THE INCLUSIVE WORKPLACE

HIV AND AIDS

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WELCOME TO THE INCLUSIVE WORKPLACE SERIES

CREATED BY THE GENDER & DIVERSITY PROGRAM IN COLLABORATION WITH THE CGIAR CENTERS OF THE CONSULTATIVE GROUP ON INTERNATIONAL AGRICULTURAL RESEARCH (CGIAR).

WHAT IS IT?

It's a set of papers which contains our best recommendations for diversity policies and practices we consider essential for good people management, with a special focus on the CGIAR, a global organization with 8,000 staff members from 100 countries. It is designed to help us all create the best possible workplaces – workplaces built on the core values of inclusion, dignity, wellbeing and opportunity.

HOW DOES IT WORK?

All papers are made up of different areas:

- ✓ Intro: a brief overview on why this topic is important for an inclusive workplace and an outline of the content offered;
- ✓ Model Policy: an example of policy language ready for adopting or adapting into your organization's personnel manual;
- ✓ Practices: a series of related good practices; and
- ✓ Tips and Tools: examples and ideas for implementation.

WHY HAVE IT?

Diversity is a core competency for CGIAR Centers. All Centers are global organizations, and all have multicultural workforces. Centers' ability to manage, develop and leverage diversity obviously is important to their internal effectiveness. However diversity skills are also critical to Centers' effectiveness in working with partner organizations and the end-users of the knowledge and technologies they develop. Therefore everything Centers do to become better at working with diversity will affect their success in meeting their fundamental objectives of fighting hunger and poverty. We hope this resource will facilitate their ongoing efforts to become even more effective.

WHO IS IT FOR?

The Inclusive Workplace has been developed for senior management, staff and HR people across the CGIAR. However, in the same way that the CGIAR shares its scientific and development knowledge, we also wish to share our ideas for managing and developing global diversity with the broader community.

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Senior management
Senior management across Centers are continually reviewing their people management and development practices, to optimize their Centers' ability to sustain and enhance a workplace of innovation. Associated with that aim is enhancing Centers' ability to attract, develop and retain a committed and highly productive workforce. This resource center provides a portfolio of ideas to facilitate that ongoing process. Some of the ideas have already been implemented by some Centers, and various sections of this resource center highlight those initiatives.

Staff
Staff at all levels are confronted by issues affecting the way we manage our people: "How do I draft a recruitment advertisement?", "How do I handle being harassed?", "How can I learn more about HIV/AIDS?", and "How do I cope with being so overloaded at work that my home life suffers?" In many cases their Center may have expert advice/information available to staff through its personnel policy manual or other staff bulletins. But in some cases there are gaps, or the information is difficult to access. The Inclusive Workplace is another source of ideas.

HR people
When senior management decide to enhance one of its people management practices, it usually falls to HR staff to draft a policy or practice. However it is quite challenging to turn a concept into an everyday practice. It is also difficult to find the time when, for most HR people, dealing with day-to-day operational issues inevitably has to take priority over policy development. It is generally much easier to adapt a policy that already exists than to create one on a clean sheet of paper. Consequently this resource center should ease the burden of policy development for HR people. One of the many strengths of the CGIAR system is the extent of sharing between HR people across the CGIAR Centers of ideas, practices, policies and knowledge. This resource should facilitate even more sharing.

WHAT DO WE MEAN BY "MODEL" POLICIES?

It is not intended that every organization adopt all of the model policies precisely as described in The Inclusive Workplace. The term "model" policy has been used to describe policies which reflect good practice both in managing diversity and managing people generally. The model policies have also been developed in the context of the CGIAR Centers, i.e. recognized good practice has been adapted to the CGIAR environment. However in many cases the model policies may need to be further adapted to the individual Center's environment and needs, and integrated where appropriate with your organization's existing policies.

Vicki Wilde

Leader

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THE INCLUSIVE WORKPLACE SERIES INCLUDES:

- Accommodating spouses/partners
- Flexible Workplace
- Recruitment
- Harassment and discrimination
- HIV and AIDS

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INTRODUCTION

This introductory section deals with the following issues:

- why prevention and care of HIV and AIDS is important for inclusion
- good practice
- understanding HIV and AIDS
- the global incidence of HIV and AIDS – 2006
- the impact of HIV and AIDS on women and children
- medical treatment
- best practice in HIV and AIDS workplace policies and programs
- what these guidelines provide (including sections on model policy, sample practices, and tips and tools for implementation.)

THE GENDER & DIVERSITY PROGRAM (G&D) recognizes that HIV and AIDS will present a major challenge to the success of the Consultative Group on International Agricultural Research (CGIAR) for the foreseeable future. The HIV and AIDS pandemic continues to grow despite improved medication, with its prevalence affecting:

- the health of staff members as well as their families, friends and colleagues;
- the quality of research, because participants from CGIAR Centers and partner organizations living with HIV and AIDS may be unable to contribute to their full extent; and
- the adoption of CGIAR research by end-users, because those living with HIV and AIDS may not be sufficiently healthy to implement new technologies, nor to pass their enhanced knowledge and experience on to others.

Thus HIV and AIDS ultimately impact on prosperity and development throughout the world.

In addition, HIV and AIDS have profound implications for a Center's ability to sustain an inclusive workplace. Managers and staff will often feel at a loss about how to handle the situation if a colleague has HIV or AIDS if they lack factual information. Unless a Center can educate its staff properly about both the risks and myths associated with HIV and AIDS, it faces the prospect for prejudice, stigma, fear and discrimination to fester across its workforce which has the potential to undermine inclusion. In this respect, HIV and AIDS are completely different from other life-threatening diseases, such as cancer or malaria.

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Consequently, the CGIAR must take a proactive stand and build strategies for meeting the challenges of HIV and AIDS, not only in its organizational management practices but also in its research programs.

G&D has worked with the CGIAR Centers since 2002, spearheading initiatives for both preventing HIV and AIDS and caring for staff members who are living with these illnesses. As a continuation of this involvement, G&D has now developed these guidelines to assist CGIAR Centers in refining their existing practices. The guidelines reflect developments in general knowledge and practices for HIV and AIDS management, coupled with the experiences of Centers that have established very effective HIV and AIDS policies, practices and initiatives.

These guidelines include a model policy ready to be adapted or adopted by the Centers as well as related sample practices, and tips and tools. All are linked to make it easy for you to tap into our best recommendations for preventing HIV and also for caring for those already suffering from HIV and AIDS.

Many Centers have shared their best practices to help G&D develop these guidelines, and some external organizations have served as models of good practice.

WHY IS PREVENTION AND CARE OF HIV AND AIDS IMPORTANT FOR INCLUSION?

1 Community attitudes about HIV and AIDS vary widely across the world. In some communities, people with HIV and AIDS are treated with compassion. In other communities, those with HIV and Aids are stigmatized and feared, even threatened which, in turn, leads to poor social dynamics both in the broader community and in the immediate workplace.

ALERT

Need for accurate information is crucial.

An inclusive workplace cannot be achieved if inadequate or inaccurate information about HIV and AIDS leads to fearing of staff members who are living with these illnesses and, thus, causes prejudice, stigma and discrimination.

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GOOD PRACTICE

2 Adopting good practice for preventing HIV infection and, in turn, AIDS, and for caring for those already living with these illnesses is a strategic issue for CGIAR Centers. This is not only because of the direct influence of HIV and AIDS on staff, but also because of how these illnesses impact the Centers' work.

3 In this context, "good practice" is not limited to adopting current ideas. It requires actively seeking new information about the prevalence and treatment of HIV and AIDS on an ongoing basis and being innovative in developing new initiatives for HIV and AIDS prevention and care.

4 Knowledge is developing rapidly about HIV and AIDS. Information about the scope and rate of infection around the world is updated periodically by bodies such as UNAIDS, which is the joint United Nations Program on HIV and AIDS. Knowledge about the prevention of HIV infection is now well established and, although there is no cure, there has been progress in retarding the progression of AIDS. Compared to just five years ago, far more effective medicines are now available, and access to those medicines has improved significantly – often accompanied by considerable cost reductions.

GOOD PRACTICE
HIV and AIDS prevention and care requires ongoing commitment.

Centers must:

- ✓ actively seek new information about the prevalence and management of people living with HIV and AIDS, and
- ✓ be innovative in developing new initiatives for HIV and AIDS prevention and care.

5 Through their policies and practices for preventing and managing HIV and AIDS and extending compassion to all those affected, CGIAR Centers have the potential to function as role models for their research partners and in the broader community.

UNDERSTANDING HIV AND AIDS

What are HIV and AIDS?

6 Human Immunodeficiency Virus (HIV) is the virus that causes AIDS. HIV is a life-long infection that weakens the body's natural ability to fight off diseases.

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7 Acquired Immunodeficiency Syndrome (AIDS) is a medical condition in which the body's immune system breaks down, leaving the sufferer vulnerable to developing a variety of life-threatening illnesses.

How is HIV spread?

8 HIV is transmitted via body fluids, specifically blood, semen, vaginal secretions, and an infected mother's breast milk. A person may become infected with the HIV virus by engaging in unprotected sexual intercourse, sharing needles or syringes with HIV-infected persons, or from infected blood transfusions. HIV-infected mothers can transmit the disease to their children during pregnancy or childbirth, or through breastfeeding.

9 HIV is not

- transmitted through casual contact in the workplace;
- transmitted through air, food, water, utensils, toilet seats or anything else that does not involve blood, semen, vaginal fluids or breast milk.

Understanding the development of AIDS

10 There are three phases of HIV infection. During the first phase, the virus exerts no serious effects and people who have contracted the virus can lead a normal and productive life.

11 In the second phase, AIDS starts to develop. In this phase, the immune system begins to weaken and sufferers succumb to illness more frequently. Depending on a sufferer's constitution, nutrition, hygiene and general wellness, the first and second phases can last up to 15 years. However, with improved treatment, the latency period of infection is increasing. Anti-retroviral (ARV) drug therapies have greatly improved the health and longevity of those who are HIV-positive.

12 In the third phase, colloquially termed "full-blown AIDS", the immune system completely breaks down and sufferers become incapacitated. Having full-blown AIDS means their natural immune system can no longer fight infections, making them highly susceptible to opportunistic, and often fatal, diseases.

THE GLOBAL INCIDENCE OF HIV AND AIDS - 2006

13 UNAIDS, the UN organization that deals with HIV and AIDS, tracks the global data dealing with the pandemic. The latest report, the UNAIDS/WHO AIDS Epidemic Update:
December 2006 (www.unaids.org/en/HIV_data/epi2006/default.asp) estimates:

- 39.5 million people living with HIV – adult women, 45%; adult men, 49%; children under 15 years, 6%;

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- 4.3 million people newly infected with HIV in 2006 – adults, 88%; children under 15 years, 12%;
- 2.9 million people died of AIDS in 2006 – adults, 90%; children under 15 years, 10%.

14 In each of the ten geographic regions covered by the 2006 UNAIDS data, the number of people living with HIV or AIDS had increased since a similar survey conducted in 2004. Deaths from AIDS had increased in seven of the ten regions, remained stable in two and reduced in one.

15 Perhaps the clearest message about HIV and AIDS from these regional perspectives is that there is no scope for complacency in any region.

GOOD PRACTICE
Monitor what's happening in your region.

Stay as current as possible by accessing data on the incidence of HIV and AIDS in your location and taking note of any changes that are taking place in incidence of the disease according sectors, gender and age groups. Reliable data can be found on Web sites such as www.unaids.org or www.who.org.

HIV AND AIDS at CGIAR Centers

16 There is no clear data on the incidence of HIV and AIDS at CGIAR Centers. Precise numbers are always difficult to establish, as confidentiality and cultural barriers often preclude disclosure of HIV and AIDS status.

Initiatives by CGIAR Centers

17 CGIAR Centers have responded very well to the challenge of AIDS. They have taken many initiatives worldwide to limit the impact of HIV and AIDS within their workplaces by establishing good policies, practices and action plans. Some of those initiatives are presented in the Tips and Tools section.

IMPACT OF HIV AND AIDS ON WOMEN AND CHILDREN

18 In many parts of the world, women are disproportionately affected by HIV and AIDS. In sub-Saharan Africa, for example, UNAIDS reports that for every 10 adult men living with HIV and AIDS, there are about 14 adult women infected, and about 59 percent of all age groups living with AIDS are women (2006). Not only are women more likely than men to be infected with HIV, they are also more likely to be the care-givers for people infected with HIV.

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ALERT
How much do women know about HIV and AIDS?

In many communities, women typically know less than men about how HIV is transmitted and how to prevent infection. In other communities, women may well know how HIV is transmitted, but are disadvantaged when taking precautions due to male dominance in such decisions. Their knowledge often is rendered useless by the discrimination and violence they face.

19 UNAIDS also reports that HIV and AIDS can have devastating effects on households, through the loss of primary income earners, the loss of income when family members stay home to care for the sick, and through the sheer cost of ARV drugs in their locations.

20 Children can be profoundly affected by HIV and AIDS. They may lose their childhoods if they are orphaned by HIV and AIDS and have to become the breadwinners and caregivers for sick relatives and extended family members. This extra burden puts a strain on their meager resources which, in turn, exposes them to increased health risks of their own due to inadequate nutrition, housing, clothing and basic care. They are also less able than other children to attend school regularly.

MEDICAL MANAGEMENT OF HIV AND AIDS

21 Anti-retroviral drugs (ARVs) offer the best hope available for managing AIDS. These drugs are now available and affordable in almost every country in which the CGIAR operates. In addition, their cost has dropped significantly making HIV and AIDS treatment an affordable option for CGIAR Centers.

ALERT
What are the implications for people infected with HIV and AIDS?

Individuals living with HIV and AIDS can have productive lives for 15 years or more. With the increased availability and improvement in anti-retroviral drug treatment, longevity continues to improve.

22 It is now common practice to use a variety of ARVs in combination to maximize their impact. This treatment is called Highly Active Anti Retroviral Therapy (HAART).

23 The significant reduction in cost of ARVs has not only enhanced access to the drugs, it has made health insurance more feasible. Most insurance companies now offer HIV and AIDS packages. Centers are encouraged to include

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these in their staff medical plans or explore other local options. If they are not successful in that regard, they could opt for:

- supplemental self-insurance, or
- international insurance coverage secured on the basis of regional or inter-regional pooling.

These latter options are considerably more expensive than many medical plans now in place, but they offer coverage for HIV and AIDS that is not available in some Centers' current plans.

24 Many countries face the challenge of establishing adequate medical support for administration of ARVs, as well as insurance coverage for the care of people living with HIV and AIDS. However, even in those countries, HAART services and insurance coverage are improving daily.

ALERT

Does your organization's insurance cover HIV and AIDS?

If a Center's current insurer does not cover HIV and AIDS testing, counseling and treatment, it should switch (if possible) to an insurer that does.

25 In conjunction with reduced drug prices, significant improvements in availability and cost of diagnostics are also sharply reducing the overall cost of HAART.

26 Evidence is building from international studies that investment in HIV and AIDS education and prevention, and in ARV therapy offers clear financial benefits to organizations.

Best practice in HIV AND AIDS workplace policies and programs

27 The best workplace policies clearly define the management of HIV and AIDS infection and prevention. This means they include the following:

- fundamental policy commitments
- compassionate message and assurance of non-discrimination
- education and prevention programs
- participatory process
- compliance with local law.

These issues are explained in the following paragraphs.

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Fundamental policy commitments

28 Best practice among most international organizations in addressing the problems of HIV and AIDS in the workplace typically incorporates the following principles:

- no pre-employment screening for HIV and AIDS;
- voluntary HIV and AIDS testing available, counseling encouraged and confidentiality assured;
- no termination of staff members who disclose positive HIV or AIDS status, provided they are physically capable of continuing to work;
- provision of health insurance benefits for all staff with HIV and AIDS, irrespective of location or employment status;
- access to HAART for all staff with HIV and AIDS, irrespective of location and employment status; and
- peer counseling provided within the organization.

Compassionate message and assurance of non-discrimination

29 In one form or another, effective programs emphasize an organization's understanding and commitment to ensuring a supportive environment for individuals affected by HIV and AIDS. In terms of ongoing employment, this includes treating people with HIV and AIDS on the same basis as those with other significant illnesses. That is, their ongoing employment is subject to their fitness to continue working, rather than the medical condition that affects their fitness.

Education and prevention programs

30 Education and prevention programs, essential to reduce the impact of HIV and AIDS in the workplace, are the wisest investments for Centers and, ideally, strive to induce behavior change. Educational programs take many forms, and resources are growing to develop appropriate programs worldwide. Many organizations find it necessary to begin with awareness programs designed to remove fears and prejudices associated with HIV and AIDS.

Support for the bereaved

31 The death of family and friends from AIDS-related causes has a significant impact on staff. Depending on local cultural practices, this may require increased time off for funerals and may cause financial stress for the bereaved staff member and family.

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Participatory process

32 Successful HIV and AIDS programs integrate representatives from all levels of the organization in policy planning and implementation.

Compliance with local law

33 Employment policies always must consider national, regional and local laws and regulations. However, compliance with local law often requires setting only minimal standards and does not necessarily assure an appropriately compassionate, inclusive and non-discriminatory policy. As international organizations, Centers have to hold themselves to the highest standards.

WHAT DO THESE GUIDELINES PROVIDE?

Model Policy

34 The Model Policy suggests a broad policy statement focusing on policy issues for governing prevention and care of HIV and AIDS

Sample Practices

35 The sample practices provided in this section include:

- sample HIV and AIDS organizational action plan;
- the role of senior management;
- the role of HR;
- the role of line managers;
- model practice for education and prevention;
- voluntary confidential counseling and testing (VCCT) for HIV and AIDS;
- avoidance and control of workplace infection;
- travel and post-exposure prophylactic (PEP) kits.

Tips and Tools

36 The tips and tools provided in this section include:

- the impact of HIV and AIDS across geographic regions;
- sample policy statement on HIV and AIDS;
- sample information brochure on HIV and AIDS;
- Internet resources for HIV and AIDS management in the workplace;
- CGIAR resources for information on HIV and AIDS.

ACKNOWLEDGEMENTS

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Forestry Research (CIFOR) for the material they provided for inclusion in the Tips and Tools.

Significant input also came from:

- ✓ G&D Working Paper No. 28 “HIV/AIDS in the CGIAR: Model policies and practices”, Nancy J Allen, May 2001
- ✓ G&D Working Paper No. 38 “HIV/AIDS policy in the CGIAR Workplace: the challenge of implementation”, Nancy J Allen, October 2002
- ✓ Family Health International (FHI)
- ✓ The European Union’s *Guidelines for developing a workplace policy and program on HIV/AIDS and STDs*. (March 1997)
- ✓ Charles Flexner, MD., (1998) *Post Exposure Prophylaxis Revisited: New CDC Guidelines.* Johns Hopkins University AIDS Service, Division of Infectious Diseases.

This project could never have been realized without G&D’s creative teamwork, bringing together the talents of Bob Moore, Emily Nwankwo, Hulda Mogaka, and Unni Vennemoe along with myself for content, and Nancy Hart, Joanne Morgante and Roberto Magini for editing, design and programming. I sincerely thank each for their artistry and sincere dedication to inclusion.

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SAMPLE HIV AND AIDS ORGANIZATIONAL AND ACTION PLAN

A good HIV and AIDS Action Plan will have the following components:

- Policy review/development
- Education and prevention
- Access to HAART
- Local resources and staff training
- Insurance coverage
- Clear commitments

A sample HIV and AIDS Action Plan is outlined below.

A POLICY REVIEW/DEVELOPMENT

1 Review and revise Center HIV and AIDS Policy to reflect any changes in policy or understanding by (specify date).

2 If HIV and AIDS policy is under development, plan completion of HIV and AIDS policy document by (specify date), or

3 If no HIV and AIDS policy exists, initiate HIV and AIDS policy development process by (specify date), with planned completion date of (specify date).

4 Review HIV and AIDS policies of host institutions and situation in host countries. Complete review by (specify date). Sample questions for review include:

- Are the HIV and AIDS needs and concerns of your staff located in other countries being met?
- Are generic or reduced-price ARVs readily available in those countries?
- Have those staff members received any HIV and AIDS educational information?

5 Name an HIV and AIDS focal person for staff posted outside of headquarters location by (specify date).

EDUCATION AND PREVENTION

6 Plan and schedule additional HIV and AIDS education and prevention efforts on a regular basis. Maximum impact will be achieved if educational messages and prevention activities are delivered by (specify approximate dates) in a complementary, regular and updated manner.

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7 HIV and AIDS education and prevention efforts may include some or all of the following:

- regularly updated awareness posters;
- Voluntary confidential counseling and testing (VCCT) posters;
- placement of condom dispensers;
- series of staff seminars that offer updates on: HIV and AIDS epidemic in the country; VCCT and treatment options in the country; workplace policies for employees and families living with HIV and AIDS.

8 Update Occupational Health and Safety guidelines to protect against accidental exposure to HIV by (specify date).

9 Identify and publicize location and services of vetted VCCT Clinic by (specify date).

Note: if the clinic charges fees, the Center should consider a prior arrangement to cover payment for all Center employees and publicize this fact.

10 Initiate a peer counseling or peer educator program by (specify date).

ACCESS TO HAART

11 Determine availability of qualified HAART service providers at headquarters and major field offices by (specify date).

12 Determine cost of HAART and associated services for insurance negotiations, cost control and/or self-insurance assessment purposes by (specify date).

13 Set up procedures for providing staff access to HAART and associated services by (specify date).

14 Announce benefits and coverage for HAART to all staff and recommended source of HAART (if particular service providers have been selected) by (specify date).

LOCAL RESOURCES AND STAFF TRAINING

15 Identify two or three local HIV and AIDS educational and prevention consultants for creative, regular and updated seminars and workshops by (specify date).

16 Identify and review standards of a VCCT Clinic by (specify date).

17 Assure that internal confidentiality procedures are in place and HR staff is fully trained by (specify date).

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18 Develop staff policy and training materials for supervising personnel living with HIV or AIDS. Determine availability of qualified HAART service providers by (specify date).

INSURANCE COVERAGE

Health insurance

19 Review HIV and AIDS clauses and conditions of current health insurance policy by (specify date).

20 If HIV and AIDS clauses and conditions of health insurance policy are determined to be inadequate to meet staff needs, research alternatives for health insurance in the market by (specify date). Research issues include:

- exploring new providers and/or policies of current providers for possible changes in the marketplace; and
- exploring costs of self-insurance for HIV and AIDS coverage.

Note: The market for HIV and AIDS health insurance coverage is changing rapidly in many countries in response to reduced costs of ARVs.

21 Institute necessary changes to health insurance coverage by (specify date).

Disability insurance

22 Review HIV and AIDS clauses and conditions of current disability insurance policy by (specify date).

23 If HIV and AIDS clauses and conditions of disability insurance policy are determined to be inadequate to meet staff needs, research alternatives for disability insurance in the market by (specify date). Research issues include:

- exploring new providers and/or policies of current providers for possible changes in the marketplace; and
- exploring costs of self-insurance for HIV and AIDS coverage.

24 Institute necessary changes to disability insurance coverage by (specify date).

Life insurance

25 Review HIV and AIDS clauses and conditions of current life insurance policy by (specify date).

26 If HIV and AIDS clauses and conditions of life insurance policy are determined to be inadequate to meet Center needs, research alternatives for life insurance in the market by (specify date). Research issues include:

- exploring new providers and/or policies of current providers for possible

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changes in the marketplace; and
- exploring costs of self-insurance for HIV and AIDS coverage.

27 Institute necessary changes to life insurance coverage by (specify date).

CLEAR COMMITMENTS

28 The action plan must contain clear statements and commitments to action, such as:

- "HIV and AIDS Action Plan to be completed by (specify date)."
- "Access to HAART drugs and treatment to be available to all staff by (specify date)."

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THE ROLE OF SENIOR MANAGEMENT

1 Senior management is responsible for establishing and reinforcing a policy, an action plan and practices for prevention and caring for HIV and AIDS that are appropriate to the Center's workforce and cultural standards across all its geographic locations.

2 These responsibilities include:

- establishing a Center policy on prevention and caring for HIV and AIDS across the Center's headquarters, regional and country stations;
- communicating to all staff the full set of components of that policy;
- establishing a Center HIV and AIDS action plan;
- ensuring that all sites have appropriate workplace safety procedures;
- ensuring that all staff at each site have information about emergency procedures, access to post-exposure prophylactic (PEP) kits in case of rape and access to safe blood in case of accident or injury;
- ensuring that the Center's HR group has sufficient resources to provide appropriate training and support, both directly and through external agencies;
- seeking periodic reports from HR about implementation of the action plan, and other initiatives that should be considered to enhance the action plan.

ESTABLISHING A CENTER POLICY ON PREVENTION AND CARING FOR HIV AND AIDS

3 A model policy is provided in these guidelines. It recognizes the requirement for a Center policy (and related practices) to be based on worldwide best practice for international organizations, and based on the premise that people living with HIV can lead productive lives for decades.

ALERT

People living with HIV can lead productive lives for decades.

The preservation of life and prevention of further infection are as important as compassionate care for those suffering and dying from AIDS.

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4 Thus the principal objectives of the policy and practices outlined in this Inclusive Workplace e-Resource Center are to:

- prevent further HIV infection among all CGIAR staff and their family members;
- preserve the lives of those staff and an appropriate number of their family members currently living with HIV and AIDS;
- provide compassionate health care for those staff and their family members who have progressed from HIV infection to full-blown AIDS;
- encourage a commitment to provide HIV and AIDS insurance coverage to all staff members, irrespective of their employment status or their geographic location;
- foster a workplace that does not discriminate on the basis of disease; and
- set an example for our communities and, particularly, our national research partners, for the prevention and compassionate management of HIV and AIDS.

THE FOCUS OF WORKPLACE POLICY

5 The focus of workplace policy has moved beyond issues of incidence to the impact of HIV and AIDS in the work environment. Impact in the workplace is experienced in various ways:

- in the most extreme case, there is the loss of productive staff and the cost of replacement and training;
- with advanced HIV infection, there is increased absenteeism and the concomitant loss of productivity;
- in a broader context, staff with family members infected with the disease will lose time at work to take care of them or to attend funerals, and they will carry a higher financial burden as family members die and they undertake the care of any orphaned children; and
- other areas of impact can include the breakup of research teams as a result of illness and death, or the isolation and withdrawal of the HIV-infected staff member.

KEY ISSUES FOR MANAGEMENT

6 To achieve equitable standards of HIV and AIDS management in the workplace, senior management must consider the following questions:

- Are HIV and AIDS treated differently than other chronic, life-threatening diseases and serious medical conditions?
- Do current insurance policies reflect a difference in coverage between internationally recruited staff versus nationally recruited staff? If so, how can equitable insurance be obtained and at what financial cost?
- What is the local availability and cost of HAART at each Center's location? How can access to this medication be improved?

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The answers to these questions will affect the structure and content of the Center's HIV and AIDS action plan, and the relative priorities within it.

7 Then, having ensured that the Center has an appropriate HIV and AIDS management plan, senior management must ensure that:

- it is fully implemented across all sites, and
- appropriate staff members are held accountable for its implementation.

THE SCOPE OF THE POLICY: WHO SHOULD BE COVERED?

8 The principal focus of this policy is CGIAR staff. However, in these guidelines the expression "staff and their family members" is used from time to time. G&D is acutely conscious of the potential cost implications of extending care beyond people who are the direct responsibility of an employer, particularly in the extended families in some communities. In some cases, the additional cost might be minimal, e.g. inviting family members to educational activities. In other cases, e.g. provision of medication and/or counseling, the costs could be significant.

9 However G&D believes that the benefits of this community approach would justify the cost. A staff member who is preoccupied by the failing health of a spouse or child is not going to be fully productive in the workplace. Her/his productivity should be partially restored by the knowledge that the loved one is receiving treatment that might not otherwise be possible.

10 Centers also have to recognize the impossibility of a situation in which an HIV-infected staff member also has an infected spouse/child, but the employer only provides medication for the staff member and the family cannot afford medication for the other members. In these circumstances, it would be a remarkable individual who could take medication while watching a spouse or child steadily deteriorate because of lack of that same medication.

11 In addition, Centers need to consider care for people providing services to the Center on a contract basis, such as cleaners, guards, drivers or gardeners. They should, for example, have full access to education and prevention programs.

12 Having made this point, the references throughout this guide focus on staff members, to avoid distraction from the recommended practices.

COMMUNICATING TO ALL STAFF THE FULL SET OF COMPONENTS OF THE CENTER'S HIV AND AIDS POLICY

13 A Center's HIV and AIDS policy is so vital that senior management must own and promote it. Managers must be seen by staff as having a personal and ongoing commitment to making the policy work effectively.

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14 Senior management must ensure that all new staff members, irrespective of the location or duration of their appointments, have the Center's HIV and AIDS policy and related support mechanisms explained to them early in the induction process.

15 Senior management will delegate responsibility for establishing a comprehensive education and prevention program. However, senior management must make sure that the program provides appropriate coverage of issues, encompasses all staff irrespective of geographic location and is structured to provide appropriate reinforcement from time-to-time.

16 In the Introduction, the warning was raised that staff with HIV and AIDS potentially face prejudice, fear and discrimination from fellow-workers. In fact, this Inclusive Workplace e-Resource Center contains a section specifically dealing with prevention of harassment and discrimination. Consequently senior management must ensure that line managers and supervisors both understand and exercise their responsibility to provide leadership if confronted by this risk. A Center's ability to ensure a workplace of dignity is critically dependent on line managers and supervisors.

17 Consequently, senior management needs to ensure that line managers are periodically reminded of their responsibilities in preventing and stopping harassment and discrimination in their workgroups. This is one example of how senior management can demonstrate its commitment to making the HIV and AIDS policy work, using personal contact with line managers rather than e-mails, when possible. Line managers also must understand that they need to act decisively if they suspect inappropriate behavior in the workplace (i.e. taking preventative action without necessarily waiting for clear evidence of inappropriate behavior).

ESTABLISHING A CENTER HIV AND AIDS ACTION PLAN

18 A good HIV and AIDS Action Plan will have the following components: policy review and development; education and prevention; access to HAART; local resources and staff training; and insurance coverage. Each of these components should have clear commitments in terms of deadlines, staffing, expenditures, etc.

19 Consequently senior management must not only supervise the development of its Center's Action Plan, it must also sign off on the commitments contained in it. Where possible, a Center should undertake a risk assessment and cost projection as a preliminary step in the process of developing the Center's Action Plan.

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ENSURING THAT ALL SITES HAVE APPROPRIATE HIV AND AIDS COMPONENTS IN THEIR WORKPLACE SAFETY PROCEDURES

20 Senior management needs to be confident that all staff members, wherever they may be located, particularly line managers and supervisors, understand the principles of workplace interventions that focus on infection control. All staff at each site must have information about emergency procedures and access to post-exposure prophylactic (PEP) kits in case of accidents or violence (e.g. assault, rape, etc.). A risk management approach would consider provision of travel kits for staff undertaking duty travel.

ENSURING THAT THE CENTER'S HR GROUP HAS SUFFICIENT RESOURCES TO PROVIDE APPROPRIATE TRAINING AND SUPPORT

21 The Center's HR group has a major role to play in assisting senior management with the development, implementation and review of the Center's HIV and AIDS policy and practices. This role is described in the Sample Practice, "The role of HR".

22 Obviously, providing this assistance is resource intensive, in terms of the need for both people and funds. A considerable range of support services (e.g. education programs and voluntary testing and counseling) probably will need to be delivered by external agencies. Consequently, senior management must ensure that its HR group has sufficient staff to undertake the activities for which it is personally responsible, and to coordinate and evaluate the services undertaken by contracted agencies.

PERIODIC REPORTS FROM HR ABOUT IMPLEMENTATION OF THE ACTION PLAN

23 As with all major policy initiatives, senior management should request periodic reports on implementation of the Center's HIV and AIDS Action Plan, and should encourage HR to identify other initiatives that should be considered to enhance the action plan.

OTHER ISSUES FOR SENIOR MANAGEMENT

24 All Centers need to take an active interest in the continuing development of HIV and AIDS policy and practice, as the environment for HIV and AIDS prevention and care is changing rapidly, both locally and internationally. Senior management needs to be confident that it is being kept aware of these developments.

25 All Centers, regardless of location, must pay closer attention to the HIV and AIDS education and care being extended by host institutions to their Africa- and

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Asia-based staff. The "home" Center cannot safely assume that HIV and AIDS care for their hosted staff is being fully managed on their behalf.

26 All Centers must engage in an accelerated and concentrated effort to implement HIV and AIDS policy, especially with regard to HIV and AIDS education and prevention and in areas such as voluntary confidential counseling and testing (VCCT). Only senior management can make this happen.

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THE ROLE OF HR

1 A Center's HR group has a key role in developing, introducing and sustaining policies, practices and services for prevention of HIV and AIDS and care for those who have contracted it, across all geographic locations where the Center has staff. This role includes:

- supporting management in the development and implementation of Center policy and practices for HIV and AIDS prevention and care;
- communicating the Center's HIV and AIDS policy to all staff;
- identifying and liaising with local HIV and AIDS service organizations and other resources in the community, at all locations where the Center conducts its work;
- planning and delivering (possibly through outside agencies) the education or prevention components of the Center's HIV and AIDS program;
- arranging appropriate provision of voluntary confidential counseling and testing (VCCT) services;
- fostering a supportive and non-discriminatory working environment for those infected with HIV and AIDS;
- monitoring and evaluating the Center's HIV and AIDS program and reporting to senior management.

One consequence of this set of functions is that HR staff must be trained to carry out these activities. Another is that HR staff working directly with staff living with HIV and AIDS must also have access to counseling.

SUPPORTING MANAGEMENT IN THE DEVELOPMENT AND IMPLEMENTATION OF CENTER POLICY AND PRACTICES

2 HR plays a key role in assisting senior management in developing policies and practices for the prevention and care of HIV and AIDS.

3 HR is the linchpin for policy in this area. HR staff members should be aware of specific problems faced by staff in specific locations. They are also most likely to be aware of good practice in this field, including emerging developments and initiatives taken by other Centers.

4 All Centers are encouraged to localize HIV and AIDS policy in very concrete terms. For example, HR needs to ensure that explicit information is readily available to its staff at all sites regarding:

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- sources and cost of ARVs;
- identification of vetted VCCT clinics;
- sources of post-exposure prophylaxis (PEP) kits; and
- lists of locations for safe blood.

An example of such information appears in Tips and Tools.

COMMUNICATING THE CENTER'S HIV AND AIDS POLICY TO ALL STAFF

5 In some respects, the communication effort for HIV and AIDS policy resembles efforts required for a change program. One cannot assume that a person can hear the message once and fully absorb it. Rather, that message needs to be reinforced periodically. Also, considerable attention needs focus on ensuring that "no-one slips through the net" of communication. For example, Centers need to ensure that all staff members have attended relevant education and prevention programs, including those who may have been on duty travel, engaged in meetings or on leave when those programs were first presented at their site/s.

6 HR also has an important role in ensuring that line managers at various levels understand their own responsibilities (and accountability) for implementing and reinforcing the Center's HIV and AIDS policy and procedures.

IDENTIFYING AND LIAISING WITH LOCAL HIV AND AIDS SERVICE ORGANIZATIONS AND OTHER RESOURCES IN THE COMMUNITY

7 Since most Centers have staff located across a range of countries and duty stations, HR has to identify appropriate local providers of services such as education in prevention or voluntary HIV and AIDS counseling and testing. Such providers must be technically expert, culturally sensitive and able to meet the Center's criteria for delivering quality services. HR also can identify experts from local ministries of health who can provide guidance and support for workplace interventions.

PLANNING AND DELIVERING THE EDUCATION AND PREVENTION COMPONENTS OF THE CENTER'S HIV AND AIDS PROGRAM

8 A range of issues relating to education and prevention practices is covered in the Sample Practice, "Model Practice for education and prevention".

9 HR is responsible for ensuring that education and prevention activities (possibly delivered through outside agencies) are comprehensive, properly structured and sensitive to local community attitudes. HR is also responsible for ensuring that these activities are delivered at all sites where the Center has staff, including staff hosted by other Centers or institutions.

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10 In particular, HR must ensure that all educational messages and prevention activities are delivered in a holistic manner and updated regularly.

ARRANGING APPROPRIATE PROVIDERS OF VOLUNTARY CONFIDENTIAL COUNSELING AND TESTING (VCCT) SERVICES

11 A range of issues relating to voluntary testing and counseling services is covered in the Sample Practice, "Model guidelines for voluntary HIV and AIDS counseling and testing".

12 HR is responsible for identifying suitable providers for voluntary testing and counseling services across all sites and ensuring that the service providers meet the defined criteria for such services and guarantee appropriate employee confidentiality.

FOSTERING A SUPPORTIVE AND NON-DISCRIMINATORY WORKING ENVIRONMENT FOR THOSE LIVING WITH HIV AND AIDS

13 A key component of a Center's HIV and AIDS program is to foster a workplace that does not discriminate on the basis of disease. This may be a serious challenge in some communities. Consequently, HR has a key role in communicating and reinforcing this aspect of the Center's policy, and monitoring if and where this message has or has not been absorbed.

14 In addition, the Sample Practice, "The role of line managers", explains that line managers must be prepared to act if they see (or suspect) that an HIV-positive staff member is being discriminated against by her/his colleagues. HR must be available to support the line manager in meeting this responsibility.

MONITORING AND EVALUATING THE CENTER'S HIV AND AIDS PROGRAM AND REPORTING TO SENIOR MANAGEMENT

15 In addition to its policy development and implementation role, HR has responsibility for periodically reviewing the impact and effectiveness of the Center's policy and practices, and reporting to senior management with options for future refinement.

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THE ROLE OF LINE MANAGERS

1 Line managers and supervisors are responsible for promoting and implementing Center policy on HIV and AIDS. They must take every action necessary to enhance staff understanding of HIV and AIDS, and reinforce the need for responsible behavior.

2 Line managers and supervisors are expected to communicate clearly and periodically to their staff members that their Center has a policy on HIV and AIDS, and that the policy is taken very seriously. They must ensure that all their staff have access to HIV and AIDS information and participate in relevant education and training programs.

3 Line managers and supervisors are obliged to take responsibility for HIV- and AIDS -related workplace safety issues. They must be conversant with basic principles to control workplace infection. They also must ensure that their staff members have: HIV travel kits or information about them; access to post-exposure prophylaxis (PEP) kits and education about them; and information on how to obtain safe blood in their region (including those districts to which they must travel in the course of their work). Finally, line managers and supervisors of staff living with HIV and AIDS must also have access to counseling.

4 A line manager must be prepared to act if she/he sees (or suspects) that an HIV-positive staff member is being discriminated against by her/his colleagues.

ALERT

Zero tolerance for harassment of HIV-positive staff.

Never allow harassers of HIV-positive staff to use the excuse that their offensive behavior is a normal aspect of their culture. Explain that the Center's policies specifically do not condone such behaviors and that these are zero-tolerance policies as appropriate in a global, multi-cultural organization.

5 There is also an issue of accountability. If inappropriate behavior within a workgroup leads to a formal complaint from the person being harassed, the Investigating Panel may hold the line manager partially responsible if she/he was aware of, or suspected inappropriate behavior, but failed to act on it.

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MODEL PRACTICE FOR EDUCATION AND PREVENTION

1 A strong education and prevention program is vital to the management of HIV and AIDS in the workplace. Though data remains limited, preliminary analysis in sub-Saharan Africa suggests that the financial impact of HIV and AIDS to an organization exceeds the cost of a prevention program. In other words, a strong HIV and AIDS education and prevention program is both a moral obligation and a good business practice.

2 Education and prevention programs take many forms and each Center must determine what is technically and culturally appropriate for its particular task and risk environment. Most education and prevention programs begin with an assessment of the local problem, followed by campaigns to increase awareness, and to improve disease prevention and care for sufferers.

3 A program for HIV and AIDS awareness in the workplace can be planned and implemented through one dedicated coordinator or a small group of coordinators. This might take the form of a step-by-step program for all staff, coupled with an additional specialized program for managers that focuses on their specific responsibilities (note that there is an excellent film on this issue available through UNAIDS).

BASIC ELEMENTS

4 The basic elements of an effective education and prevention program include:

- ongoing communication of well defined, well understood and consistently applied HIV and AIDS policies and practices;
- vigorous provision of on-going, updated formal and informal education for all staff;
- access to condoms on a consistent basis;
- voluntary access to HIV and AIDS diagnosis with counseling; and
- counseling and support services for staff and families, including trained peer educators on site.

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ADDITIONAL PROVISIONS

5 In areas where there is high-risk of disease, or in instances when employees travel to high-risk regions, additional components of an education and prevention program are necessary and should be made available:

- condoms;
- information about where to find post-exposure prophylaxis (PEP) kits, if needed;
- information on the basic principles for avoiding and controlling workplace infection; and
- information on how to obtain safe blood in a given region, in an emergency.

CONTENT OF EDUCATION PROGRAMS

6 The specific content and delivery of education programs will differ from region to region depending on HIV and AIDS risk and on the existing knowledge base within the employee community. In most cases, the design of education programs most likely should begin with a needs assessment.

7 As HIV and AIDS discussions involve personal issues, there is a need to be sensitive to what is culturally acceptable and understandable to target groups within the Center. The piloting of HIV and AIDS educational activities and materials is a good first step in the design and feedback process.

GOOD PRACTICE

Analyze the region/culture.

For a specific geographic region, analyze:

- ✓ what access people have to medical information about HIV and AIDS;
- ✓ what myths and prejudices are common;
- ✓ what sensitivities and cultural practices exist that might contribute to a high rate of HIV infection.

8 Additionally, Centers need to identify HIV and AIDS educational resources in the community that are capable of delivering accurate information with all due respect to cultural sensitivities. Medical doctors are one such source. In large metropolitan areas, HIV and AIDS education consultants are growing in number and professionalism. In other areas, general health services, NGOs, church groups, etc., are developing improved HIV and AIDS educational strategies and programs. A number of international consultants also provide HIV and AIDS education services.

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9 The following section draws heavily on information provided by the international consulting firm, Family Health International (FHI). FHI suggests the following core issues be covered in formal and informal education programs:

- what organization policy or position exists on HIV and AIDS,
- how HIV is and is not transmitted,
- why there is no risk of casual transmission of HIV,
- how to prevent the spread of HIV,
- how to respond to a co-worker with HIV or AIDS,
- how to assess personal risk and formulate behavioral change plans,
- what benefits are available to employees and family members with HIV and AIDS,
- what confidentiality and privacy requirements are defined,
- where to go for help, additional information, and counseling.

10 HIV and AIDS educational materials and messages may be communicated in a variety of formats:

- formal lectures;
- work group training sessions;
- dramas and skits;
- videotape presentations;
- posters;
- brochures; and
- pamphlets.

GOOD PRACTICE

Maximum impact will be achieved if educational messages and prevention activities are delivered in a complementary, regular and updated manner.

11 Information documents such as posters, leaflets and brochures must be widely available and highly visible in the workplace, so that all staff members know what information is available and where to get it.

12 Finally, an important element in successful education programs is the use of local consultants and peer educators where possible. Local consultants can relate to particular fears prevalent in local communities and credibly dispel persistent and pernicious myths about HIV and AIDS (e.g. imported condoms are purposefully damaged to spread HIV).

13 The use of trained peer educators has also proven an important component of effective HIV and AIDS education programs. Peers, by definition, are similar in age, background, experience and interests, and people are more likely to listen

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and follow advice from peers. For example, peer educators have been useful in initiating condom distribution programs.

CONDOM DISTRIBUTION AND PREVENTION COUNSELING

14 Condom distribution must be done as part of an education program. Employees who are well informed about the use of condoms are less likely to be offended by their sudden appearance in the workplace.

15 Centers need to decide whether to provide free condoms (both female and male) or to charge a small fee for condoms to acknowledge their value. Peer educators have proven particularly valuable in initiating condom distribution programs.

16 Prevention counseling and family support services should also be available and well publicized. If handled correctly, this will serve to:

- provide a safe opportunity for people to learn their HIV status;
- encourage people to initiate and sustain behavioral change; and
- assist people in obtaining referrals for additional medical and preventive care.

Counseling services are likely to require the assistance of HIV and AIDS service providers or consultants in the community.

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VOLUNTARY CONFIDENTIAL COUNSELING AND TESTING

1 Voluntary confidential counseling and testing (VCCT) is considered one of the most important steps in the effort to control the worldwide spread of HIV and AIDS.

2 At the community level, increased testing promotes acknowledgement of the disease and provides a contact point for education and prevention efforts.

3 At the individual level, attitudes and behaviors of people living with HIV and AIDS highly depend on how confirmation of infection is relayed. If the person did not suspect HIV exposure, the shock can be extreme and may cause depression. Even when testing was undertaken voluntarily and HIV-positive status was suspected, counseling can reduce depression and family tension and therefore aid in sustaining workplace effectiveness.

VOLUNTARY CONFIDENTIAL COUNSELING AND TESTING (VCCT) PROGRAMS

4 The principal components of voluntary confidential counseling and testing programs are now well established. They are:

- testing must be voluntary;
- informed and written consent is obtained from the individual before testing;
- the program provides pre-test counseling;
- the program provides post-test counseling;
- confidentiality of test results is assured;
- individuals are informed of the results in person; and
- referral is provided to appropriate counseling for HIV-infected personnel.

Finding suitable VCCT programs

5 No CGIAR Center can be expected to assume testing and counseling services independently. VCCT resources are growing and improving in most major cities worldwide and are provided by specialized HIV and AIDS service providers or regular healthcare services.

6 Consequently, a first step in establishing an HIV and AIDS program is to identify VCCT resources in the community. HR managers should ascertain that the VCCT service provider will:

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- meet the established criteria (listed in paragraph 4), and
- cooperate effectively and fully to ensure employee confidentiality.

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AVOIDANCE AND CONTROL OF WORKPLACE INFECTION

1 For most CGIAR Centers, the basic principles of workplace infection avoidance and control for HIV and AIDS are similar to those standards already in place for all first aid. HIV and AIDS oblige organizations to communicate first aid standards and precautions clearly and widely.

BASIC PRINCIPLES OF WORKPLACE INFECTION AVOIDANCE AND CONTROL

2 The basic principles of workplace infection avoidance and control are the following:

- Anyone administering first aid in the workplace should assume all patients have HIV or AIDS and should avoid contact with blood and other body fluids. To avoid contact with blood or body fluids:
  - ✓ plastic or latex gloves must always be worn;
  - ✓ cuts or sores must be covered with waterproof bandages;
  - ✓ blood spilling onto the skin of the first aid provider must be washed off immediately with hot soapy water.

- First aid kits must be available in the workplace and should contain: plastic or latex gloves; waterproof band-aids, cotton, bandages, and antiseptic;

- Post-exposure prophylaxis (PEP) kits must be readily available in the workplace for immediate use.

- Blood spilled on floors or other surfaces should be treated with disinfectant and cleaned with absorbent paper.

- Soiled clothing or fabrics should be boiled for 20 minutes and then placed in the sun to dry.

- Centers should include basic principles of infection control in introductory seminars for new employees or in employee manuals.

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- Staff members should be encouraged to carry first aid kits in their automobiles, in the event of a roadside accident.

- Staff members and their families should know how to obtain safe blood through the circulation of a regularly updated list of blood centers in the country.

- CGIAR Center, branch or department involved in health care or blood-based laboratory work should employ the services of an occupational health and safety consultant to ensure the highest standard of infectious disease avoidance and control in the workplace.

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TRAVEL AND PEP KITS

1 Many international organizations regularly provide staff with:

- travel kits intended to provide materials for the prevention of HIV, and
- post-exposure prophylaxis (PEP) kits for use in the event of suspected exposure to HIV.

TRAVEL KITS

2 Travel kits contain:

- condoms;
- disposable syringes/sterile injection material;
- latex gloves;
- information sheet on correct use of kit contents;
- official certificate for customs and immigration personnel to explain the nature of the kit.

POST-EXPOSURE PROPHYLAXIS (PEP) KITS

3 In the event of suspected exposure to HIV, in cases of rape or contact with contaminated blood, some organizations provide post-exposure prophylaxis (PEP) kits for immediate use in the field.

4 The contents of the kits differ from organization to organization, particularly in the case of health-care workers where occupational risk of exposure to contaminated blood is high. Outside the healthcare field, the contents of these kits typically include:

- pregnancy test;
- morning-after pill;
- three-day supply of two (2) anti-retroviral drugs; and
- information sheet on appropriate and correct use of kit contents.

5 Data on the efficacy of prophylactic anti-retroviral drugs are highly encouraging. Ideally, these drugs should be taken immediately after a suspected exposure, though they may be taken up to 72 hours after exposure.

6 Statistics show that the sooner prophylactics are taken after exposure, the greater reduction of risk of HIV infection. However, the employee should seek medical attention as soon as possible following suspected exposure.

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7 On a cautionary note, concerns have been raised in the healthcare community that drug-resistant HIV might emerge if the PEP is misused.

WHERE ARE THESE KITS KEPT?

8 As part of the Center's education program, it is essential that there are sufficient posters, leaflets, brochures and Intranet sources to ensure that all staff members at every location know where they can find travel and PEP kits on short notice.

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TIPS AND TOOLS:
MODEL POLICY

1 <Center> acknowledges the seriousness of the HIV and AIDS pandemic; seeks to minimize the social, economic and developmental consequences of HIV and AIDS to the Center and its staff; and commits itself to providing resources and leadership to implement a compassionate HIV and AIDS program. <Center> will continue developing and implementing its HIV and AIDS policy and programs in consultation with staff members and their representatives.

2 <Center> will:

- ✓ provide ongoing education programs and resources about HIV and AIDS;
- ✓ take initiatives to prevent staff exposure to HIV, particularly through the provision of condoms, PEP kits and information about sources of safe blood supplies in the event of accident/injury;
- ✓ provide individuals living with HIV and AIDS with the same employment opportunities, rights and benefits (e.g. pension, life-insurance) as people with other serious or life-threatening diseases;
- ✓ facilitate access to HAART treatment for staff living with HIV and AIDS;
- ✓ not require any staff member to undergo HIV testing. Where testing is done it will be at the voluntary request of the employee and will be accompanied by counseling;
- ✓ maintain the confidentiality of HIV status of any staff member at all times;
- ✓ foster a spirit of compassion and understanding throughout the organization for HIV and AIDS-infected people, and ensure that staff living with HIV and AIDS receive the dignity and respect due all staff members, and protect them against discrimination.

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THE IMPACT OF HIV AND AIDS ACROSS GEOGRAPHIC REGIONS

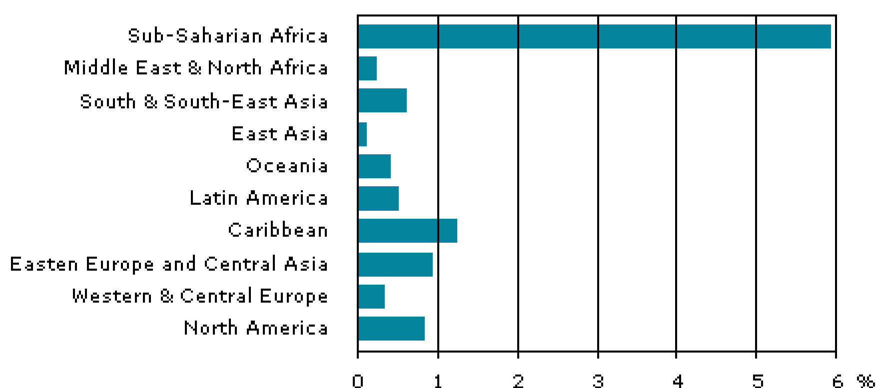
1 The most up-to-date data about the AIDS epidemic (from late 2006), released by UNAIDS, the joint United Nations Program on HIV and AIDS shows an estimated:

- ✓ **39.5 million people living with HIV** – adult women, 45%; adult men, 49%; children under 15 years, 6%;
- ✓ **4.3 million people newly infected with HIV in 2006** – adults, 88%; children under 15,12%;
- ✓ **2.9 million AIDS deaths in 2006** – adults, 90%; children under 15, 10%.

ADULT PREVALENCE OF HIV, 2006

2 In 2006, the worldwide average of HIV infection among adults was 1%. The average for the ten major regions is shown in Figure 1.

Figure 1: Adult prevalence of HIV, 2006



3 A cursory glance at Figure 1 might suggest that AIDS is principally a sub-Saharan Africa problem. In some respects this is correct, as 63 percent of the people living with HIV in 2006 (24.7 million) were in this region. However the story is not so clear when new infections are taken into account. Figure 2 shows the extent to which new HIV infections in 2006 compared with the 2004 situation. As is evident from Figure 2, the rate of increase in sub-Saharan Africa was at the lower end of the scale. Conversely, the Eastern Europe and Central Asia region reported rates of new infections exceptionally higher than any other region.

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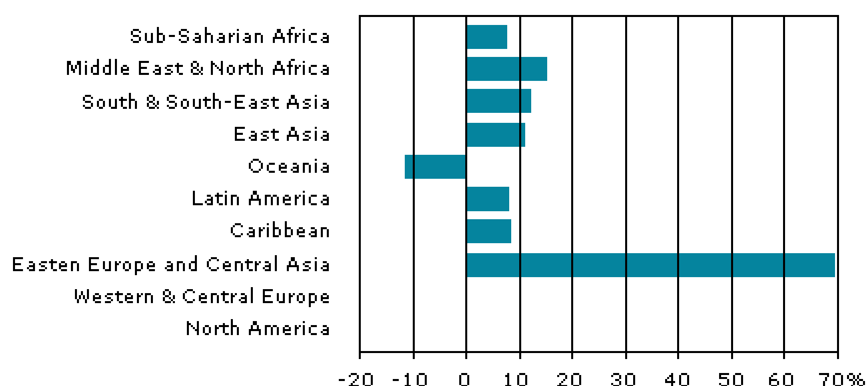
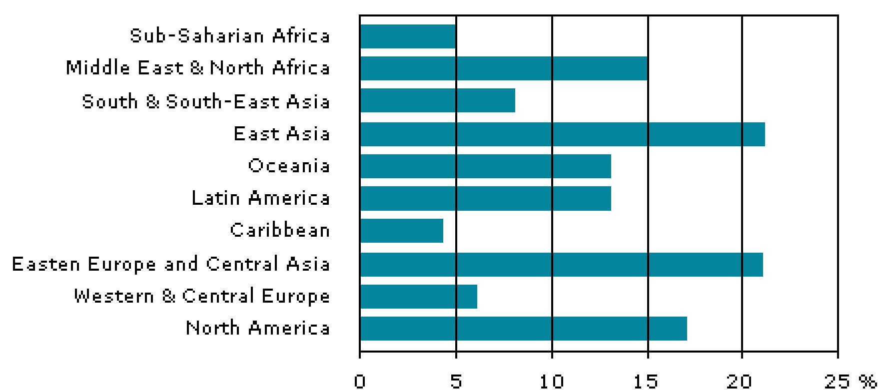
Figure 2: New infections, 2006 (% increase since 2004)



4 Another perspective, Figure 3, shows the growth in the proportion of people living with HIV between 2004 and 2006. The greatest increases (more than 20 percent) were recorded in Eastern Europe and Central Asia, and East Asia. Conversely, growth in sub-Saharan Africa (5 percent) was the second-lowest of all ten regions.

5 Four regions fell to a 13 percent to17 percent growth band: Oceania, Latin America, Middle East and North Africa, and North America.

Figure 3: Growth in people living with HIV, 2004 – 2006



HIV AND AIDS IN EACH REGION

6 The UNAIDS report also presented an overview for each region. These are summarized in the following paragraphs.

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Sub-Saharan Africa

7 Sub-Saharan Africa had by far the highest number of adults and children living with HIV: 24.7 million, which is nearly 63 percent of the world total. The number had increased by almost 5 percent since 2004.

8 Similarly, sub-Saharan Africa had by far the highest number of adults and children newly infected with HIV in 2006: 2.8 million, 65 percent of the world total, and an increase of almost 8 percent since 2004. Sub-Saharan Africa also had by far the highest number of adult and child deaths in 2006 due to HIV: 2.1 million, or more than 72 percent of the world total and an increase of almost 5 percent since 2004.

Middle East and North Africa

9 The Middle East and North Africa had 460,000 adults and children living with HIV, a 15 percent increase since 2004. The number of adults and children newly infected with HIV in 2006 was 68,000, an increase of 15 percent since 2004. The number of adult and child deaths in 2006 due to HIV was 36,000, an increase of 9 percent by comparison with 2004.

South and South-East Asia

10 South and South-East Asia had the second highest number of adults and children living with HIV: 7.8 million, an increase of 8 percent by comparison with 2004. The number of adults and children newly infected with HIV in 2006 was 860,000, an increase of almost 12 percent over 2004. The number of adult and child deaths in 2006 due to HIV was 590,000, an increase of almost 16 percent by comparison with 2004.

East Asia

11 East Asia had 750,000 adults and children living with HIV, an increase of 21 percent by comparison with 2004. The number of adults and children newly infected with HIV in 2006 was 100,000, 11 percent more than in 2004. The number of adult and child deaths in 2006 due to HIV was 43,000, an increase of 30 percent by comparison with 2004.

Oceania

12 Oceania had 81,000 adults and children living with HIV, an increase of almost 13 percent by comparison with 2004. The number of adults and children newly infected with HIV in 2006 was 7,100, a decrease of 11 percent by comparison with 2004. The number of adult and child deaths in 2006 due to HIV was 4,000, an increase of almost 38 percent by comparison with 2004.

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Latin America

13 Latin America had 1.7 million adults and children living with HIV, an increase of 13 percent over 2004. The number of adults and children newly infected with HIV in 2006 was 140,000, an increase of almost 8 percent by comparison with 2004. The number of adult and child deaths in 2006 due to HIV was 65,000, 23 percent more than in 2004.

Caribbean

14 The Caribbean had 250,000 adults and children living with HIV, an increase of 4 percent by comparison with 2004. The number of adults and children newly infected with HIV in 2006 was 27,000, an increase of 8 percent by comparison with 2004. The number of adult and child deaths in 2006 due to HIV was 19,000, a decrease of 10 percent by comparison with 2004.

Eastern Europe and Central Asia

15 Eastern Europe and Central Asia had 1.7 million adults and children living with HIV, an increase of 21 percent by comparison with 2004. The number of adults and children newly infected with HIV in 2006 was 270,000, nearly 69 percent more than in 2004. The number of adult and child deaths in 2006 due to HIV was 84,000, 75 percent more than in 2004.

Western and Central Europe

16 Western and Central Europe had 740,000 adults and children living with HIV, an increase of almost 6 percent by comparison with 2004. The number of adults and children newly infected with HIV in 2006 was 22,000, no change by comparison with 2004. The number of adult and child deaths in 2006 due to HIV was 12,000, again no change by comparison with 2004.

North America

17 North America had 1.4 million adults and children living with HIV, an increase of 17 percent by comparison with 2004. The number of adults and children newly infected with HIV in 2006 was 43,000, showing no change since 2004. The number of adult and child deaths in 2006 due to HIV was 18,000, again no change by comparison with 2004.

THE ADULT PREVALENCE OF HIV

18 There is another dimension to the regional summaries above: the adult prevalence of HIV. The worldwide average is 1 percent. This is vastly exceeded by sub-Saharan Africa, with 5.9 percent. The worldwide average is also exceeded by the Caribbean, with 1.2 percent.

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19 Several regions fall within the range 0.5 percent – 0.9 percent: South and South-East Asia (0.6 percent), Latin America (0.5 percent), Eastern Europe and Central Asia (0.9 percent), and North America (0.8 percent).

20 The remaining regions consist of the Middle East and Northern Africa (0.2 percent), East Asia (0.1 percent), Oceania (0.4 percent), and Western and Central Europe (0.3 percent).

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SAMPLE POLICY STATEMENT ON HIV/AIDS (CIFOR)

CIFOR have an exemplary policy statement. This policy is for use by CIFOR at its main operations base in Bogor, Indonesia and at its satellite sites in Brazil, Cameroon and Zimbabwe. It aims to be practical within the local setting in which it must operate, as well as the regional and global environments with regards to the management and prevention of HIV/AIDS. For further information, please contact CIFOR Hr Director.

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SAMPLE INFORMATION BROCHURE ON HIV AND AIDS (WORLD AGROFORESTRY CENTER)

World Agroforestry Center has, over the last several years, conducted a major campaign to prevent and care for people with HIV and AIDS. This campaign has had several innovations, one of which was the preparation and distribution of a booklet "HIV/AIDS information for employees and families".

The contents can be inferred from the list of chapters and subheadings within each, which are presented below. Note that most of the sub-headings are presented as commonly-asked questions about HIV/AIDS.

One elegant feature of this booklet is its compact size (A5). Thus, it can be slipped discreetly into a coat pocket or purse.

CONTENTS

Overview

Institutional commitments regarding HIV/AIDS policy in the workplace:

- ✓ foster a spirit of understanding and compassion
- ✓ raise awareness on HIV/AIDS and encourage its prevention among staff
- ✓ not require pre-employment HIV/AIDS testing
- ✓ treat HIV/AIDS like any other serious illness

Chapter 1: HIV/AIDS – basic facts and statistics:

- ✓ What is HIV?
- ✓ Are there different types of HIV?
- ✓ How does one get infected?
- ✓ In which ways is HIV not transmitted?
- ✓ Is it safe to work in the same room or office with an HIV-infected person?
- ✓ What is the origin of HIV?
- ✓ Do sexually transmitted infections (STIs) increase the chance of getting HIV infected?
- ✓ What is AIDS?
- ✓ How does HIV lead to AIDS?
- ✓ How can I talk to my children about HIV/AIDS?
- ✓ How long can one live after HIV infection?
- ✓ How can I know if someone is infected with HIV?
- ✓ What is the meaning of the RED RIBBON?

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- ✓ How accurate are the HIV/AIDS statistics issued by governments and international organizations?
- ✓ How serious is the AIDS epidemic?

Chapter 2: HIV Testing:

- ✓ How can one find out if he/she is HIV infected?
- ✓ How reliable are HIV tests?
- ✓ Why is the HIV antibody test inappropriate for testing of infants and young children?
- ✓ What is the WINDOW PERIOD?
- ✓ Given the problem of the window period, is blood transfusion safe?
- ✓ Where can one go for an HIV test?
- ✓ Is it true that a person can be infected while his/her sexual partner is not infected?
- ✓ Can the status of an HIV-infected person change from positive to negative?
- ✓ But how is it possible for a couple that is sexually active to be discordant?
- ✓ Why is it important for one to know their HIV status?

Chapter 3: HIV Prevention:

- ✓ How can I protect myself from the sexual transmission of HIV?
- ✓ How to use a male condom
- ✓ How to use a female condom
- ✓ If I am infected, and my partner is also infected, do we still need to use condoms?
- ✓ Are condoms really effective in preventing HIV infection?
- ✓ If an HIV positive woman is pregnant, how can she protect her baby from getting infected?
- ✓ Is there an HIV vaccine?
- ✓ Can HIV transmission following rape be prevented?
- ✓ Is there a relationship between drug abuse and HIV infection?

Chapter 4: Living with AIDS:

- ✓ What should I do if I am HIV infected?
- ✓ When should one start taking ARVs?
- ✓ What is CD4 cell count?
- ✓ Why should one wait for CD4 cell count to fall to 200 per ml before starting treatment? Is this not dangerous?
- ✓ How to ARV drugs work?
- ✓ Are ARVs a cure for HIV/AIDS?
- ✓ How should I take my ARVs?
- ✓ Do ARVs have serious side effects?

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- ✓ Can I transmit HIV to my partner if I am on ARVs?
- ✓ Are there alternative medicines or therapies that can treat HIV/AIDS?
- ✓ If I am HIV positive what diet is recommended?
- ✓ How can I take care of an HIV-infected relative or friend at home?
- ✓ How can I get more information about HIV/AIDS?

Appendices:

- ✓ Useful Web sites on HIV/AIDS information
- ✓ World Agroforestry Centre HIV/AIDS Focal Point Leaders' contacts

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RESOURCES ON THE INTERNET FOR HIV AND AIDS MANAGEMENT IN THE WORKPLACE

1 Numerous sources on the World Wide Web provide useful information on HIV and AIDS. The following sites are specifically related to the management of HIV and AIDS in the workplace.

CENTERS FOR DISEASE CONTROL

2 The Centers for Disease Control (www.cdc.gov) in the United States provides comprehensive information on HIV and AIDS. The CDC also addresses specific workplace issues in association with Business Reacts to AIDS (BRTA) and Labor Reacts to AIDS (LRTA) at: http://www.brta-lrta.org/tools/tools.htm.

FAMILY HEALTH INTERNATIONAL

3 Family Health International (www.fhi.org) is an international consultant active in various areas of family and reproductive health. FHI provides the most readable and useful information on the prevention and control of HIV and AIDS on the Internet.

THE SOCIETY FOR HUMAN RESOURCE MANAGEMENT

4 The Society for Human Resource Management (http://www.shrm.org/) provides useful workplace policy and educational guidelines for HIV and AIDS on its Web site: http://www.shrm.org/diversity/AIDSguide/default.asp.

UNAIDS

5 UNAIDS, the United Nations Program on HIV and AIDS is a global source of information on the HIV and AIDS pandemic. UNAIDS provides information on workplace issues, including the UNAIDS HIV/AIDS personnel manual, on its Web site. www.unAIDS.org.

THE CENTER FOR AFRICAN FAMILY STUDIES

6 The Center for African Family Studies (www.cafs.org) is a regional organization dedicated to strengthening capabilities of sub-Saharan African organizations and networks to curb the spread of HIV and AIDS in sub-Saharan Africa. The information provided at the following Web sites indicates the resources available through local and regional agencies in sub-Saharan Africa.

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THE INTERNATIONAL HIV/AIDS ALLIANCE

7 The International HIV/AIDS Alliance (www.AIDSalliance.org) is a global partnership of nationally-based organizations working to support community action on AIDS.

8 The HIV Policy.org data base (www.HIVpolicy.org) is an easy way of searching, accessing and comparing the HIV and AIDS policies of countries in the Asia Pacific region. This database incorporates a regularly updated, fully searchable compendium of descriptive and analytical government, NGO and IGO documents, reports and analyses related to HIV and AIDS policies.

THE RED RIBBON

9 The Red Ribbon (www.redribbon.co.za) portal contains detailed information on HIV and AIDS including: basic information; advice on living with HIV and AIDS; information for businesses on managing HIV and AIDS in the workplace; reports on current research; an analysis of HIV and AIDS in Africa; information on the legal situation around HIV and AIDS; role models in HIV and AIDS activism.

INTERNATIONAL LABOR ORGANIZATION – ILO/AIDS

10 International Labor Organization (ILO), the UN agency with responsibility for the world of work, created its Program on HIV/AIDS and the World of Work (ILO/AIDS). ILO/AIDS seeks to understand and respond to the effects of HIV and AIDS in the workplace and support action by its tripartite constituents (http://www.ilo.org/public/english/protection/trav/AIDS/aboutiloAIDS.htm).

SOUTHERN AFRICAN HIV AND AIDS INFORMATION DISSEMINATION SERVICE

11 The Southern African HIV and AIDS Information Dissemination Service (SAfAIDS) (http://www.safAIDS.net/) works towards promoting effective and ethical development responses to the epidemic and its impact through HIV and AIDS knowledge management, capacity building, advocacy, policy analysis and research.

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CGIAR INFORMATION RESOURCES ON HIV AND AIDS

1 Comprehensive information and advisory material was developed during 2001 – 2003 to assist Centers in managing HIV and AIDS issues. This material, focusing on education, prevention, policy, implementation and review, was published in the form of two G&D working papers and an interim advisory.

2 Most of the information in the section dealing with this topic was derived from those publications. However those publications provide broader information than that presented here. Consequently they are a valuable resource in understanding HIV and AIDS issues in more detail.

The publications (and their Web site addresses) are:

- ✓ **"HIV/AIDS in the CGIAR: Model policies and practices".** G&D Working Paper 28, Nancy J Allen, May 2001. www.genderdiversity.cgiar.org/publications/genderdiversity_WP28.pdf

- ✓ **"HIV/AIDS Policy in the CGIAR Workplace: The Challenge of Implementation".** G&D Working Paper 38, Nancy J Allen, October 2002. www.genderdiversity.cgiar.org/publications/genderdiversity_WP38.pdf

- ✓ **"HIV/AIDS in the CGIAR Workplace: Interim Advisory**". G&D Program, April 2003.

- ✓ **"HIV/AIDS in the CGIAR Workplace: Sample HIV/AIDS Action Plan**". G&D Program, April 2003.

- ✓ **Systemwide Initiative on HIV/AIDS and Agriculture (SWIHA):** http://www.warda.org/swiha/ was launched by the CGIAR to mitigate the impact of HIV and AIDS on food security, nutrition, and economic development through agricultural research and development. The Africa Rice Center (WARDA) is playing a lead role in this Initiative, which includes 13 CGIAR Centers and the Systemwide Program on Gender and Diversity.

- ✓ **HIV/AIDS and Agriculture: Implications for Food Security in West and Central Africa:** http://www.warda.org/publications/swihaproc/index.html; http://www.warda.org/mitigating-HIV-AIDS/index.html

- ✓ **IFPRI HIV/AIDS and Food Security Web site:** http://www.ifpri.org/themes/HIV/HIV.htm

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- ✓ **IFPRI publications on HIV and AIDS** with links available at: http://www.ifpri.org/themes/HIV/HIVpubs.asp
- ✓ **Mainstreaming HIV/AIDS in ICRISAT Research Agenda:** http://www.icrisat.org/gt-mpi/ResearchBreifs/Food_HIV-AIDS_Livelihoods.pdf

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