



MOTHERS AND MAGINALISED ADVOCACY CENTRE

HIV/AIDS Work Place Policy

The HIV/AIDS Workplace Policy

About 24% (18% - 32%) had suppressed viral loads. Young people are also disproportionately infected, with the prevalence in age group being 5.6 percent. In general, the most-at-risk groups include sex workers and their clients, injecting and other drug users, and men who have sex with men (MSM), and mobile populations such as long-distance drivers and uniformed services personnel. Young people, prisoners and people in other custodial settings also constitute highly vulnerable groups. The result of mode of transmission analysis in Nigeria, carried out by the National Agency for the Control of AIDS (NACA) in 2008, showed that about 62 percent of new infection occur among persons perceived as practicing "low risk sex" in the general population including married sexual partners. The rest of the new infections (38 percent) are attributable to injecting drug users (IDU), female sex workers (FSW), MSM and their partners who constitute about 3.5 percent of the adult population.

The leading route of HIV transmission in Nigeria is heterosexual sex, accounting for over 80 percent of the infections. Mother-to-child transmission and transfusion of infected blood and blood products rank next as common routes of infection, each accounting for almost ten percent of infections. However, other modes of transmission, particularly intravenous drug use and same-sex intercourse, are slowly growing in importance. The drivers of the HIV epidemic in Nigeria include: low risk perception, multiple concurrent partners, informal transactional and intergenerational sex, lack of effective services for sexually transmitted infections (STIs), and poor quality of health services. Gender inequalities, poverty and HIV/AIDS-related stigma and discrimination also contribute to the continuing spread of the infection.

The epidemiological picture regarding HIV shows considerable diversity across Nigeria's geographic landscape, both in terms of the level of infection and the trend. The 2008 national survey, for example, shows the HIV seroprevalence level as ranging from 1.0 percent in Ekiti State (in South-West geo-political zone) to 10.6 percent in Benue State (North-Central geopolitical zones). Seventeen states and the Federal Capital Territory (FCT) recorded sero-prevalence of at least five percent.

Zero-prevalence level was seven percent or higher in seven states and the FCT; four of these are in the South-South geo-political zone while none was in the South-West and the North East zone. Again, whereas urban population recorded higher prevalence than the rural in most states, the reverse is the case in nine states and the FCT. The geographic dissimilarities in the dynamics of the epidemics suggest that the influence and contributions of various high-risk behaviours may vary in their relative importance in the various communities and geographical settings within the country

Impact of HIV/AIDS in Nigeria While clear data are lacking in terms of quantification of impact in many areas of the national life, there is absolutely no doubt that HIV and AIDS epidemic has impacted every area of the Nigerian society negatively. The most obvious

impact is in the area of morbidity and mortality. Available data indicates that almost two million AIDS-related deaths had been recorded in the country till date, and the prospect for the future is grim except effective control is achieved and urgently too.

Nigeria's life expectancy, as reported by United Agency sources, has decreased from 52 years in 2001 to 44 years in 2005, which is lower than the average of sub-Saharan Africa despite the fact that the country is one of the richest in the sub-continent in terms of foreign earning. AIDS is likely to have been one of the major contributors to this low life expectancy level.

The high impact of HIV/AIDS is also evidenced in the fast-rising number of children orphaned by AIDS. The Federal Ministry of Women Affairs and Social Development estimate the number of children orphaned by AIDS in the country as 1.8 million. Given the slow progression of HIV to AIDS, the number of children orphaned by AIDS will continue to rise in the next decade even if the transmission of the infection is drastically reduced within a short time.

With the high number of death, AIDS is likely to pose significant human resources challenge to the country. With the epidemic picture, which shows urban and young population having higher seroprevalence, it is likely that the disease will disproportionately affect young professionals. It will likely impact on every area of human endeavour, including the educational, health, agricultural and defense sectors, among others.

Already, HIV is straining the currently over-burdened health system; the human and logistic challenge of providing ARV services, for example, is overwhelming vis-à-vis the capacity of many facilities despite the fact that only 269,000 of the estimated 740,000 clinically eligible people for ARV are currently receiving such as reported by the 2009 HAPSAT. As HAPSAT report further notes, approximately 4500 new patients are being added to the treatment list monthly. With reduced number of health workers that may be occasioned by HIV/AIDS-related death and diminished economic resources that may result from HIV impact on the economy, the situation could be worse in the future except effective interventions are mounted.

POLICY FRAMEWORK

Context

This policy has been developed within the context and in agreement with the vision and mission of MAMA Centre and its constitution as well as other national and international framework and policies that are germane to the national response to HIV/AIDS in Nigeria as well as addressing gender mainstreaming.

The 1999 Constitution of the Federal Republic of Nigeria, which affirms the national philosophy of social justice and guarantees the fundamental right of every citizen to life and to freedom from discrimination.

This Policy also responds to government ratification of and commitment to numerous international conventions including Universal Declaration of Human Rights (1948), the Convention on Economic, Social and Cultural Rights (1976), National HIV/AIDS Workplace Policy and Sustainable Development Goal 3.

Policy Considerations

The following are some of the key considerations which inform the articulation of this Policy:

- HIV/AIDS epidemic in Nigeria threatens the well-being of many Nigerians, burdens families, impoverishes communities, weakens institutions and threatens the social and economic development of the country.
- As a public health issue, HIV/AIDS directly affects the health of millions of infected persons, compromised workforce and reduce effectiveness and efficiency in any given institution.
- Prevention, treatment, care, support, and impact mitigation are mutually reinforcing elements of a comprehensive response to HIV/AIDS in a workplace
- Significant sections of the population are most at risk of infection due to social, cultural and economic conditions which create and sustain vulnerability to HIV infection. The most vulnerable are women and girls, young people, the physically challenged people and mobile populations.
- HIV/AIDS-related stigma remains all pervasive and that people infected or affected by HIV/AIDS are discriminated against and denied access to compassion, care and support and social services.
- Culture, traditions and religion have a strong influence on behaviour, attitudes and practices of majority of Nigerians and traditional and faith-based institutions as gate keepers of attitudes and behaviour and joint facilitators of social transformation are critical assets in the fight against the disease.

- Effective response to HIV/AIDS requires respect for, protection of and fulfilment of all human rights – civil, political, economic, social, and cultural – and upholding the fundamental freedoms of all people in accordance with the country's constitution and existing international human rights principles, norms and standards.

Guiding Principles

This policy shall be based on, and governed by the following principles:

- Strong commitment by the MAMA Centre Board of Trustees and Advisory council and management team
- Enabling environment to ensure its full implementation by the management team
- Commitment to monitoring and evaluation.
- Protection and promotion of the rights to PLWHA in workplace

- Commitment to protecting rights of PLWHA, reduction of stigma and discrimination and ensuring greater involvement of PLWHA in decision making
- Commitment to promote and protect rights and reduce vulnerability of women, young people and marginalized groups to HIV infection.
- Determination to address social, economic and cultural factors responsible for disproportional vulnerability of women and girls to HIV infection.
- Promotion of consistent and effective partnerships and collaboration with relevant local and international development partners. HIV and Workplace Overall Goal

To ensure the existence of best practices for preventing the transmission of HIV infection and managing HIV/AIDS among its employees, their dependants and the host community and set out the standards of expected behaviour for management and staff towards reduction of stigma and discrimination against fellow employees living with HIV/AIDS in the workplace.

Specific Objectives

- To ensure that there is no discrimination of staff based on real or perceived HIV status
- To ensure that job determination (recruitment, suspension, demotion, termination, dismissal, etc) are not based on HIV status
- To ensure confidentiality of information with respect to employees, medical records
- To ensure that gender equality will be the basis of intervention and coping with HIV/AIDS in workplace
- To ensure there is no mandatory testing for HIV, but rather encourage the uptake of voluntary counselling and testing services
- To ensure that HIV status should not be the basis for stigma, discrimination and exclusion of persons living with HIV from organizational benefits and entitlement
- To ensure that no applicant is refused offer of employment based on HIV status or denied access to opportunities for promotion, training or other benefits and to have equal access to facilities in the workplace
- To ensure that no employee is paid a salary less than that of another employee for the same work or work of equal value performed based on HIV status except for differences in hierarchy and should not be disengaged from work on account of HIV status
- To provide the enabling environment for staff living with HIV to be attending support group meetings and clinic services as the case may be.
- To be providing HIV/AIDS education particularly in the area of prevention of mother to child transmission and Intravenous Drug Users
- MAMA Centre is an equal opportunity employer (Irrespective of sex, creed, religion, HIV/AIDS status, tribe, race and sexual orientation)

MONITORING AND EVALUATION

Monitoring and Evaluation (M & E) constitute a cornerstone of evidencebased planning and decision-making for all components of this policy. It is essential for guiding future strategies, developing annual work plan. It is expected that MAMA Centre will ensure the following:

- That a staff will be assigned to monitor the implementation of the policy
- That the assigned staff will be providing feedback to the management team about the progress and implementation
- The assigned staff should lead an annual review of the policy