



TOOLKIT OF HIV & AIDS AND RESPONSIBLE TOURISM MODELS IN THE CARIBBEAN

ACCELERATING THE PRIVATE SECTOR RESPONSE TO HIV AND AIDS IN THE CARIBBEAN PROJECT



DFID Department for
International
Development



Contents

Acronyms	4
Acknowledgments	6
Background	7
About the Toolkit	9
Intention/Purpose of this Toolkit	9
How is the Toolkit Organised	9
Process for the Development of the Toolkit	9
Introduction	11
i. Context and Epidemiology of HIV and AIDS in the Caribbean	11
ii. Tourism in the Caribbean	11
iii. Importance of Tourism in the HIV Response	12
iv. Importance of Partnerships - Engaging PLHIV and other Vulnerable Groups and Key Populations in the Tourism Response	12
v. Concepts in the Development of Responsible Tourism Models	13
vi. Use of Tools	14
Unit 1: Promoting Political will, Commitment and Buy-in for Responsible Tourism that encompasses HIV and AIDS	18
1.1 Target Audience	18
1.2 Strategic Objective	18
1.3 Key Considerations for Leaders in the Tourism Sector	18
1.4 Advocacy Tool	22
Unit 2. Workplace Policy and Programme	23
2.1 Target Audience	23
2.2 Strategic Objective	23
2.3 Purpose of an HIV and AIDS Workplace Policy	23
2.4 Workplace Policy Development Model	23
2.5 Available Tools and Case Studies	29
2.6 Key elements for successful implementation	30
2.7 Key elements for sustainability	30
Unit 3. Behaviour Change Communication and Evidence-Based Interventions	31
3.1 Target Audience	31
3.2 Strategic Objective	31
3.3 Rationale for Behaviour Change Communication	31
3.4 Behaviour Change Communication Model	32
3.5 Available Tools and Case Studies	35

3.6 Key elements for successful implementation	36
3.7 Key elements for sustainability	36
Unit 4. Promoting Uptake of Services, through Voluntary Counselling and Testing and Psychosocial Support Services	38
4.1 Target Audience	38
4.2 Strategic Objective	38
4.3 Rationale for promoting uptake of prevention and care services	38
4.4 VCT and Psychosocial Support Model	38
4.5 Available Tools and Case Studies	39
4.6 Key elements for successful implementation	41
4.7 Key elements for sustainability	42
Unit 5. Institutional Capacity Building of Civil Society & Private Sector	43
5.1 Target Audience	43
5.2 Strategic Objective	43
5.3 Rationale for building capacity of other sectors	43
5.4 Capacity Building Model	43
5.5 Available Tools and Case Studies	44
5.6 Key elements for successful implementation	45
5.7 Key elements for sustainability	45
Unit 6. Building Effective Collaborative Multi-sectoral Partnerships (civil society, private sector and government) including community involvement	46
6.1 Target Audience	46
6.2 Strategic Objective	46
6.3 Rationale for Building and Maintaining Partnerships	46
6.4 Building and Maintaining Partnerships Model	46
6.5 Available Case Studies	47
6.6 Key elements for successful implementation	48
6.7 Key elements for sustainability	48
Unit 7. Stigma and Discrimination and Advocacy	49
7.1 Target Audience	49
7.2 Strategic Objective	49
7.3 Rationale for Addressing Stigma and Discrimination	49
7.4 Stigma and Discrimination Model	49
7.5 Available Tools and Case Studies	50
7.6 Key elements for successful implementation	51
7.7 Key elements for sustainability	51
Sources	52
Appendices	53
Appendix 1: Sample Letter from Sector Leaders to Policy Makers & Implementers	
Appendix 2: HIV Workplace Policy Template	
Appendix 3: Template for Action Plan	
Appendix 4: The HIV/AIDS Epidemic – some background facts	

Acronyms

AIDInc	Associates for International Development Incorporated
AIDS	Acquired Immune Deficiency Syndrome
AFBI	AIDS Foundation of Barbados Incorporated
ARVs	Antiretrovirals
BHTA	Barbados Hotel and Tourism Association
CAIC	Caribbean Association of Industry and Commerce
CARE	Comfort, Assist, Reach out, Educate
CARICOM	Caribbean Community
CEOs	Chief Executive Officers
CHAA	Caribbean HIV&AIDS Alliance
CHAT	Community Health Action and Transformation
CHTA	Caribbean Hotel and Tourism Association
CTO	Caribbean Tourism Organisation
DFID	Department for International Development
FHI	Family Health International
GBC	Global Business Coalition on HIV/AIDS, Tuberculosis and Malaria
GFATM	Global Fund for AIDS Tuberculosis and Malaria
HEART/NTA	Human Employment and Resource Training/National Training Agency
HIV	Human Immunodeficiency Virus
JaBHCA	Jamaica Business Council on HIV and AIDS
JASL	Jamaica AIDS Support for Life
JHTA	Jamaica Hotel and Tourist Association
JRC	Jamaica Red Cross
MOH-SWP	Ministry of Health Sex Workers' Project

MSM	Men Who have sex with Men
NCC	National Conservation Commission
NGOs	Non Governmental Organisations
PLHIV	People Living with HIV
RT	Responsible Tourism
STIs	Sexually Transmitted Infections
SWs	Sex Workers
TB	Tuberculosis
TPDCo	Tourism Product Development Company
UGLAAB	United Gays and Lesbians against AIDS in Barbados
VCT	Voluntary Counselling and Testing
WTO	World Tourism Organisation

Acknowledgements

The International HIV/AIDS Alliance, the Caribbean HIV&AIDS Alliance (CHAA), and the Department for International Development are acknowledged respectively for initiating, managing and funding the project on Accelerating the Private Sector Response to HIV and AIDS in the Caribbean.

We express sincere appreciation to Associates for International Development Incorporated which served as the implementing partner offering programmatic input and oversight to the project sub-grantees in Barbados. In particular Ms. Sarah Adomakoh, Ms. Maisha Hutton and Ms. Martine Chase served on the Project Management Team (PMT) and offered unstintingly of their technical insights and expertise. The conceptual framework for the HIV&AIDS and Responsible Tourism (RT) Model was developed through extensive dialogue among members of the PMT as well as a consultative process that included stakeholders in the fields of HIV as well as tourism.

Special appreciation to Mr. Dereck Springer, Consultant, who further elaborated the conceptual framework into the RT Toolkit, aided by critical project documents including an evaluation report, annual reports and progress reports. We are indebted to Ms. Hetty Sarjeant, Consultant, who did an excellent job of conducting technical reviews, editing and proof-reading.

Finally, this exercise would not have been possible without the passion, hard work and commitment of the sub-grantee organisations and their project focal points who gave freely of their time and energy and became true advocates for the effective programming of HIV in the tourism and wider private sector. They developed the culturally adapted, industry-specific tools that form a part of this Toolkit. We express our very heartfelt thanks to the organisational executives who gave their approval and the project staff of:

Barbados:

- AIDS Foundation of Barbados (AFBI)
- Barbados Hotel and Tourist Association (BHTA)
- CARE Barbados (CARE)
- Community Health Action and Transformation (CHAT)
- National Conservation Commission (NCC) - Lifeguard Service
- Ministry of Health (MoH)
- United Gay and Lesbian Against AIDS Barbados (UGLAAB)

Jamaica:

- Jamaica Hotel and Tourist Association (JHTA)
- Tourism Product Development Company (TPDCo)
- Jamaica Business Council on HIV/AIDS (JaBCHA)
- Human Employment and Resource Training/National Training Agency (HEART NTA)
- Sandals Negril Hotel/Negril Chamber of Commerce
- Jamaica Employers' Federation,(JEF)
- Jamaica AIDS Support for Life (JASL)
- Sandals Montego Bay Hotel
- National AIDS Committee (NAC)
- Jamaica Red Cross.(JRC)

**Mr. Basil Williams,
Executive Director, CHAA**

**Dr. Denise Chevannes-Vogel,
Project Manager, CHAA**

Background

The project entitled “Accelerating the Private Sector Response to HIV/AIDS in Jamaica and Barbados” was funded by the Department for International Development (DFID) and managed by the Caribbean HIV&AIDS Alliance (CHAA) in collaboration with Associates for International Development Incorporated (AIDInc.) in Barbados. It emanated from a DFID-commissioned review conducted by Price Waterhouse Coopers in 2003 of DFID’s private sector activities on HIV in the Caribbean.

The project was informed by research that included a literature review and group sessions with representatives from private sector organisations, donor organisations, employer and employee unions and Government, in nine Caribbean countries. At that time, most private sector interventions could be categorised as awareness and sensitisation programmes, such as conferences, seminars, World AIDS Day events and printed materials. Very few had developed workplace policies. The review team recommended a focus on the tourism sector in the development of private sector initiatives, given the economic importance of the sector and its vulnerability to HIV.

In light of the above, the project was formulated with the purpose to *activate the Private Sector Involvement in HIV/AIDS Strategies in the Caribbean; initially in the hotel and tourism sector in Jamaica and Barbados working in Partnership with PLHIV and other vulnerable groups.*

The four main outputs identified for the project were:

1. “Responsible tourism” models that encompass HIV and AIDS developed and disseminated, initially in Jamaica and Barbados;
2. Effective coordination among private sector, PLHIV and other vulnerable groups in support of the national HIV and AIDS programmes in a number of countries;
3. Strengthened institutional capacity of private sector and collaborating NGOs to implement appropriate AIDS prevention and support programmes; and
4. Best practices and tested methodologies disseminated to other sectors, elsewhere in the region and overseas.

The project evaluation revealed that as a result of the activities performed during the implementation phase, best practices were clearly emerging and there were also demonstrable features of wellness, HIV and AIDS that were couched within the existing globally mandated Framework of Responsible Tourism. The sub-project evaluation served to assist in clearly defining a Responsible Tourism (RT) model of tourism sector HIV control, health and wellness that falls within the social and economic spheres of RT.

The primary target audience for the Responsible Tourism models includes regional and national stakeholders such as Caribbean Tourism Organisation (CTO), Caribbean Hotel and Tourist Association (CHTA), Caribbean Association of Industry and Commerce (CAIC), Ministries of Health, Tourism, Industry and Commerce. Focus will be placed on these groups in order to get their political will, commitment and buy-in. The Secondary Target Audience comprises policy makers and

programme implementers. Beneficiaries include formal and informal tourist workers, vulnerable group members – beach boys, sex workers, MSM, persons in the community, including school youth, vocational trainees, and tourists.

About the Toolkit

Intention/Purpose of This Toolkit

This toolkit is intended to provide guidance to leaders, policy makers and programme implementers within the tourism sector on the types of models and tools that can be used for developing and implementing responsible tourism interventions that encompass HIV and AIDS.

How the Toolkit is Organised

The toolkit comprises an introduction section, seven units and appendices. Appendix 4 provides some basic information on HIV/AIDS.

- Introduction
- **Unit 1:** Promoting Political Will, Commitment and Buy-in for Responsible Tourism in Relation to HIV and AIDS
- **Unit 2:** Workplace Policy and Programme
- **Unit 3:** Behaviour Change Communication and Evidence Based Interventions
- **Unit 4:** Promoting Uptake of Services, through Voluntary Counselling and Testing and Psychosocial Support Services
- **Unit 5:** Institutional Capacity Building of Civil Society and Private Sector
- **Unit 6:** Building Effective Collaborative Multi-sectoral Partnerships (civil society, private sector and government) including community involvement
- **Unit 7:** Stigma and Discrimination and Advocacy

Unit 7 should be used in conjunction with the other units since stigma and discrimination is a cross cutting theme.

Except for Unit 1, each Unit consists of:

- Target Audience
- Strategic Objective
- Rationale for the Unit
- Proposed Model
- Available Tools and Case Studies
- Key elements for successful implementation of the models
- Key elements for sustainability

Process for the Development of the Toolkit

A literature review was conducted with the aim of documenting current HIV and AIDS and Responsible Tourism Model concepts, exploring issues related to the impact of HIV and AIDS on and by the tourism industry, while citing international and regional best practices including references to emerging leaders in this arena.

This was followed by a review of all relevant documents on the project “*Accelerating the Private Sector Response to HIV/AIDS in Jamaica and Barbados*”. The purpose of this review was to gain a better understanding of the participatory process of sub-project development, factors contributing to project successes, and challenges at the management/operations level. The review was also intended to critically analyse the evaluation data of the sub-projects in Jamaica and Barbados in relation to HIV and AIDS responsible tourism models. The rationale for this review was that the Responsible Tourism Models would include tools which had been developed under the project and would incorporate best practices of both sub-projects implementation and global private sector practices. These two reviews informed the development of this Toolkit.

The draft toolkit was reviewed by the project’s Technical Review Panel whose feedback informed the revisions to the document. The revised toolkit was field tested among members of the target audiences in Barbados and Jamaica and subsequently validated in both countries. Field testing and validation protocols were used to assess the toolkit against criteria such as usability (the relevance of the contents), applicability (the extent to which the user can apply the contents), and accessibility (the extent to which the user can find and understand what they need).



Introduction

i. Context and Epidemiology of HIV and AIDS in the Caribbean

Although it accounts for a relatively small share of the global epidemic—0.7 percent of people living with HIV and 0.8 percent of new infections in 2008—the Caribbean has been more heavily affected by HIV than any region outside sub-Saharan Africa, with the second highest level of adult HIV prevalence (1.0%). (UNAIDS 2008). About 440,000 individuals are estimated to be infected. Prevalence is highest in the Dominican Republic and Haiti, which together account for nearly three quarters of the 240,000 [220 000–260 000] people living with HIV in the Caribbean, including the 20,000 [16,000–24,000] who were newly infected in 2008. An estimated 12,000 [9,300–14,000] people in the Caribbean died of AIDS in 2008 and AIDS remains one of the leading causes of death among persons aged 25 to 44 years (UNAIDS).

Although sharp declines in HIV incidence were reported in some Caribbean countries earlier in this decade, the latest evidence suggests that the regional rate of new HIV infections has stabilised (UNAIDS, 2009). An apparent exception to the stability of infection rates is in Cuba, where prevalence is low but appears to be on the rise. A recent review of epidemiological and behavioural data in the Dominican Republic concluded that the notable declines in HIV prevalence reported in that country were likely to be due to changes in sexual behaviour, including increased condom use and partner reduction, although the study also highlighted high levels of HIV infection among men who have sex with men (UNAIDS, 2009).

The Caribbean has a mixture of generalised and concentrated epidemics. Women account for approximately half of all infections in the Caribbean. HIV prevalence is especially elevated among adolescents and young women, who tend to have infection rates significantly higher than males their own age. In part, due to collaborative efforts to reduce the price of medications, the Caribbean region has made important strides towards increasing access to HIV treatment. Whereas only 1 in 10 Caribbean residents in need of treatment was receiving antiretroviral drugs in July 2004, a treatment coverage of 51.0 percent had been achieved as of December 2008, a level higher than the global average for low- and middle-income countries (42%). (UNAIDS, 2009).

ii. Tourism in the Caribbean

Within the services sector tourism is the mainstay of the majority of regional economies. This is particularly the case of the smaller economies of CARICOM, where tourism plays an important social role and has a major impact on their financial stability and their external position. The region's natural beauty and culture ensure that CARICOM countries have a comparative advantage for the development of the tourism industry.

According to Hugh Riley, Secretary General of the Caribbean Tourism Organisation, "Tourism makes an immense and invaluable contribution to the economic, social, and cultural well-being of the Caribbean. No other sector does more to enrich the quality of life of the people of this region. No other sector cuts across every facet of Caribbean life the way tourism does.

The sector brings in an estimated US\$25 billion a year in revenue, helping to improve education, enhance health care, develop infrastructure, maintain security, and keep people employed. The natural beauty of the Caribbean region and the warmth and hospitality of our people help attract over 40 million stay-over and cruise visitors to our shores each year. Our multi-ethnic culture and heritage: English, French, Spanish, Dutch, Portuguese, Indian, Chinese, indigenous peoples, African, and the various blends of all of these in our individual territories, are powerful ingredients that speak to the rich cultural diversity that we celebrate in the Caribbean.”

iii. Importance of Tourism in the HIV and AIDS Response

The Global Business Coalition on HIV/AIDS, Malaria and Tuberculosis (GBC) lauded the private sector companies' efforts over the past few decades for their recognition that operating in isolation does not suffice in the current global setting. With global health challenges like HIV and AIDS, businesses understand that a healthy workforce and environment are critical to success. Failure to respond would result in business development being crippled, industries losing competitive markets, and economies crumbling under the heavy weight of HIV and AIDS. With leisure travellers basing their decisions on factors such as the desirability of the destination and with an industry that prides itself on its pristine image - packaging near-perfection to its consumers - companies within this sector will face tremendous losses if they remain silent and unresponsive to the epidemics (GBC, 2009).

The Responsible Tourism – A Guide to Good Practice for Tourism Operators, notes that the 'travel and tourism industry' has an integral role to play in addressing the AIDS epidemic given its close ties to the natural, social and cultural environment. The Handbook suggests that by implementing innovative solutions within the workplace, developing partnerships within the industry and using their brand-power to advocate among governments, companies within this sector are poised to make a difference. In the travel and tourism sector, the “Ethical Index” developed by Condé Nast Traveler in 2007, highlighted that travellers consider actions led by hotel companies within the communities where they operate, to be socially responsible and look favourably upon them.

iv. Importance of Partnerships - engaging PLHIV and other Vulnerable Groups and Key Populations in the Tourism Response

The Project Evaluation Report identified strong partnerships as critical to implementing programmes designed to target hard to reach groups and vulnerable populations. Working with diverse groups contributed to more targeted interventions in some instances. The relationships among Barbados Hotel and Tourist Association (BHTA), Jamaica Hotel and Tourist Association (JHTA) and Tourism Product Development Company (TPDCo) have provided access to hotels which may have been difficult to enlist or even approach; and United Gays Lesbians Against AIDS Barbados's (UGLAAB) access to men who have sex with men (MSM) populations is increased. The private sector/non governmental organisation (NGO) partnership (Jamaica AIDS Support for Life-JASL) and Couples Swept Away) improved the capacity of the private sector partner to train peer educators and to improve access to voluntary counselling and testing (VCT) services. Ultimately it helped to reach

vulnerable populations – in this case, sex workers, beach boys, beach girls, and MSM.

Partnership is about trust and respect and should not be rushed. Building successful partnerships between groups and organisations that have no prior history of working together requires large investments of time. In the building process it is important to create an understanding of equal partnership.

v. Concepts in the Development of Responsible Tourism Models

Responsible Tourism

Although many are aware of the underlying principles, it is evident that practising responsible tourism involves more than simply having the desire to do so. Responsible tourism represents a way of *doing* tourism planning, policy, and development to ensure that benefits are optimally distributed among those populations, governments, tourists, and investors affected by tourism. Furthermore, responsible tourism practices require strong leadership and involve ways of managing tourism resources to achieve optimum benefits for the different communities of interest. In short, responsible tourism is *not* a tourism product or brand. It is a way of *doing* tourism (Husbands and Harrison, 1996).

Responsible tourism may take many forms given that different destinations and stakeholders will have different priorities. Local policies and guidelines will need to be developed through multi-stakeholder processes to develop responsible tourism in destinations. Nonetheless, the Cape Town Declaration on Responsible Tourism notes that responsible tourism:

- Minimises negative economic, environmental, and social impacts;
- Generates greater economic benefits for local people and enhances the well-being of host communities, improves working conditions and access to the industry;
- Involves local people in decisions that affect their lives and life chances;
- Makes positive contributions to the conservation of natural and cultural heritage, to the maintenance of the world's diversity;
- Provides more enjoyable experiences for tourists through more meaningful connections with local people, and a greater understanding of local cultural, social and environmental issues;
- Provides access for physically challenged people; and
- Is culturally sensitive, engenders respect between tourists and hosts, and builds local pride and confidence.

The guiding principles for Responsible Tourism have been identified as economic responsibility and social responsibility.

Economic responsibility requires tourism businesses to:

- Assess economic impacts before developing the tourism industry and exercise preference for those forms of development that benefit local communities and minimise negative impacts on local livelihoods (for example through loss of

access to resources), recognising that tourism may not always be the most appropriate form of local economic development;

- Maximise local economic benefits by increasing linkages and reducing leakages by ensuring that communities are involved in, and benefit from, tourism. Wherever possible, use tourism to assist in poverty reduction by adopting pro-poor strategies;
- Develop quality products that reflect, complement, and enhance the destination;
- Market tourism in ways which reflect the natural, cultural and social integrity of the destination, and which encourage appropriate forms of tourism;
- Adopt equitable business practices, pay and charge fair prices, and build partnerships in ways in which risk is minimised and shared, and recruit and employ staff, recognising international labour standards;
- Provide appropriate and sufficient support to small, medium and micro enterprises to ensure that tourism-related enterprises thrive and are sustainable.

On the other hand social responsibility requires tourism businesses to:

- Actively involve the local community in planning and decision-making and provide capacity building to make this a reality;
- Assess social impact throughout the life cycle of the operation – including the planning and design phases of projects - in order to minimise negative impacts and maximise positive ones;
- Endeavour to make tourism an inclusive social experience and to ensure that there is access for all, in particular vulnerable and disadvantaged communities and individuals;
- Combat the sexual exploitation of human beings, particularly the exploitation of children;
- Be sensitive to the host culture, maintaining and encouraging social and cultural diversity;
- Endeavour to ensure that tourism contributes to improvements in health and education.

This list is not exhaustive and tourism entities in different destinations should adapt these principles to reflect their own culture and environment.

vi. Use of Tools

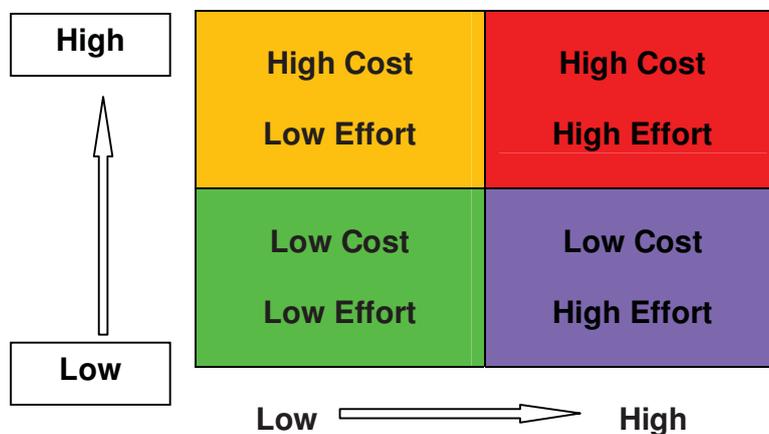
How should the tools be used?

This toolkit gives you tools for the following:

- Promoting Political Will, Commitment and Buy-in;
- Developing Workplace Policy and Programme;
- Developing Behaviour Change Communication and Evidence Based Interventions;

- Promoting Uptake of Services, through Voluntary Counselling and Testing and Psychosocial Support Services;
- Conducting Institutional Capacity Building of Civil Society and Private Sector;
- Building Effective Collaborative Multi-sectoral Partnerships (civil society, private sector and government) including community involvement; and
- Developing advocacy programmes for reducing Stigma and Discrimination.

There are several tools you can use. To help you choose what will work best for your agency, we have colour-coded the tools in terms of the relative cost and effort involved, as per the diagram below:



Please note that even though a tool is “low cost and low effort” it does not mean that it is not effective. To check the colour coding of each tool, please refer to the Models and Tools matrix on page 16.

The majority of the tools referred to have been developed by the project’s sub-grantees. These tools are referenced at the end of each section and a link to the project website is provided to enable you to access them.

In addition to the project tools some other useful tools are also included in the toolkit for ease of access. These too are colour coded.

Please remember that your first priority should be to ensure that your employees who are currently HIV negative remain negative. It is easier, and less expensive, to prevent employees from contracting HIV than it is to manage the consequences of having employees who are HIV positive. If you find any of the tools too difficult or too time-consuming, it would be better to enlist the support of an expert.

Models and Tools	Implement? Yes/No
Political Will, Commitment and Buy-in	
JABCHA Advocacy DVD for dissemination to Policy Makers and programme implementers	
BHTA – Toolkit for Health & Wellness in the Tourism Sector; BCC Materials	
Sample letter to disseminate to policy makers and implementers (See page 22)	
Workplace Policy and Programme development	
Tourism Policy in Barbados	
Tourism Policy in Jamaica	
Sample Memorandum of agreement for the hotels	
Workplace Policy Template	
Developing Behaviour Change Communication and Evidence Based Interventions	
BHTA – Toolkit for Health and Wellness in the Tourism Sector; BCC Materials; Wellness Unit to be scaled up through the BHTA	
CHAT – Edu Drama toolkit	
CHAT – Anti- Stigma video for use as an educational and orientation tool	
CHAT – Peer Educators in Action – Leading the way in the workplace and community based response; Peer Educator Toolkits (Manuals, Flipcharts and Male Models)	
CHAT – Peer Counsellor Toolkits	
BCC Educational tools (materials from all sub-grantees)	
Subprojects' Case Studies	
Adolescent DVD (Sandals Negril)	
Services – VCT and Psychosocial Support	
TPDCo DVD	
Institutional Capacity Building of Civil Society and Private Sector	
Project Case Studies	
Building Effective Collaborative Multi-sectoral Partnerships	

Project Case Studies	
Reduction of Stigma and Discrimination and Advocacy	
Anti-stigma video	
Anti-stigma manual	
BCC materials - Posters, brochures, billboard brochures	
CARICOM/CHAA Anti-stigma Toolkits	

Unit 1. Promoting Political Will, Commitment and Buy-in for Responsible Tourism that encompasses HIV and AIDS

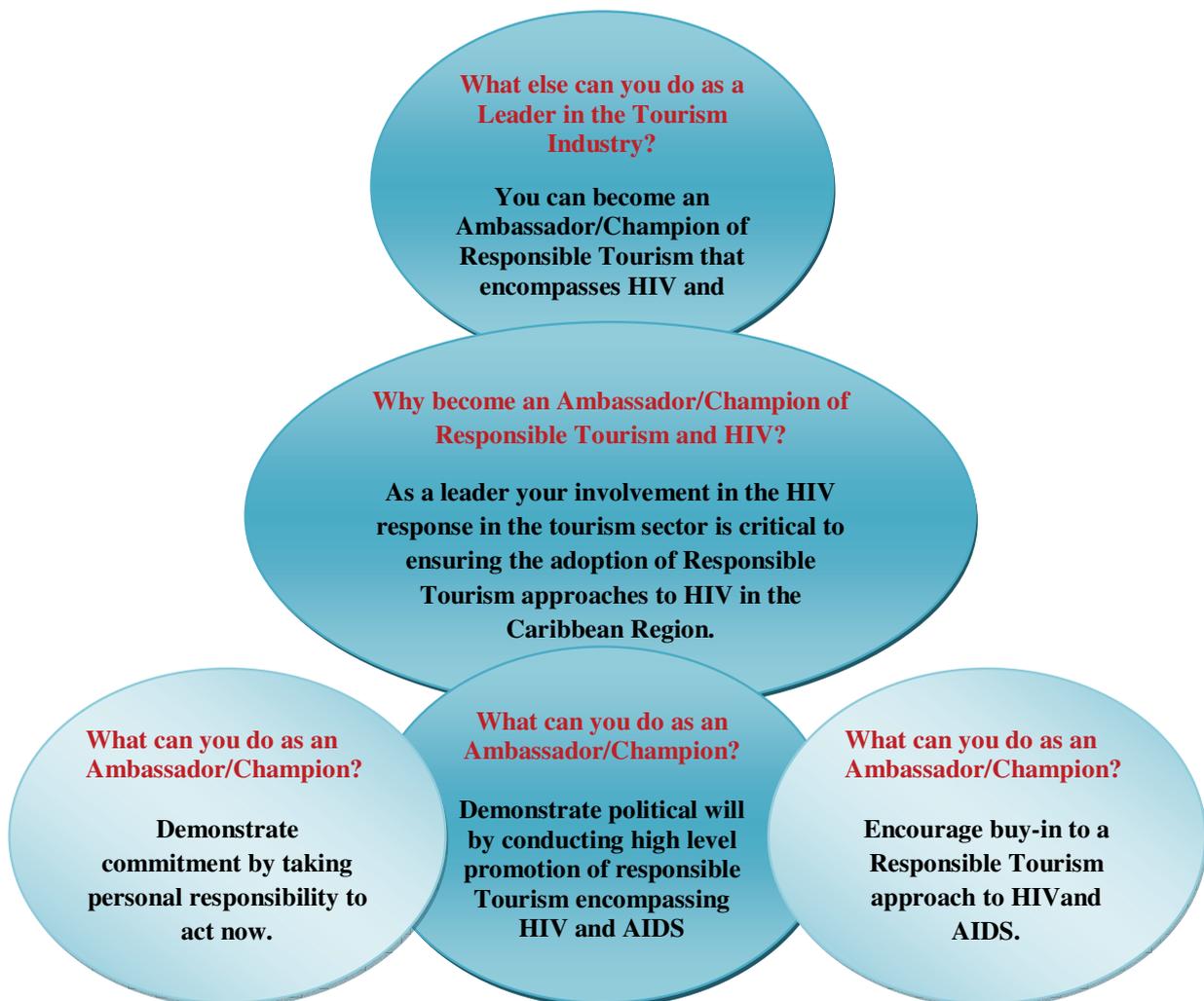
1.1 Target Audience

- Caribbean Tourism Organisation
- Caribbean Hotel and Tourist Association
- Caribbean Association of Industry and Commerce
- Ministries of Tourism, Health, Industries of Commerce

1.2 Strategic Objective

Secure political will and commitment of national and regional tourism sector leaders and agencies to buy-in to, and promote Responsible Tourism in the Caribbean that encompasses HIV and AIDS.

1.3 Key Considerations for Leaders in the Tourism Sector



What do you need to know?

There are existing Ambassadors and Champions of Responsible Tourism and HIV, including:

1. Honourable Richard Sealey, Minister of Tourism, Barbados
2. Mr. Peter Ogle, President of the Caribbean Hotel Association (CHA)
3. Mr. Horace Peterkin, former President, Jamaica Hotel and Tourist Association

What else do you need to know?

Responsible tourism can help you mitigate the impact of HIV and AIDS thus ensuring that tourism remains a viable product in the Caribbean.

There are Responsible Tourism models and tools to help the Policy Makers and Programme Implementers develop HIV workplace policy and programmes for both formal and informal tourism sector workers, persons in the community and tourists.

The key to success at sector or agency level includes:

- Commitment from leadership
- Involvement of people of all levels
- Openness and trust
- Messages that are culturally relevant and gender sensitive
- Monitoring and evaluation to make sure programmes are working

Now, take a look at what is already happening at the leadership level.

High Level Commitment and Buy-in

In June, 2009 - led by the Barbados Hotel and Tourist Association, in partnership with the Ministry of Tourism – over 50 leaders in the local and regional tourism industry united to reaffirm their commitment to addressing HIV and AIDS and Health and Wellness by reciting the pledge they developed almost three years ago in September, 2006. *“I solemnly pledge as a partner in the tourism sector, to take personal responsibility to act now to make a difference in the health and wellness and HIV and AIDS experience. First for me, my family, my community and my business, to commit time, manpower, money and energy to make it happen and to initiate this in the next 90 days with the assistance of our partners.”*



2009 Pledge, Hilton Hotel

"The Caribbean Tourism Organisation (CTO) - an international agency responsible for enhancing the development of the region's tourism sector – will continue to work with our partners in both the public and private sectors, as well as non-governmental organisations (NGOs), **to promote sustainable tourism** as a means of bringing direct benefits to our communities, alleviating poverty, and preserving our cultural heritage and our environment.....We are confident that Caribbean tourism will survive the current global economic crisis because of the sector's resilience and the resilience of our people. We can emerge from this crisis much stronger if we continue to work together to upgrade the quality and competitiveness of our product, build a highly-professional tourism workforce and underpin all tourism activity that we are engaged in by following **responsible and sustainable tourism practices**. As we explore creative methods to do so, giving greater value to our rich cultural diversity is a good way to proceed."

Excerpts from Message of Hugh Riley, Secretary General of the Caribbean Tourism Organisation on the occasion of Caribbean Tourism Day November 3, 2009. ETN Global and Travel Industry News.

Have we peaked your interest?

We hope we did because Responsible Tourism begins with you.

"Private Sector Senior Executives need to be targeted exclusively by their peers especially to organise events featuring high level personnel to ensure their participation. The project ambassadors will be critical as implementation moves forward."

Excerpt from Project Inception Report and Implementation Phase Proposal, December 2006

How can you begin?

You can begin by looking at the models in this toolkit to increase your understanding of responsible tourism models that can be adopted by tourism entities in the Caribbean region. In so doing you will be well on your way to developing/influencing a more responsible model of tourism within the sector/entity.

Since we are also aware of your busy schedule we have prepared a draft letter (page 22) which you can use as a tool for enlisting the support of Policy Makers and Programme Implementers in the tourism sector. You can also modify this tool to your own context. This tool is also found in Appendix 1.

We thank you for taking the time to read this information. We look forward to your bold leadership on this issue.

Welcome Aboard!

1.4 Advocacy Tool: Letter from Sector Leaders to Policy Makers and Programme Implementers

Dear Policy Maker/Programme Implementer,

The Cape Town Declaration 2002 on Responsible Tourism called on each of us in the tourism sector to create better places for people to live and for people to visit. In 2008, policy makers committed to the Kerala Declaration on Responsible Tourism pledged to take forward the concept of Responsible Tourism into practice.

In observance of Caribbean Tourism Day November 3, 2009, Mr. Hugh Riley, Secretary General of the Caribbean Tourism Organisation reminded us that tourism makes an immense and invaluable contribution to the economic, social, and cultural well-being of the Caribbean. He observed that no other sector does more to enrich the quality of life of the people of this region and that no other sector cuts across every facet of Caribbean life the way tourism does.

Thousands of tourists who come to the Caribbean each year are lured by our sand and beaches and our rich culture. In contrast the Caribbean is also known as the region with the highest HIV prevalence outside of Africa. It is therefore imperative that we within the tourism sector respond with equal measure to the threat posed by HIV and AIDS. Our response must ensure that tourism remains a viable product for the region.

Responsible tourism represents a way of *doing* tourism planning, policy, and development. Responsible tourism requires bold leadership. We can respond by embracing responsible tourism that encompasses HIV and AIDS.

The Caribbean HIV&AIDS Alliance with funding from DFID has developed a toolkit of Responsible Tourism Models in the Caribbean that encompass HIV and AIDS. This toolkit is intended to provide guidance to leaders, policy makers and programme implementers within the tourism sector on the types of models that can be adopted for developing and implementing responsible tourism programmes that encompass HIV and AIDS.

I encourage you all to take advantage of this opportunity to fully embrace responsible tourism. The toolkit provides several models and tools developed here in the region through partnerships with tourism sector entities and government, civil society and the private sector.

Let us commit ourselves to work with others to take responsibility for achieving the economic and social components of responsible tourism. Responsible tourism begins with us. I urge you to use this toolkit.

Yours faithfully,

.....

Tourism Sector Leader

Unit 2. Workplace Policy and Programme

2.1 Target Audience: Policy-Makers

Hotel and Tourism Entities, Chief Executive Officers and Human Resource Managers

2.2 Strategic Objective

Ensure HIV and AIDS workplace policy development within hotel and tourism entities.

2.3 Rationale for an HIV and AIDS Workplace Policy

The purpose of an HIV and AIDS workplace policy is to ensure that HIV and AIDS issues form part of the core business of your entity. The policy:

- Establishes a structure for the HIV and AIDS programme;
- Directs how HIV and AIDS will be managed in the workplace;
- Sets the standards of behavior expected from all;
- Ensures consistency of practices; and
- Informs employees about available assistance and services.

The workplace is one of the most important and effective points for tackling the HIV epidemic. Together, employers and workers can support prevention through workplace education programmes and provide care, even treatment. Keeping affected employees at work contributes to their wellbeing, maintains productivity and morale, and sets an example of non-discrimination.

2.4 Workplace Policy Development Model requiring Low Effort and Low Cost

This model provides guidance for the development and implementation of a workplace policy. It is important to know that anyone can initiate the development of an HIV and AIDS workplace policy using this model. This model requires low effort and low cost.

You might be asking yourself, “how can I start?”. You should first become familiar with the five (5) golden rules for workplace action.

Five golden rules for workplace action

1. Use the programmes and structures that are already in place (occupational safety and health, in-service training, workplace committee).
2. Through worker-management consultation, agree on a policy that commits the workplace to action with 'zero tolerance' for discrimination.
3. Get baseline information on your workplace, and identify what is available in the community, so you know what is needed.
4. Agree on a programme and make an action plan for carrying it out.
5. Make sure a committee, team or individual has responsibility to implement the programme.

Next, follow the key steps below:

2.4.1. Gain Management Commitment

i. Take a decision to encourage management to include HIV and AIDS in the workplace because developing an HIV and AIDS policy requires leadership by senior management.

ii. Contact your National AIDS Programme or community group working in the field of HIV and AIDS, particularly one that works with the private or tourism sector. Let them know that you would like to get started on establishing an HIV and AIDS policy in your entity.

iii. Meet with a management official whom you believe is likely to support your idea. Share your thoughts with him or her and suggest that the entity invites someone knowledgeable about HIV and the workplace to talk with senior management. This person must be able to talk about how HIV and AIDS can affect your entity and what can be done to minimise the effect on your entity.

iv. Set up a "lunch and learn" session and invite the guest speaker to talk with management. Allow time for questions and answers.

v. Meet with the representative from management with whom you first shared your ideas. Find out his/her reaction to the 'lunch and learn' session. Encourage him/her to follow up with other management officials to get their reaction.

vi. Help senior management to understand what their role is in the development and implementation of an HIV and AIDS workplace policy. The following are suggestions of their role:

Role of Senior Management

1. Appoint a team to develop the HIV and AIDS workplace policy and plan;
2. Involve employees in the action plan development;
3. Allocate adequate financial resources for implementing the action plan;
4. Ensure communication of the HIV and AIDS workplace policy and plan to all employees;
5. Track programme implementation and review it when necessary.

2.4.2. Senior Management Appoints a Committee to develop the HIV and AIDS policy and action plan

Below are some guidelines for establishing the HIV and AIDS Committee.

Guidelines for establishing the HIV and AIDS Committee

1. Appoint a committed champion to lead the HIV and AIDS Committee;
2. Match the composition of the committee to the size of the company;
3. Ensure the committee is balanced in terms of gender, departments and level of authority;
4. Involve influential individuals and representatives of employee groups;
5. Involve employees with experience and interest in HIV and AIDS issues;
6. Involve employees living with HIV (PLHIV) where applicable;
7. Consider incentives for the HIV and AIDS Committee members especially if they are to take on this new assignment alongside their usual jobs.

You now have to determine the roles and responsibilities of the HIV and AIDS Committee. We have provided you with a list to guide you in developing your own.

Role and Responsibilities of the HIV and AIDS Committee

1. Obtain objectives, scope of work and resources from senior management and establish the process and timetable for the development of the HIV and AIDS workplace policy and the action plan;
2. Identify external expertise and resources for the development and implementation of the programme;
3. Conduct the company needs assessment;
4. Draft the HIV and AIDS workplace policy, action plan and communication strategy;
5. Ensure all relevant stakeholders are involved in the process;
6. Obtain senior management's approval for the HIV and AIDS workplace policy, action plan, communication strategy and operational budget;
7. Ensure implementation and review of the HIV and AIDS policy and action plan, and advise senior management on adjustments needed.

2.4.3. Conduct needs assessment

A needs assessment is a process for determining and addressing needs or 'gaps' between the current conditions and desired conditions. For example, what is the staff's current knowledge about HIV in relation to what they should know? What HIV-related services do they have access in relation to what they need?

A list of questions to guide the needs assessment is provided below.

Questions to guide the needs assessment

1. How are staff and their dependents affected by HIV and AIDS?
2. What is the current impact of HIV and AIDS on the entity (labour turnover, absenteeism, reduced productivity, health costs, burial costs, death benefits, recruitment and training)?
3. What is the level of awareness among employees about HIV and AIDS?
4. Are there work or employment situations that can put employees at risk of contracting HIV?
5. What are the company's current practices for limiting employees' risk of HIV infection at work and what are the current prevention activities?
6. What medical schemes and services does the entity provide? Do they provide access to HIV and AIDS treatment?
7. What social benefits does the entity provide? Do they cater for HIV and AIDS issues?
8. What access is there to voluntary counselling and testing for HIV?
9. Are there any discriminatory practices, policies, or processes identifiable within the entity?
10. What would employees like to see included in the HIV and AIDS policy or programme?
11. What human, material and financial resources does the entity have for implementing the HIV and AIDS programme?

While the needs assessment may seem like a lot of information to collect you can make this process easier by seeking out the right people to interview in your entity.

For example your human resource manager may be able to provide answers to questions 1, 2, 6, 7 and 11.

On the other hand your occupational safety and health officer should be able to provide answers to questions 4, 5 and 8.

Employees' interviews can provide answers to questions 1, 3, 9 and 10.

However, the Committee members know more about your entity so they will be better able to decide who to interview for answers to these questions.

Please remember that some persons might not be comfortable answering personal questions during a one-on-one interview. In this case you may wish to use questionnaires and let employees know that they do not have to write their names on them. You may also provide several suggested responses to each and ask employees to tick the most appropriate response in instances where employees have concerns that their handwriting might be recognised.

In entities where the literacy level of employees might be low, you may wish to identify a staff member whom they trust to conduct one-on-one interviews with them.

In addition to identifying the needs of your entity, it is also useful to find out what is happening outside of your entity. A list of questions to inform the external assessment is provided below.

Questions to guide the external assessment

1. What is the impact and extent of HIV and AIDS on surrounding communities?
2. How do HIV and AIDS in surrounding communities affect the entity?
3. How are the entity's activities affecting the HIV and AIDS situation in surrounding communities?
4. What national and international policies and legislation govern HIV and AIDS workplace issues?
5. Are there any national programmes on HIV and AIDS in the country?
6. Are there any discriminatory laws, policies or practices in the country regarding HIV and AIDS, gender, substance abuse or sexuality?
7. What access outside the company is there to HIV-testing, prevention, treatment and care for employees, dependants or contractors?
8. What workplace policies and programmes are being implemented by other organisations?
9. What external resources are available to support the implementation of HIV and AIDS workplace programmes?

Your National AIDS Programme can provide the answers to most of these questions or can point you to individuals or agencies that can.

The findings of the needs assessment should be summarised in a report which will form the basis of the HIV and AIDS workplace policy and the HIV and AIDS programme.

2.4.4. Draft the HIV and AIDS Policy

The HIV and AIDS Committee will use the findings from the needs assessment to draft the HIV and AIDS workplace policy, ensuring it complies with national and international standards.

Your entity's HIV and AIDS workplace policy must be clearly non discriminatory. Below are some key guiding principles in relation to non-discrimination.

Key guiding principles for HIV and AIDS workplace policy

1. Do not discriminate against employees living with HIV and AIDS;
2. Do not use HIV and AIDS screening (testing) for purposes of exclusion;
3. Ensure gender equality in access to the HIV and AIDS programme;
4. Ensure confidentiality of personnel data.

The scope and content of the policy will depend on the entity's size, needs and resources. Beneficiaries of the policy should be clearly specified, for example employees, dependents, contractors, and community members.

Checklist for developing an HIV and AIDS workplace policy

Checklist for HIV and AIDS Policy		
	Yes	No
Compliance with national laws		
Confidentiality and privacy ensured		
Protection of employees affected by HIV against discrimination, victimisation and harassment		
No HIV screening of employees or job applicants		
Entitlement to company/statutory benefits and services		
Equality for women in working terms and conditions, and protection where necessary (e.g. against sexual harassment)		
Protection of workplace safety and health accommodation		
Information and education on HIV and AIDS for employees and their families		
Provision of condoms free or at affordable prices		
Training for managers, workers' representatives, peer educators and others if relevant, e.g. safety and health officers		

You can use the format below as a resource to help you to draft your policy.

Format of an HIV and AIDS workplace policy

Introduction/Preamble
<ul style="list-style-type: none"> • Brief description of the entity and the environment with regard to HIV and AIDS; • Reasons why the entity has developed an HIV and AIDS workplace policy; • Entity's commitment to implementing and monitoring the policy; • Statement by senior management in support of the policy.
Policy guiding principles
<ul style="list-style-type: none"> • National and international standards upon which the policy is based.
Policy goals and objectives
<ul style="list-style-type: none"> • What the HIV and AIDS workplace policy intends to achieve, how and when.
Application of policy
<ul style="list-style-type: none"> • Beneficiaries of the policy; • How the policy will be implemented.
Policy components
<ul style="list-style-type: none"> • Each policy component should include:- • -a summarised rationale, which provides the most important reasons for the

policy component.

- - a policy statement, which briefly describes the policy component.
- - workplace guidelines which instruct managers, supervisors and/or employees in implementing the policy component.
- Each policy component may have more than one statement depending on what stakeholders you want to see in the HIV and AIDS workplace policy.

Example of a policy component

Policy Component <i>Risk reduction</i>	Rationale summary	Condoms are an effective barrier to HIV and other sexually transmitted infections.
	Policy statement	The entity will provide easy access to both male and female condoms.
	Workplace guidelines	Condoms will be made available, free at all times, in appropriate places where employees can easily access them.

Once the first draft of the policy is completed, it needs to be circulated to the relevant stakeholders including, employee representatives, and representatives of other beneficiaries, health personnel, and external experts on HIV and AIDS workplace policies for comments.

You may wish to use a stakeholders' meeting to help reach consensus on the policy components and statements. The draft policy should then be submitted to senior management for approval.

2.5 Available Tools and Case Studies

We have made available a number of **project tools** to help support you in developing your entity's HIV and AIDS workplace policy. **This set of tools is colour coded light green which means that they require low cost and low effort.**

You can now begin by logging on to the project website available at www.caribbeanhivaidsalliance.org and clicking on **Project Tools** to access the tools below.

- JHTA Tourism Policy
- TPDCo Workplace Policy

An HIV Workplace Policy Template (ILO) can be found in Appendix 2 to guide you in the development of your workplace policy.

We have also made available on the website, sub project case studies which will provide you with information related to successes, challenges and lessons learnt

during the implementation of the sub projects. Below are summaries of three case studies that relate to policy development, and promotion.

Barbados Hotel & Tourist Association (BHTA) Tourism Policy

The National Tourism specific HIV and AIDS Workplace Policy referred to as the “BHTA Health and Wellness Workplace Programme and HIV Policy Guidelines” was promoted through a national tourism forum. BHTA reported success in disseminating the policy to all partner hotels which have committed to implementing it. BHTA is working with the Ministry of Tourism and Ministry of Health to develop and incorporate the current policy into a national policy.

Jamaican Hotel & Tourist Association (JHTA) Tourism Policy

Prior to the project, JHTA had been previously involved in the development of the Tourism Sector HIV and AIDS Workplace Policy and had produced a Workplace Programme on HIV and AIDS which was aimed at guiding members to develop policies and programmes to combat the spread of HIV. Under the project the JHTA worked with several of its members to build their capacity to develop and implement HIV and AIDS workplace policies.

Tourism Product Development Company (TPDCo) Workplace Policy

TPDCo, in collaboration with the Ministry of Health launched an HIV and AIDS Policy for Tourism in its bid to promote healthy tourism to safeguard Jamaicans. Through the project TPDCo promoted and encouraged implementation of the Tourism Sector HIV/AIDS Workplace Policy that it had been instrumental in developing.

2.6 Key elements for successful implementation of this model

Strong leadership;

Capacity building;

Partnerships between tourism sector and government/civil society Organisations.

2.7 Key elements for sustainability of this model

Development of a sustainability plan from the onset

Capacity building in programme planning and management, training, and monitoring and evaluation

Awareness of the internal organisational problems and prevailing economic situation.

Unit 3. Behaviour Change Communication (BCC) and Evidence Based Interventions

3.1 Target Audience: Programme Implementers

- Hotel Chief Executive Officers
- Hotel Human Resource Managers
- Hotel Nurses
- School and Vocational Teachers

3.2 Strategic Objective

Development and implementation of behaviour change communication and evidence based interventions in hotels, schools and vocational institutions.

3.3 Rationale for behaviour change communication within the context of HIV and AIDS and the workplace

In recent years, a great deal of effort has gone into HIV and AIDS education but, in most cases, it has not been translated into behaviour change. Many workers do not know enough about how HIV is transmitted and therefore do not adequately protect themselves. Others, who may even understand how the virus is spread, continue to persist in their risk-taking behaviour (International Transport Federation).

Projects focusing only on information and education have thus come increasingly to be seen as insufficient and there has been growing recognition of the need to shift the emphasis towards behaviour change. Sexual intercourse is the main means of transmission of HIV, and it is the individual who decides to have sex or not and to use a condom or not. It is clear therefore that changing the behaviour of the individual must be the key strategy of preventing infections.

The concept of behaviour change communication (BCC) focuses on the need to interact more closely with the people who are to be involved in a behaviour change programme. Any such programme needs to address the genuine reasons why individuals are adopting risky behaviours and to involve workers in selecting the most appropriate ways to communicate with their peers.

The best media might include a lunchtime radio show, messages on posters or a session on HIV and AIDS integrated into other regular training schemes. The important point is that the choice depends on the group's own situation and habits. The BCC approach enables greater ownership and establishes the foundation for sustainable HIV and AIDS programmes supporting people in their behaviour change process (International Transport Federation).

The workplace allows communication with people of the same groups that can be reached on a regular basis. Generally people with similar characteristics, such as the same level of education and income, come together in a workplace. This facilitates

dialogue and is conducive to effective peer education programmes, where co-workers can engage in discussions with colleagues at any time and support them in their behaviour change process.

The workplace may also provide internal health services, or can be used to build links to community-based services. It is crucial that the means to support behaviour change are readily available and easily accessible to workers. Condoms should be accessible and affordable, and the locations of confidential voluntary counselling and testing facilities should be widely publicised. Workers should also know where to get treatment for sexually transmitted infections, and where to access antiretroviral drugs, as well as care and support services (International Transport Federation).

3.4 Behaviour Change Communication Model requiring Low effort and Low Cost

This model provides guidance for the development and implementation of a behaviour change communication programme. The model combines both awareness raising and behavior change at the individual and entity level. The model acknowledges that there must be a number of enabling factors to support individuals' behavior change.

If you are planning a BCC programme you may wish to begin with some silent reflection by following the steps below.

3.4.1 Silent self reflection

Step 1: Think about your entity for a moment. Think about it in relation to the staff and clients/guests and in terms of HIV. What comes to mind?

Step 2: Now think about the people who interact with your staff and guests in the community along the same lines as above. What comes to mind?

Step 3: Now that you had some time to think make a matrix as shown below and list the attitudes and behaviours that came to mind earlier.

Staff Attitudes & Behaviours	Clients/guests Attitudes & Behaviours	Community people Attitudes & Behaviours

Step 4: Now that you have made your list of attitudes and behaviours in relation to HIV for each of the three groups spend a few more moments really thinking about these attitudes and behaviours.

Step 5: Ask yourself if there are any connections between these groups of people that you now think about but never thought about before using this tool. Make a note of what comes to mind.

Step 6: What can you do about what you are thinking? Make some notes if you wish.

Step 7: If you made notes look at what you have written. Did you write the word “change” or any other word or phrase with this meaning? If you did, what do you want to change? And why?

What are you thinking? What are you feeling?

Step 8: Remember behaviour change begins with you. As you review the tools provided online, remember that effective behaviour change communication can:

- Increase knowledge of HIV and AIDS;
- Stimulate social and community dialogue;
- Promote essential attitude change;
- Improve skills and sense of self-effectiveness;
- Reduce stigma and discrimination against people living with HIV and AIDS;
- Create a demand for information and services;
- Advocate an effective response to the epidemic; and
- Promote services for prevention, care and support of vulnerable populations.

3.4.2 Step by Step Guide for implementing a BCC programme in the workplace

Step 1: Collect information on all categories of staff

An effective strategy is not based on assumptions but on clear findings. The first step is to collect information on workers and managers. You would have done this during the needs assessment conducted to inform the development of the HIV and AIDS workplace policy. You can also use the information you wrote down during your silent reflection.

Step 2: Agree on the objectives and activities of the programme

At this stage, if applicable, a wide range of staff including union representatives, human resources managers, occupational health specialists and workers living with HIV and AIDS should come together to develop their own behaviour change strategy and programme. Objectives should be linked to the programme and activities should be linked to the objectives. A template for an action plan can be found in Appendix 3.

Examples of Objectives and Activities are in the matrix below.

Programme	Objective	Activities
Prevention	1. Increase the number of workers who are reporting the adoption of safer sexual practices.	1.1 Train a group 12 workers to deliver HIV and AIDS education to their peers 1.2 Conduct HIV and AIDS education among all categories of workers. 1.3 Make condoms (male and female) available to workers at specific places on the workplace 1.4 Facilitate workers' access to VCT services.
Care and Support	2. Increase the number of workers reporting access to care and support services.	2.1 Provide workers with a list of HIV-related services available in the community 2.2 Facilitate workers' access to care and support services 2.3 Facilitate workers' access to STI services.

Step 3: Helping the target groups identify the benefits of changing

To make people change, you need to speak to their hearts and minds, and in order to do that you need to know them. People will want to know the key benefits of changing behaviour before they will be prepared to shift the new behaviour.

Depending on the target audience, for example, you may need to underline the potential benefits of behaviour change for the well-being of the family and the future of children.

You can help your workers to assess the benefits by helping them to first identify the cost, that is, what will it cost them if they continue their behaviour that is putting them at risk. Help them to brainstorm and make a list of all the costs, then let them make a list of the benefits as in the matrix below.

Costs	Benefits
Loss of HIV negative status	Maintenance of HIV negative status
Dependency on medication for a lifetime	Good health

Change also comes about when the communication channels are accepted as being the most appropriate for the target group and individuals identify themselves with the messages of the prevention programme. For example, one group of workers engaging in multiple partnerships and not being regularly tested for HIV may develop this message: *"No need to guess, take an HIV test and be less stressed"*. In this case it was clear that the possibility of peace of mind could motivate the group to change its behaviour by coming forward for voluntary testing. Another key benefit of testing could be to have access to appropriate treatment in time, in order to prolong life, keep working and support loved ones. In this example the key benefit was selected by the target audience itself

Step 4: Choose the right channel of communication

In many cases messages do not achieve their intended goal because they were not sent through the right channel. Peer education is one of the most effective channels for achieving behaviour change. Peer educators are informal leaders who are persuasive and motivated, and who come from the group of workers being targeted. They are familiar with the situation of their colleagues because they share similar

pressures and aspirations. They know what makes their colleagues vulnerable to HIV and normally find the right words to engage in dialogue with them.

In some cases, they may themselves be living with HIV and may be a source of hope for workers who still think that HIV is a death sentence. They can play a crucial role in convincing co-workers to get tested and make them understand that antiretroviral drugs taken in time will allow them to live and work longer.

The project has provided you with several tools that the peer educator can use to deliver HIV and AIDS education.

Step 5: Monitor activities to assess changes in behaviour

As implementation starts, effective systems should be put in place to monitor the activities and assess how they are affecting the behaviour of workers. Information should be collected on a regular basis to allow revisions and adjustments to the messages when necessary.

3.5. Available Tools and Case Studies

We have made available a number of **project tools** to help support you in developing your entity's behaviour change communication programme. **This set of tools is colour coded light green which means that they require Low Cost and Low Effort.**

You can now begin by logging on to the project website available at www.caribbeanhivaidsalliance.org and clicking on **Project Tools** to access the tools below.

- Health and Wellness in the Tourism Sector; BCC Materials; Wellness Unit to be scaled up through the BHTA
- CHAT – Edu Drama toolkit
- CHAT – Anti- Stigma video for use as an educational and orientation tool
- CHAT – Peer Educators in Action – Leading the way in the workplace and community based response; PE Toolkits (Manuals, Flipcharts & Male Models)
- CHAT – PC Toolkits
- BCC Educational tools (materials from all subgrantees)
- Adolescent DVD (Sandals Negril)

We have also made available on the website, sub project case studies which will provide you with information related to successes, challenges and lessons learnt during the implementation of the sub projects. Below are summaries of two case studies that provide you with examples as to how your entity can also expand its BCC programme to reach informal sector workers and tourists. You should be aware that moving interventions from the workplace to the community is really about small, increasing shifts in programming at low costs.

Sandal Negril/NCC – Peer Education (adolescents)

Sandals Negril, Negril Chamber of Commerce had not done HIV work prior to the project, thus necessitating basic one-on-one sensitisation training on HIV and AIDS. The programme's focus was on improved HIV and AIDS awareness amongst in and out of school youth through a campaign in the two parishes. This was the first time that the organisations were undertaking planned HIV activities, however their activities showed a true multi-sectoral response as the hotel had to draw on the support of the National AIDS Programme, NGOs (Jamaica AIDS Support for Life (JASL) and HEART Vocational Training Programme and the media to get its work done.

Sandals Montego Bay – Peer Education (youth and community)

Sandals Montego Bay Hotel conducted a community HIV and AIDS awareness programme in a neighbouring inner city community called Flankers from where the majority of its workforce, especially line staff, is recruited. Peer counsellors within the community and in the schools were certified and the programme was tailored to the needs of the target groups after a needs assessment was done. In addition, the hotel carried out HIV awareness and sensitisation sessions with all new staff and had regular clinics for staff. Sandals partnered with the Ministry of Health to deliver peer education and had 20 of their peer educators certified by the ministry.

3.6 Key elements for successful implementation of this model

Key partnerships between tourism sector and government/civil society organisations

Understanding the target group and tailoring the messages to meet their needs.

Capacity building including basic HIV and AIDS information for entities without prior experience with HIV work

Supporting behavior change by facilitating access to prevention and care services

3.7 Key elements for sustainability of this model

Development of a sustainability plan from the onset

Capacity building in programme planning and management, training, and monitoring and evaluation

An awareness of the internal organisational problems and the prevailing economic situation.



Trained Peer Educators



Role Play

Unit 4. Promoting Uptake of Services, through Voluntary Counselling and Testing and Psychosocial Support Services

4.1 Target Audience: Programme Implementers

- Hotels' Chief Executive Officers
- Hotels' Human Resource Managers

4.2 Strategic Objective

Promote uptake of HIV-related services among vulnerable community groups, through the provision of Voluntary Counselling and Testing and Psychosocial Support Services.

4.3 Rationale for Promoting Uptake of Prevention and Care Services

Voluntary counseling and testing (VCT) for HIV has the potential to be a powerful tool for reducing risky behaviors. It also serves as a key entry point to care and support services, making it an important complement to other HIV and AIDS prevention and care strategies (FHI).

Successful communication about HIV and AIDS is best achieved through dialogue. The counsellor's ability to create a safe and secure environment, one in which the client can ask questions, share personal information, gather information and make decisions without feeling judged or pressured, is critical to the success of the interaction. To create such an environment, the counsellor must offer the client time, attention and respect, while bringing verbal and non-verbal skills to the counselling session that enable the client to explore his or her problems, to make choices and take action (i.e., the exploration, understanding and action [EUA] counseling model). By applying these skills, the counsellor can provide information, ensure confidentiality and facilitate the growth of a trusting relationship (FHI).

4.4 VCT and Psychosocial Support Services Model requiring Low Cost and High Effort

This model provides guidance for promotion of the uptake of VCT and psychosocial support services. This model relies on the establishment of partnerships with key government and civil society agencies to ensure that the implementation cost is kept low.

Referral to community services is the most cost effective strategy for ensuring your workers' access to VCT services and is the basis for this model. It is also important to firstly facilitate access to VCT and psychosocial support for your own employees before reaching out to community groups.

Several steps have been provided below to help you get started.

Step 1: Contact your National AIDS Programme for a list of agencies that provide VCT, and care and services.

Step 2: Contact the VCT and care providers to discuss the establishment of a referral partnership.

Step 3: Sensitise your workers about the service and emphasise that seeking to know one's status in no way suggests that someone is HIV positive. Explain that the VCT and psychosocial services are confidential and that the results of those who are counselled and tested will not be shared with the workplace.

Step 4: Facilitate time off for persons wishing to be tested or receive psychosocial support.

Step 5: Monitor the programme and identify lessons learned to improve employee's access to these services.

Step 6: Use the lessons learned to inform expansion of the service to community groups.

4.5 Available Tools and Case Studies

We have made available a number of tools to help you get started with the promotion of VCT and psychosocial support services in your entity and expansion to community groups. **This set of tools is colour coded Purple which means that they require Low Cost and High Effort.**

You can now begin by logging on to the project website available at www.caribbeanhivaidsalliance.org and clicking on **Project Tools** to access the tool below. Additional tools are also provided on the next page.

- Tourism Product Development Company (TPDCo) Policy DVD



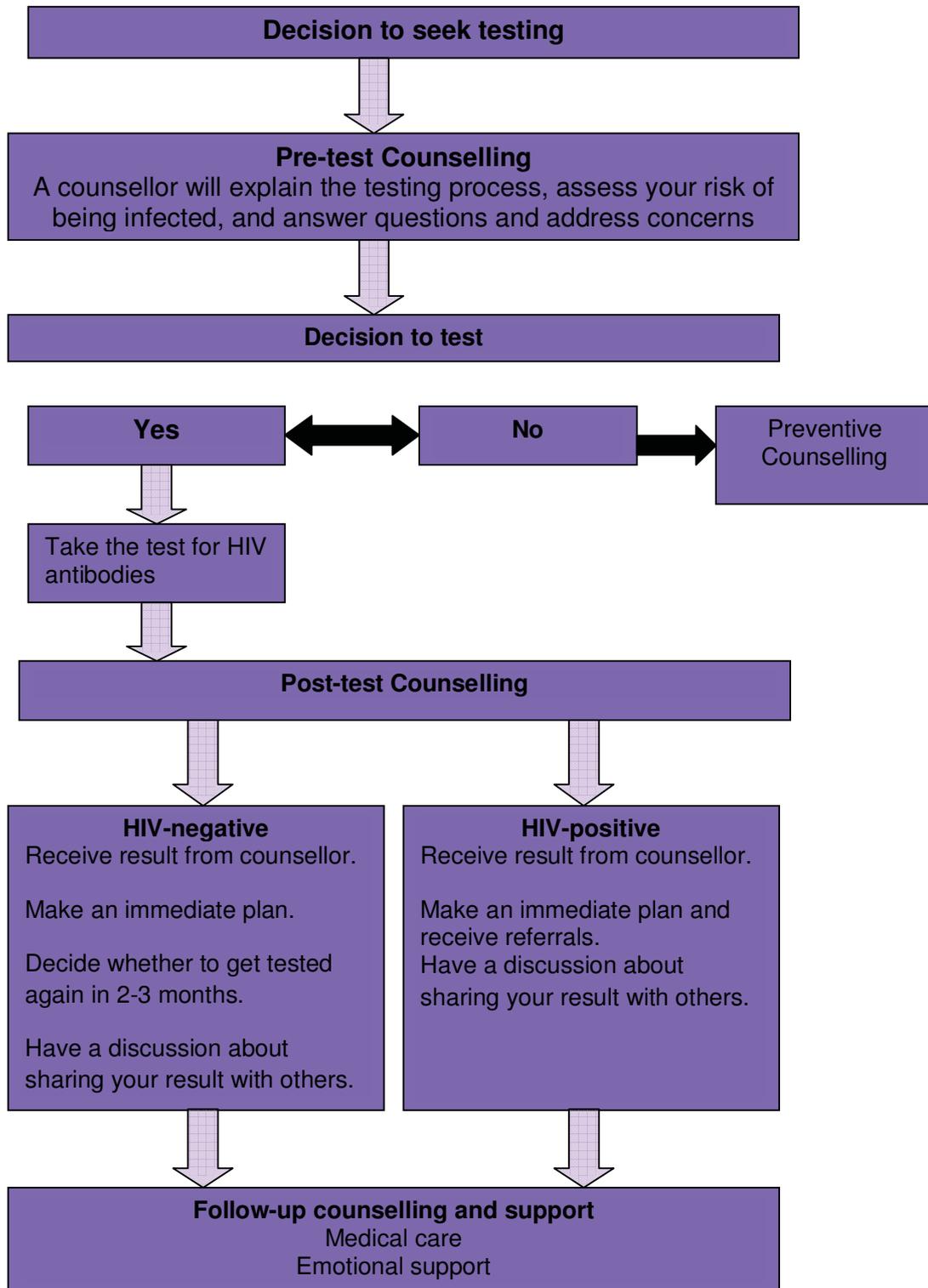
Staff accessing VCT services

Tool: Steps in voluntary counselling and testing for HIV

LOW COST AND HIGH EFFORT.

Purpose of this tool

To increase understanding of the steps in VCT.



We have also made available on the website, sub-project case studies which will provide you with information related to successes, challenges and lessons learnt during the implementation of the sub projects. Below are summaries of two case studies that provide you with examples as to how VCT and other services can be introduced to your entity and your entity can partner with community based organisations to deliver VCT services to the wider community.

How to introduce Health Fairs and Clinics

Through the project, Barbados Hotel and Tourist Association supported health fairs which were already established in partner hotels, and provided opportunity for free health clinics and education in enterprises not previously offering them to their employees. BHTA and AIDS Foundation of Barbados Incorporated (AFBI) supported VCT at three health clinics and three health fairs respectively. United Gays Lesbians Againsts AIDS in Barbados (UGLAAB) provided counselling and psychosocial support at the BHTA-organised fairs. BHTA and AFBI reported that hundreds of persons were tested at these events.

How to introduce VCT community Outreach (market vendors and taxi drivers)

Tourism Product Development Company (TPDCo) partnership with JASL resulted in a joint staff/sex worker/beach boy VCT training workshop. This was the first time that hotel workers had undergone training alongside sex workers. Persons from the target communities (sex workers, beach boys, hotel staff) were trained as VCT Skills Providers. VCT sessions reached hundreds of persons and Rapid Tests were conducted among these groups.



Jamaica AIDS Support for Life partners with TPDCo in VCT Fair



VCT Outreach

4.6 Key elements for succesful implementation of the model

Strong leadership

Capacity building through training of members of the target group including sector employees and vulnerable populations to provide services

Partnerships between tourism sector and government/civil society organisations to facilitate delivery and access to VCT and psychosocial services

4.7 Key elements for sustainability

Development of a sustainability plan from the onset

Training a core team of key individuals as a peer educators and counsellors to spearhead and sustain the workplace programme activities

Unit 5. Institutional Capacity Building of Civil Society and Private Sector

5.1 Target Audience: Programme Implementers

- Hotels' Chief Executive Officers
- Hotels' Human Resource Managers

5.2 Strategic Objective

Facilitate institutional capacity building of Civil Society and Private Sector to respond to HIV and AIDS

5.3 Rationale for building capacity of other sectors

Capacity building of Civil Society and Private Sector, including PLHIV organisations and organisations working in the field of HIV and AIDS enables them to become more sustainable. Such efforts also contribute significantly to increasing the number of persons who are able to contribute to implementation of AIDS prevention and support programmes. It can also contribute to an increase in the number of private sector sites that are implementing AIDS prevention programmes.

5.4 Capacity Building Model requiring High Cost and Low Effort

This model is recommended for entities that can leverage the resources to implement it. Significant financial and human resources will have to be invested to ensure adequate levels of expertise are built into implementing organisations, based on their individual needs. This model addresses mentoring, empowerment and public speaking training, training in both management skills and processes, and monitoring and evaluation of interventions. It also encompasses skills building to deliver HIV and AIDS education, and care and support services.

The following steps are provided to guide you in implementing this model.

Step 1: Identify community based agencies that your entity would like to partner with to deliver services to your workers and the wider community. Your National AIDS Programme can provide you with a list of agencies.

Step 2: Conduct a rapid capacity assessment of selected agencies. You may wish to contract the services of a consultant to conduct this assessment.

Step 3: Use the assessment findings to prioritise partner agencies whose capacity you would like to build.

Step 4: Determine budget available to support the capacity building efforts.

Step 5: Establish memorandum of agreement with the selected agencies with clear roles and responsibilities of your entity and the partner agency.

Step6: Recruit non profit community based entities or consultants to conduct capacity building.

Step7: Monitor utilisation of capacity building efforts.

5.5 Available Tools and Case Studies

We have made available sub-project case studies to help you get started with facilitating institutional capacity building of civil society and private sector to contribute to the response to HIV and AIDS. **These case studies are colour coded Orange which means that they require High Cost and Low Effort.**

You can now begin by logging on to the project website available at www.caribbeanhivaidsalliance.org and clicking on **Project Tools** to access the **case studies**.

The case study below will enable you to develop a better understanding of the types of capacity building that may be undertaken.

Capacity Building, Mentorship and Coaching

The management of the project provided opportunities for all sub-grantees to receive the necessary education sessions to improve their skills and proficiency in navigating the CHAA financial management system, the reporting formats, procurement of services, equipment and supplies, and in the monitoring and evaluation framework. Inputs for these training/orientation activities were provided by the CHAA Trinidad and Tobago office as well as by AIDInc and in special cases by short term consultants.

In **Barbados**, sub-grantees such as UGLAAB, Lifeguards and Community Assist Reach out Educate (CARE) benefitted tremendously from capacity building activities. Capacity building in sub-grantees and private sector enterprises produced a cadre of well-trained motivated persons who can contribute to the national HIV response efforts. Sub-grantees who had received the intensive training had already assumed additional responsibility as peer counsellors, VCT counsellors and empowered to represent their organisations. Barbados' sub-grantee experience with capacity building was written up as a best practice.

In **Jamaica**, all sub-grantees benefitted from capacity building activities organised by the Project Officer. One of the specific areas in which Jamaica had to build capacity, was in basic knowledge about HIV (HIV 101). Only half of the sub-grantee agencies had worked in HIV prior to signing on with this project – and even within those organisations that had prior involvement, the individuals managing the sub-project had none.

All sub-grantee agencies participated in a regional capacity building workshop which fostered improved programme planning, management and implementation of sub-projects. It also provided an opportunity for all sub-grantees to sharpen their presentation and public speaking skills and to practise fielding questions about their projects.

Some sub-projects focussed on building the capacity of their implementation partners and other stakeholders. AIDS Foundation of Barbados Incorporated (AFBI),

Ministry of Health Sex Workers Project and UGLAAB in Barbados and HEART Trust National Training Agency (HTNTA), JASL, Jamaica Red Cross, and the National AIDS Committee (NAC) in Jamaica, trained peer educators and peer counsellors and VCT providers. Hotel workers and community NGOs have been enabled to disseminate policies, counsel and support tourism workers and those who are affected or at risk of HIV in the community. Leadership, public speaking and articulation skills were developed to promote participation in HIV communication programmes. This helped them to better articulate their health needs and rights.

5.6 Key elements for successful implementation of this model

Capacity building through training of members of the target group including sector employees and vulnerable populations, particularly in the provision of services

Plan for retention of staff/volunteers trained

Commitment of staff/volunteers trained to apply the knowledge and skills acquired

5.7 Key elements for sustainability of this model

Investment in human capital



Capacity Building Workshop October 2008, Barbados

Unit 6. Building Effective Collaborative Multi-sectoral Partnerships (Civil Society, Private Sector and Government) including Community Involvement

6.1 Target Audience: Programme Implementers

- Hotels' Chief Executive Officers
- Hotels' Human Resource Managers

6.2 Strategic Objective

Building of effective collaborative multi-sectoral partnerships (civil society, private sector and government) including community involvement.

6.3 Rationale for Building and Maintaining Partnerships

Partnerships are crucial for leveraging information and resource sharing in order to sustain activities and programmes. Strategic partners with complementary technical competencies, co-investment capacity and access to local communities are critical for success. In addition, partnership with local government entities is essential to long-term sustainability.

6.4 Building and Maintaining Partnerships Model requiring Low Cost and High Effort

There are no blueprints for building and maintaining partnerships, but it is useful to have an understanding of the stages of partnership development, from formation to implementation, maintenance, and achievement of goals. The model uses five steps for successful partnerships and require low cost but high effort.

Below are five steps to help you begin successful partnerships.

Step 1. Understand your own organisation

- Is your entity ready to partner?
- What do you need/want?
- What do you offer?

Step 2. Understand the needs and motivation of the other organisation

- What do they want?
- What can they offer?
- What is your history with them?
- What opportunities are you bringing?

Step 3. Identify common interests

- Identify community leaders who can convene others.
- State issues in terms of needs of community and people.
- State vision of clearly understood positive outcomes.
- Consider who else should be at the table.

Step 4. Plan the work

- Gather information from partners about desired outcome or expected results
- State the broadly worded goals or desired results
- Small group takes the information to draft a work plan
- Present draft work plan to partnership for feedback
- Modify draft
- Present modified version to partnership for acceptance

Step 5. Agree on roles, tasks, responsibilities

These five steps were adapted from the Points of Light Foundation.

Point to note:

Successful partnerships manage the relationships, not just the agreement. Therefore you need to:

- Manage the partners well.
- Check your actions against the points of agreement.
- Ask for feedback on how well the organisations worked together.
- Document the success.
- Communicate the success.

6.5 Available Case Studies

We have made available sub-project case studies to help you get started building and maintaining partnerships. **These case studies are colour coded Light Green which means that they require Low Cost and High Effort.**

You can now begin by logging on to the project website available at www.caribbeanhivaidsalliance.org and clicking on **Project Tools** to access the **case studies**. We have provided summaries of two case studies below.

BHTA Private sector leadership and CHAT NGO Leadership

The implementation strategy in Barbados involved an integrated methodology, whereby two lead coordinating organisations, BHTA and a community based organisation, CHAT work in partnership with the other 15 partner organisations to implement joint project activities. This strategy was based on partnership as a means to share resources, improve operational efficiencies, reduce duplication of efforts, and most importantly support long-term project sustainability.

The use of the BHTA as the central coordinating body for the tourism private sector response was a critical strategy to ensure sector based ownership and buy in to the project goals and objectives and to develop sustainability structures. Based on BHTA's positioning within the tourism sector it was well placed to support the coordination of the private sector activities through this project.

Conversely CHAT was ideally placed to support implementation of the community based activities in the project due to existing networks and partnerships with NCC Lifeguards, Ministry of Health's Sex Workers Project, and NGOs and CBOs (UGLABB, CARE). These represented key groups targeted through the project such as PLHIV, MSM, sex workers and informal workers such as fisher folk and taxi drivers. The structure also enabled community-based organisations without prior

working relationships with private sector entities to become actively involved in the private sector response through CHAT, which had specific expertise in empowerment of disenfranchised groups to facilitate cross-group dialogue. CHAT and BHTA undertook a number of joint activities, particularly within the formal setting. CHAT worked with partner community based organisations to lead outreach to the informal tourism settings and to build capacity of NGOs to implement HIV and AIDS sensitisation sessions in the workplace. Capacity building in programme planning, management, and monitoring and evaluation which was conducted by an NGO, Associates for International Development (AIDInc) significantly contributed to the success experienced by BHTA.

Couples Negril and JASL Private sector NGO Partnership

Couples Negril is part of the Super Clubs chain of hotels and had never been involved in HIV work in Jamaica. JASL is one of the oldest NGOs serving the PLHIV community. It was therefore advantageous for Couples Negril to partner with JASL based on its vast experience in carrying out interventions among vulnerable populations – sex workers, beach boys, MSMs – with whom Couples conducted work. The partnership resulted in a joint staff/sex worker/beach boy VCT training workshop. It was the first time that hotel workers had undergone training alongside sex workers.

6.6 Key elements for successful implementation of this model

Commitment to build and maintain partnerships

Willingness of sector employees to work with vulnerable groups; respect for differences

Strong leadership

6.7 Key elements for sustainability of this model

Development of a partnership maintenance plan from the onset.

Even if your needs are immediate and short-term, work so that you build long-term relationships with your partners.

Points of Light Foundation, 2005

Unit 7 . Stigma and Discrimination and Advocacy

7.1 Target Audience: Programme Implementers

- Cross cutting theme across all target audiences.

7.2 Strategic Objective

Reduce stigma and discrimination within the formal and informal sector and surrounding communities.

7.3 Rationale for Addressing Stigma and Discrimination

Stigma and discrimination present major challenges to the successful implementation of workplace HIV and AIDS programmes. Stigma is defined as a social process that marginalises and labels those who are different, and discrimination is defined as the negative practices that stem from stigma, or “enacted” stigma (Population Council).

In the workplace, employees may suffer from HIV-related stigma from their co-workers and supervisors, such as social isolation and ridicule, or experience discriminatory practices, such as being fired from their jobs. The fear of negative reactions from colleagues and employers may discourage workers from undergoing voluntary counselling and testing (VCT) and seeking available prevention and care services.

7.4 Stigma and Discrimination Model requiring Low Cost and High Effort

This model provides several strategies for addressing stigma and discrimination. This model requires low cost because several tools have been provided to help you address this issue both within and outside the workplace. It requires high effort because stigma and discrimination involve hard work to encourage change in individuals’ attitudes and behaviour in relation to, for example, HIV, sex work, sexual orientation. You are encouraged to incorporate this model into your entire response.

Below are four strategies which can help your entity to address stigma and discrimination.

Decreasing myths and misconceptions about HIV and AIDS and fighting ignorance

There is a continued need to let workers know the basic facts about HIV and AIDS transmission, non-transmission, prevention and care. Ignorance of the facts leads to fear, which, in turn, adds to stigma and discrimination.

Encouraging people living with HIV to tell their story

People living with, and affected by HIV and AIDS bear the consequences and face the impact of stigma and discrimination continually throughout their lives. Sharing of

experiences allows for community understanding of how HIV and AIDS affect people's lives, humanises the disease and allows people to reflect upon how they and their co-workers are responding to the AIDS epidemic.

Stigma and discrimination (S&D) issues integrated into HIV prevention and care programmes

Every entity undertaking workplace and outreach work should discuss stigma, discrimination and any human rights violations that result from them. Peer educators should be given training on how to address the issue of S&D in their daily work. The role of antiretroviral therapy in the 'normalisation' of AIDS as it moves from a fatal disease to a chronic, manageable one needs to be highlighted. Fear, one of the building blocks of stigma, can be reduced when people see that having HIV or AIDS is not an automatic death sentence.

Documenting acts of stigma and discrimination

The entity should encourage documentation of stigma and discrimination. Entities must also provide redress for persons who experience discrimination. Redress could also take the form of sanctions, or counselling of the persons who discriminate against others to increase their awareness of the effects of stigma and discrimination on those who they stigmatised.

7.5 Available Tools and Case Studies

We have made available several tools to help you get started on reducing stigma and discrimination in and outside the workplace. You can now begin by logging on to the project website available at: www.caribbeanhivaidsalliance.org and clicking on **Project Tools** to access the **tools** below. **These tools are colour coded Purple because they require Low Cost and High Effort.**

- **CHAT Anti-stigma Video**
- **CARE Anti-stigma Manual**
- **Jamaica Red Cross Ant-stigma Brochure, Posters, and Billboards**



EDU-DRAMA at the GEMS Hotel Health Fair: Left: Elaine, Safiya, Kyle, Christian Lady, tell their stories of stigma and discrimination; Right: The audience moved by the stories.

7.6 Key elements for successful implementation of this model

Available tools to address stigma and discrimination

Available strategies for addressing stigma and discrimination at the individual level

Redress for workplace discrimination

7.7 Key elements for sustainability of this model

Integration of stigma and discrimination strategies into all components of the programme

Sources

FHI. **VCT Toolkit - HIV Voluntary Counseling and Testing: Skills Training Curriculum Participant's Manual, 2005.** Available at: <http://www.fhi.org/NR/rdonlyres/e6hgusprlxxcn4ztimwc7b653uzutlpjiclbc3dirspupup4ueo7quzn7qeqg5lqv7iwso3wllf6tp/VCTParticipantsManual.pdf> Accessed February 12, 2010

Global Business Coalition on HIV/AIDS, Tuberculosis and Malaria.(GBC); 2009. **Travel and Tourism Companies can Play Important Role in Fight Against HIV/AIDS, TB and Malaria** Accessed on November 24, 2009 Available at: <http://www.gbciimpact.org/files/transfers/documents/TNT-Dialogue.pdf> Accessed on November 23, 2009

Husbands and Harrison. **Practising Responsible Tourism: International Case Studies In Tourism Planning, Policy, And Development, 1996**

International Transport Federation. **Challenging HIV and AIDS in Transport - Behaviour Change Step by Step, 2009.** Available at: <http://www.itfglobal.org/HIV-Aids/agenda1-change.cfm> Accessed on February 11, 2010

Points of Light Foundation. **Building Partnerships that Work: 2 Nonprofit Organizations and Employee Volunteers. 2005.** Available at: http://www.volunteeringandservice.org/resources/cvc/4_Best_Practices/Building_Partnerships_That_Work.pdf. Accessed February 12, 2010

Population Council/Horizons Communications Unit. **HIV/AIDS Stigma and Discrimination in a Workplace Program: Emerging Findings.** Available at: <http://www.popcouncil.org/pdfs/horizons/eskombsum.pdf> Accessed on February 12, 2010

Public Health Agency of Canada. **The Community Capacity Building Tool – A Tool for Planning, Building and Reflecting on Community Capacity in Community-based Health Projects. 2008.** Available at: <http://www.phac-aspc.gc.ca/canada/regions/ab-nwt-tno/downloads-eng.php>

Tourism, Hospitality & Sport Education & Training Authority South African Tourism Institute. **HIV and AIDS Handbook for South African Tourism and Hospitality Companies.** Available at: http://www.fedhasa.co.za/Downloads/HIV_AIDS_HANDBOOK.pdf Accessed on December 5, 2009

Appendices

Appendix 1: Sample Letter from Sector Leaders to Policy Makers and Implementers

Dear Policy Maker /Programme Implementers,

The Cape Town Declaration 2002 on Responsible Tourism called on each of us in the tourism sector to create better places for people to live and for people to visit. In 2008 policy makers committed to the Kerala Declaration on Responsible Tourism pledged to take forward the concept of Responsible Tourism into practice.

In observance of Caribbean Tourism Day November 3, 2009 Mr. Hugh Riley, Secretary General of the Caribbean Tourism Organization reminded us that tourism makes an immense and invaluable contribution to the economic, social, and cultural well-being of the Caribbean. He observed that no other sector does more to enrich the quality of life of the people of this region and that no other sector cuts across every facet of Caribbean life the way tourism does.

Thousands of tourists who come to the Caribbean each year are lured by our sand and beaches and our rich culture. In contrast the Caribbean is also known as the region with the highest HIV prevalence outside of Africa. It is therefore imperative that we within the tourism sector ensure respond with equal measure to the threat posed by HIV and AIDS. Our response must ensure that tourism remains a viable product for the region.

Responsible tourism represents a way of *doing* tourism planning, policy, and development and requires bold leadership. We can respond by embracing responsible tourism that encompasses HIV and AIDS.

The Caribbean HIV AIDS Alliance with funding from DFID has developed a toolkit of Responsible Tourism Models in the Caribbean that encompass HIV and AIDS. This toolkit is intended to provide guidance to leaders, policy makers and programme implementers within the tourism sector on the types of models that can be adopted for developing and implementing responsible tourism programmes that encompass HIV and AIDS.

I encourage you all to take advantage of this opportunity to fully embrace responsible tourism. The toolkit provides several best practices and tools developed here in the region through partnerships with tourism sector entities and government, civil society and the private sector.

Let us commit ourselves to work with others to take responsibility for achieving the economic and social components of responsible tourism. Responsible tourism begins with us. I urge you to use this toolkit.

Yours faithfully,

Tourism Sector Leader

Appendix 2: HIV Workplace Policy Template (ILO)

1. GENERAL STATEMENT

The policy begins with a general statement or introduction that relates the HIV and AIDS policy to the local context and existing business practices, including some or all of the following:

- The reason why the company has an HIV and AIDS policy
- A statement about how the policy relates to other company policies
- Policy compliance with national and local laws and trade agreements

Sample language

Company or public sector workplace X recognises the seriousness of the HIV and AIDS epidemic and its impact on the workplace. The Company supports national efforts to reduce the spread of infection and minimize the impact of the disease.

The purpose of this policy is to ensure a consistent and equitable approach to the prevention of HIV and AIDS among employees and their families, and to the management of the consequences of HIV and AIDS, including the care and support of employees living with HIV/AIDS. The policy has been developed and will be implemented in consultation with employees at all levels. It is in compliance with existing laws regarding HIV and AIDS [*where relevant - otherwise insert 'existing laws on discrimination, working conditions, and safety and health'*] and with the ILO Code of Practice on HIV and AIDS and the world of work.

2. POLICY FRAMEWORK AND GENERAL PRINCIPLES

The policy establishes some general principles as the basis for specific provisions:

Sample language

Company X does not discriminate or tolerate discrimination against employees or job applicants on any grounds, including HIV status. While Company X recognises that there are circumstances unique to HIV infection, this policy rests on the principle that HIV infection and AIDS should be treated like any other serious condition or illness that may affect employees.

It takes into account the fact that employees with HIV may live full and active lives for a number of years. The Company's commitment to maintaining a safe and healthy work environment for all employees is based on the recognition that HIV is not transmitted by casual contact.

3. SPECIFIC PROVISIONS

The policy should include provisions in the following areas:

- 1) The protection of the rights of those affected by HIV and AIDS
- 2) Prevention through information, education and training
- 3) Care and support for workers and their families.

1) *Stigma, discrimination and rights*

No rights - from confidentiality to access to benefits - should be affected by an individual's HIV status, real or suspected. Stigma and discrimination compromise employee welfare and a safe and healthy work environment. They also undermine HIV prevention efforts, which depend on an atmosphere of openness, trust and respect for basic rights.

Sample language

1. *Rights of employees who are HIV-positive.* HIV-positive employees will be protected against discrimination, victimisation or harassment. Normal company disciplinary and grievance procedures shall apply equally to all employees, as will the provision of information and education about HIV and AIDS.

2. *Employment opportunities and termination of employment.* No employee should suffer adverse consequences, whether dismissal or denial of appropriate alternative employment opportunities, merely on the basis of HIV infection. *[A collective agreement could spell out the grounds for dismissal].*

3. *Testing.* Company X rejects HIV testing as a prerequisite for recruitment, access to training or promotion. However, the company promotes and facilitates access to voluntary confidential testing with counselling (VCT) for all employees.

4. *Epidemiological testing.* Testing programmes for epidemiological purposes will be subject to appropriate consultation with recognised employee representatives and will be subject to independent and objective evaluation and scrutiny. The results of epidemiological studies will not be used as a basis for discriminating against any class of employee in the workplace. All testing will comply with accepted international standards on pre-and post-test counselling, informed consent, confidentiality and support.

5. *Confidentiality.* The Company recognises the sensitive issues that surround HIV and AIDS and undertakes to handle matters in a discreet and private manner. Where an employee with HIV has revealed his or her status to management, the Company will keep the identity of such person confidential. However in line with the Company philosophy on the virus, the employee will be encouraged to be open about his or her HIV status.

2) Awareness-raising and education

In the absence of a vaccine or cure, information and education are vital components of an AIDS prevention programme. Because the spread of the disease can be limited by informed and responsible behaviour, practical measures such as condom distribution are also important means of supporting behaviour change within the workplace community.

Sample language

1. Appropriate awareness and education programmes will be conducted to inform employees about AIDS and HIV which will enable them to protect themselves and others against infection by HIV. Some of these will include the families of employees and the local community.
2. The company recognises the importance of involving employees and their representatives in the planning and implementation of awareness, education and counselling programmes, especially as peer educators and counsellors.
3. Practical measures to support behaviour change and risk management will include the treatment of sexually transmitted infections (STIs) and TB [*or - where impossible - referral to STI and TB treatment services in the community*], sterile needle and syringe exchange programmes [*if relevant to the local situation*], and the distribution of male and female condoms.
4. Training shall be arranged for key staff including managers, supervisors, and personnel officers; union representatives; trainers of trainers (both male and female); peer educators; and occupational safety and health officers.
5. Reasonable time off will be given for participation in education and training.

3) Care and support for workers and their families

It is in the interest of both enterprise and employees if infected individuals are assisted to remain at work as long as possible.

Sample language

- 1. The promotion of employees' well-being.** The Company will treat employees who are infected or affected by HIV and AIDS with empathy and care. The Company will provide all reasonable assistance which may include counselling, time off, sick leave, family responsibility leave, and information regarding the virus and its effect.
- 2. Work performance and reasonable accommodation.** It is the policy of the Company to respond to the changing health status of employees by making reasonable accommodation in the workplace for those infected with HIV. Employees may continue to work as long as they are able to perform their duties safely and in accordance with accepted performance standards. If an employee with AIDS is unable to perform his or her tasks adequately, the manager or supervisor must resolve the problem according to the company's normal procedure on poor performance/ ill health.

3. Benefits. Employees living with HIV and AIDS will be treated no less favourably than staff with any other serious illness/condition in terms of statutory and company benefits, workplace compensation, where appropriate, and other available services.

4. Healthcare *[this paragraph will need to be amended according to the size of the company and resources available for medical care].*

i) The occupational health service will offer the broadest range of services to prevent and manage HIV/AIDS, including the provision of anti-retroviral drugs (ARVs), treatment for relief of HIV-related symptoms and for opportunistic infections (especially TB), reproductive and sexual health services, and advice on healthy living including nutritional counselling and stress reduction. The dependents of employees will also be eligible for medical treatment.

ii) Appropriate support and counselling services will be made available to employees.

Possible alternative

4. Healthcare. This Company will help employees living with HIV/AIDS to find appropriate medical services in the community, as well as counselling services, professional support and self-help groups if required. Reasonable time off will be given for counselling and treatment.

4. IMPLEMENTATION AND MONITORING

If the policy does not take the form of a negotiated agreement, a short clause could be added whereby management and worker representatives pledge their full support to the policy.

Sample language

1. Company X has established an HIV and AIDS committee *[or responsible officer, in a smaller workplace]* to coordinate and implement the HIV and AIDS policy and programme. The committee consists of employees representing all constituents of the company, including general management *[spell out constituents, e.g. staff committee, medical service, human resource department etc.]*. The committee/ responsible officer will report regularly to the executive board.

2. In order to plan and evaluate its HIV and AIDS policy and programme effectively, Company X will undertake a survey to establish baseline data and regular risk and impact assessment studies. The studies will include knowledge, attitudes and behaviour/ practices (KAB/P). Studies will be carried out in consultation and with the consent of employees and their representatives, and in conditions of complete confidentiality.

3. This policy, and related information on HIV and AIDS, will be communicated to all Company X employees and the wider public using the full range of communication methods available to the company and its network of contacts.

4. This policy will be reviewed annually and revised as necessary in the light of changing conditions and the findings of surveys/studies conducted.

Budget and finance

Companies should make every effort to establish a budget for HIV and AIDS activities but should bear in mind that many interventions can be put in place at little or no cost; that smaller companies can work together to share costs; that services and resources may exist in the community or may be sought, for example through the local UN Theme Group on HIV and AIDS or the Global Fund to Fight AIDS, Tuberculosis and Malaria and National AIDS Programmes. Technical assistance to conduct surveys may be sought through UNAIDS.

Appendix 3: Template for Action Plan

Objectives	Activities	Schedule	Required Resources	Support & Source of Support (technical, material, financial)
Ensure coordination of HIV and AIDS workplace programme	Establish HIV and AIDS Committee	By the end of the second quarter of year	Human resources, Stationery, meeting space	Senior management support
Establish HIV and AIDS policy	Draft policy in consultation with all levels of staff and key stakeholders	By the end of the 3 rd quarter of year	Human resources, stationery, printing facility	NAP, HR Manager, OSH manager
Reduce HIV risk among entity staff	Develop HIV prevention programme	By the end of the 3 rd quarter of year	Human resources	BCC Tools, CHAA
	Train 20 peer educators	By the end of the 4 th quarter year	Space, stationery, copying facility	Meals – Management Space – management Trainer – NAP/CBO Tools - CHAA
	Facilitate employees access to VCT services	By the end of the fourth quarter of year	Transportation?	VCT services – NAP, CBO (Transportation? - management

Appendix 4: The HIV&AIDS epidemic- some background facts

What is HIV?

HIV stands for Human Immunodeficiency Virus. When the HI Virus enters the body, it attacks and slowly destroys the immune system (i.e. the body's defence system against infections and diseases).

As a result, a person who has the HI Virus will find it harder and harder to resist and fight infections and diseases which lead to serious illnesses, and often death.

What's important to remember is that it may take ten years, or even longer, for the HI Virus to totally destroy the immune system. That's why a person who is infected may look and feel well for a long time before they have any symptoms of HIV or become seriously ill. Also remember that a person with HIV does not necessarily have AIDS.

What is AIDS?

AIDS, which stands for Acquired Immune Deficiency Syndrome, is the final stage of HIV. It's not a single disease but rather a combination of different illnesses caused by the immune system's total breakdown and inability to protect the body against opportunistic infections e.g. oral thrush, Tuberculosis (TB), etc.

How Does HIV progress to AIDS?

HIV progresses to AIDS in 5 stages.

- 1 Stage 1: Initial Infection**
This is usually a symptom- free stage when the HI Virus first enters the blood stream.
- 2 Stage 2: Window Period**
This refers to a symptom- free 12 week period before even a sophisticated laboratory test will show that a person is HIV positive. That's because the immune system has not yet reacted to the HI Virus and not started producing HIV fighting anti- bodies.
- 3 Stage 3: Asymptomatic HIV Infection**
This is still a symptom- free stage, however the results of an HIV test will show that a person is definitely HIV positive.
- 4 Stage 4: Symptomatic Infection**
This is the stage when an HIV positive person will have symptoms and periods of illness.
- 5 Stage 5: AIDS**
This is the stage when an HIV positive person becomes very ill due to opportunistic infections.

How can you get HIV?

There are **only** three ways in which HIV is passed from one person to another. These are:

1. By having unprotected penetrative sex (anal and vaginal) i.e. not using a condom with a person who is HIV positive. Please note, oral sex is considered to be a practice that poses some risk.
2. By getting HIV infected blood into your blood stream. This can happen by using unsterilized needles, razor blades, dental equipment etc.
3. From an HIV positive mother to her baby before, during, and while breastfeeding.

You cannot get HIV from

- Kissing
- Sharing eating utensils
- Eating food prepared by an HIV positive person
- Eating food served by an HIV positive person
- Sharing bathrooms or toilets
- Sneezing
- Hugging
- Social contact
- Condoms
- Contact sport
- Mosquitoes or other insects/ animals
- Swimming pools

PROFILE OF THE ORGANISATION

The Caribbean HIV & AIDS Alliance (CHAA)

The Caribbean HIV & AIDS Alliance (CHAA) was launched as a country programme of the International HIV/AIDS Alliance (IHAA) in 2003, with the technical and financial support of the US Agency for International Development (USAID). Since its inception in 2003, CHAA, guided by the priorities of the Caribbean Regional Strategic Framework, has developed successful models to achieve the reduction of the impact of HIV and AIDS in the region.

CHAA works specifically to mobilise communities to carry out HIV prevention, AIDS care and education activities in three key populations: men who have sex with men (MSM), sex workers (SW) and people living with HIV. The portfolio of CHAA, consists of five main elements, as follows: (1) prevention (2) health services and empowering (3) care and support of people living with HIV (4) peer support (5) acceleration of the private sector response to HIV and AIDS. These elements have been funded over the years by several donors including USAID; the United Kingdom Department for International Development (DFID); PANCAP and the William and Flora Hewlett Foundation.

Following a process of consultation with staff, stakeholders and donors, CHAA became a regionally registered NGO and member of the IHAA family (linking organisation) in December 2008. CHAA is governed by an independent Board of Trustees drawn from a wide cross section of experts, decision makers and representatives of regional bodies. They are drawn too from faith-based organisations (FBOs), most at risk populations (MARPs) and the legal profession, all of whom are involved in the HIV and AIDS response at a strategic and programmatic level in the Caribbean. CHAA has six offices across the region from which its programme of activities is carried out.

CHAA has as its mission the facilitation of effective and collective community action to reduce the impact of HIV and AIDS across the Caribbean. CHAA's work is guided by the United Nations Universal Declaration of Human Rights (July 1994), in which the rights, values, views and opinions of people are respected regardless of their socio-economic and HIV status. Recognition and consideration are also given to the implications of social justice, equity and unequal power relations among and between men and women in programme design and delivery. High levels of stigma and the prohibitive legal frameworks attached to homosexuality and sex work in many Caribbean countries have increased the vulnerability to HIV of men who have sex with men (MSM) and of sex workers.

Fifteen member-countries of CARICOM, and the Dominican Republic are undertaking comprehensive national programmes to contain the spread of stigma and discrimination which has been growing virtually unchecked. This effort is but one in a series of actions aimed at reducing the prevalence of HIV and AIDS in the region. Also included is a careful assessment of existing advocacy, education and legal reforms around stigma and discrimination. In line with these efforts, CARICOM and the Pan Caribbean Partnership against HIV and AIDS (PANCAP) have engaged CHAA in the production of a series of anti-stigma toolkits aimed at six specific target groups. These are: 1) the private sector, including tourism 2) health workers 3) educators 4) faith-based organisations 5) legislators, policy makers 6) persons living with HIV.

