



GLOBAL
PROGRAMME
ON AIDS

STATEMENT FROM
THE CONSULTATION ON
AIDS AND THE WORKPLACE

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WORLD
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IN ASSOCIATION WITH
INTERNATIONAL
LABOUR
OFFICE



Consultation on AIDS and the Workplace

A Consultation on AIDS and the Workplace was convened in Geneva by the World Health Organization's Global Programme on AIDS (GPA) in association with WHO's Office of Occupational Health and the International Labour Office (ILO) from 27-29 June 1988. Thirty-six participants from 18 countries attended including representatives of government, union, business, public health, medical, legal and health education.

Three themes were addressed by the Consultation:

- Risk factors associated with HIV infection in the workplace;
- Responses by business and workers to HIV/AIDS; and
- Use of the workplace for health education activities.

The Consultation developed the following consensus statement:

I. General statement

Infection with the human immunodeficiency virus (HIV) and the acquired immunodeficiency syndrome (AIDS) represent an urgent worldwide problem with broad social, cultural, economic, political, ethical and legal dimensions and impact.

National and international AIDS prevention and control efforts have called upon the entire range of health and social services. In this process, in many countries, HIV/AIDS prevention and control problems and efforts have highlighted the weaknesses, inequities and imbalances in existing health and social systems. Therefore, in combating AIDS, an opportunity exists to re-examine and evaluate existing systems as well as assumptions and relationships.

Today there are 2.3 billion economically active people in the world. The workplace plays a central role in the lives of people everywhere. A consideration of HIV/AIDS and the workplace will strengthen the capacity to deal effectively with the problem of HIV/AIDS at the local, national and international levels.

In addition, concern about the spread of HIV/AIDS provides an opportunity to re-examine the workplace environment. It provides workers, employers and their organizations, and where appropriate, governmental agencies and other organizations, with an opportunity to create an atmosphere conducive to caring for and promoting the health of all workers. This may involve a range of issues and concerns, not only individual behaviour, but also addresses matters of collective responsibility. It provides an opportunity to re-examine working relationships in a way that promotes human rights and dignity, ensures freedom from discrimination and stigmatization, and improves working practices and procedures.

II. Introduction

Epidemiological studies from throughout the world have demonstrated that the human immunodeficiency virus (HIV) is transmitted in only 3 ways:

- (a) through sexual intercourse (including semen donation);
- (b) through blood (principally blood transfusions and non-sterile injection equipment; also includes organ or tissue transplant);
- (c) from infected mother to infant (perinatal transmission).

There is no evidence to suggest that HIV transmission involves insects, food, water, sneezing, coughing, toilets, urine, swimming pools, sweat, tears, shared eating and drinking utensils or other items such as protective clothing or telephones. There is no evidence to suggest that HIV can be transmitted by casual, person-to-person contact in any setting.

HIV infection and AIDS (HIV/AIDS) are global problems. At any point in time, the majority of HIV-infected persons are healthy; over time, they may develop AIDS or other HIV-related conditions or they may remain healthy. It is estimated that approximately 90% of the 5-10 million HIV-infected persons worldwide are in the

economically productive age-group. Therefore, it is natural that questions are asked about the implications of HIV/AIDS for the workplace.

In the vast majority of occupations and occupational settings, work does not involve a risk of acquiring or transmitting HIV between workers, from worker to client, or from client to worker. This document deals with workers who are employed in these occupations. Another consultation to be organized by the WHO Global Programme on AIDS will consider those occupations or occupational situations, such as health workers, in which a recognized risk of acquiring or transmitting HIV may occur.

The purpose of this document is to provide guidance for those considering issues raised by HIV/AIDS and the workplace. Such consideration may involve review of existing health policies or development of new ones. This document focuses upon the basic principles and core components of policies regarding HIV/AIDS and the workplace.

By addressing the issues raised by HIV/AIDS and the workplace, workers, employers and governments will be able to contribute actively to local, national and international efforts to prevent and control AIDS, in accordance with WHO's Global AIDS Strategy.

III. Policy principles

Protection of the human rights and dignity of HIV-infected persons, including persons with AIDS, is essential to the prevention and control of HIV/AIDS. Workers with HIV infection who are healthy should be treated the same as any other worker. Workers with HIV-related illness, including AIDS, should be treated the same as any other worker with an illness.

Most people with HIV/AIDS want to continue working, which enhances their physical and mental well-being and they should be entitled to do so. They should be enabled to contribute their creativity and productivity in a supportive occupational setting.

The World Health Assembly resolution (WHA41.24) entitled, "Avoidance of discrimination in relation to HIV-infected people and people with AIDS" urges Member States:

- "... (1) to foster a spirit of understanding and compassion for HIV-infected people and people with AIDS ...;
- (2) to protect the human rights and dignity of HIV-infected people and people with AIDS ... and to avoid discriminatory action against, and stigmatization of them in the provision of services, employment and travel;
- (3) to ensure the confidentiality of HIV testing and to promote the availability of confidential counselling and other support services ..."

The approach taken to HIV/AIDS and the workplace must take into account the existing social and legal context, as well as national health policies and the Global AIDS Strategy.

IV. Policy development and implementation

Consistent policies and procedures should be developed at national and enterprise levels through consultations between workers, employers and their organizations, and where appropriate, governmental agencies and other organizations. It is recommended that such policies be developed and implemented before HIV-related questions arise in the workplace.

Policy development and implementation is a dynamic process, not a static event. Therefore, HIV/AIDS workplace policies should be:

- (a) communicated to all concerned;
- (b) continually reviewed in the light of epidemiological and other scientific information;
- (c) monitored for their successful implementation;
- (d) evaluated for their effectiveness.

V. Policy components

A. Persons applying for employment: Pre-employment HIV/AIDS screening as part of the assessment of fitness to work is unnecessary and should not be required. Screening of this kind refers to direct methods (HIV testing) or indirect methods (assessment of risk behaviours) or to questions about HIV tests already taken. Pre-employment HIV/AIDS screening for insurance or other purposes raises serious concerns about discrimination and merits close and further scrutiny.

B. Persons in employment:

- 1. HIV/AIDS screening:** HIV/AIDS screening, whether direct (HIV testing), indirect (assessment of risk behaviours) or asking questions about tests already taken, should not be required.
- 2. Confidentiality:** Confidentiality regarding all medical information, including HIV/AIDS status, must be maintained.
- 3. Informing the employer:** There should be no obligation of the employee to inform the employer regarding his or her HIV/AIDS status.
- 4. Protection of employee:** Persons in the workplace affected by, or perceived to be affected by HIV/AIDS, must be protected from stigmatization and discrimination by co-workers, unions, employers or clients. Information and education are essential to maintain the climate of mutual understanding necessary to ensure this protection.
- 5. Access to services for employees:** Employees and their families should have access to information and educational programmes on HIV/AIDS, as well as to relevant counselling and appropriate referral.
- 6. Benefits:** HIV-infected employees should not be discriminated against including access to and receipt of standard social security benefits and occupationally related benefits.
- 7. Reasonable changes in working arrangements:** HIV infection by itself is not associated with any limitation in fitness to work. If fitness to work is impaired by HIV-related illness, reasonable alternative working arrangements should be made.
- 8. Continuation of employment relationship:** HIV infection is not a cause for termination of employment. As with many other illnesses, persons with HIV-related illnesses should be able to work as long as medically fit for available, appropriate work.
- 9. First aid:** In any situation requiring first aid in the workplace, precautions need to be taken to reduce the risk of transmitting blood-borne infections, including hepatitis B. These standard precautions will be equally effective against HIV transmission.

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