

**BELIZE POLICY ON
HIV/AIDS IN THE WORLD OF WORK**

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BELIZE DRAFT POLICY ON HIV/AIDS IN THE WORLD OF WORK

1 GENERAL STATEMENT

Belize ranks first (in terms of per capita population) for HIV/AIDS incidence in Central America. It is 4th in the Caribbean, and 34th globally. The first AIDS case was reported in 1986. In Belize, there has been rapid growth of the epidemic in the 19 years since the first case was confirmed. In a nation of a quarter million people, there are now 2,691 people living with HIV/AIDS. In 2003, there were 447 new HIV infections, and the cumulative number of HIV Infections was 2471. The number of new AIDS Cases in 2003 was 91, and the cumulative number of AIDS Cases for that year was 651. Deaths due to HIV/AIDS in 2003 was 51, and the cumulative number of deaths due to HIV/AIDS was 431 (*National Health Information & Surveillance Unit*).

...In the most affected countries, the [HIV/AIDS] epidemic is eroding decades of development gains, undermining economies, threatening security and destabilizing societies...Beyond the suffering it imposes on individuals and their families, the epidemic is profoundly affecting the social and economic fabric of societies...and it is imposing huge costs on enterprises in all sectors through declining productivity, increasing labour costs and loss of skills and experience. In addition, HIV/AIDS is affecting fundamental rights at work, particularly with respect to discrimination and stigmatization aimed at workers and people living with and affected by HIV/AIDS

(An ILO Code of Practice, Geneva: 2001: iii)

In a “Platform for Action on HIV/AIDS and the World of Work in the Caribbean Sub-Region”, participants to the ILO Caribbean Meeting said that:

It is of major concern to us that 95% of the approximately 34 million persons worldwide currently living with HIV/AIDS are in the developing countries...the Caribbean [ranks] second only to sub-Saharan Africa with respect to the prevalence rate...This impact is aggravated by our weak economic base, high unemployment and poverty levels and the negative consequences of structural adjustments. Moreover, persons of working age comprise

the majority of those infected by the virus...In the absence of a cure, we would need to administer a 'social vaccine'. The workplace presents a critical platform for administering this social vaccine...

(ILO Caribbean Meeting on HIV/AIDS and the World of Work: Mobilizing for Action. Barbados, 15-17 May 2002)

To date in Belize, only UN Agencies have established HIV/AIDS-related workplace programmes for employees (cf. UNICEF, above). A very few companies in Belize have appointed a focal point to deal with health and safety in the workplace. However, in no case, have on-going HIV/AIDS related programmes been organized, nor emergency procedures been established. In a few cases, companies have turned to HECOPAB, Cornerstone, BFLA or AAA to receive one-time training sessions. The Belize Defence Force and the Belize City Police have done this each time recruits are being trained.

The Belize Policy on HIV/AIDS in the World of Work is created by the Government of Belize (i.e. representatives of Ministries of Labour, Health, National Development, Human Development and Education) and the social partners (i.e. workers' associations, business associations, people living with HIV/AIDS, non-governmental organizations) in response to Belize's recognition of the world of work as an appropriate place to offer HIV/AIDS information, education for behavioural change, services and protection of workers.

2 OBJECTIVES

This Policy establishes a set of guidelines to protect the health as well as the earning power of workers, and the productivity of Belizean business and industry in the face of the challenge presented by the HIV/AIDS epidemic. Specifically, the objectives of this policy are to:

- a. Develop concrete responses at enterprise, community, regional, sectoral and national levels to deal with issues of HIV prevention, stigma and discrimination, the productivity of workers and businesses, and the care and support of workers infected or affected by HIV/AIDS;
- b. Promote processes of dialogue, consultations, negotiations and all forms of co-operation between government, employers and workers and their representatives, occupational health personnel, specialists in HIV/AIDS issues, and all relevant

stakeholders (which may include community-based and non-governmental organizations [NGOs]);

- c. Give effect to its contents in consultation with the social partners in:
 - national laws, policies and programmes of action,
 - workplace/enterprise agreements, and
 - workplace policies and plans of action.

3 SCOPE

This Policy on HIV/AIDS in the World of Work applies to:

- a. All employers and workers (including applicants for work) in the public and private sectors; and,
- b. The formal and informal economy.

4 KEY PRINCIPLES

The social partners formulating this policy endorse the following as key principles that should guide action regarding workplace policies, programme and activities:

4.1 Social dialogue

The development and implementation of an HIV/AIDS policy and programme in Belize should be based on dialogue, co-operation and trust between employers and workers and their representatives and with government, where appropriate. Persons living with HIV/AIDS should be active participants in the process. The successful implementation of an HIV/AIDS policy and programme should be based on co-operation and trust between employers, workers and representatives and government, where appropriate, with the active involvement of workers infected and affect by HIV/AIDS and other important stakeholders.

4.2 Involvement of people living with HIV/AIDS

The policy is built upon the principle of the full involvement of people in Belize living with HIV/AIDS (PLWHA). Involvement should include workplace policy and programme development. It should also include the involvement of PLWHA in the workplace without stigma or discrimination.

4.3 Involvement of informal economy workers/self-employed workers

The tripartite partners in Belize should endeavour to involve, protect and assist self-employed workers, those within micro- and small-businesses or in the informal economy and those employed as migrant workers. Special efforts should be made to ensure their participation and inclusion in anti-HIV/AIDS measures making efforts to reach those for whom such factors as culture, language or religion might otherwise function as a barrier to behavioural change.

4.4 Good governance

The implementation of initiatives in the world of work to eradicate HIV/AIDS should be carried out by the Belizean Government, employers and employees based on principles of good governance. Good Governance contemplates democratic, participatory and inclusive means of decision-making for issues related to HIV/AIDS and the workplace. It also includes transparency of decision-making and spending. Broad inclusion should be encouraged.

4.5 Recognition of HIV/AIDS as a workplace issue

HIV/AIDS is a workplace issue, and should be treated like any other serious illness/condition in the Belizean workplace to protect the workforce and because the workplace has a role to play in the wider struggle to limit the spread and effects of the epidemic.

4.6 Non-discrimination

HIV/AIDS is not transmitted when proper precautions are taken. When AIDS is properly treated, it does not have to prevent an individual from earning a living. As a result, no sort of discrimination or stigmatization of workers with the virus or full blown AIDS should be permitted. On the contrary, Belize should endeavour to promote a positive and supportive workplace environment for individuals infected and affected by HIV or AIDS.

4.7 Gender equality

Similarly, unequal treatment of either male or female workers affected by HIV/AIDS is not to be tolerated in Belize. Women are more likely to become infected and more often adversely affected by the HIV/AIDS epidemic than men due to biological, socio-cultural or economic reasons. Corrective behavioural change measures should be promoted with emphasis placed, wherever necessary, on correction of conditions placing women at greater risk.

4.8 Healthy work environment

Owners of business and industry, the Belizean Government as an employer, as well as workers should share a responsibility to ensure that the work environment is healthy. This should include maximizing the safety of workers from contamination with the HIV virus (e.g. needle sticks, blood transmission). Government should endeavour to ensure that workers and owners achieve and maintain a healthy work environment and observe the provisions of the Occupational Health and Safety Act.

4.9 No screening for purposes of exclusion from employment or work processes

Belize employers (both private and governmental) should not violate individual human rights by attempting to use HIV screening for purposes of exclusion from employment or work processes. Alternative strategies should be used.

4.10 Confidentiality

Mandatory reporting of HIV/AIDS cases to the Ministry of Health is a requirement for health workers in Belize. At the same time, the confidentiality of Belizeans' health status is of great importance and consistent with Belize's constitutional protection of human rights and the ILO Codes of Practice on the protection of workers' personal data. Periodical review and adjustment of procedures should be undertaken to improve confidentiality measures.

4.11 Continuation of employment relationship

HIV infection is not to be a cause for termination of employment; it is a violation of human rights and should be treated as a legal offence. Strategies should be devised and implemented which deal flexibly with workers and which do not unduly affect the ability of the private sector to profit and progress.

4.12 Prevention

The practice of Belize's Ministry of Health which is to place adequate emphasis upon preventive health measures should be endorsed by all partners co-operating on the HIV/AIDS in the World of Work initiative. At present, AIDS has no cure, but it is preventable. Adequate effort is therefore required to use the workplace as one of the important sites for enacting appropriate preventive measures, targeted to suit national conditions and provided in culturally sensitive ways.

4.13 Care and support

Finally, Belize endorses a responsibility for including adequate measures for the care and support of individuals who are HIV+ or affected by full-blown AIDS. The responsibility should be shared by the tripartite partners and other key stakeholders including family members of those infected or affected.

5 LEGAL FRAMEWORK

The principal legislation related to the Policy on HIV/AIDS in the World of Work is listed below. Overall, there is a need to ensure that existing legislation is harmonized with the present Policy on HIV/AIDS in the World of Work to ensure that HIV/AIDS is included where appropriate and that equal concern is shown for the needs and rights of workers as well as employers.

Some of the most closely connected pieces of legislation are characterized and analyzed in the document entitled, "Status Report and Situational Analysis: HIV/AIDS in the Workplace (Legislation, Policies, and Programmes) Mapping Exercise". Relevant legislation includes the following documents:

- a. The Factories Act, 1942
- b. GOB. Belize Trade Unions and Employers' Organisations (Registration, Recognition and Status) Act-Chapter 304. Belize, 31st Dec., 2000.
- c. GOB. Social Security Act. Part II Insured Persons and Contributions.
- d. GOB. The Substantive Laws of Belize. Cap. 297, Labour, Part V.,
 - Sub-Section 47 Termination Because of Incapacity, and
 - Sub-Section 53 Medical Examination December, 2000.
- e. GOB. The Substantive Laws of Belize. Cap. 40, Public Health, Part V, Sections 67 and 68, Infectious diseases, 2003.
- f. Law against trafficking in human persons, 2003
- g. National AIDS Commission. DRAFT HIV/AIDS Policy and Legislation. Belize. 2003.
- h. Proposed Occupational Safety & Health (OSH) Act, Feb 14, 2004.

6 COMMITMENTS

The tripartite partners (Government, employers and employees) commit themselves to the following actions:

- a. *Publicity and education:* Raising national awareness, particularly of the world of work in the formal and informal economy, involving other appropriate and concerned groups, to eliminate stigma and discrimination associated with HIV/AIDS through fair practices and the provision of Behavioural Change Education, to fight the culture of denial and thereby prevent the spread of HIV/AIDS;
- b. *Coordination and reach:* Strengthening the capacity of the tripartite partners in Belize to address the pandemic and to achieve impact in the world of work nationally;
- c. *Implementation:* Strengthening occupational safety and health systems to protect groups at risk, and in a manner which protects the income of Belizean workers as well as the profitability of business and industry. Also, formulating and implementing social and labour policies and participatory programmes that mitigate the effects of AIDS in Belize;
- d. *Financing:* Effectively mobilizing resources both Belizean and international.
- e. *Coherence:* in Belizean HIV/AIDS strategy and programmes, recognizing the importance of including the world of work in national plans.
- f. *Inclusion of Relevant Stakeholders:* mobilizing and supporting broad partnerships for protection and prevention, including all relevant stakeholders.
- g. *Co-ordination:* facilitating and co-ordinating all interventions at the national level and capitalizing on the presence of all relevant stakeholders. Co-ordination

should build on measures and support services already in place or being initiated; full use of National AIDS Commission should be ensured for this purpose. Every available avenue should be explored (e.g. QUADS initiative of MOE, co-ordination with medical doctors attending to commercial sex workers, co-operation with community-based and women's groups, midwives, traditional healers and cultural groups). Co-ordination with other Belizean programmes should be actively promoted as well.

- h. Prevention and health promotion:* instigating and working in partnership with other social partners and relevant stakeholders to promote awareness and prevention programmes in the workplace. The tripartite partners will endeavour to make condoms easily accessible at work sites or other places frequented by groups of workers (e.g. bars).
- i. Social protection:* ensuring that benefits under Belizean laws and regulations apply to workers with HIV/AIDS no less favourably than to workers with other serious illnesses and that Belize endeavour to provide adequate social security coverage to workers infected and affected by HIV/AIDS regardless of the source of the disease.
- j. Research and documentation of best practices:* encouraging, supporting, carrying out and publishing the findings of demographic projections, incidence and prevalence studies in Belize and case studies of best practice.
- k. Mobilization of resources for the world of work action:* in consultation with the social partners and other stakeholders, estimating the financial implications of HIV/AIDS and seeking to mobilize funding in Belize and internationally for Belize's AIDS strategic plan including, where relevant, for the Belizean social security systems. The tripartite partners will endeavour to increase the transparency of national spending on anti-HIV/AIDS measures including publication of annual audits on the National AIDS Commission by an internationally recognized auditing firm.
- l. Legislation:* eliminating workplace discrimination in Belize and ensuring workplace prevention and social protection, providing the relevant regulatory framework and, where necessary, revising labour laws and other legislation.
- m. Conditionalities for support of the Government of Belize:* requiring recipients of start-up funds to adhere to this policy and to policies and legislation that give effect to the provisions of this policy.
- n. Enforcement:* supplying technical information and advice to employers and workers covering the most effective way of complying with legislation and regulations applicable to HIV/AIDS and the world of work, and strengthening enforcement structures and procedures in all workplaces and to informal economy workers. The tripartite partners will endeavour to ensure that information is gender specific and provided in a gender sensitive manner.

- o. *Inclusion of workers in informal activities (also known as the informal economy):* extending and adapting Belize's HIV/AIDS prevention programmes to such workers including income generation and social protection; and also, designing and developing effective approaches using local communities where appropriate, and linking HIV/AIDS information and Behavioural Change Education as well as VCT opportunities to licensing procedures where appropriate.
- p. *Mitigation:* promoting care and support through Belize's public health-care programmes, social security systems and/or other relevant government initiatives and also striving to ensure continuing access to treatment for all those qualifying to receive.
- q. *Children and young persons:* ensuring that attention is paid to the impact of the epidemic on children and young persons in Belize whose parent or parents are ill or have died as a result of HIV/AIDS.
- r. *Collaboration with regional and international agencies:* promoting and supporting collaboration of Belize with initiatives at regional and international levels.
- s. *International assistance:* enlisting international assistance where appropriate in support of Belize's HIV/AIDS-related programmes, and also encouraging initiatives aimed at supporting international campaigns to reduce the cost of, and improve access to, antiretroviral drugs.

7 IMPLEMENTATION

The social partners formulating this policy recommend:

- a. *Tripartite body:* The establishment of a continuing Belizean tripartite body of partners to oversee the successful and timely implementation of a programme designed to reflect the guidelines of the policy and to protect the productivity of Belizean business and industry as well as the health and earning power of public and private-sector workers in the face of the challenge presented by the HIV/AIDS epidemic;
- b. *Focal points:* The creation of focal points in the workplace (both governmental and private) whose task it will be to follow-up on policy-related challenges and issues related to HIV/AIDS in the world of work, and to support the implementation of HIV/AIDS work plans and to communicate and co-ordinate with other focal points and with the National AIDS Commission. Measures should also be developed and implemented which lessen the consequent economic burden to individual small businesses (e.g. shared education programmes, model work-place policies/programmes).

- c. *Social protection efforts:* Affordable social protection efforts in small- and medium-sized workplaces of Belize to ensure effective improvements in prevention of the spread of HIV/AIDS, in the reduction stigma and discrimination, in improvements in care and support services among workers, as well as among their partners and among children orphaned by AIDS, or infected or affected by HIV transmission.
- d. *Reaching the informal economy:* The Government of Belize will endeavour to make voluntary counselling and testing services easily accessible and available to migrant labour (e.g. at ports of entry, work sites, bars), to encourage improved service provision. The Government of Belize will also endeavour to ensure that relevant Ministries (e.g. Health, Education, Human Development, Labour, National Development) will co-ordinate the provision of messages channelled through the mass media, maximizing the availability of free communication time.
- e. *Alternative strategies to screening for purposes of exclusion from employment or work process:* Such strategies may include offering Universal Precautions education Behavioural Change education and HIV/AIDS services (information, VCT, condoms). Standards for workplace HIV/AIDS-related standards should be established and enforced by the tripartite partners. Belize should also endeavour to establish a neutral and tripartite arbitration board to decide on complaints of employees regarding HIV/AIDS-related exclusion from employment or dismissal.
- f. *Measures to ensure continuation of the employment relationship* may be created and implemented to permit workers adequate time for HIV/AIDS-related behavioural change education and medical appointments, to enable workers to switch to reduced physical labour where needed, to make allowances for factors such as intense heat or great distance to home, or to work from home where that is possible. At the same time, measures should also be developed and implemented which lessen the consequent economic burden to individual small businesses.
- g. *Care and support skills-training:* Such skills-training should be undertaken by a range of qualified institutions to help key stakeholders participate in offering appropriate services, outreach education for behavioural change, patient care, and psychological support. Key stakeholders should include family members. An important part of the outreach services is ensuring that Belizean workers understand their responsibilities and entitlements. This strategy is intended to increase the number of Belizeans agreeing to voluntary counselling, testing and, where necessary, following up with proper care and medication.
- t. *Special focus on the needs of especially vulnerable groups, including the informal economy:* taking measures in Belize to identify groups of workers who are vulnerable to infection, and adopting strategies to overcome the factors that make these workers susceptible, and also endeavouring to ensure that appropriate prevention programmes are in place for these workers in the informal economy as well as the formal economy.

8 POLICY REVIEW

This policy should be reviewed for changes and improvements every three (3) years.

9 DEFINITIONS

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| HIV | The Human Immunodeficiency Virus, a virus that weakens the body's immune system, ultimately causing AIDS. |
| AIDS | The Acquired Immune Deficiency Syndrome, a cluster of FI conditions, often referred to as opportunistic infections and cancers and for which, to date, there is no cure. |
| Discrimination | Any distinction, exclusion or preference made on the basis of HIV status, real or perceived, which has the effect of nullifying or impairing equality of opportunity or treatment in employment or occupation. Any distinction, exclusion or preference in respect of a particular job based on the inherent requirements thereof shall not be deemed to be discrimination. |
| Employer | A person or organization employing workers under a written or verbal contract of employment which establishes the rights and duties of both parties, in accordance with national law and practice. Governments, public authorities, private enterprises and individuals may be employers. |
| Medically Fit | Relates to continuation of employment relationship. Medical fitness is the ability, as determined by a licensed physician, for a worker proposed to hold a specific position. |
| Occupational Health Services (OHS) | Used in accordance with the description given in the Occupational Health Services Convention, 1985 (No. 161), namely health services which have an essentially preventative function and which are responsible for advising the employer, as well as workers and their representatives, on the requirements for establishing and maintaining a safe and healthy working environment and work methods to facilitate optimal physical and mental health in relation to work. The OHS also provide advice on the adaptation of work to the capabilities of workers in the light of their physical and mental health. |
| Reasonable accommodation | Any modification or adjustment to a job or to the workplace that is reasonably practicable and will enable a person living with HIV/ or AIDS to have access to or participate or advance in employment. |
| Screening | Measure whether direct (HIV testing), indirect (assessment of risk-taking behaviour) or asking questions about tests already taken or about medication. |
| Social Dialogue | Dialogue should be the means for harmonizing the policy, profitability and productivity concerns of government, employers and employees. |
| STI | Sexually transmitted infection, which includes, among others, syphilis, chancroid, chlamydia, gonorrhoea. It also includes conditions commonly known as sexually transmitted diseases (STDs). |
| Termination of employment | Has the meaning attributed in the Termination of Employment Convention, 1982 (No. 158), namely dismissal at the initiative of the employer. |
| Universal Precautions | A simple standard of infection control practice to be used to minimize the risk of blood-borne pathogens. |