Evidence Brief

HIV Stigma and Discrimination in the World of Work: Findings from the People Living with HIV Stigma Index

Published July 2018

Country: South Africa

Constitutional Court of South Africa, Jacques Charl Hoffmann v. South African Airways, Case CCT 17/00, Judgement of 28 September 2000

"... [People living with HIV] have been subjected to systemic disadvantage and discrimination. ... [T]hey have been denied employment because of their HIV positive status without regard to their abiity to perform the duties of the position from which they have been excluded. Society's response to them has forced many of them not to reveal their HIV status for fear of prejudice. This in turn has deprived them of the help they would otherwise have received. ... Notwithstanding the availability of compelling medical evidence as to how this disease is transmitted, the prejudices and stereotypes against HIV positive people still persist. ... The impact of discrimination on HIV positive people is devastating. It is even more so when it occurs in the context of employment. It denies them the right to earn a living..." (paragraph 28)

Unfortunately, there has been little improvement since 2000.

Although access to effective HIV antiretroviral treatments has improved significantly – enabling people living with HIV to live long and productive lives including working and contributing to society in many different ways – people living with HIV continue to face discrimination in relation to work in terms of finding employment, keeping jobs and furthering career progression.

Antiretroviral treatments have been life-changing but people need decent work, both to afford daily necessities and to live productive and dignified lives. Almost four decades into the HIV epidemic, the prevalence of HIV-related discrimination in employment is staggering, and it is unacceptable.

This brief provides a snapshot of the prevalence of discrimination against people living with HIV in workplace settings: a practice that is evident across countries and regions.

We hope that stakeholders in the world of work will find this brief useful to strengthen responses to HIV and AIDS; strengthening implementation of the principles, policies and programmes of the *ILO Recommendation concerning HIV and AIDS and the World of Work, 2010 (No. 200).*

Acknowledgements

The Global Network of People Living with HIV (GNP+) would like to thank the International Labour Organization (ILO) who supported production of this brief.

This report was written on the basis of information provided by thirteen country teams who implemented the People Living with HIV Stigma Index (PLHIV Stigma Index). Thank you particularly to the lead organisations and champions of the PLHIV Stigma Index:

Belize	The Collaborative Network for Persons Living with HIV (C-NET+), Eric Jovanni Castellanos Evelio Cocom, Reynaldo D'Aubuisson Arrieta
Cameroon	Réseau Camerounais des Associations de Personnes Vivant avec le VIH (RéCAP+)
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Honduras	Fundación Llaves, Rosa Amelia González, Valor y Esfuerzo
Korea	Korean Network for People Living with HIV/AIDS (KNP+)
Malawi	Malawi Network of People Living With HIV/AIDS (MANET+), Eddie Banda and Safari Mbewe
Senegal	Réseau National des Associations de PVVIH du Sénégal (RNP+), Ibrahima Ba
Nicaragua	Asociación Nicaragüense de Personas Positivas Luchando por la Vida (ANICP+VIDA), Julio Mena
Timor-Leste	The National Network for People Living with HIV (Estrela+), Ines Lopes and Courtney Wilson
Uganda	National Forum of People Living with HIV Networks in Uganda (NAFOPHANU), Stella Kentutsi
Ukraine	All Ukrainian Network of PLWH, Denys Dmytriiev, Oksana Bryzhovata and Olga Gvozdetska

We would like to formally recognise your enormous efforts in your communities, coordinating and collecting the PLHIV Stigma Index data and to thank you for allowing us access to that data. We would also like to acknowledge and thank the other organisations and funding partners who made these studies possible.

Most importantly, we take this opportunity to acknowledge the central role played by people living with HIV who drove delivery of the PLHIV Stigma Index, who undertook and participated in interviews, and who collected, collated and analysed the PLHIV Stigma Index research data. Thank you for your time and for sharing your stories.

We hope this Evidence Brief contributes to a better understanding of HIV-related stigma and discrimination in the workplace, and builds on your work to promote discussion and action to improve your lives and the lives of many people living with HIV.

Contents

Introduction

HIV-related stigma remains pervasive and its effects debilitating. Stigma and discrimination deny people living with HIV the right to fully participate in their communities, affecting all aspects of people's lives, including access to treatment and care,[1] and access to work.

All people have the right to earn a living and to social participation through work as enshrined at Article 23 of the *Universal Declaration of Human Rights*,[2] and also in the *International Covenant on Economic, Social and Cultural Rights*.[3] Stigma and discrimination undermine the capacity of people living with HIV to secure and keep employment, to progress their employment prospects according to merit, and "to claim freely and on the basis of equality of opportunity, their fair share of the wealth which they have helped to generate, and to achieve fully their human potential".[4]

The 2016 *UN Political Declaration on HIV and AIDS*[5] (the UN Political Declaration) affirms States' commitment to intensify efforts to create enabling legal, social and policy frameworks to eliminate HIV-related stigma and discrimination, including promoting non-discriminatory access to employment (63(c)). It also underscores:

> the need to mitigate the impact of the epidemic on workers and their families and dependants, workplaces and economies, including by taking into account all relevant conventions of the International Labour Organization, as well as the guidance provided by the relevant International Labour Organization recommendations, including the Recommendation on HIV and AIDS and the World of Work, 2010 (No. 200)[6] and call upon employers, trade and labour unions, employees and volunteers to take measures to eliminate stigma and discrimination, protect, promote and respect human rights and facilitate access to HIV prevention, treatment, care and support (63(d)).

HIV-related stigma may manifest as internalised stigma, where people have a generalised fear of discrimination occurring and modify their behaviours accordingly. Or, more often than not, it manifests in the discriminatory practices of employers, co-workers, clients and customers. Often, these manifestations intersect to exacerbate stigma and discrimination. People living with HIV experience discrimination and bias enacted by others and may restrict their employment and educational activities and goals to protect their dignity and safety.

[1] UNAIDS, *Confronting discrimination: Overcoming HIV-related stigma and discrimination in healthcare settings and beyond,* Geneva, 2017, available at http://www.unaids.org/sites/default/files/media_asset/confronting-discrimination_en.pdf.
[2] UN General Assembly, *Universal Declaration of Human Rights*, 10 December 1948, 217 A (III), available at: http://www.un.org/en/universal-declaration-human-rights/.
[3] UN General Assembly, *International Covenant on Economic, Social and Cultural Rights*, 16 December 1966, United Nations, Treaty Series, vol. 993, p. 3, available at: http://www.unhcr.org/refworld/docid/3ae6b36c0.html.
[4] International Labour Organization (ILO), *ILO Declaration on Fundamental Principles and Rights at Work*, June 1988, available at: http://www.refworld.org/docid/425bbdf72.html.
[5] UN General Assembly, *Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030: resolution / adopted by the General Assembly*, 22 June 2016, A/RES/70/266, available at: http://www.refworld.org/docid/577a04324.html.
[6] HIV and AIDS and the World of Work, 2010 (No. 200), paragraph 3. (c). available at: http://www.ilo.org/aids/WCMS_142706/lang--en/index.htm.

HIV intersects with employment at individual, community and national levels. Individuals may be unable to find work or to continue working as a result of ill health or discrimination. Families and communities manage the burden of decreased income and capital. National economies suffer from depleted national workforces, including people not working to their full potential, and the cost of healthcare and other support for those unable to work. Consequences extend far beyond economies as people living with HIV are socially excluded and their social standing and capacity to contribute to their communities is undermined at significant psychological and social cost.

UN member states have pledged to develop national legal and policy frameworks that protect the workplace rights and dignity of people living with and affected by HIV and AIDS. Greater effort is required to ensure:

> no discrimination against or stigmatization of workers, in particular jobseekers and job applicants, on the grounds of real or perceived HIV status or the fact that they belong to regions of the world or segments of the population perceived to be at greater risk of or more vulnerable to HIV infection.[7]

Sustainable Development Goal 8 includes a target to achieve full and productive employment and decent work for all women and men, including for young people and persons with disabilities, and equal pay for work of equal value by 2030 (8.5).[8] This target cannot be realized as long as HIV-related stigma and discrimination continues to undermine the right of people living with HIV to find and obtain decent work.

[7] ILO Recommendation on HIV and AIDS and the World of Work, 2010 (No. 200), paragraph 3. (c). available at: http://www.ilo.org/aids/WCMS_142706/lang--en/index.htm.

[8] UN General Assembly, *Transforming our world: the 2030 Agenda for Sustainable Development*, 21 October 2015, A/RES/70/1, available at: http://www.refworld.org/docid/57b6e3e44.html.

The People Living with HIV Stigma Index

The *People Living with HIV Stigma Index* (PLHIV Stigma Index) provides a tool that identifies and measures stigma and discrimination against people living with HIV. Research findings offer quantitative and qualitative evidence of stigma and discrimination in national settings. Over time, these findings can be compared to detect changing national trends or regional differences related to HIV-related stigma and discrimination. That evidence-base means policy and programmatic interventions can be developed in response to what is occurring on the ground.

Central to the PLHIV Stigma Index is the process: operationalizing the greater involvement of people living with HIV (the GIPA principle). The process of implementation in each country responds to cultural contexts and to the strengths and diversity of partners. Rollout of the PLHIV Stigma Index is driven by people living with HIV and their networks. People living with HIV involved in the implementation phase receive training and other technical support to develop greater understanding of stigma and discrimination and its impact, as well as training in interview techniques and data analysis. Further support facilitates a strong communication strategy and advocacy at programmatic and policy level. That process of empowerment means the PLHIV Stigma Index can act as a catalyst for change both within and for the communities in which it is used.

Since the project began in 2008:

- the PLHIV Stigma index questionnaire and accompanying materials have been translated into 54 languages
- more than 2,000 PLHIV have been trained as interviewers
- more than 100,000 PLHIV have been interviewed
- more than 90 countries have completed the study

Originally developed as a joint initiative of several organizations,[9] the PLHIV Stigma Index is now managed by the Global Network of People living with HIV (GNP+), the International Community of Women Living with HIV/AIDS (ICW), and the Joint United Nations Programme on HIV/AIDS (UNAIDS).

Preparation and publication of this report, which focuses on stigma and discrimination against people living with HIV in the context of work, has been funded by the International Labour Organization.

[9] Including the Global Network of People living with HIV (GNP+), the International Community of Women Living with HIV/AIDS (ICW), the International Planned Parenthood Federation (IPPF) and the Joint United Nations Programme on HIV/AIDS (UNAIDS).

Methodology

This report highlights PLHIV Stigma Index findings from 13 countries in four regions: Malawi, Senegal, Cameroon, Uganda (Africa), Belize, Costa Rica, Honduras, Nicaragua (Americas), Fiji, Republic of Korea, Timor-Leste (Asia Pacific), Greece and Ukraine (Europe). Surveys were undertaken between 2014 and 2017.

The PLHIV Stigma Index questionnaire includes more than 100 questions about experiences and understanding of stigma and discrimination. This report is based on answers to nine of those questions which directly relate to work. Not all respondents answered all questions in the PLHIV Stigma Index questionnaire so statistical analysis (particularly percentages) is based on answers from more than 10,000 people who answered questions about employment. At times, analysis relates to smaller sub-set of respondents as identified throughout the report.

Data from all 13 countries were reviewed and disaggregated across gender: male, female and transgender. Countries have been grouped by region. Comment on gender disaggregated data, is usually restricted to instances where a difference of more than 10% has been noted.

Gaining entry to the work force can be particularly challenging for young people, so responses to the question about unemployment have been particularly disaggregated to show results from respondents aged under 30.

Table 1: Number of respondents who answered work-related questions

Country	Female	Male	Transgender	Age under 30
Latin America				
Belize	208	210	7	174
Costa Rica	118	263	12	75
Honduras	421	278	11	127
Nicaragua	249	518	28	274
Europe				
Greece	36	358	*Less than 6*	145
Ukraine	721	779	Not marked	235
Africa				
Cameroon	279	100	21	95
Malawi	3317	1032	*Less than 6*	687
Senegal	309	78	17	60
Uganda	238	136	27	121
Asia Pacific				
Korea	*Less than 6*	102	*Less than 6*	9
Fiji	42	40	*Less than 6*	25
Timor-Leste	39	38	*Less than 6*	30
Total	5978	3932	>123	2057

A number of limitations inform the analysis of the data as shown below:

- **Sample size:** In some instances, the number of respondents was too small to be a representative sample so that data is not included in charts. The clearest example is that of Korea, which included only one woman in the overall sample. Where relevant, her experience is described in text but data is excluded from gender disaggregated charts. In other cases, sub-samples involved very few people. Again, their experience is referenced in text under the chart. For transgender people, employment results are described when the number of transgender respondents was six or more. For other questions, the number of transgender respondents was too low to be meaningfully shared as statistical data.
- **Country sampling varied:** Not all countries collected data on all questions as some country teams prioritized certain issues over others (noting, some country teams also collected additional data on particular issues). Where no data was collected, countries are not included in the relevant chart.

The PLHIV Stigma Index data records work-related stigma and discrimination experienced by those interviewed and provides an indication of the country situation. However, care should be exercised when comparing data across countries or regions. For example, higher levels of reported discrimination might result from better sampling of hard-to-reach communities or from an increase in the willingness of people living with HIV to disclose their status. The results need to be understood as one part of the holistic context of stigma and support within which people with HIV live.

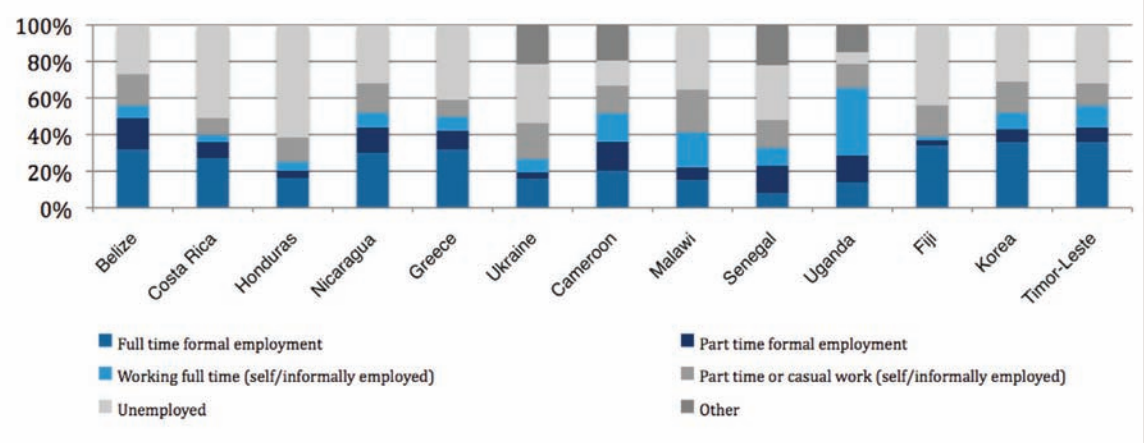
Findings

1. Employment

A large proportion of people living with HIV were noted as unemployed, ranging from 7% in Uganda to 61% in Honduras. Ten of the 13 countries recorded unemployment rates of respondents at 30% or higher. A number of countries recorded rates of unemployment of young people at 50% or more including Timor-Leste (50%), Fiji (56%), Greece (61%) and Honduras (60%).

Importantly, a new version of the PLHIV Stigma Index (PLHIV Stigma Index 2.0) expanded the number of categories related to employment status to include response options for people who are students, homemakers, on childcare leave or retired. Four countries included in this report used the revised PLHIV Stigma Index questionnaire. To enable comparison with the other countries, these responses were grouped as "other" with substantial percentages of respondents falling into this category: Cameroon (21%), Senegal (22%), Uganda (16%) and Ukraine (23%). For all other countries, the category "unemployed" is likely to include some people who were students, homemakers, on childcare leave and those who were retired.

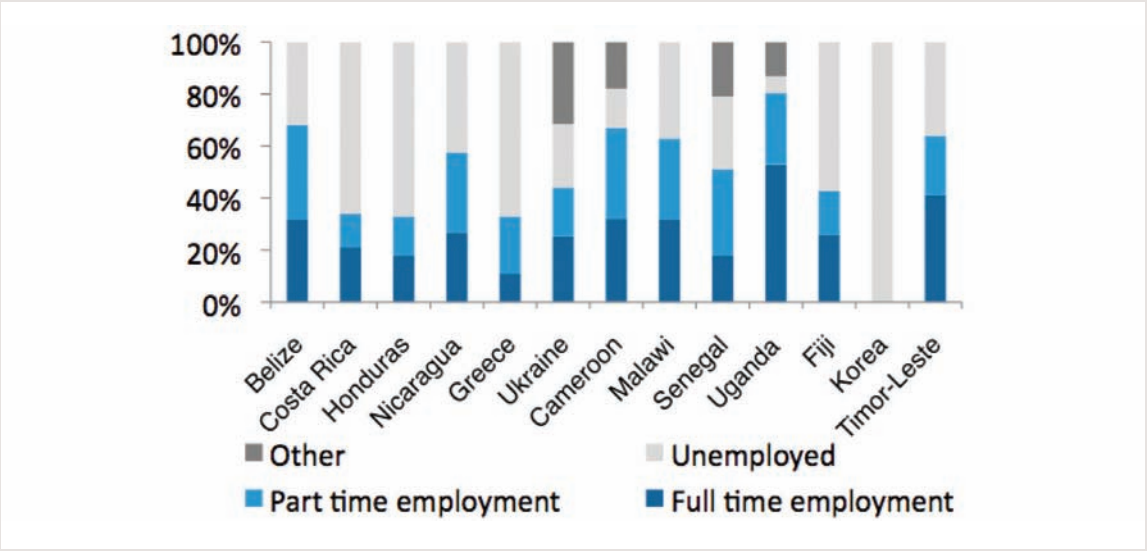
Employment status at time of interview*



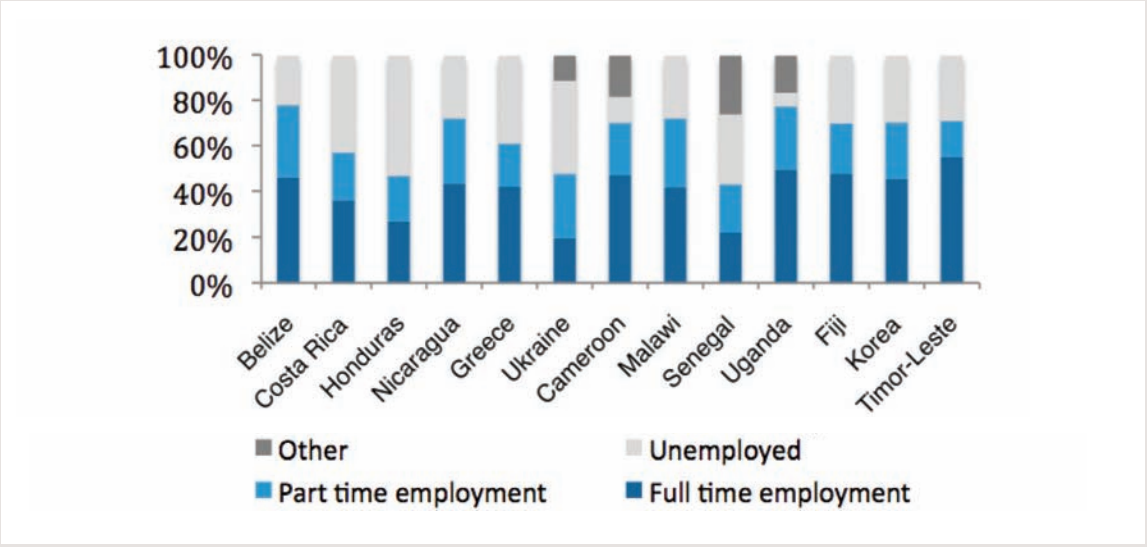
* *Note: Ukraine's system of recording type of work differed from other samples so that the category 'Working full time (self/informally employed)" may include some people working part-time.*

Patterns of employment varied by gender. It may be that women's higher rates of 'unemployment' reflect greater responsibility for unpaid work, including care of children and other family members. Certainly responsibility for childcare and household work remains highly gendered in many settings. For example, in Ukraine, within the category "other", 177 women were engaged in household duties or on childcare leave compared to four men.

Employment status: Women



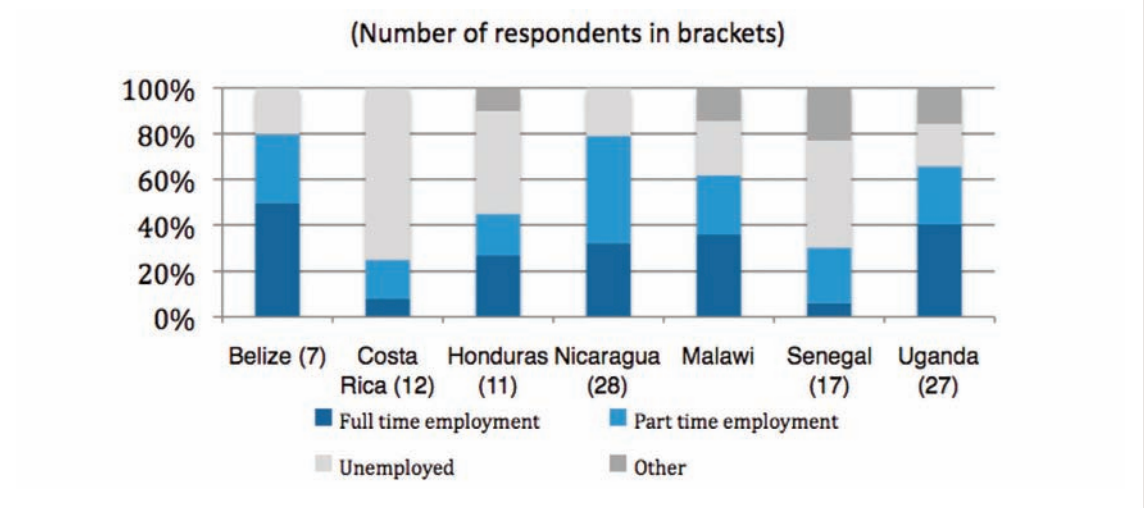
Employment status: Men



Whether counted as "unemployed" or included under "other" and receiving no income, the lack of independent income among women means women living with HIV do not enjoy economic autonomy to the same extent as their male counterparts. It also means that many women and their families experienced genuine hardships, particularly single-parent families and others who struggle to subsist.

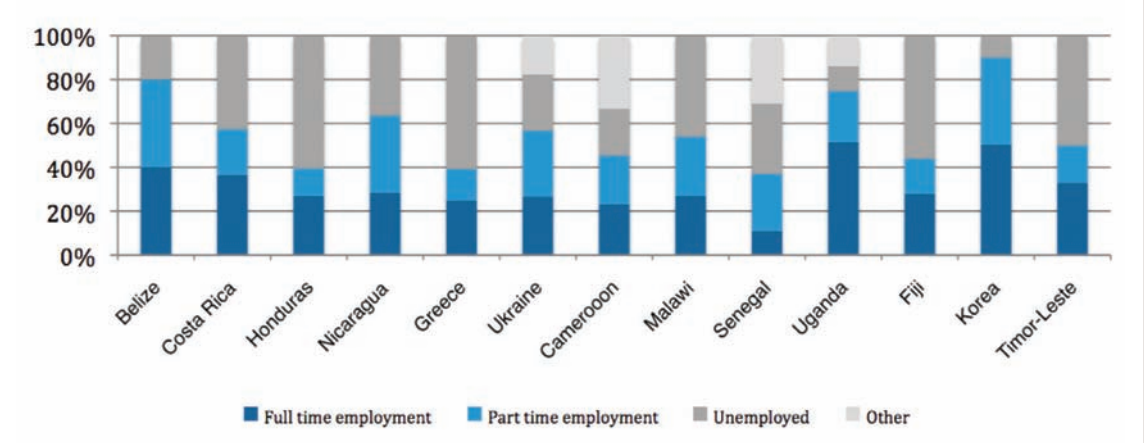
In all countries, unemployment among transgender PLHIV remained high, although in Belize, Cameroon, Nicaragua and Uganda, the majority of (or all) transgender respondents were working either full time or part time.

Employment status at time of interview: Transgender PLHIV



Data was disaggregated to consider the employment status of respondents aged under 30 years.

Employment status at time of interview: Under 30 years*



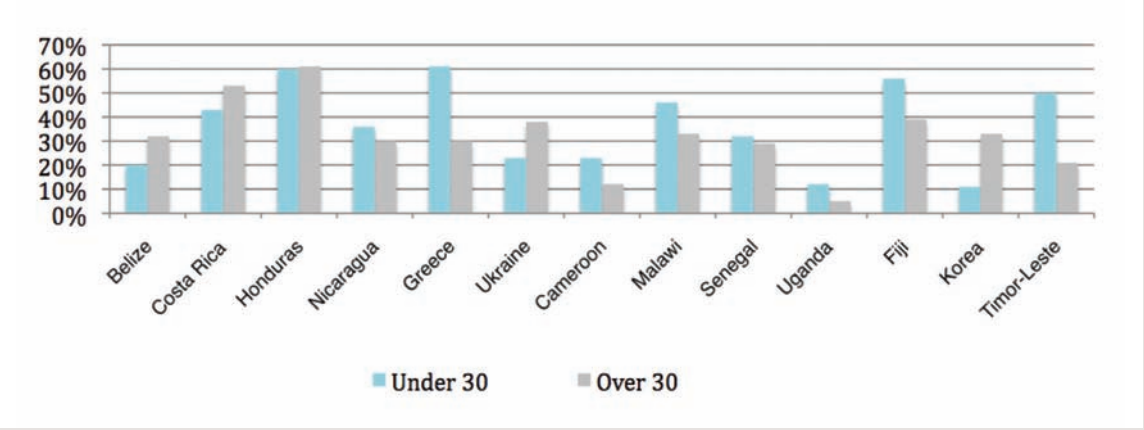
Noting

** Some of those recorded as part-time in Ukraine may include some who work full-time as it includes the Ukraine-specific category - "I work for hire".*

** Korea's data is based on a limited number of respondents (9)*

In most locations, young people (aged less than 30 years) reported higher rates of unemployment than their older counterparts: from 11% (Korea) to 61% in Greece. A number of countries recorded rates of unemployment of young people at 50% or more Timor-Leste (50%), Fiji (56%), Greece (61%) and Honduras (60%).

Employment status at time of interview: By age



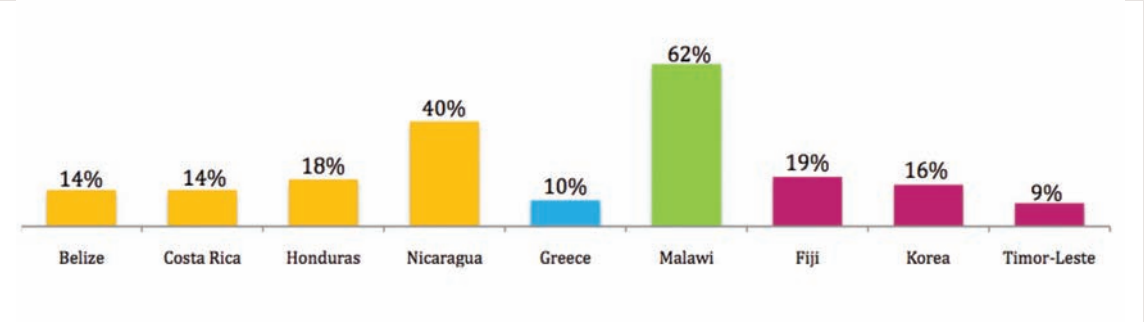
Unemployment data for all countries other than Cameroon, Senegal, Uganda and Ukraine may include those who were students, homemakers, or on childcare leave but are otherwise not earning any income. Consequently, the data shows significant proportions of people living with HIV aged under 30 years who are without independent income.

When reviewing these findings on employment, and those that follow, it is important to consider work in a very pragmatic sense. In the first instance, work provides the means to secure income. Often that income is vital to allow people the means to meet their basic daily needs, including food, shelter and for people living with HIV, life-saving antiretroviral therapies.

Access to work takes on particular significance when people are living in poverty. Notably, when the PLHIV Stigma Index asked all respondents whether all members of their household had enough food to eat each day during the previous month, many respondents said that they had not, ranging from 9% in Timor-Leste to 62% in Malawi.

Some respondents had been without enough food every single day during that month. Respondents who went without food included people working full time, people working part time, and those who were unemployed.

At least one member of household went without food at least one day during previous month

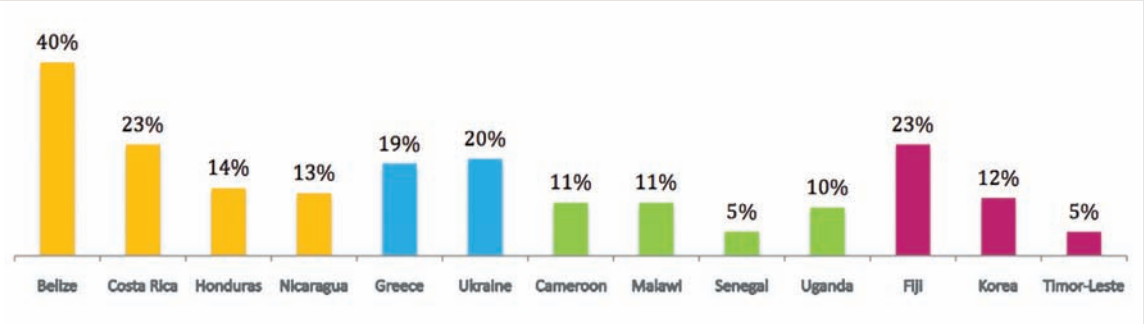


2. Job security

> *When people at work learned about my HIV status I lost my job. My employer said that she didn't need HIV positive people. The company reputation was more important for her.*
> Ukraine

Many people living with HIV are forced to manage their HIV infection in a context of insecure employment or unemployment. The PLHIV Stigma Index shows that many respondents had lost a job or source of income during the preceding 12 months: ranging from 5% (Senegal and Timor-Leste) to 40% (Belize) because of HIV or for other reasons.

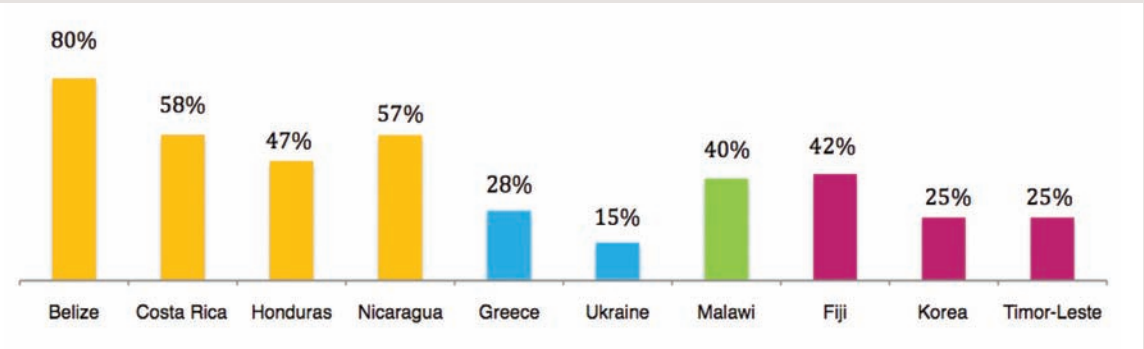
Lost a job or other source of income: previous 12 months (as a result of HIV or other reason)



Those who had lost a job or other source of income were asked whether HIV had played a role. The PLHIV Stigma Index found that having HIV had been a significant factor undermining security of employment. Of those who had lost a job or source of income during the previous 12 months, many lost their jobs either in part or wholly as a result of their HIV status: ranging from 15% (Ukraine) to 80% (Belize).

Rates of job loss because of HIV status during the previous 12 months appeared to show some variance by region, with rates generally higher in Latin America and lower in Europe, although notably the data represents responses from only a few of the many countries in each region.

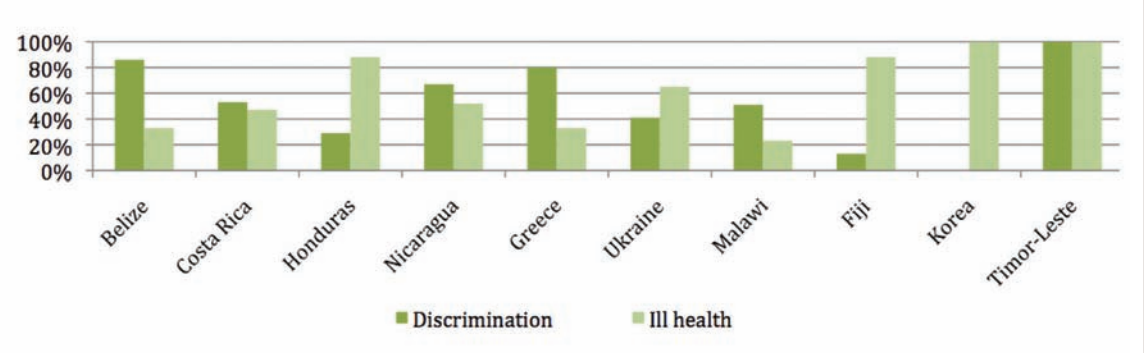
Lost a job or opportunity to earn income because of HIV status*



** Percentages of people who lost a job or had to stop working (not percentage of all answering questions on employment)*

Both ill health and HIV-related discrimination played a role in people losing their job or having to stop working. Some people lost work a result of discrimination, some lost work as a result of ill health, and some lost work as a result of a combination of the two factors. In many countries, discrimination was a more common cause or factor in job loss than ill health.

Lost a job or opportunity to earn due to ill health or discrimination related to HIV*



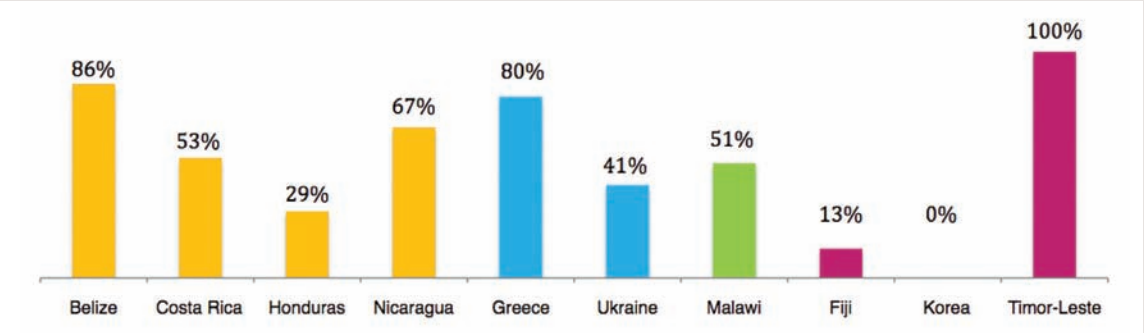
* *Percentages of people who lost a job or had to stop working as a result of HIV status (not percentage of all answering questions on employment) wholly or partly because of i) discrimination and/or ii) ill health*

• Lost a job or stopped working because of HIV-related discrimination

> *When information about my status reached my manager, he called me to his office. First he told me that I was working badly – doing too little work. Then he asked me to submit my resignation, without any serious explanation - as if I were resigning voluntarily.*
> Ukraine

Of those who lost a job or had to stop working because of their HIV-status, discrimination was a factor or the sole cause of job loss in a significant proportion of cases (exempt for Korea where no one lost their job due to discrimination, although notably the sample size was small). Importantly, job loss related to discrimination can only occur when HIV-status is known by the employer. The proportion of people who had been working but had lost a job or sources of income as a result of discrimination ranged from 13% (Fiji) to 100% in Timor-Leste. It was also a major factor in Belize and Greece, where discrimination caused or contributed to job loss in more than 50% of cases in seven of 11 countries. Discrimination remains a significant cause or factor in job loss.

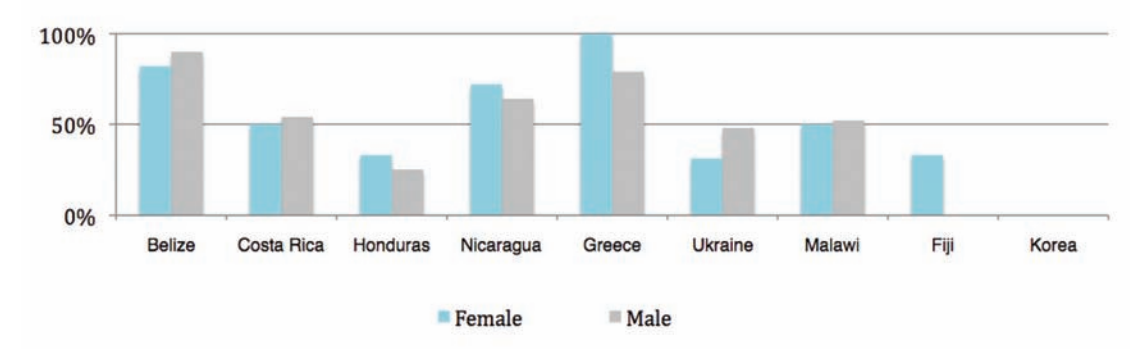
Lost a job or opportunity to earn income because of discrimination (by employer or coworkers) related to HIV status*



* *Percentage of people who lost a job or had to stop working as a result of HIV status (not percentage of all answering questions on employment) wholly or partly because of discrimination*

Gender disaggregated data showed some minor variation, although a higher percentage of women lost their job or sources of income because of discrimination in Greece (100% women: 79% men), and a higher proportion of men lost their job or sources of income because of discrimination in in Ukraine (31% women: 48% men).

Lost a job or opportunity to earn income because of discrimination (by employer or coworkers) related to HIV status*



** Percentage of people who lost a job or had to stop working as a result of HIV status (not percentage of all answering questions on employment) wholly or partly because of discrimination*

In fact, HIV may contribute even more to employment loss than reflected in the data because the above charts:

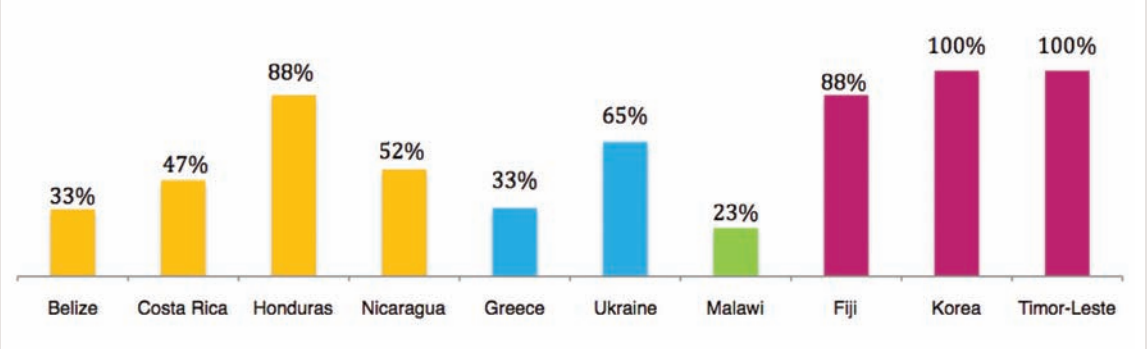
- exclude cases where employers were not aware of respondents' HIV-positive status, suggesting HIV-related discrimination would have been higher if all employees' HIV positive status were known, and
- exclude data from those who may have been dismissed as a result of discrimination based on their HIV status, but were unaware that was the basis of the decision.

Consequently, that data likely underrepresents potential job loss based on HIV-related discrimination. High rates of HIV-discrimination related job loss make it abundantly clear why many people living with HIV are hesitant to let their HIV status become known to employers or coworkers. Given how effectively gossip travels within communities, efforts to keep HIV status secret often extends to friends and even to family. In turn, such practices can exacerbate internalized stigma or/and can contribute to a heightened sense of stigma among confidantes, which again exacerbates the sense that there is something problematic about living with HIV. Efforts to decrease stigma and discrimination, to prevent workplace discrimination, to ensure equal opportunities, and to assure recourse when discrimination occurs, for people living with HIV in the workplace remain vital, both to deliver stronger outcomes related to work and to enable a higher quality of life for people living with HIV.

• Lost a job or stopped working because of ill health

Of those who lost a job or had to stop working because of their HIV-status, ill health was a factor or the sole cause of job loss in a significant proportion of cases, ranging from 23% (Malawi) to 100% (both Korea and Timor-Leste). It was also a major factor in Fiji and Honduras, where HIV-related ill health caused or contributed to job loss in 88% of cases in both countries. In many countries (Fiji, Honduras, Korea, Nicaragua, Timor-Leste and Ukraine), ill health was a factor or the sole cause of job loss for more than half those who had lost their job because of their HIV status.

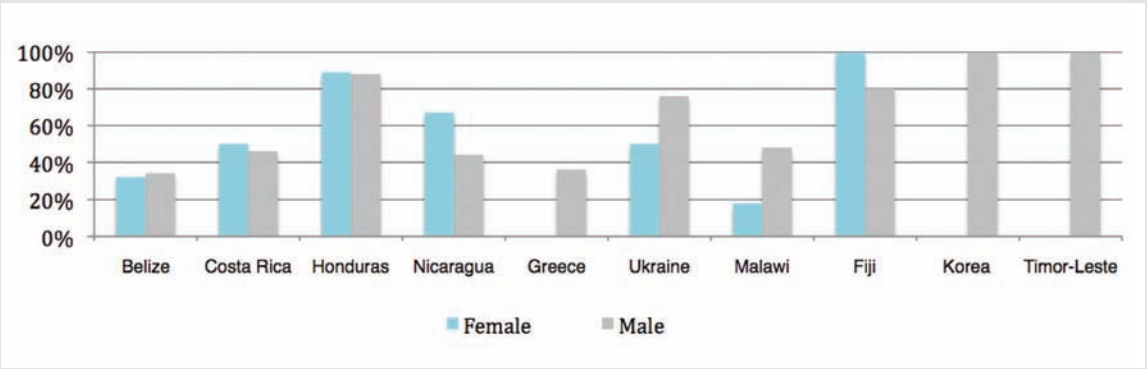
Lost a job or opportunity to earn income because of ill health related to HIV status*



* *Percentage of people who lost a job or had to stop working as a result of HIV status (not percentage of all answering questions on employment) wholly or partly because of ill health*

Gender disaggregated data showed some variation with women more likely to lose their job or source of income as a result of ill health in numerous countries including Fiji (100% women: 80% men) and Nicaragua (67% women: 44% men. Of the 15 women from Greece included in the sample, none had lost their job as a result of HIV-related discrimination but a third had lost their job because of ill health. A greater proportion of men had lost employment or their source of income in Malawi (18% women: 48% men) and in Ukraine (50% women: 76% men).

Lost employment / source of income because of ill health related to HIV status*



* *Percentage of people who lost a job or had to stop working as a result of HIV status (not percentage of all answering questions on employment) wholly or partly because of ill health*

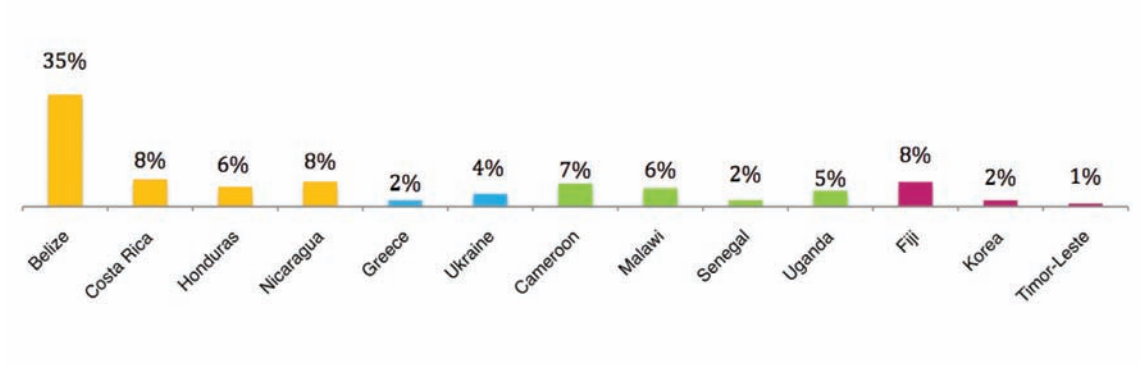
These findings reveal the crucial inter-relationship of access to effective antiretroviral treatment, health care and employment security because most people living with HIV on effective treatment can maintain or regain their health and are able to continue working, as well as enjoying many other life activities that are important to them.

3. Retaining employment and career advancement

> *Many have lost their job and feel that it is because of discrimination by their bosses and co-workers. This situation puts them in a position of social and economic vulnerability. They have even been denied a promotion because of their diagnosis among other reasons.*
> Belize

The PLHIV Stigma Index found that during the previous 12 months, many respondents had had their job description changed, the nature of their work changed, or had been refused promotion as a result of having HIV. This ranged from 1% (Timor-Leste) to 35% (Belize).

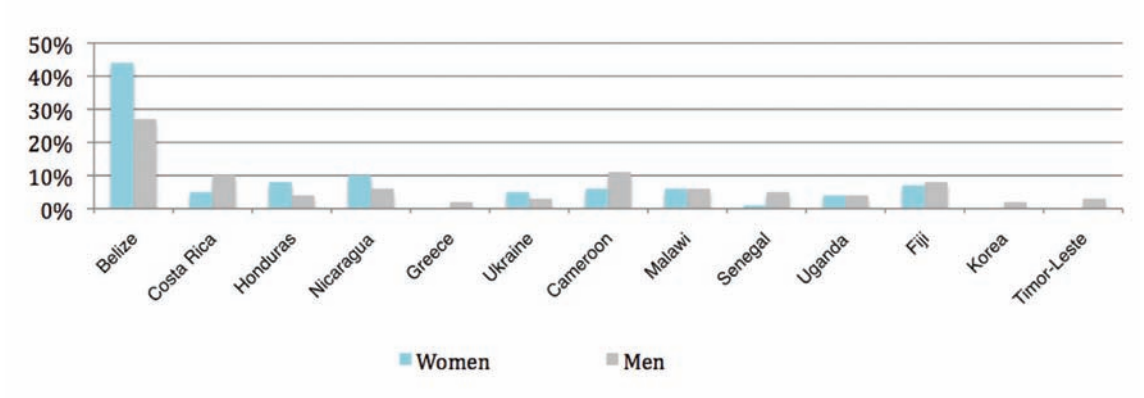
Job description / nature of work changed / refused promotion (as a result of HIV status)*



* *Percentages reflect the percentage of people whose job changed or were refused promotion as a result of HIV status (not percentage of all answering questions on employment)*

In most countries, changes to the nature of a person's work or refusal of promotional opportunity varied little by gender. However, in Belize women were a lot more likely to have experienced changes to the nature of their work or been refused the opportunity for promotion (44% women:27% men). In Greece, no women reported changes to the nature of their work or had been refused the opportunity for promotion.

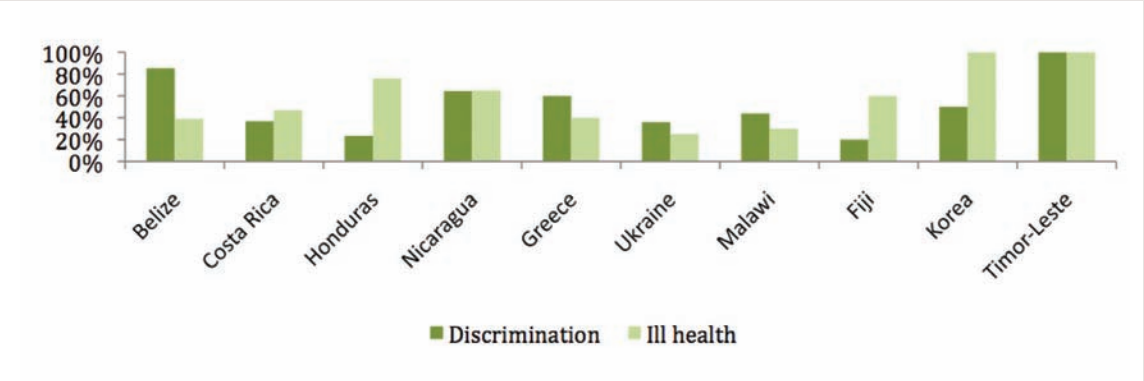
Job description / nature of work changed / refused promotion (as a result of HIV status)*



* *Percentage of people whose job description or nature of work changed or refused promotion as a result of HIV status (not percentage of all answering questions on employment)*

People experienced changes to their job description, to the nature of their work and/or were refused the opportunity for promotion for a range of reasons including ill health, discrimination and/or other factors.

Job description or nature of work changed or refused promotion as a result of HIV status because of ill health or discrimination*



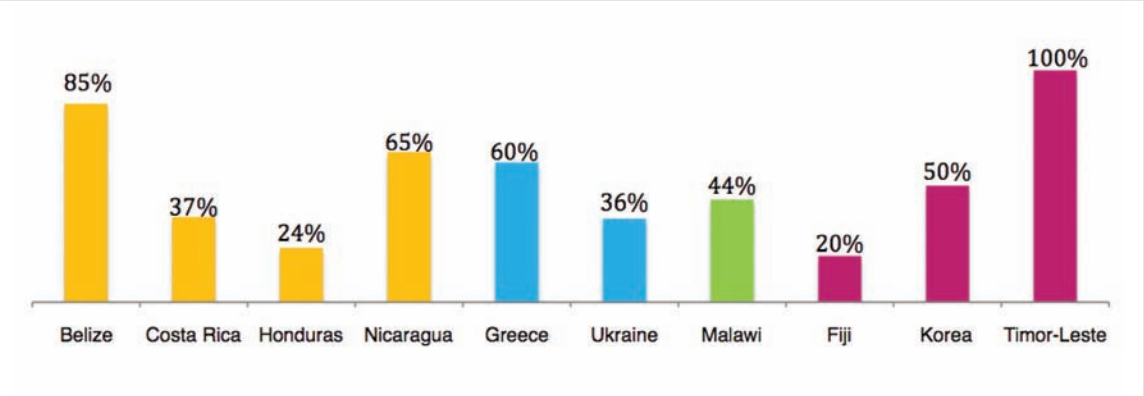
* *Percentage of people whose job description or nature of work changed or refused promotion as a result of HIV status (not percentage of all answering questions on employment) wholly or partly because of i) discrimination and/or ii) ill health*

• Job changed or refused promotion because of discrimination

HIV-related discrimination remained a major cause of change to job descriptions/ nature of work or loss of promotional opportunity. Of those people whose job description or nature of work changed or who were refused promotion as a result of HIV status, HIV-related discrimination was the cause or a contributing factor in 20% (Fiji) to 100% (Timor-Leste) of cases.

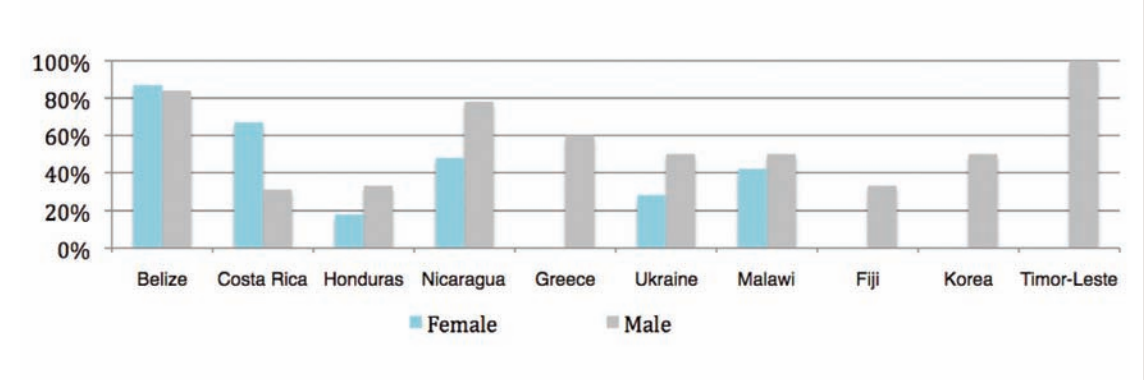
Rates of HIV-related discrimination resulting in a change to work or refusal of job promotion did not show clear variation across regions. Note, three of the four African countries (Cameroon, Senegal and Uganda) did not report on this data because the question is not part of the PLHIV Stigma Index 2.0.

Job description / nature of work changed / refused promotion solely or partly resulting from HIV-related discrimination*



Gender disaggregated data showed some variation with women far more likely to be affected in Costa Rica (76% women: 31% men), and men far more likely to be affected in Honduras (18% women: 33% men), Nicaragua (48% women: 78% men), and Ukraine (28% women: 50% men). In Fiji and Greece no women reported changes to the nature of their work or having been refused the opportunity for promotion due to HIV-related discrimination. These results should be considered cautiously given the relatively low sample size.

Job description / nature of work changed / refused promotion solely or partly resulting from HIV-related discrimination*

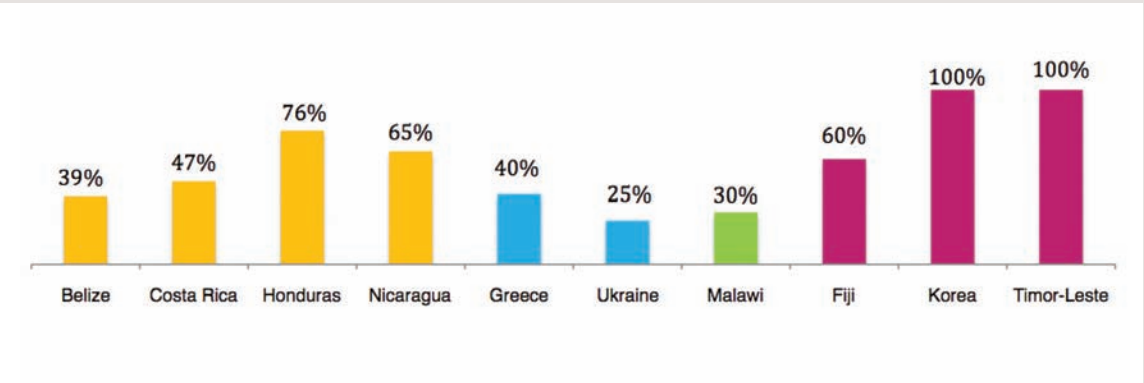


* *Percentage of people whose job description or nature of work changed or refused promotion as a result of HIV status (not percentage of all answering questions on employment) wholly or partly because of discrimination*

• Job changed or promotion refused because of ill health

Ill health was a leading cause of change to job description/nature of work or loss of promotional opportunity, suggesting the urgency of increasing access to modern HIV treatment regimens. Of those people whose job description or nature of work changed or who were refused promotion as a result of HIV status, ill health as the cause or a contributing factor ranged from 25% (Ukraine) to 100% (Korea) of cases.

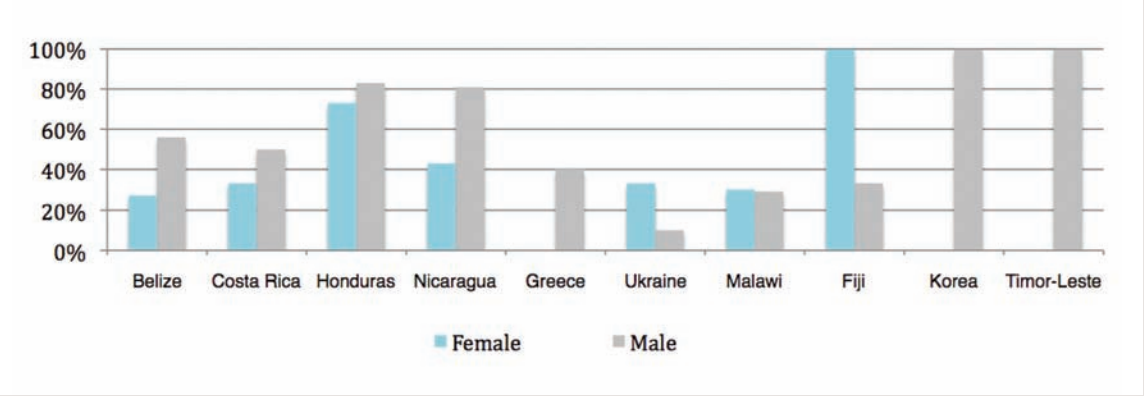
Job description / nature of work changed / refused promotion solely or partly as a result of ill health*



* *Percentage of people whose job description or nature of work changed or refused promotion as a result of HIV status (not percentage of all answering questions on employment) wholly or partly because of ill health*

Gender disaggregated data showed some variation, with ill health a more likely cause of job disruption for women in Fiji (100% women: 33% men) and Ukraine (women 33%: men 10%). Men were more likely to be affected in Belize (27% women: 56% men), Costa Rica (33%: 50%), and Nicaragua (43% women: 81% men). These results should be considered cautiously given the relatively low sample size.

Job description / nature of work changed / refused promotion solely or partly as a result of ill health*



* *Percentage of people whose job description or nature of work changed or refused promotion as a result of HIV status (not percentage of all answering questions on employment) wholly or partly because of discrimination*

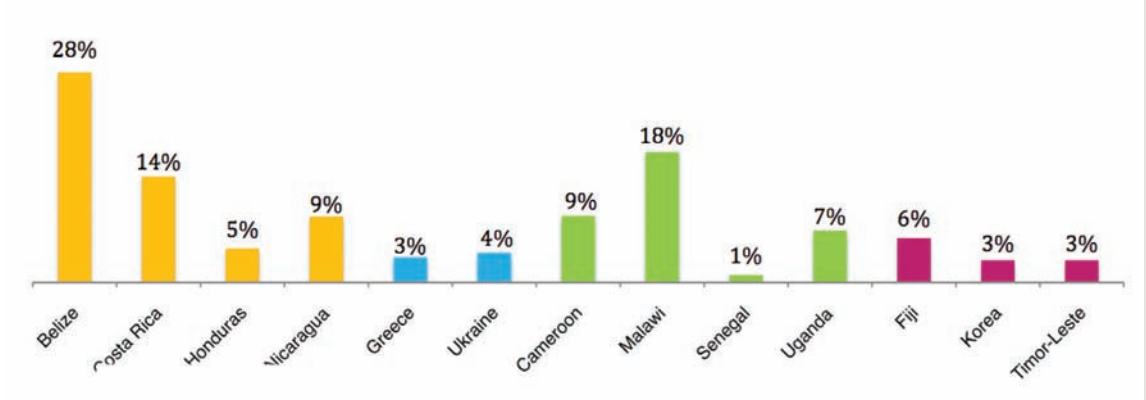
4. Access to employment

> *I went to pick my appointment letter only to be told that I had to undergo a medical examination. I already knew my sero-status which I told the human resources officer. She said I had to do the examination which confirmed to them my HIV-positive status. That marked the end of getting the job as they could not recruit me even though I had passed the interview.*
> Cameroon

Many people living with HIV had been unable to secure employment during the previous 12 months, once their HIV status became known, ranging from 1% (Senegal) to 28% (Belize). While it would be reasonable to expect only a small proportion of respondents to be refused employment or a work opportunity because of their HIV status - because most employers would have no reason to know the HIV status of their prospective employees - the high numbers of respondents reporting this form of employment discrimination highlights the need for both anti-discrimination and privacy protections in all countries and for the abolition of pre-employment HIV testing.

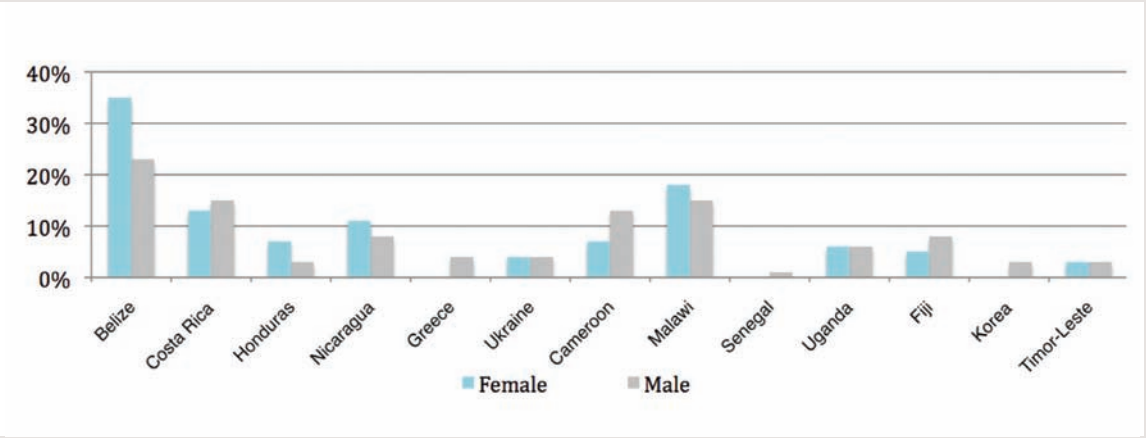
Rates of refusal of employment or work opportunity because of HIV status during the previous 12 months appeared to show some variance by region, with rates generally higher in Latin America and lower in Europe and Asia Pacific, although notably the data represents responses from only a few of the many countries in each region.

Refused employment / work opportunity because of HIV status



In most countries there was minimal variance by gender, with men and women reporting similar rates of refusal of employment or work opportunity because of HIV status during the previous 12 months. The two countries reporting the greatest variance reflected very different gendered experiences. In Honduras, women were almost twice as likely as men to have been refused employment/ work opportunity (3% of men: 7% of women), while in Cameroon men were almost twice as likely as women to have been refused employment/work opportunity (13% of men: 7% of women). Notably in both countries percentages were relatively small. In Belize, where more than a quarter of respondents had been refused employment or work because of their HIV status, some gendered variance was also observed (35% women: 23% men).

Refused employment / work opportunity because of HIV status



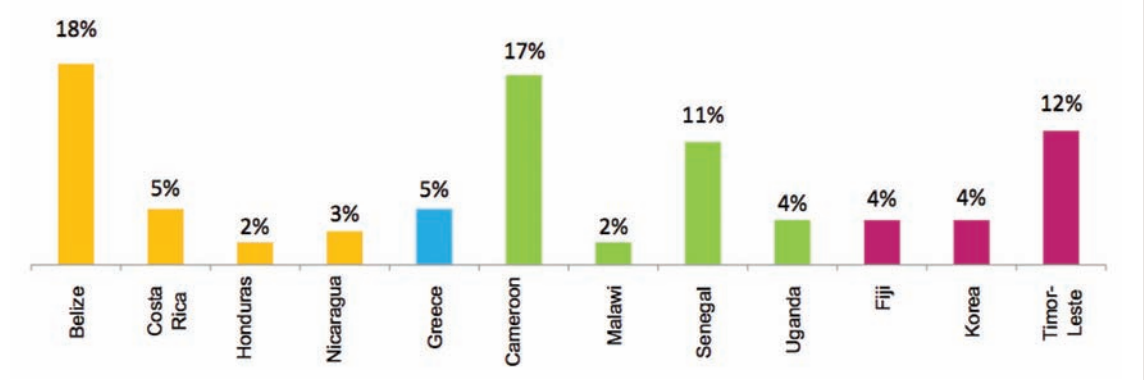
5. Disclosure of HIV status

> *I have financial problems because I only relied on the braids I did, but once I saw one of my neighbours who went to tell my clients to never let me braid their hair again because I have AIDS, so I lost all my clients.*
> Senegal

Confidentiality of HIV status, including loss of confidentiality as a result of mandatory testing, remains a central workplace issue. Many respondents reported having their HIV-positive status disclosed to employers or coworkers without their consent. Such disclosures by a third party to an employer or a coworker without the respondent's consent ranged from 2% (Honduras and Malawi) to 18% (Belize). Of course this data relates only to instances of disclosure by third parties of which respondents are aware.

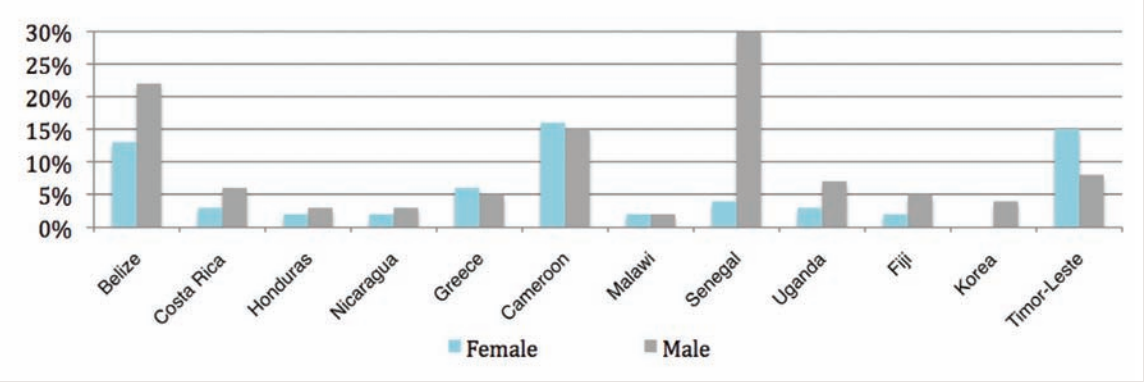
Disaggregated by region, the frequency of disclosure to an employer or coworker without consent did not show a clear pattern.

HIV status disclosed to employer or coworker without consent



In most countries there was limited variation by gender, however in both Belize and Senegal, men were far more likely to have their HIV status disclosed: Belize (13% women: 22% men, Senegal 4% women: 30% men). In Costa Rica, Fiji and Uganda too, men were far more likely to have their HIV status disclosed although percentages of people who had had their status disclosed without consent were very small. In Timor-Leste women were more likely to have had their status disclosed without consent (15% women:8% men).

HIV status disclosed to employer or coworker without consent



People living with HIV should be able to choose the circumstances in which they disclose their HIV-positive status. In this context, confidentiality of HIV status remains an important issue because the negative consequences of HIV disclosure can extend beyond poor treatment in the workplace or job loss (as outlined above) because workplaces are not isolated from the broader community. Once a person's HIV status is disclosed, wherever it is disclosed, information about the individual's HIV-positive status can and does travel back into their communities. In these same PLHIV Stigma Index surveys, individuals reported loss of respect and isolation from families and friends, excommunication from church, physical assault and social segregation.

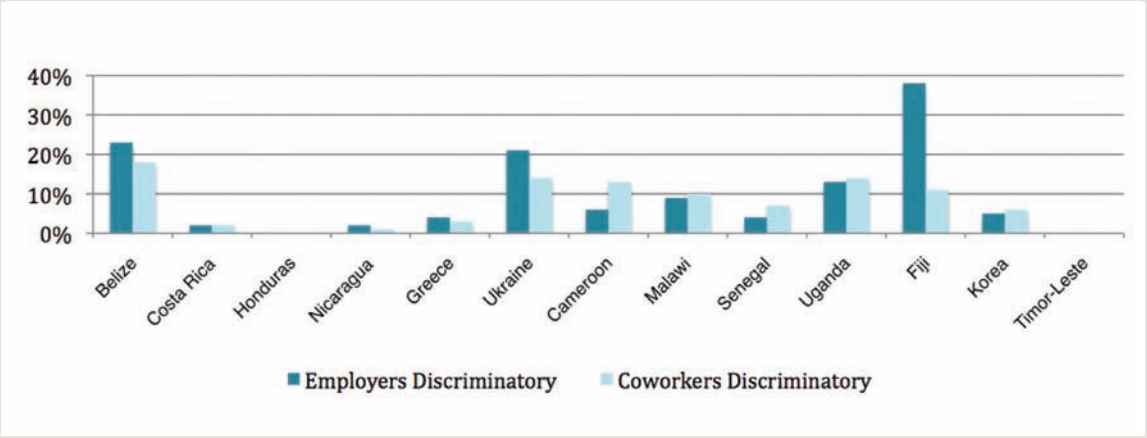
6. Reaction of employers and coworkers on learning of HIV status

Respondents were asked how employers and coworkers responded upon learning of their HIV-positive status. Many respondents did not answer as the question was not applicable to their circumstances; for example, they were self-employed, unemployed, or their employers or coworkers did not know their HIV status. Of those who responded, experiences varied but discrimination remained commonplace.

Fiji showed the highest rate of discrimination by employers (38%) although discrimination by coworkers in Fiji was lower than in many other countries (11%). Most countries reported similar rates of discrimination by employers and coworkers. More than 10% of respondents from Belize, Uganda and Ukraine reported discriminatory reactions of employers. By comparison, the country reporting the highest rate of discriminatory reaction by coworkers was Belize (18%). Generally, coworkers tended to be less discriminatory than employers in their responses.

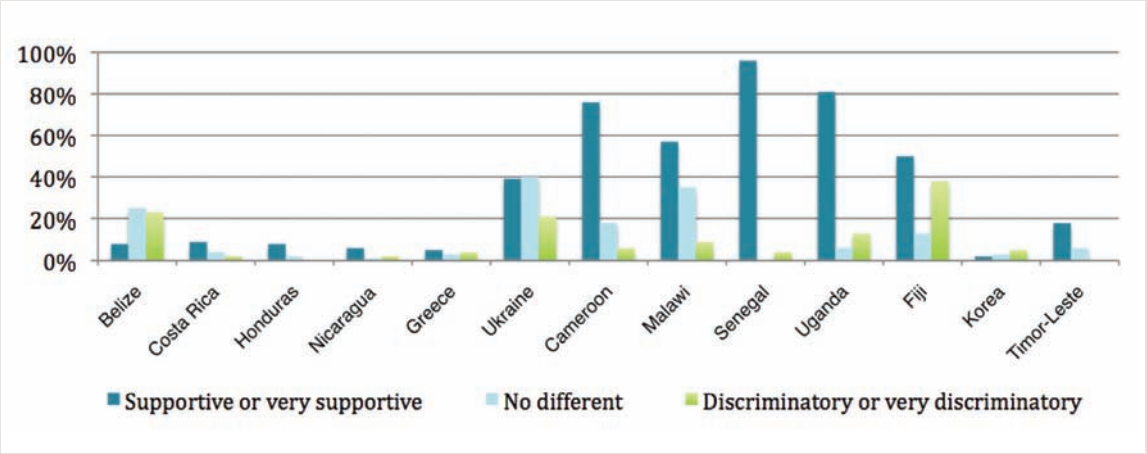
The relatively low number of respondents answering this question suggests that people living with HIV may be guarded about who they disclose their HIV status to in the workplace, possibly choosing to disclose only when they gauge it is necessary and/or when they hope to receive support.

Reactions of employers or coworkers on learning respondents' HIV-positive status



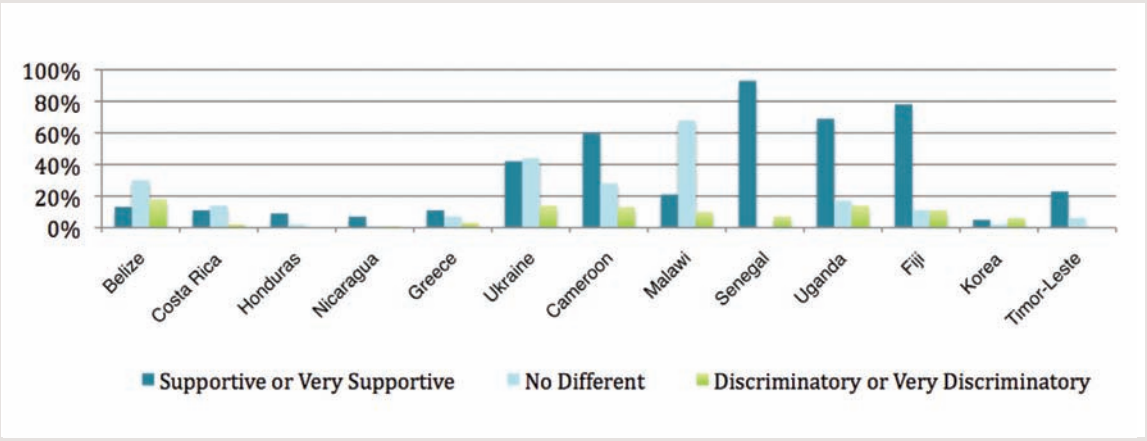
Most employers were supportive or very supportive of respondents upon learning of their HIV status. Some countries reported high levels of support: Cameroon (76%), Uganda (81%), and Senegal (96%). This may be because people living with HIV try to disclose to employers only when they anticipate a supportive response, but it may also reflect the benefits of effective education programs and increased understanding among employers that HIV status is no impairment to work. Although discriminatory or very discriminatory attitudes were not the norm, in many countries, discriminatory attitudes remained high, up to 38% (Fiji). Notably, countries across Africa recorded higher responses, suggesting HIV-status is more likely to be known by employers in that region.

Reactions of employers or coworkers on learning respondents' HIV-positive status



Most coworkers were supportive or very supportive of respondents upon learning of their HIV status. Some countries reported high levels of support: Cameroon (60%), Uganda, (69%), Fiji (78%), and Senegal (93%). However, in most countries, some coworkers displayed discriminatory or very discriminatory responses, ranging from 2% (Costa Rica and Nicaragua) to approximately 18% in Belize. In Honduras, 3 respondents reported discriminatory responses by an employer: less than 0.5%. Similarly to the responses provided relating to employers (above), African countries generally recorded higher responses, suggesting HIV-status is more likely to be known by employers in that region.

Reactions of employers or coworkers on learning respondents' HIV-positive status



Recommendations

The UN Political Declaration on HIV/AIDS recognizes that addressing the holistic needs and rights of people living with, at risk of and affected by HIV requires close collaboration with efforts to provide for decent work and economic empowerment for all.[10] The Political Declaration on HIV/AIDS also underscores:

> the need to mitigate the impact of the epidemic on workers and their families and dependents, workplaces and economies, including by taking into account all relevant conventions of the International Labour Organization, as well as the guidance provided by the relevant International Labour Organization recommendations, including the Recommendation on HIV and AIDS and the World of Work, 2010 (No. 200), and call upon employers, trade and labour unions, employees and volunteers to take measures to eliminate stigma and discrimination, protect, promote and respect human rights and facilitate access to HIV prevention, treatment, care and support.[11]

The PLHIV Stigma Index findings drawn from 13 national settings clearly demonstrate that HIV-related stigma and discrimination remain a barrier to people living with HIV accessing full and productive employment and decent work. The actions prescribed by the Political Declaration on HIV/AIDS are as pressing as ever.

Interventions to reduce work-based stigma and discrimination and deliver more supportive workplaces have the potential to deliver far reaching results. Of course, income is vital to allow people to meet their basic daily needs, and for those who are fortunate, to increase skills and self-esteem, and to meet aspirational goals to improve their and their families' circumstances. But work-based interventions have the potential to be far more wide-ranging than that. The workplace can be an effective entry point to facilitate access to HIV prevention, treatment, care and support services. It can also be a key site to enforce human rights obligations by ensuring HIV stigma is minimized and discrimination does not occur.

In light of these findings, GNP+ recommends that:

1. Governments and international agencies increase efforts to deliver human rights based on the ILO Recommendation and the World of Work, 2010 (No.200), enabling access to full and productive employment and decent work for people living with HIV. Areas of focus should include the introduction or review of work based anti-discrimination laws or other mechanisms for resolving work based disputes, including effective restitution processes;

[10] *Political Declaration on HIV/AIDS: Intensifying our Efforts to Eliminate HIV/AIDS*, UNGA Resolution 65/277, UN Doc. A/RES/65/277, 2011, available at http://www.unaids.org/sites/default/files/media_asset/2016-political-declaration-HIV-AIDS_en.pdf

[11] Ibid.

2. Governments and international agencies strengthen access to justice by increasing funding for community-based legal support services, and by supporting PLHIV networks and human rights organizations to monitor workplace discrimination and bring forward issues for adjudication or resolution on behalf of individuals who are wronged; ensuring people with HIV can report discrimination and have their complaints investigated without their names being made public;
3. Governments, international and local HIV agencies review and modify HIV programming to more effectively promote human rights obligations, including the right to full and productive employment and decent work for people living with HIV;
4. Governments and international agencies support education campaigns led by employers and/or labour organizations working with people living with HIV to address myths and beliefs that drive stigma and discrimination in workplace settings;
5. Governments and international agencies support PLHIV agencies and programmes to provide psychological and practical support to people living with HIV to address the impact of stigma and discrimination on their capacity to work or to look for work;
6. People living with HIV, their representative organisations and advocates include stable employment with a living wage among the human rights issues they champion and fight for;
7. Employers, trade unions and PLHIV organisations support the active participation of people living with HIV to develop and review of policies addressing HIV, including issues of employment-related stigma and discrimination;
8. Employers adopt, promote and apply anti-discrimination policies in the workplace, involving people living with HIV and their representative organisations in their development, promotion and application;
9. Business and labour leaders be encouraged to champion HIV anti-discrimination measures and stigma-free workplaces, the delivery of HIV education in work settings, and other measures needed to support the employment of people living with HIV;
10. Governments, international agencies and academic institutions support research into the ways that unfair labour practices based on gender, sexual orientation, age, race and origin, intersect with HIV-related stigma in the lived experiences of PLHIV; ensuring funding and support for communities to come together across differences with a shared agenda and advocacy to end unfair practices;
11. Governments, international agencies, trade unions and employer organisations commit to work together with communities of women living with HIV, men living with HIV, including gay, bisexual and MSM, sex workers, people who use drugs, transgender people and young people living with HIV to ensure employment anti-discrimination and recourse programs fit their specific needs;
12. Governments, international agencies and academic institutions undertake qualitative studies to improve the evidence base on work-related stigma and discrimination so that targeted and effective intervention strategies may be devised.

GLOBAL NETWORK OF PEOPLE LIVING WITH HIV

International Labour Organization

Published by:

GLOBAL NETWORK OF PEOPLE LIVING WITH HIV
Eerste Helmersstraat 17 B3
1054 CX Amsterdam
The Netherlands

T: +31-20-423 4114
E: infognp@gnpplus.net
www.gnpplus.net