

Safeguarding the Health of the Nigerian Worker: The Role of a Workplace HIV/AIDS Policy.

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ABSTRACT

BACKGROUND: In recent times, HIV/AIDS has been a cause for concern and a major threat to human well being and development. An important dimension brought to light, is the socio-economic impact of HIV infection on low and middle-income countries. The population mostly affected are the young, vibrant, economically- productive workforce.

METHOD: A review of literature on the relevance, scope and benefits of workplace HIV/AIDS policies and programmes was done.

FINDINGS: An effective work place policy when properly implemented will encompass all aspects of HIV/AIDS prevention, screening and care among workers. When workers' health and rights are protected, their families, communities and the nation will benefit tremendously. The burden of care will reduce and the nation's economy will improve. The ILO Code of Practice on HIV and the World of Work states clear guidelines for policy formulation, implementation and evaluation. Domestication of international policies, with adequate monitoring and evaluation will ensure effectiveness. It is a collective responsibility of all stakeholders in the workplace.

KEYWORDS:

- HIV/AIDS
- Workplace
- Policy
- Prevention
- Domestication

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INTRODUCTION

The world in recent times has been faced with a lot of social, economic and health challenges, competing for resources which seem to be overstretched at each passing moment.

A few decades ago, when HIV/AIDS was first diagnosed and epidemiologic studies were carried out, many people did not view it as a major socio-economic or

developmental threat. In fact, it was seen as an infection that had nothing to do with decent, law-abiding and level-headed people. This helped to entrench the discriminatory attitudes against people who are infected with HIV.

However, over the years with a lot of heterosexual transmission recorded, mother-to-child transmission, blood borne infections and public enlightenment programme, the general public has been made to realize that everyone is at risk and preventive measures are necessary.

In Sub-Saharan Africa, some countries have experienced epidemic proportions of HIV infection¹. The age groups most affected are those aged between 15 and 49 years. These constitute the young, vibrant, economically-productive and independent part of any population. Many Sub-Saharan African countries have had to deal with sizeable proportions of the workforce being HIV-infected, with some developing full blown AIDS, particularly in the early years of HIV awareness². In Nigeria, the HIV sero-prevalence has dropped in three consecutive sentinel surveys, organized by the Federal Ministry of Health Parastatals and other developmental partners³. The fundamental issue of the young and working population, being the most affected has remained one of the great concerns. The millennium development goals also identify HIV/AIDS as a key developmental issue, requiring urgent and concerted efforts at control.

The work place is a very busy arena, with people of diverse culture, educational background and values, working towards defined organizational objectives. Since HIV/AIDS has been found to affect the workforce of countries, the importance of workplace policies on HIV/AIDS has been brought to the consciousness of stakeholders by the International Labour Organization (ILO), UNESCO and other international agencies.

This paper discusses the role of a workplace policy, its implementation evaluation and contributions of regulatory agencies to effective control of HIV/AIDS in the occupational environment. It also discusses the proactive roles stakeholders should play in protecting the health and wellbeing of workers and their families as contained in international documents, scholarly publications and journal articles.

OCCUPATION AND HEALTH

Every responsible adult loves to earn a living in order to cater for his or her needs. The workplace provides a major avenue for health care delivery. It is an excellent opportunity for implementation of health promotion, general preventive measures, specific protection and rehabilitative care⁴. Occupational health and safety regulatory bodies set out standard of practice, which must be adhered to by all concerned.

The economic burden of HIV/AIDS and other chronic illnesses is enormous and tends to have a great toll on the productivity of workers.

Certain occupations are known to increase the risk of adverse health events for individuals, who are involved in them. Occupational lung diseases, skin disorders, asthma, kidney problems and hearing impairment have been noted and publicized by the ILO and other related agencies, for stakeholders to take preventive action⁵. The informal sector, often overlooked was put into consideration in documents pertaining to the health of workers, including those related to HIV/AIDS⁶. The National Agency for the control of AIDS (NACA) has articulated a comprehensive strategic plan which includes prevention among workplace populations⁷.

Many organizations have policies guiding their daily activities, with well-defined objectives, indicators and evaluation mechanisms. With regards to HIV/AIDS however, the success recorded in business transactions cannot be said to be commensurate to the response given by organisations.

Generally, occupational health interventions take into consideration three important factors, which to a long way, determine the feasibility and effectiveness of the programmes. These are: an enabling environment; programme-level factors and; individual factors for health care interventions.

HIV/AIDS & THE WORKING ENVIRONMENT

ILO produced an international code of practice on HIV/AIDS and the world of work in 2001. The ILO code was published in order to provide a set of guidelines addressing the HIV/AIDS epidemic in the workplace and within the framework of promotion of decent work. The code has become a reference point for several other documents, produced to address the burden of HIV/AIDS among workers. It covers, amongst others, the prevention of HIV/AIDS, management and mitigation of the impact of HIV/AIDS on the world of work, care and support of workers infected and affected by HIV/AIDS, elimination of stigma and discrimination on the basis of real and perceived HIV status.

The ILO code of practice on HIV/AIDS places responsibilities on: governments; their competent authorities; employers and their organisations; workers

and their organisations⁸. It is based on the following key principles: recognition of HIV/AIDS as a workplace issue; non-discrimination; gender equality; healthy work environment; social dialogue; screening; confidentiality; continuation of employment relationship; prevention; as well as care and support for infected and affected persons. The ILO also has documents on regional adaptations of global policies on the welfare of workers⁹⁻¹². The ILO code of practice on HIV/AIDS and the world of work is therefore, a main frame on which countries, organizations and regional bodies can build, to achieve region-specific and culturally-sensitive programmes of action for HIV/AIDS control at the workplace.

UNESCO (United Nations Educational, Scientific and Cultural Organization) provides documents on HIV/AIDS on the basis of human rights, gender, culture and protection from violence. UNESCO jointly formulated workplace policies for the education sector with the ILO including sub-regional documents¹³. Keys areas addressed in those policies include: prevention of HIV through workplace strategies; education and training programmes; reduction of vulnerability arising from unequal gender and staff-student (or learner) relationships; elimination of stigma and discrimination on the basis of real or perceived HIV status; care, treatment as support of staff and students living with and/or affected by HIV; and management and mitigation of the impact of HIV/AIDS in educational institutions¹⁴. Muwanga FT in his paper on implementation of HIV/AIDS workplace policy in international organisations in Africa, noted that international non-governmental organisations were responding swiftly to the problem of HIV/AIDS at the workplace. Many organisations had comprehensive workplace programmes. Almost all had policies in place, but the implementation process differed, producing varying results. Consideration of various factors affecting policy development process and implementation to a large extent, determine the successful implementation of these policies¹⁵.

The Federal Ministry of Labour and Productivity in Nigeria, published the National workplace policy on HIV/AIDS, premised on the fact that the worker is the most vital element in production. The policy was formulated following consultations and deliberations with international partners, people living with HIV and civil society. The policy places responsibilities of effective implementation on stakeholders in the workplace. It is intended to guide the prevention of HIV/AIDS, the response to its spread and the management of its impact on the world of work. It is rights-based. It sets a standard of practice for employers and employees, with implementation guidelines. Strategies outlined there include: prevention; impact mitigation; care and support, a clear workplace HIV/AIDS response team; a rights-based participation

approach; capacity building; formation of support groups; focused research; facing policy issues, on-going programmes; participatory monitoring and evaluation and a work plan. In addition, a grievance procedure as well as policy review steps are included¹⁶.

THE ROLE OF HEALTH CARE PROVIDERS

Some occupations and industrial settings are associated with increased risks of HIV transmission, when compared to others¹⁷. Long distances drivers, workers at the country's borders, petroleum industry staff, military personnel and some health workers are high risk groups. In Malawi, a study carried out to evaluate the workplace initiative on HIV/AIDS found out that 63% of health workers and their dependents undergoing HIV counselling and testing at the staff clinic tested positive. The study was able to show that the staff clinic and support group services, helped with the provision of care and support to HIV positive health workers¹⁸. The availability of functional occupational health services, manned by qualified personnel is a necessity for any workplace policy to be optimally implemented. Occupational health workers, particularly doctors, need to play an active role in ensuring confidentiality and sound decision making. The ability or inability to work, as a result of one's HIV status, should be an evidence-based decision, made by qualified professionals¹⁹.

Policies at the workplace will help to prevent discriminatory practices in employment and promotion of workers. This is of particular importance in situations where chronic sequelae of HIV infection prevent workers from being at their peak for a while²⁰. Health care providers along with human resource managers are often times, more aware of the challenges facing workers than other senior management staff. This is more so in health related issues. Occupational health professionals are in a better position to initiate advocacy measures at the workplace, towards ensuring the formulation and implementation of comprehensive and rights based policies. They must view HIV/AIDS as a business issue, a labour issue, as well as a developmental issue, requiring a holistic response. They must ensure that workplace programmes are comprehensive and include the following:

- Formulation of an organizational policy on HIV/AIDS, its dissemination to all employees, its implementation and occasional updating;
- Information on prevention, transmission and supportive services, as well as provision of counselling services;
- Condom distribution at readily accessible joints around the workplace;
- STI (Sexually transmitted infections) diagnosis and treatment;
- Treatment for HIV and associated diseases, including tuberculosis;
- Voluntary and private counselling for HIV; and

- Mitigation services designed to produce essential follow-up activities like counselling, community support and home-based care. These requirements are clearly stated as essential in family health international's action guide for managers on workplace HIV/AIDS programmes²¹.

Health education at work is a vital tool for effective control of HIV/AIDS among employees. It has an advantage of being able to reach a wider range of audience, than the workers. Information acquired can be readily shared at home, at relaxation sports and other places, where employees go after work³. This is a major thrust of any workplace initiative.

Health workers should be able to assess the risks of employees for HIV infection. Where employees have to live without their families, or far away from home, the likelihood of risky behaviour and consequent infections are high. This tends to affect men more than women²¹.

Occupational health professionals need to be involved in advocacy and enlightenment of policy makers, captains of industry and labour union leaders. Evidence has shown some industrial settings being in dire need of this including the entertainment industry, where a cluster of workplace HIV infections were studied among adult film actors and production crew²².

The ILO provides a check list for planning and implementing a policy and programme on HIV/AIDS at the workplace. It advocates the following steps as a template:

- Setting up a committee on HIV/AIDS with representatives of top management, supervisors, workers, trade unions, human resources department, training department, occupational health unit, health and safety committee and persons living with HIV/AIDS (optional);
- Committee decides its terms of reference and decision-making power and responsibilities;
- Review of national laws and their implications for the enterprise;
- 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;
- Committee draws a budget, identifies local resources and seeks funding;
- A plan of action is established with timetable and line of responsibility to implement policy.
- Policy and plan of action are widely disseminated throughout the workplace;
- Monitoring of the impact of the policy;
- Regular reviews of the policy in the light of internal monitoring and external information about the virus and workplace implications.

The Federal Ministry of Labour and productivity is well as the federal ministry of health need to perform their

regulatory functions. In addition to the implementation of formulated policies, stakeholders need to be reminded that preventive strategies aimed at control of HIV/AIDS are profitable in the long run. They should follow the general principles of disease prevention including: health promotion; specific protection; early diagnosis and treatment as well as rehabilitative services. Increased uptake of HIV counselling and testing (HCT) has been identified as a potent preventive tool. Organizations with good policies tend to spend less on opportunistic infections, HIV-associated malignancies, funeral rites and AIDS-defining illnesses. UNAIDS (Joint United Nations Programme on AIDS) therefore advocates a comprehensive business response initiative, to the control and prevention of HIV/AIDS at work²³.

CONCLUSION

HIV/AIDS has affected and still has the potential to affect the workforce and the productivity of the nation. It is a collective responsibility of everyone to ensure that the spread of the disease, as well as its impact is adequately controlled. Hence professionals have a great role to play in ensuring the formulation of equity-based policies, effective and sustainable workplace HIV/AIDS programmes and advocacy to the opinion leaders, managers and labour unions.

Nigeria is struggling to attain the millennium development goals by the deadline of 2015. A viable and productive workforce is vital to this. So much has been done, but much more needs to be done. It is possible. The time to act is now.

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