

Workplace HIV/AIDS Policy - Guideline

**CETU-HIV/AIDS Project Office
Addis Ababa, October 2001**

Table of Contents	Page
Table of Contents	i
Acronyms and Abbreviations.....	ii
Operational Definitions	iii
Introduction	1
Workplace HIV/AIDS Situational Analysis	4
Basic Principles and Facts	7
Objectives	8
General Policy Guidelines	9
General Strategies	11
IEC	11
Prevention Services	13
Care And Support	17
Human Rights	19
Gender	21
Implementation of Workplace HIV/AIDS Policy Guideline	22
References	25

ACRONYMS AND ABBREVIATIONS

AIDS	Acquired immunodeficiency Syndrome
CETU	CONFEDERATION of Ethiopian Trade Unions
HIV	Human Immunodeficiency Virus
IEC	Information, Education and Communication
ILO	International Labour Organization
PLWHA	People Living with HIV/AIDS
SSA	Sub Saharan Africa
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infections
VCT	Voluntary Counseling AND Testing
UNAIDS	Joint United Nations program on HIV/AIDS
WLWHA	Workers living with HIV/AIDS

OPERATIONAL DEFINITIONS

HIV Affected Person: Persons whose lives are changed in
Any way by HIV/AIDS

Basic Trade Union: A legal association formed by workers
In their respective work place

Confederation: an Organization established by more than
One industry federation organized in accordance
with article10 of CETU's constitution.

Decent Work: Advocates the Provision of economic security and
Social Protection to all workers and their families it
also advocates gender equality, based on Principles
Of equity and equality at work and household level.
Further more it emphasizes basic rights at work and
a worldwide acceptance of the inviolability of those
rights.

Federation: an Organization Established by more than one trade
Unions under specific industries organized in
accordance with Article 10 of CETU's constitution

Government: implies the federal gov't of Ethiopia

Liaison Offices: CETU's branch offices in 5 Zones out side Addis

Ababa i. e. Awassa, Jimma, Dre-dawa, Bahir Dar
And Mekelle.

Organization: is an entity established under a united management
for the purpose of carrying on any commercial,
industrial agricultural or other Lawful activity.

Persons with disabilities: individuals whose prospect of

Securing, retaining and advancing in
suitable employment are
substantially reduced as a result of
duly recognized physical or mental
impairment.

Reasonable accommodation: Any modifications or adjustment

to a job or to the workplace that
is reasonably practicable and will
enable a person living with HIV or
AIDS to have access to or
participate or advance in
employment.

Worker: means a person who has an employment relation ship

with an employer in accordance with Article 4 of Ethiopia's
Labor Proclamation No.42/1993.

Employer: means a person or an under taking who employ one or

more persons in accordance with article 4 of
Proclamation No. 42/1993.

INTRODUCTION

Over the past two decades the human immunodeficiency virus has spread silently throughout the world profoundly affecting the lives of men and women, their families, and societies. It has not respected international boundaries or spared the elite. By the time that researchers understood how HIV spreads, how it can be prevented, and behaviors that put people at risk, HIV had already infected millions of adults in the industrial and developing world. The number of people infected with HIV in the world has already reached about 55 million of which 22 million have already died. Today, an estimated 36 million people are living with HIV; about 95% are found in the developing world and a staggering 70% in Sub-Saharan Africa alone, where resources to confront the epidemic are most scarce.

The epidemic is still spreading with alarming rate. In 2000 alone an estimated 5.3 million people were newly infected globally, 600,000 of them are children and 2.8 million died due to HIV/AIDS. In the Sub Saharan Africa (SSA) the prevalence of HIV/AIDS is the highest whereby, 25.3 million are living with HIV and a further 17 million have already died. The global HIV prevalence is 1.07% while that of sub-Saharan African average is 8.5%. In the SSA, more than four million people are living in the advanced stage of illness, and badly need access to antiretroviral drugs and treatment for opportunistic infections.

In the SSA, the countries with the highest prevalence are in the east, southern, and central parts. The worst affected countries in the continent are Botswana with an infection rate of 35.8%, Zimbabwe 25.1%, and Swaziland 25.3%. As Ethiopia is among the Sub-Saharan countries cannot be an exception from the high prevalence of the continent. The Ministry of Health reported an adult HIV prevalence of 7.3 %, about three million people are living with HIV/AIDS and 750,000 million children were AIDS orphans at the end of 2000. The Ethiopian government recognizing the fact that the people

of the country are in danger of the problem and this problem is confounded by the abject poverty, rampant communicable diseases, and low health service coverage, issued an HIV/AIDS policy in order to control the transmission and to mitigate the impacts.

HIV/AIDS is taking a devastating toll in human suffering, by reducing life expectancy and productivity, by disruption of social systems, and by increasing poverty. This effect is not only among the infected and died but among their families and communities. In the absence of an affordable cure, this toll is certain to rise. The impact on the economy is so high that AIDS is projected to slow per capita income growth through its effects, by diverting household savings and reduce productivity.

Since HIV/AIDS is the problem of adult community mainly in the age of 15 to 49 years, the workers community is the hardly hit portion of any country with HIV/AIDS. In countries with generalized HIV epidemics, the mortality rate of prime-age working adults will eventually rise by a multiple of 2 to 10, depending on the baseline mortality rate in the country and the extent of HIV infection. In most of the cases such increases resulted a significant raise in the firm's labor costs by requiring the replacement of workers more frequently, to spend more on sickness death benefits, and perhaps, to implement AIDS education programs. Other effects may include increased absenteeism, early retirements, changes in labor force participation, increased labour costs for employers, mismatch between available human resources and labour requirements, especially replacement of qualified top management and skilled line workers who die or can no longer work would be extremely difficult.

To this effect HIV / AIDS should be recognized as a work place issue, and be treated like any other serious illness/condition in the work place. This is necessary not only because it affects the workforce, but also the work place,

being part of the local community, has a role to play in the wider struggle to limit the spread and effects of the epidemic.

Understanding this fact the Confederation of Ethiopian Trade Unions issued a work place HIV/AIDS policy that has emanated from the national HIV policy. In this approach the existing social and legal context as well as national and global AIDS strategies were taken into account. In so doing in order to have a consistent policy and strategic framework, the consultation of workers, employers, universities, government organizations, knowledgeable individuals, and all other concerned organizations were achieved.

WORK PLACE SITUATIONAL ANALYSIS

The Confederation of Ethiopian trade Unions (CETU) is an umbrella organization of over 400 Basic Unions organized under nine National Industry Federations with an estimated number of 400,000 members. Four major power structures composed the top level of the organization; they are the Congress, the General Council, the Audit committee and the Executive committee. The congress is the supreme body and the general council is the second decision-making body, which gives directives for the congress. The executive committee is elected by the congress and accountable for the general council. It consists of nine permanent members who include the president, the vice president the secretary and the six division heads. It is primarily responsible for the running of the day-to-day activities of the confederation and implements the decision of congress and council. In each of the 400 member organizations there are basic trade unions. In addition there are five liaison offices that coordinate the efforts of the organizations at a zonal level in collaboration with the industrial federation.

Organized in such a manner one of the articles mentioned in its constitution among other things is to defend the rights and benefits of workers, striving to ensure occupational health and safety in order to maintain a healthy work force that would enhance the development of the nation at large. With this respect the Confederation of Ethiopian Trade Union has engaged itself in different activities to address the above-mentioned objectives. The Ethiopian work force is dominated by the reproductive age group and in most cases engaged in unsafe sexual practice, which could expose to acquire the disease. The Confederation of Ethiopian Trade Unions (CETU) was aware of the problem and has been actively participating in the prevention activity by organizing several awareness creation and advocacy workshops for labor union leaders. Furthermore in collaboration with a donor NGO called

Pathfinder International Ethiopia, CETU has launched a work place anti-HIV/AIDS project in Wonji-Shewa and Methara sugar factories. Recently CETU in collaboration with the International Labor Organization (ILO) started a work place HIV/AIDS prevention and control programs in four areas namely Combolch Textile, Shebele transport, Ethiopian Road Authority, and SPA service "felwuha".

However Up-to-date the preventive, supportive or palliative care among the work force is not satisfactory. The efforts, which are being undertaken in the work place and elsewhere are ad-hoc based, uncoordinated and poorly targeted. Educational efforts and counseling services are almost non-existent. Due to the stigma associated with the disease, HIV/AIDS in the work place is a hidden subject like anywhere else. It is obvious that people living with AIDS are subjected to social discrimination and stigmatization unless protected through government policy.

Needs assessment for the establishment of a work place HIV/AIDS program was conducted on ten organizations in some regions of the country i.e. SNNP, Somali, Oromia, Harrari, Dire-Dawa and Addis Ababa. The type of industries where the study was conducted includes: agriculture, transport, chemical, Textile, and food and beverage. The total numbers of workers under the 10 organizations were 12,364 of which 6560 were permanent workers. More than 80% of workers were in the age group of 15 to 49 years. The study concentrates on three types of study groups i.e., the management, the trade union, the workers group and observation and interview on the health institutions of the organizations.

The result of the interview made with managers and trade union leaders showed that all considered HIV/AIDS one of the major problems of the organization. On the average 78 deaths per year out of 6560 permanent workers was reported and majority of the deaths claimed to be due to

tuberculosis or AIDS. Majority agreed that the trend of the death is on the increases. STI treatment service was part of the medical care only in five organizations; HIV prevention program was available in six organizations out of the ten. Perceived risk factor for HIV infection as mentioned by the majority respondents were, alcohol drinking, mobile working condition, being youth and lack of awareness. Some mentioned Lack of recreational facility at work place, poor sterility of needles at clinics, being female, suffocated working area, Khat chewing, Poverty or low income, workload, denial of existence of HIV, misconception about HIV and condom use, and living in urban areas which expose to unsafe sexual practice.

With respect to the observations made in the health institutions, the following was obtained: Out of 10 institutions nine had health institutions of which only two were at a health center level while the rest were at a clinic level. Majority were run by nurses 5(55%) while a physician ran only one. Six of the organizations had condom promotion programs, five had STD programs and 5 had HIV/AIDS prevention programs of which only two had permanent programs assisted by NGOS while the rest were on ad-hoc bases. The health budget for the majority of the organizations has increased from 1%- 12% in the last five years, while the number of cases seen in each of the organizations has decreased from 4% in some organizations to 40 % in others in the majority of the cases. This could be attributed to the privatization program, which has caused the number of workers to decline as mentioned by some of the managers. With respect to attitude of health professionals towards STI and HIV/AIDS was mentioned not to be the problem of the organizations by the majority. This shows that there is a knowledge gap as to the universality of the problem. Perceived risk factors were not different from those mentioned by the managers and trade union leaders.

In the focus group discussion both the female and male group said that the major health problem is tuberculosis, in addition the male group said that the medical care given by enterprises is satisfactory while the female group claimed that there is lack of contraceptive choice and no enough sick leaves. The male group said that HIV/AIDS is a problem of the work place while there is fear and denial of the problem, while the female group said that there is fear but no denial since majority of the workers know the existence of HIV/AIDS.

Both groups claimed that there is no discrimination of PLWA. The female group believed that majority of the deaths among the workers community is due to HIV/AIDS while the male group said HIV/AIDS attributes to 50-60% of the deaths while some said 30-40% of all deaths could be attributed to AIDS. The male group said that there is no as such visible impact of HIV/AIDS since the disease itself is not openly known, however some said that orphaned children, lack of income, increase in medical expenses and family disintegrations are the impacts. On the other hand the female group said the impacts to be orphaned children.

The male group mentioned that mobile nature of work, seductive dressing of girls, sharp objects and chemicals as risk factors at the work place. While the female groups mentioned puncture by sewing needles, rape while getting back from work as a risk factor in the work place.

The male group mentioned that alcohol drinking, Khat chewing, drug use, pornographic films, and hidden culture, being young and single, the misconception of condom use, poor awareness, lack of recreational facilities as a risk factor for unsafe sexual practice. In addition the female group mentioned seductive nature and low economic status of girls, men enforcing girls to have sex without condoms and multiple partnership as a risk factors for unsafe sex.

Other factors that contributed to HIV/AIDS as mentioned by the female group include unsafe abortion or child delivery and promiscuity of husbands.

While the male group said traditional healers and poor sterilization of medical equipment predisposes for the disease.

Among the female group there is a misconception of the mode of transition of the disease whereby the majority said that sharing of drinking utensils and washing utensils as risk factors for acquiring the disease.

Both groups know that there is a relation between STDs and HIV/AIDS as aggravating the transmission.

Both group believed that the workers community is interested to have had VCT and know their status.

As a general comment the both groups agreed on the importance of health education using different methods like peer educators, drams and so on. On the other hand the male group comment recreational facilities at work place, VCT services, Anti AIDS clubs at work places, and mass- media air time. While the female group commented the improvement of sick leave periods beyond three months and provision of HIV/AIDS work place safety measures.

BASIC PRINCIPLES AND FACTS:

- HIV/AIDS is a serious public health, social and economic problem affecting the whole country and hence the workers community that requires a major priority from individual and collective actions.
- That information and behavior change are the cornerstones for the prevention of the disease;
- That the human right and dignity of all workers irrespective of their HIV status should be respected and avoidance of discrimination against people with HIV/AIDS (PLWHA) should be promoted. However,

because of stigma still attached to HIV/AIDS the rights of workers living with HIV/AIDS needs special consideration.

- That providing care and counseling to the workforce is essential in order to minimize the personal and social impacts of HIV/AIDS; however the confidentiality of workers HIV status should be well addressed.
- That sensitivity to gender and commitment to promote gender equality should be integrated into the different workplace policies;
- That workplace HIV/AIDS prevention programs should be institutionalized and be available to all workers;
- That supportive environment and smooth work relationship between HIV infected and non-infected workers will enhance the response to HIV/AIDS by individual workers, families and the employers;
- That an appropriate national workplace HIV/AIDS strategic framework and co-ordination of different intervention programs is essential to oversee further policy development, implementation and networking;
- That HIV related scientific research at workplaces should be an integral part of the effort to combat HIV/AIDS.

OBJECTIVES

General:

The aim of this policy is to promote decent work in the face of HIV/AIDS, by preventing the spread and mitigate the impacts of problem, and creating a working environment that is free of any form of discrimination on workers due to their HIV/AIDS status.

Specific:

1. To establish effective work place HIV/AIDS intervention strategies.
2. To protect workers from any type of discrimination in the world of work based on real or perceived HIV status.
3. Prevention of the spread of HIV infection by safeguarding the health and welfare of all workers and their families and by providing sufficient information and education regarding HIV/AIDS.
4. To promote coordinated response from the part of the government, donors, employers and workers to fight against HIV/AIDS.
5. To empower female and youth workers to protect themselves against HIV/AIDS.
6. To promote proper care and psychosocial support for workers living with HIV/AIDS, orphans and surviving dependants.
7. To promote work place HIV/AIDS research activities.
8. To manage and mitigate the impacts of HIV/AIDS on the world of work.

GENERAL POLICY

1. Recognize HIV/AIDS as a work place issue and be treated like any other serious illnesses/condition in the work place.
2. Ensure that safe, hazard free and healthy work environment is practical for both employers and workers, in order to prevent transmission of HIV/AIDS.
3. Ensure the protection of the human rights and dignity against unlawful discrimination of applicants or employees based on perceived or real HIV status. Discrimination and stigmatization of PLWHA inhibits efforts aimed at promoting HIV/AIDS prevention.
4. Ensure that the gender dimension of HIV/AIDS is well addresses at work places, understanding that women are more likely to be infected or affected by HIV/AIDS epidemic than men, due to biological, socio-cultural, and economic reasons.
5. Promote social dialogue between trade unions, government, employers and workers to bring cooperation and trust towards successful implementation of HIV/AIDS policy and programs at work place.
6. Ensure that HIV/AIDS screening should not be requirement for job application or persons in employment.
7. Access to personal data relating to workers HIV status should be bound by the rules of confidentiality consistent with the ILO's code of practice on the protection of workers' personal data, 1997. There is no justification for job applicants or workers to be asked to disclose HIV-related personal information.
8. Provide reasonable accommodation to applicants and employees living with HIV/AIDS who are qualified to perform essential functions of their

positions. As with many other conditions, employees with HIV-related illnesses should be able to work as long as medically fit in available and appropriate work or they are able to perform their duties safely in accordance with performance standards.

9. Introduce appropriated work place HIV/AIDS prevention program targeting, workers, their dependants and also employers. Prevention of all means of transmission can be achieved through a variety of strategies, which are appropriately targeted to national conditions and be culturally sensitive. This is mainly to bring changes in knowledge and behavior that help prevention and creation of non-discriminatory environment. Accurate & up-to-date information and preventive measures like condom use, STI management, and HIV testing and counseling should be available and accessible to the workers community.
10. Compassion, care and support should guide the response to HIV/AIDS in the work place. Employees infected with HIV should get affordable health services; there should be no discrimination against them and their dependants in access to and receipt of benefits like insurance, pensions and occupational schemes.
11. Promote the smooth work relationships of workers with HIV/AIDS affected co- workers. Disciplinary measures should apply to those workers who discriminate HIV/AIDS infected workers. HIV infected workers or employees are responsible to protect others once they are informed about their status.
12. Promote research activities on HIV/AIDS in the work place and make use of the outcomes.

GENERAL STRATEGIES

1. Information, Education and Communication (IEC)

Preamble

Information Education Communication is an essential component of HIV/AIDS prevention and control. It has to be well targeted to address specific working conditions. To bring about a desired impact information and education about HIV/AIDS should be accurate, clear and delivered through appropriate medium to the target population the message must be relevant and appropriate for specific population groups. However IEC alone is not sufficient to bring a sustainable behavioral change, and has to be combined with other intervention methods.

Strategies:

- 1.1 Utilize the existing union structures and the organizations facilities to disseminate information on HIV/AIDS
- 1.2 Develop educational materials and activities appropriate for workers and their families including regularly updated information on workers rights and benefits.
- 1.3 Ensure accessibility of HIV/AIDS information to all workers in the country. The information must be based on specific needs of workers.
- 1.4 Provide the information and education using clear and relevant messages through appropriate channels, preferably during working hours.
- 1.5 Give emphasis to women workers to provide adequate information and education related to HIV/AIDS.
- 1.6 Give a priority in education of high-risk and marginalized group of workers like transport, construction, farming and mining industry workers.

2. Prevention services

Preamble

Since sexual transmission is the predominant mode of HIV transmission in developing countries especially in the Sub-Saharan Africa, preventing the spread of the epidemics requires fundamental changes in individual and communities sexual behaviors. Therefore public policy should directly influence individual high-risk behavior by lowering the "costs" of safer behavior like condom use and HIV testing. Effective and early treatment for sexually transmitted infections (STIs) has been shown to decrease the transmission of HIV. Based on these facts, making such instruments and services available at a work place has paramount effect on the prevention of the spread of HIV in the workers community.

2.1 Condom/ Barrier methods

Preamble

Different studies showed that male and female condoms, when properly and consistently used, highly reduce the risk of HIV transmission and other sexually transmitted infections.

Strategies

- 2.1.1 Make condoms affordable and easily accessible at a work place, to sexually active workers, through different acceptable distribution channels.
- 2.1.2 Give all workers proper instructions and information on condom use, storage and disposal before issuing condoms.

2.2 Sexually Transmitted Infections (STIs)

Preamble

Sexually Transmitted Infections are quite common in Ethiopia; hence it increases the risk of sexual transmission of HIV significantly.

Strategies:

- 2.2.1 Ensure availability of appropriate technical capacity and drug or referral system, for effective treatment of STIs in all workplace health units.
- 2.2.2 Avoid the misconceptions that "STIs are self inflicted problems and, should be treated at the expense of the worker".
- 2.2.3 Upgrade STI management skill of health workers, at all workplace health units.
- 2.2.4 Strengthen contact tracing and establish a mechanism to treat partners for STIs.
- 2.2.5 Educate the workers especially women and the youth on STI health seeking behavior.
- 2.2.6 Ensure that all pregnant workers have access to STI screening and proper treatment.

2.3 Voluntary testing and counseling (VCT)

Preamble

Knowledge of a workers HIV status obtained through voluntary bases with appropriate counseling is a significant motivator for positive behavioral change. Therefore voluntary testing and counseling for HIV should be made available and accessible to the workers community as an entry point for care and support and prevention of further spread of HIV.

Strategies

- 2.3.1 promote the benefits of VCT to all workers and families.
- 2.3.2 Make voluntary HIV counseling and testing service of standard quality available and accessible to all workers and families.
- 2.3.3 Develop appropriate procedure that makes work place HIV testing and counseling, completely voluntary, and strictly confidential.
- 2.3.4 Improve the counseling capacity of health workers and counselors at work places.

3. Care and support

Preamble

The needs of workers with HIV/AIDS, their families and communities levied a serious challenge to the organization. To alleviate this challenge, a holistic approach of care that caters the physical, social and psychological need of the workers and families is mandatory. Therefore organizations should be convinced to be able to provide reasonable accommodations to HIV/AIDS victims. This is by providing appropriate medical treatments and other supports that may allow HIV/AIDS workers to return to work after disability leave. Partnership between employers, trade unions, workers community, and governmental and non-governmental organizations also ensure effective delivery of services to workers and families and saves costs.

Strategy

- 3.1 Promote "reasonable accommodation" of disabled workers due to HIV /AIDS. This can include flexible work schedules, generous leave policies, reassignment to vacant positions and part-time work.

- 3.2 Ensure supportiveness of employees and coworkers with HIV infected or workers with AIDS. Let the worker with HIV infection or AIDS decide whom to tell about their situation.
- 3.3 Make a comprehensive, cost-effective and affordable medical care accessible to workers living with HIV/AIDS.
- 3.4 Ensure the rights of workers with HIV/AIDS to choose the type of care they want and having of access to accurate information regarding traditional medicine and spiritual care.
- 3.5 Promote a collaboration of coworkers, the spouse or family of HIV infected worker, NGOs, religious organization with the health professionals to provide nursing care to workers with HIV/AIDS, that is holistic and of acceptable quality.
- 3.6 A home based care should be well developed at all work places and be supported as an essential component of the continuum of care to workers living with HIV/AIDS and their families.
- 3.7 Make counseling service accessible to all workers and families affected by HIV/AIDS.
- 3.8 Develop an effective referral and discharge system as an integral part of the continuum of care to workers with HIV/AIDS.
- 3.9 Recognize the "Burn-out" experience of health care and other HIV/AIDS care providers that should be addressed as a serious and fundamental problem.

4. Human rights

Preamble

At present time, in any society, HIV/AIDS is not only a health or social problem. It may affect the development of a nation and even the general security of a country. It may also affect the right of infected or affected individuals. At a work place, HIV/AIDS threatens fundamental rights of workers and undermines efforts to provide women and men with decent and productive work in conditions of freedom, equality, security and dignity. Many affected by HIV/AIDS have no social protection or medical help. Many workers are marginalized to get information about HIV/AIDS; discrimination against HIV-positive ruins the workers right and worsens the existing inequality in society.

Strategies

- 4.1 Ensure the right of all workers, at such a place and time during normal working hours, having access to information and education related to HIV/AIDS/STIs.
- 4.2 Make counseling and HIV testing with informed consent be available especially for engaged couples, pregnant women and sexually assaulted persons. However mandatory testing in the workers community could be enacted in a situation that a person is charged with sexual offence that could involve risk of HIV transmission.
- 4.3 Ensure that all workers/persons with HIV/AIDS be treated as any other healthy individuals with respect to education, training, employment, promotion, job security, health care and other social benefits.
- 4.4 Encourage and support partner notification of HIV status as an important issue for both male and female workers.
- 4.5 The right of workers family (children, spouse and others) with, or affected by HIV/AIDS must be protected and respected.

- 4.6 Promote ratification of a code at a work place that willful transmission of HIV in any setting should be considered a crime in the same sense as inflicting other life-threatening injuries to another person.

5. Gender

Preamble

The gender dimension of HIV/AIDS should be recognized. Women are more vulnerable to become infected and are more often adversely affected by the HIV/AIDS epidemic than men. The greater the gender discrimination in societies and the lower the position of women, the more negatively they are affected by HIV. Therefore, more equal gender relations and the empowerment of women are vital to successfully prevent the spread of HIV infection and enable women to cope with HIV/AIDS.

Strategy

- 5.1 Ensure that male and female workers are accorded equal status with equal opportunity for education and work promotion and other benefits. Female workers, in particular, should have remarkable access to education, training and employment.
- 5.2 Ensure that all work place HIV/AIDS intervention programs are gender sensitive and include gender-related issues.
- 5.3 Promote that workplace gender violence in any form and setting is unacceptable and should be prohibited by law.

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