



HIV WORKPLACE POLICY & CULTURE OF HEALTH

THE NIGERIAN BUSINESS COALITION
AGAINST AIDS (NIBUCAAA)

BASIC HOUSE RULES

Safety Moments...



Emergency exit
instructions



Please ensure
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on silent or
vibrations



Questions will be
taken after the
presentation

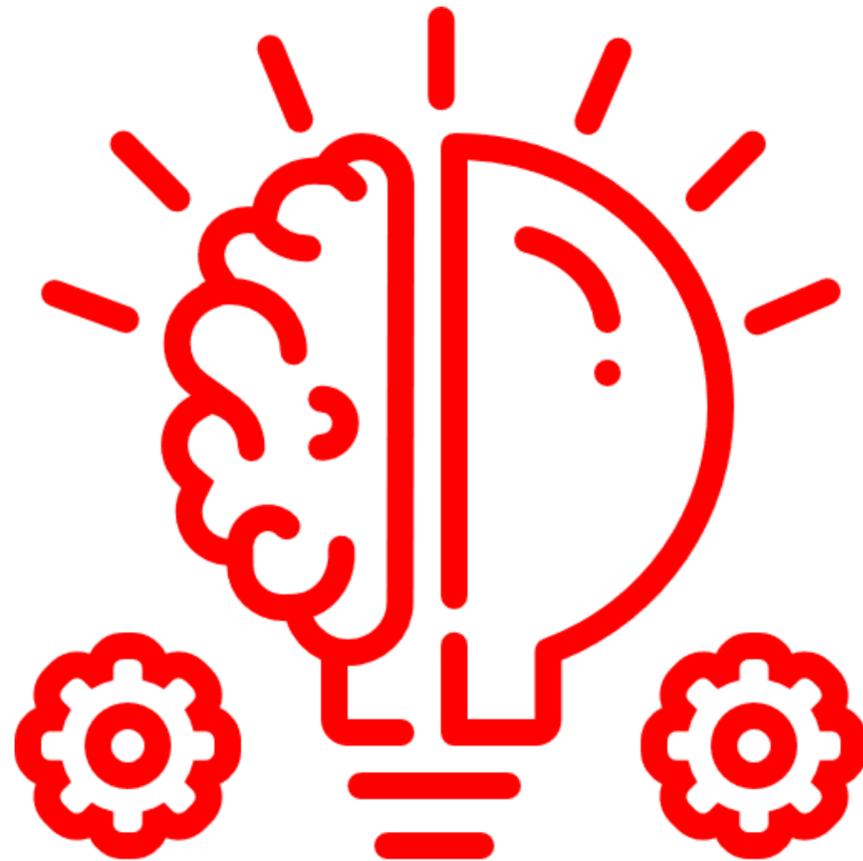


HIV WORKPLACE POLICY

OUTLINE

- 1 Background
- 2 HIV Facts & Statistics
- 3 Objectives of the HIV Workplace Policy
- 4 Scope
- 5 Policy Application
- 6 Guiding Principles
- 7 Policy Themes & Strategies
- 8 Monitoring & Evaluation
- 9 Budget & Funding
- 10 General Rights & Responsibilities
- 11 Policy Review
- 12 Development of Implementation Guidelines and Action plan
- 13 Impact of COVID on PLHIV & the Workplace
- 14 Accepting the 'New Normal'

BACKGROUND



The first AIDS cases were diagnosed and reported in 1985 and 1986 respectively

Since the rise of the HIV pandemic, all stakeholders at local and international levels have contributed to reducing the menace of the disease

The first National Workplace Policy on HIV and AIDS was developed in 2005 to address HIV response in the work environment

Since 2005, it has been updated on few occasions to accommodate new developments

The current National Workplace Policy on HIV and AIDS (2013) aims to provide framework for development of comprehensive and gender sensitive HIV and AIDS response in the workplaces.

HIV FACTS & STATISTICS



1.9 million

About 1.9 million people are living with HIV in Nigeria, of which only 1.3 million are aware of their status

1.5% vs 2.6%

Prevalence of HIV among adults age 15 – 64 years was 1.5%, compared to 2016 where it was 2.6%

1.1% VS 1.9%

HIV Prevalence rate among men was reported to be 1.1% while women had a higher prevalence of 1.9%

‡ 53,000

About 53,000 AIDS related deaths occurred

55% vs 35%

About 55% of adults are on ART, while 35% of children are on ART

(NAIIS 2019, UNAIDS 2019, WHO 2016)

HIV FACTS & STATISTICS



Nigeria ranks 2nd in terms of HIV epidemic in the world

Limited number of HIV Testing & Counselling sites across the country

The country accounts for about 2/3 of new infections in Central and West Africa

Limited access to antiretroviral treatment, leading to AIDS-related deaths in Nigeria

The country has one of the highest rates of new infection in sub – Saharan Africa

Nigeria ranks 4th largest as regards tuberculosis (TB) epidemic globally, as HIV & TB co infection remains of high concern for people living with HIV (PLHIV)

(NAIIS 2019, UNAIDS 2019, WHO 2016)

OBJECTIVES OF THE HIV WORKPLACE POLICY



SCOPE OF THE POLICY

This HIV Workplace policy should cover:

All workers under all forms of arrangements and at all workplaces including:

- persons in any employment or occupation
- those in training, including interns and apprentices
 - volunteers
- job seekers and job applicants
- laid-off and suspended workers

All sectors of economic activity, including the private and public sectors and the formal and informal economies

Armed forces and uniformed services.

HIV WORKPLACE POLICY APPLICATION

Develop and guide the implementation of workplace responses at the enterprise community, state and national levels, including both private and government workplaces

Give effect to its content in national laws, legislations, policies and programmes of action and enterprise/workplace agreements



Develop each enterprise's workplace policies and action plan

Promote social dialogue, consultations, negotiations and all forms of cooperation between networks of people living with HIV, governments, employers and workers, Civil Society Organizations and all other relevant stakeholders

Strengthen the focus on key populations and workers at higher risk of acquiring HIV

DISCUSSION

Is the HIV Workplace
Policy being
implemented in your
Organization?

Guiding Principles for HIV Workplace response

- i. Respect for Human Rights, Fundamental Freedoms and Equality
- ii. HIV and AIDS is a Workplace Issue
- iii. Non-discrimination
- iv. Gender Equality
- v. Promoting Healthy and Safe Work Environments
- vi. Social Dialogue/Consultations
- vii. The Right to Access and Continuation of Employment
- viii. Prevention
- ix. HIV Testing, Confidentiality and Disclosure
- x. Treatment, Care and Support



POLICY THEMES & STRATEGIES



Theme	Goal	Strategies
Prevention	To Reduce the incidence of HIV in workplaces through a healthy and safe working environment	<ul style="list-style-type: none"> • Development of HIV and AIDS workplace policies which are in tandem with the National Policy on HIV and AIDS in the world of work. • Development of HIV and AIDS educational programmes in collaboration with government, employers, workers representatives, NGOs, Community Based Organizations and other stakeholders • Mainstreaming HIV prevention education into events organized by the employers and/or workers' organizations and possibly with the host communities.
HIV Testing	Ensure all workers in the workplace know their HIV status.	<ul style="list-style-type: none"> • Encouraging/motivating all workers to go for HCT services. • Creation of awareness of the benefits of HIV testing in the workplace. • Production and distribution of BCC materials on HIV testing

HIV WORKPLACE POLICY THEMES & STRATEGIES

Theme	Goal	Strategies
<p>Treatment, Care and Support</p>	<p>Ensure sustainable, gender-sensitive and effective HIV and AIDS treatment, care and support programmes are in place in all workplaces</p>	<ul style="list-style-type: none"> • Provide access to appropriate current information on antiretroviral therapy (ART), PMTCT and other available care and support services. • Development of linkages with health institutions at the primary, secondary and tertiary levels and other relevant organizations for referral, treatment, care and support. • Development of linkages/partnerships with Civil Society Organizations (CSOs), which provide services for care and support and other HIV-related issues
<p>Protection and Promotion of the Rights of Workers</p>	<p>Ensure non-discrimination in the workplaces based on HIV status or gender.</p>	<ul style="list-style-type: none"> • Establish HIV and AIDS workplace policies which harmonize with the National Policy on HIV and AIDS in the world of work. • Create an enabling environment, free of stigma and discrimination, based on real or perceived HIV status. • Implement HIV prevention, care and support activities using evidence-based strategies, in order to reduce stigma and discrimination

MONITORING & EVALUATION

Organizations should develop/ adopt metrics to measure input, activities, output and outcome and in the long-term impact of the HIV Work policy in the Organization These could include:

01

Number of employees tested every six months

02

Number of employees on ART

03

Availability of Prevention education on HIV

Strategies should be reviewed periodically to ensure outcomes are in tandem with the Policy and should be updated where necessary

DISCUSSION

How are the HIV activities and programmes in your organization measured?

BUDGET & FUNDING

It is advised that a percentage of the Organization's budget be earmarked towards HIV response for the Organization

Organization's Budgets should accommodate annual projects and plans for HIV activities

Cross sector partnerships & collaborations are encouraged to fast-track the private sector response to HIV



GENERAL RIGHTS & RESPONSIBILITIES

Employers and their Organizations shall:

Develop & Implement appropriate policy:

Consult and agree with workers and their representatives to develop and implement an appropriate policy for their workplace which prevents the spread of the infection and protects all Workers from discrimination related to HIV and AIDS.

Labour Laws & Practice:

Adhere to the relevant Labour laws and practice in relation to negotiating terms and conditions of employment about HIV National Workplace Policy on HIV and AIDS 48 and AIDS issues, and endeavour to include provisions on HIV and AIDS protection and prevention in national, sectoral and enterprise bargaining agreements.

Strategies:

Develop appropriate strategies to understand, assess and respond to the economic impact of HIV and AIDS on their particular workplace and sector. This shall be done in cooperation with workers' representatives.

Education & Training:

Initiate and support programmes at their workplace to inform, educate and train workers about HIV and AIDS and the enterprise's policy, including specific staff benefits and entitlements.

Zero Discrimination:

Not engage in or permit any personnel policy or practice that discriminates against workers infected with or affected by HIV and AIDS.

...amongst other

GENERAL RIGHTS & RESPONSIBILITIES

Workers and their Organizations shall:

01

Consult with their employers and agree on the implementation of an appropriate policy at their workplace, which prevents the spread of the infection and protects all workers from discrimination related to HIV and AIDS.

02

Adhere to the labour laws and practice when negotiating terms and conditions of employment relating to HIV and AIDS issues, and endeavour to include provisions on HIV and AIDS protection and prevention in national, sectoral and enterprise bargaining agreements.

03

Use existing union structures and facilities to disseminate information on HIV and AIDS in the workplace, and develop educational materials and activities appropriate for workers and their families, including regularly updated information on worker's rights and benefits.

04

Cooperate with employers to develop appropriate strategies to understand, assess and respond to the economic impact of HIV and AIDS in their particular workplace and sector

05

Encourage employers and their organizations to lobby Government to take all necessary action to stop the spread of HIV and AIDS and mitigate its impacts.

06

Support and encourage the employers in creating and implementing personnel policy or practices that treat workers with HIV and AIDS no differently from other workers.

...amongst others

POLICY REVIEW

- The Policy should be updated every 5 years and/or whenever substantial scientific and developmental concerns so dictate.
- The National HIV Workplace Policy is due for update and should be reviewed to fit the current situation
- Organizations should update their policies periodically to also accommodate new developments and concerns



DEVELOPMENT OF IMPLEMENTATION GUIDELINES AND ACTION PLAN



Dissemination of guidelines for the implementation of the nation workplace policy



Strategies, Action Plans, Activities to be designed and undertaken by concerned stakeholders



The ball is in your court now

IMPACT OF COVID ON PLHIV & THE WORKPLACE

Source of livelihood

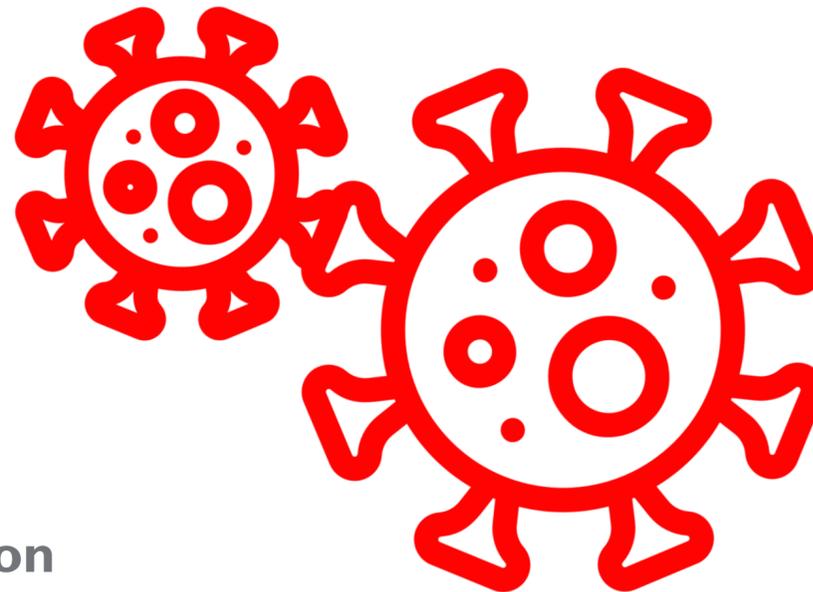
some People living with HIV lost their jobs during the peak of the pandemic, thereby affecting affordability of ART and caring for their families

Limited access

Limited access to healthcare due to institutional focus on COVID

Double Stigmatization

Persons living with HIV may face double stigma if tested positive for COVID – 19



Reduced revenue/income for most company, leading to downsizing or close down

Psychological Burden

this can be attributed to isolation and stress

ACCEPTING THE 'NEW NORMAL'



The Gates Foundation Goalkeeper Report states that, the COVID-19 pandemic has reversed progress in the development sector by 25 years.

We must not relent in our efforts towards reducing the spread of HIV

Combatting two pandemics at the same time

At workplace level, prioritize the health needs of PLHIV, especially in recent times

Continue promotion of HIV prevention and encourage continuous ART treatment for PLHIV in the company

Encourage periodic HIV Testing & Counselling for Staff members

DISCUSSIONS

Any successes recorded so far regarding implantation of HIV Workplace Policy in your Organization?



CULTURE OF HEALTH

OUTLINE

- 1 Background
- 2 Good Health & Wellbeing
- 3 Facts & Data
- 4 What is Culture of Health?
- 5 Why Culture of Health at Workplace?

- 6 Underlying Principles for Culture of Health
- 7 Underlying Principles for Culture of Health
- 8 Developing a Culture of Health Framework
- 9 Adopting a Culture of Health Framework for the Work Place
- 10 Benefits of Workplace Culture of Health

- 11 Culture of Health Practices

BACKGROUND



As individuals, our health is affected by complex factors, some of which includes our families, work and communities

Despite taking necessary individual and communal precautions, and the huge investments that have been channeled into the healthcare system, the overall positive change is yet to happen at a fast pace

i.e. Individual & Communal care + Healthcare Investment = Slow healthcare changes/outcomes

GOOD HEALTH & WELLBEING

Health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity.

The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being, without distinction of race, religion, political belief, economic or social condition

The SDG 3 aims to ensure healthy lives and promote well-being for all at all ages

How far have we come in realizing the SDG 3 in Nigeria?



WHO

FACTS & DATA

Globally



12.5 million

At the end of 2019, 25.4 million people with HIV (67%), had access to Anti-Retroviral Therapy (ART), leaving about 12.5 million people still in need of ART

2 secs

Every 2 seconds, someone aged 30 – 70 years die prematurely from non – communicable diseases – cardiovascular diseases, chronic respiratory disease, diabetes or cancer

400 million

At least 400 million people lack access to basic healthcare and 40% are deprived of social protection

1 in 3

More than one of every three women have experienced either physical or sexual violence at some point in their life resulting in both short – and long – term consequences for their physical, mental, and sexual and reproductive health

FACTS & DATA (CONT'D)

29%

The WHO research has shown that Non Communicable Diseases has a prevalence of 29% - Cardio vascular diseases 11%, Cancer – 4%, Diabetes – 2% (WHO, 2018)

1 in 3

About 3 in 10 Nigerian women have experienced physical violence by age 15 (NDHS 2013).

Nigeria



55.5 years

Life expectancy of female is 55.7 and male is 54.7. The total life expectancy has been reported to be 55.2 which ranks the country 178 in terms of life expectancy (WHO, 2018)

142

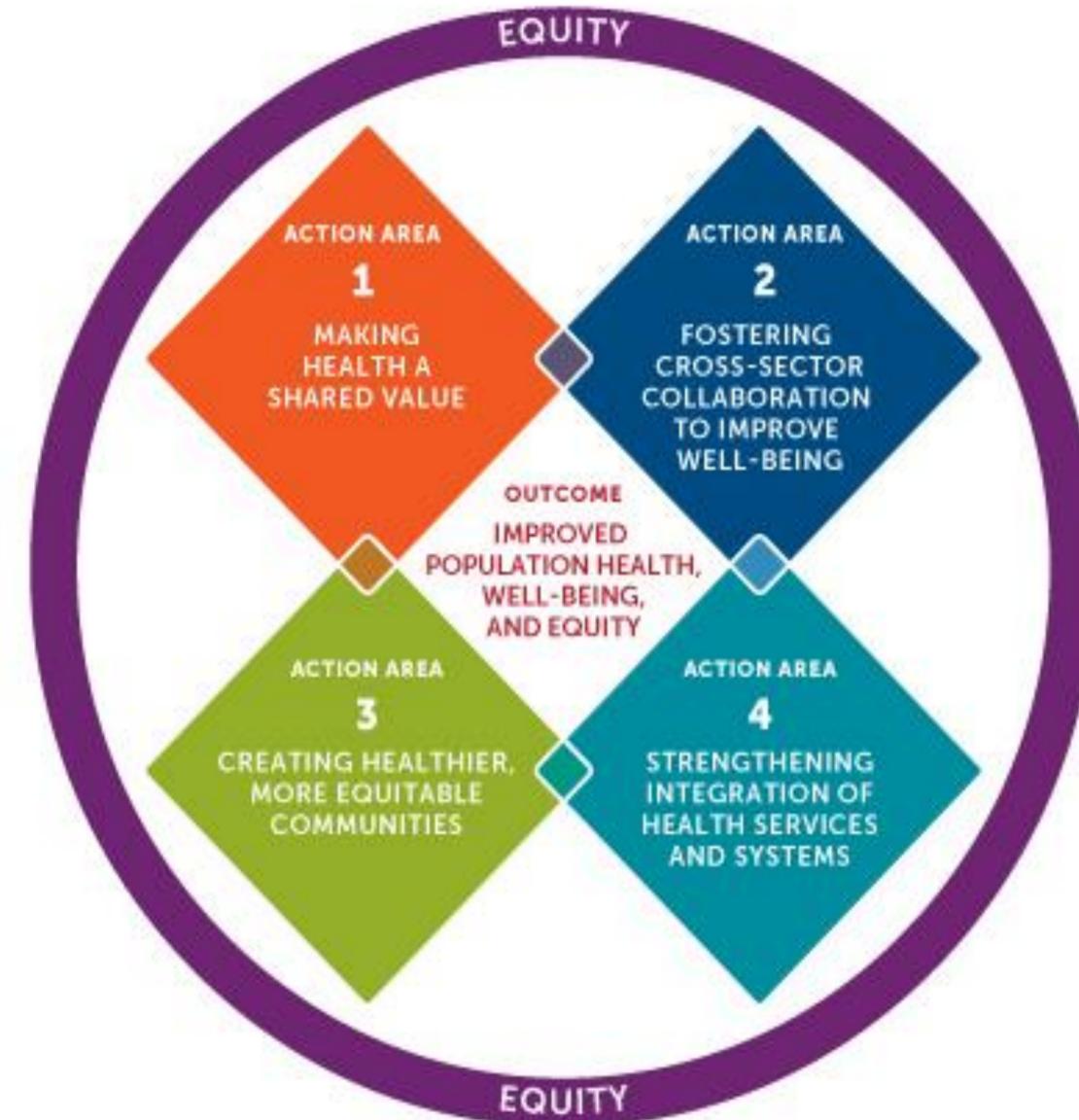
Nigeria ranks 142nd amongst 195 countries as regards healthcare

WHAT IS CULTURE OF HEALTH?

It is defined as...

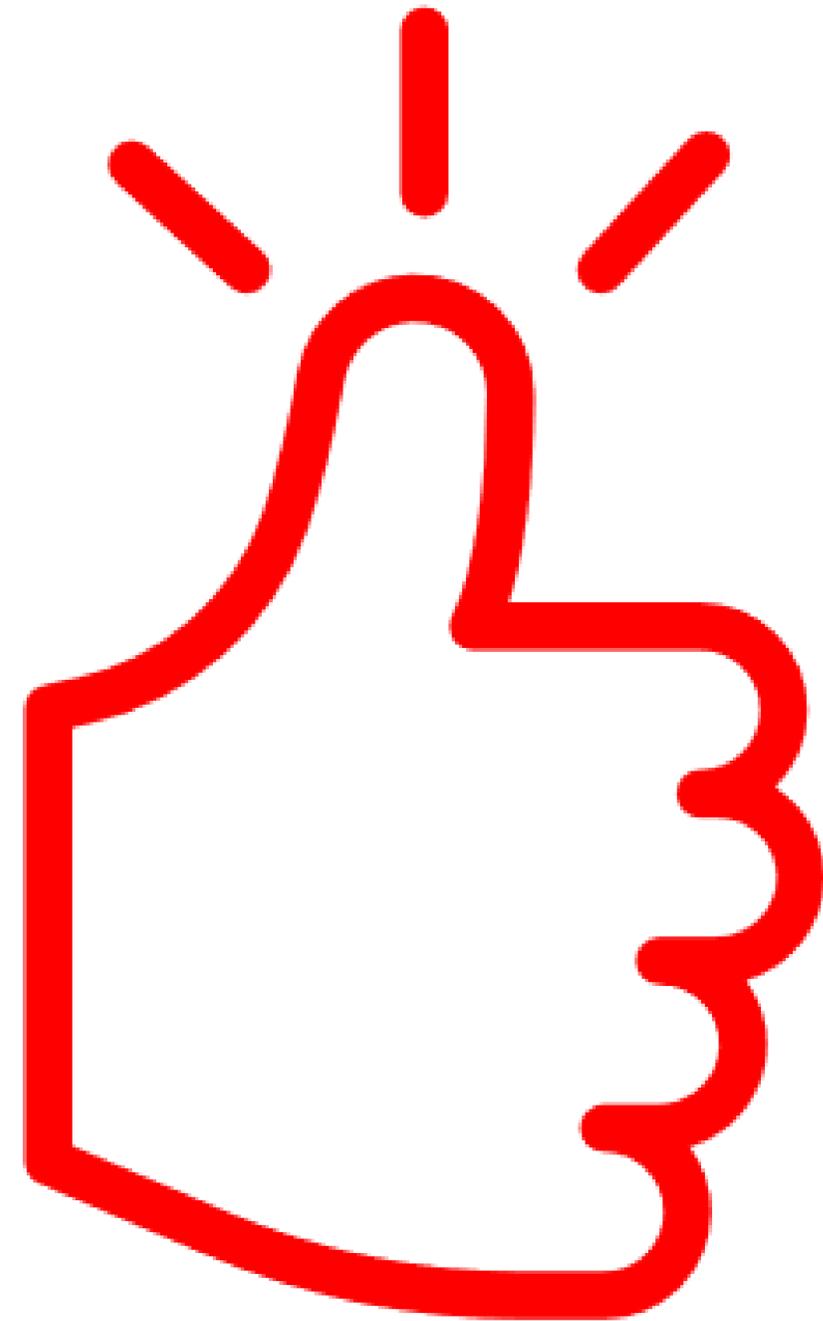
“one in which individuals and social entities (eg, households, organizations, etc) are able to make healthy life choices within a larger social environment that values, provides, and promotes options that are capable of producing health and well-being for everyone regardless of background or environment.” - *Health Enhancement Resource Organization (HERO) & Robert Wood Johnson Foundation*

Workplaces with a culture of health and wellness provides workers/ employees with the environment, policies, and cues that encourages making healthy choices on both a conscious and unconscious basis.



WHY CULTURE OF HEALTH?

- The Private Sector is an integral part of driving the narrative around developing a healthy population and communities.
- Through the Private sector we can promote health equity, collective action and reduction of harm for the general populace.
- A healthy workforce is more productive and saves cost.
- A Culture of health promotes health equity for everyone, regardless of age and social class.
- According to the Abuja Declaration(2001), 15% of the country's national budget should be allocated to improve healthcare.
- However, only about 4.5% has been allocated in 2021, despite the ongoing pandemic



Good health flourishes across **geographic, demographic, and social sectors**

Individuals and families have the means and the opportunity to **make choices that lead to the healthiest lives** possible

Keeping everyone as healthy as possible guides **public and private decision-making**

Everyone has **access to affordable, quality health care** because it is essential to maintain, or reclaim, health

UNDERLYING PRINCIPLES FOR CULTURE OF HEALTH

Health care is **efficient and equitable**

The economy is **less burdened** by excessive and unwarranted health care spending

No one is excluded

We all understand that we are in this **together!**

Business, government, individuals, and organizations work together to build healthy communities and lifestyles

Attaining the best health possible is valued by **our entire society**

DEVELOPING A CULTURE OF HEALTH FRAMEWORK

Improved Population Health,
Wellbeing & Equity

Prioritizing Health as a Shared Value

- i. Prioritize & Promote Health & Wellbeing for all
- ii. Active Civic Engagement
- iii. Strong Sense of Community(Ownership)

Developing healthier and Equitable communities

- i. Developing safe and inclusive societies
- ii. Creating social and economic opportunities
- iii. Developing policies that promote collaborations for healthy living

Inter-sectoral collaboration

- i. Encourage on going collaborations via innovative ways
- ii. Increased number & Quality of Partnerships
- iii. Sustained Investment in Collaboration

Strengthen Health Systems & Service Integration

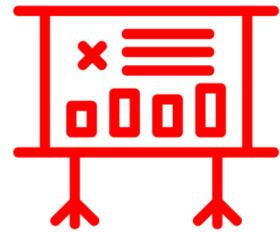
- i. Availability and accessibility of quality healthcare
- ii. Encourage the integration of healthcare, public health and social services
- iii. Improve health population by enhancing consumer – driven care

DISCUSSION

What do you think is the lead cause of absenteeism?

How do you respond to absenteeism and presenteeism?

ADOPTING A CULTURE OF HEALTH FRAMEWORK FOR THE WORKPLACE



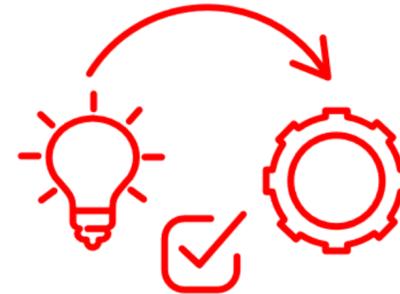
Planning

develop a vision for the organization, engaging the leadership



Assessment

evaluate current health and safety programs within the Organization and develop metrics for progress measurement



Implementation

based on the outcomes of the planning and assessment phases, develop a new diverse, equitable and inclusive vision, goal and strategies for health and wellness in the Organization



Monitoring & Evaluation

create metrics to regularly measure progress of the new vision



Review

based on regular monitoring and evaluation, review strategies to fit into the demands of the employees and the Organization

BENEFITS OF WORKPLACE CULTURE OF HEALTH



Improved health & wellbeing of employees
→ Optimal workforce performance



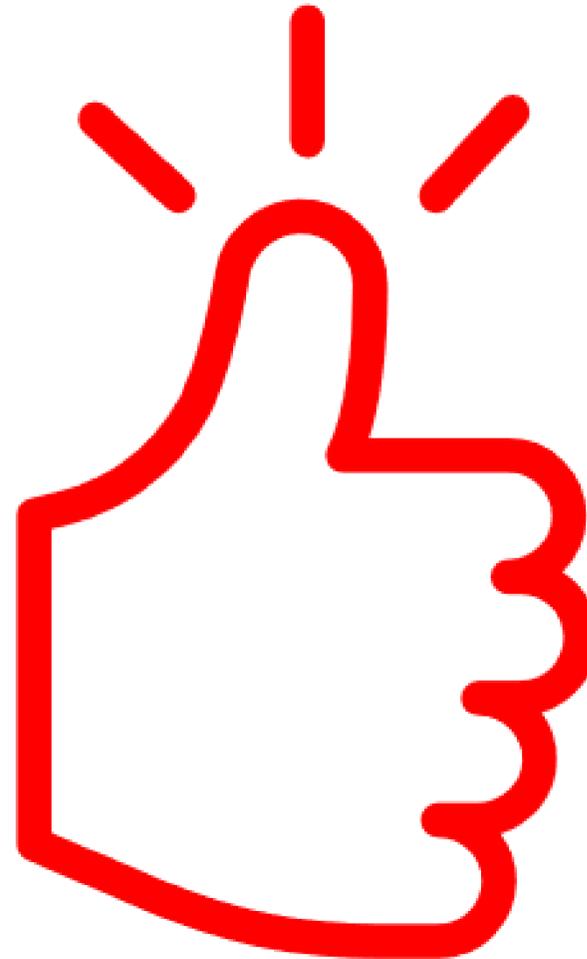
Contributes to reducing direct and indirect cost of healthcare



Reduced health spending (for the company) leads to strong return on investment



Increased employee trust and satisfaction



In the long term, it contributes to building a healthy population and communities

Examples of Culture of Health Practices in the Workplace



I. Policies & Benefits

Health Promotion & Wellness	This refers to a range of initiatives to improve the health and well-being of employees and, sometimes, family members. This includes 3 major components: screening, prevention and health promotion.
Paid Family & Medical Leave	This refers to policies that allow employees to continue to earn some portion of their pay while away from work addressing serious illnesses, care for family members or care for newborn children. This also includes increased maternity leave, paternity leave amongst other
Financial Literacy	Increase financial literacy trainings for employees to promote lifetime financial security

Examples of Culture of Health Practices in the Workplace



2. Workforce & Operations

Work time (work hours & schedules)	Business leadership can increase workforce productivity by respecting non-work time, thereby encouraging employees to maintain resiliency, build social health, and manage work-related stress.
Pay Practices Managing wage policies, minimum wages, wage satisfaction	Income is an important social determinant of health. For working-age people with jobs, wages (including salaries) e.g. Ratio of the entry level wage to minimum wage; percentage of employees earning minimum wage
Physical Environment	Physical environment affects workforce. Characteristics of the physical work environment include air quality, lighting, “green building”, etc. Example includes indoor quality of health, availability of fitness centres, etc



**QUESTIONS
& ANSWER**

Group Activity

Group 1: In what new ways can organizations and businesses contribute to a healthier society?

Group 2: How can we encourage organizations and businesses to develop a healthier workplace?

Group 3: What are the biggest challenges to adopting the Culture of Health in the Workplace?



**THANK YOU
FOR
LISTENING**

