

# National Policy on HIV/AIDS in the World of Work in Sri Lanka

Prepared by International Labour  
Organization, Sri Lanka in Consultation with  
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# **NATIONAL POLICY ON HIV/AIDS IN THE WORLD OF WORK IN SRI LANKA**

## **1. Background**

### **1.1 Global situation**

Globally, as at end 2008, an estimated 33.4 million people were living with HIV. In Asia in 2008, an estimated 4.7 million [3.8 million-5.5 million] people were living with HIV. Today, the Global epidemic is centered on unprotected sex between men and women, sharing of contaminated needles and syringes and unprotected sex between men. New infections continue to take place, especially among young people, despite increased focus on prevention. In high HIV-prevalence countries, the epidemic has become a development challenge that erodes socio-economic and health indicators. In these countries, due to HIV/AIDS, maternal and infant mortality have increased and life expectancy has tragically become shorter.

### **1.2 The Sri Lankan situation**

Sri Lanka is classified as a country with a low-level HIV epidemic in the South East Asia region. According to UNAIDS estimates, up to the end of December 2009, around 3000 people were living with HIV. The estimated HIV prevalence among adults (15-49 years) is less than 0.1%. Even among individuals considered at higher risk of infection, based on their occupation, behaviors and practices, HIV prevalence is below 1%. Yet, there are certain demographic, socioeconomic and behavioral factors which may fuel an epidemic. Female sex workers and their clients, men who have sex with men, injecting drug users, are identified as the most at risk populations in the country. The National STD/AIDS Control Programme (NSACP) of the Ministry of Health, together with many stakeholders, spearheads the national response to HIV/AIDS. The Government of Sri Lanka gives priority to HIV prevention and provides treatment, care and support in an environment where human rights are the foundation of policies and programmes.

As at end December 2009, a cumulative total of 1196 HIV infections have been reported to the National STD/AIDS Control Programme. Unprotected sex among men and women have accounted for 82.8% of the transmission, while 11.2% was due to

unprotected sex between men. Transmission through contaminated blood and blood products was maintained at an extremely low level (0.4%) over the years, due to the blood safety policy adopted for over two decades. Mother-to-child transmission accounts for 5.4% of transmissions. The current ratio of HIV positive men to women is 1.4:1. The majority of those infected are among the 25-49 year age group, which constitutes the productive age group of the country.

In Sri Lanka, as in other Asian countries, the epidemic is expected to be driven by high risk behaviors, such as unprotected commercial sex and unprotected sex between men. The goal of the national programme is to maintain the low level of HIV infection in the country, by increasing the coverage and quality of prevention programmes and the provision of treatment care and support for people living with HIV, without any stigma and discrimination. Government STD services provide antiretroviral therapy (ART) free of charge to all eligible people living with HIV.

## **2. HIV/AIDS and the world of work**

HIV/AIDS affects largely men and women in the reproductive age group. Since the majority of the workforce is in this age group it is essentially a workplace issue. The impact on the world of work in terms of absenteeism at work, poor work performance due to physical and psychological morbidity, a reduced, productive labor force, due to premature deaths, has adversely affected enterprise performance and threatened national economies. At an individual level workers have experienced increasing health care costs, termination of employment, slashed incomes, social isolation and unwarranted stigma and discrimination.

Sri Lanka has a workforce of nearly 7.6 million men and women in the formal and informal sectors. They constitute a large group of people in the reproductive age group, who are sexually active. An annual migrant workforce of 220,000 can be added on to this group. During the last few decades, urbanization and industrialization have led to certain socioeconomic and behavioral changes in Sri Lanka. Mobility, both within and outside the country, with resulting separation from family environment, peer pressure, media influence, newly found economic and sexual freedom, are factors which make people vulnerable to HIV infection. In addition, several studies have shown that knowledge on HIV/AIDS and consistent condom use during risky sexual encounters are

poor among the most at risk and vulnerable groups and the general population. Understandably, HIV/AIDS prevention programmes are not in place in most professional spaces and this is due to the low priority given to HIV/AIDS which has resulted from the invisibility of the disease and, to a certain extent, the associated stigma and discrimination. Thus workers have had limited access to basic knowledge on HIV/AIDS and information on available services, such as voluntary counselling and testing, antiretroviral treatment. Initiating workplace policies, prevention and treatment care and support programmes will ensure employees have accessibility and availability to information and other related services.

The Ministry of Labour Relations and Productivity Promotion and the Ministry of Public Administration and Home Affairs of the Government of Sri Lanka, observed the implications HIV/AIDS have had on social and development progress in several other countries. Following this they recognized the seriousness of this illness and its impact on the workplace and subsequently, the Government of Sri Lanka has ratified the ILO's Discrimination (Employment and Occupation) Convention, 1958 (111), and is a signatory to the United Nations General Assembly Special Session on HIV/AIDS (UNGASS) and has endorsed the achievement of Millennium Development Goals (MDG). Being a partner in the national response to HIV/AIDS, the Ministry of Labour Relations and Productivity Promotion through tripartite consultations has identified that Sri Lanka has a window of opportunity to take action to prevent the spread of HIV in the country by adopting a National Policy on HIV/AIDS in the World of Work. This policy will set the foundation for HIV/AIDS prevention, treatment care and support programmes. Furthermore, it will help organizations to define its position and practices for preventing HIV transmission and handling situations affecting employees living with HIV by using the guidelines of the ILO Code of Practice on HIV/AIDS and the world of work. It will also provide guidance to policy makers, employers, workers organizations and enterprises for formulating and implementing workplace policies and programmes within a framework of appropriate strategies and cost effective interventions to promote consistency of practice suitable to Sri Lanka, in order to reduce the impact of HIV/AIDS.

The National HIV/AIDS Strategic Plan of Sri Lanka (2007-2011) has identified targeting the world of work and this will be an important strategy. Thus, eventually, the National Policy on HIV/AIDS in the world of work will be a supportive element in the national response to HIV/AIDS, as it will cover a large segment of men and women in the reproductive age group in Sri Lanka.

### **3. Policy statement**

The National Policy on HIV/AIDS in the world of work aims to guide the national response to prevention of HIV/AIDS, treatment care and support and mitigate and manage its impact in the workplace, in public, private and informal sectors, while safeguarding and respecting workers' rights in line with the ILO Code of Practice on HIV/AIDS and the world of work and the ILO Recommendation Concerning HIV and AIDS and the World of Work (Recommendation 200). The Policy shall ensure promotion of decent and productive employment in a non-discriminative environment, where the protection of fundamental rights is upheld to the highest standards, as enshrined in the Constitution of Democratic Socialist Republic of Sri Lanka.

### **4. Objectives**

Through workplace cooperation and social dialogue all stakeholders shall take action;

1. To prevent HIV infection among the workers and their families
2. To ensure a supportive working environment without stigma and discrimination for workers and their families
3. To promote access to treatment, care and support
4. To protect the rights of those infected and affected

### **5. Scope**

The policy applies to all employers and workers (new recruits and those in service), involved in all aspects of work formal and informal self employed and migrant workers, including their spouses and children. The employers and workers' organizations are advised to use this policy framework in formulating and implementing workplace policies in their individual institutions.

### **6. Fundamental Principles of the Policy**

The policy incorporates the 10 key principles of the ILO Code of Practice on HIV/AIDS and the world of work and abides by the National AIDS Policy of SL.

1. Recognition of HIV / AIDS as a workplace issue
2. Non discrimination
3. Gender equality
4. Healthy and safe work environment
5. Social dialogue
6. No screening for purposes of employment
7. Confidentiality
8. Continuation of employment relationship
9. Prevention
10. Treatment, care and support

## **6.1 Recognition of HIV/AIDS as a workplace issue**

### **Rationale**

In Sri Lanka, due to socio-cultural factors, opportunities to openly discuss the subject of sexuality, sexually transmitted infections and HIV are limited. It is compounded by the low priority given to HIV/AIDS, as Sri Lanka is still experiencing a low-level epidemic. A workplace policy commits the workplace to take action within an accepted framework to reduce the spread of HIV. It also helps in encouraging responsible sexual behaviors for all employees irrespective of HIV status and gives guidance to managers and workforce representatives to implement interventions which ensure rights of all workers without stigma and discrimination. Workplace programmes are designed to serve as an entry point for availability and accessibility to HIV/ AIDS prevention, treatment, care and support interventions.

## **6.2 Non discrimination**

### **Rationale**

Stigma around HIV often leads to discrimination and this, in turn, leads to human rights violations for people living with HIV and their families. HIV is not transmitted by talking or working with an infected person, using the same office equipment and tools or utensils or toilets used by an infected person. Thus there is no potential risk of acquiring the infection at the workplace. In special situations, where a worker may have the possibility of being exposed to HIV, such as in health care settings, there are

standard infection-control procedures to be followed. There should not be any discrimination on the basis of real or perceived HIV status for recruitment or at any stage of employment. A non-discriminative policy environment will create the background for employees to access information and commodities, such as condoms for HIV prevention and promote voluntary counseling and referral to health and other available services. In Sri Lanka there is a gap between the estimated number of people living with HIV/AIDS and the number reported to the NSACP. People do not access services such as voluntary counselling and testing (VCT) or treatment, as a result of ignorance or a fear of stigma and discrimination. Creation of a policy environment and workplace programmes will promote people to know their HIV status and access treatment early, before complications set in.

### **6.3 Gender equality**

#### **Rationale**

Due to biological, socio-cultural and economic reasons, women are more likely to become infected and are more often adversely affected by the HIV epidemic than men. The greater the gender discrimination in societies and the lower the position of women, the more negatively they are affected by HIV. In addition, women and girls often shoulder a disproportionate amount of the burden of HIV; for example, by bearing the brunt of care-giving responsibilities for family members and dependants, who may be suffering from AIDS-related illnesses. Violence against women is a worldwide scourge and a massive human rights and public health challenge. It also increases women's vulnerability to HIV infection. Sexual harassment, a form of violence against women and men exists in many settings. At the workplace female workers are particularly vulnerable to sexual harassment, due to a variety of socioeconomic reasons. In Sri Lanka, women have equal rights to free education, health services and employment opportunities. Yet, there are situations where women's autonomy and opportunities are limited because of imbalances of power women experience within relationships. Therefore, the promotion of more equal gender relations and empowerment of women are essential to successfully prevent the spread of HIV infection and enable women to cope with HIV/AIDS. Despite, sex work being illegal in Sri Lanka, a large clientele of men from all social strata patronize the sex trade and very often, negotiating powers of female sex workers for safer sex have failed due to male dominance. The proportion of

men who have sex with men (MSM) is also observed to be increasing. Some MSM who engage in unsafe sex are married or have regular female partners and these women are thus exposed to the risk of HIV. The policy emphasizes the need for gender equality and empowerment of women in all interventions, aimed at reducing the vulnerability of HIV infection and male partner involvement. All programmes should be gender sensitive, as well as sensitive to race, and sexual orientation.

#### **6.4 Promoting healthy and safe work environment**

##### **Rationale**

All employees will have equal opportunities to enjoy healthy living at workplaces. The workplace will ensure full and equal human rights through the promotion of an active and visible policy of non-stigmatization and non-discrimination of employees infected or affected by HIV/AIDS. Employers will need to take steps to ensure workers rights, confidentiality of information regarding health issues including HIV/AIDS, and treatment, care and support.

#### **6.5 Social dialogue**

##### **Rationale**

Tripartite constituents will encourage the interaction of all stakeholders for the successful implementation of a policy on HIV/AIDS in the workplace and programmes. Active participation of employees infected and affected by HIV will be encouraged, whenever possible.

#### **6.6 No Screening for purposes of employment**

##### **Rationale**

HIV testing should not be a requirement for job applicants, new recruits or while being employed. However, workplaces will provide confidential counseling services, where employees will have the opportunity for voluntary counseling, followed by referral for testing services.



## **6.7 Confidentiality**

### **Rationale**

A job applicant or an employee is not obliged to disclose HIV-related personal information. Confidentiality of all health-related information, including HIV status and referrals for services will be adhered to at workplaces.

## **6.8 Continuation of employment relationship**

### **Rationale**

People living with HIV shall continue to work in the current employment category as long as they are medically fit. The existing labour laws will apply to all, irrespective of the HIV status. HIV status alone shall not be a cause for termination of employment.

## **6.9 Prevention**

### **Rationale**

The National Policy on HIV/AIDS in the world of work acknowledges that prevention of HIV infection is the main strategy and that treatment, care and support is a reinforcing element for an effective response in accordance with the National HIV/AIDS Policy. Knowing the facts about how HIV is spread, how it can be prevented and learning skills for its prevention is an essential part of all HIV programmes. Prevention approaches should use evidence-based strategies, carefully tailored to the social and economic settings in which they are to be implemented and to the state of the national HIV/AIDS epidemic. Strategies, such as behaviour change through accurate knowledge and skills, promotion and provision of condoms and availability of non-discriminatory access to voluntary counseling and referral for testing will be adopted to reduce new infections. Stigma and discrimination stems from the association of HIV/AIDS with behaviours, such as commercial sex and sex between men and injecting drug use and misconceptions on transmission. Therefore, changing attitudes through dissemination of accurate information, in order to reduce stigma and discrimination, will be adopted.

VCT services will be widely promoted, as they have been demonstrated to be an effective public health strategy to prevent HIV transmission by reducing risk behaviours and increasing condom use in addition to knowing the HIV status. Knowing their HIV status enables those tested HIV-positive to gain early access to treatment, care and support; enables pregnant women to access treatment to prevent transmission of the virus to their infants; and those tested HIV-negative to remain negative by adopting safer sexual behaviours.

## **6.10 Treatment, care and support**

### **Rationale**

The National Policy on HIV/AIDS and the world of work recognizes that PLHIV should have access to treatment, care and support and all workplaces shall develop a liaison with the government health care system for employees to benefit from services, such as antiretroviral therapy, and other organizations which provide care and support. The employers are required to provide workers information on the availability of such services. Management will also provide reasonable accommodation, which may include, but is not limited to, time off for attending health services. However, such alternative work should be both available (not constituting an undue burden on the employer) and suitable (in light of both the worker's health status and competencies), in order to ensure that redeployment is not used in a discriminatory manner, which could result in discriminatory demotion or exclusion of the HIV-positive worker.

## **7. Strategies**

### **7.1 Strategies for prevention of HIV infection among workers and their families (Objective 4.1)**

1. Provide sensitive, clear, consistent, accurate and up-to-date information about HIV/AIDS (methods of transmission, non-transmission, methods of prevention, impact of HIV on individuals and families, available services, including HIV testing and treatment, care and support) tailored to the workforce and risk reduction strategies for workers and their families for behaviour change
2. Integrate HIV prevention into the existing workplace programmes for example, Occupational Safety and Health (OSH), Human Resource Development, Corporate Social Responsibility, and health promotion programmes.

3. Promote availability and accessibility to condoms
4. Enhance availability and accessibility to counseling at workplaces and referral to VCT and STI services
5. Ensure a safe and healthy working environment, including the application of standard precautions and measures, such as provision and maintenance of protective equipment where necessary and first aid. In addition, provide knowledge on procedures to be followed in the event of an occupational accident
6. Provide training on standard precautions and post-exposure prophylaxis counseling, especially in healthcare settings, where workers may come into contact with blood or body fluids. The employer needs to take measures to ensure practice of standard precautions and procedures and follow guidelines and protocols for adherence, in order to alleviate the risks of infection and transmission of HIV, hepatitis B & C at workplaces
7. Provide counseling in case of an occupational injury and refer to health care services for post-exposure prophylaxis (PEP)
8. Conduct research, surveys and case studies to identify factors contributing to low prevalence and the best practices

#### **7.2 Strategies to ensure a supportive working environment without stigma and discrimination for workers and their families (Objective 4.2)**

1. Establish HIV/AIDS workplace policies which harmonize with the National Policy on HIV/AIDS in the world of work
2. Create an enabling environment, free of stigma and discrimination, based on real or perceived HIV status
3. Implement HIV prevention and care and support activities using evidence-based strategies, in order to reduce stigma and discrimination
4. Ensure no screening for HIV infection for job applicants or at job recruitment and while in service

5. Involve PLHIV and their families in HIV/AIDS prevention programmes, when feasible
6. Uphold confidentiality of all health-related information, including HIV status. Disclosure of such information should be only with the informed consent of the infected/affected person
7. Include effective grievance procedures in workplace policies so that workers have a means of redress for alleged violations of their rights

### **7.3 Strategies to promote access to treatment care and support (Objective 4.3)**

1. Provide access to appropriate current information on antiretroviral therapy (ART) and other available care and support services
2. Develop linkages with health institutions, such as NSACP/local STD clinics for referral, treatment, care and support
3. Develop linkages/partnerships with civil society organizations (CSO), which provide services for care and support and other HIV-related issues
4. Ensure all referrals are carried out with the consent of the individual

### **7.4 Strategies to protecting the rights of those infected and affected by HIV (Objective 4.4)**

1. Ensure all workers are entitled to statutory benefits, irrespective of their HIV status
2. Ensure continuity of employment, as long as they are medically fit to carry out present work or available alternative work

## **Glossary of Terms**

### **Human Immunodeficiency Virus (HIV)**

It is the virus that causes Acquired Immuno Deficiency Syndrome (AIDS). HIV was first discovered in 1983.

### **HIV infection**

Is the infection caused by HIV and if untreated the disease typically progress slowly from asymptomatic ( without symptoms) to symptomatic stages of AIDS.

**AIDS** – refers to the acquired immune deficiency syndrome which results from HIV infection.

**PLHIV**- people living with HIV

means the persons infected with HIV

### **Antiretroviral therapy (ART)**

These are drugs which are used to suppress the multiplication of HIV. Antiretroviral therapy enables people living with HIV to lead long lives and to be able to work. They cannot totally destroy the virus therefore to date there is no permanent cure for the infection.

### **HIV Counselling**

A confidential dialogue between a worker and a counselor aimed at enabling the client to cope up and make decisions related to HIV/AIDS. The counselling process involves the evaluation of personal risk of HIV transmission and facilitation of preventive behaviors

### **Stigma**

Means the social mark that when associated with a person, usually causes marginalization or presents with an obstacle to the full enjoyment of social life by the person infected or affected by HIV.

### **Discrimination**

Means any distinction exclusion or preference which has the effect of nullifying or impairing equality of opportunity or treatment in employment or occupation

### **Reasonable accommodation**

Means any modification or adjustment to a job or to the workplace that is reasonable practicable and enables a person living with HIV or AIDS to have access to, or participate or advance in employment

### **HIV test**

This is the laboratory test which is done on a sample of person's blood to detect the presence or absence of antibodies ( a protein produced in the body) to HIV. The presence of antibodies indicates that the person has been infected with the virus.

### **Voluntary counselling & testing (VCT)**

Testing initiated by an individual and provision of counselling. Confidentiality of the test should also be maintained