HIV and AIDS Workplace Policy for the Education Sector (Final Policy)

In the absence of curative drugs and prophylactic vaccines, the only way currently available for dealing on a large scale with HIV/AIDS is through developing appropriate standards of behaviour, with information being translated into behaviours that promote a healthy state of mind, body and spirit (Siame, 1998).

October 8, 2009

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Abbreviations & Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
ARV	Antiretroviral
BCC	Behaviour Change Communication
CBO	Community Based Organisation
CSW	Commercial Sex Worker
FBO	Faith Based Organisation
ELISA	Enzyme-linked Immunosorbent Assay
GOJ	Government of Jamaica
HAART	Highly Active Antiretroviral Therapy
HBC	Home Based Care
HIV	Human Immuno-deficiency Virus
IEC	Information, Education and Communication
ILO	International Labour Organisation
IOM	International Organisation on Migration
KAPB	Knowledge, Attitudes and Practices Behaviour Survey
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health
MOE	Ministry of Education
MOH	Ministry of Health
MOU	Memorandum of Understanding
MSM	Men who have sex with Men
NAC	National AIDS Committee
NHP	National HIV/STI Programme
NHDRRS	National HIV Related Discrimination Report & Redress System
NPC	National Planning Council
NGO	Non Government Organisation
NSP	National Strategic Plan
OI	Opportunistic Infection
OSHA	Occupational Safety & Health Act (Proposed)
PAC	Parish AIDS Committee
PANCAP	Pan-Caribbean Partnership Against HIV/AIDS
PEP	Post Exposure Prophylaxis
PLHIV	Person Living With HIV
PMTCT	Prevention of Mother To Child Transmission
STI	Sexually Transmitted Infection
TOR	Terms of Reference
UNDP	United Nations Development Programme
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNESCO	United Nations Educational Scientific & Cultural Organisation
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
UNTG	United Nations Theme Group on HIV/AIDS
VCT	Voluntary Counselling and Testing
WHO	World Health Organisation

Andrew Holness
Hon. Minister of Education

Foreword

The Ministry of Education, in recognizing its role in the national response to HIV and AIDS, has adopted a multi-faceted approach in its prevention education. Through our HIV and AIDS Response Programme, we have continued to address the needs of our stakeholders in critical areas such as curriculum development; sensitization and training of educators and other sector personnel; development and reproduction of age-appropriate, gender-sensitive instructional aids and other resource material, as well as implementation of life-skills based strategies and programmes aimed at achieving behaviour change in our students.

The Ministry of Education however, has recognized the need for increased awareness of HIV and AIDS among employees at all levels within the education sector. The National HIV & AIDS Strategic Plan for the Education Sector 2007-2012 calls for "an education sector in which all stakeholders and beneficiaries participate in creating a suitable and supportive environment to respond effectively to HIV & AIDS". This undoubtedly involves ensuring that we play our role in the workplace to mitigate the impact of HIV and AIDS. The development of the HIV and AIDS Workplace Policy for the Education Sector is the first step in achieving this goal.

As educators, we must lead by example. It is our duty, whether in the Ministry's central or regional offices, affiliate agencies, schools or other institutions of learning, that we seek to educate ourselves and our fellow colleagues about HIV and AIDS; foster a working environment free from stigma and discrimination and promote the involvement of persons living with and affected by HIV and AIDS.

This policy, and the Policy for the Management of HIV and AIDS in Schools, together, will ensure that the rights of all workers and learners in the education sector are protected. It is the commitment of my office to fully support the implementation of this policy towards the prevention of new HIV infections in the education sector and to continue to adopt and support a multi-faceted approach towards HIV prevention.

It is my intention to apply sanctions for violations of this policy in a fair and equitable manner and to hold all Heads of Agencies, Boards of Directors and staff accountable to its principles, particularly those of Non-Discrimination and Confidentiality.

This Ministry commits to a higher standard of service, and the use of resources – human and capital, with integrity and compassion in combating HIV and AIDS. I now challenge you, my fellow colleagues, school administrators, teachers and all other employees of the Ministry of Education and its affiliate agencies to be proactive, supportive and committed to the fight against HIV and AIDS in our country.

……..
Hon. Andrew Holness
Minister of Education

Executive Summary

This HIV and AIDS Work Place Policy is further evidence of the commitment of the Ministry of Education and its agencies to a holistic response to the HIV and AIDS epidemic in Jamaica, particularly the education sector. The policy document was compiled through two rounds of strategic consultations with employees, coupled with oversight monitoring and review meetings by the HIV and AIDS Work Place Policy Committee[1] and technical partners.

In compiling this policy, it was necessary to focus on the employee as an individual, and highlight how he or she may be at risk of contracting HIV. This was achieved by conducting an employee survey, testing employees' knowledge of how HIV is contracted and prevented, and exploring the state of readiness in the policy environment of each work place.

As such, the purpose of the policy is to:

(i) Increase awareness of both employees and employers of the effects of HIV and AIDS
(ii) Improve HIV prevention, treatment and care efforts through work place programmes
(iii) Establish principles for the fair and equitable management of HIV in the work place
(iv) Protect employees human rights

It is expected that the multi-sectoral and collaborative approach adopted in the policy development process will continue and is necessary to achieve successful implementation. This means that stakeholders must be sufficiently engaged in the HIV prevention and policy management efforts of the Ministry of Education and its agencies. This responsibility rests with the HIV and AIDS Work Place Policy Committee, which will coordinate and invite the input of critical stakeholders in the implementation process.

The document also communicates the goals against which the successful implementation of the policy will be measured, the policy objectives, and the rights and responsibilities of employees and employers. The scope of the policy applies to all workers of the Ministry of Education and its affiliated agencies, regardless of their employment status, including administrators and teachers in schools and other learning institutions. The policy is expected have a life span of five (5) years.

The policy provisions rest on the ten (10) principles of the ILO Code of Practice for the Management of HIV in the Workplace. The provisions outline the understanding shared between employers and employees in the sector of the ILO Code and its application. The Implementation Plan is then presented and it communicates how the goals and objectives of the policy will be implemented, monitored and evaluated. The management of the Implementation Plan will be led by the HIV and AIDS Response Team located in the Guidance and Counselling Unit of the Ministry of Education.

The policy concludes with supporting documents not the least of which is the signed endorsement by all Heads of Agencies, and other HIV related information. HIV and AIDS remain on the education agenda as a high priority. The sector believes that through education ***"we can immunise our workers and equip them intellectually, affectively and morally, so that they can make sound decisions, deal with pressures, keep themselves free of HIV infection, and extend compassion, solidarity, and care to all who are affected by the disease"[2]. This Ministry accepts the challenge to do all it can in reducing the spread of HIV and AIDS in the sector.***

[1] Refer to Section III, Appendix 8.2A and 8.2B for listing of members and key participants
[2] What HIV/AIDS Can Do To Education and What Education Can Do to HIV/AIDS – M. J. Kelly, University of Zambia, http://www.sedos.org/english/kelly_1.htm

Section I - Introduction

Through education "we can immunise our workers and equip them intellectually, affectively and morally, so that they can make sound decisions, deal with pressures, keep themselves free of HIV infection, and extend compassion, solidarity, and care to all who are affected by the disease"

- M. J. Kelly

Introduction

1.1 BACKGROUND

The Ministry of Education's (MOE) response to the local HIV and AIDS epidemic in the sector is maturing. The Ministry has distinguished itself by being the first in the region to develop a Policy for the Management of HIV and AIDS in Schools, and has established an HIV and AIDS Response Unit as the focal point to develop and manage the response to HIV and AIDS in schools and institutions within the sector. This Ministry of Education Workplace Policy is draws heavily on the tenets and principles of the National HIV/AIDS Policy, the National Workplace Policy and the ILO Code of Practice on HIV/AIDS in the world of work. Other international treaties and conventions[3] are also endorsed through this policy document, which will further contribute to the strengthening of the legal framework around HIV/AIDS.

These initiatives are complemented by the HIV and AIDS Workplace Policy Committee[4] which has the mandate to develop and implement the HIV and AIDS Work Place Policy for the human resources within the sector. The Committee facilitated the participation of employees from the Ministry of Education and its affiliated agencies in strategic consultations to contribute to this policy development process. It is envisaged that this Committee will continue to lead and manage the sector response by ensuring that agencies adhere to the policy provisions, monitoring the implementation of the policy in each of the affiliated agencies, and performing a monthly and annual evaluation of policies and programmes as new developments take place.

Situational Analysis

Historically HIV prevention education programmes have been targeted to learners in the formal secondary education system. The approach was based on the need to impart adolescent sexual reproductive health information and life skills to learners through the Health and Family Life Education (HFLE) Curriculum. But the current crisis demands that equal emphasis be placed on reducing the vulnerability of workers to becoming infected with HIV through prevention education and skills. Additionally, there is need for an improved sector response to the threat of HIV and AIDS, by restraining the real or perceived feelings and actions of employees and agencies, which perpetuate HIV-related stigma and discrimination within the sector.

A recent Employee Survey[5] (March 2009) conducted during consultations regarding the development of this policy document revealed that "general knowledge about HIV and how it is transmitted is high. The findings also showed some persistent myths as it relates to HIV transmission through animals and sharing toilet facilities." The summary of the Employee Survey also indicated that respondents were strongly in favour of having a policy document and workplace policy initiatives with heavy emphasis on education and training programmes. Generally, most respondents were willing to work with an HIV positive colleague and agreed with continuing the employee relationship with a person living with HIV. This means that the thrust of HIV prevention efforts in the sector must concentrate on debunking myths through education and training, as well as increasing the receptiveness to persons living with HIV and AIDS in the workplace.

[3] Refer to Section III, Appendix 8.8A and B with the Supporting Legislative Framework & Domestic Policies

[4] Refer to Section III, Appendix 8.2A and 8.2B for listing of members and key participants

[5] Report on Stakeholder Consultations, HIV workplace Policy Development Process – March 6 – April 3, 2009, prepared by Jody J. Grizzle

Stakeholders and their Roles

It is recognised that the stakeholders in the education sector are wide and diverse. In fact, a definition of the sector would include groups not limited to parent teachers and principals' associations, students and student advocacy groups, tuition and funding agencies, teachers, technocrats, ancillary staff and administrators in both public and private institutions. However, the scope of application for this policy directly captures all workers of the Ministry of Education (MOE) and its affiliated agencies[6]. Notwithstanding, it is anticipated that other educational institutions and entities that are directly under the ambit of the MOE, will embrace and adapt these policy provisions to govern the management of HIV and AIDS in their workplace.

The policy initiatives proposed for the education sector will require a multi-sectoral and collaborative approach to achieve successful implementation. This necessitates the effective engagement of stakeholders – state and non state actors, lobby groups, members of civil society and the private sector. It is the responsibility of the HIV and AIDS Work Place Policy Committee to coordinate and invite the input of critical stakeholders in the policy process. They must target the individuals and agencies which can provide the technical knowledge and direction for the implementation of training programmes, identify best practices in management and make informed referrals to other agencies and NGOs for assistance. This will provide the distinct advantage of having a network with the ability to interpret policy on the ground and the skills to initiate the widespread mobilisation of resources.

1.2 PURPOSE

This HIV and AIDS Workplace Policy is a plan of action to:

(i) Increase awareness of both employees and employers of the effects of HIV and AIDS on individuals, productivity and output

(ii) Improve prevention efforts, treatment, care and support for persons living with HIV and AIDS

(iii) Establish guiding principles for the fair and equitable management of HIV and AIDS in the workplace

(iv) Protect the human rights of all workers

1.3 GOALS

This policy seeks to:

(i) Articulate an approach to the management of HIV and AIDS among employees through the adoption of a comprehensive wellness approach to employee health.

(ii) Prevent and minimise new HIV infections among workers through a strategy of continuous information, education and awareness, and their application to appropriate behaviour.

(iii) Reduce HIV-related stigma and related acts of discrimination against workers infected or affected by HIV and AIDS, through the promotion of equity, fairness and respect for self and others.

(iv) Provide access to care and support for employees infected or affected by HIV and AIDS.

[6] Refer to Appendix Section 8.1 for endorsement by affiliated agencies

1.4 OBJECTIVES

The objectives of this policy are to ensure that each agency within the education sector:

i) Adapts and endorses this HIV and AIDS Workplace Policy which meets the standards of the ILO Code of Practice on HIV and AIDS.

ii) Establishes a Committee to implement and manage the policy, and institute a programme of activities geared towards the fulfillment of the policy on an annual basis.

iii) Sensitises workers to the provisions of the policy.

iv) Promotes and facilitates employee access to the National HIV Related Discrimination Reporting & Redress System (NHRDRRS)

v) Lobby for the expansion of benefits for employees living with HIV and AIDS and establish care and support networks.

1.5 RIGHTS & RESPONSIBILITIES OF EMPLOYEES

(i) All employees must abide by the standards and provisions of the policy.

(ii) No employee has the right to refuse to work with another who is infected with or affected by HIV and AIDS.

(iii) All employees must adhere to the rules and regulations governing safety in the workplace.

(iv) Employees have the responsibility to adopt healthy lifestyle practices and participate in workplace programmes, which promote positive living.

(v) No employee should be asked to divulge another's HIV status, and no employer has the right to reveal a workers' HIV status.

1.6 RIGHTS & RESPONSIBILITIES OF EMPLOYERS

(i) All employers must abide by the standards and provisions of the policy.

(ii) No employer has the right to reveal a workers' HIV status.

(iii) Employers have the responsibility to promote the NHDRRS while employees have the right to access the system

(iv) Employers must establish a Committee to manage and implement the HIV and AIDS Workplace Policy.

1.7 APPLICATION & SCOPE

This policy will:

(i) Govern all workers in the Ministry of Education's Central and Regional Offices, public and independent educational institutions, Affiliate Agencies of the Ministry, and the wider education sector, regardless of their employment status.

(ii) Be reviewed periodically, with a major review at least every five (5) years. Each review should consider new developments in the field of HIV and AIDS, and its management in the world of work.

(iii) Be disseminated to all workers in the education sector and should be displayed at each workplace. The document will be made available to all workers for reading and/or reproduction in appropriate print and electronic formats.

1.8 AFFILIATE AGENCIES OF THE MINISTRY OF EDUCATION

MINISTRY OF EDUCATION	
1. Council of Community Colleges of Jamaica (CCCJ)	**2. Early Childhood Commission**
3. HEART Trust/NTA	**4. Jamaica Library Service**
5. Jamaican Foundation for Lifelong Learning (JFLL)	**6. National Council on Education**
7. National Youth Service	**8. Nutrition Products Limited**
9. Overseas Examinations Commission	**10. University Council of Jamaica**

Section II
Policy Provisions & Implementation Plan

STRATEGY is; A style of thinking, a conscious and deliberate process, an intensive implementation system, the science of insuring FUTURE SUCCESS.

- Pete Johnson

2.10 Policy Provisions

In keeping with the ILO Code[7], the following are the tenets of the HIV and AIDS Policy for the Ministry of Education and its Agencies.

1. RECOGNITION OF HIV AND AIDS AS A WORKPLACE ISSUE

1.1 HIV and AIDS is a workplace issue and the MOE and its agencies freely accept their role and responsibility in responding to the epidemic. It believes that an informed workforce, in a safe working environment, can prevent the spread of and contribute to the effective management of HIV and AIDS.

Workplace as a Focal Point for HIV and AIDS Response

1.2 The education sector will use the work place as a focal point to disseminate information about HIV and AIDS to workers.

2. PRINCIPLE OF NON-DISCRIMINATION

2.1 The education sector does not discriminate against employees and applicants for employment regardless of race, gender~~,~~ religion, ethnicity, social class, sexual orientation or HIV status.

2.2 Under no circumstance should any employee be forced to disclose their status.

Zero Tolerance Approach to Stigma & Discrimination

2.3 The education sector will adopt a zero tolerance approach to instances of stigma and discrimination. Such acts will be addressed swiftly, fairly and thoroughly, while promoting a culture of respect for human rights, self and others.

2.4 All cases of stigma and discrimination occurring in the sector will be reported to the National HIV Related Discrimination Report & Redress System (NHRDRRS)[8].

2.5 Notwithstanding automatic reports to the NHDRRS, each agency has the opportunity to remedy and or address any reports of stigma and discrimination, occurring in its workplace on its own accord.

2.6 Policy of Non Exclusion for All Employees

No employee will be prevented from participating in any of the organisations' activities, because of their real or perceived HIV status.

3. PRINCIPLE OF GENDER EQUALITY

The Ministry of Education and its agencies will:

[7] See Appendix Section 8.3 Summary of ILO Code of Practice for the Management of HIV in the Workplace

[8] See Appendix Section 8.7: Information Brief on the NHRDRRS

3.1 Endorse the principle of gender equality within the workplace, and will respect the rights and views of women and men equally.

3.2 Provide equal opportunities for the promotion of employees of both genders within the workplace, regardless of their HIV status.

3.3 **Conduct gendered sessions for the empowerment of women and men** respectively, recognizing that HIV and AIDS impact each gender differently.

4. CREATING A HEALTHY WORK ENVIRONMENT

4.1 Endorsement of the Occupational Safety & Health Act (Draft)

The education sector has responsibility for providing a healthy work environment for all employees, consistent with the proposed Jamaica Occupational Safety & Health Act.

4.2 Promotion of Universal Precautions[9]

The sector will promote the adoption and use of universal precautions in medical emergencies on their premises, through adequate training sessions for all staff. In tandem with this, all agencies should have appropriately stocked First Aid Kits[10] in each department and/or unit of the organization.

4.3 Safety Instructions & Gears

Appropriate and adequate instructions and equipment for employees' safety and emergency response procedures will be provided. The Ministry of Education and its agencies will conduct regular maintenance on all machinery and equipment, which may pose a threat to workers.

5. SOCIAL DIALOGUE

Establishing Corporate Outreach Activities

The MOE and its Agencies:

5.1 Resolve to embrace and promote corporate values of co-operation and trust in the employment relationship.

5.2 Commit to participate in corporate outreach programmes to promote social dialogue on HIV and AIDS in a non discriminatory manner.

5.3 Will promote programmes to educate all employees about their Rights and Responsibilities[11] concerning HIV and AIDS.

6. NO SCREENING FOR PURPOSES OF EMPLOYMENT

The education sector will:

6.1 Affirm that HIV screening for the purpose of employment is an act of discrimination.

6.2 Advocate and lobby for the establishment of this principle in relevant Employee Policies and the Staff Orders.

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[9] See Appendix Section 8.5 for more on Universal Precautions

[10] Appendix Section 8.6 details Components of a Fully Stocked First Aid Kit

[11] Refer to page vii for more information on Rights & Responsibilities of Employers and Employees

Medical Examinations and the Employee

6.3 Local education authorities uphold that medical examinations do not include HIV testing. Further, all employees should be informed about the type and purpose of all medical procedures and tests being conducted.

7. PRINCIPLE OF CONFIDENTIALITY

The education sector:

7.1 Will manage personal records and sensitive information with due regard to the privacy of all employees.

7.2 Endorses the principles of confidentiality, trust and integrity for all employees.

7.3 Where it has knowledge of an employee's HIV status, will hold the information in the strictest confidence, and will only be divulged on the written consent of the employee.

Sanctions for Breaches of Confidentiality by Employees and Management

7.4 The MOE and its agencies will apply sanctions against an employee or manager who breaches the principle of confidentiality and personal privacy by disclosing the HIV and AIDS status of a co-worker or member of staff. Sanctions should be in keeping with the organisation's disciplinary procedures or the Access to Information Act[12].

Sanctions for Breaches of Confidentiality by Members of the Board of Directors

7.5 The MOE and its agencies will include in the Terms of Reference for the Board of Directors that breaches in the confidentiality of an employee's HIV status is a serious offense, and will be referred to the relevant authority for further action in accordance with the Access to Information Act.

7.6 Voluntary Disclosure

The parties to this policy will support an employee's voluntary disclosure. However, a person living with HIV is under no obligation to inform the employer of their status.

8. CONTINUING THE EMPLOYMENT RELATIONSHIP

The Ministry of Education and its agencies:

8.1 Will not terminate an employee on the basis of their real or perceived HIV status.

8.2 Based on the submission of a medical report, and dialogue with an employee who has been diagnosed medically unfit to perform assigned duties, the MOE will make a decision in the best interest of that employee and the organization.

9. PREVENTION

The MOE and its agencies will:

[12] Access to Information Act ; Part III Section 17, sub-section (a); Part IV Section 24, sub-section 1 and 2, Part VI subsection 33,

9.1 Facilitate, approve and conduct scheduled education sessions and voluntary counseling and testing (VCT), through strategic partnerships.

9.2 Provide appropriate, print and electronic information, education and communication (IEC) material in strategic locations.

9.3 As part of its wellness programme promote the adoption of healthy lifestyle practices among employees.

10. CARE & SUPPORT

The education sector will:

10.1 Advocate for the expansion of affordable health and life insurance benefits not currently available for employees with HIV and AIDS, among other illnesses.

10.2 Provide access to counseling services as well as endorse and/or facilitate the establishment of peer support groups.

10.3 Make reasonable provisions for extended leave for illnesses in accordance with the Staff Orders and Employment Policies.

10.4 Endeavour to have a designated space for employees who may fall ill while on the job or need private space to receive or administer medication.

2.11 Conclusion

HIV and AIDS remain on the national agenda as a high government priority. This policy, together with the Policy for the Management of HIV and AIDS in Schools will help to create an enabling environment for sustained HIV prevention efforts within the Ministry of Education and its affiliated agencies.

Throughout history education has resulted in triumph over severe obstacles. This thought can also be applied to the local HIV/AIDS epidemic. Through education *"we can immunise our workers and equip them intellectually, affectively and morally, so that they can make sound decisions, deal with pressures, keep themselves free of HIV infection, and extend compassion, solidarity, and care to all who are affected by the disease"*[13]. This Ministry accepts the challenge to do all it can in reducing the spread of HIV and AIDS in the sector.

[13] What HIV/AIDS Can Do To Education and What Education Can Do to HIV/AIDS – M. J. Kelly, University of Zambia, http://www.sedos.org/english/kelly_1.htm

2.12 Implementation Plan

The HIV and AIDS Response Team, which falls under the Guidance & Counselling Unit of the Ministry of Education has oversight responsibility for the implementation and management of this policy. As the Chair of the Education Sector Workplace Committee, the HIV and AIDS Response Team will provide quality management and assurance for this implementation plan.

It is expected that this Committee, through the Ministry of Education will solicit and provide counterpart funding on an annual basis, to assist all affiliated agencies in implementing the various components of the policy.

Finally, it is anticipated that an annual report documenting achievements and challenges in the implementation of the policy, will be prepared the Ministry of Education and its agencies. This structure of reporting on the full adoption and implementation of policy initiatives can be a yardstick by which all stakeholders (local and international) can assess the response to HIV and AIDS by the education sector.

Policy Goal 1: **To articulate an approach to the management of HIV and AIDS among employees through the adoption of a comprehensive wellness approach to employee health.**	**OBJECTIVE I** **Adapts this HIV and AIDS Workplace Policy which meets the standards of the ILO Code of Practice on HIV and AIDS.**				
	Main Activities	**Performance Indicators**	**Monitoring & Evaluation**	**Frequency & or Timeline**	**Responsible Unit**
	Draft an HIV and AIDS Workplace Policy for the Education Sector	Policy endorsed by Hon. Minister and Heads of Agencies	Policy Approval Policy Review	Every 5 years	Education Sector Policy Steering Committee
	Align company policies and staff regulations for consistency with HIV Workplace Policy	Review documents through Employee Consultations Publication of new policies Approval of Cabinet Submissions	Minutes of meetings held Consultation report compiled Revised policies approved by PS and Heads of Agencies	Every 5 years	Agency Committee PS and Heads of Agencies
	Develop budget for activities in Agency HIV Work Plan	Budget approved	Budget provided	At the start of each Financial Year	Agency Committee PS and Heads of Agencies

	OBJECTIVE 2 **Establishes a Committee to implement and manage the policy and institutes a programme of activities geared towards the fulfillment of the policy on an annual basis**				
	Main Activities	**Performance Indicators**	**Monitoring & Evaluation**	**Frequency & or Timeline**	**Responsible Unit**
	Establish an HIV Workplace Committee	Committee appointed, TOR developed	Minutes of meetings held, Report compiled	Committee appointed every 2 years Annually	Agency representative on Sector Committee
	Develop an Agency HIV Work Plan	HIV Work Plan approved by PS and Heads of Agencies and circulated	Programme review conducted Programme audit conducted	Annually Every 2 years	Education Sector Policy Steering Committee Agency Committee

Policy Goal 2: **To prevent and minimise new HIV infections among workers through a strategy of training and information and education**	**OBJECTIVE 3** **Sensitises workers to the provisions of the policy.**				
	Main Activities	**Performance Indicators**	**Monitoring & Evaluation**	**Frequency & or Timeline**	**Responsible Unit**
	Conduct annual training and sensitisation programmes for all staff	Training Plan developed	No of sessions Registration sheets (reflecting sex)	2 main trainings per year along with sensitisation sessions	Agency Committee
	Evaluation of training programmes		Employee surveys Evaluation forms Pre/post tests	Annually	Agency Committee
	Adult Peer Education Programme				
	Establish partnerships with NGO, FBO and health sectors	No of agencies involved in partnership No of sessions led by partners	Establishment of MOUs with partners Report compiled	Annually	Agency Committee PS and Heads of Agencies
	Disseminate HIV related messages and IEC materials	Info on organisation's website/intranet Strategic locations secured to display IEC material	Audit/Employee survey At least one per entity	Annually	Agency Committee
	Procure and maintain safety gear	Fully stocked First Aids Kits* Emergency response	Quarterly inventory exercise Twice per year		Agency Committee

		simulation			
	Placement of Safety Instructions	Implementation of OSHA Display safety information	Compliance Audit/review	Every two years	Agency Committee

Policy Goal 3: Reduce and eliminate acts of stigma and discrimination against workers infected or affected by HIV and AIDS, through the promotion of equity, fairness and respect for self and others.	**OBJECTIVE 4** **Promotes and facilitates employee access to the National HIV Related Discrimination Reporting & Redress System (NHRDRRS)**				
	Main Activities	**Performance Indicators**	**Monitoring & Evaluation**	**Frequency & or Timeline**	**Responsible Unit**
	Facilitate access to the National HIV Related Discrimination Report & Redress System (NHDRRS)	Employee knowledge and awareness of NHDRSS	No. of reports to NHDRRS Employee survey on knowledge and awareness of NHDRRS	Quarterly/Annually Annual	Education Sector Policy Steering Committee Agency Committee

Policy Goal 4: Provide access to care and support for employees infected or affected by HIV and AIDS.	**OBJECTIVE 5** **Lobby for the expansion of benefits for employees living with HIV and AIDS and establish care and support networks.**				
	Main Activities	**Performance Indicators**	**Monitoring & Evaluation**	**Frequency & or Timeline**	**Responsible Unit**
	To establish wellness programmes	Establishment of a designated area for employees who fall ill at work	Minutes of meetings Report on activities	 Annual	Agency Committee
	Advocate for the expansion of health & life insurance benefits	Signed Petition Minutes of meetings Committee action	Report	Annual	Agency Committee PS and Heads of Agencies
	Referral for counselling	MOUs with counselling agencies	# of persons referred # of partnerships established Client feedback form (anonymous) Employee Surveys	Quarterly feedback Annual reports and surveys	Agency Committee

Section III - Appendices

The fewer clear facts you have in support of an opinion, the stronger your emotional attachment to that opinion.

- Anonymous

8.1 Endorsement by Heads of Agencies

We the Heads of Agencies of the Education Sector hereby endorse this National HIV and AIDS Workplace Policy for the Education Sector. We are aware of the potentially debilitating effect on Jamaica's labour force, and recognise our role and responsibility to promote learning through suitable programmes and workplace policies relating to HIV and AIDS[14].

Our endorsement signifies that we will:

i) Diligently ensure that our organisations promote, adopt and utilise the provisions herewith to strategically manage HIV and AIDS in the workplace.

ii) Commit to leveraging the human, technical and financial resources required for the successful implementation of this policy.

iii) Use the authority and influence of our position in a responsible manner to augment HIV prevention efforts and eliminate stigma and discrimination in the education sector.

iv) Agree to have reasonable sanctions applied against our organisation for violating the tenets, principles and provisions of the policy.

Our signature hereunder affirms our belief "that the way to combat HIV/AIDS is not through an exclusively medical approach but through better politics, care, research, pro-people policies, rights and governance and effective communication[15]"; this we owe to our valued employees, and ourselves.

[14] UNESCO Report: Response of the Education Sector to HIV and AIDS in Jamaica, 2008, David Clarke
[15] The People's Charter on HIV and AIDS, 2008 (www.phmovement.org)

Signatures of Heads of Agencies:

…… **Permanent Secretary,** **Ministry of Education** **2-4 National Heroes Circle** **Kingston 4** **Tel: 922-1400** **Website: www.moe.gov.jm**	
……..…… **Executive Director,** **Council of Community Colleges of Jamaica (CCCJa)** **Lot 14 Power of Faith Multipurpose Complex** **Portmore Town Centre, St. Catherine** **Tel: 704-0111-4** **Website: www.cccjamaica.org**	…… **Executive Director,** **Early Childhood Commission** **Shop No. 46 - 49, Kingston Mall** **8-10 Oceana Boulevard** **Kingston** **Tel: 922-9296-7** **Website: www.ecc.com**
…… **Executive Director,** **HEART Trust/NTA** **6B Oxford Road** **Kingston 5** **Tel:929-3410 - 8** **Website: www.heart-nta.gov.jm**	…….. **Director-General** **Jamaica Library Service** **Tom Redcam Avenue** **Kingston 5** **Tel: 926-3310 - 2** **Website: www.jamlib.org.jm**
…… **Executive Director,** **Jamaican Foundation for Lifelong Learning (JFLL)** **47B South Camp Road** **Kingston 4** **Tel: 928-5181 - 6**	…… **Executive Director,** **National Council on Education** **6B Oxford Road** **Kingston 5** **Tel: 906-2649, 960-9321** **Website: www.nce.org.jm**

Website: www.jfll.gov.jm	
……. **Executive Director,** **National Youth Service** **6 Collins Green** **Kingston 5** **Tel: 754-9816-8** **Website: www.nysjamaica.org**	**……** **Executive Director,** **Nutrition Products Limited** **6 Marcus Garvey Drive** **Kingston 13** **Tel:922-4227, 948-3157** **Email: n.p.l@cwjamaica.com**
……. **Executive Director,** **Overseas Examinations Commission** **2A Piccadilly Road** **Kingston 5** **Tel: 920-3284, 926-6573** **Website:www.overseasexams.com**	**…….** **Executive Director,** **University Council of Jamaica** **6B Oxford Road** **Kingston 5** **Tel: 929-7299, 906-8012** **Website: www.ucj.org.jm**

8.2A Members of the HIV& AIDS Workplace Committee

1. Antoinette Brooks	Ministry of Education
2. Rhonda Chin See	Ministry of Education
3. Michelle Dewar-Williams	Early Childhood Commission
4. Tricia Douglas	University Council of Jamaica
5. Christine Edwards	HEART Trust/NTA
6. Kareen Edwards-Brown	National Council on Education
7. Olive Edwards	JN Plus
8. Gregory Fletcher	Council of Community Colleges of Ja
9. Dorna Gray	Jamaica Library Service
10. Phillip Hunter	Nutrition Products Limited
11. Maurice Lewin	Jamaican Foundation for Lifelong Learning
12. Hector Stephenson	Overseas Examinations Commission
13. Anna Kay Watson	Ministry of Education
14. Angella Wisdom	National Youth Service

8.2B Key Participants in the Policy Development Process

1. Jody Grizzle	**Consultant, Policy Development Process**
2. Richard Williams	Early Childhood Commission
3. Ricky Pascoe	JN Plus
4. Kay Hendricks	National Youth Service
5. Julie Dunbar	Ministry of Education
6. Christopher Graham	Ministry of Education
7. Michelle Grant	HEART Trust/NTA
8. Faith Hamer	Ministry of Health & Environment
9. Shirlee Morgan	Ministry of Education
10. Kaytana McLeod	Cabinet Office

8.3 Summary of the ILO Code of Practice for the Management of HIV in the Workplace[1]

Recognising the global impact of HIV and AIDS on societies, domestic and international economies and the world of work, the International Labour Organisation took decisive steps to draft a Code of Practice for HIV in the world of work. The Code outlines the framework for adopting workplace policies and principles and strategies for the effective management of HIV and AIDS in the workplace.

It is envisioned that the Code will address present problems and possible future situations of the impact of HIV in the work place; it is also envisioned that its principles and articles will be endorsed by governments and places of work worldwide.

The Code has four main objectives, which are:

1. Prevention of HIV and AIDS
2. Management and mitigation of the impact of HIV and AIDS in the world of work
3. Care and support of workers infected and affected by HIV and AIDS
4. Elimination of stigma and discrimination on the basis of real or perceived HIV status

The intended use of the Code to:

1. Develop concrete responses at all levels – business, communities, national and international levels
2. Promote processes of social dialogue and consultation among key players and stakeholders in the work environment
3. Inform and influence the legislative framework of national laws and constitutions and work place policies and agreements

There are ten (10) key principles of the Code which are as follows:

1. Recognition of HIV and AIDS as a Workplace Issue

HIV/AIDS is 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 effects of the epidemic.

2. Non Discrimination

There should be no discrimination or stigmatization of workers on the basis of real or perceived HIV status. Discrimination and stigmatisation of people living with HIV and AIDS inhibits efforts aimed at promoting HIV/AIDS prevention

3. Gender Equality

Women are more likely to become infected and are more adversely affected than men due to biological, socio-cultural and economic reason. The greater the gender discrimination in societies and the lower the position of women, the more negatively they are affected by HIV. More equal gender relations and the empowerment of women are therefore vital to successfully preventing the spread of HIV infection and enabling women to cope with HIV/AIDS.

4. **Healthy Work Environment**

The work environment should be healthy and safe, so far as is practicable for all concerned parties to prevent the transmission of HIV, in accordance with the

Occupation Safety and Health Convention, 1981. A healthy work environment facilitates optimal physical and mental health in relation to work and the adaptation of work to the capabilities of workers in light of their state of physical and mental health.

5. Social Dialogue
A successful HIV/AIDS policy and programme requires cooperation and trust between employers, workers, and government, and where appropriate the involvement of workers infected and affected by HIV and AIDS.

6. Screening for Purposes of Exclusion from Employment or Work Processes
HIV/AIDS screening should not be required of job applicants or persons in employment and testing for HIV should not be carried out at the workplace except as specified in this code.

7. Confidentiality
There is no justification for asking job applicants or workers to disclose HIV related personal information. Nor should co-workers be obliged to reveal such personal 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 existing ILO codes of practice on the protection of workers' personal data, 1997.

8. Continuation of Employment Relationship
HIV infection is not a cause for termination of employment. Persons with HIV-related illnesses should be able to work for as long as medically fit in appropriate conditions.

9. Prevention
HIV infection is preventable. Prevention of all means of transmission can be achieved through a variety of strategies which are appropriately targeted to national conditions and culturally sensitive. The social partners are in a unique position to promote prevention efforts through information and education, and support changes in attitudes and behaviour.

10. Care and Support
Solidarity, care and support should guide the response to AIDS at the workplace. All workers, including those with HIV and AIDS are entitled to affordable health services. There should be no discrimination against them and their dependents in access to and receipt of benefits from statutory social security programmes and occupational schemes.

8.4 Basic Facts on HIV & AIDS

What is HIV and how does it differ from AIDS?
HIV is the acronym for Human Immunodeficiency Virus and is the virus that causes Acquired Immune Deficiency Syndrome (AIDS). It is a disease that affects humans only, and it causes the immune system to breakdown, leaving the body vulnerable to infection from germs and bacteria. AIDS refers to a group of illnesses which are the result of a poor immune system. A person can live for several years without progressing to AIDS.

How is HIV transmitted?
HIV is transmitted only from human to human contact through the blood, semen, vaginal secretions and breast milk. Transmission can be in any of the following ways:

1. Infected blood transfusion, body piercing instruments (including drug injecting needles), and deep cuts
2. Unprotected sexual intercourse in the mouth, anus or vagina
3. From an infected mother to her child at birth or in the womb (without anti retroviral therapy)
4. To an infant through breast feeding

HIV is not transmitted through casual contact such as hugging, sharing toilet facilities, shaking hands or sharing utensils. Neither is it spread through other body fluids of an infected person, such as sweat, urine or tears, as HIV must be present in sufficient quantities to be transmitted.

Knowing Your HIV Status – Voluntary Counselling & Testing (VCT)
The only way to determine your HIV status is to do an HIV test. An HIV test should only be done voluntarily and requires pre and post test counselling for the individual. The counselling component of VCT helps to prepare the individual for the test result whether negative or positive. It is also important in helping the individual do a personal risk assessment for contracting HIV.

ARE YOU AT RISK?		
Answer YES or NO	**YES**	**NO**
I am sure that my partner does not have other sex partners		
I know that my partner uses a condom every time he/she has sex with other partners		
I have had a sexually transmitted infection		
The last 3 times I had sex I used a condom		
In the last 4 weeks, I had sex with more than one person		
You and your sex partner are at risk if any of your answers is in a red box. Go and get tested for HIV.		
TEL: 967-3830,967-3764 TOLL FREE: 1-888-991-4444		

There are two types of tests.

A) Enzyme-linked Immunosorbent Assay (ELIZA Test)

This is the primary test done to confirm a person's HIV status and is usually done at a lab. For this test blood is taken from the person's veins and tested. Test results are usually ready in about 2-3 days.

B) Rapid Test (Finger-prick)

This test has gotten very popular due to the short waiting period as test results are usually ready within 20-30 mins. The person's forefinger is pricked and the blood tested.

Window Period

An HIV test is a test for the presence of antibodies which the body produces to fight HIV. The body takes anywhere from six weeks to 3 months to produce antibodies to HIV and therefore an individual should do their HIV test 3 months after their last act of unprotected sex.

If an individual does their HIV test within the 3 month period, that person can get a false result, as the body would not yet have produced antibodies that could be detected. However, if an HIV test is done within the 3 month period and the person's result is positive, it means one of three things. First, that they contracted HIV before their current partner; or secondly they have exposed themselves to re-infection with another strain of the virus; or they have infected their partner. During the 3 month incubation period, individuals are encouraged to either abstain from sexual intercourse or use a condom correctly and consistently during each subsequent sex act.

How to Calculate Your Window Period

Sex History	HIV Test Date	Result	Comments
Unprotected Sex February 14	HIV test taken **February 15**	Positive (+ve)	Person contracted HIV before
Unprotected Sex February 14	HIV test taken **May 14**	Negative (-ve)	True result as window period (3 months) has passed
Unprotected Sex February 14	HIV test taken **February 15**	Negative (-ve)	Possible false result as the test was taken in the window period

Getting Tested

A rapid test (for HIV) is used for screening blood samples. Confirmation of samples found to be positive is necessary. The process of confirmation is usually carried out in a laboratory setting while screening tests may be conducted in the field at designated outreach points. Authorised persons conduct the screening using the Rapid Test. Confirmation of positive results is undertaken at the National Public Health Laboratory (NPHL) and at laboratories within the vicinity of regional health authorities under the Ministry of Health. Persons opting for the Rapid Test are able to know the results within 20 minutes.

Negative and ***Positive*** are terms used to describe the results of an HIV test. The HIV test looks for the antibodies to HIV and if none is found the result is labelled ***negative***, whereas if the test detects HIV antibodies, the result is described as ***positive***.

Voluntary Counselling and Testing (VCT) should be conducted only by persons authorised and trained to conduct such testing. HIV testing should be voluntary and with informed consent. It should be preceded and followed by counselling. Through counselling the client is able to understand what each result means and be advised about the appropriate behaviour after the test result. Group education may be provided instead of pre-test counselling in situations where individual counselling is difficult. However, post-test counselling should be conducted with individuals in order not to breach the rules of privacy and confidentiality.

8.5 Universal Precautions

Universal precautions are a set of safety measures designed to prevent transmission of Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), and other blood borne pathogens when providing first aid or health care[16]. The application of universal precautions, rests on the principle that blood and certain body fluids of ***all*** individuals are considered potentially infectious for HIV, HBV and other blood borne pathogens.

Universal precautions should be applied to:

- Blood
- Body fluids containing visible blood
- Semen and vaginal secretions
- Handling of soiled garments and linen
- Careful disposal of needles and other sharp instruments

Universal Precautions involve the use of protective barriers which reduce the risk of exposure of the health care worker's skin or mucous membranes to potentially infective materials. These barriers include:

- Gloves
- Gowns
- Aprons
- Masks or protective eyewear

Finally, it is recommended that all health care workers take precautions to prevent injuries caused by needles, scalpels, and other sharp instruments or devices.

[16] Department of Health & Human Services, Centre for Disease Control (CDC)

3.6 Components of a Fully Stocked First Aid Kit

In tandem with the revised Policy for the Management of HIV and AIDS in Schools, the following are necessary components of the First Aid Kit which will help to create a safe and healthy working environment. In accordance with the Factories Act of Jamaica, it is recommended that the ratio of First Aid Kits available at the workplace should be one kit to every 50 employees, (1:50)

1. Latex gloves
2. Household rubber gloves
3. Cotton wool
4. Bleach
5. Gauze tape
6. Plastic bags
7. Band aids
8. Resuscitation mouth piece
9. Pairs of scissors

3.7A National HIV-Related Discrimination Reporting & Redress System

HIV-related stigma begins as a prejudicial thought about someone considered to be of less value by another individual or by individuals within a society.

HIV-related discrimination occurs when a distinction is made against a person that results in him or her being treated unfairly or unjustly on the basis of their actual or perceived HIV status. HIV-related stigma and discrimination is an enormous barrier to the national HIV/AIDS response. Fear of discrimination often prevents people from seeking treatment or from admitting their health status publicly. Discriminatory treatment in the workplace can lead to loss of employment resulting in a loss of the productive and income earning capacity of the nation. There is no justification for discrimination as HIV and AIDS cannot be transmitted through everyday casual contact.

Stigma and discrimination can be practiced unintentionally through HIV screening for purposes of exclusion for employment; through breach of confidentiality and privacy and within situations of limited or no education regarding HIV modes of transmission and methods of prevention.

OBJECTIVES

1. To empower people living with and affected by HIV & AIDS
2. To create and increase accountability
3. To measure the effectiveness of initiatives
4. To evaluate laws, institutions (identify gaps for law revision, institutional changes)
5. To design new strategies and initiatives

Aim: The System is designed to collect, investigate and be a focal point for redress for complaints of discrimination related to the real or perceived HIV status of an individual. It is designed to be progressively integrated into existing reporting systems within government ministries, agencies and non-governmental organizations as well as utilize existing redress forums. Collaboration among officers of existing entities is necessary to reduce costs and duplication of effort for reporting and redress concerning other violations of the basic rights of people living and residing in Jamaica.

STEP SYSTEM FOR HIV RELATED COMPLAINTS

STEP 1: The submission of initial complaints - Complaints will be received through several existing mechanisms/entities as well as on-line and recorded on a Complaint Form.

STEP 2: The interview with complainants to collect more detailed information;

STEP 3: The investigation of complaints to verify/substantiate information - An investigative team will inquire into information, records, reports as well as interview witnesses to determine the actionable resolution to the complaint;

STEP 4: Redress – Action such as referral, advice, counseling, community or industry-wide sensitization, professional sanctions or legal action designed to resolve the issues presented by the complaint. Notwithstanding, the system is not a substitute for corrective action taken by individual entities of their own accord.

STEP 5: Closure.

The overall responsibility for implementation of the System will be the Ministry of Health and Environment through the National HIV/STI Programme and the Jamaica Network of Seropositives (JN+). The official contact numbers are MOH – 967-1100, JN+ - 929-7340.

The System will work through the following public sector ministries, statutory agencies and civil society organisations to ensure the wide coverage, ease of access and follow-up related to redress in its many forms from sensitization to legal action:

Jamaican Network of Seropositives (JN+)	Jamaica Manufacturers Association
National AIDS Committee (NAC) through the Programme Officer	Jamaica Council of Churches
The Legal and Ethical Sub-committee of NAC,	Pharmacy Council of Jamaica
Jamaica AIDS Support for Life	Nursing Council of Jamaica
The Independent Jamaican Council for Human Rights through the Legal Officer	Private Sector Organisation of Jamaica
Dispute Resolution Foundation	Jamaica Business Council on HIV/AIDS
Ministry of Labour and Social Security	Jamaica Confederation of Trade Unions
Industrial Disputes Tribunal	Jamaica Employers Federation
Ministry of Education	Police Public Complaints Authority
Jamaica Teachers Association	Small Business Association of Jamaica
Jamaica Red Cross	Medical Council of Jamaica
Medical Association of Jamaica	

3.7B HIV RELATED DISCRIMINATION COMPLAINT REPORT

(Please note: this form can be filled out online at: www.jnplus.org)

This Complaint Report provides the entry into the National HIV-related Discrimination Reporting and Redress System. It can be completed by, or on behalf of, anyone who believes he/she has experienced or witnessed HIV-related mistreatment, abuse or discrimination, regardless of his/her HIV status. Once submitted, this information will be handled in a secure, confidential manner by trained officers. Statistical information may be shared with national or regional monitoring agencies, but personal or identifying information will be kept strictly confidential. Completion of this form indicates your agreement with these conditions.

When completed, this form should be submitted by fax or post to:
NHDRRS Officer, Jamaican Network of Seropositives
3 Trevennion Park Road, Kingston 5
Phone/fax: (876) 929-7340

1. Today's date: Month: _____ Day: _____ Year: _____
2. Name, nickname or alias of person experiencing discrimination (if known and permission is granted).

Name, Nickname or Alias: _____ Signature: _____
3. Contact information of person experiencing discrimination:

Mobile phone: _____Home phone: _____

Email address: _____

4. Age of person experiencing discrimination:
☐<15 ☐15-19 ☐20-24 ☐25-29 ☐30-34 ☐35-39 ☐40-44☐45 and over

5. Gender of person experiencing discrimination:
☐ Male ☐ Female ☐ Transgender ☐ Other

6. Are you submitting this report for another person? ☐ Yes ☐ No
If yes, did you witness the incident? ☐ Yes ☐ No
If you are submitting this report for another person, please provide your name and contact information:

Name: _____ Agency: _____ Signature: _____

Mobile phone: _____ Work phone: _____

Email address: _____

7. Has the incident been previously reported?
☐ Unsure ☐ No ☐ Yes (to whom/which agency: _____When: _____

8. Please provide information about the alleged offender (if known):

Name: _____ Title: _____

Agency: _____ Contact number: _____

Badge or identification number: _____

9. Nature of the incident (check all that apply):
☐ Not hired ☐ Physical violence ☐ Breach of confidentiality ☐ Forced to leave job
☐ Forced to leave school ☐ Harassment/Verbal abuse ☐ Not accepted into school
☐ Denied access to healthcare ☐ Denied housing ☐ Discrimination against relative
☐ Forced to leave home/community

☐ Other (please specify: _____)

10. Setting where first incident of discrimination occurred (check **one**):

☐ School ☐ Church ☐ Home ☐ Community ☐ Workplace
☐ Private Company/Business ☐ Private health facility ☐ Government health facility
☐ Law Enforcement Site ☐ Government Agency
☐ Other (please describe) _____

11. What further action, beyond documenting this incident, does the person experiencing discrimination want?

☐ No additional action ☐Referral for counselling or social assistance
☐ Sensitisation session with alleged offender and/or community ☐ Legal or other redress

(Detach here) ✂----------

Thank you for your report. It was completed on: _____ by: _____

If you do not receive a response within 30 days, please call 929-7340 and ask to speak to an interviewer.

3.8A Supporting Legislative Framework[17] & Policies

This Ministry of Education Workplace Policy on HIV/AIDS will contribute to the strengthening of the legal framework around HIV/AIDS. Its foundation is the **National HIV/AIDS Policy, the National Workplace Policy on HIV/AIDS, and the ILO Code of Practice on HIV/AIDS in the World of Work**. The following international conventions provide appropriate reference points:

International Labour Organisation Conventions and United Nations Resolution ratified or signed by Jamaica

1. **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.
2. **Occupational Safety and Health Convention 1981, No.155** addresses safety and health and the working environment.
3. **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.
4. **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.

International /Caribbean Guidelines

1. **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 key principles from this Code were used as a guide.*
2. **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.
3. **Pan-Caribbean Partnership against HIV/AIDS (Coalition to fight AIDS)** - increase country level support in the region to fight against HIV/AIDS.
4. **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.
5. **Charter of Civil Society for the Caribbean Community** -addresses human rights
6. **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 organisation and workers to fight the spread of HIV/AIDS

[17] National Workplace Policy on HIV and AIDS, Ministry of Labour & Social Security

3.8B Linkages to Domestic Policies & Legislation

1. **Access to Information Act** – an Act to provide members of the public with a general right of access to official documents and connected matters

2. **National HIV/AIDS Policy** – this was approved by Parliament in 2005 and 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.

3. **Policy for the Management of HIV and AIDS in Schools** – this applies to all educational institutions that enrol students in one or more grades and at all levels and is interpreted to ensure respect for the rights and dignity of students and school personnel with HIV/AIDS.

4. **National Workplace Policy on HIV/AIDS** – developed by the Ministry of Labour, Social Security & Welfare to protect the rights of workers affected and infected by HIV/AIDS. It serves as the framework for all national and sector wide workplace policies on HIV/AIDS.

5. **Factories Corporation Act** - this Act speaks to accidents and other health problems in the work place and stipulates safety standards that must be met by companies in the industrial sector.

6. **Occupational Safety & Health Act (Draft)** - Under the proposed Occupation Safety and Health Act, each workplace will be required to have an occupation safety and health policy that outlines the commitment of each organization under the law. Essentially, the Occupational Safety and Health Act addresses the entire working environment not just in the industrial setting, but all work environments.

7. **ILO Code of Practice on the Management of HIV in the Workplace** - The Code of Practice is the framework for action related to the workplace. It contains key principles for policy development and practical guidelines for programmes at enterprise, community and national levels. It covers the main areas of:
   • prevention of HIV
   • management and mitigation of the impact of AIDS on the world of work
   • care and support of workers infected and affected by HIV/AIDS
   • elimination of stigma and discrimination on the basis of real or perceived HIV status.

8. **Staff Orders for the Public Service** – this governs the Conditions of Service for public officers. It comprises provisions from relevant legislation, regulations, policies, directives and the results of collective bargaining agreements between the Government and the respective unions and staff associations. For the purpose of these Orders the terms Public Officers, Public Employees, Officers and Employees are used interchangeably and refer to persons employed in the Central Government Service, in accordance with the Public Service Regulations.

9. **An HIV/AIDS Workplace Policy for the Education Sector in the Caribbean**, UNESCO Office for the Caribbean. This policy is based on the ILO Code f

Practice on HIV/AIDS and the world of work, adopted by an international tripartite meeting convened by the ILO in 2001, and includes key concepts and principles of the ILO code of practice. The policy was carefully reviewed and modified by representatives of Ministries of Education and Labour, teacher trade unions, private employers and National AIDS Councils/Commissions from five Caribbean countries during a tripartite workshop held in Kingston, Jamaica, 28-30 September 2005.

3.9 List of Approved Treatment Sites & Contact Information[18]

SOUTH EAST REGIONAL HEALTH AUTHORITY (SERHA)	
Comprehensive Health Centre (Adult and Paediatrics) Address: Telephone No:	**CHARES (Adults only)** Address: Telephone No:
Kinston Public Hospital (Adults only) Address: Telephone No:	**Bustamante Children's' Hospital (Paediatric)** Address: Telephone No:
St. Jago Park Health Centre (Adults only) Address: Telephone No:	**UHWI KPAIDS (Paediatric)** Address: Telephone No:
Spanish Town Hospital (Paediatric) Address: Telephone No:	**National Chest Hospital (Adults only)** Address: Telephone No:
St. Thomas Health Department (Adults only) Address: Telephone No:	
WESTERN REGIONAL HEALTH AUTHORITY (WRHA)	
Cornwall Regional Hospital (Adult and Paediatrics) Address: Telephone No:	
Montego Bay Type V (Adults only) Address: Telephone No:	
Sav-la-mar Hospital (Adult and Paediatrics) Address: Telephone No:	
NORTH EAST REGIONAL HEALTH AUTHORITY (NERHA)	
St Ann's Bay Type 4 (Adults only) Address: Telephone No:	
St. Ann's Bay Hospital (Adult and Paediatrics) Address: Telephone No:	
Port Antonio Hospital (Adults and Paediatrics) Address: Telephone No:	
Port Maria Hospital (Adults only) Address: Telephone No:	

[18] National HIV/STI Programme, Treatment, Care & Support for PLWHAS

Southern Regional Health Authority (SRHA)
Mandeville Type V (Adults only) Address: Telephone No:
Mandeville Hospital (Adult and Paediatrics) Address: Telephone No:
May Pen Hospital (Adult and Paediatrics) Address: Telephone No:
Black River Hospital (Adults only) Address: Telephone No: