

# Module 4

## Developing an HIV/AIDS Prevention Education, Care, and Support Program

### Introduction

#### Program Components

Workplace prevention, care, and support programs are at the core of an organization's response to HIV/AIDS. Effective programs are not one-time events but a variety of coordinated and ongoing activities and services. A well-designed HIV/AIDS program usually includes a comprehensive set of complementary components. SMARTWork recommends that employers and labor leaders consider establishing six types of prevention, care, and support activities:

1. **Formal and informal HIV/AIDS prevention education activities for all employees.**
2. **HIV prevention support**, including:
  - Condom distribution systems that make condoms readily and consistently available; and
  - Where appropriate, programs that address drug use.
3. **STI/OI diagnosis and treatment** for employees, partners, and/or family members; this includes:
  - STIs other than HIV; and
  - OIs associated with HIV.
4. **Access to VCT** within or outside the workplace.

5. **Counseling, care, and other support programs** for HIV-positive employees and/or family members.
6. **When feasible, provision of more advanced treatment therapies** for employees and family members who are living with HIV/AIDS, such as:
  - Provision of ARV or HAART

These components, and some best practices and lessons learned by other employers, were briefly described in Module 2. Module 4 is intended to help you actually design a workplace HIV/AIDS program, whether you are just beginning to create a program or want to expand and improve an existing HIV/AIDS workplace program. As you design your organization's program, consider the relationships among components and how best to coordinate them. For example:

- Education activities should reinforce STI services by explaining the importance of prompt STI diagnosis and treatment.
- Prevention sessions that emphasize condom use should also explain where they can easily and affordably be obtained at the workplace and/or in the community.
- If drug use is likely to be a problem among employees, it is important to offer access to drug treatment or other harm reduction alternatives, in or outside the workplace.
- VCT should be linked to counseling and referrals for care and support.

It is worth noting that it is possible to develop a workplace program that does not include all these components. However, experience in other workplace settings indicates that the most effective programs ensure that these complementary components are readily available to employees, either in the workplace or in the surrounding community. The lack of available services in many communities places greater pressure on the employer to directly provide services, and calls for prioritization of services based on need, capacity, their benefits and costs, and other factors.

## Who Delivers Services

Employers vary in the extent to which they can, or should choose to, provide HIV/AIDS services directly. Mid-size (50–249 workers) to large employers (250+workers) are likely to have medical and personnel staff and resources to directly manage a comprehensive prevention program. Smaller organizations may not have designated staff to provide HIV/AIDS specific programs. They are less likely to operate their own clinic or have staff to provide these services. They often need assistance from other organizations with expertise in setting up HIV/AIDS programs.

Depending on the resources and capabilities of the organization, your HIV/AIDS planning committee may choose to seek outside help to operate the program. Increasingly, organizations in the community are offering HIV/AIDS-related services, making alternative arrangements (including cost-sharing and contracting for services) available. For example:

- If you have no health care staff, you may decide to contract with an outside NGO or public health care facility for such things as STI services.
- As an alternative to having designated HIV/AIDS prevention personnel, you may be able to contract with individual HIV/AIDS prevention specialists or with an NGO. They could conduct formal HIV/AIDS education sessions and/or counseling services for employees.

Even if you decide to contract out some or most of the HIV/AIDS program, your organization must still address the basics for employees:

- Learn the facts about HIV/AIDS;
- Decide what program activities to offer;
- Agree on program parameters and standards;
- Select service providers;
- Communicate the importance of HIV/AIDS prevention as well as support for those infected and affected; and
- Implement and monitor the program.

Managers will still need to:

- Know about HIV/AIDS policies issues;
- Encourage employee use of available activities; and
- Monitor the program for quality and effectiveness.

Union shop stewards or other labor leaders will still need to:

- Encourage employee use of available activities;
- Monitor the program for quality and effectiveness—and to ensure that worker rights are protected; and
- Work towards having collective bargaining agreements include worker protections and guarantees of service access consistent with the workplace HIV/AIDS policy.

## Collaboration

Collaboration can expand the capacity of your worksite program, enabling you to make available services you could not provide independently. Sometimes you may be able to obtain services at a lower cost than would be possible through normal contracting, or you may be able to obtain external support for certain program components. For example, if treatment services are not available in your area, you may be able to work with labor or government to make your worksite an interim site for HIV/AIDS care. If you agree to serve as a model site, another entity may share the costs of prevention, support, or care activities. For example, you might work with:

- **An NGO**—such as an AIDS service organization (ASO) or the Red Cross/Red Crescent Society;
- **A business or labor collaborative** that is working actively to address HIV/AIDS-related issues, such the Asian Business Coalition on AIDS;
- **A public agency** such as the ministry of labor and/or health, or a regional or local health department; or
- **A multi-sector collaborative entity** such as your country's national AIDS committee, AIDS control program, or other country coordinating mechanism, such as the V.V. Giri National Labour Institute in India, a technical resource group established by the National AIDS Control Organization.

Employers have reported many successful program collaborations with such entities. Such collaborative arrangements were once isolated to a few countries—primarily in Africa and Asia—where the impact of the epidemic led to earlier workplace efforts; today they are now occurring on every continent.

## Examples of Collaboration

### In South Africa

- The National Union of Mineworkers signed an agreement with the Chamber of Mines to provide access to AIDS treatment and care. For more information, see the Chamber of Mines website, at: [www.bullion.org.za](http://www.bullion.org.za).
- DaimlerChrysler and the Ford Motor Company reached agreement with unions to ensure protection against discrimination and provide treatment of HIV/AIDS for their employees and their families.
- Transport unions have taken the issue to centralized bargaining structures. The bargaining council has initiated a major HIV/AIDS program that includes employment of peer counselors at major truck depots.
- In Virginia, South Africa, the Lesedi Project provided diagnosis and treatment of STIs at no cost to miners and their sexual partners. Collaborating groups included employers Harmony Gold Mining Company, Goldfields Ltd., and Joel Mine; the local branch of the National Union of Mineworkers; and local, state, and national health departments. The department of health provided staffing and assistance in securing initial funding from European Economic Community countries. The unions facilitated communication and cooperation for the project. The company continued to support the project, especially after cost savings were demonstrated. For every dollar spent on preventing STIs, the company estimated a savings of US\$30.

### In Malawi

- The Ministry of Labor, in collaboration with a broad array of employer and labor organizations, implemented a comprehensive workplace education program. The program was designed to increase awareness about HIV/AIDS, encourage national and workplace policies to reduce stigma and discrimination towards workers living with HIV/AIDS, and reduce the adverse consequences of HIV/AIDS on national development. Funding is provided through an NGO (Project Hope) and the U.S. Department of Labor.

## Program Development

This section explores in some detail the six recommended components of a HIV/AIDS prevention, care, and support program. It provides suggested steps and identifies sources for program information.

### Program Area 1: HIV/AIDS Prevention Education Activities

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Workplace prevention education activities inform employees about HIV/AIDS and seek to motivate changes in behavior that will reduce the spread of HIV/AIDS. An organization's formal and informal HIV/AIDS prevention education is the foundation for other prevention, care, and support services.

Depending on how they are structured, formal education sessions may take as little as 45–60 minutes (an hour is a “rule-of-thumb” minimum to allow enough time for discussion) and as long as a couple or more hours to address factual information about HIV/AIDS, its transmission, safer sex alternatives, and issues related to substance use. It is recommended that such presentations be made to all employees during regular work hours and be offered periodically, such as every three months, to reach new employees. Some employers provide a series of several sessions providing basic information (often referred to as “HIV 101”), followed by interactive sessions that encourage behavior change and the development of related skills (such as how to use a condom). Formal sessions typically have a defined agenda, include handouts or other materials, and are led by someone who is extremely knowledgeable about HIV/AIDS and its transmission. Formal sessions often include discussion time and small-group activities to enhance learning.

Informal education approaches are often conducted by co-workers (shop stewards or other labor representatives are frequently selected) who have been specially trained as “peer educators.” Informal, small-group, and one-on-one interactions can be used to discuss HIV/AIDS, teach safer sex practices, answer questions, discuss fears, and distribute pamphlets and other materials. This style of informal dialogue fosters an environment of greater awareness and understanding about the disease.

To develop formal and informal HIV/AIDS prevention education sessions, consider using the Checklist for Developing HIV/AIDS Prevention Education Activities (all checklists in this module appear at the end of it).

## A. Learn about the target audience

Part of the process of developing education programs is determining the audience—the different groups of people to be reached and the communication messages appropriate for each group. For workplace programs, the primary target audience is typically employees. However, because of the nature of HIV/AIDS, prevention education efforts typically should reach all employees and their families or partners—even if formal sessions may only reach the workers themselves. Sometimes the employer will also provide sessions in the community, or in the workplace for partners and family members, to maximize the program's reach.

Workers within a single workplace or organization vary almost as much as the work that they do. Workers may differ in their cultural/ethnic/racial backgrounds, country of origin, preferred language, gender, age, level of education and training, and other factors. They may vary in awareness of HIV/AIDS issues and in their degree of comfort in discussing issues related to sexual behavior.

Workforce characteristics and differences help determine the appropriate approaches to HIV/AIDS prevention efforts. Presentations should be adapted to fit different preferred styles of communication and other worker characteristics. For example, you can decide how to address issues of sex and sexuality. These personal issues are often communicated differently with different groups. Often, you will want to discuss these issues with single-sex rather than mixed groups. Approaches may be more direct for younger people than for older employees. Your intent is to be sure that your prevention education activities and messages are suitable for the target population.

The best way to find out what is understandable and acceptable to a group of employees is to ask them directly. This is one good reason to include workers at several levels on the program committee. This can be done in many different ways, such as organizing small focus groups of workers to react to different education strategies and program formats. This helps test the appropriateness of the activities and materials while they are still being developed. Ask diverse groups of workers to participate in program activities and review materials. Afterwards, ask participating workers for feedback and assess their understanding and reactions.

The box on the next page lists some important information about workers and their families to ensure that prevention activities are well targeted. If the organization's prevention planners cannot do this kind of assessment, seek help from health educators or other specialists.

## Identifying Sensitive Issues and Topics among Target Audiences

- How do members of the target audience communicate with each other, where and when do they meet, and who makes up their immediate social network?
- How much do they know about HIV transmission? What do they not know—and what are the most common myths or misconceptions?
- What are the social norms—accepted behaviors—in relation to risk behaviors for HIV? For example, how do members of the target audience feel about intimate relationships outside of marriage?
- What are the attitudes about drug use? Alcohol use? What are the typical drugs of choice and methods of use? Differences between men and women?
- To what extent do people feel at risk of becoming infected with HIV or other STIs?
- Who are credible and influential sources of information about these kinds of topics? What kinds of people would the target audience listen to and trust as HIV/AIDS prevention educators? For issues related to drug use?
- Where does the target audience get information about HIV/AIDS and sexual/family topics? How and when do they obtain this information?
- Where does the target audience get information about drug use? How and when do they receive or seek out this information?
- What information will help them begin—or continue—risk reduction activities?
- How comfortable are they discussing matters related to sex? What kind of group would make them most comfortable—e.g., single-sex, similar employment level or status, similar age group?
- How likely are they to read written materials?
- How do they feel about HIV/AIDS education for their partners and other family members? Where and how (e.g. jointly or separately) should they be provided?

### B. Identify subject-matter resources

Although a HIV/AIDS planning committee may be able to plan prevention education activities, members may not have the detailed knowledge necessary to develop the specific content material needed for the activities. If your planning committee is in this situation, it should seek assistance and advice from experienced people and organizations to determine the appropriate content of its prevention education efforts. The same consultation and advice will also be useful when developing the activities and services for other program areas.

During the policy development phase or the preliminary planning phase for program development, the committee will probably have identified people with useful skills. In many cases, national and local organizations already doing HIV/AIDS prevention work can help. They will probably have educational materials and program designs that can be adapted to particular workplaces and target populations with minimal effort and at low cost. Many organizations have medical or personnel staff who can serve both as resource specialists to the program committee and as formal health educators for a workplace program. Additional resources available in this Guide can be found in Appendices 6, 7, and 11.

### C. Plan to use Peer Educators

In addition to health professionals and educators who may conduct formal education activities, employers should consider the use of peer educators—employees trained to provide informal prevention education sessions, including group activities and one-on-one advice and consultation. Peers are people in the workplace similar to the target population in age, background, experience, and interests. Sometimes they are HIV-positive or have family members with HIV/AIDS.

Peer education has proven effective for HIV/AIDS because people are especially likely to listen to and follow advice from their peers. Peers also have greater influence on each other than non-peers, a significant factor in changing behaviors.

With specific training and support, peer educators can carry out a range of HIV/AIDS education and other prevention activities with their coworkers. When feasible, you should include peer educators in your program design. Consider using peer educators to:

- Communicate issues of importance to employees;
- Lead large-group meetings in the workplace and/or community;
- Work with small groups in the workplace and/or community;
- Talk one-on-one with others to help encourage and support them to reduce risk behaviors; and
- Distribute pamphlets, brochures, and condoms.

If properly trained, peer educators also can conduct support groups with coworkers. Appendix 5 provides more information on the selection and training of peer educators. You may want to seek the assistance of a health-related NGO to assist in the initial training of peer educators and to provide follow-up monitoring and training as needed.

Workplace experience in various countries across the world indicates that peer educators are most successful where chosen by co-workers, with the strong involvement and support from workplace stakeholders, such as shop stewards, line supervisors, and upper-level managers.<sup>1</sup>

## Successful Use of Peer Educators

Among employers that have used peer education successfully are:

- Shell Company of Thailand
- Levi Strauss
- MTV
- Hai Ha Kotobuki of Vietnam
- Volkswagen of Brazil

Peer education is often especially valuable when used along with other program strategies, such as formal prevention education sessions and confidential, voluntary counseling and testing.

For more information about peer education and HIV/AIDS, see Joint United Nations Programme on HIV/AIDS, *Peer Education and HIV/AIDS, Concepts, Uses and Challenges*, Report of a consultation in Geneva, Switzerland and a part of the UNAIDS Best Practice Collection, Key Material, December 1999. Available on the UNAIDS website at: [www.unaids.org](http://www.unaids.org).

### D. Identify essential content for the HIV/AIDS prevention education activities

Because HIV/AIDS involves many issues, education activities about the disease must also cover a wide range of issues. Following are core topics and issues often included in HIV/AIDS prevention education programs:

- The organization's policy and procedures for addressing HIV/AIDS-related problems or concerns;
- How HIV/AIDS is and is not transmitted;
- Why there is no risk of casual transmission of HIV/AIDS;
- How to respond to a co-worker with HIV/AIDS: avoiding stigma and discrimination;
- How to prevent the spread of HIV;
- How to use available methods to prevent transmission of HIV, such as condoms and clean needles and syringes;
- How to assess personal risk and develop personal behavior change plans;
- How to prevent the spread of HIV from mother to child, both before birth and through breastfeeding;
- Benefits available to employees and family members with HIV/AIDS;

- Living with HIV: what to expect, treatment for HIV/AIDS, and access to such treatment;
- Confidentiality and privacy protections; and
- Where to go for help and for additional information.

#### E. Agree on the range of activities to be offered

Workplace prevention education activities can use a variety of approaches, tailoring them to the target population. The planning committee should agree on specific types of activities, methods, and priorities to guide initial implementation. Additional activities may be added later. The activities used should be complementary, so that the messages are positively reinforced. Among the types of activities and approaches that may be used for a workplace program are the following:

- **Formal lectures—with an opportunity for questions and discussion**  
Lectures can be used to deliver basic information to large groups of people at the same time. Lectures can be an effective way to present policy issues or basic information on HIV/AIDS, and should be as participatory as possible.
- **Work-group training sessions and interactive small-group discussions**  
Work-group training sessions bring people within the same unit, category of employee, or other affinity group together to focus on an issue or activity. This approach allows for a personalized discussion of HIV/AIDS. Group sessions should be as interactive as possible, involving such things as role plays and other participatory activities that help people remember and apply what they are learning. Such sessions can be carefully structured or quite informal. They may be led by trained facilitators or peer educators.
- **Couples and family-focused sessions**  
Many workplaces provide education sessions not only for workers, but also for their partners and families. Sometimes partners attend peer educator sessions together, and sometimes groups are divided by gender. You may also want to consider sessions for children or teenagers, either with their families or separately. Be sure session content is appropriate for the target group. In deciding whether to bring family members together or provide separate sessions, consider cultural norms related to discussing sex-related topics in mixed-gender groups. Also, take advantage of community events that provide opportunities for prevention education.
- **Videotape presentations**  
Video presentations, if available, are useful for promoting discussion in small groups. Presentations featuring well-known or recognizable people also lend strong credibility to the information. Such presentations are most effective when combined with guided discussion and other supporting activities.

- **Behavior Change Communication (BCC) materials**

In many countries, NGOs, ministries of health, and/or universities have developed materials designed to change behavior and reduce the risk of HIV transmission. These materials are usually most effective as part of a more interactive approach, such as a workshop, but can also be useful as handouts. Ask local NGOs and public health offices to help identify culturally appropriate materials.

For more information about BCC and examples of materials, visit the following websites:

- Family Health International, at:  
[www.fhi.org/en/topics/behavior+change+communication+topic+page.htm](http://www.fhi.org/en/topics/behavior+change+communication+topic+page.htm);
- SynergyAIDS Resource Center, at:  
[www.synergyaids.com/resources.asp](http://www.synergyaids.com/resources.asp); and
- SMARTWork IEC/BCC Database  
[www.smartwork.org/scripts/search\\_materials.cfm](http://www.smartwork.org/scripts/search_materials.cfm).

- **Posters**

Posters placed strategically throughout the workplace can provide and reinforce key messages about HIV/AIDS and highlight the company's policies and programs.

- **Brochures and pamphlets**

Brochures and pamphlets can provide factual information about HIV/AIDS and are an effective way to reinforce prevention education activities. Brochures and pamphlets reach a large audience when employees take them home and into their communities. Be sure they are attractive, easy to understand, and designed for your target audience. If you develop your own brochures or pamphlets, use focus groups to test messages and format.

- **Other creative mechanisms**

Many employers have found that usual education strategies can be enhanced by using a variety of presentation methods. For example, Chevron of Nigeria has successfully used jokes, cartoons, poetry, drama, music video shows, and story telling. All these approaches are followed by question and answer sessions and supplemented by handouts.

To summarize, the content of lectures, discussions, or small-group activities can range from basic information about HIV/AIDS to the specifics of safer sexual practices. Materials such as posters, brochures, or pamphlets can transmit written messages that vary from statements about the risks of contracting HIV/AIDS to graphics and cartoons providing important information to people who cannot read. You can achieve maximum impact by using complementary prevention education activities—and linking them to support and care activities.

## F. Outline the “Curriculum”

To develop the content of the HIV/AIDS education activities or materials, decide what information should be included in each piece and how they should be organized or linked to each other. Consider what interactive exercises you may need, and what written or audio-visual materials are available that you will use. Appendix 6 offers an example of how an organization might plan a series of HIV/AIDS education sessions.

Local organizations and/or HIV/AIDS educators in or outside of your workplace may be able to offer considerable assistance in developing your curriculum. Whether you or another organization designs the program, be sure the information about HIV/AIDS transmission, prevention methods, and treatment is up to date.

## G. Agree on scheduling

To smoothly implement a program, you must develop a practical schedule of implementation. The box below identifies some of the issues that the planning committee will likely have to address and resolve. Appendix 7 lists similar questions and provides some suggestions for discussion.

### Education/Prevention Program Scheduling: Questions to Address

1. How long will the sessions be—30 minutes, one hour, two hours, or more?
2. How often will these worker education sessions be offered? Will they be part of new employee orientation training?
3. Will sessions be mandatory or voluntary?
4. Where will sessions be held? Is transportation needed?
5. When will sessions be scheduled?
  - a. During work hours?
  - b. During lunchtime and/or other breaks?
  - c. Before and/or after work?
6. How will session schedules be coordinated with production needs?
7. Will employees receive regular pay when participating in mandatory sessions, voluntary sessions, and/or only during working hours?
8. How many employees will participate in each session? What mix or categories of employees will be included in each type of session?
9. How frequently will the same work group be provided new information or activities?

## H. Introduce the activities

Plan for the introduction of HIV/AIDS education activities. This might involve:

- Making a joint announcement by labor leaders and managers;
- Introducing the peer educators and/or others who will facilitate activities;
- Describing the prevention education activities, how employees can participate in them, and how they will be coordinated with normal work requirements; and
- Describing how other workplace prevention, care, and support activities will complement these activities (e.g., condom distribution, STI prevention and treatment, counseling, and support services, more advanced HIV/AIDS care).

When you introduce these activities, use the kind of communication styles you will also use in delivering prevention education services. For example, involve peer educators, use varied communication modes, and provide opportunities for questions and interaction. Emphasize the importance your organization places on educating its employees about HIV/AIDS in order to prevent HIV transmission, stigma, discrimination, and other negative consequences.

## Program Area 2: HIV Prevention Support

Prevention support programs are activities designed to prevent the transmission of HIV, complementing the education employees receive about HIV/AIDS. Examples of practical prevention support systems for workplace HIV/AIDS program include:

- Condom distribution systems to make condoms affordable and available; and
- Activities designed to reduce HIV transmission related to drug use.

### 1. Condom Distribution Systems

**Importance of condoms in HIV prevention:** Most HIV/AIDS education activities include condom promotion as part of their safe sex message. Regular, consistent, and correct condom use is an essential factor in the prevention of HIV/AIDS and STIs. A major focus of worker prevention education sessions is likely to be consistent and correct use of condoms.

Understanding the importance and mechanics of condom use is not enough. HIV prevention requires that good quality condoms with lubricant be readily, reliably, and affordably available. The importance of affordability was demonstrated in Brazil, where a massive increase in condom use occurred after condom prices were reduced in the early 1990s. When availability in the surrounding community is limited, condom distribution in the workplace is an important component of a comprehensive prevention, care, and support program. When employees are encouraged in prevention education sessions to

talk about how to use condoms, and the discussions are backed up by the distribution of condoms, workers are more likely to learn to use them and to change their behavior toward safer sexual practices.

**Employee acceptance of condom distribution:** Although condom distribution may seem to be a sensitive issue, experience shows that employees appreciate and support condom distribution in their workplaces. Thousands of companies have taken part in distributing condoms to employees without long-term negative effects. Often, upon investigation, many employers will find that they have already been distributing condoms as part of other health-related programs in the organization.

**Using a checklist:** As with other program areas, the planning committee may find a checklist helpful in creating and managing condom distribution activities. A successful condom distribution program requires employee knowledge about the proper use of condoms, motivation to use them, and adequate access. Thus, a workplace condom program usually links education activities with condom distribution methods. The Checklist for Condom Program Planning summarizes steps and factors to consider in developing an integrated condom education and distribution effort. Modify it as needed and complete the additional columns, then use it to guide your work. Several of the most critical issues are further discussed below.

**Condom distribution systems:** The distribution system should make condoms readily and consistently available to employees at low or no cost. There are different ways to accomplish this goal:

- You can buy condoms in bulk and provide an ample supply to each peer educator for distribution during worker sessions.
- You can place supplies of condoms at convenient locations around the worksite so that employees become familiar with their availability and can access them easily.
- Sometimes you can obtain condoms at low or no cost from local health authorities, NGOs, or national AIDS control programs for distribution at sessions where condom use is discussed.

Particularly effective is the installation of condom-dispensing machines (typically in toilets) so that employees can purchase condoms conveniently and in privacy. It is important that machines be refilled regularly and checked to ensure that they are dispensing properly. Check production dates on condoms purchased to determine date of manufacture; typical “shelf life” is two years. The cost of condoms from a dispensing machine should be carefully set to acknowledge their value but not to exceed employee ability to pay. Because condoms are related to sexual behavior, some workers may be embarrassed to ask for them. They should be able to obtain them directly, without making a request to anyone.

**Costs:** Bulk procurement and distribution of condoms is a relatively inexpensive and prudent business investment. As you do with other workplace supplies, seek out qualified suppliers and negotiate the most advantageous arrangement. Be sure you know what kinds and models of condoms are most reliable and meet International Organization for Standardization (ISO) condom standards.<sup>2</sup> For advice, contact local public health authorities, your national AIDS control program, or NGOs that provide health and family planning assistance. A supplier of condoms may also be able to provide condom-dispensing machines. Include the cost of bulk purchases of condoms and the purchase or rental of dispensing machines in your organization's HIV/AIDS program budget. It may be possible to set the purchase price of condoms from dispensing machines to cover the cost of the condoms (and possibly the machine). Remember, however, that unless condoms are affordable, employees may not purchase them. If your workforce receives low wages, consider providing condoms free to employees.

## 2. Responding to Drug Use

**Substance use as a HIV transmission factor:** One of the most difficult questions facing employers and labor leaders is how to address injection drug use (IDU) and other substance use that puts people at risk for HIV transmission. IDU is on the rise in many countries, and in some locations, is the primary factor in HIV transmission. A major risk is the sharing of drug injecting equipment, including tainted syringe water, cotton, "cookers," and other drug preparation equipment. In addition, injection drug users are likely to have sexual relations with people from the general population, and those with HIV could possibly infect others. Without appropriate prevention education and risk reduction activities, a rise in the HIV rate among substance users will spread over time to the general population.

Studies in Thailand and elsewhere have shown that HIV transmission among injecting drug users can be prevented, slowing and even reversing the upward trend of the epidemic in those areas. The following substance abuse prevention activities can reduce HIV transmission:

- AIDS education that addresses the link between injection drug use and HIV transmission;
- Access to condoms;
- Access to clean injecting equipment (it is important to note that U.S. government policy, as of 2004, forbids use of U.S. federal funds for the purchase and distribution of clear syringes as a prevention strategy among IDUs);
- Counseling; and
- Drug and alcohol treatment for both injection drug use and other types of substance use.

**Value of drug treatment:** Some employers provide drug treatment; others refer employees for treatment outside the workplace. Large studies have shown that individuals are likely to decrease significantly their drug consumption when enrolled in outpatient drug substitution programs that provide treatment. Several longitudinal studies show that people who remain in treatment for longer periods significantly reduce their risk behaviors for HIV. Recovery from drug addiction is a long-term process.

**Using a checklist:** To decide whether and how your workplace HIV/AIDS program should address drug use, you may use the Checklist for Developing Substance Use Prevention and Treatment Strategies to guide your planning.

**Identifying experts and resources:** Before making any determination about whether and how to address drug use in your HIV/AIDS program, identify experts on HIV and substance use—inside or outside the workplace. Also, find out whether drug treatment or other harm reduction programs (such as free needle or syringe exchange) exist in the surrounding community. Talk to these experts and learn about the services they offer, the cost, and the benefits. Find out whether individuals who are using drugs, especially injection drug users, have access to treatment.

**Importance of IDU as a risk factor in your area:** Find out the extent of IDU in your area and its importance as a source of HIV transmission. In some countries, injection drug use is a major mode of HIV transmission. This includes countries in Eastern Europe and Asia. Even when the workplace does not include many workers who are IDUs, their sexual partners may be drug users. If IDUs contribute to the epidemic in your area, decide how you might best address this issue.

**Decisions on prevention and treatment options:** The most effective way to prevent IDU-related HIV transmission is to eliminate injection drug use. A comprehensive strategy for HIV prevention includes prevention of drug use, as well as information to prevent HIV transmission because of drug use. This includes information and counseling about ways to reduce needle/syringe sharing. You can include education about the relationship of drug use and HIV as part of the basic educational program provided in the workplace. You may also decide that you need to do more. You may want to provide information about ways to clean drug preparation and injection equipment, e.g. the use of bleach to clean and disinfect syringes. Some companies, including Shell Company of Thailand, have chosen to reinforce condom messages and provide syringes and needles. Some employers provide drug counseling and some provide drug treatment for employees; others pay for treatment obtained through referral to an NGO or health care facility in the community.

**Publicizing your program:** Think carefully about how best to make known the availability of your drug use treatment and prevention program. The services are valuable only if they are widely used by employees at risk of or engaged in substance use.

However, confidentiality and stigma issues also need close attention. You will need to publicize prevention and treatment options as you would other health-related services. It may also be useful to ensure that managers, labor leaders, and employees at all levels understand what services the employer is offering and why, including the link with HIV as well as other productivity and cost-benefit concerns.

### **Program Area 3: Sexually Transmitted Infections and Opportunistic Infections Diagnosis and Treatment**

Many employers provide specific health-related services designed to prevent the transmission of HIV or to help keep employees with HIV healthy and productive. The question of what treatment should be offered to HIV-infected workers is becoming an increasingly immediate concern for employers. Among the most important and cost-effective services are:

- **For all employees, their partners, and/or family members:** Diagnosis and treatment of sexually transmitted infections.
- **For employees, their partners, and/or family members who are HIV-positive:** Treatment for opportunistic infections (OIs), often including TB.

STIs and OIs can increase absenteeism and reduce productivity. However, as a result of highly cost-effective therapies, these illnesses can all be prevented or treated. Research has shown that individuals with an STI have a greatly increased risk of transmitting HIV when they engage in unprotected sex. Many employers, including Volkswagen of Brazil, have found that providing OI, STI, and TB diagnosis and treatment significantly reduces absenteeism from HIV-related illness.

#### **Finding Information about Sexually Transmitted Infections, Tuberculosis, and Opportunistic Infections**

For the latest information about STI diagnosis, treatments, and management, including issues of partner notification and confidentiality, and for information on diagnosis and treatment of TB and opportunistic infections, go to: [www.unaids.org](http://www.unaids.org).

## 1. Diagnosis and Treatment of Sexually Transmitted Infections

**Relationship of STIs to HIV:** STIs are serious illnesses. In addition, when a person has an STI, often without any symptoms, s/he is much more likely to transmit HIV during unprotected sex. The cost of diagnosis and treatment for a worker with an STI is often less than one day's wages. If the STI goes undiagnosed and untreated, the employee may become even more ill. Because of this, STI diagnosis and treatment should be included in a comprehensive workplace HIV/AIDS prevention, care, and support program.

**Benefits of workplace treatment:** If you have an on-site medical clinic and can ensure confidentiality for employees, you should seriously consider offering STI services on site. Providing such services has several benefits:

- The willingness of the business to treat STI demonstrates the commitment of the organization to deal with intimate sexual matters confidentially and without discrimination.
- STIs can contribute to significantly increased employee absenteeism, as well as medical expenses for treating related illnesses.
- Sometimes the company clinic is the only—or most convenient—medical service in the immediate vicinity. Employees are much more likely to seek diagnosis and treatment, even if they have no symptoms, if services are easily accessible.
- Some employees find the cost of outside services to be prohibitive and avoid treatment, or seek less expensive and inappropriate treatment.

**Using a checklist:** The Checklist for STI Diagnosis and Treatment can help you develop and establish STI services. As it indicates, an STI management program has several elements, including integration with prevention activities, medical detection and treatment services, obtaining of medications, and partner notification procedures. Special aspects are further described below. Note that this checklist suggests monitoring of STI incidence and prevalence and documentation of the costs and benefits of this component. While not all employers have the resources or capacity to do such monitoring, it may be possible to arrange for outside monitoring by a university or public health researcher. This can help you demonstrate the benefits of the program to senior management.

**STI diagnosis and treatment:** Whether provided within the workplace or externally, STI services should be a part of company-sponsored health services. STI-related services typically include two components:

- Medical services for diagnosis and treatment; and
- Related education for employees (and their partners) about STIs and how to avoid their transmission (particularly important for individuals who contract STIs more than once).

To provide STI diagnosis and treatment in the workplace, the clinic will need medically trained personnel, some testing procedures and equipment, and—perhaps most important—adequate supplies of pharmaceuticals. If you do not have a workplace clinic or it has limited staff, you can contract with medical personnel to provide services off site or to visit your facility regularly to provide STI diagnosis and treatment, perhaps with other HIV/AIDS prevention activities in the workplace.

**Confidentiality:** Just as confidentiality and privacy are essential aspects of an organization's HIV/AIDS policy, workers' medical information about STIs also must remain confidential. Effective STI management requires a nonjudgmental and discreet approach. Blaming, judging, or stigmatizing employees or partners with STIs is likely to discourage them from seeking diagnosis and treatment. If the employer is unable to ensure employee privacy within the workplace, it may be best to provide STI services outside the workplace setting.

**Services to partners:** Undiagnosed STIs hurt employees, and frequently those with whom they have sexual contact. STI services will need to be provided to employees and their sexual partners as well. Unless the partner is also treated, the probability of reinfection with the STI is very high. Consider how to protect confidentiality, comply with partner notification laws and regulations, and ensure that partners are notified and treated. Often you will need to consider legal as well as ethical considerations to partner notification. For example, some countries require notification of spouses. Local medical authorities can provide guidance if your clinic personnel are not already aware of the proper procedures. The employer should work with public health authorities so that employer personnel are not responsible for partner notification, because of concerns about privacy and confidentiality.

## 2. Diagnosis and Treatment of Opportunistic Infections

**Opportunistic infections:** Some common opportunistic infections (e.g., *Pneumocystis carinii pneumonia*) can be prevented with relatively low-cost medications (e.g., antibiotics like Bactrim). Cotrimoxazole has also been shown to be extremely effective as a prophylaxis against TB and other opportunistic infections. Bactrim can be supplied for as little

as US\$5 per employee, per year. Common dermatological infections can also be easily managed to avoid disability among HIV-infected workers. Treatment of these OIs will help keep HIV-infected workers healthy and productive at low cost to the employer.

**TB diagnosis and treatment:** Most work environments are at low risk for transmission of TB. However, for most developing countries, TB is the leading cause of death for people with HIV/AIDS. Treatment of TB prolongs life and improves the quality of life among HIV-infected employees. For example, in Spain, treatment of TB with the drug Isoniazid was found to increase life expectancy for HIV-infected workers by three years. Testing for TB can be provided in a clinic along with other tests. “Directly observed” therapy for TB, in which a nurse or other health provider observes the client taking medication, has been demonstrated to be highly effective. TB can be treated for as little as US\$10 per employee for a six-month period (treatment typically lasts 6–8 months).

**Planning for OI and TB diagnosis and treatment:** If your workplace already has a health services component that will provide STI diagnosis and treatment, the diagnosis and treatment of OIs and TB should become a part of that component. If you contract for STI and other health services, the program committee should investigate how to contract for OI and TB diagnosis and treatment as well. As with other components, you may want to use the Checklist for Opportunistic Infections and TB Diagnosis and Treatment to help you plan. The planning process will be very similar to that for STI diagnosis and treatment. The planning committee may want to address the two services jointly, using a single, combined checklist of tasks.

#### **Program Area 4: Access to Voluntary HIV Counseling and Testing**

Employers may want to offer voluntary, informed, and confidential HIV testing to employees and their partners. Voluntary counseling and testing should be distinguished from mandatory or required testing. Mandatory testing—testing without a worker’s choice or consent—as a requirement for recruitment, employment, or retention is discriminatory, violates human rights principles, and is illegal under international labor codes and the laws of many countries. However, voluntary and confidential counseling and testing is a valuable service for employees and their partners.

- **Voluntary** means the person is not coerced or manipulated into having the test.
- **Informed** means the individual understands what the test is, how it works, and what the consequences of the results are.
- **Confidential** means the results of an individual’s HIV test will not be shared with anyone else without his/her full consent. Depending upon applicable laws, the names of those tested are withheld if test results are released to public or other authorities.

**When to offer voluntary testing:** Studies all over the world have shown that VCT can be effective in reducing risk behaviors among both those who are HIV-infected and those who are not infected. Employers can make such testing available at no cost to workers and their partners by contracting with a community-based counseling and testing facility. VCT can also be provided at the worksite. However, it should be offered at the worksite only in circumstances such as the following:

- Where VCT is not available readily in the community surrounding the worksite;
- Where the employer has and enforces a policy that ensures confidentiality and emphasizes that testing is voluntary and requires the employee's informed consent; and
- Where local or national laws do not violate the principles outlined above.

**Linking testing with counseling:** When HIV testing is conducted, those tested should receive pre- and post-test counseling. This counseling addresses the nature of the test and its implications, and the concerns and questions that arise from the test process and results. It should also address risk behaviors and risk reduction plans.

**Importance of testing:** Early knowledge of HIV status is beneficial both because of the availability of effective treatments and because of its impact on behaviors that affect further transmission of the virus. Studies have demonstrated that many HIV-infected persons decrease behaviors that transmit infection to sexual or needle-sharing partners after they are aware of their positive HIV status. Other studies have shown that HIV-infected persons who are unaware of their infection do not reduce risk behaviors. Treatment may also reduce risk of transmission to others because it reduces the amount of HIV in the body. This outcome represents another benefit to an infected individual's knowing his/her HIV status. Providing testing followed by medical care could prevent HIV transmission in communities while reducing a person's risk for HIV-related illness and death.<sup>3</sup> In addition, testing enables a woman to seek treatment that can prevent transmission of the virus to her unborn child.

**Standards:** On the following page is a list of standards or principles for consideration in deciding whether and how to offer VCT.

**Costs:** Costs of testing vary depending on the method used. Consult with experts in your area about the most practical and cost-effective approaches. One strategy that may be effective in reducing costs is the use of rapid testing technology rather than the widely used ELISA and Western Blot. Testing can usually be done for less than US\$20 per person (and testing kit prices continue to decrease), when done in large volumes. Use of rapid tests also means that people can usually get their test results the same day.

## Voluntary Counseling and Testing: Program Standards to Consider

1. HIV testing should be voluntary and offered as anonymous or confidential.
2. Counseling should be client-centered or tailored to the behaviors that cause HIV/AIDS.
3. The person being tested should have access to testing and effective provision of test results.
4. Information about the HIV test should be provided to all who take the test.
5. Employees should obtain some benefit from counseling and testing, such as reducing risks with partners, receiving treatment, or receiving accommodations in the worksite.
6. Counseling and testing should adhere to applicable laws and policies.
7. Counseling and testing should respond to client and community needs and preferences.
8. Partner notification laws must be followed, but the employer should not be directly involved in this process except when the employee requests partner counseling.
9. Services should be appropriate with regard to language, culture, gender, sexual orientation or identification, age, and developmental level.

Sometimes local NGOs offer testing in communities near the workplace, and referral and cost-sharing arrangements may be possible.

**Counseling associated with testing:** Client-centered counseling is important. If VCT is offered, the counseling sessions should focus on how to reduce the risk of HIV transmission (“risk reduction”) and should include an in-depth, personalized risk assessment and targeted action plan for HIV risk reduction. This process may require support from partners, families, and the community. The specific goals of VCT are to:

- Encourage people to initiate and sustain behavior change;
- Help people obtain referrals to additional medical, preventive, psycho-social, or other care and services; and
- Provide a safe opportunity for people to learn their HIV status.

**Planning for voluntary counseling and testing:** The checklist for Voluntary HIV Counseling and Testing at the end of this module can assist in the development a VCT program.

## Program Area 5: Counseling, Care, and Other Support Programs

Employers may also want to provide modest counseling, care, and other support programs for employees, partners, and other family members with HIV/AIDS. Such services are a valuable part of a comprehensive workplace HIV/AIDS program. These services contribute to the physical and mental health of employees and their families, and help workers with HIV/AIDS remain productive for as long as possible.

**Defining counseling, care, and support Services:** Counseling, care, and support services for workers and their families involve personal interactions that strengthen a workplace HIV/AIDS program. Counseling, care, and support services help workers and family members with HIV/AIDS to maintain a high quality of life, foster worker motivation, keep diagnosed workers productive longer, prepare family members to provide palliative (end-of-life) care, and generally support workers and their families in dealing with HIV/AIDS.

**Types of activities:** Some counseling, care, and support services for employees and their families are group-based, while others are offered to individuals and families. Counseling services for workers with HIV/AIDS and their family members might include:

- Support groups for people living with HIV/AIDS and for their family members;
- Secondary prevention sessions to prevent transmission of the virus to partners as well as prevention of re-infection or co-infection of the individual;
- Post-test counseling for individuals who test positive, and sometimes for their partners and family members; and
- Sessions for employees or family members that focus on personal feelings, problems, beliefs, or responses to HIV/AIDS and other related issues such as sex, intimacy, or condom use.

These sessions may be conducted by professional facilitators or trained peer educators. They enable employees and families to explore their questions and concerns about HIV/AIDS in a safe and understanding environment and discuss their own personal and sexual behavior. A wide range of other counseling services can be helpful, such as mental health counseling and case management. Costs and personnel availability usually requires the program committee to set clear priorities regarding counseling and support services.

In addition, employers sometimes provide limited care services. Even if they are not directly providing medical services or medications, they may offer more limited care services, such as the following:

- Nutrition services or nutrition education;
- Training for family members as caregivers—to help individuals with HIV/AIDS remain healthy as long as possible;

- Information about services and resources in the community; and
- Preparation for family members to provide end-of-life care in the home.

**Standards for services:** Counseling, care, and support services should meet high standards with regard to confidentiality and responsiveness to client needs. As you consider these services, review and adopt principles or standards to guide service planning and delivery.

## Principles for Counseling, Care, and Support Services for Employees, Partners, and Families

- All services should be voluntary for both infected persons and his/her partners and family members.
- Employees, partners, and family members should have ongoing access to counseling.
- Counseling should be confidential and provided by a skilled counselor.
- Counseling should be language and culturally appropriate.
- Services directed at behavior change or risk reduction should be offered to prevent transmission of HIV to partners.
- Both the infected person and family members should have access to care and support services and referrals to appropriate HIV services and non-HIV services (e.g., family planning, drug treatment).
- Care services should include information and skill building to assist family members in caring for individuals with HIV/AIDS.
- The employer should provide assistance in accessing medical evaluation and treatment to prolong life.

**Need for trained counselors:** One of the challenges of offering counseling and support services is the lack of skilled counselors in most workplace programs. Peer educators may be able to offer some basic referral assistance, and can be trained to facilitate support groups and secondary prevention sessions. However, because of confidentiality issues and the level of skills and training required to be an effective counselor, peer educators are not necessarily good candidates to offer in-depth support services. Some organizations do have medical and/or human resources staff trained to offer counseling assistance, who could also be trained in HIV/AIDS-related counseling. Alternatively, such staff may be able to refer employees seeking counseling or support to other organizations

offering these services. Sometimes hospitals, faith-based organizations, NGOs, medical clinics, or other AIDS-related service organizations offer counseling.

**Scheduling:** If the organization can offer its own counseling, care, and support services, it is useful to set up a schedule of specific hours during the week when employees and family members can make appointments or drop in for counseling and support. It is also appropriate and useful to schedule hours after work for these services, and for training of family members in providing HIV/AIDS care.

**Costs:** The costs of these services should be built into the overall costs of the HIV/AIDS prevention, care, and support program. They have the potential to pay for themselves over time, by helping to keep HIV-positive workers productive and reducing other HIV/AIDS-related costs.

**Publicizing services:** Information about HIV/AIDS activities should be integrated into all communications about the program. Every prevention education activity offered to employees should encourage individuals with HIV/AIDS and their family members to make use of counseling, care, and support services. The services can be advertised through posters, brochures, and pamphlets. Communications weaving together all these activities and services will attract workers and lead to the desired goal of HIV/AIDS prevention and care.

**Planning counseling services:** The checklist for Counseling, Care, and Support Services can assist in developing a high-quality program.

## Program Area 6: Provision of More Advanced Treatment Therapies

In planning your HIV/AIDS program, consider whether you will offer more advanced treatment, including antiretroviral therapies, to employees. In assessing this issue, the program committee will need to consider both economic and ethical factors as well as practical considerations related to delivering such treatment services. As the costs of medications go down, an increasing number of employers are offering such therapy for their workers.

**Effectiveness of therapies:** Increasingly, employers are offering their employees more advanced HIV/AIDS treatments, such as antiretroviral therapy (ARV) or highly active anti-retroviral therapy (HAART). When provided, such treatment needs to include monitoring by a health care worker and services to encourage adherence to therapy. Patients may also need periodic CD-4 counts and viral load tests to monitor the effectiveness of the treatments. Adherence to HAART and routine monitoring has proven extremely effective in reducing both morbidity and mortality among people with HIV/AIDS in every part of the world. In Brazil, antiretrovirals were found to decrease mortality by 32%.

## Understanding the Latest Therapies

For most people with HIV/AIDS, the most effective treatments as of mid-2002 were:

- **Antiretroviral therapy (ARV)** – treatment that includes the use of any class of medications that fight the HIV virus; and
- **Highly active antiretroviral therapy (HAART)** – treatment using a triple combination of drugs found to be highly effective in reducing mortality due to HIV/AIDS.

Because of rapid developments in medications, treatment protocols are also changing rapidly. New therapies and terms are likely to replace these as the medications of choice. Because of changes in drug therapies, pricing, and availability, your program committee will want to keep updated about the latest drug therapy—and medical personnel involved in providing treatment will need to keep up to date on advances in treatment. For such information, regularly check the following websites:

- The World Health Organization website, at:  
<http://who.int/medicines/organization/par/edl/access-hivdrugs.html>
- The Joint United Nations Programme on HIV/AIDS, at:  
[www.unaids.org](http://www.unaids.org)

**Costs:** Despite significant medical progress in treatments for HIV/AIDS, the cost is often prohibitive. However, since 2002, generic pharmaceutical manufacturers have been able to offer a combination of treatment drugs for as little as US\$300 a year. Including the costs of monitoring, total treatment costs can be kept as low as US \$500 per year. These drugs may also be available at even lower, or no cost, through local AIDS service organizations or donor agencies. Some employers provide medical insurance that covers much of the cost of these medications. An important consideration in planning treatment programs is to determine the probable costs of providing medications to employees and their families indefinitely. Additionally, ensuring that these medications can be supplied reliably is critical. Use the website references provided, and contact AIDS service organizations, business consortia, health ministries or other appropriate organizations to determine current costs and sources of medications.

**Economic and ethical issues:** In deciding whether and how to offer these medications, companies will find it necessary to consider ethical as well as economic factors. Companies that have a large investment in recruitment, training, and benefits have found that providing HAART is cost-effective. In large measure, these benefits occur because the medications appear to delay the onset of AIDS for a number of years. Some employers offer HAART to all employees. Among such companies are Botswana Diamond Company, Mumias Sugar, and Volkswagen of Brazil. In considering offering advanced therapies, carefully consider

ethical issues as well as economic factors and the practical implications of limiting access to therapy to certain categories of employees.

**Capacity Issues:** If you want to provide advanced therapies, you will need to offer not only medications, but also monitoring by a physician or other health worker, periodic tests to determine the patient's CD-4 count and viral load, and related medical care. Some companies that provide such therapy, such as Volkswagen of Brazil, have developed technical protocols to standardize their services and ensure not only medical care and therapies but also appropriate clinical tests and referrals for other needed services. You will want expert advice on how to build necessary capacity into your clinic or other health services component—or to ensure that any entity providing services on contract is meeting basic care standards. In addition, it will be important to link advanced treatment to other health-related services such as treatment of TB and OIs. You will also want to be sure that medical personnel keep up with treatment advances, which may require different treatment protocols.

**Publicizing availability of treatment:** If you decide to offer advanced treatment to all employees and families, publicize this information and use the motivation of treatment to encourage employees to get tested. Your employer will realize the greatest benefits from such treatments when employees obtain early testing and seek timely treatment to delay the onset of symptoms as long as possible.

**Planning:** The Checklist for Antiretroviral Therapy for HIV Infection can help identify the steps your planning committee may want to take in deciding whether your employer will offer more advanced treatment therapies.

## Conclusion

You have now completed development of your organization's HIV/AIDS prevention, care, and support program. Once implemented, these activities will assist workers and their families to prevent the spread of HIV/AIDS and will help keep HIV-positive employees healthy and productive in a supportive workplace. Employers that provide this comprehensive and coordinated set of prevention components, or at least ensure that these components are accessible to all their employees, will have strong, cost-effective, and sustainable HIV/AIDS programs in the workplace. Unions will be able to point to improved employee benefits and services.

To inform employees about the program and to launch it, consider an organized communication campaign that involves messages from labor and management. In addition to meetings, consider the development of posters, brochures, pamphlets, and other materials that describe the components of the program (e.g., informal education by peer educators, condom distribution) and the various activities offered. Communication materials should also explain how employees can participate in the programs, how the activities will be coordinated with normal work requirements, and the benefits to the worker and the employer.

Once your program has been implemented, everyone will benefit. The employer will gain the benefits of reduced costs, stable productivity, and a healthier workforce. Employees will gain direct services for themselves and their families. Assured access to these services may well become a part of future collective bargaining agreements. People across the workforce—from senior management to labor leaders, workers, and their families—will appreciate and benefit from the depth and extent of the your workplace's HIV/AIDS activities and support services. The surrounding community will likely benefit as well through shared knowledge about prevention and reduced employee risk behavior. Employers will also benefit indirectly from increased worker loyalty, morale, and positive community attitudes.

## Checklist for Developing HIV/AIDS Prevention Education Activities

TASK	PURPOSE/KEY ACTIVITIES	PERSON(S) RESPONSIBLE	TIMELINE
1. <b>Learn about the target audience</b>	<ul style="list-style-type: none"> <li>■ Learn about area HIV and AIDS prevalence rates and risk factors</li> <li>■ Agree on who will be targeted</li> <li>■ Learn target audience characteristics and sensitive issues</li> <li>■ Learn about target audience level of knowledge about HIV/AIDS</li> </ul>		
2. <b>Identify subject matter resources</b>	<ul style="list-style-type: none"> <li>■ Obtain a list of country- or culture-specific materials on HIV/AIDS prevention education</li> <li>■ Identify individuals and organizations that can provide help</li> <li>■ Become familiar with the scope of possible prevention education activities</li> </ul>		
3. <b>Plan to use peer educators</b>	<ul style="list-style-type: none"> <li>■ Define clearly roles and responsibilities for peer educators</li> <li>■ Develop support for use of peer educators among labor leaders and managers</li> <li>■ Prepare plans for recruiting, training, and supervising peer educators</li> <li>■ Develop a selection and training schedule</li> </ul>		
4. <b>Identify essential content for HIV/AIDS prevention education activities</b>	<ul style="list-style-type: none"> <li>■ Agree on essential HIV/AIDS information to be included in prevention education, by target audience</li> <li>■ Agree on content related to workplace policies, stigma and discrimination, privacy and confidentiality protections</li> <li>■ Agree on content related to available resources and services</li> <li>■ Agree on other desired content</li> </ul>		

## Checklist for Developing HIV/AIDS Prevention Education Activities

TASK	PURPOSE/KEY ACTIVITIES	PERSON(S) RESPONSIBLE	TIMELINE
5. Agree on the activities to be offered	<ul style="list-style-type: none"> <li>■ Agree on specific types of activities and methods of prevention education</li> <li>■ Agree on priorities among activities</li> </ul>		
6. Outline the "curriculum"	<ul style="list-style-type: none"> <li>■ Agree on focus and content for various activities or "modules"</li> <li>■ Develop sample agendas</li> <li>■ Agree on handouts and other materials to be developed or located</li> </ul>		
7. Agree on scheduling	<ul style="list-style-type: none"> <li>■ Agree on which activities will occur during working hours and which at other time</li> <li>■ Prepare timeline for implementation</li> <li>■ Schedule ongoing delivery of prevention education services</li> </ul>		
8. Introduce the activities	<ul style="list-style-type: none"> <li>■ Prepare for joint announcements by managers and labor leaders</li> <li>■ Assign and train personnel (peer educators, health care providers)</li> <li>■ Implement and assess initial sessions</li> <li>■ Refine activities based on initial experiences</li> <li>■ Arrange for ongoing implementation and oversight</li> </ul>		

## Checklist for Condom Program Planning

TASK	PURPOSE/KEY ACTIVITIES	PERSON(S) RESPONSIBLE	TIMELINE
1. Identify condom experts	Identify experts, such as: <ul style="list-style-type: none"> <li>■ Company physician, nurse, or other health/training provider</li> <li>■ Knowledgeable condom suppliers</li> </ul>		
2. Identify and agree on condom-related activities	Consider/plan: <ul style="list-style-type: none"> <li>■ Prevention education sessions addressing:               <ul style="list-style-type: none"> <li>– Reasons for using condoms</li> <li>– How to use them correctly</li> <li>– Negotiating condom use with partners</li> </ul> </li> <li>■ Peer group sessions, including condom negotiation and role playing</li> </ul>		
3. Select modes of condom distribution	Consider/decide on: <ul style="list-style-type: none"> <li>■ Condom vending machines</li> <li>■ “Unlimited” supply (e.g., in toilets)</li> <li>■ Health clinic</li> <li>■ Paycheck envelope</li> <li>■ Other</li> </ul>		
4. Find out how to obtain quality condoms at low cost	<ul style="list-style-type: none"> <li>■ Identify sources</li> <li>■ Arrange for an ongoing supply</li> <li>■ Determine cost to employer</li> <li>■ Determine cost (if any) to employee</li> </ul>		
5. Choose and implement most appropriate methods of promoting the program	Consider/decide on: <ul style="list-style-type: none"> <li>■ Posters at various locations</li> <li>■ Letter in paycheck envelope</li> <li>■ Lunch room</li> <li>■ Peer educators</li> <li>■ New employee orientation</li> <li>■ All-staff sessions</li> </ul>		

## Checklist for Developing Substance Use Prevention and Treatment Strategies

TASK	PURPOSE/KEY ACTIVITIES	PERSON(S) RESPONSIBLE	TIMELINE
1. <b>Identify experts and resources on substance use and HIV/AIDS</b>	Identify: <ul style="list-style-type: none"> <li>■ Company physician, nurse, social worker, or other health professional knowledgeable about substance use</li> <li>■ Substance use prevention and treatment programs in the community</li> <li>■ External substance abuse and HIV/AIDS specialists (e.g., at NGO, clinic, public health agency)</li> </ul>		
2. <b>Determine whether injection drug use or other substance use contributes significantly to HIV in your area</b>	<ul style="list-style-type: none"> <li>■ Review epidemiologic data on transmission factors for new HIV infections</li> <li>■ Consult with area experts such as public health officials</li> <li>■ Find out extent to which company health or mental health staff, supervisors, and shop stewards have found substance abuse to be an issue among workers</li> </ul>		
3. <b>Consider and decide on prevention and treatment activities to be provided</b>	Consider/decide on: <ul style="list-style-type: none"> <li>■ Drug use prevention</li> <li>■ Identification of prevention and treatment options</li> <li>■ Direct drug treatment</li> <li>■ Referral to treatment programs</li> </ul>		
4. <b>Publicize availability of drug prevention and treatment options</b>	<ul style="list-style-type: none"> <li>■ Prepare materials announcing service availability (internal/external)</li> <li>■ Work with labor representatives and managers on a joint presentation</li> <li>■ Emphasize confidentiality and privacy protections</li> <li>■ Use peer educators to do outreach</li> <li>■ Agree on other approaches, such as letter with paycheck, posting in lunchroom, announcements in prevention education sessions</li> </ul>		

## Checklist for STI Diagnosis and Treatment

TASK	PURPOSE/KEY ACTIVITIES	PERSON(S) RESPONSIBLE	TIMELINE
1. Ensure that HIV/AIDS prevention education includes information about the link between other STIs and HIV transmission	<ul style="list-style-type: none"> <li>■ Review prevention education curriculum</li> <li>■ Add additional information to curriculum if necessary</li> </ul>		
2. Determine the desired scope of services and the capacity of workplace or other clinic to provide STI diagnosis and treatment and determine personnel training needs	<ul style="list-style-type: none"> <li>■ Decide on desired scope of services—to cover employees only or partners and family member as well</li> <li>■ Consult clinic personnel on resources/capacity to handle STI diagnosis and treatment</li> <li>■ Determine personnel needs</li> <li>■ Determine training needs</li> <li>■ Investigate possible external clinic sites if necessary</li> </ul>		
3. Ensure the clinic site meets employer policies regarding stigma and confidentiality—or establish appropriate procedures	<ul style="list-style-type: none"> <li>■ Determine confidentiality and privacy protections within clinics under consideration</li> <li>■ Make any needed changes</li> <li>■ Negotiate appropriate policies and practices</li> </ul>		
4. Identify, review, and adopt appropriate STI management guidelines	<ul style="list-style-type: none"> <li>■ Obtain appropriate STI management guidelines</li> <li>■ Work with health care professionals to adopt guidelines for the workplace program</li> </ul>		
5. Obtain and ensure a regular supply of necessary low-cost antibiotics or other appropriate medications	<ul style="list-style-type: none"> <li>■ Investigate sources of low-cost medications</li> <li>■ Arrange for regular supply of needed medications</li> </ul>		
6. Address partner notification issues	<ul style="list-style-type: none"> <li>■ Become familiar with laws and regulations related to partner notification in the case of STIs</li> <li>■ If partner notification is required, work with local health authorities</li> <li>■ Obtain and review sample partner notification protocols</li> <li>■ Adopt a protocol for the workplace program that protects employee confidentiality while meeting legal requirements and medical needs</li> </ul>		

## Checklist for STI Diagnosis and Treatment

TASK	PURPOSE/KEY ACTIVITIES	PERSON(S) RESPONSIBLE	TIMELINE
7. Ensure links with outreach/peer educators and other components of the prevention education, care, and support program	<ul style="list-style-type: none"> <li>■ Identify needed linkages</li> <li>■ Consult with peer educators</li> <li>■ Consult with union shop stewards and other labor representatives</li> <li>■ Consult with supervisors</li> <li>■ Agree on linkages and communication procedures</li> </ul>		
8. Publicize availability of STI services	<ul style="list-style-type: none"> <li>■ Prepare materials announcing STI service availability</li> <li>■ Work with labor representatives and managers on a joint presentation</li> <li>■ Emphasize confidentiality and privacy protections</li> <li>■ Use peer educators to provide outreach to employees and partners</li> <li>■ Agree on other approaches, such as letter with paycheck, posting in lunchroom, announcements in prevention education sessions, flyers for employees to take home</li> </ul>		
9. Monitor STI incidence and prevalence as indicators of HIV trends	<ul style="list-style-type: none"> <li>■ Review use of service and user characteristics (employees versus partners and family members)</li> <li>■ Determine STI prevalence rates in surrounding community before start of program</li> <li>■ Work with public health officials to monitor and periodically review STI prevalence among employees and in the surrounding community</li> <li>■ Monitor HIV prevalence and trends in surrounding community</li> </ul>		
10. Document costs and treatment outcomes	<ul style="list-style-type: none"> <li>■ Document costs overall and per patient</li> <li>■ Document treatment outcomes</li> <li>■ Determine cost-benefit of service</li> </ul>		

## Checklist for OI and TB Diagnosis and Treatment

TASK	PURPOSE/KEY ACTIVITIES	PERSON(S) RESPONSIBLE	TIMELINE
1. Obtain expert advice	Identify: <ul style="list-style-type: none"> <li>■ Company physician, nurse, or other health professional knowledgeable about HIV/AIDS and OIs</li> <li>■ External HIV/AIDS and OI specialists (e.g., NGO, clinic, or other)</li> </ul>		
2. Determine available resources and capacity within and outside the company	<ul style="list-style-type: none"> <li>■ Determine internal capacity to provide OI and TB diagnosis and treatment</li> <li>■ Identify medical clinics and personnel with appropriate experience and facilities</li> </ul>		
3. Determine and arrange for appropriate service components	<ul style="list-style-type: none"> <li>■ Identify necessary treatment components</li> <li>■ Determine protocols for treatment</li> <li>■ Determine whether treatment will be open to employees only or partners/family members as well</li> </ul>		
4. Estimate costs	<ul style="list-style-type: none"> <li>■ Project number of clients for first year</li> <li>■ Project overall and per client costs</li> <li>■ Secure company budget</li> </ul>		
5. Ensure confidentiality	<ul style="list-style-type: none"> <li>■ Determine privacy protections within clinics under consideration</li> <li>■ Determine needed changes, if any</li> <li>■ Negotiate appropriate policies and practices</li> </ul>		
6. Publicize services	<ul style="list-style-type: none"> <li>■ Prepare materials announcing OI/TB service availability</li> <li>■ Work with labor representatives and managers on a joint presentation</li> <li>■ Emphasize confidentiality and privacy protections</li> <li>■ Use peer educators to provide outreach to employees (and to partners if they are to receive service)</li> <li>■ Agree on other approaches, such as letter with paycheck, posting in lunchroom, announcements in prevention education sessions</li> </ul>		
7. Monitor and assess results	<ul style="list-style-type: none"> <li>■ Document patient outcomes</li> <li>■ Document cost</li> <li>■ Document absenteeism among patients</li> <li>■ Determine cost-benefit of service in terms of decreased absenteeism, decreased illness, increased productivity</li> </ul>		

## Checklist for Voluntary HIV Counseling and Testing (VCT)

TASK	PURPOSE/KEY ACTIVITIES	PERSON(S) RESPONSIBLE	TIMELINE
1. Determine the availability of affordable VCT	<ul style="list-style-type: none"> <li>■ Determine what VCT services are available in the community</li> <li>■ Determine the cost of available services</li> </ul>		
2. Determine internal and external capacity to protect privacy and confidentiality and address ethical issues	<ul style="list-style-type: none"> <li>■ Review privacy and confidentiality protections offered by VCT providers</li> <li>■ Learn about and adopt protocols to comply with partner notification laws and regulations and address related confidentiality issues</li> <li>■ Determine privacy and confidentiality protections possible if VCT were to be provided within the workplace</li> <li>■ Consult with labor leaders regarding employee confidentiality and stigma</li> </ul>		
3. Decide whether and how to provide VCT	<ul style="list-style-type: none"> <li>■ Identify the adequacy and accessibility of community-based VCT facilities</li> <li>■ Identify any significant concerns about such providers</li> <li>■ Assess the capacity to provide appropriate VCT in the workplace setting</li> <li>■ Decide whether VCT should be provided externally or within the workplace</li> </ul>		
4. Arrange for appropriate services and protocols	<ul style="list-style-type: none"> <li>■ Obtain protocols to guide VCT</li> <li>■ Agree on protocol to be used for VCT arranged or provided by the employer</li> <li>■ Negotiate adoption of desired protocol</li> </ul>		
5. Ensure appropriate personnel and training	<ul style="list-style-type: none"> <li>■ Determine personnel needs</li> <li>■ Determine training needs</li> <li>■ Determine how training needs can be met</li> </ul>		

## Checklist for Voluntary HIV Counseling and Testing (VCT)

TASK	PURPOSE/KEY ACTIVITIES	PERSON(S) RESPONSIBLE	TIMELINE
6. Publicize services	<ul style="list-style-type: none"> <li>■ Prepare materials announcing VCT availability and specifying eligibility</li> <li>■ Work with labor representatives and managers on a joint presentation</li> <li>■ Emphasize confidentiality and privacy protections</li> <li>■ Use peer educators to provide outreach to employees (and to partners if they are to receive service)</li> <li>■ Agree on other approaches, such as letter with paycheck, posting in lunchroom, announcements in prevention education sessions</li> </ul>		
7. Monitor and evaluate services if possible	<ul style="list-style-type: none"> <li>■ Document number of workers using service</li> <li>■ Document costs</li> <li>■ Monitor percentage of positive tests</li> <li>■ Monitor to ensure confidentiality</li> <li>■ Work with public health officials on monitoring of changes in HIV prevalence</li> </ul>		

## Checklist for Counseling, Care, and Support Services

TASK	PURPOSE/KEY ACTIVITIES	PERSON(S) RESPONSIBLE	TIMELINE
1. Explore the range of possible counseling and support services	<ul style="list-style-type: none"> <li>■ Identify the range of possible services</li> <li>■ Determine what services are available in the community</li> <li>■ Work with labor leaders to determine priority needs of workers and their families</li> <li>■ Determine resources available for such services</li> </ul>		
2. Agree on the scope of services to be provided	<ul style="list-style-type: none"> <li>■ Agree on a set of services</li> <li>■ Determine which services can be provided on a contract basis or through referrals to community providers</li> <li>■ Identify services the employer needs to provide directly</li> </ul>		
3. Determine how to ensure trained personnel	<ul style="list-style-type: none"> <li>■ Determine skills and experience needed for each service</li> <li>■ Consider the possible use of peer educators and peer counselors</li> <li>■ Investigate training opportunities</li> <li>■ Agree on a plan for training personnel</li> </ul>		
4. Establish a schedule for services	<ul style="list-style-type: none"> <li>■ Determine level and frequency of services</li> <li>■ Determine schedule for service delivery</li> </ul>		
5. Publicize the availability of counseling and support services	<ul style="list-style-type: none"> <li>■ Agree on desired level of publicity</li> <li>■ Prepare materials announcing service availability and eligibility</li> <li>■ Work with labor representatives and managers on a joint presentation</li> <li>■ Use peer educators to provide outreach to employees and families</li> <li>■ Agree on other approaches, such as information to be provided as part of post-test counseling, posting in lunchroom</li> </ul>		
6. Document service quality and costs	<ul style="list-style-type: none"> <li>■ Monitor service quality and worker/family satisfaction</li> <li>■ Monitor service costs</li> </ul>		

## Checklist for Antiretroviral Therapy for HIV Infection

TASK	PURPOSE/KEY ACTIVITIES	PERSON(S) RESPONSIBLE	TIMELINE
1. Assess accessibility, availability, and affordability of treatment using advanced medications from non-workplace sources	<ul style="list-style-type: none"> <li>■ Investigate availability of ARV, HAART outside the workplace</li> <li>■ Determine costs of such medications</li> <li>■ Determine criteria for access to these medications</li> </ul>		
2. Assess costs and benefits of providing such treatments	<ul style="list-style-type: none"> <li>■ Analyze current and probable ongoing costs of ARV, HAART medications and related care</li> <li>■ Review costs of HIV/AIDS in the workplace</li> <li>■ Analyze probable employee benefits of providing ARV or HAART</li> <li>■ Estimate financial impact of providing medications to workers</li> </ul>		
3. Determine reliable sources for medications	<ul style="list-style-type: none"> <li>■ Identify sources used by other employers or clinics in area or country</li> <li>■ Assess reliability of sources</li> </ul>		
4. Determine availability of human and physical resources to provide treatment and monitor care over time	<ul style="list-style-type: none"> <li>■ Review capacity of workplace clinic to provide treatment and monitor adherence</li> <li>■ Identify possible community sources for such care</li> </ul>		
5. Determine method of financing treatment	<p>Look at options such as:</p> <ul style="list-style-type: none"> <li>■ Medical insurance</li> <li>■ Direct medical assistance</li> <li>■ Public, NGO, and international sources</li> <li>■ Cost sharing</li> </ul>		

## Checklist for Antiretroviral Therapy for HIV Infection

TASK	PURPOSE/KEY ACTIVITIES	PERSON(S) RESPONSIBLE	TIMELINE
6. Decide whether to provide treatment and to what populations	<ul style="list-style-type: none"> <li>■ Review cost and ethical considerations</li> <li>■ Determine whether company will provide treatment</li> <li>■ Determine eligibility for treatment</li> </ul>		
7. Become familiar with treatment guidelines and develop treatment protocols for the program	<ul style="list-style-type: none"> <li>■ Review international treatment guidelines</li> <li>■ Work with provider to agree on treatment protocol to adopt</li> </ul>		
8. Arrange links to other services, within and outside the workplace	<ul style="list-style-type: none"> <li>■ Clearly define services to be provided within the workplace</li> <li>■ Obtain written agreements with external provider(s)</li> </ul>		
9. Publicize availability of care	<ul style="list-style-type: none"> <li>■ Announce availability and eligibility for medications using joint management/labor communications</li> <li>■ Educate employees about the importance of timely treatment and adherence</li> <li>■ Implement ongoing process for medical screening and entry into care</li> </ul>		

## References

<sup>1</sup> UNAIDS. (1999). *Peer Education and HIV/AIDS: Concepts, Uses, and Challenges*. Report of a consultation in Geneva, Switzerland.

<sup>2</sup> For information about condoms that meet ISO standards, see the ISO website, at: [www.iso.org](http://www.iso.org).

<sup>3</sup> Centers for Disease Control and Prevention (CDC). (2001). *Voluntary counseling and testing guidelines*. Atlanta, GA: CDC.







