Oxfam

Being HIV positive in an 'HIV-positive' organization

The experiences of Rose, a woman living with HIV in Zimbabwe

Article produced as part of the KIC project

My case can be described as being in the right place at the right time. I was looking for a job and saw an advertisement, which stated at the bottom: "HIV-positive people are encouraged to apply." I had applied for employment in the private sector previously and I had been made to undergo HIV testing without my consent, under the excuse that blood counts were necessary for 'medical examinations' which would determine whether one qualifies for a job or not.

When I came to my current organization for a job interview I disclosed my HIV status and therefore from the first day at the organization the Executive Director and senior management knew about my status. At that time there was no internal HIV/AIDS policy in the organization and ARVs were not affordable at all in Zimbabwe. ARVs would cost about 100 GBP per month (US$ 180) and my salary was about half of that amount. A good physician at that time encouraged me not to start treatment but take care of my diet and learn more about HIV. At that time, i.e. in 2002, I had been living with the virus for nine years.

In 2003, the organization came up with a workplace policy. At that time the policy was not very clear regarding treatment. For instance, should a time arise when someone needed treatment, were his or her dependents also covered? Were this to be so, then a lot of money would be involved considering how expensive ARVs were, and this required 100% commitment from the employer.

When the workplace policy was introduced, there had been two cases of staff deaths due to AIDS-related ailments – but they did not disclose or disclosed too late and not much could be done by the organization to help them.

Learning about medication
Luckily I managed to stay without treatment until August 2004 when generic drugs started coming onto the Zimbabwean market and some medical aid companies now offered an add-on to their normal policies to cover HIV/AIDS. Our organization paid for the add-on package for all staff. This implied that I could access ARVs and lab testing for as little as US$ 4. Management of HIV (CD4 count and viral load testing) and medication are covered under this arrangement.

Furthermore, my organization set up a pool of funds, which is used in case any staff needs treatment. A special taskforce of committed employees plan workplace activities and do a lot of fundraising to implement them. With the money from the fundraising activities, I

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can pay my physician's consultation fees. When I need something else, it is easier to ask for assistance because I have disclosed. I just go to my boss and talk about it. When I started treatment last year, I took 10 days sick leave to adjust to the medication. That was no problem at all. I am happy to say that in August 2005 (after one year of treatment) my CD4 count was 460 and my viral load is now undetectable.

Every time I go for a test I give my boss an update on how I am doing. And now with increased treatment literacy at my workplace, I am learning more and more about the medicines. I have all the resources here at hand in the resource centre, so I can look up anything I need to know about. I feel lucky because I have all this information available.

Safe and secure
Let me take you back to when I joined my current organization. Seeing that advert, applying for that job and starting with that workplace programme made me feel safe. I knew that when I needed treatment, I would most likely receive help from my organization.

Having that policy written down, in black and white, made me feel secure. Not only did I disclose to more colleagues than before, I also opened up to many family members. They are now more knowledgeable about HIV/AIDS than before. Now, I often give lectures about HIV/AIDS-related stigma and discrimination, drawing from my own experiences.

By opening up to community members and school children about my HIV status, and showing that people like me can look perfectly healthy, I hope to reduce some of the stigma and discrimination which are still prevalent. I have also disclosed to some very close friends. People who go through denial after they have learned that they are HIV positive sometimes come to talk to me. I am like a mentor for some of them. Also, I have my own support group of five or six friends who are HIV positive. We do things together and support one another when one of us is ill.

I feel much safer now than before. Even when the Zimbabwean economy is not doing well, I am not afraid of losing my job. If I need to go to the lab for my test results, or get new supplies of medicine, I can go there, even during working hours, without fear of being dismissed. I get a lot of support from my boss and colleagues. Most people here know I am HIV positive and they are very supportive. ■

Photo: WHO/UNAIDS/Sven Torfinn

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Resources
on internal mainstreaming

Building organisational resilience to HIV/AIDS:
Implications for capacity building
R. James, Praxis Paper 4, INTRAC, 2005
(40 p.)

This paper highlights the vital role of capacity building providers in ensuring that organizational resilience to HIV/AIDS is brought onto the agenda of their clients. This is especially important because many CSOs may feel overwhelmed by the possible impacts of HIV/AIDS on their own organization. Capacity builders need to be very aware of the issues and have the competencies to support clients in addressing HIV/AIDS mainstreaming in their external programmes and relationships as well as in their internal organization.

www.intrac.org/pages/PraxisPaper4.html (English and French), hardcopy: www.intrac.org (£5.95)

HIV/AIDS mainstreaming:
A definition, some experiences and strategies. A resource developed by HIV/AIDS focal points from government sectors and those that have been working on HIV/AIDS mainstreaming
H. Elsey & P. Kutengule, HIV/AIDS/STI Knowledge Programme, HEARD, 2003 (59 p.)
www.sarpn.org.za/documents/d0000271/P263_HIV_Report.pdf

Taking responsibility. Why, for whom and how?
Report of a study of HIV & AIDS workplace policies among and for Share-Net member organisations
W. Koster, Share-Net, 2005 (42 p.)
www.share-net.nl/assets/images/HRM_and_AIDS_study_report.pdf

Implementing the ILO Code of Practice on HIV/AIDS and the world of work: an education and training manual
ILO Programme on HIV/AIDS and the World of Work, 2002
(329 p.)
www.ilo.org/public/english/protection/trav/aids/publ/manual.htm
(available in English, French and Spanish)