Civil Society Legislative Advocacy Centre (CISLAC)

HIV/AIDS Work Place Policy

June 2018

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ACKNOWLEDGMENT

CISLAC acknowledges with sincere thanks and gratitude to the Almighty Allah for seeing us through in the development of this HIV/AIDS Workplace policy. Our sincere appreciation goes to our partner and sponsor Oxfam Novib that provided the funding for this process.

Also special thanks go to management staff of CISLAC who provided insight

and relevant information as well as participated in the validation process of this policy, in persons of Mrs. Zainab Isah, Ms. Abimbola S. Okoilu, Ms. Chukwu Lillian Nkiru, Ms. Naomi Goyo, Izuegbu Onyedikachi, Mrs. Chinwe Okpala, Ms. Ezehi Annabel and Ms. Josephine Alabi.

The Board of Trustees in persons of Mr. Adagbo Onoja, Mr. Y.Z Y"au, Bar. Adesina Oke, Mr. Cosmas Attayi-Elaigu (Late), Ms. Nkoyo Toyo, Mr. Emma Ezeazu (Late), Ms. Hadiza Kangiwa and members of the Advisory Board of CISLAC who are always supportive and available to render support in all matters related to CISLAC, we are grateful and delighted and finally we thank all those who supported the process too numerous to mention.

The technical consultant that facilitated the developing of the policy in person of Dr Aminu Magashi Garba, we say kudos and thanks.

Auwal Musa Rafsanjani
Executive Director
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ACRONYM

AIDS   –   Acquired Immune Deficiency Syndrome

CEDAW   –   Convention for the Elimination of all forms of Discrimination against Women

CISLAC   –   Civil Society Legislative Advocacy Center

HAPSAT   –   HIV/AIDS Public Spending Assessment Tool

HIV   –   Human Immuno Deficiency Virus

IDU   –   Intravenous Drug Users

MDGs   –   Millennium Development Goals

M/E   –   Monitoring and Evaluation

NACA   –   National Agency for the control of HIV/AIDS

PLHIV   –   People Living with HIV

UNAIDS   –   Joint United Nations Programme on AIDS

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BACKGROUND

INTRODUCTION

About CISLAC

CISLAC is a non-governmental, non-profit, advocacy, information sharing, research, and capacity building organisation. CISLAC has actively engaged in legislative advocacy work since 2005 and integrated as a corporate body (CAC/IT/NO22738) with Nigeria's Corporate Affairs Commission (CAC) on 28th December 2006.

CISLAC's organizational purpose is twofold. It works to train and enlighten civil society on its role in policymaking, the responsibilities of the legislature, and on existing decrees and issues affecting Nigerians. Alternatively, CISLAC aims to ensure that the legislature at local, state, and federal levels is aware of its relationship within the legislature and with other government bodies, its role in policymaking and oversight, and its responsibility in acting as a voice for the people. It is the later objective that this proposal addresses.

CISLAC's issues of focus include; budget monitoring, transparency, accountability, anti-corruption, human rights (gender equality, educational equity and improvement, sexuality and reproductive health, children and other vulnerable groups including beggars, pensioners, refugees, and internally displaced persons), trade policy and intervention, security/conflict management, and environment and livelihood. CISLAC's engagement with Federal Ministries, National and State Assemblies, Local Government Administrations, private sector interests, the media, non-government and civil society organisations, and communities across Nigeria has opened a window through which public and policy officials can interact and corroborate.

Vision

A Nigeria where Legislators and policy makers are safeguarding citizens' rights and welfare, while citizens effectively demand accountability

Mission/Purpose

To engage state and non-state actors for improved policy and legislative framework, transparency and accountability in government for people-oriented development

Rationale for HIV/AIDS Workplace Policy

The rationale of the CISLAC HIV/AIDS Workplace Policy is to ensure that an enabling environment is maintained within the organization that will control the spread of HIV/AIDS and mitigate its social and economic impact. To achieve this goal, specific objectives need to be developed and

from that, strategic and annual plans should be well-defined for the proper implementation of this policy.

About HIV/AIDS
The first case of Acquired Immune Deficiency Syndrome (AIDS) in Nigeria was reported in 1986. Since then, infection with Human Immunodeficiency Virus (HIV) has spread to become a generalized epidemic affecting all population groups and sparing no geographical area in the country. HIV/AIDS has negatively impacted every sector of the economy, and continues to threaten the national development gains of the past decades. The effect of HIV and AIDS remains great as they continue to devastate individuals, families and households, affecting their physical, social, psychological, and economic well-being. Unarguably, HIV and AIDS constitute a leading development challenge and a major threat to the general advancement of the nation as well as her capacity to achieve the Sustainable Development Goals (SDGs).

Despite mounting various responses over two decades, the challenge of HIV/AIDS has continued to increase in Nigeria, particularly in terms of the number of people infected and affected. Estimates from the Joint United Nations Programme on AIDS (UNAIDS), for example, show a rise of 400,000 in the number of people living with HIV/AIDS in Nigeria between 2001 and 2008. The National Agency for the Control of AIDS (NACA) estimates the number of persons living with HIV/AIDS as 2.95 million in 2008, with women constituting almost three-fifths (58.3 percent) and young people between the ages of 25 and 29 having the highest prevalence (5.6 percent). This figure ranks Nigeria as one of the countries with the highest burden of HIV infection in the world, next only to India and South Africa. These realities compel urgent review of the national response and re-strategizing to achieve a more effective control of the epidemic; the national policy constitutes a cornerstone and veritable instrument for renewed national vision and efforts to combat the HIV/AIDS challenge.

Epidemiology
Nigeria has witnessed fluctuations in HIV prevalence level in the last 15 years, but with an overall picture of significant increase within the period. The result of the periodic national HIV sero-prevalence survey, which is obtained through sentinel survey of antenatal care attendees, showed an increase from 1.9 percent in 1991 to 5.8 percent in 2001. The HIV prevalence then declined to 5.0 percent in 2003 and further to 4.4 percent in 2005. This decline, unfortunately, has been followed by a recent rise to 4.6 percent in 2008. In 2016, Nigeria had 220,000 (150,000 – 310,000) new HIV infections and 160,000 (110,000 – 230,000) AIDS-related deaths. There were 3,200,000 (2,300,000 – 4,300,000) people living with HIV in 2016, among whom 30% (19% - 42%) were accessing antiretroviral therapy. Among pregnant women living with HIV, 32% (22% - 44%) were accessing treatment or prophylaxis to prevent transmission of HIV to their children. An estimated 37,000 (22,000 – 56,000) children were newly infected with HIV due to mother-to-child transmission. Among people living with HIV,

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

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

The epidemiological picture regarding HIV shows considerable diversity across Nigeria's geographic landscape, both in terms of the level of infection and the trend. The 2008 national survey, for example, shows the HIV sero-prevalence level as ranging from 1.0 percent in Ekiti State (in South-West geo-political zone) to 10.6 percent in Benue State (North-Central geo-political zones). Seventeen states and the Federal Capital Territory (FCT) recorded sero-prevalence of at least five percent. Sero-prevalence level was seven percent or higher in seven states and the FCT; four of these are in the South-South geo-political zone while none was in the South-West and the North East zone. Again, whereas urban population recorded higher prevalence than the rural in most states, the reverse is the case in nine states and the FCT. The geographic dissimilarities in the dynamics of the epidemics suggest that the influence and contributions of various high-risk behaviours may vary in their relative importance in the various communities and geographical settings within the country

Impact of HIV/AIDS in Nigeria
While clear data are lacking in terms of quantification of impact in many areas of the national life, there is absolutely no doubt that HIV and AIDS epidemic

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

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

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

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

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

Definition of Terms
- Sex –biological difference, male vs female, universal. Sex is nature!

- To ensure fairness, measures must often be put in place to compensate for the historical and social disadvantages that prevent women and men from operating on a level playing field. Equity is a means. Equality is the result.

- Fairness is not necessarily a 50-50 approach. It means putting the money and efforts where the problems are bigger. Our situation

analysis reveals that women and girls bear the brunt of the HIV/AIDS epidemic. So also do the poor including men.

- Condition – the material state in which women and men exist

- Position - Status

- Practical Needs refer to what women (or men) perceive as immediate necessities such as water, shelter and food.

- Strategic (Gender) Interests **-** Focus on fundamental issues related to women's (or, less often, men's) subordination and gender inequities.

- Gender inequalities influence women and men's vulnerabilities to HIV/AIDS.

- A UNAIDS study reveals that HIV/AIDS programmes that mainstream gender improve overall effectiveness

Rationale for HIV/AIDS Workplace Policy

The rationale of the CISLAC HIV/AIDS Workplace Policy is to ensure that enabling environment is maintained within the organization that will control the spread of HIV/AIDS and mitigate its social and economic impact. To achieve this goal, specific objectives need to be developed and from that, strategic and annual plans should be well-defined for the proper implementation of this policy.

POLICY FRAMEWORK

Context

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

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

☐ This Policy also responds to government ratification of and commitment to numerous international conventions including *Universal Declaration of Human Rights (1948*), the *Convention on Economic, Social and Cultural Rights* (1976)

☐ The National HIV/AIDS Workplace Policy

☐ Sustainable Development Goal Three

Policy Considerations

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

• HIV/AIDS epidemic in Nigeria threatens the well-being of many Nigerians, burdens families, impoverishes communities, weakens institutions and threatens the social and economic development of the country.

- As a public health issue, HIV/AIDS directly affects the health of millions of infected persons, compromised workforce and reduce effectiveness and efficiency in any given institution.

- Prevention, treatment, care, support, and impact mitigation are mutually reinforcing elements of a comprehensive response to HIV/AIDS in a workplace

- Significant sections of the population are most at risk of infection due to social, cultural and economic conditions which create and sustain vulnerability to HIV infection. The most vulnerable are women and girls, young people, the physically challenged people and mobile populations.

- HIV/AIDS-related stigma remains all pervasive and that people infected or affected by HIV/AIDS are discriminated against and denied access to compassion, care and support and social services.

- Culture, traditions and religion have a strong influence on behaviour, attitudes and practices of majority of Nigerians and traditional and faith-based institutions as gate keepers of attitudes and behaviour and joint facilitators of social transformation are critical assets in the fight against the disease.

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

Guiding Principles

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

- Strong commitment by the CISLAC Board of Trustees and Advisory council and management team

- Enabling environment to ensure its full implementation by the management team

- Commitment to monitoring and evaluation.

- Protection and promotion of the rights to PLWHA in workplace

- Commitment to protecting rights of PLWHA, reduction of stigma and discrimination and ensuring greater involvement of PLWHA in decision making

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- Commitment to promote and protect rights and reduce vulnerability of women, young people and marginalized groups to HIV infection.

- Determination to address social, economic and cultural factors responsible for disproportional vulnerability of women and girls to HIV infection.

- Promotion of consistent and effective partnerships and collaboration with relevant local and international development partners.

HIV and Workplace Overall Goal

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

Specific Objectives

- To ensure that there is no discrimination of staff based on real or perceived HIV status

- To ensure that job determination (recruitment, suspension, demotion, termination, dismissal, etc) are not based on HIV status

- To ensure confidentiality of information with respect to employees, medical records

- To ensure that gender equality will be the basis of intervention and coping with HIV/AIDS in workplace

- To ensure there is no mandatory testing for HIV, but rather encourage the uptake of voluntary counselling and testing services

- To ensure that HIV status should not be the basis for stigma, discrimination and exclusion of persons living with HIV from organizational benefits and entitlement

- To ensure that no applicant is refused offer of employment based on HIV status or denied access to opportunities for promotion, training or other benefits and to have equal access to facilities in the workplace

- To ensure that no employee is paid a salary less than that of another employee for the same work or work of equal value performed based on HIV status except for differences in hierarchy and should not be disengaged from work on account of HIV status

- To provide the enabling environment for staff living with HIV to be attending support group meetings and clinic services as the case may be.

- To be providing HIV/AIDS education particularly in the area of prevention of mother to child transmission and Intravenous Drug Users

- CISLAC is an equal opportunity employer (Irrespective of sex, creed, religion, HIV/AIDS status, tribe, race and sexual orientation)

MONITORING AND EVALUATION

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

- That a staff will be assigned to monitor the implementation of the policy

- That the assigned staff will be providing feedback to the management team about the progress and implementation

- The assigned staff should lead an annual review of the policy implementation