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gender diversity
A PROGRAM OF THE CONSULTATIVE GROUP ON
INTERNATIONAL AGRICULTURAL RESEARCH (CGIAR)

HIV/AIDS in the CGIAR Workplace: Model Policies and Practices

PREPARED BY: NANCY J. ALLEN

28



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INTERNATIONAL AGRICULTURAL RESEARCH (CGIAR)

CGIAR

The Consultative Group on International Agricultural Research (CGIAR) was created in 1971 from an association of public and private members that support a system of 16 international agricultural research centers known as Future Harvest Centers. Working in more than 100 countries, The Future Harvest Centers mobilize cutting-edge science to reduce hunger and poverty, improve human nutrition and health, and protect the environment. The Centers are located in 12 developing and 3 developed countries and are sponsored by The World Bank, the Food and Agriculture Organization (FAO), and the United Nations Development Program (UNDP). The CGIAR budget in 2000 was US \$340 million. All new technologies arising from the Center's research are freely available to everyone. For more information about the CGIAR, see: www.cgiar.org

GENDER AND DIVERSITY PROGRAM

The CGIAR Gender and Diversity Program serves to cultivate a workplace where diversity is celebrated and all staff are empowered to give their best to enrich future harvests. Its overall goal is to assist the 16 CGIAR Centers to seek out and collectively gain from the diversity inherent within the global organization. The Gender and Diversity Program grew out of a 1991 CGIAR initiative on gender staffing aimed at assisting the Centers to promote the recruitment, accomplishment, advancement and retention of women scientists and professionals.

In 1999, this program was broadened to include diversity. The program provides support to the Centers through small grants, technical assistance, and management consulting, training, and information services. The CGIAR Gender and Diversity Program is hosted by ICRAF (Nairobi, Kenya) and the Program Leader is Vicki Wilde (v.wilde@cgiar.org).

The Gender and Diversity Program seeks to use diversity to strengthen internal and external partnerships that enhance the relevance and impact of the Centers, by creating and maintaining an organizational culture that:

- Attracts and retains the world's best women and men;
- Encourages the recruitment and promotion of under-represented groups;
- Establishes a workplace climate of genuine respect, equity and high morale;
- Promotes a healthy balance between professional and private lives;
- Inspires world-class competency in multi-cultural teamwork, cross-cultural communication and international management;
- Empowers and enthuses all women and men in the system to maximize professional efficacy and collectively contribute their best; and
- Rewards leadership, creativity and innovation that employs and celebrates diversity in the Centers.

CGIAR CENTERS

CIAT	Centro Internacional de Agricultura Tropical (COLOMBIA)
CIFOR	Center for International Forestry Research (INDONESIA)
CIMMYT	Centro Internacional de Mejoramiento de Maiz y Trigo (MEXICO)
CIP	Centro Internacional de la Papa (PERU)
ICARDA	International Center for Agricultural Research in the Dry Areas (SYRIA)
ICLARM	International Center for Living Aquatic Resources Management (MALAYSIA)
ICRAF	International Center for Research in Agroforestry (KENYA)
ICRISAT	International Crops Research Institute for the Semi-Arid Tropics (INDIA)
IFPRI	International Food Policy Research Institute (USA)
IWMI	International Water Management Institute (SRI LANKA)
IITA	International Institute of Tropical Agriculture (NIGERIA)
ILRI	International Livestock Research Institute (KENYA)
IPGRI	International Plant Genetics Resources Institute (ITALY)
IRRI	International Rice Research Institute (PHILIPPINES)
ISNAR	International Service for National Agricultural Research (THE NETHERLANDS)
WARDA	West Africa Rice Development Association (COTE D'IVOIRE)

CGIAR GENDER AND DIVERSITY PROGRAM
WORKING PAPER No. 28

HIV/AIDS IN THE CGIAR WORKPLACE:
MODEL POLICIES AND PRACTICES

Prepared by
Nancy J. Allen

May 2001

Draft for discussion

Table of contents

Table of contents	i
CHAPTER I: INTRODUCTION	1
Statement of objectives	3
HIV/AIDS workplace policies and programs	4
CHAPTER II: MODEL HIV/AIDS POLICY FOR FUTURE HARVEST CENTERS	8
Preamble	8
Principles	8
Education statement regarding HIV/AIDSs	9
HIV/AIDS program in the workplace	9
CHAPTER III: MODEL GUIDELINES FOR EDUCATION AND PREVENTION	13
Basic elements	13
Additional provisions	14
Content of education programs	14
Condom distribution and prevention counseling	15
CHAPTER IV: MODEL GUIDELINES FOR VOLUNTARY HIV/AIDS TESTING AND COUNSELING	18
CHAPTER V: MODEL RECOMMENDATIONS FOR TRAVEL AND PEP KITS AND WORKPLACE INFECTION CONTROL	20
Travel kits	21
Post-exposure prophylaxis	21
Basic principles of workplace infection control	22
Questions for CGIAR Human Resource Division	23
CHAPTER VI: RESOURCES ON THE INTERNET FOR HIV/AIDS MANAGEMENT IN THE WORKPLACE	24
Centers for Disease Control	25
Family Health International	25
Society for Human Resource Management	25
UNAIDS	26
Centre for African Family Studies	26
APPENDICES	27

Dr. Nancy J. Allen received her Ph.D. in Organizational Behavior from Harvard University, a joint degree of the Harvard Business School and the Department of Sociology. She also holds an M.B.A. from the University of Santa Clara and a B.S. in Arabic and Middle East Studies from Georgetown University. Dr. Allen has worked extensively in the private sector, and more recently in the public sector. From 1994 to 2000, she worked for the Harvard Institute for International Development, posted at the Ministry of Finance in Indonesia. In Indonesia, she specialized in foreign direct investment, trade and industrial policy, and export manufacturing, always maintaining a broad focus on issues of institutional development. In the period after the East Asian economic crisis, she developed additional expertise in areas of competition policy, bankruptcy law, civil service reform, as well as corporate and public governance. She is currently working as an independent consultant, based in Nairobi, Kenya, and is delighted to be working again in her field of expertise -- organizational design for economic development. Her current clients include the CGIAR Gender & Diversity Program (consulting on a variety of international human resource policy issues) and the Rockefeller Foundation (consulting in matters of institutional and organizational development of agricultural research and extension in Uganda).



CHAPTER I: *Introduction*

Introduction

The HIV/AIDS pandemic is a pressing challenge for the CGIAR. HIV/AIDS affects the health of friends and colleagues, the quality of research, and ultimately, prosperity and development throughout the world. In light of these challenges, the CGIAR has established a “Systemwide Initiative on the impact of HIV/AIDS on Agriculture, Agricultural Research and Development” (SWIHA). The CGIAR Gender & Diversity program has taken the lead to address the problem of HIV/AIDS in the CGIAR workplace. While HIV/AIDS is a sobering issue, immediate and positive action is fully possible.

In order to address HIV/AIDS in the CGIAR, the Gender & Diversity Program has assumed responsibility to serve as an immediate resource on the best workplace practices, policies and programs. In the long-term, the policies and programs adopted by Future Harvest Centers should act as a model for national research partners. This document sets this process in motion by providing policies and guidelines in the following areas:

1. Model Code of Conduct and Policy for HIV/AIDS
2. Model Guidelines for Education and Prevention of HIV/AIDS
3. Model Guidelines for Voluntary Testing and Counseling
4. Model Guidelines for Post Exposure Prevention and Travel Kits and Workplace Infection Control
5. Worldwide Web Resources on HIV/AIDS in the Workplace

These draft policies and guidelines can be adapted to fit the special needs and circumstances of each Future Harvest Center. Additional material exists for these topic areas and the CG Gender & Diversity program is prepared to serve as a resource center for further exploration of these issues.

STATEMENT OF OBJECTIVES

There is no clear data on the incidence of HIV/AIDS at Future Harvest Centers. Precise numbers are always difficult to establish, as cultural barriers often preclude candid disclosure of HIV/AIDS status. However, HIV/AIDS is a serious problem in sub-Saharan Africa and will likely become a significant problem in other regions, such as Southeast Asia. A serious aspect of HIV/AIDS is the enormous number of people affected indirectly or directly by the disease. However, it is ***important to remember that people with HIV can lead productive lives for decades. The preservation of life and prevention of further infection are as important as compassionate care for those suffering and dying from AIDS.*** It is the aim of the CG Gender & Diversity Program to encourage the adoption of HIV/AIDS policies and programs throughout the CGIAR, in order to:

- Prevent further HIV infection among all CGIAR employees and their family members.
- Preserve the lives of those employees and their family members currently infected with HIV/AIDS.
- Provide compassionate care for those employees and their family members suffering and dying from AIDS.
- Encourage a commitment to provide HIV/AIDS insurance coverage to all international and local CGIAR staff members.
- Foster a workplace that does not discriminate on the basis of disease.
- Set an example for our communities, and particularly national research partners, for the compassionate management of HIV/AIDS.

The HIV/AIDS pandemic is an intimidating reality and often the first reaction is imagining the worst possible outcome – numerous individuals incapacitated and dying of AIDS. It is important to remember, however, that most individuals infected today with HIV may lead productive lives for 15 years and more. There is also hope that medical advances will continue to improve the longevity of HIV-positive individuals.

There are three phases of HIV infection. During the first phase, the virus exerts no serious effects and employees can lead normal and productive lives. In the second phase, the immune system begins to weaken and the employee succumbs more frequently to illness. Currently, the first and second phase can last for 15 years. However, with improved treatment, the latency period of infection is increasing. Currently, the health and longevity of HIV-positive individuals are greatly improved with use of a “triple treatment,” a drug regime employing three different anti-retroviral drugs. In the third phase, colloquially termed “full-blown AIDS,” the employee becomes incapacitated and is likely to die. It is encouraging to note that in April 2001, significant progress was made between developing country governments, international organizations, and the multinational pharmaceutical industry to improve access to affordable retroviral drugs.¹

The focus of workplace policy has moved beyond issues of incidence to the impact of HIV/AIDS in the work environment. Impact in the workplace is experienced in various ways. In the most extreme case, there is the loss of productive employees and the cost of replacement and training. With advanced HIV infection, there is increased absenteeism and the concomitant loss of productivity. In a broader context, employees with family members infected with the disease will lose time at work to attend funerals, and will carry a higher financial burden as family members die and they undertake the care of orphaned nieces and nephews. Other areas of impact include the breakup of research teams as a result of illness and death, and the isolation and withdrawal of the HIV-infected employee. Human Resources (HR) must address these realities when developing compassionate HIV/AIDS policies and programs.

HIV/AIDS WORKPLACE POLICIES AND PROGRAMS

The best workplace policies clearly define the management of HIV/AIDS infection and prevention. Ideal policy (and there are many models currently available) includes the following:

¹ Sheryl Gay Stolberg. “AIDS Drugs in Africa: If Cedes to When.” *New York Times*, 10 March 2001.

Fundamental policy commitments

International Labor Organization guidelines, and UN and World Bank standards, provide the basic policy for most international organizations² in addressing the problems of HIV/AIDS in the workplace:

1. No pre-employment screening for HIV/AIDS.
2. Voluntary HIV/AIDS testing available, counseling encouraged, and confidentiality assured.
3. No termination of staff infected with HIV/AIDS.
4. Health Insurance Benefits for international staff with HIV/AIDS.
5. Health Insurance Benefits for national or local staff with HIV/AIDS.
6. Health Insurance Benefits equal for internationally recruited staff (IRS) and nationally recruited staff (NRS).

The most difficult policy goal to achieve will most likely be the provision of equal health and insurance benefits to international and national staff. Individual centers will need to explore the constraints imposed by national insurance coverage and determine how to compensate for these inadequacies and limitations. In the immediate future, the most glaring inequity will continue to be access to anti-retroviral drugs. Fortunately, great progress has recently been made between pharmaceutical companies and developing country governments, which will improve access to affordable anti-retroviral drugs.

Compassionate message and assurance of non-discrimination

In one form or another, effective programs emphasize the organization's understanding and commitment to the issue of non-discrimination with respect to individuals affected by HIV/AIDS. While there is no official CGIAR policy document on HIV/AIDS, the Centers should support all employees affected by the disease in a non-discriminatory manner.

² See Appendix C for an overview of policies and practices of comparative international development organizations. The CGIAR Gender and Diversity Program completed this comparison via e-mail questionnaire.

Education and prevention programs

Education and prevention programs are essential in reducing the impact of HIV/AIDS in the workplace. Education and prevention programs ideally strive to induce effective behavior change. Many organizations continue to find it necessary to begin with initial awareness programs designed to remove irrational fears about HIV/AIDS. Educational programs take many forms, and resources are growing to develop appropriate programs worldwide.

Support for the bereaved

A significant impact of HIV/AIDS results from the death of family and friends with HIV/AIDS. Depending on local cultural practices, this may require increased time off for funerals and increased financial stress. Centers may wish to address these issues through counseling programs and improved supervisory training.

Participatory process

Successful HIV/AIDS programs involve representatives from all levels of the organization in becoming involved in policy planning and implementation.

Compliance with local law

As always, employment policies must comply with national, sub-national, and local laws and regulations. Compliance with local law, however, often sets minimal standards and does not assure a compassionate, sensible, or non-discriminatory policy.

On the following pages, a model HIV/AIDS policy document, and model guidelines document are presented. In addition, in the Appendix A-C, information on HIV/AIDS policy at ICRAF, the World Bank and other international organizations is given.

CHAPTER II: *Model HIV/AIDS policy for
Future Harvest Centers*

Model HIV/AIDS policy for Future Harvest Centers³

PREAMBLE

The Center:

- acknowledges the seriousness of the HIV/AIDS epidemic (this may be accompanied by statistics relevant to the region and institutional location);
- seeks to minimize the social, economic and developmental consequences of HIV/AIDS to the Center and its staff; and
- commits itself to providing resources and leadership to implement a compassionate HIV/AIDS program.

PRINCIPLES

The Center affirms that:

- staff living with HIV/AIDS shall be protected against discrimination and accorded with the dignity and respect due all staff members;
- HIV status shall not constitute a reason to preclude any person from employment;
- no staff member shall be required to undergo HIV testing. Where testing is done it will be at the voluntary request of the employee and will be accompanied by counseling;
- confidentiality of HIV status of any staff member shall be maintained at all times;
- individuals infected with HIV/AIDS are entitled to the same rights, benefits (e.g. pension, life-insurance) and opportunities as people with other serious or life-threatening diseases

³ This model policy draws heavily on the European Union's *Guidelines for developing a workplace policy and programme on HIV/AIDS and STDs*. (March 1997).

- continuing development and implementation of HIV/AIDS policy and programs will be done in consultation with staff and their representatives; and
- a spirit of compassion and understanding for HIV-infected people will be fostered throughout the organization.

EDUCATION STATEMENT REGARDING HIV/AIDS

The Center understands that:

- AIDS (Acquired Immunodeficiency Syndrome) is a condition in which the body's immune system breaks down, and the person typically develops a variety of life-threatening illnesses. HIV (Human Immunodeficiency Virus) causes AIDS.
- HIV/AIDS is not transmitted through casual contact in the workplace. A person becomes infected by engaging in unprotected sexual intercourse, sharing needles or syringes with infected persons, and infected blood transfusions, HIV-infected mothers transmit the disease to their children through pregnancy, childbirth, or breastfeeding. HIV is not transmitted through air, food, water, utensils, toilet seats or anything else that does not involve blood, semen, vaginal fluids or breast milk.
- Individuals with HIV/AIDS may live productive lives for 15 years or more. With the aid of anti-retroviral drugs, longevity is improving.

HIV/AIDS PROGRAM IN THE WORKPLACE

Co-ordination and implementation

The Center appoints the Human Resources Department to:

- communicate HIV/AIDS policy to all staff;
- identify and liaise with local HIV/AIDS service organizations and other resources in the community;
- foster a supportive and non-discriminatory working environment for those infected with HIV/AIDS;
- implement, monitor and evaluate the Center's HIV/AIDS program; and
- advise management of program implementation and progress.

Program components

The HIV/AIDS program shall provide staff access to:

- information, education and media materials;
- voluntary testing and counseling (VTC) for HIV/AIDS;
- health insurance coverage for all staff members, whether recruited nationally or internationally, for the treatment of HIV/AIDS and associated illnesses. (Details of health insurance coverage should be clearly documented in the general policy statement or under separate cover);
- barrier methods (male condoms) to prevent transmission of HIV;
- protective materials in the form of HIV prevention travel kits and post-exposure prophylaxis kits for staff inadvertently exposed to HIV/AIDS; and
- workplace support for all staff affected indirectly or directly with HIV/AIDS.

Planning

The Center shall conduct regular impact analysis to understand the evolving epidemic and how it affects the future of the Center, its structure, and functions.

Budget

The Center shall allocate an adequate budget to implement the HIV/AIDS program.

Interactions with partner organizations

The Center recognizes a potential to serve as a positive model for partner organizations in the region and will strive to share educational materials and policy documents for the prevention and management of HIV/AIDS whenever and wherever possible.

Questions for center management

To achieve basic standards of HIV/AIDS management in the workplace, each Center must ask the following questions:

1. Do current insurance policies reflect a difference in IRS and NRS coverage? If so, how can equitable insurance be obtained, and at what financial cost?
2. Is HIV/AIDS treated differently than other chronic, life-threatening diseases and serious medical conditions?
3. What is the local availability and cost of “triple treatment?” How can access to this medication be improved?

CHAPTER III: *Model guidelines for education
and prevention*

Model guidelines for education and prevention

A strong education and prevention program is vital to the management of HIV/AIDS in the workplace. Though data remains limited, preliminary analysis in sub-Saharan Africa suggests that the financial impact of HIV/AIDS to an organization exceeds the cost of a prevention program. In other words, a strong HIV/AIDS education and prevention program is both a moral obligation and a good business practice.

Education and prevention programs take many forms and each center must determine what is appropriate, technically and culturally, for its particular task and risk environment. Most education and prevention programs begin with an assessment of the local problem, followed by campaigns to increase awareness, and disease prevention and management.

BASIC ELEMENTS

The basic elements of an effective education and prevention program include:

1. Communication of well defined, well understood and consistently applied HIV/AIDS policies and practices.
2. Provision of on-going, updated formal and informal education for all staff.
3. Access to condoms on a consistent basis.
4. Voluntary access to HIV/AIDS diagnosis with counseling.
5. Counseling and support services for employees and families.

ADDITIONAL PROVISIONS

In areas where there is high-risk of disease, or in instances when employees travel to high-risk regions, additional components of an education and prevention program are necessary and should be made available:

1. HIV travel kits or information about them.
2. Post-Exposure Prophylaxis (PEP) kits and education about them.
3. Basic principles to control workplace infection.
4. Information on how to obtain safe blood in a given region.

CONTENT OF EDUCATION PROGRAMS

The specific content and delivery of education programs will differ from region to region depending on HIV/AIDS risk and the existing knowledge base within the employee community. As mentioned above, the design of education programs most likely *begin with a needs assessment*. As HIV/AIDS discussions involve personal issues, there is a need to be sensitive to what is culturally acceptable and understandable to target groups within the Center. The piloting of HIV/AIDS educational activities and materials is a good first step in the design and feedback process.

Additionally, Centers need to *identify HIV/AIDS educational resources in the community*. In large metropolitan areas, HIV/AIDS education consultants are growing in number and professionalism. In other areas, general health services, various NGOs, church groups, etc. are improving HIV/AIDS educational strategies and programs. A number of international consultants also provide HIV/AIDS education services. The following section draws heavily on information provided by the international consultant, *Family Health International (FHI)*. FHI suggests the following core issues be covered in formal and informal education programs:

1. Organization's policy or position on HIV/AIDS.
2. How HIV/AIDS is and is not transmitted.
3. Why there is no risk of casual transmission of HIV/AIDS.

4. How to prevent the spread of HIV.
5. How to respond to a co-worker with HIV/AIDS.
6. How to assess personal risk and formulate behavioral change plans.
7. Benefits available to employees and family members with HIV/AIDS.
8. Confidentiality and privacy requirements.
9. Where to go for help, additional information, and counseling.

HIV/AIDS educational materials and messages may be communicated in a variety of formats: formal lectures, work group training sessions, videotape presentations, posters, brochures and pamphlets. ***Maximum impact will be achieved if educational messages and prevention activities are delivered in a complementary, regular and updated manner.*** Finally, an important element in successful education programs is the ***use of local consultants and peer educators*** where possible. Local consultants can relate to particular fears prevalent in local communities and credibly dispel persistent and pernicious myths about HIV/AIDS (e.g. imported condoms are purposefully damaged to spread HIV/AIDS). The use of peer educators has also proven an important component of effective HIV/AIDS education programs. Peers, by definition, are similar in age, background, experience and interests, and people are more likely to listen and follow advice from peers. Peer educators have been useful in initiating condom distribution programs.

CONDOM DISTRIBUTION AND PREVENTION COUNSELING

Condom distribution must be done as part of an education program. Employees who are well informed about the use of condoms are less likely to be offended by their sudden appearance in the workplace. Centers need to decide whether to provide free condoms or to charge a small fee for condoms to acknowledge their value. Peer educators have proven particularly valuable in initiating condom distribution programs. ***Prevention counseling and family support services should also be available and well publicized.*** The goal is to

provide a safe opportunity for people to learn their HIV status, encourage people to initiate and sustain behavioral change, and assist people to obtain referrals for additional medical and preventive care. Counseling services are likely to require the assistance of HIV/AIDS service providers or consultants in the community.

CHAPTER IV: *Model guidelines for HIV/AIDS
testing and counseling*

Model guidelines for voluntary HIV/AIDS testing and counseling

Voluntary testing and counseling is considered to be one of the most important steps in the effort to control the worldwide spread of HIV/AIDS. At the community level, increased testing promotes acknowledgement of the disease and provides a contact point for education and prevention efforts. At the individual level, attitudes and behaviors of people infected with HIV/AIDS highly depend on how confirmation of infection is relayed. If the person did not suspect HIV exposure, the shock can be extreme and may cause depression or retaliatory sexual behavior. Even when testing was undertaken voluntarily and HIV-positive status was suspected, counseling can reduce depression and family tension and therefore aid in continuing workplace effectiveness.

The principles components of testing and counseling (VTC) programs are now well established. They are:

1. Testing must be voluntary.
2. Informed and written consent is obtained from the employee before testing.
3. Program provides pre-test counseling.
4. Program provides post-test counseling.
5. Confidentiality of test results is assured.
6. Individuals are informed of the results in person.
7. Referral to appropriate counseling for HIV-infected personnel is provided.

No Future Harvest center can be expected to assume testing and counseling services independently. VTC resources are growing and improving in most major cities worldwide and are provided by specialized AIDS service providers or regular healthcare services. An early step in establishing an HIV/AIDS program is to identify VTC resources in the community. HR managers should ascertain the

VTC service provider meet the criteria listed above and will cooperate effectively and fully to ensure employee confidentiality.

CHAPTER V: *Model recommendations for travel and
PEP kits and workplace infection control*

Model recommendations for travel and PEP kits and workplace infection control

Many international organizations regularly provide staff with *Travel Kits* intended to provide materials for the prevention of HIV/AIDS and *Post-Exposure Prophylaxis (PEP) Kits* for use in the event of suspected exposure to HIV/AIDS. These kits contain:

TRAVEL KITS

1. Condoms
2. Disposable Syringes/Sterile Injection Material
3. Latex gloves
4. Information sheet on use
5. Official certificate for customs and immigration personnel to explain the nature of the kit.

POST-EXPOSURE PROPHYLAXIS

In the event of suspected exposure to HIV/AIDS, in cases of rape or contact with contaminated blood, some organizations provide Post-Exposure Prophylaxis (PEP) Kits for immediate use in the field. The contents of the kits differ from organization to organization, particularly in the case of health-care workers where occupational risk of exposure to contaminated blood is high. Outside the healthcare field, the contents of these kits typically include:

1. Pregnancy Test.
2. Morning-After-Pill.
3. Three days worth of two (2) anti-retroviral drugs.
4. Information sheet on appropriate and correct use of kit contents.

Data on the efficacy of prophylactic anti-retroviral drugs are highly encouraging. Ideally, these drugs should be taken immediately after a suspected exposure, though they may be taken up to 72 hours after exposure. Statistics show that the sooner prophylactics are taken after exposure, the greater reduction of risk of HIV infection.⁴ However, the employee should seek medical attention as soon as possible following suspected exposure. On a cautionary note, concerns have been raised in the healthcare community that resistant HIV might emerge due to misuse of PEP.

BASIC PRINCIPLES OF WORKPLACE INFECTION CONTROL

For most Future Harvest Centers the basic principles of workplace infection control for HIV/AIDS are similar to those standards already in place for all first aid. HIV/AIDS behooves organizations to communicate first aid standards and precautions clearly and widely. The basic principles of workplace infection control are⁵:

1. Anyone administering first aid in the workplace should assume all patients have HIV/AIDS and should avoid contact with blood and other body fluids. To avoid contact with blood or body fluids, cuts or sores are covered with waterproof bandages. Plastic or latex gloves should always be worn. Blood spilling onto the skin of the first aid provider must be immediately washed off with hot soapy water.
2. First Aid Kits must be available in the workplace and should contain: plastic or latex gloves; waterproof band-aids, cotton, bandages, and antiseptic.
3. Blood spilled on floors or other surfaces should be treated with disinfectant and cleaned with absorbent paper.
4. Soiled clothing or fabrics should be boiled for 20 minutes and then placed in the sun to dry.
5. Centers should include basic principles of infection control in introductory seminars for new employees or in employee manuals.

⁴ Charles Flexner, MD., (1998) *Post Exposure Prophylaxis Revisited: New CDC Guidelines*. Johns Hopkins University AIDS Service, Division of Infectious Diseases.

⁵ The basic principles of infection control cited here are taken from the European Union's *Guidelines for developing a workplace policy and programme on HIV/AIDS and STDs*. (March 1997).

6. Employees should be encouraged to carry First Aid Kits in their automobiles, in the event of a roadside accident.
7. Employees and their families should know how to obtain safe blood through the circulation of a regularly updated list of blood centers in the country.

Any Future Harvest Center, branch, or department, involved in health care or blood-based laboratory work should employ the services of an occupational health and safety consultant to ensure the highest standard of infectious disease control in the workplace.

QUESTIONS FOR CGIAR HUMAN RESOURCE DIVISIONS:

1. Are assembled PEP and Travel Kits readily available through local health providers or pharmacies?
2. Should staff members be responsible for obtaining PEP and/or Travel Kits?
3. Should the center provide kits free?
4. Should the center provide kits at cost?

CHAPTER VI: *Resources on the Internet for HIV/AIDS
management in the workplace*

Resources on the Internet for HIV/AIDS management in the workplace

Numerous sources on the Worldwide Web provide useful information on HIV/AIDS. The following sites are specifically related to the management of HIV/AIDS in the workplace.

CENTERS FOR DISEASE CONTROL

The Centers for Disease Control (www.cdc.gov) in the United States provides comprehensive information on HIV/AIDS. In association with BRTA (Business Reacts to AIDS) and LRTA (Labor Reacts to AIDS), the CDC addresses specific workplace issues at: www.brta-lrta.org

FAMILY HEALTH INTERNATIONAL

Family Health International (www.fhi.org) is an international consultant active in various areas of family and reproductive health. FHI provides the most readable and useful information on the prevention and control of HIV/AIDS on the Internet. Information on private sector workplace policy on HIV/AIDS is found at: www.fhi.org/en/aids/aidschap/aidspubs/policy/psapp.html

SOCIETY FOR HUMAN RESOURCE MANAGEMENT

The Society for Human Resource Management (www.shrm.org) provides useful workplace policy and educational guidelines for HIV/AIDS at the following website: www.shrm.org/diversity/aidsguide

UNAIDS

UNAIDS, the United Nations Program on HIV/AIDS is a global source of information on the HIV/AIDS pandemic. UNAIDS provides information on workplace issues, including the UNAIDS HIV/AIDS personnel manual, at its website: www.unaids.org

CENTRE FOR AFRICAN FAMILY STUDIES

The Center for African Family Studies (www.cafs.org) is a regional organization dedicated to strengthening capabilities of sub-Saharan African organizations and networks to curb the spread of HIV/AIDS in sub-Saharan Africa. The information provided at the following website indicates the resources available through local and regional agencies in sub-Saharan Africa: www.cafs.org/hiv/html

Appendices

Appendix A: Education and prevention program of ICRAF

HIV/AIDS SEMINARS AT ICRAF

- 1st Seminar: An overview and Impact of HIV/AIDS at the Workplace
24 March 2000
Facilitator: Dr. Sabina Beckman
GTZ-Reproductive Health Project
- 2nd Seminar: HIV/AIDS at the workplace: Coping with the disease
19 May 2000
Facilitators: Jane Muriuki and David Kidi
Kenya Aids Society
- 3rd Seminar: Emerging Policies and Trends on HIV/AIDS at the Workplace
1 December 2000
Facilitators: Joel Momanyi and Diana Kageni
Federation of Kenya Employers and UNDP
respectively

INSTALLATION OF CONDOM DISPENSERS

HIV/AIDS is a global tragedy that affects every individual in one way or another and is likely to have far-reaching social and economic effects on employees and employers. ICRAF is directly concerned as an employer based in Africa, with staff in areas of high infection, and as a farmers' partner.

So far, the Human Resources Unit has conducted a couple of interventions (including seminars, staff surveys and e-mail

exchanges) to sensitize staff, raise awareness and better understand the staff members' and supervisors' view points, level of understanding and controversies on the issue. The first general seminar on 'HIV/AIDS at the Workplace' tackled questions and concerns on HIV/AIDS issues and how to handle them.

The second seminar facilitated by Mrs. Jane Muriuki of Kenya Aids Society and Mr. James Kidi of KELC dealt with 'Coping with the Disease'. In their presentation the facilitators emphasized on the importance of learning how to positively cope with the disease. The facilitators gave a personal and intriguing account on how it is to live with the disease and also gave a demonstration on proper use of condoms in order to reduce risks of contracting HIV/AIDS.

To emphasize on the perils of HIV/AIDS that face its workforce and make follow-up of the points raised during the HIV/AIDS seminars, HRU has taken the responsibility of introducing condom dispensers in several washrooms within ICRAF House and the Research Building.

The condoms and dispensers were donated to ICRAF through the courtesy of Dr. Hombergh of the GTZ-Reproductive Health Project.

MEMORUNDUM: SURVEY ON AIDS AT THE WORKPLACE

FROM: Hulda Mogaka - HRU

TO: ICRAF Staff

DATE: 19th October, 1999

Subject: Survey on AIDS at the workplace

AIDS continues to be a principal cause of death in Africa, especially for ages between 25 and 44. This is the age bracket that constitutes the most productive years of workforce. The epidemic is spreading faster than prevention strategies. Diseases resulting from HIV (the contributing agent of AIDS) have already had a negative impact on a large proportion of workforce in the world.

HIV, a virus that attacks the immune system of the body's defense mechanism against infections can take upto 10 years to develop in an individual. The infected person can work and lead a long life as long as he/she feels strong or well enough to work. However, when the virus overcomes the immune system, then the full-blown AIDS begins to take toll. At this stage, it becomes increasingly difficult for the infected employee to maintain balanced work attendance and productivity.

In respect to the above, ICRAF intends to formulate Policy Guidelines on AIDS for use by all employees. Your input to this exercise will go a long way in formulating a policy that will guide all ICRAF staff in addressing issue on AIDS at the workplace.

I therefore kindly request you to complete the attached questionnaire and return it to **Hulda Mogaka** of HRU or by email to address **Hmogaka@cgiar.org** by 25th October 1999.

QUESTIONNAIRE: SURVEY ON AIDS AT THE WORKPLACE

✓ STAFF CATEGORY									
GSS		NP		IRS		STUDENT		SECONDED	

1. Do you think AIDS is a concern which need to be addressed by ICRAF ...Yes/No

Why?

.....

.....

.....

.....

2. According to you, what are the issues related to HIV/AIDS at the workplace?

.....

.....

.....

.....

3. Have you ever lost a close friend through AIDS? i.e. family member, workmate? ... Yes/No

4. What impact has it had on your

a) Social life

.....
.....
.....
.....
.....

b) Productivity at work

.....
.....
.....
.....
.....

5. Are you taking care of an AIDS infected friend/relative Yes/No

6. If an infected colleague approached you for guidance on HIV/AIDS, would you be informed enough and willing to counsel him/her Yes/No

Why?

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.....
.....

7. If you were diagnosed HIV positive, whom would you most likely disclose it to:

- a) Spouse d) Fellow worker g) No one
- b) Parents e) Supervisor
- c) A friend f) Relatives

8. If you discovered that you are HIV/AIDS infected, would you feel free to share the information with your supervisor Yes/No

Why?

.....
.....
.....
.....
.....

9. Do you agree with the statements below?

i) HIV/AIDS test should be among the pre-employment medical examination

A Agree

B Neither agrees nor disagrees

C Disagree

ii) Employees should have a right to know if any of their co-workers are HIV positive.

A Agree

B Neither agrees nor disagrees

C Disagree

iii) The organization should have the right to terminate regular staff in employment who is HIV positive

A Agree

B Neither agrees nor disagrees

C Disagree

iv) The organization should have the right to terminate employment of staff who has full-blown AIDS

A Agree

B Neither agrees nor disagrees

C Disagree

10. Do the discussions on AIDS make you feel uncomfortable? Yes/No

Why?

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.....

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.....

11. ICRAF is formulating a Policy on AIDS, what are some of the issues you would like to see covered in the Policy?

.....

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.....

(If you are a supervisor, kindly answer the following question)

12. If you were aware that an employee under your supervision is ailing due to HIV/AIDS:

a) Would you feel able to discuss the issue with the employee?

- A Would definitely do this
- B Might do this
- C Not sure whether I would do this

D Might not do this

b) Would you be prepared to explain the reason why it is important to discuss AIDS?

A Would definitely do this

B Might do this

C Not sure whether I would do this

D Might not do this

13. List below any general comments that you might wish to contribute

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*Thank you very much for taking your time to answer the questions above.
Your contribution is well appreciated.*

Appendix B: Comparison of responses from international development organizations

	Impact on the Organization	Education and Prevention	Pre-employment testing	Voluntary testing and counseling	Termination because of HIV infection	Health insurance benefits include HIV/AIDS	Health insurance benefits same for international and local staff	Code of Conduct
Asian Development Bank	No official monitoring program, but medical claims suggest negligible impact.	Brochures and posters available at the medical center. Travel Kit available for traveling staff.	No	Yes	No	Yes	Yes	No
Food and Agriculture Organization	Yes, aware of impact. Absence, disability, and death from HIV/AIDS is monitored annually by FAO or UN Pension fund.	Yes, particularly in the field, in collaboration with other UN organizations.	No	Encouraged	No	Yes	Yes	
IMF	Significant impact in selected areas. At this time, sub-Saharan Africa is the most affected but SE Asia may soon become equally impacted. Difficult to monitor objectively because of cultural issues regarding admission of HIV/AIDS.	Extensive global awareness campaigns with seminars, UNAIDS booklets, and condom dispensaries in field locations. Active AIDS Working Group with initiatives in education, testing, medical advice via global network of AIDS specialists. <i>confidential medical</i> advice through Health Services Department, anti-retroviral purchasing programs where possible. Medical evacuation when medically and culturally appropriate.	No	Yes	No	Yes		General Code of Conduct does not address HIV/AIDS "explicitly," but <i>inter alia</i> states that the basic values of impartiality, integrity and discretion should govern.
IAEA (UN)	To best of our knowledge, HIV/AIDS has not had a major impact. Impact of the disease can only be reflected indirectly through the approval of long-term disability.	Provide literature on an on-going basis. Brief travelers on HIV/AIDS. Condoms available tax-free in the commissary. Extensive activities on World AIDS day, including videos, desk-to-desk circulars and prominently displayed posters.	No	Yes	Only upon payment of disability pension.			"Code of Conduct" is outlined in the policy booklet, entitled <i>AIDS and HIV Infection: Information for United Nations Employees and their Families</i> .

	Impact on the Organization	Education and Prevention	Pre-employment testing	Voluntary testing and counseling	Termination because of HIV infection	Health insurance benefits include HIV/AIDS	Health insurance benefits same for international and local staff	Code of Conduct
WORLD BANK HIV/AIDS (Health Services Coordinator)	Aids Response Group for country office staff was formed in 12/99. No active surveillance, but one-to-one confidential medical advice to HIV-infected country staff offered. So far there are 12 cases (10 patients on triple anti-retroviral regimens) and several HIV- related questions from non-infected staff.	HR/Staff Assoc./HSD has produced folders with educational materials for country staff. Folder materials include: UNAIDS booklet (in several languages), an explanation of medical benefits for HIV/ AIDS, information on disability regulations, information on filing claims directly to HQ, personal letter from a staff member living with AIDS. 23 WB country offices have ongoing AIDS activities. Their main goal is to in-crease aware-ness and pro-mote stigma reduction activities. WB plans to participate in the Post-Exposure Prophylaxis initiative with the UN family, so staff in the field will have access to anti-retroviral in cases of rape or other exposure.	No You cannot be forced to take an HIV/AIDS test. You do not have to report your HIV status to the Bank. You have a right to keep your medical treatment confidential.	Yes	No You cannot be denied employment, confirmation, promotion, or be terminated solely because of HIV status.	Yes Health insurance is available for all eligible employees and their dependents regard-less of HIV status. Health insurance premiums are not affected by HIV status. Medical insurance covers all drugs and treatment for HIV/AIDS, including anti-retroviral medication, which have dramatically reduced AIDS-related deaths. In case of disability resulting from AIDS, the Bank's disability insurance applies.	Yes Health insurance is available for all eligible employees and their dependents regard-less of HIV status. Health insurance premiums are not affected by HIV status. Medical insurance covers all drugs and treatment for HIV/AIDS, including anti-retroviral medication, which have dramatically reduced AIDS-related deaths. In case of disability resulting from AIDS, the Bank's disability insurance applies. For national staff concerned with the institution of policy and practice that preserves confidentiality, the option to file medical claims confidentially was establish-ed on 1/00. Staff can send medical claim forms directly to HQ.	Although other policy documents exist, the current "code of conduct" is embodied in the definitive HIV/AIDS statement issued by John Wolfensohn, President of the World Bank in February 2000. Additional Comments: HSD has facilitated the establishment of a network of HIV clinicians in Africa to serve as referral points for treatment and care of HIV infected employees and dependents. HSD is setting up a "secure internet site" in collaboration with the International AIDS Society of America (IAS). The African clinicians will have access to latest information and free consultations from IAS Bd. of Directors.

	Impact on the Organization	Education and Prevention	Pre-employment testing	Voluntary testing and counseling	Termination because of HIV infection	Health insurance benefits include HIV/AIDS	Health insurance benefits same for international and local staff	Code of Conduct
EBRD	So far this has been a non-issue.		We provide medical benefits for all staff. We have medical tests to screen people with health risks that would incapacitate them from working at the institution. So far there is no one with HIV. There have been AIDS cases, but these are covered by long-term disability insurance.					
WHO	As there is no mandatory testing, can only monitor those cases where staff members seek services through VCT or for AIDS. Monitoring is a challenge because of the stigma inherent to AIDS.	Distribute UNAIDS publication entitled "AIDS and HIV Infection. Information for United Nations Employees and Their Families." Worked with UNAIDS, UNICEF and UN Medical Services to establish local HIV/AIDS care and support for UN staff and dependents. Distribute PEP treatment kits at the country level. Condoms included in travel kits since 2000. Distribution of free condoms for staff at HQ and in some country offices.	No	Yes at HQ	No	Yes Same as other medical conditions. 80% of expenses reimbursed up to a threshold (based on salary level) over and above which expenses are reimbursed at 100%.	Yes International and national staff have same insurance scheme.	No code of conduct for HIV/AIDS.

Appendix C: World Bank human
resource documents on
HIV/AIDS

JAMES D. WOLFENSOHN
President

**A Message from President Wolfensohn to Staff:
No Job Discrimination Because of HIV**

1/3/2000

My best wishes to all of you as we enter the new Millennium. The first message that I would like to send to you in this special New Year concerns AIDS. We must recognize that AIDS is a special illness. It is highly stigmatized; it means facing fear, denial and shame. Many Bank Group staff are afraid to talk about it. They are not aware that the impact of the disease can now be dramatically reduced, and that the Bank Group has clear policies regarding recruitment, employment and medical coverage related to HIV/AIDS.

I have learned that lack of knowledge about your rights and the institution's policies has caused unnecessary stress and concern, and may even have stopped some staff from taking advantage of treatments to improve their health and save their lives. Therefore, I am restating our policies and procedures for easy reference for all staff.

I also want to remind you about the confidentiality and sensitivity surrounding health matters in general and HIV/AIDS in particular. Staff may choose to share information related to health issues with colleagues, but it must remain their choice. Whatever their choice, it is the responsibility of all of us to create a compassionate and caring environment for colleagues with any type of illness, whether it is in Washington or in a Bank Group office elsewhere.

Nondiscrimination

You cannot be denied employment, confirmation, promotion, or be terminated solely because of your HIV status.

Health insurance coverage is available for all eligible employees and their dependents regardless of HIV status.

Health insurance premiums are not affected by HIV status.

Confidentiality

You cannot be forced to take an HIV/AIDS test.

You do not have to report your HIV status to the Bank.

You have a right for your medical treatment to be kept confidential.

Access to Treatment & Insurance

Our medical insurance covers all drugs and treatments for HIV/AIDS, including anti-retroviral medications. These medications have been widely used in developed countries, where they have dramatically reduced AIDS-related deaths.

As for any other illness, the same co-payment rates apply to expenses related to HIV/AIDS, up to established out-of-pocket ceilings, after which the Bank's medical insurance will pay 100%.

If adequate treatments are not available locally, non-emergency evacuation procedures can be used for HIV/AIDS and its related illnesses.

In case of disability resulting from AIDS, the Bank's disability insurance is available.

In case of death resulting from AIDS, the applicable benefits are payable to your beneficiaries.

You can also find basic information on policies related to HIV/AIDS, in the UNAIDS booklet, "Information for United Nations Employees and Their Families." HSD has recently distributed them to all staff.

To ensure this receives urgent attention, a Working Group has been established, under the leadership of Richard Stern, HRSVP, to develop and implement an institutional approach to managing AIDS in the workplace. The immediate goal is to ensure staff take full advantage of existing policies and procedures. For that purpose we have asked Dr. Ana Maria Espinoza, an HSD physician experienced in treating HIV/AIDS, to handle staff questions about the medical aspects of HIV/AIDS. In addition, the Working Group will be consulting you to develop an action plan for managing AIDS in the workplace.

We can only win this AIDS battle by working together. The objective is simple: no more Bank Group staff or their family members should die from AIDS.



James D. Wolfensohn

Bank Disability Coverage for AIDS and Other Medical Conditions

FOR YOUR INFORMATION

FYI/99/005
February 23, 1999

To All Local Staff:

CHANGES IN BENEFITS FOR LOCAL STAFF

1. I am pleased to announce a number of important changes that will improve your and your family's financial security, and bring your benefit programs into line with those at Headquarters.
2. For the first time, you are now covered by a comprehensive disability insurance program. Also, your survivors have increased protection in the form of a larger amount of Bank-paid life insurance at no cost to you. These changes became effective January 1, 1999. Later this year we will introduce mandatory contributions to the Staff Retirement Plan (SRP). We will also introduce a program under which you will have the option to convert your service under the former termination grant program to the SRP. This will provide greater financial security for you after retirement. More details on each program are provided below.

Sick Leave and Disability Insurance Program

3. The new disability insurance program provides income replacement if you become disabled while working at the Bank. *The full cost of the program is paid by the World Bank Group, and enrollment in the program is automatic.*
4. In the event you are no longer able to work because of sickness or injury, you will receive a monthly benefit equal to 100% of your salary while using sick leave, and 70% of your salary after your sick leave is exhausted. These benefits will be paid to you as long as you remain disabled. Benefits will discontinue on recovery, death, or upon reaching mandatory retirement.
5. To qualify for these benefits, your absence must be certified as medically necessary by the plan's insurer, UNUM Life Insurance Company of America (UNUM). Decisions regarding disability benefits and the duration of disability rest with UNUM. Absences of 20 days or more must be reported in the Benefits Unit at Headquarters by you, your leave coordinator or your manager to the disability administrator, Theresa Ramos, at (202) 473-0974, or via email to "Disability Insurance". *Please note that without medical approval by UNUM, you may not use accrued sick leave for absences of 20 days or longer, even if you have accrued sick leave to cover your complete absence.* Further details are provided in Annex 1.

Death in Service Benefits

6. Death in service benefits of two times salary will increase to three times salary for all staff enrolled in the Staff Retirement Plan.

Staff Retirement Plan (SRP)

7. **Introduction of Mandatory Contributions** Effective July 1, 1999, all Local Staff in the SRP will be required to make mandatory contributions of 5% of net salary to the cash balance component of the SRP. This coincides with the Implementation of the new payroll system for all staff and brings Local Staff into line with other SRP participants.

8. **Survivor Benefits** For participants receiving pensions the Bank will provide an automatic death benefit that may be in the form of either a survivor annuity (i.e., a pension payable to a designated beneficiary following the death of the retired participant), or a lump sum (i.e., one cash payment). Participants will have the option to reduce their pensions in order to provide greater survivor annuities.

9. **Conversion of Termination Grant to SRP** Later this year all Local Staff who were covered by the former termination grant program will be given the option to convert their termination grant benefit to the SRP.

10. Further details on SRP changes will be communicated by Pension Administration.



Darius Mans,
Manager, Compensation Management

SICK LEAVE AND DISABILITY INSURANCE PROGRAM
EFFECTIVE JANUARY 1, 1999
FOR NATIONAL STAFF

This summary provides an overview of the new Disability Insurance program and how it works with sick leave. This coverage is effective January 1, 1999.

General Provisions

Eligibility: All National staff except those holding Short-Term Consultant, Short-Term Temporary, or Special Assignment appointments. You must be actively at work and work at least 20 hours per week to be covered.

Enrollment: Coverage begins on your entry on duty date. **Enrollment is automatic.**

End Date: Coverage ceases when your service with the Bank ends.

Your employment status: While you are receiving a disability benefit under the Sick Leave and Short Term Disability program, you will continue to be a staff member until the earlier of your appointment termination date or a period not to exceed 2 years from onset of disability.

Insurance Provider: UNUM Life Insurance Company of America (UNUM)

Onsite Disability Administrator: The Disability Administrator's office is located in the HR Service Center (Room H3-388) at Headquarters. The Disability Administrator can be reached at (202) 473-0974 or via email to Disability Insurance.

Sick Leave and Short Term Disability

Sick Leave Accrual: 15 days per year with unlimited carryover to future years. Up to 10 days' advance sick leave may be approved by your manager. You may be granted additional sick leave at 70% of net salary for a period not greater than two years from onset of disability or your appointment termination date, which is earlier.

Sick Leave for more than 5 days but less than 20 working days: For sick leave to be approved, you must give your supervisor a statement from a licensed medical practitioner which indicates the period of illness or injury.

Sick Leave of 20 working days or more: To be approved as sick leave, medical certification for absences of 20 days or more must be submitted to UNUM via the disability administrator's office in the HR Service Center. You must notify the disability administrator as soon as you anticipate an absence will extend beyond 20 working days. A claim form should be completed by you and your doctor and sent directly to the Bank's disability administrator. If you are absent from the office due to an illness or injury, your leave coordinator or your manager must contact the disability administrator.

Definition of Short Term Disability: You are disabled when after a continuous absence of 20 working days, UNUM determines that due to sickness or injury (a) you are unable to perform **any** duty for which the Bank might reasonably call upon you to perform and for which you are reasonably qualified by education, training or experience or (b) you are unable to perform the material and substantial duties of **your own** occupation for which you are reasonably qualified by education, training or experience with any other employer and (c) you have a 20% or more loss in your monthly earnings due to the same sickness or injury.

Monthly benefit: 100% of net salary while using sick leave. After your sick leave is exhausted, your monthly benefit is 70% of your monthly net salary. Your disability payments may be reduced by certain sources of income (such as any other employer retirements benefits, retirements benefits from the Staff Retirement Plan) and any earnings from any other employer.

Duration of Benefit: Sick Leave/Short Term Disability benefits are paid as long as you remain disabled for a period not to exceed two years from onset of disability or appointment termination date, whichever is earlier, as determined by UNUM.

Long Term Disability

Definition of Long Term Disability: You are disabled when UNUM determines that due to sickness or injury (a) you are unable to perform the material and substantial duties of **any** occupation for which you are reasonably qualified by education, training or experience and (b) you have a 20% or more loss in your indexed monthly earnings due to the same sickness or injury.

Monthly Benefit: 70% of your monthly net salary. Your disability payments may be reduced by deductible sources of income (such as income from the Staff Retirement Plan) and any disability earnings. Your monthly benefit will be indexed to an annual cost of living adjustment.

Duration of Benefit: Monthly benefits are paid as long as you remain disabled, as determined by UNUM, and will cease on recovery, death or on attainment of age 62 (or to age 65 if hired before July 1, 1974).

Exclusions: The policy excludes disabilities as a result of intentionally self-inflicted injuries, active participation in a riot, act of war, loss of professional license, occupational license or certification, commission of a crime for which you have been convicted or certain pre-existing conditions

Complete details of plan coverage are contained in the insurance policy issued by UNUM Life Insurance Company. If there are any differences between this summary and the insurance policy, the insurance policy governs.

Coverage for HIV/AIDS for Staff under the Medical Insurance Plan



Q: *Does the Bank's Medical Insurance Plan (MIP) cover HIV/AIDS treatment? What about the Retiree MIP?*

A: Yes, both plans cover HIV/AIDS treatment the same way they do other serious illnesses.

Q: *Does the MIP cover anti-retroviral drug therapy?*

A: Yes, the plan covers anti-retroviral drug therapy at 80%. If you are enrolled in the MIP, your treatment for all ailments (including HIV/AIDS related illnesses and drugs) is reimbursable according to the schedule of benefits applicable to your MIP enrollment option. You may access <http://wbln1023.worldbank.org/HRS/yournet.nsf> to review the schedule of benefits under the Insurance Program information.

Q: *Does the MIP cover HIV tests?*

A: Yes, at 80% if done in a physician's office. The charge is subject to your annual medical deductible.

Q: *What else does the plan cover?*

A: Please refer to the above Website for plan information. You may also contact the MIP administrator (Aetna US Healthcare), an external vendor, at 1-800-723-8897 to verify if a specific procedure or charge is covered.

Q: *How do I know if I am a member of the plan?*

A: You are eligible to enroll in the MIP, without questions asked on your health, if you do so within 31 days of your appointment under the following categories: Regular, Open-ended, Term, or Fixed-Term. Long-term Consultants and Temporaries who were hired prior to July 1, 1998 are also eligible to enroll. If you fail to enroll within the this 31-day period, you will need to provide evidence of good health satisfactory to our insurance administrator. Contact Benefits Administration, ext. 32222, to verify your enrollment.

Q: *What about my spouse and children? Are they eligible to enroll and receive coverage for HIV/AIDS?*

A: If you have eligible dependents at the time of your enrollment, you may elect coverage for them as well within the 31-day enrollment period without providing evidence of good health. However, if you do not enroll them during this 31-day period, or within 31 days of their eligibility should you acquire your dependent after joining the Bank Group, your dependents would need to provide evidence of good health satisfactory to our insurance administrator. MIP benefits for HIV/AIDS for enrolled eligible dependents are the same as that for the staff member.

Q: *Even though the MIP reimburses much of my medical expenses, co-payments and deductibles can add up quickly. Is there a provision in the MIP for extraordinarily high medical bills?*

A: Yes, the MIP has a stop-loss provision, which offers financial protection from extremely high medical bills. You reach the stop-loss when your co-payment expenses have reached the specified limit according to your MIP enrollment option. Once the stop-loss has been reached, the MIP pays the remaining eligible expenses at 100% for the rest of that calendar year.

Q: *I am afraid to submit my medical claims because someone at the office may find out that I have been tested for HIV, or that I am infected. What other options do I have?*

A: The Bank's MIP claim administrator is an external vendor — Aetna US Healthcare. The Bank Group and Aetna do not share confidential medical information for MIP participants. The only information released to Bank management, including the Health Services Department, is aggregate information on specific illnesses or injuries. That information is used to assess whether plan changes or specific wellness programs should be reviewed.

Q: *How secure is my job if I declare my HIV-positive status?*

A: A staff member's job security should not be affected if he/she has the HIV virus. The President of the Bank, last January, wrote a message to all staff assuring them that they would not be discriminated against because of their HIV status.

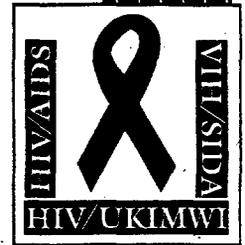
Q: *What happens to my income if I am no longer able to work because of AIDS?*

A: You are covered by a comprehensive disability insurance program. You are responsible for the first 20 working days of continuous absence. Income Replacement at 70% of salary is provided on the later of, upon exhausting sick leave or on the 21st working day of continuous disability. While you are on approved disability by the plan insurer, benefits will continue until the earlier of, on recovery, death, or upon reaching mandatory retirement age.

Q: *How do I enroll in the disability insurance program?*

A: Enrollment is automatic, that is, coverage begins on your entry on duty date. All headquarters and country office staff who are actively at work and work at least 20 hours per week are covered, except those holding Short Term Consultant, Short Term Temporary, or Special Assignment appointments.

Country Office Staff: You Can Call Washington with Your Private HIV/AIDS Questions



The Health Services Department at headquarters has formed an AIDS response group that staff in the field may write or call for information. All consultations are absolutely confidential, and national staff are encouraged to call if they have questions.

The group consists of Dr. Ana Maria Espinoza; Mary Pim Margulies, a registered nurse; and Nicole Marchant, an executive assistant. Dr. Espinoza says, "The group's primary role is to support the individual... [We] have already worked with staff members in the field."

Margulies says staff members are invited to call with the following questions (or any others on the topic):

- advice for yourself or a family member who has discovered that he/she is HIV positive;
- questions about the Bank's health insurance or medical evacuations;
- concern over transmission of the virus from a relative who is HIV positive;
- advice about a treatment that a doctor has ordered for you or a relative;
- worry about sending insurance claims to the local administrator in the field.

The telephone numbers to call are: Dr. Espinoza (who speaks Spanish and can understand Portuguese), 458-1372; Margulies, 458-5183; Marchant (who speaks French), 458-1357.

For HIV/AIDS and Other Serious Illnesses: National Staff May File Medical Claims Confidentially



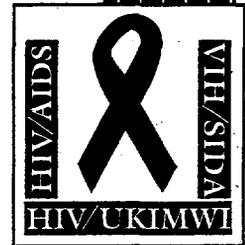
Unlike headquarters staff, national staff in country offices have not had the option to file medical claims confidentially. Yet national staff may have the same serious or sensitive illnesses, such as HIV/AIDS, cancer, or psychological problems.

These staff may be reluctant to risk having their medical insurance claims go through their country office. Now, a new arrangement will allow them to file confidential claims directly to headquarters. The staff can send their medical claim form, the bills, and MBP claims spreadsheet directly to Mary Pim Margulies in the Health Services Department [MC 2-450, (202) 458-5183, Mmargulies@worldbank.org].

If you have already paid the doctor or clinic, Mary will make arrangements for Accounting at HQ to reimburse you (through Payroll) the amount that you are owed by the Bank. Alternatively, if you have not paid the medical provider, you can send Mary the invoice and she will make arrangements for Accounting at HQ to pay the provider directly. In that case, your co-payment will be taken out of your payroll (unless you have reached your stop loss for the plan year, in which case you will not owe anything).

Staff who wish to be tested privately for HIV/AIDS are especially urged to use this confidential way of filing for the cost of the test (80 percent of the cost will be paid by the Medical Benefits Plan). For HIV/AIDS and all illnesses, your claim will be treated with the utmost confidentiality.

Frequently Asked Questions about HIV/AIDS



Q: *How do people get AIDS?*

A: AIDS stands for Acquired Immunodeficiency Syndrome. It is a condition in which the body's immune system breaks down, and the person typically develops a variety of life-threatening illnesses. AIDS is caused by the HIV virus.

A person becomes infected with HIV when the virus is introduced into his/her body. The ways one becomes infected with HIV are:

- by engaging in unprotected sexual intercourse (vaginal, anal, oral) with an infected person
- by sharing drug needles or syringes with an infected person
- HIV-infected women can pass it on to their babies during pregnancy, birth or breastfeeding.
- infected blood transfusion.

Q: *How can I live safely with people living with HIV or AIDS?*

A: It is useful to remember how HIV is transmitted (through unprotected sex; sharing needles or syringes; pregnancy, birth or breast-feeding; and blood transfusions). One doesn't get infected with HIV from the air, food, water, dishes, knives, forks, spoons, toilet seats, or anything else that doesn't

involve blood, semen, vaginal fluids, or breast milk.

Here are some measures you can take to ensure both your safety and that of the person who is diagnosed with AIDS or is sick from the HIV infection and needs care:

- Wash your hands often, especially after you go to the bathroom and before you fix food. Wash your hands again before and after feeding a person living with AIDS, bathing them, helping them go to the bathroom or giving other care. Wash your hands if you sneeze or cough; touch your nose, mouth or genitals; handle garbage or animal litter; or clean the house. If you touch anybody's blood, semen, urine, vaginal fluid or feces, wash your hands immediately with warm, soapy water for at least 15 seconds.
- If you have any cuts or sores, especially on your hands, you must take extra care to not infect the person with AIDS or yourself. If you have cold sores, fever blisters or any other skin infection, don't touch the person with AIDS or their things because you could pass your skin infection to them. If the rashes or sores are on your hands, wear disposable gloves. Do not use the gloves more than one time; throw them away and get a new pair. A person with AIDS often cannot fight off colds, flu or other common illnesses, so, if you or anybody else is sick, stay away from the person with AIDS until you are well.
- A person with HIV infection or AIDS should not share razors, toothbrushes,

pierced earrings or any other item which might have their blood on it. Clothes and bedsheets used by someone with AIDS can be washed the same way as other laundry. However, if the sheets or clothes have blood, vomit, semen, vaginal fluids, urine or feces on them, use disposable gloves and handle the clothes or sheets as little as possible. Put them in plastic bags until you can wash them.

- A person living with AIDS does not need separate dishes, knives, forks or spoons. Their dishes don't need special cleaning either. They can eat almost anything they want; in fact, the more food the better. There are however, some precautions you should take:

- Don't use unpasteurized milk or raw eggs
- All meat and fish should be cooked very well
- Don't use raw fish or shellfish
- Wash your hands before handling food and wash them again between handling different foods, and wash fresh fruits and vegetables very well

The Center for Disease Control and the American Red Cross have a website which provides further advice on caring for people living with AIDS. The address is <http://www.hivatis.org/caring/>.

Q: *Can one physically identify a person with AIDS? What are the signs? How long does it take before the first signs appear?*

A: AIDS is caused by the HIV virus. From the time a person is infected, he/she can infect others, even if no symptoms are present. HIV can hide in a person's body for many years without producing any symptoms. Eventually,

however, people infected with HIV can develop many health problems. These can include extreme weight loss, tuberculosis, severe pneumonia, some forms of cancer and damage to the nervous system. These illnesses signal the onset of AIDS. In some people, these illnesses may develop within a year or two of the beginning of the HIV infection. Others may appear healthy for as long as 10 or more years before symptoms begin.

Q: *After being exposed to the virus, how long do I need to wait before I take the HIV/AIDS test? How is that test done? How long does it take to get the results?*

A: It takes an average of 25 days after a person gets infected with HIV for a blood test to show positive ("positive" means that the infection is present). 99% of infected persons will show positive after 3 months. If the first test (called ELISA) is positive, the blood will be tested again with another kind of test (called Western Blot) to make sure the person is actually infected. Results are usually back in 7-10 days.

Q: *What are the methods of protection?*

A: They are quite clear-cut:

- Safe sex. To protect yourself, always use a condom during penetrative sexual acts — and learn how to use a condom correctly.
- Do not share needles to inject drugs.
- Avoid blood transfusions. If you are injured and lose blood, consider using a plasma substitute. If severe blood loss has occurred, make sure the blood used has been screened for HIV and Hepatitis B.

Q: *Do children/babies show the same signs and experience the same side effects of HIV/AIDS as adults? What are the signs of HIV/AIDS in children?*

A: Children and babies have different symptoms than adults. These are: unexplained fevers, failure to grow at the expected rate, frequent viral and bacterial infections.

Q: *What are the methods of prevention for mother-to-child transmission?*

A: If a mother is HIV positive, the chances of passing HIV to the baby are 15-25% if mother does not breastfeed, and 25-45% if mother breastfeeds. If the mother uses antiretroviral drugs—like AZT—and replacement feeding, the risks of transmission to the child decreases to 5-10%.

Q: *What does the word "TREATMENT" really mean when it comes to HIV/AIDS?*

A: There are many different types of drugs for HIV infection:

- protease inhibitors
- nucleoside reverse transcriptase inhibitors
- non-nucleoside reverse transcriptase inhibitors.

Each class of drugs works on a different part of a replicative cycle of the virus.

Combination therapy (consisting of 3 drugs) has been shown to suppress viral replication for long periods of time and to decrease the chances of drug-resistant virus. In clinical studies this combination therapy has demonstrated a significant impact on the progression of the disease and has increased survival time.

The decision about when to start treatment is taken after additional medical tests are done.

Q: *In Washington, D.C., where can I get tested confidentially for HIV?*

A: The Whitman Walker Clinic offers confidential HIV counseling & testing to the general public.

The Clinic does testing at three sites:

1. the Elizabeth Taylor Medical Center, at 1704 14th Street NW. Call for testing times. Call (202) 332-EXAM to schedule an anonymous appointment for testing (no name, number assigned). Pre and post test counseling is also available.
2. the Max Robinson Center, 2301 Martin Luther King Jr. Ave. SE. Call (202) 678-8877 for information on how to schedule an anonymous appointment.
3. the Whitman-Walker Clinic of Northern VA. Call (703) 237-4900 for information.

A Personal Message from a Seropositive Staff Member

Dear Friend—

I have worked at the World Bank since 1980 and I have had the HIV virus since about 1984. Thus, **I have been living for 16 years with a disease that is killing millions of people around the globe.**

How have I done this? What is my life like? I would like to share the answers to these questions with you.

I got tested as soon as the test for AIDS became available.

When my test came out positive, there was little which could be done at that time. After getting over a depression triggered by the diagnosis, I concentrated on making the best of the time I thought I had, both at work and with my family and friends.

During the decade before the advent of triple drug therapy, my strong immune response to the virus kept me alive. Once the **triple drug therapy** for suppressing the virus became available, I began taking those medications. **This drug therapy has been very successful, and I now look forward to a much longer life span.**

I have a good life, without any symptoms of full-blown AIDS. I work hard, feel well, and enjoy myself—because **I faced** the possibility of HIV, **and then took my health into my own hands**, actively seeking out the best medical treatment available. **If I had not done so, I probably would not be alive today.**

My supervisors at the Bank **have long known** that I have the AIDS virus. **Yet they have given me two promotions, and I have received academic awards for my work. The managers of the Bank are not allowed to discriminate against staff members who are HIV positive; President Wolfensohn said so in a letter to all staff in January.** My managers have not discriminated against me.

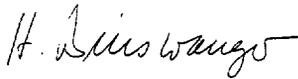
How do I pay for the drugs that help me lead a healthy life? **The Bank pays for 80% of the cost of the medicine and doctor's visits.** And, once the cost to me personally reaches a certain point each year, the Bank pays 100%. The medicine and doctors are not cheap, but with the Bank's medical insurance they are affordable.

There is one other practice that I strongly believe in. I do not want to pass my HIV virus to anyone I love, so I always use condoms when engaging in sex. This is very frank talk—but it can save lives, and it is vitally important.



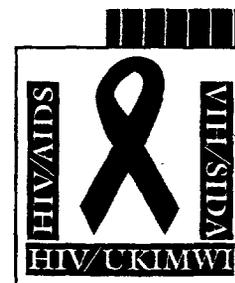
I urge you to follow my example. **Take your health care into your own hands now.** Use condoms when engaging in sex. Get tested for HIV, confidentially. And if you test positive, as I did, begin the medical treatment that will sustain your life.

If you want to discuss any of this with me personally, I would be happy to talk with you confidentially. Please send me an e-mail or call me at my office in Washington (202/473-1871). During evenings or over the weekend, you are welcome to call me collect at home at 202/483-8965. I speak Spanish and French too. And your secrets will be perfectly safe. I sometimes am away on travel, and you can also call my personal assistant, Dean Housden, who always knows how to contact me. He too will keep all discussion confidential. His office number in Washington is 202/473-6637, and his home number is 202/332-1728. He too will be happy to receive collect calls.



Hans Binswanger
Sector Director, Rural Development and Environment
AFTRE

Some HIV/AIDS Web Sites



The following list provides electronic addresses where you may find more information on HIV/AIDS. Your feedback on the usefulness of these sites, on discontinuations/relocations, or on other sites not featured here will help us keep the list up-to-date. Please send any comments to: betiennemillor@worldbank.org

<http://www.unaids.org>. If you visit only one site, this should be the one. An enormous amount of up-to-date information on every single aspect of HIV/AIDS, at the world or at the individual level, and from epidemiological, medical, social, economic, psychological standpoints. This is the ultimate source of support materials and link to other resources.

General information on HIV/AIDS: Basic facts, prevention, treatment & care

Note: All the following sites are designed primarily for Western readership.

<http://www.ama-assn.org/special/hiv/hivhome.htm>. Site of the Journal of the American Medical Association's special site on HIV/AIDS. Updates, in-depth reports, conference coverage, the latest from the literature, clinical guidelines, treatment reviews, resources for patients and professionals, prevention facts, updates and references. Mostly from

medical and epidemiological angles. Information is technical and comprehensive.

<http://www.niaid.nih.gov/publications/aids.htm>. The National Institute of Health (NIH)'s Institute of Allergy and Infectious Diseases' website. Facts, and recent news releases on AIDS basics, prevention, vaccines and therapies. A mostly medical outlook with an epidemiological and social emphasis.

<http://www.noah.cuny.edu/aids/aids.html>. The New York Online Access to Health, (NOAH) provides quality health information, in English and Spanish. Basic facts, glossary, prevention, complications, different treatments (including for AIDS-related illnesses), research, and a host of other information resources. Legal, as well as financial and insurance issues, are highlighted. A very detailed, informative, accurate, person-oriented and user-friendly site. *New York Online Access to Health (NOAH) proporciona información de calidad sobre salud, en inglés y español. Hechos básicos, glosarios, prevención, complicaciones, diferentes tratamientos — incluso de enfermedades relacionadas con el SIDA—, investigaciones y un cúmulo de otros recursos de información. Se destacan las cuestiones jurídicas, así como también financieras y de seguro. Un sitio sumamente detallado, informativo, preciso, orientado a las personas y fácil de usar.*

<http://www.thebody.com/index.shtml>. The Body carries information provided by various pharmaceutical groups. Its stated objective is to demystify HIV/AIDS and its treatment and

help improve patients' quality of life. Holds forums on fatigue and anemia, hepatitis, managing side effects, diet and nutrition, women and children, and other topics. User-friendly site, patient-focused, clear presentation.

The Body contiene información suministrada por varios grupos de productos farmacéuticos. Su objetivo declarado es desmitificar el VIH/SIDA y su tratamiento, y ayudar a mejorar la calidad de vida de los pacientes. Organiza foros sobre fatiga y anemia, hepatitis, efectos secundarios, dieta y nutrición, la mujer y el niño, y otros temas. Sitio electrónico fácil de usar para el paciente, que contiene información presentada con claridad.

<http://www.thebody.com/poz/poz.html>. A site dedicated to bringing information to HIV-positive people with the hope of helping extend or improve the quality of their lives. It aims to engage both the full-time activists (the most empowered patients) and those who are not going to read the technical newsletters and attend meetings. Provides information and stories of survival in an inspiring and hopeful manner, but only, unfortunately, from a North American point of view.

<http://www.ashastd.org/nah/lvghiv.html>. The American Social Health Association (ASHA) operates a National AIDS Hotline under contract from the Center for Disease Control and Prevention (CDC). Its website covers general AIDS information in and for the US and offers to answer questions, provide referrals and send publications by email. A very good page entitled "Your HIV test is negative. Great news! Now, what next?"

<http://www.cdc.gov/hiv/pubs/facts.htm> The Center for Disease Control and Prevention (CDC)'s Division of HIV/AIDS Prevention publishes a series of useful brochures in English and Spanish (Living with HIV/AIDS, Prevent-

ing Infections During Travel, Tuberculosis: A Guide for Adults and Adolescents with HIV, Voluntary HIV Counseling and Testing, etc.) which can be read at this address.

La División de Prevención del VIH/SIDA del Center for Disease Control and Prevention (CDC) publica varios folletos útiles en inglés y español (Viviendo con el SIDA, Prevención de infecciones durante viajes, Tuberculosis: A Guide for Adults and Adolescents with HIV, Voluntary HIV counseling and testing, etc.), que pueden leerse en ese sitio electrónico.

<http://www.ifrance.com/SebIV>. Ce site créé et animé par un jeune passionné de sciences est très bien documenté en données factuelles sur le SIDA et le VIH. Le langage est parfois un peu technique, les explications détaillées, mais c'est dans le souci de clarifier de nombreux aspects de l'infection et de la maladie à l'intention des lycéens et étudiants. La bonne organisation du site et la netteté de sa présentation en facilitent l'usage et en accroissent l'efficacité.

<http://www.worldbank.org/aids> A socio-economic perspective on AIDS with descriptions of the Bank's worldwide efforts to counter the pandemic.

<http://www.teleport.com/~celinec/aids.shtml>. An HIV/AIDS links page.

<http://www.hivnet.ch>. Le service électronique suisse d'information et d'échange sur le VIH/SIDA, dédié aux associations en lutte contre le SIDA. De très bonnes ressources, publications, matériels didactiques sont affichées, la plupart de ces dernières pour commande.

<http://cyberdiet.com/modules/hiv/outline.html>. Helpful advice for everyday living with HIV/AIDS, written in everyday language.

<http://www.catie.ca/>. The Community AIDS Treatment Information Exchange (CATIE), a Canadian non-profit organization, provides AIDS treatment information (symptoms, diagnostic, prevention, access to medication, research...) in an effort to encourage people living with HIV/AIDS to get actively involved in making decisions and developing strategies to optimize their health care. A comprehensive Web site, with two electronic mailing lists, numerous and current print publications and a bilingual, and a toll-free phone service.

Le Réseau communautaire d'info-traitements sida (CATIE), organisme Canadien à but non-lucratif, donne accès à des renseignements sur les traitements du SIDA (symptômes, diagnostic, prévention, accès aux médicaments, recherche...), en vue d'encourager les personnes vivant avec le VIH/SIDA à prendre une part active au processus décisionnel et à la mise en place de moyens permettant de leur assurer les meilleurs soins de santé possibles. Un site fourni, offrant de nombreuses publications très à jour, un centre de ressources, un accès à des bases de données, deux listes d'envoi informatisées, et un numéro vert (appel gratuit) où l'on vous répondra en Français ou en Anglais, selon votre préférence.

<http://www.hivatis.org/caring>. Sponsored by the Center for Disease Control and the American Red Cross, this site offers an invaluable guide for caring for someone with AIDS at home (how to get ready to take care of someone at home; what you need to know about HIV and AIDS; giving care; bedsores; exercises; breathing; comfort; providing emotional support; guarding against infections; cleaning house; laundry; personal items, children with AIDS, changing symptoms, etc).

<http://www.hivpositive.com>. Comprehensive resource to improve quality of life with HIV/AIDS. Covers all aspects of living with HIV/AIDS.

<http://www.avert.org> This site focuses on information about educating to prevent infection with HIV, information for HIV positive people and the latest news and statistics. Topics include: statistics; faqs; becoming infected, testing and condoms; young people; transmission; women and children; homosexuality; living with HIV/AIDS (including personal stories); healthcare; sex, AIDS & relationships; news & conferences; history, pictures & origins of AIDS; AVERT's AIDS Resources (including downloadable versions of the booklets).

<http://www.wwc.org> The Whitman-Walker Clinic's website. Information on how to access services (a toll-free information line, 24 hours a day, staffed by English and Spanish-speaking educators and volunteers; and a separate HIV counseling and anonymous testing program) *in Washington, D.C.*

International websites with a focus on developing countries

<http://www.icaso.org> The International Council of AIDS Service Organizations (ICASO) is a network of community-based AIDS organizations. Not a funding agency, nor a medical organization, it is an interactive global focus point on HIV/AIDS. The website links the reader to one of its five Regional Secretariats (African, Asian/Pacific, European, Latin American/Caribbean, and North American) for local information. The Regional Secretariat can in turn provide a listing of regional National Focal Points.

<http://www.comminit.com>. The Drum Beat: This is an email and web network sprung from "The Communication Initiative" partnership (Rockefeller Foundation, UNICEF, USAID, WHO, BBC World Service, CIDA, Johns Hopkins Center for Communication Programs, Soul City, The Panos Institute, and UNFPA). It offers information, ideas, and dialogue on communication, development and change, including sexual health and HIV/AIDS issues. (You may enter "HIV/AIDS" in the keywords field to search previous issues of the Drum Beat). An excellent, if limited, source of innovative ideas for raising awareness and prevention against AIDS.

<http://www.fhi.org/>. Family Health International publishes "Impact on HIV", a semiannual magazine about HIV/AIDS prevention and care. It also provides a useful series of downloadable training materials on HIV/AIDS (<http://www.fhi.org/en/gen/ntranmult.html>), as well as a list of local partner agencies worldwide.

<http://www.oneworld.org>. OneWorld, a community of more than 350 organizations, promotes human rights and sustainable development by harnessing the democratic potential of the Internet. For information on HIV/AIDS, see the Health section (or use Search).

<http://www.hivnet.ch/f/index-frame.html>. The Global Network of people living with HIV/AIDS (GNP+), designed for and by people with HIV/AIDS, seeks to improve the quality of life of PLWAs. The network has 4 operational regional secretariats in Asia/Pacific, Latin America, the Caribbean, and North America. Hosted by the Swiss information/exchange AIDS site hivnet, the GNP+ website is not totally operational at this stage and provides links only to its Asia/Pacific and Latin America secretariats.

<http://europa.eu.int/comm/development/aids>. The European Union's HIV/AIDS Program in Developing Countries. The site includes online and in print publications, a good links list, a newsletter. Of general interest.

Websites in or on African countries

http://news.bbc.co.uk/hi/english/static/in_depth/africa/2000/aids_in_africa. Journalistic overview on the epidemic in Africa. A special report with correspondents' dispatches, key facts, audio, video and interviews. Illustrates the scale of the AIDS crisis in sub-Saharan Africa, and asks why the devastation continues. Case studies of Uganda and Senegal are featured. The site also provides an audio-link to a one-hour BBC radio documentary on AIDS in Africa.

http://www.health.gov.za/hiv_aids/index.htm. The official site of the HIV/AIDS and Sexually Transmitted Disease Directorate of the Department of Health of **South Africa**. It includes information directly related to government activities, general information and useful links.

<http://www.safaids.org>. The **Southern Africa** AIDS Information Dissemination Service (SAfAIDS), a subregional NGO, collects and disseminates data/information (news bulletins, reports, occasional papers, booklets, feature articles, printed press and electronic media) on the epidemic, its socio-economic impact, prevention, care and coping; promotes and undertakes research; conducts evaluations, strategic analysis, advisory work; facilitates debate and analysis of ethical, human rights and policy issues around AIDS. The website contains lesser known but very relevant publications, fact sheets, policy statements, statistics, descriptions

of its initiatives, as well as further links.

<http://www.aidsinfo.co.za>. The Beyond Awareness Campaign is a project of the HIV/AIDS/STD Directorate of the **South African** Department of Health. This site details a wide range of communications activities undertaken as part of this project. Many useful documents which are relevant in Africa and internationally can be downloaded. Also a starting point to most African HIV/AIDS links on the Web.

http://www.health.gov.za/hiv_aids/comm1.htm. Within the **South African** Government's "Beyond Awareness Campaign", a *manual* is available in electronic format which provides an overview of strategies for communicating about AIDS. Though concerned with large-scale communication efforts, this book provides many analyses which can help and inspire very small groups trying to fight the spread and damage of HIV/AIDS (see in particular Chapter Five: "Communication for Social Change").

<http://www.positive-action.org>. The Positive Action Society, based in **Lesotho**, seeks to raise the awareness and prevention of HIV/AIDS; help people living with AIDS (PLWAs) help themselves; help generate income for and provide nutritional assistance to PLWAs. This charity is involved in peer education, condom distribution, manufacturing and marketing of goods with PLWAs, designing slogans, erecting billboards and engaging participation of the business community in these efforts.

<http://www.redribbon.co.za/portal.asp>. A **South African** website apparently sponsored by a local Financial Services Group. Navigation tends to be painstaking, the site is not well-updated, and documents sources are not always clear or reliable. But some documents are both interesting and hard to come by in an African

context, such as "Workplace Guidelines" issued by the National Department of Health, or papers written by African University researchers.

<http://www.vihinternet.org>. *Par sa page « Pôle Migrants: Afrique », le CRIPS (Centres régionaux d'information et de prévention du SIDA) Ile-de-France propose le point épidémiologique par pays africain, un catalogue de supports pédagogiques produits en Afrique pour les africains, une méthodologie de diagnostic du VIH, une sélection des organismes africains par pays, des bibliographies spécifiques à la Côte d'Ivoire, au Burkina Faso et au préservatif féminin. Le kiosque donne l'accès en ligne à plusieurs revues, telles que Transcriptase, Transcriptase Sud, la Lettre d'information du CRIPS, Chrétiens et Sida, ainsi qu'à une sélection d'articles.*

http://www.refer.sn/sngal_ct/rec/rars/rars.htm. *Le Réseau Africain de Recherche sur le Sida, structure scientifique multidisciplinaire à but non lucratif, cherche à établir des réseaux de communication et de collaboration entre les spécialistes et chercheurs du continent africain. Le site publie une liste de contacts-SIDA dans les pays suivants: Sénégal, Nigéria, Guinée, Côte d'Ivoire, Sierra Leone, Burkina Faso, Niger, Cameroun, Bénin, Mali, Gambie.*

safco@hivnet.ch *SAFCO (SIDA en Afrique du Centre et de l'Ouest) est le premier forum électronique africain en langue française axé sur le SIDA. Réunissant plus de 700 membres, il a pour but de stimuler la discussion et la diffusion électronique de l'information sur les questions relatives au VIH/SIDA dans la région. Pour participer aux échanges, il suffit d'envoyer un message à l'adresse sus-mentionnée.*

http://www.aids.org.za/af01_fl.html. The AIDS Foundation of **South Africa** is a non-profit

organisation based in Durban. Its main mission is to link donors with community-based HIV/AIDS groups which are not in a position to raise their own funds. Some of their projects, such as the FACES project which aims to put a face on the epidemic in communities and, as a result, reduce the stigma that surrounds PLWAs, could be used as a basis for AIDS in the workplace initiatives.

<http://www.stratshope.org>. Strategies For Hope aims to promote informed, positive thinking and practical action by all sections of society, in dealing with HIV and AIDS. It consists in a series of books and videos which focus mainly on sub-Saharan Africa and includes a training package called 'Stepping Stones'. Issues covered encompass counselling, home-based care, workplace-based prevention, orphans, young people, gender, etc. Very pragmatic tools. *Stratégies pour l'espoir veut promouvoir la réflexion positive et l'action pratique dans le domaine du VIH/SIDA, et propose une série de livres, vidéos, ainsi qu'un guide pour la formation intitulé « Parcours ». On y trouve toutes sortes de stratégies pratiques pour les soins, le traitement, le soutien et la prévention du VIH/SIDA en particulier en Afrique subsaharienne. Une orientation pragmatique très appréciable.*

Asian countries

<http://www.best.com/~utopia/aids.htm>. A list of AIDS resources (hotlines, support groups, NGOs, projects etc.) in **East Asian** countries.

<http://www.31stcentury.com/apcaso/index.shtml>. Homepage of the **Asia/Pacific** Council of AIDS Service Organizations (see ICASO above).

<http://www.remedios.com.ph/>. The Remedios AIDS Foundation of the **Philippines** provides HIV prevention services to vulnerable popula-

tion and community. The site describes Remedios' Counseling and Information/Education/Communication activities, Resource Center, and Support services to PLWAs.

<http://www.doh.gov/aids/>. AIDS website of the the **Philippines'** Department of Health. Lists local AIDS partners, hotlines, screening labs, NGOs, support groups and other places to go for assistance.

<http://www1.rad.net.id/aids>. This site provides information in Bahasa to support individuals and organizations in **Indonesia** who are concerned with AIDS prevention, counseling and care for people with AIDS. It also provides links to the archives of WartaAIDS, a twice-monthly newsletter for PLWAs and those caring for them, and of HindarAIDS, also a twice-monthly newsletter on prevention and counselling.

<http://www.unchina.org/un aids>. UNAIDS in **China** has launched a bilingual website, in Chinese and English. The site presents contact lists of resource persons in various fields of interest to HIV/AIDS in China.

<http://www.naco.nic.in>. Website of the Government of **India's** National AIDS Control Organisation, established in 1992 as an executive body in the Ministry of Health and Family Welfare at New Delhi. It provides addresses of state AIDS program offices voluntary blood testing centers, HIV reference/counseling centers, a toll free counseling hotline and a list of NGOs.

<http://education.vsnl.com/sexualhealth/HomeISH>. A webpage of the Interventions for Sexual Health (ISH) Project of the Indian Medical Association. ISH operates out of a tea plantation in South India, in the context of a regional effort by leading business to support

HIV/AIDS Workplace Initiatives. This is a very engaging, interactive site which hosts a mass of practical information on various aspects of HIV/AIDS. Its section on counseling uses an excellent hands-on didactic approach.

Latin American countries

<http://www.aids.gov.br>. *Website do programa AIDS DST (Doenças Sexualmente Transmissíveis) do Governo brasileiro. Este site oferece acesso a um grande número de informações sobre AIDS/HIV (virose de imunodeficiência humana) no Brasil bem como informações sobre promoção da saúde e comunicação, epidemiologia, promoção de recursos para a saúde, diagnóstico, tratamento e apoio.*

<http://vmed.com.br/aids.htm>. *Página AIDS do Virtual-Med, criada e mantida por um estudante em medicina no Brasil e cujo objetivo é fornecer um espaço de divulgação de serviços médicos na Internet, bem como prestar um serviço de informações médicas e pesquisas a todos os navegantes, leigos ou profissionais.*

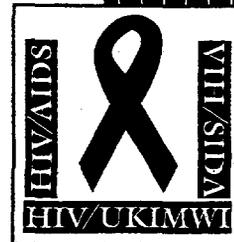
<http://sida.udg.mx>. *En este sitio electrónico, respaldado por la Universidad de Guadalajara, México, se presenta información básica acerca del VIH/SIDA (efectos, aspectos sociales, psicológicos, vivir con el VIH/SIDA, mujeres, niños, alimentos, condón, prueba, tuberculosis y sida, etc.). Lamentablemente, al parecer no se actualiza periódicamente.*

<http://www.internet.ve/accsi>. *Este sitio electrónico contiene información sobre Acción Ciudadana Contra el Sida (ACCSI), una ONG de Venezuela que se ocupa fundamentalmente de cuestiones relacionadas con los derechos humanos y el VIH/SIDA. ACCSI es un centro de coordinación del Consejo de América Latina y el Caribe de Organizaciones de Servicios sobre el SIDA (LACASSO).*

Russian Federation

<http://www.spiral.com/infoshare/home.html>. *AIDS infoshare is an NGO in Moscow. Its web site provides access to articles, a newsletter and a directory of HIV-related organizations in the Russian Federation.*

Medical Insurance Coverage for National Staff (HIV/AIDS and All Medical Conditions)



Q: *Does the Bank's Medical Benefits Plan (MBP) for national staff cover HIV/AIDS treatment?*

A: Yes, in exactly the same way as the plan covers other serious illnesses.

Q: *Is anti-retroviral drug therapy covered by the plan?*

A: Yes, the plan covers anti-retroviral drug therapy at 80%. If you are enrolled in the Medical Benefits Plan, your treatment for all ailments (including HIV/AIDS related illnesses and drugs) will be reimbursed at 80% for outpatient treatment and prescription drugs, and at 100% for hospitalization in a semi-private room, plus hospital services and supplies.

Q: *Does the plan cover HIV tests?*

A: Yes, at 80% if done on an outpatient basis.

Q: *What else does the plan cover?*

A: The table at the end of this document shows the benefits of the plan.

Q: *How do I know if I am a member of the plan?*

A: You are a member if (1) you are eligible and (2) you completed an MBP enrollment form (Form 2367) within 31 days of joining the World Bank

Group. (If you did not join then, you are not a member.) Staff who are eligible to become members must be in one of the following appointment types: open-ended, regular, term, or fixed term. Long-term consultant and temporary appointments who were hired prior to **July 1, 1998** will also be eligible until the end of their current contracts. The following individuals are *not* eligible for the plan: consultants and temporary appointments on or after July 1, 1998.

Q: *What about my spouse and children? Are they eligible to belong to the plan and receive coverage for HIV/AIDS?*

A: If you have just joined the Bank within the last 31 days, and you are eligible to be a member of the plan, then your spouse and all your children up to age 25 may also be members of the plan. You should fill out Form 2367.

If you have been at the Bank a longer time than 31 days, and you did not enroll your spouse and children in the plan within the first 31 days, then they cannot be members of the plan.

If you are currently a member of the plan, and you get married or have a child in the future (or adopt a child), your spouse and child(ren) can join the plan within 31 days of your marriage or the child's birth (or adoption). You should fill out Form 2367 for this.

Q: *What other household members may be eligible?*

A:

- The MBP does not cover *parents* even if they depend on you financially. Neither does it cover brothers, sisters, in-laws.
- In some countries, legislation exists which addresses *opposite sex domestic partners* who live together but do not formally marry through the government or religious forums. If a couple meets the standards for common law marriages and this marriage is documented by the local government, then the MBP covers the partner if you have enrolled him/her as a dependent.

The Plan does not otherwise cover opposite sex domestic partners. It does not cover more than one spouse in polygamous or polyandrous societies.

- The MBP covers *same-sex domestic partners* who are registered with the Bank. See Staff Rule 1.01 for information about filing the affidavit of domestic partnership.

Q: *I understand that the plan will cover 80 percent of most costs, but that still leaves me paying a 20 percent co-payment. Is there a stop-loss provision, that is, a provision for extraordinarily high medical bills?*

A: Yes, the stop-loss offers you financial protection from extremely high medical bills. You reach the stop-loss when your co-payment expenses have reached 5 percent of your net annual salary. Once this point has been reached, the plan pays all of the eligible expenses for the patient for the remainder of that plan year.

Q: *Where do I find more information on the Medical Benefits Plan?*

A: Information can be found on the web site at <http://mbp.worldbank.org>. Included is the plan document in English, French, and Spanish. Also, the web site contains many additional questions and answers, and all the MBP forms you will need.

Q: *I am afraid to submit my medical claims to the administrator at the country office because then someone else might learn that I have been tested for HIV, or that I am infected. What other options do I have?*

A: You can send your medical claim form, the bills, and the MBP claims spreadsheet directly to Mary Pim Margulies (MC 2-450, (202) 458-5183, Mmargulies@worldbank.org) in the Health Services Department. She will make arrangements for Accounting at HQ to reimburse you the amount which you are owed by the Bank. Your claim will be treated with the utmost confidentiality.

Q: *Should claims be sent via pouch then?*

A: Yes, via pouch, NOT by fax.

Q: *How can I be sure the claims I sent by pouch won't be opened by others?*

A: You should put a confidential sticker on the envelope.

Q: *How secure is my job if I declare my HIV-positive status?*

A: A staff member's job security should not be affected if he/she has the HIV virus. The President of the Bank, last January, wrote a message to all staff assuring them that they would not be discriminated against because of their HIV status. (You can look up this state-

ment in several languages in the Country Office Handbook, on the intranet. It is featured in one of the subsections of the 05.Series "Health and Medical Guidelines").

Q: *What happens to my income if I am no longer able to work because of AIDS?*

A: You are covered by a comprehensive disability insurance program. You will receive a monthly benefit equal to 100% of your salary while using sick leave, and 70% of your salary after your sick leave is exhausted. These benefits will discontinue on recovery, death, or upon reaching mandatory retirement.

Q: *How do I enroll in the disability insurance program?*

A: Enrollment is automatic, that is, coverage begins the day you begin working for the World Bank Group. Additional information on the disability insurance program can be found on the Intranet, at <http://hrs.worldbank.org/disability>

About Medical Evacuations

Q: *Will the Bank pay for me to go to a different location for treatment (a medical evacuation) if I have HIV/AIDS and cannot get adequate treatment at my duty station country?*

A: Yes, under the conditions listed below.

Q: *Who is eligible for a medical evacuation?*

A: Bank Group staff on open, regular, term, fixed-term, and long-term consultant appointments are eligible for medical evacuations. The evacuation policy covers not only the staff member but also his/her eligible dependents.

Q: *Who approves medical evacuations?*

A: *In a medical emergency*, the head of the country office can approve the evacuation to the closest location where appropriate medical treatment can be provided, if such treatment is not available locally. This decision is based on the recommendation of a local doctor. *In a non-emergency*, the approval of the Health Services Department (HSD) at headquarters must be obtained. In such cases, a medical report from your doctor should be sent to HSD, where the report will be kept confidential. The report should indicate the diagnosis, duration of the condition to date, treatment given so far, and the reasons for recommending evacuation. Once approved, the evacuation can be provided to the closest location where there is appropriate medical treatment.

Q: *Does the Bank pay for all the expenses of the medical evacuation?*

A: The Bank (i.e., your own cost center) will pay for the travel and food/lodging costs. The medical expenses are submitted for reimbursement to the Medical Benefits Plan, according to the table below.

Q: *Where can I find more information about medical evacuations?*

A: The medical evacuation guidelines are also featured in one of the subsections of the 05.Series "Health and Medical Guidelines".

SUMMARY OF BENEFITS

Medical Service	Plan pays
Preventive health exams for adults	90%
Routine pediatric health exams	90%
Routine gynecological exams	90%
Eye examinations	90%
Surgeon's charges during hospitalization	90%
Routine childhood immunizations	90%
Adult immunizations	80%
Corrective lens (eye glasses)	80%
Obstetrical and other medical services by qualified practitioners, and private duty nursing	80%
Out-patient technical services, e.g., x-rays, lab tests, etc.	80%
Prescription medications (outpatient)	80%
Dental care	80%
In-patient hospital services and supplies; semi-private room	100%
In-patient hospital private room	70%
In-patient hospital private room where no semi-private rooms exist	100%
In-patient hospital private room for children 12 years of age and under	100%
Out-patient psychiatric care	50%



the HIV Testing Process at Whitman-Walker Clinic

Everyone registers at the same time and attends a presentation prior to testing during which trained staff and volunteers provide basic information and answer questions about safer sex, HIV, and risk reduction. Whitman-Walker Clinic uses OraSure™, a simple, safe and accurate oral collection method. Individual test results are back in about a week. Results are given in person only during private counseling sessions and never in the mail or over the phone. Testing is available several times a week by appointment. HIV testing is offered as a free service.

Special arrangements may be made for Whitman-Walker's HIV Counseling and Testing Program to come to you to provide on-site HIV testing for your group or organization. Call 202-332-3926 for more information.

To schedule an HIV antibody test appointment call:
202-332-EXAM (3926)
202-939-7845 (TDD/TTY)

**For more information about other
Whitman-Walker Clinic Services call:**
202-797-3500 or access our website at www.wwc.org

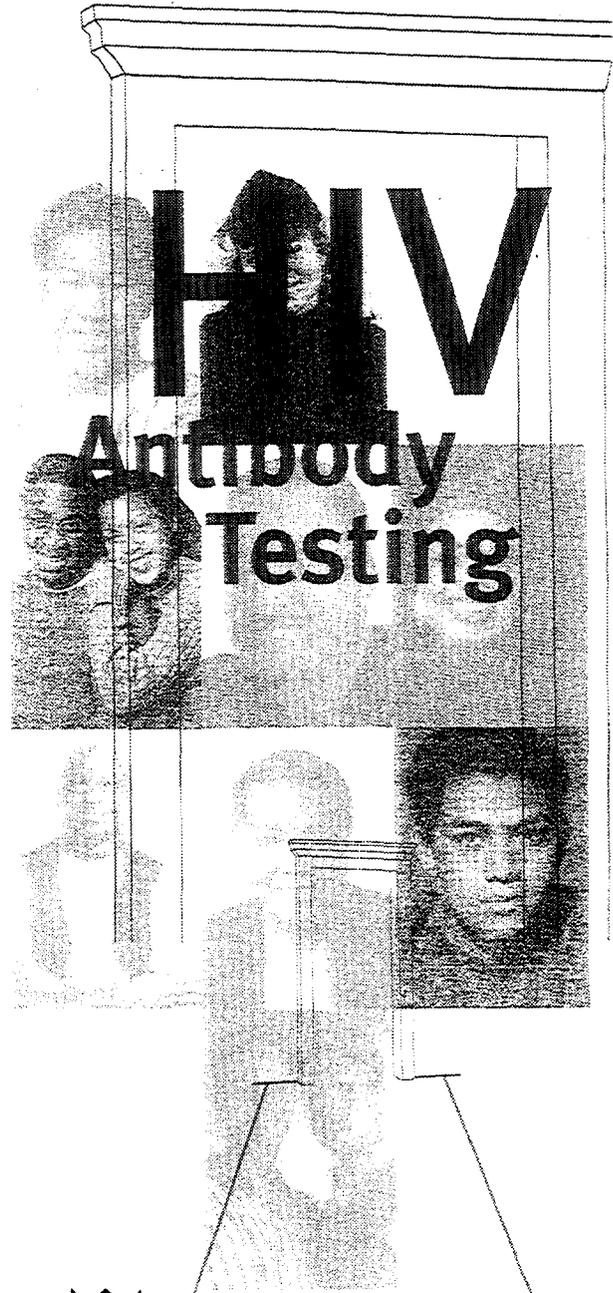
Whitman-Walker Clinic has two testing locations:

Elizabeth Taylor Medical Center
1701 14th Street, NW
Washington, DC 20009
(Corner of 14th & R Sts., NW)
Metro: Green Line - U St./Cardozo

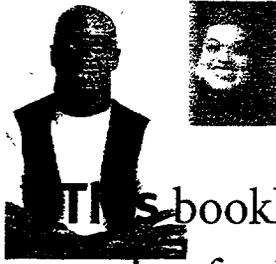
Max Robinson Center
2301 MLK, Jr. Ave., SE
Washington, DC 20032
(At Chicago & MLK, Jr. Aves., SE)
Metro: Green Line - Anacostia

Paid for by the D.C. Department of Health/Agency for HIV/AIDS. 4/00

"No Needles, No Blood, No Pain."



WHITMAN-WALKER CLINIC



This booklet talks about testing for HIV, the virus that causes AIDS. Deciding to take an HIV antibody test is one of the most important steps that you can take to protect your health and the health of others. We want you to understand how the test works, and what it will and will not tell you. We also want you to understand the behaviors that may put you at risk for HIV infection, and the things that you should consider before you decide to take the test.

How Does the HIV Test Work?

Whitman-Walker Clinic uses the OraSure™ method to collect samples from those taking the HIV test. Most other test sites still require the collection of blood for testing. With OraSure™, a small pad is placed in your mouth to collect the sample that will be studied.

Regardless of the sampling procedure, after each sample is collected, an HIV test (the ELISA test) is used to detect the presence of HIV antibodies. It is one of the most valid and reliable tests in medicine today. If the ELISA result is positive, it's done again. If the repeat test is positive, one additional test — called the Western Blot — is performed. **And then only if the Western Blot test is positive is an HIV positive result given.** All HIV tests taken at Whitman-Walker Clinic are analyzed on premises in our own federally licensed laboratory.

What do the Test Results Mean?

The HIV antibody test tells if your immune system has produced antibodies in response to HIV infection. It does not show if you have developed AIDS or measure any other health information.

A **negative test result means** that no HIV antibodies have been found in your blood. This is the case with about 96% of those who take the HIV antibody test at Whitman-Walker Clinic. Two things can cause a negative result:

- You have not been infected with HIV.
- You have been infected with HIV, but you are in the “window period.”

The time between when you become infected and when your body develops HIV antibodies is called the "window period." If you have been infected, HIV antibodies take from three to six months to develop. During this time, even if you have not developed antibodies to the virus, you can still transmit HIV to others.

A **positive test result means** that you are infected with the HIV virus and can pass it on even though you may have no symptoms at all. The HIV antibody test is not an AIDS test. A positive result doesn't mean that you have AIDS, nor does it predict if you will ever get AIDS.

Heredity, lifestyle choices (such as limiting the use of alcohol/ drugs/ tobacco), exercise, stress reduction, and the type of medications that you take may delay the onset of symptoms.

What Puts You At Risk For HIV Infection?

HIV is spread through the exchange of certain body fluids — blood, semen (cum), pre-seminal fluid (pre-cum), vaginal fluids, and breast milk. Our skin provides some natural protection, but it occasionally tears, cuts or breaks and can produce an opening for HIV and other infections.

You might also consider evaluating whether you have ever been at risk for HIV infection.

The use of drugs and alcohol can impair your judgement and impact the decisions you make about safer sex behaviors.

Have you:

- known for sure whether all of your sex partners are HIV negative?
- had sex with someone you know has HIV or AIDS?
- had a sexually transmitted disease such as herpes or syphilis? (Having these diseases makes it easier for you to get HIV.)
- had sex without a condom or other barrier?
- had sex with many different partners or with someone who has had many partners?
- had sex with someone who has used needles to take drugs?
- ever shared needles or works to take drugs?

If so, you should consider taking an HIV antibody test



How To Choose A Place To Test

You can test at your private doctor's office, local health clinic, or hospital. If you need information about test sites nearest you or about HIV antibody testing at Whitman-Walker Clinic, you can call 202-332-EXAM (3926) between the hours of 9 am - 5 pm, Monday through Friday, except holidays.

Do they offer anonymous or confidential testing?

Anonymous testing means that no name or information will be used that can identify who you are. Most anonymous testing sites use a special code to identify your test result.

Confidential testing means that your name is collected and can be linked to your test result. While this information, like any other medical information, is supposed to be kept secret, the law may require the agency to release confidential medical records in certain situations. In every jurisdiction, the law requires AIDS cases to be reported to the Department of Health.

Is counseling offered with testing and results?

Both pre-and post-test counseling is part of HIV testing at Whitman-Walker Clinic. Trained counselors will also answer your questions about HIV, address emotional issues and concerns, and help you interpret your test results.



When will results be available?

Most public health clinics take two to three weeks to get your result. Doctors offices and others may be able to have your results sooner for a higher fee. Whitman-Walker Clinic will have your results in one week or less.

Who Should I Tell About My Test Result?

When someone receives a positive test result, Whitman-Walker Clinic recommends using caution in deciding whom to tell. **Discrimination at various levels still exists against those who are HIV positive.** Only tell people who ought to know, such as your sexual partner(s) or medical provider. Some insurance companies can legally deny you insurance if you are HIV-positive, have AIDS or have seen a doctor to treat an HIV-related condition. Generally, employers don't need to know your HIV status, nor do they have a right to require that you take an HIV antibody test. If you have any questions or concerns about insurance or employment rights, please phone the Whitman-Walker Clinic Legal Services Department at 202-797-3527.

HIV related counseling services may be arranged for up to 8 sessions at Whitman-Walker Clinic. Call 202-939-7846 to get more information on counseling or appointment information.

HIV testing is free.

In Virginia, cases of HIV infection must be reported by name to the Health Department. In the District of Columbia and Maryland, cases of HIV infection are reported in a coded manner -- using a unique identifier -- to protect the identity of the patient. This information may influence the decision of where you will take the test.