

Technical Standard – HIV/AIDS Management

Vedanta Resources Plc

Sustainability Governance System


Technical Standard

HIV/AIDS Management

Technical Standard – HIV/AIDS Management

Standard Title:	HIV/AIDS Management	Date of Revision	30/01/2021
Standard:	VED/CORP/SUST/TS 20	Revision:	v.2

Document Issue and Revision History		
DATE	REVISION NUMBER	CHANGE SUMMARY
06/04/2012	1	Initial issue.
30/01/2021	2	Signatory Update

Authorised by:	Andrew Lewin
Signature	
Position:	Group Head HSE and Sustainability

Confidentiality

This document and its contents are the copyright property of Vedanta Resources Plc. The release of this document to any third party outside of Vedanta is strictly prohibited without prior consent.

Technical Standard – HIV/AIDS Management

Contents	Page
1. INTRODUCTION	4
2. SCOPE	4
3. DEFINITIONS	4
4. PROGRAMME REQUIREMENTS	5
4.1. General Requirements	5
4.2. Prevention	6
4.2.1. Education, Awareness and Behavioral Interventions	6
4.2.2. Operational Controls	8
4.2.3. Non-Discrimination and Confidentiality	8
4.3. Voluntary Counselling and Testing	9
4.4. Treatment and Care	10
4.5. Community Partnerships	11
4.6. Monitoring and Evaluation	11
5. ROLES AND RESPONSIBILITIES	13
6. COMPLIANCE AND PERFORMANCE	13
7. SUPPORTING INFORMATION	13
8. REVIEW	14
9. RELATED DOCUMENTATION	14

Technical Standard – HIV/AIDS Management

1. INTRODUCTION

The purpose of this Technical Standard is to establish a workplace programme for the management of HIV/AIDS. HIV/AIDS has a significant and growing impact on the countries in which we operate, and affects Vedanta’s employees, their families and local communities. We will respond through establishing a workplace programme based on prevention, non-discrimination, voluntary counselling, testing, treatment and care for affected employees, their families and the wider community.

2. SCOPE

This Technical Standard is mandatory and applies to all Vedanta subsidiaries, operations and managed sites, including new acquisitions, corporate offices and research facilities and to all new and existing employees and contractor employees. This Standard is applicable to the entire operation lifecycle (including exploration and planning, evaluation, operation and closure).

3. DEFINITIONS

Definitions of key terms used in this document are shown in the following table.

Term	Definition
HIV	The virus that causes AIDS. The virus is acquired through sexual activity, sharing of infected needles and cutting instruments, contaminated blood supplies and/or mother to fetus/infant transmission. The virus can remain in the body for 5-10 years or more before full symptoms of opportunistic infections or AIDS appear. The virus is detected in the bloodstream through a test.
AIDS	The late stage of HIV disease. AIDS involves the loss of function of the immune system as CD4 cells are infected and destroyed. CD4 cells are important as they organise the immune system’s response to bacteria, fungi and viruses. Without them, the body to succumb to opportunistic infections or unusual cancers that would not generally be suffered by people with intact immune systems.
Prevalence	The number of persons with a particular condition in a given population. Prevalence is determined by dividing the number of people with the condition by the total population.
Incidence	The number of new cases of a disease recorded in a specific time period, typically one year.
Opportunistic Infection	An illness that afflicts people with a weakened immune system as occurs with HIV. Common opportunistic infections in people with HIV/AIDS include Tuberculosis (TB), certain kinds of pneumonia, fungal infections, viral infections and cancers.
Sexually Transmitted Infection (STI) and Sexually Transmitted Disease (STD)	An infection transmitted through sexual contact A virus or bacteria transmitted between sexual partners.
Epidemic	A sudden and unusual increase in a disease that exceeds the number expected on the basis of experience.
ARV (Anti-retroviral)	Anti-retroviral drugs are taken by HIV infected individuals at a certain stage of their illness. They suppress or inhibit the

Technical Standard – HIV/AIDS Management

Term	Definition
Therapy	development of HIV to AIDS. They can also be taken as an emergency treatment if HIV infection is suspected (for example in the instance of rape).
Harassment	Any form of verbal or non-verbal behavior that is directed at the infected individual resulting in the individual feeling threatened, insecure or distressed.
Discrimination	Denial of opportunities or benefits (otherwise available to everyone) to a person or group because of real or assumed features or conditions of that person or group
Peer Education	Sharing of information by people of similar backgrounds and experiences (e.g. similar ages, occupations or life experiences).
Stigma	Negatively perceived characteristic(s) of a person or group. Stigmatisation is the labelling of persons with certain features, for example, those who are (or are considered to be) HIV positive.

4. PROGRAMME REQUIREMENTS

This Standard aims to outline the requirements in order to anticipate, prevent or where not possible, minimise, the impact of HIV/AIDS on the health of our employees, their families and the wider community. The requirements described below shall be followed by all Vedanta subsidiary companies and operations.

4.1. General Requirements

a) The HIV/AIDS programme will comprise the following five elements:

- i) Prevention through:
 - Education, Awareness and Behavioral Interventions
 - Operational Controls
 - Non-Discrimination and Confidentiality
- ii) Voluntary Counselling and Testing
- iii) Treatment and Care
- iv) Community Partnerships
- v) Monitoring & Evaluation

b) The HIV/AIDS Management programme shall meet the requirements of the *IFC Performance Standards and IFC EHS and Mining Sector Guidelines*. These requirements are summarised as follows:

- *Performance Standard 1 – Assessment and Management of Social and Environmental Risks and Impacts*. This involves identifying and evaluating social risks and impacts of the project, and in response adopting a mitigation hierarchy to anticipate and avoid, or

Technical Standard – HIV/AIDS Management

where avoidance is not possible, minimise or compensate for risks and impacts to workers and affected communities, in this case, the risk and impact of HIV/AIDS.

- *IFC EHS Guidelines.* The EHS Guidelines contain the performance levels and measures that are normally acceptable and applicable to projects or operations. Vedanta operations are expected to refer to these Guidelines (or other internationally recognised sources, as appropriate). Section 3.6 on disease prevention describes how communicable diseases and specifically sexually transmitted diseases including HIV/AIDS pose a significant public health threat, particularly in construction phases due to factors such as influx and high mobility of labour. The EHS guidelines recognise the need to combine behavioral and environmental modifications including, at a project level, determining prevalence, providing and actively promoting screening and treatment of workers, prevention through awareness and education, counselling, influencing behavior and encouraging condom use. In addition, the guidelines focus on improving access to medical support through collaboration with local authorities, training of health workers, provision of health services and ensuring access to medical treatment, confidentiality and appropriate care, particularly with respect to migrant labour.
- *IFC Sector Guidelines.* These Guidelines provide the performance levels and measures that are normally acceptable and applicable to projects or operations in specific industry sectors. Industry sector guidelines that may apply to Vedanta operations include mining; base metal smelting and refining; and wind energy. The EHS Mining Guidelines refer specifically to the risk of HIV/AIDS and recommend implementation of a comprehensive programme in line with the requirements of the IFC EHS (General) Guidelines described above.

4.2. Prevention

HIV Transmission among employees can and should be prevented. This is possible through the implementation of a workplace HIV/AIDS programme which promotes a variety of interventions and is supported by strong management commitment and the involvement of employees, contractors, unions and where possible, the wider community. The following sections describe the different elements of the Prevention programme required.

4.2.1. Education, Awareness and Behavioral Interventions

- a) A comprehensive workplace Education and Awareness programme shall be implemented for all operations with the following target groups, minimum content and characteristics.

Technical Standard – HIV/AIDS Management

Target Groups for Education and Awareness	Content of Education and Awareness	Characteristics of Education and Awareness
<ul style="list-style-type: none"> • Employees • Contractors • Front-line managers (to enable them to manage HIV/AIDS issues within the workplace) • Peer Educators (to enable them to train and raise awareness with others in their peer-group both formally and informally) • Specific groups identified as being 'at-risk' groups, such as contractors, drivers, travelers and other mobile employees and women. • The families of employees • The wider community within the operational area. 	<ul style="list-style-type: none"> • What HIV and AIDS are • How HIV is spread • Symptoms and debilitating effects of HIV and of AIDS including associated and secondary diseases • Global and local impact of HIV/AIDS • Links to gender and social equality • Links to drug and alcohol abuse • Links to other Sexually Transmitted Infections (STI's) • Safe and non-safe behaviours • Prevention methods and precautions • Anti-retroviral Therapy treatment • Myths about HIV and AIDS • The importance and process for voluntary counselling and testing • The impact of AIDS on individuals and families • Care, support and the importance of wider health and wellbeing including nutrition and diet • Non-discriminatory and confidentiality requirements for the company and employees • Any national programme requirements 	<ul style="list-style-type: none"> • Provision of information in a variety of forms, not just relying on the written word • Provision of information in a variety of languages suitable to the local audience • Programme is tailored to age, gender, cultural context and behavioral risk factors of the workforce • Information should be given with consideration of local customs and taboos whilst maintaining integrity of message. • Additional and separate sessions should be offered to gender and peer groups • Training should be provided by qualified and experienced personnel, medical staff or trained counsellors or trainers • Educators or training providers must be quality controlled and where possible recommended by an international body such as the Global Business Coalition • Curriculum must be based on internationally recognised and current information

b) Behavioral Interventions

All operations shall provide a reliable supply of free or affordable high quality male *and* female condoms. These will be made readily available in the workplace, for example through an on-site clinic, through self-service dispensers in bathrooms and distributed during training and peer-educator sessions.

Trained Peer Educators shall be provided with opportunities to discuss HIV/AIDS risks and impacts with their peer group in order to influence attitudes and behaviours.

Through increased understanding and de-stigmatisation of the disease, individuals will be able to access information about the real risks of HIV/AIDS, allowing them to make informed

Technical Standard – HIV/AIDS Management

decisions and to minimise their exposure. The following activities shall be undertaken to de-stigmatised the disease within the workplace and influence behaviours.

- Communication of Vedanta's non-discriminatory policies to all employees (described in section 4.2.3 below);
- Display of HIV/AIDS posters in common areas throughout operations;
- Condom distribution as described above;
- Awareness campaigns for other Sexually Transmitted Infections (STI's) and their link to HIV/AIDS;
- Organised activities and educational events on World Aids Day on December 1st of each year for employees, their families and where possible the wider community;
- Links to HIV/AIDS programmes and events in the wider community and region;

4.2.2. Operational Controls

- a) Operations will identify and implement operational and design controls to prevent and reduce the spread of HIV/AIDS. Such controls might, for example, include location of camps away from populated areas, and overnight accommodation for drivers and contractors.
- b) Employees trained in First Aid should also be trained in precautions to reduce the risk of transmitting blood borne infections including HIV. As a minimum, gloves and protective goggles should be available in all First Aid Boxes, and guidance available for their use. Masks should also be provided in the First Aid box since they are a part of Standard (Universal) Precautions that need to be followed by health care providers to prevent the spread droplet infection via mucous membrane of mouth & nose. See also Standard (Universal) Precautions as outlined by the Center for Disease Control and Prevention (CDC) - <http://www.cdc.gov/>
- c) All employees with a potential exposure to blood or bodily fluids (e.g. medical staff and first aiders) should have access to post-exposure prophylaxis on site or at the nearest hospitals. Each operation should state the location of the nearest services for post-exposure prophylaxis so that this is immediately available to employees should they be exposed.

4.2.3. Non-Discrimination and Confidentiality

In order to create an enabling environment in which to run an effective HIV Aids programme, it is essential that high standards of non-discrimination and confidentiality are maintained, and any deviation is remedied appropriately.

- a) Discrimination of HIV/AIDS infected or affected employees will not be tolerated, including treating those affected differently or applying non-professional judgement due to an individual's HIV/AIDS status. Vedanta operations will ensure that objective judgement is applied in personnel decisions.
- b) Employee rights, development opportunities, benefits or sick leave will not be affected by HIV/AIDS status.
- c) No employee will be isolated or segregated as a result of their HIV /AIDS status.
- d) Job applicants shall never be asked to disclose their HIV/AIDS status. Vedanta will ensure that job candidates who are known to have HIV/AIDS are treated no differently from those

Technical Standard – HIV/AIDS Management

who have any other life-threatening and non-contagious disease. Fitness to perform the job will be the only criterion that shall apply.

- e) Any form of discrimination or harassment, either directly or indirectly due to a person's HIV/AIDS status shall be considered misconduct warranting disciplinary action.
- f) All persons living with HIV or AIDS have the right to privacy and confidentiality. Employees are not obliged to inform management or any other person of their HIV/AIDS status unless disclosure is legally required.
- g) To ensure confidentiality requirements, this technical standard will be communicated to internal employees who handle personnel information and any Vedanta medical providers.
- h) If an employee voluntarily discloses their HIV/AIDS status to anyone within the organisation, this will be maintained in strictest confidence in line with other medical information and will not be shared without the individual's express and written consent.
- i) Approved third party providers for Voluntary Counselling will maintain test results in the strictest confidence and will never be asked to disclose information on employee HIV/AIDS status to Vedanta.
- j) If information is provided to aid monitoring and evaluation of the HIV/AIDS programme, such as counselling and testing rates, behavior surveys and risks, statistics will be scientific, confidential, ethically prepared and will never disclose information about individuals and their HIV/AIDS status.

4.3. Voluntary Counselling and Testing

A high percentage of those infected with HIV are unaware of their HIV status, and may only be aware of secondary infections. In order to change behaviours, avoid infection of other individuals, and to seek early treatment, the key aim of the HIV/AIDS programme should be for employees and their families to 'know their status', through the implementation of the following:

- a) Testing must be coupled with pre and post test counselling
- b) Operations will make available contacts and resourcing for employees and their families to use an approved Counselling and Testing facility (with specifically trained counselors and where possible approved by an international body such as the Global Business Coalition, which can provide information on appropriate providers for all segments of an HIV/AIDS programme).
- c) Voluntary counselling and testing will be linked through referral from the chosen Voluntary Counselling and Testing (VCT) clinic to a company chosen care and treatment programmes, and although this link is not anonymous, it is confidential.
- d) Opt-out HIV/AIDS testing approaches have proven successful and well-received in many cases. This is where the company provides confidential HIV/AIDS testing as standard. The testing is still voluntary, and employees can choose not to do this if they wish (to 'opt-out'). This approach uses the principle that having a standard testing process reduces common

Technical Standard – HIV/AIDS Management

barriers to testing (such as stigma, lack of opportunity, inaction, embarrassment etc) and the result is that employees become more likely to take the test rather than decline it. Simultaneously this approach promotes awareness and an open culture of the importance of testing which in turn also encourages participation. Operations will consider this approach when coupled with de-stigmatisation and robust confidentiality controls.

4.4. Treatment and Care

Treatment and care include provision of drug therapies such as Anti-retrovirals (ARV's) which both lengthen life expectancy and protect the quality of life of an HIV positive person. It also includes psycho-social support, support with depression, and help for individuals and families in coping with the disease. Treatment and care provision will be facilitated by the company's medical practitioners and could include all or some of the following

- a) Where unavailable through other sources, the following elements will be made available to employees and their families as part of a comprehensive treatment and care programme:
 - Ongoing counselling support
 - Provision of nutritional support
 - Anti-retroviral treatment programme for employees *and* dependent family members
 - Health education
 - Ongoing health care for treatment of opportunistic infections
 - Support for terminal or home-based care
- b) Treatment and Care programmes should be provided through an expert, qualified and reputable provider who has been approved by a national or international body.
- c) Where unavailable through other sources, anti-retroviral drug therapy will be made available to HIV/AIDS affected employees and their families when clinically indicated and mentally ready (which may be, for example, when a commitment is made to maintain compliant with drug treatment) and through a proscribed, approved and qualified health provider. The provision of anti-retroviral therapy will be coupled with counselling.
- d) Where unavailable through other sources, provision of treatment for STI's and opportunistic diseases for all workers will be provided.
- e) Provision of the services of a doctor or qualified clinician to review the effectiveness of the treatment.
- f) Where unavailable through other sources, Vedanta will provide mother-to-child anti-retroviral therapy to HIV positive female employees and female dependents of employees. Mother-to-Child anti-retroviral therapy given to HIV positive women as recommended by a doctor reduces the likelihood of transmission to the unborn child. This will be coupled with counselling following birth and education in how to reduce post-birth transmission.
- g) Employees who are temporarily unable to perform their duties due to illness occasioned by their HIV/AIDS status will be granted sick leave in order for their health to improve in line with the standard Vedanta sick leave policy.
- h) Where Vedanta is advised by a medical authority that an employee is unable to carry out their duties safely due to illness , and there is no evidence that the situation is likely to improve in the foreseeable future, the Company policy on ill-health retirement shall apply.

Technical Standard – HIV/AIDS Management

There should be nothing special for individuals with HIV/AIDS which may place them at a disadvantage relative to others. All employees, whether infected with HIV/AIDS, or any other medical condition, are subject to performance requirements in their jobs. Where an employee is unable to meet the performance requirements due to illness, the employee's services may be terminated on the grounds of incapacity according to the laid down company regulations on medical termination. In the event that an employee is not able to perform his/her duties an alternate employment may be offered when available. An interview with the employee must be organised to explore alternative options which may include options for lighter duties, and alternative or reduced working hours. If all other options are exhausted, or if the employee turns down the offer of alternative employment, then the employee's services will be terminated on the grounds of medical incapacity. The decisions above should only be made under the following conditions:

- A qualified medical opinion based on fitness for work
- Open and transparent and regular communication of options
- Early and regular advice as to the employee's rights regarding sick leave and implications for termination
- A date to terminate is set if there is no return to work
- All interviews and actions are agreed by both the company and employee and are confirmed in writing to the employee
- Vedanta must ensure compliance with Vedanta HR policies, local legislation, union or worker's organisation agreements, including grievance mechanisms.

4.5. Community Partnerships

Vedanta recognises that the success of its HIV/AIDS strategy is dependent on community health systems, infrastructure and support services in achieving a sustainable, effective and broad-reaching HIV/AIDS programme. As such, Vedanta will seek to form alliances, share knowledge, good practice and implement social investment strategies in partnership with diverse stakeholders including communities, civil society, government and non-government agencies in order to strengthen local community health systems and build capacity specifically in the areas of HIV prevention, education, counselling and testing, care and treatment facilities.

4.6. Monitoring and Evaluation

In order to maintain the effectiveness of the HIV/AIDS programme, monitoring and evaluation of programme elements and external factors will be undertaken, as follows:

- a) Vedanta will monitor and evaluate the evolving HIV/AIDS epidemic in order to develop and improve its response strategies and to effectively manage the impact of the epidemic on employees, communities and the business. Information derived from HIV management will be used to plan appropriately and to periodically review the effectiveness of prevention, care, support and treatment efforts.
- b) Vedanta will collect information on existing local health facilities and services available including testing centres, counselling and care centres, support groups, major hospitals and clinics so that this information can be used to support and inform Vedanta's programmes for the ongoing provision of effective HIV/AIDS treatment and care.

Technical Standard – HIV/AIDS Management

- c) Based on the ICMM Good Practice Guideline on HIV/AIDS, TB & Malaria, Vedanta will monitor and evaluate the following information:

Programme Element	Indicators	Target and Reporting	Frequency
Prevention	HIV Policy in place	-	-
	Financial resources committed and spent on HIV/AIDS programme	Details to be reported	Annually
	Provision of HIV/AIDS training for employees and their families	Details to be reported	Annually
	Number of Peer Educators trained, and active as Peer Educators	1 per 50 employees	Monthly
	Number of operational controls in place	Details to be reported	Annually
	HIV/AIDS prevention infrastructure in place (e.g. trained medical staff, clinics, testing facilities, training materials)	Details to be reported	Annually
	Improved knowledge, attitudes and behavior practices (through focus group discussions, interviews and/or surveys covering prevention, treatment and care)	Improvements to be reported	3-5 years
Voluntary Counselling & Testing	Percentage of workforce attending VCT counselling	100%	Monthly
	Percent of those people who attended counselling who took an HIV test	100%	Monthly
	Number of people who took an HIV test under an 'opt-out' scheme	100%	Monthly
Treatment and Care	Percent of workforce absent from work	Tracked over time and compare statistics for those in a disease management programme against general workforce averages	Monthly
	Average duration of absenteeism	Tracked over time and compare statistics for those in a disease management programme against general workforce averages	Monthly
	Percent of those who used VCT programme who have registered for care and treatment programme	100%	Monthly
	Percent of those who enrolled in treatment and care programme who are receiving treatment	100%	Monthly
Community Partnerships	Number of community members trained in HIV/AIDS	Details to be reported	Monthly
	Percent of community who underwent HIV/AIDS training who enrolled in VCT counselling	100%	Monthly
	Percent of community who enrolled in VCT counselling who took an HIV/AIDS test	100%	Monthly
	Number of collaborative partnerships with different community or government organisations regarding increasing the capacity of HIV/AIDS programme (e.g. training, awareness campaigns, VCT facilities, provision of treatment and care)	Details to be reported	Annually

Technical Standard – HIV/AIDS Management

5. ROLES AND RESPONSIBILITIES

Vedanta Resources, subsidiaries, businesses, operations and sites shall ensure that roles and responsibilities for implementing and complying with this Standard are allocated. Key responsibilities shall be included in job descriptions, procedures and/or other appropriate documentation.

6. COMPLIANCE AND PERFORMANCE

Each Vedanta operation shall ensure it complies with the requirements of this standard. Performance against meeting the requirements of this Standard shall be assessed periodically, documented and, where required, reported to Vedanta Group. The assessment of performance shall include setting and reporting on key performance indicators (KPIs) where these have been established at Vedanta Group, Company or local level. The evaluation of performance shall include, as a minimum, confirmation that:

- The HIV/AIDS Policy is in place and reviewed on a twice yearly basis or sooner;
- Financial resources have been committed and spent for the HIV/AIDS programme;
- Peer educators are trained and active at the target of at least 1 per 50 employees;
- A prevention programme is in place which addresses education, awareness and behavioral interventions, operational controls, and ensures non-discrimination and confidentiality in the workforce;
- An approved voluntary counselling and testing programme is available to all employees and their families;
- Where unavailable elsewhere, a comprehensive treatment and care programme is available to all employees and their families;
- Community partnerships are in place to increase local capacity of HIV/AIDS programmes;
- Monitoring and reporting in using the criteria above is in place to evaluate the HIV/AIDS programme.

7. SUPPORTING INFORMATION

Reference	Description
Center for Disease Control and Prevention (CDC)	<p>The CDC has defined a set of precautions designed to prevent the transmission of human immunodeficiency virus (HIV), hepatitis B virus (HBV), and other bloodborne pathogens when providing first aid or health care.</p> <p>http://www.cdc.org</p>

Technical Standard – HIV/AIDS Management

Reference	Description
ICMM (International Council of Mining and Metals)	The ICMM has produced and published good practice guidance on a range of health, safety, environment and community issues relating to mining. http://www.icmm.com/library
ICMM (International Council of Mining and Metals)	The ICMM has produced a Good Practice Guidance on HIV/AIDS, Tuberculosis and Malaria www.icmm.com/document/314
International Finance Corporation Performance Standards Guidance Notes	The IFC has published Guidance Notes to guide the implementation of the full range of performance standards. These are available on the website. The guidance is currently being updated and draft versions are available however these have not yet been finalised and formally published. http://www.ifc.org/ifcext/sustainability.nsf/Content/PerformanceStandards

8. REVIEW

This Technical Standard shall be periodically audited and reviewed to determine its accuracy and relevance with regard to legislation, education, training and technological changes. In all other circumstances, it shall be reviewed no later than 12 months since the previous review.

9. RELATED DOCUMENTATION

A summary of the references and supporting documents relevant to this document is provided in the following table.

Doc. Ref.	Document name
	Vedanta Code of Conduct
POL 09	HIV/Aids
TS 12	Occupational Health Management