



***HIV and AIDS policy  
for the mining sector  
of Zimbabwe***

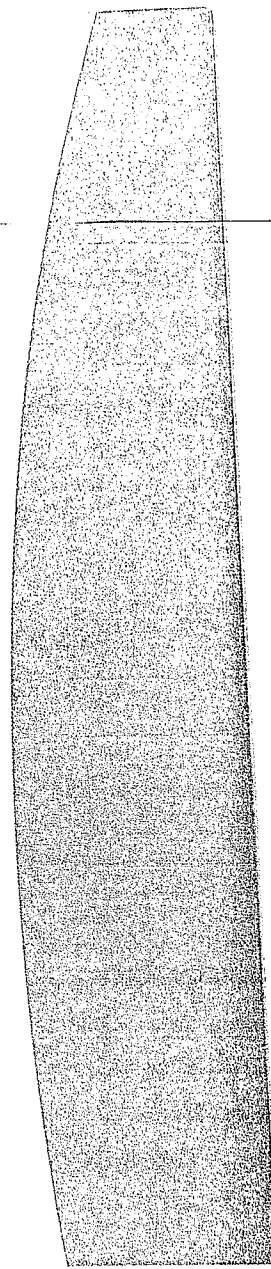


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June 2006

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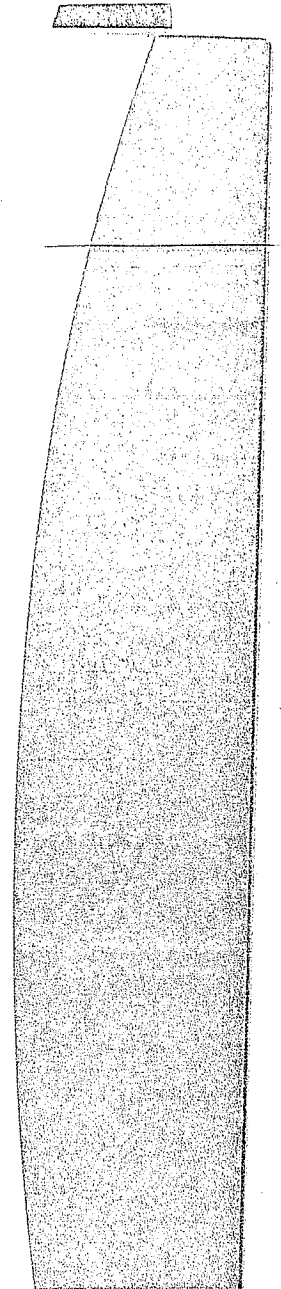
## Foreword

Zimbabwe is amongst countries with the highest HIV prevalence rates in the sub region. Just over a fifth (20%) of the adult (15-49 population is infected (UNAIDS 2005). Current statistics show that an estimated 3000 people die each week due to AIDS related illnesses with severe impact at the individual, family and community level. HIV and AIDS is herefore affecting all sectors of the economy.

At the enterprise level the effects are felt through reduction in the supply of labour and skills, increasing business costs, disrupting production and reducing productivity and diversion of income and savings towards treatment and funeral costs.

The mining sector in Zimbabwe is mainly made up of medium to large organizations with large resident labour force and many small informal sector operations. The majority of mining operations in Zimbabwe are labour intensive with whole families living in mine housing on site. This creates a closed community, which carries all its risks such as serious health hazards including risk of HIV infection, which is compounded by other diseases common in the mines such as tuberculosis (TB). Informal mining operations such as gold panning expose mining communities to high risks and infection.

The mining sector in Zimbabwe has responded actively to HIV and AIDS in various forms of which the most common interventions have been awareness programmes, condom promotion and treatment of all diseases including opportunistic infections through existing



To contain the HIV and AIDS epidemic and mitigate its impact on the mining sector, there is need to expand the response through multi sectoral approach. There must be the simultaneous enhancement and improvement in the quality, scope and coverage of continuing prevention, care, support and impact alleviation efforts which target individuals and populations seen to be at particular risk in the mining sector. The strengthening of risk reduction strategies thus forms a major dimension of expanding the response to HIV and AIDS in the mining sector.

This HIV and AIDS policy for the mining sector, developed with total involvement of the industry in consultation with relevant stakeholders, highlights the priorities and strategies in the sector. It intends to guide the implementation of effective comprehensive initiatives in response to the HIV and AIDS pandemic at the various mining operations.

The National HIV and AIDS policy of Zimbabwe, Statutory Instrument 202 of 1998 (Labour Relations (HIV and AIDS) regulations, 1998) SADC Code of practice on HIV and AIDS and Employment and the ILO code of practice on HIV and AIDS and the World of work provided valuable contributions to the process of drawing up the policy for the mining sector.

The task ahead is to ensure that this policy document is disseminated widely throughout the country and that enterprises in the mining sector draw up and enterprise level policies utilizing the policy strategies.



Secretary for Public Service, Labour and Social Welfare

26 October 2006

## 1. Preamble

The HIV and AIDS epidemic is growing at an alarming rate in most African countries, with Southern African countries experiencing the highest prevalence rates in the world. Its effects are felt across all sectors of the society in Zimbabwe. According to the 2005 estimates, about 1.82 million people are living with HIV and AIDS and the adult (15-49 years old) prevalence rate is 20.1% (UNAIDS 2005). Data from the Zimbabwe National HIV and AIDS Estimates 2003 report showed that mining communities have a prevalence rate of 34.9%, which is one of the highest among residential areas in Zimbabwe, with an increasing trend. Nationwide an estimated 2 500 - 3 000 HIV and AIDS related deaths are reported every week.

The magnitude of the economic and social burden of the HIV and AIDS problem is very high at the individual, sector and national levels. This is exhibited through death of employees, their spouses and offspring from HIV and AIDS related illness, increased requests to employ orphans, loss of productivity through absenteeism due to illness and attending funerals, increased medical costs, increased staff benefit costs and increased labour costs due to the need to hire and train temporary or replacement staff.

HIV and AIDS is no longer viewed as an issue for the health sector alone but everyone's concern. It requires the collective involvement of all sectors, including the mining sector. Therefore, a sector-wide policy on HIV and AIDS is essential to enable the management of the epidemic and development and implementation of workplace preventive and care programmes in the mining industry.

## 2. Aim and scope of policy on HIV and AIDS

The aim of this policy is to guide and direct the process of dealing with HIV and AIDS in the workplace at all levels in the mining sector of Zimbabwe. The policy provides the framework in which the mining sector employers, employees and their representatives should formulate HIV and AIDS policies at enterprise level and design, implement, monitor and evaluate practical and proactive HIV and AIDS programmes at the workplace.

This policy applies to all employers and employees, including applicants for work, in the mining sector and all aspects of work, formal and informal. For the purpose of this policy, all workplaces are referred to as enterprises.

### 3. Legal framework

The policy is a result of wide consultations among tripartite partners in the mining sector and other stakeholders. The tripartite partners comprise Government, represented by Ministries of the Public Service, Labour and Social Welfare and Mines and Mining Development, business, represented by the Chamber of Mines and labour, represented by Associated Mine Workers Union of Zimbabwe. The policy draws from the National Policy on HIV and AIDS for the Republic of Zimbabwe, the Statutory Instrument 202 of 1998 (Labour Relations (HIV and AIDS) Regulations, 1998), the Labour Relations (Amendment) Act 2002, the Code of Conduct on HIV and AIDS and Employment in the SADC, the ILO Code of Practice on HIV and AIDS and the World of Work.

Zimbabwe has ratified the following ILO conventions among some of the labour related issues:

- (i) Discrimination (Employment and Occupation) Convention, 1958 (No. 111)
- (ii) Employment Injury Benefits Convention, 1964 (No. 121)
- (iii) Collective Bargaining Convention, 1981 (No. 154)
- (iv) Occupational Safety and Health Convention, 1981 (No. 155)
- (v) Occupational Health Services Convention, 1985 (No. 161)

These conventions, and others, have been taken account of in the ILO Code on HIV and AIDS and the World of Work.



This policy should be read in conjunction with the Constitution of Zimbabwe with its various amendments, and all relevant labour legislation that includes the following:

- (i) Labour Relations Act, Chapter 28:0, Revised Edition 1996 and Labour Relations Amendment Act 2002.

These acts declare and define the fundamental rights of employees, define unfair labour practices, regulate conditions of employment, negotiations, scope and enforcement of collective bargaining agreements and provide for the prevention of unfair labour practices, among others. Section 5, sub-section (1) of the Labour Relations Amendment Act (2002) now includes non-discrimination on the basis of HIV status.

- (ii) Statutory Instrument 202 of 1998, Labour Relations (HIV and AIDS) Regulations, 1998

The instrument covers the prevention and management of HIV and AIDS in the workplace and is meant to ensure non-discrimination of HIV-infected employees and establishes the rights and responsibilities of both employers and employees.

- (iii) Statutory Instrument 68 of 1990, National Social Security (Accident Prevention and Workers' Compensation Scheme) Notice, 1990

The instrument covers accident prevention, compensation for accidents in factory workplaces as well as diseases contracted during the course of duty, including HIV and AIDS.

- (iv) Pneumoconiosis Act, Chapter 15:08, Revised Edition 1996

The act provides for the control and administration of persons employed in dusty occupations, including those infected by HIV.

- (v) The Factories and Works Act, Chapter 14:08, Revised Edition 1996

The act provides for registration and control of factories, regulation of conditions of work in factories, supervision of the use of machinery and prevention of accidents, among other issues.

## 4. Key principles

The policy is guided by a number of key principles and these are described in the ensuing sections. These principles should guide enterprises in designing workplace HIV and AIDS policies and programmes.

### 4.1. Recognition that HIV and AIDS is a workplace issue

HIV and AIDS is acknowledged as a critical workplace issue. This calls for total commitment by the tripartite partners of government, employers and employees to do everything possible to combat the epidemic.

### 4.2 Transparency and open dialogue among the tripartite partners and other stakeholders

Transparency is critical in all dealings among the social partners and is the basis for building trust. The tripartite partners of government, employers and labour recognise the need for continuous and meaningful open dialogue, especially between employers and labour. The partners further recognise the need to involve other stakeholders in the community such as local authorities, self-help organizations, traditional leaders, religious groups and their leaders, civic organizations and non-governmental organizations. This encourages openness and voluntary disclosure of status by the infected, helping to provide timely care and support to infected employees and their families by employers, co-employees and the community.

#### **4.3 Prevention of HIV and AIDS and sexually transmitted infections**

Prevention is central to all efforts in combating the HIV and AIDS epidemic. The partners recognise the need for adopting a holistic, comprehensive, proactive and practical approach to HIV prevention. This involves the design, implementation and co-ordination of various interventions to change attitudes, beliefs and risky sexual behaviour in the mining communities.

#### **4.4 Non-discrimination of employees in all work processes on the basis of HIV status**

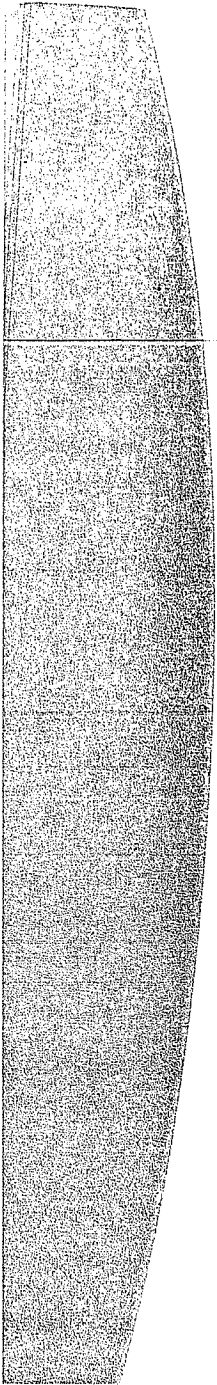
Workplace policies should ensure observance of human rights and dignity irrespective of HIV status. There should be no discrimination and stigmatisation of employees living with HIV and AIDS on the basis of real or suspected HIV status. All employees should be protected against victimization by employers, co-employees or clients.

#### **4.5 No screening for purposes of exclusion from employment or work processes**

Employees should not be screened for HIV-status, whether directly or indirectly, before and during employment. Normal fitness for duty medical examinations should be adequate and apply to all employees irrespective of status.

#### **4.6 Respect for confidentiality of the employees' HIV status**

There should be no compulsory disclosure of HIV status. Disclosure of status should be on a voluntary basis, with written consent by the concerned employee and after counselling on the potential consequences.



#### **4.7 Non-termination of employment**

Employees living with HIV and AIDS should continue in employment as long as they are medically certified fit for work. Normal fitness-for duty medical examinations should be used as a basis for continued employment or termination. Every employee should be treated the same irrespective of HIV status. However, if the working environment is likely to worsen the condition of the employee, the employer may, in consultation with the medical practitioner, the employee and his/her workers' representative, arrange for transfer to a more suitable job and location (where this is available) but with no loss in benefits. Should the job change be permanent, then the record will reflect the new grade although benefits will not change.

#### **4.8 Safe and healthy working environment**

A healthy and safe working environment should be provided for both HIV-infected and uninfected employees. Occupational health and safety should be assured in the workplace. The working environment should ensure security to both infected and uninfected employees and practices and procedures should address vulnerability of employees and protect them from potential HIV infection during their course of duty.

#### **4.9 Gender equality in the workplace**

Gender equality should be promoted in the workplace. Preventive and care programmes and the different needs of men and women should be addressed in all programmes. Gender sensitivity and awareness, especially the

Workplace policies and programmes should take cognisance of the fact that women are more vulnerable to HIV and AIDS due to their biological make-up, socio-economic and cultural factors.

#### **4.10 Care and support**

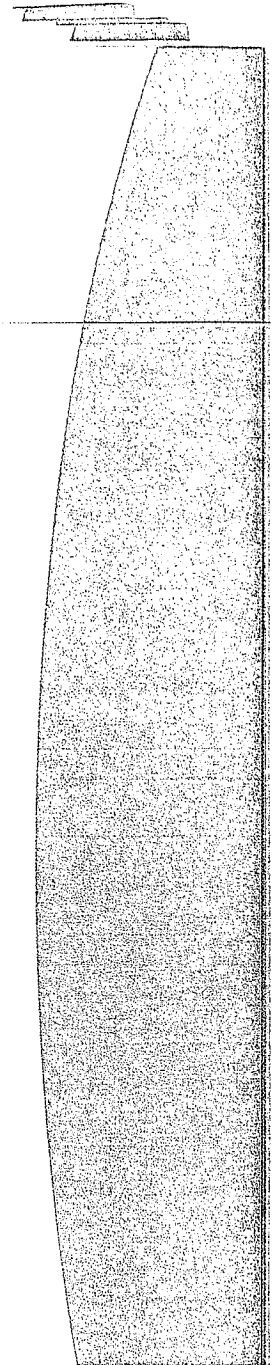
Care and support of the infected and the affected families is essential in lessening the economic burden and social and psychological stress. It helps to remove the fear of being unable to deal with an HIV-positive person and encourages people to come out and share their status in order to facilitate for early assistance. Where possible, workplace programmes should assist by providing material support, for example, food and medical care, and psychological support to infected employees, and where possible, to their spouses and children as well. Companies should endeavour to facilitate for implementation of anti-retroviral therapy at the workplace.

#### **4.11 Sustainable and adequately funded programmes**

Workplace HIV and AIDS programmes should be adequately resourced and sustainable at all times.

#### **4.13 Monitoring, evaluation and impact assessment of HIV and AIDS policy and programmes**

Workplace policies on HIV and AIDS should be up to date and in synchrony with the continuously changing circumstances. Therefore, there should be continuous monitoring and periodic evaluation and review of policies and programmes at enterprise level by both employers and



## 5. Policy objectives and strategies

The responsibility for the implementation of this policy rests with the tripartite partners of employers, labour and Government. A holistic, comprehensive and co-ordinated approach to fight HIV and AIDS in the workplace will be achieved through the involvement of all stakeholders, particularly the leadership of company management and the employee representatives. The policy will be implemented through the following objectives and strategies:

### 5.1 Acknowledgement by management and employees and their representatives that HIV and AIDS is a workplace issue and ensuring commitment to take action in the fight against HIV and AIDS

- (i) Each enterprise should put in place its own workplace HIV and AIDS policy and programmes
- (ii) Each enterprise should establish bipartite HIV and AIDS committees with representation from management and employees to design and effectively implement, monitor and evaluate programmes in a participatory and consultative manner
- (iii) Each enterprise should ensure that the workplace HIV and AIDS policy is harmonized with the other enterprise policies
- (iv) Each enterprise should allocate time, human and financial resources to HIV and AIDS programmes

The National Employment Council for the Mining Industry must ensure that this HIV and AIDS policy is updated timeously.

**5.2 To promote transparency and open dialogue among social partners in order to create an enabling environment for combating HIV and AIDS in the workplace**

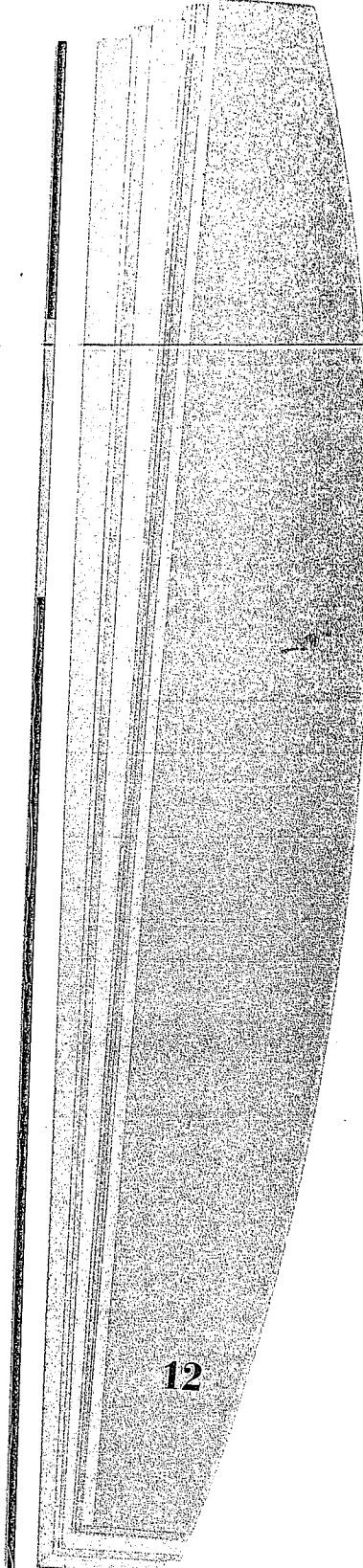
- (i) Enterprises should set up a transparent system of accountability in all issues pertaining to HIV and AIDS policies and programmes. Any changes to this policy should still involve both employers and employees.
- (ii) Enterprises should, involve employees and other stakeholders in programme formulation, implementation, monitoring and evaluation. Examples of other stakeholders include church and religious leaders, employees living with HIV and AIDS, their spouses and children, civic organizations, local authorities, community-based organizations, non-governmental organizations, suppliers and service providers.
- (iii) HIV and AIDS committees composed of employees and employers should be set up at workplace and NEC levels
- (iv) Tripartite partners should periodically conduct joint policy reviews and programme formulation, monitoring and evaluation

**5.3 To prevent HIV and sexually transmitted infections and reduce AIDS-related deaths by promoting sustained behaviour change through a holistic and comprehensive programme**

Enterprises should:

- (i) provide education and training on HIV and AIDS prevention to all employees, including those in management, starting with new employees at induction
- (ii) mainstream HIV and AIDS training and education in all enterprise training programmes.



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- (iii) promote faithfulness
  - (iv) promote abstinence
  - (v) provide male and female condoms in the workplace and encourage their correct use
  - (vi) promote voluntary counselling and testing
  - (vii) promote programmes to prevent parent to child transmission of HIV, for example, through use of Nevirapine
  - (viii) encourage shared confidentiality on HIV status with spouses and workmates
  - (ix) discourage, with the assistance of traditional leaders, cultural practices that promote the spread of HIV, for example, polygamous marriages, inheritance of spouses and any such practices that promote the spread of HIV and AIDS

**5.4 To ensure non-discrimination and non-stigmatization of employees on the basis of imagined and real HIV status**

Enterprises should:

- (i) provide training to supervisory and managerial personnel to identify and manage workplace behaviour, conduct or practices which discriminate against or alienate employees with or suspected to have HIV and AIDS
- (ii) design and implement programmes at the enterprise level to provide information and education on HIV and AIDS to employees
- (iii) provide continued counseling services to infected employees
- (iv) promote employees on merit irrespective of HIV status

- (v) rationalise other company policies with HIV and AIDS policy and
- (vi) define grievance and disciplinary procedures for handling cases of discrimination on the basis of HIV status.

**5.5 To ensure no screening for purposes of discrimination of Employees in decisions on recruitment, retrenchments, promotion and training on the basis of HIV-status**

Enterprises should:

- (i) provide information and education to management, employee representatives and employees on employee rights and existing labour laws, including SI 202 of 1998
- (ii) clearly define disciplinary procedures and penalties for violation
- (iii) harmonise other company policies with HIV and AIDS policy

**5.6 To maintain confidentiality where HIV and AIDS issues concern specific individuals**

Enterprises should:

- (i) provide education to all stakeholders about their rights and obligations with respect to management of confidential health information
- (ii) provide information and education on existing labour laws such as Statutory Instrument 202 of 1998
- (iii) provide information and education on voluntary counselling and testing
- (iv) counsel infected and affected employees
- (v) Formulate clear disciplinary procedures

**5.7 To ensure that HIV-infected employees continue to work as long as they are medically certified fit for appropriate employment**

Enterprises should:

- (i) put in place human resources policies and practices that are in line with the sector and sub-sector policies and relevant legislation
- (ii) provide education and information to company management and supervisory staff and employees on their rights and obligations
- (iii) transfer employees to appropriate positions to suit their changed medical status when necessary where such jobs are available.

**5.8 To provide a healthy and safe working environment to both HIV-infected and uninfected employees**

Enterprises should:

- (i) set up proactive systems that promote healthy and safe working environments,
- (ii) provide information and training on first aid and use of first aid kits to employees and place these in the workplace in order to prevent infection of employees
- (iii) have the requisite health and safety personnel
- (iv) where appropriate and after consultation with medical personnel, the employee and his workers' representative management should transfer infected employees to appropriate jobs. Such transfer should not result in loss of benefits. Where such appropriate jobs are not available, medical discharge should be made where the employee is assisted to settle in this new position.

**5.9 To achieve gender equality and sensitivity in the workplace**

Enterprises should:

- (i) create equal opportunities for both men and women, irrespective of HIV status and
- (ii) provide education on gender awareness and gender dimensions of HIV and AIDS to management, employees and their representatives.
- (iii) mainstream gender in all preventive and care programmes.

**5.10 To provide a caring and supportive environment for infected workers and, if possible, including their families**

Enterprises should:

- (i) encourage voluntary counselling and testing and openness
- (ii) encourage formation of informal social clubs and company-based support groups for people living with HIV and AIDS

**5.11 To draw up annual budgets that relate to issues of HIV and AIDS.**

**5.12 To ensure that workplace HIV and AIDS programmes are well resourced and sustainable at all times.**

- (i) Enterprises should ensure that workplace policies on HIV AND AIDS are amended by full representation of all stakeholders

- (ii) Enterprises should provide HIV and AIDS programmes with an annual budget through employer-employee contributions and other innovative projects where the parties participate.
- (iii) The mining sector should come up with a funding strategy for HIV and AIDS programmes, including resource mobilization from donors and the National AIDS Trust Fund
- (iv) The mining sector should set up a trust fund to mobilize funds for sector level programmes
- (v) The mining sector should collaborate with AIDS service organizations for expert input into programmes and cost sharing arrangements

### **5.13 To monitor, evaluate and assess impact of HIV and AIDS policy and programmes**

Enterprises should:

- (i) Ensure there is a system and tools for continuous monitoring, evaluation and review of policy and programmes
- (ii) conduct periodic participatory policy reviews and monitor and evaluate HIV and AIDS programmes at the workplace
- (iii) assess the impact of HIV and AIDS on company profitability by maintaining accurate records of the following:
  - sick and compassionate leave availed to employees
  - number of working hours lost
  - cost of absenteeism
  - cost of recruitment
  - cost of induction training

- cost of medical/health insurance loading due to deteriorating health of employees
  - cost of death benefits
- (iv) calculate the cost of HIV and AIDS programmes and their opportunity cost and
- (v) Factor the impact of HIV and AIDS into company strategic plans and annual budgets.

#### **5.14 Roles and responsibilities for implementation of policy**

The key stakeholders in the mining sector include but are not limited to the tripartite partners, that is, government, employers and employees and their representatives. Other stakeholders include government health care service providers, community organizations, NGOs, religious groups and suppliers of goods and services to the mining sector.

- (i) Government is expected to provide primary infrastructure, this includes referral facilities, for the implementation of the policy and programmes. Among other things, Government should provide guidelines and technical information to assist employers in the care and management of HIV and AIDS in the workplace.
- (ii) Employers and their organizations, in consultation with employees and their representatives, should:
- formulate HIV and AIDS policies at individual enterprises
  - comply with national laws and policies in relation to negotiating terms and conditions of service and include provisions on HIV and AIDS prevention, support and care in NEC and workplace collective bargaining agreements.

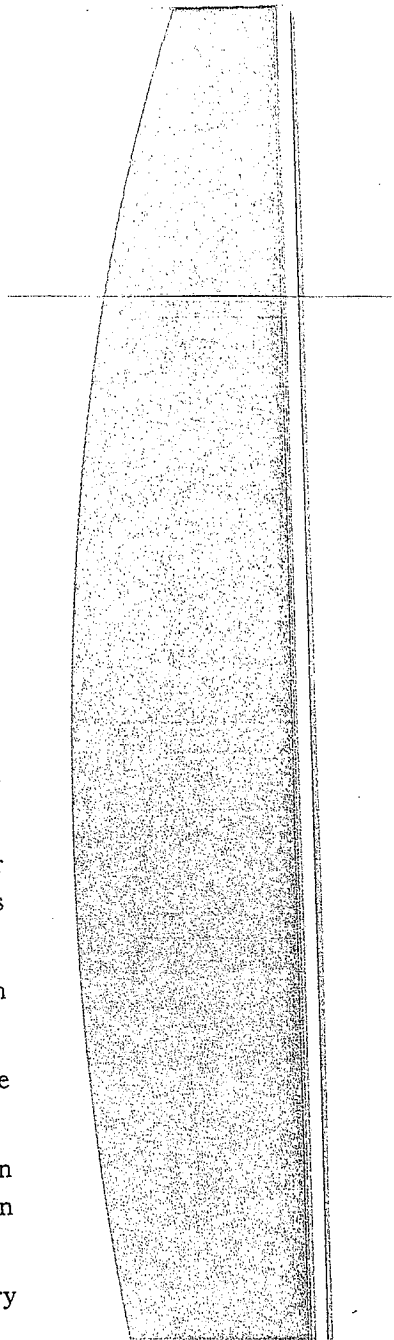
- commit resources and implement programmes at the workplace to inform, educate and train employees in prevention, care and support
- develop strategies to assess and respond to the economic impact of HIV and AIDS on their organizations
- develop grievance and disciplinary procedures specifying the circumstances and how such procedures can be commenced against any employee who discriminates on the ground of real or perceived HIV status or violates the workplace policy on HIV and AIDS
- support and encourage access to voluntary HIV counselling and testing of employees by qualified health service providers
- implement their workplace policy and programmes, monitor and evaluate to ensure compliance with sectoral policy and legislation

(iii) The employees, through their representatives and trade unions, should:

- actively participate and make an input into sector and workplace policy formulation, programme planning, implementation and evaluation
- be supportive to infected co-employees
- facilitate liaison with employers and government
- comply with national policies and laws when negotiating terms and conditions of employment relating to HIV and AIDS for collective bargaining agreements
- use existing union and other enterprise structures to develop information, educational and communication materials and provide employees with information on

HIV and AIDS, their rights and benefits in the workplace

- work together with employers to develop strategies to assess and respond to the economic impact of HIV and AIDS on the enterprise
- work together with employers, government agencies and other social partners to raise awareness of HIV and AIDS prevention and management
- support and encourage employers in creating and implementing personnel policies that are in line with national, sectoral and workplace policies on HIV and AIDS
- champion the employees' cause by taking up issues at the workplace through grievance and disciplinary procedures or reporting all discrimination to the appropriate legal authorities
- develop and carry out training programmes for their members to better understand and articulate the needs of infected and uninfected employees
- advocate for and co-operate with employers to maintain a safe and healthy working environment
- observe rules of confidentiality when carrying out trade union duties
- ensure that factors that increase the risk of infection for certain groups of employees are addressed in consultation with employers
- encourage and support access to confidential voluntary





## 6. Implementation of policy and programmes

The tripartite partners in the mining sector should set up an HIV and AIDS sub committee at NEC level that will be responsible for formulating and coordinating sector-wide programmes and providing technical back-up services to individual enterprise programmes. The HIV and AIDS sub committee will be run by a representative answerable to the NEC through a committee with representation from government, employers and labour. The sub committee should consult the various stakeholders and come up with process, outcome and impact indicators for monitoring and evaluating the various policy objectives. This should be done in a participatory manner to engender ownership of and commitment to the monitoring and evaluation tools.

The indicators may include the following:

### 6.1 Process indicators

- (i) The number of enterprises with workplace HIV and AIDS policies
- (ii) The number of enterprises which have included HIV and AIDS in their organisational strategic plans
- (iii) The proportion of enterprise budgets allocated to and used for HIV and AIDS programmes
- (iv) The number of enterprises with employee assistance programmes to meet the needs of infected employees
- (v) The number of enterprises with active HIV and AIDS programmes
- (vi) Number of employees trained

(vii) Number of employees undertaking voluntary counselling and testing

(viii) The number of employees receiving various types of treatment

(ix) The number of outreach programmes implemented

(x) Number of workplace-based support groups for people living with HIV and AIDS

(xi) Number of condoms distributed

### **6.2 Outcome indicators**

(i) Number of employees seeking treatment for STIs from appropriate sources

(ii) Number of line managers participating in workplace HIV and AIDS programmes

(iii) Number of reported incidences of stigmatization and discrimination

(iv) Number of employees coming out to share their HIV status

(v) Number of workplace support groups

### **6.3 Impact indicators**

(i) Number of cases of sexually transmitted infections

(ii) Level of knowledge and awareness of HIV and AIDS issues

(iii) The number of deaths through HIV-related illness

(iv) Changes in productivity and profits of enterprises

## Glossary of terms

*Agencies of Government:* capable individuals or organizations that act on behalf of Government in implementing its programmes and/or enforcing laws. These may be Government departments, public institutions or private organizations.

*Affected persons:* persons whose lives are changed in any way by HIV and AIDS due to the broader impact of the epidemic.

*AIDS:* the Acquired Immune Deficiency Syndrome, a cluster of medical conditions, often referred to as opportunistic infections and cancers and for which, to date, there is no cure.

*Code:* a set of rules

*Confidentiality:* Keeping private information about someone, for example a patient or client, obtained in the course of employment or duty.

*Counselling:* An interpersonal interaction between a counsellor trained in techniques of counselling and a client presenting with a problem that enables the client to talk about, cope and deal with the problem presented in an atmosphere of trust and acceptance and confidentiality.

*Epidemic:* An outbreak of disease on a scale not normally seen in a given population.

*Discrimination:* is used in this policy in accordance with the definition given in the Discrimination (Employment and Occupation) Convention, 1958 No. 11 of ILO to include HIV status, whether real or perceived.

*Employer:* is a person or organization employing people under a written or verbal contract of employment which establishes the rights and duties of both parties, in accordance with national law and practice.

*Gender sensitivity:* Being gender sensitive means having a sympathetic awareness of the social and cultural construction of male and female identity and roles while recognizing the reality of gender differences and complementarity.

*HIV:* the Human Immunodeficiency Virus is a virus that weakens the body's immune system, ultimately causing AIDS.

*Multi-sectoral:* An approach that actively involves different sectors, for example mining, agriculture, health, among others and includes Government, private enterprise, non-governmental organizations and other stakeholders.

*People living with HIV and AIDS (PLWHA):* An acceptable way of describing people who have HIV.

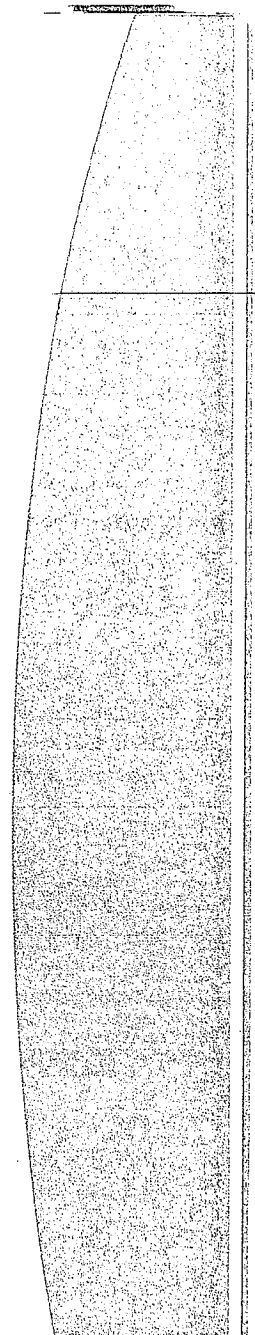
*Positive living:* The adoption of a healthy lifestyle by PLWHAs, to ensure a longer, more fulfilling life without adversely affecting themselves or others.

*Post-test counselling:* Counselling after an HIV test to help the client understand and cope with the test results, including ways to reduce the risk of infection if negative or transmission if HIV positive.

*Pre-test counselling:* Counselling before an HIV test, including a discussion of the test, the reason for doing it and the implication of being tested.

*Principle:* a general law or doctrine that is used as a guide to behaviour or practice.

*Sex and Gender:* Sex refers to biological differences between male and female, while gender refers to differences in social roles and relations between men and women. Gender roles are learned through socialization and vary widely within and



*Screening:* may be through direct HIV testing or indirect by assessing risk-taking behaviour or asking questions about tests already taken or about medication.

*Shared confidentiality:* The sharing of HIV serostatus and related issues with people who are important in the care and support of PLWHA.

*Support groups:* A group of people with the same problem coming together to provide each other with psychological, social, emotional, spiritual, material or other support.

*Stakeholder:* any individual, group of people or organization that has anything to do with HIV and AIDS in the mining sector, that is, either affected or has an effect.

*STI:* Sexually Transmitted Infection, which includes conditions commonly known as sexually transmitted diseases (STDs) such as syphilis, chancroid, chlamydia and gonorrhoea.

*Termination of employment:* is dismissal of employee at the initiative of the employer or the conclusion of a contract at the initiation of the employee.

*Tripartite partners:* in the world of work comprise Government and its agencies, employers and their organizations and employees and their representatives (trade unions or any other elected representatives in accordance with national laws or regulations).

*Anti – Retroviral therapy:* the necessary tests ,administration of medication and where necessary additional medical care for one suffering from AIDS.

*Workers representative:* trade union and/or workers' committee representative