

PROVINCE OF THE EASTERN CAPE



DEPARTMENT OF RURAL DEVELOPMENT AND AGRARIAN REFORM

HIV, AIDS AND TB MANAGEMENT POLICY

HIV, AIDS AND TB MANAGEMENT POLICY


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FOREWORD

The Department of Rural Development and Agrarian Reform regards its Human Resources as the engine of the Department. It has therefore committed itself to ensuring that its workforce's well-being is taken care of through the employment and implementation of the Employee Wellness Programme (EWP). The EWP assists with social, mental, physical, and psychological functioning of the workforce to ensure that employees are able to optimally carry out the responsibilities that the Department has set out to them. HIV, AIDS and TB affect individuals and communities hence the Department of Rural Development and Agrarian Reform commits itself to provide services and budget as set out in this policy document to effectively mitigate with the impact of HIV, AIDS and TB within the Department.



MR. L.L. NGADA
HEAD OF DEPARTMENT

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ABBREVIATIONS

DPSA	Department of Public service and Administration
EWP	Employee Wellness Programme
EAP	Employee Assistance Programme
EH&WSF	Employee Health & Wellness Strategic Framework
HPM	Health and Productivity Management
HIV	Human Immunodeficiency Virus
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
NSP	National Strategic Plan on HIV, STI's and TB
PEP	Post Exposure Prophylaxis
SABS	South African Bureau of Standards
SANS	South African National Standard
STI	Sexually Transmitted Infection
TB	Tuberculosis
WHO	World Health Organization
PLHIV	Person living with HIV

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DEFINITIONS OF TERMS AND CONCEPTS

In this policy any term to which a meaning has been assigned in the Public Service Act bears that meaning, unless the context otherwise indicates-

“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.

“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.

“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.

“TB disease” when a person develops symptoms of tuberculosis and is falling sick it is referred to as active TB.

“Latent TB / 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.

“Extra Pulmonary TB” refers to the TB disease affecting other parts of the body outside the lungs, is less infectious than the TB disease which occurs in the lungs

“Pulmonary TB” refers to the TB disease which occurs in the lungs and easily transmitted through droplets produced during cough and sneezing.

“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.

“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.

“The Health and Wellness Coordinator” is an employee tasked with the responsibility to coordinate the implementation of HIV and AIDS & TB programmes. The Health and Wellness Coordinator can be professionally trained to perform therapeutic interventions, if not trained, such cases should be referred.

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“The Head of Department” means head of a provincial department, and includes any employee acting in such post.

“The Designated Senior Manager” means any member of the Senior Management Service in line with the provisions of the Public Service Act of 1994, who is tasked with championing the HIV&AIDS and TB management programme within the workplace.

“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 20(3).

“The Health and Wellness 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. This Committee serves as a vehicle of coordination, communication, collaboration, and consultation of the EH&W programmes at Head Office and district level.

“The Peer Educator/Wellness Champion” 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.

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1. INTRODUCTION

HIV and AIDS is one of the major challenges facing South Africa today. South Africa has a generalized HIV epidemic, which has stabilized over the last four years at a national antenatal prevalence of around 30%. (NSP:2012-2016) South Africa currently ranks the third highest in the world in terms of TB burden, with an incidence that has increased by 400% over the past 15 years. There is a wide variation in HIV and TB prevalence across age, race, gender, socio-economic status and geographical location. 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.

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.

The Eastern Cape is the second largest of South Africa's nine provinces, and the third most populous province; home to 13,5% of the total population. In 2010 the top age cohort contributors to provincial population were teens (15-19) and young adults (20-24) contributing 12, 4% and 11,1%, respectively. The province is by and large underdeveloped and is believed to be the poorest of the nine provinces, as close to 70% of the population lives below the poverty line.

The HIV prevalence amongst antenatal women, according to the 2010 sentinel survey, is 29,9%. The EC has the third highest number of new infections, 47 464 (2008), at an estimated annual incidence rate of 1,5%, which is slightly higher than the current national incidence rate of 1,2%. According to the Knowledge, Attitudes, Behaviour, and Prevalence study (KABP) which was conducted in the Eastern Cape Provincial Administration during 2006, the department's HIV prevalence was at 13.3%. In terms of gender specific HIV prevalence males were 16,8% and females were 10,6%.

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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. This Policy serves as a broad guide for the Department of Rural Development and Agrarian Reform in responding to HIV, AIDS and TB Management. Therefore, the purpose of this policy is to mitigate the impact of the HIV epidemic and improvement of Public Service delivery to reduce the number of infections and the impact on individual employees, families, communities and society. The policy should be read in conjunction with the EH&W Strategic Framework (2008) of the Public Service and the National Strategic Plan (NSP) 2012-2016.

2. OBJECTIVES

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

- 2.1. Reduce the rate of new HIV and TB infections using combination of prevention methods.
- 2.2. Sustain health and wellness in the workplace.
- 2.3. Promote protection of human rights and improving access to Justice for infected and affected employees.
- 2.4. Monitor Knowledge, Attitude, Behavior and Prevalence (KABP) for HIV and TB .

3. REGULATORY FRAMEWORK

This policy should read in conjunction with the following instruments:

- a.1 Constitution of the Republic of South Africa Act ,No 106 of 1996
- a.2 . Occupational Health and Safety Act, No 85 of 1993
- a.3 Compensation for Occupational Diseases and Injuries Act No 130 of 1993
- a.4 Promotion of Equality and the prevention of Unfair Discrimination Act, No 4 of 2000
- a.5 Labour relations Act No 66 of 1996
- a.6 Employment Equity Act No, 55 of 1998
- a.7 National Strategic Plan on HIV&AIDS and TB 2012-2016
- a.8 National TB Infection Control Guidelines, June 2007

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a.9 Management of Drug Resistant Tuberculosis in South Africa, Policy Guidelines

June, 2007

a.10 National Strategic Framework on Stigma and Discrimination

a.11 National Occupational Health and Safety Policy of 2005

a.12 Public Service Handbook of Reasonable Accommodation 2007

b) PRINCIPLES, VALUES AND PHILOSOPHY

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

b.1 Respect for the human rights and dignity

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

4.2 Healthy and safe work environment

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

4.3 Recognition that HIV, AIDS and TB co-infection is a workplace issue

HIV, AIDS and TB co-infection is a workplace issue, and should be treated like any other serious condition in the workplace.

4.4 Gender equality

The gender dimensions of those infected and affected with HIV & AIDS and TB should be recognized.

4.5 Confidentiality and protection of workers' personal data

Access to personal data relating to an employee's HIV status shall be bound by the rules of confidentiality.

4.6 Non-discriminatory workplace practices

Employees and job applicants should not be exposed to HIV and TB testing for the purpose of exclusion from employment or work processes.

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4.7 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 and facility.

4.8 Appropriateness and cultural sensitivity

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

4.9 Access to information and education

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

4.10 Equal access to all health entitlements

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

4.11 Continuity of care 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 resources.

4.12 Social dialogue

Successful implementation of this policy requires co-operation and mutual trust between employer, employees and their representatives with an active involvement of employees infected and affected by HIV, AIDS and TB.

5. SCOPE OF APPLICABILITY

This policy shall be applicable to all employees of the department of Rural Development and Agrarian Reform.

The policy covers the following areas

- a. HIV and AIDS
- b. TB
- c. STI

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6. IMPLEMENTATION PROCEDURES

The pillars for the implementation comprise the four strategic objectives as reflected in the NSP and its policy; Providing HIV, STI and TB Prevention Programmes ,Sustaining health and wellness ,Increasing protection of human rights and improving access to Justice

Monitor, Research and Surveillance programmes as to operationalise each objective and its related activities to achieve those intended deliverables and outcomes leading to the desired impact. Implementation of this Policy needs the department to develop an efficient and effective M&E system to monitor and review progress and results of the implementation. Implementation procedures are outlined below;

6.1 POLICY STATEMENT 1: REDUCE THE RATE OF NEW HIV AND TB INFECTIONS USING COMBINATION OF PREVENTION METHODS

6.1.1 POLICY MEASURES

- a) Reduce vulnerability to HIV and TB infection and their impacts on service delivery by educating employees on facts of HIV and AIDS and TB.
- b) Reducing transmission of HIV through the provision of appropriate education and protective material.
- c) Maximizing opportunities during departmental events to ensure that employees tests voluntarily for HIV and screened for TB, at least twice a year, for early detection of HIV, TB and STI's
- d) Promote Behavior change through communicating Prevention HIV and AIDS through Behavior Change Communication (BCC) Increase Advocacy, Lobbying, Health Promotion and Health Education and Promote Mainstreaming of HIV&AIDs Prevention of hiv & aids through behavioural change, communication, increase advocacy.

6. 2 POLICY STATEMENT 2: SUSTAIN HEALTH AND WELLNESS IN THE WORKPLACE

6.2.2. POLICY MEASURES

- a) Provide voluntary counseling to all employees, infected and affected with HIV, AIDS and TB.

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- b) Promote positive living through wellness interventions
- c) Provision of care and support for PLHIV and those with latent TB to delay progression to active TB.
- d) Educate employees on Anti-Retroviral Therapy Programme (ART) and refer for Post- Exposure Prophylaxis (PEP)
- e) Provide treatment adherence counseling and Employee and Family Assistance Programme
- f) Promote private and public health HIV and AIDS disease management Programmes

6.3 POLICY STATEMENT 3: PROMOTE PROTECTION OF HUMAN RIGHTS AND IMPROVING ACCESS TO JUSTICE FOR INFECTED AND AFFECTED EMPLOYEES

6.3.1 POLICY MEASURES:

- a) Ensure adherence to Legislation relating to the Policy, by role players.
- b) Organize infected and affected employees by establishing structures to mitigate against stigma and discrimination.
- c) Promote the human rights of women to address gender-based discrimination.
- d) Promote visible organizational leadership on human right advocacy for infected and affected employees.

6. 4 POLICY STATEMENT 4: MONITOR KNOWLEDGE, ATTITUDE, BEHAVIOR AND PREVALENCE (KABP) OF HIV AND TB

6.4.1 POLICY MEASURES

- a) Conduct KABP study every three years to ascertain the level of knowledge, attitudes, behavior and prevalence of HIV in the department.
- b) Conduct ongoing surveillance programmes
- c) Produce quarterly and annual reports on HIV, AIDS and TB management in the department.

7. ROLES AND RESPONSIBILITIES

This policy involves the following role players and functions:

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7.1. The Head of Department shall:

7.1.1 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.

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

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

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

- a) Conducting risk assessment for TB transmission
- b) An infection control plan
- c) Administrative support for procedures in the plan, including quality assurance
- d) Education of patients and increasing community awareness
- e) Coordination and communication with the TB programme

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

- a) Identify units or employees within the department that, due to the nature of their work, are at 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).

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7.1.6 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)

7.1.7 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.

7.1.8 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.
- b) Ensure that the employees utilizing the EH&W programme are assured of confidentiality, except in cases of risk to self and others or in terms of legislation

7.1.9 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.

7.1.10 Designate a member of the SMS with adequate skills, seniority and support to;

- a) 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;

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- b) 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, organisations and individuals who are able to assist with health promotion programmes;
- c) Establish an Employee Health and Wellness 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; chapter 1 of the Public Service Regulations, 2001; and

7.2. The Designated Senior Manager shall:

7.2.1 Promote capacity development Initiatives to:

- a) promote competence development of practitioners/coordinators, management, labour unions and supervisors
- b) assist with HIV, AIDS and TB prevention at organizational level
- c) establish e-Health and HIV, AIDS and TB information systems

7.2.2 Establish organizational support initiatives:

- a) establish an appropriate HIV, AIDS and TB Management system
- 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
- f) mobilize management support

7.2.3 Develop governance and institutional development initiatives:

- a) establish Employee Health and Wellness Steering Committee
- b) obtain Stakeholder commitment and development
- c) Develop and implement ethical framework for HIV, AIDS and TB Management
- d) Develop the management of HIV, AIDS and TB treatment, care and support
- e) Develop and implement management standards for HIV, AIDS and TB
- f) Develop and maintain an effective communication system

7.2.4 Structure, strategize, plan and develop holistic HIV, AIDS and TB programmes;

7.2.5 Manage HIV, AIDS and TB strategies and policies, e.g. Prevention, Treatment care and support and Human Rights.

7.2.6 Align and interface HIV, AIDS and TB management policy with other relevant policies and procedures;

7.2.7 Liaise with, manage and monitor external service providers;

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7.2.8 Plan interventions based on risk and needs analysis;

7.2.9 Monitoring and Evaluation

The Designated Senior Manager shall introduce appropriate measures for monitoring and evaluation of the impact of HIV, AIDS and TB management programs in the world of work.

7.3. The Health and Wellness Coordinator shall:

7.3.1 Coordinate the implementation of HIV, AIDS and TB management programmes, projects and interventions;

7.3.2 Plan, monitor and manage workplace HIV, AIDS and TB management according to strategies, policies and budgetary guidelines;

7.3.3 Make provision for counseling to individual employees and to their immediate family members;

7.3.4 Identify personal development needs for individual employees;

7.3.5 Analyse and evaluate data and communicate information, statistics and results to various stakeholders and management;

7.3.6 Coordinate activities of Peer Educators;

7.3.7 Promote work-life balance for employees;

7.3.8 Provide information regarding nutrition and monitor canteen services;

7.3.9 Oversee the functioning of the gymnasium and other physical and recreational activities at the workplace (if applicable)

7.3.10 Support employees on TB and/or ARV treatment to adhere to treatment

7.4. The Peer Educator/Wellness Champion shall:

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

7.4.2 Take initiative to implement awareness activities, or to communicate HIV, AIDS and TB information at the workplace;

7.4.3 Act as HIV, AIDS and TB peer educator in the workplace;

7.4.4 Act as a referral agent of employees to relevant internal or external health support programmes;

7.4.5 Be involved with the identification of workers at risks for TB transmission at the workplace;

7.4.6 Obtain and make condoms available at the workplace and provide usage education thereof;

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7.4.7 Initiate and arrange staff training with regard to HIV, AIDS and TB including their relationship;

7.4.8 Submit monthly reports of activities to the Wellness coordinator.

7.5 The Health and Wellness Steering Committee shall:

7.5.1 Establish harmonized communication of the HIV, AIDS & TB Management policy at provincial and district levels

7.5.2 Serve as a vehicle of coordination, communication, collaboration, consultation of issues pertaining to HIV, AIDS & TB management.

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

7.5.4 Oversee the implementation of the HIV, AIDS and TB policy and programmes in the workplace.

7.6 The Employee should:

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

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

7.6.3 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

7.6.4 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

7.6.5 Support effective HIV and TB prevention and People Living with HIV and AIDS to lead healthy and productive lives

7.6.6 Contribute to the mitigation of the impact of HIV, AIDS and TB

7.6.7 Contribute to the enabling Social Environment for sustainable health and wellness

8. RESOURCE IMPLICATIONS

8. 1 The Department must make sufficient budget available to the Employee Wellness Programme for the implementation of the policy.

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9. MONITORING AND EVALUATION

Monitoring and evaluation have 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.

9.1 Process indicators	<ul style="list-style-type: none">a) Organizational structures to implement programmes are established and functional.b) Organize infected and affected employees by establishing support structuresc) Establish and implement HIV, AIDS and TB awareness programmes.d) Conduct KABP survey(s), every three years.e) Establish partnerships with HIV, AIDS stakeholders and interest groups.f) Capacitate EWP Functionaries on HIV,AIDS and TB developmentsg) Advocacy and human rights campaigns carried out
Output indicators	<ul style="list-style-type: none">a) Number of awareness and prevention programmes on HIV, AIDS and TBb) Number of protective material distributed/providedc) Number of employees tested and screened for HIV and TBd) Employee Health and Wellness Steering Committee establishede) Non-discriminatory workplace practices in placef) Integrated HIV, AIDS and TB information systems in placeg) Structures meant to organize and support infected and affected employees, established
Outcome indicators	<ul style="list-style-type: none">a) Reduction in the number of employees who are not aware of HIV and TB preventative methods

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	<ul style="list-style-type: none">b) Increased number of employees who are informed of safe sex practicesc) Increased number of employees who participate in voluntary tests for HIV, AIDS and TB screening.d) Infected employees living healthy lives through exercise, balanced nutrition and adherence to prescribed medication.e) Reduced HIV, AIDS and TB prevalence in the department.
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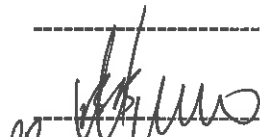
10. REVIEW

The policy shall be reviewed after 5 years from the date of approval or when the need arises before that time.

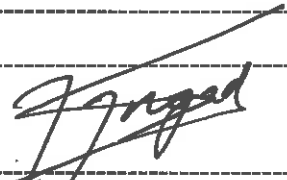
11. RECOMMENDATIONS AND APPROVALS

RECOMMENDED/NOT RECOMMENDED/COMMENTS

Recommended for approval


MRS Z MAKINA
DDG: ADMIN
DATE 28/03/2018

APPROVED/NOT APPROVED/COMMENTS


MR. LL NGADA
HOD: DRDAR
DATE 28/03/2018