

Module 1

Introduction and Overview

Background on the Guide

What is the Guide?

The *Workplace Guide for Managers and Labor Leaders: HIV/AIDS Policies and Programs* is a “how-to” manual intended for use either as a part of a workshop on developing workplace HIV/AIDS programs or as a stand-alone guide. It provides background information on the HIV/AIDS epidemic and the impact of HIV/AIDS on workplace productivity, and enables employers and labor leaders to understand better both the costs of HIV/AIDS in their workplace and what they can do to address it. The Guide offers many examples, best practices, and references from diverse employers, trade unions and labor associations, and countries.

Who should use the Guide?

Employers, Labor Leaders, and Government: The Guide was designed primarily to be used jointly by employers, labor leaders, and government, working together in “bipartite” (employer and labor) or “tripartite” (employer, labor, and government) settings. It can assist both individual employers and members of collaborations involving government, labor, employers, and NGOs. Business associations, government agencies, and NGOs that provide workplace programs for individual employers can use the Guide to assist in program design. They may also be interested in advocating for adoption of the policy guidelines and program models provided in the Guide.

Labor Leaders and Senior Managers: The Guide was written for managers and for union and worker representatives with responsibility for employee productivity and health. This typically includes the managing director, chief financial officer, human resources and benefits coordinator, medical director (if the employer provides health care), and labor representatives such as union shop stewards, health and safety representatives, and union presidents. Often other staff will also be involved in planning HIV/AIDS policies and programs and the Guide will assist them in their work.

All Types of Employers: The Guide may be used to support workplace HIV/AIDS program efforts in a broad array of formal workplace settings, including, but not limited to:

- Government agencies and facilities, such as schools, hospitals, and public services;
- Nongovernmental organizations;
- State-owned or -sponsored enterprises; and
- Joint public–private ventures.

Workplaces of All Sizes: Enterprises of any size should find the Guide helpful, although they are likely to choose HIV/AIDS programs of different scopes and components. For example:

- Small employers may depend on collaborative efforts or outside relationships with NGOs.
- Mid- to large-size employers (those with more than 250 employees) are more likely to have medical and human resources personnel to develop and manage a comprehensive HIV/AIDS prevention, support, and care program.
- Employers of any size may choose to contract with outside organizations for HIV/AIDS prevention education, care, and support program services.

SMARTWork encourages users to adapt these materials as appropriate for their organizations and networks—and to share them widely.

Using the Guide

The *Workplace Guide for Managers and Labor Leaders: HIV/AIDS Policies and Programs* provides a systematic approach to developing policies related to HIV/AIDS and developing or expanding workplace HIV/AIDS prevention, care, and support programs. The Guide includes four modules plus detailed appendices. Although the order of the Guide provides a logical progression for workplace action, each module may be used independently, and modules can be implemented in varying orders. Workplace teams can use the Guide as a reference tool, to be consulted both for better understanding of the epidemic's influence on the workplace and for its detailed guidelines on how to address specific needs, such as drafting a company HIV/AIDS policy. Teams often find it helpful to separate the Guide into its individual modules, making copies for each member, and then working through the planning process one module at a time.

The Guide can help labor leaders and managers make the case to decision makers about the need for workplace HIV/AIDS policies and programs. For example, it provides information that trade union leaders can use to educate employers and model language describing HIV/AIDS protections and programs for use in negotiations and collective bargaining agreements.

In addition to overviews provided in Module 1, the remaining sections of the Guide include:

Module 2: Program Models and Components

This module is designed to familiarize labor leaders and employers with a range of workplace HIV/AIDS program models and components and help them get started in addressing HIV/AIDS in the workplace. It describes a recommended team approach for developing and establishing policies and programs. It presents and describes typical components and offers models and best practices based on employer and trade union experiences in many countries.

Module 3: Developing Workplace HIV/AIDS Policies

This module describes different kinds of workplace HIV/AIDS policies. It presents basic principles and components to incorporate into policies, provides steps for developing policies, and suggests ways to implement policies. It also addresses possible links between workplace policies and collective bargaining agreement language on worker rights, benefits, and workplace safety.

Module 4: Developing an HIV/AIDS Prevention Education, Care, and Support Program

This module provides steps and guidance for developing and implementing HIV/AIDS prevention, care, and support programs. It describes various components of such a program and factors to consider in designing them.

Appendices

The appendices provide many examples of workplace organizational policies and other supplemental materials that can be used in designing programs. They include:

- Sample workplace and labor union policies, including employer and labor guidelines and principles, the ILO Code of Practice, and a sample union policy, as models for use in preparing an employer policy on HIV/AIDS or a union agreement that includes HIV/AIDS protections and guarantees program access.

- Materials to support program development, such as model prevention strategies using peer educators and other approaches, discussion questions to guide program design, and a sample release form.
- Fact sheets about HIV/AIDS, including one on stigma and discrimination.
- A glossary of HIV/AIDS terms, labor union terms, and a list of acronyms.
- Models and templates for estimating the costs of HIV/AIDS.

Why HIV/AIDS is a Workplace Issue

Who is affected by HIV/AIDS in the workplace?

HIV/AIDS in the workplace affects workers at all levels, and is a concern for both labor unions and managers. This Guide was developed with the assumption that representatives of organized labor and representatives of management have an equal stake in effective HIV/AIDS prevention, care, and support. Labor leaders may focus their attention on getting specific worker protections into union contracts, while managers may emphasize workplace policy and program development. However, their interests are similar.

Workplace policies that protect worker confidentiality and promise access to prevention, care, and support programs. Everyone benefits from successful HIV prevention and care.

Why should employers care about HIV/AIDS?

A frequently asked question is “Why should employers care about HIV/AIDS?” There are a variety of reasons, each of which may motivate an employer. Whether it is the economic impact on the workplace, concern for workers well-being, or a desire to serve in the fight against AIDS—the key to success is understanding what will motivate the workplace you seek to address most. Whether it is a personal connection to the issues or an understanding of how HIV/AIDS can undermine the health and productivity of the labor force, and increase costs—understanding what motivates is key to creating action.

The statistics summarized in the previous section suggest the current severity, and even greater projected impact, of the HIV/AIDS epidemic on various countries and regions. Private sector companies, public agencies, and non-governmental employers within countries that have been hard hit by HIV/AIDS have already learned how HIV/AIDS can affect them. Other countries in which HIV/AIDS is growing or emerging are also feeling the impact.

Data from countries already seriously affected by the epidemic show that:

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 percent of profits.¹

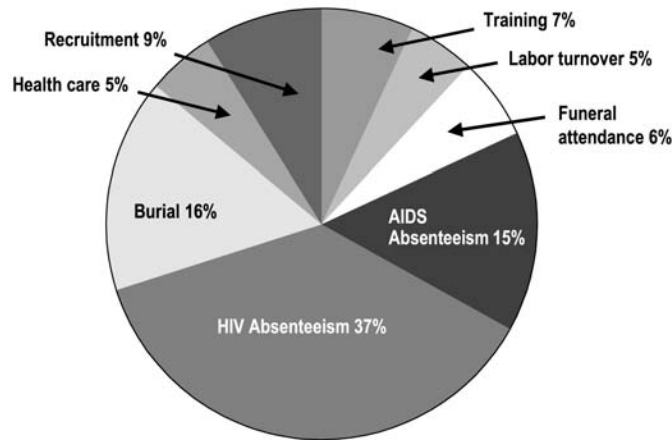
Productivity is affected. Absenteeism and turnover reduce productivity, as less trained and less experienced workers try to replace workers lost to HIV/AIDS. Employees may be absent from the job due to their own illness, the illness of family members, or funeral attendance. For example, in comparative studies of East African businesses, absenteeism accounted for as much as 25–54% of company costs.² 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 percent drop in processed sugar; between 1995 and 1997, over 8,000 days of work were lost due to HIV/AIDS.³

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.

Worker fears or misconceptions about HIV/AIDS can cause work stoppages or slow-downs. 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.

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/AIDS⁴ (see Figure 1). As the figure shows, about half the costs are related to absenteeism.

Figure 1**Distribution of Increased Labor Costs Due to HIV/AIDS in Selected Firms in Kenya and Botswana**

Source: From a study by Roberts, M. and Forsythe, S. et al. (1999). *Economic impact of AIDS*.

The impact, however, 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 percent reduction in its customer base as a result of HIV/AIDS.⁵ The overall economic impact can be devastating. The real gross domestic product of South Africa, which represents about 40 percent of sub-Saharan Africa's economic output, is projected to be 17 percent lower than it would have been without AIDS, by 2010.⁶ In the case of Russia, the United Nations has warned that Russia's GDP losses could exceed 10 percent by the year 2020.⁷ In countries where the national HIV/AIDS prevalence rate is 20 percent or higher, it causes an average drop of 2.6 percentage points in the annual gross domestic product (GDP).⁸ The full impact has not yet been predicted in many countries where the epidemic is new or emerging (as in Vietnam and Ukraine).

Workplace HIV/AIDS rates (also known as prevalence) may not always parallel overall rates of infection within a country. For example, increased rates of new HIV infection among particular enterprises may be associated with substantial travel in which workers may engage in high-risk behaviors or work that requires long-periods of time away from family and/or partners.

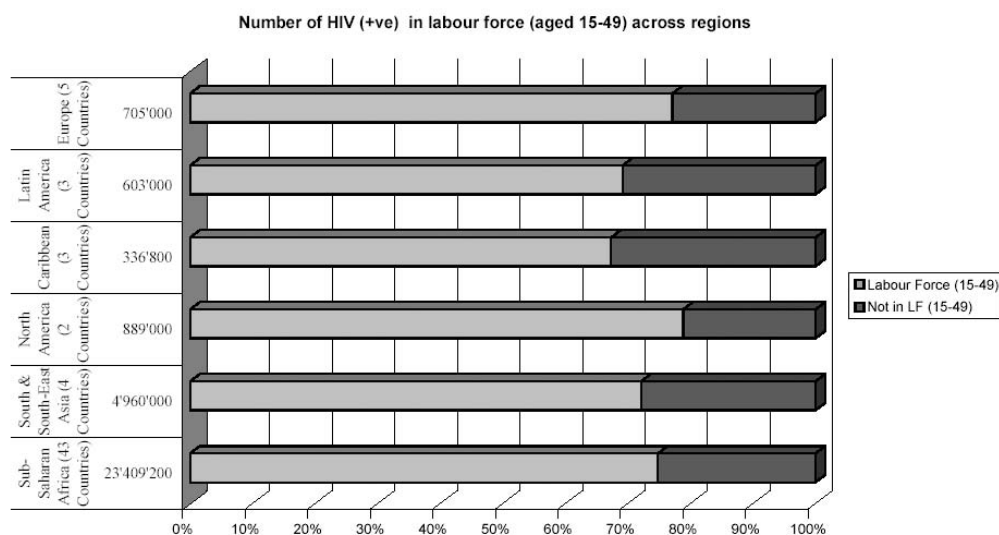
Why do employers choose to take action on HIV/AIDS? A UNAIDS study in 1997 asked private-sector employers their reasons for addressing AIDS. Reports from 203 mostly multinational companies from 14 countries indicated the following main reasons (in priority order):

1. Concern for the welfare of employees infected with HIV;
2. Prevention of HIV to reduce costs associated with replacement, recruitment, and training as employees become ill or die;
3. Prevention of legal issues within the workplace; and
4. Rising health care costs.⁹

Why is HIV/AIDS a labor issue?

The importance of HIV/AIDS to workers and labor unions is clear. Throughout the world, HIV/AIDS affects adults most often at the peak of their productive working years, from ages 15 to 49. In 2002, the ILO estimated that 25 million working people were infected with HIV/AIDS¹⁰ (see Figure 2). About 23 million were in 43 African states where the HIV epidemic has created “a state of emergency.”

Figure 2



Source: International Labor Organization. Available: www.ilo.org/public/english/protection/trav/aids/facts/statreport_summary.pdf

Workers in every part of the world are at risk for HIV infection. In high-prevalence regions, the epidemic tends to be spread broadly throughout the population. In low-prevalence countries, the epidemic is first found concentrated in specific populations that are at higher risk of becoming infected. However, because everyone who engages in risky behavior is at risk of becoming infected or transmitting HIV, there is a high potential for the virus to enter into the broader population. Moreover, even low reported prevalence rates can be misleading. Many countries and regions are now showing rapid increases in HIV infection. For example, AIDS is the leading cause of death among Jamaicans in the 20 to 30 year old age bracket.¹¹ In the Asia region, which makes up 60 percent of the world's people, even a very low prevalence rate can mean millions of infections. Without appropriate prevention efforts, the entire population—particularly those of working age—are at risk.

Why HIV/AIDS is a Critical Concern for Labor

“In all countries, [HIV/AIDS] poses a threat to livelihoods and to basic rights at work, undermining effort to guarantee decent, productive work to women and men. Examples of discrimination against HIV-positive persons (or even against people suspected of being seropositive) include actions such as compulsory testing to deny employment, promotion or health insurance.”

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

The ILO has predicted that by 2005, more than 10 percent of the workforces in Botswana, Zimbabwe, and South Africa will be lost to AIDS. In these countries, and in Mozambique, 20–30 percent may be lost by 2020.¹²

HIV/AIDS negatively affects current workers. Stigma and discrimination may lead to job loss even when workers remain healthy and productive, unless employers have and enforce policies that protect employees with HIV/AIDS. Workplace HIV/AIDS policies need to be complemented with prevention, care, and support programs both to combat stigma and fear and to enable workers with HIV to continue as productive employees. Workers with HIV/AIDS often receive reduced income due to absences related to their illness. In the absence of treatment, employees miss work or lose their jobs as they become ill. For example, a South African sugar mill found that workers with HIV/AIDS took an average of 55 additional sick days in the last two years of their lives.¹³

Since the beginning of the epidemic, labor unions have been involved in the fight against HIV/AIDS. They see the epidemic as a union issue because unions represent workers who are:

- Living with HIV/AIDS;
- Caring at home for a family member with HIV/AIDS;
- Providing care for people living with HIV/AIDS as part of their job;

- At risk of exposure to blood on the job, most often as health care or emergency workers;
- Concerned about working with co-workers because they lack accurate information about HIV transmission; or
- Involved in personal behavior that places them at risk of HIV infection.

Unions have also taken a lead role in developing collaborative responses to HIV/AIDS. For example, in early 2000, John Sweeney, President of the American Federation of Labor–Congress of Industrial Organizations (AFL–CIO), and the U.S. Secretary of Labor convened the U.S.–Africa Trade Summit on AIDS, hosted by the White House Office of National AIDS Policy (ONAP), to bring American and African trade unions together to address the HIV/AIDS crisis. For trade unionists in Africa, this summit crystallized efforts to tackle the issue of HIV/AIDS. Following the meeting, the International Confederation of Free Trade Unions (ICFTU) promoted a special work plan defining roles and responsibilities of trade unions and their partners in addressing HIV/AIDS.

This work plan developed in Gaborone, Botswana, in September 2000, is known as the Gaborone Trade Union Declaration. It provides a “Framework of Action towards Involving Workers in Fighting HIV/AIDS in the Workplace.” The Framework calls for “building partnerships and networking with trade union friendly organization and donor partners, and other interested parties” and strengthening “collaboration with other agencies such as the ILO, World Bank, WHO...who are actively involved in combating HIV/AIDS.” It emphasizes that the strategy cannot be sustained without social partnerships involving government, employers, and labor. The ICFTU has successfully advocated for increased spending for international HIV/AIDS activities involving labor.

Unions have worked to ensure safe working conditions for health workers, prevent discrimination against workers infected with HIV/AIDS, and protect benefits through such actions as:

- Educating their members about workplace laws and policies that protect workers;
- Informing members about their country’s anti-discrimination laws and how they apply to individuals with HIV/AIDS;
- Providing prevention education including information on methods of transmission and risk reduction;
- Educating workers about how HIV is not transmitted, to reduce workplace stigma and discrimination directed at co-workers; and
- Informing union members so that they can play an active role in educating others—both formally, as peer educators, and informally, with co-workers, family, and friends.

Workplaces as the Key for HIV/AIDS Prevention and Care: A Labor Perspective

The ICFTU issued a statement on November 30, 2001, for World AIDS Day (December 1) that said, in part:

“Workplaces provide the key venue for initiating effective programmes of prevention and care relating to HIV/AIDS. Programmes to counter this deadly disease must involve workers, trade unions and employers in efforts to address the crisis through agreements and joint action. They must also provide social protection for workers and their families,” according to ICFTU General Secretary Bill Jordan.

“A main focus must be placed on preventing the spread of HIV infection through information, education and support for behaviour change.”¹⁴

Can employers and unions reduce the impact of HIV/AIDS in the workplace?

Employers and unions can reduce the negative impact of HIV/AIDS. Working together with government agencies and NGOs, they can help reduce HIV transmission and improve the quality and length of life for people living with HIV/AIDS. Experience throughout the world shows that unions and employers can develop HIV/AIDS policies and programs that successfully:

- Educate workers about HIV/AIDS transmission and risk behaviors;
- Prevent new HIV infections;
- Eliminate HIV/AIDS stigma and discrimination;
- Allow workers living with HIV/AIDS to continue to be productive;
- Create a positive and supportive work environment; and
- Contribute to reduced transmission in the surrounding community.

Workplace policies and programs affect not only the organization and its workers, but also workers’ families and the surrounding community. For example, workers who are well informed about HIV/AIDS transmission can also educate their families and friends. Reducing the impact of HIV/AIDS in the workplace extends benefits into the surrounding community.

A World Bank analysis of the results and costs of HIV/AIDS interventions showed that providing prevention services has reduced sexually transmitted infections (STIs) and HIV infection—and also produced cost savings for some employers. For example, one South African mining company¹⁵ reported that providing treatment for STIs including HIV led to:

- An estimated reduction of nearly 50 percent in new HIV infections (HIV incidence); and
- A 46 percent decline in STIs among miners and their female sexual partners .

Addressing HIV/AIDS by prevention, support, and care can reduce direct and indirect costs for employers and increase productivity. In human terms, this increased productivity and lower turnover mean that fewer people are becoming ill and that workers with HIV/AIDS are remaining productive longer.

In countries where more than one percent of the population is infected with HIV, the economic or financial benefits of providing prevention, care, and support programs are quite convincing.¹⁶ For example:

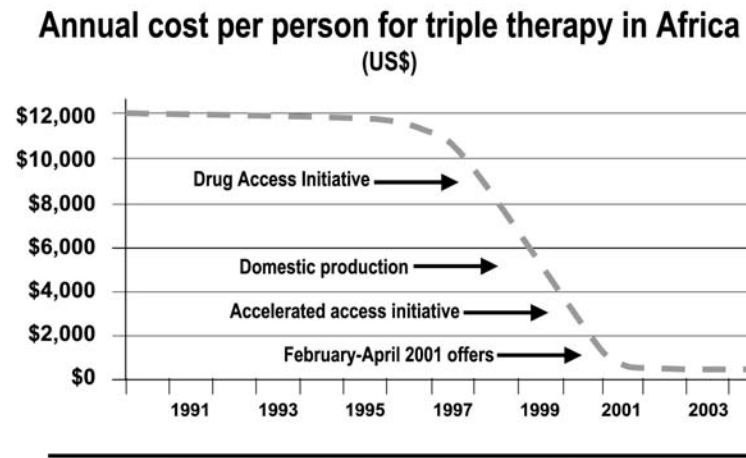
A mining company that successfully reduced STIs and HIV transmission also saved an estimated US\$539,630 per year. The cost for providing STI treatment was US\$230 per STI infection averted or US\$3 per employee per year when averaged across all employees.

Another mining company has projected that in 2002, HIV/AIDS adds US\$4–\$6 to the cost of producing an ounce of gold. If nothing had been done to mitigate the impact, it estimates costs would be as high as US\$9 an ounce.¹⁷

Antiretroviral (ARV) therapies can increase the length and quality of life of people living with HIV/AIDS. Unfortunately, in many parts of the world ARVs have not been made available. As but on example, of the 80,000 people in Eastern Europe and the Commonwealth of Independent States who currently (as of February, 2004) are in need of treatment, only 7,000 are receiving it.¹⁸ Several leading authorities, including a recent Harvard consensus statement and a commission on macroeconomics of the World Health Organization, have supported the use of ARV therapies that directly attack the HIV virus.¹⁹ The regimens for ARV therapy, as well as the availability and cost of the therapies, are changing rapidly. As new research on HIV/AIDS becomes available, different regimens of therapies are recommended. Drug access initiatives—such as arrangements for reducing patent protections, large-scale gifts of drug therapies from pharmaceutical companies, and reduced manufacturing costs—have contributed to increased availability and decreased costs of such drugs. As of 2002, the annual cost of ARV had been reduced from several thousand to several hundred US dollars (see Figure 3). As treatments improve and become affordable, employers are finding it cost-effective to offer such medications to all HIV-infected individuals within their workforce.

Figure 3

Affordable prices



Source: UNAIDS. Available: www.wto.org/english/tratop_e/trips_e/hosbjor_presentations_e/o7quick_e.pdf.

What about Legal Issues?

Employers and labor organizations/leaders must consider legal issues as they respond to HIV/AIDS. Every country has laws that influence HIV/AIDS prevention and care in the workplace and throughout the community.

The Asian Business Coalition on HIV/AIDS has identified five key judicial areas related to HIV/AIDS:

1. Human rights;
2. Civil law;
3. Employment law;
4. Criminal law; and
5. HIV testing and the law.

Employers should be aware of the legal aspects of HIV/AIDS and ensure that their efforts meet all national and local legal requirements and conform to international human rights declarations.

Human Rights: Protection of human rights is essential for preventing the spread of HIV. The key rights to information, education, health, and non-discrimination are among the first to be violated in the panic often surrounding initial responses to a growing HIV infection rate. The following human rights abuses may occur with regard to HIV/AIDS:

- Attempts to deny HIV-infected persons the right to work;
- Calls for mandatory testing by employers;
- Discrimination against classes of people, such as men having sex with men, sex workers, injecting drug users, children, immigrants, refugees, and guest workers;
- Demands for detention, isolation, or other attacks on the liberty and freedom of movement of HIV-infected individuals and their families;
- Invasions of privacy, including publication of names and addresses of persons suspected to be infected with HIV;
- Attempts to deny or reduce access to health care services for HIV-infected persons; and
- Attempts to deny income assistance entitlements or the right to education to HIV-infected individuals.

Civil Law: Civil protections such as confidentiality and privacy have been widely stressed as important legal entitlements, because successful HIV prevention depends on people trusting health care workers and voluntarily seeking HIV counseling, testing, and care. Another important aspect of civil law is the notion of individual autonomy and the principle of informed consent as a requirement for HIV testing. In some countries, people have alleged that they were tested for HIV without their knowledge or proper agreement.

Employment Law: The main principles that have been adopted with regard to employment are that:

- People with HIV should not suffer discrimination during recruitment or employment; and
- HIV/AIDS should be treated like other life-threatening conditions—when an employee becomes ill, efforts should be made for “reasonable accommodation.”

The 1988 Guidelines on AIDS and Employment, developed by the ILO and the World Health Organization (WHO) can assist multinational companies in addressing differences in national laws.

Criminal Law: A number of countries have attempted to introduce new criminal laws making it a legal offense to transfer HIV either “willfully” or because of negligence. This approach has been discredited for two reasons. First, the laws have been largely unenforceable, because they deal with people’s private lives and it is difficult to prove “intent” to infect another person. Second, such laws have proved damaging to public health, because they risk criminalizing all people with HIV, which may make people afraid to come forward for HIV testing, counseling, or care.

HIV Testing and the Law: Employer requirements for compulsory HIV testing often conflict with national and international laws, including constitutional, criminal, and civil laws. In Thailand, for example, a compulsory HIV test violates six different laws.

All employers should comply with the national, regional, and local laws, rules, and regulations governing the relationship between employers and workers. The following can serve as a potential checklist of legal issues to examine regarding HIV/AIDS in the workplace:

- Pre-employment screening of employees and confidentiality of medical information;
- Issues related to discrimination in housing, migration, or attendance;
- First aid and infection control procedures;
- Benefits including medical assistance, sick leave, and death benefits;

- Reassignment of work duties and accommodation issues;
- Disability and conditions of employment of persons with disabilities;
- Training of workers on health and safety issues;
- Termination issues;
- Employment of persons with medical conditions; and
- Intellectual property rights such as patent rights as they apply to HIV/AIDS medications.

Because laws vary greatly from country to country, employers should examine relevant laws in their jurisdiction and, if needed, seek the advice of legal counsel. Many employers have chosen to address HIV/AIDS by providing care as they do for diseases such as tuberculosis or diabetes. A guiding principle for addressing HIV/AIDS has been sensitivity and flexibility in addressing HIV/AIDS and a commitment to avoiding discrimination and stigma in the workplace.

Challenges for Workplace Efforts: Stigma, Discrimination, and Lack of Program Knowledge

Workplace leaders—both management and labor—face a variety of challenges in developing and implementing successful HIV/AIDS policies and programs. Understanding these challenges is the first step to overcoming them. Among the greatest challenges in addressing HIV/AIDS are stigma and discrimination. They often result from fear—caused by myths, misinformation, and a lack of knowledge about how HIV is and is not transmitted.

The negative affects of workplace stigma and discrimination can be substantial, both to the business and to workers themselves. For example:²⁰

- Co-workers may refuse to work with someone who has or is believed to have HIV/AIDS;
- Co-workers may harass the person;
- The individual may be isolated during meal and break times; and
- The individual may be asked to use separate restrooms or other facilities.

A survey conducted in Trinidad and Tobago found that 50% of HIV-positive persons are unwilling to apply for jobs out of fear that they will be discriminated against and not be hired.²¹

Such individuals may also face job discrimination. For example:

- They may be fired;
- They may be passed up for a promotion or denied a raise;
- Unfair job restrictions may be placed on them;
- The organization may refuse to make reasonable accommodations for their condition, when it would make such accommodations for individuals with another serious disease;
- They may be denied health insurance or other benefits; and
- Uninformed union representatives may not treat such individuals fairly and equitably with regard to services and representation.

Both stigma and discrimination can be prevented or minimized through prompt action by labor leaders and managers. Education and prevention programs can inform all workers about HIV transmission. Written, publicized, and well-understood HIV/AIDS policies and effective education and prevention programs help address stigma and discrimination and promote an environment of respect and dignity for every worker. Use of the SMARTWork approach as presented in this Guide can help fight stigma and discrimination (further information is also found in Appendix 10).

What are Stigma and Discrimination and How Do They Differ?

Stigma involves the use of a characteristic or attribute to discredit or devalue an individual or group and to set them apart from the general population or normal social order.²² In the workplace, HIV/AIDS-related stigma reinforces stereotypes and myths about HIV. It can lead to behavior that isolates employees and interferes with productivity. It can also be subtler, as when workers do not socialize with others in eating or break areas.

For example: Workers who are HIV-positive are sometimes forced by other workers to sit alone in the lunchroom or are told to use a separate restroom.

Discrimination occurs when a person is treated unfairly or unjustly based on belonging to, or being perceived to belong to, a particular group. Discrimination always involves action.²³

For example: An employer may have mandatory HIV testing for job applicants and deny employment to anyone who tests positive. A flight attendant in South Africa was denied employment because of his HIV-positive status.²⁴

One policy framework that may be especially helpful in addressing stigma and discrimination is the ILO Code of Practice (See Appendix 4).²⁵ This Code is a comprehensive document that addresses HIV/AIDS in the world of work internationally. The fundamental principles underlying the Code are to safeguard conditions of decent work, avoid stigma, and promote non-discrimination and the dignity of workers and persons living with HIV/AIDS. The ILO Code promotes partnerships of governments, unions, and employers to address HIV/AIDS workplace issues. Through collective bargaining mechanisms, these partnerships are expected to address the following:

- Provision of HIV/AIDS education and prevention programs;
- Expanded health-related benefits; and
- Mechanisms to redress grievances arising from discriminatory practices, denial of benefits, and other HIV/AIDS-related issues.

Another barrier to creating workplace HIV/AIDS policies and programs is unfamiliarity with such programs and their benefits. Employers need access to accurate information about HIV/AIDS and about effective policy and program models. This Guide provides such information and, through ongoing collaboration with HIV/AIDS-related NGOs and government agencies, additional information can be obtained.

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²¹ Caribbean Epidemiology Centre and Community Action Resource (CARE). (2000). *Quality of HIV/AIDS care in Trinidad and Tobago: The care receiver and care provider perspective*.

²² See definitions by Goffmann (1963) and Gilmore and Somerville (1994), in *Stigma, HIV/AIDS and prevention of mother-to-child transmission: A pilot study in Zambia, India, Ukraine and Burkina Faso*. Available: www.panos.org.uk/files/Stigma.pdf.

²³ UNAIDS. (2002). *A conceptual framework and basis for action: HIV/AIDS stigma and discrimination*. Available: www.unaids.org/html/pub/publications/irc-pub02/jc891-wac_framework_en_pdf.pdf.

²⁴ AIDS Law Project. Available: www.alp.org.za/resctr/jdgmnts/pdf/20000928_judhoffman.pdf

²⁵ ILO. (2000). *Code of Practice*. Geneva, ILO. Available: www.ilo.org/public/english/protection/trav/aids/code/codemain.htm, and also in Appendix 4 of this Guide.

