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The HIV/AIDS Workplace Policy for the Ministry of Agriculture draws upon the National HIV/AIDS Policy, Jamaica, and uses as a reference, the Final Draft of the National Workplace Policy on HIV/AIDS and the ILO Code of Practice on HIV/AIDS and the world of work.

The Ministry of Agriculture wishes to acknowledge the contribution of the Global Fund grant through the National HIV/STI Programme (NHP), as well as the contribution of members of the steering committees and others, towards the completion of its HIV/AIDS Workplace Policy.

Agencies that fall under the purview of the Ministry of Agriculture

This HIV/AIDS Workplace Policy will apply to all Limited Liability Companies, Commodity Boards, Departments and Statutory Bodies that fall under the purview of the Ministry of Agriculture:

- Limited Liability Company
 - National Rums of Jamaica

- Commodity Boards
 - Banana Board
 - Cocoa Industry Board
 - Coconut Industry Board
 - Coffee Industry Board (Commercial)
 - Coffee Industry Board (Regulatory)
 - Export Division
 - Sugar Industry Authority
 - Sugar Industry Research Institute
 - Dairy Development Board

- Departments
 - Forestry Department

- Statutory Bodies
 - Agri-Business Council of Jamaica
 - Agricultural Development Corporation
 - Jamaica 4-H Clubs
 - Jamaica Agricultural Society
 - Rural Agricultural Development Authority
 - Agricultural Credit Board
 - Sugar Company of Jamaica
 - National Irrigation Commission

ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
ARV	Antiretroviral
CBO	Community Based Organisation
CARICOM	Caribbean Community
CDA	Child Development Agency
FBO	Faith Based Organisation
FP	Focal Point
ELIZA	Enzyme-linked Immunosorbent Assay
GFTAM	Global Fund to Fight AIDS Tuberculosis and Malaria
GOJ	Government of Jamaica
HAART	Highly Active Antiretroviral Therapy
HFLE	Health and Family Life Education
HBC	Home Based Care
HIV	Human Immuno-deficiency Virus
HR Dept.	Human Resource Department
IBRD	International Bank for Reconstruction and Development
IEC	Information, Education and Communication
ILO	International Labour Organization
IOM	International Organisation on Migration
KABP	Knowledge, Attitude, Behaviour and Practice
LAC	Labour Advisory Committee
LRIDA	Labour Relations and Industrial Disputes Act
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health
MOA	Ministry of Agriculture
MOH	Ministry of Health
NAC	National AIDS Committee
NHP	National HIV/STI Programme
NSP	National HIV/AIDS/STI Strategic Plan
NGO	Non Government Organisation
NIS	National Insurance Scheme
OSHA	Occupational Safety and Health Act
OHS	Occupational Health Services
OI	Opportunistic Infection
PAC	Parish AIDS Committee
PANCAP	Pan-Caribbean Partnership against HIV/AIDS
PEP	Post Exposure Prophylaxis
PLWHA	People Living With HIV and AIDS
PMTCT	Prevention of Mother To Child Transmission
STI	Sexually Transmitted Infection
Tripartite partners	Government, Employers and Workers
UNDP	United National Development Programme
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNTG	United Nations Theme Group on HIV/AIDS
VCT	Voluntary Counselling and Testing
WHO	World Health Organisation

I. EXECUTIVE SUMMARY

The Workplace Policy on HIV/AIDS in the Ministry of Agriculture is a framework for action by its management and staff to deal effectively with HIV/AIDS in the workplace. The policy takes into consideration the effects of HIV/AIDS on the most productive segment of the workforce and as such, views the problems associated with HIV/AIDS in terms of the significant negative implications they hold for production and national development. Proper management of the situation will benefit all stakeholders in the society by safeguarding production and national development. It is expected that the policy will:

- Assist in the development of a caring, supportive and responsible working environment that will protect all workers
- Reduce HIV/AIDS related stigma and discrimination
- Assist in the reduction of HIV/AIDS transmission

The policy presents the case for dealing with HIV/AIDS as a workplace phenomenon. Highlighted is the fact that the most productive segment of the workforce (the 15-49 age group) is the most seriously affected. The stigma and discrimination associated with HIV/AIDS affects the rights of workers infected with and affected by HIV. Workers are further impacted by ignorance and prevailing myths that hinder corrective, preventative action and access to treatment, care and support. Through education and training, the workplace can play a critical role in preventing and controlling the spread of HIV/AIDS and in reducing stigma and discrimination.

The purpose of this policy is to facilitate the development of a working environment that protects the rights of workers regardless of their HIV status. This encompasses all workers and stakeholders of the Ministry of Agriculture and all entities under its purview, irrespective of where they work. This policy is to be regarded as an important part of the national response to HIV/AIDS in the workplace.

The policy presents a summary of the HIV/AIDS situation from international, regional and national perspectives. Surveillance data from the National HIV/STI Programme illustrate the seriousness of

HIV/AIDS in Jamaica based on the national HIV prevalence among adults of about 1.6% (2008) and the generalized and concentrated nature of the epidemic.

It is expected that this policy will support the legal framework for dealing with HIV/AIDS and will ensure that mechanisms are in place to protect workers from stigma and discrimination.

The policy underscores the importance of the organizational framework for the national response including the National HIV/STI Programme (NHP) through key government ministries and the National AIDS Committee (NAC), the private sector and the broader civil society including faith based Organizations (FBOs).

The ten guiding principles from the International Labour Organisation (ILO) Code of Practice on HIV/AIDS and the world of work are used as the foundation for the development of strategies and objectives, and in determining the rights and responsibilities of all the stakeholders. The Ministry of Agriculture fully supports these principles:

- HIV/AIDS as a workplace issue
- Non-discrimination
- Gender equality
- Healthy work environment
- Social dialogue
- No-screening for exclusion from employment or work processes
- Confidentiality
- Continuation of employment
- Prevention
- Care and support

Rights and responsibilities of government, employers and workers are outlined in reference to the National HIV/AIDS Workplace Policy, the Platform for Action on HIV/AIDS and the World of Work signed in Barbados on May 17, 2002 and the International Labour Organisation Code of Practice on HIV/AIDS in the world of work.

The Ministry of Labour and Social Security through the Focal Point on HIV/AIDS is the lead body guiding the dissemination and implementation of the National Workplace Policy on HIV/AIDS. In this regard, the Ministry of Agriculture agrees to adapt the National HIV/AIDS Workplace Policy and implement it to give full operational effect. Effective implementation will require collaboration and consultation from all stakeholders.

Technical and financial support for the implementation of the HIV/AIDS Workplace Policy in the Ministry is being provided through the National HIV/STI Programme under the Policy/Advocacy Component, supported by the Global Fund to fight AIDS, Tuberculosis and Malaria (GFTAM).

The Workplace Policy on HIV/AIDS in the Ministry of Agriculture should be reviewed every five years in accordance with the National HIV/STI Programme.

II. INTRODUCTION

HIV/AIDS is a workplace phenomenon not only because it has the potential to affect labour and productivity but also because the workplace can play a vital role in the wider struggle to limit the spread and effects of the epidemic. The workplace is an appropriate setting to involve the working age population in efforts to prevent and control the spread of HIV/AIDS, through education and training, counselling, care and support.

The tripartite partners representing government, workers and employers have taken action to establish an appropriate framework to address HIV/AIDS in the workplace. The team has taken the initiative since 2002 to utilize the ten (10) key principles provided by the International Labour Organization (ILO) in the Code of Practice on HIV/AIDS in the world of work, to develop the National HIV/AIDS Workplace Policy.

The principal focus of the national HIV/AIDS response is the prevention of new HIV infections; the treatment, care, and support of those infected or affected by HIV/AIDS; the mitigation of the impact of the epidemic; the strengthening of the enabling environment including legislative changes and the reduction of HIV/AIDS-related stigma and discrimination. These are seen as mutually reinforcing elements towards an effective response to HIV/AIDS.¹ A more supportive environment would facilitate wider access to voluntary counselling and testing, specialty care and antiretroviral (ARV) drugs.

HIV/AIDS workplace policies have been developed by five public sector ministries, other non-line ministries and private sector organizations to strengthen interventions through the workplace. The Ministry of Agriculture's response is part of efforts to involve all government entities and all of civil society in implementation to create the enabling foundation required from a National HIV/AIDS Policy.

¹ Ministry of Health 2005. National HIV/AIDS Policy, pp. 4-5

The Ministry of Agriculture's Workplace Policy on HIV/AIDS seeks to provide information to its employees, clients and stakeholders on how it will treat the issues relating to HIV/AIDS in its divisions, departments and agencies. It also outlines the ILO Guiding Principles on HIV/AIDS in the world of work and sets out the rights and responsibilities to its employees, clients and stakeholders. The Policy provides general information on HIV/AIDS including contacts for support services.

This policy recognizes that an effective response to the HIV/AIDS epidemic requires respect for and protection and fulfilment of all rights - human, civil, political, economic, social and cultural. It also requires that the fundamental freedoms of all people be upheld in accordance with the Constitution of Jamaica and existing international human rights principles, norms and standards.

Background²

HIV/AIDS is a major threat to the world of work, affecting persons between 15 and 49 years, which is the most productive sector. If not controlled, HIV/AIDS will impose huge costs on organizations through declining productivity and loss of skills and experience. In addition, the stigma and discrimination associated with HIV/AIDS is affecting the fundamental rights of people living with and affected by HIV and AIDS.

The total number of reported AIDS cases in Jamaica between January 1982 and June 2008 was 12,893 of which there were 7,165 deaths due to AIDS. Approximately 71% of all reported AIDS cases in Jamaica fall within the 20-49 age group and 84% of all reported AIDS cases are between 20 and 60 years old. This is similar to the breakdown for all AIDS cases reported since 1982, of which 74% are in the age category 20-49 years and 85% are found between 20 and 60 years.

In Jamaica, HIV is transmitted primarily during sexual intercourse. Heterosexual practice is reported by more than 90% of all reported AIDS cases with a known transmission category. This relates to all

² Ministry of Health 2005. National HIV/AIDS Policy, pp. 4-5

the cases for which data about sexual practice are available (71%). The most urbanized parishes continue to have the highest cumulative number of AIDS cases: 1,071 AIDS cases per 100,000 population in St. James and 754 cases per 100,000 persons in Kingston and St. Andrew. These groups form a large part of our workforce, making HIV/AIDS a workplace issue³.

HIV/AIDS has become a generalized epidemic in Jamaica that affects the health and well-being of large numbers of people from all social classes and occupational groups throughout the country. Jamaica's HIV prevalence rate in the adult population is 1.6% (2008). However, HIV/AIDS is also concentrated in some vulnerable groups with prevalence rates higher than the national average. About 9% of sex workers are HIV positive (2005 survey) and 31.8% of men who have sex with men were also found to be HIV positive (2008 survey). The seroprevalence rate among prison inmates is 3.3% and 3.6% among STI (sexually transmitted infections) clinic attendees in the public health system.⁴ HIV/AIDS is not only a health problem; it is a developmental issue that affects the social, cultural, political and economic fabric of the nation.

Many existing conditions create and sustain vulnerability to HIV infection and heighten stigma and discrimination. Factors driving the epidemic have been categorized as behavioural, economic, socio-cultural and environmental. The practice of maintaining multiple sex partnerships, for instance, pervades the culture. In adolescents, the mean age for sexual initiation is 15 years for boys and 13 years for girls.⁵ Although the Ministry of Education has revised important documents dealing with HIV/AIDS (Health and Family Life Policy and Curriculum and the National Policy for HIV/AIDS Management in Schools), further policy direction and legislative support are needed.

³ Ministry of Health and Environment 2008. Jamaica HIV/AIDS Epidemic Update January to June 2008

⁴ National HIV/STI Programme, 2008: HIV/AIDS Situation in Jamaica, PowerPoint Presentation, Dr. Kevin Harvey

⁵ Hope Enterprises Ltd., 2008. HIV/AIDS 2008 KABP Presentation of Findings, Power Point Presentation, Maxine Wedderburn, Deborah Borne

Findings from the 2008 Knowledge, Attitudes and Practices Behaviour Survey (KAPB) indicate that about 8% of the population are engaging in risk behaviour and not appropriately protecting themselves. According to the survey, multiple partnerships have increased. Overall last time condom use among females and older males with multiple partners has declined between 2004 and 2008. In addition, HIV/AIDS knowledge indicators have either declined marginally or have held firm over the period. This means that HIV/AIDS prevention education must be continuous and sustained in order to consistently debunk misconceptions about modes of transmission and prevention.

Tourism and population movements, the high levels of unemployment and the increasing importance of drugs and prostitution are included in economic factors. The rate of unemployment for instance was recorded as 15.5% for men in 2000, which is twice as high as for women. HIV/AIDS-related stigma and discrimination, especially in relation to homosexuality, drives those most vulnerable and those infected, underground. Also, gender roles and inequities, such as female subservience in sexual decision-making, influence behaviour choices that spread HIV. There is also a need for even greater sustained commitment to deal with HIV/AIDS from high-level decision makers and leaders in society.

Purpose of the Policy

The purpose of the policy is to facilitate the development of a working environment that protects the rights of workers perceived to be infected and/or affected by HIV/AIDS. This will be achieved by:

- Developing a framework for action in the workplace.
- Highlighting the rights and responsibilities of workers, government and employers
- Articulating the usefulness of education, training and improved awareness in the workplace
- Providing counselling, care and support in the prevention and treatment of infected and affected employees and stakeholders.

Vision

To achieve a caring, supportive and responsible environment within the agricultural sector in which the human rights and dignity of people infected and affected by HIV and AIDS and other chronic diseases are respected, and healthy lifestyle is practised by employees and stakeholders, by the year 2020.

Scope of Application

This HIV/AIDS Workplace Policy applies to all current and prospective workers, employers and/or contractors of labour, farmers, fisherfolk, 4-H Clubites, agricultural schools and other stakeholders and clients associated with the Ministry of Agriculture.

Objectives

1. To provide a framework for training and awareness as well as prevention interventions, in order to reduce new HIV cases among the staff and other stakeholders of the Ministry of Agriculture.
2. To reduce HIV/AIDS related stigma and discrimination through continuous education, training and involvement of persons living with and affected by HIV and AIDS.
3. To strengthen the capacities of the Ministry of Agriculture to provide at least access to care and support for persons living with or affected by HIV and AIDS.
4. To manage and mitigate the impact of HIV/AIDS in the workplace through workplace-based prevention and support programmes.
5. To support activities which enable revision and amendment of legislation.

Strategies

1. Sensitizing employees and stakeholders about the Ministry's HIV/AIDS Workplace Policy and the National HIV/AIDS Policy
2. Involving persons living with or affected by HIV and AIDS in the training and sensitisation programmes
3. Establishing an appropriate environment for providing confidential counselling and referrals
4. Establishing a network to provide appropriate care and support for employees infected or affected by HIV and AIDS and strengthening social support schemes and benefits to include provisions for HIV/AIDS
5. Strengthening the workplace by integrating HIV/AIDS issues of prevention, treatment, care and support into

existing human resource development programmes and in particular the Ministry of Agriculture's Healthy Lifestyle Programme.

6. Monitoring and evaluating the HIV/AIDS policy and programmes in accordance with indicators developed by the National HIV/STI Programme
7. Lobbying for and supporting the creation of new legislation concerning HIV/AIDS and the rights of workers

Outcomes

1. Increased knowledge and awareness among staff about HIV/AIDS
2. Reduction of HIV/AIDS-related stigma and discrimination through the introduction of culturally appropriate and gender-sensitive education, training, and awareness sessions
3. Improved capacity to deliver HIV/AIDS education and awareness to staff
4. Reduction in the spread of HIV as a result of effective workplace programmes
5. The development of a supportive environment in which to take legislative action

III. GUIDING PRINCIPLES⁶

The foundation of the National Workplace Policy on HIV/AIDS, like the foundation of the Workplace Policy of the Ministry of Agriculture, is the ten (10) key principles identified in the International Labour Organization (ILO) Code of Practice on HIV/AIDS and the world of work. The National HIV/STI Programme and its stakeholders fully support these ten (10) key principles and urge all workplaces to use them as a basis for developing and implementing HIV/AIDS workplace programmes and policies.

1. *HIV/AIDS as a Workplace Issue*

The Ministry of Agriculture recognises HIV/AIDS as a workplace issue that impacts productivity and the country's development and also recognises that it should be treated like any other serious illness or condition in the workplace. It is also a workplace issue, not only because it affects the workforce but also because the workplace can play a vital role in limiting the spread and effect of the HIV/AIDS epidemic.

2. *Non-Discrimination*

The Ministry of Agriculture accepts that there should be no discrimination against workers based on their real or perceived HIV status. Discrimination and stigma inhibit prevention and support efforts.

3. *Gender Equality*

The Ministry of Agriculture accepts that the gender dimensions of HIV/AIDS should be recognized. The physical/biological, social, cultural, emotional and economic impacts of HIV/AIDS may differ between men and women and must therefore be addressed from a gender sensitive perspective.

⁶ Ministry of Labour and Social Security, 2008. Green Paper on the National Workplace Policy on HIV/AIDS, pp. 22-23

4. *Healthy Work Environment*

The Ministry of Agriculture accepts that the work environment must be as healthy and as safe as possible for all concerned parties, in order to prevent transmission of HIV, in accordance with the provisions of the Occupational Safety and Health Convention, 1981 (No. 155) and Jamaica's Occupational Safety and Health Act.

5. *Social Dialogue*

The Ministry of Agriculture accepts that the principle of social dialogue, trust and cooperation between employers, workers, their representatives and government should be recognised and sustained to ensure the effective implementation of any HIV/AIDS policy and programme.

6. *No Screening for Exclusion from Employment or other Work Processes*

The Ministry of Agriculture accepts that there is no justification for HIV screening for purposes of exclusion from employment or work processes. HIV screening should not be required of job applicants or employees.

7. *Confidentiality*

The Ministry of Agriculture accepts that confidentiality should be maintained. No job applicant or worker should be asked to disclose his or her HIV status or HIV-related information and no co-worker should be asked to reveal such information about fellow workers. Access to personal data relating to a worker's HIV status should be bound by the rules of confidentiality consistent with the ILO Code of Practice on the Protection of Workers' Personal Data, 1997.

8. *Continuation of Employment*

The Ministry of Agriculture accepts that HIV infection cannot be a cause for termination of employment. HIV/AIDS should be treated like any other medical/health condition – persons who are HIV positive or have HIV related illnesses should be able to work for as long as they are medically fit, in available, appropriate posts.

9. *Prevention*

The Ministry of Agriculture accepts that the workplace is an appropriate setting for interventions and strategies related to the prevention of HIV, which are properly targeted to local conditions and are culturally sensitive and involve all the social partners. Changing attitudes and behaviour through education and training is important to promote prevention.

10. *Care and Support*

The Ministry of Agriculture accepts that the workplace is an appropriate setting to promote care and support for all workers, including those affected or infected by HIV/AIDS, and their entitlement to affordable health care. All workers should have full access to benefits from any relevant social security programmes and occupational schemes.

IV. RIGHTS AND RESPONSIBILITIES

Rights of Employees

Employees of the Ministry of Agriculture and other stakeholders, regardless of real or perceived HIV status, have the right to:

- Privacy and confidentiality
- Protection of personal information
- Continuation of employment and benefits
- Report and document abuse and discrimination
- Protection from stigmatization, discrimination and abuse
- Access prevention information and training
- Access treatment, care and support
- Referral to appropriate HIV/STI Prevention resources
- Redress in accordance with established Government of Jamaica's Labour and Industrial Relations Procedures and the Public Service Regulations, Staff Orders and Procedures

Responsibilities of Employees

Employees have a responsibility to:

- Voluntarily access HIV testing with pre- and post-test counselling
- Seek medical assistance and counselling
- Accept treatment and/or work towards gaining health once diagnosed with the disease
- Protect co-workers and clients from undue harm
- Be sensitive and responsive to co-workers' and clients' concerns
- Adhere to the Public Service Regulations, Staff Orders and Procedures

Rights of Stakeholders and Clients

All stakeholders and clients have a right to:

- Privacy and confidentiality regarding their HIV status
- Continuation of contractual engagements/arrangements
- Continuation of club membership or voluntary service
- Continuation of services related to fishing and farming activities
- Continuation of agricultural and extension services
- Report and document abuse and discrimination
- Protection from stigmatisation, discrimination and abuse
- Access prevention information and training
- Access treatment, care and support
- Referral to appropriate HIV/STI prevention resources
- Redress in accordance with established Government of Jamaica's Labour and Industrial Relations Procedures

Responsibilities of Stakeholders and Clients

All stakeholders and clients have a responsibility to:

- Voluntarily access HIV testing with pre- and post-test counselling
- Seek medical assistance and counselling
- Accept treatment and or work towards gaining health once diagnosed with the disease
- Protect associates and clients from undue harm
- Be sensitive and responsive to associates and clients' concerns
- Collaborate with the Ministry and its entities in implementing the HIV/AIDS Workplace Policy

Responsibilities of the Ministry of Agriculture

The responsibilities of the Ministry of Agriculture and its entities are to ensure that:

- The HIV/AIDS Workplace Policy is implemented, monitored and evaluated
- There is consistency with the National HIV Strategic Plan 2007-2012, The National HIV/AIDS Policy and the National HIV/AIDS Workplace Policy
- Procedures are in place for disciplinary action against employees who discriminate on the grounds of real or perceived HIV status or who violate the Workplace Policy on HIV/AIDS
- There is no policy or programme that requires HIV testing as a pre-requisite for employment, continued employment, appointment or promotion of employees.
- The privacy and confidentiality of farmers, fisherfolk, 4-H Clubites, volunteers and other stakeholders living with and affected by HIV/AIDS are maintained.
- Educational interventions related to HIV/AIDS are integrated into existing orientation and training programmes on a continuous basis
- There is collaboration among farmers, fisherfolk, 4-H Clubites, volunteers and other stakeholders about the HIV/AIDS Workplace Policy
- There is equal opportunity for all employees, farmers, fisherfolk, 4-H Clubites, volunteers and other stakeholders including those living with and affected by HIV/AIDS
- Employees living with HIV/AIDS are reasonably accommodated
- The HIV/AIDS Workplace Programme includes sustained sensitization and education sessions, for employees, farmers, fisherfolk, 4-H Clubites, volunteers, stakeholders, and their families
- Entities are assisted in developing and implementing their own unique HIV/AIDS Policy relevant to their operation
- The HIV/AIDS Workplace Policy is implemented in accordance with the Government of Jamaica's Labour and Industrial Relations Procedures.

V. HIV/AIDS WORKPLACE POLICY IMPLEMENTATION PLAN

While overall responsibility for the implementation the National Workplace Policy on HIV/AIDS rests with the Ministry of Labour and Social Security, the Ministry of Agriculture will implement its HIV/AIDS Workplace Policy in accordance with other existing policies governing the workplace, which do not undermine its objectives.

The Focal Point on HIV/AIDS in this Ministry, working in collaboration with the Steering Committee and other partners and stakeholders, is committed to cooperating in a positive, caring manner to develop a policy implementation plan that responds to and balances the needs of employers and workers. Backed by commitment at the highest levels, the policy implementation plan will seek to promote among the leadership of the Ministry of Agriculture: education and training on HIV/AIDS; improved awareness about HIV/AIDS and risk reduction strategies; and reduction of stigma and discrimination against those affected by or infected by HIV/AIDS.

In this regard, the Ministry of Agriculture will ensure that the following activities are completed, to encourage support of the HIV/AIDS Workplace Policy by Directors and Senior Managers of the Ministry. Specifically, the Steering Committee will:

1. Ensure that the entire management team is sensitized to HIV/AIDS issues and are introduced to the HIV/AIDS Workplace Policy, so that they understand it and are prepared to support it.
2. Ensure that special interest groups in the Ministry are sensitized to HIV/AIDS issues and are introduced to the HIV/AIDS Workplace Policy, so that they understand it and are prepared to support it.
3. Develop a plan to ensure that adequate financial and human resources are allocated for the implementation of the HIV/AIDS Workplace Policy in the Ministry.

An example of an action plan based on policy objectives is outlined in the Appendix.

VI. MONITORING & EVALUATION OF HIV/AIDS WORKPLACE PROGRAMME

The Ministry's HIV/AIDS Workplace Programme is to be reviewed periodically in accordance with the National HIV/STI Programme and in consultation with the tripartite partners. The Ministry of Agriculture in accordance with indicators developed by the National HIV/STI Programme should carry out monitoring and evaluation of the implementation process.

The Wellness Director in the Ministry of Agriculture will submit reports to the Permanent Secretary, the National HIV/STI Programme and other stakeholders.

VII. FACTS ON HIV/AIDS ⁷

The Human Immunodeficiency Virus (HIV) causes AIDS (Acquired Immune Deficiency Syndrome). HIV only affects humans. It does so by gradually weakening the immune system, making it difficult for the body to fight infection. HIV is microscopic and the virus can only survive in cells that are alive, while at the same time destroying them.

Modes of Transmission

HIV is transmitted from an infected person to another through blood (and blood products), through semen (and pre-ejaculation fluid), through vaginal fluids and through breast milk.

Transmission of HIV takes place in four main ways:

- Unprotected sexual intercourse with an infected partner - anal (high-risk), vaginal (high-risk), oral (low-risk)
- Blood and blood products (through for example, infected transfusions, organ or tissue transplants or the use of contaminated injection or other skin-piercing equipment)
- From infected mother to child in the womb or at birth and during breast feeding (7% chance of infection since 2007 from a 25% chance in 2002)
- By sharing intravenous drug needles with an HIV-infected person

⁷ Ministry of Health, 2005. National Policy on HIV/AIDS, Appendix I, pp.27-33.

HIV is NOT spread during everyday casual contact

HIV CANNOT be transmitted during casual, physical contact with an HIV positive person such as coughing, sneezing, kissing, hugging, sharing utensils, toilets and washing facilities or consuming food or beverages handled by the person. Mosquitoes and other insects do NOT spread this virus. A person CANNOT get HIV from the air, from food and from water.

A person CANNOT get HIV by handling or coming into contact with the tears, sweat, saliva and urine of an HIV infected person. There is insufficient concentration of HIV in these body fluids to cause infection.

It is not possible to determine someone's HIV status by just looking at the person. Someone infected with HIV can look and feel well for 10 or more years without showing signs and symptoms of illness. This person however, can transmit the virus to others especially during unprotected sexual intercourse.

Early symptoms of AIDS include chronic fatigue, diarrhoea, fever, mental changes such as memory loss, weight loss, persistent cough, severe recurrent skin rashes, herpes and mouth infections and swelling of the lymph nodes. Opportunistic infections (OI) such as cancers, meningitis, pneumonia and tuberculosis may also take advantage of the body's weakened immune system. AIDS is fatal, although periods of illness may be interspersed with periods of remission. There is still no cure for AIDS. While research continues to develop a vaccine against HIV/AIDS, none is as yet viable. Jamaica is able to increase access to antiretroviral drugs because public/private sector partnerships and a grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria have helped to lower the cost to a person living with HIV/AIDS. Typically, ARV drugs are expensive and therefore out of the reach of the majority of those needing them.

Prevention

HIV is fragile and is only able to survive in a limited range of conditions. It can only enter the body through naturally moist places and cannot penetrate unbroken skin. To prevent transmission of HIV, it is recommended that all sexually active persons use a barrier to the virus such as a latex male condom during every episode of sex. The female condom is also recommended. To prevent transmission through accidental exposure to blood and other (relevant) body fluids, universal precautions should be adopted. This requires the use of protective equipment such as rubber masks and gloves in situations involving exposure to blood and other body fluids from an infected person. Skin-piercing equipment should not be contaminated by re-use without proper sterilization. HIV is unable to survive outside of a living human body. Bleach, strong detergents and hot water kill the virus rapidly. Persons who are exposed to blood accidentally through skin puncture by an injection needle or those who have been raped, need to undergo HIV testing and post exposure prophylaxis (PEP).

Prevention of Sexual Transmission

- Abstain - This method of prevention is strongly recommended for children and adolescents and is appropriate for anyone who practises delaying sex until “the right time”.
- Maintain a mutually faithful relationship with one uninfected sexual partner
- Use condoms correctly and consistently.
- Do get tested for HIV.

Prevention of Blood Transmission

Universal Precautions

Universal precautions are the standard of practice applied by health providers and emergency workers when caring for patients and persons in emergency situations. Standard procedures are taken to avoid coming in contact with blood or body fluids, or with used needles and other materials that may be contaminated by blood, in order to avoid transmission of HIV, hepatitis B or other blood-

borne infections. These precautions are taken with respect to all persons regardless of their presumed infection status. They are simple standards of infection control practice to be used in the care of all patients at all times to minimize the risk of blood-borne pathogens. Universal precautions consist of:

- Careful handling and disposal of sharps (needles and other sharp objects)
- Hand-washing before and after a procedure
- Use of protective barriers – such as gloves, gowns, masks – for direct contact with blood and other body fluid
- Safe disposal of waste contaminated with body fluids and blood
- Proper disinfection of instruments and other contaminated equipment
- Proper handling of soiled linen
- Post Exposure Prophylaxis
 - Protected national blood supply
 - Advocacy to prevent sharing of IV drug needles including provision of sterilized needles

Prevention of Mother-To-Child Transmission

- Universal HIV testing of pregnant women
- ARV treatment for all HIV positive pregnant women
- Counselling for all HIV positive pregnant women on treatment
- Access to information, counselling and follow-up care and support for all HIV positive pregnant women, including family planning services and nutritional support
- Advocacy for the provision of specific guidance and support to ensure adequate replacement feeding

How To Tell Your HIV Status

- Get tested.
- A Rapid Test (for HIV) is used for screening blood samples. Confirmation of samples found to be positive is necessary. The process of confirmation is usually carried out in a laboratory setting while screening tests may be conducted in the field at designated outreach points. Authorized persons conduct the screening using the Rapid Test (usually a finger prick). Confirmation of positive results is undertaken at the National Public Health Laboratory (NPHL) and at regional laboratories. Persons opting for the Rapid Test are able to know the results within 20 minutes.
- VCT (Voluntary Counselling & Testing) – HIV testing should be voluntary and with informed consent. It should be preceded (pre-test) and followed (post-test) by counselling. Through counselling the client is able to understand what the negative test result means and what the positive test result means. The appropriate sexual behaviour for any kind of result should be discussed with the client during counselling. Group education may be provided in lieu of individual pre-test counselling. However, all post-test counselling should be individually conducted without breaching the privacy and confidentiality of the client.

Window Period

When a person is exposed initially to HIV – that is, becomes infected through contact with an infected person – it may take between six weeks and up to six months before antibodies to HIV are detected in the blood. Antibodies are created as the immune system tries to fight off the infection from the virus. The HIV test looks for antibodies. When these antibodies are detected the person is diagnosed HIV positive. A person can be HIV infected and the test shows negative because the test was carried out soon after infection during the “window period”, before the body develops antibodies.

Who Needs To Take An HIV Test

- Sexually active people – This includes even those who are currently abstaining who were sexually active up to 10 years ago
- People with more than 1 sex partner – This applies also to those who have been engaged in serial monogamy
- People who have unprotected sex
- People who use condoms inconsistently and incorrectly
- People who have doubts that their sex partner is faithful
- Anyone who has been raped
- Anyone who got accidentally stuck by an injection needle while attending to a client/patient

Taking the HIV Test

The client should:

- Be given information about what the test results mean before and after taking the test
- Get counselling before and after taking the test
- Use condoms during every sexual encounter or abstain

Risk and Risk Assessment of HIV

Sexually Transmitted Infections and HIV Transmission

People who have been diagnosed with another sexually transmitted infection (STI) are at risk for HIV. Persons with STIs are more likely to have sores and small breaks in the skin and lining of their genitals. It is easier for HIV to enter the body through these breaks. Also, if a person has an STI or has had one, he/she could have contracted HIV at the same time through unprotected sex.

Self-Assessment of Risk for Sexual Transmission

Answer YES or NO to each of the following questions.

Statements	YES	NO
Abstinence is appropriate and easy for me to sustain.		
I use a condom CORRECTLY, EVERY TIME I have sex.		
I have had or contracted a sexually transmitted infection.		
I know my HIV status.		
I know my partner's HIV status.		
I have only one sexual partner and I am sure I am his/her only sexual partner.		

If your answer to ANY of the above puts you in the red or the shaded area, you are at risk for contracting HIV. You should therefore:

- Get an HIV test
- Use a condom correctly the NEXT TIME you have sex or
- Call the AIDS/STI HELPLINE – 1-888-991-4444

VIII. LEGISLATIVE FRAMEWORK

The National HIV/AIDS Policy and the National Workplace Policy on HIV/AIDS will provide a foundation for the development, introduction and strengthening of the legal framework around HIV/AIDS.

The following international conventions provide appropriate reference points:

- International Labour Organisation Conventions and United Nation Resolutions ratified or signed by Jamaica
- C111 Discrimination (Employment and Occupation) Convention 1958 - addresses discrimination in the field of employment and occupation. It points out that discrimination constitutes a violation of rights enunciated by the Universal Declaration of Human Rights
- Occupational Safety and Health Convention 1981, No.155 - addresses safety and health and the working environment.
- Occupational Health Services Convention, 1985. No. 161 - outlines the maintenance of a safe and healthy working environment as well as the adaptation of work to the capabilities of workers
- Resolution 55/13, 2000, Declaration of Commitment to HIV/AIDS, UN General Assembly - outlines the commitment to enhance coordination and intensify national, regional and international efforts to combat the problem of HIV/AIDS

International /Caribbean Guidelines

- International Labour Organization (ILO) Code of Practice on HIV/AIDS in the world of work - committed to securing decent working conditions and social protection in the face of the epidemic. It also contains fundamental rights for policy development. In the development of Jamaica's National Workplace Policy on HIV/AIDS the ten key principles from this Code were used as a guide.
- Caribbean Regional Strategic Plan of Action on HIV/AIDS -addresses collaboration at the regional level

to the benefit of all, while identifying key issues for national level focus that will advance the regional fight against HIV/AIDS.

- Pan-Caribbean Partnership against HIV/AIDS (PANCAP) (Coalition to fight AIDS) – aims at increasing country level support in the region to fight against HIV/AIDS.
- Nassau Declaration on Health 2001- ‘The Health of the Region is the Wealth of the Region, Proclamation by Heads of State and Governments of CARICOM’ - promotes the improvement and well-being of member states and improved health status of Caribbean people.
- Charter of Civil Society for the Caribbean Community (CARICOM) -addresses human rights
- Barbados Platform for Action on HIV/AIDS and the World of Work in the Caribbean Sub-region, 2002 - outlines the commitment of the regional governments, employers’ organisations and workers to fight the spread of HIV/AIDS

National Policies that impact HIV/AIDS

The National HIV/AIDS Policy- seeks to protect the rights of everyone, reduce the spread of HIV/AIDS, reduce stigma and discrimination and provide treatment, counselling, care and support for everyone.

Existing National Legislation:

- Labour Relations and Industrial Disputes Act - defines workers rights and stigma and discrimination.
- Labour Relations Code - this Code was established in accordance with the provisions of sections 3 of the Labour Relations and Industrial Disputes Act, 1975. It promotes good labour relations.
- Public Health Act - addresses care, support and prevention but needs further amendment to support national policy efforts related to HIV/AIDS
- Occupational Safety and Health Act - when enacted will promote a safe and healthy working environment.

The National HIV/STI Programme commissioned a study of existing laws in Jamaica during 2006. The study, carried out by the

local law firm of McNeil and McFarlane, proposed recommendations for parliamentary action. The following is a summary of some of the recommendations⁸:

- Immediate amendment to the Public Health Act
- Correlation of the proposed amended Public Health Act with the provisions of the Child Care and Protection Act
- Amendment to the Employment Termination and Redundancy (Payment) Act, to prohibit discrimination in the workplace and prevent HIV screening of employees
- Amendment to the Offences Against the Person Act
- Introduction of a general anti-discrimination legislation
- Implementation of a National Education Policy Act
- Amendment of the Immigration Restriction (Commonwealth Citizen) Act to ensure that prospective immigrants who are tested and found to be HIV positive will not be prohibited from entering and remaining in the country.
- Amendment to the Corrections Act to give prisoners the right to request diagnostic testing for HIV/AIDS and other diseases, and to be provided with educational material on prevention, treatment and care and, where appropriate, to be provided with protective devices.

⁸ National HIV/STI Programme, 2006. Final Report McNeil and McFarlane, April 2006

Institutional Framework

The Government of Jamaica through the National HIV/STI Programme in the Ministry of Health is leading the national response to HIV/AIDS in Jamaica. Through its expanded response initiated in 2002, made possible by a Government of Jamaica/World Bank loan agreement, five line ministries were included as partners - Ministry of Labour and Social Security; Ministry of Education, Youth and Culture; Ministry of National Security; Ministry of Local Government and Community Development; and the Ministry of Industry and Tourism. The loan agreement provided financial and technical resources to implement priority objectives outlined in the National HIV/AIDS/STI Strategic Plan (NSP) 2002-2006. Jamaica received additional support from the Global Fund to scale up treatment, prevention and policy efforts.

The National HIV Strategic Plan 2007-2012 guides the development and implementation of HIV/AIDS workplace programmes and policies. The main source of funding is the Global Fund and the World Bank.

The Ministry of Labour and Social Security in its five year strategic work plan was guided by the following goals and objectives:

Goals:

1. To promote and sustain equity in the workplace and remove discrimination; and
2. To empower working adults with the knowledge and skills necessary to initiate and sustain healthy relationships, which are aimed at reducing vulnerability to HIV/AIDS/STI.

Objectives:

1. Protect the rights of the workers against discrimination, abuse and stigma;
2. Reduce the social and economic impact of HIV/AIDS/STI and improve the working environment;

3. Reduce HIV/AIDS/STI transmission; and
4. Mitigate the impact of HIV/AIDS/STI on individuals and households.

Major gaps and constraints:

1. No workplace policy on HIV/AIDS
2. No HIV/AIDS educational programmes suitable for the workplace
3. No specific legislation regarding HIV/AIDS issues
4. No body of trained personnel to handle HIV/AIDS-related complaints
5. Insufficient attention to HIV/AIDS and occupational health
6. Lack of preventive services, support and follow up to migrant farm workers who test positive for HIV.

The Ministry of Labour and Social Security acted on the mandate given by the Government of Jamaica and appointed a Focal Point on HIV/AIDS to:

- a. Promote and coordinate HIV/AIDS activities within the ministry and organizations within its purview
- b. Liaise with the National HIV/STI Control Programme, the National AIDS Committee (NAC) and non-governmental organizations
- c. Act as a representative of the Ministry of Labour and Social Security on the NAC.

APPENDIX 1

OBJECTIVE 1: To provide a framework for training and awareness as well as prevention initiatives, in order to reduce the incidence of HIV/AIDS among the staff				
	Activities	Indicator	Expected Outputs	Responsibility
1	Integrate HIV/AIDS workplace issues into HR training programmes including orientation	Training module developed and integrated	Improvement in HIV knowledge skills and accepting attitudes to PLHIV by training participants	Human Resources Director/Focal Point on HIV/AIDS
2	Conduct sensitization sessions for all categories of staff during work hours	Number and type of employees sensitized	Improvement in HIV knowledge and skills and accepting attitudes to PLHIV by all staff	Focal Point on HIV/AIDS/Workplace Programme Officer (WPO)
3	Conduct train-the-trainer workshop	Number of trainers	Trainers trained and conducting sessions	NHP/Focal Point on HIV/AIDS/WPO
OBJECTIVE 2: To reduce HIV/AIDS related stigma and discrimination through continuous education, training and involvement of persons living with HIV and AIDS				
	Activities	Indicator	Expected Outputs	Responsibility
1	Develop and use icebreakers dealing with discrimination reduction in all workshops and meetings	Number of meetings with discrimination reduction icebreakers	Improved accepting attitudes to PLHIV	Workplace Programme Officer/Steering Committee/Trainers
2	Engage PLHIV in workshops and meetings	Number of workshops and meetings with PLHIV	Improved accepting attitudes to PLHIV	Trainers/WPO/Steering Committee
3	Promote workplace principles through existing projects, media and dissemination points	Number of outlets which include workplace principles	Improved knowledge and application of workplace principles	Focal Point on HIV/AIDS/Steering Committee/Trainers

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OBJECTIVE 3: To strengthen the capacity of the ministry and agencies to provide education and awareness of HIV/AIDS workplace issues				
	Activities	Indicator	Expected Outputs	Responsibility
1	Train unit heads or designated staff in understanding and delivery of basic facts and workplace principles (workshop)	Number and type of staff trained and delivering presentations	Staff trained in delivery of HIV/AIDS basics and workplace principles	Workplace Programme Officer/Focal Point on HIV/AIDS
2	Identify and train a cadre of senior managers as agents of change (workshop)	Number of senior management trained	Leadership advocates on HIV identified and trained	Focal Point on HIV/AIDS/Workplace Programme Officer
3	Develop peer education manual (Hire consultant)	Manual developed, printed and distributed	Peer education strategies and approaches documented	NHP/Workplace Programme Officer
4	Train team of peer educators using manual (workshop)	Number of peer educators trained and involved in peer education	Improved risk assessment and prevention skills through peer education delivery	NHP/Workplace Programme Officer
5	Appoint and sensitize Sub Focal Points on HIV/AIDS for all agencies under ministry's purview	Number of sub focal points on HIV/AIDS identified and trained	Expanded number of staff acting as HIV/AIDS coordinators	Focal Point on HIV/AIDS/Steering Committee/Workplace Programme Officer

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OBJECTIVE 4: To manage and mitigate the impact of HIV/AIDS in the workplace through workplace-based prevention and support programmes				
	Activities	Indicator	Expected Outputs	Responsibility
1	Integrate workplace principles into code of conduct guidelines	Code of conduct guidelines revised	Improved appropriate behaviour and discrimination reduction	Human Resources Department/focal point on HIV/AIDS/workplace programme officer
2	Finalize, approve and get management support for wide promotion and disseminate of workplace policy and action plan	Signed commitment of Financial Secretary and Minister	Approved workplace policy and action plan	Focal Point on HIV/AIDS/Workplace Programme Officer
3	Organize events to commemorate special days including World AIDS Day and Safer Sex Week	Number and types of events/Number of staff attending and participating in events	Improved awareness of condom-use skills, prevention methods, accepting attitudes to PLHIV, VCT	Steering Committee/Workplace Programme Officer
OBJECTIVE 5: To support activities which enable revision and amendment of legislation				
	Activities	Indicator	Expected Outputs	Responsibility
1	Plan and stage an official event to launch workplace policy	Number of attendees receiving copies of policy	Improved awareness and acceptance of HIV/AIDS workplace policy and action plan	Focal Point on HIV/AIDS/Workplace Programme Officer
2	Lobby Minister to table HIV/AIDS workplace policy and plan in Parliament as a private Bill	Policy approved by Parliament	Improved awareness of policy issues by wider stakeholder group	Focal Point on HIV/AIDS/Financial Secretary

GLOSSARY

Affected Person	Persons whose lives are impacted in any way by HIV/AIDS
AIDS	Acquired Immune Deficiency Syndrome - a cluster of medical conditions, often referred to as opportunistic infections and cancers, and for which, to date, there is no cure.
Discrimination	The unfair and unjust treatment of an individual based on his or her real or perceived HIV status [UNAIDS]. It is used here in accordance with the definition given in the Discrimination (Employment and Occupation) Convention, 1958 (No.C111), to include HIV status. It also includes discrimination on the basis of a worker's perceived HIV status, including discrimination on the ground of sexual orientation.
Employer	A person or organization employing workers or contracting labour under a written or verbal contract of employment which establishes the rights and duties of both parties, in accordance with national law and practice. Governments, public authorities, private enterprises and individuals may be employers.
Gender	Refers to learned differences in social roles and relations between men and women.
HIV	Human Immuno-deficiency Virus, which attacks and may ultimately destroy the body's natural immune system, leading to the development of AIDS.
HIV negative	Having done a specific blood test for HIV infection and receiving a test result which

does not indicate the presence of the virus in the body, i.e. there is no indication from the test that the individual is infected with HIV.

HIV positive

Having done a specific blood test for HIV infection and receiving a test result which indicates the presence of the virus in the body, i.e. that the individual is infected with HIV.

HIV Test

A blood test to determine a person's HIV status.

Ministry of Agriculture

The Ministry of Agriculture as well as all Limited Liability Companies, Commodity Boards, Departments and Statutory Bodies that fall under the purview of the Ministry of Agriculture.

Occupational Health Services (OHS)

Health services which have an essentially preventative function and which are responsible for advising all stakeholders on the requirements for establishing and maintaining a healthy working environment and work methods to facilitate optimal physical and mental health in relation to work (Occupational Health Services Convention 1985 [No. 161])

Prevalence rate

The number of people with HIV at a point in time, often expressed as a percentage of the total population.

Policy

A document setting out an organization's position and guidelines on a particular issue. It must be within the ambit of the law.

Reasonable Accommodation

Any modification or adjustment to a job or to the workplace that is reasonably practicable and will enable a person living

	with HIV or AIDS to have access to or participate in employment.
Sex	Refers to the biologically determined differences between men and women.
Sexual Intercourse	Sexual activity that involves vaginal, anal, or oral penetration.
STI	Sexually Transmitted Infections - These are infections usually passed from person to person by sexual contact, although some may be passed on by other means (e.g. via needle stick injury). STI's include infections such as syphilis, cancrroids, chlamydia, and gonorrhea. They also include conditions commonly known as sexually transmitted diseases (STDs) and formerly known as venereal diseases (VDs).
Stigma	Stigma can be described as a process of devaluation of people, either living with, affected by or even associated with HIV/AIDS.
Screening	Measures whether direct (HIV testing), indirect (assessment of risk-taking behaviour) or asking questions about tests already taken or about medication. This may include written or verbal questions about previous HIV tests, questions related to the assessment of risk behaviour and any other indirect methods designed to ascertain an employee's or job applicant's HIV status. <i>(Pre-employment screening is screening done for job applicants or prospective employees. Post-employment screening is screening done for existing employees/for persons already working within an organization or industry.)</i>

Stakeholders	Farmers, fisherfolk, 4-H Clubites and clients
Surveillance Testing	Anonymous, unlinked testing which is done in order to determine the incidence and prevalence of a disease within a particular community or group to provide information to control, prevent and manage the disease.
Treatment	Steps taken to care for and manage an illness
Universal Precautions	Simple standards of infection control practice to be used to minimize the risk of blood-borne pathogens.
Worker	An individual who has entered into or works or normally works (or where the employment has ceased, worked) under a contract, however described, in circumstances where that individual works under the direction, supervision and control of the employer regarding hours of work, nature of work, management of discipline and such other conditions as are similar to those which apply to an employee.

SUPPORT SERVICES

HOSPICE SERVICES

Good Shepherd Foundation

1st Street Albion
Montego Bay
Tel: (876) 979-5555

59 Tower Street, Kingston
Tel: (876) 967-1742

Lord's Place

34 Higholborn Street
Kingston
Tel: (876) 967-3133

Dare to Care

Jerusalem
St Catherine
Tel: (876) 749-3979
Email: daretocare@cwjamaica.com

Corpus Christi

3 North Street
Tel: (876) 922-2218/2676
(876) 967-0341

Faith Centre

7 Laws Street, Kingston
Tel: (876) 922-2996

Poor Relief

1 Church Street
St Ann's Bay, St Ann
Tel: (876) 972-2259

Bustamante Hospital for Children

Arthur Wint Drive
Kingston 5
Tel: (876) 926-5721, 968-0300

CLINICS OFFERING ANTI-RETROVIRAL DRUGS

Comprehensive Health Centre

55 Slipe Pen Road, Kingston 5
Tel: (876) 922-2095/924-9673

Windward Road Health Centre

18 Paradise Street, Kingston 16
Tel: (876) 938-3910

Beth Jacobs Clinic

14 Kingston Street
St Ann's Bay, St Ann
Tel: (876) 972-2259

SUPPORT SERVICES

Centre for HIV/AIDS Research, Education and Services, University Hospital West Indies (CHARES)

Tel: (876) 977-6921
Fax: (876) 977-6921

HIV/AIDS Helpline

Tel: (876) 967-3830/3764
Free Tel; 1-888-991-444

Ministry of Agriculture and Fisheries

HIV/AIDS Workplace Policy

Jamaica Network of Seropositives (JN+)

3 Trevenion Park Road
Kingston 10 Tel/fax (876) 929-7340
Email: admin@jnplus.org

Ministry of Health and Environment National HIV/STI Programme

4th Floor, 2-4 King Street,
Kingston
Tel No: (876) 967-110/1103/1105
Fax (876) 967-1280
Website: <http://www.jamaicanap.org>

Jamaica AIDS Support

4 Upper Musgrave Road
Kingston 5
Tel: (876) 978-2345
Fax: (876) 978-7876
Email: info@jamaicaaidsupport.com

Jamaica Red Cross Central Village

St Catherine
Tel: (876) 984-7860-3
Fax: (876) 984-8272
Email: JRCS@infochan.com

Children First

9 Monk Street, Spanish Town
St Catherine
Tel: (876) 984-0367
Fax: (876) 984-2839
Email: kidz@cwjamaica.com

Guidance and Counselling

Ministry of Education Caenwood Centre
37 Arnold Road, Kingston 5
Tel: (876) 922-9370/967-5193
Fax: (876) 967-0146

Caribbean Conference of Churches

14 South Avenue, Kingston 10
Tel: (876) 926-7007/7114
Fax: (876) 926-6990
Email: ccchurch@cwjamaica.com

Poor Relief Department

65 Hanover Street, Kingston
Tel: (876) 922-6936-7
Fax: (876) 967-3470

The Drug Abuse Secretariat

2-6 Melmac Avenue., Kingston 5
Tel: (876) 926-9002-4
Email: ncdal@kasnet.com

Jamaica Foundation for Children

119 Old Hope Road, Kingston 6
Tel: (876) 977-0040
Fax: (876) 977-0997
Email: jfc@cwjamaica.com

The Salvation Army

3 Waterloo Road, Kingston 10
Tel: (876) 929-6190-2
Fax: (876) 929-7560

Brothers of the Poor

7 Laws Street, Kingston
Tel: (876) 922-2996

Ministry of Agriculture and Fisheries

HIV/AIDS Workplace Policy

West Help and VIP C/O

St James Health Department
Montego Bay, St James
Tel: (876) 979-7820-4
Fax: (876) 979-7802

Mustard Seed Community

1 Mahoe Drive, Kingston 11
Tel: (876) 923-6488
Fax: (876) 923-6000

ACOSTRAD

C/O Nation Public Health Laboratory
21 Slipe Pen Road, Kingston
Tel: (876) 967-2234-6
Fax: (876) 967-0169
Email: gram@kasnet.com

Jamaica Employers Federation (JEF)

2a Ruthven Road, Kingston 5
Tel: (876) 926-6908/6762/5524
Fax: (876) 754-2132/968-4576
Email: jef@cwjamaica.com
Website: www.jamaicaemployers.com

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