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Addressing Stigma in Implementing HIV/AIDS Workplace Policy

The ACORD experience in Uganda

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Unless stigma is addressed, effective implementation of an HIV/AIDS policy is impossible. This paper describes the experience of ACORD Uganda in their efforts to implement an effective workplace policy. It focuses in particular on the importance of addressing stigma within the organisation - both as an objective of the policy itself and as a pre-requisite of its effective implementation.

The paper begins by outlining the rationale driving the policy development process. It then goes on to examine some of the key challenges that arose during this process and strategies developed for addressing them. A survey of staff views and attitudes carried out in the early stages of this process helped to bring to light the problem of stigma. These findings were used to inform the policy approach and implementation strategy, resulting in improved take-up of the services and benefits on offer by staff. The paper concludes by highlighting key lessons learned.

The Imperative of a Workplace Response

The factors driving ACORD to develop an HIV workplace policy were both pragmatic and ethical. ACORD currently has programmes operating in 18 countries throughout sub-Saharan Africa and employs approximately 450, mainly national staff in these programmes. In recent years, as the spread of the virus has accelerated throughout the region, so also

has its impact on the staff and the organisation. Staff performance has been significantly affected by the need to take time off to attend funerals and by the demands of providing care and support for friends and family. Thus, the establishment of a workplace policy focusing on both prevention and care was seen as a necessary tool for addressing the impact of HIV/AIDS on staff, as well as averting the potentially rising cost to the organisation.

As well as these pragmatic considerations, staff expressed the need for an internal organisational policy that reflects the values and principles promoted by ACORD in its work withcommunities. These include the promotion of openness and a stigma-free environment; the recognition of shared responsibility for care; and support for those infected and affected. Failure to recognize and address the protection and support needs of their own employees, threatens the credibility of NGOs.

Both these considerations prompted ACORD to embark on the road of developing an organisation-wide HIV Workplace Policy in the year 2001. While the broad aims and principles of the policy have been formally accepted, finalisation of the policy has been held up by financial constraints and debates over the best strategic approach. Meanwhile, some country programmes, such as the Northern Uganda Programme (NUP) have developed and successfully obtained

funding for their own HIV Workplace policy, within ACORD's overall policy framework.

The key components of the NUP policy currently in force are:

- Awareness-raising workshops for the staff and family members,
- Incorporation of HIV/AIDS issues in monthly staff meetings,
- Provision of free and confidential access to voluntary counselling and testing (VCT),
- The distribution of free condoms to all staff
- Recruiting volunteers to provide backup for permanent employees during periods of absence.
- Access to anti-retroviral treatment for staff members (ACORD pays 80% and staff contribute 20% of the cost)

Key Issues in Implementation

The task of developing and then implementing an effective policy presents enormous challenges, including:

- Overcoming the effects of HIV-related stigma, linked to ongoing widespread fear and denial;
- Developing consensus and a sense of policy ownership amongst staff;
- Respecting the right to confidentiality whilst limiting the scope for abuse and establishing effective monitoring mechanisms;
- Applying the principle of equal treatment for all employees, whilst also recognizing the special needs arising from HIV;
- Balancing the interests of individual employees and the organisation , which may give rise to serious ethical issues (eg confidentiality versus accountability, the ethics of ART provision versus cost considerations, etc)

Addressing Constraints of Stigma and Confidentiality

Stigma has a major on-going impact on the implementation of ACORD's policy according to a review of staff views. This has caused the limited take-up of HIV-related benefits.

ACORD's HIV Workplace Policy

The vision is to establish:

An organisational and working environment in which all staff are well informed about HIV/AIDS and where infected and affected staff are able to disclose their status and/or express their views and concerns freely and openly in the knowledge that they will be fully supported in the context of a collective spirit and willingness to face up to the reality of HIV/AIDS both within and outside the workplace.

ACORD's major commitments under the policy:

- Respect for confidentiality
- Protection from stigma and discrimination
- Equal treatment for all staff (in promotion, recruitment and training)
- Reasonable accommodation for infected staff (extended sick leave, flexible working hours, reedeployment)

The provisions and aims of the policy cover six main areas:

- Prevention and education programmes to ensure that staff and family members have access to accurate and up to date information on HIV/AIDS
- Equal treatment in relation to recruitment, employment and promotion for all staff irrespective of their HIV status
- Guidance on and access to voluntary counseling and testing
- Respect for confidentiality
- Protection against occupational exposure to infection
- Care and support for infected staff, including reasonable accommodation, redeployment, voluntary retirement and ART.

In the first year after the adoption of the policy, no member of staff came forward to take up the benefits to which they were entitled, despite the fact that there was strong evidence to suggest that several members of staff were infected with the virus. For example, although VCT was available under the policy, no staff made use of this service. In one of the district offices, a staff member died of AIDS without ever disclosing his status. A staff survey undertaken in the early stages of policy implementation found that the lack of take-up of benefits was attributed to fear of stigmatization. These fears were grounded to some extent. The staff survey found that:

- One third of survey respondents expressed the view that all new staff should be screened for HIV to assess their fitness for the job.
- 12% of staff felt that staff members who contract HIV or other terminal illness should be subject to forced retirement.
- 55% of the respondents said that AIDS is a result of immoral behaviour.
- Half the respondents disapproved of the use of condoms within married couples.
- 50% said they had witnessed discrimination against People Living with the Virus (PLHAs), especially at health units and public gatherings.
- All participants expressed awareness of stigma in the community and have heard people talk very negatively about PLHAs.
- Only one third of respondents have received support and education on HIV/AIDS.

Discussions with staff reinforced these issues. Staff said:

- they would not want to disclose their sero-status
- confidentiality would not be respected
- that there would be finger-pointing and negative attitudes and behaviours amongst other staff against HIV positive staff members

To address the constraint that stigma imposed on implementation of the HIV/AIDS policy, ACORD undertook a series of further activities:

1. **Awareness-raising and education:** Increasing staff awareness and level of knowledge about HIV/AIDS is both an essential element of the HIV/AIDS mainstreaming strategy, and also as a key strategy for reducing stigma (which is often based on ignorance and misconceptions). The HIV/AIDS Officers, in collaboration with HR and the Programme Manager organize regular awareness sessions for staff at all levels. External facilitators are invited to facilitate some of the discussions. These cover a wide range of topics from basic facts about HIV/AIDS and national prevalence trends to information about care and treatment issues.

2. **Open staff discussion at weekly staff meetings:** HIV/AIDS is a topic on the agenda at all weekly staff meetings. Openness about the issue is encouraged and, on the whole, staff have been very open about their feelings and attitudes.

3. **Anonymous advice and information service:** A system of providing staff with open-ended questionnaires where they can raise questions about personal health matters or other concerns relating to

HIV/AIDS and the policy has been instituted. These questions are addressed in the weekly discussion sessions and incorporated into the awareness-raising curriculum.

4. **Access to VCT services from hospital consultant:** Initial resistance to the offer of VCT services was due to consultations taking place in a special HIV unit. People did not want to be seen there in case it was assumed therefore that they are HIV positive. ACORD therefore signed an agreement with a consultant to provide this service from his office in the main part of the hospital.

Impact of these measures

Within a matter of months, these measures had a positive impact:

- Two staff disclosed their HIV status
- One staff member is on ART
- Staff regularly submit questions about HIV/AIDS
- Staff openly discuss issues relating to HIV and other previously 'taboo' issues
- There is increasing recognition of the relevance of HIV/AIDS to the work of ACORD
- Condom supplies are regularly depleted

Some of HIV policy provisions may inadvertently reinforce, rather than alleviate the problem of stigma and discrimination. For example, NUP staff have expressed concerns that the right to redeployment to a more suitable position for staff infected with HIV, may be experienced as demotion (particularly since it may lead to a drop in salary) and/or may give rise to resentment among other staff members, particularly where the HIV status of the staff member concerned is not known. In response to these concerns, the NUP has established procedures to ensure that the issue of redeployment is discussed individually and sensitively with the staff member prior to taking any decisions.

Similarly, the establishment of special provisions for HIV-affected staff may be seen to discriminate against staff affected by other chronic or terminal conditions. ACORD has dealt with this by requiring the overall health policy covering other conditions to be brought in line with the HIV policy. But at the same time, ACORD recognizes that HIV/AIDS poses a number of unique problems not arising from other conditions, in particular, the issue of stigma, and that these require special provisions, such as awareness-raising and education.

Closely related to the issue of stigma is the question of confidentiality. The right to confidentiality is firmly upheld in the policy. To gain access to benefits, however, staff are required to disclose their status to the organisation. This contradiction has been dealt with by the NUP in two ways:

1. employees can select a 'trusted' individual to whom to disclose their status.
2. *a strict code of secrecy, backed up by disciplinary procedures, is applied to staff handling information about the HIV status of individual staff members. In* addition, the principle of respect for confidentiality is reinforced through awareness-raising and education sessions.

Addressing the Cost Constraint

Introducing anHIV workplace policy has major cost implications, both in relation to human resources and cost of services and medical treatment.

In relation to the *human resource costs*, a key concern is the cost of introducing flexible working conditions to cater for prolonged sickness. This may entail employing other staff to continue the work of the sick employee. In the NUP, this has been dealt with through the introduction of a volunteer programme. Newly qualified personnel (usually students) are recruited on lower salaries and they are trained to be able to act up in the absence of any employee.

The volunteer programme has limitations in that it cannot deal with the more highly specialized positions in the organisation, which require more experienced and qualified staff. There are also implications for other employees whose workload is likely to be affected by prolonged absence of employees.

In the case of *medical costs*, the issue of budgetary constraints has seriously impacted on the policy and raised a number of ethical issues. Benefits are restricted to employees and, for ART, there is a limit of two staff per annum (this limit was initially set at four, but following donor budget cuts, had to be reduced to two). The restriction of benefits to employees can lead to situations where an employed family member has access to ART while her/his spouse and/or dependants do not. This remains a major concern for staff.

In addition, employees are usually expected to contribute 20% of the costs of benefits, which might exclude the most needy. To address this concern, the NUP introduced a provident fund system where employees contribute a percentage of their salary to a pool which can be accessed by one staff member each month. This money can be invested and provide a reserve of resources to deal with unplanned costs, such as sickness or death.

When an employee leaves the organisation, ART payments continue for a maximum of one year. But cessation of ART can result in rapid deterioration of the health of the individual. To date the NUP has not been able to find a way of dealing with this ethical dilemma.

In addition to the above, budgetary constraints have prevented the implementation of some parts of the policy. For example, plans to conduct separate awareness-raising sessions for staff family members had to be suspended due to a funding shortfall. In response, the NUP is developing a fundraising strategy aimed at providing funds for full policy implementation.

Lessons Learned

Some of the major lessons emerging from this experience are:

- ✓ The importance of involving all staff in the process of policy development. This ensures their views are represented and enhances the sense of policy ownership. Staff consultation should include a mix of individual questionnaires and group discussion to allow views to be expressed anonymously, as well as discussed with others.
- ✓ Gaining management commitment and support is essential for effective implementation of the policy.
- ✓ A survey of staff views can be a useful tool for internal advocacy purposes by demonstrating the level of support for the policy

within the staff.

- ✓ Promoting a stigma-free workplace environment should constitute one of the main aims of the policy. Dealing with stigma is essential for successful implementation. Tackling stigma involves both informal discussions and more formal awareness-raising and education sessions. Strategies for addressing stigma also need to address stigma in the external environment, which may restrict take-up of benefits, such as VCT.
- ✓ Cost and funding considerations are paramount and NGOs need to develop fundraising strategies to meet the considerable costs of HIV workplace policies.
- ✓ Policy implementation should not be held up by budgetary constraints. Comparatively low cost elements of the policy, such as awareness-raising and condom provision should be implemented as soon as possible.
- ✓ The development of partnerships and co-operation with other actors, such as health service providers and counselling institutions providing VCT services, is critical for the purposes of policy implementation.

Conclusion

The paper has identified some of the key challenges faced in implementing HIV workplace policies. It has highlighted the issue of stigma in particular. Failure to address stigma presents a serious obstacle to successful policy implementation. The paper described the various strategies employed by ACORD's Northern Uganda Programme for addressing stigma and points out how these have impacted favourably on the workplace environment and benefit take-up. It also points out the difficulty of resolving some of these issues, in particular the ethical dilemmas arising from the cost of ART and the potentially damaging long-term effects on individuals. The paper has also discussed the challenges posed by cost constraints and suggested some ways of tackling these. Finally, some of the key lessons learned from ACORD's experience in Northern Uganda are indicated.

The introduction of HIV Workplace policies within the NGO environment is a relatively recent development and further research will be needed to track the experience of different NGOs with policy implementation, focusing in particular on some of the key challenges, such as implementation of confidentiality, dealing with the human resource implications of redeployment, extended sickness leave and so on. In addition, research is needed to look at the impact of ART provision for employees, both at the household level and in relation to the ability of NGOs to attract and retain staff, whilst also upholding the fundamental values of the organisation based on service to others, rather than self-interest.

Further reading: _Inside Out: Aids Competence in the Workplace: ACORD and Concern Experiences in Uganda_ - adapting internal systems, policies, structures and resources to respond to the challenges posed by HIV and AIDS (2006). Contact hasap@acord.or.ug for more information.

Working Positively: A Guide for NGOs Managing HIV/AIDS in the Workplace - looking at the key issues involved in developing a workplace strategy and at how different NGOs and commercial companies are approaching these issues. This book provides a guide to the key components of a successful strategy and a list of useful reference documents (2003). It can be downloaded as a PDF from: www..aidsconsortium.org.uk.

APPENDIX 1

The process of developing a policy for the NUP entailed five key steps.

1. ***Problem identification:*** The first step is recognising the need for a policy. This occurred at an experience-sharing workshop with other NGOs in Uganda attended by a number of NUP staff. Workshop participants analysed the challenges associated with HIV/AIDS at their workplace and discussed the impact on organisational productivity. Participants found many similarities in the experiences of all the organisations and agreed on the need to address the epidemic within their workplaces. It was agreed to carry this message back to the leadership of their respective organisations. In the case of the NUP, this was done by the HIV/AIDS Coordinator, who was subsequently given responsibility for developing a draft policy for discussion.

2. ***Information gathering:*** Prior to developing the draft, the ACORD NUP set about gathering information in a number of areas. These include: the current knowledge and attitudes of staff, the level of stigma and discrimination among employees; the perceived risk associated with HIV/AIDS within the workplace, experiences of other organisations with operational policies; and information about national and local level HIV prevalence. This information was gathered through a questionnaire-based survey completed by staff in all six districts where the programme works, including all levels of staff from senior management to the drivers and guards. Interviews were also conducted with representatives of ACORD partner organisations.

3. ***Analysis and sharing of the findings:*** The staff survey found a high degree of consensus on the need for a policy. It also provided important insights into the views and attitudes of staff, which are discussed below. The findings were shared and discussed with staff in meetings set up for this purpose.

4. ***Drafting and approving the policy:*** The HIV/AIDS team drafted the policy taking staff and partner views into account. The draft policy was then reviewed, first by NUP staff and senior management, then by the ACORD Secretariat in the Nairobi headquarters and the central ACORD HIV/AIDS unit based in Kampala. Comments and points raised in relation to specific policy issues were incorporated into the final draft, which was approved and adopted by the NUP.

5. ***Policy implementation:*** The first stage in the implementation process was the development of a budget and workplan. Next, operational guidelines were developed for specific aspects of the policy. Implementation of the less expensive aspects of the policy began immediately, including: awareness-raising workshops for the staff and family members, incorporation of HIV/AIDS issues in monthly staff meetings, provision of free and confidential access to VCT, the distribution of free condoms to all staff and the recruitment of volunteers to provide backup for permanent employees during periods of absence.