



# **HIV / AIDS WORKPLACE POLICY**

Ghana National Association of Teachers (GNAT) &  
Teachers and Educational Workers' Union (TEWU)  
of Ghana Trades Union Congress

**GHANA NATIONAL ASSOCIATION OF  
TEACHERS (GNAT)**



**HIV / AIDS  
WORKPLACE POLICY**



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## **ABBREVIATIONS**

GNAT	- Ghana National Association of Teachers
GHS	- Ghana Health Service
GDHS	- Ghana Demographic Health Survey
PLWHA	- Persons Living with HIV/AIDS
GAC	- Ghana AIDS Commission
MDA	- Ministries, Departments and Agencies
NGO	- Non Governmental Organisation
CBO	- Community Base Organisation
BCC	- Behaviour Change Communication
IEC	- Information Education Communication
STI	- Sexually Transmitted disease
GES	- Ghana Education Service
COHOBS	- Conference of Heads of Assisted Basic Schools
CHASS	- Conference of Heads of Assisted Secondary School
PRINCOF	- Principals of Heads of Training Colleges
SHED	- School Health Education Programme
NACP	- National AIDS Control Programme

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## BACKGROUND

The first case of AIDS in the country was diagnosed in 1986, and by the year 2007 an estimated 380,000 adults and 14,000 children were HIV-positive (UNAIDS, 2007). Prevalence rates have fluctuated from an estimated 2.6 percent in 2000, to 3.6 percent in 2003, and 1.9 percent in 2007 (National AIDS/STD Control Programme, GHS, 2007). Within this general pattern are considerable variations by geographic/region, sex, age, occupation, and, to some degree, urban-rural residence. There have emerged pockets of high infection which have had considerable impact on the socio-cultural and economic situation of such areas.

According to the 2007 sentinel surveillance report, prevalence in the country's ten regions varied from 1.7 - 4.2 percent.

The studies on Ghana indicate that the peak ages for infection are 25-39 years. The findings from the Ghana Demographic Health Survey (GDHS) of 2003 demonstrate that HIV/AIDS in Ghana is not only affecting marginalized, unemployed people who contribute little to the economy as many have thought. Instead, People Living with HIV/AIDS (PLWHA) are more likely to be employed, have basic to secondary school levels of education and fall in the three middle wealth quintiles.

These features of the epidemic have important implications for the future impact of HIV/AIDS in Ghana in terms of lost employment and income as well as potential implications for the vulnerability of Ghanaian households and overall poverty.

Despite the widespread and generally adequate information, Ghanaians have according to the GDHS, only about a third of the population (21.4 million<sup>1</sup>) believe they are personally vulnerable to HIV infection. While 80 percent or more of men and women in Ghana reported that they believe they can contract AIDS by not using a condom, only about 40 percent of men and 20 percent of women reported that they can avoid AIDS by using a condom. According to a 'baseline survey conducted by GNAT on HIV / AIDS, most teachers who reported having multiple sexual partners did not use condom with their partners.

## **NATIONAL RESPONSE TO THE HIV/AIDS PANDEMIC IN GHANA**

The country has the benefit of continuing political commitment to HIV/AIDS issues. The President serves as Chairman of the Ghana AIDS Commission (GAC), providing it the highest mandate. GAC was set up in 2001 by Act 613 of Parliament as a supra-ministerial body under the Office of the President to coordinate the multi-sectoral national response to HIV/AIDS. Since its creation, the GAC has made considerable progress in its functions of advocacy, policy formulation, resource mobilization, monitoring and evaluation and research, and has provided strategic vision for the coordination of the national response. Much of these have been achieved through strong political support to the national response, the establishment and use of decentralised institutional structures, adoption, enactment of supportive policies and legislation and widespread participation of civil society. The GAC regularly conducts its work through technical committees which are composed of experts and representatives from stakeholders, including MDA (Ministries, Departments and Agencies), development partners, NGOs, (Non-Governmental Organization) and Civil Society organizations (CSOs).

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## INTRODUCTION

Ghana made some progress in reducing poverty levels in the 1990s. Between 1991/92 and 1998/99, the proportion of the population in extreme poverty declined from 37 per cent to 27 per cent (Ghana Statistical Service, 2000). Within this national pattern, considerable poverty still exists in some areas and in pockets around the country. For instance, eight out of ten persons in the three northern regions were classified as poor in 1998/99. Within regions and urban areas, pockets of extreme poverty exist. The general observation is that poverty and other economic pressures on individuals constitute pre-disposing factors for HIV infection. For example, unemployment, limited job opportunities and the rising cost of living are aspects of the poverty cycle that promote rural-urban migration of young people, transactional sex and early sexual relations (Tanle, 2003).

The available evidence indicates that over 70 per cent of HIV/AIDS infected persons are aged 20-39 years due mostly to high sexual risk-taking behaviour by individuals or their partners/spouses. Results from the 2003 GDHS also point to a new pattern of infection. According to the results, employed, middle income persons and those with primary or junior secondary education were disproportionately infected (Ghana, 2004). These are people in their economically productive period and HIV infection among this population has implications for the national economy. It will affect the proportion of the population available for work, training, and the pace of work. The economic costs of HIV/AIDS to employers in terms of care, absenteeism and retraining, is high and will continue to increase if the trend is not reduced. Thus, the current pattern of HIV/AIDS infection poses a threat to the economy of the country.

## RATIONALE FOR GES/GNAT HIV / AIDS WORKPLACE POLICY

The 1992 Fourth Republican Constitution guarantees the protection of the right to life (Art 13); the right to the protection of personal liberty (Art



14); the right to respect for human dignity (Art 15); and the right to equality and freedoms. Article 37(4) also mandates the Government to enact laws on population whenever necessary. The Ghana Poverty Reduction Strategy of 2003 (Government of Ghana, 2003), which is the blueprint for the country's human and socio-economic development, also highlights the need for improved quality of life and expansion of opportunities for all members of society under its human development component.

The National Population Policy (Revised Edition, 1994) emphasizes the harmful effects of STD/HIV/AIDS and calls for the institution of appropriate measures to prevent and control the epidemic. Numerous other policies make an explicit or implicit reference to HIV/AIDS in Ghana. These include: the National Youth Policy, which identifies the provision of services to young people living with HIV/AIDS as a priority; Adolescent Reproductive Health Policy, that has as one of its objectives the implementation of programmes aimed at reducing STD/HIV/AIDS; the Reproductive Health Standards and Protocols; the Labour Bill; the National HIV/AIDS/STI Policy, Policy Guidelines on Orphans and Vulnerable Children, Gender and Children Policy, the National Workplace Policy etc.

Two research studies carried out by GNAT/TEWU (An Assessment of the Awareness of HIV/AIDS in the Education Sector and the Needs of Teachers and Educational Workers Living with HIV/AIDS in Ghana, August 2007, and Awareness and Use of HIV/AIDS Prevention Methods among Teachers and Educational Workers in Ghana December 2008) and a recent study carried out for GNAT i.e. Formative Assessment Report on the Structure, Management support of HIV and AIDS Behaviour Change Communication (BCC) Intervention with Members of GNAT (April 2004) revealed that teachers are vulnerable and have risk of HIV INFECTION

Reasons accounting for teachers' vulnerability include:

- Teachers are posted to work any where in the country and are very influential and thus can influence their communities

- Socio-economic factors such as delayed payment of beginning teachers' salaries spanning between six and eighteen months making them prey to all kinds of sexual predators;
- Posting of some teachers to remote areas causing separation between spouses and enhancing the chances of courting and keeping new partners;
- According to a baseline survey carried out by GNAT in five pilot districts, about 90 percent of teachers who do not abstain from sex do not use condom, thereby increasing their risk besides the facts that teachers are a part of the general society and as such share society risks level
- Instances of exchanging sex for better working conditions or advantages do exist in the GES especially between male officers and female teachers;
- In the classroom, some female pupils/students are coerced to exchange sex for such favours as marks, gift, freedom from punishment and care from male teachers;
- Power relations in terms of gender make it difficult and interfere with the ability of female teachers of GNAT, like most other women, to negotiate condom use with their partners or exercise effective control over their spouses' extra-marital affairs.

Teachers are crucial within the education enterprise and, like all workers, require protection since HIV and AIDS is an obvious phenomenon and teachers like all other individuals, cannot escape contracting the disease without being protected. In addition, since it is evident that various classes of Ghanaians (including teachers) are contracting the disease, it has become imperative that GNAT should be interested in minimizing the spread among its membership hence the need for this workplace policy.

## **GUIDING PRINCIPLES**

The following key principles shall underline this policy:

### **Recognition of HIV / AIDS as a Workplace Issue**

HIV and AIDS have become endemic. Teachers like other workers spend most of their time in a day at the work place. Hence there is the need for GNAT to protect those infected and to educate its membership to prevent further infections.

### **Social Dialogue**

GNAT as a union having accepted that there is the need to protect its membership including those infected and affected by HIV and AIDS is pledging to the successful implementation of the HIV and AIDS policy between GES Management, GNAT Executive and members, as well as students and community organizations within a national framework and the active involvement of workers infected and affected by HIV and AIDS.

### **Gender Equality**

More equal gender relations and the empowerment of women are vital to successfully preventing the spread of HIV infection and enabling women to cope with HIV/AIDS

The gender dimensions of HIV and AIDS ought to be appreciated owing to the different biological make up of men and women; as well as socio economic and cultural reasons. Women are more likely to become infected and are more adversely affected by the HIV and AIDS pandemic than men.

### **Non- Discrimination**

In consonance with the spirit of decent work and respect for the human rights and dignity of persons infected or affected by HIV and AIDS, there should be no discrimination against workers on the basis of a real or perceived HIV status. Discrimination and stigmatization of people living with HIV and AIDS retard efforts at promoting HIV and AIDS prevention.

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Promote greater involvement of teachers living with HIV/AIDS in all aspects of HIV/AIDS programmes.

### **Screening for employment Purposes**

People applying for employment as teachers should not be subjected to HIV and AIDS screening.

### **Care and Support**

Solidarity, care and support should guide the response to HIV and AIDS in the world of work. All workers, including workers with HIV and AIDS are entitled to affordable health services. Such services shall cover;

- The institution of a special health care arrangement for People Living with HIV and AIDS. This should take account of those who would be 'boarded off' (with financing from an income continuous programme)
- Counseling Services
- A special fund (income continuous programme) to cater for economic and social needs of PLWHAs, etc

### **Continuation of Employment**

HIV infection should not be a cause for termination of employment. Persons with HIV- related illnesses should be able to work for as long as they are medically fit and available for appropriate work.

### **Confidentiality**

There is no justification for asking job applicants or workers to disclose HIV-related personal information. Similarly co-workers should not be obliged to reveal such personal information about fellow workers.

### **Prevention**

The view that HIV infection is preventable should be central to all initiatives to manage the HIV and AIDS menace. And strategies, which

should be varied, need to be appropriately targeted to national conditions, which are culturally sensitive.

**Awareness Creation-**There is the need for continuous HIV/AIDS awareness creation to get as many as possible to adopt positive practices, and disseminate information on the nature of HIV / AIDS

**Development of Skills –**

- Educate members and school children/students on how HIV and AIDS is acquired
- Educate members, pupils, and students on the need for behavioral change so as to avoid HIV and AIDS
- GNAT should mainstream HIV/AIDS into all its programmes and activities.

## **POLICY GOALS**

The policy goals are to:

- Confront the spread of HIV and AIDS among teachers, pupils and students.
- Mitigate the suffering HIV/AIDS imposes on teachers and their families by introducing various care and support systems.
- Secure conditions of decent work for teachers and GNAT staff at the workplace.

## **SPECIFIC OBJECTIVES**

The specific objectives of this workplace policy are to:

- Prevent the spread of HIV and AIDS amongst teachers, GNAT staff, pupils and students

- Address and reduce HIV and AIDS related stigma and discrimination in the workplace.
- Ensure the availability and accessibility of care, support, voluntary counseling and testing (VCT) to GNAT members and their dependants
- GNAT would negotiate with GES to mainstream HIV / AIDS into conditions of service framework.
- Develop Behavioural Change Communication (BCC) interventions for members of GNAT.
- GNAT to vigorously educate its members on the importance of equal Gender relations (gender dimensions of HIV and AIDS)
- Greater involvement of Teachers Living with HIV/AIDS (create a safe space within the union for educators living with HIV to meet (a support group) to share experiences, information and mutual support)

## **STRATEGIES TO ACHIEVE OBJECTIVES**

The strategies to achieve the stated objectives are outlined as follows:

**OBJECTIVE 1 - Prevent the spread of HIV and AIDS amongst teachers, pupils and students**

### **STRATEGIES**

- Develop and put in place workplace information and education programmes in GNAT
- Embark on HIV and AIDS Behavior Change Communication Campaign
- Advocate GES to integrate Behavior Change Communication as well as occupational health and safety information into existing education and Human resource programmes.

OBJECTIVE 2 - Address and reduce HIV and AIDS related stigma and discrimination in the workplace.

### STRATEGIES

- Job applicants should not be subjected to HIV screening.
- Members of staff shall not be subjected to compulsory HIV screening.
- HIV and AIDS related information of GNAT staff and members shall be kept strictly confidential. HIV and AIDS status information shall only be accessed by medical personnel, and such information will only be shared if legally required or with the consent of the person concerned.
- GNAT would negotiate with GES to ensure a safe and healthy working environment for teachers
- GNAT would continuously educate members on the effects of stigma and discrimination

OBJECTIVE 3 - Ensure the availability and accessibility of care, support, voluntary counseling and testing (VCT) to GNAT members and their dependants

### STRATEGIES

- Teachers and GNAT staff would be sensitized and encouraged to access voluntary testing programmes.
- GNAT would organize VCT programmes for its members across the country periodically
- Measures shall be instituted by GNAT to encourage openness, acceptance and support for teachers and GNAT staff who disclose their HIV status.

- GNAT shall extend counselling and other forms of psycho-social programmes to teachers and workers infected and affected by HIV and AIDS
- GNAT shall initiate sustainable social support programmes to support families, especially children of teachers and other workers living with HIV and AIDS (Put aside budget for care and support programmes).
- GNAT to sensitize teachers on accessing early treatment for Sexually Transmitted Infections and opportunistic infections.

OBJECTIVE 4 - GNAT would negotiate with GES to mainstream HIV / AIDS into conditions of service framework.

#### STRATEGIES

- GNAT would advocate GES for flexible working conditions for teachers who are HIV positive e.g. Pertaining to transfers, postings etc. if they so wish.
- GNAT would advocate GES, GAC, NACP and others to assist teachers living with HIV and AIDS to access Anti Retroviral Treatment
- GNAT to negotiate with GES to ensure that all teachers living with HIV and AIDS related ailments continue to retain their jobs for as long as they are medically fit; and where alternative working arrangements including sick leave have been exhausted, the employment relations may terminate in accordance with conditions of service, labour laws and respect for general procedures and with full benefits.

OBJECTIVE 5- Develop Behavioural Change Communication (BCC) interventions for members of GNAT



## STRATEGIES

- GNAT to negotiate with GES to mainstream HIV and AIDS and Reproductive Health Education into the school curriculum and time table
- GES management, GNAT, other education sector unions and students unions should jointly assess the vulnerability of the working and schooling environment, and promote specially designed programmes for teachers, other workers and students as appropriate.
- GNAT shall build the capacity of teachers to fashion out Behavioral Change Communication intervention for students.
- GNAT would advocate the intensification of the work of the SHEP coordinators in GES to enable them perform effectively
- GNAT with the support of GES would collect, collate and analyze data on colleges and other educational offices for information management.
- GNAT shall advocate for and encourage and support the formation of HIV and AIDS clubs and similar advocacy groups in schools.

OBJECTIVE 6- Gender Relations-GNAT to vigorously educate its members on the importance of equal gender relations

## STRATEGIES

- Develop and educate members on the importance of more equal gender relations and women's empowerment in HIV/AIDS prevention.
- GNAT to develop gender sensitive programs that address the different degrees of risk for men and women
- GNAT to develop BCC programmes that would address the vulnerability to sexual harassment and violence.

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- GNAT to develop programmes that would sensitize men and women on their respective responsibilities with regard to HIV/AIDS
  - An annual budgetary allocation for HIV/AIDS programmes.

## **CONCLUSION**

As indicated earlier in this policy document, the success of a workplace HIV / AIDS policy implementation will depend on collaboration between GES management, GNAT, Students' unions, NGO's, COHBS, CHASS, PRINCOF and other stakeholders in Education in addition to a budgetary allocation from GNAT as well as survey fund from Donors. The need for commitment of the Ministerial team at the Ministry of Education, Science and Sports, top management of GES i.e. Director General and Deputy Director General and top leadership of workers unions in the sub-sector cannot be overemphasized. The commitment will ensure success in all the measures that will be introduced.

The policy must also be reviewed in the light of findings from monitoring exercises, and external information about the virus and its workplace implications.

It should be emphasized that each step described above should be planned and implemented, and that monitoring should be on-going and done in a sustainable manner.

# APPENDICES

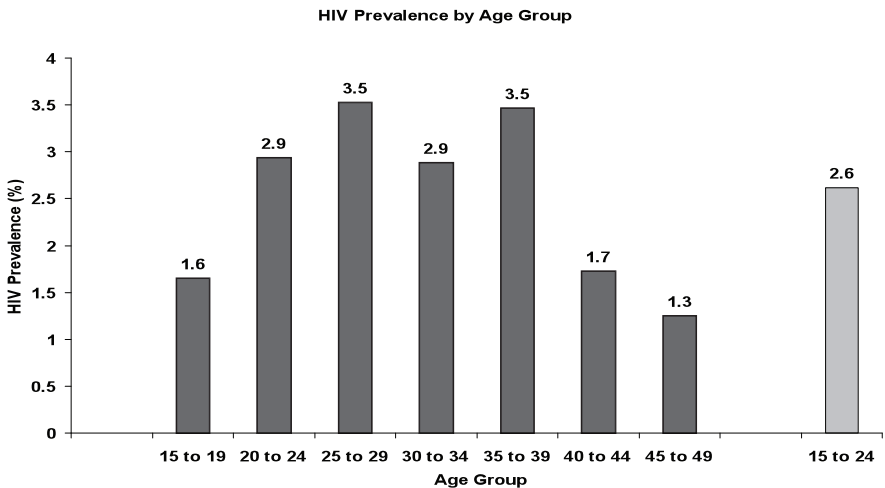
## APPENDIX I

Basic facts about HIV and AIDS (Ref. Pp. 33-38 of An ILO Code of Practice on HIV/AIDS and the World of Work, International Labour Office Geneva 2003).

## APPENDIX II

### Regional prevalence ages 15-49

- Northern Region = 1.7%
- Volta = 2%
- Upper East = 2.5%
- Central = 2.9%
- Western = 3.2%
- Upper West = 3.3%
- Brong Ahafo = 3.3%
- Greater Accra = 3.4 %
- Ashanti = 3.8%
- Eastern = 4.2%



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## **APPENDIX III**

Infection Control in the Workplace (Ref. Pp 39-40 of an ILO Code of Practice on HIV/AIDS and the World of Work Op.cit.

### **SOURCES**

This draft policy has been largely informed by the monograph An ILO Code of Practice on HIV/AIDS and the World of Work ILO 2003.

Other supplementary Sources:

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