



DRAFT HIV&AIDS AND
TB MANAGEMENT POLICY FOR
THE PUBLIC SERVICE

ANNEXURE A

MARCH 2009



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ABBREVIATIONS

DPSA	Department of Public service and Administration
DOT	Directly Observed Treatment
DOTS	Directly Observed Treatment Strategy
IC	Infection Control
ICF	Intensified TB Case Finding
IPT	Isoniazide (INH) Preventive Treatment
ISO	International Organization for Standardization
M&E	Monitoring and Evaluation
M.TB	Mycobacterium Tuberculosis
PEP	Post Exposure Prophylaxis
SABS	South African Bureau of Standards
SANS	South African National Standard
STI	Sexually Transmitted Infection
TB	Tuberculosis
WEF	World Economic Forum
WHO	World Health Organization



PART A: GENERAL

1. INTRODUCTION

- 1.1 HIV and AIDS is one of the major challenges facing South Africa today. Of the 48 million South Africans estimated in the last census, 5, 700 000 estimated to be HIV infected (UNAIDS/WHO 2008) with a prevalence rate (15-49 yrs) of 18, 1%. Most of these are women 3, 200 000, are in urban and rural informal environments (SA National HIV Prevalence, HIV Incidence, Behaviour Communication, Survey 2005). South African HIV epidemic is both generalized and concentrated. The knowledge of the epidemic and modes of transmission are important to inform all interventions in a mainstreamed fashion to address both internal and external responses to HIV&AIDS.
- 1.2 South Africa is one of the 22 High Burden Countries that contribute approximately 80% of the total global burden of all TB cases. It has the seventh highest TB incidence in the world. During the past ten years the incidence of tuberculosis has increased, in parallel to the increase in the estimated prevalence of HIV in the adult population. This has resulted in increasing recognition of the problems posed to public health by TB. Generally TB control is facing major challenges. Co-infection with Mycobacterium Tuberculosis and HIV (TB/HIV), and multi-drug-resistant (MDR) and extensively drug-resistant (XDR) tuberculosis in all regions, make prevention and control activities more complex and demanding.
- 1.3 TB and HIV infections are so closely connected that the term “co-epidemic” or “dual epidemic” is often used to describe their relationship. Each disease speeds up the progress of the other, and the two diseases represent a deadly combination, since they are more destructive together than either disease is alone. Tackling HIV should therefore include tackling tuberculosis, while preventing tuberculosis should include prevention and management of HIV.
- 1.4 The greatest challenge is to prevent new infections (primary and secondary), accelerate access to treatment for those clinically eligible for treatment, reduce stigma and discrimination, with special focus on TB stigma, and accurately monitor and evaluate all interventions for both the workplace and the



external responses in accordance with the HIV&AIDS and STI National Strategic Plan 2007-2011 and National Tuberculosis Strategic Plan 2007-2011.

- 1.5 The recent Mexico HIV Conference emphasized the importance of 3 I's for TB management. The Three I's are activities to reduce the burden of TB in people with HIV, including intensified case finding (ICF), isoniazide prophylaxis (IPT) and TB Infection Control (IC). Studies has shown that a person with TB who is coughs without covering his or her mouth poses a greater risk to someone close by than someone sitting across the room. Even so, tiny droplets that could contain infectious bacilli can remain in a room without good ventilation for a very long time. This is a critical aspect to consider in preventive efforts to reduce the TB transmission in the workplace.
- 1.6 WHO has developed a new six point **Stop TB Strategy** which builds on the successes of **DOTS** while also explicitly addressing the key challenges facing TB. Its goal is to dramatically reduce the global burden of tuberculosis by 2015. Furthermore the new toolkit on management of TB in the workplace launched by World Economic Forum, and the South African Bureau of Standards' (SABS) new standard on workplace management of South African National Standard (SANS 16001) will give specific guidance on occupational interventions of HIV&AIDS and TB management also in the Public Service.
- 1.7 This Policy serves as a broad guide for government public service organizations in responding to HIV&AIDS and TB Management. It provides guidelines to the department on how to implement HIV&AIDS and TB Management programmes in the world of work as part of the overall employee health and wellness initiatives. The policy should be read in conjunction with the EH&W Strategic Framework (2008), Step- by-Step Implementation Guide, the M&E framework and the new Toolkit on Management of TB in the Workplace launched by World Economic forum.

2. SCOPE

This policy is applicable to all National and Provincial Departments as contemplated in the Public Service Act 1994.

3.OBJECTIVES



The objective of this policy is to provide guidance to departments in order to:

- 3.1. Provide Prevention Programmes and Strategies
- 3.2. Provide Treatment, Care and Support
- 3.3. Manage Human and Legal Rights; and Access to Justice
- 3.4. Monitor, Research and Surveillance

4. MISSION

4.1 The mission of this policy is to-

- 4.1.1. Provide a normative framework that supports effective operationalization of the following three national strategies: Employee Health and Wellness Strategic Framework 2008, the HIV&AIDS and STI Strategic Plan 2007-2011 and the National Tuberculosis Strategic Plan for South Africa, 2007-2011 in the Public Service;
- 4.1.2. Ensure compliance to International Conventions, protocols, instruments and national legislation and policies on Occupational Health and Safety and Employee Health and Wellness; and
- 4.1.3. Develop individual and organizational capacity to implement, monitor and evaluate HIV&AIDS and TB programmes in the Public Service.

5. PRINCIPLES

The HIV&AIDS and TB Management programme is underpinned by the following principles:

5.1 Recognition of HIV&AIDS and TB co-infection as a workplace issue

HIV&AIDS and TB co-infection is a workplace issue, and should be treated like any other serious illnesses or conditions in the workplace. This is because it affects the workforce, which is also part of the local community. Interventions in the workplace have a role to play in the struggle against the control of spread of the dual epidemic in the general community.



5.2 Respect for human rights and dignity

The rights and dignity of employees infected and affected by HIV&AIDS and TB should be respected and upheld.

5.3. Gender equality

The gender dimensions of HIV/AIDS including TB and disability should be recognized. Women are more likely to become infected and are more often adversely affected by the HIV/AIDS epidemic than men due to biological, socio-cultural and economic reasons.

5.4. Healthy and safe work environment

Healthy and safe work environments should be created as much as practicably possible to prevent occupational exposure and transmission of HIV and TB.

5.5. Social dialogue

Successful implementation of this policy requires cooperation and mutual trust between employers, employees and their representatives with an active involvement of employees infected and affected by HIV&AIDS and TB.

5.6. Confidentiality and protection of employees' personal data

No employee or job-applicant will be expected to disclose HIV-related personal information. Access to personal data relating to an employee's HIV-status shall be bound by the rules of confidentiality, and no employer shall disclose such information without a written consent of the employee.

5.7. Non-discriminatory workplace practices

No medical testing or screening shall be required from job applicants or those in employment for purpose of exclusion from employment or work processes.

5.8, Reasonable accommodation

An employee with HIV-related illnesses, like any other illnesses, will continue to work for as long as he/she is medically fit in an available, appropriate work. The department must accommodate an employee in other posts if possible.



5.9. Appropriateness and cultural sensitivity

Prevention of all means of transmission will be through a variety of appropriate and culturally sensitive prevention strategies.

5.10. Access to information and education

Change of attitudes and behavior should be attained through provision of information, and education, addressing socio-economic factors.

5.11. Equal access to all health entitlements

Access to affordable health care and social security services for employees and their dependants will be promoted.

5.12. Continuity of and partnerships

Continuity of care for people infected and affected by HIV&AIDS and TB shall be promoted, including linkages with other health centers and well established referral mechanisms.

5.13. Alignment to national protocols

All treatment interventions should be aligned to relevant approved national protocols for treatment, care and support.

6. LEGAL FRAMEWORK

This policy should be read in conjunction with the following instruments:

6.1. INTERNATIONAL INSTRUMENTS UNDERPINNING EHW MANAGEMENT

6.1.1. WHO Global Strategy on Occupational Health for All

6.1.2. WHO Global Worker's Plan 2008-2017

6.1.3. ILO Décent Work Agenda 2007-2015

6.1.4. ILO Promotional Framework for Occupational Safety Convention 2006

6.1.5. United Nations Convention on the Rights of People with Disabilities

6.1.6. Convention on the Elimination of All Forms of Discrimination Against



Women (CEDAW)

- 6.1.7. The Beijing Declaration and its Platform for Action, 1995 (+10)
- 6.1.8. United Nations Millennium Declaration and its Development Goals (MDGs)
- 6.1.9. The International Convention on Population Development 1994 (+10)
- 6.1.10. World Summit on Sustainable Development, Johannesburg 2002
- 6.1.11. World Economic Forum's Workplace TB Toolkit-2007

6.2. LEGAL FRAMEWORK FOR EHW MANAGEMENT WITHIN THE PUBLIC SERVICE

- 6.2.1. Basic Conditions of Employment Act, 1997 (Act No. 75 of 1997)
- 6.2.2. Compensation for Occupational Diseases and Injuries Act, 1993 (Act No.130 of 1993)
- 6.2.3. Constitution of the Republic of South Africa Act, 1996
- 6.2.4. Disaster Management Act, 2002 (Act No. 57 of 2002)
- 6.2.5. Employment Equity Act, 1998 (Act No. 55 of 1998)
- 6.2.6. Health Act, 1977 (Act No. 63 of 1977)
- 6.2.7. Labour Relations, 1995 (Act No. 66 of 1995)
- 6.2.8. National Disaster Management Framework
- 6.2.9. Occupational Health and Safety Act, 1993 (Act No. 85 of 1993)
- 6.2.10. Promotion of Equality and Prevention of Unfair Discrimination Act, 2000 (Act No.4 of 2000)
- 6.2.11. Public Service Act, 1994 (Proclamation No.103 of 1994)
- 6.2.12. Public Service Regulations, 2001
- 6.2.13. The Medical Schemes Act, 1998 (Act No. 131 of 1998)
- 6.2.14. Tobacco Products Control Act, 1993 (Act No. 83 of 1993)

6.3. STRATEGIC FRAMEWORKS APPLICABLE TO EH&W WITHIN THE PUBLIC SERVICE

- 6.3.1. HIV&AIDS and STI National Strategic Plan 2007-2011
- 6.3.2. Tuberculosis Strategic Plan for South Africa, 2007-2011
- 6.3.3. National TB Infection Control Guidelines, June 2007
- 6.3.4. Management of Drug Resistant Tuberculosis in South Africa, Policy



Guidelines June, 2007

6.3.5. National Strategic Framework on Stigma and Discrimination

6.3.6. National Occupational Health and Safety Policy of 2005

6.4. ECONOMIC AND SOCIAL POLICY, PROGRAMMES AND STRATEGY

6.4.1 Presidential Pronouncements and Budget Speech

6.4.2 Integrated Development Plans (IDP's)

6.4.3 Occupational Health Policy 2005 (Department of Labour)

6.4.4 Medium Term Strategic Framework

6.4.5 National Spatial Development Strategies

6.4.6 Provincial Growth and Development Strategies

7. DEFINITIONS

7.1. **"HIV"** stands for **HUMAN IMMUNODEFICIENCY VIRUS**. It is a blood borne virus transmitted amongst human beings. HIV attacks the immune system and once it has rendered it incompetent, a person could develop variable illnesses because the body will be too weak to defend itself.

7.2. **"AIDS"** stands for **ACQUIRED IMMUNE DEFICIENCY SYNDROME**. AIDS is a condition that is present when the body's defense system is deficient and various life-threatening infections occur. These life- threatening infections are called opportunistic infections or diseases.

7.3. **"TB"** stands for **TUBERCULOSIS**. It is an infection caused by an organism called Mycobacterium Tuberculosis, characterized by fever, loss of weight, night sweat, and fatigue. When the infection is in the lungs the person presents with prolonged cough of more than two weeks .

7.4. **"Latent TB/ or TB Infection"** is the state of having a small number of mycobacterium tuberculosis bacilli/bacteria present in the body, that are unable to grow due to control by the immune system.



- 7.5. “**TB disease**” when a person develops symptoms of tuberculosis and is falling sick it is referred to as active TB.
- 7.6. “**Extra Pulmonary TB**” refers to the TB disease affecting other parts of the body outside the lungs and is less infectious than the TB disease which occurs in the lungs.
- 7.7. “**Pulmonary TB**” refers to the TB disease which occurs in the lungs and is easily transmitted through droplets produced during cough and sneezing.
- 7.8. “**TB Preventive Therapy / TB Prophylactic Treatment (TBPT)**” Preventive therapy against TB is the use of one or more anti-tuberculosis drugs given to individuals with latent infection with *M. tuberculosis* in order to prevent the progression to active disease
- 7.9. “**Isoniazide Preventive Treatment (IPT)**” is the use of an anti-TB drug, isoniazide (INH), in TB preventive treatment. This treatment is effective in providing prevention against TB for up to 18 months period.
- 7.10 “**The HIV&AIDS and TB Coordinator**” is an employee tasked with the responsibility to coordinate the implementation of HIV&AIDS and TB programmes. The HIV&AIDS Coordinator can be professionally trained to perform therapeutic interventions, if not trained, such cases should be referred.
- 7.11 “**The Head of Department**” means head of a national department, the office of the premier, a provincial department, or a head of a national or provincial component, and includes any employee acting in such post.
- 7.12 “**The Designated Senior Manager**” means any member of the Senior Management Service in line with the provisions of the Public Service Act, 1994, who is tasked with championing the HIV&AIDS and TB management programme within the workplace.
- 7.13 “**The Employee**” means a person appointed in terms of the Public Service Act, 1994 but excludes a person appointed as a special adviser in terms of section 12(A).



7.14 “The Health and Safety Committee” is a committee that is established by the HOD to initiate, develop, promote, maintain and review measures to ensure the health and safety of employees at the workplace. Such committee shall be constituted by the employer, health and safety representatives and labour unions.

7.15 “The Peer Educator” is an employee who is trained to work with his/her peers, sharing information and guiding a discussion using his/her peer experience and knowledge.

7.16 “The Steering Committee” is a committee established by DPSA, for all components of Human Resource Management and Development at provincial and national levels. This Committee serves as a vehicle of coordination, communication, collaboration and consultation of the EH&W programmes.

8. STAGES OF HIV INFECTION - ADAPTED FROM WORLD HEALTH ORGANIZATION (WHO)

Level of stages	Stages of HIV (as defined by WHO)	Explanation	Implication for Workplace Policies
STAGE ONE	Clinical picture; Asymptomatic; Acute retroviral syndrome (ARS); Persistent generalized lymphadenopathy (PGL); Performance scale; Asymptomatic, normal activity	No signs to suggest infection. Employee functioning well, and still able to do normal activities	Promotion of Workplace VCT for early detection and management. If HIV+ve screen for TB Preventive Treatment. Promote risk perception for HIV infection, to those with flu-like symptoms
STAGE TWO	Clinical; Weight loss < 10kg; Minor Mucocutaneous manifestations; Herpes zoster within last 5 years; Recurrent upper respiratory tract infections; and/or Performance scale; Symptomatic; normal activity	Some weight loss Infections of the skin and mucousmembrane begins to manifest e.g. Shingles Employee functions well and still able to do normal activities	Employee likely to be stigmatized due to weight loss Time to clear common myths associated with Shingles e.g. “the belt and fire of the ancestors” Promote eagerness to know HIV status Screen for TB preventive Treatment if HIV +ve Intensify early detection of TB (signs and referral for TB test if coughing for more than 2 weeks)



<p>STAGE THREE</p>	<p>Clinical; Weight loss > 10kg; Unexplained chronic diarrhoea > 1 month; Unexplained prolonged fever > 1 month; Oral candidiasis; Vulvo-vaginal candidiasis – chronic or poorly responsive to therapy; Oral hairy leukoplakia; <i>Pulmonary TB</i> within the last year; Severe bacterial infections – pneumonia; and/or Performance scale; Bedridden < 50% of day during the last month</p>	<p>Significant weight loss, Presence of diarrhea without a cause, like food-poisoning or herbal enemas Frequent respiratory diseases and hospital admissions. In bed less than 50% of the time</p>	<p>Stigma an issue May need treatment for Pulmonary TB. Workplace treatment support (DOT) required after two weeks of treatment from the clinic Employees capacity development on infectiousness and TB transmission to reduce fear and stigma Person is away from work half of the time Intensified TB detection Infection control measures to prevent TB transmission in the workplace</p>
<p>.STAGE FOUR</p>	<p>Clinical; HIV wasting syndrome; PCP; Toxoplasmosis of the brain > 1 month Cryptosporidiosis with diarrhea; Cryptosporidiosis, extra pulmonary Cytomegalovirus (disease of an organ other than liver, spleen or lymph nodes) Herpes simplex infection, Mucocutaneous for > 1 month, or visceral any duration; Progressive multifocal leuco-encephalopathy Disseminated endemic mycosis e.g. Histoplasmosis Candidiasis - oesophagus, trachea, bronchi or lungs Atypical mycobacteriosis, disseminated Non-typhoid salmonella septicemia Extra pulmonary tuberculosis Lymphoma Kaposi's sarcoma HIV encephalopathy and/or Performance scale; Bedridden >50% of day during the last month</p>	<p>Severe weight loss In hospital almost all the time Suffers from those diseases which make him qualify for ARV treatment according to S.A. guidelines</p>	<p>Exhaustion of sick leave days Disability Management through Social Grants or Incapacity management Consider rehabilitation and accommodation in case the condition improves on ART Treatment support for both TB and ARV if co-infected</p>

Table 1: Stages of HIV



9. ROLE PLAYERS

This policy involves the following role players and functions:

9.1 The Head of Department shall:

9.1.1 Take cognizance of the reality that HIV&AIDS is one of the main challenges facing South Africa today, and encourage a policy with a mainstreamed response to the challenge of HIV infection, and the wide ranging impact of AIDS and other diseases on the workforce. In this regard mainstreaming means inclusion of HIV&AIDS and TB into functions relevant to the core mandate of each sector/organization.

9.1.2. Take cognizance of the reality of TB which, together with HIV and AIDS, causes health-related problems for the employee and lowers productivity for the organization as well as contributes to the high attrition rate in South Africa, and ensure effective implementation on intervention of prevention and treatment care and support.

9.1.3. Ensure that the initiatives and interventions included in the policy address the following goals and objectives:

(a)The Department of Health's National TB Infection Control Guidelines, which prescribes the following components of good work practice and administrative control measures:

- (i) Conducting risk assessment for TB transmission;
- (ii) An infection control plan;
- (iii) Administrative support for procedures in the plan, including quality assurance;
- (iv)Education of patients and increasing community awareness; and
- (v) Coordination and communication with the TB programme.

(b) The HIV & AIDS and STI Strategic Plan for South Africa 2007-2011 (NSP), which seeks to reduce the number of new HIV infections by 50%



and reduce the impact of HIV and AIDS on individuals, families, communities and society by expanding access to appropriate treatment, care and support to 80% of all people diagnosed with HIV.

9.1.4. Establish and maintain a safe and healthy environment for employees of the department.

9.1.5. Occupational exposure

a) Identify units or employees within the department that, due to the nature of their work, are at a high risk of contracting HIV and other related diseases, and take reasonable steps to reduce the risk of occupational exposure to HIV, TB and other diseases.

b) Take reasonable steps to facilitate timely access to voluntary counseling and testing, and post-exposure prophylaxis in line with prevailing guidelines and protocols for employees who have been exposed to HIV as a result of an occupational incident;

c) If testing referred to in paragraph (b) indicates that an employee has become HIV positive as a result of occupational incident, ensure that an employee is assisted to apply for compensation in terms of the Compensation of Occupational Injuries and Diseases Act, 1993 (Act No 130 of 1993).

9.1.6. HIV testing

a) Encourage voluntary counseling and testing for HIV, TB and other related health conditions and, wherever possible, facilitate access to such services for employees in the department; and

b) Ensure that no employee or prospective employee of the department is required to take a HIV (TB or other disease) test unless the Labour Court has declared such testing as justifiable in terms of the Employment Equity Act, 1998 (Act No. 55 of 1998).



9.1.7 Non-discrimination

(a) Ensure that no employee or prospective employee is unfairly discriminated against on the basis of her or his HIV (TB or any other disease) status, or perceived HIV status, in any employment policy or practice; and

(b) Take appropriate measures to actively promote non-discrimination and to protect HIV positive employees and employees perceived to be HIV-positive from discrimination.

9.1.8. Confidentiality and disclosure

(a) Create an environment wherein all employees treat information on an employee's HIV status as confidential and shall not disclose that information to any other person without the employee's written consent; and

(b) Ensure that employees utilizing the EH&W programme are assured of confidentiality, except in cases of risk to self and others or in terms of legislation.

9.1.9. Ethical Behaviour

(a) EH&W/ EAP professionals who are registered with their respective professional bodies will have to adhere to codes of conduct of such bodies as well as the code of conduct of the departments.

(b) As far as possible the generic principles of respect for autonomy, non-maleficence, beneficence, and distributive justice will guide the actions of policymakers, programme managers, researchers and all professionals working in the field of employee health and wellness.

9.1.10. Health Promotion



- (a) Introduce appropriate education, awareness and prevention programmes on HIV&AIDS, TB and other sexually transmitted infections for the employees in the department and, where possible, their families, and as far as possible, integrate those programmes with programmes that promote the health and well-being of employees;
- (b) Create mechanisms within the workplace to encourage openness, acceptance, care and support for HIV-positive employees. Such mechanisms should preferably form part of a comprehensive employee health and wellness assistance programme or health promotion programme;
- (c) Designate a member of the SMS with adequate skills, seniority and support to implement the provisions contained in regulation E, Part VI, Chapter 1 of the Public Service Regulations, 2001 within the department, and ensure that the member so designated is held accountable by means of her or his performance agreement for the implementation of the provisions;
- (d) Allocate adequate human and financial resources to implement the provisions of regulation E, Part VI, Chapter 1 of the Public Service Regulations, 2001, and, where appropriate, form partnerships with other departments, organizations and individuals who are able to assist with health promotion programmes;
- (e) Establish a HIV/AIDS/TB committee for the department with adequate representation and support from all relevant stakeholders, including trade union representatives, to facilitate the effectiveness of the provisions of regulation E, Part VI, Chapter 1 of the Public Service Regulations, 2001; and
- (f) Ensure that the health promotion programme includes an effective internal communication strategy.

9.1.11. Monitoring and Evaluation



A head of department shall introduce appropriate measures for monitoring and evaluation of the impact of HIV&AIDS and TB management programme in the world of work.

9.2 The Designated Senior Manager shall:

9.2.1. Promote capacity development Initiatives to:

- (a) Promote competence development of practitioners;
- (b) Improve capacity development of auxiliary functions (OD, HR, IR, Skills Development, Change Management, etc.) to assist with HIV&AIDS and TB prevention at organizational level; and
- (c) Establish e-Health and HIV&AIDS and TB information systems.

9.2.2. Establish organizational support initiatives to:

- a) Structure, strategize, plan and develop holistic HIV and AIDS and TB programmes in collaboration with other stakeholders;
- b) Ensure Human Resource planning and management;
- c) Develop integrated HIV&AIDS and TB information management system;
- d) Provide physical resources;
- e) Ensure financial planning and budgeting; and
- f) Mobilize management support.

9.2.3. Develop governance and institutional development initiatives i.e.:

- a. Establish HIV&AIDS and TB Management Steering Committee and obtain Stakeholder commitment and development.
- b. Manage HIV and AIDS and TB strategies and policies, e.g. Prevention, Treatment care and support and Human Rights.
- c. Align and interface HIV and AIDS and TB management policy with other relevant policies and procedures.



- d. Develop and implement management standards for HIV&AIDS and TB.
- e. Develop and implement ethical framework for HIV&AIDS and TB Management
- f. Liaise with, manage and monitor external service providers.
- g. Develop and maintain an effective communication system.
- h. Plan interventions based on risk and needs analysis.
- i. Monitor and evaluate implementation of HIV and AIDS and TB management interventions.
- j. Develop and implement a system for monitoring, evaluation and impact analysis.

9.2.4. Develop economic growth and development initiatives, i.e:

- a) Mitigate the impact of HIV&AIDS and TB infected employee on the economy.
- b) Ensure responsiveness to the Government's Programme of Action.
- c) Ensure responsiveness to the Millennium Development Goals.
- d) Integrating NEPAD, AU and Global programmes for the economic sector.

9.3. The HIV&AIDS and TB Coordinator shall:

- 9.3.1. Coordinate the implementation of HIV&AIDS and TB management programmes, projects and interventions;
- 9.3.2. Plan, monitor and manage workplace HIV&AIDS and TB according to strategies, policies and budgetary guidelines;
- 9.3.3. Obtain and make condoms and femidom available at the workplace and provide usage education thereof;
- 9.3.4. Initiate and arrange staff training with regard to HIV&AIDS and TB including its relationship;
- 9.3.5. Make provision for counselling to individual employees and to their immediate family members;
- 9.3.6. Identify personal development needs for individual employees;



- 9.3.7. Analyze and evaluate data and communicate information, statistics and results to various stakeholders and management;
- 9.3.8. Coordinate activities of Peer Educators;
- 9.3.9. Promote work-life balance for employees;
- 9.3.10 Provide information regarding nutrition and monitor canteen services;
- 9.3.11 Oversee the functioning of the gymnasium and other physical and recreational activities at the workplace (if applicable); and
- 9.3.12. Ensure adherence to universal precautions, which include:
 - (i) Displaying universal precaution notices;
 - (ii) Provision of condoms and dispensers;
 - (iii) Provision of first aid kits;
 - (iv) Wearing of latex gloves when administering first aid;
 - (v) Washing of hands before administering first aid; and
 - (vi) Safe disposal of used materials such as needles etc.

9.4 The Peer Educator shall:

- 9.4.1. Act as a focal point for the distribution of evidence-based and generic HIV&AIDS and TB promotional material at the workplace;
- 9.4.2. Take the initiative to implement awareness activities, or to communicate HIV&AIDS and TB information at the workplace;
- 9.4.3. Act as HIV&AIDS and TB peer educator in the workplace;
- 9.4.4. Act as a referral agent of employees to relevant internal or external health support programmes;
- 9.4.5. Be involved with the identification of employees at risks for TB transmission at the workplace;
- 9.4.6. Support employees on TB and/or ARV treatment to adhere to treatment (act as DOTS supporter /ARV Buddy); and
- 9.4.7. Submit monthly reports of activities to the HIV&AIDS and TB coordinator.

9.5. The Health and Safety Committee shall:



9.5.1. Make recommendations to the employer and where the recommendation fails to resolve the matter, make such recommendations as may be necessary to an inspector regarding any matter affecting the health or safety of persons at the workplace or any section thereof for which such committee has been established;

9.5.2. Discuss any incident in the workplace or section thereof in which or consequence of which any person was injured, became ill or died, and may in writing report on the incident to an inspector;

9.5.3. Oversee the implementation and monitoring of the HIV&AIDS and TB policy and programmes in the workplace, including research activities;

9.5.4. Make recommendations to the employer regarding any matter affecting the wellness of employees;

9.5.5. Keep records of each recommendation made to an employer; and

9.5.6. Ensure adherence to standards as set by legislation, regulations, SANS 16001, International Labour Organization and the Department of Health.

9.6. The Steering Committee shall:

9.6.1. Establish and harmonize communication of the HIV and AIDS & TB Management Policy at provincial and national levels;

9.6.2. Serve as a vehicle of coordination, communication, collaboration, consultation of issues pertaining HIV and AIDS & TB; and

9.6.3. Create avenues through which collaborative initiatives can be forged and meet quarterly to discuss HIV&AIDS and TB policy matters.

9.7. The Employee should:

9.7.1. Take reasonable care for the health and safety of himself and other persons who may be affected by her/his acts or omissions;

9.7.2. Obey universal precautions as laid down by his/her employer or any authorized person in the interest of prevention of HIV&AIDS and TB;



- 9.7.3. Report as soon as practicable any unhealthy situation which comes to her attention, to the employer or to the HIV&AIDS and TB management practitioners for the workplace or section thereof;
- 9.7.4. If involved in any incident which may affect his/her health or which has caused injury to him/herself, report such incident to his/her employer as soon as practicable;
- 9.7.5. Support effective HIV and TB prevention and people living with HIV & AIDS to lead healthy and productive lives;
- 9.7.6. Contribute to the mitigation of the impact of HIV&AIDS and TB; and
- 9.7.7. Contribute to the enabling of a social environment for care, treatment and support.

9.8. Labour Representatives

- 9.8.1. Represent employees in the workplace;
- 9.8.2. Ensure that the employer fulfills the mandates of Public Service Act, 1994 and the Public Service Regulations, 2001 in order to optimize Management of HIV&AIDS and TB in the workplace;
- 9.8.3. Sit in HIV&AIDS and TB Steering committee meetings; and
- 9.8.4. Make representation to the employer on agreed issues affecting the health and safety of employees at the work place.

10. FINANCIAL IMPLICATIONS

The cost associated with the implementation of this policy must be met from the individual department's budget.

11. IMPLEMENTATION

The implementation of this policy will follow a result-based model, outlining HIV&AIDS and TB management programme inputs, process, outputs, outcomes and impact indicators. The pillars for the implementation should comprise the four functional pillars as reflected in the strategic plan, namely Prevention; Treatment, Care and Support; Human Rights and Access to Justice; and Research, Monitoring and Surveillance, as well as deliverables to operationalise each pillar and its related activities to achieve those intended deliverables and outcomes leading to the desired impact. Implementation of this policy needs department to develop an efficient and effective M&E system to monitor and review progress and results of the implementation.



12. MONITORING AND EVALUATION

Monitoring and evaluation has a significant role to play in wellness interventions as it assists in assessing whether the programme is appropriate; cost effective and meeting the set objectives. The 12 components of an effective Wellness Management M&E System are indicated below:

- 12.1. Organizational structures with EH&W M&E functions;
- 12.2. Human capacity for EHW M&E;
- 12.3. Partnerships to plan, coordinate, and manage the M&E system;
- 12.4. National multi-sectoral EH&W M&E plan;
- 12.5. Annual costed national EH&W M&E work plan;
- 12.6. Advocacy, communications, and culture for EH&W M&E;
- 12.7. Routine EH&W programme monitoring;
- 12.8. Surveys and surveillance;
- 12.9. National and sub-national EH&W Databases;
- 12.10. Supportive supervision and data auditing;
- 12.11. EH&W evaluation and research; and
- 12.12. Data dissemination and use.

13. REVIEW

This policy shall be reviewed as and when there are new developments or after every three (3) years.



PART B: IMPLEMENTATION OF POLICY OBJECTIVES: PREVENTION OF HIV&AIDS AND TB

1. AIM

The aim of this component of the policy is provide measures to reduce new HIV infections by 50% in the public service in line with the objectives of the HIV&AIDS and STI National Strategic Plan 2007-2011.

2. POLICY PRINCIPLES

See section 5 in Part A above.

3.POLICY MEASURES

- 3.1. Reduce vulnerability to HIV and TB infection and their impacts on service delivery.
- 3.2. Reducing all modes of transmission of HIV.
- 3.3. Prevention of HIV&AIDS through Behaviour Change Communication and other evidence-based interventions.
- 3.4. Increase advocacy, lobbying, health promotion and health education and promote mainstreaming of HIV&AIDS.
- 3.5. Reduce TB transmission through intensified TB detection among employees especially those with known HIV +ve status, and develop a TB infection and control plan.

4. PROCEDURAL ARRANGEMENT



All procedural arrangements for implementation will be the same as identified for the role of the designated senior manager in PART A paragraph 8.2 of this policy. This policy will be implemented further in accordance with the Implementation Guide in Annexure B.

PART C: IMPLEMENTATION OF POLICY OBJECTIVES: TREATMENT CARE AND SUPPORT

1. AIM

To provide an appropriate package of HIV&AIDS and TB treatment, care and support services to 80% of people living with HIV&AIDS and TB and their families by 2011, in order to reduce morbidity and mortality, as well as other impacts of HIV&AIDS and TB in collaboration with other stakeholders.

2. POLICY PRINCIPLES

See Section 5 in Part A above

3. POLICY MEASURES

3.1 Voluntary counseling and testing (VCT) to all employees, and to those with active TB disease including treatment adherence counseling.

3.2. Provision of access to:

- Isoniazide Preventive Therapy (IPT) for PLHIV who has latent TB to delay progression to active TB;
- TB screening; and
- TB and STI case detection and treatment.

3.3. Promotion of access to Anti Retroviral Therapy Programme and PEP in through Government Employee Medical Scheme (GEMS).

3.4. Apply the DOTS Strategy for TB control.

3.5. Establishment and/or strengthening of Employee and family assistance programme.

4. PROCEDURAL ARRANGEMENT



All procedural arrangements for implementation will be the same as identified for the role of the designated senior manager in PART A paragraph 8.2 of this policy. This policy will be implemented further in accordance with the Implementation Guide in Annexure B.

PART D: IMPLEMENTATION OF POLICY OBJECTIVES: HUMAN RIGHTS AND ACCESS TO JUSTICE

1. AIM

To improve access to justice in order that people can challenge human rights violations immediately and directly.

2. POLICY PRINCIPLES

See section 5 in Part A above

3. POLICY MEASURES

- 3.1. Promote compliance with legislation and this policy.
- 3.2. Mobilize society and build leadership of people living with HIV in order to mitigate against stigma and discrimination,
- 3.3. Focus on the human rights of women and girls, including people with disabilities, and mobilize society to promote gender and sexual equality to address gender-based violence.
- 3.4. Adhere to incapacity management policies and regulations.
- 3.5. Eliminate practices that creates barriers to human rights.

4. PROCEDURAL ARRANGEMENT

All procedural arrangements for implementation will be the same as identified for the role of the designated senior manager in PART A paragraph 8.2 of this policy. This policy will be implemented further in accordance with the Implementation Guide in Annexure B.



PART E: IMPLEMENTATION OF POLICY OBJECTIVES: RESEARCH, MONITORING AND EVALUATION

1. AIM

Recognise monitoring and evaluation as an important part of the policy and management tool and promote the use of national, provincial and districts level indicators to monitor inputs, processes, outputs, outcomes and impact to assess collective effort.

2. POLICY PRINCIPLES

See Section 5 under Part A above

3. POLICY MEASURES

- 3.1. Regular reporting quarterly and annually.
- 3.2. Support the development of prevention technologies.
- 3.3. Develop M&E indicators.
- 3.4. Develop a Research Agenda that includes surveillance, policy research, and behaviour change research.

4. PROCEDURAL ARRANGEMENT

All procedural arrangements for implementation will be the same as identified for the role of the designated senior manager in PART A paragraph 8.2 of this policy. This policy will be implemented further in accordance with the Implementation Guide in Annexure B.