Tourism Sector
HIV/AIDS Workplace Policy

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Acronyms and Terms Used in the Policy

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AIDS- Acquired Immuno Deficiency Syndrome

GOJ- Government of Jamaica

HIV- Human Immuno-Deficiency Virus

JHTA – Jamaica Hotel and Tourist Association

JN+ - Jamaica Network for Seropositives

MTEC – Ministry of Tourism, Entertainment and Culture

MOH- Ministry of Health

NAC – National AIDS Committee

NAP – National HIV/STI Control Programme

PLWHAs- Person Living with HIV/AIDS

STI- Sexually Transmitted Infection

TPDCo- Tourism Product Development Co

1.0 Foreword

The Tourism Sector HIV/AIDS Workplace Policy Guidelines outlines the vision and strategies for the sector to combat HIV/AIDS and its concomitant repercussions on the workforce of the tourism sector. It represents the collaboration of key stakeholders within the tourism sector and provides a platform and framework from which the stakeholders can launch their individual workplace policy guidelines.

These guidelines form part of several strategies being put in place by the Government of Jamaica (GOJ) through the National HIV/STI Control Programme to combat the HIV/AIDS epidemic. It incorporates the views of the Ministry of Tourism Entertainment and Culture (MTEC), Ministry of Health (MOH) through the National HIV/STI Control Programme, Jamaica Hotel and Tourist Association (JHTA), and other tourism partners, to create a shared vision for reducing HIV transmission and to eradicate stigma and discrimination against persons living with and affected by HIV and AIDS.

Objectives:

1. To reduce the transmission of HIV
2. To manage and mitigate the impact of HIV/AIDS in the workplace
3. To improve access to prevention, knowledge and skills, treatment, care and support of workers living with and affected by HIV and AIDS
4. To reduce stigma and discrimination toward any worker known or perceived to have HIV and/or AIDS

Significant achievement of these objectives will provide the enabling environment for sustained economic and social contribution of the tourism sector to the prosperity and stability of the nation.

2.0 Introduction

2.1 Background

An estimated 5 million people in the world became HIV infected in 2005 with 800,000 of them being children. At the end of 2005, over 40 million people were living with HIV/AIDS, two-thirds of them in sub-Saharan Africa where the HIV prevalence rate is estimated at 8%. The Caribbean with its 2% prevalence rate is the second highest in the world. There are about 25 million persons estimated to be living with HIV in Sub-Saharan Africa and 420,000 in the Caribbean.[1]

In the Caribbean Basin, the worst affected countries are Haiti (with a national adult HIV prevalence of over 6%) and the Bahamas (where the prevalence is close to 4%). Jamaica has a national adult HIV prevalence rate of about 1.5%. Strengthened political resolve, regional initiatives and National AIDS Programmes have helped to slow the spread in many Caribbean countries. However, more effort and the involvement of new players are both needed to make prevention, treatment and care efforts truly multi-sectoral.

The International Labour Organization (ILO) estimates that over 26 million workers globally are living with HIV/AIDS. The size of the labour force in high-prevalence countries will be between 10 and 30 per cent smaller by 2020 than it would have been without HIV/AIDS.

Surveillance data from the National HIV/STI Control Programme indicated that between 1982 and December 2005 over 10,000 persons were reported with AIDS. Over 6000 deaths were reported during this period. By the end of the year 2005, about 25,000 were estimated to be living with HIV. About 70% of the total number of persons reported with AIDS occurred in the age group 25-49 years. This age group forms the core of the workforce. Some critical social factors and concerns, contributing to the epidemic and which the tourism sector continues to grapple with are:

- The proliferation of male and female sex commercial workers,
- The mobility of workers between rural communities and the resort areas,
- Strong links between sex and drugs,
- Limited access to voluntary counselling and testing for most vulnerable groups including commercial sex workers and
- No systematic HIV/AIDS workplace policy or guidelines for the tourism sector.

The Government of Jamaica acting through the National HIV/STI Control Programme has broadened the mandate for HIV/AIDS prevention, treatment care and support efforts to include five public sector ministries including Tourism Entertainment and Culture. The Ministry of Industry and Tourism (as it was then named) was involved in the development of a five year strategic work plan for the

[1] UNAIDS Epidemic Update 2005

tourism sector which forms part of the Jamaica HIV/AIDS/STI National Strategic Plan 2002-2004.

Recognising the importance of managing and mitigating the consequences of HIV/AIDS in the industry, the tourism ministry since 2002 has developed annual work plans which include education and training strategies to improve prevention knowledge and skills and improved access to treatment care and support throughout the sector. The viability and sustainability of the industry will be undermined and affected by the impact of HIV/AIDS and therefore measures must be taken to improve the industry's response to the problem.

Vision Statement

To have an impartial tourism sector where all forms of stigma and discrimination towards persons living with and affected by HIV and AIDS are non-existent and where adequate policies and strategies are in place to prevent and reduce the transmission of HIV/AIDS.

2.3 Purpose

The purpose of this policy is to:

- Define and recommend how entities within the tourism sector should deal with the prevention of HIV transmission and cope with persons living with and affected by HIV and AIDS
- Set standards of expected behaviour concerning HIV/AIDS related issues for all formal and informal employees.
- Establish consistency within the entities and compliance with local and international laws concerning HIV/AIDS related issues.
- Recommend amendments to existing regulations, related policies and legislation to ensure compliance with the National HIV/AIDS Policy, the National HIV/AIDS Workplace Policy, the Tourism Sector Workplace Policy on HIV/AIDS and other related policy and guidelines.
- Recommend referrals for formal and informal management and employees for treatment care and support for persons living with and affected by HIV/AIDS.
- Provide guidelines for formal and informal management and supervisors on how to manage HIV/AIDS in the workplace.

2.4 Goal

The overall goal of this policy is to create the enabling environment for the reduction and prevention of HIV/STI transmission within the formal and informal tourism sector.

2.5 Objectives and Strategies

Reduce the transmission of HIV/AIDS within the tourism sector.

- Integrate basic facts, sexuality and values clarification and interaction with a persons living with HIV/AIDS (PLWHAs) into the existing structure of formal and informal work sites.
- Increase access to condom through traditional and non-traditional approaches including the installation of condom vending machines at relevant and appropriate sites.
- Improve access to risk assessment and condom negotiation skills particularly among formal and informal work sites where management, employees and clientele are more vulnerable to HIV through sexual contact.

Manage and mitigate the impact of HIV/AIDS within the tourism workplace.

- Integrate HIV/STI prevention knowledge and skills and access to treatment care and support for PLWHA into the human resources development strategy of formal sector work sites and into the operations of informal work sites

Reduce HIV/AIDS related stigma and discrimination.

- Develop an approach to document all forms of HIV/AIDS related stigma and discrimination and accepting attitudes towards PLWHAs
- Institute penalties for acts of HIV/AIDS related stigma and discrimination.

- Establish an environment for the frequent interaction of PLWHA with management and employees during sensitisation and training sessions.

2.6 Situational Analysis

1. Sex is heavily linked to tourism.
2. There is an existing sub-sector, which is hard to reach e.g. – Indirect workers (night auditors, construction workers ,commercial sex workers (CSW), street and working children)
3. Ignorance and denial among sector leaders regarding prevalence rate.
4. Mobility of workers within the sector and communities.
5. Discrimination and stigma associated with HIV/AIDS
6. Proliferation of stigma associated with HIV/AIDS.
7. Sex and drugs are heavily linked.
8. Myths associated with modes of transmission/prevention.
9. Limited existence of HIV/AIDS policy in workplaces.
10. Limited use of HIV/AIDS testing facilities and limited access to counselling.

3.0 Basic Facts About HIV/AIDS

The Human Immunodeficiency Virus (HIV) causes AIDS (Acquired Immune Deficiency Syndrome). HIV only affects humans. It does so by gradually weakening the immune system making it difficult for the body to fight infection. HIV is microscopic and can only survive in cells that are living while destroying them.

3.1 Modes of Transmission

HIV is transmitted from an infected person to another through blood and blood products, semen (and pre-ejaculation fluid), vaginal fluids and breast milk. Transmission of HIV takes place in four main ways:

- Unprotected sexual intercourse with an infected partner - anal (high-risk), vaginal (high-risk), oral (low-risk)
- Blood and blood products (through for example, infected transfusions, organ or tissue transplants or the use of contaminated injection or other skin piercing equipment)
- From infected mother to child in the womb or at birth (25% to 50% chance of transmission to child without treatment)
- Through breast-feeding

HIV is NOT spread during everyday casual contact

HIV CANNOT be transmitted during casual, physical contact with an HIV positive person such as coughing sneezing, kissing, hugging, sharing utensils, toilets and washing facilities or consuming food or beverages handled by the person. Mosquitoes and other insects do NOT spread this virus. A person CANNOT get HIV from the air, from food and from water.

To get HIV:

- HIV must be present
- HIV must be present in enough quantities to infect (blood, semen, vaginal fluid, breast milk)
- HIV must go directly to the blood stream.

A person cannot get HIV by handling or coming into contact with the tears, sweat, saliva and urine of an HIV infected person.

It is very difficult to determine someone's HIV status by just looking at them. An infected person can look and feel well for up to 10 or more years without showing signs and symptoms of illness. Such persons can transmit the virus to others especially during unprotected sexual intercourse.

A person has to be HIV positive and diagnosed with at least two major and one minor opportunistic illnesses before regarded as having AIDS. Early symptoms of AIDS include

chronic fatigue, diarrhoea, fever, mental changes such as memory loss, weight loss, persistent cough, severe recurrent skin rashes, herpes and mouth infections and swelling of the lymph nodes. Opportunistic infections such as cancers, meningitis, pneumonia and tuberculosis may also take advantage of the body's weakened immune system. AIDS is fatal, although periods of illness may be interspersed with periods of remission. There is still no cure for AIDS. While research continues to develop a vaccine against HIV/AIDS, none is as yet viable. Jamaica is able to increase access to antiretroviral drugs because public/private sector partnerships and a grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria have helped to lower the cost to a person living with HIV/AIDS. Typically, ARV drugs are expensive and therefore out of the reach of majority of those needing them.

3.2 Prevention

HIV is fragile and is only able to survive in a limited range of conditions. It can only enter the body through naturally moist places and cannot penetrate unbroken skin. To prevention transmission of HIV, it is recommended that all sexually active persons use a barrier to the virus such as a latex condom during every episode of sex. The female condom is also recommended. To prevent transmission through accidental exposure to blood and other (relevant) body fluids, universal precautions should be adopted. This requires the use of protective equipment such as rubber masks and gloves in situations involving exposure to blood and other body fluids from an infected person. Skin-piercing equipment should not be contaminated by re-use without proper sterilization. Bleach, strong detergents and very hot water kill the virus rapidly, which is unable to survive outside of a living human body. Persons who are exposed to blood accidentally through skin puncture by an injection needle or those raped are required to undergo HIV testing and post exposure prophylaxis.

Prevention of Sexual Transmission

- Abstain - This method of prevention is strongly recommended for children and adolescents and is appropriate for members of faith-based organisations (FBO) and other groups who practise delaying sex until "the right time".
- Be faithful to one sexual partner who is uninfected and mutually faithful.
- Correct and consistent condom use

Prevention of Blood Transmission

- Universal Precautions
- Post Exposure Prophylaxis
- Protected national blood supply
- Advocacy to prevent sharing of IV drug needles including provision of sterilized needles

Prevention of Mother-To-Child Transmission

- Universal HIV Testing of Pregnant Women

- ARV treatment for all HIV positive pregnant women
- Counselling for all HIV positive pregnant women on treatment
- Advocacy to prevent use of breast milk including provision of infant formula

3.3 Risk Assessment, Testing and Condom Use

- Get tested.
- ELIZA TEST - The most common method of HIV testing conducted in Jamaica is the use of the ELIZA test for screening and the Western Blot test to confirm the result. If the result is positive from both tests, it means that antibodies to HIV have been found in the blood.
- RAPID TEST - The Rapid Test is being made available at established treatment centres throughout the four health regions. This method is faster but not as specific as the ELIZA test.
- VCT – HIV testing should be voluntary or with informed written consent. It should be preceded (pre-test) and followed (post-test) by counselling. Through counselling the client is able to understand what the negative test result means and what the positive test result means. The appropriate sexual behaviour for any kind of result should be discussed with the client during counselling. Group education may be provided in lieu of individual pre-test counselling. However, all post-test counselling should be conducted without breaching the privacy and confidentiality of the client.

Window Period

- When a person is exposed initially to HIV – that is becomes infected through contact with an infected person – it may take between six weeks and up to three months before antibodies to HIV are detected in the blood. Antibodies are created as the immune system tries to fight off the infection from the virus.
- The HIV test looks for antibodies. When these antibodies are detected the person is diagnosed HIV positive.
- A person can be positive and the test shows negative because the test was carried out during the window period.

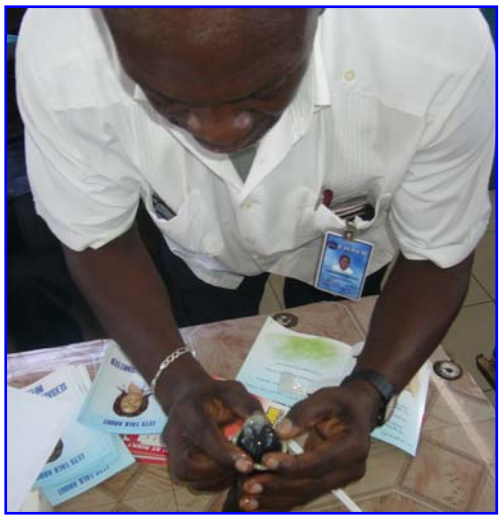
Who Needs To Take An HIV Test

- Sexually active people – This includes even those who are currently abstaining who were sexually active up to 10 years ago.
- People with more than 1 sex partner – This applies to those who have been engaged in serial monogamy.
- People who have unprotected sex.
- People who use condoms inconsistently and incorrectly.
- People who have doubts that their sex partner is faithful.
- Anyone who was raped should get tested for HIV.
- Anyone who got accidentally stuck by an injection needle while attending to a client/patient.

Taking the HIV Test

- The client should:
    - Know what the test results mean before and after taking the test.
    - Get counselling before and after taking the test.
    - Use condoms during every sexual encounter or abstain.

How To Use the Male (Latex) Condom



- Ensure there are sufficient latex condoms within easy reach. Check the expiry date and the manufacturer's date on the package. Feel the package before opening to detect air, which means the product, is not damaged. The penis must be erect before putting on the condom.
- Open the package carefully to avoid damage to the condom. Avoid the use of sharp openers such as teeth or nails. After removing the outer package, hold the tip of the condom between the thumb, middle and index fingers and expel the air.
- Ensure that the condom is on the side that will roll out naturally. Roll the condom two notches down to allow for sufficient space at the tip. While holding the tip of the condom unroll it onto the penis and keeping the position until your hand reaches the base of the penis.
- Use a water-based lubricant with the condom. Some condoms are already lubricated.
- After the male partner ejaculates (cum) pull out the penis while it is still hard or prevent the spillage of semen. Remove the condom carefully ensuring that your fingers do not come in contact with the semen in the tip of the condom. Take note of the colour of the semen in the condom. Discoloured semen may indicate the presence of another sexually transmitted infection (STI). Once the condom is removed tie the end of it and dispose in the garbage bin. Wash hands.
- If the couple desires to continue having sex, wait until the penis gets hard again and put on a new condom.

How To Use The Female Condom

- The female condom can be inserted up to eight hours before sex. Most women insert between 2 to 20 minutes before sex.
- The female condom is for one-time use and should be removed before the woman stands.
- Practise using the female condom without having sex.
- To insert the condom, find a comfortable position such as standing with one leg up on a chair, or sitting with knees apart or laying on back
- Ensure that the inner ring is at the bottom, closed end of the pouch. The condom is lubricated; however, extra lubricant may be added to the tip of the pouch and to the outer ring.

- Hold the pouch with the open end hanging down. While holding the outside of the pouch, squeeze the inner ring with the thumb and middle finger. Place the index finger between the thumb and the middle finger and keep squeezing the inner ring.
- While squeezing the female condom with three fingers, use other hand to spread the lips of the vagina and insert the squeezed female condom.
- If the female condom is slippery during insertion, let it go and start over.
- Use the index finger to push the inner ring and the rest of the pouch into the vagina. The inner ring should go just past the public bone, which can be felt with the index finger.
- Ensure that the female condom is not twisted when it enters the vagina.
- About one inch of the open end of the female condom will remain outside of the body. Once the penis enters the vagina will expand and the slack will decrease. Use your hand to guide the penis into the vagina.
- To remove the female condom, squeeze and twist the outer ring to keep the seminal fluids inside the pouch. Pull out gently. Discard the used condom in the trash bin.

Sexually Transmitted Infections and HIV Transmission

- People who have been diagnosed with another sexually transmitted infection (STI) are at risk for HIV. Persons with STIs are more likely to have sores and small breaks in the skin and lining of their genitals. It is easier for HIV to enter the body through these breaks. (Herpes, Syphilis, Gonorrhoea, other STIs with sores). If a person has an STI or has had one, h/she could have contracted HIV because of unprotected sex.

Risk Assessment For Sexual Transmission

Answer YES or NO to each of the following questions. If the answer to all or most questions is NO your risk for contracting HIV is high.

Risk Assessment	YES	NO
Abstinence is appropriate and easy for me to sustain.		
I use a condom CORRECTLY, EVERYTIME, I have sex.		
I have had or contracted a sexually transmitted infection		
I know my HIV status.		
I know my partner's HIV status.		
I have only one sexual partner and I am sure I am his/her only sexual partner		

If your answers for to Any of the above are red, you are at risk for contracting HIV.
You should therefore:

- get an HIV test,
- use a condom correctly, every time you have sex.
- Call the HELPLINE – 1-888-991-4444

3.4 Universal Precautions

- These precautions apply all persons regardless of their presumed infection status.
- They are a simple standard of infection control practice to be used in the care of all patients at all times to minimize the risk of blood-borne pathogens.
- Universal precautions consist of:
    - Careful handling and disposal of sharps (needles and other sharp objects)
    - Hand-washing before and after a procedure
    - Use of protective barriers – such as gloves, gowns, masks – for direct contact with blood and other body fluids
    - Safe disposal of waste contaminated with body fluids and blood
    - Proper disinfection of instruments and other contaminated equipment
    - Proper handling of soiled linen

4.0 Guiding Principles

This policy supports the 10 key principles of the International Labour Organisation (ILO) and accepts the interpretation of the National HIV/AIDS Workplace Policy.

4.1 Workplace Issue

HIV/AIDS is a workplace issue and will be treated like any other serious illness/condition in the workplace of the tourism sector.

4.2 Non-discrimination

No worker who is known or perceived to be HIV infected or affected should be stigmatised or discriminated against. Discrimination and stigmatisation of people living with HIV and AIDS inhibits HIV/AIDS prevention and threatens access to treatment care and support services. The tourism sector will promote more equal gender relations and the empowerment of women in order to help prevent the spread of HIV and enable women to cope with HIV/AIDS.

4.3 Gender equality

The gender dimensions of HIV/AIDS will be promoted within the sector. Women are more likely to become infected and are more often adversely affected by the HIV/AIDS epidemic than men due to biological, socio-cultural and economic reasons.

4.4 Healthy work environment

The work environment in the tourism sector should be healthy and safe so far as it is practicable, for all concerned parties, in order to prevent the transmission of HIV, in accordance with the provisions of the Occupational Safety and Health Convention, 1981 (No. 155)

4.5 Social dialogue

The successful implementation of this HIVAIDS policy and the related programme requires cooperation and trust among all parties – employers, workers, and other partners. Acceptance of the policy also requires the active involvement of workers infected and affected by HIV and AIDS.

4.6 Non-screening for purposes of exclusion from employment or work purposes

HIV/AIDS screening should not be required of job applicants or persons employed in the tourism sector.

4.7 Confidentiality

Within the tourism sector, no worker or job applicant should feel obligated to disclose HIV-related personal information or reveal such information about a co-worker. Access to personal data relating to a worker's HIV status is subject to the rules of confidentiality defined in the ILO Code of Practice on the protection of workers' personal data, 1997. The Ministry of Industry and Tourism supports these rules in accordance with Jamaica's commitment to ILO principles.

4.8 Continuation of employment relationship

HIV/AIDS is not a cause for termination of employment. As with many other conditions, persons with HIV and HIV/AIDS-related illnesses should be able to work for as long as medically fit in available, appropriate work. The Ministry of Industry and Tourism supports the continued employment of HIV positive persons or persons diagnosed with AIDS who are medically fit to continue working.

4.9 Prevention

HIV is preventable. Prevention can be achieved through a variety of strategies that are culturally appropriate and should be introduced and sustained as workplace programmes within the tourism sector. Such strategies should lead to knowledge, attitude and behaviour change, access to treatment and the creation of a non-discriminatory environment. The Ministry of Tourism and Industry will support the creation and continued implementation of prevention strategies within the tourism sector.

4.10 Care and support

All workers including workers with HIV and AIDS are entitled to affordable health services. It is the policy of this Ministry that there should be no discrimination against persons living with or affected by HIV/AIDS and their dependents in terms of access and receipt of benefits through national social security schemes and each organisation's health plan.


DEFEND THESE RIGHTS!
Based on Ten Key Principles of the International Labour Organisation (ILO) Code of Practice
1. HIV/AIDS should be treated like any other serious illness or condition in the workplace.
2. There should be no discrimination of workers living with HIV.
3. There should be recognition of the different ways HIV/AIDS affect men and women.
4. The workplace environment should be kept safe and as healthy as possible for everyone.
5. Dialogue concerning HIV/AIDS issues should be encouraged among workers, employers, their representatives and the government.
6. There should be no HIV screening for the purpose of recruitment for employment, or excluding employees from other work related opportunities.
7. Workers have the right to keep their HIV status confidential.
8. HIV cannot be a reason for terminating employment as long as the worker is medically fit.
9. Prevention of HIV should be encouraged and promoted in the workplace through education and training.
10. All workers, whether infected with or affected by HIV and AIDS, are entitled to care and support including benefits from social security programmes and occupational schemes.
SUPPORT WORKERS LIVING WITH HIV.
START OR JOIN A WORKPLACE PROGRAMME NOW.
National HIV/STI Control Programme
For further information on the National Workplace Policy on HIV/AIDS, call the Helpline 1-888-991-4444 or log on to www.jamaica-nap.org

5.0 **Rights and Responsibilities**

This Tourism Workplace Policy Guidelines on HIV/AIDS applies to all employers and workers in the tourism sector and relates to all aspects of work (formal and informal).

5.1 **Government**

5.1.1 The Ministry of Tourism, Entertainment and Culture through its implementing agency Tourism Product Development Company (TPDCO) will ensure coherence and involvement of all relevant stakeholders including all its agencies, as well as associations in the Tourism sector, by acting as the main facilitator and coordinator of all strategies and programmes for the sector. The coordination of these activities should be integrated or built in to already existing services of the Tourism Sector and the National HIV/STI Control Programme. These programmes include, but are not only limited to awareness and prevention, in tourism sector entities and associations.

5.1.2 The Ministry of Tourism, Entertainment and Culture should encourage its agencies, and all entities and association which come under its portfolio to assist in any national, regional or international research, commissioned by or endorsed by the National HIV/STI Control Programme, which seeks to mitigate the effects and impact of HIV/AIDS not only on the Tourism Sector but the wider society

5.1.3 In order to eliminate and reduce HIV/AIDS related stigma and discrimination in the tourism sector and ensure workplace prevention and social protection, the Ministry of Tourism, Entertainment and Culture as well as its agencies should collaborate with technical experts in the field of HIV, to implement relevant regulatory framework, and where necessary facilitate the revision of legislation. The Ministry of Tourism, Entertainment and Culture should warrant that any benefits and under the nation's laws regulation will be no less favourable to tourism sector employees with HIV/AIDS, than it is to those with any other serious illness. It should also seek the necessary technical expertise and support to employers and workers so as to ensure compliance with HIV/AIDS legislation in the world of work and more specifically the tourism sector.

5.1.4 The Ministry of Tourism, Entertainment and Culture as well as its agencies should warrant that programmes be implemented in tourism sector organizations and associations which assist in the mitigation of the effects of HIV/AIDS. These programmes should include those that promote care and support, support systems for persons affected and infected with HIV/AIDS, as well as children of any tourism sector worker, who have been made vulnerable by HIV and AIDS. The Ministry of Tourism, Entertainment and

Culture as well as its agencies should ensure and encourage tourism entities with health care services for workers to use the clinical guidelines set out by the National HIV/STI Control Programme to assist in the clinical care and management of HIV/AIDS

5.1.5 The Ministry of Tourism, Entertainment and Culture should encourage collaborations at national, regional and international levels with other tourism sector entities, inter-governmental agencies and international NGOs so as to emphasize the HIV/AIDS as an issue in the sector at all levels.

5.2 **Tourism Private Sector Associations, Employers and their organizations**

5.2.1 All tourism private sector associations, employers and organizations should develop and implement suitable policies for their respective entities, through consultation with their members, workers and representatives. The policy should act as a guideline for all members of the respective associations and should be designed to prevent HIV infection transmission, as well as to reduce discrimination associated with the illness. Where possible this policy should be situated in the framework of existing policy of the entity. Where there is no available policy, the organization should refer to the National HIV/AIDS Policy or the Draft National HIV/AIDS Workplace Policy or other tools and guidelines verified by the National HIV/STI Control Programme or the National AIDS Committee.

5.2.2 Other tourism private sector associations, and by extension members of these association should adhere to national Labour Laws, as well as laws governing the tourism sector when negotiating with workers about terms and conditions of employment related to HIV issues, and should also encourage the inclusion of HIV/AIDS protection and prevention in agreements at all levels i.e. national, sectoral and in the workplace.

5.2.3 All tourism private sector associations and entities should implement or facilitate training and education programmes for employees focusing on the HIV/AIDS and related issues such as prevention, care and support, and the company's HIV/AIDS policy, as well as any other pertinent HIV issue.

5.2.4 The tourism private sector associations and employers should work in tandem with its members and workers respectively to develop strategies which will assess and try to adequately respond to the economic impact of HIV/AIDS in the entity, as well as the tourism sector.

5.2.5 Employers should implement procedures whether within existing systems or new procedures which workers can use when acts of discrimination related to HIV/IDS, whether real or perceived are committed.

5.2.6 Employers should ensure and maintain a safe and healthy working environment including the use and application of Universal Precautions, provision of protective gear and first aid resources. In order to stem HIV/AIDS infection, and promote behaviour change, employers should encourage the use of condoms, both male and female. Vending machines may be installed in designated areas of the entity. Additionally, employers should either implement or facilitate counselling, care, support and referral services. Employers should seek assistance for these programmes, if unmanageable, from the government and other partners in the national response.

5.2.7 The tourism private sector associations and employers in the Tourism sector should, in the spirit of corporate citizenship, encourage fellow employers in the tourism sector and the wider society to contribute to the prevention and management of HIV in the workplace.

5.2.8 The tourism private sector associations, their members and employers should endeavour and encourage participation in international partnerships related to the fight against HIV/AIDS, especially with workplace policy and tourism sector related policy.

5.3 **Worker Associations and Trade Unions**

5.3.1 Workers and their trade unions should be involved in the planning and implementation of a suitable HIV policy for their workplace, created to prevent HIV transmission and to protect workers against HIV discrimination.

5.3.2 Workers and their union should adhere to national laws, as well as laws governing the tourism sector when negotiating with employers about terms and conditions of employment related to HIV issues, and should also encourage the inclusion of HIV/AIDS protection and prevention in agreements at all levels i.e. national, sectoral and in the workplace.

5.3.3 Workers and their unions should employ existing union facilities and frame works to provide and disseminate HIV/AIDS information in the workplace, facilitation of HIV training and development of educational materials appropriate for workers and their families.

5.3.4 The workers and their associations should work in tandem with its employers respectively to develop strategies which will assess and try to adequately respond to the economic impact of HIV/AIDS in the entity, as well as the tourism sector.

5.3.4 Workers should work along side their employers and the government in HIV/AIDS prevention and management, including the installation of condom machines in appropriate areas of their working environs, as well as the implementation of counselling and testing and support programmes.

5.3.5 Workers and their unions have the right to pursue HIV related issues such as stigma and discrimination through the appropriate grievance and disciplinary procedures at their place of work, as well as to report the incident to the appropriate legal authority.

5.3.6 Workers and their unions should lobby for and work along with employers, in maintaining a safe and health working environment, which should include the proper use and maintenance of appropriate protective gear and first aid techniques. Workers should inform employers of any gaps, and vulnerable areas in the working environment and should promote programmes to fill these gaps.

5.4 Informal Sector

5.4.1 The tourism ministry should, in collaboration with the Ministry of Health extend and make applicable, prevention and support programmes to workers in the informal sector.

5.4.2 The informal sector has a right to protect themselves from HIV/ADS by reducing their risks and thereby using accepted and necessary precaution such as condoms.

5.4.3 Informal sector workers should have access to user friendly clinics to assist in the management and treatment of HIV/AIDS and other STIs.

5.4.4 Employers and private sector tourism agencies, should seek to include informal sector workers in prevention and support activities which are implemented for workers in their organizations

5.4.5 Workers in the tourism sector should extend and include informal sector workers in any activities, programmes or strategies used in HIV/AIDS prevention and support, such as condom accessibility.

5.4.6 Informal sector workers have the right to be included in HIV/AIDS training through the formal tourism sector

5.4.7 Informal sector workers have the right not to be discriminated against and should have access to all material and information related to prevention, support and discrimination.

5.4.8 Informal sector workers have the right to report and for recourse through the relevant legal authorities, if HIV discrimination, whether real or perceived, is committed.

Prevention Care and Support Through Information and Education

6.1 Keeping HIV/AIDS on the Workplace Agenda (Sensitization)

6.1.1 Develop, modify and implement awareness programmes in the tourism sector which are linked to the broader national and community level HIV Campaigns. Such awareness programmes should be current and focus on prevention and management of HIV/AIDS

6.1.2 Awareness programmes and trainings, where practicable should fit into existing education and human resource, and occupational health policies and programmes.

6.2 Educational Strategies and Interventions

6.2.1 Educational Strategies employed should be the outcome of consultations between employers and workers and their representatives, along with technical expertise of the relevant government authorities and stakeholders.

6.2.2 Intervention programmes should be incorporated into regular paid hours, and by extension any training or courses offered should be seen as part of work duties and obligations by both the employer and the worker.

6.2.3 Programmes should be designed according to the literacy levels of the target group of workers.

6.2.4 Information disseminated should include, where possible, risk assessment, HIV/AIDS prevention techniques such as male and female condom use and Universal Precautions.

6.2.5 Responsibility of coordinating and planning educational programmes where possible should be delegated to staff members. Further to this peer education practices should be encouraged and facilitated.

6.2.6 Programmes should target the vulnerable populations within the Tourism sector, such as the young workers and women.

6.3 Gender-Specific Programmes

6.3.1 The context of all programmes should be gender sensitive, and there should also be sensitivity with respect to socio-culture and sexual orientation. Women and men should be targeted in separate groups thus focusing on the varying risks of each group.

6.3.2 Increased risks of infection for women need to be highlighted to them in information disseminated, especially the vulnerability of young women.

6.3.3 Empowerment of women to protect themselves, both inside and outside of the workplace, through information and education on their rights should be apart of all programmes.

6.3.4 Programmes targeting men should include risk assessment awareness and approaches to promote male responsibility concerning HIV/AIDS.

6.3.5 Where necessary, targeted interventions for men who have sex with men should be implemented in the tourism sector.

6.4 Linkage to Healthy Lifestyle Programmes

6.4.1 Educational programmes should be linked to or incorporated, where possible to existing health promotion programmes in the tourism entity, such as those which deal with substance abuse, and sexual harassment at the workplace and stress. These existing frameworks act as entry points and should be used to emphasize the increased risk to HIV due to alcohol and other substance abuse.

6.5 Practical Measures to Support Behaviour Change

6.5.1 Current and up-to-date information concerning risk assessment and risk reduction should be made available for employees, and where necessary both male and female condoms should be made available and accessible.

6.5.2 Information pertaining to early testing, care and support for HIV/AIDS, STIs and other HIV related diseases should be made available and should be kept current.

6.6 Community Outreach Programmes

6.6.1 Employers, workers and their organization should encourage and promote and participate in education and information programmes aimed at local communities surrounding the organization. The programmes should disseminate information on HIV/AIDS prevention, management and care. Participation should be encouraged to help in the reduction of HIV related stigma and discrimination.

7 Implementation

7.1 Dissemination and sensitisation of policy

Stakeholders should be sensitized to HIV/AIDS basics, sexuality, values clarification, HIV/AIDS Workplace programmes and other policy issues and process evaluations and indicators such as pre/post test.

7.2 Practical Measures

Response to Tourism Sector Workplace Policy on HIV/AIDS

All stakeholders/employers within the tourism sector should consult with employees and/or representatives to develop and implement an appropriate policy for their workplace. This should be designed to reduce the transmission of HIV and protect all workers from discrimination related to HIV/AIDS. A checklist for workplace policy planning and implementation is included as Appendix II.

7.3 Education and Training

Employers and their organizations, in consultation with employees and/or representative, should initiate and support programmes at their workplace to inform, educate and train employees about HIV/AIDS prevention, care and support. The workplace policy on HIV/AIDS should include measures to reduce discrimination against people infected or affected by HIV/AIDS.

7.3.1 **The Programme content should include:**

- Basic facts about HIV/AIDS, the difference between HIV and AIDS, the way HIV is transmitted, the relation of STIs to HIV/AIDS, prevention methods including condom use and other safe sex methods.
- Information regarding care, treatment and support for employees infected or affected by HIV/AIDS.
- Special emphasis on the vulnerability of women to HIV and a prevention strategy that can lessen this vulnerability.
- Information emphasizing that HIV cannot be contracted through casual contact and that people who are HIV positive do not need to be avoided or stigmatised, but rather should be supported and accommodated in the workplace.
- Employee participation, including the opportunity to express their opinions and discuss issues regarding sexuality and HIV/AIDS.
- Promotion of healthy lifestyles, including sexual behaviour.
- Peer education and informal education activities.

7.3.2 Training should be targeted at and adapted to groups within each company such as:

- Managers, supervisors, personnel officers
- Workers and their representatives
- Occupational health and safety officers

7.3.3 It should include strategies such as trainer of trainers and peer education. Trainers should be equipped to handle prejudices against marginalized groups. The best trainers are often the staff themselves and peer education is therefore recommended at all levels. Peer education should be part of a workplace's annual training plan.

7.4 **Personnel Policies**

Employers should not engage in or permit any personnel policy or practice that discriminates against workers infected with or affected by HIV/AIDS. In particular employers should:

- Not require HIV screening or testing unless it is voluntary testing with pre and post test counselling.
- Ensure that work is performed free of discrimination or stigmatisation based on perceived or real HIV status.
- Encourage persons with HIV and AIDS related illnesses to work as long as medically fit for appropriate work.
- Make provision in cases where a worker with AIDS is too ill to continue to work; where alternative working arrangements, including sick leave have been exhausted. The employment relationship may cease in accordance with relevant laws and respect for the general procedures and benefits.

7.5. **Confidentiality**

7.5.1 Information related to the HIV status of employees should be strictly confidential and kept only on medical files. The disclosure of the HIV status of an employee or prospective employee is a breach of medical confidentiality. Employers and management are not entitled to access to medical information about employees. The medical officer's responsibility is to inform the employer as to whether the employee or prospective employee is fit or unfit for work. There should be no obligation of the employee to inform the employer of his/her HIV status.

7.5.2 Breaches of confidentiality will be subject to penalties in accordance with the organisation's overall employment policy.

7.6 **HIV Screening and Voluntary Counselling and Testing**

7.6.1 Pre-employment **-** employers should not instruct medical officers to conduct HIV tests on applicants. It is unnecessary and endangers the human rights and dignity of workers. An HIV positive test result should not be a reason for refusing to employ an applicant who is otherwise qualified for the job.

7.6.2 During employment **-** employees should not be specifically tested for HIV unless on a voluntary basis. Voluntary testing should not take place in the workplace; however employers should encourage employees to be tested through awareness and training sessions. This testing should be conducted by community health services. All testing should include pre and post-test counselling. HIV

testing should not be included in the routine examination of food handlers or any other employee.

7.7 **Benefits**

The employer should ensure that the organization's Health Benefit Package concerning other major illnesses should also apply to people with HIV/AIDS. There is no justifiable reason why HIV should be singled out for less favourable treatment.

7.8 **Care and Support**

7.8.1 Systems should be created and implemented to encourage acceptance and support of persons who disclose their HIV status and ensuring they are not discriminated or stigmatized. Mitigation of the effect of HIV in the Tourism sector should be encouraged by the facilitation of counselling and other types of support and care, such as treatment. Where health care services exist in an organization, treatment of HIV should be provided. This care should be extended to children of infected and affected persons. If this service is not offered in the organization, partnerships should be created between the entity, the government and other stakeholders to provide treatment and care.

All tourism sector operations should ensure the following

7.8.2 Employees infected and/or affected by HIV/AIDS are treated with empathy and care. They should be given all reasonable assistance or referrals to relevant agencies or organizations that provide assistance.

7.8.3 Counselling and other forms of social support are provided for employees infected and /or affected by HIV/AIDS. Counselling may be at the workplace or at a specialised organizations outside but either area must have strict guidelines regarding confidentiality

7.8.4 The social and economic well being of employees infected and/or affected by the disease are guaranteed by ensuring the protection of their rights to privacy and other human rights and proper care and support in hospitals and in the communities.

7.8.5 Systems are in place to ensure no stigmatisation and discrimination against employees infected and/or affected by HIV/AIDS.

7.8.6 Employees have the right to continue to work for as long as they are able to perform their duties in accordance with their scope of work and/or until performance is significantly affected. At such a time alternative arrangements should be made that are agreeable to both employer and employee. This may include change in duties as well as separation packages.

Obstacles to Care and Support

7.8.7 Lack of education and awareness information to the tourism sector will have a negative impact on the prevention and treatment if employees infected and /or affected with HIV/AIDS. There maybe –

a. inadequate training programme
b. lack of trainers and peer educators

c. stigma and discrimination by administration
d. lack of sensitization of operators and employees
e. inadequate or no access to proper health care

7.9 **Universal Precautions**

In any situation requiring first aid in the work place Universal Precautions should be followed to reduce the risk of transmitting blood borne infections such as Hepatitis B and HIV. (see section 3)

7.10 Post Exposure Prophylaxis

Where there is a risk of exposure to human blood and body fluids, Universal Precautions should be applied. Following risk of exposure to potentially infected material at the work place, the employee should be immediately counselled and informed of the medical consequences, the desirability of testing for HIV, the availability of post-exposure prophylaxis (action taken to prevent disease), and referred to appropriate medical facilities.

7.11 Safe Practices for Guests

HIV/AIDS and other sexual health material should be placed in conspicuous areas to provide guest with information i.e. Guest bathrooms or guest rooms. Guests should have ready access to both male and female condoms.

8 Monitoring and Evaluation

Monitoring and Evaluation of HIV/AIDS Programmes and activities should be done in collaboration with the National HIV/STI Control Programme's Monitoring and Evaluation Unit and with the Prevention and Policy/Advocacy Coordinators. All information, reports and data from training and awareness sessions should be kept current and easily accessible for the relevant authorities to analyze.

9 Appendices

Appendix i

HIV/AIDS- Jamaican Epidemic

There are 25,000 persons estimated to be living with HIV in Jamaica (2006). Over 60 % of these persons are not aware of their HIV status. The total number of persons reported with AIDS in Jamaica between January 1982 and December 2005 is 10,553. A total of 514 deaths (310 males and 204 females) was due to AIDS in 2005 whilst in 2004 665 deaths were attributes to AIDS. This means that a 10 persons died from AIDS every week in 2005.The total number deaths due to AIDS reported between 1982 and 2005 is 6,241. About 65% of all persons reported with AIDS in Jamaica are in the 20-44 year old age group and 90% of all persons reported with AIDS are between 20 and 60 years old. In 2004, HIV was the leading cause of death for young men and women aged 15-24 years. HIV is also a leading cause of death among Jamaican children. The most urbanized parishes continue to have the highest cumulative number of AIDS cases: Kingston & St. Andrew – 637.9 cases per 100,000 persons and St. James - 901 AIDS cases per 100,000 persons. Among reported AIDS cases on who risk data are available (81% of cases), the main risk factors fuelling the HIV/AIDS epidemic are multiple sex partners, history of STDs, crack/cocaine use, and sex with prostitutes. Among reported AIDS cases on which data about sexual practices are available (79% of cses), heterosexual practice is reported by more than 90%. In 2005, for every one thousand pregnant women in Jamaica, fifteen were infected with HIV. Overall, there was no significant decline in HIV infection among pregnant women in 2005 compared to 2004. In 2005, three out of four HIV-infected pregnant women received antiretroviral medication to prevent mother-to-child-transmission of HIV. For every one thousand persons with a sexually transmitted infection in 2005, forty six (46) were infected with HIV.A total of 1,344 (696 males and 648 females) persons was reported with AIDS during 2005 compared to 1,112 in 2004. This means that there were at least 4 new cases of AIDS diagnosed every day in 2005. (Source: Ministry of Health 2006. National HIV/STI Control Programme Facts& Figures HIV/AIDS Epidemic Update 2005.)

The Caribbean Situation

In the Caribbean HIV was the leading cause of death among adults 15-44 in 2005. New infections among women are surpassing those among men. In Trinidad the infection rate among females aged 15-19 is six times higher than males in the same age group. Most HIV infections across the Caribbean are urbanized and seen in the bigger cities. Only about 12 % of the infections across the region are attributed to men who have sex with men; however the rampant homophobic views and stigma attached to same sex relationships, could actually mean the percentage attributed to this group may be slightly higher. In the Caribbean injecting drug use is accountable for only a small minority of HIV infections; only Puerto Rico and Bermuda does it have any major significance. (Source: UNAIDS Epidemic Update, Caribbean Fact Sheet, November 2005)

Appendix 11

Implementation of Workplace Policy

A checklist for planning and implementing a workplace policy on HIV/AIDS

Employers, workers and their organizations should cooperate in a positive, caring manner to develop a policy on HIV/AIDS that responds to, and balances the needs of employers and workers. Backed by commitment at the highest level, the policy should offer an example to the community in general of how to manage HIV/AIDS. The core elements of this policy, developed in sections 6-9 of this code include information about HIV/AIDS and how it is transmitted; educational measures to enhance understanding of personal risk and promote enabling strategies; practical prevention measures which encourage and support behavioural change; measures for the care and support of affected workers, whether it is they or a family member who is living with HIV/AIDS; and the principle of zero tolerance for any form of stigmatization or discrimination at the workplace.

The following steps may be used as a checklist for developing a policy and programme:

i. HIV/AIDS committee is set up with representatives of top management, supervisors, workers, trade unions, human resources department, training department, industrial relations unit, occupational health unit, health and safety committee, and persons living with AIDS, if they agree;
ii. committee decides its terms of reference and decision-making powers and responsibilities;
iii. review of national laws and their implications for the enterprise;
iv. committee assesses the impact of the HIV epidemic on the workplace and the needs of workers infected and affected by HIV/AIDS by carrying out a confidential baseline study
v. committee establishes what health and information services are already available - both at the workplace and in the local community;
vi. committee formulates a draft policy; draft circulated for comment then revised and adopted;
vii. committee draws up a budget, seeking funds from outside die enterprise if necessary and identifies existing resources in the local community;
viii. committee establishes plan of action, with timetable and lines of responsibility, to implement policy;
ix. policy and plan of action are widely disseminated through, for example, notice boards, mailings, payslip inserts, special meetings, induction courses, training sessions;
x. committee monitors the impact of the policy;
xi. committee regularly reviews the policy in the light of internal monitoring and external information about the virus and its workplace implications.

Every step described above should be integrated into a comprehensive enterprise policy that is planned, implemented and monitored in a sustained and ongoing manner.

Appendix 111
Policy documents and guidelines

1. Ministry of Labour and Social Security, Final Draft National Workplace Policy on HIV/AIDS (November 2004)
2. Ministry of Health, HIV/AIDS Workplace Policy Development and Implementation (2005)
3. National AIDS Committee, HIV/AIDS Workplace Policy Toolkit, (October 2005)
4. Ministry of Labour and Social Security, Policy Manual on Life Threatening Illnesses in the Workplace (February 2006)
5. Ministry of Health /Global Fund, National HIV/AIDS Policy, (May 2005)

References

1. International Labour Office, 'An ILO Code of Practice on HIV/AIDS and the world of work (Second Impression 2003)
2. Ministry of Health, National HIV/STI Control Programme, 'Facts and Figures HIV/AIDS Epidemic Update 2005- (September 2006)
3. UNAIDS Epidemic Update, Caribbean Fact Sheet (November 2005)
4. Ministry of Health/Global Fund, National HIV/AIDS Policy (May 2005)