MANAGING HIV / AIDS IN THE WORKPLACE

International Labour Organization

Employers Confederation of the Philippines

EMPLOYERS HANDBOOK FOR ACTION

ILO Subregional Office for Southeast Asia and the Pacific
Manila, Philippines
2008

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MESSAGE

The Employers Confederation of the Philippines (ECOP) is active in workers' welfare protection programs, and is supportive of the formulation of the comprehensive workplace policy and programs on HIV/AIDS in the workplace. Promoting decent and productive employment means that rights at work are protected, adequate income is generated, social protection is provided for, and participation in the democratic process is guaranteed through tripartism and social dialogue.

HIV/AIDS policies and programs in the workplace can, among other things, help ensure stable production by preventing high turnover of staff and decreasing absenteeism. Moreover, HIV/AIDS policies are beneficial for the corporate image, as the signs of social responsibility help enhance the company's reputation with internal and external customers.

Consistent with this belief, ECOP, shall address the problem of HIV/AIDS by implementing a comprehensive and pro-active program at the workplace. It believes that the spread of HIV can be prevented and its impact reduced, for the affected employees, families and communities by creating an understanding, supporting, non-discriminatory and caring workplace environment. To achieve this, ECOP shall provide access to information, resources and support to its member-companies relative to HIV/AIDS, in the exercise of Corporate Social Responsibility.

This handbook will serve as a guide to companies in the establishment and strengthening of HIV/AIDS program in the workplace.

SERGIO ORTIZ-LUIS JR., President
EMPLOYERS CONFEDERATION OF THE PHILIPPINES

MESSAGE

ILO recognizes that HIV/AIDS is a public health emergency and believes that the workplace is key to preventing the spread of the epidemic as well as providing information and assistance on treatment and support. Hence, in 2001 the ILO published the Code of Practice to serve as the framework for action related to the workplace. The Code contains key principles for policy development and practical guidelines for programmes at enterprise, community and national levels. It has received widespread support and at the request of ILO's partners worldwide, it has been translated into 46 languages.

The situation in the Philippines is a unique one in certain terms. Even though its prevalence of HIV is considered relatively low compared to neighbouring countries in Asia the country already has a national law which is recognized as an international "good practice" in the field of HIV/AIDS. Provisions in the law promote some of the fundamental principles on non-discrimination and the full protection of human rights that form the cornerstone of ILO advocacy surrounding HIV/AIDS. Workplace education is regarded as a primary strategy.

Now, with this Employers Handbook on HIV/AIDS, we see another good-practice material in the making. The Handbook is tangible evidence that the law's provisions are gradually being transformed into concrete actions. The Handbook draws its ideas from a wide spectrum of resources, primarily the ILO Code of Practice. It is designed to provide good-practice information on workplace programmes from around the world at the same time as focusing on local perspectives, giving its users the inspiration that they need and also the "know-how". The Employers Confederation of the Philippines (ECOP) is to be commended for developing, in partnership with ILO, this important document.

Indeed, we look forward to more companies in the Philippines successfully implementing workplace programmes on HIV/AIDS through this Handbook and to Filipino men and women enjoying full protection not just from the disease but also from stigma and discrimination.

LINDA WIRTH, Director
ILO SUBREGIONAL OFFICE FOR SOUTHEAST ASIA AND THE PACIFIC

ACRONYMS

AFP – Armed Forces of the Philippines
AIDS – Acquired Immune Deficiency Syndrome
CADPI – Central Azucarera de Don Pedro, Inc.
DOH – Department of Health
DOLE – Department of Labor and Employment
ECOT – Employers' Confederation of Thailand
ECOP – Employers' Confederation of the Philippines
HIV – Human immunodeficiency virus
ICASO – International Council of AIDS Service Organizations
ILO – International Labour Organization
IOF – International Organization of Employers
IRR – Implementing rules and regulations
LS&CO – Levi Strauss and Company
LSF – Levi Strauss Foundation
PBSP – Philippine Business for Social Progress
PLWHA – People living with HIV/AIDS
STIs – Sexually transmitted infections
TBCA – Thailand Business Coalition on AIDS
WHO – World Health Organization

INTRODUCTION

There is a growing recognition among the business sector on the challenge of HIV/AIDS as a public health issue and how it will affect productivity and profitability. *Managing HIV/AIDS in the Workplace: Employers' Handbook for Action* will be an important tool for companies who wanted to establish or strengthen their HIV/AIDS program. This handbook is designed for use by companies' human resources managers, company service providers and union representatives.

Users of this handbook will find relevant laws, national and international, on HIV/AIDS that will serve as legal framework for the development of a company policy. This will also serve as a guide on designing and implementing an HIV/AIDS program for the workplace.

Basic facts about HIV/AIDS

What is AIDS?

AIDS stands for acquired immunodeficiency syndrome—a pattern of infections which follows infection by the human immunodeficiency virus, or HIV, which attacks and destroys certain white blood cells that are essential to the body's immune system.

When HIV infects a cell, it combines with that cell's genetic material and may lie inactive for years. Most people infected with HIV are still healthy and can live for years with no symptoms or with only minor illnesses. They are infected with HIV, but they do not have AIDS.

After a variable period of time, the virus becomes activated and then leads progressively to the serious infections and other conditions that characterize AIDS. Although there are treatments that can extend life, AIDS is a fatal disease. Research continues on developing possible vaccines and, ultimately, a cure. For the moment, however, the best "vaccine" is to adopt behaviors and attitudes that can prevent the transmission of HIV.

Persons who are HIV-positive are both infected and infectious for life. Even when they look and feel healthy, they can transmit the virus to others.

What is HIV?

The human immunodeficiency virus, or HIV, attacks the body's immune system. By weakening the body's defenses against diseases, HIV makes the body vulnerable to a number of potentially life-threatening infections and cancers. HIV can be transmitted from one person to another.

HIV spreads through three major routes:

- **Unprotected sex** (vaginal, anal, oral) carries a risk of HIV transmission because it brings semen and vaginal secretions directly into contact with exposed mucous membranes, through which HIV can enter the body. Unprotected anal and vaginal sex have a high risk of transmission; the risk is lower for oral sex;
- **Blood** including through transfusions of unscreened blood, sharing of injecting equipment (not just needles), organ transplants, and blood products;
- **Mother to child** or from an infected woman to her child during pregnancy, delivery and breastfeeding.

An "HIV-positive" person is someone who has HIV and "HIV-negative" means that a person does not have HIV.

HIV is NOT passed on by:

- shaking hands, hugging, kissing
- coughing or sneezing
- working with people
- sharing food or utensils
- using toilets, showers or swimming pools
- getting a mosquito or insect bite

People with HIV look and act just like people without HIV infection

Protect yourself by always:

- using a condom during sex;
- using sterilized needles and equipment, if injecting drugs or other substances;
- ensuring that any blood for transfusions and organs for transplants have been screened for HIV;
- accessing antenatal care and appropriate prophylaxis for minimizing the risk of mother-to-child transmission

From HIV to AIDS.

Individuals with HIV are infected for life and are at risk of dying from opportunistic infections caused by the weakening of their immune system. Treatment with antiretroviral drugs, where they are available, can slow the progression of HIV, and this means there is room for hope for a condition that was once considered a "death sentence". Appropriate and timely medication for opportunistic infections can substantially prolong the life of someone with HIV. In individuals who do not get antiretroviral therapy, the time between infection with HIV and the development of the serious illnesses that define AIDS is around eight years, and most patients do not survive much more than two years after the onset of AIDS without appropriate medical interventions.

Source: UNAIDS (The UNAIDS Report, 1999; AIDS and HIV Infection, 2000; Global Business Council, 2001)

Why an ECOP Employers' Handbook on HIV/AIDS?

From January 1984 to May 2007, there were 2,857 HIV cases reported in the country (HIV/AIDS Registry, Department of Health, 2007). However, the actual figure may be several thousands more. It is believed that the Philippines has the potential to face an AIDS epidemic because of its burgeoning sex industry, changing patterns of sexual behavior (particularly among the young people), relatively high rates of other sexually transmitted infections, non-use or infrequent use of condoms, low general awareness of HIV/AIDS, and highly mobile population—factors and conditions which are conducive to the potential spread of HIV. However, because of stigma and discrimination against people with HIV, many people are reluctant to be tested and those that know they have HIV may not disclose the fact to their partners or to health practitioners.

Although there is a debate regarding the actual number of people living with HIV, the extent of HIV infection is probably under-reported—in fact, the epidemic appears to be hidden and steadily growing. Most Filipinos infected with HIV are aged 15-49, inarguably the most productive sector of the labor force. This means that there may be many Filipinos in their most productive age who are living with HIV without even knowing it, and possibly passing the virus on to others. Because HIV/AIDS *affects* the working population, it should be recognized as a workplace issue.

For you—the employers—there are three main reasons why it is necessary to deal with HIV/AIDS in the workplace (ILO, 2002: 15):

- First, because HIV/AIDS impacts on your world of work—reducing the supply of labor and available skills, disrupting the production cycle, under-utilizing equipment and temporary staff (IOE and UNAIDS, 2002), increasing labor costs, reducing productivity, threatening your and your workers' livelihood, and undermining workers' rights.

  For example, a study of large industries in Chennai, India reported that absenteeism was expected to double in the next two years, mainly due to STD and AIDS-related illnesses. Similarly, a number of firms in the US indicated an annual cost of US$3,500-6,000 for each worker with HIV/AIDS (ILO, 2002: 11).

- Secondly, because the workplace is a good place to tackle HIV/AIDS. Standards are set for working conditions and labor relations. Workplaces are communities where people come together and they discuss, debate, and learn from one another. This provides an opportunity for awareness raising, education programs, and protection of individual rights.

- Thirdly, because you—the employers—are leaders in your local community, and people look up to you to set a positive example. Leadership is crucial in managing HIV/AIDS. Some employers in the Philippines have already embarked on a workplace program such as Levi Strauss Philippines, Central Azucarera Don Pedro, Yazaki-Torres and Mabuhay Vinyl Corporation (ECOP, 2002).

Organizing an HIV/AIDS effort in the workplace will also underscore your pro-active commitment to fulfilling your legal, international and corporate social responsibilities in preventing the spread of the virus (see Module 1 for details). Overall, having a workplace-

based policy and program benefits you—the employers—in several ways (Coca-Cola Africa (Source: http://www.weforum.org/pdf/Initiatives/GHI_HIV_CocaCola_AppendixB.pdf)

- It is your investment in the future of your business.
- You help minimize the spread of HIV among your existing and potential workforce.
- You respond effectively and strategically to the primary health problems facing your employees.
- It cuts the costs of your HIV-related illnesses in the workplace.
- You lead in helping your country's response to HIV/AIDS.
- You improve your corporate image among your employees and the public.

Box 1. Levi Strauss & Co and Levi Strauss Foundation for HIV/AIDS Prevention: A Model Example of Corporate Social Responsibility

Levi Strauss & Co (LS&CO) is a company known not only for its quality apparel from the Levi's® and Dockers® brands but also as one that conducts its business in a responsible manner. LS&CO's commitment to ethical business practices and social responsibility can be traced back to the values of its founder, Levi Strauss, who devoted substantial time and resources to charitable and philanthropic activities in the San Francisco Bay Area in the United States.

The Levi Strauss Foundation (LSF), established in 1952, provides grants to community-based organizations working to create social change where LS&CO does business. LSF aims to make a difference by having the courage to address tough social issues and by empowering people to solve their own problems and those of their communities.
LSF and LS&CO have a strict non-discrimination policy of not supporting organizations which discriminate against a person or group on the basis of age, political affiliation, race, national origin, ethnicity, gender, disability, sexual orientation or religious belief.

LSF and LS&CO focus on alleviating poverty for youth (aged 7-25) and women through three inter-related areas:

- *Preventing the spread of HIV/AIDS* through education and awareness related programs, especially where social bias towards HIV/AIDS remains strong
- *Increasing economic development opportunities* by supporting workforce development, micro-enterprise programs and asset-building initiatives, and
- *Ensuring access to an education* where none is provided or access is limited.

LSF's largest and newest project in the Philippines is with Consuelo Foundation, Inc. The effort seeks to help build capacity for Don Bosco technical institutions to deliver best-in-class integrated technical education combined with reproductive health, HIV/AIDS education, life skills and business skills. LSF has also funded the Philippine Business for Social Progress (PBSP) on a variety of programs for HIV/AIDS education.

A group of LS&CO employees was trained in innovative story-telling methods for HIV/AIDS education and outreach programs; LS&CO has received an award for these innovative

efforts in education. The CIT there has been an active volunteer with numerous organizations, including the Women's Health Care Foundation, AIDS Society of the Philippines, and Foundation for Healthcare Continuum.

The Gap

There is little doubt that HIV/AIDS should be acknowledged as a workplace issue because of its attendant costs and benefits, and, more importantly, because it is a legal and corporate social responsibility of every employer. However, the fact is workplace-based HIV/AIDS policies and programs are still uncommon in the Philippines. In 2002, an ECOP survey found that although one-third of the 64 service and manufacturing industry employers have already carried out workplace HIV/AIDS education, the majority has yet to embark on a similar effort (many of whom were even unaware that they had legal and corporate social responsibility to workplace-based HIV/AIDS prevention).

In view of the dearth of company efforts, and given its policy statement recognizing HIV/AIDS as a matter of concern for employers, ECOP feels it necessary to encourage more companies to establish workplace HIV/AIDS policies and programs.

As there is a broad lack of knowledge of HIV/AIDS prevention in general among employers in the Philippines, ECOP thought that employers would be better guided towards crafting and implementing a workplace effort if they were first provided with appropriate information and perspectives. Thus, ECOP—under the auspices of the International Labor Organization, Philippines—reviewed documents and interviewed key resource people, and then synthesized and organized all the collected information into an employers' handbook. The purpose of this handbook is to provide you—the employers—with a framework for developing or enhancing your workplace-based policy and program against HIV/AIDS.

The contents of the handbook are aligned with the provisions stipulated in the implementing rules and regulations of Republic Act No. 8504 (the Philippine AIDS Prevention and Control Act of 1998), as well as with those embodied in the international HIV/AIDS workplace-related documents prepared by the ILO. The human rights and gender equality perspectives—core principles on which both sources are based—are integrated in the contents of the handbook.

Organization of the handbook

Seven modules are covered in this material:

Module 1: National and International Legal Framework

Discusses legal and international perspectives within which employers may develop or strengthen their workplace policy and program on HIV/AIDS.

Module 2: Preparing the Workplace

This part discusses how to fulfill the two major activities needed to initiate HIV/AIDS education in the workplace: setting up of structures, and needs assessment.

Module 3: Prevention and Education

This module highlights the specific strategies and activities in which to raise awareness and improve knowledge about the HIV epidemic and its impact on the world of work; and about the modes of viral transmission and preventive measures.

Module 4: De-stigmatization and Non-discrimination of People Living with HIV: Shattering myths and misconceptions

It is important to consider the damage caused by a work environment that allows stigmatization and discrimination against people living with HIV, as well as other socially marginalized people. The fourth module recommends a number of strategies and activities seeking to foster the de-stigmatization and non-discrimination of employees with HIV. An enabling workplace encourages acceptance and understanding and promotes access to HIV related services within the wider community.

Module 5: Care and support

This section details the ways and means which the employers and workers, their organizations and their partner organizations can promote care and support for employees with HIV. The terms “care” and “support” do not pertain solely to the provision of counseling and treatment to individual employees with HIV/AIDS, but also cover the provision of social support and protection.

Module 6: Networking and Referral

There already exists an array of organizations engaged in HIV/AIDS work in the Philippines which employers may access in support of their company program. This module lists the name, address, contact persons and contact numbers of relevant organizations.

Module 7: Monitoring, Evaluation and Reporting

Republic Act No. 8504 highlights the need to adopt monitoring and reporting systems. This final module recommends a systematic way of tracking, documenting, assessing and reporting the implementation process; changes in knowledge, attitudes, behavior/practice;

and satisfaction with the workplace program. Employers must present evidence and reports to the Department of Labor and Employment for their performance and compliance with the HIV/AIDS law.

Organization of the module

Each module discusses the topic at hand in detail, highlighting its importance and relevant issues, and offers examples or models.

The modules cover the most basic topics considered as essential in a workplace HIV/AIDS policy and program. The applicability and workability of these modules may vary from one company to another as these will also be contingent on such factors as management interest and commitment, flexibility, type and size of industry, location, and work cycles and shifts. Some adjustments (for instance, activity duration) may have to be made to suit workplace conditions.

References and Resource Materials

This part lists the complete details of the sources of information cited in the handbook, which employers may access for further reading and data.

Appendices

Ten appendices supplement the handbook with useful tools. They include:

A: Checklist for drafting an HIV/AIDS policy
B: Sample Workplace HIV/AIDS policies
C: Sample HIV/AIDS KABP questionnaire for needs assessment
D: Training and Facility Needs Assessment questionnaire
E: Partial list of potential organizations for networking and referral
F: Lessons from business experiences
G: No-cost and low-cost actions
H: Frequently asked questions
I: Planning checklists
J: Rights of the client

MODULE 1:

NATIONAL AND INTERNATIONAL LEGAL FRAMEWORK

This Module includes:

- **RA 8504 *(The Philippine AIDS Prevention and Control Act of 1998)***
- **Labor Standards Enforcement Framework**
- **The ILO Code of Practice**

MODULE 1

NATIONAL AND INTERNATIONAL LEGAL FRAMEWORK

The impact of HIV/AIDS on the workforce, and the role of the workplace as a key arena where HIV/AIDS is managed (ILO, 2002) are well recognized. To ensure that these are appropriately addressed in current and future workplace efforts, appropriate national legislation has been passed and a code of practice internationally accepted.

The work environment should be healthy and safe for all concerned parties in accordance with ILO Conventions on Occupational Safety and Health, and one component of this is to provide HIV/AIDS education for workers. Employers, thus, have legal frameworks within which to anchor the development or enhancement of their workplace-based HIV/AIDS policies and programs, assuring them not only of fulfilling a legal requirement but also of meeting international standards in HIV/AIDS prevention. This module presents the salient points of existing legal frameworks for workplace intervention.
Note: The Philippines has ratified only one of the ILO's OSH Conventions, C170, which pertains to the mining industry

1.1 National Legislation

A. Republic Act 8504 (The Philippine AIDS Prevention and Control Act of 1998)

Highlights:

- Prohibition of compulsory testing for HIV
- Respect for human rights, including privacy of individuals with HIV
- Integration of HIV/AIDS education in schools from intermediate to tertiary levels
- Provision of basic health and social services for individuals with HIV
- Promotion of safety and precautions in practices that carry the risk of HIV transmission
- Prohibition of discrimination against persons with HIV/AIDS in the workplace, schools, hospitals and in insurance services.

As the Philippine AIDS Prevention and Control Act of 1998, the law stipulates, among others, that:

1. HIV/AIDS policy and program in the workplace is compulsory (Article I, Section 6):

> *All government and private employees, workers, managers, and supervisors, including members of the Armed Forces of the Philippines (AFP) and the Philippine National Police (PNP), shall be provided with the standardized basic information and instruction on HIV/AIDS which shall include topics confidentiality in the workplace and attitude towards infected employees and workers. In collaboration with the Department of Health (DOH), the Secretary of the Department of Labor and Employment (DOLE) shall oversee the anti-HIV/AIDS campaign in all private companies while the Armed Forces*

Chief of Staff and the Director General of the PNP shall oversee the implementation of this section.

2. Each employer shall develop, implement, evaluate and fund a workplace HIV/AIDS education and information program for all their workers. The program shall include the following elements (Rule 2, Section 15 of the Act's implementing rules and regulations or IRR):

   - The HIV/AIDS education prototype and the modifications therein suited to the target audience.
   - List of trainers and other resource persons from the same or other workplace(s).
   - Training schedule.
   - Self-learning information materials such as booklets, brochures, flyers and tapes.
   - Dissemination and distribution schedule of self-learning materials.
   - A monitoring and reporting scheme.

3. HIV/AIDS education shall be integrated in the orientation, training, continuing education and other human resource development programs of employers and employers in all government and private offices (Rule 2, Section 15 of the Act's IRR).

4. Selection of content or topic shall be guided by the following criteria (Rule 2, Section 7 of the Act's IRR):

   - Accurate – biomedical and technical information is consistent with empirical evidence of the WHO, the DOH, or other recognized scientific bodies. Published research may be cited to establish the accuracy of the information presented.
   - Clear – the target audience readily understands the content and message.
   - Concise – the content is short and simple.
   - Appropriate – content is suitable or acceptable to the target audience.
   - Gender-sensitive – gender refers to the social differences and relations between girls and boys, women and men that are learned and vary widely within and between cultures and change over time. The content therefore should portray a positive image or message of the male and female sex; it does not discriminate against women or against men who have sex with men. The term "men who have sex with men" - frequently shortened to MSM - describes a behaviour rather than a specific group of people. It includes self-identified gay, bisexual, transgendered or heterosexual men.
   - Culture-sensitive – content recognizes differences in folk beliefs and practices, respects these differences and integrates as much as possible folkways and traditions that are conducive to health.
   - Affirmative – alarmist, fear-arousing and coercive messages are avoided as these do not contribute to an atmosphere conducive to a thorough discussion of HIV/AIDS.
   - Non-moralistic and non-condemnatory – education and information materials or activities do not impose a particular moral code on the target audience and do not condemn the attitudes or behaviors of any individual or population group.

- Non-pornographic – content or activity informs and educates and do not titillate or arouse sexual desire.

5. No compulsory HIV testing shall be allowed. However, the State shall encourage voluntary testing for individuals with a high risk for contracting HIV, provided that written informed consent must first be obtained (Article 3, Section 15).

6. All health professionals, medical instructors, workers, employers, recruitment agencies, insurance companies, data encoders, and other custodians of any medical record, file, data, or test results are directed to strictly observe confidentiality in the handling of all medical information, particularly the identity and status of persons with HIV (Article 6, Section 30).

7. Provision of basic health and social services for individuals with HIV/AIDS shall be assured (Rule 1, Section 3b.4).

> *Discrimination in any form from pre-employment to post-employment, including hiring, promotion or assignment, based on the actual, perceived or suspected HIV status of an individual is prohibited. Termination from work on the sole basis of actual, perceived or suspected HIV status is deemed unlawful (Article 7, Section 35).*

B. Labor Standards Enforcement Framework

In Rule 2, Section 15 of Republic Act 8504, it is stated that the monitoring and assessment of the workplace HIV/AIDS education program in the private sector shall be the responsibility of the Department of Labor and Employment (DOLE). HIV/AIDS is part of the occupational and safety and health standard issues in the workplace.

In 2004, DOLE issued Department Order No. 57-04 which is "aimed at ensuring the effective implementation of the Labor Standards Enforcement Framework in order to build a culture of voluntary compliance with labor standards by all establishments and workplaces, and expand the reach of the DOLE through partnership with labor and employers' organization as well as with other government agencies and professional organizations that also have a stake on the welfare and protection of workers."

1.2 International Standards

The ILO Code of Practice on HIV/AIDS and the World of Work

The International Labor Organization (ILO) has produced a Code of Practice on HIV/AIDS and the World of Work, which forms the cornerstone of ILO's efforts against HIV/AIDS. It was produced in response to many requests for guidance, especially from employers for developing workplace policies and programs to combat the spread of HIV and mitigate its impact.

The Code establishes both the rights and the responsibilities of the tripartite partners as well as key principles of workplace policy. It covers the key areas of:

- Prevention through education, gender-aware programs, and practical support for behavior change.

- Protection of workers' rights, including employment protection, gender equality, entitlement to benefits, and non-discrimination;

- Care and support, including confidential voluntary counseling and testing, as well as treatment in settings where local health systems are inadequate.

The Code was developed through widespread consultations, taking into account examples of national codes and company policies in many regions throughout the globe. It was approved at a tripartite meeting of experts in Geneva, Switzerland in May 2001 and adopted by the ILO Governing Body in June 2001. Launched at the United Nations General Assembly Special Session on HIV/AIDS in 2001, the Code has been received by governments (including the Philippine government) and their workplace partners in all regions and given widespread political support; it has been translated into 46 languages to date at the request of constituents.

The ILO Code of Practice has 10 key principles (ILO, 2001: 3-4)

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 it affects the workforce, but also because the workplace, being part of the local community, has a role to play in the wider struggles to limit the spread and effects of the epidemic.

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 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.

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. 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.

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 ILO 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.

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

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

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

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 able to work for as long as medically fit in available, appropriate work.

9. *Prevention*
   HIV infection is preventable. Prevention of all means of transmission can be achieved through a variety of strategies which are appropriately targeted to national conditions and which are culturally sensitive.

   Prevention can be furthered through changes in behavior, 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 behaviors through the provision of information and education, and in addressing socio-economic factors.

10. *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 dependents in access to and receipt of benefits from statutory social security programs and occupational schemes.

MODULE 2:

PREPARING THE WORKPLACE

This Module includes:

- **How to form an HIV/AIDS committee**
- **How to develop a company policy on HIV/AIDS**
- **Sample policy statements on HIV/AIDS**
- **Sample company policy on HIV/AIDS**
- **Facility and Needs Assessment for the workplace**
- **Sample Action plan for an HIV/AIDS program**

MODULE 2

PREPARING THE WORKPLACE

Prior to planning and implementing an HIV/AIDS program in the workplace, two major preliminary activities are necessary: the setting up of structures and needs assessment. Structures will define, among others, who in the company will plan and implement the intervention; and within what set of principles and framework it is going to be implemented. Needs assessment will help determine the HIV/AIDS-related needs of employers and workers (which shall form the basis of the scope and coverage of the ensuing intervention), and the HIV/AIDS-related resources (human and non-human) which the company needs to run the program.

2.1 Developing Program Structures

A. HIV/AIDS committee

- The committee is a group of individuals composed of a broad representation of the workforce—from all levels of managers to all levels of workers, men and women, of varying age levels, and both HIV positive and negative.
- Its over-arching purpose is to manage all aspects of the company HIV/AIDS program implementation.
- Its responsibilities include drafting the workplace HIV/AIDS policy; and planning and implementing and obtaining funding for HIV/AIDS strategies (ILO, 2003).
- Officer positions (program coordinator, and component coordinators) should be defined including their respective tasks and responsibilities. Committee members may be appointed or elected to positions.
- The committee should first undergo HIV/AIDS training on all the topics covered in the handbook's six modules even before they plan the program. The company should invite external resource persons to conduct the training (contact organization/s listed in Module 5).

If a company has an existing committee such as the occupational safety and health standards committee, it can subsume HIV/AIDS as one of its critical concerns. The committee's scope of work may be sparse initially, but it may expand over time.

B. HIV/AIDS policy

- A policy is an official, written statement which provides the basis or framework for action. (Family Health International, 2002:44-46)
- ILO highlights the importance of having a policy on HIV/AIDS, as it:
  - makes an explicit commitment to corporate action,
  - ensures consistency with appropriate national laws,

- lays down a standard of behavior for all employees (whether HIV positive or negative),
- gives guidance to supervisors and managers,
- helps employees living with HIV/AIDS to understand what support and care they will receive, so they are more likely to go for voluntary testing,
- helps to stop the spread of virus through prevention, and
- assists an enterprise to plan for HIV/AIDS and manage its impact, so it ultimately saves money.

- Policies that do not work are those that include (ILO, 2005):
  - blame,
  - discrimination and stigmatization,
  - compulsory testing,
  - isolating people living with HIV (or people associated with them), and
  - marginalizing affected populations.

(*See Attachment A: Checklist for Adapting an HIV/AIDS Policy*)

- To formulate an HIV/AIDS policy, the ILO recommends the following:

1. **GENERAL STATEMENT**. The policy begins with a general statement or introduction that relates the HIV/AIDS policy to the local context and existing business practices, including some or all of the following:

   - The reason why the company has an HIV/AIDS policy
   - A statement about how the policy relates to other company policies
   - Policy compliance with national and local laws and trade agreements

   Example:
   The purpose of this policy is to ensure a consistent and equitable approach to the prevention of HIV/AIDS among employees and their families, and to the management of the consequences of HIV/AIDS, including the care and support of employees living with HIV/AIDS. The policy has been developed and will be implemented in consultation with employees at all levels. It is in compliance with Republic Act No. 8504 and with the ILO Code of Practice on HIV/AIDS and the World of Work.

2. **POLICY FRAMEWORK AND GENERAL PRINCIPLES**. The policy establishes some general principles as the basis for specific provisions.

   Example:
   Company X does not discriminate or tolerate discrimination against employees or job applicants on any grounds, including being HIV positive. While the company recognizes that there are circumstances unique to HIV infection, this policy rests on the principle that HIV infection and AIDS should be treated like any other serious condition or illness that may affect employees. It takes into account the fact that employees with HIV can live full and active lives for a number of years. The company's commitment to maintaining a safe and healthy work environment or all employees is based on the recognition that HIV is not transmitted by casual contact.

3. **SPECIFIC PROVISIONS.** The policy includes provisions in the specific areas of:

   a) *Stigma, discrimination and rights*: No rights—from confidentially to access to benefits—should be affected by an individual's HIV status, real or alleged. Stigma and discrimination also undermine HIV prevention efforts, which depend on an atmosphere of openness, trust and respect for basic rights (see Box 1.1 for examples of policy statements in this area).

Stigma and discrimination compromise employee welfare and a safe and healthy work environment.

   b) *Awareness raising and education*: In the absence of a vaccine or cure, information and education are vital components of an HIV prevention program in the workplace. Because the spread of the disease can be limited by informed and responsible behavior, practical measures such as condom distribution are also important means of supporting behavior change (see Box 1 for examples of policy statements in this area).

   c) *Care and support for workers and their families*: It is in the interest of both enterprise and employee if individuals with HIV/AIDS are assisted to remain at work as long as possible (see Box 1 for examples of policy statements in this area).

4. **IMPLEMENTATION AND MONITORING.** If the policy does not take the form of a negotiated agreement, a short clause could be added whereby management and worker representatives pledge their full support to the policy (see Box 2.2 for examples of policy statements in this area).

Box 2. Examples of policy statements in three major areas of an HIV/AIDS program

A. Stigma, discrimination and rights

1. *Rights of employees who are HIV positive.* HIV-positive people will be protected against discrimination, victimization or harassment. Normal company disciplinary and grievance procedures shall apply equally to all employees, as will the provision of information and education about HIV and AIDS.

2. *Employment opportunities and termination of employment*. No employee should suffer adverse consequences, whether dismissal or denial of appropriate alternative employment opportunities, merely on the basis of HIV infection.

3. *Testing*. HIV testing as a prerequisite for recruitment, access to training and benefits, promotion or continuation of work is rejected. However, access to voluntary confidential testing with counseling at appropriate facilities outside of the workplace for all employees is hereby promoted.

4. *Epidemiological testing.* Testing programs for epidemiological purposes will be subject to appropriate consultation with recognized workers' representatives and will be subject to independent and objective evaluation and scrutiny. The results of epidemiological studies will not be used as a basis for discriminating against any class of employee in the

workplace. All such testing will comply with accepted international standards on pre and post-test counseling, informed consent, confidentiality and support.

5. *Confidentiality*. The company recognizes the sensitive issues that surround HIV/AIDS and guarantees to handle matters in a respectful and confidential manner. Medical records will be kept separately from personnel files, and only approved medical staff will have access to them. Where an employee with HIV has revealed his/her status to management, the company will keep the identity of such person strictly confidential. At the same time, in line with the company's philosophy, the company will promote an environment in which an HIV+ worker who chooses to openly disclose his/her status will be accepted and valued.

B. Awareness-raising and education on prevention

1. Appropriate awareness and education activities will be conducted to inform employees about AIDS and HIV which will enable them to protect themselves and others against HIV infection. Some of these will include the families of employees and the local community.

2. The company recognizes the importance of involving employees (men and women) and their representatives in the planning and implementation of awareness, education and counseling activities, especially as peer educators and counselors.

3. Practical measures to support behavior change and risk management will include the treatment of sexually transmitted infections (STIs) and tuberculosis (TB) (or where possible referral to STI and TB treatment services in the community), sterile needle and syringe exchange programs (if relevant to the local situation), and the distribution of male and female condoms.

4. Training shall be arranged for key staff including managers, supervisors, and personnel officers; union representatives; male and female trainers; peer educators; and occupational safety and health officers.

5. Reasonable time off will be given for participation in education and training.

C. Care and support for workers and their families

1.*The promotion of employees' well-being*. The company will treat employees who are infected or affected by HIV with empathy and care. It will provide all reasonable assistance which may include counseling, time off, sick leave, family responsibility leave, and information regarding the virus and its effects.

2. *Work performance and reasonable accommodation*. It is the policy of the company to respond to the changing health status of employees by making reasonable accommodation in the workplace for those living with HIV. Employees may continue to work as long as they are able to perform their duties in accordance with accepted performance standards. If an employee with HIV is unable to perform his/her tasks adequately because of health reasons, the manager or supervisor must resolve the problem according to the company's normal procedure on performance/ill health.

3. *Benefits.* Employees living with HIV/AIDS will be treated no less favorably than staff with any other serious illness/condition in terms of statutory and company benefits, workplace compensation, where appropriate, and other available services.

4. *Health care* (contingent on company size and available resources for medical care). The company will offer the broadest range of services possible to prevent and manage HIV, including the provision of anti-retroviral drugs (ARVs), treatment for relief of HIV-related symptoms and for opportunistic infections (especially TB), reproductive and sexual health services, and advice on healthy living including nutritional counseling and stress reduction. The dependents of employees will also be eligible for medical treatment. Appropriate support and counseling services will be made available to employees.

Possible Alternative

The Company will help employees living with HIV/AIDS to find appropriate medical services in the community, as well as counselling services, professional support and self-help groups if required. Reasonable time off will be given for counselling and treatment.

Source: http://www.ilo.org/public/english/protection/trav/aids/examples/workcover.pdf

5. **BUDGET AND FINANCE.** The company will make every effort to allot budget for the HIV/AIDS program. Without such support, it may be difficult to implement the program.

Box 3. Examples of policy statements in the implementation and monitoring aspects of an HIV/AIDS program

1. The company has established an HIV/AIDS committee (or a coordinator in a small workplace) to coordinate and implement the HIV/AIDS policy and program. The committee consists of employees representing all constituents of the company, including general management. The lead person will report regularly to the executive board of the company.

2. In order to plan and evaluate its HIV/AIDS policy and program effectively, the company will undertake a survey to establish baseline data and regular risk and impact assessment studies. The studies will examine HIV/AIDS-knowledge, attitudes and behavior/practices (KABP) of employers and workers. Studies will be carried out in consultation and with the consent of workers and their representatives, and in conditions of complete confidentiality.

3. This policy, and related information on HIV/AIDS, will be communicated to all company employees and the wider public using the full range of communication methods available to the company and its network of contacts.

4. This policy will be reviewed annually and revised as necessary in the light of changing conditions and the findings of surveys/studies conducted.

Source: ILOAIDS

Box 4. Example of a Philippine company HIV/AIDS policy: The case of Central Azucarera de Don Pedro, Inc. (CADPI)

General statement
CADP is committed to the optimum development of its most important assets—its human resources. It also believes that maintaining a healthy workforce should be a primary corporate concern.

Consistent with this belief, CADP shall address the problem of HIV/AIDS by implementing a comprehensive and pro-active program at the workplace. It believes that the spread of

HIV/AIDS can be prevented and its impact reduced, for the affected employees, families and communities by creating an understanding, supporting, non-discriminatory and caring workplace environment. To achieve this, CADP shall provide access to information, resources and support to its employees relative to HIV/AIDS.

Specific policies
It shall be the policy of CADP to create and nurture a workplace environment that ensures respect for human dignity and rights of all persons, including those with HIV/AIDS. As such, CADP shall observe the following:

1. To uphold the individual rights and responsibilities of employees affected by HIV/AIDS including the right to have access to timely, accurate, adequate, appropriate and relevant information about HIV/AIDS and its prevention.

2. To design and disseminate timely, accurate, and relevant information about HIV/AIDS and its prevention to all employee and their families.

3. To integrate care and support for employees with HIV/AIDS in existing health and social services including providing re-orientation of CADP caregivers in terms of knowledge and attitudes and referral to competent laboratories and caregivers duly accredited by DOH who volunteer for HIV/AIDS testing.

4. To integrate respect for human dignity in personnel policies by not making HIV/AIDS testing and screening a pre-condition for employment or as part of the annual health examination.

5. To uphold the provisions and implementing guidelines of Republic Act 8504 otherwise known as the Philippine AIDS Prevention and Control Act of 1998 which are applicable to private companies or employers.
(*See Attachment B: Sample Workplace HIV/AIDS Policy)*

2.2 Needs Assessment

A needs assessment is a systematic set of procedures undertaken for the purpose of setting priorities and resources, and making decisions about what should be pursued in the HIV/AIDS program in the workplace. Needs assessment enables the identification and measurement of gaps between what is and what ought to be, from which program goals and objectives can be identified. Needs assessments ultimately address questions about the future—what should be done? (National Training Partnership, http://www2.edc.org/NTP/needsassessment.htm)

A. HIV/AIDS knowledge, attitudes and behavior/practice

- Develop a self-accomplished questionnaire containing questions on employee profile (sex, age, education, whether management or rank-and-file position, etc) and their HIV/AIDS knowledge, attitudes, and behavior/practice *(sample questionnaires are presented as Attachment C).*

- Randomly select a number of employees (management and rank-and-file, both sexes, and various age levels) and request them to answer the questionnaire. Data should be collected from at least 20% of the total workforce. The questionnaire should be

anonymous —that is, it should not require employees to provide their names or identify themselves in any way. This question of anonymity is important, and if, especially in smaller enterprises, it would be impossible to ensure anonymity, then a specialized NGO could be brought in to distribute the questionnaire and tally the results.

- Process and analyze the data.

- Conclude from the data and respond to the following questions:

    - What is the number/percentage of employees with accurate or inaccurate knowledge of HIV and AIDS? In which specific topics are they knowledgeable or not? Do they hold any myths and misconceptions?
    - What is the number/percentage of employees with favorable or unfavorable attitudes towards HIV prevention, and towards people living with HIV especially in the workplace context?
    - What is the number/percentage of employees with behavior/practices (sexual and non-sexual) that carry a risk of HIV infection?
    - How do knowledge, attitudes and behavior/practice vary according to sex, age, education and company position?

- Use the answers to the above-mentioned questions in planning the company HIV/AIDS program.

B. HIV/AIDS company resources

- Develop a self-accomplished questionnaire containing questions on existing health staff (including physicians, nurses, midwives, trainers, and peer educators); facilities (clinic, meeting and counseling rooms); and materials (videos, brochures, posters and other information-education-communication material types). Questions should determine not only whether these are available or not in the company but also whether these are adequate or not vis-à-vis the needs of the HIV/AIDS program. (*see Attachment D for a sample facility needs assessment questionnaire*).

- Using the questionnaire, conduct the assessment. Some members of the HIV/AIDS committee may be detailed to undertake this activity—one to take charge of the health staff, another of the facilities, and one of the materials.

- Process and analyze the data.

- Conclude from the data and answer the following questions:

  - How many health personnel does the company have, or are available in the community, to assist in the HIV/AIDS program? What is their level of competencies to handle HIV/AIDS related concerns?

  - How many clinic, meeting and counseling rooms does the company have that can be used for HIV/AIDS activities? How adequate are these facilities? What facilities are available for use in the community?

  - How many materials on HIV/AIDS does the company have? How adequate are these materials?

- Use the answers to the above-mentioned questions to first identify, and then to fill the resource needs of the company in terms of its health personnel training; physical facilities development/improvement; and materials development. Although it is acknowledged that these resources should be available and adequate before program implementation, there are other company conditions that preclude their immediate fulfillment. While in transition in these areas, the company may seek the assistance of organizations working on HIV/AIDS for resource persons and materials (*contact organization/s listed in Attachment E*).

2.3 Planning and Implementation

Setting the aim, objectives, and strategies and activities is at the core of planning the company's HIV/AIDS program. These elements must be clearly defined and articulated, realistic, doable and achievable. The company may begin with a program on a modest scale, and it may expand its plans over time. Workplace HIV/AIDS intervention is not a singular event—it is a long-term, legal and corporate social responsibility and commitment.

The workplace intervention must seek to help prevent employees from being infected with HIV, and to promote social acceptance of co-workers living with HIV/AIDS (aim) by changing everybody's HIV/AIDS-related knowledge, attitudes, and behavior/practices (objectives) through the following strategies/activities:

- Prevention and education,
- De-stigmatization and non-discrimination of people living with HIV and marginalized groups,
- Care and support,
- Networking and referral, and
- Monitoring, evaluation and reporting.

The subsequent sections of the handbook provide details on how to implement these strategies and activities in the workplace. Module information showcases best practices in HIV/AIDS prevention.

A program cannot succeed, however, solely on good planning. Equally crucial is its effective implementation. IOE and UNAIDS (2002) recommend that a successful intervention should be:

- implemented during company time,
- inclusive of top-level management,
- offered in small group meetings,
- mandatory for all staff,
- structured to allow time for discussion and questions,
- reinforced periodically by regular follow-up meetings, and
- monitored to assess employee KABP through pre and post-program studies.

(*See Attachment F: Lessons from Business Experiences)*

So that the company is systematically guided on what to do in its HIV/AIDS program after the HIV/AIDS committee, the HIV/AIDS workplace policy, and the needs assessment are accomplished, it is necessary to prepare an action plan (see sample company action plan).

Sample company action plan for 2006

Strategies/activities	Manuals/ modules	Participants	Timetable	Responsible person/s
I. Prevention and education *1.1 Information and awareness-raising* a. Poster making contest		Company sectors reps	Feb 2006	Information & awareness-raising coordinator
b. Photo exhibit			2-3rd week of Jun 2006	Information and awareness-raising coordinator
c. Development and distribution of HIV/AIDS brochure	How to make cost-effective brochure		Feb-Jun 2006	Information and awareness-raising coordinator
1.2 Participatory education a. Executive briefing	Company HIV/AIDS policy, Company HIV/AIDS program, etc	Executives	Apr 2006	Company HIV/AIDS program coordinator
b. Workers' training	Company HIV/AIDS policy, Company HIV/AIDS program, etc	Rank-and-file	May 2006; Aug 2006; Nov 2006	Participatory education coordinator
1.3 Practical measure to support behavior change a. Condom distribution & demonstration		All company employees	Jan-Dec 2006	Company HIV/AIDS prog. coordinator

(*See Attachment G: No Cost and Low-Cost Actions)*

MODULE 3:

PREVENTION AND EDUCATION

This Module includes:

- **Three stages of prevention and education program**
- **Gender-specific prevention and education activities**
- **Facts about HIV/AIDS**
- **Commonly asked questions about HIV/AIDS**
- **Prevention of occupational transmission of HIV**
- **Sample Activity and Methods**

MODULE 3

PREVENTION AND EDUCATION

In the absence of a cure for AIDS, prevention through education is the only way to stop the viral transmission. Prevention and education thus serve as the central strategy/activity of the workplace program. The strategy/activity seeks to make employees think about HIV, so that they adopt the most effective ways of preventing it and protecting themselves from infection.

Without correct knowledge, favorable attitudes, and appropriate behavior/practices, employees may feel that HIV/AIDS is not something that concerns them, thus unknowingly placing themselves at risk (TBCA, ECOT and ILO, 2003). In prevention and education, ILO (2002) indicates that it is vital to:

- constantly reinforce the simple facts about HIV infection, how it is spread and not spread, and how to prevent it,
- contradict the persisting myths about HIV and AIDS,
- combat the superstitions and taboos related to sexual behavior, and
- promote and support behavior change.

Prevention and education is carried out through three stages: information and awareness-raising; participatory education activities; and practical measures to support behavior change.

The ILO (2002) guidelines on the format and components of prevention and education strategy/activity state that: “information and education should be provided in a variety of forms, not relying exclusively on the written word and including distance learning when necessary. Programs should be tailored to the age, gender, sexual orientation, sector characteristics and behavioral risk factors of the workforce and its cultural context. They should be delivered by trusted and respected individuals. Peer education has been found to be particularly effective, as has the involvement of PLWHA in the design and implementation of programs.”

To be gender-specific, HIV/AIDS prevention and education should be (ILO, 2002):

- Gender sensitive: this includes targeting both women and men explicitly, or addressing either women or men separately, in recognition of the different types and degrees of risk for men and women workers.
- Alert women to and explain their higher risk of infection, in particular the special vulnerability of women.
- Help both women and men to understand and act upon the unequal power relations between them in employment and personal situations; harassment and violence should be addressed specifically.
- Help women understand their rights, both within the workplace and outside of it, and empower them to protect themselves.
- Include awareness-raising, risk assessment and strategies to promote men’s responsibilities (particularly condom use) in HIV prevention.
- Appropriately targeted prevention programs should address issues of men who have sex with men, in consultation with these workers and their representatives.

3.1 Information and Awareness-Raising

- Develop messages based on the needs assessment findings on employees' HIV/AIDS knowledge, attitudes and behavior/practice,
- Messages should be simple, clear, direct and easy to remember,
- Use a variety of cost-effective information-education-communication activities and materials:

  -posters, pamphlets, bulletin boards, t-shirts, caps, company publications,
  -film showing,
  -integration of HIV/AIDS issues into existing company programs on health and safety,
  -testimonies of people living with HIV,
  -donation campaign for people living with HIV,
  -HIV/AIDS exhibit, slogan and poster making contest, and
  -visits to organizations working on HIV/AIDS issues and hospitals.

☑Record the information and awareness-raising activities conducted and materials distributed (see Module 7 for a sample monitoring form).

3.2 Participatory Education

Interactive education does not regard employers and workers as passive participants. Their own experiences and ideas are recognized as a resource. Active learning is centered on the learner, not the trainer. Participatory education helps employees apply general messages to their personal situation and behavior, and equip them with tools for taking personal decisions about their exposure to HIV, and how they will manage it. Where practical and appropriate, participatory education should include activities to help employees assess their risks and to assist them to reduce these risks through decision making, negotiation and communication, and education, preventive and counseling interventions (ILO, 2002).

Box 5. Number of people living with HIV/AIDS

A. *Global (UNAIDS, 2007)*

33.2 million [30.6–36.1 million]
Adults 30.8 million [28.2–33.6 million]
Women 15.4 million [13.9–16.6 million]
Children under 15 years 2.5 million [2.2–2.6 million]

B. Philippines (HIV/AIDS Registry, DOH 2007)

2,857 HIV cases
Highest infections rates in the 25-39 age group
Sexual intercourse as the leading mode of transmission
More male are infected (65%)

Box 6. Facts about HIV/AIDS

A. Definitions

HIV stands for human immunodeficiency virus. The virus weakens the body's immune system. AIDS stands for Acquired Immune Deficiency Syndrome. Because HIV weakens the body's immune system, a person infected with the virus becomes vulnerable to a range of opportunistic infections, which the body could normally fight off[1]. It is one or more of these infections which will ultimately cause death some years after infection.

HIV is transmitted through blood, semen, vaginal secretions and breast milk. Transmission occurs through these routes:

- Unprotected sexual intercourse (vaginal, anal or oral[2]) with an infected partner, regardless of sex or gender of partner (the most common route)
- Blood and blood products through, for example, infected blood transfusions and organ or tissue transplants, the use of contaminated injection or other skin-piercing equipment—this can be through shared drug use or 'needle stick' injuries
- Mother to child transmission from infected mother to child at birth or during breastfeeding.

After infection, a person develops antibodies; these are an attempt by the immune system to resist attack by the virus. If a person is tested for HIV, and the presence of HIV antibodies is found, he or she is called "HIV positive" or simply HIV+. The risk of sexual transmission of HIV is increased by the presence of other sexually-transmitted infections (STIs).

A person may live for many years after infection, much of this time without symptoms or sickness, although they can transmit the infection to others. If a person is not aware that they are infected, they may not take precautions and, without knowing it, pass on the virus.

Periods of illness may be interspersed with periods of remission. If a person is well cared for, can eat properly and rest, he or she can live normally for years. He or she will be able to work. But AIDS is, ultimately, fatal.

B. HIV transmission

The virus is not transmitted by kissing, hugging and shaking hands; mosquito or insect bites; coughing and sneezing; sharing toilets or washing facilities; and using utensils or consuming food and drink handled by a person living with HIV. There is no recorded instance of the virus being transmitted through first aid procedures.

Research is currently under way to develop a vaccine, but it is unlikely that one will be available for many years. Research is also being carried out to develop a microbicide (spermicide) that can be used to prevent infection during intercourse.

There is no cure for HIV. Antiretroviral drugs are available that slow the progression of the disease and delay the onset of AIDS, and they do have some success in preventing mother to child transmission. In some countries, they are widely available and have

[1] One exception is tuberculosis, which can be spread to people with functioning immune systems.

[2] Oral sex carries a much smaller risk of HIV transmission, if there are cuts or open sores in the mouth, for example.

greatly improved people's lives. They can, however, be expensive. In the Philippines, ARVs are provided for free by the government, although they can be accessed only through a limited number of government hospitals (See Attachment E for details).

Although drug companies have brought down the price of drugs, a substantial problem remains. The regime of administering the drugs requires a level of health infrastructure, including human resources, which is simply not available in many poor countries. For this reason, the ILO Code of Practice suggests that, in some cases, the workplace may be a suitable point of delivery. The ILO also encourages employers to pay for treatment where possible—it is worthwhile (and cost effective) treating common, opportunistic infections even if antiretroviral therapy is beyond the resources of the company.

HIV is a fragile virus, which can only survive in a limited range of conditions. It can only enter the body through naturally moist places and cannot penetrate unbroken skin. Prevention, therefore, involves ensuring that there is a barrier to the virus—condoms during sex, or protective equipment such as gloves and masks during operations—and making sure that skin-piercing equipment is not contaminated.

The virus is killed by bleach, strong detergents and very hot water. In the event of an accident at the workplace, it is important to follow the universal blood and body fluid precautions (known as "Universal Precautions" or "Standard Precautions") which were originally devised by the United States Centers for Disease Control and Prevention in 1985. These precautions are explained in Appendix II of the ILO Code of Practice on HIV/AIDS and the world of work.

Source: ILO (2002)

Box 7. Commonly-asked questions about HIV/AIDS

Question: Is AIDS a disease?

No, it is not a disease but a syndrome, cluster or group of medical conditions resulting from HIV infection. These conditions include diseases known as opportunistic infections as well as certain cancers.

Question: How is HIV not transmitted?

HIV does not survive easily outside the human body so it is not transmitted through toilet seats, or by contact such as hugging, kissing or sharing hands, or by sharing eating or drinking utensils, or by coughing. Neither can it be transmitted through insects such as mosquitoes. Although HIV has been detected in saliva, there is no evidence that anyone has been infected by deep kissing. No cases of HIV transmission have been attributed conclusively to oral sex, but the risk of transmission increases if there are cuts or sores in the mouth.

Question: How does HIV cause AIDS?

HIV destroys a certain kind of blood cell (CD4+ T cells) which is crucial to the normal function of the human immune system. In fact, loss of these cells in people with HIV is an extremely powerful predictor of the development of AIDS. Studies of thousands of people have revealed that most people infected with HIV carry the virus for years before enough damage is done to the immune system for AIDS to develop. However, sensitive tests have shown a strong connection between the amount of HIV in the blood and the decline in

CD4+ T cells and the development of AIDS. Reducing the amount of virus in the body with anti-retroviral therapies can dramatically slow the destruction of a person's immune system.

Question: How long does it take for HIV to cause AIDS?

Prior to 1996, scientists estimated that about half the people with HIV would develop AIDS within 10 years after becoming infected. This time varied greatly from person to person and contingent on many factors, including a person's health status and their health-related behaviors. Since 1996, the introduction of powerful anti-retroviral therapies has dramatically changed the progression time between HIV infection and the development of AIDS. There are also other medical treatments that can prevent or cure some of the illnesses associated with AIDS, though the treatments do not cure AIDS itself. Because of these advances in drug therapies and other medical treatments, estimates of how many people will develop AIDS and how soon are being recalculated, revised, or are currently under study. As with other diseases, early detection of infection allows for more options for treatment and preventative health care.

Question: How can I tell if I'm infected with HIV? What are the symptoms?

The only way to know if you are infected is to be tested for HIV infection. You cannot rely on symptoms to know whether or not you are infected. Many people who are infected with HIV do not have any symptoms at all for many years. The following may be warning signs of HIV infection: rapid weight loss, dry cough, recurring fever or profuse night sweats, profound and unexplained fatigue, swollen lymph glands in the armpits, groin, or neck, diarrhea that lasts for more than a week, white spots or unusual blemishes on the tongue, in the mouth, or in the throat, pneumonia, red, brown, pink, or purplish blotches on or under the skin or inside the mouth, nose, or eyelids, and memory loss, depression, and other neurological disorders. However, no one should assume they are infected if they have any of these symptoms. Each of these symptoms can be related to other illnesses. Again, the only way to determine whether you are infected is to be tested for HIV infection.

Question: Is there a connection between HIV and other sexually transmitted infection?

Yes. Having a sexually transmitted infection (STI) can increase a person's risk of becoming infected with HIV, whether the STI causes open sores or breaks in the skin (e.g., syphilis, herpes, chancroid) or does not cause breaks in the skin (e.g., chlamydia, gonorrhea).

If the STI infection causes irritation of the skin, breaks or sores may make it easier for HIV to enter the body during sexual contact. Even when the STI causes no breaks or open sores, the infection can stimulate an immune response in the genital area that can make HIV transmission more likely. In addition, if an HIV-infected person is also infected with another STI, that person is three to five times more likely than other HIV-infected persons to transmit HIV through sexual contact.

Not having (abstaining from) sexual intercourse is an effective way to avoid all STIs, including HIV, although this may not be practical for most adults. For those who choose to be sexually active, the following HIV prevention activities are highly effective: 1) engaging in behaviors that do not involve vaginal or anal intercourse or oral sex, 2) having sex with

only one, uninfected partner, and 3) using latex condoms and lubricant every time you have sex, whether vaginal or anal, whether with a woman or a man.

Sources: Centers for Disease Control (www.cdc.gov/hiv/pubs/faqs.htm) and Indian Network for People Living with HIV/AIDS (2005)

(for additional information on HIV/AIDS *See Attachment H: Frequently Asked Questions)*
Educational activities should be conducted among four categories of workplace participants: executives (1-2 hours briefing), employees (2-day training), peer educators (2-day training) and trainers (2-day training). Suggested topics are as follows:

- Impact of HIV/AIDS on the workplace,
- Company HIV/AIDS policy and issues (Is there a need to facilitate HIV testing at health centers in the community?),
- Company HIV/AIDS program,
- Prevalence, transmission and prevention of HIV/AIDS (Boxes 3.1, 3.2 and 3.3)
- KABP needs assessment results,
- Personal assessment of risk behavior,
- Roles and responsibilities in prevention (including that in managing destructive rumors in the workplace), and
- Prevention of occupational transmission of HIV (Box 3.4).

Box 8. Prevention of occupational transmission of HIV

I. HIV transmission and First Aid

- Mouth-to-mouth resuscitation

A worker who is unconscious and no longer breathing spontaneously may require mouth-to-mouth resuscitation. Resuscitation must be started immediately. Mouth-to-mouth resuscitation is a life-saving procedure and should not be withheld because of fear of contracting HIV or other infections. HIV transmission from mouth-to-mouth resuscitation has not been reported. Although HIV has been found in saliva, it is present in extremely small quantities and no cases have been reported in which transmission has been shown to have occurred through saliva. Although it has never been substantiated, there is a theoretical risk that HIV could be transmitted if the person in need of resuscitation is bleeding from the mouth. First Aiders should use a clean cloth or handkerchief, when available, to wipe away any blood from the person's mouth before resuscitation is performed.

- Bleeding

Workers who are bleeding require immediate attention. The First Aider must not hesitate to help them as some wounds may be life-threatening. Whenever feasible, the First Aider should instruct the person bleeding to apply pressure to the wound himself/herself, using a clean thick cloth. If he/she is unconscious and uncooperative, or if the wound is too large or is in a body part which the bleeding person cannot reach, the First Aider should apply pressure to the wound with a clean cloth, avoiding direct contact with blood.

Special care should be taken to prevent blood from coming into contact with broken skin or the mucous membrane of the First Aider. If the First Aider's hands are contaminated with

blood, he/she should take care not to touch his/her eyes or mouth. Hands should always be washed with soap and water as soon as possible after administering First Aid.

II. Workers who have been exposed to blood

If an employee is exposed to blood or skin that is not intact, they should wash the affected area with soap and water as soon as possible. If blood or other potentially infected body fluid is splashed in the eyes, these should be washed with a sterile eye-wash solution (or clean water). If splashed in the mouth, it should be washed immediately with a large volume of clean water.

An employee who is injured by a sharp object that is contaminated with blood, such as a used needle, should first encourage bleeding, and then proceed to wash the wound thoroughly with soap and water, and if appropriate, apply dressing.

Employees who have come into contact with blood of co-workers should be encouraged to visit a hospital as quickly as possible, and no more than 72 hours after the contact. Hospitals can offer post-exposure treatment to reduce the (already extremely low) chance of infection. The employee exposed to the blood should also be encouraged to seek confidential counseling and testing to make sure they were not infected. This should be done in all cases of exposure to blood, because any employee could already have HIV and may not know it.

Source: TBCA, ECOT and ILO (2003)

Special topics may have to be added to the foregoing list. For example, in peer educators and trainers training, effective communication and/or counseling skills should also be introduced. Issues concerning people living with HIV should also be part of the identified topics but as these should be given adequate attention these are dealt with separately in Module 4. For deciding which participatory methods and activities may be used for these topics, see A Guide to the Manual of the ILO Code of Practice on HIV/AIDS and the world of work. A sample method and activity is given (Box 3.5)

☑Record the education activities completed, and assess their quality and usefulness (see Module 7 for a sample monitoring and assessment forms).

Box 9. Participatory education: Sample activity and methods

Talking about risk

Aim: To help you think about risk.

Tasks:

<u>Stage one</u>
In your group, decide what you would do and/or say in the following situations.

1. You are one of a group of sales clerks having a drink after a company meeting. Several of your colleagues are looking at a group of women. One of them says, “Let’s go with those women. They don’t make you use condoms.”

2. You are one of a group of managers on a residential training course. One member of the group looks worried. You ask him what bothers him. He replies, “I met a girl and we got carried away last night. I have a regular partner at home, and we are careful, but last night I did not use a condom.”
3. You are talking about AIDS to your supervisor. He comments, “Don’t worry if you get AIDS. I have a friend who is a teacher and he will arrange for you to sleep with one of the girls at his school. If you sleep with a virgin, you are cured of AIDS.” (*It is important to clarify during the discussion that this is a myth; this is also an opportunity to discuss other myths regarding HIV transmission and treatment).
4. You are sharing a table at lunch in the canteen. A co-worker says to his friend, “My wife says she wants me to use a condom with her. I told her, ‘I don’t like the feel of condoms.’” You know that he is married, but that he has casual sexual relationships and also visits bar girls.
5. One of your close male colleagues confides in you that he is having sexual relations with other men. He tells you he hasn’t told his wife, and he doesn’t use condoms, because he is afraid of her suspecting that he is having an affair. He is also concerned about other people finding out at work for fear of discrimination.

Report back to the plenary.

Stage two
Once you have discussed these situations, choose one as a role play. Divide into groups of four. Two can play the roles, and two should observe, to see where the discussion goes. Observers: keep careful note—how convincing are the arguments and counter arguments? When you have finished, change places—the observers should play the roles. Then, in your group, summarize what you have found out before reporting to the entire workshop.
Source: ILO (2002)

3.3 Practical Measures to Support Behavior Change

External assistance may be required to usher in and/or sustain changes in behavior—pressure and encouragement from co-workers can produce results. However, the workplace by offering some practical measures (provision of supply, and counseling, diagnosis and treatment services) can influence behavior change considerably. ILO (2002) indicates that the most important of these is the provision of free or affordable condoms which has contributed to palpable reductions in HIV prevalence in Brazil in the 1990s.

Another measure is the provision of STI diagnosis and treatment services (TBCA, ECOT and ILO, 2003). Behavior change is likely when employees are easily offered access to services that will inform them of their infection status and of the available treatment, if any. ILO (2002) reports that in Uganda, the same-day release of test results—along with pre and post-test counseling—has offered opportunities for delivering safe sex messages and have resulted in risk reduction behavior.

☑Record the number of condoms provided for free or sold at low cost. (see Module 7 for a sample monitoring form)

(See Attachment I: Planning Checklists will assist companies which components of an HIV/AIDS program are best suited for their workplaces)

MODULE 4:

DE-STIGMATIZATION AND NON-DISCRIMINATION OF PEOPLE LIVING WITH HIV: SHATTERING MYTHS AND MISCONCEPTIONS

This Module includes:

- **Issues faced by people living with HIV (PLWHA) should be recognized by employers**
- **Myths and misconceptions about people living with HIV**
- **Sample Activity and Methods**

MODULE 4

DE-STIGMATIZATION AND NON-DISCRIMINATION OF PEOPLE LIVING WITH HIV: SHATTERING MYTHS AND MISCONCEPTIONS

To create an enabling environment in the company for all participants of its HIV/AIDS program, the cycle of stigma and discrimination has to be broken. Stigma and discrimination of all kinds are interlinked, and myths and misconceptions about marginalized people, including people living with HIV, have to be dealt with and greater understanding facilitated so that no worker is socially stigmatized and discriminated against. The module is devoted for this purpose. A number of HIV/AIDS modules discuss myths and misconceptions on how the virus is transmitted and treated; however, there is scarcity of efforts in identifying and changing myths and misconceptions that employers and workers possess about people living with HIV and other marginalized people. It is for this reason that the present handbook has dedicated this whole module on this said topic.

HIV/AIDS is far from being a medical issue alone. It is, more importantly, about human beings, particularly about individual workers. These may be people living with HIV or people *presumed* to be living with HIV, and, because of this, they are stigmatized and discriminated against by employers and fellow workers. To be stigmatized is to be regarded, identified and labeled negatively as being grossly "different". This makes a person feel bad about himself/herself and also makes him/her an outsider and thus "intolerable" or "unacceptable" in the eyes of employers and co-workers. A healthy workplace faces such negative attitudes head on and creates a "zero tolerance" environment for stigma and discrimination.

All kinds of stigma and discrimination are linked. It is not possible to address HIV-based stigma and discrimination without addressing stigma and discrimination against other groups, such as women, men who have sex with men, migrant workers, injecting drug users and other socially marginalized people. One compelling reason for the continued stigmatization and discrimination of people living with HIV stems from the myths and misconceptions that employers have about various groups of workers. For instance, even after years of HIV/AIDS education, many people still, incorrectly, construe people living with HIV as being "immoral", or "deserving" their HIV+ status because of "promiscuous" sexual activity. They also incorrectly blame HIV transmission on certain ethnic groups or people who engage in certain sexual practices. These ideas form the basis for stigmatization and discrimination, and are used to justify the perpetuation of such ideas in a vicious cycle.

To be discriminated against means being talked about; avoided; excluded from activities, decisions and opportunities; and physically harmed, or even killed.

A work environment laden with stigmatization and discrimination is disabling for all workers, including persons living with HIV (it negatively affects their hope, courage and abilities to manage their condition with the demands of their work, and to get involved in the workplace program) and employers (it hinders them from being supportive and inspiring confidence, loyalty and hard work among their workers). An HIV/AIDS education effort cannot prosper in a workplace where respect for basic human rights is ignored.

Myths and misconceptions about people living with HIV are likely to be broken only if employers are willing to think out of the box, be open-minded, and recognize the following issues:

- Stigma and discrimination against women, men who have sex with men, migrant workers, drug users and other marginalized segments of society are closely intertwined with stigma and discrimination against people living with HIV. If workers are scared to talk about sensitive topics, including gender and sexuality, then they will not be able to ask questions about transmission and prevention of HIV, and the workplace HIV/AIDS prevention program will fail.
- Workers living with HIV are not a homogeneous group—they have varying socio-demographic characteristics and their reasons for and circumstances within which they become infected with the virus are varied (APN+, 2004)
- Avoid the temptation of classifying some people living with HIV as "innocent victims", because that is stigmatizing of particular behaviors. Also avoid labeling people as "deserving" to be infected with HIV. Remember that all workers—regardless of their HIV status, sex, sexual orientation, race or ethnicity, religion or any other characteristic—and their families have the same rights to privacy, dignity and freedom from discrimination (ILO, 2002).
- Remember that people are more vulnerable to HIV infection when they are disempowered and unable to negotiate safer sex. For instance, many women may be unable to refuse sexual advances from men, including their husbands, who may engage in high risk sexual practices. Employers must give special attention to issues of inequality and ensure that gender issues – particularly power relationships between men and women - are explicitly addressed in the workplace policy and program.
- Social acceptance and social protection of vulnerable people in the workplace, including those living with HIV, are the best ways to address HIV/AIDS in the world of work. Using blame, discrimination and stigmatization does not work (ILO, 2005). A supportive environment, where workers feel safe to ask questions, talk about HIV, and make use of available services, is crucial to ensure that HIV prevention efforts are effective.
- Workers living with HIV are committed to pursuing their productive engagement in the workplace as employees and partners of the employers in workplace-based HIV/AIDS program. As employers, you have invested in your workers' development. By recognizing their contributions to your enterprise and ensuring they are able to continue working, you are protecting the interests of your business. Respecting the human rights of your workers is part of being a socially responsible employer.

Once employers recognize the above issues, they will then be able to deal with and correct myths and misconceptions regarding marginalized groups, including people living with HIV (see Box 4.1). Only when employers are prepared to abandon their biases a) they shall be able to offer care and support to people living with HIV, and b) they shall be able to tap the latter's support in the workplace program. (*See Attachment J: Rights of the Client*)

Some myths and misconceptions about people living with HIV

MYTHS AND MISCONCEPTIONS	THE TRUTHS
▪ Workers living with HIV	▪ Who are you to judge workers' sexual behaviors?

have been infected because of their risky sexual behavior.	It does not have any bearing on the operation of your company. There are many factors that shape our sexual behaviors, many of which are beyond individual control. Power and gender discrepancies feed the epidemic, especially in situations where individuals are unable to negotiate safer sex, even within the context of marriage.
▪ HIV+ people come from "special" groups of people: men having sex with men, sex workers, and people who are labeled "promiscuous".	▪ HIV+ people come from all walks of life, and include children, women and men (who have same-sex and/or different-sex partners) with all levels of formal education and work situations. In HIV transmission, it's not "who" a person is that matters; it is "what" she/he does. That is, HIV infection has to do with behavior, such as having unprotected sex.
▪ People with HIV are "bad" people—they "deserve" to get sick.	▪ Having the virus does not make a person bad. They became infected with HIV because of having unprotected sex or using non-sterilized injecting equipment or unscreened blood transfusion or a number of other circumstances that may be beyond their control. A bad workplace, however, is one that promotes stigma and discrimination.
▪ When a person gets infected, he/she will die right away.	▪ With proper care and support, and nutrition, a person can prolong his/her life. Many HIV+ people have continued to live productive lives for many years. Taking away a person's livelihood and self-respect, however, could negatively impact their health and well-being, and shorten their lives.
▪ Workers living with HIV are infectious; they should be avoided at all cost.	▪ HIV cannot be passed on through casual contact. Being near an HIV+ worker or touching him/her, or sharing dishes or bathrooms poses no risk.
▪ People living with HIV are "victims"—they cannot do anything more with their lives given their HIV+ status.	▪ People living with HIV refuse to be regarded as "victims." They like to lead as active and productive a life as possible, just like everybody else. They can continue to work; be important partners in HIV/AIDS programs as peer educators; and they can still have sexual relations with adequate protection. What they need is self-empowerment in the context of a supportive work environment.
▪ People living with HIV may not divulge their status to their sexual partners, hence they are making a deliberate attempt at spreading the virus.	▪ Under Republic Act 8504, HIV+ people are obligated to disclose his/her infection status and health condition to his/her spouse and sexual partner at the earliest opportune time. However, the inability to disclose one's HIV status to a sexual partner does not mean that the intention is to deliberately spread

HIV. It is a sensitive and difficult issue to discuss, and often the fear of stigma and discrimination prevent individuals from readily disclosing their status. No one has the right to coerce a person to disclose his/her HIV status.

The breaking of myths and misconceptions about people living with HIV may be included as an agenda in the HIV/AIDS prevention and education activities discussed in Module 3, specifically in the three stages of activities (information and awareness-raising; participatory education; and practical measures to support behavior change). An example of how the modification of myths and misconceptions may be undertaken as part of the HIV/AIDS prevention and education (Module 3) is given in Box 4.2.

Box 10. Participatory education: Sample activity and methods

Breaking myths and misconceptions about socially marginalized people, including those living with HIV

Aim: To help you identify and modify your myths and misconceptions of people and workers from marginalized segments of society.

Tasks:

Stage one
In your group, enumerate and discuss the myths and misconceptions that you think may be commonly held regarding people living with HIV who are: (1) women (married/unmarried); (2) men who have sex with men; (3) migrant workers (a Filipino overseas contract worker or a migrant worker to the Philippines); (4) drug users; (5) any other minority (e.g., religious or ethnic minorities, transgender, sex workers, etc.). Each group can work on one of the above. Once you have discussed these, choose one as a role play and enact the play.

Stage two
Based on the myths and misconceptions identified in your group, discuss alternative statements or explanations to each of these. Examine each alternative statement or explanation whether it is contributing or not to the stigmatization and discrimination of marginalized people, including those living with HIV, in the workplace.

*To the trainer: once the tasks are completed, offer the module's truthful counter-statements/explanations to myths and misconceptions (Box 4.1).

MODULE 5:

CARE AND SUPPORT

This Module includes:

- **Recommended practices that provides non-discriminatory environment for people living with HIV**
- **How to deal with Employee's disclosure of their HIV+ status**
- **How to deal with destructive rumors**

MODULE 5

CARE AND SUPPORT

Access to health care and support—a range of services covering the needs of workers with HIV/AIDS for treatment, for material and psychosocial support, and for protection against stigmatization, discrimination and rejection (ILO, 2002)—is a human right. Its impact is difficult to ignore.

Moreover, an early diagnosis and treatment of HIV decreases the spread of HIV and other commonly associated infectious diseases such as STIs and TB. By caring for and supporting workers living with HIV, the company program also alleviates the workers' fear of contracting the virus, and this minimizes stigmatization and discrimination. Moreover, "care and support for people living with HIV builds confidence and hope: if quality of life improves for people living with HIV, hope will be fostered for the benefit of the individual, the family and society at large" (ILO, 2002: Module 7: Care and Support, p1).

5.1 Recommended Practices

IOE and UNAIDS (2002) underscore that the adherence to fair employment practices will ensure that the workplace provides a non-discriminatory environment which is reasonable for all employees, as well as supportive of those with HIV. Some of the recommended practices are to:

- Comply with existing laws that regulate business practices in relation to those living with HIV,
- Create an open and supportive atmosphere between employees and management,
- Treat employees living with HIV no differently from others with a serious illness or condition with respect to employment, promotion, medical benefits and changes to work duties and conditions,
- Make alternative and reasonable working arrangements for employees living with HIV,
- Respect and ensure confidentiality of medical information, and
- Facilitate access to voluntary and confidential testing and counseling for HIV at appropriate facilities outside the workplace, to encourage workers to determine their status and take appropriate measures (see Box 5.1). Emphasize the voluntary nature of testing and the fact that no worker will be pressured to disclose his/her HIV status.

Box 11. Voluntary and confidential counseling and testing (VCCT)

VCCT is based on the principles of voluntary, informed consent and confidentiality of results. The person must understand the implications of taking a test and be counseled beforehand. A person should not simply be told the result of his/her test. Support, particularly if the test is positive, has to be provided. One of the most effective sources of support will come from people who have already tested positive and who are living with HIV/AIDS. Even a person with a negative test result should receive counseling, so that he/she can reduce risks.

The ILO Code of Practice says: "Voluntary testing should normally be carried out by the community health services and not at the workplace. Where adequate medical services exist, voluntary testing may be undertaken at the request and with the informed consent of

a worker, with advice from the workers' representative. It should be performed by suitably qualified personnel with adherence to strict confidentiality and to disclosure requirements.

Gender-sensitive counseling, which facilitates an understanding of the nature and purpose of the HIV tests, the advantages and disadvantages of the tests and the effects of the result upon the worker, should form an essential part of any testing procedure."

Source: ILO (2002)

The ILO Code of Practice on HIV/AIDS and the world of work emphasizes a comprehensive care and support system which ideally encompasses a variety of services, including some already mentioned in the foregoing (see Box 5.2). Further details of these services are discussed in the ILO Code.

Box 12. Comprehensive care and support services for people living with HIV

- Health care services and appropriate treatment of HIV (where possible) and related infections. If there are no health services at the workplace, workers should be informed about the availability of services outside. Health authorities may wish to consider supporting the delivery of health services at the workplace where community provision is lacking,*
- Confidential voluntary testing and counseling as an important starting point for both prevention and care,
- An open, accepting and supportive environment for workers who disclose their HIV status, and legal provision against discrimination,
- Psychosocial support and counseling of individuals tested HIV+, and their families,*
- Reasonable accommodation—making changes to tasks, the workplace or working conditions (including hours and breaks) so that workers with HIV/AIDS can continue in their jobs,*
- Family planning services,*
- Healthy living programs, including nutritional supplements where possible,*
- Financial support, training or income-generating opportunities for persons who lose employment because of HIV status, and for family members,*
- Social protection, including access to benefits provided by the state (such as the hospital coverage offered under PhilHealth insurance) and/or the employer,*
- Information and training in HIV/AIDS care and prevention for caregivers at home, and*
- Care and support for family members after the death of the HIV+ primary breadwinner.*

Source: ILO (2002)

☑ Checklist of the types of services provided to employees and their families, with periodic quality check (see Module 7 for a sample of monitoring form).

There are two topics which are part and parcel of health care and support provision to employees living with HIV, but they are scarcely discussed in other HIV/AIDS manuals. They relate to: 1) employees' disclosure of their infection status to the management, and 2) destructive rumors regarding a worker's HIV status. Data are adapted from handbook prepared by the TBCA, ECOT and ILO (2003).

5.2 Dealing with Employees' Disclosure of their HIV+ Status

If a worker approaches you (the employer) and informs you that he/she is a person living with HIV, your first response should be to be supportive and provide positive reinforcement of the disclosure. Listen. Do not ask how he/she became infected, nor show any disapproval or discrimination. The following should assist you in managing the situation effectively.

- Thank the employee for his/her disclosure, and impress on him/her your appreciation.
- Reassure the employee that he/she will **not** be asked to leave work and that information about his/her status will be treated as confidential,
- Ask how the employee learned of his/her HIV status—has he/she been tested? If not, remind the employee that the only way to be certain of one's status is to have an HIV test and refer her/him to the list of service providers (see Module 6 for list of HIV/AIDS organizations) in the community.
- Encourage the employee to see a medical doctor for advice on healthy lifestyle matters, treatment and staying fit for work.
- Encourage the employee to seek support from the company's HIV/AIDS program, and outside organizations (see Module 6 for list of HIV/AIDS organizations),
- Negotiate workplace care and support services with the employee—such as changes in work duties and conditions, employee and family assistance, treatment, etc., - as his/her condition changes,
- Assure the employee that he/she can readily come to you for further advice and consultation.

After the disclosure and assured of the continuity of his/her work, the employee should be less tense and worried, and begin to settle back into his/her regular work routine. Get in touch with him/her from time to time and be reassuring and supportive. Later, it is possible that the worker—with the progression of his/her condition—may require longer sick leave or changes in the work load. Make sure the care and support system of the company responds to these changing needs, within the limits of company policy.

5.3 Dealing with Destructive Rumors

In workplaces in which there is low knowledge about HIV transmission and unfavorable attitudes towards people living with HIV, rumors about workers' HIV status can be highly disruptive and destructive both for the person in question and for the operations of the company. The steps to take are as follows:

- Stress the unacceptability of spreading rumors related to HIV status (maintain a "zero tolerance" to such rumors). Reassure all workers that they cannot become infected with HIV through casual contact, urge them to continue their work as normal. Use this as an opportunity to educate your staff about HIV/AIDS. Ensure that all workers are aware of company policy on HIV, and refer them to the list of service providers, in case they would like more information or access counseling and testing themselves,

- Once you know who is responsible for starting and spreading the rumor, determine the reason/s. If the rumor stems from fear of HIV, reassure this person that she/he is not in danger of getting HIV through casual contact. Stress the unacceptability of spreading rumors and explain the relevant company policies. As needed, refer the person spreading the rumors to counseling services and/or initiate disciplinary procedures against him/her as spelled out in the company's policy.

- Think carefully of how you should approach the worker rumored to be HIV+. If you need to talk to him/her, do it in private. Remember that the rumor could be true or false, and that the worker has no obligation to disclose their status. **Do not ask the person's HIV status.**

- Once in private, reassure the employee that you are not going to ask about her/his HIV status, as it is their right to keep it confidential. Simply explain to her/him what the company policy is with regard to HIV, and that you are supportive and available to any employee who may wish to disclose his/her status.

- Raise the availability of care and support services of the company to the worker in question, in case he/she may be interested to access these.

- **Do not ask the rumored worker to stop work or resign.** In addition to violating the individual worker's rights, such a move would perpetuate stigma and discrimination against other workers.

- To keep this situation from occurring again, organize an HIV/AIDS program in your company that stresses the unacceptability of rumors or strengthen the ongoing campaign.

MODULE 6:

NETWORKING AND REFERRAL

This Module includes:

- **The importance of networking in an HIV/AIDS program in the workplace**
- **Range of organizations in the Philippines which the workplace HIV/AIDS program may network with**

MODULE 6

NETWORKING AND REFERRAL

Unless the company is a giant corporation with unlimited resources to establish its own structures, it needs to network with other organizations. Networking has several meanings; it means many things to many organizations. ICASO (2002) offers a working definition of and reasons for networking.

Networking is a process by which two or more organizations and/or individuals collaborate to achieve common goals.

It is undertaken to:

- Accomplish something together which you could not do alone,
- Strengthen advocacy,
- Influence others—inside and outside the network,
- Broaden the understanding of an issue or struggle by bringing together different constituencies,
- Sharing the work,
- Reduce duplicating efforts and wasting resources,
- Promote the exchanges of ideas, insights, experiences, and skills,
- Provide a needed sense of solidarity, and moral and psychological support, and
- Under certain circumstances, mobilize financial resources.

Since the company's HIV/AIDS program is a developing effort, the initial purpose of its networking will probably be limited to seeking insights, experiences, and skills of established HIV/AIDS organizations. At this stage, the company may be able to undertake only a few of the activities mentioned above. For this reason, it will need to refer its workers in need of HIV services to outside agencies.

In fact, there is no need for the company to provide every possible service related to HIV (particularly when it comes to voluntary and confidential counseling and testing, and treatment) as long as it establishes solid linkages with good-quality local service providers. The important point is that you and your staff have access to all the information, materials (such as condoms) and services that you all require.

Programs which are not yet fully developed cannot enter into a reciprocal arrangement, which is really the mature expectation of networking and should be your end goal.

There are a range of organizations in the Philippines with which your workplace HIV/AIDS program may network and to which it can refer workers for assistance—government and non-government organizations, self-help and community groups, academic institutions,

companies, and confederations. For employers such as yourselves, ECOP will assist you ably, as it has decades-long, extensive networking experience with more than 500 member-companies (http://www.ecop.org.ph).

In deciding which agencies to contact for networking and referral, there is no hard and fast rule. However, most companies rely on recommendations of peers and colleagues. Regardless of the process involved in identifying agencies for networking and referral, it is important that they be relatively easy to deal with, reliable, and effective in helping you get the work done.

A partial list of potential organizations for networking and referral is given below as Attachment E. For an exhaustive list of organizations, see http://www.remedios.com.ph/fhthml/directory.htm; cited information comes from this website of the Remedios AIDS Foundation, Inc; your local community may also have organizations working on HIV/AIDS).

☑Record the number of organizations contacted and type of assistance sought (see Module 7 for a sample of monitoring form).

MODULE 7:

MONITORING, EVALUATION AND REPORTING

This Module includes:

- **Characteristics of a good monitoring and evaluation system**
- **Major levels and sample indicators of an effective monitoring and evaluation system**
- **Sample monitoring forms**
- **Sample workplace program report**

MODULE 7

MONITORING, EVALUATION AND REPORTING

The movement of the company HIV/AIDS program hinges on its efficient and effective management, which among others requires a systematic monitoring, evaluation and reporting of the services and activities done and their outcomes and impact. Monitoring means collecting and recording information of what services and activities have been accomplished. Evaluation is determining whether or not these have made the effects intended by the program. Reporting means writing a summary of the analyzed data coming from the monitoring and evaluation activities.

The Monitoring and Evaluation Operations Manual of the National AIDS Councils (2002) specifies the characteristics of a good monitoring and evaluation system. Four of these deserve mention—that it should:

- Require both internal company self assessment and external verification,
- Be simple as possible (the more complicated it is, the more it is likely to fail),
- Have been built in the design of the program right from the start, and
- Be used to improve future program performance.

The Manual (2002: 13) likewise underscores that an effective monitoring and evaluation system "is based on a clear, logical pathway of results, in which results at one level are expected to lead to results at the next level, leading to the achievement of the overall goal." The major levels, and sample indicators, are:

1. Inputs – the people, training, equipment and other resources that the company has put into a project.

   Sample indicators:
   - *Number of workers serving in the HIV/AIDS committee or detailed as peer educators*
   - *Number of female members in the HIV/AIDS committee or as peer educators*
   - *Number of audio-visual equipment available for HIV/AIDS workplace activities*
   - *Number of condoms bought or solicited for workplace distribution*
   - *Amount of funding the employer has allocated for HIV/AIDS workplace activities*
   - *Number of NGOs whose assistance was sought by the company for its workplace program*

2. Outputs – the services and activities the program delivers including HIV/AIDS prevention and education, and care and support. These cover other aspects such as quality, costs, access, and coverage. (To measure the quality of a service or an activity, the following aspects should be covered: substantive-ness or usefulness of the topic; effectiveness of the resource persons and materials; sufficiency of the allotted time; and conduciveness of the venue where the service/activity is held).

   Sample indicators:
   - *Number of information and awareness-raising activities conducted*
   - *Number of participatory education activities conducted*
   - *Number of condoms distributed*
   - *Number of counseling sessions provided*
   - *Number of HIV+ workers provided health care*

3. Outcomes – changes in knowledge, attitudes and behavior/practices, or skills, especially safer HIV prevention practices and increased ability to manage HIV infection. These are short term and intermediate effects.

   Sample indicators:
   - *Number of workers who correctly identify the modes of transmission of HIV*
   - *Number of workers who correctly identify three means of protection against HIV infection*
   - *Number of workers reporting awareness of an HIV/AIDS policy in their workplace and who can correctly identify at least 50% of policy components*
   - *Number of workers who report seeking or who intend to seek information or counseling on HIV/AIDS*
   - *Number of workers with changed attitudes towards people living with HIV*

4. Impact – These are long-term effects or changes in HIV/AIDS transmission, AIDS-related mortality, social norms, coping capacity in the workplace, and economic impact.

   Sample indicators:
   - *Reduced stigma and discrimination against people living with HIV in the workplace*
   - *Costs incurred by the company for HIV and STI-related illnesses*
   - *Increased quality of life for people living with HIV*

Output monitoring should be performed for each of the services and activities undertaken (see Box 7.1a and 7.1b for sample output monitoring forms). In contrast, output evaluation—determining for instance the quality of a particular service or activity—does not have to be done for all of the services and activities; this may be selective—for example, it is appropriate to evaluate the quality of those services and activities in which workers have more intensive involvement (workers who have attended training or have received care and support or treatment) than those in which contact with workers has been minimal (such as during condom distribution).

Box 13. A sample of accomplished output monitoring form

Company HIV/AIDS Program - Prevention and Education *Reference Number_____*

Category (check):
✓ information and awareness-raising
__participatory education
__practical measure to support behavior change

Service/activity	**Venue/date of implementation**	**Target group/s reached**	**Responsible person/s**
Executive Briefing	Company board room, 22 April 2006 – 8-10am	Of the eight executives invited, five attended (see attached names)	HIV/AIDS program coordinator

Remarks:

_____

Name of monitoring officer/date

Outcome evaluation is a macro-activity—its intent is not to measure the effect of every service or activity, but the overall effects of all services and activities combined, zeroing specifically on the changes made (if any) on workers' HIV/AIDS knowledge, attitudes and behavior/practices. Outcome assessment should be done in the middle and end of a pre-defined implementation period (one or two years). Its results should be compared and contrasted with those found in the pre-implementation needs assessment. The broad question to be asked is: Have the workers' knowledge, attitudes, and behavior/practices changed in the middle of, and after a period of program implementation? The needs assessment questionnaire administered during the pre-implementation phase should be the one used throughout all outcome evaluations.

Impact evaluation is the ultimate macro-assessment, measuring the long term gain of the HIV/AIDS program; its conduct is usually done after several years. It answers the aim of the program—has discrimination in the workplace been reduce, and has the life of HIV+ workers improved as a result?

The reporting of results of the monitoring and evaluation activities may vary in frequency (monthly, quarterly, every six months or yearly) and in its subject coverage. However, in general, the report should be prepared when a considerable number of services and activities have already been completed. However, brief reports may be prepared anytime to highlight some special services and activities of the workplace program (see Box 7.2 for a sample periodic report).

Box 14. A sample of accomplished output monitoring form

Company HIV/AIDS Program - Prevention and Education *Reference Number_____*

Category (check):
__information and awareness-raising
__participatory education
✓_practical measure to support behavior change

Service/activity	**Venue/date of implementation/ Period covered**	**Target group/s**	**Responsible person/s**
Counseling	Counseling room/ office/canteen Feb-Apr 2006	35 workers aged 25-44, 10 males and 25 females	peer educators

Remarks:

_____
Name of monitoring officer/date

Box 15. Sample workplace program report

Social Service of Industry (SESI), Brazil

About SESI

The company was founded in 1946 by the Brazilian National Confederation of Industry, the IOE member in Brazil, to look after the social well-being of its workers and their families. It provides assistance to industrial workers in the fields of health, education, recreation, nutrition, etc. Today, SESI has active branches in each of Brazil's 27 states.

Reasons for taking action

Being actively responsible for the well-being of workers, SESI has been involved in the fight against HIV/AIDS since 1988 in order to protect its workers from infection. Prior to taking action, SESI had noticed that a lot of people in the economically active population were falling victim to HIV/AIDS. Together with its member companies, the organization was thus forced to act promptly to prevent further infections.

Interventions

The organization started by carrying out HIV/AIDS and STI prevention education in enterprises in 1988. With support from the Brazilian Ministry of Health's National AIDS Program, SESI carried out a KAP (knowledge, attitude and practice) analysis to establish the level of knowledge on HIV/AIDS and STI transmission, attitudes towards infected co-workers, sexual behavior, condom use, etc. The KAP analysis revealed that 99% of workers believe that the use of condoms could prevent HIV infection, but only 18.5% of the men and 22.6% of the women actually used condoms.

The second phase consisted of a training program. This involved the training of trainers from the 27 SESI departments, who would in turn train workers as peer educators to discuss STIs and HIV/AIDS with their colleagues. The peer educators were charged with disseminating prevention methods in member companies. They would also help prevent discrimination and promote support and understanding in the workplace for those who had been infected. After the training, SESI implemented a second KAP analysis to find out if there had been behavioral change among workers who had participated in the project.

In addition to its training program, SESI actively participates in HIV/AIDS and STI awareness activities organized during World AIDS Day, the Rio Carnival and on Valentine's Day. These activities enabled the organization to reach a million workers and distributed 0.8 million condoms.

Results obtained

The HIV/AIDS and STI prevention project enabled the organization to train 300 peer educators, involving 5,000 enterprises with a total workforce of 300,000 workers in the 27 Brazilian states. Not only did it HIV awareness increase but the second KAP survey revealed that sexual behavior had changed, with reduced risk-taking.

Lessons learned

Collaboration with the government's National AIDS Program enables the private sector to build synergies with other projects and to reach more people.

Participatory methodology involving peer educators can produce better results than when information is simply disseminated.

Source: IOE and UNAIDS (2002)

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UNAIDS: *Living in a World with HIV and AIDS* (Geneva, 2004)

APPENDICES

APPENDIX A: Checklist for Drafting an HIV/AIDS Policy

(Source: Family Health International, 2002:44-46)

The following checklist can be used as a guide in preparing a company HIV/AIDS policy. The points in the checklist can be considered paragraphs or provisions in the policy.

Introduction

☐ Reason(s) why the company has an HIV/AIDS policy;

☐ Persons covered by the policy (some or all employees or different provisions for different categories of employees);

☐Policy compliance with national and local laws and trade agreements;

☐ How the policy will be applied.

General Considerations

☐ Statement regarding the intent of the company to have an HIV/AIDS policy for application to company operations;

☐ Statement as to whether the policy is specific to HIV/AIDS or whether it incorporates HIV/AIDS into existing sections on life-threatening illnesses.

Elements Relating to Employment Criteria

☐ Statement that applicants and employees will not be screened for HIV as a condition of continued employment or promotion;

☐ Provision on circumstances where an employee would be asked to be tested for HIV, including:

___Explanation of the reasons why a request would be made for an HIV test;
___ Statement of whether the employer or employee would be responsible for paying for an HIV test;
___ Statement that pre- and post-test counseling would be provided for any employee who is asked (or asks) to take an HIV test;
___ Statement of the company response if an employee refuses to be tested;
___ Statement of the company's intention to keep all medical information, including results of HIV tests, confidential;
___ Statement of company intentions toward employees who, if required to be tested, are found to be HIV-positive;
___ Statement of the appeal, arbitration and resolution options for employees who refuse to be tested or who, if tested, are found to be HIV-positive;
___ Statement of the company's position toward insurance companies that may require an HIV test for various forms of coverage.

☐ Statement that the company is willing to make accommodations (such as less rigorous work or a different work environment) for employees who request such accommodations because of HIV infection;

☐ Provision that the company will maintain and enforce legal, acceptable and recognized occupational safety precautions to minimize risk of workplace exposure to HIV;

☐ Provision relating to the privacy of employee personnel records, including medical records; Statement prohibiting stigmatization of and discrimination against employees who are (or who are suspected of being) HIV-positive.

Elements Relating to Benefits and Treatment for HIV-infected and HIV-affected Employees

☐ Provision of benefits related to HIV infection is likely to be an extension of existing benefit provisions. As part of an overall prevention program, an HIV policy can explicitly refer to assistance in the treatment of

STIs. As implied in the previous section of this checklist, workers with HIV/AIDS should receive the same type, level and form of benefits as other employees with serious illnesses.

Provisions include:

☐ Statement about company and employee contributions to health and medical care, life and disability insurance, workers' compensation, social security and other retirement benefits, compassionate leave (for care-giving, funerals), death benefits for beneficiaries, treatment for opportunistic infections related to HIV and treatment for HIV;

☐ Coverage for dependents; Statement about company provision of or support for assistance in gaining access to life-saving treatments and drugs for HIV and opportunistic infections;

☐ Statement about company provision of or support for assistance in gaining access to life- saving treatments and drugs for HIV and opportunistic infections;

☐ Provision of or support for counseling and related social and psychological support services for HIV-infected and HIV-affected employees (and dependents);

☐ Statement that the company recognizes the importance of peer-support groups and permits such groups to be formed and to meet on company property (during or outside of work hours);

☐ Legal support services. Although companies may worry about legal challenges, company support for employees (in-house or contracted out) to access legal advice can assist in safeguarding dependents through preparation of wills, transfer of property and leveraging of public services.

Elements Relating to Workplace Prevention

☐ Statement that HIV/AIDS prevention is the responsibility of all employees, including senior management and supervisors;

☐Statement about the leadership role of managers and worker representatives, both in the company and in the wider community, in addressing HIV/AIDS;

☐ Statement emphasizing the importance of (and company expectations of) employees avoiding risky sexual behavior;

☐ Statement referring to company and union responsibilities for maintaining an environment that reinforces safe sexual behaviors;

☐ Statement of company and union responsibilities for providing all employees with timely, accurate, clear and adequate information about HIV prevention, community support services, treatment options and changes in company prevention activities;

☐ Description of the HIV prevention components that will be available to employees.

☐Recommended components include easy and regular access to male and female condoms, access to diagnosis and treatment of STIs, training of peer educators who will be accessible to employees and information about prevention and care services that exist in the community.

APPENDIX B: Sample Workplace HIV/AIDS Policies

(Source: FHI, 2002: 79-82)

SAMPLE 1: DAIMLER/CHRYSLER SOUTH AFRICA (PTY) LTD., "WORKPLACE POLICY ON HIV/AIDS."

PURPOSE, PREAMBLE AND GENERAL PRINCIPLES

Purpose

The purpose of this HIV/AIDS Workplace Policy is to ensure a uniform and fair approach to the effective prevention of HIV/AIDS among employees and their families, and the comprehensive management of HIV-positive employees and employees living with AIDS.

Preamble

The management and the HIV/AIDS Task Force of Daimler/Chrysler South Africa (DCSA) acknowledge the seriousness of the HIV/AIDS epidemic in South Africa and its significant impact on the workplace. They share the understanding of AIDS as a chronic, life-threatening disease with social, economic and human rights implications. DCSA, moreover, seeks to minimize these implications through comprehensive, proactive HIV/AIDS workplace programs, and commits itself to providing leadership in implementing such programs.

General principles

- Consultation: This DCSA HIV/AIDS Workplace Policy has been developed and will be implemented in consultation with DCSA employees at all levels.

- Equity: Employees living with HIV/AIDS have the same rights and obligations as all staff members, and they will be protected against all forms of unfair discrimination based on their HIV status.

- Confidentiality: All information and test results of an employee concerning HIV and AIDS are confidential. An employee may give informed consent to release such information to individuals specifically identified by an employee.

- Rights and responsibilities: This policy is in compliance with existing South African laws regarding HIV/AIDS,as well as with the Southern African Development Community (SADC) Code on HIV/AIDS and Employment.

Breaches of this policy will be dealt with under the normal disciplinary and grievance procedures of DCSA.

Basic Information on HIV/AIDS

What is HIV?
AIDS is a disease that affects millions of South Africans. It is caused by a virus called HIV, which stands for human immunodeficiency virus. This virus slowly weakens a person's ability to fight off other diseases by attaching itself to and destroying important cells that control and support the human immune system (CD4+ cells). After a person is infected with HIV, he or she can look and feel fine for many years before AIDS develops.

HIV causes AIDS
There is no question among the majority of the world's scientists that HIV causes AIDS. The average period between getting infected with HIV and developing AIDS is five to 10 years in the absence of treatment. AIDS is an abbreviation for acquired immune deficiency syndrome, which is a term that describes a set of opportunistic infections and cancers that would not be life-threatening if HIV had not damaged the body's immune system in the first place.

Transmission and factors fueling the epidemic
There is very little chance of HIV being transmitted in the workplace. In order for a person to be infected, the virus must gain entrance to a person's bloodstream. There is a limited number of modes of transmission. The modes of transmission, in order of importance, are:
- Unprotected sex with an HIV-infected person;
- From an infected mother to her child (during pregnancy, at birth, through breastfeeding);

• Intravenous drug use with contaminated needles;
• Transfusion with infected blood and blood products;
• Unsafe, unprotected contact with infected blood and bleeding wounds of an infected person;
• Other circumstances that increase the risk of HIV transmission and the development of AIDS include factors related to poverty (overcrowding, poor housing, high prevalence of tuberculosis, etc.), limited access to health and social services (untreated STDs, drug shortages, etc.), migrant labor, rapid urbanization, unemployment,
poor education and the inferior position of women in society (sexual violence, powerlessness to insist on condoms, etc.). These continue to fuel the epidemic despite individual behavior modification attempts.

Treatment
There is no cure or vaccine yet for HIV/AIDS. However, there are some major advances in medical treatment. Antiretroviral drug combinations are available that, when properly used, result in significantly prolonged survival of people with HIV. Holistic care of people living with AIDS (PWA) and comprehensive treatment of opportunistic infections also dramatically improve quality of life.

Creating a Nondiscriminatory and Caring Environment

Stigmatization and discrimination
Through the provision of information, education and communication about HIV and AIDS and normal DCSA disciplinary and grievance procedures, this policy aims to protect all HIV-positive employees from stigmatization and discrimination by coworkers based on HIV status. It guarantees that job access, job status, promotion and job security and training will not be influenced merely by an employee's HIV status.

Counseling and testing
DCSA rejects HIV testing as a prerequisite for recruitment, access to training or promotion. However, DCSA promotes and facilitates access to voluntary counseling and testing (VCT) for all employees. Counseling includes pre-test and post-test counseling.

Confidentiality and disclosure
DCSA guarantees confidentiality of any medical information relating to HIV status that any of its representatives may have in their possession by virtue of position in the company. DCSA strives to create a climate that allows for and encourages voluntary disclosure of an individual's positive HIV status. DCSA also guarantees that an employee will not be unfairly discriminated against based on his or her disclosed HIV status.

Performance management
With this policy, DCSA acknowledges the desire and ability of HIV-positive employees to work. It therefore guarantees that employees living with HIV and AIDS may continue to work as long as they are able to perform their duties in accordance with job requirements. If due to medical reasons an employee is no longer able to continue his or her normal employment duties, DCSA will make efforts to reasonably accommodate that employee in another position in line with existing legislation and company policies.

Occupational health and safety
Risk of HIV infection at the workplace is managed by the following means:
• Standard procedures are applied to reduce risk following injury at work involving blood, and potential exposure to blood-borne pathogens, including HIV. Appropriate HIV/AIDS information is included in occupational health training and first aid training.
• Emergency care and treatment from DCSA will be provided for medical personnel and persons performing first aid after medical HIV exposure.

DCSA HIV/AIDS Program

Comprehensive healthcare
The DCSA HIV/AIDS program provides comprehensive healthcare services, including:
• Syndromic approach to treatment of STDs;
• Appropriate treatment for people with tuberculosis in line with the Ministry of Health's National TB Control Policy; directly observed treatment/short-course chemotherapy (DOTS) for people with tuberculosis will be the cornerstone of treatment;
• Employee Wellness Services and Employee Assistance Program;
• Voluntary counseling and testing for HIV (by trained and supervised counselors and qualified health personnel);

• Sustained commitment to access to anti-retroviral drugs, treatment according to standard protocols and appropriate treatment of opportunistic infections within the framework of the company medical aid;
• Condom availability and distribution.

Education and awareness
The DCSA HIV/AIDS program will facilitate continuous HIV/AIDS education and awareness by ensuring:
• The systematic and ongoing provision of credible information about HIV/AIDS using all company media and communication methods. This will include, but not be limited to, regular features in the company newspaper, articles on the DCSA Intranet, features on internal company television broadcasts, AIDS information kiosks, establishment of a DCSA Intranet Health Help Desk, distribution of informative publications and referrals to the National HIV/AIDS Help Line and other support and information resources;
• Appointment of and ongoing support for peer educators in the workplace;
• Health promotion campaigns, including promotion of VCT and proper condom use;
• Outreach to, partnership with and promotion of organizations involved in community-based HIV/AIDS initiatives and advocacy.

Organizational and human resources development
The DCSA HIV/AIDS program will prioritize the critical need to proactively manage the impact of HIV/AIDS on the company and its employees.
DCSA will:
• Conduct baseline and periodic formal HIV/ AIDS risk assessments of the organization, its employees and their families. This will include HIV prevalence and impact studies without compromising confidentiality of HIV status of any individuals. It will be done in consultation and with the consent of employees and employee organizations;
• Continuously review and improve appropriate organizational and human resource development measures to manage current and future HIV/AIDS impacts;
• Continually review and remodel health-related employee benefits to meet current and future HIV/AIDS impacts. Health-related employee benefits include insured death and disability benefits, funeral coverage and the company medical aid scheme.

Implementation and Coordination Responsibilities

Coordination
To coordinate and implement the HIV/AIDS program and its policy, DCSA employs an HIV/AIDS program coordinator. An AIDS Task Force has been created as the major decision-making body.
The Task Force consists of employees representing all constituents of the company. Participants are drawn from representative trade unions, staff committees, medical services, production management, human resources management and the GTZ.

Community involvement and partnerships
DCSA considers community involvement and partnerships with other stakeholders and institutions to be an integral part of its HIV/AIDS strategy. It therefore supports community-based initiatives in its employees' communities. DCSA is committed to creating and fostering partnerships with governmental and non-governmental organizations for the implementation of its HIV/AIDS programs.

Monitoring and evaluation
In order to thoroughly design, plan and evaluate this policy and its associated HIV/AIDS prevention and care services, DCSA will launch an HIV prevalence survey to establish baseline data. It will also regularly conduct HIV/AIDS risk assessment and knowledge, attitudes, practice/behavior (KAP/B) studies among its employees and their family members. A system has been designed as well for monitoring, evaluating and reporting all service components. Continuous monitoring, evaluation and reporting are critical to assessing the program's ongoing impact.

Communication
DCSA commits itself to regular and formal communication within the company about the HIV/ AIDS program and its development.

Policy review
The HIV/AIDS Task Force will review this policy at regular intervals and conduct a formal review in the first quarter of each year.

APPENDIX C: Sample HIV/AIDS KABP Questionnaire for Needs Assessment

(Source: Division of Youth Affairs, 2001: 42-46)

SAMPLE 1

Interviewer:_____ District:_____

The Government of Barbados is concerned about the impact of HIV/AIDS on the community especially on the Barbadian youth and is in the process of developing a policy framework to deal with this social problem. To this end, a brief questionnaire has been prepared to ascertain the level of knowledge, attitudes, beliefs and sexual practices of the youth. Your cooperation would be appreciated. No names are required and all information given will be kept in the strictest confidence.

1. Age: ___years

2. Sex: 1) Male □ 2) Female □

3. Race:_____

4. Religion:_____

5. Do you attend religious service? 1) Yes □ 2) No □ 3) No Response □

6. If yes, how often: 1) Weekly □ 2) Monthly □ 3) Few times a year □ 4) Other □

7. Union status:_____

8. Highest educational level attained: 1) Primary □ 2) Secondary □ 3) Tertiary □ 4) Other □

9. Occupation:_____

10. Have you ever heard of HIV/AIDS? 1) Yes □ 2) No □ 3) Not Sure □

11. How much do you know about HIV/AIDS? 1) Nothing □ 2) A little □ 3) A lot □ 4) Quite a lot □

12. Where do you get **most** of your information about HIV/AIDS?

13. Have you personally known anyone who is/was HIV positive? 1) Yes □ 2) No □ 3) Not Sure □

14. Have you personally known anyone with AIDS? 1) Yes □ 2) No □ 3) Not Sure □

15. Is there is a difference between HIV and AIDS? 1) Yes □ 2) No □ 3) Not Sure □

16. Can you catch HIV the virus that causes AIDS from any of the following: ***(Tick appropriately)***

	Yes***(1)***	No***(2)***	Not Sure***(3)***	D/K***(4)***
a) Insect bites	□	□	□	□
b) Communion cup	□	□	□	□
c) Giving blood	□	□	□	□
d) Having a blood test	□	□	□	□
e) Shaking hands with someone who is HIV positive	□	□	□	□
f) Hugging with someone who is HIV positive	□	□	□	□
g) Kissing ***(i.e. on the cheek or lips)*** someone who is HIV positive	□	□	□	□

h) Drinking from the same glass as someone who is HIV positive □ □ □ □

i) Being coughed/sneezed on by someone who is HIV positive □ □ □ □

j) Eating food/drink prepared by someone who is HIV positive □ □ □ □

k) Being bitten by someone who is HIV positive □ □ □ □

l) Using the same toilet seat as someone who is HIV positive □ □ □ □

m) Sharing a smoke with someone who is HIV positive □ □ □ □

n) Sharing a needle with someone who is HIV positive □ □ □ □

17. Can you catch HIV/AIDS from any of the following: ***(Tick appropriately)***

	Yes***(1)***	No***(2)***	Not Sure***(3)***	D/K***(4)***
a) Blood	□	□	□	□
b) Sweat	□	□	□	□
c) Tears	□	□	□	□
d) Semen	□	□	□	□
e) Saliva	□	□	□	□
f) Urine	□	□	□	□

18. Can AIDS be cured? 1) Yes □ 2) No □ 3) Not Sure □

19. Is there a vaccine for AIDS? 1) Yes □ 2) No □ 3) Not Sure □

20. Is there a vaccine to prevent HIV infection? 1) Yes □ 2) No □ 3) Not Sure □

21. Would you be willing to have an HIV test?1) Yes □ 2) No □ 3) Not Sure □

22. Do you think that using a condom is good protection against getting HIV during sexual intercourse?
1) Yes □ 2) No □ 3) Not Sure □

23. Do you think that any one concerned about catching HIV should get an HIV test? 1) Yes □ 2) No □
3) Not Sure □

24. Can HIV be cured if diagnosed early and treated? 1) Yes □ 2) No □ 3) Not Sure □

25. Can an individual live in the same house as someone who has AIDS without contracting the disease?
1) Yes □ 2) No □ 3) Not Sure □

26. Can a pregnant woman pass on HIV to her unborn child? 1) Yes □ 2) No □ 3) Not Sure □

27. Please give me your opinion on the following statements:

	Agree***(1)***	Disagree***(2)***	Maybe***(3)***	D/K***(4)***
a) People with HIV have only themselves to blame.	□	□	□	□
b) HIV patients should be shut away by themselves.	□	□	□	□

c) HIV has been sent by God to punish people for their sins. □ □ □ □

d) The authorities are hiding the extent of the HIV/AIDS problem from the people of Barbados. □ □ □ □

e) There should be a public list of all persons infected with HIV. □ □ □ □

28. If one of your close friends tested HIV positive, would you still associate with them?
1) Yes □ 2) No □ 3) Not Sure □

29. Please give me your opinion on the following statements:

	Agree(1)	Disagree(2)	Maybe(3)	D/K(4)
a) Only male homosexuals get HIV	□	□	□	□
b) A healthy looking person cannot have HIV	□	□	□	□
c) Black people are more likely to catch HIV	□	□	□	□
d) Lesbians have less chance of contracting HIV	□	□	□	□
e) Condoms are a sure way of preventing HIV	□	□	□	□
f) HIV is a death sentence	□	□	□	□
g) Sex is the only way of spreading HIV	□	□	□	□
h) Only homosexuals spread HIV	□	□	□	□
i) HIV always leads to AIDS	□	□	□	□

	Agree(1)	Disagree(2)	Maybe(3)	D/K(4)
j) Using marijuana protects you from HIV	□	□	□	□
k) Drinking a lot of alcohol protects you from HIV	□	□	□	□
l) Having sex with a virgin protects you from HIV	□	□	□	□

30. Specifically **which group/type of people** in society do you think are most at risk of contracting HIV?_____

31. Using the scale below, what is the risk of the following groups contracting HIV/AIDS?

	1	***2***	***3***	***4***	***5***
	low				***high***
a) Persons aged 14 & under	□				
b) Persons aged 15 – 24	□				
c) Persons aged 25 – 49	□				
d) Persons aged 50 & over	□				

32. Are people from poor families more likely to contract HIV? 1) Yes □ 2) No □ 3) Not Sure □

33. How likely do you think it is that you will ever contract HIV?
1) Very Likely □ 2) Likely □ 3) Unlikely □ 4) Very Unlikely □

34. Have you ever had sex? 1) Yes □ 2) No □ 3) No Response □

35. At what age did you first have sex? ___years

36. Are you sexually active now? 1) Yes □ 2) No □ 3) No Response □

37. If yes, are your sexual activities confined to one partner only? 1) Yes □ 2) No □ 3) No Response □

38. How many sexual partners do you currently have?_____

39. How many sexual partners have you had within the following time periods?
- Men in the past year _____
- Men in the past five years _____
- Women in the past year _____
- Women in the past five years _____

40. Do you use a condom during sex? 1) always □ 2) sometimes □ 3) never □

41. Have you ever had sex while drunk or high? 1) Yes □ 2) No □ 3) No Response □

42. Have you ever:

a) refused sex because there was no condom available? 1) Yes □ 2) No □ 3) No Response □

b) been refused sex because there was no condom available?1) Yes □ 2) No □ 3)No Response

43. **(Ask Males)** Were you ever asked by your partner to wear a condom? 1)Yes □ 2)No □ 3)No Response □

44. **(Ask Females)** Have you ever insisted that your male partner use a condom?
1) Yes □ 2) No □ 3) No Response □

45. Have you ever had sex without using a condom because your partner did not want to use one?
1) Yes □ 2) No □ 3) No Response □

46. Whose responsibility do you think it is to provide the condoms in a sexual relationship?
1) Man □
2) Woman □
3) Either partner/Both □
4) No one □
5) No Response □

47. If you had HIV/AIDS, would you tell anyone? 1) Yes □ 2) No □ 3) Not Sure □

48. If yes, who would you tell? _____

49. If you discovered you had HIV, would you consider suicide? 1) Yes □ 2) No □ 3) Not Sure □

50. Should persons who knowingly spread HIV/AIDS without caring be charged?
1) Yes □ 2) No □ 3) Not Sure □

51. Are there any current HIV/AIDS programmes that you think are effective? ***(Identify)***

52. What else do you think the Government can do to help prevent the spread of HIV/AIDS?

53. What do you think the Government can do to support people with HIV/AIDS?

54. What do you think the Private Sector can do to help prevent the spread of HIV/AIDS?

55. What do you think can be done at the community level to help prevent the spread of HIV/AIDS?

56. What do you think individuals can do to help prevent the spread of HIV/AIDS?

END OF SURVEY

THANK YOU FOR YOUR COOPERATION!

SAMPLE 2 (BASELINE SURVEY ON KAP: HIV/AIDS IN THE WORKPLACE)

For Employees:

Company name:		
Respondent's position in the Union:	Name of the Union:	
Department:	Date:	Respondent # _____

NOTE: Please encircle the number of your answers (*Pakibilugan ang numero ng inyong sagot)*

A: Respondent's Profile					
A1	Name, optional (*pwedeng hindi isulat*)				
A2	Age (*Edad)*	1-Under 20 yrs. old 2- 20 to 24 yrs. old	3- 25 to 29 yrs. old 4- 30 to34 yrs. old	5- 35 to 39 yrs. old 6- 40 to 44 yrs. old	7- 45 to 49 8- 50 & up
A3	Gender (*Kasarian)*	1- Female (*Babae)*	2- Male (*Lalaki)*	3- others (*iba pa)*	
A4	Civil Status (*Katayuan sa buhay)*	1- Single (*dalaga/binata)* *2-* Married (*kasal)* 3- Single parent (*solong magulang)*		4- Cohabitation (*may kinakasama)* 5- Separated (*hiwalay)* 6- Widow/er (*balo)*	

B. HIV/AIDS		
B1	Have you ever heard of HIV/AIDS (*Narinig mo na ba ang HIV/AIDS)*?	1- Yes (*oo)* 3- Not Sure (*'di sigurado*) 2- No (*hindi)*
B2	Where do you get most of your information about HIV/ AIDS)? (*Saan mo nakuha ang impormasyon tungkol HIV/AIDS)?*	1- Health center 3- Friends 5-others 2- Company clinic 4- Media (TV, radio)
B3	Is there a difference between HIV and AIDS? *(May pagkakaiba ba ang HIV at AIDS)?*	1- Yes (*oo)* 3- Not Sure (*'di sigurado*) 2- No (*hindi)*
B4	Do you have an HIV/AIDS program in your workplace (*Meron bang programa sa HIV/AIDS ang inyong kumpanya)?*	1- Yes (*oo)* 3- Not Sure (*'di sigurado*) 2- No (*hindi)*
B5	If NO, do you want to have an HIV/AIDS program? (*Gusto mo bang magkaroon ng programa tungkol sa HIV/AIDS)?*	1- Yes (*oo)* 3- Not Sure '*di sigurado* 2- No (*hindi)*

Can you catch HIV virus from any of the following: *(Makukuha ba ang HIV sa pamamagitan ng mga sumusunod):*

B6 Insect bites (*kagat ng insekto)* 1-Yes 2-No 3-Not Sure 4-Don't Know/DK

B7 Kissing on the lips a person living with HIV/AIDS (*paghalik sa labi ng taong may HIV/AIDS)* 1-Yes 2-No 3-Not Sure 4-DK

B8 Blood (*Dugo)* 1-Yes 2-No 3-Not Sure 4-DK

B9 Semen (*Semilya)* 1-Yes 2-No 3-Not Sure 4-DK

B10 Urine (*Ihi)* 1-Yes 2-No 3-Not Sure 4-DK

B11 Saliva (Laway) 1-Yes 2-No 3-Not Sure 4-DK

B12	Can AIDS be cured? (*Pwede bang gumaling ang AIDS*)?	1- Yes (*oo)* 2- No (*hindi)* 3- Not Sure(*'di sigurado*)
B13	Should a person living with HIV be allowed to continue to work? (*Ang tao bang may HIV ay dapat pang payagan na magtrabaho)?*	1- Yes (*oo)* 2- No (*hindi)* 3- Not Sure(*'di sigurado*)
B14	If one of your close friends had HIV, would you still be	1- Yes (*oo)*

	friends with them? (*Kung isa sa malapit mong kaibigan ay nagkaroon ng HIV, magiging kaibigan mo pa rin ba siya)?*	2- No (*hindi)* 3- Not Sure (*'di sigurado*)
B15	Do you use a condom during sex? (*Gumagamit ka ba ng kondom kapag nakikipagtalik)?*	1- Yes (*oo)* 2- No (*hindi)*
B16	Can a pregnant woman pass on HIV to her unborn child? (*Mapapasa ba ng isang nagdadalantao ang HIV sa sanggol sa kanyang sinapupunan)*	1- Yes (*oo)* 2- No (*hindi)* 3- Not Sure (*hindi sigurado*)

Please give your opinion on the following statements: (*Pakibigay ang inyong opinyon tungkol sa mga sumusunod):*

B17 A healthy looking person cannot have HIV (*Ang mukhang malusog na tao ay hindi pwedeng magkaroon ng HIV)*	1- Agree	2- Disagree	3- Not sure
B18 Do you think that any one concerned about catching HIV should get an HIV test? (*Sa opinyon mo, ang tao bang nag-aalala na bakamagkaroon ng HIV ay kumuha ng HIV test)?*	1- Agree	2- Disagree	3- Not sure
B19 Using a condom is good protection against getting HIV during sex? (*Ang paggamit ba ng kondom ay mahusay na proteksyon laban sa pagkahawa ng HIV habang nakikipagtalik*)?	1- Agree	2- Disagree	3- Not sure

Please review this questionnaire to make sure you answer all that is applicable to you

END OF SURVEY

THANK YOU!!!

APPENDIX D: Training and Facility Needs Assessment Questionnaire

FOR SERVICE PROVIDERS

Respondent's Profile

Name:		Job title:
Number of years in the company:		Schedule of duty (day and time):
Age:	Gender:	E-mail Address:
Telephone Number:	Fax Number:	Mobile number:

Clinic Profile

Name of company doctor(s): _____	Schedule (date & time) of consultation and services: _____
Names of other clinic staff 1. _____ 2. _____ 3. _____ 4. _____	Position _____ _____ _____ _____
Clinic hours:	
Average number of clients per day: _____ Ave. number of male clients/day: _____ Ave. number of female clients/day: _____	Common reasons for consultation:

Primary Responsibilities: (to be filled up by the nurse)

- ☐ Oversee the day-to-day operation of the clinic
- ☐ Schedule appointments for consultation
- ☐ Assist the physician during consultations
- ☐ Dispense medicines for minor complaints
- ☐ Dispense contraceptives for FP acceptors
- ☐ Conduct counseling sessions for workers
- ☐ Distribute reading materials on health
- ☐ Make an inventory of clinic supplies and commodities
- ☐ Referral of out-patient cases
- ☐ Coordinate with local health centers for programs
- ☐ Attend seminars on health-related topics
- ☐ Others (please specify)_____

Checklist of Facilities (please check if available)

- ☐ Examination bed
- ☐ Curtains or divider
- ☐ Hand washing area
- ☐ Adequate water supply
- ☐ Refrigerator for storage
- ☐ Adequate lighting for examinations
- ☐ Private area for counseling
- ☐ Reading materials/posters on health-related topics
- ☐ Others (please specify) _____

Clinic services available for workers

- ☐ Physical examination
- ☐ X-ray examination
- ☐ Routine blood tests
- ☐ Pelvic examination
- ☐ Pap Smear examination
- ☐ Digital-rectal examination
- ☐ Others (please specify) _____

A. Service availability at the clinic **[□] Tick appropriate box**

1. When are Reproductive Health (that includes HIV/AIDS) services available	Daily	Special Days _____
2. Does the clinic have condoms, either for free or at cost?	Y	N
3. Does the clinic have facility for STI examination	Y	N
4. If no, is there a facility to refer clients	Y	N
a. Referral facility: _____		
b. Is the referral system in place? (Ask for the referral form)	Y	N
5. If YES, is referral system effective (i.e. clients get services they needed promptly)	Y	N
6. Does the clinic have a system to keep record of clients	Y	N

B. Service quality

1. Do consulting or counseling rooms provide adequate privacy	Y	N
2. Service providers are trained in interpersonal relations	Y	N
3. Provider establishes rapport for assessing personal situation (family circumstances, nature of sexual relationships)	Y	N
10. Client reports feeling:		
a. welcomed by staff	Y	N
b. at ease asking questions	Y	N
c. treated with respect/politeness by providers	Y	N

C. Counseling

1. Are there guidelines on information staff are to cover during counseling sessions	Y	N
2. Are there written guidelines that information given by the clients will be treated with confidentiality and respect?	Y	N
3. Do clients receive knowledge of HIV and STI's and how to prevent STI's	Y	N
4. Are medical eligibility criteria guidelines easily available for reference to providers	Y	N
5. Provider demonstrates good counseling skills (e.g., providing information, eliciting information, answering questions)	Y	N

D. IEC activities

1. Are there HIV/AIDS related posters on walls, pamphlets and leaflets	Y	N
a. Number of IEC materials distributed: _____		
2. Are these available in local languages	Y	N
a. If NO, is there a need to localize the IEC materials	Y	N

3. Which IEC material on HIV/AIDS do you think is the most effective in reaching the target audience (pls. choose one)

_____ a. posters
_____ b. pamphlets/brochures
_____ c. komiks
_____ d. others, pls. specify _____

4. Are clinic visitors exposed to HIV/AIDS related information whilst waiting in the clinic – talks, video shows, role plays, etc Y N

E. HIV/AIDS

1. What interventions does your company have on:

    - Prevention of STIs/HIV/AIDS

        _____ Counseling
        _____Lectures
        _____IEC materials
        _____ Referral, name of facility: _____
        _____others, pls. specify _____
        _____Suggested intervention(s):

2. No. of employees provided with HIV/AIDS/STIs information & services

    - Percentage of employees given HIV/AIDS/STIs information & services:

3. No. of employees counseled on HIV/AIDS/STIs concerns

    - Percentage of employees with HIV/AIDS/STIs needs given RH counseling:

4. No. of employees referred for HIV/AIDS/STIs services

    - Percentage of employees referred to HIV/AIDS/STIs service providers outside of the company:

5. Number of condoms distributed/sold:

APPENDIX E: Partial List of Potential Organizations for Networking and Referral and List of Government Hospitals providing free ARVs

(Source: Remedios AIDS Foundation, Inc)

A. Partial List of Potential Organizations for Networking and Referral

1. **ACTION FOR HEALTH INITIATIVES, (ACHIEVE) INC.**
   Address: 162- A Sct. Fuentabella Ext. Barangay Sacred Heart, Kamuning, Quezon City 1103
   P.O. Box 3026 CPO, Quezon City 1170
   Telephone Number: (63)(2) 414-6130
   Fax Number: (63)(2) 426-6147
   E-mail Address: achieve@pacific.net.ph/ achieve_caram@yahoo.com

   Contact Person/s: Ms. Malu Marin - Executive Director

   - Capability Building, Researches & Publications - Migrant workers, Migrant Workers Living with HIV/AIDS (MWLHA), female spouses of seafarers and stakeholders

2. **AIDS SOCIETY OF THE PHILIPPINES, INC. (ASP)**
   Address: OTM Bldg. No. 71 Scout Tuazon St., South Triangle, Quezon City 1103
   Telephone Number: (63)(2) 376-2541 / 376-2542 / 376-2545 / 410-0204
   Fax Number: (63)(2) 376-2546
   E-mail Address: aidsphil@pacific.net.ph / sbw@pacific.net.ph
   Website: http://www.aidsphil.org

   Contact Person/s: Dr. Carlos C. Calica - President

   - Capability Building - Seminar/Workshop/Scientific Meeting, Resource Center Management, Publications- doctors, NGOs, ASP members, NGOs, donors
   - Media Reporting on sexuality & safe sex in selected South East Asian Countries: A Content Analysis - Media in South East Asian countries

3. **AMERICAN CHAMBER FOUNDATION PHILIPPINES INC.**
   Address: 4554 Casino cor Duvaner st., Brgy Palanan, Makati
   Telephone Number: (63)(2) 834-0184/ 551-8060
   Fax Number: (63)(2) 834-1192
   E-mail Address: amcham@amchamfoundation.com
   Website: www.amchamfoundation.com

   Contact Person/s: Nadia Carlos- Executive Director

   - Capability Building, Promotion/Education/ Advocacy on Artificial Family Planning Method, Information Education IEC material & Medical and RH Services - children, youth, men, women

4. **CARITAS MANILA, INC.**
   Address: 2002 Jesus St., Pandacan, Manila 1011
   Telephone Number: (63)(2) 563-9309
   Fax Number: (63)(2) 563-9308
   E-mail Address: caritasmanila@yahoo.com

   Contact Person/s: Rev. Father Anton C.T. Pascual- Executive Director

   - Advocacy and Education - Children-in-conflict with the law, Youth and their parents, Sectoral partners: Persons with HIV/AIDS and their families
   - Direct Services (Scholarship/ Educational Assistance, Stress Mgt sessions, Counseling & Self-Employment Capital)

5. **CATHOLIC RELIEF SERVICES (CRS) - USCC**
   Address: CBCP Building, 470 Gen. Luna St., Intramuros, Manila 1002
   Telephone Number: (63)(2) 527-8331 to 35
   Fax Number: (63)(2) 527-4140
   E-mail Address: crsphils@globe.com.ph
   Website: http://www.catholicrelief.org

   Contact Person/s: Ms. Milagros Lasquety - Health Program Manager
   - Capability Building, Livelihood Enhancement & National Youth Campaign Against AIDS - sailors, medical professionals, maritime students, teachers, youth

   Branch Office/s: Cebu City, Davao City, Cotabato City

6. **CENTER FOR MULTIDISCIPLINARY STUDIES ON HEALTH AND DEVELOPMENT(CEMSHAD)**
Address: A7C Bldg. 570-A Padre Faura St., Ermita Manila 1000
Telephone Number: (63)(2) 526-9165 telefax E-mail Address: cemshad@yahoo.com / phssa-@hotmail.com

Contact Person/s: Prof. Nymia P. Simbulan – President, Dr. Reynaldo H. Imperial - Executive Director

- Capability Building, Education & Researches
- Networking/ Advocacy - women, academic & nonacademic institutions, PLWHA & communities

7. **CONTROL OF HIV/AIDS/STD PARTNERSHIP PROJECT IN ASIA REGION (CHASPPAR)**
Address: U.P. Manila, College of Public Health
Rm. 210M, 625 P. Gil St. Ermita, Manila 1000
Telephone Number: (63)(2) 521-1390 telefax
E-mail Address: chaspar_philippines@yahoo.com

Contact Person/s: Dr. Sandra Tempongko - Project Coordinator

- Capability Building, Research, Networking/ Advocacy, Support services to PHIV/PWAs
  - Seminar/ Training/ Workshops - member countries/ partner organization, community involved in hospitality and tourism, sex workers, GOs, NGOs, POs, military personnel, health care providers, families

Branch Office/s: Bangkok, Thailand

8. **DKT PHILIPPINES, INC.**
Philippine Social Marketing Programs
Address: Suite 801, The Linden Suites # 37 San Miguel Ave., Ortigas Center, Pasig City 1600
Telephone Number: (63)(2) 687- 5567
Fax Number: (63)(2) 631-1652
E-mail Address: dkt@philonline.com.ph / dkt@frenzy.com.ph

Contact Person/s: Mr. Terry L. Scott - Country Director

- Social Marketing, Condom Promotion and Education, Frenzy Mobile Outreach Team, NGO & LGU Collaboration - male and female of reproductive age, youth and program managers

Branch Office/s: Cebu, Davao

9. **END CHILD PROSTITUTION, CHILD PORNOGRAPHY AND THE TRAFFICKING OF CHILDREN FOR SEXUAL PURPOSES - INTERNATIONAL YOUNG PEOPLE'S PARTICIPATION PROJECT (ECPAT-ITPP)**
Address: c/o ECPAT, V. Luna Road Extension, Sikatuna Village, 1101 Quezon City
Telephone Number: (632) 925-2804
Fax Number: (632) 433-1150
E-mail Address: ecpatiy@pworld.net.ph

10. **FAMILY PLANNING ORGANIZATION OF THE PHILIPPINES, INC. (FPOP)**
Address: 50 Doña M. Hemady St., New Manila, Quezon City 1112
Telephone Number: (63)(2) 721-7101 / 722-6466 / 721-7302
Fax Number: (63)(2) 721-4067
E-mail Address: FPOP@ippf.org / fpop1969@yahoo.com

Contact Person/s: Atty. Rhodora M. Roy-Raterta - Executive Director

- Capability Building, Community Mobilization, Integrated and Community-Based Services (FP/MCH and RH Care), Networking/ Advocacy- men, women, youth & policy-makers

11. **FOUNDATION FOR ADOLESCENT DEVELOPMENT, INC. (FAD)**
Address: 1037 R. Hidalgo St., Quiapo, Manila 1001
Telephone Number: (63)(2) 734-1788
Fax Number: (63)(2) 734-8914
E-mail Address: fadinc@codewan.com.ph / fadinc@pldtsl.net
Website: http://www.teenfad.ph

Contact Person/s: Ms. Cecilia C. Villa - Executive Director

- Capability Building, Campus Based Project, Teen Health Quarters, Life Planning Education, Resource Center Management, Networking/ Advocacy, Researches, Publications - students, teachers, guidance counselors - community, young adults, single parents, parents

12. **FRIENDLYCARE FOUNDATION, INC.**
Address: 710 Shaw Blvd., Mandaluyong City 1501
Telephone Number: (63)(2) 722-2968/ 722-2993
Fax Number: (63) (2) 718-2869
Website: www.friendlycare.com.ph

Contact Person/s: Ms. Leni V. Questa – President

- Capability Building, Networking & Advocacy, Clinic services - general public

Branch Office/s: Cebu City, Davao City, Pasig, Cubao, Caloocan, Pasay

13. **GLOBAL ACTION FOR DEVELOPMENT (GAD)**
Address: 288 Unit Concepcion Apartment, Concepcion St., San Joaquin, Pasig City 1600
Telephone number: (63)(2) 627-0001 telefax
E-mail Address: indaygeraldo@yahoo.com

Contact Person/s: Ms. Feliciana E. Eraldo - CEO

- Capability -Building - NGOs , Adolescent Reproductive & HIV/AIDS/STD Advocacy - youth, Local Chief Executives

14. **HEALTH ACTION INFORMATION NETWORK (HAIN)**
Address: 26 Sampaguita Avenue Mayapa Village II, Barangay Holy Spirit, Quezon City 1127
Telephone Number: (63)(2) 952-6312
Fax Number: (63)(2) 952-6409 telefax
E-mail Address: hain@info.com.ph
Website: http://www.hain.org, www.kalusugan.org

Contact Person/s: Dr. Edelina de la Paz - Executive Director

- Capacity- building, Research Methods for Reproductive and Sexual Health (Training Course), Clearinghouse for Dissemination of Appropriate STD/ HIV/AIDS Information (Info exchange through Information Technology) - Policymakers, health workers, and other stakeholders

Branch Office/s: San Juan, Metro Manila

15. **HIV/AIDS NETWORK PHILS., INC.**
Address: 1066 Remedios cor. Singalong Sts., Malate, Manila 1004
Telephone Number: (63)(2) 524-4831/ 524-0924
Fax Number: (63)(2) 522-3431
E-mail Address: nenetgem@pacific.net.ph / nenetgem@yahoo.com

Contact Person/s: Ms. Ced Apilado & Ms. Nenet L. Ortega - Secretariat/Coordinating Council

Projects- Target Sectors:
- Capacity/Skills Building, Community Mobilization, Networking/ Advocacy/ Lobbying

16. **INSTITUTE FOR SOCIAL STUDIES AND ACTION (ISSA)**
Address: Rm. 303 3/f 1589 Crispina Bldg. Quezon Ave., West Triangle, Quezon City 1101
Address: Quezon City Central P.O. Box 1078 Philippines
Telephone Number: (63)(2) 410-1685 telefax
E-mail Address: issa1183@gmail.com / issall@gmail.com
Website: http://www.issa-org.ph

Contact Person/s: Ms. Florence M. Tadiar - CEO & Dr. Edwin Reuel A. Ylagan - Exec. Director

Projects - Target Sectors:
- Capability Building, Community Mobilization, Resource Center Management
- Networking/Alliance-Building/ Advocacy, Advocacy, Researches, Publications & Media Monitoring

Branch Office: Mandaluyong City

17. **IN TOUCH FOUNDATION, INC.**
Address: 48 Mckinley St., Forbes Park, Makati City 1219
Telephone Number: (63)(2)893-1893 / 893-7606
Fax Number: (63)(2)893-1892
E-mail Address: intouch@mnl.cyberspace.com.ph

Contact Person/s: Ms. Mala Lever - Executive Director

- Capability Building
- Networking/ Advocacy

18. **KAAGAPAY SUPPORT GROUP FOR PLWHAs**
Address: 1066 Remedios cor. Singalong Sts., Malate, Manila 1004
Telephone Number: (63)(2) 524-4831 / 524-0924
Fax Number: (63)(2) 522-3431
E-mail Address: nenetgem@pacific.net.ph / nenetgem@yahoo.com

Contact Person/s: Ms. Nenet L. Ortega - President

- Capability Building & Community Mobilization - families, NGOs, GOs

19. **KABALIKAT NG PAMILYANG PILIPINO, INC. (KABALIKAT)**
Address: 93 Cambridge St. Cubao, Quezon City 1109
Telephone Number: (63)(2) 832-1291
E-mail Address: kablikat@mozcom.com

Contact Person/s: Ms. Marilyn Calilung - Executive Director

- Research, Development and Communication of Materials, Technical Assistance - low-income and semi-literate groups, all levels of health service/product providers
- Research Community Outreach & Peer Education on HIV/AIDS - registered & freelance sex workers, MSM, male customers
- ARH Peer Education & Counseling, Networking, Advocacy & Publication

20. **KAPISANAN NG MGA KAMAGANAK NG MIGRANTENG MANGGAGAWANG PILIPINO, INC. (KAKAMMPI)**
Address: # 105 Sct. Rallos, Kamuning, Quezon City
Telephone Number: (63)(2) 441-5008
Fax Number: (63)(2) 926-6928 telefax
E-mail Address: kakammpi1@skyinet.net
Website: www.kakammpi.tripod.com

Contact Person/s: Ms. Ma. Fe Nicodemus - Chairperson

21. **LINANGAN NG KABABAIHAN, INC. (LIKHAAN)**
Address: 92 Times St., West Triangle Homes, Quezon City 1104
Telephone Number: (63)(2) 926-6230
Fax Number: (63)(2) 411-3151
E-mail Address: office@likhaan.net / likhaan@myrealbox.com (back-up)

Contact Person/s: Dr. Junice Lirza D. Melgar - Exec Director & Dr. Benito E. Molino - Coordinator, Clinical Services

- Anonymous Clinics/ Testing/ STD Case Management & Networking/ Advocacy - urban poor communities, men, women, students, prostituted women

22. **LUNDUYAN PARA SA PAGPAPALAGANAP, PAGPAPATAGUYOD AT PAGTATANGOL NG KARAPATANG PAMBATA**
Address: 17-17A Casmer Apartment, Del Pilar corner Don Jose St., Bgy. San Roque, Cubao, Quezon City 1109
Telephone Number: (63)(2) 913-3464
Fax Number: (63)(2) 911-7867
E-mail Address: chrights@info.com.ph / kkkandit@yahoo.com

Contact Person/s: Ms. Irene V. Fonacier-Fellizar - President, CEO and Chief Mentor

- Capability Building, Community Mobilization
- Operationalizing RH through the use of various art forms like theater, visual arts, music and dance
- Resource Center & Care & Support Services
- Networking/ Advocacy, Researches, Publications

23. **MGA KABABAIHAN PARA SA TAO (MAKATAO) FOUNDATION, INC.**
Address: 208 JM Templora St., Santulan 1478, Malabon, M.Mla.
Telephone Number: (63)(2) 294-4852 telefax

Contact Person/s: Ms. Leah de Leon - Executive Director

- Capability Building, Community Mobilization & RH/ FP Clinic - women, couples/ partners, youth

24. **PATH PHILIPPINES**
Address: 24th Floor Yuchengco Tower, RCBC Plaza
6819 Ayala Avenue cor. Sen. Gil Puyat Avenue, Makati City 1200
Telephone Number: (63)(2) 845-2921 • Fax Number: (63)(2) 845-3182
E-mail Address: pathphil@skyinet.net
Website: www.path.org

Contact Person/s: Ms. Carmina Aquino - Vice- President/ CEO

- ASEP or AIDS Surveillance and Education Project/ Education Component - Female Sex workers, male customers of sex workers, MSM, IDU - partner NGOs, in 8 ASEP sites conduct
- Integrated Population and Coastal Resource Management (IPoPCORM) - Fisherfolk

25. **PHILIPPINE COUNCIL OF NGOs AGAINST DRUG AND SUBSTANCE ABUSE (PHILCADSA)**
Address: c/o Kapatiran-Kaunlaran Foundation, Inc., 937 P. Paredes St. Sampaloc, Manila
Telephone Number: (63)(2) 314-0241 • Fax Number: (63)(2) 735-1465
E-mail Address: betty@pcu.pcu.com.ph / philcadsa@pacific.net.ph

Contact Person/s: Fr. Rocky Javier -President & Ms. Cheryl Rabanillo - Executive Director

26. **PHILIPPINE BUSINESS FOR SOCIAL PROGRESS (PBSP)**
Address: Philippine Social Development Centre Magallanes cor. Real Sts., Intramuros, Manila 1002
Telephone Number: (63)(2) 527-7741 to 50 • Fax Number: (63)(2) 527-3750 / 527-3751
E-mail Address: PBSP@PBSP.org.ph
Website: www.pbsp.org.ph

Contact Person/s: Mr. Gil T. Salazar - Executive Director

- Capability Building - Seminar/ Training/ Workshop - Companies, NGOs, private groups
- Networking & Advocacy - Companies, local and international NGOs, LGUs, Schools
- Resource Generations - Companies, International NGOs, DOH-PNAC, Funding Agencies
- Manual/ Curriculum Development - Companies, HIV/AIDS caregivers, embalmers, etc.
- Project Management - PNAC-DOH, local and international funding

Branch Office/s: Cebu City & Davao City

27. **PHILIPPINE HEALTH SOCIAL SCIENCE ASSOCIATION, INC. (PHSSA)**
Address: Rm. 138 Asian Social Institute Bldg., 1518 Leon Guinto St. Malate, Manila 1000
Telephone Number: (63)(2) 523-9392 telefax
E-mail Address: phssa@mydestiny.net/ phssa@phssa.org
Website: http://www.phssa.org

Contact Person/s: Prof. Fatima Alvarez-Castillo - National Program Coordinator

- Capability Building & Researches

28. **PHILIPPINE HIV/AIDS NGO SUPPORT PROGRAM (PHANSuP)**
Address: 4/F VDNS Bldg. 59 B. Panay Ave. Quezon City
Telephone Number: (63)(2) 376-2623 / 376-2624 • Fax Number: (63)(2) 376-2622 telefax
E-mail Address: phansup@phansup.org
Website: www.phansup.org

Contact Person/s: Mr. Roberto A.O. Nebrida - Executive Director

- Community Mobilization through provision of Financial Support
- Capability Building through provision of various Technical Support efforts
- Information Management, including IEC development & production
- Networking/ Advocacy

29. **PHILIPPINE LEGISLATORS' COMMITTEE ON POPULATION AND DEVELOPMENT (PLCPD)**
Address: Rm. 611 Northwing Bldg., House of Representatives
Batasan Complex, Quezon City 1126
Extension Office: 25 B&C Matiyaga St., Central District Quezon City
Telephone Number: (63)(2) 921-1044 / 925-1800 / 436-2373
Fax Number: (63)(2) 925-1800 loc. 108
E-mail Address: plcpd@skyinet.net
Website: http://www.plcpdfound.org

Contact Person/s: Mr. Ramon San Pascual - Executive Director

- Capability Building, Community Mobilization, Networking/ Advocacy & Publications

30. **PINOY PLUS ASSOCIATION, INC.**
Address: c/o Remedios AIDS Foundations, Inc. 1066 Remedios cor. Singalong Sts., Malate, Manila 1004
Telephone Number: (63)(2) 524-0924/ 524-4507 • Fax Number: (63)(2) 524-3431
E-mail Address: quintojun@yahoo.com / pinoy_plus@yahoo/ pinoyplus@edsamail.com.ph

Contact Person/s: Mr. Noel Pascual - President

- Capability Building, Community Mobilization, Support Services to PLWHAs

31. **POPULATION SERVICES PILIPINAS, INC. (PSPI)**
Address: 274 Gil Puyat Ave., Pasay City 1300
Telephone Number: (63)(2) 831-2876 • Fax Number: (63)(2) 804-0798

Contact Person/s: Mr. Virgilio L. Pernito - Chief Exec. & Prog. Dir. & Dr. Jessica C. Valentin – Sr. Mgt Advisor

- Capability Building, Community Mobilization & STD Case Management - employees (paramedics), youth, selected LGUs, nurses, midwives, community, mothers, leaders, reproductive age group

32. **POSITIVE ACTION FOUNDATION PHILIPPINES, INC. (PAFPI)**
Address: 2613-2615 Dian St., Malate, Manila, 1004
Telephone Number: (63)(2) 404-2911 • Fax Number: (63)(2) 832-6239
E-mail Address: pafpi@edsamail.com.ph / pactionphil.netscape.net

Contact Person/s: Mr. Joshua Formentera – Pres./ Exec. Dir. Mr. Jesus A. Ramirez - Program & Dev't Manager

- Capabillity Building - Peer Education/Counseling/Seminar/Workshop/Training - PLWHAs, Affected Families
- Community Mobilization and Education- Barangay Councils, Community Volunteer Health Workers, Sangguniang Kabataan, POs, Peer Support Group Meetings, PLWHAs, affected families
- Support Services to PLWHAs
  - Access to treatment, Assistance on benefits claims (OWWA, SSS), Referrals (confinement, medicine, burial, livelihood, legal), Temporary Shelter, Counseling, Home & hospital visits & Alternative complimentary Therapy
- Networking & Advocacy – gov't agencies, pharmaceutical companies (local/ foreign), private sectors, NGOs (foreign)
  - Treatment (Clinical Trials, Treatment Management, Access)
  - Importation and sustainable supply of ARV, prophylaxis and supplementary, schools and workplace

Branch Office/s: Makati City

33. **REACHOUT FOUNDATION INTERNATIONAL**
Address: 3/F Unit B Mirriam House 151 Legaspi Vill., Makati City
Telephone Number: (63)(2) 817-0835
Fax Number: (63)(2) 894-5394
E-mail Address: info@reachout-foundation.org
Website: http://www.reachout-foundation.org

Contact Person/s: Mr. Jomar Fleras - President /CEO

- Capability Building, Community Mobilization - FSWs. MSM, youth, low income men and women
- Resource Center Management , Networking/Advocacy - media, GOs, LGUs, NGOs, academe, private sector

34. **REMEDIOS AIDS FOUNDATION, INC. (RAF)**
Address: 1066 Remedios cor. Singalong Sts., Malate, Manila 1004
Telephone Number: (63)(2) 524-0924 / 524-4831 • Fax Number: (63)(2) 522-3431
E-mail Address: reme1066@pldtsl.net
Website/s: http://www.remedios.com.ph

Contact Person/s: Jose Narciso Melchor C. Sescon, MD, FPOGS - Executive Director

- Capability Building
  - Hotline project - women, youth, gen. public
  Remedios Hotline 524-0551
  Women's AIDS Hotline 524-4427
  - Counseling
- Community Mobilization, Resource Center Management, Anonymous Clinics/Testing/STD Case Management (Remedios Clinic Health Laboratory) - sex workers, general public, MSM
- Anonymous ARH Clinic (Kalusugan@com) - adolescents
- Support services to PLWHAs
- Networking/Advocacy, Information Education Communication (IEC) Materials - government agencies, private sectors, legislators, policy makers on Republic Act 8504 (AIDS Law) - general public, women, youth, workplace, sex workers, MSM, paramedical courses
- Shopping Mall-Based Youth Center (Youth Zone) - youth
- Publications - Training Manuals/ Modules on RH, HIV/AIDS Prevention (Care and Support Manuals)

Branch Office/s: Colonade Mall Cebu City

35. **REPRODUCTIVE HEALTH RIGHTS AND ETHICS CENTER FOR STUDIES AND TRAINING (REPROCEN) - Social Medicine Unit (SMU)**
Address: College of Medicine, University of the Philipiines
Medical Annex Bldg., 547 Pedro Gil St., Ermita, Manila 1000
Telephone Number: (63)(2) 400-6658
E-mail Address: reprocen@upcm.e-mail.ph

Contact Person/s: Prof. Elizabeth Aguiling-Pangalangan – Head

- Curriculum Development - Academe
- Training on Gender, Ethics, rights and Reproductive health - Health & Law, Professional
- Publications, Research, Networking/ Advocacy & Resource Center Management

36. **THE LIBRARY FOUNDATION (TLF)**
Address: 2001 M. Reyes St., Makati City
Telephone Number: (63)(2) 751-7047
E-mail Address: tlf@Hfmanila.cjb.net
Website: www.tlfmanila.org

Contact Person/s: Mr. Ferdie Buenviaje - Executive Director

- AIDS Prevention Program - HIV workshop, Safer Sex promotion & Policy Advocacy - MSM
- Capacity-building for community development -MSM, gay, bisexual, transgender organizations
- Human Rights program - Community organizing & Legislative Assembly MSM, gay, bisexual, transgender orgs

37. **TRADE UNION CONGRESS OF THE PHILIPPINES (TUCP)**
Address: TUCP-PGEA Compound, Masaya cor. Maharlika Sts. UP Diliman, Quezon City 1101
Telephone Number: (63)(2) 922-2185 • Fax Number: (63)(2) 921-9758 telefax
E-mail Address: tucp@easy.net.ph

Contact Person/s: Atty. Democrito T. Mendoza – President & Mr. Ariel B. Castro - Director for Education

- Capability Building - Seminar/Training - male workers, male union members and their families
- Community Mobilization, Public Events, RH Service Delivery, Research & Networking/Linking - GOs and NGOs

B. List of Government Hospitals providing free ARVs

1. Ilocos Training and Regional Medical Center, La Union
2. Philippine General Hospital, Taft Avenue, Manila
3. Research Institute for Tropical Medicine, Alabang
4. San Lazaro Hospital, Rizal Avenue, Manila
5. Vicente Sotto Memorial Medical Center, Cebu City
6. Davao Medical Center, Davao City

APPENDIX F: Lessons from Business Experiences

(Source: Family Health International, 2002: 20-21)

What Works at the Level of Company Leadership?

• Openness on the part of management (and boards) about HIV/AIDS, how HIV is transmitted and what can be done by individual employees to reduce risk;

• Support for responsible sexual behavior among employees;

• Support for appropriate policies to address HIV/ AIDS-related situations that may arise in the workplace;

• Moral, financial and resource support by the company for prevention and care programs, both within the gates and surrounding communities;

• A commitment to sustain programs over time.

What Works in HIV/AIDS Programs?

• Clear, non-technical information about HIV/AIDS for all employees, provided regularly and in a variety of formats;

• Peer education and peer support: using trained workers to inform one another about all aspects of HIV/AIDS;

• Making condoms available in the workplace and encouraging availability in shops outside the workplace;

• Diagnosing and treating STIs at workplace clinics, or encouraging workers to use effective services in the community;

• Creating and sustaining an environment for changes in sexual behavior especially focused on youth and men with regular incomes, discouraging them from coercing women or exploiting their poverty;

• Voluntary and confidential HIV testing and pre- and post-test counseling.

What Does Not Work?

• Ignoring the disease and hoping it will simply go away;

• Assuming that HIV/AIDS affects only a certain class or group of people—that it is someone else's problem;

• Assuming that infection is due to sinful or immoral behavior;

• Arguing that young people are not sexually active and do not need information on sexuality and safe sex;

• Infrequent prevention activities (e.g., events or publicized messages);

• Initiating an HIV/AIDS prevention program well after the disease is established in the population, then trying to catch up;

• Assuming that a vaccine will be developed or a cure found in the near future;

• Believing that because sexual relations do not occur in the workplace that the company is "protected;"

• Assuming that prevention programs are too expensive.

APPENDIX G: No-Cost and Low-Cost Actions

(Source FHI, 2002: 34-35)

While a solid HIV/AIDS prevention program costs money, a company can take numerous actions that cost little to nothing. Following are suggestions for no-cost and low-cost actions that small, medium and large companies can take.

Actions by Senior Management of the Company

- Appoint a focal person within the company to direct the company's preparations for and response to addressing HIV/AIDS in the workplace. The focal person should report directly to the managing director, deputy managing director or other appropriate senior officer of the company (see Case Study 3, which offers one model for utilizing focal persons).

- Negotiate with worker representatives to form a committee that will facilitate dialogue on HIV/AIDS issues between business managers and workers.

- Place HIV/AIDS prevention and care topics on the agenda of senior management meetings.

- Assure that HIV/AIDS prevention is part of the orientation process for all new senior management employees.

- Develop a company policy—or add to existing policies—on HIV/AIDS. Circulate the policy widely.

- As new policies and/or programs on HIV/AIDS are introduced in the company, assure that all senior managers, supervisors and worker representatives are briefed on the purposes and meanings of the policy/program and how it will be implemented.

- Provide periodic training to supervisory managers and worker representatives at all levels of the company so they can protect themselves from HIV/AIDS and be active spokespersons on HIV/AIDS prevention, including behavior change.

- Place HIV/AIDS prevention and care topics on the agendas of association meetings

- Encourage the creation of a forum at which business leaders can discuss HIV/AIDS issues.

- Do not include HIV screening in pre-employment physicals. Do not conduct periodic HIV screening of employees.

- Provide guidance to subcontractors on the design and implementation of HIV/AIDS programs and policies for their companies.

- Require all subcontractors to attend a one-day workshop on HIV/AIDS policies and programs in the workplace.

- Contractually require all subcontractors to implement and maintain HIV/AIDS programs and standards at least equivalent to those of the company itself.

Actions by Worker Representatives within the Company

- Engage business management in discussions and action plans on promoting low-risk sexual behavior among employees. One way to curb the HIV/AIDS epidemic is to change the social culture of sexual activity that contributes to high-risk situations and behavior.

- Encourage workers to take advantage of HIV/ AIDS prevention information and programs offered by the company and available in the community.

- Use union skills and/or facilities to inform and mobilize the communities in which workers live.

- Use union skills to expand dialogue between men and women about HIV/AIDS.

- Reduce and eliminate stigma and discrimination associated with HIV/AIDS among employees.

- Monitor company practices to assure they are consistent with company policies, union/worker agreements and national/state legislation.

Actions with Direct Benefit to Employees

- Include in new employee orientation HIV/AIDS prevention behavior expected of all employees. Include information on the availability of behavior-change support (such as peer educators) and prevention commodities (such as male and female condoms).

- Assure that all new and current employees have copies of the company HIV/AIDS policy. Consider adding to the policy a statement about the importance of safe sexual behavior.

- Require and encourage employees at all levels to participate in periodic HIV/AIDS prevention and behavior-change activities. This should include in-service activities to promote a culture of acceptable male and female sexual behavior in the era of HIV/AIDS.

- Maintain a steady stream of information to employees on the risks of HIV/AIDS. This can be done at little cost by including occasional information on HIV/AIDS in company newsletters and employee pay packets.

- Inform workers that the company will assist employee support groups for people who are HIV-positive and employees who are caring for relatives and friends living with HIV/AIDS.

- Assure a ready supply of male and female condoms for staff and contract workers.

- Engage employee representatives to gather information on worker concerns about HIV/ AIDS.

- Assess company travel policies or practices that frequently send employees away from home for more than several days at a time.

APPENDIX H: Frequently Asked Questions

(Source: UNAIDS, 2004: 4,6-8,11,22,30)

People with HIV look and act just like people without HIV infection

What is HIV?

The human immunodeficiency virus, or HIV, attacks the body's immune system. By weakening the body's defenses against diseases, HIV makes the body vulnerable to a number of potentially life-threatening infections and cancers. HIV is infectious, which means it can be transmitted from one person to another.

What is AIDS?

If left untreated, HIV will almost always deplete the immune system. This leaves the body vulnerable to one or more life-threatening diseases that normally do not affect healthy people. This stage of HIV infection is called AIDS or acquired immunodeficiency syndrome. The more the immune system has been damaged, the greater the risk of death from opportunistic infections.

Is HIV infection always fatal?

Not necessarily. Without treatment, HIV infection almost invariably leads to AIDS, which almost invariably leads to death. Today, however, there are treatments that slow the progression of HIV infection and allow people infected with the virus to live healthy and productively for many years.

It is safe for an uninfected person to work with people living with HIV

How can I tell if someone has HIV?

You cannot. Worldwide, most people living with HIV have yet to develop AIDS. A fraction of people infected with HIV develop symptoms for 15 or more years after they become infected. Because most people with HIV do not appear sick, it is impossible to tell if a person has the virus by just looking at, or talking to, him or her. People with HIV look and act just like people without HIV infection

Is it safe to work with people who are infected with HIV?

Yes. Because HIV cannot be transmitted as a result of casual contact, it is perfectly safe for an uninfected person to work with people living with HIV and with those who have progressed to AIDS. UN personnel policies strictly prohibit discrimination against employees living with HIV or AIDS.

There are treatments that slow the progression of HIV infection and allow people infected with the virus to live healthily and productively for many years.

Can non-injected substances, such as alcohol or drugs that are inhaled, contribute to HIV transmission?

Yes. Although alcohol and non-injected drugs do not directly expose you to another person's blood, they can definitely impair your judgment and cause you to take risks (especially during sex) that you might not otherwise take.

What treatments exist for HIV/AIDS?

Several different types of drugs exist to treat HIV infections. These drugs attack various aspects of the process used by the virus to replicate itself. Because HIV quickly mutates to become resistant to any single drug, patients must take a combination of drugs to achieve maximum suppression of HIV.

Combination anti-HIV therapy is known as antiretroviral therapy, or ART. ART changes the natural course of HIV infection, significantly standing the period between initial infection and the development of symptoms. To achieve these results, it is important to initiate therapy before AIDS symptoms develop, although even patients who start on therapy after being diagnosed with AIDS often receive major and long-lasting health benefits. Although effective in slowing the progression of HIV-related diseases, ART is not a cure.

How can I support fellow employees who are HIV-positive?

The most important thing is to treat all your fellow employees, regardless of their HIV status, as you would want to be treated – with dignity and professionalism.

How effective are condoms in preventing HIV transmission?

An overwhelming body of evidence demonstrates that condoms are highly effective in preventing transmission of HIV. Correct and consistent condom use should give you a high degree of confidence in your ability to prevent HIV transmission.

Condoms are highly effective in preventing transmission of HIV

When will there be a vaccine?

Although experts believe it will be possible to develop a vaccine for HIV, it is likely to be several years – perhaps 10 years or more – before one is available for widespread use. Until a vaccine is available, male and female condom use and other existing appropriate prevention strategies offer the only feasible measures for avoiding HIV transmission. No cure for AIDS is currently in sight.

APPENDIX I: Planning Checklists

WHICH COMPONENTS OF AN HIV/AIDS PROGRAM ARE BEST SUITED FOR THIS COMPANY?
(Source: FHI, 2002: 59-62)

The following checklists will assist in making decisions about a company's HIV/AIDS/STI prevention and care program. The checklists will assist company planners in considering a wide range of factors and options. The lists will also be useful when working with outside agencies that are helping to develop or implement an HIV/ AIDS program. The checklist will help determine which components of a workplace HIV/AIDS program the company will adopt.

(Add a check mark and/or explanatory note in the appropriate box.)

	Company does this and will continue to do so	**Company will consider this or plans to do so**	**Company will do/ consider this but is unlikely to do this**	**Company is unlikely to manage it itself**
1 **An ongoing education program with:**				
1a Up-to-date written materials for all employees				
1b Occasional Information presentations				
1c Information about responsible sexual behavior				
1d Information about confidentiality & nondiscrimination				
1e Information about the company's HIV/ AIDS policy & changes in policy				
1f Information about treating STIs, TB & other infections where services are available				
2 Training for select staff				
2a Peer educators				
2b Supervisors/ worker safety representatives				
2c Worker support groups				
2d Manager peer groups				
3 Condom Distribution				
3a Employees will have ready access to a regular supply of male condoms				
	Company does this and will continue to do so	**Company will consider this or plans to do so**	**Company will do/ consider this but is unlikely to do this**	**Company is unlikely to manage it itself**
3b Employees will have ready access to a regular supply of female condoms				

3c Distribution points will be set up in the workplace				
3d The program will include information on correct condom use				
3e The company will order condoms				
4 **STI diagnosis and treatment**				
4a Clinical facilities exist or can be upgraded				
4b Clinical staff is trained				
4c The company clinic maintains a regular supply of diagnostic & treatment equipment & drugs				
4d Privacy & confidentiality procedures are in place				
5 **Counseling, HIV testing and Support**				
5a The company will train (or hire trainers for) counselors and support their work				
5b The company can obtain HIV testing materials and information on test protocols, laboratory quality assurance & government recommendations				
5c Space is available for workplace counseling and testing				
5d Privacy & confidentiality procedures are assured				
5e Post-test counseling will be provided				
	Company does this and will continue to do so	**Company will consider this or plans to do so**	**Company will do/ consider this but is unlikely to do this**	**Company is unlikely to manage it itself**
5f The company will encourage support groups				
5g Home-based care is covered				
Supervisors are trained in managing on-the-job situations of HIV positive employees				

6 **HIV/AIDS/TB treatment & care**				
6a The company will offer (some/all) employees/ dependents antiretroviral treatments for HIV infection				
6b The company will offer (some/all) employees/ dependents access to treatment for opportunistic infections related to HIV/AIDS, such as TB				
6c The company will provide benefits to employees who are HIV-positive				
6d The company will assure access to HIV prevention drugs for pregnant employees & dependents				

APPENDIX J: Rights of the Client

(Source: IPPF, 2000)

Every client has the right to:

- ✓ **INFORMATION**
  To learn about the benefits and availability of HIV/AIDS services.

- ✓ **ACCESS**
  To obtain HIV/AIDS services regardless of sex, creed, race, marital status or location.

- ✓ **CHOICE**
  To decide freely which HIV/AIDS services to avail of.

- ✓ **SAFETY**
  To be able to practice medically safe and effective HIV/AIDS services.

- ✓ **PRIVACY**
  To have a private environment during counseling or services.

- ✓ **CONFIDENTIALITY**
  To be assured that any personal information will remain confidential.

- ✓ **DIGNITY**
  To be treated with courtesy, consideration and attentiveness.

- ✓ **COMFORT**
  To feel comfortable when receiving services.

- ✓ **CONTINUITY**
  To receive contraceptive services and supplies for as long as needed.

- ✓ **OPINION**
  To express views on the services offered.

APPENDIX K: Profile of HIV/AIDS Sentinel Sites in the Philippines

Angeles City PROFILE

Demographics

Angeles City in Northern Pampanga is a growing and progressive metropolis. It is the educational, entertainment and industrial center of contiguous areas of Northern Pampanga. It has 260 entertainment establishments with 3,000-12,000 sex workers.

Situational Analysis	
Characteristics of HRGs	**Female Sex Workers (FSWs)** ▪ Low knowledge in HIV prevention (52%) ▪ Low rate of consistent condom use among clients (67%) and very low among non-clients (30%) ▪ Very low condom use during anal sex (17%). ▪ 67% of FSW self medicate out of 11% with STI symptoms & 5% had IDU partners ▪ High percentage of registered FSW visits RHWC (81%) ▪ 99% of registered FSW & 1% of Freelance SW have health cards ▪ Condom is readily available in the workplaces (92%) ▪ Few had VCT -17% ▪ Very few received outreach services the past 3 months-12% **Men having Sex with Men (MSM):** ▪ Low knowledge in HIV prevention (69%), low consistent condom use among all partners (27%) & very low condom use during anal sex (17%) & had VCT (12%) ▪ Very few received outreach services the past 3 months -19%
LGU Management Systems	**LCE support to STI/HIV/AIDS program** ▪ In 2000, Angeles City enacted Ordinance No. 106 series of 2000, other wise known as the Angeles City AIDS Prevention and Control Ordinance. The ordinance provided for strict measures and policies to contain the spread of the virus in the city. Approved Budget for 2007 is Php2.3M. **HIV/AIDS plan:** Angeles City is one of the 1st areas to develop a comprehensive HIV prevention and control program in the country. An annual operation plan is also present. **HIV/AIDS Registry:** As of March 2007 a total of 103 HIV (+) cases had been reported in the HIV/AIDS registry. There were 100 women and 3 men. **Sentinel site surveillance system.** In 1994, Angeles City was selected as one of the sites of the National HIV Surveillance. It has already recorded (+) HIV cases among sex workers, MSM and MSTD. **Status of local AIDS council** Functional LAC ▫ With 2007 operational plan, Regular quarterly meeting ▫ Resources mobilized (Php 2.3M) & Presence of secretariat (ACRHWC) ▫ Active involvement/engagement of council members ▪ Members: Mayor, Reproductive Health and Wellness Center (RHWC) physician, TRIDEV, PNP superintendent, CSWD, ABC president, CHO, AIDS task force, representative of the entertainment establishments, and academe Strategies and Activities: ▪ LGU Summit on HIV/AIDS to scale up the multi-sectoral response to HIV and AIDS– participated by the different LGUs in the contiguous areas like San Fernando City, Porac, Mabalacat, Bamban, Magalang, and Clark Development Corporation. All the contiguous LGUs signed the Proclamation of Commitment which constitutes the basis and foundation of actions re: HIV

	prevention, treatment and care, and mechanisms for HIV monitoring and evaluation. ▪ Intensify prevention interventions among MARPs and communities ▪ Integrated HIV-AIDS prevention program in the development priorities of the city ▪ Developed and tested feasible care and support programs for PLHA ▪ Strengthen the management support system **Possibility of LGU providing grants to NGOs for HIV/AIDS activities.** The LAC is providing honorarium for peer educators. **Donors funding HIV/AIDS programs/projects.** No data **Technical Assistance Areas:** ▪ Strengthen capability of LAC members: Provide training on: □ BCC, Policy development, Advocacy and Monitoring & Evaluation □ Community mobilization & Institutional Capacity Building ▪ Assist LAC in formulating policies and guidelines on Peer education □ 1-2 peer educators per establishment and train pimps as peer educators □ MSMs ▪ Assist the LAC in advocating to LCE / SP to provide honoraria to peer educators and enact a local legislation ▪ Identify "Best Practices" in HIV/AIDS Intervention Programs and duplicate in other sites. □ Harm Reduction Program for IDUs (Cebu City), Interlocal HIV Zone (Clark Development Zone), HIV/AIDS Program financing □ Outreach Program for FLSWs and MSMs& LGU providing funding to NGOs ▪ Assist LGUs in: □ Identifying possible sources of funds within the LGU budget □ Inclusion of HIV/AIDS Program in the City Development Plan □ Improving financial capacity for STI/HIV/AIDS program □ Review the processes involved in the release of funds and identify areas for improvement. □ Discuss possibilities for LAC to get SEC registration so that they can get fundings from other sources ▪ Improve LGU procurement and logistics system for essential commodities: STI Drugs, Reagents, Condoms, Supplies ▪ Improve involvement of DOH/NASPCP, CHD and PNAC: □ Provide technical assistance, trainings and updates □ Provide logistics support: STI drugs and reagents& conduct monitoring and evaluation

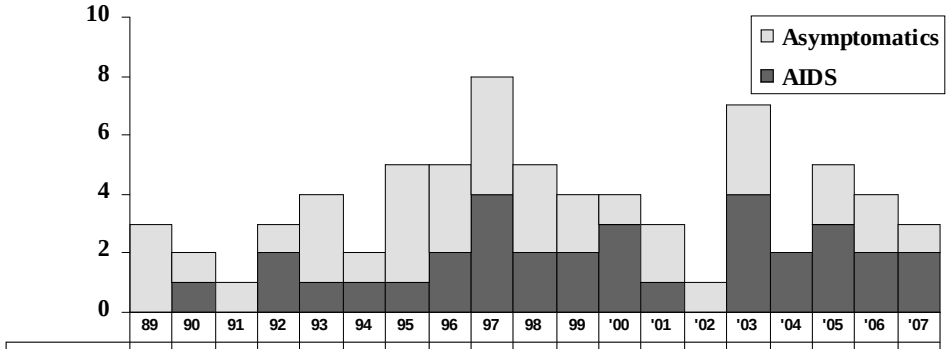
Cebu City PROFILE

Demographics

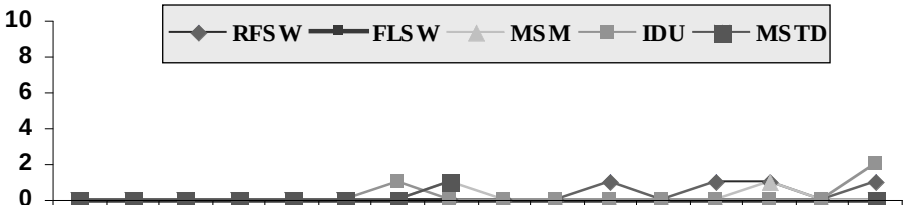
Cebu City has a population of 700,000 and is composed of 80 barangays: 41-urban and 39 rural. Every barangay has a health center manned by at least a midwife. In the urban barangays, a nurse and a doctor complement the health center staffing.

Cebu City is the center of industrial, business, and education in the Visayas and Mindanao. It has become one of the tourist destinations in the Philippines. It has 78 entertainment establishments with an average of 3T FSWs registered/year.

Situation Analysis	
Characteristics of HRGs	**FSWs:** o Poor knowledge on HIV prevention-40% o High rate of consistent condom use among FSWs with clients-81% but low with non-clients-14% o 5% had anal sex; 19% consistently use condom during anal sex o 15% had IDU sex partner o 18% self-medicated out of the 30% who had STI symptoms o Majority (80%) had 2 or more visits to SHC o Almost all (94%) establishment-based SWs and street-based SWs (87%) have health cards. o 90% said Condom is readily available in the workplaces and majority (69%) have them on hand o 34% had VCT o Very few (19%) received outreach services the past 3 months **FSWs:** o Total no. of establishments served: 78 o FSW provided with services – 3,000/year **MSM:** o Poor knowledge HIV prevention-44% o Low consistent condom use with all types of partners -58% o 12% had IDU sex partner o 44% self medicated out of the 11% who had STI symptoms o Few (23%) had VCT o Very few (18%) received outreach services the past 3 months **IDU:** o 62% had knowledge on HIV prevention o 30% injected drugs using shared needles o Low consistent condom use with paying partner-20%; paid partner-28%;consensual partner-2% o Few had VCT-6% o Many received outreach services the past 3 months -73%
LGU Management Systems	**LCE support to STI/HIV/AIDS program** o The city government allocated P1.5M annually for the STI/ HIV/AIDS Program of the City Health Department o A local legislation for the creation of the Cebu City Multi-Sectoral STD/AIDS Council (CCMSAC) was signed in 2003 with an allotted budget of Php250T/year. **HIV/AIDS plan:** CCMSAC prepares a work and financial plan annually. The Cebu City Health Department STD/AIDS Prevention and Control Program has its own work and financial plan. **HIV/AIDS Registry.** A local HIV/AIDS registry was set-up in Cebu City in 1989. It receives and records confirmed HIV/AIDS cases reported by government and private clinics and hospitals as well as cases identified from the Social Hygiene Clinic. As of June 2007, a total of 71 HIV (+) cases have been recorded in the registry.



- **Sentinel site surveillance system:** Cebu City is one of the 1st sites of the National HIV Surveillance in 1993 through the AIDS Surveillance and Education Program. HIV (+) cases had been identified among RFSW, MSM, MSTD, and IDUs.



	93	94	94	95	95	96	96	97	98	99	'00	'01	'02	'03	'04	'05
RFSW	0	0	0	0	0	0	0	0	0	0	1	0	1	1	0	1
FLSW	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MSM	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0
IDU	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	2
MSTD	0	0	0	0	0	0	0	1								0

Year

- **Status of local AIDS council:**

Based on the criteria set by PNAC, CCMSAC is a functional or an active Local AIDS Council.

- With an annual work and financial plan
- Meet every Friday afternoon
- Resources mobilized (budget approved and utilized)
- SHC acts as secretariat
- Active involvement of all council members

Members: The members of the CCMSAC include: City mayor, councilor for health and hospital services, city health officer, city superintendent, social welfare and development officer, representative from 2 NGOs (FREELAVA and Remedios AIDS Foundation) and to POs/CBOs (ECNA and SHEAC)

- **CCMSAC Strategies and Activities**

A. Local Policy Development

- Establishment of the barangay HIV/AIDS Council or HIV/AIDS committee under the barangay council for the protection of children
- Use of picture card as health card for female sex workers to prevent misuse of health cards
- 1-2 trained health educators per entertainment establishments
- 100% condom use program

B. Education

- STD/AIDS symposium in public and private secondary schools
- STD/AIDS symposium in the commssunities
- STD/AIDS education in the workplaces

C. Advocacy

- Media exposure of CCMSAC activities
- Creation of CCMSAC brochure
- Annual narrative report of CCMSAC activities

D. Service Delivery

- Mobile STD outreach clinic and health education
- Establishment-based STD screening and health education

E. Organizational Strengthening

- Regular weekly meeting of CCMSAC members
- Representation of CCMSAC in local & national conventions & meetings
- Training of CCMSAC members on: Policy Advocacy; Monitoring & Evaluation; and Basic STD/HIV/AIDS

F. Networking and Linkaging

- Partnership with other stakeholders in HIV/AIDS interventions for most at risk groups: harm reduction program for IDUs; community outreach & peer education for MSMs & FSWs
- Active participation of CCMSAC in the care and support of people living with HIV/AIDS (PLWHA)
- Collaboration and networking with International Organization and other local GOs, NGOs, and barangay council

G. STD/AIDS Information System

- Creation of STD/AIDS Data Bank and M&E system
- Facilitate conduct of STI/HIV Surveillance
- HIV/AIDS Monitoring and Evaluation System

H. Monitoring and Regulation

- Monitoring of night establishments' compliance to HIV/AIDS policies

Possibility of LGU providing grants to NGOs for HIV/AIDS activities. There are a number of NGOs that are accredited by the city government. A number of them have projects that are being funded by the city government. There's a possibility that NGO's implementing HIV intervention programs could receive funding from the LGU if their proposals are accepted.

Donors funding HIV/AIDS programs/projects

- UNICEF
- Global Fund

Technical Assistance Areas:

- Strengthen capability of LAC members: Provide training on:
  - BCC
  - Policy development and advocacy
  - Monitoring and Evaluation
  - Community mobilization
  - Institutional capacity building
- Assist LAC in formulating policies and guidelines on Peer education
  - 1-2 peer educators per establishment
  - Organize and train pimps as peer educators
  - IDUs
  - MSMs
- Assist the LAC in advocating to LCE / SP to provide honoraria to peer educators and enact a local legislation

	○ Identify “Best Practices” in HIV/AIDS Intervention Programs and duplicate in other sites.
	  Harm Reduction Program for IDUs (Cebu City)
	  Interlocal HIV Zone (Clark Development Zone)
	  HIV/AIDS Program financing
	  Outreach Program for FLSWs and MSMs
	  LGU providing funding to NGOs
	
	○ Assist LGUs in:
	  Identifying possible sources of funds within the LGU budget
	  Inclusion of HIV/AIDS Program in the City Development Plan
	  Improving financial capacity for STI/HIV/AIDS program
	  Review the processes involved in the release of funds and identify areas for improvement.
	  Discuss possibilities for LAC to get SEC registration so that they can get fundings from other sources
	
	○ Improve LGU procurement and logistics system for essential commodities: STI Drugs, Reagents, Condoms, Supplies
	
	○ Improve involvement of DOH/NASPCP, CHD and PNAC:
	  Provide technical assistance, trainings and updates
	  Provide logistics support: STI drugs and reagents
	  Conduct monitoring and evaluation

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