

Royal Government of Cambodia  
Nation – Religion – King



Ministry of Education, Youth and Sport

# Workplace Policy on HIV and AIDS

May, 2008

## Preface

The Ministry of Education, Youth and Sport (hereinafter referred to as MoEYS or the Ministry) understands that AIDS<sup>1</sup>, like any other serious illness, may significantly affect its efficiency.

The Ministry also recognises the important role education plays in reducing the spread of HIV and its responsibilities to provide guidance to its employees and others working in the education sector in Cambodia in providing effective education to the youth of Cambodia on HIV and AIDS.

The Ministry has therefore developed this Personnel Workplace Policy on HIV and AIDS for its teams and staff (referred to hereinafter as staff<sup>2</sup>) to help them protect themselves from HIV infection, to care for themselves and to know what support is available from the Ministry should they be infected with HIV and develop AIDS.

The Ministry is committed to the introduction and implementation of the Policy across all Departments, Offices, Schools, Universities, Colleges and other institutions including non-Ministry educational private establishments

The Policy sets out the obligations and responsibilities of all those working in the educational sector to participate in the multi sectoral response to the HIV epidemic across all Cambodia. Implementation of the Policy will enhance the quality of education and human resource development for all educators in line with all National Strategies, including the Cambodia Millennium Development Goals and the Rectangular Strategy of the Royal government.

The Ministry for Education, Youth and Sport expects all institutional other stakeholders engaged in education, youth and sport – officials, students, public and private institutions, UN Agencies, other development partners, civil society organisations and communities – to give all necessary attention to the effective and efficient of this Policy implementation.

Phnom Penh 09 May, 2008



**IM SETHY**

**Secretary of State**

For the minister

<sup>1</sup> HIV is the Human Immunodeficiency Virus which can lead to AIDS which is the Acquired Immune Deficiency Syndrome – see section 2.

<sup>2</sup> Staff is used to define all those working in the educational sector whether in government or private employment and also to applicants, volunteers and others as well as salaried staff the conditions of employment and service for which are the mandated responsibility of the Ministry.

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## **I-Background**

This Policy has been produced by the Department of Personnel of MoEYS with the cooperation of staff from all MoEYS departments. The document is based on consultations in six Provinces with staff of the Provincial and District Offices, teachers, non formal educators and their head office counterparts and managers in the Ministry Offices in Phnom Penh. Students and parents, including those living with HIV have also been consulted.


At two workshops attended by a wide cross section of Ministry staff from the Provinces and Phnom Penh and NGO and UN agencies, the views of staff on the policy issues have been collected. All these people are thanked for their frank and insightful contributions of information and their valued suggestions.

### **1.1 Introduction**

Infection with the Human Immunodeficiency Virus (HIV) weakens our immune system. Symptoms of HIV-infection may occur both at the beginning of HIV infection and after immune compromise sets in, leading to AIDS or Acquired Immune Deficiency Syndrome.

HIV infection is passed from people who are already infected (HIV+) to persons who are not through unprotected sex (sexual intercourse without correct and consistent use of a condom) and through contact with infected blood and other bodily fluids. HIV can be transmitted through use of contaminated injecting equipment such as needles, razor blades and other skin piercing tools. Furthermore, HIV can be transmitted through blood transfusions and transplants with contaminated human fluids or tissues.

HIV infection is NOT contagious and HIV transmission is NOT possible through normal contact with infected people through shaking hands, coughing or sneezing, not can it be transmitted through glasses, forks, spoons or chopsticks, toilets or swimming pools, nor through mosquito and other bites.

Most people in Cambodia who are infected with HIV caught the virus through unprotected sex with a HIV+ partner of either sex. Exposure to HIV is preventable: people need to practise safer sex and use condoms properly when having sex (including sex with spouses and same sex partners for men). Even when blood tests are negative for HIV, safer sex must be practised as a partner may have been exposed to infection, but still are in the window period between HIV exposure and detection of antibodies. HIV 

antibodies may take between three and six months to be detectable in a blood test.

Many people who are HIV positive are able to work fully for many years before developing AIDS. Moreover early detection, a healthy life style and timely initiation of antiretroviral treatment can suppress viral replication and slow the progress of HIV disease and delay the onset of AIDS.

### **Mother to Child Transmission:**

HIV may also be transmitted to babies by their HIV+ mothers, either before or at birth, or after birth through breast feeding. The risk of mother to child transmission can be greatly reduced through adequate medical care and advice during and after pregnancy and timely initiation of antiretroviral treatment to the mother and the newborn infant<sup>1</sup>.

**AIDS** is a group of symptoms and illnesses called "Opportunistic Infections" (OIs) that develop as a result of damage to the immune system caused by years of attack by HIV.

With early testing for HIV status and timely treatment with medically supervised and monitored Antiretroviral Treatment (ART), a healthy lifestyle and good eating habits (nutrition), people living with HIV (PLWH) can live normal and productive lives without falling ill. However, there is no cure for HIV infection and although the antiretroviral treatment reduces the amount of HIV in the body, the virus remains present and can rise again to dangerous levels. In addition, the antiretroviral drugs can have serious and even potentially life threatening side effects.

**HIV prevalence** quantifies the proportion of individuals in a population who are HIV positive at a specific point in time.

## **1.2 Situation Analysis**

**HIV infection in Cambodia:** Cambodia is one of the few countries that have seen a reduction in the HIV epidemic. Adult (15-49 years of age) HIV prevalence has decreased from 2% in 1998 to 1.2% in 2003<sup>2</sup> and 0.9% in 2006<sup>3</sup>. The high level of political commitment and leadership from the Royal Government of Cambodia in responding to the HIV epidemic, together

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<sup>1</sup> See World Health Organisation for more information on mother to child transmission prevention.

<sup>2</sup> Data HIV Sentinel Surveillance Survey 1997 and 2003: 2003 adjusted as a result of an expert meeting conducted in June 2007.

<sup>3</sup> Report of a consensus workshop HIV estimates and projections 2006-2012, NCHADS/MoH June 2007

with financial support from various sources and civil society organisations have all contributed to this achievement.

The HIV epidemic in Cambodia is a concentrated epidemic primarily driven by commercial sex, although there are indications of rising prevalence amongst the injecting drug using population and men having sex with men. The number of people living with HIV in Cambodia was estimated in 2006 to be 67,200 people 15-49 years of age of which approximately 30,000 were in need of anti-retroviral treatment. As of 30 June 2007, 23,587 people living with HIV were receiving antiretroviral treatment, including 21,432 adults and 2,155 children.

Almost half of new infections are among married women, wives of clients of sex staff, and one third of new infections occur from mothers to their new-born infants.

Estimated number of adults 15-49 years of age living with HIV (2006)	67,200 (women 35,000/men 32,200)
Estimated number of children 0-14 years of age living with HIV	3,870
Prevalence <sup>4</sup> of HIV infection among adults 15-49 years of age.	0.9%
Prevalence of HIV infection in pregnant women visiting antenatal care services	1.1%
Projected number of annual death among adults aged 15 + due to AIDS	12,040

### **1.3 Workplace Policy**

HIV is a work place issue. It has a huge impact on the world of work. It reduces the supply of labour, increases labour costs, reduces productivity, threatens the livelihoods of workers and undermines basic rights. The impact of HIV strikes hardest at vulnerable groups including women and children and widens existing inequalities in society.

<sup>4</sup> HIV prevalence quantifies the proportion of individuals in a population who have HIV at a specific point in time. UNAIDS normally reports HIV prevalence among adults, aged 15-49 years.

Workplaces are communities. They are places where people come to work together, interact and learn from each other. They can be a central point for HIV prevention, care and support within existing programmes, including human resource development, training and health and safety. Workplaces are where standards are set for working conditions, labour relations and the protection of workers' rights.

The school is a particular type of workplace. In addition to the rights of employees are the rights of the children who are in their care. MoEYS is currently the largest civilian Ministry. It has over 104,000 employees (teaching and non-teaching staff) and provides education services from pre-primary to tertiary level to over 25% of the Cambodian population.

## II - Policy Implementation

### 2.1 Objectives and Purpose

The **Objective** of the Policy is to ensure the working environment for staff is safe and healthy and to help the Ministry and its staff contribute to halting the HIV epidemic in Cambodia.

The **Purpose** of the Policy is to protect the rights of staff and applicants to work in the education sector, and to provide the MoEYS and all over education sector staff with clear instructions and guidance on:

1. the behaviour of staff and their responsibilities to **prevent** HIV infection of themselves, their colleagues, families and students,
2. the **support and care** staff can expect to receive if they or their families are living with HIV,
3. the **duties and responsibilities** of staff of the Ministry and private educational employers to protect themselves from HIV infection and to seek care and support should they become HIV+,
4. the **responsibilities** of the Ministry to provide a safe, healthy and non violent working environment for all staff and students who may be infected with HIV, and to keep **confidential** information on staff or students living with HIV,
5. the roles of the Ministry and its staff in the elimination of all forms of **stigma and discrimination** against people who are affected by HIV and AIDS, and
6. guide the Ministry in developing appropriate **work plans** to implement Workplace Policy and actions coordinated by the Inter Departmental Committee on HIV and AIDS (ICHA), the Department of Personnel and all other Departments and institutions of the Ministry. Work plan

development must include collaboration between employers' and staff' organisations, the active involvement of staff living with HIV as well as with all relevant government authorities.

## **2.2 Key Principles**

HIV infection and AIDS is a workplace issue like any other serious illness that may affect the efficiency of the work of the Ministry, members of the education sector workforce and society. Furthermore, because of the ways in which HIV can be transmitted, the ways in which HIV and AIDS is addressed in education affect the entire community.

### 1. Recognition of HIV and AIDS as an issue affecting the education sector

HIV is an issue for all education institutions, not only because the virus affects employees and students, but also because the education institution can play a vital role in limiting the spread and effects of the infection.

### 2. Non-discrimination and reduction of stigma

In the interests of decent work and respect for human rights, there should be no discrimination against an employee or student who has, is perceived to have, or who is affected by HIV/AIDS. Discrimination and stigmatization inhibit efforts for prevention, care, treatment and support.

### 3. *Human Rights*

The MoEYS response to HIV will promote human rights including respect for the rights of people living with and affected by HIV.

### 4. *Gender Equality*

Gender norms and practices are important factors in the dynamics of the HIV epidemic. Women and girls are more vulnerable to HIV infection because of their lower status in society. MoEYS will address gender inequalities through education, youth and sports policies and programmes as well as through education on HIV. Gender mainstreaming will be linked to HIV mainstreaming.

### 5. *Mainstreaming*

MoEYS recognises HIV as a core issue for its work. Responding to HIV is an important responsibility for all departments at central and decentralised levels.



## *6. Equitable Access*

MoEYS will seek to provide the broadest coverage of HIV education through its integration into its educational programmes and other mainstream programmes in both formal and non-formal education.

## *7. Empowerment*

Through life skills education, MoEYS will work to support the empowerment of young people to increase and strengthen their control over their behavioral choices and how these affect others. Efforts will be made to increase the participation of children and youth, male and female, in programme development and implementation.

## *8. Community involvement*

MoEYS will seek to maximise community involvement in its HIV response to help foster a sense of ownership and responsibility for the success of the initiatives. Community involvement will help also in expanding the reach of the education interventions beyond the immediate target groups.

## *9. Involvement of People Living with HIV (PLHIV)*

MoEYS will encourage and involve people living with HIV in programme development and implementation, including monitoring and evaluation.

## *10. Multisectoral responses and partnerships*

MoEYS will work with other sectors and civil society partners to contribute to an enhanced national response aiming to ensure that the various HIV-related needs of Cambodian children and adults are appropriately met.

The principles used are consistent with and comply with:

1. The Law on The Prevention and Control of HIV and AIDS.
2. National education For All Plan (2003-2015)
3. The National Strategic Plan for a Comprehensive and Multisectoral Response to HIV and AIDS (2006-2010)
4. The several codes and plans to address the epidemic developed by the Health Ministry and its departments and the National Aids Authority (NAA)