HIV/AIDS+WORK

compliance report and practical guide

The ILO Code of Practice on HIV/AIDS and the world of work: its implementation in the UN workplace

The ILO Code of Practice has been adopted by the UN system as its framework for action to respond to the epidemic in the workplace.

This document analyzes UN personnel policies on HIV/AIDS, reviews their harmonization with the ILO Code, and offers guidance for the implementation of workplace programmes. In so doing, it aims to contribute to the wider goals of the reform agenda set out for the UN by the Secretary-General.

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HIV/AIDS and the world of work

Compliance report and practical guide on implementing the ILO Code of Practice on HIV/AIDS in the UN workplace

Inter Agency Task Team on HIV/AIDS and the world of work

ILO Programme on HIV/AIDS and the world of work
Geneva, December 2003

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First published 2004

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ISBN 92-2-115436-X.

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Printed by the International Labour Office, Geneva, Switzerland

PREFACE

The *ILO Code of Practice on HIV/AIDS and the world of work* was adopted in 2001 by the UN system as its common standard. It provides a framework for action to extend the response to HIV/AIDS into the workplace, and mobilize employers and workers against the epidemic. It is one means of implementing the *Declaration of Commitment on HIV/AIDS*, made at the UN General Assembly Special Session (UNGASS) on HIV/AIDS in June 2001.

Using the ILO Code to review UN workplace policies and programmes provides a benchmark for the assessment of internal practices, shows the extent to which new policy directions have been absorbed, and indicates the capacity of the UN to meet the evolving challenges of the pandemic.

The review, coordinated by the ILO and carried out within the context of an inter-agency task team, has aimed to be participatory and to facilitate 'learning by doing', with UN agencies and organizations asked to take an active role in self-assessment, both individually and collectively. The application of the ILO Code in the UN workplace has underlined the organizational implications of HIV/AIDS. It is hoped that in addressing the key issues of compliance here we will be contributing to the wider goals of the reform agenda set for the UN by the Secretary-General.

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On 23 September 2002, Secretary-General Kofi Annan announced his plan to strengthen the United Nations and improve its ability to meet the challenges placed before it by the Member States and their populations. Specifically, the Secretary-General stated:

> *"It is the responsibility of every modern employer to take adequate measures to address the troubling reality of the global AIDS epidemic. Although the Organization has a policy of non-discriminatory employment, medical support systems and information dissemination for personnel with HIV/AIDS, its implementation has been uneven. We must ensure that all personnel are provided with adequate information and access to medical care and counselling. Just as important is the need for our managers to be well prepared to deal with the human and organizational impact of this tragedy."*

The Secretary-General concluded that:

> *"A thorough review should be completed to ensure that the Organization's policy on HIV/AIDS is fully implemented, and additional measures should be implemented, where needed, by the end of 2002."*

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INTRODUCTION

The UN *Declaration of Commitment on HIV/AIDS* (UNGASS, June 2001) recognizes the workplace as an important setting for the delivery of prevention and care and for reducing the social and economic impact of HIV/AIDS. The *ILO Code of Practice on HIV/AIDS and the world of work*, also launched at the Special Session, provides a policy instrument for achieving the goals and targets set out in the Declaration, most specifically those in paragraphs 49 and 69. It establishes guidelines for workplace HIV/AIDS policy and programme development in prevention, care and support, and the protection of rights.

The UN system faces the twofold challenge of implementing the new policy framework not only within its broader mandate[1], but in the context of its own workplace. It is estimated that at least 3000 staff in the UN are HIV positive, very few of whom choose to disclose their status for fear of stigma and discrimination. The need to address the risks posed to UN staff by HIV/AIDS, manage the related organizational implications and ensure the protection of rights has been reflected in the conclusions of recent inter-agency meetings, and culminated in the adoption of the ILO Code of Practice as a common internal standard.[2]

It is recognized that as the ILO Code is a voluntary instrument, and was drafted ten years after the UN personnel policy, compliance should not be used in a strict sense but to indicate general coherence and consistency. Above all, a comparison between the two policy documents shows how the response to the epidemic has evolved in certain key areas, as well as pinpointing where both policy and programming need to be improved.

Background to the review

The Inter-Agency Advisory Group on HIV/AIDS (IAAG), meeting on 10-11 April 2002, agreed on the urgent need to accelerate the response to HIV/AIDS and recommended that the ILO Code of Practice be used as a benchmark and guideline in the UN workplace. A body comprised of representatives of 48 UN system organizations, the IAAG underscored the breadth of the support in the UN system for further action in this area. The following day, heads of UN agencies attending a Meeting of the Committee of Cosponsoring Organizations (CCO) endorsed the IAAG recommendations and agreed a number of concrete measures concerning UN staff and their dependants living with HIV/AIDS:

1. to conduct a comprehensive review of UN personnel policies on HIV/AIDS, and the extent of their compliance – or consistency - with the *ILO Code of Practice on HIV/AIDS and the world of work*;

[1] UN System Strategic Plan for HIV/AIDS, 2001/2005, sets out mandate and activities of UN system organizations in the area of HIV/AIDS.

[2] Report of the Nineteenth Meeting of the Committee of Cosponsoring Organizations (CCO), 12 April 2002, Rome, Chapter III. UN Staff and their dependants living with HIV/AIDS. See also background paper prepared by ILO on "HIV/AIDS in the UN workplace" for the Inter-Agency Advisory Group on HIV/AIDS, Eighteenth meeting, Rome, 10-11, 2002.

2. to conduct a survey of the numbers and categories of staff not covered by health insurance schemes;

3. to appoint HIV/AIDS focal points within human resources departments; and

4. to include HIV/AIDS on the agenda of key senior management meetings.

The UNAIDS report to the Twentieth meeting of the CCO in Washington, 15-16 October 2002, provided an update of cosponsors progress in meeting their commitments,[3] and noted that the review of personnel policies would take place in the context of the UNAIDS Inter-Agency Task Team (IATT) on HIV/AIDS in the world of work, which includes the UN workplace as one of its focus areas and is convened by the ILO. The goal of the IATT is to strengthen the capacity of the UN to respond to HIV/AIDS as an employer, and by improving its own workplace policies and programmes to serve as a model of good practice. Specific objectives include assisting the task-team members to assess HIV/AIDS personnel policies in the UN workplace, developing a set of indicators to monitor the implementation of HIV/AIDS policy in the UN workplace, and agreeing a framework for scaling up existing activities.

To ensure a participatory process, agencies were asked to consult widely in providing the IATT with information to facilitate the compliance review. The IATT provided a forum for discussion, both within the core group of 17 agencies who made substantive contributions, and through wider circulation. The review had no budget to undertake missions and relied on the information received from field offices; it also made use of existing data and feedback from relevant inter-agency activities. A questionnaire was developed within the IATT and distributed among key personnel to glean additional information where an initial desk-review had indicated the existence of information gaps. A key limitation was the lack of information available in areas on which compliance was perceived to be weakest; information was not being collected systematically on these areas, or sometimes at all, or certain issues were simply not seen as relevant to HIV/AIDS-related work.

There can be no "one size fits all" in HIV/AIDS workplace policy. It is hoped that this report encourages UN agencies to adapt the available tools to the particular needs and circumstances of their own workplace, through a process of consultation with staff and their representatives.

Structure of the report

The report is in two parts - the compliance review and an accompanying set of tools for facilitating and monitoring compliance.

Part I gives an executive summary of the main findings of the review, describes the background and methodology, and discusses the direct and indirect organizational impact of HIV/AIDS including the potential vulnerability of UN staff and dependants. It compares UN personnel policies with the ILO Code of Practice, and identifies gaps and issues to be addressed. There follows a discussion of implementation and examples of good practice. The practices do not provide a formula for duplication, but help contextualize the various compliance issues raised and give examples of interpretation as

[3] UNAIDS, "UN staff and their Dependants living with HIV/AIDS", agenda item 6, Twentieth meeting of the CCO, Washington, 15-16 October 2002.

well as successful action. Part I concludes with recommendations for facilitating compliance with the ILO Code.

Part II provides a series of tools for implementation and monitoring compliance of UN personnel policies with the ILO Code. These consist of a checklist for setting up an HIV/AIDS committee, indicators, implementation benchmarks, core functions of focal points and collective bargaining on HIV/AIDS.

PART I

HIV/AIDS PERSONNEL POLICIES IN THE UN WORKPLACE: COMPARISON WITH THE *ILO CODE OF PRACTICE ON HIV/AIDS AND THE WORLD OF WORK*

1 POLICY FRAMEWORK

This report is based on the policy approach established in the *Declaration of Commitment on HIV/AIDS*, and the international guidelines on HIV/AIDS and the workplace established in the ILO Code of Practice. It also takes into account the *UN system personnel policy on HIV/AIDS* (1991), and supplementary policy guidance materials.

1.1 UN Declaration of Commitment on HIV/AIDS

The Declaration of Commitment emphasizes the importance of a multisectoral response to HIV/AIDS, and thus underscores the need for inter-agency cooperation. The Declaration also highlights the importance of policies to alleviate the social and economic impact of the epidemic, including the greater involvement of people living with HIV/AIDS (GIPA), and sets targets for workplace-related action:

Section 49.

By the year 2005, strengthen the response to HIV/AIDS in the world of work by establishing and implementing prevention and care programmes in public, private and informal work sectors, and take measures to provide a supportive workplace environment for people living with HIV/AIDS.

Section 69.

By 2003, develop a national level and policy framework that protects in the workplace the rights and dignity of persons living with and affected by HIV/AIDS, in consultation with representatives of employers and workers, taking account of established international guidelines on HIV/AIDS in the workplace.

1.2 ILO Code of Practice on HIV/AIDS and the world of work

The ILO Code establishes a comprehensive rights-based approach to HIV/AIDS covering: prevention through information, education and support for behaviour change; protection of the rights of those affected by HIV/AIDS; care, support and treatment at the workplace. It is based on a set of ten key principles (full text in Part II):

1. Recognition of HIV/AIDS as a workplace issue

2. Non-discrimination in relation to recruitment, promotion, training and other work processes

3. Gender equality

4. Health and safety (including reasonable accommodation for workers with AIDS-related illnesses)

5. Social dialogue as a means to develop and implement HIV/AIDS policies

6. No HIV screening for job applicants or persons in employment

7. Confidentiality

8. Continuation of the employment relationship

9. Prevention programmes at the workplace

10. Care and support at the workplace for those living with HIV/AIDS

The Code of Practice promotes processes of social dialogue including collaboration/ negotiation between representatives of workers and management, the use of relevant bodies such as safety and health committees, GIPA, and outreach to the local community.

1.3 UN personnel policies on HIV/AIDS

The UN system personnel policy on HIV/AIDS plus guidance documents constitute the UN workplace policy package:

- UN system personnel policy on HIV/AIDS (1991);
- Key steps in establishing local HIV/AIDS care and support for UN staff and their dependants, UNAIDS (July 2000);
- Guidance Note (1) for the United Nations Resident Coordinator System on HIV/AIDS in the UN workplace; and
- Guidance Note (2) for the United Nations Resident Coordinator System: Towards a multi-sectoral response to HIV/AIDS, UNAIDS (October 2000);
- Proposal for improving confidential management of medical information (UNAIDS draft).

2 METHODOLOGY

The report was prepared in the context of the Inter-Agency Task Team on HIV/AIDS and the workplace. Seventeen agencies made contributions, although only four or five could do so in a sustained way. Agencies were asked to consult widely in providing the IATT with information to facilitate the compliance review.

The report draws on the model of the social audit, which seeks to promote organizational learning through self-assessment and participatory processes.[4] Both

[4] This approach is based on the methodology of the First ILO Gender Audit, carried out from October 2001 through April 2002 (See ILO Gender Audit 2001-02: Final Report, ILO, May 2002,

qualitative and quantitative methods were used. A preliminary desk-review examined available literature. Ongoing consultation was carried out within the task team, both among the core group and with a wider circulation. The findings of the compliance review were presented at several workshops and interagency meetings in order to elicit further contributions and views.

2.1 Methods of work

The methodology used for gathering information on HIV/AIDS personnel policies in the UN workplace and assessing compliance with the ILO Code of Practice focused mainly on an analysis of qualitative data. This was in part because the task was more suited to a qualitative than a statistical approach, and in part because other surveys[5] are being conducted related to HIV/AIDS and the UN workplace, and it was necessary to avoid both duplication and 'survey fatigue'. Qualitative data collection allows for an analysis of subjective factors as well as objective factors arising from the policy review. This is critical as effective implementation of personnel policies not only depends on objective factors, such as whether or not there is an official policy in place, but also less easily quantifiable factors such as perceptions of tolerance, participatory decision-making processes, and awareness of the gender dimensions of human resource development.

Information gathering was based on a rapid assessment to enable the compliance report to be completed in a relatively short time using minimum resources and eclectic sources of data.[6] The rapid assessment sought to: (i) respond to the need for qualitative research capable of generating essential information on HIV/AIDS personnel policies and implementation practices in specific workplace settings; (ii) allow for a comparative analysis with the ILO Code of Practice; and (iii) provide to the extent possible reliable results in an often sensitive environment where staff may deny that HIV/AIDS is a problem or may be more concerned with the image of the organization than providing the most accurate information.

A wide range of sources was used:

- Existing information, published and unpublished work, including studies and mission reports; results of ongoing work carried out by UNAIDS under the ACTION programme and of surveys such as the Learning Needs Assessment surveys; feedback from workshops, for example the GIPA workshop; ongoing initiatives being implemented in the field and examples of innovation and good practice drawn from agencies across the UN system.

- Discussions with knowledgeable individuals, including consultants and experts in the area, NGOs, trade unions, managers, women's organizations and women's bureaux.

available on www.ilo.org/gender) and Participatory Gender Audit Manual for Auditors, ILO, December, 2002.

[5] Learning Needs Assessment and ACTION are two examples of ongoing surveys on HIV/AIDS in the UN workplace.

[6] This approach adapts the Rapid Assessment methodology used by ILO-UNICEF in the area of child labour. See Investigating Child Labour, Guidelines for Rapid Assessment, A field Manual, Draft, January 2000.

- Dialogue (including in-depth interviews and informal conversations) with key informants and staff, including people living with or affected by HIV/AIDS (in accordance with rules of confidentiality), human resource personnel, UN resident coordinator, UN theme group members.

- Observations and visual information, including the physical workplace environment, posters etc.

- Group discussions, informal and formal, with - for example - a staff union, IATT group meetings, electronic exchanges and teleconferences, health and safety officers, and experts on insurance and pensions.

- Short survey questionnaire on the process of development, implementation and impact of HIV/AIDS personnel policies targeted to a specialized audience including HIV/AIDS focal points and human resource managers, designed to glean the perceptions of success and failure concerning HIV/AIDS activities to date from these key players.

A 'feedback loop' was built into the process of preparing the report through updates provided to IATT members at meetings and through ongoing electronic communication. As the report developed contact was maintained with key informants to share information and findings.

2.2 Limitations

Little information was available on those areas in which compliance was perceived to be weakest, for the very reason that information was not being collected or that respondents did not see these issues as relevant to HIV/AIDS.

A survey was developed to obtain further data on areas of compliance that the desk review indicated was scarce. The format of the survey and its results (which were received in stages) were sent for feedback to over 150 respondents, including members of the task team, global HIV/AIDS focal points, staff associations and unions, human resource officers, medical services in Geneva and New York, HIV/AIDS technical focal points, other relevant UN divisions, development agencies specializing in HIV/AIDS, external consultants and experts, AIDS organizations, PLWHA and members of the system wide Inter-Agency Advisory Group on AIDS.

Of the 17 survey returns received, only two were complete, making a comprehensive comparison impossible. However, the survey drew forth many comments, the majority stating that little had been done for staff on the risks and impact of HIV/AIDS in the UN workplace. Many respondents seemed keen to become involved and acknowledged the importance of the issue at stake. At the same time there was also recognition of obstacles, including the lack of information, no budget, and rarely a particular staff member with responsibility for HIV/AIDS among personnel.

It may be that lack of knowledge was a prime reason for the low return rate of parts of the survey, especially since it introduced a number of new policy areas. In particular, the high non-response rate on gender, social dialogue and HIV-related occupational risk may indicate a low level of awareness about these issues. Only two agencies had collected data on the extent of staff insurance cover. On broader questions with human resource implications such as succession planning policies, there was also a negligible response. Proxy indicators were used in some cases to obtain data on elusive areas, particularly by introducing a gender perspective, however it proved difficult to ensure

that the connection was made between gender equality in the UN workplace and HIV/AIDS, some seeing gender equality as a separate issue. The lack of responses would indicate that agencies have yet to integrate HIV/AIDS into the overall human resources strategy or to fully face up to the implications of HIV/AIDS in the workplace.

3 IMPACT OF HIV/AIDS ON THE UN WORKPLACE[7]

HIV/AIDS has social and economic consequences for individuals, their dependants, and communities that coalesce forcefully in the world of work. Like other workplaces, the UN must address these challenges. There is a growing recognition of the organizational impact of HIV/AIDS on the UN system - underlined by the Secretary General in his Reform Agenda for the UN - and of the factors associated with susceptibility to infection.

Many who work for the UN experience factors in their work that may encourage risk-taking behaviours. These include relatively high income, high mobility (including international travel, conference attendance, long-distance driving, field visits), accommodation in hotels, changes of duty station. Such high mobility results in absence from family and social support networks and may disrupt stable partnerships. Work stress/overload is also important and may sometimes be linked to these factors.

The vulnerability of UN workplaces to HIV/AIDS and its impact varies between organizations and depends on a number of factors including:

- The risk profile of staff, including gender, age, position and exposure to risk factors mentioned above;
- Labour intensity, with larger organizations more likely to register a proportionately larger impact, though they may be better able to absorb costs and plan than smaller agencies;
- Skills and levels of specialization in the UN workforce may mean that the loss of staff is difficult to manage, especially in terms of institutional memory and web of institutional and inter-agency connections;
- The presence of HIV/AIDS policy and human resources planning in the workplace;
- Denial of risk factors and failure to address the sources of risk, including insensitivity to issues of cultural diversity, sexual preference, and institutional weakness;
- The predominance of men in authority, and women in lower grade and service positions, which can encourage sexual harassment and increase women's vulnerability;
- Work traditions and rituals that demand long hours in the office, contributing to stress and disrupting personal and family life.

[7] This analysis is indebted to the research and discussion in "HIV/AIDS Impact Assessment on UN Agencies in South Africa", "Potential UN agency and Employee Vulnerability", Report Prepared for the United Nations Theme Group on HIV/AIDS, June 2000.

4 UN PERSONNEL POLICIES ON HIV/AIDS

The UN Personnel Policy on HIV/AIDS was established in 1991. Most UN organizations have adopted it: ACC decision 1991/10 *Principles and Strategies regarding the impact of HIV/AIDS on United Nations Personnel and Operational Policy* using also two guidance notes for policy implementation. Because it is still used by most UN system agencies as their own HIV/AIDS policy, it was considered valid to compare the 1991 policy with the later ILO Code of Practice. In 2001 the ILO adopted its own Personnel Policy on HIV/AIDS (Director-General's circular No. 576) based on the Code of Practice.

4.1 Objectives and use

The key objective of the 1991 policy may be inferred to be the mitigation of the impact of HIV/AIDS on UN staff and their families. The four key policy areas are: a) preventive health measures b) voluntary counselling, testing, and confidentiality c) terms of appointment and service d) health insurance benefits programmes. The guidance notes address implementation in each of these areas.

The ILO Code also covers four key areas of action: a) prevention of HIV/AIDS; b) management and mitigation of the impact of HIV/AIDS on the world of work; c) care and support of workers infected and affected by HIV/AIDS (including their families and communities); d) elimination of stigma and discrimination on the bass of real or perceived HIV status. As well as extending its reach more widely than the 1991 policy (see Scope below), it goes further into the organizational impact of HIV/AIDS on workplaces

It also places more emphasis on processes, emphasizing the importance of "dialogue, consultations, negotiations and all forms of cooperation between governments, employers, workers and their representatives…." (see Social dialogue below), as well as outcomes – "concrete responses at enterprise, community, …sectoral, national … levels".

4.2 Scope

The scope of the 1991 policy was restricted to UN staff and their families/dependants as defined in the UN staff rules and regulations. The guidance notes refer to external 'partners' but only as they offer service provision and capacity building for UN workplaces. A rights-based approach to HIV/AIDS, which is central to the ILO Code, encourages the exercise of a much broader concept of the UN's corporate social responsibility. While promoting policies and practices beneficial to UN staff members and their families, it recognizes that the UN can reach out with beneficial impacts to a much wider group. This would include suppliers, service providers and local communities, for example, by ensuring non-discrimination in subcontracting arrangements and sharing the benefits of workplace programmes.

4.3 Key principles

The ILO Code sets out ten key principles that underpin a comprehensive approach to HIV/AIDS based on the protection and promotion of human rights (full text in part II below). The principles also delineate substantive policy areas within which action should be taken. Within the 1991 Policy, rights are more limited and restricted to the context of employment relationships. The more general human rights approach of the ILO Code

requires wider application than the 1991 policy, including the integration of gender equality, social dialogue and an understanding of the socio-economic impact of HIV/AIDS.

Social dialogue

Social dialogue is a key principle of the ILO Code, and in fact was integral to the process of developing the Code. The 1991 Policy outlines the role of medical services but does not mention consultation with staff representatives or setting up collaborative mechanisms. The guidance notes acknowledge a place for PLWHA as partners in information and awareness-raising but not in policy and programme development.

The Code emphasizes the fact that social dialogue is central to both the development and the implementation of organizational responses and policies. Those involved should be the workplace partners – employers and workers – with an important role for government in establishing a favourable legal and policy environment to encourage workplace action. Other key actors include occupational health service personnel, human resource personnel, AIDS specialists, relevant NGOs, and others. It is useful to establish mechanisms to structure social dialogue, in addition to staff associations, trade unions, and bodies such as workplace or health and safety committees. An HIV/AIDS committee with representation from a wide range of departments and organizational functions, including PLWHA, would provide a strategic starting point for policy dialogue and programme development.

Prevention, training and gender equality

Under the 1991 Policy, prevention guidance focused upon information provision and especially the handbook *AIDS and HIV Infection: Information for United Nations Employees and their Families*. The Policy also indicates that staff of the UN medical services should be actively involved in prevention programmes. The ILO Code gives quite detailed advice on the complementary roles of information, education and training, emphasizing the need to promote personal risk assessment and behaviour change. It recognizes that different groups have different information requirements and prescribes targeted training adapted to the needs of recipients. The groups who may benefit from training are identified in the Code but the 1991 policy has a more generalized approach to both education and training.

Of particular importance in the Code are gender-specific education and training, recognizing that HIV/AIDS impacts differently on men and women and that they are exposed to different types and degrees of risk. Programmes should help women to understand their rights, both within the workplace and outside it, and empower them to protect themselves. Education for men should include strategies to promote responsibility and reduce risky behaviours protecting themselves and their permanent and casual partners. The Code also stresses that more equal gender relations, in society and in the world of work, are vital to successful prevention. Such issues are not, however, covered in the 1991 policy, nor is the need to share information and education with the local community, especially young people (family members, schools programmes …).

Confidentiality

The 1991 Policy encourages the provision of facilities for confidential VCT to staff and their families, in collaboration with the UN medical services and WHO, and specifies that only the person tested has a right to release information concerning his or her HIV serostatus. While the principle of confidentiality is stated clearly its implications are not well-defined. The ILO Code maintains and extends the basic principles, it

proscribes asking questions of job applicants or staff about real or perceived HIV status, or staff about co-workers, and confirms that all personal data should be bound by the rules of the ILO's Code of Practice on the protection of workers personal data (1997). Medical data should be handled only by personnel bound by rules of medical secrecy. In the case of medical examination employers should be advised only of individuals' fitness or otherwise to undertake particular employment, not of any diagnosis.

Testing

The 1991 Policy specifies that testing, with pre- and post-test counselling and assured confidentiality, should be made available to all UN staff members and their families if requested. It also provides that testing should be made available in the event of accidental exposure to infection through the provision of the PEP kit. The ILO Code stipulates that the counselling associated with voluntary testing should be gender sensitive. It also provides guidance on unlinked anonymous testing, which may be used, with staff consent, for purposes of epidemiological data gathering and emphasizes the need for the implementation of safeguards to prevent the use of data to discriminate against individuals or groups.

Care and support

The 1991 Policy addresses care and support through a) promoting a supportive workplace environment b) provision of VCT and non-discriminatory access to health care coverage. The ILO Code proposes that alleviation of the social and economic impact of HIV/AIDS on staff should be integrated with the medical aspects of care outlined in the Policy. A range of workplace measures should be established or extended to provide care and support for staff infected by or affected by HIV/AIDS. Care and support policies would include:

- compassionate leave and adjustments to tasks and workplace
- referrals to support groups
- coordination with all local stakeholders including e.g. schools attended by the children of UN staff
- direct and indirect financial assistance
- provision of advance payments
- managing financial issues relating to sickness and dependants
- legal information, advice and assistance
- assistance in accessing social security and occupational programmes
- development of flexible management to assist staff to stay at work while medically fit and wishing to do so.

Implementation of the Code would see good practice extend beyond directly contracted staff and facilities into the wider local community. Negotiations and the awarding of contracts are opportunities to encourage implementation of key elements of the ILO Code, particularly non-discriminatory work practices and workplace accommodation for those infected and affected.

4.4 Summary

The 1991 Policy was founded upon good principles and, with the two guidance notes, promoted good practice; however, the focus of the Policy was narrow and sometimes poorly integrated into human resources frameworks risking uneven compliance. The more recently developed ILO Code acknowledges developments in understanding about the nature and impact of the HIV pandemic; HIV/AIDS is recognized as much more than a health problem - it is an issue that raises fundamental issues about the operation of the workplace and wider corporate social responsibility. The Code, underpinned by and promoting a human-rights approach seeks to address HIV/AIDS as a problem affecting the world of work, and, in so doing, encourages good practice in care and prevention, education and training, beyond the workplace.

The evolution of policy understanding in the space of over ten years, and the benefit of examples of good practice, help identify specific policy gaps and weaknesses needing to be addressed:

- Recognition of HIV/AIDS as a workplace issue requires good corporate practices on HIV/AIDS and the extension of HIV/AIDS-related policies and rights to all workers regardless of contractual status. Full integration of HIV/AIDS into human resource structures is essential for effective and sustained action.

- A healthy work environment includes but is not limited to the reduction and treatment of occupational hazards associated with exposure to HIV infection. It means the establishment of a work environment that facilitates optimal physical and mental health and adaptation of workplace and tasks to the capabilities of staff in light of their state of health.

- Effective workplace action requires cooperation between management and workforce, with the active involvement of staff living with HIV/AIDS.

- The gender dimensions of HIV/AIDS should be reflected in prevention programmes, counselling, and care and support. The promotion of gender equality and empowerment of women are an integral part of the workplace response to HIV/AIDS, in the UN system as in other settings.

- Information and education are more relevant and likely to be assimilated if adapted to characteristics such as age, gender, education level, culture, race, sexual orientation, with the involvement of staff associations/representatives and PLWHAs.

- Training of core staff is essential to help manage the organizational and human resources implications of HIV/AIDS, and should be adapted and targeted to key groups including supervisors, personnel officers, peer educators, workers' representatives, and health and safety staff.

- All UN-specific responses will be strengthened by community outreach and linkages with local HIV/AIDS campaigns, groups and services, including schools, associations of PLWHAs, and NGOs.

5 POLICY IMPLEMENTATION

5.1 Leadership and commitment

The level of leadership and commitment in addressing the current reality and future threat posed by HIV/AIDS was variable in the UN workplace. The high-level political support generated by the UNGASS Declaration and other events, together with the advocacy of key personnel and the convening role of UNAIDS, has raised the profile of HIV/AIDS within the UN system as among the general public. A small number of agencies have been proactive and innovative in offering leadership within the system as well as internally.

The 1991 personnel policy on HIV/AIDS was adopted unchanged by most agencies and organizations in the UN workplace. Few agencies have internalized the policy through consultation with staff, incorporating it in their human resources policy framework, or adapting it to the specificities of their organizations. Accountability is generally very weak. Only three agencies have more fully developed policies within their own institutional frameworks. No agency reports regularly on implementation to its governing body although all agencies are asked to provide regular periodical updates to the UNAIDS secretariat. No indicators exist to monitor effectiveness, no system-wide evaluation of the impact of HIV/AIDS has been undertaken or review of the implications on the overall human resources framework. The lack of information available on other aspects of the workplace relevant to HIV/AIDS, for instance on staff health, occupational safety, and health insurance coverage, also suggests gaps in implementation. The absence of systematic monitoring and reporting means that most data relevant to the implementation of the 1991 policy is incomplete, and gleaned in the form of ad hoc reporting.

The promotion and implementation of the 1991 Policy has formed the basis for inter-agency cooperation in the UN workplace on HIV/AIDS. While all agencies may undertake initiatives, in practice participation is determined by commitment of human and financial resources. The minority of agencies who have a specialized mandate in the area or dedicated resources and a full time focal point have taken a leading role. There are a growing number of initiatives at country level, but many are still hampered by a lack of dedicated resources and a fall-off of political support away from headquarters.

Although all cosponsors report that they have HIV/AIDS focal points, in practice their role and level of responsibility may still be unclear in some workplaces, especially in organizations lacking experience or technical capacity in this area. A small number of agencies fund a full- or part-time position of HIV/AIDS focal point. Often the role is in addition to regular, defined activities; their effectiveness may be further compromised by a lack of consensus relating to core responsibilities. While several agencies are mainstreaming HIV/AIDS through the development of networks of HIV/AIDS focal points, most do not have the remit to deal with internal issues in the UN workplace.

With only two exceptions, workplace committees that could deal with HIV/AIDS issues such as occupational health and safety committees are inactive or non-existent. While staff associations have taken a leading role in some cases in implementation of HIV/AIDS activities, in many cases their capacity is limited, particularly in small offices.

Inconsistencies in implementation within agencies, as well as between them, can give rise to the perception of differential treatment, as some field offices are more active than others in implementing HIV/AIDS policies. However, differences in capacity to

implement workplace policies also point to the need for investment in human resources and adequate staff training.

Only a few UN organizations have a separate personnel budget for HIV/AIDS. The majority of HIV/AIDS activities are supported through inter-agency funds or through participation in short-term projects. In both cases, sustainability is doubtful if no internal resources are made available for follow-up, and missions are seen as one-off events.

5.2 Prevention and behaviour change

Initiatives aimed at prevention and behaviour change have been limited mainly to dissemination of the UNAIDS information booklet on AIDS. A recent system-wide survey on the UN workplace shows that most staff had not read the book and had a low awareness of HIV/AIDS. It was found that a significant number of staff feared being tested or revealing their HIV status due to concerns about stigma and discrimination. Passive distribution of information is not sufficient and is unlikely to encourage or empower risk avoidance and bring about behaviour change.

The ILO Code includes training as an integral part of prevention and the promotion of behaviour change, targeted at, and adapted to, the different groups being trained, including managers, supervisors and personnel officers, staff and staff representatives, trainers of trainers, peer educators, and occupational health and safety officers.[8] The strategic role of training in organizational capacity-building on HIV/AIDS underlines the relevance of a system-wide benchmark, both to ensure a qualitative standard consistent with the ILO Code and to reinforce the UN's overall approach. In general, little training had been carried out, although some agencies, again the same one or two, had started training initiatives. There was some information about inter-agency training at the country level, although these are nearly all ad hoc and tend to deal superficially with gender issues or not at all. Few agencies distribute condoms or needles or otherwise actively promote practical measures for behaviour change or risk reduction.

There were one or two examples of good practices at the country level of outreach to the local community, but there is no systematic practice of extending HIV/AIDS prevention and support services beyond staff and immediate dependants. Nor is there any consistency in inserting HIV/AIDS compliance clauses in local subcontracting agreements to ensure that all workers on UN premises are protected from discrimination on the basis of HIV status. It may be that arrangements are made informally, and it can be assumed that this is possibly the case with the many consultants in the UN workplace who are for all intents and purposes staff, despite the formal contractual arrangements.

5.3 Protection of rights

HIV/AIDS policies rest on the principle of non-discrimination on the basis of HIV status. They include prohibition of screening or compulsory testing, protection of the employment relationship for HIV affected staff, and confidentiality. Discrimination issues around HIV/AIDS are often complicated by multiple discrimination, for example racial or gender discrimination, or discrimination on the basis of sexual preference. Many employees also fear, or suffer from, stigmatization and rejection by co-workers.

[8] See Section 7, Training, ILO code of practice.

Despite the adoption of the principle of GIPA at all levels of the UN, no agencies specify in their recruitment notices that they have pro-active employment policies for HIV-positive employees, or even that they do not discriminate on the basis of HIV status. The elimination of stigma and discrimination may be furthered through the promotion of supportive environment for HIV positive employees, and GIPA would be one way of achieving this.

While the right to confidentiality is formally protected, the fear of stigma persists. It would seem that many members of staff are reluctant to avail themselves of information about VCT due to their concerns about confidentiality and stigma. There is a need in many cases for medical personnel to be sensitized to these concerns and trained in the management and storage of personnel data. Additional measures may need to be taken to ensure that medical claims are handled confidentially.

The promotion of gender equality in relation to HIV/AIDS is rare with a couple of exceptions in filed offices. Many agencies have gender-equality mainstreaming, sexual harassment or diversity strategies but in general these are not well monitored, and the connections are not made with vulnerability to HIV.[9] They do show, however, that women continue to be over-represented in junior positions and lower pay grades. Increased gender sensitivity would require a better understanding of how gender concerns are relevant to HIV/AIDS policy, and an examination of the factors that make women vulnerable – even in the UN workplace - for example, sexual harassment and domestic violence, frequent missions and heavy work loads, the burden of care, the lower status of women in terms of pay and seniority, among others.

There seem to be no efforts underway to train grievance adjudication/disciplinary bodies in the UN workplace on HIV/AIDS issues. This area is important not only for dealing with substantive matters of discrimination but also in terms of ensuring that confidentiality concerns are adequately protected if staff have to use the same avenues as for other complaints. It would be useful to sensitize the ombudsperson, where one exists, who could act as independent adviser on HIV/AIDS-related grievances.

5.4 Care and support

The ILO Code stipulates that care and support should be treated in a continuum with prevention-oriented measures. Policy measures should, therefore, be aimed at reducing the impact of HIV/AIDS on staff and workplaces as well as vulnerability to infection.[10] Care and support in the UN workplace are mainly approached through initiatives aimed at promoting the availability of treatment,[11] and a number of agencies have made explicit policy commitments to guarantee staff access to HIV/AIDS medication.[12] While treatment is critical and necessary, this may not meet all the needs of

[9] See section 6.3 in the ILO code for guidelines on gender specific and gender sensitive programmes.

[10] For examples see the ILO code of practice, section 9.8 Employee and family assistance programmes. Note that most organizations have a staff counselling or welfare unit, although, most are not specifically equipped to deal with HIV/AIDS-related issues

[11] For instance, through the UN Accelerating Access Initiative and the ACTION project.

[12] For instance, the World Bank and UNDP.

staff living with HIV/AIDS. Most agencies also promote voluntary counselling and testing, and have available the UN-sponsored PEP kits in cases of emergency.

The perception of disparate levels of treatment and availability of benefits raises the question as to whether an "implementation gap" exists between headquarters and field staff. It has been noted that issues and constraints in implementing HIV/AIDS policies are often most keenly apparent at the field level.[13] For instance, the ability to redeem entitlement to full reimbursement of medical costs and access to care and support services is more likely to be negatively affected by discretionary factors such as currency fluctuations and availability of local expertise. Few organizations systematically monitor the health of their workforce,[14] although this would provide useful epidemiological data. Additional information on overall staff health concerns could form the basis of a more comprehensive response to HIV prevention, care and support.[15]

Few agencies have Employee Assistance Programmes and there was a general lack of understanding of what they were and how they related to care and support in the face of HIV/AIDS. A broad care and support package would include the provision of support services such as counselling, leave arrangements and reasonable accommodation, information about community services, support for self-help groups, legal and financial information, advice and assistance – including succession planning, advice on social security and occupational benefits, advance payments. Although it is widely recognized that women typically undertake most AIDS-related care, no specific measures exist to help women mange both care and employment. The inter-agency programme led by WHO on access to care and support is collecting information on local service providers and workplace practices but these remain medically based and are not related to the broader context of employee assistance programmes.

Medical insurance cover varies between agencies and depends on type and length of contract. Short-term or temporary staff with a contract of less than three or, in some cases, six months may have more limited health insurance entitlements, with dependants not automatically covered, although there may be the option for the staff member to cover them voluntarily (at their own expense). Nor are partners of staff members eligible for health insurance unless spouses, as they are not recognized as dependants for the purposes of benefits or allowances. Staff, especially those on non-permanent contracts, may be reluctant to disclose their HIV status for the purpose of claiming health benefits for fear of discrimination and not having their contracts renewed.

External collaborators are normally not eligible for health insurance as most agencies typically do not consider them staff but independent contractors. A major source of concern stems from the misuse of this type of contract, whereby external contractors are effectively working on a continuous and ongoing basis, while remaining

[13]Ulrich Vogel, Evaluation of the Implementation of the ILO Personnel Policy on HIV/AIDS, Harare, Zimbabwe, Mission Report (December 2001).

[14] ILO has recently conducted an inventory on the health of its workforce. An ILO Health Inventory, Dr. Rudolph Wabitsch, (2002).

[15] Section 8.3 in ILO code specifies that anonymous, unlinked surveillance or epidemiological testing in the workplace may occur provided it is undertaken in accordance with the ethical principles of scientific research, professional ethics and the protection of individual rights and confidentiality. Informed consent should be obtained, and testing will not be considered anonymous if there is a reasonable possibility that a person's HIV status can be deduced from the results.

ineligible for health insurance and other entitlements. Most agencies have yet to calculate how great the "insurance gap" is in their workplace.

A key concern regarding access to medical insurance in HIV-related cases is the need for measures that ensure adequate protection of staff members' confidentiality and personal data.[16] While there are some initiatives underway in the UN workplace addressing these concerns,[17] staff need to have confidence that the process by which claims are handled provides a uniform guarantee of protection notwithstanding the type of scheme or contract status.

6 GOOD PRACTICE IN THE UN WORKPLACE

6.1 What good practices reveal

Good practices provide useful information, examples and lessons, but not a simple formula to be duplicated in other contexts, although replicability is an important consideration. Good practices contextualize the various compliance issues raised in a given case. It might be said that the good practices provide 'jurisprudence' or the interpretive elements for identifying and promoting effective responses to HIV/AIDS in the UN workplace.

For each of the areas discussed above instances of good practices can be found, and these provide a positive note for the prospects of future compliance. While the good practices are not systematic, they offer an insight into how individual UN workplaces are coping in effective and sometimes innovative ways with the impact of HIV/AIDS.

The list of good practices given below is not exhaustive and the projects tend to be concentrated in a handful of agencies, underlining the different levels of commitment and capacity among agencies. It highlights the fact that the UN workplace as a whole has not systematically integrated HIV/AIDS into management and human resources planning culture and remains vulnerable to the impact of HIV/AIDS on its workforce and organizational capacity.

The policy tools in Part II provide a basis for strengthening the existing HIV/AIDS policy and implementation framework and for scaling up the instances of good practice.

6.2 Some examples of good practice

- Following a survey of UN system employees in 2002, the UN system adopted an HIV/AIDS learning strategy that aims to ensure that all staff members have a basic understanding of HIV/AIDS. The strategy requires that all staff participate in HIV/AIDS orientation sessions at their duty station. These sessions will provide information on HIV/AIDS, staff entitlements, locally available services, and all aspects of the UN System Personnel Policy on HIV/AIDS. The UN system is committed to ensuring that these learning sessions are culturally

[16] See for instance, the ILO code of practice on the protection of workers' personal data (1997).

[17] For example the task team set up in September 2002 to review coverage and handling of claims under the Medical Insurance Plan (MIP), one insurance scheme in which a number of UN agencies participate.

appropriate and, where possible, available in your mother tongue and accessible to family members. In some countries, the UN system is also developing a network of peer educators across various UN system agencies to promote accurate understanding of HIV/AIDS.

- The World Bank has compiled a folder on HIV/AIDS for staff which contains, among other information, a statement of commitment from the President that "*no more Bank Group staff or their family members should die from AIDS*". It also contains a personal message from a seropositive staff member who is in a managerial position at the Bank, and invites staff to contact him on a confidential and free basis for counselling or any questions that they might have. The Bank has had a Managing HIV/AIDS in the Workplace Committee since 1999. It is chaired by a human resources manager and includes health service personnel, the staff association and regional representation. The formation of local, volunteer HIV/AIDS committee has been supported in country offices.

- UNICEF, UNDP and UNFPA have appointed full time focal points on HIV/AIDS and the UN workplace, and set up a specific budget line. The focal points are located in the Office of Human Resources, have a clearly defined mandate and responsibilities, and work closely with other human resources staff, the learning and training branches, and HIV/AIDS units.

- In 2002, UNDP launched the "*We Care*" initiative seeking to improve implementation of the UN personnel policy on HIV/AIDS and ensure compliance with the ILO Code of Practice. The objectives include ensuring that all staff members have 100 per cent access to anti-retroviral treatment and VCT; to enhance prevention through information, education and training; and to protect the rights of those affected by HIV/AIDS. 10 countries were covered in the first phase, and another 12 countries have been selected for Phase II. Countries selected are allotted a budget of $30,000 and two full-time global advisers have been recruited to provide support, monitoring and advice. Implementation of the "*We Care*" project involves designation of a country project manager and the establishment of country teams, with provision for the recruitment of an external facilitator. Preference is explicitly given to PLWHA and sample terms of references for each of the activities to be carried out are available from the UNDP website.

- In 1993 UNICEF developed its personnel policy on HIV/AIDS within the framework of the policy guidelines approved by the Administrative Committee on Coordination (UN personnel policy on HIV/AIDS), emphasizing six basic principles supporting the creation of awareness raising and a supportive work environment for staff affected by HIV/AIDS. The policy contains facts on HIV/AIDS and explanations of practical concern, including confidentiality of medical records, travel and rotation/reassignment, and a set of precautions including information on condoms, syringes, blood transfusions and motor-vehicle accidents. The UNICEF "*Caring For Us*" programme which implements the policy is in place in most countries and will be scaled up to include the remaining offices in the next two to three years.

- A good example of an integrated approach is UNICEF's "*Caring for Us*" programme in Zambia. A workplace committee has been established and HIV/AIDS is addressed as part of a comprehensive effort to promote staff wellbeing in the context of other relevant issues, such as nutrition, security concerns, domestic violence, sexual abuse, teenage dependants, bullying, stress, work place accommodation as well as traditional occupational safety.

- A UNICEF-led learning needs assessment survey has been carried out over the last several months in the UN workplace on staff perceptions regarding HIV/AIDS. It involved nearly 8,000 respondents - about 10 per cent of the entire UN system - from 82 country and headquarters locations. Seventeen per cent reported that they do not fully understand what HIV is, 74 per cent said they do not understand the basics of treatment, and only 25 per cent said they have ever been tested, either inside or outside the UN. While 5 per cent reported knowing that they are HIV positive and being unwilling to reveal this for fear of losing their job or being treated differently, 41 per cent said that they didn't know their HIV status but worried that seeking this information might be perceived negatively.

- In response to a request for suggestions, 40 per cent of staff replied that they wanted more opportunities to learn about HIV. Nearly half said that they had never received information on HIV/AIDS from the UN, the vast majority noting that their main source of information was the media. The survey of facilitators, which encompassed 60 responses from 21 countries, concluded that the most challenging issues faced in implementing HIV/AIDS learning activities relate to how to respond to attitudes and prejudices, sexual orientation, gender, culture and religion.[18]

- UNDP, in partnership with the National School of Public Health at the Medical University of Southern Africa and the Department of Industrial Psychology of the University of Stellenbosch, South Africa, is offering staff the opportunity to participate in a one-year on-line postgraduate course in "Management of HIV/AIDS in the world of work". The course was developed with technical support from the ILO. In 2002, 18 UNDP focal points undertook the training that includes two one-week face-to-face modules on campus. A new group will be selected for 2003, and costs are fully financed by UNDP with staff members granted 5 per cent time off. Other agencies are also participating in the courses.

- The ILO has conducted gender audits - the first of its kind in the UN system. The specific objectives of the first rounds of audits, held from October 2001 to April 2002, included identifying and sharing good practices on gender mainstreaming, examining the extent to which policies concerning human resources are gender sensitive, as well as the sex balance of staff at different levels, and measuring progress in implementing the ILO's Action Plan on Gender Equality and Gender Mainstreaming. The issues of sexual harassment and HIV/AIDS were identified as relevant issues that should be explicitly integrated into the next round of audits. So far 45 staff members have been trained to be ILO Gender Audit facilitators and 15 work units and field offices have been audited, with another 15 due to be audited in the next round.

- CCISUA (Coordinating Committee for the Staff Union Associations) has a focal point on HIV/AIDS and actively participates in a number of inter-agency initiatives on HIV/AIDS including the IAAG, HR Task Force on HIV/AIDS in the Workplace, ACTION and the PEP Kit initiative. CCISUA has taken a leading role in raising the visibility of HIV/AIDS issues, including through founding an HIV/AIDS Hotline and putting HIV/AIDS on the agenda of inter-

[18] *Quoted from an interview with A. Silverman and M. Clark in UN News, May Edition, 2003.*

agency meetings, such as IAAG. The focal point is located in the Staff Counsellor's office and responsibilities for HIV/AIDS include advocacy, support, information, and staff education among others.

- FICSA (Federation of International Civil Servants' Associations) has been active in raising issues around HIV/AIDS and encouraging UN agencies to ensure the protection of staff rights, including through commissioning research on the impact of HIV/AIDS on the UN workplace and the issuing of an information circular (FICSA/CIRC/888, Ref. socsec/ohs/aids) to all its members in December 2000 urging vigilance on HIV/AIDS and support for those affected.

- The ILO staff union participated in the formulation and development of the ILO personnel policy on HIV/AIDS, adapting the provisions of the ILO Code to the ILO's own workplace. The staff union consulted widely with local associations of PLWHA, human rights experts, and its own staff and HIV/AIDS network of focal points, to draw up a collective bargaining agreement on HIV/AIDS (draft stage; see Part II for text).

- The World Bank takes extra measures to safeguard the confidentiality of staff, particularly of field staff, by offering the option to have sensitive medical claims processed through headquarters. The Bank has set up an AIDS Response Team in the Health Services Department to confidentially handle patient questions, concerns and medical claims processing, and support referral to a network for HIV/AIDS physicians on care issues.

- The WHO is leading an interagency initiative called A.C.T.I.O.N., which stands for Access, Care, Treatment and Inter-Organizational Needs. The objectives are: (i) to alleviate the impact of HIV/AIDS on the UN workforce (staff and dependants), and (ii) to foster a compassionate and supportive work environment for UN staff and dependants. So far 8 missions have been undertaken to selected field offices, by staff from UN medical services and Human Resource Management of various agencies. Local service providers relevant to HIV/AIDS have been identified in selected countries and information collected on practices regarding management of confidential information, insurance coverage and implementation of HIV/AIDS personnel policy.

- The United Nations office in Nairobi, Kenya, will require contractors to provide an eight-point health and welfare package, including the provision of antiretroviral drugs, to any staff members who work at least half the week at the UN campus in Kenya.[19] The programme represents the first of its kind for the UN in the developing world. The announcement comes after the Global AIDS Alliance in May released documentation showing that the UN did not provide HIV/AIDS medical coverage to subcontractors in its Kenya office. The release followed eight months of negotiations for HIV/AIDS care for people who are full-time workers at the United Nations' Kenya campus; the employees perform jobs including maintenance, cleaning, landscaping and food services.

[19] Quoted from kaisernetwork.org Daily Reports (25 July 2003), U.N. Office in Kenya Calls for Contractors To Provide Health Care Coverage, Including HIV Care, to Workers
http://www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=18965

Under the new agreement, the UN will require contractors to offer health care cover, including antiretroviral drugs, to 390 workers. The new agreement also calls for the contractors to increase wages, subsidize transportation and provide four months of maternity leave. Klaus Toepfer of the UN office in Nairobi said, "The UN takes its responsibility in its host countries seriously and we sincerely believe we have come up with a fair and balanced package that reflects the social, health and economic realities of Africa." He added, "We hope the new pay and conditions that will affect all future contracts with the UN here in Kenya will become a blueprint for improved terms and conditions for employees of UN contractors across Africa and the developing world". The workers are expected to receive their benefits by February 2004, when the last of the current contracts comes up for renewal.

6.3 Features of good practices

Common elements of the examples of good practice include:

- Involvement of those affected and all interested stakeholders, to identify and meet direct needs and concerns;
- Staff associations/unions are actively involved and act as strong advocates, including in the local community;
- Integration and monitoring of activities through an office-wide programme and dedicated personnel;
- Field offices have authority to establish local priorities and determine appropriate modes of implementation, including the use of volunteers;
- Committed facilitators, especially PLWHA;
- Management culture is supportive and funds are available for HIV/AIDS;
- Peer advocacy/education at all levels, including management, to combat stigma and discrimination;
- A strong gender component, bringing in what some may see as 'beyond HIV/AIDS' issues such as domestic violence, stress, mobility issues and separation from family;
- Outreach to dependants and surrounding communities;
- Collaboration with local service providers and enhancement of their capacity to promote sustainable levels of care and support;
- Access to treatment and care, with respect for confidentiality and human dignity.

8 RECOMMENDATIONS

The following recommendations point the way forward in terms of promoting the implementation of HIV/AIDS personnel policies in the UN workplace, ensuring consistency with the principles of the ILO Code of Practice:

1. To update and revise the UN personnel policy and guidance notes where gaps have been identified in this review.

2. To agree upon core competencies for HIV/AIDS focal points and allocation of budget lines.

3. To agree upon a framework and mechanism for extending the scope of workplace policies to workers dependent on the UN workplace including subcontractors.

4. To develop and implement pilot HIV/AIDS programmes based on the ILO Code of Practice in selected workplaces, reporting on good practices that would provide a basis for replication through out the UN workplace, especially in offices presently not covered by HIV/AIDS initiatives.

5. To establish an inter-agency roster of trainers and peer educators (including staff living with HIV/AIDS and HIV/AIDS focal points) on HIV/AIDS in the UN workplace.

6. Training for:

    a) HIV/AIDS focal points to promote a common level of AIDS competence, especially to the human resources, gender and rights-based dimensions of the UN workplace response and promote greater functional coherence in activities

    b) senior management and key personnel to identify and address the organizational impact of HIV/AIDS on the workplace

    c) trainers and peer educators.

    This may be conducted by the UN Staff College or ILO International Training Centre in Turin or through peer training. All training initiatives should be coordinated with the parallel programme to provide orientation and training as part of the UN HIV/AIDS Learning Strategy, and ensure that materials are shared and do not duplicate each other.

7. To carry out a financial needs analysis for implementing HIV/AIDS policy and recommendations in the UN workplace.

PART II

IMPLEMENTATION AND MONITORING OF UN PERSONNEL POLICIES ON HIV/AIDS

1 SETTING UP AN HIV/AIDS COMMITTEE

The principle of social dialogue underpins an effective workplace response to HIV/AIDS. A workplace committee, involving the main stakeholders, including human resources department, staff unions/association and medical services, is the primary vehicle for ensuring the representation and active participation of affected workers, representing a key institutional entry point for implementing the GIPA principle through involvement of HIV/AIDS positive workers or networks of PLWHA.

A policy may consist of a detailed document just on HIV/AIDS, setting out programme as well as policy issues (see Appendix 1, ILO Personnel Policy, for an example of this approach); it may be part of a wider policy or strategy on safety, health and working conditions. It should establish principles based on the ILO Code of Practice (see section 3 below). The following steps, taken from the ILO Code, may be used as a checklist for planning and implementing a workplace policy:

- An HIV/AIDS committee is set up and may include representatives of top management, supervisors, medical services, staff representatives, the human resources department, the occupational health unit, the health and safety committee, and, if they are willing, staff living with AIDS. An existing committee may be used, but in either case regular reports should be made to the highest decision-making level. Efforts should be made to ensure representation of women and young people on the committee.

- The committee determines its terms of reference, which should be approved by existing decision-making bodies, e.g. workplace committee, executive board.

- The committee reviews existing policies and regulations in terms of their application in responding to HIV/AIDS.

- The committee assesses the impact of HIV/AIDS on the workplace and the needs of staff by carrying out a confidential baseline study - important for effective planning and for monitoring the effectiveness of the response.

- The committee establishes what health and information services are already available, both at the workplace and in the local community, to avoid duplication and save costs. It can draw upon experience in drug and alcohol programmes, diversity campaigns, and other workplace initiatives.

- The committee formulates a draft policy, which is circulated for comment to all stakeholders and then revised and adopted. The wider the consultation, the fuller the sense of ownership and support. The policy should be written in clear and accessible language.

- The committee draws up a budget, seeking external funds if necessary, and identifies existing resources in the workplace and the local community. Many resources already exist in the UN workplace and in the agencies through HIV/AIDS networks, and these sources of expertise should be used as enterprisingly as possible.

- The committee establishes a plan of action, with timetable and lines of responsibility, to implement policy. It is vital to have at least one designated HIV/AIDS focal point.

- The final draft is approved by the highest decision-making body in the organization.

- The policy and plan of action are widely disseminated through, for example, notice boards, mailing, pay slip inserts, special meetings, induction courses, training sessions, and programmes of information, education and care are put in place.

- The committee reviews the policy in light of internal monitoring and external information about the virus and its workplace implications. The HIV/AIDS epidemic is evolving rapidly, so workplace policies and programmes should be updated accordingly to take account of new developments.

Key Questions for planning and implementing a workplace policy on HIV/AIDS

- Have discussions taken place with management and staff representatives and any outstanding issues been resolved?
- Are the duties and responsibilities of management and staff clearly defined in the policy?
- Does the policy take account of best practices?
- Is there a gender balance among committee members and educators, and are programmes gender sensitive?
- Does the policy embrace all the key areas of prevention and care?
- Does the policy contain a specific commitment to non-discrimination against people living with HIV/AIDS?
- Does the policy state clearly what should happen if disputes or grievances arise with implementation and interpretation?
- Is there a plan to ensure that everyone in the workplace knows and understands the policy?
- Will training programmes be organized for key management staff to make sure that they understand the policy and its implications?
- Is there a mechanism for revising the policy in the light of workplace experience?

Source: *Implementing the ILO Code of Practice on HIV/AIDS and the world of work: an education and training manual*, ILO, Geneva, 2002

2 INDICATORS FOR MONITORING

One of the core indicators to measure implementation of the *Declaration of Commitment on HIV/AIDS*, adopted by the United Nations General Assembly Special

Session on HIV/AIDS, is the percentage of international organizations that have HIV/AIDS workplace policies and programmes. In April 2002, at the meetings of the Committee of Cosponsoring Organizations (CCO) and the Inter-Agency Advisory Group on AIDS (IAAG), it was agreed that the UN workplace should comply with the *ILO Code of Practice on HIV/AIDS and the world of work*. The following indicators have been developed as a basis for monitoring the implementation of HIV/AIDS policy in the UN workplace based on the standards established in the *ILO Code of Practice*.

2.1 UN agency commitment and action

Agency has:

1. Evaluated the impact of HIV/AIDS on its workplace

2. Developed a policy and strategic plan on HIV/AIDS in collaboration with workplace partners, including but not limited to staff associations, staff living with HIV/AIDS, human resources departments, medical services, local NGOs of people living with HIV/AIDS

3. Integrated HIV/AIDS into its human resources policy framework

4. Performed a financial-needs analysis of the implications for implementing HIV/AIDS policy in the workplace included in core budget and follow up to UNSSP.

5. Monitored and reported on implementation of HIV/AIDS policy annually to governing body

2.2 Prevention and IEC

Agency has:

1. Promoted gender-sensitive information, education and communication on HIV/AIDS and related issues through regular staff training

2. Addressed HIV/AIDS through a workplace committee, either specifically or as part of occupational health structures, involving management and staff representatives in the development of measures for reasonable accommodation for staff affected by HIV/AIDS and in monitoring and assessment of implementation of HIV/AIDS policy

3. Promoted VCT by providing free access to staff and dependants and/or referrals to local service providers

2.3 Non-discrimination and protection of staff rights

Agency has:

1. Adopted policy framework prohibiting discrimination against staff with HIV/AIDS, in recruitment, promotion, and all work processes and for the purposes of insurance benefits and other entitlements

2. Addressed gender equality in the workplace, including through measures to reduce the gender pay gap and increase the number of women in senior management, strategies to combat sexual harassment, provision of maternity and paternity leave, and time off for caring in the context of HIV/AIDS.

3. Protected confidentiality of staff including training for health care personnel on management of HIV/AIDS related information which is to be kept in confidential medical files with disciplinary procedures for breach of confidence

4. Enforced HIV/AIDS policies through establishment of grievance procedures or referral mechanisms and/or sensitisation of UN personnel (including staff ombudsperson), with special focus on measures to protect staff confidentiality

4 Care and support

Agency has:

1. Promoted comprehensive and gender-sensitive HIV/AIDS care and support, including for dependants of staff living with HIV/AIDS

2. Developed and/or incorporated HIV/AIDS related implications in Employee Assistance Programmes

3. Ensured that all staff, including short term and temporary staff, are covered by health insurance for the purpose of HIV and AIDS-related claims.

4. Ensured that all staff have access to treatment

3 IMPLEMENTATION BENCHMARKS

The three main policy clusters for the development of benchmarks are (i) prevention and behaviour change; (ii) non-discrimination and protection of rights; (iii) comprehensive care and support. The benchmarks provide more extensive guidelines related to the indicators and encourage agencies to engage in self-assessment through comparing their responses and sharing examples of good practices. A proposed set of benchmarks based on the ILO Code of Practice are suggested below, however these should be developed and updated through an analysis of "what works best" as established by the agencies themselves.

3.1 The protection of rights of UN staff and dependants

The following ten key principles of the ILO Code of Practice provide a framework for a rights-based approach to HIV/AIDS in the UN workplace:

Recognition of HIV/AIDS as a workplace issue

HIV/AIDS is a workplace issue, and should be treated like any other serious illness/ condition in the workplace. This is necessary not only because it affects the workforce, but also because the workplace, being part of the local community, has a role to play in the wider struggle to limit the spread and effects of the epidemic.

Non-discrimination

In the spirit of decent work and respect for the human rights and dignity of persons infected or affected by HIV/AIDS, there should be no discrimination against workers on the basis of real or perceived HIV status. Discrimination and stigmatization of people living with HIV/AIDS inhibits efforts aimed at promoting HIV/AIDS prevention.

Gender equality

The gender dimensions of HIV/AIDS should be recognized. Women are more likely to become infected and are more often adversely affected by the HIV/AIDS epidemic than men for biological, socio-cultural and economic reasons. The greater the gender discrimination in societies and the lower the position of women, the more negatively they are affected by HIV. Therefore, more equal gender relations and the empowerment of women are vital to successfully prevent the spread of HIV infection and enable women to cope with HIV/AIDS.

Healthy work environment

The work environment should be healthy and safe, so far as is practicable, for all concerned parties, in order to prevent transmission of HIV, in accordance with the provisions of the Occupational Safety and Health Convention, 1981 (No. 155). A healthy work environment facilitates optimal physical and mental health in relation to work and adaptation of work to the capabilities of workers in light of their state of physical and mental health.

Social dialogue

The successful implementation of an HIV/AIDS policy and programme requires cooperation and trust between employers, workers and their representatives and government, where appropriate, with the active involvement of workers infected and affected by HIV/AIDS.

Screening for purposes of exclusion from employment or work processes

HIV/AIDS screening should not be required of job applicants or persons in employment.

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 the ILO's code of practice on the protection of workers' personal data, 1997.

Continuation of employment relationship

HIV infection is not a cause for termination of employment. As with many other conditions, persons with HIV-related illnesses should be able to work for as long as medically fit in available, appropriate work.

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 which are culturally sensitive. Prevention can be furthered through

changes in behaviour, knowledge, treatment and the creation of a non-discriminatory environment. The social partners are in a unique position to promote prevention efforts, particularly in relation to changing attitudes and behaviours, through the provision of information and education, and in addressing socio-economic factors.

Care and support

Solidarity, care and support should guide the response to HIV/AIDS in the world of work. All workers, including workers with HIV, are entitled to affordable health services. There should be no discrimination against them and their dependants in access to and receipt of benefits from statutory social security programmes and occupational schemes.

3.2 Prevention and behaviour change

- Links with health promotion programmes should be made, wherever feasible, dealing with issues such as drug use, stress, psycho-social issues, and sexual and reproductive health. Existing occupational safety and health programmes provide an entry point for HIV/AIDS awareness campaigns, educational programmes and anti-discrimination strategies.

- Information, education and training programmes on HIV/AIDS should take place during paid work hours.

- All programmes should be gender-sensitive, as well as sensitive to culture, race and sexual orientation. This includes targeting women and men separately and in mixed groups. Programmes should help women to understand their rights, both within the workplace and outside it, and empower them to protect themselves. Education for men should promote men's responsibility for HIV prevention. Gender organizations or youth groups should be actively involved, if possible.

- Practical measures to support behaviour change should aim at prevention and risk management, and include STI and TB diagnosis, sterile needle and syringe exchange programmes, and the distribution of male and female condoms.

- Participation in self-help and community-based groups should be encouraged in order to enhance the welfare of staff living with HIV/AIDS and appropriate referrals made to outreach and support services where these are not present at the workplace.

- Training should be targeted specifically towards different groups, and be adaptable to the local context. Detailed training guidelines should address a wide range of workplace stakeholders including managers, supervisors, and personnel officers; staff representatives; trainers of trainers (both male and female); peer educators; and occupational safety and health officers.

- Training should encompass skills to deal with and eliminate workplace prejudice against minorities, especially in relation to ethnic origin and sexual preference, and include gender sensitive and sex-specific programmes dealing with issues of unequal power relations, harassment and violence.

- Peer educators should receive specialized training so as to be able to deliver information on methods of HIV prevention, be sensitive to race, age, sexual orientation, gender and culture, link into and draw from other existing workplace policies, such as those on sexual harassment or for persons living with disabilities, facilitate personal risk assessment and management, and be able to counsel staff living with HIV/AIDS about coping with their condition and its implications.

- People living with HIV/AIDS who are willing to be peer educators and take part in education and training activities have a vital role to play in dispelling stigma and strengthening the credibility of prevention messages, based on the approach developed by the programme on the Greater Involvement of People Living with AIDS.

- Training should be reviewed, updated and evaluated annually with a strong emphasis on sharing experiences and good practices between the agencies.

3. 3 Comprehensive care and support

- Care and support are essential to HIV prevention strategies and for mitigating the impact on UN staff and their dependants living with HIV/AIDS.

- Information about external HIV/AIDS related medical and support services should be made available to staff.

- Where confidential voluntary confidential testing occurs, it should always be accompanied by gender- and culturally-sensitive pre- and post-test counselling.

- Treatment after occupational exposure should be made available to staff through post-exposure prophylaxis kits (PEP), and followed by referral to appropriate medical facilities and counselling.

- UN staff living with HIV/AIDS should be treated no less favourably than staff with any other serious illness/condition in the workplace in terms of medical benefits, workplace compensation and the option of reasonable accommodation of work duties in light of physical and mental health.

- Reasonable accommodation through practical adjustments should be made to assist HIV-affected staff manage their work. Measures should be flexible enough to vary according to the needs of the staff member, and may include reducing or rescheduling working hours, modifying tasks or changing jobs, adapting the work environment, providing rest periods, granting time off for counselling or other services.

- Health-care services should offer the broadest range of services to prevent and manage HIV/AIDS, including the provision of anti-retroviral drugs, treatment for relief of HIV-related symptoms, reproductive and sexual health, nutritional counselling and supplements, stress reduction and treatment for opportunistic infections associated with HIV/AIDS, including STIs and TB.

- Benefit schemes for UN staff and their dependants should not be defined narrowly, but should address the progressive and intermittent nature of HIV/AIDS.

- Where private insurance schemes are used, the insurers and the employers should ensure that all information relating to counselling, care and treatment and receipt of benefits related to HIV/AIDS is kept confidential.

- Health care supervisors should be trained on the management of HIV/AIDS related information.

- Staff and job applicants should not be asked to disclose their HIV status. HIV/AIDS related information should be kept in confidential medial files. In case of medical examination, the employer is informed only of the conclusions relevant to fitness for work and not of any medical information. Disciplinary and grievance procedures exist in cases of breach of confidentiality, with appropriate protections for staff complainants.

- UN organizations should review and develop services for staff that take into account the impact of HIV/AIDS on affected dependants and households, and may include family assistance programmes and the provision of measures such as compassionate leave, credit and financial planning services, information and training in HIV/AIDS care and prevention for caregivers at home, assist with legal and health referrals, self-help and community-based groups.

4 RESPONSIBILITIES OF HIV/AIDS FOCAL POINTS

One of the four key commitments on HIV/AIDS in the UN workplace taken by heads of agencies at the Nineteenth Meeting of the Committee of Cosponsoring Organizations (CCO), 12 April 2002, Rome, was to appoint HIV/AIDS focal points within human resources departments. While many agencies have focal points, in practice the responsibilities and resources of focal points varies significantly. The following proposed list of core functions could serve as a common denominator for HIV/AIDS focal points UN workplace.

- The HIV/AIDS focal point in the UN workplace should be a member of the Office of Human Resources and report directly to its Chief.

- The HIV/AIDS focal point has a work plan and a budget that have been approved by the senior management.

- The main responsibilities of the HIV/AIDS focal point include:

    - Support ongoing implementation of agency personnel policy on HIV/AIDS

    - Active involvement in the establishment and activities of the workplace committee addressing HIV/AIDS

    - Regular liaison with staff including promoting the greater involvement of people living with HIV/AIDS in policy development and implementation

    - Develop information, advocacy and communication tools and use them for the benefit of all staff

- Provide personal counselling or referrals to outside counselling and support services
- Provide advice and referral for staff complaints for disciplinary and grievance related matters
- Facilitate social dialogue between members of the workplace on HIV/AIDS related matters including management, medical services, human resources, staff representatives, UN agencies and NGOs
- Interact with other UN agency focal points to share information and promote coordinated responses in the UN workplace
- Provide support missions to field offices, technical assistance, advice and referrals when requested
- Review the existing personnel regulations and develop recommendations if needed.

5 COLLECTIVE BARGAINING ON HIV/AIDS

An HIV/AIDS policy will almost certainly have implications for existing terms and conditions of work. A collective bargaining process could take place in parallel alongside the process of drafting the workplace policy, or existing collective or workplace agreements can be modified once the policy has been finalized. One example might be disciplinary procedures. A workplace policy could state that employees who refuse to work with co-workers who are HIV positive may be subject to disciplinary action. This would require a change in staff regulations and/or the collective agreement covering disciplinary procedures. It is also important to establish and clarify grounds for dismissal.

Attached in annex is the text of a draft collective agreement on HIV/AIDS currently being negotiated within the ILO and potentially more broadly applicable in the UN workplace. It may be used as reference for policy development or as a guide for implementation. It should always be remembered that even though the UN system has agreed to the common principles in the *ILO Code of Practice*, on which this agreement is based, the exact way in which it is implemented will differ according to the needs, workplace culture and social dialogue mechanisms in each UN organization. For this reason a collective/workplace agreement is an important step in implementing the policy.

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ANNEX 1

COLLECTIVE AGREEMENT ON PERSONNEL
POLICY ON HIV/AIDS

between

the (name of party)
(hereinafter referred to as 'the Office')

and

the (name of party)
(hereinafter referred to as 'the Union/Association')

Preamble

The purpose of this Agreement is to establish a Personnel Policy on HIV/AIDS, acceptable to both the Office and the Union (hereinafter referred to as 'the Parties'), with the aims of ensuring the elimination of stigma and discrimination on the basis of real or perceived HIV status; care and support for staff members and their families infected and affected by HIV/AIDS; practical prevention measures to encourage and support behaviour change to reduce the risk of HIV infection; education and training to raise awareness, assist personal risk assessment and management and promote coping strategies; support for staff members living with HIV/AIDS; and protection of the fundamental rights and dignity of all staff members regardless of HIV status.

The Parties recognise that this Agreement represents an improvement on existing structures, benefits and processes. All substantive entitlements of staff members shall remain intact, except where this Agreement states otherwise.

Article 1
Guiding Principles

1.1 *Recognition of HIV/AIDS as a workplace issue*: HIV/AIDS is a workplace issue, and should be treated like any other serious illness/condition in the workplace. This is necessary not only because HIV/AIDS affects the workforce, but also because the workplace, being part of the local community, has a role to play in the wider struggle to limit the spread and effects of the epidemic. As part of the UN system, the Office has a particular responsibility to address the needs of staff and their dependants in relation to HIV/AIDS and to respond effectively and compassionately to the challenges that HIV/AIDS presents to the workplace

1.2 *Non-discrimination*: In the spirit of decent work and respect for the human rights and dignity of persons infected or affected by HIV/AIDS, there should be no discrimination against staff on the basis of real or perceived HIV status. Discrimination and stigmatization of people living with HIV/AIDS inhibits efforts aimed at promoting HIV/AIDS prevention and care. The principle of non-discrimination extends to contractual status, recognised dependents, and in access to health insurance, pension funds and other entitlements of staff.

1.3 *Gender equality*: The gender dimensions of HIV/AIDS should be recognized. Women are more likely to become infected and are more often adversely affected by the HIV/AIDS epidemic than men due to biological, socio-cultural and economic reasons. It is often women

who have the heaviest burden of care for family and community members. Men, as well as women, should be actively engaged in all aspects of prevention, care and support. More equal gender relations and the empowerment of women are vital components of prevention strategies to stop the spread of infection, to enable women to protect themselves, and to enable families and communities to cope with the burden of HIV/AIDS.

1.4 *Healthy work environment*: The work environment should be healthy and safe, so far as is practicable, for all concerned parties, in accordance with the provisions of the *Occupational Safety and Health Convention* 1981 (No. 155). A healthy work environment is one free of harassment, violence, stress and discrimination and should be facilitated by the provision of information and equipment in the workplace, as well as care and support. A healthy work environment facilitates optimal physical and mental health in relation to work and adaptation of work to the capabilities of staff in light of their physical and mental health.

1.5 *Social dialogue*: The successful implementation of an HIV/AIDS policy and programme requires cooperation and trust between the Office and the union and should be based on respect for the principle of greater involvement of people living with HIV/AIDS (GIPA).

1.6 *Screening for purposes of exclusion from employment work processes*: HIV/AIDS screening should not be required of job applicants or persons in employment.

1.7 *Confidentiality*: There is no justification for asking job applicants or workers to disclose HIV-related personal information. Nor should staff be permitted to reveal such personal information about fellow staff. Access to personal data relating to a staff member's HIV status should be bound by the rules of confidentiality consistent with the *ILO Code of Practice on the Protection of Workers' Personal Data, 1997*.

1.8 *Continuation of employment relationship*: HIV infection is not a cause for termination of employment. As with many other conditions, persons with HIV-related illnesses should be encouraged to work for as long as medically fit in available, appropriate work with the option of reasonable accommodation measures.

1.9 *Prevention*: HIV infection is preventable. Prevention of all means of transmission can be achieved through a variety of strategies. Prevention can be furthered through awareness raising, support for behaviour change, and the creation of a non-discriminatory environment. The Office and the Union are in a unique position to promote prevention efforts particularly in relation to changing attitudes and behaviours through the provision of information and education.

1.10 *Care and support*: Prevention, treatment, care and support form a continuum and should guide the response to HIV/AIDS in the world of work. Care and support are essential to the prevention of HIV and to mitigating the impact on those who are affected. Among others, care and support includes the provision of confidential voluntary testing and counselling, workplace accommodation (such as flexible time arrangements and compassionate leave) and employee and family assistance programmes. There should be no discrimination in access to and receipt of benefits from health insurance and occupational schemes.

Article 2
Definitions

For the purpose of this Agreement:

2.1 The expression "staff member" means any person with a paid relationship with the Office as defined in the Collective Agreement on a Procedure for the Resolution of Grievances (Article 2.1).

2.2 The expression "HIV" is the Human Immunodeficiency Virus, a virus that weakens the body's immune system, ultimately causing AIDS.

2.3 The expression "Affected persons" means persons whose lives are changed in any way by HIV/AIDS due to the broader impact of this epidemic.

2.4 The expression "AIDS" means the Acquired Immune Deficiency Syndrome, a cluster of medical conditions, that results in a weakened immune system due to HIV infection.

2.5 The expression "Discrimination" is used in accordance with the definition given in the Discrimination (Employment and Occupation) Convention, 1958 (No. 111), to include HIV status. It also includes discrimination on the basis of a worker's perceived HIV status, including discrimination on the ground of sexual orientation.

2.6 The expression "Reasonable accommodation" means any modification or adjustment to a job or to the workplace that is reasonably practicable and will enable a person living with HIV or AIDS to have access to or participate or advance in employment.

2.7 The expression "Screening" means measures whether direct (HIV testing), indirect (assessment of risk-taking behaviour) or asking questions about tests already taken or about medication.

Article 3
Recognition of HIV/AIDS as a workplace issue

3.1 The Office recognises that HIV/AIDS is a workplace issue and will be treated within the Office like any other serious illness or condition.

3.2 The Office is committed to working with the Union and its representatives, and people living with HIV/AIDS, both at Headquarters and in the Field, to achieve the aims set out in this Agreement.

3.3 The Office is committed to working with other UN agencies and with its partners in promoting and supporting efforts to prevent the spread and mitigate the impact of HIV/AIDS in the world of work and for staff and their dependants in the UN workplace.

Article 4
Gender Equality

4.1 The Office recognises that equality between women and men is vital to preventing the spread of HIV infection and will take every opportunity to address this factor in its efforts to

implement the present policy on HIV /AIDS as well as within the scope of its broader mandate. This includes addressing gender inequality in conditions of work for women staff members, including addressing precious contract status and measures to promote parity in grading and pay levels.

4.2 Gender equality is a cross cutting issue and will be mainstreamed into strategies for HIV/AIDS prevention and care and support for staff members, and will address the specific needs of different groups, such as young people, women, men who have sex with men, and workers who are members of minority groups.

4.3 Workplace assistance measures and measures for reasonable accommodation to support staff to continue working, should recognise that while men are encouraged to be equal partners in prevention, care and support, women often bear a disproportionate burden of care for those who are ill from HIV and AIDS-related illness and therefore may need special assistance.

Article 5
Non-discrimination

5.1 The Office is committed to ensuring that staff members are not discriminated against, directly or indirectly, on the basis of their own real or perceived HIV status, or of that of a dependant, whether in relation to access to particular occupations, transfer, extension, promotion, training, workplace accommodation, access to benefits or any other matter.

5.2 No practice or policy is to allow, directly or indirectly, discrimination against staff members or applicants for a post within the office because they are infected with, or affected by, HIV/AIDS.

5.3.1 Should a staff member consider that s/he has been subject to any conduct which constitutes discrimination or unfair practice in relation to HIV/AIDS, s/he is encouraged to take appropriate action under the Office's grievance procedures.

Article 6
Prohibition on screening in recruitment and employment

6.1 Information concerning the HIV status of a person will not be sought in any way by the Office either at the time of recruitment or as a condition of continuing employment or promotion. This includes all routine medical testing or any other form of screening such as testing for fitness carried out prior to the commencement of employment or on a regular basis or for the purposes of relocation. Such screening, whether direct or indirect, is unnecessary and is an affront to the human rights and dignity of workers.

Article 7
Voluntary testing

7.1 Where staff request the Health Service to test for their HIV status, blood samples so taken are to be referred to external services and the results transmitted directly to the staff member concerned. The Health Service is also available to direct staff who wish to be tested for their HIV status to appropriate services at the locality where the staff member is based, and will seek to ensure that such testing be performed by suitably qualified personnel with adherence to strict confidentiality and disclosure requirements. Either the Health Service or a recommended local service will conduct counselling prior to, and following, voluntary testing with a view to facilitating an understanding of the nature of the HIV test and the advantages and disadvantages of the test, in a manner which is culturally and gender sensitive.

Article 8
Respect for privacy and confidentiality

8.1 HIV-related information is confidential and there is no obligation on staff members to make disclosure of any such information. There is no justification for asking job applicants or staff members to disclose HIV-related personal information, nor should staff be allowed to reveal such personal information about other staff. Only information that has been provided voluntarily by a staff member about her/his HIV status is to be maintained in medical files, which will be kept separate from any personnel file. Any such information will be treated with the utmost confidentiality and in accordance with the *ILO Code of Practice on the Protection of Workers' Personnel Data, 1997*.

(a) The Office will ensure that all information relating to counselling, care, treatment and receipt of benefits is kept confidential, as with medical data pertinent to staff, and accessed only in accordance with the Occupational Health Services Recommendation, 1985 (No. 171).

Article 9
Continuation of the Employment Relationship

9.1 HIV status is not a cause for termination of employment. Staff should be encouraged to work as long as medically fit in available appropriate work. Measures should be taken to reasonably accommodate staff with HIV and AIDS related illness. These could include rearrangement of working time, special equipment, time-off for medical appointments, flexible sick leave, part-time work and return-to-work arrangements. Family assistance programmes and reasonable accommodation measures should recognise that women often have burden of care for those who are ill from HIV and AIDS, and special assistance and/or other measures may be required to support them to continue working.

Article 10
Promotion of Occupational Safety and Health in the context of HIV/AIDS

10.1 The Office is committed to ensuring that the working environment is healthy and safe, as far as practical, for all staff. At the same time it will make clear to staff that casual contact at the workplace does not carry any risk of HIV infection. Training about infection control procedures to be applied in the event of workplace accidents and first aid will be given in the context of other education and training programmes.

10.2 In the case of exposure to the risk of infection, immediate action will be taken to counsel the person concerned to cope with the incident, any medical consequences, the desirability of testing for HIV infection, the availability of post-exposure prophylaxis and referral to an appropriate medical facility.

10.3 The successful implementation of a HIV/AIDS programme may require the establishment of a HIV/AIDS committee involving management, medical services, human resources department, health service, safety and health committee, training committee, and representatives of the union; wherever possible, HIV/AIDS should be integrated into existing occupational health structures, such as the Joint Safety and Health Committee.

Article 11
Prevention through Education and Training

11.1 Information programmes at all levels are essential to increase awareness and understanding of HIV/AIDS. Such programmes- which will be tailored to the locale, age and gender characteristics of the staff and their dependants- will be undertaken regularly and updated to

contain the latest information on HIV/AIDS and its effects on individuals, their family and the workplace. These programmes will provide up-to-date information and explain how HIV is and is not transmitted, methods of prevention, dispel the myths surrounding HIV/AIDS, as well as the possibilities of care, support and treatment for staff members living with HIV/AIDS.

11.2 A prevention strategy comprising participation in education programmes as well as awareness-raising campaigns will be developed and implemented. These will include personal risk assessment and skills to manage attitude and behaviour change. These will be integrated, as appropriate, into existing education and human resource policies and programmes, safety and health measures and anti-discrimination and/or diversity strategies.

11.3 Staff members will be given help in assessing the risks they might face and advice on ways and means of reducing them. Particular attention will be given to developing communication and negotiation skills. Practical measures, including the provision of condoms and access to voluntary testing and counselling, will be taken to support behavioural change.

11.4 HIV prevention measures will be linked to health promotion programmes taking cognisance of the interplay with issues such as substance use, stress, psycho-social factors, and reproductive health.

Article 12
Training

12.1 Training is the key to ensure the effective implementation of the policy on HIV/AIDS. In cooperation with other relevant bodies, the Joint Training Committee should be involved in training for the following:

(a) *Supervisors* will be trained in order to enable them to respond to questions on policy, dispel misconceptions, explain reasonable accommodation options, prevent discrimination and advise on available services and benefits;

(b) *Peer educators* should receive specialised training as to be able to deliver information on methods of HIV prevention, be sensitive to race, age, sexual orientation, gender and culture, link into and draw from other existing Office policies, such as those on sexual harassment or for persons with disabilities, facilitate personal risk assessment and management, and be able to counsel staff living with HIV/AIDS about coping with their condition and its implications.

(c) *Staff Representatives* will be trained in order to explain the Office policy, train other staff, identify and prevent discrimination, foster a supportive workplace environment, advise on risk assessment and management, and offer help on reasonable accommodation options.

Article 13
Solidarity, care and support

13.1 In responding to HIV/AIDS at the workplace, the Office is committed to providing and promoting solidarity, care and support for its staff members and their dependants.

13.2 Staff members living with HIV/AIDS shall be encouraged to work for as long as medically fit for available appropriate work. All workplace partners, together with people living with HIV/AIDS, should be involved in the creation of a supportive environment, which includes psycho-social support, care and treatment for staff members and include the option of reasonable accommodation measures.

13.3 Health insurance is available to all eligible staff members and their dependants, regardless of

HIV status. There will be no testing for HIV infection as a condition of access to these benefits. Health insurance premiums will be not affected by HIV status. The staff health insurance scheme generally covers medication and treatment for HIV/AIDS, including anti-retroviral drugs, subject to the standard provisions. Measures will be taken to seek to ensure the full reimbursement to staff and their recognised dependants of anti-retroviral drugs and treatment.

13.4 The Health Service, in close cooperation with other units especially Human Resources, is the responsible contact point for information about, and access to, counselling services, voluntary testing, anti-retroviral drugs, treatment for the relief of HIV-related symptoms, nutritional counselling and supplements, stress reduction and other forms of assistance and treatment. The provision of these services is subject to the most stringent confidentiality requirements. In the case of disability or death resulting from HIV/AIDS, applicable benefits will be payable to the staff member or her/his beneficiaries.

Article 14
Miscellaneous

14.1 This Agreement shall become effective on the date of signature.

14.2 No term of this Agreement shall be suspended, modified, cancelled or otherwise amended except by means of a written agreement signed by the Parties. The Parties may renegotiate any part of this Agreement. Periodic monitoring and review of the agreement should be carried out to evaluate its implementation, and the need to update it or modify it in light of advances in knowledge about HIV/AIDS and the most effective methods of treatment.

14.3 The Staff Regulations and other relevant texts shall be appropriately amended to give effect to this Agreement, within six months of its signature, in a manner which also preserves other substantive entitlements of staff members within the meaning of paragraph two of the Preamble to this Agreement. In any case of doubt between this Agreement and a relevant article of the Staff Regulations, the interpretation that is more favourable to the staff member(s) concerned shall take precedence and prevail.

14.4 Any grievances arising hereunder will be settled according to the provisions agreed upon in the Collective Agreement on a Procedure for the Resolution of Grievances, having due regard to the principle of confidentiality in relation to HIV/AIDS and any measures for accommodation that this may require.

14.5 A copy of this Agreement and the related amendments to the Staff Regulations shall be provided to each existing and future staff member. The Parties shall ensure that all staff members are aware of the existence of this Agreement and undertake to give its implementation the highest priority.

SIGNED on this day, ……., in two copies, in the English language, by the representatives of the Parties duly authorized to that effect.

(name of officer)
Director
Human Resources Development Department
(name of UN organization)

(name of officer)
Chairperson
Staff Union/Association
(name of UN organization)

ANNEX 2

IATT Members

- ACTION programme
- CCISUA
- CEB Secretariat
- FAO/WFP
- FICSA (FAO)
- FICSA (IMO)
- FICSA (New York)
- FICSA (WHO)
- GTZ
- ILO
- ILO Medical Service
- ILO Staff Union
- Learning Needs programme
- MERG
- New Academy UK (Research Institute)
- PAHO
- UNAIDS
- UNAIDS GIPA Advisor
- UNDP
- UNESCO
- UNFPA
- UN-HABITAT
- UNHCR
- UNHCR, Head Nurse
- UNICEF
- UN MS (Medical Service)
- UNOG
- UNOG Medical Unit
- UN/OHRM
- UNOPS
- UNRISD
- WHO
- WHO Staff Association
- World Bank

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ISBN-92-2-115436-X

Compliance report cover_ss_red.indd 2 27.05.2004 10:26:46