

**OFFICE OF THE SERVICES COMMISSIONS
(CENTRAL GOVERNMENT)**

**HIV/AIDS
WORKPLACE
POLICY**



OCTOBER 2011

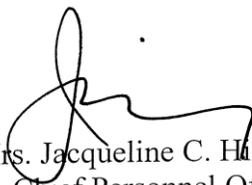
CONTENTS

ACKNOWLEDGEMENT	3
AGENCIES THAT FALL UNDER THE PURVIEW OF THE OFFICE OF THE SERVICES COMMISSIONS	4
EXECUTIVE SUMMARY	5-7
INTRODUCTION	8-12
	Background
	Purpose of the Policy
	Vision Statement
	Scope of Application
	Objectives
	Strategies
	Outcomes
GUIDING PRINCIPLES	13-14
• HIV/AIDS as a workplace issue	
• Non-discrimination	
• Gender equality	
• Healthy work environment	
• Social dialogue	
• Non-screening	
• Confidentiality	
• Continuation of employment relationship	
• Prevention	
• Care and support	
RIGHTS AND RESPONSIBILITIES	15-21
IMPLEMENTATION PLAN	22-25
MONITORING AND EVALUATION	26

APPENDIX I - FACTS ON HIV/AIDS	27-33
• Modes of Transmission	
• Prevention	
• How to tell your HIV Status	
• How to use the Male (Latex) Condom	
• How to use the Female Condom	
• Sexually Transmitted Infections and HIV	
• Risk Assessment of Sexual Transmission of HIV	
APPENDIX II	34-36
APPENDIX III	37
LIST OF ACRONYMS	38
GLOSSARY	39-41
REFERENCES	42

ACKNOWLEDGEMENT

The HIV/AIDS Workplace Policy for the Office of the Services Commissions is based on the National HIV/AIDS Policy approved by the Government of Jamaica in 2005 and the National HIV/AIDS Workplace Policy that was approved by the Government of Jamaica on the 7th February, 2010. All documents regarding HIV/AIDS in relation to the workplace in Jamaica use the International Labour Organization (ILO) Code of Practice on HIV/AIDS and the world of work as a resource document. This policy was developed and implemented with the approval of the Chief Personnel Officer and with the contribution and support of the Focal Point on HIV/AIDS, the Steering Committee, Management and staff, people living with HIV and AIDS and the National HIV/STI Programme.



Mrs. Jacqueline C. Hinkson, JP
Chief Personnel Officer
Date: 27th October, 2011

OSC's HIV/AIDS Workplace Policy shall apply to all the staff associated with the Secretariat of the Office of the Services Commissions which serves five (5) Commissions, namely,

- i. The Public Service Commission
- ii. The Police Service Commission
- iii. The Judicial Service Commission
- iv. The Municipal Service Commission
- v. The Parish Councils Services Commissions

EXECUTIVE SUMMARY

The Workplace Policy on HIV/AIDS in the Office of the Services Commissions (OSC) is a framework for action by the management, and staff to deal effectively with HIV/AIDS at the workplace. The policy takes into consideration the effects of HIV/AIDS on the most productive segment of the workforce and as such, views the problems associated with HIV/AIDS in terms of the significant negative implications they hold for production and national development. The OSC accepts that proper management of the situation will benefit all stakeholders in the society by safeguarding production and national development. It is, therefore, expected that the policy will:

- i. Assist in the development of a caring, supportive and responsible working environment that will protect all workers
- ii. Reduce HIV/AIDS related stigma and discrimination *and*
- iii. Assist in the reduction of HIV/AIDS transmission.

The policy presents the case for dealing with HIV/AIDS as a workplace phenomenon. Highlighted is the fact that the most productive segment of the workforce (the 15-49 age group) is the most seriously affected. HIV/AIDS takes its toll on the rights of workers infected with and affected by HIV/AIDS primarily through stigma and discrimination. It further impacts workers through ignorance and prevailing myths, myths that hinder corrective, preventative action and access to treatment, care and support. The workplace can play a critical role in preventing and controlling the spread of HIV/AIDS and significantly reducing stigma and discrimination. Education and training are support tools for attitude and behaviour modification.

PURPOSE

The purpose of this policy is to facilitate the development of a working environment that protects the rights of workers regardless of their HIV status. This encompasses all workers in the OSC. This policy is to be regarded as an important part of the national response to HIV/AIDS in the workplace.

The document presents a summary of the HIV/AIDS situation from international, regional and national perspectives. Surveillance data from the National HIV/STI Control Programme illustrate the seriousness of HIV/AIDS in Jamaica based on the national HIV prevalence among adults of about 1.6% and the generalized nature of the epidemic.

It is expected that this policy will strengthen the legal framework for dealing with HIV/AIDS and will ensure that mechanisms are in place to protect workers from stigma and discrimination. The policy underscores the importance of the designated one authority for Jamaica's national HIV/AIDS response which is the National HIV/STI Programme (NHP) and its multisectoral arm, the National AIDS Committee (NAC). The national HIV/AIDS response is also guided by one

national strategic framework – the National HIV Strategic Plan 2007-2012 and one monitoring and evaluation system – the Monitoring and Evaluation Unit located within the NHP.

The HIV/AIDS Workplace Policy of the OSC outlines the rights and responsibilities of the Focal Point (FP) on HIV/AIDS, the staff of the OSC and other stakeholders.

The OSC supports the ten (10) guiding principles from the International Labour Organisation (ILO) Code of Practice on HIV/AIDS and the world of work. Management, employees and other stakeholders will use these principles as the foundation for the development of objectives and strategies and interventions and in determining the rights and responsibilities of all the stakeholders. The ten (10) guiding principles laid down by the ILO are:

- HIV/AIDS as a workplace issue
- Non-discrimination
- Gender Equality
- Healthy Work Environment
- Social Dialogue
- Non-Screening
- Confidentiality
- Continuation of Employment
- Prevention
- Care and Support

Strategies suggested for implementation are based on objectives that incorporate education and training, improved awareness and counselling, care and support. If utilized effectively, these strategies will contribute to reduced transmission of HIV and improved accepting attitudes towards persons living with and affected by HIV/AIDS while mitigating the impact of HIV/AIDS on the workforce.

Rights and responsibilities of government, employers and workers are outlined in reference to the National HIV/AIDS Workplace Policy, the Platform for Action on HIV/AIDS and the World of Work signed in Barbados on May 17, 2002 and the ILO Code of Practice on HIV/AIDS and the World of Work. The section covering rights and responsibilities notes that employers are responsible for ensuring that policies and programmes are designed and implemented to prevent the spread of the HIV epidemic and to protect workers from stigmatization and discrimination.

The ILO Code of Practice on HIV/AIDS and the world of work, recommends that HIV testing be carried out on a voluntary basis with appropriate pre-test and post-test counselling. The OSC and all its stakeholders fully support the principle that there is no justification for HIV screening of job applicants or for continuation of employment.

The Ministry of Labour and Social Security through the Focal Point on HIV/AIDS is the lead body, guiding the dissemination and implementation of the National Workplace Policy on HIV/AIDS. In this regard, the OSC agrees to adapt or adopt the National HIV/AIDS Workplace

Policy and implement it to give full operational effect. Effective implementation will require collaboration and consultation from all stakeholders.

Technical and financial support for the implementation of the HIV/AIDS Workplace Policy of the OSC was provided through the National HIV/STI Control Programme. The OSC's Workplace Policy on HIV/AIDS will be reviewed over a five-year period. Implementation of the policy will be monitored through the Monitoring and Evaluation Unit of the National HIV/STI Programme.

INTRODUCTION

In Jamaica, 23,972 persons were reported with HIV, advanced AIDS and AIDS between 1982 and 2008. The number of HIV/AIDS cases reported per year doubled between 1996 (971 cases) and 2008 (1868 cases). This was due to new HIV infections, increased access to testing, improved surveillance, and increased awareness about HIV/AIDS among health care workers and the general population.¹ At the end of 2008, there were 13,445 persons reported with AIDS representing a male/female ratio of 1.3:1.

About 27,000 men and women are estimated to be living with HIV accounting for an adult prevalence rate of about 1.6%. HIV/AIDS is a major threat to the world of work, affecting the most productive sector - persons in the 15-49 age group. If not controlled, HIV/AIDS will impose huge costs on companies through declining productivity and loss of skills and experiences. In addition, HIV/AIDS is affecting fundamental rights at work particularly stigma and discrimination against people living with and affected by HIV/AIDS.

HIV/AIDS is a workplace phenomenon not only because it has the potential to affect labour and productivity, but also because the workplace can play a vital role in the wider struggle to limit the spread and effects of the epidemic. The workplace is an appropriate setting to involve the working age population in efforts to prevent and control the spread of HIV/AIDS, through education and training, counselling, care and support.

The tripartite partners representing government, workers and employers have taken action to establish an appropriate framework to address HIV/AIDS at the workplace. The team has taken the initiative since 2002 to utilise the ten (10) key principles provided by the International Labour Organization (ILO) in the Code of Practice on HIV/AIDS in the World of Work to develop the National HIV/AIDS Workplace Policy.

Background¹

HIV/AIDS has become a generalized epidemic in Jamaica that affects the health and well-being of large numbers of people from all social classes and occupational groups throughout the country. However, HIV/AIDS is not only a health problem; it is a developmental issue that affects the social, cultural, political and economic fabric of the nation.

This policy recognizes that an effective response to the HIV/AIDS epidemic requires respect for and protection and fulfillment of all rights - human, civil, political, economic, social and cultural. It also requires that the fundamental freedoms of all people are upheld in accordance with the Constitution of Jamaica and existing international human rights principles, norms and standards.

¹ Ministry of Health, Annual Report 2008 National HIV/STI Programme, pp7

The principal focus of the national response is the prevention of new HIV infections, the treatment, care, and support of those infected or affected by HIV/AIDS, mitigation of the impact of the epidemic, strengthening of the enabling environment including legislative changes and the reduction of HIV/AIDS related stigma and discrimination. These are seen as mutually reinforcing elements towards an effective response to HIV/AIDS.

Many existing conditions create and sustain vulnerability to HIV infection and heighten stigma and discrimination. Factors driving the epidemic have been categorized as behavioural, economic, socio-cultural and environmental. The practice of multiple sex partnerships for instance pervades the culture particularly among adults between 20 and 29 years. In adolescents, the mean age for sexual initiation is 14 years. For school age children, HIV/AIDS issues have not been adequately incorporated into the formal education system. Although a Health and Family Life Education (HFLE) curriculum and a Management Policy for HIV/AIDS in Schools exist, policy direction is needed to help educators better prepare young people as sexual beings.

Findings from the 2004 Knowledge, Attitudes and Practices Behaviour Survey (KAPB) indicate a higher level of adolescents and young adults in the 15 to 24-age category are delaying the start of sexual initiation. The survey further shows that risky sexual behaviour such as multiple partner relationships has declined. Overall, males between 15 and 49 years demonstrate more consistent condom use in multiple partner relationships. Both female and males between 15 and 24 years report more consistent condom use in risky situations. Despite widespread awareness of HIV/AIDS and how to prevent it, risk-behaviour among adults had not changed significantly between 1996 and 2000.

Tourism and population movements, the high levels of unemployment and the increasing importance of drugs and prostitution are included in economic factors. The rate of unemployment for instance was recorded as 15.5% for men in 2000, which is twice as high for women. HIV/AIDS-related stigma and discrimination especially in relation to homosexuality drives those most vulnerable and those infected underground. Also, gender roles and inequities such as female subservience in sexual decision-making, influence behaviour choices that spread HIV. There is also a need for even greater sustained commitment to deal with HIV/AIDS from high-level decision makers and leaders in society.

A more supportive environment would facilitate wider access to voluntary counselling and testing, specialty care and antiretroviral (ARV) drugs.

Purpose of the Policy

The purpose of the policy is to facilitate the development of a working environment that protects the rights of workers including those perceived to be infected and/or affected by HIV/AIDS. This will be achieved by:

- a. Developing a framework for action in the workplace.
- b. Highlighting the rights and responsibilities of workers, government and employers
- c. Articulating the usefulness of education, training, improved awareness in the workplace, counselling, care and support in prevention, treatment and care efforts

Vision Statement

At the Office of the Services Commissions, our objectives are to develop and implement an HIV/AIDS Workplace Policy which will ensure that staff have knowledge of and are aware of HIV/AIDS; assist in decreasing the occurrence of HIV and AIDS; and reduce the stigma and discrimination in the workplace. Ultimately our goal is to have a staff able to offer care and support to all those who may be infected with, or affected by HIV/AIDS.

Scope of Application

This HIV/AIDS Workplace Policy applies to:

- a. All current and prospective workers in the Office of the Services Commissions;
- b. All persons holding contracts of employment including those persons working in the formal and informal sectors, and those employed as temporary employees of the Office of the Services Commissions;
- c. All employers and/or contractors of labour in the Office of the Services Commissions;

Objectives

The objectives of the policy are:

1. To provide a framework for providing training and awareness as well as prevention initiatives, in order to reduce the incidence of HIV/AIDS among the staff and other stakeholders of the Office of the Services Commissions;

2. To reduce HIV/AIDS related stigma and discrimination through continuous education, training and involvement of persons living with HIV and AIDS;
3. To strengthen the capacities of the Office of the Services Commissions to provide at least access to care and support for persons living with or affected by HIV/AIDS;
4. To manage and mitigate the impact of HIV/AIDS in the workplace through workplace-based prevention and support programmes;
5. To support activities which enable revision and amendment of legislation.

Strategies

The strategies that the Office of the Services Commissions will employ to achieve the objectives stated earlier are as follows:

Sensitization and Dissemination of the National HIV/AIDS Workplace Policy and the National HIV/AIDS Policy;

Involvement of persons living with or affected by HIV/AIDS in the training programmes;

Establishment of an appropriate environment for providing confidential counselling and referrals;

Establishing a network to provide appropriate care and support for employees infected or affected by HIV/AIDS;

Strengthening social support schemes and benefits to include provisions for HIV/AIDS;

Strengthen the workplace so that it becomes an appropriate place for dealing with HIV/AIDS issues from research to evaluation;

Integrate HIV/AIDS issues of prevention, treatment, care and support into existing training and staff development programmes and other human resource development programmes;

Amend as needed existing workplace regulations and guidelines related to workforce, occupational safety and labour issues;

Lobby for and support the creation of new legislation concerning HIV/AIDS and the rights of workers.

Outcomes

The outcomes expected from the use of the aforementioned strategies to achieve the objectives of the HIV/AIDS Workplace Policy are as follows:

- (1) Increased knowledge and execution of a plan for training awareness among staff about HIV/AIDS;
- (2) Reduction of HIV/AIDS related stigma and discrimination through the introduction of culturally appropriate and gender-sensitive education, training, and awareness sessions;
- (3) Improved capacity to deliver HIV/AIDS education and awareness to staff;
- (4) Reduction in the spread of HIV as a result of effective workplace policies and programmes among workers;
- (5) The development of a supportive environment in which to take the legislative action.

GUIDING PRINCIPLES

The foundation of the National Workplace Policy on HIV/AIDS, like the foundation of the Workplace Policy of the Office of the Services Commissions, is the ten (10) key principles identified in the International Labour Organization (ILO) Code of Practice on HIV/AIDS and the World of Work. The National HIV/STI Control Programme and its stakeholders fully support these ten (10) key principles and urge all workplaces to use them as a basis for developing and implementing HIV/AIDS workplace programmes and policies.

1. HIV/AIDS as a Workplace Issue

The Office of the Services Commissions recognises HIV/AIDS as a workplace issue that impacts on productivity and the country's development and also recognises that it should be treated like any other serious illness or condition in the workplace. It is also a workplace issue, not only because it affects the workforce but also because the workplace can play a vital role in limiting the spread and effect of the HIV/AIDS epidemic.

2. Non-Discrimination

The Office of the Services Commissions accepts that there should be no discrimination against workers based on real or perceived HIV status. Discrimination and stigma inhibits prevention and support efforts.

3. Gender Equality

The Office of the Services Commissions accepts that the gender dimensions of HIV/AIDS should be recognised. The physical/biological, social, cultural, emotional and economic impacts of HIV/AIDS may differ between men and women and must therefore be addressed from a gender sensitive perspective.

4. Healthy Work Environment

The Office of the Services Commissions accepts that the work environment must be as healthy and as safe as possible for all concerned parties, in order to prevent transmission of HIV, in accordance with the provisions of the Occupational Safety and Health Convention, 1981 (No. 155) and Jamaica's Occupational Safety and Health Act.

5. Social Dialogue

The Office of the Services Commissions accepts that the principle of social dialogue, trust and cooperation between employers, workers, their representatives and government should be recognised and sustained to ensure the effective implementation of any HIV/AIDS policy and programme.

6. Non-Screening

The Office of the Services Commissions accepts that there is no justification for any HIV/AIDS screening for purposes of exclusion from employment or work processes. HIV/AIDS screening should not be required of job applicants or employees.

7. Confidentiality

The Office of the Services Commissions accepts that confidentiality should be maintained. No job applicant or worker should be asked to disclose his or her HIV status or HIV-related information and no co-worker should be asked to reveal such information about fellow workers. Access to personal data relating to a worker's HIV status should be bound by the rules of confidentiality consistent with the ILO Code of Practice on the Protection of Workers' Personal Data, 1997.

8. Continuation of Employment

The Office of the Services Commissions accepts that HIV infection cannot be a cause for termination of employment. HIV/AIDS should be treated like any other medical/health condition – Persons who are HIV positive or have HIV related illnesses should be able to work for as long as they are medically fit in available, appropriate work.

9. Prevention

The Office of the Services Commissions accepts that the workplace is an appropriate setting for interventions and strategies related to the prevention of HIV, which are appropriately targeted to local conditions and are culturally sensitive and involve all the social partners. Changing attitudes and behaviour through education and training is important to promote prevention.

10. Care and Support

The Office of the Services Commissions accepts that the workplace is appropriate to promote care and support for all workers, including those affected or infected by HIV/AIDS, and their entitlement to affordable health care. All workers should have full access to benefits from any relevant social security programmes and occupational schemes.

RIGHTS AND RESPONSIBILITIES

The Office of the Services Commissions shall have procedures that can be used by workers and their representatives for HIV-related grievances in the workplace. These procedures should specify under what circumstances disciplinary proceedings could be commenced against any worker who discriminates on the grounds of real or perceived HIV status or who violates the workplace policy on HIV/AIDS. The following section outlines the rights-based framework and suggests how both management and employees may avoid acts of HIV-related discrimination:

Rights-Based Framework

Human rights are based on the idea that all persons are equal and should be treated with dignity and respect. A rights-based approach recognizes that there is a shared responsibility to ensure that rights are fulfilled and upheld and duty bearers, especially, but not exclusively, government, must be held accountable for their responsibility. Government has a legal obligation to ensure that all persons, including persons living with HIV and AIDS are not denied their right to health, participation, confidentiality, freedom from discrimination, information, privacy and autonomy. In respect of HIV/AIDS the rights-based approach also recognizes that human rights abuses contribute to the spread of HIV and undermine attempts to protect people from becoming infected, and once infected, from receiving needed treatment and care. The promotion and protection of human rights must therefore be at the centre of all aspects of an effective response to HIV and AIDS.

Within the workplace the basic rights and responsibilities of workers are captured in a number of policy approaches and documents. These include the (ten)10 workplace principles advocated by the ILO which are the foundation of this policy as well as the Public Service Code of Conduct and the Staff Orders. The ten (10) workplace principles advocated by the ILO and explained in this document captures the essence of basic rights at the workplace. The rights and responsibilities of workers are based on the notion that no worker should be denied any basic right because of real or perceived HIV status. All workers, regardless of real or perceived HIV status, have the right to a safe place of work and a safe system of work. Within the public sector, management represents Government. Management therefore has the main responsibility to create the appropriate environment and mechanisms to teach, practise and promote adherence to the workplace guidelines by workers.

The Public Service Code of Conduct establishes the wider framework for equity and fairness, and outlines the rights, privileges and obligations of individuals within the organization. The Staff Orders for public sector employees delineate behaviour expectations of all officers. Officers are expected to treat everyone, with courtesy, respect, fairness and objectivity. Managers must exercise their authority fairly and even-handedly. Integration of the ILO workplace principles on HIV/AIDS into the standards for behaviour ensure that unfair treatment based on real or perceived HIV status renders an officer in breach of the Code of Conduct of the

Public Service. In such a case the officer would be subject to disciplinary measures. The Office of the Services Commissions will incorporate HIV/AIDS into its procedures for dealing with work-related grievances. These procedures will specify under what circumstances disciplinary proceedings can be commenced against any worker who discriminates on the grounds of real or perceived HIV status or who violates any other of the ten (10) workplace principles.

Privacy and Confidentiality

Management should promote and allow for discussions about privacy and confidentiality in relation to the workplace principles. Management and workers should adhere to any mechanisms and standards established to uphold privacy and confidentiality. Management should develop categories of sanctions for breaches and enforce them in accordance with national labour laws and the Code of Conduct for the Public Service. Workers should be informed about such sanctions.

Management and workers alike have no obligation to disclose HIV-related personal information without the consent of the person infected, affected or perceived to be living with HIV or AIDS. Co-workers should not reveal personal information about fellow workers. Access to personal data relating to a fellow worker's HIV status shall be bound by the rules of confidentiality and shall be treated in line with the guiding principles of the National HIV/AIDS Policy (2005), or the National HIV/AIDS Workplace Policy (2010) and the ILO Code of Practice on HIV/AIDS and the world of work.

Management will ensure that information relating to counselling, care, treatment and processing of benefits related to any worker living with HIV is kept confidential, as with other medical data pertinent to workers. Such information shall be accessed only with the consent of the concerned worker. No worker should be coerced to disclose his or her HIV status to anyone including supervisors, managers or human resources personnel without his or her consent. Disclosure of HIV status is voluntary. Workers are expected to respect the right to privacy and confidentiality of fellow workers.

Voluntary Counselling and Testing (VCT)

Management will encourage voluntary counselling and testing (VCT) during the continuous workplace education programme. Such testing shall be conducted in relation to the policy direction of the National HIV/STI Programme (NHP) and within approved health care settings by approved persons. Workers will be encouraged to seek VCT wherever it is available.

Management recognizes that every worker should seek to know his or her HIV status. Pre and post test counselling sessions are necessary to provide guidance for appropriate behaviour for treatment, and prevention of new HIV infection. Management will support and promote VCT.

Management will also promote and support testing with informed consent where this applies (Provider-Initiated Testing, testing among STI clinics attendees, testing for hospital admissions and testing related to the prevention of mother-to-child transmission). Management will also support and promote anonymous testing for surveillance purposes.

Universal Precautions

Workers have a right to have access to equipment and guidelines for the practice of universal precautions and risk reduction of HIV transmission during occupational exposure. It is the responsibility of workers and management to observe universal precautions at all times. Management will take all reasonable steps to ensure the provision of the appropriate equipment, guidelines and standards required for a safe workplace and a safe system of work.

Management will support and promote the adoption of universal precautions when dealing with blood and other body fluids including blood and when using sharps. Workers who come into contact with blood in emergency, health clinic and hospital settings should abide by the rules of universal precautions to reduce the risk of exposure to HIV and other blood borne pathogens.

Management will ensure that there is no unnecessary hysteria in regards to blood and ensure that protective gear and first aid are available for the use of workers and management. *HIV has to be transmitted directly to the blood stream for infection to occur among other specific conditions.*

Access to Treatment and Support Following Occupational Risks

Accidental exposure to HIV most often takes place within emergency and health care settings and in laboratories. Within such settings the adoption of universal precautions and post exposure prophylaxis (PEP) are advised and practised. If treatment is required, the worker would be tested for HIV (with his or her consent) and PEP would be administered as applicable.

Access to Benefits and Compensation

Management will ensure that social security schemes that apply to all chronic illnesses also include HIV/AIDS. Workers living with or affected by HIV and AIDS should not be discriminated against in terms of access to social security schemes and health plans.

Reduction of Stigma and Discrimination

Management will ensure that discrimination reduction is integrated into all education interventions. In terms of workers perceived to be living with HIV or actually infected and affected, the condition shall be treated as other chronic illnesses within the workplace. Management will discourage any form of stigma and discrimination and will support all interventions to deal with discrimination reduction. Management will integrate the support and promotion of the National HIV-Related Discrimination Reporting and Redress System (NHDRRS) and the Greater Involvement of People Living with HIV and AIDS (GIPA) into the

HIV/AIDS workplace education programme. Workers should participate in sensitization and training opportunities to discuss and influence the practise of acceptable behaviour to persons living with and affected by HIV and AIDS.

Recruitment, Continued Employment, Promotion, Termination

Real or perceived HIV status is not a reason to deny any worker access to new hire or continued employment or promotion. All applicants have a right to a fair and appropriate selection process which does not include HIV screening for exclusion. Real or perceived HIV status of a worker should not be used in severing employment ties. All workers regardless of perceived or real HIV status have a right to continued work with access to privileges outlined in their terms of employment and conditions. Continued employment or termination on medical grounds should be decided on the basis of fitness for work. Management will ensure that workers have equal access to job security and opportunities for advancement on the basis of performance. Management will put procedures in place to enforce sanctions against denial of job security and opportunities for advancement on the basis of real or perceived HIV status.

Reasonable Accommodation

Where a worker has become ill and is able to perform in a limited way, upon request, effort will be made to arrange suitable and appropriate, alternative duties. The Staff Orders make reference to the application of alternative work arrangements such as compressed work week and flexible work schedule, subject to the approval of the Minister responsible for the Public Service. Where such alternatives are unavailable and the employee is deemed medically unfit to perform his or her job, the worker will be advised of the standard procedure for persons diagnosed medically unfit to perform duties.

Gender Sensitivity

Management will support and promote the gender sensitive approach when dealing with the HIV/AIDS workplace education programme. This approach will enable discourses about HIV and AIDS to be dealt with from a gender-sensitive (both female and male perspectives) and thereby cover issues of risk and vulnerability without stigma and discrimination. Women are more vulnerable to HIV than men biologically, socio-culturally and economically. There are also men with vulnerability issues which require gender sensitivity.

Prevention

Prevention is one of four key priorities of the national HIV/AIDS response in Jamaica. The practice of unprotected sex is the primary means of HIV transmission in Jamaica. For this reason, about 50% of the prevention education in the workplace is about motivating behaviour to reduce the risk of HIV/STI during sexual transmission. Another 30% of the education content is about discrimination reduction to persons living with or affected by HIV and AIDS. The remaining 20% of the education process relates to universal precautions, prevention of occupational exposure to HIV, protection of the national blood supply, prevention of mother-to-

child transmission, positive health, dignity and prevention among persons living with HIV, and protection from other modes of HIV transmission. The appendix on Basic Facts provides further information on prevention.

Prevention of HIV transmission is action-oriented and therefore management must integrate prevention education programmes into operational plans. Workers must seize every opportunity to get the facts about HIV and apply them to appropriate behaviour. Management will support the execution of the workplace implementation plan within the normal work hours. Management will also encourage the integration of HIV/AIDS workplace issues into special stand-alone workshops and existing meetings, interventions and appropriate departments and units. The Ministry of Finance and the Public Service must also support the involvement of every worker and management in the implementation of the approved HIV/AIDS workplace implementation plan as is practicable. Management should facilitate sensitization workshops on a continuous basis in order to provide opportunities for management and workers to understand the mode of HIV transmission and the nature of antiretroviral (ARV) treatment. Participation in such workshops should offer insight into the role of ARVs in making an individual living with advanced HIV and AIDS fit for work. Support material to reinforce this has been developed by the Prevention and Treatment components.

Referral and Support

Management will provide information which will improve access to services needed by all workers. In this regard, no worker should be coerced into disclosing his or her status in order to access any kind of treatment or support. All workers should improve their knowledge of HIV and AIDS, and of the services and support points and mechanisms available within the Ministry of Health and at other sites in Jamaica.

Workers' Relationship to Clients

Clients should be made to feel protected and safe within an enabling environment. All clients should have access to prevention knowledge, skills-building instructions, prophylactics and counseling along with other treatment care and support regardless of age, gender, sexual orientation, religion or disability. This access includes voluntary counselling and testing (VCT). Management will support to right of access to any service needed by clients to reduce their risk of HIV/STI transmission as well as the right access voluntary counselling and testing. No client should be denied service or treatment on the basis of age, gender, sexual orientation, religion, or disability. Minors should be offered counselling about appropriate choices such as delaying sex until the "right time" but should not be denied the right of access to VCT for HIV nor condoms and condom-use skills.

Reporting HIV-Related Discrimination

Employees should be encouraged to report all HIV-related discrimination to the National HIV-Related Discrimination Reporting and Redress System (NHDRRS). Such complaints may be made through the Focal Point on HIV/AIDS or maybe submitted directly to the NHDRRS. (See Appendix II)

The Office of the Services Commissions shall not engage in nor permit any policy or programme that discriminates against workers infected with or affected by HIV/AIDS. In particular HIV testing should not be a pre-requisite for employment for prospective workers and testing should not be a pre-requisite for continued employment, appointment or promotion for workers. All workers have the right to keep data relating to their HIV status private.

The Office of the Services Commissions shall provide information about the National HIV/AIDS Workplace Policy and the Ministry's HIV/AIDS Workplace Policy. Both employers and workers should collaborate to disseminate information on HIV/AIDS in the workplace, and develop activities to educate workers and their families about HIV/AIDS.

The Office of the Services Commissions shall consult with workers and their representatives to develop and implement an appropriate policy for their workplace, designed to prevent the spread of the infection and protect all workers from discrimination related to HIV/AIDS.

Workers

Workers with HIV/AIDS should not be discriminated against in any workplace activity or scheme and should be guaranteed equal rights to employment as other members of the society. The HIV status of a person should be kept confidential and should not in any way affect the rights of the person to employment, or his or her position at the workplace.

HIV positive workers shall not be dismissed solely on the basis of their HIV status. However, as with any other chronic/life threatening illness where a worker has become too ill to perform adequately on the job, suitable and appropriate, alternative duties should be identified for him or her. Where such alternatives are unavailable and job performance is significantly affected to a point where the employee is deemed medically unfit to perform his or her job, the worker may be encouraged to negotiate a separation package and receive such benefits as he or she is eligible for under any relevant labour laws.

Workers should report all discrimination on the basis of HIV/AIDS through established grievance and disciplinary procedures and to the appropriate legal authorities. Every effort must be made to promote HIV/AIDS-related rights and responsibilities in the workplace.

IMPLEMENTATION PLAN

While overall responsibility for the implementation of the National Workplace Policy on HIV/AIDS rests with the Ministry of Labour and Social Security, the Office of the Services Commissions will implement its HIV/AIDS Workplace Policy in accordance with other existing policies governing the workplace which do not undermine its objectives.

The Focal Point on HIV/AIDS at the OSC, working in collaboration with the Steering Committee and other partners and stakeholders, is committed to cooperating in a positive, caring manner to develop a Policy Implementation Plan that responds to and balances the needs of employers and workers. Backed by commitment at the highest levels, the Policy Implementation Plan will seek to promote among the leadership of the Office of the Services Commissions:

1. Education and Training on HIV/AIDS
2. Improved Awareness about HIV/AIDS
3. Reduction of stigma and discrimination for those affected by or afflicted by HIV/AIDS

In this regard, the Office of the Services Commissions will ensure that the following activities are completed, so that the Chief Personnel Officer and Senior Managers of the Department support the HIV/AIDS Workplace Policy. Specifically, the Working Link Group will:

1. Ensure that the entire management team is sensitized to HIV/AIDS
2. Ensure that the entire management team is introduced to the HIV/AIDS Workplace Policy, so that they understand it and are prepared to support it
3. Ensure that special interest groups in the Department are sensitized to the HIV/AIDS
4. Ensure that special interest groups in the Department are introduced to the HIV/AIDS Workplace Policy, so that they understand it and are prepared to support it
5. Develop a plan to ensure that adequate financial resources are allocated for the implementation of the HIV/AIDS Workplace Policy in the Department
6. Develop a plan to ensure that adequate human resources are available in the Department and its agencies to see to the implementation of the HIV/AIDS Workplace Policy

The following is an example of how to develop an action plan using the policy objectives:

Objective 1: To provide a framework for training and awareness as well as prevention initiatives, in order to reduce the incidence of HIV/AIDS among the staff				
	Activities	Expected Output	Expected Outcomes	Responsibilities
1	Integrate HIV/AIDS workplace issues into HR Training programmes including orientation	Training module developed and integrated	Improvement in HIV knowledge skills and accepting attitudes to PLHIV by training participants	Human Resources Director/Focal Point on HIV/AIDS
2	Conduct sensitization sessions for all categories of staff during work hours	Number and type of employees sensitized	Improvement in HIV knowledge and skills and accepting attitudes to PLHIV by all staff	Focal Point on HIV/AIDS/ Workplace Programme Officer (WPO)
3	Conduct train-the-trainer workshop	Number of trainers	Trainers trained and conducting sessions	NHP/Focal Point on HIV/AIDS/WPO

Objective 2: To reduce HIV/AIDS related stigma and discrimination through continuous education, training and involvement of persons living with HIV and AIDS				
	Activities	Expected Output	Expected Outcomes	Responsibilities
1	Develop and use icebreakers dealing with discrimination reduction in all workshops and meetings	Number of meetings with discrimination reduction icebreakers	Improved accepting attitudes to PLHIV	Workplace Programme Officer/Steering Committee/Trainers
2	Engage PLHIV in workshops and meetings	Number of workshops and meetings with PLHIV	Improved accepting attitudes to PLHIV	Trainers/WPO/Steering Committee
3	Promote workplace principles through existing projects, media and dissemination points	Number of outlets which include workplace principles	Improved knowledge and application of workplace principles	Focal Point on HIV/AIDS/Steering Committee/Trainers

Objective 3: To manage and mitigate the impact of HIV/AIDS in the workplace through workplace based prevention and support programmes				
	Activities	Expected Output	Expected Outcomes	Responsibilities
1	Train unit heads or designated staff in understanding and delivery of basic facts and workplace principles (workshop)	Number and type of staff trained and delivering presentations	Staff trained in delivery of HIV/AIDS basics and workplace principles	Workplace Programme Officer/Focal Point on HIV/AIDS
2	Identify and train a cadre of senior managers as agents of change (workshop)	Number of senior management trained	Leadership advocates on HIV identified and trained	Focal Point on HIV/AIDS/Workplace Programme Officer
3	Develop peer education manual (Hire consultant)	Manual developed, printed and distributed	Peer education strategies and approaches documented	NHP/Workplace Programme Officer
4	Train team of peer educators (using manual) workshop	Number of peer educators trained and involved in peer education	Improved risk assessment and prevention skills through peer education delivery	NHP/Workplace Programme Officer
5	Appoint and sensitise Sub Focal Points on HIV/AIDS for all agencies under ministry's purview	Number of sub focal points on HIV/AIDS identified and trained	Expanded number of staff acting as HIV/AIDS coordinators	Focal Point on HIV/AIDS/Steering Committee/Workplace Programme Officer

Objective 4: To manage and mitigate the impact of HIV/AIDS in the workplace through workplace-based prevention and support programmes				
	Activities	Expected Output	Expected Outcome	Responsibility
1	Integrate workplace principles into code of conduct guidelines	Code of conduct guidelines revised	Improved appropriate behaviour and discrimination reduction	Human Resources Department/focal point on HIV/AIDS/Workplace Programme Officer
2	Finalise, approve and get management support for wide promotion and dissemination of workplace policy and action plan	Signed commitment of Chief Personnel Officer	Approved workplace policy and action plan	Focal Point on HIV/AIDS/Workplace Programme Officer
3	Organise events to commemorate special days including World AIDS Day and Safer Sex Week	Number and types of events/Number of staff attending and participating in events	Improved awareness of condom-use skills, prevention methods, accepting attitudes to PLHIV, VCT	Steering Committee/Workplace Programme Officer

OBJECTIVE 5: To support activities which enable revision and amendment of legislation				
	Activities	Expected Output	Expected Outcome	Responsibility
1	Conduct event to launch workplace policy and plan officially	Number of attendees receiving copies of policy	Improved awareness and acceptance of HIV/AIDS Workplace Policy and action plan	Focal Point on HIV/AIDS/Workplace Programme Officer
2	Lobby CPO to table HIV/AIDS Workplace Policy and plan in Parliament as a private Bill	Policy approved by Parliament	Improved awareness of policy issues by wider stakeholder group	Focal Point on HIV/AIDS/Chief Personnel Officer

MONITORING AND EVALUATION

The HIV/AIDS Workplace Policy of the Office of the Services Commissions is to be reviewed periodically by an independent team contracted through the Monitoring and Evaluation Component of the National HIV/STI Control Programme, working in collaboration with the tripartite partners. Monitoring and evaluation of the implementation process should be carried out by the Office of the Services Commissions in accordance with indicators developed in consultation with the National HIV/STI Control Programme.

Reports will be submitted through the Focal Point on HIV/AIDS or the HIV/AIDS Coordinator in the Office of the Services Commissions to the tripartite partners, the Permanent Secretary, the Labour Advisory Committee, the National AIDS Committee/National Planning Council and the Policy Coordinator of the National HIV/STI Control Programme.

The Office of the Services Commissions is committed to achieving the objectives of the HIV/AIDS Workplace Policy, and will verify our achievements by submitting monthly, quarterly and annual reports; pre and post test results; and evidence of inclusion of HIV/AIDS in corporate or other plans.

APPENDIX 1 - FACTS ON HIV/AIDS

The Human Immunodeficiency Virus (HIV) causes AIDS (Acquired Immune Deficiency Syndrome). HIV only affects humans. It does so by gradually weakening the immune system making it difficult for the body to fight infection. HIV is microscopic and can only survive in cells that are living while destroying them.

Modes of Transmission

HIV is transmitted from an infected person to another through blood and blood products, semen (and pre-ejaculation fluid), vaginal fluids and breast milk. Transmission of HIV takes place in four main ways:

- unprotected sexual intercourse with an infected partner - anal (high-risk), vaginal (high-risk), oral (low-risk)
- blood and blood products (through for example, infected transfusions, organ or tissue transplants or the use of contaminated injection needles or other skin piercing equipment).
- from infected mother to child in the womb or at birth (15% to 45% chance of transmission to child without treatment and as low as 5% chance of transmission with treatment and infant-feeding substitutes to breast milk).
- through breast-feeding.

HIV is NOT spread during everyday casual contact

HIV CANNOT be transmitted during casual, physical contact with an HIV positive person such as coughing, sneezing, kissing, hugging, sharing utensils, toilets and washing facilities or consuming food or beverages handled by the person. Mosquitoes and other insects do NOT spread this virus. A person CANNOT get HIV from the air, from food and from water.

A person cannot get HIV by handling or coming into contact with the tears, sweat, saliva and urine of an HIV infected person. There is insufficient concentration of HIV in these body fluids to cause infection.

It is not possible to determine someone's HIV status by just looking at the person. Someone infected with HIV can look and feel well for up to 10 or more years without showing signs and symptoms of illness. This person however, can transmit the virus to others especially during unprotected sexual intercourse.

Early symptoms of AIDS include chronic fatigue, diarrhoea, fever, mental changes such as memory loss, weight loss, persistent cough, severe recurrent skin rashes, herpes and mouth infections and swelling of the lymph nodes. Opportunistic infections such as Cancers, Meningitis, Pneumonia and Tuberculosis may also take advantage of the body's weakened immune system. AIDS is fatal, although periods of illness may be interspersed with periods of remission. There is still no cure for AIDS and, while research continues to develop a vaccine against HIV/AIDS, none is as yet viable. Jamaica is able to increase access to antiretroviral drugs because public/private sector partnerships and a grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria have helped to lower the cost to a person living with HIV/AIDS. Typically, ARV drugs are expensive and therefore out of the reach of the majority of those needing them.

Prevention

HIV is fragile and is only able to survive in a limited range of conditions. It can only enter the body through naturally moist places and cannot penetrate unbroken skin. To prevent transmission of HIV, it is recommended that all sexually active persons use a barrier to the virus such as a latex male condom during every episode of sex. The female condom is also recommended. To prevent transmission through accidental exposure to blood and other (relevant) body fluids, universal precautions should be adopted. This requires the use of protective equipment such as rubber masks and gloves in situations involving exposure to blood and other body fluids from an infected person. Skin-piercing equipment should not be contaminated by re-use without proper sterilization. Bleach, strong detergents and hot water kill the virus rapidly, which is unable to survive outside of a living human body. Persons who are exposed to blood accidentally through skin puncture by an injection needle or those raped need to undergo HIV testing and post exposure prophylaxis.

Prevention of Sexual Transmission

- Abstain - This method of prevention is strongly recommended for children and adolescents and is appropriate for anyone who practices delaying sex until "the right time".
- Be faithful to one sexual partner who is uninfected and mutually faithful.
- Correct and consistent condom use.
- Do get tested for HIV.

Prevention of Blood Transmission

- Universal Precautions: Universal precautions are the standard of practice applied by health providers and emergency workers when caring for patients and persons in emergency situations. Standard procedures are taken to avoid coming in contact with blood or body fluids, or with used needles and other materials that may be contaminated by blood, in order to avoid transmission of HIV, hepatitis B or other blood borne infections.

- These precautions are taken with respect to all persons regardless of their presumed infection status.
- They are a simple standard of infection control practice to be used in the care of all patients at all times to minimize the risk of blood-borne pathogens.
- Universal precautions consist of:
 - Careful handling and disposal of sharps (needles and other sharp objects).
 - Hand-washing before and after a procedure.
 - Use of protective barriers – such as gloves, gowns, masks – for direct contact with blood and other body fluids.
 - Safe disposal of waste contaminated with body fluids and blood.
 - Proper disinfection of instruments and other contaminated equipment.
 - Proper handling of soiled linen.
- Post Exposure Prophylaxis.
- Protected national blood supply.
- Advocacy to prevent sharing of IV drug needles including provision of sterilized needles.

Prevention of Mother-To-Child Transmission

- Universal HIV Testing of Pregnant Women.
- ARV treatment for all HIV positive pregnant women.
- Counselling for all HIV positive pregnant women on treatment.
- Access to information, counselling and follow-up care and support for all HIV positive pregnant women, including family planning services and nutritional support.
- Advocacy for the provision of specific guidance and support to ensure adequate replacement feeding.

How To Know Your HIV Status

- Get tested.
- ELISA TEST — A common method of HIV testing in Jamaica is the use of the ELISA (Enzyme-linked Immunosorbent Assay) test for screening and the Western Blot test to confirm the result. If the result is positive for both tests, it means that antibodies to HIV have been found in the blood.
- RAPID HIV TEST - The Rapid Test is being made available at many centres throughout the four health regions. This method is fast but positive results must be confirmed by further tests.
- VCT (Voluntary Counselling & Testing) – HIV testing should be voluntary and with informed consent. It should be preceded (pre-test) and followed (post-test) by counselling. Through counselling the client is able to understand what the negative test result means and what the positive test result means. The appropriate sexual behaviour for any kind of result should be discussed with the client during counselling. Group education may be provided in lieu of individual pre-test counselling. However, all post-test counselling should be individually conducted without breaching the privacy and confidentiality of the client.

Window Period

- When a person is exposed initially to HIV – that is becomes infected through contact with an infected person – it may take between six weeks and up to three months before antibodies to HIV are detected in the blood. Antibodies are created as the immune system tries to fight off the infection from the virus.
- The HIV test looks for antibodies. When these antibodies are detected the person is diagnosed HIV positive.
- A person can be HIV infected and the test shows negative because the test was carried out soon after infection during the “window period”, before the body develops antibodies.

Who Needs To Take An HIV Test

- Sexually active people – This includes even those who are currently abstaining who were sexually active up to 10 years ago.
- People with more than 1 sex partner – This applies also to those who have been engaged in serial monogamy.
- People who have unprotected sex.
- People who use condoms inconsistently and incorrectly.
- People who have doubts that their sex partner is faithful.
- Anyone who was raped should get tested for HIV.
- Anyone who got accidentally stuck by an injection needle while attending to a client/patient.

Taking the HIV Test

- The client should:
 - know what the test results mean before and after taking the test.
 - get counselling before and after taking the test.
 - use condoms during every sexual encounter or abstain.

How To Use the Male (Latex) Condom

- Ensure there are sufficient latex condoms within easy reach. Check the expiry date and the manufacturer's date on the package. Feel the package before opening to detect air, which means the product, is not damaged. The penis must be erect before putting on the condom.
- Open the package carefully to avoid damage to the condom. Avoid the use of sharp openers such as teeth or nails. After removing the outer package, hold the tip of the condom between the thumb, middle and index fingers and expel the air.
- Ensure that the condom is on the side that will roll out naturally. Roll the condom two notches down to allow for sufficient space at the tip. While holding the tip of the condom unroll it onto the penis keeping the position until your hand reaches the base of the penis.
- Use a water-based lubricant with the condom. Some condoms are already lubricated.
- After the male partner ejaculates (cum), hold the condom on the base of the penis and pull out the penis while it is still hard to prevent the spillage of semen. Remove the condom carefully ensuring that your fingers do not come in contact with the semen in the tip of the condom. Take note of the colour of the semen in the condom. Discoloured semen may indicate the presence of another sexually transmitted infection (STI). Once the condom is removed tie the end of it and dispose in the garbage bin. Wash hands.
- If the couple desires to continue having sex, wait until the penis gets hard again and put on a new condom.

How To Use The Female Condom

- The female condom can be inserted up to eight hours before sex. Most women insert between 2 to 20 minutes before sex.
- The female condom is for one-time use and should be removed before the woman stands.
- Practise using the female condom without having sex.
- To insert the condom, find a comfortable position such as standing with one leg up on a chair, or sitting with knees apart or laying on back.
- Ensure that the inner ring is at the bottom, closed end of the pouch. The condom is lubricated, however, extra lubricant may be added to the tip of the pouch and to the outer ring.

- Hold the pouch with the open end hanging down. While holding the outside of the pouch, squeeze the inner ring with the thumb and middle finger. Place the index finger between the thumb and the middle finger and keep squeezing the inner ring.
- While squeezing the female condom with three fingers, use other hand to spread the lips of the vagina and insert the squeezed female condom.
- If the female condom is slippery during insertion, let it go and start over.
- Use the index finger to push the inner ring and the rest of the pouch into the vagina. The inner ring should go just past the pubic bone, which can be felt with the index finger.
- Ensure that the female condom is not twisted when it enters the vagina.
- About one inch of the open end of the female condom will remain outside of the body. Once the penis enters, the vagina will expand and the slack will decrease. Use your hand to guide the penis into the female condom in the vagina.
- To remove the female condom, squeeze and twist the outer ring to keep the seminal fluids inside the pouch. Pull out gently. Discard the used condom in the trash bin.

Sexually Transmitted Infections and HIV Transmission

- People who have been diagnosed with another sexually transmitted infection (STI) are at risk for HIV. Persons with STIs are more likely to have sores and small breaks in the skin and lining of their genitals. It is easier for HIV to enter the body through these breaks. (Herpes, Syphilis, Gonorrhoea, other STIs with sores). If a person has an STI or has had one, he/she could have contracted HIV because of unprotected sex.

Risk Assessment for Sexual Transmission of HIV

Answer YES or NO to each of the following questions. If the answer to all or most questions is NO your risk for contracting HIV is high.

	Statements	YES	NO
1	Abstinence is appropriate and easy for me to sustain.		
2	I use a condom CORRECTLY, EVERYTIME, I have sex.		
3	I have never contracted a sexually transmitted infection		
4	I know my HIV status		
5	I know my partner's HIV status		
6	I have only one sexual partner and I am sure that I am his/her only sexual partner		

If your answer to ANY of the above put you in the red/shaded area, you are at risk of contracting HIV. You should therefore:

- Get an HIV test,
- Use a condom correctly every time you have sex
- Call the HELPLINE – 1-888-991-4444

	Statement	YES	NO
1	Would you be willing to buy fresh vegetables from a vendor known to be HIV positive?		
2	Should a teacher who is HIV positive but is not sick continue teaching students including children?		
3	Should persons be tested for HIV in order to recruit them for employment or to continue employment if already hired?		
4	Should everyone be treated with respect regardless of real or perceived HIV positive status?		
5	Should everyone be treated with respect regardless of real or perceived sexual orientation?		
6	Would you commit to supporting someone living with HIV?		
7	If a co-worker revealed his/her HIV positive status to you, would you report it to someone in authority such as Human Resources Director or to someone else without your co-worker's explicit consent?		

If your answer to ANY of the above puts you in the red or the shaded area, you need to improve your attitude to people living with HIV. Support someone living with HIV.

APPENDIX II - Situational Analysis ²

In Jamaica there are limited and anecdotal data regarding the number of persons in the workplace living with HIV/AIDS. Based on HIV prevalence of 1.5%, it is estimated that there are 15 persons living with HIV and AIDS in every group of 1000 employees. The annual reports of people living with AIDS, as well as Knowledge Attitudes Behaviour and Practice (KABP) surveys conducted every two years, confirm that the persons between 15 and 49 years old are the hardest hit.

Globally, over 40 million people are living with HIV. At least 25 million are workers aged 15-49 in the prime of their working lives. The International Labour Organization (ILO) estimates about 917,600 workers living with HIV/AIDS in the entire Latin American and Caribbean region. The Caribbean is the region with the second highest HIV/AIDS prevalence rate (2.0%) in the world, preceded only by sub-Saharan Africa. In the Caribbean Basin, the worst affected countries are Haiti (with a national adult HIV prevalence of over 6%) and the Bahamas (where the prevalence is close to 4%). In July 2004, more than 300,000 Caribbean workers were reported HIV infected by the International Labour Organization (ILO). Strengthened political resolve, regional initiatives and National AIDS Programmes have helped to slow the spread in many Caribbean countries.

Jamaica has an estimated HIV prevalence rate of 1.6 per cent or about 22,000 people living with HIV/AIDS. At the end of 2003, an amount of 8,097 persons were reported with AIDS with males accounting for 59.6 percent. Just over 1000 persons were reported with AIDS in 2003 alone, indicating an increase over the previous year of 989.

Despite achievements including a slowed prevalence rate, and a high HIV prevention knowledge level, exposure to risk during sex remains a challenge, particularly among the age group of the workforce.

In Jamaica reported HIV prevalence is highest in tourism/resort areas such as St. Ann and St. James and large urban centres such as Kingston. HIV transmission is predominantly through heterosexual contact and persons living with AIDS have been reported in all occupational groups and social classes. Transmission is driven by behaviour, economics, socio-cultural attitudes and limited access to relevant social services:

- i. Behaviour: multiple sexual partners especially among young people 20-29 years old; early sexual activity; inconsistent use of condoms; sex with prostitutes; crack/cocaine use; pervasive myths about transmission; lack of perception of personal risk and inconsistency between knowledge and HIV preventative behaviour.
- ii. Economics: slow economic growth, high levels of unemployment, greater prevalence of drugs and prostitution and tourism and population movements.

² This section is taken from the National Workplace Policy on HIV/AIDS, "Situational Analysis", pp. 12-14

- iii. Social and cultural attitudes: discrimination and stigma around HIV/AIDS; gender roles and inequities; need for high level commitment
- iv. Inadequate social services: limited access to specialty care and inadequate attention to HIV in the Health and Family Life Education curriculum

Legislative Framework

The National Workplace Policy on HIV/AIDS will provide a foundation for the development, introduction and strengthening of the legal framework around HIV/AIDS.

The following international conventions provide appropriate reference points:

- International Labour Organisation Conventions and United Nations resolution ratified or signed by Jamaica:
- C111 Discrimination (Employment and Occupation) Convention 1958, addresses discrimination in the field of employment and occupation. It points out that discrimination constitutes a violation of rights enunciated by the Universal Declaration of Human Rights.
- Occupational Safety and Health Convention 1981, No.155 addresses safety and health and the working environment.
- Occupational Health Services Convention, 1985. No. 161 -outlines the maintenance of a safe and healthy working environment as well as the adaptation of work to the capabilities of workers.
- Resolution 55/13, 2000, Declaration of Commitment to HIV/AIDS, UN General Assembly- outlines the commitment to enhance coordination and intensify national, regional and international efforts to combat the problem of HIV/AIDS.

National Legislation

- Labour Relations and Industrial Disputes Act- defines workers rights and stigma and discrimination.
- Labour Relations Code- this Code was established in accordance with the provisions of sections 3 of the Labour Relations and Industrial Disputes Act, 1975. It promotes good labour relations.
- Public Health Act -addresses care, support and prevention.

- Occupational Safety and Health Act- when enacted will address a safe and healthy working environment.

International /Caribbean Guidelines

International Labour Organization (ILO) Code of Practice on HIV/AIDS and the World of Work- committed to securing decent working conditions and social protection in the face of the epidemic. It also contains fundamental rights for policy development. In the development of the National Workplace Policy on HIV/AIDS the ten (10) key principles from this Code were used as a guide.

Caribbean Regional Strategic Plan of Action on HIV/AIDS -addresses collaboration at the regional level to the benefit of all, while identifying key issues for national level focus that will advance the regional fight against HIV/AIDS.

Pan-Caribbean Partnership against HIV/AIDS (Coalition to fight AIDS) - increase country level support in the region to fight against HIV/AIDS.

Nassau Declaration on Health 2001- ‘The Health of the Region is the Wealth of the Region, Proclamation by Head of State and Government of CARICOM’ - promotes the improvement and well-being of member states and improved health status of Caribbean people.

Charter of Civil Society for the Caribbean Community (CARICOM) -addresses human rights

Barbados Platform for Action on HIV/AIDS and the World of Work in the Caribbean Sub-region, 2002 - outlines the commitment of the regional governments, employers’ organisations and workers to fight the spread of HIV/AIDS

National Policies that impact HIV/AIDS:

The National HIV/AIDS Policy approved by the Government of Jamaica seeks to protect the rights of everyone, reduce the spread of HIV/AIDS, reduce stigma and discrimination and provide treatment, counselling, care and support for everyone.

The National Workplace Policy on HIV/AIDS will provide a foundation for the development, implementation of the workplace guidelines within the workplace setting.

APPENDIX III

The National HIV-Related Discrimination Reporting and Redress System (NHDRRS) is designed to document complaints about HIV-related discrimination and ensure redress as far as it is practicable to do so. This System is designed to be integrated into existing reporting systems within government ministries, agencies and non-governmental organizations as well as utilize existing redress fora.

The five-step framework for dealing with HIV-related complaints:

STEP 1: Complaints about HIV-related discrimination are submitted. Complaints will be received through several existing mechanisms/entities as well as on-line and recorded on a Complaint Form. This step is managed primarily through designated officers at the Jamaican Network of Seropositives (JN+)

STEP 2: An interview will be conducted with each complainant to collect more detailed information;

STEP 3: The complaint is investigated to verify/substantiate the information -

STEP 4: Redress – This step comprises action such as referral, advice, counselling, community or industry-wide sensitization, professional sanctions or legal action designed to resolve the issues presented by the complaint;

STEP 5: Closure.

ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
ARV	Antiretroviral
CBO	Community Based Organisation
CARICOM	Caribbean Community
CDA	Center for Disease Control and Prevention
FBO	Faith Based Organisation
FP	Focal Point
ELIZA	Enzyme-linked Immunosorbent Assay
GOJ	Government of Jamaica
HAART	Highly Active Antiretroviral Therapy
HFLE	Health and Family Life Education
HBC	Home Based Care
HIV	Human Immuno-deficiency Virus
HR Dept.	Human Resource Department
IBRD	International Bank for Reconstruction and Development
IEC	Information, Education and Communication
ILO	International Labour Organization
IOM	International Organisation on Migration
KABP	Knowledge, Attitude, Behaviour and Practice
LAC	Labour Advisory Committee
LRIDA	Labour Relations and Industrial Disputes Act
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health
MOH	Ministry of Health
NAC	National AIDS Committee
NAP	National HIV/STI Control Programme
NGO	Non Government Organisation
NIS	National Insurance Scheme
OSC	Office of the Services Commissions
OSHA	Occupational Safety and Health Act
OHS	Occupational Health Services
OI	Opportunistic Infection
PAC	Parish AIDS Committee
PEP	Post Exposure Prophylaxis
PLWHA	People Living With HIV and AIDS
PMTCT	Prevention of Mother To Child Transmission
STI	Sexually Transmitted Infection Tripartite partners Government, Employers and Workers
UNDP	United National Development Programme
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNTG	United Nations Theme Group on HIV/AIDS
VCT	Voluntary Counselling and Testing
WHO	World Health Organisation

GLOSSARY³

Affected Person	Persons whose lives are impacted in any way by HIV/AIDS
AIDS	Acquired Immune Deficiency Syndrome - a cluster of medical conditions, often referred to as opportunistic infections and cancers, and for which, to date, there is no cure.
Discrimination	The unfair and unjust treatment of an individual based on his or her real or perceived HIV status [UNAIDS]. It is used here in accordance with the definition given in the Discrimination (Employment and Occupation) Convention, 1958 (No.C111), to include HIV status. It also includes discrimination on the basis of a worker's perceived HIV status, including discrimination on the ground of sexual orientation.
Employer	A person or organization employing workers or contracting labour under a written or verbal contract of employment which establishes the rights and duties of both parties, in accordance with national law and practice. Governments, public authorities, private enterprises and individuals may be employers.
Gender	Refers to learned differences in social roles and relations between men and women.
HIV	Human Immuno-deficiency Virus, which attacks and may ultimately destroy the body's natural immune system, leading to the development of AIDS.
HIV negative	Having done a specific blood test for HIV infection and receiving a test result which does not indicate the presence of the virus in the body, i.e. there is no indication from the test that the individual is infected with HIV.
HIV positive	Having done a specific blood test for HIV infection and receiving a test result which indicates the presence of the virus in the body, i.e. that the individual is infected with HIV.
HIV Test	Taking a blood test to determine a person's HIV status.
Office of the Services Commissions	The Secretariat which serves the five Commissions, as named elsewhere.
Occupational Health Services (OHS)	Health services which have an essentially preventative function and which are responsible for advising all stakeholders on the requirements for establishing and maintaining a healthy working environment and work methods to facilitate optimal physical and mental health in relation to work (Occupational Health Services Convention 1985 [No. 161])
Prevalence rate	The number of people with HIV at a point in time, often expressed as a percentage of the total population

³ Taken from the [National Workplace Policy on HIV/AIDS](#), pp.6-7

Policy	A document setting out an organisation's position and guidelines on a particular issue. It must be within the ambit of the law.
Reasonable Accommodation	Any modification or adjustment to a job or to the workplace that is reasonably practicable and will enable a person living with HIV or AIDS to have access to or participate in employment.
Sex	Refers to the biologically determined differences between men and women.
Sexual Intercourse	Sexual activity that involves vaginal, anal, or oral penetration.
STI	Sexually Transmitted Infections - These are infections usually passed from person to person by sexual contact, although some may be passed on by other means (e.g. via needle stick injury). STI's include infections such as syphilis, chancroids, chlamydia, and gonorrhoea. They also include conditions commonly known as sexually transmitted diseases (STDs) and formerly known as venereal diseases (VDs).
Stigma	Stigma can be described as a process of devaluation of people, either living with, affected by or even associated with HIV/AIDS.
Screening	Measures whether direct (HIV testing), indirect (assessment of risk-taking behaviour) or asking questions about tests already taken or about medication. This may include written or verbal questions about previous HIV tests, questions related to the assessment of risk behaviour and any other indirect methods designed to ascertain an employee's or job applicant's HIV status. (<i>Pre-employment screening is screening done for job applicants or prospective employees. Post-employment screening is screening done for existing employees/for persons already working within an organisation or industry.</i>)
Surveillance Testing	Anonymous, unlinked testing which is done in order to determine the incidence and prevalence of a disease within a particular community or group to provide information to control, prevent and manage the disease.
Treatment	Steps taken to care for and manage an illness
Universal Precautions	Simple standards of infection control practice to be used to minimize the risk of blood-borne pathogens.

Worker

An individual who has entered into or works or normally works (or where the employment has ceased, worked) under a contract, however described, in circumstances where that individual works under the direction, supervision and control of the employer regarding hours of work, nature of work, management of discipline and such other conditions as are similar to those which apply to an employee.

REFERENCES

- National Workplace Policy on HIV/AIDS (DRAFT), November 2004
- National HIV/AIDS Policy – Jamaica, March 2005
- International Labour Office Code of Practice on HIV/AIDS and the world of work, Geneva, Switzerland 2003