

## Workplace Policy on HIV and AIDS

### 1. Introduction

#### 1.1 Action on Poverty (AOP)

Action on Poverty (AOP) is an independent, secular, not for profit, non-governmental organisation (NGO). Founded in Australia in 1968, AOP was incorporated in the state of New South Wales in 1983. AOP works with partners and communities in Africa, Asia and the Pacific.

AOP is committed to supporting work that is of the highest standard and, in doing so, holds full accreditation with the Australian Government through the Department of Foreign Affairs and Trade (DFAT). AOP is a signatory to the Australian Council for International Development (ACFID) Code of Conduct which requires high standards of corporate governance, public accountability and financial management to be in place. AOP became a signatory to the NGO Code of Good Practice for agencies who are responding to HIV and AIDS in 2010.

**AOP Vision:** For all people to transcend the injustice, indignity, and inequality of entrenched poverty.

**AOP Mission:** To empower local changemakers to break the cycle of poverty in their communities.

#### 1.2 Purpose

AOP recognises the seriousness of the HIV and AIDS epidemic globally and its significant impact on the workplace, productivity and society. AOP is aware of the links between HIV vulnerability and poverty. AOP shares the understanding of HIV as a manageable chronic illness when effective and affordable treatment and care is available, and is committed to a Human Rights approach to HIV responses. AOP supports Australia's and our partners' national efforts to minimise its impacts. AOP supports a non coercive test and treat approach to HIV as both a method of ensuring wellness of people living with HIV and as an effective prevention mechanism. AOP is committed to ensuring the development of a Workplace Policy on HIV and AIDS, and implementation of programs relating to HIV and AIDS non-discrimination, awareness, and prevention. AOP is committed to providing a consistent and equitable approach to the prevention of HIV and AIDS among employees and their families, and to the management of the consequences of HIV and AIDS, central to which is the care and support of staff living with HIV and AIDS.

#### 1.3 Background

As of 2013, there were approximately 35 million people worldwide living with HIV, with 2.1 million new HIV infections and 1.5 million AIDS deaths in that year. There are an estimated 3.2 million children under the age of 15 years living with HIV. Most of these children live in sub-Saharan Africa and were infected by their HIV-positive mothers during pregnancy, childbirth or breastfeeding. 19 million, of the 35 million people living with HIV today do not know that they have the virus<sup>1</sup>. The vast majority of People Living with HIV (PLHIV) live in low and middle income countries where AOP has programs<sup>2</sup>. Sub-Saharan Africa is the most affected region, with 24.7 million people living with HIV in 2013.

---

<sup>1</sup> UNAIDS 2014 Global Report on HIV AND AIDS:

<http://www.unaids.org/en/resources/documents/2014/name.97466.en.asp>

<sup>2</sup> World Health Organisation: Global HIV /AIDS Overview: <http://aids.gov/federal-resources/around-the-world/global-aids-overview2014>.

In many countries, HIV has reduced productivity and economic development which, in turn, undermines efforts to reduce poverty. In countries that are largely affected, the HIV and AIDS epidemic can lead to increased food insecurity and poverty. This creates a vicious circle as poverty is a major risk factor for HIV transmission. AOP recognises that the HIV and AIDS epidemic poses one of the greatest challenges to economic development and sustainable growth. HIV and AIDS hampers the ability of women, men, boys and girls to achieve their full potential, and limits the communities' ability to break-free from poverty. HIV related absenteeism, loss of productivity and the cost of replacing workers lost to AIDS threaten the survival of business and other sectors of the economy.

AOP recognises that its programs and projects, regardless of their sectoral focus, have great leverage to raise awareness on prevention of HIV; and, to protect the rights of those affected by HIV and AIDS, including non-discrimination and harassment. AOP continues to support programs and projects that assist communities in addressing HIV-related stigma; and promoting the greater involvement of people living with HIV, especially women, in planning, decision making, and implementation.

## 1.4 Guiding Principles

The Policy is underpinned by the following principles:

- **Existing Labour Policies and Related Legislation**

This Policy takes into consideration existing International Labour Organisation (ILO)<sup>3</sup> laws that are aimed at strengthening the global response in the workplace, the NGO Code of Good Practice for NGOs responding to HIV<sup>4</sup> (AOP is registered as an implementing NGO), local labour and related legislation aimed at protecting the rights of PLHIV in countries where AOP implements projects. The Policy is also guided by federal and state anti-discrimination laws as follows:

- Commonwealth of Australia: Disability Discrimination and other Human Rights Legislation Amendment Act No. 70, 2009
- Work Health and Safety Act No. 137, 2011
- The Discrimination Action 1977 – NSW
- Equal Opportunity for Women in the Workplace Amendment Act No. 179, 2012 and the Commonwealth of Australia, National HIV and AIDS Strategy 2014-2017

- **Meaningful Involvement of People Living with HIV and AIDS (MIPA formerly known as GIPA)**

MIPA principles are aimed at facilitating<sup>5</sup> the realisation of rights and responsibilities of PLHIV, including their right to self-determination and participation in decision-making processes that affect their lives. MIPA also aims to enhance the quality and effectiveness of the HIV response. If a Test and Treat strategy is to be effective the involvement of PLHIV at all levels of response from strategy and policy through to implementation and monitoring and evaluation, is critical.

- **Promoting Community led responses**

HIV disproportionately affects certain key affected populations such as women, adolescents, sex workers and their clients, men having sex with men, people who inject drugs, and transgender people, in all regions of the world. Even in Africa where the epidemic is now largely considered as generalised in the population, these key affected populations are still particularly vulnerable and continue as significant drivers of the epidemic. Adolescents are vulnerable as they are often prevented from gaining access to information and services. There is a general reluctance for such communities to embrace government services for a variety of

---

<sup>3</sup>[http://www.ilo.org/wcmsp5/groups/public/@ed\\_protect/@protrav/@ilo\\_aids/documents/publication/wcms\\_121313.pdf](http://www.ilo.org/wcmsp5/groups/public/@ed_protect/@protrav/@ilo_aids/documents/publication/wcms_121313.pdf)

<sup>4</sup>[http://www.unaids.org/sites/default/files/en/media/unaids/contentassets/dataimport/pub/externaldocument/2007/review\\_ngo\\_participation\\_item\\_3.2\\_en.pdf](http://www.unaids.org/sites/default/files/en/media/unaids/contentassets/dataimport/pub/externaldocument/2007/review_ngo_participation_item_3.2_en.pdf)

<sup>5</sup> UNAIDS: Joint United Nation Program on HIV and AIDS.

reasons. When such services are run by communities for their communities, or government and other services are informed by these communities, outcomes are significantly improved. A Test and Treat strategy requires central involvement of these affected communities for success.

- **HIV Confidentiality and Non-disclosure**

- All persons with HIV and/or AIDS have the legal right to privacy as with all other medical conditions in accordance with AOP policies and applicable Australian laws.
- AOP will not require employees, their dependents, job applicants or other third parties to undertake HIV testing as a condition of employment or receipt of benefits.
- Where employees disclose that they or their dependents are living with HIV, this information will be respected and remain confidential.
- AOP management are bound by strict confidentiality about a person's status, however, where disclosure of such information may be necessary, the person living with HIV should be consulted before further disclosure takes place.
- With the voluntary and informed consent of the person concerned, HIV related information may be disclosed strictly as necessary for the purposes of recruitment or assignment of staff living with HIV where the job description or task identifies this qualification.

- **Job Security**

- Employees with HIV infection or AIDS will not be dismissed on the basis of their status.
- Employees with AIDS related illnesses should be able to work for as long as medically fit in available, appropriate work conditions.

- **Voluntary Counselling and Testing (VCT)**

- As stated above, AOP will not request job applicants to undertake HIV testing as part of a job offer, however, AOP will encourage individuals to know their HIV status through testing.
- Testing must be voluntary, confidential and must be with the informed and written consent of the person concerned.

- **Prevention and Behaviour Change**

AOP is committed to providing a work environment that protects employees' health and safety. Therefore, there is a need for:

- Appropriate awareness and education on the use of infection control measures in the workplace;
- Provision of appropriate equipment and materials to protect employees from the risk of exposure to HIV in the performance of their work; and
- Relevant HIV and AIDS information to be included in AOP's Occupational Health and Safety Policy and guidelines. However, as it is within the power of each individual to avoid HIV infection, AOP expects that employees take responsibility for their own health.

- **Non-discrimination**

Consistent with the AOP Human Resources Policy, it is the policy of AOP to provide a work environment for its employees that is free from harassment and/or discrimination. Employees who engage in acts of harassment and/or discrimination are subject to corrective action, including termination of employment. In particular:

- AOP will not and does not discriminate against colleagues or applicants having, perceived as having, living with or otherwise affected by HIV or AIDS.
- AOP treats HIV and AIDS the same as other illnesses in terms of all of our employee policies and benefits, including health and life insurance, disability benefits and leaves of absence.

- All colleagues must adhere to AOP's commitment to non-discrimination. Employees who refuse to work with, withhold services from, harass or otherwise discriminate against another employee on account of his/her having HIV and AIDS, being perceived as having, living with HIV and AIDS, or being otherwise affected by HIV and AIDS, will be subject to discipline and/or other corrective actions.
  - AOP will provide a work environment that is free from harassment and/or discrimination and will adopt a zero tolerance approach towards any form of harassment and discrimination in the workplace, including against colleagues or applicants having, perceived as having, living with or otherwise affected by HIV or AIDS.
  - AOP will promote an open, accepting and supportive work environment for employees that choose to disclose their HIV status as with any other illnesses.
- **Gender Dimension to HIV and AIDS**  
AOP acknowledges that HIV and AIDS impact males and females differently. This includes the recognition that women undertake the major part of caring for those with AIDS-related illnesses, and that pregnant women with HIV have additional special needs.
    - In line with its Gender Policy, AOP has a zero tolerance for gender discrimination in the workplace.
    - The response to HIV should be recognised as contributing to the realisation of human rights.
    - AOP supports the Sexual Health and Reproductive Rights of women everywhere (see the AOP Family Planning Policy for more detail).

## 1.5 Our Commitment

### a) Education and awareness

- AOP is committed to ensuring that employees have access to medically accurate, up to date and relevant information on HIV and AIDS prevention and treatment, and on effective safety programs.
- AOP will provide HIV and AIDS education materials and training sessions to all employees and volunteers, which will include communicating the contents of this Policy and its general principles of fairness, sensitivity and non-discrimination.
- AOP will work with its partners to ensure workplace awareness programs are introduced (or implemented where such policy exist) to reduce the impact of HIV and promote the needs of HIV+ employees.

### b) Promoting a safe work environment

- AOP is committed to providing a work environment that protects staff health and safety. This commitment recognises that HIV and AIDS cannot be transmitted through casual contact. Employees who know the facts about HIV infection and AIDS are less likely to react negatively or inappropriately to a colleague's illness.
- Therefore, AOP will minimise the risk of HIV infection in the workplace through ensuring that HIV and AIDS information is included in first-aid kits.
- AFAF will also ensure that the workplace first aid kit has disposable gloves for use by the First Aider and/or other staff when dealing with cuts and abrasions to avoid any potential infections.

### c) Reasonable accommodation

- AOP may reasonably accommodate the special needs of staff living with, or directly affected by, HIV and/or AIDS on a case-by-case basis.
- Reasonable accommodation may include flexible working hours and time off for counselling and medical appointments, extended sick leave, part-time work, and return to work arrangements. This may include placing the person in an alternative position that s/he can perform and adjust the salary and benefits accordingly.

- Most people with HIV and AIDS want to continue working, which enhances their physical and mental well-being, and they should be able to do so. AOP will support any of its employees who may be HIV positive and/or have AIDS to continue working within the parameters outlined above in a supportive occupational setting.

**d) Termination of employment**

- HIV infection is not a cause for termination of employment. Employees with HIV-related illness will continue in employment as long as they can meet the expectations of the role and are medically fit for available, appropriate work.
- In the case of termination of employment due to extended illness, employees with HIV and AIDS will be accorded the same benefits and conditions as may be applicable to termination due to other serious illnesses.

**e) Inclusion in programming**

- AOP will seek to understand how its programs can respond to the vulnerability of people with HIV and its impacts.
- AOP will also seek to understand how its programs could reduce, or inadvertently increase vulnerability to HIV infection.
- Where programs that AOP is supporting are designed to address and/or respond to the vulnerability to HIV infection, AOP will promote the meaningful involvement of persons living with HIV throughout the project cycle and in particular in decision making designed to find solutions to addressing issues facing PLHIV.

**f) Gender Equality**

Gender is a cross cutting issue for AOP throughout its programs. In recognition of the gender dimensions of HIV and AIDS, DFAT's International Development Strategy, UNAIDS' Meaningful Involvement of Persons Living with HIV (MIPA formally known as GIPA) and in line with its Gender Policy, AOP will:

- Promote the meaningful and equal participation of women in decision-making and leadership, including women living with HIV.
- Promote improved and equitable health outcomes for women.
- Integrate gender equality into the design, implementation and monitoring of all its activities (see AOP's Gender Policy).
- Provide capacity building to all staff to equip them with the ability to understand and engage with gender relations, gender power differentials and sexual violence. In particular, recognising that gender inequality requires working with both men and women and addressing the social and economic structures that determine inequalities. Ideas about masculinity, particularly those related to power and the acceptability of violence against women, have a significant impact on women's rights and increase HIV risk for women and girls<sup>6</sup>.

## **2. Scope of the Policy**

This Policy applies to all AOP employees and associated personnel.

'Employees' refer to: full time, part time, international and national, and those engaged on short term contracts such as: consultants, contractors, researchers, photographers, journalists and media personnel.

'Associated Personnel' refer to: volunteers, board members, visitors and personnel in partner agencies that have a formal/contractual relationship with AOP.

---

<sup>6</sup> Intensifying the Response: Halting the Spread of HIV. DFAT. Australia's International Development Strategy for HIV, 2013

### **3. AOP Programs: HIV Considerations**

Providing education and awareness of health issues including HIV is integral to AOP's mission in working with communities towards the achievement of their own development aspirations. Working through our programmatic areas, AOP will continue to work with our partner communities to educate them about HIV and AIDS and try to address issues critical to PLHIV, especially women's economic empowerment, gender based violence and women's leadership and political participation.

Our programs will wherever possible contribute to addressing the massive stigma and discrimination issues faced by PLHIV, especially women, as far as opportunity and resources, voice and agency, and serious safety and security issues. These all limit PLHIV especially women and girls ability to fully participate in development activities and benefit from development outcomes.

To do this, AOP will:

- Ensure that women, men, boys and girls benefit from and participate in all AOP's programs and projects regardless of their health status.
- Continue to integrate approaches that promote the MIPA principles and address HIV issues that are central to our programmatic areas. These include, but are not limited to the following:

#### **Food Security**

Support programs and projects that encourage communities to recognize the central role of PLHIV especially women and support them in attaining household food security to improve their health and well-being.

Support initiatives that intentionally improve access to quality and healthy food for PLHIV, especially pregnant women and Orphans and Vulnerable Children (OVC) to ensure their health and well-being.

#### **Livelihoods and Economic Development**

Support programs which promote PLHIV, especially women, adolescents and OVC equal access to capital, market information and services, credit and savings programs, income generating programs, training and mentoring.

Intentionally include efforts to address social, cultural barriers that limit PLHIV from actively engaging in the economy in any economic development projects.

Engage with community, especially leaders to increase their understanding and support for MIPA principles to facilitate PLHIV's active engagement in the economy.

#### **Environment, Climate Change Adaptation and Disaster Risk Reduction (DRR)**

Support initiatives that address the vulnerabilities of PLHIV, especially women, adolescents and OVC, bearing in mind the existing disadvantages faced by them due to inequality – limited access to resources, lack of decision making powers, safety and security issues and their health burden.

Support initiatives that recognize the similar and distinct coping abilities of PLHIV, especially women and OVC and strengthen their capacities to build their resilience.

Support initiatives that address the practical needs of PLHIV to support them in bouncing back after a crisis and explore strategic opportunities to challenge and change negative cultural norms that limit PLHIV's resiliency.

#### **Health**

Encourage an approach of non-coercive Test and Treat. Advocate for and where possible facilitate access to treatment for PLHIV with an emphasis on early treatment.

Support initiatives which will contribute to facilitating equitable access of PLHIV to quality health care (including reproductive health care) information and services throughout their lives.

Support initiatives that seek to address and respond to the prevention of HIV transmission from mother to child (PMTCT) including promoting and providing awareness of any guidance information from the World Health Organisation (WHO).

Support initiatives that promote good public health practices for PLHIV, especially men such as circumcision and treatment as prevention.

Support initiatives that promote healthy eating such as kitchen gardens for PLHIV especially for women, OVC and elderly care givers.

Support initiatives that advocate for the equitable access to and adherence to HIV medication.

### **Governance**

Support initiatives that intentionally target PLHIV, especially women, adolescents and OVC leaders in becoming stronger agents for positive changes within their communities.

Influence governance systems that integrate and include PLHIV to gain and exercise their rights as active citizens.

Support initiatives that promote HIV prevention initiatives as a way of improving human capital in countries most affected by HIV.

### **Water, Sanitation and Hygiene (WASH)**

Support initiatives that promote PLHIV's meaningful involvement in decision making related to WASH.

Implement WASH projects that are informed by the needs of PLHIV, especially women and girls who are the primary users of water, traditionally the health carers of the family and who have specific hygiene needs.

### **AOP will undertake the following:**

#### **a) Integrate HIV and AIDS in program planning and monitoring and evaluation**

All AOP programs and project designs, regardless of focus, will be informed by MIPA<sup>7</sup> principles, that aim to realise the rights and responsibilities of PLHIV, including their rights to self-determination and participation in decision-making processes that affect their lives<sup>8</sup> and contribute to the HIV response. In addition, these principles will ensure that PLHIV will not be disadvantaged by development activities, enhance the sustainability and effectiveness of activities whilst identifying priority areas for action to promote equality between women and men. Program and project design will also need to articulate capacity development activities for PLHIV, especially the empowerment of women for leadership and management of their own development priorities.

#### **b) Work with and build capacity of partners in addressing gender inequality**

Working with our partners in country, AOP will endeavour to build the capacity of partners and influence their policies and programs to be more PLHIV responsive. Capacities in particular will be built to assist partners in facilitating conversations and dialogues with the communities towards identifying issues facing PLHIV, especially women, adolescents and OVC and supporting community action to addressing them.

#### **c) Advocate and influence the Aid Program**

---

<sup>7</sup> Drawing on the GIPA Principles (Greater Involvement of PLHIV) from the Paris AIDS summit Declaration in 1994. [www.unsaids.org](http://www.unsaids.org)

<sup>8</sup> UNAIDS. The Greater Involvement of People Living with HIV (GIPA)

AOP will intentionally support and engage with the Australian Government's Aid Program to influence and contribute to its policy on HIV and development. AOP's programmatic successes and its exposure to working with communities overseas on HIV issues will inform AOP's advocacy with the government.

#### 4. Implementation Mechanisms

AOP employees will be made aware of the workplace dimensions of this Policy when they are recruited. AOP Management will ensure that the workplace dimensions of this Policy are adhered to in accordance with principles outlined above.

All AOP employees are hereby mandated to promote HIV sensitive initiatives within AOP's programs. Employees are encouraged to explore all possible ways to recognise, understand and support the implementation of initiatives that contribute to awareness raising that promote and addresses HIV stigma related issues and to treat HIV as a cross cutting issue in all program work. AOP recognises that some programs, depending on country context and laws, may develop differing implementation guidelines. However, in no event, are programs exempt from AOP's commitment to HIV and AIDS non-discrimination, awareness, prevention, and health support for all employees. All programs should be adapted to comply with local laws. They should be culturally sensitive and conform to local customs and practices; to the extent such customs and practices are consistent with good science, medical knowledge, information and practice as outlined herein.

AOP employees will be trained and will act as HIV information officers and hold responsibilities for informing all their respective regional partners of the AOP HIV and AIDS Policy and implementation practice.

**Accountability:** It is the responsibility of the senior management to monitor and report progress and achievements in implementing this Policy. They will be accountable for translating this Policy to measurable strategy and action points throughout the work of the organization.

#### 5. Review

This Policy will be monitored on an ongoing basis and will be reviewed at least every 3 years to ensure that it remains relevant to the needs of AOP and its partners.

AOP HIV and AIDS Policy adopted by the Board on the 10/12/2008 and reviewed again in 2010

The HIV and AIDS Workplace Policy significantly revised and Adopted by the Board 18 February 2015.

Due for review by June 2017.

#### 6. HIV and AIDS Glossary

**HIV** refers to Human Immuno-deficiency Virus. *Human* means that this particular virus can only infect human beings. *Immuno-deficiency* means that HIV weakens the immune system by destroying important cells that fight against disease and infection. *Virus* can only reproduce itself by taking over a cell in the body and its host. HIV is a retrovirus that is transmitted in only four ways:

- through the contact of body fluids through sexual intercourse, in particular anal and vaginal intercourse
- through blood (principally through blood transfusions)
- the use of non-sterile injection equipment such as shared needles (and can also include organ and tissue transplant)and
- from infected mother to their infants (peri-natal transmission) and breast feeding

There is no evidence to suggest that HIV transmission involves insects, food, water, sneezing, coughing, toilets, urine, swimming pools, sweat, tears, shared eating and drinking utensils or other

items such as protective clothing or telephones. There is no evidence to suggest that HIV can be transmitted by casual, non-sexual, person to person contact in any setting.

In the vast majority of occupations and occupational settings, work does not involve a risk of acquiring or transmitting HIV between workers, or to members of the public who come into contact with workers in the course of their work.

**AIDS** refers to Acquired Immuno-Deficiency Syndrome. (Acquired – means AIDS is not something that is inherited genetically from parents). Immuno – the body's immune systems includes all the organs and cells that work to fight off infection or disease. Deficiency – AIDS occurs when the immune system is 'deficient', or is not working the way it should. Syndrome – is a collection of symptoms and signs of disease. AIDS is a syndrome, rather than a single disease, as it is a complex of illness with a wide range of complications and symptoms. AIDS is the final stage of HIV infection, however, generally only those with HIV who are not on effective treatment will advance to this stage. People at this stage of HIV disease have badly damaged immune systems, which put them at risk of opportunistic infections, and it is those opportunistic infections that cause death. With effective treatment of HIV progression to AIDS can be virtually eliminated, and people living with HIV can have a normal or near normal life expectancy. Furthermore PLHIV on effective treatment that leads to consistent undetectable viral load (the amount of virus that can be measured in the blood) have a risk of transmitting the virus to others that is lower than consistent condom use, and can be considered as negligible. The use of antiretroviral therapy by HIV- people as a prophylaxis has also proved to be very effective in preventing HIV transmission (PrEP - Pre Exposure Prophylaxis).

**Gender** refers to the socially constructed roles and relationships between women and men. These are learned, change over time, and vary within and between countries and cultures according to social, religious, historical and economic factors.

**OVC** refers to Orphans and Vulnerable Children (as a result of HIV and AIDS)

**PMTCT** refers to Prevention from Mother to Child Transmission of HIV