

STRENGTHENING THE RESPONSE TO HIV/AIDS

IN ANTIGUA AND BARBUDA

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GENERAL SUMMARY: SITUATION ANALYSIS

The HIV surveillance data for Antigua and Barbuda do not permit of categorical statements about either prevalence or incidence. Nevertheless from the data that is available CAREC concluded that the estimated national population prevalence of HIV in 2003 was 0.9%. A prevalence rate of 0.92% was estimated among 436 pregnant women surveyed in 1998, and an average rate of 0.6% was found for pregnant women taking part in the PMTC programme [1998-2002]. A prevalence rate of HIV of 3% was found during a survey of the male prison population in 2005 that was rather higher than that estimated for the population as a whole, but this may simply reflect the timing of the surveys and differences in the age distribution of the two population sub-groups.

While the HIV prevalence data suggest that at the present time levels of HIV in the population are relatively low there are many reasons for urging great caution in the interpretation of this information. Of the cumulative total of adults and children notified to the NAS in the period 1985-2005 [September] some 50% of the total is due to the period since 2000 [of females the % is even higher at 55%]. Just as worrying is the age distribution of notified HIV cases where 51% of the infections among adult women were in the age range 15-29 [compared with 28% among adult males].

So not only is it overwhelmingly young people who are getting infected, as in other countries, but it is young women who are especially susceptible to HIV infection. The consequences for young women are especially severe, and they potentially stand the risk of losing many more years of healthy life than their male counterparts. Indeed CAREC was led to conclude from its review of the data that, “ the data for the past 5 years point towards a worsening of the AIDS epidemic in Antigua and Barbuda [CAREC Status and Trends Analysis of the Caribbean HIV/AIDS Epidemic 1982-2002, 2004].

There are many reasons for believing that the epidemic of HIV could escalate in the coming years and hence the need to stress the urgency of the problem and the need for effective national action. This is precisely the time to make the maximum effort to reduce the rate of HIV transmission, and to put in place comprehensive policies and programmes for care, support and treatment. If this window of opportunity is missed then Antigua will face

mounting economic and social problems which will undermine sustainable development.

There are many reasons for concern about the present situation in Antigua and Barbuda given that various factors in combination have the capacity to sharply worsen epidemic trends in the coming years. These include the following: -

Evidence relating to youth which support the proposition of early sexual activity and widespread risky sexual activity, often fuelled by alcohol and soft drugs, within a youth culture that is subject to many external influences that make this group hard to reach through formal programmes.

Changes in the ethnic balance of the population in which increasing numbers may be socially excluded and also experiencing poverty, such that behaviours are engaged in that expose increasing numbers of people to HIV.

A set of beliefs in the general population that only “marginalised groups” are at risk [of CSWs and MSM] whereas everyone is at risk, and the HIV epidemic will have consequences for all Antiguan through its effects on socio-economic development.

Related to the former point is the existence throughout the region as well as in Antigua and Barbuda of widespread stigma and discrimination which contributes to the weakness of policies and programmes aimed at reducing HIV transmission and increasing the quality of life of PLWHA.

Finally there are many gaps in the existing policies and programmes and while there have been important advances in access to care and treatment for PLWHA in recent years there is still a need to develop more comprehensive activities that truly mobilizes all sectors – not just the MOH but other parts of government as well as the private sector and civil society generally.

The following Section identifies some of the more important areas where the national response needs to be strengthened. It is followed in Section B by suggested mechanisms for addressing some of the issues that are raised [these arise in part from discussions with stakeholders that were undertaken as part of the work process]. Section C is a paper that addresses the Integration of HIV/AIDS in the Tourism sector as an example of what mainstreaming HIV/AIDS will require if this sector [and the economy generally] is to address these issues.

SECTION A: KEY ISSUES

I. GOVERNANCE AND SYSTEM PERFORMANCE

Machinery of Governance: this needs to be looked at again so as to ensure that all stakeholders are brought into the national response. Only by mobilizing all relevant interests in a comprehensive response will Antigua be able to ensure that HIV prevalence is maintained at the present relatively low levels. The proposals made in the Strategic Plan have not been implemented but there are good reasons for concluding that these were far too complex for a small country such as Antigua and Barbuda.

It is recommended that UNDP be approached for assistance in undertaking a rapid assessment of the governance machinery in other islands, to draw lessons with respect to best practise, and then to ensure that the structure in Antigua and Barbuda is strengthened/reformed.

There exists a recent review [Evaluation of the Management and Coordination of National AIDS Programmes in Countries of the OECS, PAHO, 2005] that provides an excellent point of reference for strengthening the HIV/AIDS machinery of governance in Antigua. The Report's general findings was that,

“The response to the epidemic must be from a broader perspective with greater involvement of the public and private sectors as well as relevant and related agencies. This will reflect that the prevention and control of HIV/AIDS is more than the treatment of infected persons, The following [recommendations} should ensure that the National AIDS programme is placed high on the agenda of the political directorate and in the government structure.” [page 7].

The Recommendations of the Report are attached at Annex 1 as a guide to the subsequent review of the machinery of governance in Antigua that is proposed above.

In part the structure of governance needs to be looked at again so as to ensure a mobilization of all stakeholders, and in part to ensure that there is effective oversight of the activities of Government. At the present time there is simply too little oversight and insufficient discussion of the activities of the AIDS Secretariat, and of other parts of Government where there should be activities relating to HIV/AIDS but where generally speaking very little is being done.

It is recommended that the functions, location and responsibilities of the AIDS Secretariat be reviewed as part of the general changes in structure noted under 1 above. The purposes of the Secretariat should not be to implement a wide range of HIV-related activities but to ensure that these are effectively developed and undertaken within Government, and to facilitate activities undertaken by others [such as FBOs and civil society generally and by the private sector].

It has proven extremely difficult to identify what the AIDS Secretariat has been doing in recent years – there are no Annual Reports for 2003, 2004 and 2005 [although the latter may be in the process of being written]. It is also impossible to estimate the effectiveness of what may have been done since records were not made available to the UNDP team.

It is recommended that a management review be undertaken of the AIDS Secretariat to establish efficient and effective systems – including better management performance. Systems of data collection seem totally inadequate and information that should be readily available simply hard to access. In part the problem is systemic; in part poor and absent management. This is derived from weak systems of appraisal of staff performance where provision needs to be made for effective appraisal and the establishment of processes to support staff so as to improve overall performance.

The present workshop culture needs to be drastically changed so as to ensure that all staff are able to perform their duties – from senior management downwards. A system of control needs to be established for all workshop attendance for everyone in the Secretariat – both on and off island – and strict limits set for such attendance. It has to be demonstrated that a workshop will improve performance prior to permission being given by the Minister of Health, and the numbers of workshops to be attended strictly limited for each and every member of staff.

This recommendation is not intended to prevent staff from acquiring the skills needed for the effective performance of their duties, but to ensure that attendance at workshops has to be shown to be essential to their duties and does not disrupt the timely delivery of their specified tasks.

II. NEW TECHNOLOGIES AND SCALING UP ACCESS TO CARE AND TREATMENT

It is a commitment of Government to scale-up access to treatment and care and significant additional resources have been provided by the Global Fund and other donors to make this aim achievable. The aim is to improve the quality of life of all PLWHA. Between now and the end of 2007 all PLWHA will have access to necessary care and treatment . The aim is for HIV/AIDS care to be integrated into the existing health infrastructure with care available through a network of physicians in the private sector, and in the public sector through 5 health centers distributed across Antigua. VCT is expanding and is increasingly available in the hospital, multiple health centers and through Family Planning and ANC clinics. Holberton Hospital will continue to provide most of the public sector in patient services [until the new hospital becomes available].

A detailed assessment was conducted in the Spring of 2003 and this was updated in February 2005 [see Draft Needs Assessment for HIV/AIDS Training and Capacity Building, OECS National AIDS Programs, February 2005].

Thus significant progress has been made in respect of care and treatment in Antigua although it is

clear from the Assessment undertaken in February 2005 that there are ongoing constraints to the full achievement of objectives. In part the issues are related to the availability of trained human resources, and in part they are the outcome of other factors related to systemic structure that affect overall performance. The latter is reflective of deep-seated issues relating to staffing, and in part must also reflect the excessive degree of complexity relating to the structure that currently exists in Antigua for accessing VCT, laboratory services, care and treatment.

It is certainly an important objective of policy to ensure that all those who want an HIV test should have access to testing facilities under appropriate conditions with respect to counseling, and with the strict confidentiality of test results. Hence the present policy to expand access to testing by establishing 5 designated centers [where counseling would also be available]. But HIV testing is also being offered through private doctors and it is inevitably the case that results are not always reported to the MOH. Furthermore, there is a widespread belief that HIV testing is not in practice confidential, and this belief must be having a significant impact on the willingness to seek an HIV test [and subsequently to access ARV and other treatment even although this is in practice provided free by the Government].

The present system for HIV testing and scaling up access to care and treatment is not fully effective as the most recent OECS assessment concludes. Even under present arrangements it would be essential for changes to be introduced that would reduce costs and would increase access. But there are other factors operating that will necessitate a more fundamental review of what is done in this area and how services are provided [and to whom, including those who may have few or no rights of access under the present system].

Countries in the region are now faced with an expansion of the availability of rapid tests for HIV, under conditions where these will be very inexpensive [possibly as low as 10-15 cents for the material inputs]. Since these rapid tests will require almost no technical staff inputs they could in practice become self-administered IF they were readily available through either traditional or non-traditional sources [such as the internet]. But it is an essential condition of public policy currently that both counseling be provided and that results be confidential. It is unclear whether in both respects current policy is being respected [eg. in the case of private tests for HIV] and there is widespread belief that people's HIV status is in practice not always treated as confidential.

The issue facing Government, given the greater availability of rapid tests, will be how to ensure that the public policy objective of expanding access to VCT is ensured under conditions of confidentiality of results and in combination with counseling. The current system does not seem to provide for reasonable levels of confidentiality, and it appears unlikely that present arrangements will be able to cope with increased availability of testing, and the associated demands for ARV treatment that may follow from a significant expansion in the availability of very inexpensive rapid tests.

Now rapid tests offer the possibility not only of much reduced costs but also of immediate results [there will have to be an appropriate algorithm for confirmatory testing but these will probably also

be rapid tests, and thus not require long delays as at the present time while CAREC deals with cases referred to it]. But there are also possibilities that the availability of rapid tests may lead of abuse of people's rights especially in respect of employment [but also in areas relating to life and other insurance, access to mortgages, immigration policy, and so on]. For a full review of the issues relating to rapid tests and their integration with other services see the report from WHO [2004].

In addition to rapid tests it is also the case that technological change is reducing very, very significantly the costs of measuring viral load and CD4 counts for patients. These changes now make it feasible for local determination of treatment needs in respect of ARV, and for much closer monitoring of patient compliance [which is indeed on the evidence of the Assessment noted above and other information an ongoing problem in Antigua].

In these changing conditions it is recommended that there be a review of all aspects of HIV testing, and all aspects of the system relating to care and treatment in Antigua. This review has to have as its objective the scaling up of access to testing, care and treatment under appropriate cost and other conditions. In the case of the latter it is essential that there be in existence legislation to ensure that people's rights are fully protected. In particular that the protections relating to non-compulsory HIV testing be embodied in legislation, together with strengthened conditions to ensure confidentiality of a patient's HIV status.

To ensure that under the new and changing conditions that safeguards are present to protect human rights in pursuit of an expanded response to HIV/AIDS it will be essential to review best practice elsewhere in the region. In this respect it is strongly urged that the model of HIV testing, care and treatment in Barbados be looked at as a possible model under the new technological conditions. In particular the possibility of establishing a comprehensive one-stop arrangement similar to the Ladymeade Centre in Barbados should be considered as part of the technical review.

It should be noted that at present in Barbados that only the MOH is permitted to test for HIV, and that private practice in this and other respects is either not permitted and/or tightly controlled. Hence the need for a fundamental review of all aspects of the present system, with the probability of major changes in the way that testing and care/treatment are provided.

It is strongly recommended that all aspects of HIV testing and counseling, laboratory analysis, treatment and care management be brought together under the control of the Ministry of Health as core functions. This objective is in some senses indeed the present objective of policy but the existing structure is a mixture of public and private provision that may not in the newly emerging conditions noted here prove to be optimal. This recommendation, for a major technical review, is independent of decisions that may be taken on location and functions of the National AIDS Secretariat that follows from the recommendation suggested under section I above.

III. MITIGATING THE IMPACT OF HIV/AIDS ON HUMAN RESOURCES

Having in place policies and programmes that support PLWHA is essential if the personal and other affects of HIV/AIDS are to be mitigated. To a degree this is met by the provision of counseling and other support and especially through the availability of free ARV treatment. This allows PLWHA to continue to be productive and to support their families. Making sure that those who require treatment are aware of its availability [together with VCT, counseling and other forms of support] is essential.

Government has in place a Policy on HIV/AIDS in the Workplace [2001 Cabinet decision] but this has not been embodied in legislation nor in the Antigua Labour Code. The MOH should aim to achieve three related tasks:

Revise the Policy Framework written in 2002 so that this is updated and made widely available throughout Antigua and Barbuda.

Propose to the Board responsible for the Labour Code that this be revised so as to embody recent policy developments relating to HIV/AIDS.

Embody the content of the Policy Framework on HIV/AIDS in legislation since it is unclear what is the precise legal standing of the present Policy Framework on HIV/AIDS.

While there have been a multitude of workshops and training relating to HIV/AIDS in the Workplace over many years there has in practice been no Policy Framework developed in this respect for the public service and no programmes have been implemented. This needs to be rectified as a matter of some urgency and it is strongly recommended that Government seek the support of CARICAD and the ILO in developing a Policy on HIV/AIDS in the Workplace, and then ensure that all government departments establish appropriate structures for its implementation – including the appointment of Focal Points and a budget line to support training and other activities.

There are good examples of what needs to be done in the private sector in other regions and countries, and the UN system has further examples of good practise. All public servants should be made aware of their rights and obligations and a booklet be prepared relating to personnel issues that cover all aspects of HIV/AIDS. Again the UN system has a booklet that is distributed to all staff that can serve as a model.

As far as can be ascertained there are no workplace activities on HIV/AIDS anywhere in the Private Sector. Only one enterprise as far as we know has a workplace policy. Again there have been workshops to which the private sector has been invited but activities seem not to have been generated by this process. No programmes have been implemented in any enterprise [including the one which has a workplace policy].

It is hard to see why there has been no progress in this respect given that there are clear economic and other advantages from the development and implementation of workplace policies and programmes, and that there exist many examples of best practise.

The Federation of Employers has carried out a survey of their members to find out what the exact situation is and what actions if any have been taken. The results of this Survey were extremely disappointing – of a membership of 120 firms only 6 responded to the questionnaire. This poor response rate may be a good indicator of the degree to which HIV/AIDS and workplace activities are viewed by enterprises in Antigua at the present time. Nevertheless various enterprises did respond that they were in the process of developing workplace policies and were interested in collaborating with Government and other agencies [such as ILO], and can form the basis for activities supported by Government and others.

The ILO has indicated that it will support activities in respect of workplace activities on HIV/AIDS and their assistance should be requested by the Government and by the Employers Federation.

Several enterprises, some in the tourist sector and including one public utility, have indicated to the Team that they would like to pursue workplace issues and HIV/AIDS, and the AIDS Secretariat should actively engage with these companies so as to establish effective workplace programmes as a model for the rest of the private sector [the names of the enterprises will be noted separately].

Potential financial and other support may also be forthcoming for developing and implementing workplace HIV/AIDS policies and programmes in the public sector through the activities of CARICAD. Its programme of work is focused on public sector reform and as part of its remit it is seeking to ensure, with the assistance of DFID, that Government ensure that the machinery of governance reflect appropriately the importance of HIV/AIDS for the country [hence the emphasis given to this issue in 1 above].

Not only should Government ensure that there exists a multisectoral Strategic Plan for addressing HIV/AIDS but it should aim through workplace policies and programmes to ensure that human resource capacity in the public sector is sustained. Assistance in developing a strategic response to HIV/AIDS will be forthcoming from CARICAD, PAHO and UNAIDS, and this needs to be given high priority since the existing Strategic Plan is no longer time-relevant. Moving forward with workplace policies and programmes is urgent and CARICAD and ILO can both provide funding and technical assistance with this activity.

IV. MITIGATING THE IMPACT OF HIV/AIDS ON TOURISM

This is to a degree a sub-case of the more general issue of how to sustain human resource capacity but it is treated separately here because of the enormous importance of Tourism for Antigua and Barbuda. Attached is a separate note on issues relating to Tourism and HIV/AIDS that has been developed as a guide to some of the issues facing the Tourism sector. As will be seen from the

Note it is presently the case that more or less nothing on HIV/AIDS is being implemented by the Ministry of Tourism or by any of the private and other public sector interests that are involved in Tourism.

There are many things that can be done; a policy framework for HIV/AIDS for the sector should be developed by the Ministry of Tourism, and stakeholders should be encouraged to develop their own policies and programmes that are consistent with the national guidelines set by the Ministry. Activities that integrate HIV/AIDS need urgently to be developed, and the most important of these are set out in some detail in the attached Note [Section 4].

It is essential that activities be established that address the risks of HIV transmission as a consequence of major tourism-related events such as Sailing Week and more especially the World Cricket Cup. As is evident from the Note there is a need for both short-term and immediate activities as well as longer-term programmes that address issues of transactional sex and tourism.

Since human resources are fundamental to the success of Tourism as an economic activity it follows that ensuring that workers at all levels are provided with access to comprehensive HIV/AIDS workplace programmes is critically important. At the present time there are no such policies and programmes in Antigua in the Tourism sector.

The economic future of Antigua and Barbuda is extremely dependent on Tourism with 40-50% of GDP generated by this activity and with almost 50% of all wage and salary employment also created by this activity. While the precise contribution to the public budget is not known with any certainty it must be the case that Tourism is by far the largest source of government revenue [and thus a major contributor to the cost of public services and to public employment].

Ensuring the future organizational and human capacity of Tourism and its continued profitability is thus essential for Antigua. Hence the precautionary principle would strongly support the need for activities relating to HIV/AIDS as one of the greatest priority. This is even more important for Antigua given the high concentration on Tourism in all respects – the contribution to GDP, to employment, to foreign exchange earnings and to tax revenues.

V. POVERTY, ETHNICITY AND GENDER

Each of these is a major area of analysis in its own right and the intention here is simply to suggest ways in which an effective response to HIV/AIDS should attempt to understand the inter-actions between these variables.

At the present time there is no empirical data on the scale and distribution of poverty in Antigua although poverty is often identified as important in the processes of HIV transmission. Many commentators in many countries have argued that poverty, which is more than simply income-poverty, but rather a complex of different aspects of human deprivation plus social exclusion, often

leads to behaviours that expose people to high levels of risk.

The poverty may often also be gendered in the sense that it is concentrated in households where women are the heads and where children need to be supported through activities that may include sex work. Such households may often also be composed of people who may be further marginalized by their ethnicity, culture and language with affects on their ability to develop sustainable livelihoods.

The issues are whether these conditions exist in Antigua and if they do then how should public policy respond? That there is poverty is indisputable and this must be a factor in the processes of HIV transmission although this is not documented anywhere. That people affected by HIV/AIDS are often further impoverished by their experience is occasionally documented and faith based organizations have reported cases where they have provided assistance.

But this is essentially ad hoc assistance and is in no way a substitute for a system of comprehensive social protection provided by the State. But in the conditions prevalent in Antigua where there is widespread stigma and discrimination it is inevitable that those affected by HIV/AIDS will seek charitable assistance from FBOs. Hence the need for public policy to reduce stigma and discrimination along with ensuring that measures of social protection are available to those affected [see the recommendations in section VII below].

There is presently a survey of Living Standards underway in Antigua conducted by the Ministry of Social Transformation. This will generate a set of data on incomes, housing conditions, education, size of family and so on and is expected to be completed by August 2006. The survey will thus provide the first comprehensive analysis of living conditions in Antigua, and will allow a much more complete analysis of poverty than would be possible using the census of 2001.

The Census is both increasingly dated, and would appear not to be truly reflective of the current demographic and other conditions in Antigua. Thus the tables that count the number of migrants from other parts of the Caribbean seem to be a significant understatement of the numbers who are actually in Antigua. This is especially true for migrants from Guyana, Dominican Republic and Jamaica who would appear to be much more numerous than reported by the Census.

What seems to be happening is that the population is becoming increasingly heterogeneous in terms of ethnicity and language with possibly significantly larger numbers of poor migrants who increasingly have problems in finding employment – in part because of language problems but they may also be less well prepared in terms of other skills It was suggested to the Team that increasingly those women most engaged in sex work were drawn from migrant groups and did so because of their poverty.

What follows from the foregoing analysis in terms of moving forward in the response to HIV/AIDS in Antigua?

The Survey of Living Standards will enable policy makers to determine the scale, distribution and location of poverty in Antigua. It will thus make possible for the first time a real targeting of public measures to assist the poor – both adults and children. As part of this process it is recommended that UNDP and other donors and other donors seek to support public discussion of the issues that are identified by the Survey, as part of the process of developing practical policies for responding to the needs of the poor.

The needs of those affected by HIV/AIDS at the present time should be identified and responded to by Government. There does not seem to have been any structured attempt made to interview those affected by HIV/AIDS so as to establish what are the main challenges that they face. While it is the case that FBOs and 3H have some information on the needs of those affected by HIV/AIDS this information is essentially partial.

It is therefore strongly recommended that data and information be collected on the needs of those affected, in part through a review of the experience of 3H and FBOs but also through a survey of those known to be affected [and in receipt of treatment]. A survey would be difficult to undertake, and would require the full agreement of those involved, but is perhaps the only way to gather in a confidential way the information that is urgently needed. The participation of 3H would perhaps help in the undertaking of the survey and this would need to be negotiated.

At the present time there is no information on the role that Gender plays in the transmission and socio-economic impact of HIV/AIDS. This should be remedied in part because of the well documented gender dimension of the epidemic and the need to ensure that these issues are addressed by the national AIDS policies and programmes. UNDP has indicated that it and other donors with an interest in gender and HIV are prepared to assist the Gender Division of the Ministry of Social Transformation in preparing and undertaking a project on Gender and HIV/AIDS. This needs to be followed-up by the Gender Division together with the AIDS Secretariat.

If it is the case that increasing numbers of CSW are drawn from communities characterized by poverty and forms of social exclusion then this needs to be documented. It also needs to be responded to by the AIDS Secretariat and others in Government and by other civil society organizations. It is suggested under the Tourism section [and in the attached Note, Section 4] that outreach activities be undertaken with a focus on the needs of CSWs and their greater integration in local communities. There will be a need to follow-up by the AIDS Secretariat, the Ministry of Tourism and the Ministry of Social Transformation including the possible collaboration in this area with the International NGO AIDS Alliance.

Antigua is in the process of rapid social change, not least in terms of the ethnicity of its population. It is apparent that the 2001 Census as and when it is published will fail to fully capture the demographic and social trends that are underway. Trends which are interacting in ways that increase the susceptibility of the population to HIV/AIDS in ways that are not documented and are

not clearly understood. If the national AIDS policy is to be effective then it will have to address these complex issues – sooner rather than later.

VI. RESPONDING TO THE THREAT OF HIV/AIDS FOR YOUTH

Youth is the future for Antigua as it is in all other countries. Yet the HIV epidemic globally is increasingly concentrated among young persons in the age range 15-24, with this age group now accounting for 50% of all new HIV infections worldwide. Both young men and young women are infected although not equally, and there is clear evidence from many countries that young women get infected at earlier ages. Rates of HIV for young women are in many countries much higher than for young men – in some cases 4 to 5 times greater. The reasons for these gender differences are complex, and are in part physiological [young women get infected more easily than young men] and in part socio-economic. In part these outcomes reflect persistently high levels of gender inequality that increase the risks of HIV infection facing young women.

While rates of HIV infection overall in Antigua seem to be relatively low there are major reasons for concern about future developments. Thus the very imperfect data certainly seems to confirm global trends in HIV in that infection seems to be concentrated in youth, and there is also some evidence that young women get infected at earlier ages than young men. Similar factors seem to be operating in Antigua as to elsewhere in the region, and hence the need to focus on the socio-economic and other determinants that are driving risky sexual and other behaviours.

The most recent and exhaustive study of youth culture and behaviour, and the relationships to HIV/AIDS, is that of the UNODC [The link between drug use and HIV/AIDS among young people in Antigua and Barbuda, 2006]. This report paints an extremely depressing picture of the situation in Antigua, and its conclusions are such as to call for a complete re-examination of existing policies and programmes affecting youth,

Thus the Report concluded that,

Youth seem not to be too concerned about contracting curable STDs, which further increases their chance of contracting the HIV virus. The subject of drug use and combinations, the increased potential for irresponsible sexual encounters and unwanted teenage pregnancies, as well as the risk of contracting HIV/AIDS seem not to be of special personal consideration to youth. Though youth have the knowledge of the effects of drugs and substance abuse they appear not to make the connection between the drugs, sex and HIV/AIDS in their everyday interactions. So, in other words, although they have the knowledge of all three, generally they do not apply that knowledge and link in their personal life and behavior.....

The focus groups and key informant interviews revealed that generally people have information as to alcohol, drugs, risky sexual behavior, and HIV/AIDS but lack the

incentives to focus on turning the acquired knowledge and information into positive decision-making to reduce their involvement in risky lifestyles or behavioral patterns.

There seem to be no reasons to doubt the validity of the Report's conclusions and other data and information confirm that its assessment is only too correct. These are the conditions, unfortunately, in which HIV transmission thrives. Although it is presently the case that risky sexual behaviour may presently have low probabilities of HIV infection it is the case that the probabilities are always positive. As infection rates in youth rise over time – as they inevitably will do so if sexual behaviour does not change radically – so also will the probabilities of HIV infection. With all of the subsequent effects on the lives of young people, and with increasing demands falling on society and government for health and related support.

What can be done to avert a significant increase in rates of HIV among the youth of Antigua? Bearing in mind that it makes much more sense to put in place effective HIV prevention than to have to subsequently incur all of the personal and socio-economic costs of mitigating the impact of HIV/AIDS.

The following three important changes are recommended by the Team for prioritization in the response to the needs of young people.

The changes in the machinery of governance that are recommended under Section I will provide a much better forum for the mobilization of all stakeholders and for a better prioritization of national efforts. This will provide a foundation for strategizing the national response and will be very positive in terms of outcomes.

What is clearly missing at the present time is any strategic plan for addressing the complex interactions between youth culture and sexual and other behaviours. This needs to be remedied, and one of the activities that is strongly recommended is that a strategic plan for addressing HIV/AIDS and Youth be developed, and that this be operationalised through a set of activities that are planned, properly resourced, and effectively coordinated.

The new National AIDS Council, when established, should oversee the prioritization of Youth and HIV/AIDS as being one of its most important tasks. Working of course collaboratively with the MOH that currently has responsibility for Youth. Indeed the Task Force on Youth that is presently reviewing policy should be asked to recommend that resources be directed into addressing many of the issues raised in the UNODC Report, so that policies can be further developed in advance of the establishment of the NAC. One should not wait for the NAC's establishment to set in motion activities that address the issues raised by the UNODC Report.

It became clear to the Team during the interactions with key informants that many activities

relating to youth were underway in Antigua – by the Red Cross, the CCC, the CFPA, the MOH and the MOE, and many others. But it is also clear that these activities are in general uncoordinated, and in many cases must be overlapping [eg. in the cases of the MOH and MOE in their separate programme activities addressing the needs of children]. It is also the case that programmes have in general not been evaluated for their effectiveness, and indeed if the UNODC Report is right then many of the IEC and related activities are considered by youth to be both poorly delivered and often irrelevant.

Certainly information about HIV/AIDS is not being translated into behaviour change, with immense risks for many young people. It follows that existing programmes aimed at young people, some in school and some out of school, need to be evaluated as a matter of urgency. This is true also of the Health and Family Life Education programme being provided to some but not all schools, which holds out the possibility of empowering young people but which has yet to be evaluated. All of these activities with a health, HIV and gender focus need to be monitored and evaluated, and lessons learned about what is working and what is not.

One of the most interesting youth-focused activities is the Friends Hot Line. This provides an opportunity for young people to raise many of the issues that they face in growing up with informed and independent counselors. It is clearly a valuable resource, and the intention is to expand this service. But its effectiveness is limited by constraints that exist in respect of referrals to other services – including services that focus on sexual and reproductive health [including HIV]. Previously there existed a Centre for Reproductive Health in St Johns [supported by Government and by UNFPA]. This Centre was, by all accounts, a very valuable resource for young people but was closed by the previous Government.

Closing the Centre was in the view of many respondents extremely unwise, and has left young people in Antigua with many unresolved problems. What is certainly needed now is a dedicated resource for young people that has a wider set of objectives than the old Centre, which is now perhaps a somewhat dated concept. There is an excellent example of what is required in the Living Room concept/centre in Trinidad [largely the outcome of proposals made by the Director of CFPA who is himself located in St Johns and thus available for consultation]. A similar Centre to the Living Room has just been opened by the FPA in Barbados, and this may also serve as a model of what is needed and can relatively easily be provided in Antigua.

It is strongly recommended that a Centre for Youth be established in St Johns along the lines of the Living Room in Trinidad. This would provide information together with access to many youth-focused services including but not confined to reproductive health. The original building [the previous Centre] is still part of the MOH. This structure should revert to its original [modified] purpose, and thus be available for an extended set of uses. Some of the staff who were previously involved in the Centre are still located in the original building [in the Health Education Unit] and their expertise could be transferred to and be

used by the newly established Centre.

It should be noted that UNFPA Regional Programme [located in Jamaica] has indicated that if a proposal is made to them that they are willing in principle to support a new Centre for youth that would include reproductive health issues and services. It would also be possible to bring some of the EU-supported activities relating to drugs under this new institutional arrangement, and possibly to secure EU funding for extending the existing building. But the MOH would need to provide the building and site, and ensure the reversion of the use of the building to its original purpose to serve the needs of the young people of Antigua.

The Team believe that the re-establishment of a newly re-constituted Centre for Youth that would address their multiple concerns, including issues relating to HIV, as being of central importance in strengthening the response to HIV/AIDS. The Centre would not merely be additive to the existing provision for young people [which many key respondents argued is presently not adequate in many important respects] but would also be synergistic, ie. it would increase the effectiveness of what is presently being done for young people throughout Antigua.

Opportunities exist for UN and other donor support for the Centre and this should be sought as soon as possible. With a renewed and re-established Centre placed within a framework of expanded provision for young people, and within a re-formulated plan of how to meet their needs in ways that are both better coordinated, and more effective.

VII. STIGMA AND DISCRIMINATION: STRENGTHENING THE RESPONSE OF CIVIL SOCIETY

That Stigma and Discrimination is a problem throughout the Caribbean is attested by numerous reports [see for example the CAREC Strategic Plan of Action, and the 2004 Annual Report of the CFPA]. Antigua is no exception to what is found throughout the region, and stigma and discrimination was stated by many stakeholders to be an ongoing and significant issue that confounds the national response to HIV/AIDS. To provide some examples of the reasons why stigma and discrimination matter: -

they threaten the effectiveness of HIV prevention, care and access to treatment

they create a climate that discourages people from coming forward for HIV testing, and from seeking information, and advice on how to protect themselves and others

where stigma and discrimination are common then PLWHA may seek not to access care and

treatment for fear of being identified by health care and other service providers

stigma and discrimination contribute to a culture of silence and denial where responding at a national, community and a personal level to HIV/AIDS is made much more difficult

they lead to widespread abuses of human rights with personal consequences that threaten the lives of PLWHA, and create enormous problems for the families and others of those affected by HIV/AIDS

Stigma and discrimination are to be found everywhere – in health clinics and in hospitals, in schools and colleges, in churches and mosques, in workplaces in both the private and public sectors, in families where parents and children may be rejected, on public transport and in market places and shops. Thus all aspects of social and economic life may be areas where stigma and discrimination is to be found, and thus policies and programmes need to be targeted throughout society if they are to be effective.

The key issues are what can be done, and what can be shown to have been successful in reducing stigma and discrimination in other countries? There is an abundance of reports and toolkits that address this issue from many countries and all regions, including the Caribbean. But there is a paucity of empirical evidence on the effectiveness of many of the programmes that specifically address stigma and discrimination.

Thus Antigua will need to develop an indigenous response that focuses on learning the lessons of what works for its society and culture. What is clear is that changing levels of stigma and discrimination will take time, and will require the mobilization of all sectors of society – including Government and civil society organizations, such as 3H, and especially FBOs. All have a role to play in building a framework of laws, of institutions and of services that are protective of the human rights of all those affected by HIV/AIDS.

What is also clear is that PLWHA need to be involved in the development of a supportive framework of policies and programmes, and that at the core of the response should be the human rights of all those affected. The importance of a rights-based approach to HIV/AIDS has been emphasized by many countries, and there are clear lessons to be drawn from a review of their experience [see UNAIDS Best Practice Collection, 2005].

It is recommended that the following actions be considered as part of a comprehensive response to stigma and discrimination in Antigua: -

There is a need to document stigma and discrimination in the country and to identify the factors that lead to its presence and its distribution – where is stigma and discrimination most prevalent and what forms does it take and with what results for those affected.

In the light of the empirical data and information generated by a review of the situation to then undertake an examination of existing laws and policies to establish whether these provide sufficient and adequate protection for PLWHA and those who are affected by HIV/AIDS.

To a degree some of these activities are already in the pipeline [for example the proposed Review of Legal, Ethical and Human Rights that is noted above]. But there is a need for a much more sustained set of actions that will begin to change the attitudes and beliefs that fuel the stigma and discrimination that is present amongst many in Antigua. This would include the following: -

Positive leadership at all levels from Government, and not just from the Minister of Health.

This needs to be expected from all relevant departments of Government and needs to be focused on building a national response to HIV/AIDS with an emphasis on human rights. Putting in place a multisectoral set of policies and programmes will necessarily involve much greater commitment and involvement across all areas of Government. This will include a greater level of active participation throughout Government – both at political and official levels.

There is a need for a communication and media strategy to be developed that focuses on informing the citizens of Antigua about all aspects of the epidemic. It is clear that the present high levels of stigma and discrimination arise in part because of the failures to inform everyone about the epidemic, and the risks that are faced by all Antiguanians. Thus the belief that HIV is confined to “marginalized groups” such as CSW and MSM needs to be countered by Government and others [such as FBOs]. This will mean in part a much more active publication programme by the AIDS Secretariat, and other departments of Government, and efforts to ensure that the media are actively involved in informed discussion of the issues.

The support group 3H is critical both for those affected and more generally for an inclusive and effective response to the issues of stigma and discrimination. 3H is presently supported by the AIDS Secretariat, and by others, and this is commendable. But as 3H readily admits what they can achieve is severely limited by problems of capacity, and by human and financial resources. There is a need for a review of the constraints that 3H faces with the objective of significantly strengthening this critically important institution. A proposal has been made to the United Nations Volunteer organization [a part of UNDP] as to whether it can provide full-time support in the form of a UNV so as to strengthen organizational and other needs of 3H. Alternatively the Peace Corps could be approached with the objective of seconding one of their members [either full or part-time].

The problem of HIV/AIDS are matters for all Antiguanians and HIV/AIDS imposes not only severe problems for individuals and those closely affected but as is shown by the section on Tourism can have potentially devastating impacts on socio-economic development – including levels of employment and incomes. There is a need for a national discussion of these issues as a base for

creating a national consensus on how best to build a response that is truly inclusive. Moving forward in this area will require mobilizing many groups, and many interests, but is absolutely essential if Antigua is to develop an effective response.

The Caribbean Council of Churches is already active in developing programmes that address the needs of Antiguan and should be further supported by Government. Moving forward on workplace policies and programmes as recommended by this report will strengthen the rights of PLWHA and those affected in all areas of employment and access to care and support, including treatment. Changes in the governance machinery as proposed above will help to create an inclusive process that mobilizes all segments of society and of the economy – including a greater involvement of PLWHA.

Many of the recommendations of this Report will indeed have implications that will in practice help to build a supportive environment of policies, laws and institutions that will have the result of reducing stigma and discrimination. But there is also a need for specific activities that focus on this issue as noted above, and in particular a greater role for Ministers in building a better-informed society on these complex and often contentious issues.

Hence developing a strategy and an operational plan addressing stigma and discrimination is essential and needs to be integral to putting in place a multisectoral response. This should be seen as a central task of the AIDS Secretariat in the coming months. As always there are lessons to be learned from reviewing the experience of other countries in the region.

For example, all countries, including Antigua, have used billboards with specific messages relating to HIV/AIDS with the aim of increasing understanding as a means of changing behaviour. But billboards need to be seen within an integrated communications strategy, and will fail to be wholly effective unless they are supported through other interventions. Indeed it is far from clear what objectives are achieved by the rather sparse use of billboards in Antigua at the present time, and there is a need to re-visit this aspect of the national strategy for HIV/AIDS. Again lessons can be learned from looking at Barbados where a survey of the effectiveness of billboards was undertaken in 2002. [see Billboards Survey, NAC, 2002]

VIII. BUILDING AN ENABLING FRAMEWORK OF LAWS AND RIGHTS

It is generally agreed that having in place a framework of laws and rights is essential in implementing a national response to HIV/AIDS that is effective. To this end it has been proposed that Antigua collaborate with CARICOM in a project to undertake an assessment of existing laws

and policies in Antigua with the aim of revising policies and legislation so as to ensure that the response to HIV/AIDS is rights based.[see the proposal from the AIDS Secretariat, National assessment on HIV/AIDS, Law, Ethics and Human Rights, July 2005] This approach is often stressed by international agencies such as UNAIDS and the Human Rights Commission.

As far as the team could ascertain the proposal from the AIDS Secretariat noted above has not been implemented although everyone seems to believe that this is urgently required if existing human rights abuses are to be addressed. Thus accessing employment and retaining it has been stated as a problem in some cases; as also have matters relating to HIV testing and insurance coverage [see below], and matters relating to care and treatment as well as broader issues concerning the confidentiality of a person's HIV status. There are many issues here where the law and policy needs to be clarified, with the intention of strengthening the rights of citizens and those resident in Antigua and Barbuda.

It is strongly recommended that the proposed National Assessment be undertaken as soon as feasible with the intention subsequently of reform of policies and of legislation to embody best practice in this critical area. This requires the implementation of the existing proposal with the help of donors and others, such as PAHO, UNDP and CARICOM.

There are a number of specific issues which it is worth pursuing independently perhaps of the general assessment recommended above. These are as follows: -

Insurance, Other Financial Institutions, and HIV Testing

It appears from consultations that the insurance companies operating in the region [including Barbuda] agreed more than 15 years ago to operate a rule that applications for life insurance in excess of 100,000 EC \$ should be required to have an HIV test. It seems that this rule is sometimes applied for life cover less than 100,000\$ and is also applied in the case of mortgages and sometimes even for bank loans [where insurance may be demanded].

These rules were put in place to met the needs of the insurance companies, and under quite different conditions relating to care and treatment than exists today where in Antigua this is provided free, and is not a charge to the insurance companies. It is also the stated policy of the Government [see Policies for the National AIDS Programme, 1997 and HIV/AIDS at the Workplace Policy, 2001]. Thus it is stated, “ In recognition of the rights of the individual..it will be the policy of the MOH to promote and maintain a system of voluntary testing with informed consent” [1997], and “HIV testing will not be required as a basis for employment” [2001].

The tenor of the existing Policy framework for Antigua is clearly that is it undesirable in terms of achieving public health objectives to have in existence compulsory testing except in agreed and special cases. Now it could be argued by the insurance companies that people have a choice as to whether to have an HIV test or not [for life cover or for health insurance] but since there is in effect a cartel among the companies there is in fact no choice at all. This may also be the case with

mortgages and no doubt in some cases in respect of applications for bank loans.

It seems to be the case that the existing Insurance Act in Antigua is in the process of being revised to bring it up to date. It is strongly recommended that as part of this process that all relevant aspects of public policy relating to health and social protection be also considered. This is especially necessary in the case of HIV testing where practise of insurance companies [and other financial institutions] needs to be brought into line with Government policy.

It is likely that Antigua will need to consult on these issues more widely in the region and especially with the Central Bank for the OECS countries who are also involved in banking and insurance regulation.

Prison Population and HIV/AIDS

Information on the health of the prison population is obviously important from a public health point of view in that prisoners move in and out of the general population, with and without communicable diseases such as HIV infection. Many of the inmates of the prison have sentences of less than 1 year and so they are fairly rapidly released into the general population. The opportunity needs to be taken to ensure that as far as possible prisoners are able to access health care and information that will ensure improved health status both within and outside prison. This is especially the case in respect of HIV where prison populations in many countries have much higher rates of infection than than the general population – in part because of high risk behaviours both outside and inside prison environments.

As we have noted above the HIV prevalence among male prisoners in a recent voluntary survey was 3% which is rather higher than for the population as a whole. It is also the case that prisoners in general are given access to health care and in the case of prisoners who are HIV positive arrangements are made for them to receive ARV treatment if required and to attend meetings of 3H. It is also proposed to implement a VCT programme in prisons, and this is to be welcomed.

So there is much to commend in the approach of Antigua to its prison population. But there are also areas of concern. Thus it is has been stated that there is mistrust between prison staff and individuals who have tested positive for HIV, and that the rights of PLWHA have not been respected in terms of the confidentiality of their status. Clearly there are problems in this respect and these need to be investigated and changes made to internal procedures. In part this issue may be resolved through training for staff but it may also be a reflection of the generally high levels of stigma and discrimination in Antigua. But the issue ought to be amenable to well informed and good management in the prison.

There is s secondary issue relating to the rights of prisoners to be able to protect themselves from HIV infection while they are incarcerated by the State. Clearly their human rights, embodied in UN Charters and elsewhere including the Constitution, are not currently being observed in all respects. This is especially true in terms of the ability of prisoners to protect themselves from HIV infection

through access to condoms and in some cases to material supplies that reduce the levels of HIV transmission associated with drug use [especially injecting use of drugs].

There have been discussions of the desirability of making condoms available in prisons but these seem to have been left unresolved and prisoners are in effect left in a situation where they cannot protect themselves from sexual transmission. This is wholly undesirable, may well be contrary to their human rights, and this may be contestable before the Ombudsman for Antigua. There are well-demonstrated benefits in terms of reductions of HIV in prison populations from making condoms available, as also is the case with activities for reducing the harms in respect of drug use. While injecting drug use may not currently be a problem it is highly likely that it will unfortunately become one in the coming years.

It is strongly recommended that the MOH look at the available evidence relating to these matters and ensure that the rights of prisoners are brought into line both with public policy on HIV/AIDS and with the human rights of prison populations.

Immigration Policy and HIV/AIDS

The Team did not hold any specific discussions relating to issues of immigration and HIV/AIDS but this is an area for concern and one where there is probably a need to revisit existing policies and the Immigration Act [and its enforcement by immigration officials]. As is noted above Antigua and Barbuda is increasingly a magnet for citizens of other countries in the region who come on the whole seeking employment opportunities. Since there are joint benefits from this migration of labour then this is something to be managed in ways that is fair to all parties – to employers and workers both.

It is likely that these trends with respect to the overseas labour supply will increase with the implementation of the CSME in the coming months and years. This is therefore the time for ensuring that immigration and other controls relating to labour flows from overseas be consistent with good public health practice – including but not confined to issues relating to HIV/AIDS and TB. At the present time the existing regulations relating for example to access to health care of residents from other countries is unclear. This is especially true for illegal workers [and their children] who it seems are able to draw down care and treatment, including access to VCT and to ARV drugs for HIV, although strictly speaking they have no entitlement under existing policies.

There is a clear need to bring the existing law on Immigration and other laws/regulations into a consistent relationship with what is required from the viewpoint of public health. This is especially important in the case of HIV/AIDS where it is essential in a world where rapid testing for HIV may well lead to involuntary testing on a scale that makes it harder to access high risk and hard to reach populations. This may be a real problem in the case of CSWs who may often be illegally in the country but where it is essential to be able to develop out-reach activities including increased use of condoms and use of VCT and other health-related activities.

Under these circumstances it is recommended that the MOH in collaboration with the Ministry of Labour and other relevant Government departments [such as the Ministry for Social Transformation and especially the divisions addressing poverty and gender] review existing laws and regulations relating to immigrants, legal and illegal. So as to ensure that these are brought into line with best practice. It is essential that what is done in this respect be consistent both with ensuring fairness in the operation of labour markets, support national activities to prevent HIV transmission, and ensure that care and treatment are provided to all those who need it. The latter point is very important in that illegal residents need also to have access to VCT, STI services, treatment for OIs and access to ARV drugs if the response to HIV/AIDS is to be entirely effective. This may in effect be what is happening but the actual practice needs to be brought into alignment with the law so as to maximize the benefits from the general provision of services throughout the country.

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SECTION B: SUMMARY OF RECOMMENDATIONS

The following is a summary of the main recommendations contained in Section A of the Report and in the case of Tourism in Section C. No attempt is made to review the background to each of the following recommendations since the case has been argued in the main body of the Report. Suggestions are made below with respect both to follow-up and to potential partners, and these arise from discussions undertaken by the Team during the collection of data and information. In some cases specific verbal commitments were made by us as to the extent of collaboration and assistance that could be forthcoming, and it is assumed that Government will seek to follow-up on these possibilities.

At this stage the names of potential collaborators, such as enterprises that have indicated a willingness to be involved in developing workplace programmes, have been withheld since this might be sensitive information. These names have been given to the MOH and it is assumed that in the follow-up these individuals/enterprises will be fully involved in moving forward activities.

Finally, UNDP has indicated through this project a willingness to be actively engaged in moving forward the key recommendations of the Report and to assist where possible with additional funding of activities that are of primary relevance to its organizational mandate.

Governance and System Performance: It is proposed, and has been accepted by the Prime Minister's Office, that a review be undertaken of the existing machinery of Governance for HIV/AIDS. UNDP has agreed to seek the funding required for this Review which will include all aspects of the existing machinery of Governance, including the membership and functions of a new National AIDS Council, the location and functions of the AIDS Secretariat, and the related issue of ministerial responsibility for HIV/AIDS in Antigua.

A separate review should also address issues relating to the programme performance, with the objectives of establishing improvements in all aspects of the national response to HIV/AIDS, including programme development, record keeping, monitoring and evaluation, and management and staff performance.

New Technologies and Scaling-Up Access to Care and Treatment: It is proposed that a comprehensive Review be undertaken of the existing and proposed structure for HIV testing, care and treatment. In part this arises from new technologies that affect service delivery and in part from a wish to ensure a fully effective programme. PAHO and OECS [HAPU] should be requested to carry out the review taking into account changes in technical and other conditions, including the need to ensure that services are cost effective and are accessed by all in need. Such a Review should include an assessment of best practice elsewhere in the Region.

Mitigating the Impact of HIV/AIDS on Human Resources: There is a need for a comprehensive evaluation of the tasks that are needed if human resources in Antigua are to be sustained in the face of HIV/AIDS. Government has a responsibility to its own staff to ensure they are fully protected, but also to all Antiguanians in the private sector. Actions that are recommended include revision of the Labour Code where the MOH should request that the Ministry of Labour [assisted by ILO] to update the existing agreement: revision of the existing Policy Framework on the Workplace, and the embodiment of its key principles in national legislation.

CARICAD and the ILO should be requested to support Government in establishing workplace activities throughout the public sector, and again best practice in the region should be used as a model of what can and should be done. Both CARICAD and ILO have indicated their willingness to assist Government in moving forward with policies and activities in these areas.

Mitigating the Impact of HIV/AIDS on Tourism: There are many actions that need to be undertaken so as to address the two-way relation between Tourism and the spread of HIV, and between HIV/AIDS and the likely impact on tourism in Antigua. Again there is a need for a comprehensive review of situation with a focus on policy development [Ministry of Tourism and MOH] and on programmes that address issues such as transactional sex and HIV transmission.

Major Tourism activities such as the WCC need to integrate HIV/AIDS into their planning, and this will require that the MOH and the Ministry of Tourism negotiate with regional organizations to mitigate the potential impact on Antigua of large-scale tourist arrivals in 2007.

As with **III** above there is a need to develop HIV in the workplace programmes throughout the tourism sector, and the Government should develop in partnership with the Tourist Association and individual hotels/hotel groups activities to protect all staff and their families. Various hotels have indicated their willingness to participate in programme development and this needs to be followed-up by the MOH and the AIDS Secretariat. Again the assistance of ILO should be sought in moving forward on HR issues.

Poverty, Ethnicity and Gender: This is a very complex area where great sensitivity is required. One of the key proposals in Section A is that there be a follow up to the existing Living Standards Survey [where UNDP have indicated their willingness to support a workshop that would address issues of poverty, employment and social exclusion]. Addressing these linked issues is almost certain to be critical in developing an HIV/AIDS programme that takes into account the role of poverty in the transmission of HIV.

Similarly there is a need to develop a gendered response to HIV/AIDS, where UNDP/ UNFPA /UNIFEM should be contacted by the Gender Division of the Ministry of Transformation with a proposal for support in this area. UNDP have indicated their willingness to consider along with other UN agencies a proposal that addresses the relationships between gender and HIV/AIDS – relationships that along with poverty are often the driving forces in the HIV epidemic.

There is a recommendation also for a survey of the needs of PLWHA and their families, so as to assess whether their psycho-social and economic needs are being met, and what to do about these issues through programme development. The AIDS Secretariat should collaborate with a respected consultancy that has experience of how to conduct sensitive surveys of this type. A similar survey was undertaken with PLWHA in Barbados and the NAP should be consulted before proceeding with this recommendation.

Finally there is a recommendation that out-reach work be undertaken with CSWs, possibly in collaboration with a DFID project undertaken by the International HIV/ AIDS Alliance. The MOH needs to follow-up on this proposal to seek an extension of the existing DFID project from its focus on Jamaica and Barbados to the OECS.

Responding to the Threat of HIV/AIDS for Youth: The youth of a country are indeed its most valuable resource and hence the need to ensure that policies and programmes are in place to protect them from HIV/AIDS. At the present time there are many uncoordinated activities that relate to youth, and many of these have not been evaluated so as to be able to assess their effectiveness.

It is also the case that the behaviour of many young people is exposing them to the risks of HIV infection so that changes in sexual behaviour are essential. It is strongly recommended that a survey be undertaken of existing youth-focused activities, and as a result of this a coordinated and comprehensive set of activities be put in place. These activities should be coordinated by the MOH given its responsibility for Youth in Antigua. The intended outcome would be a Strategic Plan for Youth that focused on HIV/AIDS, and a set of activities that are better coordinated and more effective.

It is also clear that the previous decision to discontinue support for the Reproductive Health Centre in St. Johns removed a very valuable service for Youth. It is strongly urged on Government that the Centre be revived as a matter of great urgency in its old location but with an extended set of functions. The new Centre would include issues relating to reproductive health but would extend beyond these into other areas where services need to be improved. Good models of what can and should be provided for Youth are to be found in Trinidad and in Barbados.

The Regional Programme of UNFPA in Jamaica has indicated its willingness to be

involved in this development, and the MOH should develop a proposal for seeking their assistance. This is also an area where the CCC should be approached for support, as also should the private business sector. For this proposal to be successful it will be essential that the Government indicate its willingness to provide resources including the site previously made available to the Centre [or a suitable alternative]. The EU should also be approached since the proposed Centre would fit well with their existing drugs-related activities in Antigua.

Stigma and Discrimination and Strengthening Civil Society Institutions: This is another area where there are no instant solutions but where there is much evidence of continuing problems in Antigua. There are many detailed recommendations in Section A and these are not repeated here. In part what is required is to ensure that there is a deeper understanding of the issues of HIV/AIDS, and this requires activities on a sustained basis by Government and others to inform Antiguanans of the need for an inclusive and non-judgemental approach to those affected.

This aim will only be achieved if an integrated communications strategy to address Stigma and Discrimination is put in place by the AIDS Secretariat and others; that human rights are protected through a revision of laws as a result of the Review being undertaken with the support of PAHO and others.

It is essential that continued efforts are made to ensure that PLWHA and others are not subject to discriminatory practices anywhere in the provision of Government services and that staff are made aware of the need to be supportive at all times. Workplace policies and programmes need specifically to address, and remove activities that discriminate, such as those related to employment and HIV/AIDS. Hence the need to ensure that the Labour Code is reformed and that laws be in existence that prevent the most overt forms of employment discrimination.

In pursuing all of these activities the 3H group is central, and it is proposed that they strengthened both financially and otherwise [in part through secondment of a UNV or Peace Corp volunteer]. UNDP has agreed to follow-up on this matter of a UNV for 3H, and discussions are underway to see whether UNV can more generally assist in the response to HIV/AIDS throughout the region

Building an Enabling Framework of Laws and Rights: This is another complex area where change will be slow but nevertheless essential. The proposed review of Rights, Ethics and Laws should be undertaken as soon as possible and its recommendations be applied rapidly [this proposal seems to have been unnecessarily delayed for far too long].

There are also independently important issues where policies need again to be reviewed and/or developed. These include policies relating to regulating financial institutions

[banks and insurance companies especially] where policies relating to lending and insurance are in conflict with national guidelines relating to HIV testing.

Immigration policies and practices which may also be in conflict with the aims of public health and where a review of the Immigration Law and practices is required. This is essential if good public health practices are to be followed, and in particular to ensure that CSWs are able to access services essential to reducing HIV transmission.

Finally the need to ensure that policies and practices relating to the prison population protect their human rights, and are consistent with the aims of the HIV/AIDS policy. There is evidence that the rights of prisoners are not being fully protected [eg. in respect of access to condoms] and that some prison staff may be responsible for practices that are not supportable, are contrary to policy, and need to be changed.

SECTION C

TOURISM IN ANTIGUA: INTEGRATING HIV/AIDS

1. HIV/AIDS AND TOURISM: THE ISSUES

The aim is a dynamic and growing sector which generates sustained growth in incomes and employment. Subsidiary aims are to ensure maximisation of local value added through ensuring that policies are developed and implemented for creating local employment, and through maximizing local sourcing of inputs both at the capital development stage and subsequently in terms of all operational activities. In a region where rates of HIV prevalence are the second highest anywhere in the world.

The issue is how in these circumstances to put in place those policies and programmes that will ensure that tourism continues to play a significant role in sustaining income and employment growth consistent with an effective response to HIV/AIDS. It is argued below that these objectives are perfectly realisable provided an integrated response is put in place in Antigua and other countries in the Caribbean that are heavily dependent on Tourism as a source of foreign exchange and of employment/incomes.

Gains from tourism development accrue directly to factors of production employed in the sector [through the generation of incomes] and indirectly in linked sectors [such as transport, food supply, handicrafts, cafes, travel agents etc], There are benefits also to governments at all levels through taxes on inputs [eg. through excises on drinks, and taxes on imports for capital and

recurrent inputs, and through taxes on employment where these exist – directly and indirectly dependent on the tourism sector, plus taxes on business profits].

It should be noted that while the activities noted below are aimed primarily at tourists, and the tourism and related sectors, that these also need to focus on other groups as well [such as business travellers who are equally affected by what may be done, or not be done as the case may be].

2. TOURISM IN ANTIGUA AND BARBUDA

It is estimated that visitor expenditure in Antigua in 2000 was no less than 63% of GDP which makes the country the second most tourism dependent in the region [after Anguilla with 83% of GDP]. Net value added is of course much less given the high dependence on imports of goods and services. The most comprehensive analysis of Tourism in Antigua estimated that the contribution to GDP was 32% which is rather less than most commentators have assumed.

In part this estimate may be too low due to the fact that multipliers drawn from a study of St Lucia were used in deriving the Antigua estimate and at the time there was no other available empirical data on which to generate the estimate. By applying different, higher, multipliers the Study found that Tourism might account at the outside to some 42% of GDP. [Tourism's Economic Impacts: Increasing the Contribution to Prosperity, February 2003].

The same study also found that direct employment due to Tourism in Antigua was 7,380 and that the total employment due to Tourism [direct and indirect] was some 10,700 jobs- about 50% of all wage and salary employment in 1998. No data was available from which to estimate the total and net contributions to the government budget but this must be very substantial.

Since these estimates were made there has been very substantial growth in Tourism in Antigua and further expansion is projected in the coming planning period. [see Antigua and Barbuda Strategic Policy and Plan, 2005-2009, draft November 2004]. The Strategic Plan states that about 50% of GDP is accounted for by Tourism [rather more than the estimated impact noted above]. It sets out detailed guidelines for Antigua if the Plan targets are to be met, including activities focused on Human Resource needs. Improving Human Resources are seen as essential if Antigua is to maintain its share of global tourism trade given the current constraints facing the sector in terms of skills and capabilities.

While the Strategic Plan has a section on health and safety and these are seen as essential underpinnings for tourism development there is no mention of HIV/AIDS and the need to develop policies and programmes in this area. This in spite of an earlier CARICOM set of Guidelines relating to HIV/AIDS and Tourism in the Caribbean [CARICOM Guidelines for Tourism, 2002]. As far as can be ascertained there are no activities beyond occasional representation at sensitization workshops relating to HIV/AIDS at the present time, although there is an HIV/AIDS Policy for HIV/AIDS in the Workplace for Antigua and Barbuda [Cabinet decision, 2001] which relates to the Tourism sector as well as other productive areas.

3. POSSIBLE CONSTRAINTS AND POSSIBLE RESPONSES

There are all the usual constraints such as resources – especially financial, and know how and enterprise, plus constraints in terms of human resources more generally [both in developing the sector, eg. in development planning, and in establishing and expanding the tourist infrastructure including transport infrastructure and other systems such as communications [such as the internet/ email, telephones etc]. Including, of course, the creation of the human capital that is the foundation of any productive set of activities [and the associated structure of training for all of the relevant skills].

As soon as the tourist industry is seen as linked to other supply structures [as well as the demand for their services] then it becomes clear why an integrated approach is needed. There are thus multiple interests involved in establishing and sustaining a functioning tourist industry, and it takes time to set one up and to expand an existing sector. It is also evident that a tourism sector can also be destroyed with remarkable speed if tourist demand shifts to other destinations. Thus sustaining output, incomes and employment may be a problem and can be threatened by persistent conflict and insecurity, such as occurred in Haiti, as well as perceived threats [such as epidemic diseases such as HIV/AIDS].

More generally there is the threat to tourism development through 2 main channels: - these are as follows: –

The perceptions of tourists that high and increasing levels of HIV in the region/countries is a threat to their HIV-negative status. The sources of this belief need to be understood and responded to, and this means both the initial assessment of attitudes in the main tourism markets, and sustained efforts to address these concerns. What needs to be done will depend on market conditions and the age distribution and aims of tourists – it will vary within any regional market considerably [thus sex tourism will require an entirely different approach to that of meeting the concerns and the needs of middle aged /retired tourists who want to spend time of sandy beaches].

It should be noted that in the case of tourism developments that operators and tourists will often be brought into contact with local communities, and in many cases there will be a need to address the concerns of those communities. This is most obvious in the case of sexual interactions where employees and tourists are brought into contact with locals such that outreach programmes will be essential if HIV transmission is to be prevented [both to tourists and from tourists to locals].

There is thus a common set of interests between tourism operators, hotels and other employers, tourists and local communities that will need to be developed and

strengthened as part of the response to HIV/AIDS, and as part of what is needed to sustain tourism growth.

Much can be learned from other countries/regions as to what needs to be done to deal with perceptions relating to HIV/AIDS, and also in addressing the real concerns that may exist [this requires much more than just emphasis on the safety of the health care system – this is important but is not the only policy intervention that is needed]. Tourists may need to be assured that their health is not at risk from HIV/AIDS, and that health care and issues such as the safety of the blood supply have been addressed by the host Government. Making sure that tourist concerns are met in these respects is important since fears relating to basic health care can influence their decisions and thus effect tourist flows.

An initial first step may be to carry out an assessment of tourist perceptions relating to the country. A related activity will be to review what other countries have done in similar situations [such as Thailand]. It is essential not to prejudge what the problems are – these need to be first identified and then practical solutions be sought. Many conditions will be different between countries and what may have worked in one country may be irrelevant to another.

It is evident that there are joint interests of both recipient countries and countries of origin here that need to be identified and satisfied. The countries that are the source of the tourists [possibly overseas, but also within the region as well] need to be involved in developing strategies that protect their citizens from infection with HIV. Again there is a history of countries doing just that – eg. Sweden and Australia [and activities in collaboration with major travel agents such as AMEX, Thomas Cook, and the airlines].

So there is a need to develop forms of external collaboration to ensure that needs and perceptions of risk are addressed [this will mean ensuring that the activities of governments and their agents overseas are themselves also brought on board with information etc relating to risk and risk avoidance advice for tourists – eg at official tourist offices located overseas and through publicity where necessary to address the various concerns].

The threat to the tourism industry that is posed through the losses of capacity to attract and service the needs of tourism due to HIV/AIDS. The epidemic erodes both organisational capacity and human capital through the morbidity and mortality of labour. What the evidence shows is that labour – both men and women of working age – get infected with HIV. Thus there are increased costs associated with the epidemic which in part fall on enterprises and in part on government [eg. medical care, absenteeism, labour turnover and recruitment costs, training costs for new staff, losses of trainers in hotel and catering schools etc.].

What needs to be noted is that all categories of labour may be affected so that the losses are not confined to easily replaceable staff but also include managers, accountants, chefs, training

cadres, and so on. So there are potential losses of expertise that have required large private / personal expenditure, and enterprise investment, as well as social investment [eg. in education and training]. Note also that for tourism to function effectively the costs of HIV/AIDS are not confined to those in the sector but may also exist in those sectors that serve its purposes [eg. in transport and communications].

At the core of sustaining productive capacity in the tourism sector is the protection of the human capital that is essential for its efficient functioning. This means putting in place effective responses relating to HIV prevention, care and treatment. In effect it means establishing workplace programmes that are comprehensive and effective – again lessons can be learned from other countries as to what can be done and how best to do it.

Note also that it means thinking of the Tourist sector broadly so that all of the inter-connected services are also brought within the ambit of a comprehensive approach – it means addressing issues of sustaining airline and other transport services, health structures, food suppliers, training establishments for catering and other hotel/tourist needs, such as managers, receptionists, linguists, etc.

4. MOVING FORWARD IN ANTIGUA

What is important is not to prescribe for others and not to assume that what works elsewhere will be relevant directly to a country's needs. Instead what has to happen are to establish processes that bring together the multiple interests involved in the development of an integrated approach to a problem that is solvable. It is better that problem solving be undertaken by those involved in the activity, with support as necessary by those with outside expertise. People are often capable of grasping what needs to be done and how best to do it.

It is preferable to strengthen capacity in problem identification and problem solving as the best way forward. For Government and its agencies to then assist as appropriate with developing the policies and activities that will lead to a comprehensive response to the threat that may be posed to the industry by the epidemic.

WHAT CAN GOVERNMENT DO TO SUPPORT NATIONAL RESPONSES TO HIV/AIDS IN THE TOURISM SECTOR?

It can support workshops– making sure that all of the interested parties are involved [thus ensuring that multiple issues are addressed and that the problems are seen as systemic not just for some narrowly defined tourism sector]. It is important that such training be focused both on enhancing understanding of the issues and on problem solving – there have to be useful policy conclusions for moving forward. Thus one outcome would be a Policy Framework for Tourism that would establish the basis for national activities that integrate HIV/AIDS within the sector.

It can ensure that regional and national educational and training establishments that service the needs of tourism are brought into the response and develop training, etc to ensure that staff have the skills they need to respond to the threat of the epidemic. Similarly with other regional and national research organisations where there is a need to ensure that they understand the issues of AIDS for tourism development, and strengthen their capacity to undertake relevant applied research on the industry. Data and information are essential is policies and programmes are to be founded on fact and not supposition.

It can support the development of personnel policies and workplace programmes on HIV/AIDS that cover the staff employed in the sector, and support their implementation through joint government and industry action. These will need to include programmes that involve the tripartite groups [employers, employees organisations and government]. It is important that such workplace programmes now explicitly address not only prevention and care, but also access to treatment [including access to ARV therapies].

These policies must also protect the rights of workers and others so that there is no discrimination with respect to employment or to contract renewal, and for Government to explicitly protect employees through appropriate legislation to ensure that rights are fully protected. The key principles to be embodied in such legislation and in workplace policies have already been agreed to by Government through ILO conventions and are contained in the ILO Code on HIV/AIDS Workplace Policies [a shortened version of the Code is attached].

Government and industry can usefully engage with overseas interests [including government agencies overseas such as MOH as well as major travel agents/airlines etc] to take forward their joint interests [eg. in advice for travellers relating to HIV risk and its avoidance, general information on service/health issues in countries, and so on].

Following from the previous point it should be the case that approaches to development be seen as programmatic as opposed to sectoral. This entails ensuring not only consistency within broad areas of development activity but also between related areas. Ensuring at the same time that the linkages are understood and that HIV/AIDS is integrated into the plans for such programmes. Again ensuring that what is proposed by way of a response to HIV/

AIDS is comprehensive and integrated with the programme activities and not seen as simply an “add on” to what is undertaken. Thus transport and tourism have common interests including issues that relate to HIV /AIDS [in all aspects, including HIV prevention, care and support, and mitigation of social and economic impact].

WHAT IS THE ROLE OF OTHER STAKEHOLDERS IN THE RESPONSE?

It is clear from the forgoing that many stakeholders outside Government need to be involved in developing and implementing an integrated response to HIV/AIDS. These include unions and employees and their organizations [such as the TUC, the Employers Federation, the Tourism Association], and others such as the AIDS support group [Health, Hope and HIV Network]. These also include working closely with communities where transactional sex activities are common [especially communities that are poor and where cultural and language heterogeneity may be substantial]. It will also mean working closely with those involved directly in transactional sexual activity [CSWs] and those who may be involved in the management and control of sex work.

Cruise Ships/Transactional Sex

The 3H have already made a start in raising awareness among tourists from cruise ships visiting St Johns. But this is only a start and valuable though their activities maybe there is a need for a comprehensive and expanded set of activities that include others [such as the cruise ship operators].

There is some evidence that some crew members from the cruise ships visiting Antigua seek CSWs while their boats are docked in St Johns. While this assertion has not been empirically proved it is a potential factor in HIV transmission both in Antigua and in other islands given that the cruise ships move from port to port where it can be assumed that similar behaviour is also present. If it is the case that some members of the crews of these ships do resort to the use of CSWs then this is a matter that needs to be urgently addressed.

This is an issue of initial responsibility for the owners and operators of these cruise ships and one where islands such as Antigua have a direct interest given the possible transmission of HIV that may be involved [and the impact on its residents and on Government]. There is an NGO [The Civil/Military Alliance which has developed activities with seafarers and they may be an initial point of contact if activities are to be developed relating to the staff of cruise ships in the Caribbean]. In collaboration, of course with national HIV/AIDS Programmes and with the owners/operators of cruise ships.

Transactional sex is undoubtedly present in Antigua and this is known to involve tourists, both men and women. The issue is not confined to staff and others from cruise ships and there is a need to build on some of the earlier initiatives of the AIDS Secretariat and others so as to strengthen

outreach programmes particularly to CSWs and to MSM. There is an urgent need to build on earlier initiatives of the AIDS Secretariat that seem to have fallen by the wayside more recently, with a focus on education and improved access to condoms.

These initiatives should build on regional experience including that relating to the social marketing of condoms and how to work closely with CSWs in ensuring that the risks of HIV transmission are minimized to all those involved. It will be essential to ensure that a clinic specializing in STIs be established by the MOH and be available to CSWs [and others] given the need to ensure as far as possible the sexual health of all those involved in transactional sex in Antigua.

Major Sporting Activities - Sailing Week and the World Cricketing Competition

More generally there is a need to develop specific HIV prevention activities in respect of major tourism activities such as Sailing Week and those associated with the World Cricket Competition scheduled for the summer of 2007. In the case of the latter many 1000s of tourists, mostly men, will visit Antigua and it is essential that HIV prevention policies and programmes be in place well before that date. Transactional sex is inevitably going to be an element of the CWC such that activities will be essential that address the risks both to the resident population and to those attending the competition. If there are to be policies and programmes that address these dual and related risks then activities need to focus on two main areas.

The risks to recipient populations and especially to those communities where transactional sex activities are probable; this will mean targeting CSWs and communities so as to minimize the risks of HIV transmission through educational and other programmes, including condom social marketing [developed in collaboration with organizations such as PSI]. There is an urgent need to strengthen outreach activities to CSWs and others so as to ensure that people are informed of the risks of HIV and are able to protect themselves from infection. At the present time these conditions are not met in Antigua and programmes need urgently to be developed and implemented so as to be in place well before the arrival of many thousands of tourists attending the CWC.

Activities that focus on sending countries so as to ensure that those arriving in Antigua are aware of the risks of HIV and are informed as to how to avoid transmission. This means interaction with public health authorities in sending countries who should be pressed to develop activities to inform their citizens about HIV risks and risk avoidance, together with the development of activities in collaboration with enterprises involved in transport [airlines and cruise ships] and in tourism development generally [tour operators]. Some countries already advise their citizens about HIV risks when traveling [such as Australia and Scotland] and their activities might usefully serve as examples of good practise in developing more general programmes.

Strengthening Workplace HIV/AIDS Policies and Programmes

It has been repeatedly stressed above how important is the human resource endowment of the tourist sector where significant public and private investment has been undertaken over many years. The quality and efficiency of the Tourist sector depends on many skills and on years of experience and all of this is potentially threatened by HIV/AIDS. At the present time there are no workplace activities underway in Antigua in the Tourist sector [or indeed in other sectors including the public services]. It is essential, as argued above, that workplace policies be developed and programmes implemented.

There is much evidence relating to best practise and this needs to be built-on in moving forward in Antigua. Several hotels and hotel groups have indicated a willingness to develop workplace programmes to protect their staff from HIV infection and to establish programmes for care, support and access to treatment. These enterprises should be contacted urgently by the AIDS Secretariat with the aim of moving ahead rapidly with pilot activities that can be demonstrated to be effective and worthwhile. In collaboration not only with the management and ownership of such enterprises but also in collaboration with the Ministry of Tourism in Antigua, with ILO [as the technical support agency of the UN system in this area], and with potential regional support from donor organizations such as DFID and others.

5. CONCLUSION

Given the importance of Tourism for the development of Antigua it is evident that comprehensive policies and programmes relating to Tourism be developed and implemented as one of urgent priority. The country's future depends on the sector and given this high degree of concentration on one industry it is very, very vulnerable to shifts in tourist decisions, and to rising costs in the industry if HIV/AIDS is not contained at the existing low levels of prevalence.

The time for broad-based action is now and time has been lost already in putting in place effective policies and programmes. At the present time Antigua more or less has no activities relating specifically to HIV/AIDS relating to Tourism, and Government and private resources need urgently to be concentrated on HIV prevention, care and treatment.

Professor Desmond Cohen

April, 2006

Annex

Fundamental Principles of the ILO Code of Practice on HIV/AIDS

The ILO Code of Practice establishes fundamental principles for policies at all levels, and practical guidance for workplace programmes.

The ten key principles are as follows [statements in italics are from the ILO Code]

1. Recognition of HIV/AIDS as a workplace issue: *HIV/AIDS is a workplace issue because it affects workers and enterprises – cutting the workforce, increasing labour costs and reducing productivity. It should be treated like any other serious illness/condition in the workplace. The workplace has a role to play in the wider struggle to limit the spread and effects of the epidemic*

2. Non-discrimination: *There should be no discrimination against workers on the basis of real or perceived HIV status. Non-discrimination is a fundamental principle of the ILO and is at the heart of the ILO's response to the epidemic. Discrimination and stigmatization of people living with HIV/AIDS inhibits efforts aimed at promoting HIV/AIDS prevention.*

3. Gender equality: *The gender dimensions of HIV/AIDS should be recognized. Women are more likely to become infected and are more often adversely affected by the HIV/AIDS epidemic than men due to biological, socio-cultural and economic reasons. One of the main reasons why HIV has spread so quickly is gender inequality. It is therefore important that HIV/AIDS programmes respond to the circumstances and needs of men and women separately as well as together – both in terms of prevention and social protection to mitigate the impact of the epidemic.*

4. Healthy work environment: *The work environment should be healthy and safe, so far as is practicable, for all concerned parties. This includes the responsibility for employers to provide information and education on HIV transmission, and appropriate first aid provisions in the event of an accident. It doesn't, however, give employers the right to test employees in the interest of public health, because casual contact at the workplace presents no risk of HIV transmission. A healthy work environment facilitates ... adaptation of work to the capabilities of workers in light of their physical and mental health - thus mitigating the impact of AIDS on workers and enterprise alike.*

5. Social dialogue: *The successful implementation of an HIV/AIDS policy and programme requires co-operation and trust between employers, workers and their representatives and government, where appropriate – this is not only fundamental to the way the ILO works, but is very practical in that any policy is more likely to be implemented effectively if it has been developed with the full participation of all concerned parties.*

6. No screening for purposes of exclusion from employment or work processes: *HIV/AIDS screening should not be required of job applicants or persons in employment. Compulsory HIV testing not only violates the right to confidentiality but is also impractical and unnecessary.*

7. Confidentiality: *There is no justification for asking job applicants or workers to disclose HIV-related personal information. Nor should co-workers be obliged to reveal such personal information about fellow workers. The right to confidentiality doesn't, of course, only apply to HIV/AIDS – rules of confidentiality have been established in the ILO Code of Practice on the protection of workers' personal data, 1997.*

8. Continuation of employment relationship: *HIV infection is not a cause for termination of employment. As with many other conditions, persons with HIV-related illnesses should be encouraged to work for as long as medically fit in available, appropriate work. Reasonable accommodation to help workers continue in employment can include rearrangement of working time, special equipment, opportunities for rest breaks, time off for medical appointments, flexible sick leave, part-time work and return-to-work arrangements.*

9. Prevention: *HIV infection is preventable. Prevention of all means of transmission can be achieved through a variety of strategies. Prevention is not simply a matter of providing a few posters, leaflets, or talks. A climate for prevention needs to be created, including an open discussion of relevant issues and respect for human rights. Measures for prevention include a combination of information, participatory education, practical support for behaviour change such as condom distribution, treatment for sexually transmitted infections (STIs), and the promotion of voluntary counselling and testing (VCT) where available.*

10. Care and support: *Solidarity, care and support should guide the response to HIV/AIDS in the world of work. Prevention, care and treatment should be seen as a continuum rather than separate elements of a workplace programme. The availability of treatment encourages confidential voluntary testing, making it easier to provide care and encouraging prevention. Care and support includes the provision of voluntary testing and counselling, treatment for opportunistic infections – especially TB - and antiretroviral therapy where affordable, workplace accommodation, employee and family assistance programmes, and access to benefits from health insurance and occupational schemes.*

ILO standards and HIV/AIDS

While there is no international labour Convention that specifically addresses the issue of HIV/

AIDS at the workplace, many instruments exist which cover both protection against discrimination and prevention of infection, and these can be and have been used. The Conventions that are particularly relevant to promoting respect for human rights in the context of HIV/AIDS at work include:

- Discrimination (Employment and Occupation) Convention, 1958 (No.111). This is one of the eight fundamental conventions of the ILO
- Occupational Safety and Health Convention 1981 (No. 155)
- Occupational Health Services Convention 1985 (No. 161)
- Termination of Employment Convention, 1982 (No.158)
- Vocational Rehabilitation and Employment (Disabled persons) Convention, 1983 (No. 159)
- Social Security (Minimum Standards) Convention, 1952 (No. 102)
- Labour Inspection Convention, 1947 (No. 81) and Labour Inspection (Agriculture) Convention, 1969 (No.129)