



## **HIV & AIDS, STI AND TB MANAGEMENT POLICY FOR THE PUBLIC SERVICE**

### **ANNEXURE A**



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**ANNEXURE E. HIV&AIDS, STI AND TB M&E PLAN**

**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



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## PART A: GENERAL

### 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) 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 continues to be home to the world's largest population of people living with HIV (PLHIV) - approximately 5.63 million in 2009 (Spectrum, 2010), which means that one of every six people with HIV in the world lives in South Africa. The ASSA 2008 model estimates 5.5 million for 2010 (ASSA, 2011).
- 1.3 The population-based sero-surveys and sentinel surveillance of pregnant women both suggest that the HIV epidemic has plateaued in South Africa. In adults aged 15-49 years, the three national surveys in 2002, 2005 and 2008 estimated HIV prevalence at 15.6%, 16.2% and 16.9%, respectively (increase not reaching statistical significance). In all survey respondents aged 2+ years, the 2002, 2005 and 2008 HIV prevalence was 11.4%, 10.8% and 10.9%, respectively (differences not statistically significant). In ANC clients, HIV prevalence has gradually levelled off just below 30%, after a steep increase occurring over more than 10 years from 7.6% in 1994 to 29.5% in 2004 (note that sample size and sentinel sites changed after 2005). The ANC prevalence estimates for 2006, 2007, 2008 and



2009 are very similar with 29 of 100 sampled ANC clients HIV-positive. In the 2009 survey, maternal HIV prevalence was 29.4% (95%CI 28.7% - 30.2%). Although the percentage of HIV-positive people (“HIV prevalence”) has plateaued, the absolute number of PLHIV is on a steep increase of approximately 100,000 additional PLHIV each year (estimated number of PLHIV in 2010: 5.5 million – ASSA 2008 model)

1.4 South Africa is one of the 22 High Burden Countries that contribute approximately 80% of the total global burden of all TB cases. South Africa has the third highest level of TB in the world, after India and China. New infections increased by 400% over the past 15 years, reaching 970 new infections per 100 000 people in 2009. Approximately 1% of the South African population develops TB every year. In addition, the HIV epidemic is also driving the TB epidemic more than 70% of patients are co-infected with both diseases. The highest prevalence of TB infection is among people aged 30–39 years and living in townships and informal settlements. This confirms the fact that TB is a disease that has a disproportionate effect in poorer communities. 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.

1.5 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.

1.6 The greatest challenge is to strengthen the prevention of new infections through symptomatic TB screening, HCT and Medical Male Circumcision (MMC) through



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Behavior Change Communication (BCC). Accelerate access to treatment for those clinically eligible for treatment CD4 350 and below, reduce stigma and discrimination, 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 2012-2016.

1.7 The Mexico HIV Conference emphasized the importance of three (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), isoniazid prophylaxis (IPT) and TB Infection Control (IC). Studies have shown that a person with TB who is coughing 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

### **1.8 Key populations for the HIV and TB response**

Certain groups are more likely to be exposed to HIV and TB, or to transmit these diseases. These groups are known as key populations and special efforts have to be made to reach these groups with services for prevention, treatment and care. There is some overlap in key populations for HIV and TB. Key populations for HIV services include young women between the ages of 15 and 24 years; people living close to national roads and in informal settlements; young people not attending school; people with the lowest socio-economic status; uncircumcised men; people with disabilities; sex workers and their clients; people who abuse alcohol and illegal substances; men who have sex with men; and transgender persons.

Key populations for TB services include people who live in the same homes as confirmed TB cases; healthcare workers; mine workers; correctional services staff and inmates; children and adults living with HIV; diabetics and people who are malnourished; people who abuse substances, including tobacco, drugs and alcohol;



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mobile, migrant and refugee populations; and people living and working in poorly ventilated and overcrowded environments (including informal settlements). ( WHO Global TB Control Report, 2010).

1.9 This Policy serves as a broad guide for government public service organizations in responding to HIV&AIDS,STI and TB Management. It provides guidelines to the department on how to implement HIV&AIDS,STI 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.

## **2. SCOPE**

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

## **3.OBJECTIVES**

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

- 3.1. Address social and structural barriers that increase vulnerability to HIV, STI and TB infection
- 3.2. Prevent new HIV, TB and STI infections
- 3.3. Sustain health and wellness
- 3.4. Increase the protection of human rights and improving access to justice.

## **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



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Strategic Framework 2008 as amended, the HIV&AIDS, STI and TB Strategic Plan 2012-2016 and Section VI (E) of the Public Service Regulation 2001 as amended.

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, STI 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



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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, STI 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.



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### **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 dependents will be promoted.

### **5.12. Continuity of and partnerships**

Continuity of care for people infected and affected by HIV&AIDS,STI and TB shall be promoted, including linkages with other health centre 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 Plan of Action on Workers 2008-2017

6.1.3. ILO Recommendation 200, of 2010

6.1.4. ILO Promotional Framework for Occupational Safety Convention 2006



6.1.5. United Nations Millennium Declaration and its Development Goals (MDGs)

6.1.6. The International Convention on Population Development 1994 (+10)

6.1.7. World Summit on Sustainable Development, Johannesburg 2002

## 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. De'cent Work Country Programme 2010-2014

6.2.3. Compensation for Occupational Diseases and Injuries Act, 1993 (Act No.130 of 1993)

6.2.4. Constitution of the Republic of South Africa Act, 1996

6.2.5. Employment Equity Act, 1998 (Act No. 55 of 1998)

6.2.6. National Health Act, 2003 (Act No. 61 of 2003)

6.2.7. Labour Relations, 1995 (Act No. 66 of 1995)

6.2.8. Occupational Health and Safety Act, 1993 (Act No. 85 of 1993)

6.2.9. Promotion of Equality and Prevention of Unfair Discrimination Act, 2000  
(Act No.4 of 2000)

6.2.10. Public Service Act, 1994 (Proclamation No.103 of 1994)

6.2.11. Public Service Regulations, 2001 as amended

6.2.12. The Medical Schemes Act, 1998 (Act No. 131 of 1998)

6.2.13 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 , STI and TB National Strategic Plan 2012-2016

6.3.2. National TB Infection Control Guidelines, June 2007

6.3.3. Technical Assistance Guidelines (TAG) on HIV&AIDS and the World of Work, 2012



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#### 6.3.4. Code of Good Practice on Key Aspects of HIV&AIDS and the World of Work,2012

### 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 .National Development Plan

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 various 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. Mainstreaming of HIV&AIDS**

“Mainstreaming AIDS is a process that enables development actors to address the causes and effects of AIDS in an effective and sustained manner, both through their usual work and within their workplace.” (UNAIDS Working definition)

##### **7.10.1. Mainstreaming can further be described as:**

A process based on a systematic analysis 3 Issues:

- how HIV&AIDS and its underlying (direct and indirect) causes can impact on human capital  
(employees and management) and core business now and in the future  
(Impact)



- how policies, decisions and actions might pose a risk to the development of new infections and disease contributing to the HIV&AIDS and TB epidemics (Risk)
- what measures can be taken by government, sectors, institutions, departments, programmes, projects (development actors) to respond effectively to the identified impacts and risks posed by the HIV epidemic.

#### **7.10.2. Gender sensitive, rights based HIV & AIDS Mainstreaming**

“Gender sensitive, rights based HIV&AIDS Mainstreaming into Public Service and Administration is an institutional development process that enables Public Service and Administration policy makers, implementers and other actors to address the underlying causes and the effects of gender inequality, and Human Rights violation/repression when Mainstreaming HIV&AIDS in an effective and sustained manner both through their usual work (external) and within their workplace (internal)” (DPSA, 2011)

**7.11 “The HIV&AIDS,STI 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.

**7.12 “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.

**7.13 “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,STI and TB management programme within the workplace.

**7.14 “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).



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**7.15 “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.

**7.16 “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.

**7.17. “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.

## **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 of TB which, together with HIV&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.

9.1.2. As far as it is reasonable, ensure that the management of HIV/AIDS is mainstreamed for employees to access appropriate services in line with the departmental mandate and manage other diseases, injuries, and conditions of employees to ensure efficient, effective and sustainable delivery of services.



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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 2012-2016 (NSP), which seeks to reduce the number of new HIV infections by 50% and reduce the impact of HIV&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 counselling 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;



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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 counselling 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



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- (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 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, STI and 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 as amended, 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;

(c) 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;

(d) Establish a HIV& AIDS,STI,and 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

(e) 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, STI and TB management programme in the world of work.

## **9.2 The Designated Senior Manager:**

### 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,STI and TB prevention at organizational level; and
- (c) Establish e-Health and HIV&AIDS, STI and TB information systems.



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9.2.2. Establish organizational support initiatives to:

- a Structure, strategize, plan and develop holistic HIV& AIDS, STI 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 & AIDS,STI 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:



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- 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:**

- 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:

- 1 Displaying universal precaution notices;
  - (i) Provision of condoms and dispensers;
  - ii Provision of first aid kits;
  - (ii) Wearing of latex gloves when administering first aid
  - (iii) Washing of hands before administering first aid; and
  - (iv) Safe disposal of used materials such as needles etc.

#### **9.4 The Peer Educator:**

9.4.1. Act as a focal point for the distribution of evidence-based and generic HIV&AIDS, STI and TB promotional material at the workplace;

9.4.2. Take the initiative to implement awareness activities, or to communicate HIV&AIDS, STI and TB information at the workplace;

9.4.3. Act as HIV&AIDS,STI 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;

9.5 Be involved with the identification of employees at risks for TB transmission at the workplace;

9.5.5. Support employees on TB and/or ARV treatment to adhere to treatment (act as DOTS supporter /ARV Buddy); and

9.5.6. Submit monthly reports of activities to the HIV&AIDS,STI and TB coordinator.



## **9.5. The Health and Safety Committee:**

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;

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

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

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

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

## **9.6. The Steering Committee :( Interdepartmental Committee (IDC) on HIV&AIDS, STI and TB)**

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

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

9.6.3. Create avenues through which collaborative initiatives can be forged and meet quarterly to discuss HIV&AIDS, STI 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;



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- 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,STI 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, STI 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,STI and TB in the workplace;
- 9.8.3. Sit in HIV&AIDS,STI 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.



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## **11. IMPLEMENTATION**

The implementation of this policy will follow a result-based model, outlining HIV&AIDS,STI 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.



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### **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:  
ADDRESSING SOCIAL AND STRUCTURAL BARRIERS  
THAT INCREASE VULNERABILITY TO HIV, STI  
AND TB INFECTIONS (SO1)**

#### **1. AIM**

The aim of this component of the policy is provide measures to change the behaviour factors that facilitate the spread and impact of HIV and TB as well as harness and promote protective factors.

#### **2. POLICY PRINCIPLES**

See section 5 in Part A above.

#### **3.POLICY MEASURES**

- 3.1. Mainstreamed HIV&AIDS, STI and TB and its gender and rights based dimensions,
- 3.2. Mitigate the impact of HIV and TB
- 3.3. Reduce vulnerability of young people
- 3.4. Poverty alleviation

#### **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



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policy will be implemented further in accordance with the Implementation Guide in Annexure B.

**PART C: IMPLEMENTATION OF POLICY OBJECTIVES:  
PREVENTING NEW HIV, TB AND STI INFECTIONS (SO2)**

**1. AIM**

To provide an appropriate package of HIV&AIDS and TB combination prevention by 2016, in order to reduce new HIV, TB and STI infections or re-infection.

**2. POLICY PRINCIPLES**

See Section 5 in Part A above

**3. POLICY MEASURES**

- 3.1. Maximized opportunities for testing and screening
- 3.2. Increased access to a package of sexual and reproductive health (SRH) services
- 3.3. Reduced transmission of HIV from mother to child (PMTCT)
- 3.4. Preventing TB infection and disease

**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.



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**PART D: IMPLEMENTATION OF POLICY OBJECTIVES:  
SUSTAINING HEALTH AND WELLNESS (SO3)**

**1. AIM**

To improve access to treatment care and support, and promote positive prevention among people infected and affected by HIV&AIDS, TB and STI's.

**2. POLICY PRINCIPLES**

See section 5 in Part A above

**3.POLICY MEASURES**

- 3.1. Reducing disability and death resulting from HIV, STI s and TB
- 3.2. Maintain optimal health and wellness for people with HIV , STIs and TB
- 3.3. Ensure systems and services remain responsive to the needs of people with HIV and TB.

**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:  
INCREASING HUMAN RIGHTS OF PEOPLE LIVING  
WITH HIV AND TB, AND IMPROVE ACCESS TO  
JUSTICE (SO4)**

**1. AIM**



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To address issues of stigma, discrimination, human rights violations and gender inequality with particular focus on key population.

## **2. POLICY PRINCIPLES**

See Section 5 under Part A above

## **3. POLICY MEASURES**

- 3.1. Prevent and monitor human rights violation
- 3.2. Reducing HIV and TB discrimination in the workplace
- 3.3. Reduce unfair discrimination in access to services
- 3.4. Reduce HIV and TB related stigma

## **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.

## **5. ADDENDUM TO THE POLICY**

This information in the table is provided to equip the EH&W Practitioners with understanding of the different stages of HIV Infection as outlined by the World Health Organization (WHO). The section provides information on the implications for workplace intervention at each stage of the disease progress.



### 5.1. STAGES OF HIV INFECTION-ADAPTED FROM WHOM

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	Some weight loss Infections of the skin and	Employee likely to be stigmatized due to weight loss
	zoster within last 5 years; Recurrent upper respiratory tract infections; and/or Performance scale; Symptomatic; normal activity	mucous membrane begins to manifest e.g. Shingles Employee functions well and still able to do normal activities	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 &gt; 10kg; Unexplained chronic diarrhoea &gt; 1 month; Unexplained prolonged fever &gt; 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 &lt; 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</p>	<p>Clinical; HIV wasting syndrome; PCP;</p>	<p>Severe weight loss</p>	<p>Exhaustion of sick leave days</p>



<p>FOUR</p>	<p>Toxoplasmosis of the brain &gt; 1 month</p> <p>Cryptosporidiosis with diarrhea;</p> <p>Cryptosporidiosis,</p> <p>extra pulmonary Cytomegalovirus (disease of an organ other than liver, spleen or lymph nodes)</p> <p>Herpes simplex infection, Mucocutaneous for &gt; 1 month, or visceral any duration; Progressive multifocal leucoencephalopathy</p> <p>Disseminated endemic mycosis e.g. Histoplasmosis</p> <p>Candidiasis - oesophagus, trachea, bronchi or lungs</p> <p>Atypical mycobacteriosis, disseminated</p> <p>Non-typhoid salmonella septicemia</p> <p>Extra pulmonary tuberculosis</p> <p>Lymphoma</p> <p>Kaposi's sarcoma</p> <p>HIV</p> <p>encephalopathy</p> <p>and/or Performance scale; Bedridden &gt;50% of day during the last month</p>	<p>In hospital almost all the time</p> <p>Suffers from those diseases which make him qualify for ARV treatment according to S.A. guidelines</p>	<p>Disability Management through Social Grants or Incapacity management</p> <p>Consider rehabilitation and accommodation in case the condition improves on ART</p> <p>Treatment support for both TB and ARV if co-infected</p>
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5.2. HIV&AIDS as a Psychosocial Stressor ( see SOLVE Guidelines and related booklets).

**PART F: POLICY ANNEXES/TOOLS**



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- ANNEXURE B: SYSTEMS MONITORING TOOL (**Assess HIV&AIDS and TB Management Systems**)
  - ANNEXURE C: GENERIC IMPLEMENTATION PLAN (**Assess HIV&AIDS and TB Management Processes**)
  - ANNEXURE D: GSRB HIV&AIDS AND TB MAINSTREAMING GUIDELINES (**Assess the national priorities, departmental risks and impacts, and develop departmental operational plan**)
  - ANNEXURE E: HIV&AIDS AND TB M&E PLAN