dominican Republic*. Geneva: UNAIDS. 2002.

⁵ Dirección General de Control de las Infecciones de Transmisión Sexual y SIDA (DIGECITSS), Secretaría de Estado de Salud Pública y Asistencia Social (SESPAS). *Epidemiology Quarterly Report*. 2003.

⁶ Joint United Nations Program on HIV/AIDS. *Epidemiological Fact Sheets on HIV/AIDS and Sexually Transmitted Disease: Dominican Republic*. Geneva: UNAIDS. 2002.

⁷ TvT Associates. *HIV/AIDS in the Dominican Republic and USAID Involvement*. February, 2002. Silver Spring, MD: Social & Scientific Systems.

⁸ International Confederation of Free Trade Unions. *Internationally-Recognized Core Labour Standards in the Dominican Republic*. WTO General Council. 2002.

to organize and collective bargaining, many workers are not in a position to exercise these rights; only about 10% of the labor force is unionized (approximately 400,000 out of 2.5 million workers). This hampers unions' abilities to protect and advocate for workers. Likewise, gender discrimination and sexual harassment appears to be common, as is prejudice against Haitian migrants, Dominicans of Haitian descent, and dark-skinned Dominicans.⁹

Immigration from the Haitian side of the island is increasing, and the recent arrivals are concentrated in poorly paid and dangerous work, where they lack access to health information and services. With this expanding migration from Haiti to the DR, and the much higher HIV/AIDS prevalence among Haitians, DR is at serious risk of an HIV/AIDS explosion unless prevention efforts are enhanced. Nonetheless, the epidemic is in its early stages in the DR, and its spread can be curtailed if all levels of society make concerted efforts.

Public Knowledge about HIV/AIDS

While governmental agencies, AIDS service organizations (ASOs) and non-governmental organizations (NGOs) are working to prevent HIV/AIDS in the DR, lack of access to health services and information remains an issue. The public remains largely unconcerned about HIV/AIDS, and there is a lack of information about disease prevention, especially in the workplace. SMARTWork plans to evaluate available HIV/AIDS materials and ensure that high quality materials are available at workplaces and other locations.

Possibly because of the relatively small number of reported cases, stigmatization and discrimination remain prevalent. Other factors that contribute to discrimination of people living with HIV/AIDS is discomfort with its transmission through sexual intercourse and injection drug use, and its impact on men who have sex with men (MSM) and commercial sex workers (CSW), who are marginalized and stigmatized even without HIV/AIDS. Employers sometimes refuse to employ people living with HIV/AIDS, although this practice is illegal. Misinformation about how the disease is spread makes co-workers fear infection and increases their reluctance to work alongside those living with HIV/AIDS. People living with HIV/AIDS are often ashamed, and withdraw from workplaces and society rather than face rejection or discrimination.

National Efforts around HIV/AIDS

Legislative and Governmental Responses

Since the first case of HIV infection was identified in 1983, the DR has worked to prevent the disease from spreading. Since 1987, the Ministry of Health has been charged with responding to HIV/AIDS, currently through the Directorate General for the Control of Sexually Transmitted Infections and AIDS (DIGECITSS). In 1999, the National Council for the Study of AIDS (CONASIDA) was created to coordinate public and government activities. In 2001, the Presidential Council on AIDS (COPRESIDA) replaced this Council; the new entity is reflective of the DR government's increasing attention to HIV/AIDS prevention. The National Private Enterprise Council (CONEP) has been appointed to the Council to represent business interests, along with the NGO Coalition (an HIV policy advisory coalition of 23 NGOs working on HIV/AIDS). The DR has created both a national HIV/AIDS education plan, drafted in 2000, and

⁹ Ibid.

a *National Strategic Plan for AIDS*, targeting 2000-2003. Specific sector policies address high-risk groups such as women and youth. Workplace HIV/AIDS prevention, and care and support programs are generally not included in these documents, however.

Several legislative protections will be instrumental in helping the DR meet the challenge of the HIV/AIDS epidemic. In 1993, the government passed Law 55-93, drafted with the active input of the Ministry of Labor (MOL). The law forbids employers from firing workers on the basis of their serostatus. The law also prohibits employers from testing employees without their prior knowledge and consent, and establishes the right to confidentiality of one's medical information. The law directs MOL to work with labor federations to provide HIV/AIDS prevention, and care and support programs. Law 55-93 includes standards and procedures for most of the actions recommended by the International Labor Organization (ILO) in its influential document: *The ILO Code of Practice on HIV/AIDS*.¹⁰ (For more information on the *Code of Practice* recommendations, see boxes, below.)

Employers and the general public, for the most part, appear to be unfamiliar with this law. Employers frequently violate Law 55-93 by requiring pre- and post-employment HIV tests, or by dismissing workers living with HIV/AIDS.¹¹ Further, portions of the DR Labor Code may conflict with Law 55-93, by obligating workers to undergo medical examination upon request and allowing employers to dismiss those with contagious diseases.

An upcoming change in national health insurance also provides an opportunity for enhancing the DR response to HIV/AIDS. Currently, all workers who earn less than RD\$5,000 monthly (US\$218) are covered by health insurance through the Dominican Social Security Institute (IDSS) which is supported by employer and worker contributions. IDSS does not specifically include HIV/AIDS services, but treatment and care are covered and, to date, IDSS has provided care for over 3,000 people living with HIV/AIDS. Concurrently, employers often provide private health insurance, which may explicitly exclude HIV/AIDS services or reject those who are living with HIV/AIDS from coverage. New social security legislation will allow workers to choose their health care provider in the future.¹² The shift in health insurance coverage offers a timely opportunity for mandating coverage of HIV/AIDS prevention, and care and support programs to conform to national law.

DR Multisectoral Agreement

At the request of the National Trade Union Council (CNUS), with the partnership of COPRESIDA and the MOL, SMARTWork negotiated the signing of the *Multisectoral Collaborative Agreement for Workplace HIV/AIDS Prevention*. SMARTWork facilitated strategic alliances among government agencies, NGOs and labor representatives and business entities that will play a critical role in HIV/AIDS prevention. The nine signatories to the Agreement include labor representatives such as CNUS, the Employers Confederation of the Dominican Republic (COPARDOM) and several NGOs working on HIV/AIDS prevention

¹⁰ International Labor Organization (ILO). *The ILO Code of Practice on HIV/AIDS and the World of Work*. Geneva: ILO, March 2002.

¹¹ Lladó, Juan et. al. "Situación de la Oferta y la Demanda de los servicios de salud para los empleados hoteleros de la costa este." Confidential Report prepared for AccionSIDA. November, 2001.

¹² The General Health Law (42-01) and the law creating the Social Security System (87-01) regulate this transformation of the welfare system.

education and care and support.¹³

The Agreement was signed at a press conference in July 2002. Currently, seven of the signatories are creating five-year plans (entitled *Sectoral Plans for the Workplace*) to address HIV/AIDS. The plans will be partly financed by a US\$25 million (RD\$591,275,000) World Bank loan to fight HIV/AIDS, with COPRESIDA and SMARTWork coordinating implementation. The governmental Institute for Technical and Professional Training (INFOTEP) will provide training and technical assistance on the sectoral plans to implement workplace HIV/AIDS programs, while IDSS will address occupational risks and provide services. SMARTWork will assist both organizations in developing a full range of training capabilities in the DR. The process (and the widespread media coverage it received) will help to introduce HIV/AIDS prevention programs and policies in the workplace and provide models for other employers.

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 and provide support for those living with the disease, it is important to learn the challenges and opportunities each group perceives. SMARTWork conducted in-depth, formal interviews with employers, union representatives, and workers to learn how they believe HIV/AIDS can be addressed in the workplace. As part of this assessment, a total of 12 enterprises and two labor organizations were profiled and made into brief case studies. SMARTWork compared the program and policies in place at these employers with the standards recommended by the ILO in its *Code of Practice on HIV/AIDS* (see boxes, below).¹⁴ The following section is drawn from SMARTWork's research with these groups.

Organizational and Employers' Responses to the HIV/AIDS Epidemic

Employers are not familiar with the HIV/AIDS law, and have not provided prevention education or care and support programs for their workers. Few have any policies on HIV/AIDS in the workplace, and many fail to provide health care for their workers.

While the government has been active in HIV/AIDS prevention, the business sector lags behind in responding to the health and economic threats posed by the disease. The employers interviewed by SMARTWork do not feel that HIV/AIDS has had a significant impact on either their workforce or production to date, although half report having employees who are either living with the disease or have died from it. Nonetheless, employers interviewed do not appear to be aware of the magnitude of the problem, nor the financial toll HIV/AIDS is poised to take on their businesses, since replacing an employee is relatively easy in the DR.

At the same time, some managers who were interviewed mistakenly believe that their employees are not vulnerable to HIV/AIDS infection because of the nature of their work (e.g. because they do not handle food). One employer felt that HIV/AIDS would not pose a threat to his business because any employees who became infected would "isolate themselves" from the workplace if they discovered they were living with HIV/AIDS.

¹³ CNUS, COPARDOM, the Ministries of Labor and Health, COPRESIDA, INFOTEP, IDSS and the NGO Coalition on AIDS.

¹⁴ International Labor Organization (ILO). *The ILO Code of Practice on HIV/AIDS and the World of Work*. Geneva: ILO, March 2002.

It is rare for employers to offer HIV/AIDS prevention programs. Only two of the 12 companies interviewed had such programs, although two others had had programs in the past, and one company’s human resources program addressed sexually transmitted infections (STI) generally. Of the four employers with specific HIV/AIDS prevention programs, two had collaborated with external NGOs or government agencies to provide programs rather than integrating them into workforce operations (a practice that both demonstrates institutional commitment and encourages sustainability). Other employers interviewed felt that they might implement prevention programs after HIV/AIDS had become more prevalent among their workforce. At the moment, they did not see the value of prevention. One employer interviewed expressed the sentiment that is believed to be widespread among business leaders: implementing an HIV/AIDS education program might generate negative public perception of the company. SMARTWork will work to counter this perception by sharing lessons of experience of other companies that have been able to position their workplace programs as reflecting both their concerns for workers and being good “corporate citizen.”

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 ILO’s *Code of Practice on HIV/AIDS*.

Four of the 12 employers interviewed said they did not know of any government or NGO agencies that can help provide services or training related to HIV/AIDS. For example, only three employers mentioned the Center for Comprehensive Orientation and Studies (COIN), a prominent NGO that works on HIV/AIDS. None of the company representatives reported knowing about union efforts to establish and promote HIV/AIDS prevention programs, and very few knew that a business organization, COPARDOM, exists for this purpose. In the same vein, five of the 12 employers surveyed were not familiar with the national law on HIV/AIDS. One company stated that it was aware of Law 55-93, but erroneously maintained it had the right not to hire people living with HIV/AIDS.

None of the companies surveyed had a formal, written policy on HIV/AIDS in the workplace, and only two had formal written policies on health issues generally. Two other companies had policies on occupational safety that might be expanded to encompass health issues such as HIV/AIDS. Two-thirds of the companies surveyed (66%) had no formal written policies on health in the workplace. While procedures

and informal policies may govern this area, the policies are neither written down nor distributed to employees who remain, understandably, confused about what will happen when health problems arise.

Despite having workers who are living with HIV/AIDS, and lacking formal mechanisms to address these situations, none of these employers plan to take active steps to introduce HIV/AIDS policies and clarify how the company would respond to cases of infection. For the most part, employers intend to address HIV/AIDS on an *ad hoc* basis as the need arises. Their responses might include moving employees to less demanding work; paying for funeral, burial,

and “last expenses;” or, along quite negative lines, firing the employee, expecting them to leave the company, or isolating them from other workers. In any case, without a standardized policy publicized within the company, neither workers nor management can say with any assurance what the company response would be.

Nine of the 12 employers interviewed offer private health insurance for their workers, but this rarely (if ever) covers HIV/AIDS treatment. In fact, private insurance at three companies surveyed excludes conditions such as HIV/AIDS, cancer, catastrophic illness, and/or congenital diseases. In some cases, employers report that they have paid for the medical care of workers living with HIV/AIDS, as insurance would not cover treatment. Only one employer interviewed explicitly covers treatment for HIV/AIDS; none provide medications to workers living with HIV/AIDS. The result is that businesses have yet to feel the economic impact of the disease. AIDS-related health costs have significantly increased for IDSS, the government insurer, however, and are likely to increase for employers in the future.

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 (ARVs).

For more information, see ILO’s *Code of Practice on HIV/AIDS*.

Although employers interviewed provide limited programs that might help their workers remain healthy, three require HIV tests as a pre-employment requirement (particularly in the tourism sector). Others require periodic medical evaluations and HIV tests for employees. One company has no HIV test requirement, but prospective workers must be free of “contagious diseases” (and not pregnant). Press coverage of the *Multisectoral Agreement* led at least one employer to cease pre-employment testing. While all but one employer maintain that workers are assured confidentiality regarding medical records, it is widely known that employees living with HIV/AIDS may be dismissed. Both practices violate the national AIDS law. SMARTWork will focus on helping form workplace HIV/AIDS committees to ensure that the DR laws are followed and workers receive the protections guaranteed by law.

All but one employer stated that they were interested in receiving more HIV/AIDS prevention programming, and would be open to introducing such programs into the workplace. Employers interviewed appear to be willing to support programs by providing paid leave and meeting space for such programs. Employers interviewed report being willing to relocate employees who are living with HIV/AIDS to less demanding positions, and to offer financial assistance to these workers. They are particularly interested in receiving training, technical assistance and programs from the national vocational training institute, INFOTEP, to whom they already pay a monthly tax for such services. These attitudes bode well for future implementation of effective programs, and SMARTWork will provide technical assistance and materials to both INFOTEP and employers to help them do so.

Labor Unions' Involvement in HIV/AIDS

Unions recognize the discrimination faced by people living with HIV/AIDS, but have lacked the leadership commitment and/or financial ability for sustained prevention education, care and support programs.

SMARTWork conducted semi-formal interviews with labor leaders at two of the DR's four labor federations, and a focus group with labor leaders from the five companies with union representation. The unions are already committed to the effort through the Sectoral Plan process stemming from the Multisectoral Agreement, although it appears that HIV/AIDS is a relatively new priority on the labor agenda.

Although unions have educated some of their members and employers in companies where they have labor agreements, to date, these union-led HIV/AIDS education programs have been minimal. Some unions have worked with NGOs to distribute brochures on the national law, but financial pressures have limited the scope of this effort. One union had sponsored presentations about HIV/AIDS and other STIs, but these efforts tended not to be ongoing or in-depth. This union also operates a central dispensary for workers living with HIV/AIDS and plans to create an association to offer insurance policies and medical services under the new social security program. Another union leader reported that his union offered no HIV/AIDS programs and was unfamiliar with NGOs and governmental agencies working to address HIV/AIDS. Expressing the most common view, this leader felt that HIV/AIDS is not yet perceived as a problem for his union's membership.

Although it is typical for health to be addressed in collective bargaining agreements, the topic has been limited to industrial hygiene and occupational safety issues rather than HIV/AIDS prevention and care. None of the collective bargaining agreements the unions have worked on have, so far, addressed HIV/AIDS. SMARTWork intends to work with unions to help them include support for both HIV/AIDS programs, and protections for the workers' rights and health, into their collective bargaining agreements.

While the union respondents were aware that discrimination against people living with HIV/AIDS is prevalent, especially in the workplace, addressing employer discrimination around HIV/AIDS is not currently a high priority. Though they recognized that some employees are tested periodically, denied their test results, and dismissed if they are found to be living with HIV/AIDS, other labor concerns have historically been more pressing when negotiating collective bargaining agreements or fighting to protect members. SMARTWork will work with union leaders to raise their level of concern about HIV/AIDS-related discrimination, and encourage them to advocate for worker protections in their collective bargaining agreements and training programs.

Workers' Perceptions about HIV/AIDS

There is a critical need for AIDS education for employees: "If a person is believed to have HIV and has an accident, you would be afraid to help them."
– Employee

SMARTWork conducted focus groups of eight employees each at three firms whose managers were interviewed. Both the employees themselves and their union representatives noted that workers are reluctant to ask about HIV/AIDS or to seek prevention education or care and support programs, for fear of discrimination. Likewise, workers who are living with HIV/AIDS fear disclosing their condition to employers because of potential reprisals that are likely to include

rejection, discrimination, and dismissal.

Employees interviewed know the basics about HIV/AIDS, but lack information about how the disease is spread. Some employees interviewed know people who deny the existence of HIV. Some employees thought that HIV could be transmitted at the doctor's office, or through saliva. Many believe that the HIV test itself is protective, and that employers are safeguarding workers' health through frequent and mandatory testing. Despite being required to take HIV tests, at one company employees do not have access to the results. ***In fact, one employer reported having had a worker (now deceased) whose serostatus was kept from him.*** Employees did not think that HIV/AIDS prevention programs had been implemented at their worksites; one commented, "In my ten years here, I have not seen even one talk on AIDS."

Most respondents did not know whether their employers had any policies in place governing HIV/AIDS in the workplace. Barring publication of a formal company policy, employees interviewed could not be sure what would happen if they were infected or otherwise incapacitated. Some employees interviewed, especially those in the service sector, feared that they would be fired immediately if they were found to be living with HIV/AIDS. Others thought their company would provide medicine and reduced workloads. One employer has a non-discrimination policy in place and has hired physically challenged workers, which the employees felt might indicate tolerance towards employees living with HIV/AIDS.

The employees voiced suspicions about the services available at the IDSS clinics, and concerns about the confidentiality of their medical records. They preferred to seek care through the private insurance providers. Since HIV/AIDS treatment and care are not covered by private insurance, this severely reduces the services available to employees living with the disease.

Workers living with HIV/AIDS often experience discrimination, social abandonment, violation of confidentiality, and rejection by both employers and co-workers. They are not aware that they have protections under the DR's law and may not be forced to take an HIV test or be fired because of their serostatus. As a result, employees have brought very few suits against employers involving either HIV/AIDS tests or other violations of the national law.

Not surprisingly, employees welcome the idea of implementing prevention, and care and support programs in the workplace, especially when management and labor both visibly support such programs. Employees feel strongly that unions should incorporate HIV/AIDS into the mission of advocating for members. They suggested that educators could show videos at lunchtime, transmit messages through the company PA systems, implement poster campaigns, distribute brochures and leaflets, sponsor information on the radio and TV, and provide information and services through company medical dispensaries and on buses that transport personnel to job sites. SMARTWork's efforts with employers and unions will help to design such programs and provide technical assistance for their implementation.

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 prevention, 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 on employers, unions, and government.

The Role of Employers

Employer Roles:

- Implement HIV/AIDS Workplace 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

Implement HIV/AIDS Workplace Policies—Employers can protect workers, who are their core asset, by implementing and publicizing beneficial workplace HIV/AIDS policies. These should include prohibiting making employment contingent upon negative HIV tests, as well as promoting voluntary health counseling and testing services for employees. These policies not only comply with DR law, but also demonstrate to employees that the company recognizes HIV/AIDS is a problem, wants to help prevent the disease, and will not tolerate discrimination towards those seeking prevention or care or support. HIV/AIDS policies can be added to existing health policies, or be stand-alone policies.

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

Partner with AIDS Service Organizations (ASOs)—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. As some already do, employers can work with ASOs such as members of the NGO Coalition to assess their employee’s needs, knowledge and current practices, help design and implement effective workplace interventions, and provide feedback on useful next steps. Governmental agencies such as INFOTEP can be also useful partners in these efforts.

Conduct Workplace Educational Programs—HIV/AIDS education programs increase employees’ knowledge and can both save lives and decrease discrimination towards people living with HIV/AIDS. Program content should include culturally appropriate and medically accurate information about HIV/AIDS and other STIs, and referrals to voluntary and confidential counseling, testing, and care. Effective program strategies include interactive and on-going educational sessions, peer education, condom availability, and prevention education materials. Train the trainer (TOT) programs help spread information throughout the worksite and to employees’ families. While it is critical that all staff attend these programs, workplace leaders are especially important participants, because of their potential role in addressing stigma, encouraging counseling and testing, and improving employee morale. Individuals should be required to participate in the programs include: union leaders, human resources staff, medical and clinical staff, labor safety department staff, team leaders, and informal leaders.

Ensure Access to Voluntary and Confidential HIV Counseling and Testing—Where stigma towards HIV/AIDS is high and the fear of discrimination well-founded, ensuring confidentiality

of medical records and visits is vital to encouraging people to learn their serostatus, seek medical care, and protect their sexual partners. The employees surveyed by SMARTWork had doubts about the confidentiality with which their medical records were maintained, making them reluctant to seek information or care. Employers should implement written confidentiality protections and educate their workforce about them. Further, any HIV test provided to employees must be voluntary, confidential and not linked with hiring or firing decisions.

Provide Appropriate Medical Care and Social Services—Access to prevention, and care and support is essential to maintaining the health of all workers, especially those living with HIV/AIDS. In order to ensure that employees get needed care, insurance policies must cover treatment for HIV/AIDS as well as other catastrophic illnesses. 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 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. For those who are living with HIV/AIDS, and for their families, linkages to care and support should be available.

The Role of Labor Unions

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

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 should actively promote workplace HIV/AIDS prevention efforts. Unions should prioritize the inclusion of HIV/AIDS issues in labor agreements, and advocate for contracts to include explicit workplace anti-discrimination policies; insurance policies that cover treatment for diseases including HIV/AIDS; and specific protections and benefits for people living with HIV/AIDS. One important strategy is to encourage employers to adopt and implement the ILO *Code of Practice on HIV/AIDS*, which was drafted and affirmed through a tripartite process that included both business and labor groups.

Educate Labor Leaders and Members—Unions are ideal vehicles for distributing information about workplace protections guaranteed under DR law. The Ministry of Labor intends to spearhead an effort to educate employers, labor leaders and workers about the status of the law. Labor unions can proactively work to educate their leaders and representatives about the threat posed by HIV/AIDS, so that the leadership begins to prioritize it as an issue. This will not only help leaders assess how well the DR law is being enforced in their industries, but also to understand why HIV/AIDS prevention, care and support programs are an appropriate union concern.

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

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

The Role of Government

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| <p><u>Government Roles:</u></p> <ul style="list-style-type: none">▪ Engage and Educate Employers and Workers 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 |
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Engage and Educate Employers and Workers on HIV/AIDS—The DR government, particularly the MOL, must aggressively educate employers and the workforce about HIV/AIDS and its prevention. People appear to lack up-to-date information about HIV/AIDS and many have misinformation about the disease and how it is transmitted. Most unions and employers have not prioritized this as a workplace education issue, and an atmosphere of discrimination is still prevalent. The MOL has a key role to play by bringing together the tripartite partners to engage in social dialogue that will lead them to initiate and sustain

workplace policies and programs. Government also can supply accurate epidemiological information to the media, worksites, and other forums explaining how HIV/AIDS is transmitted, prevented, and treated. At the same time, government should continue to actively engage these entities in its ongoing commissions, committees and other organizations working to create national and local responses to the disease.

Collect and Disseminate Data—Data collection about HIV/AIDS remains inadequate, as indicated by the grave under-reporting of HIV/AIDS cases in the DR. As a result, the disease is largely invisible to both employers and workers, and not perceived to be a real threat to productivity or health. The lack of accurate data on HIV/AIDS among specific groups that are at high-risk also prevents the public from understanding their risk factors and adopting healthy behaviors. The disease’s economic effects are yet to be understood, as the costs of absenteeism, sick leave, hiring, and training new staff are not fully apparent. The government can use data on HIV/AIDS prevalence, and 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, use of government agencies that are already funded by employers (such as INFOTEP) will help encourage greater industry involvement in HIV/AIDS prevention, and support efforts. The integration of HIV/AIDS care into government insurance, such as that provided by IDSS, will also encourage employers to make care available to their workforce and may encourage them to pay for other services to be provided on site, such as condoms and counseling.

Provide Technical Assistance (TA)—Employers and unions alike need help to know which types of prevention, and care and support programs are most effective. Government agencies can provide TA on many topics, such as implementing effective programs, complying with national law, protecting workers’ rights, and ensuring medical confidentiality. Government can help 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—The DR already has the legislative framework for protecting public health by prohibiting discrimination and forced HIV tests. However, as the national social security system is undergoing substantial revision, and much has been learned about HIV/AIDS in regards to such things as care, treatment, stigma, and discrimination, it is time to review the DR labor code to ensure it is up to date. The government must also ensure that public insurance explicitly covers treatment for HIV/AIDS. Additional legislation might be implemented to ensure that private insurance companies cover the disease as well, rather than excluding it, as is currently common practice.

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. SMARTWork offers materials that can be adapted by both employers and labor unions to create their own programs or to build upon existing efforts, and provides workshops, trainings, and other types of technical assistance that build skills and capacity.

SMARTWork has driven and accompanied the national mobilization for workplace HIV/AIDS prevention by steering and overseeing, along with COPRESIDA, both the *Multisectoral Agreement* and the elaboration of the Sectoral Plan. As the completion of the latter nears, SMARTWork will be called upon to enrich the national workplace response to the epidemic through its project activities.

SMARTWork will provide training, develop educational materials, and assist in workplace policy development. While providing health care services is not a major focus of the project, SMARTWork will seek to leverage facilities and services offered by Sectoral Plan institutions through implementing prevention programs at the company level. Through its membership in the Sectoral Plan’s Technical Follow-up Committee, SMARTWork will continue to support effective HIV prevention and education strategies, especially by working to maximize local capabilities to ensure sustainability.

HIV/AIDS prevention, and care and support programs enhance the national health, the stability of production sectors and their key assets, and the quality of life of those infected (and affected) by HIV/AIDS. These efforts protect the health and safety of all workers, which is not only good

for the nation, but also improves economic vitality and protects employers' bottom line.

VII. CONCLUSION

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

One of the challenges facing the DR will be gaining the full participation of the business sector in these efforts. Despite the willingness expressed by most employers interviewed to participate in HIV/AIDS prevention, care and support programs, this sentiment must be connected with access, enthusiasm, and sponsorship to make a difference. Employers must see HIV/AIDS programming as an investment in the health and longevity of their workforce, rather than a drain on productivity, before they are likely to become more active in this area. SMARTWork presentations, workshops, and other technical assistance and advocacy efforts will aim at raising the awareness of business managers that effective HIV/AIDS responses are important to their business and employees' long-term productivity.

Enlisting the participation of labor unions may be easier, as they have already been involved in HIV/AIDS initiatives through the Sectoral Plan process. For the unions, leadership and sustainability will be the largest challenges. Workers have an open attitude toward learning about the epidemic, although they also need help understanding the dangers of discrimination and stigmatization, learning about how the disease is transmitted, and becoming comfortable working alongside those living with HIV/AIDS.

Government participation in responding to the epidemic is generally recognized as dynamic. The participation of MOL, MOH, and the IDSS in the Sectoral Plan is evidence of the DR's willingness to focus government efforts on the workplace as well as the public health sector. Ensuring that the efforts of administrative bureaucracies such as the MOL, MOH, and IDSS are efficient may take some effort; SMARTWork will provide technical assistance to encourage effective and efficient structures, policies, and systems at the national level.

SMARTWork concludes, based on its research, that tripartite and broader, multisectoral collaborations to fight the HIV/AIDS epidemic are viable in the DR. The *Multisectoral Agreement* provides ample evidence that the various stakeholders are open to collaborating, and the scale of effort in creating the initiative represented by this document is completely unprecedented in the DR. The Sectoral Plans that are being drafted, likewise, promise sustained and focused efforts on the part of the signatories and of government agencies such as INFOTEP.

The ongoing collaboration between government ministries, the unions, and employers has enormous potential to combat HIV/AIDS' threat to both the public and the workplace. Multisectoral and tripartite efforts will be essential to stabilizing the workforce and ensuring that the DR can stem the tide of the HIV/AIDS epidemic while there is still time.

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