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Central American Response to HIV



Situation Assessment: Business Sector Participation in HIV Response – Workplace and National Levels –

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ACRONYMS

ACCB	Association of American Chamber of Commerce
BBB	Belize Business Bureau
BCCI	Belize Chamber of Commerce and Industry
GDP	Gross Domestic Product
ILO	International Labour Organization
MDG	Millennium Development Goals
NCFC	National Committee for Families and Children
NPA	National Plan of Action for Children & Adolescents
OWBA	Orange Walk Business Association

EXECUTIVE SUMMARY

This report discusses the findings of a country assessment for business sector participation in the HIV response at the workplace and at national levels. Using the reverse pyramid-reporting format, it highlights the five significant findings first, these are:

1. There exists an open door for USAID/PASCA to pursue its goal of strengthening the participation of the business sector in the response to HIV/AIDS.
2. The majority of private sector companies do not have a focal point for dealing with health issues and although there is general awareness of the National Workplace Policy on HIV/AIDS, there is very limited knowledge or familiarity with its objectives, scope, and principles.
3. There is low familiarity with the National Legal Frameworks governing HIV/AIDS and including the National AIDS Commission Draft HIV/AIDS Policy and Legislation 2003.
4. There is definite commitment on the part of the business sector to join the HIV/AIDS effort.
5. Within a Social Marketing Context (Corporate Social Responsibility), there is a window of opportunity for the business sector to embrace the National Plan of Action for Adolescents and Children within the HIV context with linkages to the Millennium Development Goals (MDGS).

The recommendations laid out in the document include establishing or formalizing the HIV/AIDS Business Secretariat to influence private sector policies regarding HIV/AIDS, and organizing of training workshops to create awareness of and educate the business sector on the National Workplace Policy for HIV/AIDS and the National Legal Frameworks governing HIV. Other recommendations include utilizing the *tripartite* approach to collaborate and strengthen the capacity of businesses and associations to address the HIV pandemic, and collaborating with the National Committee for Families and Children and UNICEF to promote private sector engagement on issues related to families living with HIV/AIDS.

The report also provides collaborative data by profiling the private sector structure – economic and employment sectors, the labour force, and age distribution of the labour force. It maps out the existing Chambers of Commerce and Associations by sector and includes a list of companies in Belize who have implemented some form of a workplace policy or programme that is HIV related.

There is a brief discussion on the “*Belize Policy on HIV/AIDS in the World of Work*” outlining the objectives, scope, and principles of the policy, the legal framework that governs it and the commitments agreed to by tripartite members including the implementation strategies. A comparative matrix provides further insights into the roles and responsibilities of stakeholders within the national legal framework.

The findings of a business sector survey support the assumption that there is space for strengthening the private sector response to HIV/AIDS since it shows that most companies do not have focal points for dealing with health issues and that there is high awareness but low familiarity with the National Workplace Policy.

Other relevant findings suggest that company representatives have their own unique perceptions of what stakeholder roles are but generally within three areas – policymaking and enforcement for Government, education, information, and fair treatment of employees as business sector role, and non-discrimination in the workplace and taking responsibility for own actions on the part of employees.

The report concludes with a brief description of the limitations to the study and lessons learnt.

1.0 BACKGROUND

he workplace is one of the most important and effective points to intervene in the HIV epidemic. Together, employers and employees can make a difference in the implementation of prevention programs. USAID, through its partners and program interventions, has contributed documentation and information for the development of workplace policies, which has contributed to an improved work environment in regards to HIV.¹

However, and although the World Bank reports that agriculture, tourism, lumber production, finance, and trade in Central America have been negatively affected by the epidemic², the participation of the business sector in the response to HIV is in an early stage.³ There is sufficient evidence that shows that in countries where the epidemic has reached over 15% incidence rates, the economy of the country has suffered severe setbacks because professionals of all levels and all trades have fallen to AIDS. Thus, an early involvement of the private sector to curtail the rise of the epidemic within its own ranks is a logical conclusion.

In this context, USAID/PASCA seeks to strengthen the participation of the business sector in the response to HIV/AIDS in Central America. In Belize, USAID/PASCA will achieve this through the implementation of a technical assistance and training to Belizean companies to help them:

- ✓ Establish focal points and protocols for addressing HIV issues at the workplace;
- ✓ Define business associations structures;
- ✓ Develop policies, protocols or guidelines to respond to the HIV epidemic at the workplace;

¹ www.pasca.org.gt – “USAID Program to Strengthen the Response to HIV in Central America.”

² “World Bank Report (USAID Fact Sheet)” – Project Specific Addendum Document No. 2, 2009.

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- ✓ Build or strengthen a business coalition or association that could play a role of HIV Business Sector Secretariat for influence or to strengthen global private sector policies regarding HIV, represent business sector in national committees for decision making;
- ✓ Increase partnership relations among public and private sector to respond to HIV.⁴

1.1 Objectives of the Consultancy

The main objective of the consultancy was to systematize and conduct a country assessment for business sector participation in the HIV response at the workplace and national levels. To achieve this, the consultant was required to profile the business sector and perform a mapping exercise of main companies, associations, and chambers in Belize.

A second objective focused on conducting a policy analysis for HIV intervention within the business sector that would provide insights into the following:

- Institutional strengthening needs;
- Awareness of HIV issues in the workplace;
- Training and technical assistance needs;
- creating an enabling environment for implementation of workplace policies;
- Prioritize sectors to approach HIV issues in the workplace;
- Identify strategies or mobilize resources to increase business sector engagement in the national HIV response in Belize.

The third objective required a review of the national labour legal framework and international labour agreements adopted by Belize and an accompanying comparative matrix of main policies, laws, decrees, and the business sector role, response, and responsibilities associated to the fulfilment of those instruments from the HIV perspective (at both workplace and national levels).

A direct outcome of the study is the proposed organization and co-facilitation of working sessions with associations of business companies, chambers, and Belizean business sector to present and

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discuss the results of the consultancy and to agree on future collaborative efforts to engage in the fight against HIV/AIDS in the workplace.

2.0 METHODOLOGY

The methodology comprised of three main activities – secondary research and desktop review, design of a comparative matrix sketching out the various relevant laws and sector roles and responsibilities within the HIV/AIDS context, and a business sector survey on HIV/AIDS issues.

2.1 Secondary Research

The first phase of the study consisted of the collection of secondary data that formed part of the desktop review and the subsequent design of a matrix – laws, roles, and responsibilities. The literature review comprised of the following:

- ✓ “Belize Policy on HIV/AIDS in the World of Work” (July 26, 2004);
- ✓ “HIV/AIDS Policy of the Public Service of Belize” (Office of Governance, August 2007);
- ✓ “HIV/AIDS and the World of Work, International Labour Conference (ILO);
- ✓ Belize Factories Act, Chapter 296, Revised Edition, 2000;
- ✓ Belize Trade Unions and Employers’ Organisations (Registration, Recognition, and Status) Act, Chapter 304, Revised Edition 2000;
- ✓ The Substantive Laws of Belize, Labour Act, Cap. 297, Subsections 47 to 53;
- ✓ The Substantive Laws of Belize, Public Health Act, Cap. 40, Subsections 67 to 71;
- ✓ Draft Reform Bill to Revise the Occupational Safety and Health Act;
- ✓ Trafficking in Human Persons Prohibitions Act 2003;
- ✓ “Private Sector Engagement Strategy,” National Committee for Families and Children (NCFC);
- ✓ “Central Bank Annual Report 2008”

2.2 Business Sector Survey

The second phase consisted of the design and implementation of a business sector survey for which the target population was the general membership of the Belize Chamber of Commerce and Industry (BCCI). The total membership of the BCCI is 240 members and includes companies and associations from within the primary, secondary, and tertiary sectors.

	Percent				
	2004	2005	2006	2007	2008
GDP at current market prices	6.8%	5.6%	8.8%	5.2%	8.6%
GDP at constant 2000 market prices	4.6%	3.0%	4.7%	1.2%	2.1%
Primary Industries	9.5%	3.0%	-6.4%	-20.7%	-9.6%
Agriculture, hunting & forestry	11.9%	-0.9%	-0.8%	-1.4%	-10.2%
Fishing	5.5%	9.8%	-15.3%	-57.0%	-7.4%
Secondary Industries	7.2%	-3.3%	25.3%	2.3%	14.4%
Manufacturing (incl. mining and quarrying)	11.8%	-4.1%	30.5%	3.8%	13.0%
Electricity & Water	-1.5%	-0.5%	41.3%	2.4%	2.8%
Construction	4.6%	-3.6%	-2.0%	-3.0%	35.2%
Tertiary Industries	3.2%	5.4%	1.7%	4.8%	2.9%
Wholesale & retail trade	-0.1%	5.4%	1.2%	1.6%	3.7%
Hotels & restaurants	8.3%	4.5%	-0.7%	5.1%	-3%
Transport & Communications	5.0%	8.8%	3.5%	13.1%	-4.9%
Other Private Services excl. FISIM	5.3%	5.8%	5.6%	2.6%	2.3%
Producers of Government Services	1.3%	1.4%	-5.2%	4.7%	2.5%
All Industries at basic prices	5.2%	3.7%	4.1%	-0.3%	2.9%
Taxes less subsidies on products	1.4%	-1.3%	8.1%	9.4%	-1.2%

Source: Statistical Institute of Belize

3.0 PRIVATE SECTOR STRUCTURE

3.1 Economic Sectors

Belize's Gross Domestic Product (GDP) is generated within three main economic sectors - primary, secondary, and tertiary. The primary or productive sector includes industries in agriculture, hunting, forestry, and fishing including aquaculture. The secondary sector includes manufacturing industries comprising mining and quarrying, electricity, water, and construction. The tertiary sector consists of industries related to wholesale and retail, hotels restaurants, transport and communications, and other private services.

	April 2006	April 2007	May 2008
Labour Force	112,807	122,258	124,637
Employed Population	102,234	111,835	114,465
Unemployed Population	10,573	10,423	10,172
Unemployment Rate	9.4	8.5	8.2
Employed Population by Industrial Grouping (no.)			
Primary Sector	21,645	25,345	30,035
Secondary Sector	15,635	16,180	18,835
Tertiary Sector	64,955	70,310	65,595
Employed Population by Industrial Grouping (%)			
Primary Sector	21.2	22.7	26.2
Secondary Sector	15.3	14.5	16.5
Tertiary Sector	63.5	62.9	57.3

Source: Statistical Institute of Belize

3.2 Employment by Sector

In 2008, the Belize Labour Force stood at 124,637 and the employed population was 114,465. The unemployment rate was 8.2%. The tertiary sector remained the largest source of employment, accounting for 57.3% of the working population. The primary sector was second with 26.2% while the secondary sector trailed with 16.5% of total persons employed. In 2007, males comprised 65% of the employed population.⁵ Table one on the right shows the age distribution of the employed population.

Age	Population	%
14 to 24	25,600	23%
25 to 34	28,159	25%
35 to 44	26,472	24%
45 to 54	17,890	15%
55 Over	13,284	13%

3.3 Chambers and Associations

3.3.1 Chambers

There are three active chambers of commerce in Belize – The Belize Chamber of Commerce and Industry (BCCI) located in Belize City, the Orange Walk Business Association (OWBA), and the American Chamber of Commerce of Belize (ACCB).

The BCCI is the largest chamber with a national membership of 256 affiliate companies.⁶ The Orange Walk Business Association has a membership that is roughly one eighth that of the BCCI.

A third organization, the Belize Business Bureau (BBB) formed in the early nineties as a parallel organization to the BCCI. However, and in recent years, the organization has weakened due to inactive membership and financial constraints.⁷

3.3.2 Private Sector Companies and Associations

The BCCI membership database served as the private sector profiling tool.⁸ Of the total 256 companies, sixty one percent (61%) were in the tertiary sector with thirty-four percent (34%) and

⁵ “Abstract of Statistics 2008 – Statistical Institute of Belize.”

⁶ “www.bcci.org - Directory of Members”

⁷ Mr. Misael Flores, President, Belize Business Bureau; telephone interview conducted 23 November, 2009

twenty-seven percent (27%) falling within the secondary and primary sectors respectively. Another thirty-eight percent (38%) fell within the financial services category. (See Exhibit 1).

There are twenty-five (25) Associations/Umbrella Organizations representing nine different spheres within the private sector – professional services, productive sector, tourism, legal, medical, media, customs, financial services, and utilities. (See Exhibit 2).

Economic Sector	Business Categories	# of Companies
Tertiary	Tourism, Real Estate, Security, Advertising, Communications, Distribution, Consultants, Importers, IT, Legal, Media, Exporters, Travel, Automotive	157
Secondary	Construction, Engineering, Manufacturing, Petroleum, Utilities	34
Primary	Agriculture, Poultry, Lumber (Timber), Seafood, Exporters	27
Financial Services	Offshore Financial Services, Insurance	38
TOTAL		256

4.0 POLICY ANALYSIS: BUSINESS SECTOR

4.1 Belize Workplace Policy

Background

In July 2004, the Ministry of Labour adopted the Belize Workplace Policy formally entitled “*Belize Policy on HIV/AIDS in the World of Work.*” The formulation and eventual adoption of the policy arose out of the growing concern over the rapid growth of the epidemic in Belize in the 19 years since the confirmation of the first case.⁹

Earlier, at an ILO Caribbean Meeting in 2001, participants called for an urgent response to the pandemic by citing the fact that 95% of the approximately 34 million persons currently living with HIV/AIDS are from developing countries.¹⁰ The Caribbean region’s weak economic base, high unemployment and poverty levels, and the negative consequences of structural adjustments

⁸ The BCCI Membership Data base was the only available tool with which to profile the private sector

⁹ “Belize Policy on HIV/AIDS in the World of Work,” 26 July, 2004

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exacerbated the situation even more. Moreover, persons of working age comprise the majority of those infected by the virus. In the words of the participants, and *“In the absence of a cure, we would need to administer a ‘social vaccine.’ The workplace presents a critical platform for administering this social vaccine.”*¹¹

4.1.2 Objectives, Scope, and Principles

The Belize Workplace Policy establishes a set of guidelines to protect both the health and earning power of workers, and the productivity of Belizean business and industry in the face of the challenge presented by the HIV/AIDS epidemic. (See Exhibit 3). The table below outlines the objectives, scope, and key principles of the workplace policy.

Objectives	<ul style="list-style-type: none"> a) Develop concrete responses at enterprise, community, regional, sector and national levels to deal with issues of HIV prevention, stigma and discrimination, the productivity of workers and businesses, and the care and support of workers infected or affected by HIV/AIDS; b) Promote processes of dialogue, consultations, negotiations and all forms of cooperation between government, employers and workers and their representatives, occupational health personnel, specialists in HIV/AIDS issues, and all relevant stakeholders (which may include community-based and non-governmental organizations (NGOs); c) Give effect to its contents in consultation with the social partners: <ul style="list-style-type: none"> a. in national laws, policies and programmes of action b. in workplace/enterprise agreements, and c. in workplace policies and plans of action
Scope	<ul style="list-style-type: none"> A. All employers and workers (including applicants for work) in the public and private sectors; and B. All aspects of work (e.g. physical, intellectual, individual, team), both formal and informal
Key Principles	<ul style="list-style-type: none"> I. Tripartism – inclusion of government of Belize, and representatives of workers’ and of employers’ associations is critical to combat the spread of HIV/AIDS; II. Social Dialogue – through social dialogue joint effective strategies to counter the HIV/AIDS epidemic should be identified and implemented; III. Partnership – in addition to workers at unionized work sites and within Government service, Belize should endeavour to involve, protect, and assist self-employed workers, those within micro-and small businesses or in the informal economy and those employed as migrant workers; IV. Involvement of people living with HIV/AIDS (PLWHA) – the policy is built upon the principle of full involvement of PLWHAs. Involvement should include policy and workplace programme development. V. Involvement of informal economy workers/self-employed workers – in addition to workers at unionized work sites and within Government service, Belize should endeavour to involve, protect,

¹¹ “ILO Caribbean Meeting on HIV/AIDS and the World of Work: Mobilizing for Action;” Barbados, 15-17 May 2002.

	<p>and assist self-employed workers, those within micro-and small businesses or in the informal economy and those employed as migrant workers;</p> <p>VI. Good Governance – the implementation of initiatives in the world of work to eradicate HIV/AIDS should be carried out by the Belizean Government, employers and employees based on principles of good governance; good governance contemplates democratic, participatory and inclusive means of decision-making for issues related to HIV/AIDS and the workplace;</p> <p>VII. Recognition of HIV/AIDS as a workplace issue - HIV/AIDS is a workplace issue, and should be treated like any other serious illness/condition in the Belizean workplace;</p> <p>VIII. Non-discrimination – Belize recognizes that HIV/AIDS is not transmitted when proper precautions are taken, and, when AIDS is properly treated, it does not have to prevent an individual from earning a living;</p> <p>IX. Gender Equality – similarly, unequal treatment of either male or female workers affected by HIV/AIDS is not to be tolerated in Belize;</p> <p>X. Healthy work environment – Owners of business and industry, the Belizean Government as an employer, as well as workers should share a responsibility to ensure that the work environment is healthy;</p> <p>XI. No screening for purposes of exclusion from employment or work processes – Belize should not violate individual human rights by attempting to use HIV screening for purposes or exclusion from employment or work processes;</p> <p>XII. Confidentiality – mandatory reporting of HIV/AIDS cases to the Ministry of Health is a requirement for health workers in Belize but confidentiality of Belizeans’ health status is of great importance and consistent with Belize’s constitutional protection of human rights and the ILO Codes of Practice on the protection of workers’ personal data;</p> <p>XIII. Continuation of employment relationship – HIV infection is not to be a cause for termination of employment; it is a violation of human rights and should be treated as a legal offense;</p> <p>XIV. Prevention – the practice of Belize’s Ministry of Health which is to place adequate emphasis upon preventive health measures should be endorsed by all partners co-operating on the HIV/AIDS in the World of Work initiative;</p> <p>XV. Care and support – Belize endorses a responsibility for including adequate measures for the care and support of individuals who are HIV+ or affected by full-blown AIDS</p>
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4.1.3 Legal Framework

The critical need for HIV/AIDS legislation in Belize is to ensure that existing legislation harmonizes with the present ‘Policy on HIV/AIDS in the World of Work’ to ensure that HIV/AIDS related issues are incorporated where appropriate and to show equal concern for the needs and rights of workers as well as employers.

The report entitled “*Status Report and Situational Analysis: HIV/AIDS in the Workplace (Legislation, Policies, Programmes) Mapping Exercise*” characterize and analyze closely connected pieces of legislation. The legislation includes the following documents.

- A. The Factories Act, 1942;
- B. GOB, Belize Trade Unions and Employers’ Organizations (Registration, Recognition and Status) Act-Chapter 304, Belize, 31st December, 2000;
- C. GOB, Social Security Act, Part 2 Insured Persons and Contributions;
- D. GOB, The Substantive Laws of Belize. Cap. 297. Labour, Part V,
 - a. Sub-section 47 – Termination because of Incapacity,
 - b. Sub-section 53 – Medical Examination December, 2000
- E. GOB, The Substantive Laws of Belize, Cap. 40, Public Health, Part V
- F. Law against trafficking in human persons, 2003
- G. National AIDS Commission, DRAFT HIV/AIDS Policy and Legislation, Belize, 2003,
- H. Proposed Occupational Safety & Health (OSH) Act, Feb. 14, 2004

4.1.4 Commitments

The tripartite partners commit to the following actions:

- ❖ Raise national awareness, particularly of the world of work in the formal and informal economy, involving other appropriate and concerned groups, to eliminate stigma and discrimination associated with HIV/AIDS through fair practices and the provision of Behavioural Change Education, to fight the culture of denial and thereby prevent the spread of HIV/AIDS;
- ❖ Strengthen the capacity of the social partners in Belize to address the pandemic;
- ❖ Strengthen occupational safety and health systems to protect groups at risk, and in a manner which protects the income of Belizean workers as well as the profitability of business and industry;

- ❖ Formulate and implement social and labour policies and participatory programmes that mitigate the effects of AIDS in Belize; and,
- ❖ Effectively mobilize resources both Belizean and international.

4.1.5 Implementation Strategies

The tripartite body recommends:

- ❖ ***Tripartite body*** – the establishment of a continuing Belizean tripartite body to oversee the successful and timely implementation of a programme designed to reflect the guidelines of the policy and to protect the productivity of Belizean business and industry as well as the health and earning power of public and private-sector workers in the face of the challenge presented by the HIV/AIDS epidemic;
- ❖ ***Focal Points*** – the creation of focal points in the workplace and government offices whose task it will be to follow-up on policy-related challenges and issues related to HIV/AIDS in the world of work, and to support the implementation of HIV/AIDS in the world of work plans and to communicate and coordinate with other focal points and with the National AIDS Commission;
- ❖ ***Social protection efforts*** – social protection efforts in small and medium sized workplaces of Belize to ensure effective improvements in prevention of the spread of HIV/AIDS, in the reduction of stigma and discrimination, in improvements in care and support services among workers, as well as among their partners and among children orphaned by AIDS, or infected or affected by HIV transmission

4.1.6 Companies with Workplace Policies or Programmes

Presently, twenty-four (24) companies have workplace policies or programmes in place. Of the total, nineteen (19) companies have workplace policies in force with total number of employees at 2,808.

Five companies have workplace programmes only and the total employee count is 825. Two municipal governments, Belize City and Belmopan City Councils have workplace policies in place and their combined total number of employees is 427.

#	Company	# of Employees	
		Policy	Programmes
1	Citrus Products of Belize Limited (CPBL)	752	
2	Pelican Beach Resort	50	
3	5 Sisters Lodge	35	
4	Blancaneaux Lodge	100	
5	Cahal Pech Resort	45	
6	Chaa Creek Lodge	100	
7	Ka'ana Resort	45	
8	Radisson Hotel	163	
9	Grace, Kennedy (Belize) Limited	47	
10	UNICOMER (COURTS) Belize	212	
11	Belize Chamber of Commerce & Industry	14	
12	Frutabomba	630	
13	Fruitpackers (Frutabomba)	289	
14	Belize Ship Handlers	6	
15	The Angelus Press Limited	120	
16	Belize National Energy (BNE)	150	
17	Sagicor Financial Services	21	
18	Belize Tourism Industry Association	3	
19	Citrus Growers Association	26	
20	Belize Water Services Limited		213
21	Scotia Bank		210
22	Belize Electricity Limited		297
23	SOL Belize		15
24	Port of Belize		90
	Total Number of Employees	2808	825

5.0 MATRIX: LAWS AND ROLES & RESPONSIBILITIES BY SECTOR

The matrix below summarizes the various laws and decrees within the workplace context and describes the roles and responsibilities of stakeholders. The Proposed Occupational and Health Safety Act do not form part of the analysis as this document is in its preparatory stage and any comment on it would be premature and unofficial.

SECTOR	Social Security Act, Part 2 Insured Persons & Contributions	Factories Act 1942	Belize Trade Unions & Employers Organizations Act, Chapter 304	The Substantive Laws of Belize Cap. 297 Labour Sub-sections 46 & 53	The Substantive Laws of Belize Cap. 40, Public Health, Part V	Laws Against Trafficking in Human Persons 2003
Government (SSB)	Economic Benefits: Sickness, Maternity, Invalidity, & Retirement Benefits including Funeral Grant and Employment Injury	Inspection and Registration of Factories to ensure safe work environment; Enact legislation to ensure safe access, proper ventilation, sanitation, and appropriate working hours	Guarantee & Protect rights of employees – freedom of association (trade union member, rights & privileges), Register all Trade Unions and employers' organisations	Protect the right of the worker from termination in certain circumstances – incapacity or injury arising during course of employment Right to enforce: mandatory medical examination upon employment contract	Make & enforce regulations during prevalence of infectious disease Right to quarantine infected persons Penalty for wilfully exposing infected persons	Provide protection & assistance to victims of trafficking; Facilitate the repatriation of victims Issue temporary residency permits to victims Conduct public awareness re: risk of HIV/AIDS
Employer	Insure Employees by paying weekly financial contributions based on employee earnings	Compliance – register factory and provide safe working conditions	Right to take part in formation of employers' organisation, no discrimination against employees in trade unions, no unfair dismissal	Compliance with Labour Act but right to terminate employment in cases of worker misconduct, disobedience, or lack of skills Right to request medical examination for contract workers	Compliance	Refrain from engaging in Trafficking by purporting to be another's employer, manager, employment agent or solicitor Ensure that all employees are validly in the country
Employees & Workers	Register with the Social Security as Insured Person and pay employee contributions based on employee earnings	Age & physical eligibility	Freedom of Association in the Workplace, freedom from discrimination, coercion, threats, or unfair dismissal	Compliance	Compliance	Self-protection

6.0 BUSINESS SECTOR SURVEY

6.1 Business Sector Survey

6.1.1 Aim of Survey

The survey will assist in the systematization and conduct of the country assessment for business sector participation in the HIV response at the workplace and national levels. The findings of the survey should contribute to the USAID/PASCA business sector policy engagement and implementation strategy in Belize.

6.1.2 Design & Methodology

Design

The study set out to identify companies with health policies as well as HIV policies, assess organizational structure to support business sector response to HIV issues at the workplace and the legal frameworks that govern these. In addition, it set out to gauge level of commitment to participate in or support the implementation strategy for HIV in the workplace. (See Exhibit 4).

The survey instrument comprised of 13 close-ended and seven (7) open-ended questions and measures included (Exhibit 5):

- Identifying existence of and description of focal point to deal with health and safety in the workplace;
- Level of awareness of National Workplace Policy for HIV/AIDS in Belize;
- Level of familiarity with the National Workplace Policy for HIV/AIDS in Belize and descriptions of suggestions that were implemented;
- Attitude toward:
 - Entitlement or rights of employees irrespective of HIV/AIDS status;
 - Treatment of employees with HIV/AIDS status;
 - Termination (non-termination) of employees because of HIV/AIDS status;

- Protection of employees against Stigmatization and Discrimination;
- Treatment of HIV/AIDS issue with same level of importance as other health issues;
- Equality of treatment of employees with HIV/AIDS status irrespective of gender;
- Roles and responsibilities of stakeholders
- Screening for HIV/AIDS;
- Confidentiality Issues;
- Mechanisms to assure employment;
- Prevention Measures;
- Programs for care and support of employees and families living with HIV/AIDS;
- Level of familiarity with Legal Framework;
- Level of Commitment to stakeholder involvement in the HIV/AIDS effort

Methodology

The sample population comprised of the national Membership Listing of the Belize Chamber of Commerce and Industry totalling 256 members.

The data collection method was an online survey using www.Surveymonkey.com. A letter of invitation signed by representatives of BCCI, USAID/PASCA, and Summa Research Agency (Gustavo Perera) accompanied the request to complete the survey online (see exhibit 6).

On January 14, 2010, the survey request letter went to 240 members; of this amount, 20 e-mails returned because the e-mail addresses were no longer valid. Five days later, on January 19, 2010 220 members received a reminder to complete the survey. Again, on January 22, 2010 223 members received another reminder to complete the survey. (See Exhibit 7).

The response rate was very low with only 12 companies actually completing the online survey. As a result, the data collection method shifted to a telephone survey. Between the dates of

January 28th and February 4th, 38 telephone interviews were complete. The final total number of companies interviewed was 50.

Excel Spreadsheet recorded the survey data and SPSS program facilitated the data analysis, which comprised mostly frequencies and minimal level of cross tabulations.

6.1.3 Summary of Key Findings

Organizational Structure: Focal Point

The survey findings show that the majority of the companies that participated in the survey (62%) did not have a focal point to deal with health issues. Those companies that indicated they had focal points to deal with health issues (19%), fell into two groups – those with staff size ranging from 16 to 25 and those who had staff size over fifty. However, focal points differed from company to company and ranged from HR department, to HR managers, general managers, other managers, and head of department (See Exhibit 8 – SPSS Outputs).

Awareness Levels – National Workplace Policy

A higher number of companies surveyed (64%) were aware that a workplace policy exists but of this total, almost half (44%) had only heard of the workplace policy through the media – television, newspaper, radio, and in one instance, the labour department.

In fact, only five company representatives had read the workplace policy and of these five, only four had actually read and implemented the workplace policy. These four companies comprised one small enterprise with less than three staff, one medium enterprise with staff ranging from 16 to 25 and two large companies with staff size of over fifty.

Suggestions Implemented – National Workplace Policy

Of the four companies that had read and implemented some suggestions from the National Workplace Policy, one had drafted their own HIV policy focusing on enforcing a “no discrimination” policy combined with an educational effort.

One other company determined to operate within the confines of the Belize Labour Laws and one University developed their own policy for use as a model for small businesses. A fourth company plans sessions on Saturdays for field personnel that serves as a forum to promote a slogan and poster competition and encourage staff participation in the discussion of HIV/AIDS.

Treatment of Employees who are HIV Positive

There was strong agreement among the majority of companies (98%) that employees who are HIV positive should be entitled to the same rights and privileges of any regular employee. Some respondents expressed the view that once employees are able to perform their work functions their HIV status should not prejudice their employment status. Others expressed the view that all there should be no discrimination since “*everyone is equal*” and should have every opportunity to maximize their potential in the workplace and to support them financially.

Yet still, others stated that employers should avoid any appearance of discrimination although, and in one instance, one respondent expressed the view that, by “*demanding HIV tests*” the Government appeared to be practicing discrimination in the workplace. With regard to respect and equal treatment of employees with HIV, again there was strong agreement among respondents (100%) that all employees are to be treated equally and with the same level of respect no matter their HIV status.

HIV Infection as a Cause for Termination of Employment

The majority of company representatives (94%) agreed that HIV infection should not be a cause for termination of employment. Those few respondents who neither agreed nor disagreed said that the decision to terminate an employee who is HIV positive should occur only when the sickness begins to limit the employee's ability to perform his or her duties. Outside of this, most company representatives believed this was the time to give HIV positive employees as much care and support as possible (Exhibit 8, Figure 6).

Stigmatization and Discrimination in the Workplace

Not surprisingly, there was also high consensus among company representatives (94%) that employees living with HIV/AIDS are to be protected against stigmatization and discrimination in the workplace. While more than half of the representatives polled, (64%) did not make any suggestions on what activities to put in place to protect employees against stigma and discrimination, the few who did said they would implement awareness, education, and counselling programs, and the workplace policy. A membership organization said they would make provision in the member byelaws for a workplace policy.

HIV as a Workplace Issue and Non-Gender Discrimination

Over 90% of company representatives agreed that HIV is also a workplace issue and is as important as any other serious illness or health issue in the workplace. Likewise, they agreed that there should be zero tolerance for unequal treatment of workers affected with HIV/AIDS because of their gender.

Other Relevant Findings:

Mandatory Screening & Confidentiality

Generally, HIV screening as part of the recruitment process does not occur within the private sector in Belize. Also, and although mandatory reporting of HIV/AIDS cases to the Ministry of Health is a requirement for health workers in Belize, there are, for the most part, no mechanisms in place to protect employee confidentiality in the event he or she tests positive for HIV/AIDS.

For most companies, there is no documented or detected incidence of employee(s) infected with HIV/AIDS and any mechanism would evolve on a case-by-case basis. For those companies who have mechanisms in place, there are measures in place to protect the confidentiality of employee status. Some of these measures include involving immediate family members, getting medical advice from a doctor, and seek intervention from the Labour Department and the Belize Family Life Association (BFLA).

Preventive Measures

There are no formal protocols in place for prevention of HIV in the workplace. Of the eleven representatives who responded, they said that preventive efforts included activities such as distribution of pamphlets, exhortations to staff to exercise care in case of injuries, inviting guest speakers to come in and talk about HIV/AIDS, distribution of free condoms, and informal talks on the risk of infection.

Accessing Affordable Care & Treatment

Most companies have not had any detected cases of employees living with HIV/AIDS and therefore, do not have any formal procedures in place to assist employees living with HIV/AIDS in accessing care and treatment. A few companies provide medical insurance coverage and one large corporation will provide access to counselling.

6. 2 Perceived Roles & Responsibilities

Education is by far, the recurring theme insofar as the role of government is concerned; other themes include the enactment and enforcement of laws and policies, care for PLWHAs, testing in the workplace, continued funding for AIDS related projects, and a monitoring mechanism for the workplace.

The recurring theme for the business sector is adherence to laws and policies, maintaining discrimination free work environment, fair and equal treatment of employees, healthy and hygienic work environment, and creating more awareness of HIV/AIDS issues.

Cooperation with workplace policies and respect for employees who are HIV positive are the recurring themes in respect of employees and workers. Responsible lifestyles and increased awareness of HIV issues are other themes.

Government of Belize (GOB)	Business Sector	Employees & Workers
<ul style="list-style-type: none"> • Make laws & policies • Workshops to inform & educate • Enforce laws & policies • Provide care for PLWHAS • Enact legislation to protect employees • Ensure testing is done • Mitigation & education • Improved healthcare for PLWHAS • Continue to fund HIV related projects • MoH should put in place a mechanism to monitor the workplace 	<ul style="list-style-type: none"> • Prevent discrimination in the workplace • Seek technical support from AIDS organizations • Become part of an enabling environment by participating in workshops • Abide by laws and policies • Develop and implement own workplace policies and educate employees and workers • Hold seminars for company personnel • Create more awareness about HIV/AIDS • Treat all employees equally • Provide and maintain a healthy work environment 	<ul style="list-style-type: none"> • Act responsibly and be considerate of other staff members • Cooperate with workplace policies • Respect and encourage co-workers who have HIV/AIDS • Become aware of policies and laws and adhere to these • Cooperate with the efforts of GOB and Business Sector • Do not discriminate in the workplace • Keep a clean and hygienic work environment • Respect employees who are HIV positive • Become informed and develop healthy lifestyles • Participate in forums and contribute to policy development

6.2.1 Awareness: Legal Frameworks

The survey findings in respect of awareness or familiarity with legal frameworks governing HIV/AIDS workplace policy indicate that most company representatives are only ‘somewhat familiar’ with these legal frameworks.

The higher levels of familiarity are with the Labour Laws, Social Security, and Trafficking in Persons. Conversely, the highest levels of unfamiliarity are with the Proposed Occupational Safety & Health Act and the Draft HIV/AIDS Policy & Legislation 2003 (NAC).

Level of Familiarity	Social Security Act Part 2 Insured Persons & Contributions	The Substantive Laws of Belize – Labour	Law Against Trafficking in Persons	National AIDS Commission, Draft HIV/AIDS Policy & Legislation 2003	Proposed Occupational Safety & Health Act, 2004
Not at all Familiar	24%	12%	34%	58%	74%
Somewhat Familiar	50%	72%	50%	32%	22%
Very Familiar	26%	16%	16%	10%	4%
TOTAL	100%	100%	100%	100%	100%

6.3.1 Commitment to Future Action

Overall, there is business sector commitment to future action in relation to HIV/AIDS. There is strong commitment to work with partners to raise private sector awareness of and eliminate stigma and discrimination associated with HIV/AIDS.

There is also strong commitment to strengthen the capacity of businesses and organizations to address the HIV/AIDS pandemic. Although there is commitment to resource mobilization efforts, there are a noticeable number of companies with lower commitment suggesting that perhaps, there needs to be some strategies in place to get them involved in this area.

	No Commitment		Low Commitment		Commitment		High Commitment		Total
	N	%	N	%	N	%	N	%	N
Willing to work w/partner	5	10.0	8	16.0	30	60.0	7	14.0	50
Strengthen capacity of business	3	6.1	9	18.4	28	57.1	9	18.4	49
Strengthen occ. Safety	2	4.2	11	22.9	25	52.1	10	20.8	48
Formulate & Implement	7	14.6	7	14.6	24	50.0	10	20.8	48
Effectively mobilize	5	10.4	11	22.9	26	54.2	6	12.5	48

7.0 RELATED STUDY: PRIVATE SECTOR ENGAGEMENT STRATEGY

7.1 Background

In 2004, the Government of Belize endorsed the “*National Plan of Action for Children and Adolescents, 2004-2015 (NPA)*”; this plan is a comprehensive policy framework detailing six key areas for attention: Education, Health, Child Protection, HIV/AIDS, and Culture.¹²

The National Committee for Families and Children (NCFC) is a government NGO with the mandate to implement the NPA. In accordance with their mandate, and in an effort to engage the private sector as possible donors, the NCFC conducted a situation assessment of the private sector in the context of Corporate Social Responsibility (CSR). The study, entitled “*Private Sector Engagement Strategy*” comprised of a survey among the business sector.¹³

7.2 Relevant Findings

Although the findings in the report cover a wide range of CSR issues, this report limits the discussion to the HIV/AIDS related findings. These are highlights of HIV/AIDS related findings:

1. The largest percentage of corporate entities reported that their companies donated to Education, followed closely by the areas of HIV/AIDS and Health;
2. Primary beneficiaries of CSR programs were children followed by society as a whole;
3. The main driver of CSR programs was the desire to “*contribute to society.*”
4. Most companies believe that the benefit associated with CSR programs was a “*stronger public image.*”
5. The perceived role of government as it relates to CSR were:
 - a. Promote partnership on interventions (30%);

¹² “**National Plan of Action for Adolescents & Children (NAP);**” – September 7, 2004, Government of Belize

¹³ “**Private Sector Engagement Strategy;**” – National Committee for Families & Children, Sharmayne Saunders, Ph.D.

- b. Policy Development (25%)
- c. Monitoring & Evaluation (15%)

8.0 CONCLUSIONS & RECOMMENDATIONS

There are four important conclusions derived from the study; these appear below along with corresponding recommendations.

Conclusion	Recommendation
<ul style="list-style-type: none"> • There exists an open door for USAID/PASCA to pursue its goal of strengthening the participation of the business sector in the response to HIV/AIDS. 	<ul style="list-style-type: none"> • Establish or formalize the HIV/AIDS Business Sector Secretariat to influence private sector policies regarding HIV.
<ul style="list-style-type: none"> • The majority of private sector companies do not have a focal point for dealing with health issues and although there is general awareness of the National Workplace Policy on HIV/AIDS, there is very limited knowledge of its objectives, scope, and principles. 	<ul style="list-style-type: none"> • Organize workshops for private sector companies designed to create awareness of and provide education on the National Workplace Policy for HIV/AIDS and other related HIV issues.
<ul style="list-style-type: none"> • There is low familiarity with the National Legal Frameworks governing HIV/AIDS and including the National AIDS Commission Draft HIV/AIDS Policy & Legislation 2003. 	<ul style="list-style-type: none"> • - ditto -
<ul style="list-style-type: none"> • There is definite commitment on the part of the business sector to join the HIV/AIDS effort within the business sector context. 	<ul style="list-style-type: none"> • Utilize the '<i>tripartite</i>' approach to collaborate on strengthening the capacity of businesses and associations to address the HIV/AIDS pandemic.
<ul style="list-style-type: none"> • Within a Social Marketing Context (Corporate Social Responsibility), there is a window of opportunity for the business sector to embrace the National Action Plan for Children & Adolescents. 	<ul style="list-style-type: none"> • The HIV/AIDS Business Sector Secretariat can Partner with NCFC and UNICEF to promote Private Sector Engagement within the HIV/AIDS context.

9.0 LIMITATIONS TO THE STUDY

9.1 Low Participation

The overall participation level in the Business Sector Survey was below expectations although the final number of respondents (50) was sufficiently large to produce reliable results. Although we sent out several reminders to the over two hundred targeted participants, the response rate was extremely low.

As a result, we had to make an adjustment and use the telephone interview format. This however, detracted from our efforts to interview representatives from associations using the face-to-face interview format. Nevertheless, several associations participated in the interviews.

9.2 Lessons Learnt

This was the first experience using the online survey method. The jury is still out as to whether or not this methodology is not appropriate for the business sector. From our perspective, we believe that, had we used the *'pre-recruitment'* approach – that is, identifying the company representatives we wanted to participate in the survey and directing them to the survey link, the outcome might have been a lot better.

