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Preface

In 2005, the Government of Ghana, acting through the Ghana AIDS Commission (GAC) and its partner agencies, the Ministry of Manpower, Youth and Employment (then Ministry responsible for Labour) and the National Tripartite Committee (NTC) launched the first National Workplace HIV and AIDS Policy for Ghana. The policy provided the framework for the mainstreaming of HIV and AIDS activities in the World of Work to combat the spread and effects of HIV and AIDS among Ghana’s workforce in the various sectors of the economy.

The fundamental rights of workers infected and affected by HIV and AIDS are compromised due to the pervasive and persistent discrimination and stigmatization that such workers and their families experience.

Additionally, every worker has the right to a safe work environment devoid of the risk of getting infected by HIV. As a country, we are committed to taking advantage of every opportunity to ensure that requisite messages for the prevention of new HIV infections are effectively communicated.

Over the years, the implementation of Workplace HIV and AIDS programs in the various sectors has seen the inclusion of newly emerging HIV related and broader health issues. The ever changing dynamics of the global response and the ILO Recommendation concerning HIV and AIDS and the World of Work, 2010 (No. 200) have necessitated a review of Ghana’s HIV and AIDS Workplace Policy (2005).
This revised Workplace Policy takes into consideration current conventions and recommendations (ILO Recommendation 200), which have implications for the World of Work. It is a statement of commitment from the Government of Ghana and its social partners working together in the national response to HIV and AIDS.

The document will be widely implemented within the World of Work including Ministries, Departments and Agencies (MDAs), Metropolitan, Municipal and District Assemblies (MMDAs), Civil Society Organisations (CSOs), Faith Based Organisations (FBOs), Worker’s Enterprises, Employer’s Enterprises, Private Sector, Professional Bodies, the Informal Sector Trade Associations and Cooperatives.

I expect all employers to actively implement the comprehensive Workplace HIV and AIDS Policy which fully respects the fundamental Human Rights of workers, their families and communities within which they operate.

H.E. John Dramani Mahama
President of the Republic of Ghana
Chairperson – Ghana AIDS Commission
ACKNOWLEDGEMENT

The Ghana AIDS Commission wishes to acknowledge the immense contributions of everyone who contributed to the successful revision of the National Workplace HIV & AIDS Policy developed in 2005. The content of this document was derived from several participatory consultations with all key stakeholders.

We wish to express our sincere gratitude to the Ministry of Employment and Social Welfare, the Ghana Trades Union Congress and the Ghana Employers Association (The Tripartite Committee), the International Labour Organization (ILO) and other stakeholders who contributed immensely to the revision of the 2005 policy. We also wish to extend our sincere appreciation to the Ministry of Local Government and Rural Development for their active participation and support during the process of development.

We are grateful to the GAC team – Dr. Angela El-Adas (Director-General), Dr. Joseph Amuzu (Director, Policy and Planning), Dr. Richard Amenyah (Director, Technical Services), Dr. Fred Nana Poku (Technical Manager), Ms. Mary Asante (Policy and Planning Manager) and Mr. John Eliasu Mahama (Technical Support Coordinator) for their leadership, commitment, technical and managerial support throughout the development of this evidence-informed and results-oriented National Workplace HIV & AIDS Policy.

It is our hope that the National Workplace HIV & AIDS Policy will adequately serve the purpose for which it was developed in support of the National HIV and AIDS response.
1.0 INTRODUCTION

The HIV and AIDS epidemic continues to constitute one of the most formidable challenges to development and social progress. The epidemic has the potential to seriously undermine our economy with its attendant adverse social and political implications.

HIV and AIDS is a major threat to the world of work. It is affecting the most productive segment of the labour force and reducing earnings. The impact of HIV and AIDS is seen through declining productivity, increasing health care bills and labour costs among others. Additionally, the issue of HIV and AIDS is creating unwarranted stigmatisation and discrimination aimed at workers and Persons Living with and affected by HIV and AIDS.

In recognition of these effects of HIV and AIDS, a National Workplace HIV/AIDS Policy was formulated in 2005 by the social partners of the National Tripartite Committee (NTC), comprising Organised Labour, Ghana Employers’ Association and Government, in collaboration with Ghana AIDS Commission and ILO. The policy was aimed at providing a comprehensive framework for policy makers, employers and workers organisations to enable them formulate and implement workplace policies that are gender sensitive, address the needs of vulnerable groups and provide care and support initiatives. In coming up with this policy document, extensive reference was made to 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, 2010 (No. 200).

Given the changing nature of the HIV epidemic, the National
Workplace Policy on HIV and AIDS has been revised to reflect recent trends and developments in HIV and the world of work. The revision was undertaken through a participatory process that started with a rapid assessment of challenges and lessons learnt in the implementation of the past policy. This was followed by a workshop which brought together employers, labour, government and other interest groups. Finally, a validation meeting was held with a broader stakeholder group to reach a consensus on the content of the Policy document.

It is therefore expected that the NTC in collaboration with the GAC and its social partners will enforce the implementation of the National Workplace HIV and AIDS Policy.

Through this policy, the NTC will continue to collaborate with the Ghana AIDS Commission and related bodies to increase support and national commitments to protect the rights of workers, including those living with HIV at the workplace as well as the rights of employers.

Ghana AIDS Commission as the national body responsible for the coordination of HIV and AIDS activities in the country will coordinate all Workplace HIV and AIDS programmes. However, the National Tripartite Committee (NTC) under the leadership of the Ministry responsible for labour will take ownership of this policy and shall be the reference point for interpretations and clarifications. The Ministry working in conjunction with social partners shall encourage the smooth implementation of this policy at the workplace.
In doing so, the National Tripartite Committee expects the Ministry to liaise with the Ghana AIDS Commission for support to ensure effective implementation of workplace HIV and AIDS policies and programmes.

2.0 BACKGROUND

A nation’s people constitute the source of its human capital. According to the ILO, HIV poses a significant obstacle to the attainment of decent work and sustainable development. It has led to the loss of livelihood of millions of Persons Living with or affected by HIV and AIDS. Its effects are concentrated among the most productive age groups. It imposes huge cost on enterprises in all sectors through declining productivity and earnings, increasing labour cost, loss of skills and experience. The AIDS epidemic poses a serious challenge to Ghana’s development because it is capable of stalling the modest economic gains made since independence.

Since the development of the National Workplace HIV and AIDS Policy in 2005, there has been a decline of the national HIV prevalence from 2.7% to 1.5% in 2010. Although Ghana’s HIV epidemic is considered to be a stabilized one, it is imperative to prevent new infections and improve treatment, care and support. This requires a sustainable implementation of the Workplace HIV and AIDS Policy especially in the World of Work in the country.

In Ghana, there is strong justification for enterprises to commit resources to prevent the scourge of HIV and AIDS than wait till it assumes crisis proportions as pertains in some African countries. Leaders in industry need to show personal interest in all workplace HIV and AIDS programmes
and commit adequate resources to address the effects on the overall performance of their organizations and their sphere of influence.

The development of appropriate workplace policies and programmes however, should be guided by national policies and labour legislation aimed at providing guidelines for addressing HIV and AIDS specific issues at the workplace. In developing specific workplace policies, it is imperative that enterprises take into account other HIV related and general employee wellbeing concerns.

This policy helps to define an organization’s position and practices for preventing the transmission of HIV; and for handling cases of HIV and AIDS among employees. The policy also provides guidance for supervisors who deal with the day-to-day HIV and AIDS issues that arise within the workplace; and helps to inform employees about their responsibilities, rights and expected behaviour on the job. Employers and employees shall ensure there is no discrimination against or stigmatization of infected or affected workers.

The public policy questions raised by HIV and AIDS and employment, cover a wide range of issues including prevention of HIV, management and mitigation of the impact of HIV and AIDS on the world of work, treatment, care and support of workers infected and affected by HIV and AIDS, elimination of stigma and discrimination on the basis of real or perceived HIV status.

2.1 Human Rights and HIV and AIDS

In Ghana, the 1992 Constitution guarantees the fundamental
human rights and freedom for all persons in the country. Chapter 5 Article 17 on equality and freedom from discrimination states that “all persons shall be equal before the law”.

According to the ILO Recommendation 200, real or perceived HIV status should not be a ground of discrimination, preventing the recruitment or continued employment, or the pursuit of equal opportunities. Therefore the denial of employment to HIV infected or affected persons would constitute a breach of their fundamental human rights.

This policy adopts a human rights approach and provides necessary support to all segments of the population including vulnerable and at risk groups within the World of Work.

In line with ILO Recommendation 200, this revised national policy calls for respect for the fundamental human rights of all workers, including observance of the principle of gender equality and the right to be free from compulsory testing and disclosure of HIV status, while encouraging everyone to undertake voluntary confidential HIV Testing and Counselling as early as possible.

2.2 The Gender Dimensions of HIV and AIDS

HIV and AIDS affect women and men differently in terms of vulnerability and impact and this is important when developing workplace policies. There are structural inequalities in the status of women that make it harder for them to take measures to prevent infection. In addition biological/anatomical factors make women more vulnerable to infection than men. For example:
- The power imbalance in the workplace can expose women to the threat of sexual harassment. In most cases, they are unable to negotiate safe sex or refuse unsafe sex.

- The burden of caring for HIV-infected family and community members falls more often on women and girls, thus increasing workloads and diminishing income generating and schooling possibilities.

- Inheritance patterns, custody and support laws mean that women living with HIV, who have lost partners or who have been abandoned because they are HIV positive, are deprived of financial security and economic opportunities; this may, in turn, force them into “survival sex”; the girl child is especially vulnerable to commercial sexual exploitation.

- Studies show the heightened vulnerability of women, compared to men, to the social stigma and discrimination associated with AIDS hence the need for gender sensitive information, education and communication.

- Generally, fewer women than men are covered by social security or occupation-related health benefits.

- Men are often victims of stereotypes and norms about masculine behaviour which may lead to unsafe sex and/or non-consensual sex.

- Men are over-represented in a number of categories of vulnerable workers; and may also find themselves
through their employment in situations which expose them to unsafe sex between men.

Given the prevailing power relations between men and women, men have an important role to play in adopting and encouraging responsible attitudes to HIV and AIDS prevention and coping mechanisms.

2.3 Treatment, Care and Support

Survival of employees and their families is key to the success and essence of the Workplace HIV and AIDS Policy. The policy provides a guiding principle on treatment, care and support in the world of work. In developing workplace policies, measures should be taken to ensure workers and their families who are infected and affected by HIV and AIDS receive adequate treatment, care and support with consideration for the nutritional needs of such employees.

Arrangements should be made for the provision of services such as post-exposure prophylaxis, access to treatment and home-based care, where possible.

2.4 Existing Labour Policies and Legislation:

The existing legal instruments that could be of relevance to HIV and AIDS and the workplace in particular are as follows:

National
❖ Labour Act 2003 (Act 651)
❖ Workmen’s Compensation Law, 1987
3.0 POLICY GOAL

The policy goal is to provide broad national guidelines to direct the formulation and implementation of workplace HIV and AIDS policies and programmes.

4.0 POLICY OBJECTIVES

The broad objectives of the policy are to:

i. provide protection from all forms of stigma and discrimination in the workplace, to people with real or perceived HIV infection.

ii. prevent the spread of HIV amongst workers and their families and dependents;

iii. provide access to treatment, care and support for persons infected and affected by HIV and AIDS.

5.0 GUIDING PRINCIPLES

The policy is guided by the Constitution of Ghana and other key principles as enshrined in the ILO’s Code of Practice (2001) and Recommendation 200 (2010):
5.1  Human Rights and Equality

The response to HIV and AIDS should be recognized as contributing to the realization of human rights and fundamental freedoms, and gender equality for all, including workers, their families and their dependents.

5.2  Recognising HIV and AIDS as a workplace issue

HIV is a workplace issue, and should be treated like any other serious illness/condition in the workplace, with full participation of management and workers.

5.3  Ensuring non-discrimination and reduction of stigma

There should be no stigmatization and discrimination against workers on the basis of real or perceived HIV status.

5.4  Recognising gender dimensions of HIV and AIDS

The gender dimensions of HIV and AIDS should be recognized and addressed.

5.5  Promoting healthy work environment

A. The work environment should be healthy and safe, in order to prevent transmission of HIV.
In HIV programming, efforts should be made to create synergies by integrating HIV with and other co-infections such as TB, hepatitis and malaria.

5.6 Promoting social dialogue

The successful design, implementation and evaluation of HIV and AIDS policy and programme require cooperation and trust between employers, workers and their representatives and government. These should be sensitive to cultural concerns.

5.7 Prohibiting screening for purposes of exclusion from employment or work processes

HIV screening should not be required of job applicants or persons in employment; real or perceived HIV status should not be used as basis for disqualification for employment.

5.8 Ensuring confidentiality

Access to personal data relating to the HIV status of workers, their families and their dependents should be bound by the rules of confidentiality.

5.9 Ensuring continuation of employment relationship

As with many other conditions, persons with HIV-related illnesses should be allowed to work for as long as medically fit.
5.10 Preventing new infections

HIV infection is preventable. Prevention can be achieved through changes in attitude and behaviour. It can be carried out through behaviour change communication activities and awareness campaigns, HIV Testing and Counselling (HCT), Prevention of Mother to Child Transmission of HIV (PMTCT), condom promotion and distribution, blood safety, Post Exposure Prophylaxis (PEP), treatment of Sexually Transmitted Infections (STIs), ensuring Universal Precautions within health and other settings and addressing socio-economic factors.

5.10 Providing treatment, care and support

All workers, and as much as possible, their families and dependents, including workers with HIV, are entitled to affordable treatment, care and support services. There should be no discrimination against them and their dependents. The workplace should play a significant role in facilitating access to these services.

5.11 Protection for Higher Risk Occupations

The HIV response in the world of work shall include the protection of workers in occupations that are particularly exposed to the risk of HIV transmission.
6.0 APPROACHES TO ACHIEVE OBJECTIVES

In order to attain the broad objectives against the background of the guiding principles, it is necessary to:

i. develop concrete responses at international, national, sectoral, regional, enterprise and community levels.

ii. promote processes of dialogue, consultations, negotiations and all forms of cooperation between governments, employers and workers and their representatives, occupational health personnel, specialists in HIV and AIDS issues, and all relevant stakeholders which include community-based and non-governmental organizations;

iii. give effect to its contents in consultation with the social partners:
   - in workplace/enterprise agreements, and
   - in workplace policies and plans of action.

iv. Screening of other lifestyle diseases may be used as entry points for HIV screening.

v. Safety and health measures to prevent workers’ exposure to HIV at work should include universal precautions, accident and hazard prevention measures, engineering and work practice controls, appropriate personal protective equipment, environmental control measures, post exposure prophylaxis (PEP), and other safety measures to minimize the risk of contracting HIV and tuberculosis. This is particularly necessary in occupations most at risk.

vi. When there is a possibility of exposure to HIV at work, workers should receive education and training
on modes of transmission and measures to prevent exposure and infection. Members should take measures to ensure that prevention, safety and health are provided for in accordance with relevant standards.

vii. Awareness-raising measures should emphasize that HIV is not transmitted by casual physical contact and that the presence of a person living with HIV should not be considered a workplace hazard.

viii. Occupational health services and workplace mechanisms related to occupational safety and health should address HIV and AIDS.

Specific details of each approach to attain corresponding objectives are outlined below:

6.1 **Objective 1:**

*Provide protection from all forms of discrimination in the workplace to people living with HIV.*

6.1.1 **Approach:**

i. Ensure that pre-employment HIV screening, when positive should not be conditional for assessing fitness to work or for final recruitments and selections.

ii. Prohibit indirect HIV screening or the asking of questions about tests already taken; confidential voluntary testing and counselling should however be encouraged.

iii. Maintain confidentiality regarding all medical information, including HIV status.
iv. Make it non-obligatory for an employee to inform the employer about his/her HIV status.

v. Ensure protection from stigmatization and discrimination by unions, employers or clients for persons in the workplace infected with or affected by HIV.

vi. Ensure non-discrimination against HIV-infected employees in accessing standard social security benefits and occupational related benefits.

vii. Create an enabling environment at the workplace that will promote the overall well-being of the worker irrespective of their HIV status.

6.2 Objective 2:

*Prevent the spread of HIV amongst workers.*

6.2.1 Approach:

i. Promote dissemination of and accessibility to accurate, up-to-date, relevant and timely information in a culturally sensitive format and language, through the different channels of communication available on HIV and AIDS at the workplace.

ii. Ensure that protective devices (such as hand gloves, male and female condoms where appropriate) are made easily accessible at all workplaces to prevent the spread of HIV and other infections.

iii. Ensure availability and access to post-exposure prophylaxis.
iv. Ensure access to information and educational programmes on HIV by employees and their families.

v. Promote programmes on HIV and AIDS to help employees and their families understand and reduce the risk of HIV transmission, including mother to child transmission, and understand the importance of changing risk behaviours related to infection.

vi. Encourage workers and their families to know their own HIV status through voluntary HIV Testing and Counseling.

vii. Ensure that precautions are taken to reduce risk of transmitting blood-transmissible infections, including hepatitis B and HIV, through standard precautions.

6.3 Objective 3:

*Provide treatment, care and support for those infected and affected.*

6.3.1 Approach:

i. Ensure that HIV-infected persons, like persons suffering from other illnesses, are allowed to work for as long as they are medically fit. Provide reasonable alternative working arrangements and/or assignments for persons impaired by HIV and AIDS.

ii. Provide access to ART and treatment of opportunistic infections.

iii. Provide testing, counselling and other forms of social support services to workers and their families infected and affected by HIV and AIDS.
iv. Provide education on the importance of nutrition and facilitate access to nutritional support to PLHIV.

7.0 SPECIFIC ROLES OF SOCIAL PARTNERS

Due to the serious development problems associated with the HIV epidemic there is wide consensus among national stakeholders on the need for a multi-sectoral response to HIV and AIDS. As the authority mandated by ACT 613 of the Parliament of Ghana to coordinate the national response to HIV and AIDS, the Ghana AIDS Commission (GAC) shall co-ordinate the activities of all agencies to provide a meaningful framework for partnership among the social partners. The social partners shall have direct access to the GAC.

Social Partners (Government, Employers organisations e.g. Ghana Employers Association (GEA) and Workers Organisations e.g. Ghana Trade Union Congress (Ghana TUC etc)) should adopt national policies and programmes on HIV and AIDS and the world of work and on occupational safety and health, where they do not already exist.

7.1 The Role of Government

Government has a key role to play in an effective response to HIV and AIDS prevention and control. Its response can come through its own HIV-specific and HIV-related activities, and through its ability to mobilize society. Central to the government’s role should be the establishment of an enabling framework of policies and laws that establish the key principles of public and private action. Such actions should be directed at ensuring that those infected and affected by
the epidemic are protected from all forms of stigma and discrimination.

The Government in consultation with the most representative organizations of employers and workers shall take all the necessary steps to offer protection equal to that available under the Discrimination (Employment and Occupation) Convention, 1958, to prevent discrimination based on real or perceived HIV status.

The Role of Government in the particular area of workplace HIV and AIDS policy will be performed by Government and their competent authorities.

The following specific areas are of importance:

a) **Coherence.** Government shall ensure coherence in national HIV and AIDS strategy and programmes.

b) **Multi-sectoral participation.** The competent authority shall mobilize and support broad partnerships for protection and prevention.

c) **Coordination.** Government shall facilitate and coordinate all interventions at the national level.

d) **Prevention and health promotion.** The competent authority shall work in partnership with other social partners to promote awareness and prevention programmes.

e) **Treatment.** Government shall ensure that affordable and effective antiretroviral drugs are available and accessible to PLHIV at all times.
f) *Clinical guidelines.* Government shall offer guidelines to assist employers in the care and clinical management of HIV and AIDS.

g) *Social protection.* Government shall ensure that benefits under national laws and regulations equally apply to workers with HIV and AIDS. In addition, government social protection policies and programmes must be adopted to be responsive and non-discriminatory to HIV and its related diseases.

h) *Research.* Government shall encourage and support research on HIV and AIDS at the workplace. In addition, Government shall collect detailed information and statistical data and undertake research on developments at the national and sectoral levels in relation to HIV and AIDS in the world of work.

i) *Financial resourcing.* Government in consultation with the social partners shall seek funding locally and internationally for their national HIV and AIDS strategic plans.

j) *Legislation.* In consultation with the social partners and experts in the field of HIV and AIDS, government shall provide the relevant regulatory framework.

k) *Conditionalities for government support.* Government shall encourage adherence to national laws and policies as a condition for assessing funding and incentives.
l)  **Enforcement.** The competent authority shall strengthen enforcement structures and procedures such as factory/labour inspectorates and labour courts and tribunals.

m)  **Workers in informal sector.** Government shall extend and adapt their HIV and AIDS prevention programmes including income generation and social protection activities to workers. Government shall design new approaches using local communities where appropriate.

n)  **Mitigation.** Government shall promote care and support of persons living with the HIV through public health-care programmes, social security systems and/or other relevant government initiatives. Government shall ensure access to treatment and care. Working in partnership with employers and workers organisations, effective occupational health and safety measures shall be put in place in all workplaces.

o)  **Children and young persons.** Government shall ensure that social protection measures are in place to mitigate the impact of the epidemic on children and young persons whose parent(s) are ill or have died as a result of HIV and AIDS.

p)  **Regional and international collaboration.** Government shall promote and support collaboration at regional and international levels through intergovernmental agencies, development partners and all relevant stakeholders, so as to focus attention on HIV and AIDS and needs in the world of work.
q) *International assistance.* Government shall solicit international assistance in support of national programmes, and should encourage initiatives aimed at supporting international campaigns to reduce the cost of, and improve access to, antiretroviral drugs.

r) *Vulnerable groups.* Government shall identify groups of workers who are vulnerable to infection, and adopt strategies to overcome the factors that make these workers susceptible. Government shall also ensure that appropriate prevention programmes are in place for these workers.

s) *Resources to Employers and Workers Organisations.*

### 7.2 The Role of Workers and Workers Organisations

Workers’ organizations should participate actively in developing workplace policies and programmes that ensure maximum protection and care for those affected by the disease. Organised labour shall be strengthened and empowered to mobilize their workforce on HIV and AIDS issues through information, education and communication (IE&C), training and support.

Specifically, workers and workers’ organisations involvement should include the following:

a) *Workplace policy.* Workers and their representatives shall consult with their employers to adapt and implement workplace HIV and AIDS policy, designed
to prevent the spread of HIV and protect all workers from stigma and discrimination.

b) National, sectoral and workplace/enterprise agreements. Workers and their organizations shall adhere to national laws and practice when negotiating terms and conditions of employment relating to HIV and AIDS issues with workers and their representatives. They shall include provisions on HIV and AIDS protection and prevention in workplace/enterprise agreements.

c) Information and education. Workers and their organizations shall use existing structures and facilities to provide information on HIV and AIDS in the workplace. Educational materials and activities appropriate for workers and their families shall be provided including regularly updated information on workers’ rights and benefits.

d) Economic impact. Workers and their organizations shall work together with employers to develop strategies to assess and respond to the economic impact of HIV and AIDS in their particular workplace.

e) Advocacy. Workers and their organizations shall work with employers, their organizations and government to raise awareness of HIV and AIDS prevention and management.

f) Personnel policies. Workers and their representatives should support and encourage employers in creating and implementing personnel policies and practices that
do not discriminate against workers with HIV and AIDS issues included in Collective Bargaining Agreement. In particular:

- not require HIV and AIDS screening or testing;
- ensure that work is performed free of discrimination or stigmatization based on perceived or real HIV status;
- encourage persons with HIV-related illnesses to work as long as medically fit for appropriate work; and
- provide that, where a worker with an HIV-related condition is too ill to continue to work and where alternative working arrangements including extended sick leave have been exhausted, the employment relationship may cease in accordance with anti-discrimination and labour laws and respect for general procedures and full benefits.

**g) Monitoring of compliance.** Workers’ representatives have the right to take up issues at their workplaces through existing grievance and disciplinary procedures and/or shall report all discrimination on the basis of HIV and AIDS to the appropriate legal authorities after exhausting all grievance procedures.

**h) Training.** Workers’ organisations shall develop and carry out training courses for their members on workplace issues raised by the epidemic.

**i) Risk reduction and management.** Workers and their organisations shall advocate for and cooperate with
employers to maintain a safe and healthy working environment, including the correct application and maintenance of protective equipment and first aid.

\[j\] **Confidentiality.** Workers’ organisations shall not have access to personnel data relating to a worker’s HIV status.

\[k\] **Vulnerability.** Workers and their organisations should ensure that factors that increase the risk of infection for certain groups of workers are addressed in consultation with employers.

\[l\] **Support for confidential HIV testing and counselling.** Workers and their organisations should work with employers to encourage and support access to confidential voluntary counselling and testing.

\[m\] **International partnerships.** Workers’ organisations are encouraged to build networks across national borders by using sectoral, regional and international groupings to highlight HIV and AIDS.

**7.3 The Role of Employers’ and Employers’ Organisations / Associations**

Employers and Employers’ organisations / Associations shall develop policies to prevent stigmatisation and discrimination against HIV infected workers and implement workplace HIV and AIDS educational programmes for their employees and their families.

Employers shall also be educated to use the skills of HIV
infected workers for as long as possible. This will include retraining of employees where necessary and appropriate use of their services.

The specific role of the employer and Employers’ organisations / Associations should include the following:

a) **Workplace policy.** Employers shall consult with workers and their representatives to develop and implement appropriate policies for their workplaces to prevent the spread of HIV infection and protect all workers from stigma and discrimination.

b) **National, sectoral and workplace/enterprise agreements.** Employers shall adhere to national laws and practice in relation to negotiating terms and conditions of employment about HIV and AIDS issues with workers and their representatives, and endeavour to include provisions on HIV and AIDS protection and prevention in national, sectoral and workplace/enterprise agreements.

c) **Education and training.** Employers and their organizations, in consultation with workers and their representatives, should initiate and support programmes at their workplaces to inform, educate and train workers about HIV prevention, treatment, care and support.

d) **Economic impact.** Employers, workers and their organizations, shall work together to develop strategies
to assess and respond to the economic impact of HIV and AIDS on their particular workplace and sector.

e) **Personnel policies.** Employers shall not engage in nor permit any personnel policy or practice that discriminates against workers infected with or affected by HIV as enshrined in the Collective Bargaining Agreement. In particular, employers shall:

- Not require HIV and AIDS screening or testing;
- ensure that work is performed free of discrimination or stigmatization based on perceived or real HIV status;
- encourage persons with HIV and AIDS-related illnesses to work as long as medically fit for appropriate work; and
- Ensure that where a worker with an AIDS-related condition is too ill to continue to work and where alternative working arrangements including extended sick leave have been exhausted, the employment relationship may cease in accordance with anti-discrimination and labour laws and respect for general procedures and full benefits.

f) **Grievance and disciplinary procedures.** Employers shall specify under what circumstances disciplinary proceedings can be commenced against any employee who discriminates on the grounds of real or perceived HIV status or who violates the workplace policy on HIV and AIDS.

g) **Confidentiality.** Access to information on employee HIV status shall be strictly limited to medical personnel
and such information may only be disclosed if legally required or with the consent of the person concerned in accordance with Occupational Health Services recommendation No.175, 1985 and ILO Code of Practice on the protection of Workers Personnel Data 1997.

h) **Risk reduction and management.** Employers shall ensure a safe and healthy working environment. To support behavioural change by individuals, employers shall also make available, where appropriate, male and female condoms, protective equipments and first aid as well as treatment, counselling, care, support and referral services.

i) **Workplaces where workers come into regular contact with human blood and body fluids.** In such workplaces, employers need to take additional measures to ensure that all workers are trained in Universal Precautions.

j) **Reasonable accommodation.** Employers, in consultation with the worker(s) and their representatives, shall take measures to reasonably accommodate worker(s) with AIDS-related illnesses. These could include rearrangement of working time, special equipment, opportunities for rest breaks, time off for medical appointments, flexible sick leave, part-time work and return-to-work arrangements.

k) **Advocacy.** Employers and their organizations shall encourage fellow employers to set up a specific budget line for the prevention and management of HIV and AIDS in the workplaces and to contribute to national
and international efforts for the prevention and management of HIV and AIDS in the world of work.

I) **Support for confidential HIV testing and counselling.** Employers, workers and their representatives shall encourage support for, and access to, confidential HIV testing and counselling that is provided by qualified and trained service providers.

m) **Workers in informal sector.** Employers of workers in informal activities shall investigate and develop prevention and care programmes for these workers.

n) **International partnerships.** Employers and their organizations shall contribute to international partnerships in the fight against HIV and AIDS.

### 7.4 The Roles of Communities and NGOs

Communities and other stakeholders such as NGOs, self-help groups and organisations, religious bodies and civil society organisations shall reinforce the work of the tripartite partners. They shall:

- Participate in the wider social dialogue on HIV and AIDS in the workplace and the community,
- Carry out advocacy work on HIV and AIDS prevention and care for the infected and affected workers
- Provide support and care for the infected and affected workers.
- Provide Behavioural Change Communication (BCC) and Information, Education and Communication (IEC)
in collaboration with employers’ and workers’ organizations in the World of Work,

- Provide training for volunteers for community-based interventions in collaboration with Government and Employers,
- Provide training for workers in the World of Work.

8.0 MANAGEMENT AND COORDINATION

Ghana AIDS Commission as the national body responsible for the coordination of all HIV and AIDS activities will coordinate all Workplace HIV and AIDS programmes.

The Ministry of Employment and Social Welfare (MESW) in conjunction with its social partners shall take ownership of the policy and facilitate its implementation at the workplace.

The MESW shall be responsible for resolving any workplace grievance, misunderstanding or conflict arising out of implementation of this policy, and shall be subject to the provisions of Labour Act 2003 (Act 651) and related Acts, and other workplace redress mechanisms, be referred to the NTC.

The policy is a guideline and shall be adopted and adapted to suit the various institutional and the informal sectors for implementation.

The National Tripartite Committee (NTC) with technical support from the GAC shall monitor the effective implementation and monitoring of workplace HIV and AIDS policies and programmes.
9.0 MONITORING AND EVALUATION

1. The National Workplace HIV and AIDS Policy shall be monitored by the Labour Department and Factories Inspectorate of MESW and shall include in their regular reports, the implementation of this policy at the workplace and filed with the MESW and GAC.

2. The national workplace policy shall be reviewed every three years and revised as necessary in the light of changing conditions and the findings of surveys and studies.

3. The NTC shall on an annual basis, recognize organizations that excel in the implementation of this policy.

10.0 GLOSSARY

I. Definitions

1. For the purposes of this Policy:

   (a) “HIV” refers to the human immunodeficiency virus, a virus that damages the human immune system. Infection can be prevented by appropriate measures;

   (b) “AIDS” refers to the acquired immunodeficiency syndrome which results from advanced stages of HIV infection, and is characterized by opportunistic infections or HIV-related cancers, or both;
(c) “Persons Living with HIV” means persons infected with HIV;

(d) “Stigma” means the social mark that, when associated with a person, usually causes marginalization or presents an obstacle to the full enjoyment of social life by the person infected or affected by HIV;

(e) “Discrimination” means any distinction, exclusion or preference which has the effect of nullifying or impairing equality of opportunity or treatment in employment or occupation;

(f) “Affected persons” means persons whose lives are changed by HIV or AIDS owing to the broader impact of the pandemic;

(g) “Vulnerability” means the unequal opportunities, social exclusion, unemployment or precarious employment, resulting from the social, cultural, political and economic factors that make a person more susceptible to HIV infection and to developing AIDS;

(h) “Workplace” refers to any place in which workers perform their activity;

(i) “Worker” refers to any persons working under any form or arrangement.
II. Scope

This Policy document covers:
(a) all workers working under all forms or arrangements, and at all workplaces, including:
   (i) persons in any employment or occupation;
   (ii) those in training, including interns and apprentices;
   (iii) volunteers;
   (iv) jobseekers and job applicants; and
   (v) laid-off and suspended workers;

(b) all sectors of economic activity, including the private and public sectors and the formal and informal economies; and

(c) armed forces and uniformed services.