1. Introduction

The HIV/AIDS epidemic is the single greatest threat to health and general development in sub-Saharan Africa. With an estimated 37 million (2000 estimates) people infected, the epidemic continues to accelerate and the momentum is set to undo many of the development gains made over previous decades.

Workplaces in sub-Saharan Africa are feeling the cumulative impact of this severe, long-standing and still-emerging epidemic. AIDS is taking its toll, in particular on young, economically productive populations who represent the majority of the workforce. The epidemic is affecting workplaces in profound and costly ways, and these costs will continue to escalate without timely responses. It not only causes illness, disability, and death to employees and severe economic and emotional disruptions to their families; it also increases costs at the workplace – employers face a greater burden in employee costs including employee benefits, recruitment and training as well as disruptions in work output due to absenteeism and high staff turnover caused by illness and death.

The HIV/AIDS epidemic is a problem present at every employer’s doorstep, even where it is difficult to measure its impact. There is no “immunity” to the disease; and at present there is no known cure for AIDS. Anti-retroviral treatment (ART) has been shown to slow the progress of AIDS and to prolong life. However, at current costs, ARTs are not a reality for the prevention and care package in most developing countries. Priorities to prevent the spread of HIV/AIDS, address its impact and provide optimal care for those already infected in a resource-poor setting include: provision of behaviour change communication, provision of information, education and communication, condom programming, STD prevention and control, prevention of HIV transmission through contamination with blood and body fluids, voluntary counselling and testing, treatment of opportunistic infections and care and support for those infected and affected.

The workplace is one of the most important and effective channels for addressing these priorities. AMREF has engaged in assisting various workplaces to develop their own HIV/AIDS policies, strategies and interventions since 1990. AMREF is committed to responding to the HIV/AIDS epidemic by providing a healthy and safe work environment for all its employees.

This Corporate AMREF HIV/AIDS Workplace Policy responds to the needs of staff employed by AMREF within the resources available to the organisation.

The implementation of this Policy is a reflection of AMREF’s commitment to HIV/AIDS. AMREF will further demonstrate its commitment by mainstreaming HIV/AIDS in all its programmes/ projects and/or activities; and by proactive engagement in HIV/AIDS advocacy.
Policy implementation

- The responsibility for implementing this Policy will be allocated to a specific location within each of the AMREF operations, the process being facilitated by the Human Resource Manager AMREF Africa with technical support from relevant Projects/Programmes within AMREF.
- The Policy will be translated into official national languages, and it is recommended that such translations be carried out internally, though the final decision is left to the discretion of each AMREF operational division.
- The final Policy document will be in a user-friendly language, with no technical jargon.
- A copy of AMREF’s HIV/AIDS Policy will be made available to each staff member. To assure consistent implementation and administration of this policy, and to reinforce desired worker behaviour, management will communicate its support of this policy in simple, clear, and unambiguous terms.
- Staff and their dependants will qualify for the subsidised support package under policy no. 6 within the constraints of:
  - Tenure of service
  - Sick leave policy
  - Age limit for the dependants
  As per the AMREF medical scheme policy.
- The definition of a family, for the purposes of this policy document, is the employee, the spouse and up to four dependent biologically acquired or legally adopted children below 21 years of age. The spouse is defined as the legally recognized partner of the staff member with proof of marriage.
- HIV testing will be on a voluntary basis; however staff will be encouraged to test as this will lead to optimal implementation of the policy. Full disclosure is the responsibility of the staff member. In the event that the staff member does not give full disclosure he/she will be fully responsible for treatment.

Policy objectives

- To set the foundation for the development of a Corporate AMREF workplace HIV/AIDS prevention, control and mitigation programme;
- To provide a framework for consistency of practice within AMREF;
- To define the responsibilities of management and AMREF employees with regard to HIV/AIDS prevention, control and mitigation.
- To alleviate the cost burden on the staff who are affected by HIV/AIDS.

Expected outcomes of a properly implemented policy

- Enhance AMREF’s commitment to HIV/AIDS;
- Result in openness, greater tolerance and destigmatization of HIV/AIDS;
- Promote confidentiality and privacy at the workplace;
- Increase support for behaviour change among AMREF employees and their families;
- Reduce the incidence of HIV/AIDS among AMREF employees and their families;
- Reduce the impact of HIV/AIDS on the workplace;
- Provide a supportive environment for PLHWA and people affected by HIV/AIDS.
The policy has been developed based on a review of sample policy guidelines\(^1\), of company policies\(^2\), of known best practices for HIV/AIDS and extensive consultations and consensus building within AMREF.

\textit{All AMREF employees are committed, as far as is reasonably possible, to uphold the values set out in the policy both in and outside the workplace.}

2. Policy Statements

Corporate AMREF policy statements on HIV/AIDS are elaborated below:

1. AMREF will provide its employees and their families, access to sufficient formal and informal prevention and care information and education to enable them to protect themselves from HIV infection, and with a view to eliminating the stigma and discrimination related to HIV/AIDS.

2. AMREF will make free condoms accessible to employees.

3. AMREF will take measures to prevent the transmission of HIV at the workplace, through blood and body fluid contamination.

4. AMREF will make accessible post-exposure prophylaxis (PEP) to all employees who get exposed to HIV accidentally at the workplace.

   In the case of exposure due to rape, PEP will be made accessible in disregard of the circumstances under which rape occurred.

5. AMREF will make accessible voluntary HIV testing and counselling (VCT) to all employees and their families.

6. HIV positive employees who choose to officially reveal in writing their sero-status to the AMREF Management, at any time during their employment will be provided with a subsidized support package.

7. AMREF Management will take measures within its powers and ability to protect information regarding an employee’s health condition, including their HIV status, which will be held in strict confidence.

8. AMREF will not discriminate against a qualified individual with HIV with regard to job applications, hiring, advancement, discharge, compensation, training or other terms, conditions, or privileges of employment.

9. AMREF will review this policy after two years.

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\(^1\) WHO, ILO, CDC, Interhealth and People in Aid: Health and Safety Guidelines for AID Workers No

3. Policy Strategies

Under each policy statement, the policy strategies are elaborated below.

3.1 AMREF will provide its employees and their families, access to sufficient formal and informal prevention and care information and education to enable them to protect themselves from HIV infection, and with a view to eliminating the stigma and discrimination related to HIV/AIDS.

Each AMREF Division will nominate suitable male and female focal persons to ensure appropriate dissemination of information on HIV/AIDS. All focal persons will undergo a standardized training. They will source and distribute to all workers clear written information regarding HIV prevention, risk reduction, as well as universal precautions and information on how to live positively with HIV in a form that is relevant and understandable. Such information should be updated continuously and will include the following:

- basic answers to common questions on HIV/AIDS;
- facts aimed at allaying unnecessary anxieties;
- facts alerting people to genuine risk activities/behaviours;
- advice on HIV antibody testing and how to cope with the disease if you or a family member test positive;
- advances in the field of home based care of PLHA, prevention and support;
- general guidance regarding sterile precautions that need to be followed during any surgical/medical/dental procedures;
- advice on effective management of STDs;
- good quality and affordable vaccination sites for hepatitis B and C which can be spread in a similar way to HIV and are far more infectious;
- advice on safe driving and accident prevention;
- information on prevention of mother to child transmission of HIV;
- a list of valuable resources for additional information and/or support services.

Appropriate communication channels (pay slips, telephone interludes, intranet, peer educators, etc.) will be identified to ensure that all AMREF employees have access to relevant HIV/AIDS information.

The AMREF induction package will include the AMREF HIV/AIDS Policy and information relating to HIV/AIDS, which should be updated annually.

AMREF will encourage employees and their families to participate in all HIV/AIDS awareness activities.

AMREF will ensure that all employees have access to life skills, including sexual health education.

AMREF will provide additional orientation/life skills sessions on HIV/AIDS to all employees exposed to particularly high risk working conditions (e.g. medical workers, long distance drivers, staff living away from their families, etc.). AMREF will collaborate with other institutions working on HIV/AIDS including, governmental, non-governmental, and community-based organizations in order to increase access to information by AMREF employees.

Cost Implications:
Documentation: Publication of the policy document will be budgeted under the HR policy documentation and dissemination budget. Other HIV/AIDS information materials will be sourced through the AMREF HIV/AIDS programme. A budget of US$ 1,000 for the next year would sufficiently cater for the first print of about 1000 copies. Training: Staff training will be delivered by the AMREF HIVAIDS programme and facilitated by the HR office. Where actual funds are required, the already existing staff-training budget will accommodate the costs.

3.2 AMREF will make free condoms accessible to its employees.

AMREF will procure and make accessible condoms to its employees. Condom dispensers will be placed in the men’s and women’s washrooms. HIV/AIDS focal persons will ensure that the distributed condoms are of acceptable quality and that they are not past their expiry date. Clear information on condom use, disposal, storage and quality identification will be included in the HIV/AIDS information pack. Life skills education will include a component on developing negotiation skills for condom use.

3.3 AMREF will take measures to prevent the transmission of HIV at the workplace, through blood and body fluid contamination.

AMREF will equip its offices and vehicles with emergency kits containing the following: macromolecular solutions (plasma expanders), disposable sterile needles, syringes, gloves and cannulas for intravenous access. Each kit will include clear instructions on use including a disclaimer that medical equipment contained therein is only authorized to be used by trained medical personnel. In the absence of a qualified medical personnel on site, the injured employee will be taken to the nearest medical facility where the emergency kit can be used.

AMREF will ensure that they have trained first-aid personnel on site.

In localities with a high HIV prevalence and those lacking safe blood supplies, motor accidents represent a significant risk to HIV transmission. AMREF will implement the following measures to minimize this risk:

- All AMREF vehicles will have safety belts;
- All AMREF employees travelling on duty, whether drivers or passengers, will be required to apply safety belts
- All AMREF employees will be required to use helmets when riding on motorbikes;
- AMREF drivers will be prohibited against substance/alcohol abuse while on duty;
- All employees driving an AMREF vehicle will undergo training on defensive driving;
- Relevant information on safe driving will be disseminated to all employees who drive;
- It is not recommended for an AMREF staff on duty to travel after 8:00 p.m.;
- All AMREF drivers will take a regular driving test every two years, and this should meet the required technical standards.

Cost Implication:

- Provision of emergency kits: The emergency kits will be accommodated with in the operations budgets of each individual AMREF office. The cost of one emergency kit is estimated at US$ 150.
- Training for drivers: Training will be accommodated with in the transportation costs for each individual AMREF office.
3.4 AMREF will provide post-exposure prophylaxis (PEP) to all employees who get exposed to HIV accidentally at the workplace\(^3\).

All AMREF employees will be instructed on how to minimize the risk of HIV transmission within the work environment.
In case of occupational exposure to HIV infection, AMREF will follow a clear occupational exposure procedure that will be publicized to all the employees.

**The Occupational Exposure Procedure is as follows:**
Where there has been potential occupational exposure, (accidental injury while conducting surgery, exposure to excessive spillage of blood or other body fluids, sustaining needle prick injuries in the clinical setting, becoming a victim of sexual assault, rape or violence, etc.) the exposed area should be washed with soap & water, remove any foreign body, gently squeeze any needle stick injury or other body-piercing injury to enable bleeding to occur. If eyes, mouth or genitals are affected, rinse carefully with water.
The incident should be reported as soon as possible to the focal person who should assist in the completion of an Incident Form detailing the nature of the potential HIV exposure.
The employee involved in the incident should be assessed by an approved medically qualified person without delay.
Where the exposure has been judged constituting a significant risk of exposure to HIV, the employee receives pre-test counselling and is invited to have an HIV test in order to be able to establish later on whether or not this occupational exposure resulted in new HIV infection. In the case of the staff refusing to have an HIV test within 24 hours of the exposure or where no Incident Form is completed, there will be insufficient evidence to link the exposure with HIV infection even if a subsequent HIV test proves positive within the allotted 3-month period.
On the basis of this initial assessment the medically qualified person will decide whether or not to institute Post-Exposure Prophylaxis (PEP). Ideally this should be started within 2 hours of the exposure but certainly within the first 36 hours. Appropriate follow-up including monitoring of drug side effects will be carried out.
Follow-up HIV tests will be performed with informed consent up to 3 months after the initial incident.
If the employee who tested negative for HIV antibodies at the time of the accident is found to be positive for HIV antibodies at any stage during this 3-month period, s/he will be assumed to have acquired HIV infection through the exposure/accident at work. In such cases AMREF will increase the employee’s medical benefit by 25% of existing limits for the duration of his/her employment.

All decisions above will be made solely on the basis of medical criteria.

**Cost Implication:**
The cost of administering one PEP is estimated as follows:

<table>
<thead>
<tr>
<th>PEP</th>
<th>Cost in US $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drugs</td>
<td>200</td>
</tr>
<tr>
<td>Consultation</td>
<td>100</td>
</tr>
<tr>
<td>Lab tests</td>
<td>450</td>
</tr>
<tr>
<td><strong>Total PEP procedure</strong></td>
<td><strong>750</strong></td>
</tr>
<tr>
<td><strong>Budgeting for about 6 cases per year</strong></td>
<td><strong>4,500</strong></td>
</tr>
</tbody>
</table>

This cost can be budgeted and allocated to the HIVAIDS support package fund.

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\(^3\) Workplace in this instance implies any accidental exposure in the course of an employee’s work; this includes while working on any AMREF assignment – in the offices, in the field/project site, travelling on duty, travelling to, or from, work, etc.
3.5. **AMREF will make every effort to provide voluntary HIV testing and counselling (VCT) to all employees and their families as defined in this policy.**

Adequate and confidential facilities for voluntary and confirmatory testing and counselling will be made available locally to all AMREF employees and their families at no cost. Such facilities must be of good quality and affordable.

No employee or his/her family will be coerced or manipulated into having the test. Use of pre-counselling services will not be dependent on testing. Those who are tested for HIV will receive pre- and post test counselling.

AMREF **will not** be informed of the names of employees or their family members opting for VCT. There will be no obligation on the part of the employee to inform AMREF regarding his or her HIV/AIDS status, or if they have been tested.

**Only the person tested has the right to release information to any other party concerning his/ her HIV status.**

AMREF will develop and implement specific procedures with VCT facilities to maintain confidentiality.

**Cost Implication:**
Consultation for fees where applicable will be fully accommodated under the AMREF medical scheme budget.

3.6. **HIV positive employees who choose to officially reveal in writing their sero-status to AMREF Management at any time during their employment will be provided with a subsidized support package.**

**Disclosure of information regarding HIV status will require an employee’s written consent.**

The support package will include:
A medical examination by a qualified medical person which will include a discussion of health implication of their HIV status, ways of protecting others from infection, and an assessment of their present state of health.
Continued counselling and support care for the concerned employee and his/her family. Health check-ups as required here not provided for under the health insurance for employees. Treatment for opportunistic infections and tuberculosis (TB) where not provided for under the health insurance for employees. Active TB screening and prophylaxis for his/her family.
- Anti Retroviral treatment for employees on a cost-sharing basis (50:50). Nonetheless, where 50% exceeds one third (1/3) of an employee net salary, then AMREF’s contribution will be increased accordingly so as the employee contribution does not exceed the one third of the net salary
- Home-based care in collaboration with other NGOs/CBOs.

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4 Assumption: an employee can comfortably afford 50%, and at end of employment can afford a 100% of the cost of AR treatment; and HIV/AIDS is special compared to other chronic illnesses.
**Cost Implication:**
A cost estimation is based on actual cost figures in Kenya which carries two thirds of AMREF staff compliment:

<table>
<thead>
<tr>
<th>Estimation of cost for subsidized support package</th>
<th>In US$ PP PY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost of ART</td>
<td>860</td>
</tr>
<tr>
<td>Cost of Laboratory Monitoring</td>
<td>1028</td>
</tr>
<tr>
<td>Cost of consultation</td>
<td>107</td>
</tr>
<tr>
<td>Total Cost per patient per year</td>
<td>1994</td>
</tr>
<tr>
<td>If policy is to cater for 50%</td>
<td>997</td>
</tr>
</tbody>
</table>

Number of AMREF staff and dependants in this programme

<table>
<thead>
<tr>
<th>AMREF staff</th>
<th>AMREF dependants (spouse only)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>500</td>
<td>500</td>
<td>1000</td>
</tr>
</tbody>
</table>

Cost for 10% (HIV+ve) of population, a 6th of whom need ART and increasing for 6 yrs until tailing off. We are assuming that cost of testing and ART will decrease steadily

<table>
<thead>
<tr>
<th>YR</th>
<th>Cost (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>16,949</td>
</tr>
<tr>
<td>2</td>
<td>29,240</td>
</tr>
<tr>
<td>3</td>
<td>41,310</td>
</tr>
<tr>
<td>4</td>
<td>51,680</td>
</tr>
<tr>
<td>5</td>
<td>60,350</td>
</tr>
<tr>
<td>6</td>
<td>64,190</td>
</tr>
<tr>
<td>7</td>
<td>66,550</td>
</tr>
<tr>
<td>8</td>
<td>59,800</td>
</tr>
<tr>
<td>9</td>
<td>52,920</td>
</tr>
<tr>
<td>10</td>
<td>42,925</td>
</tr>
</tbody>
</table>

Total cost US$ for 10 YRS

Considerations

1% of AMREF staff basic salary

52,000

3.7. AMREF Management will take precautions to protect information regarding an employee’s health condition, including their HIV status, which will be held in strictest confidence.

Any AMREF employee who officially identifies himself or herself to be HIV positive at any time during their employment will be treated justly and humanely. AMREF will hold information pertaining to an employee’s health condition in strictest confidence. Revealing confidential information is a major offence that is punishable and as per AMREF’s Discipline Policy, any employee found to be in breach of this policy on confidentiality and equality of treatment will be liable to disciplinary action.

AMREF reserves the right to disclose an employee’s status to anybody it believes to be at the risk of HIV infection because of the employee’s irresponsible behaviour with regards to prevention and care practice.
3.8 **AMREF will not discriminate against a qualified individual with HIV with regard to job applications, hiring, advancement, discharge, compensation, training, or other terms, conditions, or privileges of employment.**

With regard to workers’ rights, AMREF will treat employees with HIV/AIDS in the same manner that it treats similarly situated employees with serious medical conditions or illnesses. AMREF will seek to ensure that employees affected by HIV/AIDS are protected from stigmatisation and discrimination.

**There will be no mandatory HIV screening of prospective employees, either pre- or post-recruitment.**

The only medical criterion for recruitment and termination of employment is fitness to work. HIV infection does not, in itself, constitute a lack of fitness to work.

If fitness to work is impaired, AMREF will seek to arrange for reasonable alternative working arrangements.

It is the employee’s responsibility to produce medical documentation demonstrating a diagnosis of HIV/AIDS that is affecting job performance, conduct, or availability for duty.

The sick leave policy will apply to employees with HIV/AIDS. Employees on sick leave will be entitled to full salary for two months; if still unfit for work after this period, an additional two months on half-salary will be provided. If the employee is still unable to work at the end of the two months half salary, s/he is deemed permanently unfit to work due to ill health. The normal practice of release from employment on medical grounds will be applied, and this will be in strict observation of existing labour laws.

Upon discharge from duty, an employee is entitled to such benefits as are specified in her/his contract.

3.9 **AMREF will review this policy after two years.**

This policy will be reviewed after two years from the time of adoption with flexibility to adapt to change in government and public health laws and regulations, and the most appropriate means of sustaining a healthy and safe working environment. The terms of reference will include recommendations as to the frequency of reviews in the future.

**AIDS - it is everyone’s responsibility.**