

**SINT MAARTEN;
MOVING FORWARD**



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A National HIV and AIDS Workplace Policy

**Department of Labour in collaboration with HIV/AIDS
Programme Management Team**



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Acronyms and Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ARV	Antiretroviral
CSW	Commercial Sex Worker
HCT	HIV Coordinating Team
HIV	Human Immunodeficiency Virus
ILO	International Labour Organization
KAPB	Knowledge, Attitude, Perception and Behaviour
M&E	Monitoring & Evaluation
MSM	Men who have sex with men
PLHIV	People Living with HIV
PMT	HIV/AIDS Programme Management Team
STAT	Bureau of Statistics, Government of Sint Maarten
STI	Sexual Transmitted Infection
SZV	Sociale- en ziektekosten verzekering (Social Insurance Bank)
UNAIDS	the Joint United Nations Program on HIV and AIDS
VCT	Voluntary Counseling and Testing

1. Introduction

HIV and AIDS have an enormous impact on infected and affected individuals, their families and dependents, as well as the community. The individual impact is mirrored at the enterprise level and, increasingly, in the national economy. The epidemic manifests itself in the world of work in many ways: disruption of production, stigma and discrimination in employment, the worsening of gender inequalities, depletion of human capital, pressure on health and social security systems and threatened occupational health and safety. Attitudes, perception and behaviour are recognized as factors that contribute to the spread of HIV. A climate of HIV-related stigma and discrimination, gender inequalities and a lack of respect for fundamental human rights contribute to workers who are more vulnerable to HIV-infection. The stigmatization of people living with or affected by HIV or AIDS fuels a natural desire to keep quiet about infection and makes it difficult for workers to seek voluntary testing, counseling, treatment, care or support. Stigma and discrimination also prevents them from taking part in advocacy and prevention campaigns.

The Government of Sint Maarten recognizes the seriousness of the HIV epidemic and its impacts on the workplace. In order to mitigate the impacts of HIV and AIDS it is imperative that this National HIV and AIDS workplace policy become a reality. The purpose of this policy is to ensure a uniform and fair approach to the effective prevention of new HIV infections among employees, their families and dependents, and provide social protection within the workplace to employees directly impacted by HIV. The principles of the policy are aligned to the International Labour Organization (ILO) Code of practice on HIV/AIDS and the world of work and ILO Recommendation No. 200 concerning HIV and AIDS and the World of Work and include the recognition of HIV as a workplace issue, non-discrimination in employment, no screening, no forced disclosure, protection of confidentiality, social dialogue, gender equality, HIV prevention, treatment, care and support measures as critical components for addressing the epidemic in the workplace. This policy has been developed and will be implemented using a consultative approach with employers, employees and union representatives at varying levels within the workforce, persons living with HIV, the health sector and other stakeholders.

2. Background:

Workforce on St Maarten

The workforce of Sint Maarten is relatively young, with the majority being distributed through the 25-44 age group. The total workforce as per the 2009 labour force survey provided by STAT is 24,344 persons, with the total unemployed equalling 2,966; this corresponds to a rate of 12.2%. Employed persons hold a range of jobs, mostly in the tourism sector, as this is Sint Maarten's main industry. Sint Maarten has a relatively good economic situation and thus attracts a lot of migrant workers from other islands in the region. These migrant workers often fall into the low educated category, working in, for example, housekeeping and construction. A large part of those employed migrants as observed by employment permit requests, can be placed in the low educated/low skilled category. The official languages of Sint Maarten are Dutch and English; however, a significant part of the (working) population has only limited understanding of the official languages.

Facts on HIV and AIDS

The Human Immunodeficiency Virus (HIV) which causes Acquired Immunodeficiency Syndrome (AIDS) is transmitted only through bodily fluids. In particular blood, semen, vaginal secretion and breast milk. Transmission takes place in four ways: unprotected sexual intercourse; blood and blood products, for example infected transfusions, organ transplants or using contaminated needles; transmission from infected mother to child during pregnancy or at birth; and breast feeding. HIV is not transmitted by casual physical contact, coughing, sneezing and kissing, by sharing toilet facilities, by using utensils or consuming food or beverages handled by someone who is infected by HIV. It is also not spread by mosquitoes or other insects.

HIV weakens the body's immune system, making it difficult to fight infection. A person may live for 10 years or more after infection without symptoms or sickness, although they can still transmit the virus to others. Opportunistic diseases such as pneumonia and tuberculosis can take advantage of the weakened immune system and cause illness or death. Antiretroviral drugs are available that slow the progression of the disease and prolong life. Prevention involves ensuring that there is a barrier preventing transmission of the virus, for example condoms or personal protective equipment such as gloves and masks (where appropriate) and that skin piercing equipment is sterile and thus not contaminated.

Prevalence Globally and Regionally

UNAIDS estimates that there were 33.3 million [31.4 million–35.3 million] people living with HIV at the end of 2009 compared with 26.2 million [24.6 million– 27.8 million] in 1999—a 27% increase. Although the annual number of new HIV infections has been steadily declining in some regions since the late 1990s, this decrease is off set by the reduction in AIDS related deaths due to the significant increase of antiretroviral therapy over the past few years, thus explaining, to some extent, the increase in the number of persons living with HIV.

The HIV prevalence among adults in the Caribbean is about 1.0% [0.9%–1.1%], which is higher than in all other regions outside sub-Saharan Africa. The burden of HIV varies considerably between and within countries in the region. The exceptionally low HIV prevalence in Cuba (0.1% [0.08%–0.13%]) contrasts, for example, with a 3.1% [1.2%–5.4%] adult HIV prevalence in the Bahamas. Unprotected sex between men and women—especially paid sex—is believed to be the main mode of HIV transmission. Unprotected sex between men is a significant but largely hidden facet of the epidemic in the Caribbean region.

HIV and AIDS on Sint Maarten

The prevalence on Sint Maarten is estimated to be between 1.0% and 2.0%, slightly higher than the average in the Caribbean region and the highest prevalence within the Dutch Kingdom. It has been recorded on Sint Maarten that the largest concentration of persons affected by this disease are in the age category 25-44 (table 1), this category also constitutes the country’s most productive group, as Sint Maarten has a relatively young workforce. If the epidemic is not brought under control it will continue to impact the productivity and sustainability of the country.

Table 1: Cumulative known HIV-infected Sint Maarten 1985-2010 by Age group and gender

Age group	Male	Female	Total
<1	11	7	18
1-4	2	0	2
5-14	3	2	5
15-24	29	32	61
25-44	255	192	447
45-64	70	55	125
65+	5	1	6
Total	375	289	664

Epidemiology and Research Unit.
Medical and Public Health Service of Curaçao, N.A.

Workplace survey

A workplace policy survey was conducted as an assessment to determine the knowledge, attitude, behaviour and perception of HIV within the workforce on St Maarten. Quantitative data was collected among 445 working adults aged 18-60 from both the public and private sectors. A similar survey was distributed in 2009 and the results of both surveys are discussed in the *HIV Workplace Policy Assessment 2009/2012* report.

Some highlights of the survey results for the 2012 sample are listed below. It needs to be noted that the assessment had several limitations; the survey was distributed online and was only conducted in English. The completed level of education for some 65% of the participants exceeded a high school diploma. This does not accurately reflect the total workforce of Sint Maarten, but it can provide interesting insight.

Highlights from the survey

- The majority of the respondents had previously attended a HIV session (69%) and knew how HIV could be transmitted (Table 2).
- Although they had accurate information on the modes of HIV transmission, 0.9% believed that HIV could be transmitted via a toilet seat and 13% of those questioned were not willing to share a toilet with a HIV positive co-worker.

	Frequency	Percent
Mosquitoes	27	6.07
Blood transfusion	417	93.7
Unprotected sexual contact / activities	437	98.2
Sharing needles	421	94.6
Only between gay people	6	1.4
Touching	2	0.5
Kissing	31	7.0
Breast Feeding	163	36.6
Toilet seats	4	0.9
Swimming pools	2	0.5

- One third of the respondents (38%) felt that they have the right to know their colleagues' HIV status.

- The majority had taken a HIV test (92%) and 24% of this group indicated that the test was required by their employer. It is unclear what the consequences would be if the worker had tested positive.
- Almost a quarter of the participants (22%) indicated having had sex with person(s) besides their regular partner, of which 60% responded that they 'always use a condom' with their non-regular partner(s). However, those that did not use a condom likely fell into the above ninety (90%) percent of interviewed persons that knew how HIV was transmitted. This emphasizes that behaviour does not indicate knowledge.
- When asked the question 'Do you believe a physically fit worker at your workplace would be denied promotion, salary increase, training or other career development opportunities if he or she was known to be or was perceived to be HIV-positive?' 25% replied that they were not sure if an HIV-positive co-worker would receive equal opportunities in their workplace.

3. Objective and Guiding Principles of the policy:

3.1 Objective:

The objective of this National HIV and AIDS Workplace Policy is to provide a set of guidelines to be adhered to by all employers and employees of Sint Maarten both public and private, in order to address the HIV and AIDS epidemic in and through the workplace.

The tripartite constituents, composed of Government, Employer and Employee representatives, agree to respect fundamental human rights and undertake to improve the health and quality of life of the people of Sint Maarten through application of the principles of this policy.

The guidelines cover the following key areas of action:

- Prevention of new HIV infections.
- Management and mitigation of the impacts of HIV and AIDS in and through the workplace.
- Providing equal access to HIV-related treatment, care and support measures for workers infected and affected by HIV and AIDS, their families and dependents.
- Elimination of stigma and discrimination on the basis of real or perceived HIV status, by means of education and awareness-raising.

- In relation to HIV and AIDS the specific commitment is 'getting to zero'; zero new infections, zero discrimination and zero AIDS-related deaths.

3.2 Use:

This policy should be used to:

- a) Develop and structure concrete responses to be applied nationally in relation to HIV and AIDS.
- b) Promote processes of dialogue, consultations, negotiations and all forms of cooperation between employers and workers or their representatives, and other relevant stakeholders who operate on Sint Maarten, including organizations of persons living with HIV (PLHIV).
- c) Give effect to its contents in consultation with the social partners:
 - In national laws, policies and programs of action,
 - In workplace agreements,
 - In workplace policies and plans of action.

3.3 Scope of the Policy

This policy applies to:

- All employers and employees (including job applicants, jobseekers, trainees and volunteers, in the public and private sectors).
- All aspects of work, both formal and informal.
- The armed forces and uniformed services.

3.4 Key Principles

Recognition of HIV and AIDS as a workplace issue:

HIV and AIDS is a workplace issue, and should be treated like any other chronic 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 limiting the spread and effects of the epidemic.

Non-discrimination:

National HIV and AIDS Workplace Policy

In the spirit of decent work and respect for fundamental human rights and dignity of people, which are expressed in Article 16 of the Constitution of Country Sint Maarten, persons infected or affected by HIV or AIDS should not be discriminated against, based on their real or perceived HIV status. Discrimination and stigmatization of people living with HIV inhibits efforts aimed at promoting HIV and AIDS prevention.

Gender equality:

The gender dimensions of HIV and AIDS should be recognized. Women are more likely to become infected and are more often adversely affected by the HIV and AIDS epidemic than men due to biological, sociocultural and economic reasons. Women fall into a more disadvantaged group of the population and because of this are more negatively affected by HIV and AIDS. For this reason empowering women allows them to better negotiate and thus reduce the spread of HIV infection. Workplace measures should ensure gender equality and the empowerment of women, as well as the prevention and prohibition of violence and harassment in the workplace. Measures should also promote the active participation of both women and men in the response to HIV and AIDS, regardless of their sexual orientation and whether or not they belong to a vulnerable group. Lastly, they should promote the protection of sexual and reproductive health and rights of both women and men.

A safe and healthy work environment:

The work environment should be healthy and safe, as far as is practicable for all concerned parties, in order to prevent transmission of HIV. This is in accordance with the provisions of the ILO Occupational Safety and Health Convention, 1981 (No. 155), for which Sint Maarten is striving to eventually make applicable. A safe and healthy work environment facilitates optimal physical and mental health which ensures better productivity. Special measures should be taken to prevent occupational transmission of HIV and related transmittable diseases, such as tuberculosis (TB). Where a direct link can be established between an occupation and the risk of infection, AIDS and infection by HIV should be recognized as an occupational disease or accident, as provided for in paragraph 23 of Recommendation No. 200, referring to the ILO List of Occupational Diseases Recommendation, 2002 (No. 194).

Social dialogue:

The successful implementation of a National HIV and AIDS Workplace Policy and program requires cooperation and trust between employers, workers and where appropriate their

representatives, with the active involvement of workers infected and affected by HIV and AIDS. Employers and employees alike are obligated to promote awareness of HIV and AIDS thereby reducing the stigma and discrimination, as provided in paragraph 39 of Recommendation No. 200.

Screening for purposes of exclusion from employment or work processes:

HIV testing or screening should not be required of job applicants or persons in employment. A person's HIV status has no bearing on her/his ability to perform the tasks attributed and so should not be necessary. HIV testing can, however, be required under the specific circumstances as prescribed under the relevant national law (*see "richtlijnen van het prostitutiebeleid"*). In the event that HIV screening may be deemed to be relevant, the results of these tests should NOT be revealed; in order to prevent misuse and abuse of this information, informed consent MUST be obtained from the applicant or person in employment prior to testing.

Confidentiality:

All HIV-related information should be kept confidential. 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 or any other person. Access to personal data relating to a worker's HIV status should be bound by the rules of confidentiality consistent with Article 5 of the Constitution of Sint Maarten.

Continuation of employment relationship:

HIV infection is not a basis for termination of employment. As with many other conditions, persons with HIV-related illness should not be denied the possibility of continuing to carry out their work, with reasonable accommodation if necessary, for as long as they are medically fit to do so. No employee should suffer adverse consequences, whether dismissal or denial of appropriate alternative employment opportunities, merely on the basis of HIV- positive status.

Prevention:

HIV infection is preventable and is a fundamental priority. Prevention of all means of transmission can be achieved through a variety of strategies. Prevention should be furthered through changes in behaviour, knowledge, treatment and the creation of a non-discriminatory environment, as mentioned in paragraph 16 of Recommendation No. 200. There is a need to provide opportunities for social partners to promote prevention efforts particularly in relation to changing attitudes and behaviours through the provision of information and education, and in addressing socio-economic factors as mentioned above in gender equality.

Treatment, care and support:

Solidarity, care and support should guide the response to HIV and AIDS in the world of work. All workers, including workers living with HIV, are entitled to affordable health services.

There should be no discrimination against them, their families and dependants in access to and receipt of benefits from statutory social security programs and pension plans. The accessibility and stipulations are described in the “*landsverordening ziekteverzekering*” and will be taken up in the new “National Health Insurance” legislation. All employees put on extended sick leave by the examining doctor can negotiate flexible working hours with his/her manager, whether HIV-positive or not. Persons with HIV-related illness should be encouraged to continue to carry out their work, with reasonable accommodation if necessary, for as long as they are medically fit to do so.

3.5 General Rights and Responsibilities:

Coherence:

The Government of Sint Maarten, recognizing its role to ensure coherence with the national HIV and AIDS strategic plan and programs, will consult with and include the world of work in making all national plans. The engagement and support of representatives of employers, workers, PLHIV, other stakeholders and Government are necessary to make these plans and programs a success.

Prevention and health promotion:

Representatives of the Ministry of Public Health, Social Development and Labour will initiate and work in partnership with other social partners to promote HIV awareness and prevention programs, particularly in the workplace.

Social protection:

Government will ensure that benefits under national laws and regulations apply equally to workers living with or affected by HIV and AIDS, their families and dependents no less favourably than to workers with other serious illnesses.

Legislation:

In order to eliminate workplace discrimination, ensure job security and social protection, government, in consultation with the social partners and experts in the field of HIV and AIDS, should promote adherence to the current legislation dealing with discrimination and where necessary will make amendments in order to specifically address HIV and AIDS.

3.6 Prevention through Information/Education

Mandatory workplace information and education programs are essential to combat the spread of the epidemic and to foster greater tolerance for workers living with or affected by HIV and AIDS. Effective education can contribute to the capacity of workers to protect themselves against HIV infection.

Programs should be targeted and tailored to the age, gender, sexual orientation, sector characteristics and behavioural risk factors of the workforce and its cultural context, as well as being made available in the appropriate languages. They must be delivered by trusted and respected individuals. Peer education has been found to be particularly effective, as has the involvement of people living with HIV in the design and implementation of programs.

One of the functions of an HIV and AIDS workplace policy is to set the standard for communication about HIV and AIDS. It is vital to have guidelines within the workplace so employees can be informed, educated and trained on the facts, issues and consequences of this epidemic, whether they are affected or not. Following these guidelines will ensure less stigma and discrimination towards PLHIV, thus stabilizing or decreasing the number of newly infected persons on Sint Maarten.

In accordance with the National HIV and AIDS Workplace Policy, it is important that all employees are taught the facts on how HIV is and is not transmitted. All employees should be educated on the law as it pertains to equal employment and opportunities as well as paragraph 9 of Recommendation No. 200, which refers to the Discrimination (Employment and Occupation) Convention, 1958. This will grant them the knowledge necessary to foster a decent work environment.

Most Vulnerable Groups

Adolescent and Youth have the right to receive information regarding the modes of HIV transmission and prevention methods of abstinence, mutual faithfulness and consistent condom use. They have the right to participate and voice their concerns about strategies and interventions developed for them. Strategies designed for students within the formal education system should be determined with the involvement of the Ministry of Education, Culture, Youth and Sport. Both in-school and out-of-school adolescents and youth should have access to culturally appropriate,

gender and age sensitive interventions and support material. No child should be denied a place in school on the basis of real or perceived HIV status. Health care providers including pharmacists should not deny minors access to male or female condoms on their request, but should offer services, guidance and counselling while promoting abstinence as a viable option in a non-judgemental way. Age appropriate approaches should be utilized for effective communication to this group, especially to those who are sexually active and/or are at the risk of sexual exploitation such as street and working children

Commercial Sex Workers (CSW) have a responsibility to protect themselves, their clients and their sexual partners from the risk of HIV and other sexually transmitted infections. They should have access to language appropriate peer education training, male and female condoms, condom-use and condom negotiation skills, and proper diagnosis and treatment of Sexually Transmitted Infections (STI). More user-friendly clinics should be established and sustained to improve the non-threatening access of CSWs to prevention information, skills and services. Elaborated descriptions can be found in the “richtlijnen van het prostitutiebeleid”

Men Who Have Sex With Men (MSM) are among the most vulnerable population group. Research indicates that homophobia is a powerful cultural influence which forces MSM underground and away from HIV-related services. MSM should have the right of access to prevention knowledge, skills and services and to treatment care and support within a non-threatening environment.

Inmates in correctional facilities should not be denied the right to access prevention knowledge, skills and services and voluntary counselling and testing. They should have access to treatment, care and support. Access to HIV/AIDS/STI prevention information, treatment, care and support should take into account protection from rape, sexual violence and coercion. Inmates should not be subjected to HIV testing without their informed consent, nor should they be isolated or quarantined on the basis of real or perceived HIV status and all HIV-related information should be maintained in strict confidence.

Migrants, including migrant workers, have a heightened risk for HIV infection. This in many instances is not due to being mobile, but how being mobile impacts the relations of power and thereby exposes these individuals to risk. Inequality, poverty, lack of legal protection, discrimination against migrants, fear of deportation and arrest and language barriers are some of

the factors that increase the risk of HIV infection for migrants. HIV testing or other forms of screening should not be required by migrant workers and all HIV-related information should be kept confidential. Migrant workers should not be excluded from free movement by the countries of origin, transit or destination, on the basis of their real or perceived HIV status. These migrants like all other groups should have access to information and programs that are both gender and language specific in order to reduce the risk of HIV transmission.

Information and awareness campaigns

HIV awareness, information and education programs must be conducted to inform employees – including management employees- about HIV and AIDS so that they may take appropriate measures to protect themselves and others against infection by HIV. These programs should also reach out to workers’ families and/or caregivers of employees living with HIV or AIDS and should take gender and cultural concerns into account, all while emphasizing that HIV is not transmitted by casual physical contact and PLHIV should not be considered a workplace hazard, as mentioned in paragraph 33 of Recommendation No. 200.

Information programs for each specific business should be linked to the broader HIV and AIDS campaign within the local community, sector, region or country. The program must be based on correct and up-to-date information about how HIV is and is not transmitted; prevention; the impacts of HIV and AIDS; dispelling myths, and the possibilities for accessing care, support and treatment.

Linkage to health promotion programs:

Educational programs should be linked, where feasible, to health promotion programs dealing with issues such as substance abuse, stress, reproductive health and rights at the workplace. Existing work councils or health and safety committees provide an entry point to HIV and AIDS awareness campaigns and educational programs. It should be linked to current legislation and ILO Occupational Safety and Health Convention, 1981 (No. 155).

Practical measures to support behavioural change:

Workers should be provided with sensitive, accurate and up-to-date education about risk reduction strategies, including brochures and, where appropriate, male and female condoms should be made available. Information on early and effective STI testing, diagnosis, treatment and management, should also be made available.

Community outreach programs:

Employers, workers and their representatives should encourage and promote information and education programs on prevention and management of HIV and AIDS within the local community, especially in schools. Participation in outreach programs should be encouraged in order to provide an opportunity for people to express their views and enhance the welfare of workers with HIV and AIDS by reducing their isolation and ostracism

3.7 Training

Training should be targeted and adapted to, the different groups being trained: managers, supervisors and personnel officers; workers and their representatives; trainers of trainers (both male and female); peer educators; occupational health and safety officers; labour judges and labour inspectors. This training should occur during work hours and be made a mandatory work obligation in order to ensure compliance. Innovative approaches should be sought to defray costs, such as sharing costs for multiple businesses in a specific sector of the workforce.

Trainers should also be taught to deal with prejudices against minorities, especially in relation to ethnic origin or sexual orientation. They should draw on case studies and available good practice materials. The best trainers are often fellow staff members thus reinforcing that peer education is recommended at all levels. All programs should be gender-sensitive, as well as sensitive to race and sexual orientation. This includes targeting both women and men explicitly, or addressing either women or men in separate programs, in recognition of the different types and degrees of risk for men and women workers.

3.8 Testing:

Workers should be encouraged to know their HIV status through voluntary and confidential counseling and testing. In situations where workers wish to be tested on their own initiative, as part of voluntary testing programs, such testing should not normally be carried out at the workplace. Gender-sensitive confidential pre- and post-test counseling, which facilitates an understanding of the nature and purpose of the HIV tests, the advantages and disadvantages of the tests and the effect of the results, is essential and must be provided in all testing procedures. Testing is not considered anonymous if there is a reasonable possibility that a person's identity can be deduced from the results.

3.9 Risk reduction, Treatment, Care and Counseling:

Risk reduction and management:

Employers should ensure a safe and healthy working environment for all. This includes providing for personal protective equipment in first aid kits. Workplaces where there is a risk of occupational exposure to human blood, body fluids or tissues should have standard operational procedures in place to manage the risk of potential exposure and occupational incidents. These can include Universal Precautions and Post-Exposure Prophylaxis. To support behavioural change by individuals and family members, employers should also make available, where appropriate, male and female condoms, counseling, care, support and referral services.

Treatment, care and support:

Solidarity, care and support are critical elements that should guide all workplaces in responding to HIV and AIDS. Mechanisms must be created to encourage openness, acceptance and support for those workers who voluntarily disclose their HIV status, and ensure that they are not discriminated against or stigmatized. To mitigate the impact of the HIV epidemic in the workplace, endeavors to provide counseling and other forms of social support to workers infected and affected by HIV or AIDS, should be assessed and coordinated by human resource departments/general managers/safety officers, in collaboration with HIV coordinators.

Counseling:

Employers must encourage workers known to be living with HIV or AIDS to utilize expertise and assistance both within and outside the enterprise for counseling, once specialized and confidential counseling is available.

To give effect to this, employers should consider the following actions:

- Identify and list professionals and self-help groups and services within the local community which specialize in HIV-related counseling and the treatment of HIV and AIDS;
- Identify community-based organizations, both of a medical and non-medical character, that may be useful to workers with HIV and AIDS;

- Suggest that the worker contact his or her doctor or qualified health-care providers for initial assessment and treatment if not already being treated, or help the worker locate a qualified health-care provider if he or she does not have one;
- Provide workers living with HIV with time off for counseling and treatment equal to that of persons with other chronic illnesses;
- Counseling support shall be made accessible, at no cost, to the workers as determined by the insurance provider and should be adapted to the different needs and circumstances of women and men; and
- Information sessions should educate all workers of their rights and benefits in relation to statutory social security programs, pension plans and any life-skills programs which may help workers cope with HIV and AIDS.

3.10 Grievance and disciplinary procedures:

Co-workers are expected to continue working with an employee who is living with HIV. Those who refuse to work with, withhold services from, harass or otherwise discriminate or stigmatize against an employee living with or affected by HIV or AIDS will be subject to the same disciplinary measures that apply to other defiant behaviour in the workplace, which range from verbal warnings to dismissal.

Employers should have procedures that can be used by workers and their representatives for work-related grievances. These procedures specify under what circumstances disciplinary proceedings can be initiated against any employee who discriminates on the grounds of real or perceived HIV status or who violates the National Workplace Policy on HIV and AIDS. The disciplinary measures depends on the magnitude of the damage, which can range from a warning letter or discussion, to a court appearance as it relates to slander and discrimination of fellow colleague(s).

4. Implementation

4.1 Management and Coordination:

The Government of Sint Maarten will implement the policy nationally, with the assistance of the private sector, employers and trade unions, Non-Governmental Organizations (NGO), and other stakeholders. This multisectoral approach to implementation provides the greatest ability for

participation country wide, while ensuring that persons living with and affected by HIV or AIDS and the most vulnerable groups, particularly organizations of PLHIV, are involved in the design, delivery and evaluation of the program.

The Ministry of Public Health, Social Development and Labour has the responsibility to coordinate the national response, provide leadership and technical guidance, and address the mobilization of adequate local and international resources for an effective response to the epidemic.

The Inspectorate for this Ministry is tasked with site visits and inspections of the various businesses and organizations locally and as such can provide information about the National HIV and AIDS Workplace Policy to assist in the implementation process (*see appendix I*). The Labour Affairs Agency also has direct contact with businesses coming to register so they too must be utilized to distribute information. In addition to these methods adequate marketing campaigns highlighting the existence and need for business adherence to the policy must be conducted.

Government, NGOs and private sector entities will implement various aspects of the National HIV and AIDS Workplace Policy, thereby strengthening and sustaining partnerships between Government and all the relevant stakeholders which is critical to the success of the policy. The HIV/AIDS Programme Management Team (PMT), Sint Maarten AIDS Foundation, HIV/AIDS Steering Committee and the HIV/AIDS Coordinating Team (HCT) will continue to be key players in this regard as their membership represents the tripartite team: government, employers and workers in addition to the key-affected populations including PLHIV.

4.2 Implementation Strategies:

- Synchronization of HIV and AIDS issues into all relevant policies, plans and programs.
- Establishing a specific focal point for HIV and AIDS in each organization which, depending on the organization size, should be the following: human resources departments, general managers and/or safety officers.
- Strengthening the role of HIV/AIDS Coordinating Team (HCT), Sint Maarten AIDS Foundation, HIV/AIDS Steering Committee and the HIV/AIDS Programme Management Team (PMT) in advising the Government of Sint Maarten on HIV and AIDS issues based on best practices, and coordinating the involvement of stakeholders and partners, including

adolescents, youth and other key-affected groups in the implementation of the national response.

- Ensuring that resources for HIV and AIDS are allocated and managed to ensure an effective and efficient national response.

4.3 Rights and Responsibilities of Stakeholders:

Government is a facilitator, to ensure coherence and coordination of the national HIV response which includes setting the legislative and policy framework, for multisectoral participation. The Government of Sint Maarten is also an implementer, through the delivery of health protection and promotion, development of policy and guidelines, provision of financial and technical resources and enforcement of legislation and policies.

Society needs to partner with Government to implement various aspects of the National HIV and AIDS Workplace Policy, but also has to ensure that Government fulfils its commitments. Society as a whole, both private and public needs to advocate for interventions in keeping with fulfilment of human rights for all; and care for those infected and affected. All stakeholders must provide accurate HIV-related prevention information and education as well as care and support for people living with HIV and not make false claims of HIV and AIDS cures or promote behaviours that increase the risk of HIV infection.

Persons living with HIV (PLHIV) need to be involved in all aspects of policy development, implementation and evaluation. The National HIV and AIDS Workplace Policy will help to affirm the rights of PLHIV; to ensure that exclusion from work, social services or participation in events is not based on their HIV status; to normalise HIV and AIDS by reducing stigma and discrimination associated with it; to improve the quality of life for PLHIV; and to reduce the risk of infection by PLHIV through adherence to consistent condom use or abstinence. PLHIV have the responsibility to be involved in lobbying for access to interventions and legal redress.

Monitoring and evaluation (M&E) is essential to assess the impact of the National HIV and AIDS Workplace Policy on the national response and provide recommendations for future policies, strategies and interventions. Evidence-informed reports will be prepared by the

National HIV and AIDS Workplace Policy

Department of Labour and will be used to assess progress and amend previous strategies and interventions, if necessary.

Specific activities include:

- Maintaining and strengthening passive and active surveillance for HIV and AIDS through HIV/AIDS/STI surveillance and periodic behavioural surveillance among specific groups. It is recommended that the Sint Maarten AIDS Foundation in collaboration with its partners, including the Sint Maarten Laboratory Services continue to offer voluntary and anonymous testing and counselling with Government assistance, where required.
- Strengthening capacities to monitor and evaluate programs including the development and review of indicators; it is recommended that the Labour Inspectorate in performing site inspections include indicators to assess the adherence to this National HIV and AIDS Workplace Policy as part of their regular inspection.
- Establishing a national HIV and AIDS data management/surveillance system with linkages to other national data collection systems, managed by Collective Preventive Services.
- Facilitating regular dissemination of the policy to partners and the general public. The National HIV and AIDS Workplace Policy shall be reviewed every five years, a process that could take place at the same time as the review of the National HIV/AIDS Strategic Plan 2012-2016, and utilizing similar indicators defined by this Strategic Plan of Action. The goal and strategies will be reviewed by Government in conjunction with the relevant stakeholders to ensure relevance to the national HIV and AIDS situation.

4.4 Implementation Benchmarks to be monitored for evaluation of policy:

The following benchmarks should be used by all organisations/institutions, and workplaces in Sint Maarten:

National HIV and AIDS Workplace Policy and implementation plan of action

- All organisations/workplaces have at least designated a Focal Point on HIV and AIDS with a working committee representing management and employees.
- All organisations/workplaces have a policy framework – guidelines or a full policy aligned to the National HIV and AIDS Workplace Policy.
- All organisations/workplaces monitor and evaluate their internal HIV and AIDS Workplace Policy and program implementation.

Non-discrimination

- All formal and informal sector organisations/workplaces put in place a policy of zero tolerance for discrimination against people living with or affected by HIV and actively implement with greater involvement of PLHIV in the workplace programs.
- All formal and informal sector organisations/workplaces promote the key principles enumerated in the ILO HIV and AIDS Recommendation, 2010 (No. 200) and the ILO Code of Practice on HIV/AIDS and the world of work (2001).
- No formal/informal sector employee/member/visitor is discriminated against on the basis of real or perceived HIV status.

Prevention and training

- At least 90% of formal or informal sector group of employees/members can accurately state at least three forms of HIV transmission.
- All formal and informal sector employees/members have access to training/learning opportunities on HIV prevention.
- All committees and training teams have a gender specific and balanced approach to training.
- Female and male condoms are accessible and/or available with instructions for their correct use.

Care and support

- All formal and informal sector employees/members have access to or reliable referral to 100% Voluntary Counselling and Testing (VCT) and antiretroviral treatment (ARV).
- All formal and informal sector organisations/workplaces offer or reliably refer employees/members to a range of care and support options regardless of perceived or real HIV status.

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Appendix I – Monitoring and Evaluation framework

Indicator	Indicator dimension and criteria	Rationale	Measurement Tools
1. POLICY			
Number of workplaces with HIV and AIDS focal points	A focal point is a person who is trained and knowledgeable with respect to the National HIV and AIDS Workplace Policy; HIV/AIDS issues and service delivery	Focal point is essential to capacity building, advocacy, education and support within the workplace	Inspection
Number of businesses who have HIV and AIDS workplace policy (business specific or copy of the National policy)	Policy components: -Nondiscrimination statement -Healthy and safe work environment/Universal precautions -No mandatory testing and screening - Gender equality -Confidentiality -Job security for fit workers -Promotion and provision of preventive services	Agreement on a framework for managing HIV/AIDS in the workplace	Review of the Human resource policies by Inspectorate.
Number of members of the workforce covered by health insurance	All employees should be covered by a SZV or private health. Health insurance guarantees (financial) access to health care service such as VCT and treatment if needed	Regardless of the type of contract, legal status and HIV status; all workers have the right to affordable health care services. There should be no discrimination in access to and receipt of benefits	Inspection of relevant documentation of all employees by Inspectorate at site inspections.
2. PREVENTION AND EDUCATION			
Number of places that provide time during normal work hours for HIV/AIDS education and training	All formal and informal sector employees/members have access to training/learning opportunities on HIV/AIDS prevention	Acknowledging HIV/AIDS as a workplace issue means investing resources and work time to	Inspection questionnaire

		address HIV/AIDS issues to ensure maximum participation by workers and demonstrate commitment.	
Number of businesses who have male and/or female condoms available	Increased access to condoms	Increased access to condoms thereby ensuring higher compliance	Inspection questionnaire
Number of businesses with PPE			
3. KNOWLEDGE AND ATTITUDE			
Number of workers who report an accepting or supportive attitude towards HIV positive persons both in and out of the workplace	-Workers who report that they are willing to: -Work together with a person living with or affected by HIV -Share food and/or utensils with a person living with HIV	The workplace is a key factor bearing on the ability of HIV infected workers to continue in employment and to the access of services.	KAPB study, HIV workplace survey
Number of workers who correctly identify three modes of transmission of HIV	At least 90% of formal or informal sector group of employees/members can name at least three ways to protect themselves from HIV	To determine the state of knowledge of HIV prevention methods and to tailor programs to suit the needs of workers, taking gender and cultural concerns into account.	KAPB study, HIV workplace policy survey
Number of workers who correctly define the concept of ‘universal precaution’			
4. DISCRIMINATION			
Number of HIV-related complaints and grievances in the workplace	No formal/informal sector employee/member/visitor is discriminated against on the basis of real or perceived HIV status	Non-discrimination is a right; workers who feel that they have suffered discrimination due to their known or perceived HIV status have a right to redress	Number of complaints received by Labour Affairs and Ombudsman.