



HIV/AIDS Workplace Programme for GIZ Personnel

Here: contracts with consulting firms and institutions

giz

1. HIV/AIDS WORKPLACE PROGRAMME FOR GIZ PERSONNEL	1
2. GIZ WORKPLACE POLICY	1
2.1 Context and objective	1
2.2 Why HIV/AIDS and not other chronic illnesses?	1
2.3 Target group	2
2.4 Which benefits does the GIZ provide?	2
3. CORE ELEMENTS OF THE WORKPLACE PROGRAMME	3
3.1 Prevention through information and awareness-raising programmes	3
3.2 Confidentiality	3
3.3 Non-discrimination	4
3.4 Voluntary Counselling and Testing, VCT	4
3.5 First aid in the workplace	5
3.6. Antiretroviral therapy (ART)	5
3.7 Mother to child transmission	7
3.8 Opportunistic infection	7



GIZ Workplace Policy

1. HIV/AIDS Workplace Programme for GIZ Personnel

Within the scope of the GIZ HIV/AIDS Workplace Policy, since 2003 GIZ has developed a Workplace Programme for its offices abroad, which is presented below:

This document is divided into:

- Presenting the basic aspects of the Workplace Policy
- Describing the core elements of the Workplace Programme
- Applying occupational safety and treatment
- Assistance in the practical implementation of the Workplace Programme

2. GIZ Workplace Policy

2.1 Context and objective

On the basis of the BMZ position paper 'HIV/AIDS in German TC', the Workplace Programme is the core element in efforts to mainstream the issue of HIV/AIDS within the company.

Since cases of HIV infections and AIDS affect GIZ personnel and their families, clear guidelines for handling HIV infections are essential in our own organisation.

With regard to GIZ's duty in respect of **care and supervision** as an employer, and in order to maintain GIZ's **credibility** as a company, a separate HIV/AIDS workplace policy was therefore established.

The core objectives of the policy are:

- GIZ staff is informed of the risks, suitable prevention measures and the impacts of the HIV/AIDS epidemic.
- the GIZ working environment and climate is free of prejudice and discrimination with respect to HIV/AIDS illnesses.
- national personnel and their close families are provided with special support in a spirit of solidarity.

With this policy, GIZ acknowledges the special importance and complexity the topic of HIV/AIDS has in the workplace.

2.2 Why HIV/AIDS and not other chronic illnesses?

In the case of HIV/AIDS, we are confronted with a special degree of **stigmatisation** of and **discrimination** against those affected and their environment. This is because the main forms of transmission (sexual intercourse, illegal use of drugs) and the deadly outcome (despite treatment) are surrounded with taboos in most societies.

Furthermore, particularly since life-extending medications have been on the market, health insurers, above all in developing countries, have reacted by **excluding AIDS treatment** from their benefit packages or **excluding members or applicants** in the case that they are HIV-positive. In this latter case, this means that the employee has no insurance coverage either for treatment of so-called opportunistic illnesses or for specific AIDS therapy.

International guidelines that aim to counteract these stigmatisation and discrimination processes thus demand that firms and organisations recognise, inter alia, HIV/AIDS as a problem and treat it like all other illnesses, in other words, in a non-discriminatory manner.

The **productive class** in a society is particularly affected by HIV/AIDS. This not only has catastrophic results for individuals and families, but in many countries, above all now in southern Africa, it also has very negative consequences for the economy of a country. HIV/AIDS is an infectious disease and as such is viewed internationally as a matter of public interest (**public good**).



GIZ Workplace Policy

2.3 Target group

The HIV/AIDS Workplace Policy applies to all GIZ staff groups (Head Office personnel, seconded field staff and national personnel) as well as development workers and integrated experts

The Workplace Policy targets all of GIZ's lines of business (German public clients, International Services, CIM)

Consulting firms are also obliged to participate in the HIV/AIDS Workplace Programme. Most of all, this entails naming a contractor responsible for this area, who **informs employees about the various programmes in effect with the respective measures and has them released from their duties to take part in activities centred on prevention.** The national personnel of the consulting firms that carry out GIZ projects have the same services available to them as those of GIZ employees.

Since the degree of suffering caused by HIV/AIDS, the legal framework conditions and the social security systems vary widely in partner countries, the Workplace Policy can only represent a framework that must be adapted to local conditions and implemented accordingly.

In the case of national personnel, the measures include the partner of the staff member and children less than 18 years of age.

A partner is understood to be:

- the person to whom the staff member is married or
- the person with whom the staff member has a long-term relationship similar to a marriage. This includes same-sex partners.

Married staff members must present their marriage certificate. Unmarried partners must sign a declaration, in which they attest that they maintain a long-term relationship and that they have lived with the partner for at least a year.

A partner cannot share the benefits of this Workplace Programme unless such a declaration has been signed. A false declaration will result in disciplinary measures. Furthermore, only one partner can be accepted.

2.4 Which benefits does the GIZ provide?

GIZ develops appropriate packages in the field together with local professional health care providers for advising, testing and treating national personnel and their families.

GIZ shall bear the costs worldwide for testing and treating illnesses caused by HIV/AIDS, including antiretroviral therapy, for all members of the national personnel and their core family members (permanent partner and children related in the first degree), provided that and insofar as such assumption of the cost of preventive care and treatment is customary on the local market, and provided that no government or other adequate care systems exist.

The assumption of costs shall start after the probationary period and shall end at the expiry of the employment relationship.

The GIZ assumes the costs for

- planning and organisational outlays
- possible training measures
- prevention: information and awareness-raising programmes
- provision of condoms
- voluntary counselling and testing (VCT)
- treatment of opportunistic illness (sexually transmitted diseases, tuberculosis, fungus diseases, etc.)
- antiretroviral therapy (ART) including monitoring
- identification of therapy-induced side effects and their treatment
- medical prevention of mother-to-child transmission (PMTCT) of HIV
- post-exposure prophylaxis (PEP)

The consulting firm/institution undertakes to participate in the HIV/AIDS Workplace Programme for National Personnel; here: contracts with consulting firms and institutions, and to join the workplace programme in place in the country. The rules stipulated in the workplace programme of the relevant country apply for prevention, tests and counselling and for the treatment of HIV-AIDS.

The costs will be reimbursed directly by the GIZ Office. In countries without a GIZ Office, a GIZ project will be nominated to handle the processing.

The consulting firm/institution cannot bill any costs.



GIZ Workplace Policy

3. Core elements of the Workplace Programme

3.1 Prevention through information and awareness-raising programmes

In most countries, there are existing prevention programmes that can be utilised.

Fundamentally, it is advised to prepare a unified concept for providing information about AIDS in the company, which can be made available as necessary.

This should include:

- information on where real danger of a HIV infection lies and where it does not,
- which questions and fears about HIV infections in the office / projects can arise, and
- how the office and projects can deal with problems, conflicts, and the real dangers and fears that arise.
- this concept should be prepared in co-operation with the Country Director and representatives of national personnel involving health projects, clinics, local medical doctors, or related advisory agencies.

The contact person or initial point of contact for those seeking advice could be a HIV/AIDS coordinator designated by the Country Director. However, it must be considered that good advice is informed by comprehensive knowledge and accompanied by sympathetic understanding.

Special training is urgently recommended here. 'Peer-educator' training is often offered by non-governmental organisations.

When those seeking advice turn to a trusted person, the latter is obliged to maintain **professional discretion**. Only the employee seeking advice her/himself can absolve this professional discretion.

All this shows that AIDS is much more than a medical problem and requires precise preparation and information.

Updated information and awareness-raising programmes are regularly carried out for all staff groups.

The programmes are to enhance awareness of the HIV/AIDS problem and are to be adapted

to the local conditions, as well as to the relevant target group with special consideration given to age and gender aspects. They essentially contain information about:

- the transmission of the HIV virus
- possibilities of reducing risk
- medical aspects of treatment
- advisory packages provided by internal and external bodies

Where it is expedient and necessary, trainings are offered to superiors and staff representatives enabling them to perform appropriately their support and advisory role.

Counselling and awareness-raising are not only necessary when there is a tangible reason for them. It makes sense to have staff members and also Managing Directors / Country Directors deal with the topic of HIV and AIDS in the workplace in advance. Timely information and awareness-raising can counteract problems that may arise:

- when the transmission of the virus is understood, unfounded fears or discrimination can be prevented;
- knowledge of the course of the disease can prevent hasty or incorrect decisions pertaining to labour law;
- information on occupational safety and first aid can prevent mistaken conduct.

An updated list of AIDS **contact persons for the Workplace Programme** as well as additional contact details of the Focal Points for the HIV/AIDS Mainstreaming Process can be found [here](#) or click on the link 'Contact' on the GIZ intranet.

3.2 Confidentiality

HIV-related information on staff members must be treated in strict confidentiality. Disclosure of this information may only occur with consent of the staff member concerned or when required by law. Only information provided voluntarily by a staff member about his/her HIV status is retained in medical records, which are to be stored separately from all personnel files. Access to these files must be strictly limited to medical personnel.

Confidentiality must be observed in the following situations:



GIZ Workplace Policy

- voluntary testing and counselling
- organisation of medical treatment and post-exposure prophylaxis (PEP)
- insurance cases

3.3 Non-discrimination

All superiors and staff are obliged to prevent discrimination connected with an assumed or actual case of HIV/AIDS infection.

This applies particularly for all policies and practices connected with the employment relationship:

appointments, transfers, promotion, remuneration and social benefits, workplace equipment, trainings, assessment procedures, disciplinary measures, termination of the employment relationship.

Organisation of employee benefits:

- employees with HIV or AIDS shall not be unfairly discriminated against the allocation of employee benefits.
- employees who become ill with AIDS (or are infected with HIV and become terminally ill) shall be treated like any employee with a comparable life-threatening illness with regard to access to all employee benefits.

Information from employee benefit schemes on the medical status of any employee are to be kept confidential and may not be used to unfairly discriminate against employees.

Sick leave: Conditions for sick leave and terminal diseases apply to employees with AIDS conditions. In order to maintain confidentiality, the employee medical certificate may not declare the nature of the disease.

Alternative Employment

In the event that an employee diagnosed with HIV/AIDS can no longer perform her/his normal duties, the employer may inter alia consider alternative employment where available, as it may be in cases of other terminal illness or disability. Considerations for alternative employment shall be explored with the concerned individual.

Disciplinary measures

The same disciplinary procedures apply equally for employees infected with HIV as do for other employees. No disciplinary measures shall be motivated by a person's HIV status.

Dismissal

Employees with HIV/AIDS shall not be dismissed solely on the basis of their HIV/AIDS status.

In cases when an employee has become too ill to perform her/his current duties, an employer is obliged to follow accepted guidelines regarding dismissal on the basis of incapacity.

The employer is to ensure that as far as possible, the employee's right to confidentiality regarding her/his HIV status is maintained during any incapacity proceedings.

3.4 Voluntary Counselling and Testing, VCT

Information on the HIV status of a staff member shall not be required, neither at the time of an application for employment nor as a condition for continuing the work relationship or for promotion.

If staff members request GIZ Medical Service or a local health service to conduct an HIV test on their own initiative, the blood samples must be analysed by an external facility. The results are to be transmitted directly to the staff member, observing strict confidentiality.

Voluntary Counselling and Testing (VCT) offers individually tailored counselling before and after a HIV test. It enables clients to behave in ways appropriate to their HIV status and has been shown to result in greater willingness to use preventative measures. A prerequisite for the acceptance of the service is the guarantee of confidentiality and quality standards for the performed HIV tests that correspond to those stipulated by the WHO.

GIZ health services must see to it that this test is carried out by qualified personnel under the requirement that the information is handled in a strictly confidential manner. Either the medical service or a recommended local service shall provide counselling before and after performing the voluntary test in order to insure that the features and advantages and disadvantages of the test are understood, and this must be done in a culturally appropriate and gender-specific manner.

What to look for when choosing a local VCT service:

- geographic location: accessible for GIZ staff, e.g. central location



GIZ Workplace Policy

- structural and personal requirements: trained counsellors, availability of the necessary supplies for taking blood samples; testing and laboratory equipment or properly functioning transportation to a reference laboratory (see additional literature)
- timely provision of test results
- adherence to quality standards for the performance of HIV tests on site
- guarantee of confidentiality (suitable facilities, handling of tests, and test results)
- customer-oriented and low threshold services, also for hard-to-reach groups
- activities to inform and raise awareness among the population about the importance and availability of VCT
- identification of existing self-help groups (e.g. 'post-test clubs')
- cover cuts or abrasions on the hands as a precautionary measure.
- if there is contact with blood of another person, wash the area of skin with soap and water. If blood of another person has come into contact with injured skin, the area should be disinfected with an antiviral disinfectant (e.g. with 70-85% alcohol or PvP iodine).
- for artificial respiration, choose mouth-to-nose resuscitation.
- in the case of a bleeding facial injury, the possibility of infection with HIV when administering mouth-to-nose resuscitation cannot be completely eliminated. However, the risk of becoming infected is relatively small. Here respiratory aids such as the hand-held respirator made by Ambu or a Lifeway tube are helpful.

Experts from local agencies of relevant international organisations (German development cooperation and other bilateral organisations), such as UNAIDS (UN theme group), round tables, donor coordinating meetings, or the World Health Organization (WHO), could be approached for assistance in identifying and assessing VCT services.

3.5 First aid in the workplace

In working areas where blood serums or tissue fluids are dealt with, there is a risk of infection if one has cuts or abrasions. The same applies in the case of accidents. However, if the usual, general hygiene and safety regulations are consistently followed, there is no risk of becoming infected with the HIV virus.

There is therefore no reason to refuse to offer first aid for fear of a HIV infection!

First aiders should receive first aid training in order to be familiarised with safety precautions against infections. However, since principally anyone can find themselves in the situation of having to offer first aid, it is important for everyone to know some **basic rules** and **safety measures**:

- if possible, wear disposable gloves when there is contact with blood (e.g. when treating open wounds or if fresh blood must be removed from the scene of an accident).

(Source: Information on AIDS in the workplace, AIDS-Aufklärung e.V., Frankfurt.

3.6. Antiretroviral therapy (ART)

Antiretroviral Therapy Treatment with antiretroviral therapy (ART) should be administered according to the national guidelines drawn up by the National AIDS Council or the Ministry of Health. This is the best way to ensure an approach appropriate to the conditions in the partner country. If there are no such guidelines in a country, the approach suggested by the WHO in "Scaling up Antiretroviral Therapy in Resource-Limited Settings, Guidelines for a Public Health Approach" (http://www.who.int/hiv/pub/prev_care/en/arvrevision2003en.pdf) can serve as the standard. This contains the indication for commencement of therapy, the choice of medications, useful alternatives if resistance or side-effects develop, as well as approaches for different groups of patients.

On the Robert Koch Institute website, you can find information regarding German recommendations and guidelines on HIV therapy and post-exposure prophylaxis (in German):

Further general information can be found on the website of the Center for Disease Control and Prevention



and the WHO:

When is ART recommended?

The ideal moment to begin treatment is still the subject of scientific discussion, also in industrialised countries. However, ART is always given where laboratory tests give rise to certain results (CD4 cell count \leq 350 cells/mm³), even when there are no visible symptoms of disease.

For reasons of practicality, WHO has suggested a simplified approach, which is oriented to the stage of the disease. This can be carried out with limited laboratory resources and less qualified personnel, who nevertheless require special training and supervision due to the complexity of the treatment. The additional workload of providing information and observing and treating patients is considerable and the implementation of ART requires a fundamentally functioning health care system.

A minimum standard would include:

- access to voluntary and confidential HIV testing and counselling
- existing health care facilities that are able to carry out treatment and are located in the vicinity of the patients' home
- adequate training of staff who carry out the treatment in order to ensure the safe and effective use of medications and competent counselling of patients
- minimum laboratory standard as formulated in the WHO's "Scaling up..."
- uninterrupted provision of antiretroviral medication of acceptable quality

How is access to ART organised?

Access is organised in a manner corresponding to the situation in the country. Antiretroviral treatment is increasingly provided by national health care systems.

Concrete implementation must be determined according to medical framework conditions and social security systems.

If local treatment is not possible in an external facility that also provides the medications, the GIZ itself must obtain the medications. In this case, the GIZ guidelines for obtaining medications, which require extensive quality controls or proof of quality, must be followed. In general, medications for projects should be obtained in Germany. This is unrealistic, however, in the case of antiretroviral treatment, because the same brand-name medicines or equivalent generic brands are available locally for considerably lower prices. In this case, the purchasing department can apply for permission to buy the medication on the local market. Proof of the corresponding quality control must be provided by the distributor or the manufacturer. The medications that are chosen should be permitted in the country and listed in the [pre-qualification list](#) of the WHO as meeting quality standards.

WHO publication:



3.7 Mother to child transmission

Medical treatment of mother and child is carried out in accordance with the respective national prevention of mother-to-child transmission (PMTCT) policy.

Various prevention plans are possible. The mother receives zidovudine at the beginning of the 14th week of pregnancy, she receives a single dose of nevirapine plus zidovudine and lamivudine during childbirth, and she receives zidovudine and lamivudine for seven days after giving birth. Newborns receive nevirapine for at least four to six weeks or a single dose of nevirapine or zidovudine. Which antiretroviral treatment is given depends on whether or not and to what extent the child is breast fed.

To avoid transmitting HIV through breast milk, it is advisable not to breast-feed the child if alternative food and the possibility of safely preparing it are available. If that is not possible, the child should be exclusively breast-fed; after six months it should start to receive additional food and after 12 months it should be weaned.

For more information, see Antiretroviral drugs for treating pregnant women and preventing HIV infection in infants - Recommendations for a public health approach (2010 version) http://whqlibdoc.who.int/publications/2010/9789241599818_eng.pdf

3.8 Opportunistic infection

The same is recommended for the prevention of opportunistic infections (i.e. specific infectious diseases that often accompany HIV/AIDS) and should be administered according to the national guidelines drawn up by the National AIDS Council or the Ministry of Health.

The most important thing is to make available or finance medications to prevent tuberculosis, pneumocystis carinii pneumonia, toxoplasmosis, and cryptococcal infection. Other illnesses may apply depending on the epidemiology of the partner country.

For an overview of diseases which are classified as HIV-related opportunistic diseases according to the WHO please see [WHO on opportunistic illnesses with AIDS](#) (identical with the latest definition of 2007).

Tuberculosis as the most frequent opportunistic illness

In the few cases, in which there is no national tuberculosis programme to prescribe an appropriate therapeutic strategy, we recommend adherence to the WHO guidelines. Special procedures for treating tuberculosis with an HIV co-infection or simultaneous ART are provided in the aforementioned guidelines "[Antiretroviral therapy for HIV infection in adults and adolescents](#)" - Recommendations for a public health approach: 2010 revision.

Treatment of sexually transmitted diseases

Also in this case, the standard should be the national therapy guidelines. If there are none available, we recommend the treatment suggested by the WHO:

<http://whqlibdoc.who.int/publications/2005/9241592656.pdf>

Published by:

Deutsche Gesellschaft für
Internationale Zusammenarbeit (GIZ) GmbH
Postfach 5180
65726 Eschborn
T +49 61 96 79-0
F +49 61 96 79-11 15
E info@giz.de

Internet:
www.giz.de

Author / Responsible / Editor:

Joachim Jakob, Christina Neckermann (Human Resources Department),
Sabine Ablefoni, Judith Fischer (Sectoral Department)

Eschborn, 2012