

**HIV/AIDS IN THE CGIAR WORKPLACE:  
MODEL POLICIES AND PRACTICES**

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*Draft for discussion*

# Table of contents

Table of contents	<b>i</b>
<b>CHAPTER I: INTRODUCTION</b>	<b>1</b>
Statement of objectives	3
HIV/AIDS workplace policies and programs	5
<b>CHAPTER II: MODEL HIV/AIDS POLICY FOR FUTURE HARVEST CENTERS</b>	<b>9</b>
Preamble	9
Principles	9
Education statement regarding HIV/AIDSs	10
HIV/AIDS program in the workplace	10
<b>CHAPTER III: MODEL GUIDELINES FOR EDUCATION AND PREVENTION</b>	<b>14</b>
Basic elements	14
Additional provisions	15
Content of education programs	15
Condom distribution and prevention counseling	16
<b>CHAPTER IV: MODEL GUIDELINES FOR VOLUNTARY HIV/AIDS TESTING AND COUNSELING</b>	<b>19</b>
<b>CHAPTER V: MODEL RECOMMENDATIONS FOR TRAVEL AND PEP KITS AND WORKPLACE INFECTION CONTROL</b>	<b>19</b>
Travel kits	21
Post-exposure prophylaxis	21
Basic principles of workplace infection control	22
Questions for CGIAR Human Resource Division	23
<b>CHAPTER VI: RESOURCES ON THE INTERNET FOR HIV/AIDS MANAGEMENT IN THE WORKPLACE</b>	<b>20</b>
Centers for Disease Control	25
Family Health International	25
Society for Human Resource Management	25
UNAIDS	26
Centre for African Family Studies	26
<b>APPENDICES</b>	<b>26</b>

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**CHAPTER 1: *Introduction***

# Introduction

The HIV/AIDS pandemic is a pressing challenge for the CGIAR. HIV/AIDS affects the health of friends and colleagues, the quality of research, and ultimately, prosperity and development throughout the world. In light of these challenges, the CGIAR has established a “Systemwide Initiative on the impact of HIV/AIDS on Agriculture, Agricultural Research and Development” (SWIHA). The CGIAR Gender & Diversity program has taken the lead to address the problem of HIV/AIDS in the CGIAR workplace. While HIV/AIDS is a sobering issue, immediate and positive action is fully possible.

In order to address HIV/AIDS in the CGIAR, the Gender & Diversity Program has assumed responsibility to serve as an immediate resource on the best workplace practices, policies and programs. In the long-term, the policies and programs adopted by Future Harvest Centers should act as a model for national research partners. This document sets this process in motion by providing policies and guidelines in the following areas:

1. Model Code of Conduct and Policy for HIV/AIDS
2. Model Guidelines for Education and Prevention of HIV/AIDS
3. Model Guidelines for Voluntary Testing and Counseling
4. Model Guidelines for Post Exposure Prevention and Travel Kits and Workplace Infection Control
5. Worldwide Web Resources on HIV/AIDS in the Workplace

These draft policies and guidelines can be adapted to fit the special needs and circumstances of each Future Harvest Center. Additional material exists for these topic areas and the CG Gender & Diversity program is prepared to serve as a resource center for further exploration of these issues.

## STATEMENT OF OBJECTIVES

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There is no clear data on the incidence of HIV/AIDS at Future Harvest Centers. Precise numbers are always difficult to establish, as cultural barriers often preclude candid disclosure of HIV/AIDS status. However, HIV/AIDS is a serious problem in sub-Saharan Africa and will likely become a significant problem in other regions, such as Southeast Asia. A serious aspect of HIV/AIDS is the enormous number of people affected indirectly or directly by the disease. However, it is ***important to remember that people with HIV can lead productive lives for decades. The preservation of life and prevention of further infection are as important as compassionate care for those suffering and dying from AIDS.*** It is the aim of the CG Gender & Diversity Program to encourage the adoption of HIV/AIDS policies and programs throughout the CGIAR, in order to:

- Prevent further HIV infection among all CGIAR employees and their family members.
- Preserve the lives of those employees and their family members currently infected with HIV/AIDS.
- Provide compassionate care for those employees and their family members suffering and dying from AIDS.
- Encourage a commitment to provide HIV/AIDS insurance coverage to all international and local CGIAR staff members.
- Foster a workplace that does not discriminate on the basis of disease.
- Set an example for our communities, and particularly national research partners, for the compassionate management of HIV/AIDS.

The HIV/AIDS pandemic is an intimidating reality and often the first reaction is imagining the worst possible outcome – numerous individuals incapacitated and dying of AIDS. It is important to remember, however, that most individuals infected today with HIV may lead productive lives for 15 years

and more. There is also hope that medical advances will continue to improve the longevity of HIV-positive individuals.

There are three phases of HIV infection. During the first phase, the virus exerts no serious effects and employees can lead normal and productive lives. In the second phase, the immune system begins to weaken and the employee succumbs more frequently to illness. Currently, the first and second phase can last for 15 years. However, with improved treatment, the latency period of infection is increasing. Currently, the health and longevity of HIV-positive individuals are greatly improved with use of a “triple treatment,” a drug regime employing three different anti-retroviral drugs. In the third phase, colloquially termed “full-blown AIDS,” the employee becomes incapacitated and is likely to die. It is encouraging to note that in April 2001, significant progress was made between developing country governments, international organizations, and the multinational pharmaceutical industry to improve access to affordable retroviral drugs.<sup>1</sup>

The focus of workplace policy has moved beyond issues of incidence to the impact of HIV/AIDS in the work environment. Impact in the workplace is experienced in various ways. In the most extreme case, there is the loss of productive employees and the cost of replacement and training. With advanced HIV infection, there is increased absenteeism and the concomitant loss of productivity. In a broader context, employees with family members infected with the disease will lose time at work to attend funerals, and will carry a higher financial burden as family members die and they undertake the care of orphaned nieces and nephews. Other areas of impact include the breakup of research teams as a result of illness and death, and the isolation and withdrawal of the HIV-infected employee. Human Resources (HR) must address these realities when developing compassionate HIV/AIDS policies and programs.

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<sup>1</sup> Sheryl Gay Stolberg. “AIDS Drugs in Africa: If Cedes to When.” *New York Times*, 10 March 2001.

## HIV/AIDS WORKPLACE POLICIES AND PROGRAMS

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The best workplace policies clearly define the management of HIV/AIDS infection and prevention. Ideal policy (and there are many models currently available) includes the following:

### *Fundamental policy commitments*

International Labor Organization guidelines, and UN and World Bank standards, provide the basic policy for most international organizations<sup>2</sup> in addressing the problems of HIV/AIDS in the workplace:

1. No pre-employment screening for HIV/AIDS.
2. Voluntary HIV/AIDS testing available, counseling encouraged, and confidentiality assured.
3. No termination of staff infected with HIV/AIDS.
4. Health Insurance Benefits for international staff with HIV/AIDS.
5. Health Insurance Benefits for national or local staff with HIV/AIDS.
6. Health Insurance Benefits equal for internationally recruited staff (IRS) and nationally recruited staff (NRS).

The most difficult policy goal to achieve will most likely be the provision of equal health and insurance benefits to international and national staff. Individual centers will need to explore the constraints imposed by national insurance coverage and determine how to compensate for these inadequacies and limitations. In the immediate future, the most glaring inequity will continued to be access to anti-retroviral drugs. Fortunately, great progress has recently been made between pharmaceutical companies and developing country governments, which will improve access to affordable anti-retroviral drugs.

<sup>2</sup> See Appendix C for an overview of policies and practices of comparative international development organizations. The CGIAR Gender and Diversity Program completed this comparison via e-mail questionnaire.

### *Compassionate message and assurance of non-discrimination*

In one form or another, effective programs emphasize the organization's understanding and commitment to the issue of non-discrimination with respect to individuals affected by HIV/AIDS. While there is no official CGIAR policy document on HIV/AIDS, the Centers should support all employees affected by the disease in a non-discriminatory manner.

### *Education and prevention programs*

Education and prevention programs are essential in reducing the impact of HIV/AIDS in the workplace. Education and prevention programs ideally strive to induce effective behavior change. Many organizations continue to find it necessary to begin with initial awareness programs designed to remove irrational fears about HIV/AIDS. Educational programs take many forms, and resources are growing to develop appropriate programs worldwide.

### *Support for the bereaved*

A significant impact of HIV/AIDS results from the death of family and friends with HIV/AIDS. Depending on local cultural practices, this may require increased time off for funerals and increased financial stress. Centers may wish to address these issues through counseling programs and improved supervisory training.

### *Participatory process*

Successful HIV/AIDS programs involve representatives from all levels of the organization in becoming involved in policy planning and implementation.

### ***Compliance with local law***

As always, employment policies must comply with national, sub-national, and local laws and regulations. Compliance with local law, however, often sets minimal standards and does not assure a compassionate, sensible, or non-discriminatory policy.

On the following pages, a model HIV/AIDS policy document, and model guidelines document are presented. In addition, in the Appendix A-C, information on HIV/AIDS policy at ICRAF, the World Bank and other international organizations is given.

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**CHAPTER 1I: *Model HIV/AIDS policy***  
***for***

# Model HIV/AIDS policy for Future Harvest Centers<sup>3</sup>

## PREAMBLE

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The Center:

- acknowledges the seriousness of the HIV/AIDS epidemic (this may be accompanied by statistics relevant to the region and institutional location);
- seeks to minimize the social, economic and developmental consequences of HIV/AIDS to the Center and its staff; and
- commits itself to providing resources and leadership to implement a compassionate HIV/AIDS program.

## PRINCIPLES

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The Center affirms that:

- staff living with HIV/AIDS shall be protected against discrimination and accorded with the dignity and respect due all staff members;
- HIV status shall not constitute a reason to preclude any person from employment;
- no staff member shall be required to undergo HIV testing. Where testing is done it will be at the voluntary request of the employee and will be accompanied by counseling;
- confidentiality of HIV status of any staff member shall be maintained at all times;
- individuals infected with HIV/AIDS are entitled to the same rights, benefits (e.g. pension, life-insurance) and opportunities as people with other serious or life-threatening diseases

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<sup>3</sup> This model policy draws heavily on the European Union's *Guidelines for developing a workplace policy and programme on HIV/AIDS and STDs*. (March 1997).

- continuing development and implementation of HIV/AIDS policy and programs will be done in consultation with staff and their representatives; and
- a spirit of compassion and understanding for HIV-infected people will be fostered throughout the organization.

## EDUCATION STATEMENT REGARDING HIV/AIDS

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The Center understands that:

- AIDS (Acquired Immunodeficiency Syndrome) is a condition in which the body's immune system breaks down, and the person typically develops a variety of life-threatening illnesses. HIV (Human Immunodeficiency Virus) causes AIDS.
- HIV/AIDS is not transmitted through casual contact in the workplace. A person becomes infected by engaging in unprotected sexual intercourse, sharing needles or syringes with infected persons, and infected blood transfusions, HIV-infected mothers transmit the disease to their children through pregnancy, childbirth, or breastfeeding. HIV is not transmitted through air, food, water, utensils, toilet seats or anything else that does not involve blood, semen, vaginal fluids or breast milk.
- Individuals with HIV/AIDS may live productive lives for 15 years or more. With the aid of anti-retroviral drugs, longevity is improving.

## HIV/AIDS PROGRAM IN THE WORKPLACE

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### ***Co-ordination and implementation***

The Center appoints the Human Resources Department to:

- communicate HIV/AIDS policy to all staff;
- identify and liaise with local HIV/AIDS service organizations and other resources in the community;
- foster a supportive and non-discriminatory working environment for those infected with HIV/AIDS;
- implement, monitor and evaluate the Center's HIV/AIDS program; and
- advise management of program implementation and progress.

### ***Program components***

The HIV/AIDS program shall provide staff access to:

- information, education and media materials;
- voluntary testing and counseling (VTC) for HIV/AIDS;
- health insurance coverage for all staff members, whether recruited nationally or internationally, for the treatment of HIV/AIDS and associated illnesses. (Details of health insurance coverage should be clearly documented in the general policy statement or under separate cover);
- barrier methods (male condoms) to prevent transmission of HIV;
- protective materials in the form of HIV prevention travel kits and post-exposure prophylaxis kits for staff inadvertently exposed to HIV/AIDS; and
- workplace support for all staff affected indirectly or directly with HIV/AIDS.

### ***Planning***

The Center shall conduct regular impact analysis to understand the evolving epidemic and how it affects the future of the Center, its structure, and functions.

### ***Budget***

The Center shall allocate an adequate budget to implement the HIV/AIDS program.

### ***Interactions with partner organizations***

The Center recognizes a potential to serve as a positive model for partner organizations in the region and will strive to share educational materials and policy documents for the prevention and management of HIV/AIDS whenever and wherever possible.

### ***Questions for center management***

To achieve basic standards of HIV/AIDS management in the workplace, each Center must ask the following questions:

1. Do current insurance policies reflect a difference in IRS and NRS coverage? If so, how can equitable insurance be obtained, and at what financial cost?
2. Is HIV/AIDS treated differently than other chronic, life-threatening diseases and serious medical conditions?
3. What is the local availability and cost of “triple treatment?” How can access to this medication be improved?

**CHAPTER 1III: *Model guidelines for  
education***

# Model guidelines for education and prevention

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

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

## BASIC ELEMENTS

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

1. Communication of well defined, well understood and consistently applied HIV/AIDS policies and practices.
2. Provision of on-going, updated formal and informal education for all staff.
3. Access to condoms on a consistent basis.
4. Voluntary access to HIV/AIDS diagnosis with counseling.
5. Counseling and support services for employees and families.

## ADDITIONAL PROVISIONS

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

1. HIV travel kits or information about them.
2. Post-Exposure Prophylaxis (PEP) kits and education about them.
3. Basic principles to control workplace infection.
4. Information on how to obtain safe blood in a given region.

## CONTENT OF EDUCATION PROGRAMS

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The specific content and delivery of education programs will differ from region to region depending on HIV/AIDS risk and the existing knowledge base within the employee community. As mentioned above, the design of education programs most likely **begin with a needs assessment**. As HIV/AIDS discussions involve personal issues, there is a need to be sensitive to what is culturally acceptable and understandable to target groups within the Center. The piloting of HIV/AIDS educational activities and materials is a good first step in the design and feedback process.

Additionally, Centers need to **identify HIV/AIDS educational resources in the community**. In large metropolitan areas, HIV/AIDS education consultants are growing in number and professionalism. In other areas, general health services, various NGOs, church groups, etc. are improving HIV/AIDS educational strategies and programs. A number of international consultants also provide HIV/AIDS education services. The following section draws heavily on information provided by the international consultant, *Family Health International (FHI)*. FHI suggests the following core issues be covered in formal and informal education programs:

1. Organization's policy or position on HIV/AIDS.
2. How HIV/AIDS is and is not transmitted.

3. Why there is no risk of casual transmission of HIV/AIDS.
4. How to prevent the spread of HIV.
5. How to respond to a co-worker with HIV/AIDS.
6. How to assess personal risk and formulate behavioral change plans.
7. Benefits available to employees and family members with HIV/AIDS.
8. Confidentiality and privacy requirements.
9. Where to go for help, additional information, and counseling.

HIV/AIDS educational materials and messages may be communicated in a variety of formats: formal lectures, work group training sessions, videotape presentations, posters, brochures and pamphlets. **Maximum impact will be achieved if educational messages and prevention activities are delivered in a complementary, regular and updated manner.** Finally, an important element in successful education programs is the **use of local consultants and peer educators** where possible. Local consultants can relate to particular fears prevalent in local communities and credibly dispel persistent and pernicious myths about HIV/AIDS (e.g. imported condoms are purposefully damaged to spread HIV/AIDS). The use of peer educators has also proven an important component of effective HIV/AIDS education programs. Peers, by definition, are similar in age, background, experience and interests, and people are more likely to listen and follow advice from peers. Peer educators have been useful in initiating condom distribution programs.

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## CONDOM DISTRIBUTION AND PREVENTION COUNSELING

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

to provide free condoms or to charge a small fee for condoms to acknowledge their value. Peer educators have proven particularly valuable in initiating condom distribution programs. ***Prevention counseling and family support services should also be available and well publicized.*** The goal is to provide a safe opportunity for people to learn their HIV status, encourage people to initiate and sustain behavioral change, and assist people to obtain referrals for additional medical and preventive care. Counseling services are likely to require the assistance of HIV/AIDS service providers or consultants in the community.

**CHAPTER 1V: *Model guidelines for*  
*HIV/AIDS***

# Model guidelines for voluntary HIV/AIDS testing and counseling

Voluntary testing and counseling is considered to be one of the most important steps in the effort to control the worldwide spread of HIV/AIDS. At the community level, increased testing promotes acknowledgement of the disease and provides a contact point for education and prevention efforts. At the individual level, attitudes and behaviors of people infected with HIV/AIDS highly depend on how confirmation of infection is relayed. If the person did not suspect HIV exposure, the shock can be extreme and may cause depression or retaliatory sexual behavior. Even when testing was undertaken voluntarily and HIV-positive status was suspected, counseling can reduce depression and family tension and therefore aid in continuing workplace effectiveness.

The principles components of testing and counseling (VTC) programs are now well established. They are:

1. Testing must be voluntary.
2. Informed and written consent is obtained from the employee before testing.
3. Program provides pre-test counseling.
4. Program provides post-test counseling.
5. Confidentiality of test results is assured.
6. Individuals are informed of the results in person.
7. Referral to appropriate counseling for HIV-infected personnel is provided.

No Future Harvest center can be expected to assume testing and counseling services independently. VTC resources are growing and improving in most major cities worldwide and are provided by specialized AIDS service providers or regular healthcare services. An early step in establishing an HIV/AIDS program is to identify VTC resources in the

community. HR managers should ascertain the VTC service provider meet the criteria listed above and will cooperate effectively and fully to ensure employee confidentiality.

**APTER V: Model recommendations for travel  
id PEP kits and workplace infection**

# Model recommendations for travel and PEP kits and workplace infection control

Many international organizations regularly provide staff with **Travel Kits** intended to provide materials for the prevention of HIV/AIDS and **Post-Exposure Prophylaxis (PEP) Kits** for use in the event of suspected exposure to HIV/AIDS. These kits contain:

## TRAVEL KITS

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1. Condoms
2. Disposable Syringes/Sterile Injection Material
3. Latex gloves
4. Information sheet on use
5. Official certificate for customs and immigration personnel to explain the nature of the kit.

## POST-EXPOSURE PROPHYLAXIS

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In the event of suspected exposure to HIV/AIDS, in cases of rape or contact with contaminated blood, some organizations provide Post-Exposure Prophylaxis (PEP) Kits for immediate use in the field. The contents of the kits differ from organization to organization, particularly in the case of health-care workers where occupational risk of exposure to contaminated blood is high. Outside the healthcare field, the contents of these kits typically include:

1. Pregnancy Test.
2. Morning-After-Pill.
3. Three days worth of two (2) anti-retroviral drugs.

4. Information sheet on appropriate and correct use of kit contents.

Data on the efficacy of prophylactic anti-retroviral drugs are highly encouraging. Ideally, these drugs should be taken immediately after a suspected exposure, though they may be taken up to 72 hours after exposure. Statistics show that the sooner prophylactics are taken after exposure, the greater reduction of risk of HIV infection.<sup>4</sup> However, the employee should seek medical attention as soon as possible following suspected exposure. On a cautionary note, concerns have been raised in the healthcare community that resistant HIV might emerge due to misuse of PEP.

## BASIC PRINCIPLES OF WORKPLACE INFECTION CONTROL

For most Future Harvest Centers the basic principles of workplace infection control for HIV/AIDS are similar to those standards already in place for all first aid. HIV/AIDS behooves organizations to communicate first aid standards and precautions clearly and widely. The basic principles of workplace infection control are<sup>5</sup>:

1. Anyone administering first aid in the workplace should assume all patients have HIV/AIDS and should avoid contact with blood and other body fluids. To avoid contact with blood or body fluids, cuts or sores are covered with waterproof bandages. Plastic or latex gloves should always be worn. Blood spilling onto the skin of the first aid provider must be immediately washed off with hot soapy water.
2. First Aid Kits must be available in the workplace and should contain: plastic or latex gloves; waterproof band-aids, cotton, bandages, and antiseptic.
3. Blood spilled on floors or other surfaces should be treated with disinfectant and cleaned with absorbent paper.

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<sup>4</sup> Charles Flexner, MD., (1998) *Post Exposure Prophylaxis Revisited: New CDC Guidelines*. Johns Hopkins University AIDS Service, Division of Infectious Diseases.

<sup>5</sup> The basic principles of infection control cited here are taken from the European Union's *Guidelines for developing a workplace policy and programme on HIV/AIDS and STDs*. (March 1997).

4. Soiled clothing or fabrics should be boiled for 20 minutes and then placed in the sun to dry.
5. Centers should include basic principles of infection control in introductory seminars for new employees or in employee manuals.
6. Employees should be encouraged to carry First Aid Kits in their automobiles, in the event of a roadside accident.
7. Employees and their families should know how to obtain safe blood through the circulation of a regularly updated list of blood centers in the country.

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

QUESTIONS FOR CGIAR HUMAN RESOURCE DIVISIONS:

1. Are assembled PEP and Travel Kits readily available through local health providers or pharmacies?
2. Should staff members be responsible for obtaining PEP and/or Travel Kits?
3. Should the center provide kits free?
4. Should the center provide kits at cost?

**CHAPTER VI: *Resources on the Internet for  
HIV/AIDS***

# Resources on the Internet for HIV/AIDS management in the workplace

Numerous sources on the Worldwide Web provide useful information on HIV/AIDS. The following sites are specifically related to the management of HIV/AIDS in the workplace.

## CENTERS FOR DISEASE CONTROL

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

## FAMILY HEALTH INTERNATIONAL

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Family Health International ([www.fhi.org](http://www.fhi.org)) is an international consultant active in various areas of family and reproductive health. FHI provides the most readable and useful information on the prevention and control of HIV/AIDS on the Internet. Information on private sector workplace policy on HIV/AIDS is found at: [www.fhi.org/en/aids/aidschap/aidspubs/policy/psapp.html](http://www.fhi.org/en/aids/aidschap/aidspubs/policy/psapp.html)

## SOCIETY FOR HUMAN RESOURCE MANAGEMENT

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The Society for Human Resource Management ([www.srhm.org](http://www.srhm.org)) provides useful workplace policy and educational guidelines for HIV/AIDS at the following website: [www.shrm.org/diversity/aidsguide](http://www.shrm.org/diversity/aidsguide)

## UNAIDS

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UNAIDS, the United Nations Program on HIV/AIDS is a global source of information on the HIV/AIDS pandemic. UNAIDS provides information on workplace issues, including the UNAIDS HIV/AIDS personnel manual, at its website: [www.unaids.org](http://www.unaids.org)

## CENTRE FOR AFRICAN FAMILY STUDIES

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



# Appendix A: Education and prevention program of ICRAF

## HIV/AIDS SEMINARS AT ICRAF

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1<sup>st</sup> Seminar: An overview and Impact of HIV/AIDS at the Workplace 24 March 2000  
*Facilitator: Dr. Sabina Beckman  
GTZ-Reproductive Health Project*

2<sup>nd</sup> Seminar: HIV/AIDS at the workplace: Coping with the disease 19 May 2000  
*Facilitators: Jane Muriuki and David Kidi  
Kenya Aids Society*

3<sup>rd</sup> Seminar: Emerging Policies and Trends on HIV/AIDS at the Workplace 1 December 2000  
*Facilitators: Joel Momanyi and Diana Kageni  
Federation of Kenya Employers and UNDP respectively*

## INSTALLATION OF CONDOM DISPENSERS

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HIV/AIDS is a global tragedy that affects every individual in one way or another and is likely to have far-reaching social and economic effects on employees and employers. ICRAF is directly concerned as an employer based in Africa, with staff in areas of high infection, and as a farmers' partner.

So far, the Human Resources Unit has conducted a couple of interventions (including seminars, staff surveys and e-mail exchanges) to sensitize staff, raise awareness and better understand the staff members' and supervisors' view points, level of understanding and controversies on the issue. The

first general seminar on 'HIV/AIDS at the Workplace' tackled questions and concerns on HIV/AIDS issues and how to handle them.

The second seminar facilitated by Mrs. Jane Muriuki of Kenya Aids Society and Mr. James Kidi of KELC dealt with 'Coping with the Disease'. In their presentation the facilitators emphasized on the importance of learning how to positively cope with the disease. The facilitators gave a personal and intriguing account on how it is to live with the disease and also gave a demonstration on proper use of condoms in order to reduce risks of contracting HIV/AIDS.

To emphasize on the perils of HIV/AIDS that face its workforce and make follow-up of the points raised during the HIV/AIDS seminars, HRU has taken the responsibility of introducing condom dispensers in several washrooms within ICRAF House and the Research Building.

The condoms and dispensers were donated to ICRAF through the courtesy of Dr. Hombergh of the GTZ-Reproductive Health Project.

MEMORUNDUM: SURVEY ON AIDS AT THE WORKPLACE

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**FROM: Hulda Mogaka - HRU**

**TO: ICRAF Staff**

**DATE: 19<sup>th</sup> October, 1999**

**Subject: Survey on AIDS at the workplace**

AIDS continues to be a principal cause of death in Africa, especially for ages between 25 and 44. This is the age bracket that constitutes the most productive years of workforce. The epidemic is spreading faster than prevention strategies. Diseases resulting from HIV (the contributing agent of AIDS) have already had a negative impact on a large proportion of workforce in the world.

HIV, a virus that attacks the immune system of the body's defense mechanism against infections can take upto 10 years to develop in an individual. The infected person can work and lead a long life as long as he/she feels strong or well enough to work. However, when the virus overcomes the immune system, then the full-blown AIDS begins to take toll. At this stage, it becomes increasingly difficult for the infected employee to maintain balanced work attendance and productivity.

In respect to the above, ICRAF intends to formulate Policy Guidelines on AIDS for use by all employees. Your input to this exercise will go a long way in formulating a policy that will guide all ICRAF staff in addressing issue on AIDS at the workplace.

I therefore kindly request you to complete the attached questionnaire and return it to **Hulda Mogaka** of HRU or by email to address **Hmogaka@cgiar.org** by 25<sup>th</sup> October 1999.

QUESTIONNAIRE: SURVEY ON AIDS AT THE WORKPLACE

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<input checked="" type="checkbox"/> <b>STAFF CATEGORY</b>				
GSS	NP	IRS	STUDENT	SECONDED

1. Do you think AIDS is a concern which need to be addressed by ICRAF ... Yes/No

Why?

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.....

.....

.....

2. According to you, what are the issues related to HIV/AIDS at the workplace?

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3. Have you ever lost a close friend through AIDS? i.e. family member, workmate? ... Yes/No

4. What impact has it had on your

**a) Social life**

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.....

**b) Productivity at work**

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5. Are you taking care of an AIDS infected friend/relative  
Yes/No

6. If an infected colleague approached you for guidance on  
HIV/AIDS, would you be informed enough and willing to counsel  
him/her Yes/No

Why

.....  
.....  
.....  
.....  
.....

7. If you were diagnosed HIV positive, whom would you most likely disclose it to:

- a) Spouse                      d) Fellow worker      g) No one
- b) Parents                      e) Supervisor
- c) A friend                      f) Relatives

8. If you discovered that you are HIV/AIDS infected, would you feel free to share the information with your supervisor Yes/No

Why?

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.....  
.....

9. Do you agree with the statements below?

i) HIV /AIDS test should be among the pre-employment medical examination

A Agree

B Neither agrees nor disagrees

C Disagree

ii) Employees should have a right to know if any of their co-workers are HIV positive.

A Agree

B Neither agrees nor disagrees

C Disagree

iii) The organization should have the right to terminate regular staff in employment who is HIV positive

A Agree

B Neither agrees nor disagrees

C Disagree

iv) The organization should have the right to terminate employment of staff who has full-blown AIDS

A Agree

B Neither agrees nor disagrees

C Disagree

10. Do the discussions on AIDS make you feel uncomfortable?  
Yes/No

Why?

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11. ICRAF is formulating a Policy on AIDS, what are some of the issues you would like to see covered in the Policy?

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(If you are a supervisor, kindly answer the following question)

12. If you were aware that an employee under your supervision is ailing due to HIV/AIDS:

a) Would you feel able to discuss the issue with the employee?

A Would definitely do this

- B Might do this
- C Not sure whether I would do this
- D Might not do this

b) Would you be prepared to explain the reason why it is important to discuss AIDS?

- A Would definitely do this
- B Might do this
- C Not sure whether I would do this
- D Might not do this

13. List below any general comments that you might wish to contribute

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*Thank you very much for taking your time to answer the questions above. Your contribution is well appreciated.*

## Appendix B: Comparison of responses from international development organizations

	<b>Impact on the Organization</b>	<b>Education and Prevention</b>	<b>Pre-employment testing</b>	<b>Voluntary testing and counseling</b>	<b>Termination because of HIV infection</b>	<b>Health insurance benefits include HIV/AIDS</b>	<b>Health insurance benefits same for international and local staff</b>	<b>Code of Conduct</b>
<b>Asian Development Bank</b>	No official monitoring program, but medical claims suggest negligible impact.	Brochures and posters available at the medical center.  Travel Kit available for traveling staff.	No	Yes	No	Yes	Yes	No
<b>Food and Agriculture Organization</b>	Yes, aware of impact. Absence, disability, and death from HIV/AIDS is monitored annually by FAO or UN Pension fund.	Yes, particularly in the field, in collaboration with other UN organizations.	No	Encouraged	No	Yes	Yes	
<b>IMF</b>	Significant impact in selected areas. At this time, sub-Saharan Africa is the most affected but SE Asia may soon become equally impacted. Difficult to monitor objectively because of cultural issues regarding admission of HIV/AIDS.	Extensive global awareness campaigns with seminars, UNAIDS booklets, and condom dispensaries in field locations. Active AIDS Working Group with initiatives in education, testing, medical advice via global network of AIDS specialists, confidential medical advice through Health Services Department, anti-retroviral purchasing programs where possible. Medical evacuation when medically and culturally appropriate.	No	Yes	No	Yes		General Code of Conduct does not address HIV/AIDS "explicitly," but <i>inter alia</i> states that the basic values of impartiality, integrity and discretion should govern.
<b>IAEA (UN)</b>	To best of our knowledge, HIV/AIDS has not had a major impact. Impact of the disease can only be reflected indirectly through the approval of long-term disability.	Provide literature on an on-going basis. Brief travelers on HIV/AIDS. Condoms available tax-free in the commissary. Extensive activities on World AIDS day, including videos, desk-to-desk circulars and prominently displayed posters.	No	Yes	Only upon payment of disability pension.			"Code of Conduct" is outlined in the policy booklet, entitled <i>AIDS and HIV Infection: Information for United Nations Employees and their Families</i>

	Impact on the Organization	Education and Prevention	Pre-employment testing	Voluntary testing and counseling	Termination because of HIV infection	Health insurance benefits include HIV/AIDS	Health insurance benefits same for international and local staff	Code of Conduct
<b>WORLD BANK HIV/AIDS (Health Services Coordinator)</b>	Aids Response Group for country office staff was formed in 12/99. No active surveillance, but one-to-one confidential medical advice to HIV-infected country staff offered. So far there are 12 cases (10 patients on triple anti-retroviral regimens) and several HIV-related questions from non-infected staff.	HR/Staff Assoc./HSD has produced <b>folders with educational materials for country staff.</b> Folder materials include: UNAIDS booklet (in several languages), an explanation of medical benefits for HIV/AIDS, information on disability regulations, information on filing claims directly to HQ, personal letter from a staff member living with AIDS. 23 WB country offices have ongoing AIDS activities. Their main goal is to <b>increase awareness</b> and promote stigma reduction activities. WB plans to <b>participate in the Post-Exposure Prophylaxis initiative</b> with the UN family, so staff in the field will have access to anti-retroviral in cases of rape or other exposure.	No  You cannot be forced to take an HIV/AIDS test.  You do not have to report your HIV status to the Bank.  You have a right to keep your medical treatment confidential.	Yes	No  You cannot be denied employment, confirmation, promotion, or be terminated solely because of HIV status.	Yes  Health insurance is available for all eligible employees and their dependents regardless of HIV status.  Health insurance premiums are not affected by HIV status.  Medical insurance covers all drugs and treatment for HIV/AIDS, including anti-retroviral medication, which have dramatically reduced AIDS-related deaths.  In case of disability resulting from AIDS, the Bank's disability insurance applies.	Yes  Health insurance is available for all eligible employees and their dependents regardless of HIV status.  Health insurance premiums are not affected by HIV status.  Medical insurance covers all drugs and treatment for HIV/AIDS, including anti-retroviral medication, which have dramatically reduced AIDS-related deaths.  In case of disability resulting from AIDS, the Bank's disability insurance applies.  For national staff concerned with the institution of policy and practice that preserves confidentiality, the option to file medical claims confidentially was established on 1/00. Staff can send medical claim forms	Although other policy documents exist, the current "code of conduct" is embodied in the definitive HIV/AIDS statement issued by John Wolfensohn, President of the World Bank in February 2000.  <b>Additional Comments:</b> HSD has facilitated the establishment of a network of HIV clinicians in Africa to serve as referral points for treatment and care of HIV infected employees and dependents. HSD is setting up a "secure internet site" in collaboration with the International AIDS Society of America (IAS). The African clinicians will have access to latest information and free consultations from IAS Bd. of Directors.

directly to HQ.

	<b>Impact on the Organization</b>	<b>Education and Prevention</b>	<b>Pre-employment testing</b>	<b>Voluntary testing and counseling</b>	<b>Termination because of HIV infection</b>	<b>Health insurance benefits include HIV/AIDS</b>	<b>Health insurance benefits same for international and local staff</b>	<b>Code of Conduct</b>
<b>EBRD</b>	So far this has been a non-issue.		We provide medical benefits for all staff. We have medical tests to screen people with health risks that would incapacitate them from working at the institution. So far there is no one with HIV. There have been AIDS cases, but these are covered by long-term disability insurance.					
<b>WHO</b>	As there is no mandatory testing, can only monitor those cases where staff members seek services through VCT or for AIDS. Monitoring is a challenge because of the stigma inherent to AIDS.	Distribute UNAIDS publication entitled "AIDS and HIV Infection. Information for United Nations Employees and Their Families."  Worked with UNAIDS, UNICEF and UN Medical Services to establish local HIV/AIDS care and support for UN staff and dependents. Distribute PEP treatment kits at the country level. Condoms included in travel kits since 2000.  Distribution of free condoms for staff at HQ and in some country offices.	No	Yes at HQ	No	Yes  Same as other medical conditions. 80% of expenses reimbursed up to a threshold (based on salary level) over and above which expenses are reimbursed at 100%.	Yes  International and national staff have same insurance scheme.	No code of conduct for HIV/AIDS.

# Appendix C: World Bank human resource documents on HIV/AIDS