



HIV&AIDS AND  
TB MANAGEMENT POLICY FOR  
THE PUBLIC SERVICE

ANNEXURE A



## TABLE OF CONTENTS

ABBREVIATIONS	4
<b>PART A: GENERAL</b>	
1. INTRODUCTION	5
2. SCOPE	6
3. OBJECTIVE	6
4. MISSION	7
5. PRINCIPLES	7
6. LEGAL FRAMEWORK	9
7. DEFINITIONS	11
8. STAGES OF HIV INFECTION	14
9. ROLE PLAYERS	15
10. FINANCIAL IMPLICATIONS	24
11. IMPLEMENTATION	24
12. MONITORING AND EVALUATION	24
13. REVIEWS	24
<b>PART B: IMPLEMENTATION OF POLICY OBJECTIVES : PREVENTION OF HIV&amp;AIDS AND TB</b>	
1. AIM	25
2. POLICY PRINCIPLES	25
3. POLICY MEASURES	25
4. PROCEDURAL ARRANGEMENT	25
<b>PART C: IMPLEMENTATION OF POLICY OBJECTIVES:TREATMENT,CARE AND SUPPORT</b>	
1. AIM	26
2. POLICY PRINCIPLES	26
3. POLICY MEASURES	26
4. PROCEDURAL ARRANGEMENTS	26
<b>PART D: IMPLEMENTATION OF POLICY OBJECTIVES: HUMAN RIGHTS AND ACCES TO JUSTICE</b>	
1. AIM	27
2. POLICY PRINCIPLES	27
3. POLICY MEASURES	27
4. PROCEDURAL ARRANGEMENTS	27
<b>PART E: IMPLEMENTATION OF POLICY OBJECTIVES: RESEARCH,MONITORING AND SURVEILLANCE</b>	
1. AIM	28
2. POLICY PRINCIPLES	28
3. POLICY MEASURES	28
4. PROCEDURAL ARRANGEMENTS	28
ANNEXURE B: GENERIC IMPLEMENTATION PLAN	
ANNEXURE C:STEP-BY-STEP GUIDE FOR POLICY IMPLEMENTATION	
ANNEXURE D: SYSTEMS MONITORING TOOL	



## 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) 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 have shown that a person with TB who 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 dependents 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 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 Worker's Plan 2008-2017
- 6.1.3. ILO Decent 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. Word 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 APPPLICABLE 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 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 “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)



STAGE THREE	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	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	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
.STAGE FOUR	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	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	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

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-malfeasance, 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:

#### 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:**

- 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:**

- 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:**



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:**

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.



## HIV&AIDS AND TB MANAGEMENT

### GENERIC IMPLEMENTATION PLAN FOR THE PUBLIC SERVICE

ANNEXURE B

## **INTRODUCTION**

This Generic Implementation Plan serves as a guide to implement the policy measures as outlined in the HIV and AIDS and TB Management Policy. The policy measures are translated into success indicators which are performance expectations for each sub-objective. Success indicators seek to identify exactly what outcomes are expected as a result of the intervention made. Each success indicator is further broken down into functional objectives with activities or processes as per the four process pillars of Capacity Building, Organizational Support, Governance and Institutional Development, and Economic Growth and Development Initiatives. Indicators for implementation are described in terms of output, outcome and impact indicators.

Sub-Objective  (NSP Priority Area 1)	Success Indicators  (Implementation Goals linked to NSP)
1. To provide prevention Programmes.	<ul style="list-style-type: none"><li>• Reduced Vulnerability to HIV and TB infection</li><li>• Reduced all modes of HIV transmission</li><li>• Evidence-based HIV prevention strategies and improved behavioural change communication (BCC)</li><li>• Increased Advocacy, Lobbying, Health Promotion &amp; Education including Mainstreaming of HIV &amp; AIDS in development</li><li>• Reduced TB transmission, through intensified TB detection, especially among those with known HIV +ve status</li></ul>

## 1.1 Reduced Vulnerability to HIV and AIDS and TB

Objectives	Inputs	ACTIVITIES/OR PROCESSES				INDICATORS FOR THE POLICY IMPLEMENTATION		
		Capacity Development	Organisational support	Governance and Institutional Development	Economic Growth and Development	Outputs	Outcomes	Impact
1.1.1 Accelerate programmes to empower women and educate men and women (including boy and girl child) on human rights in general and women's rights in particular	As above	Develop and implement communication strategy, including leadership messages to educate men and women on the rights of women and human rights	Develop and implement appropriate race and gender employment policies and targets	Monitor Implementation of programmes for gender, disability and youth development mainstreaming	Conduct audits on relevant Policies, programmes and Messages	No of departments which offers legal and social support services for women, care givers and victims of sexual violence  Percentage of departmental budget allocated for poverty alleviation programme	Number of people accessing legal and social support services targeted at women, children and victims of sexual violence	N/A

Objectives	Inputs	ACTIVITIES/OR PROCESSES				INDICATORS FOR THE POLICY IMPLEMENTATION		
		Capacity Development	Organisational support	Governance and Institutional Development	Economic Growth and Development	Outputs	Outcomes	Impact
1.1.2 Develop and implement strategies to address gender based violence	As above	Develop and implement communication strategy, including leadership messages which addresses unacceptability of coercive sex, gender power stereotypes and stigmatisation of rape survivors		Develop and implement policy on sexual harassment	Conduct audits on relevant Policies and Messages	% of relevant members trained on the management of Gender-based violence and rape	%Departments with visible sexual harassment policy	Number of Reported cases of gender-based violence

1.1.3 Create an enabling environment for HIV testing	Finance  HR-Peer-Educators Lay counsellors  Rapid Test Kits Enabling policies	Develop clear consistent HIV prevention messages to be delivered by leadership from all sectors at all available opportunities	Develop high profile campaign utilising peer influence to promote HIV testing and disclosure	Expand access to HIV testing beyond formal health care settings such as community and workplace settings  Develop and implement guidelines on Managed HCT	Conduct audit for Testing and Confidentiality policies	Percentage of non-health facilities providing HIV&AIDS testing	% of employees who know their HIV status irrespective of the outcomes of the test	% of HIV infected men and women 15-24years and 25-49years out of a total population tested in the department  % of new infected Most at Risk (MRP) men and women aged 15-24 and 25-49 years out of a total at risk population (IDU, Alcohol and Drug abuse, etc.)
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Objectives	Inputs	ACTIVITIES/OR PROCESSES				INDICATORS FOR THE POLICY IMPLEMENTATION		
		Capacity Development	Organisational support	Governance and Institutional Development	Economic Growth and Development	Outputs	Outcomes	Impact
1.1.4 Build and maintain leadership from all sectors of society to promote and support (The NSP goals	Finance HR-Peer-Educators Lay counsellors	Ensure regular updates in sectors on priority activities and messages  Mobilise and engage employees on cultural practices through debates, seminars and workshops on cultural practices that fuel the spread of HIV, as well as those that are desirable	Participate in quarterly Interdepartmental Committee meetings to review progress towards NSP goals and objectives	Submit quarterly reports on NSP indicators to the relevant Coordinating department  Generate quarterly reports on Workplace HIV&AIDS and TB Management programme  Mainstream HIV&AIDS and TB into departmental Strategic Plans		Percentage of departments submitting quarterly HIV&AIDS and TB reports	N/A	% of HIV infected men and women 15-24years and 25-49years out of a total population tested in the department

Objectives	Inputs	ACTIVITIES/OR PROCESSES				INDICATORS FOR THE POLICY IMPLEMENTATION		
		Capacity Development	Organisational support	Governance and Institutional Development	Economic Growth and Development	Outputs	Outcomes	Impact
1.1.5 Support national efforts to strengthen social cohesion in communities and support the institution of the family:		Support programmes that aim to develop HIV&AIDS and TB knowledgeable and competent employees, families and communities	Establish and implement outreach programmes on HIV&AIDS, STI and TB to departmental clients and communities	Design and Implement programmes to address orphan and vulnerable children (OVC)	-	% Departments with OVC programmes included in their policies  % Departments with outreach programmes on HIV&AIDS and TB	Ratio of current school attendance among orphans and non-orphans aged 10-14 years	N/A

1.2 Reduce all modes of HIV transmission :-		1.2.1.sexual transmission						
Objectives	Inputs	ACTIVITIES/PROCESSES				INDICATORS FOR THE POLICY IMPLEMENTATION		
		Capacity Development	Organizational support	Governance and Institutional Development	Economic Growth and Development	Outputs	Outcomes	Impact
1.2.1. 1. Strengthen behaviour change programmes, interventions and curricula for the prevention of sexual transmission of HIV and transmission of TB Infection in the workplace	<i>Male and female condoms</i>	Train wellness practitioners on HIV&AIDS,TB and STI transmission and prevention  Create awareness among employees  Distribute condoms and teach on cough etiquette	Introduce and evaluate curricula and interventions for employees at high risk for HIV and TB transmission	Conduct condom use survey among employees  Conduct surveillance on HIV prevalence among employees  Conduct surveillance on incidence of TB among PLHIV		No. Male and Female condoms distributed in the Department during the period under review  Number of departments with MCP reduction programmes and campaigns  Percentage of departments/ facilities with IEC materials displaying MCP reduction messages	% of people reporting consistent use of condom  Percentage of employees treated for Genital ulcers or Genital discharge in the last 12 months  Percentage of teenage pregnancy among learners (DOE/DBE) in the last 12 months	% of employees with HIV and TB infection in the Public service  % of PLHIV Receive TB Preventive treatment

1.2.1.2 Increase roll-out of Workplace Prevention Programmes (cross-reference with ILO ,Nedlac and SADC) for workplace-based interventions	Drugs for STI, Rapid Test Kits HR planning (lay counselors,, wellness practitioner for interpretation of results ,Staff for outreach activities) Condoms	Training, awareness creation and advocacy on HIV&AIDS and TB Management Policy for all levels of employees	Incremental roll-out of comprehensive prevention package in the workplace including IEC, HCT, condom provision, STI management and TB screening	Incremental roll-out of HIV and TB prevention packages customised to higher risk occupational groups such as long-distance transport, agriculture, correctional services ,SAPS and DOH employees	Develop targeted HIV prevention programmes for domestic workers and gardeners and other employees who are hard to reach	% of Departments with approved workplace policies  % of budget and expenditure allocated for workplace	% of Departments displaying IEC materials on HIV&AIDS,TB and STI prevention	% Employees living with HIV  % Employees on TB treatment
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Objectives	Inputs	ACTIVITIES/PROCESSES				INDICATORS FOR THE POLICY IMPLEMENTATION		
		Capacity Development	Organizational support	Governance and Institutional Development	Economic Growth and Development	Outputs	Outcomes	Impact
1.2.1.3 Develop and integrate a package of sexual and reproductive health and HIV prevention services into all relevant workplace health services	Policy and Guidelines  HR  Finance  Supplies	Training and development for peer educators, managers and employee wellness practitioners	Increase access to quality STI services in the public and private sector offered by adequately trained staff utilising updated syndromic management guidelines	Integrate sexual reproductive health services and HIV prevention guidelines and programmes into family planning, ANC,STI,TB,ARV treatment services and vice-versa in the public service and private sector		% of Departments (workplaces) providing comprehensive HIV prevention, including (IEC,HCT,PEP, Condoms,STI treatment and TB screening)  % of schools that provides life skills-based HIV education in the last academic year (DOE,DBE)  No of condoms distributed	% of young men and women aged 15-24years who both correctly identify ways of preventing sexual transmission of HIV and who reject major misconceptions about HIV transmission (KAP Survey)	

### 1.2.2. Reduce Mother To Child Transmission of HIV

Objectives	Inputs	ACTIVITIES/PROCESSES				INDICATORS FOR THE POLICY IMPLEMENTATION		
		Capacity Development	Organizational support	Governance and Institutional Development	Economic Growth and Development	Outputs	Outcomes	Impact
1.2.2.1 Scale up coverage of PMTCT to reduce MTCT to less than 5%.	Laboratory Finance Blood taking facilities and supplies ARV drug-supply National guidelines	Train wellness practitioners on routine counselling and testing for pregnant women  Create awareness on MTCT to pregnant women in the workplace	Increase proportion of pregnant women tested for HIV through implementation of routine offer of counselling and testing  Increase the proportion of HIV+ve pregnant women who access PMTCT services  Implement strategies to support HIV+ve women during and after pregnancy	Develop and implement policy on routine counselling and testing for pregnant women in the workplace including frequency  Undertake CD4 count testing for all HIV+ve pregnant women and facilitate access to ARV treatment for those with CD4 counts below 200	Ensure responsiveness to MDG on prevention of Maternal and Child mortality	No. Practitioners trained  No of pregnant employees who are counselled and tested for HIV  % HIV positive pregnant women receiving PMTCT prophylaxis (GEMS)	% of Pregnant women with CD4 count below 350 placed on ART  % of infant born to HIV positive mothers, who are themselves infected with HIV and are in PMTCT programme	% of Children of HIV+ve women, who are HIV-ve at 6 weeks, or 6 weeks after cessation of breast-feeding

### 1.2.3. Minimise blood products transmission

Objectives	Inputs	ACTIVITIES/PROCESSES				INDICATORS FOR THE POLICY IMPLEMENTATION		
		Capacity Development	Organizational support	Governance and Institutional Development	Economic Growth and Development	Outputs	Outcomes	Impact
1.2.3.1 Minimise the risk of HIV transmission from occupational exposure among health care providers in the formal, informal and traditional settings through the use of infection control procedures	Trainer  Protective Clothing  Waste Disposal supplies and containers  Finance	Provide training for all healthcare workers, including community development workers on infection control	Continuously update guidelines for infection control procedures	Enforce the implementation of infection control in all formal health care facilities  Promote the implementation of infection control in home-based care and palliative care settings	Ensure continuous supply of Post Exposure Prophylaxis drugs in public and private sector facilities as well as in community-based settings  Ensure all formal healthcare facilities maintain a register of occupational exposure	% of employees with HIV occupational exposure who received PEP during the reporting period  % of workplace incidents which are HIV related during the reporting period  % of employees trained on infection control and occupational HIV and TB exposure	% of employees who experienced workplace HIV exposure and have since sero-converted during the reporting period	% Employees claiming compensation for HIV and TB (MDR-TB) related workplace incidents

Objectives	Input	ACTIVITIES/PROCESSES				INDICATORS FOR THE POLICY IMPLEMENTATION		
		Capacity development	Organizational support	Governance and Institutional Development	Economic Growth and Development	Outputs	Outcomes	Impact
1.2.3.2 Ensure safe supplies of blood and blood products (HIV screening tests for measuring both virus and antibodies).	Training Material Finance for research	Promote awareness of risk of HIV transmission in donors and recipients	Continuously update guidelines for ensuring safe blood and blood supplies  Screening of all blood supplies with the best available technology including viral detection	Develop and implement research programme to understand HIV transmission in blood donor population		% of donated blood units screened for HIV in a quality assured manner		

### 1.3. Evidence-based Prevention Strategies and Improved HIV & AIDS and TB behavior Change Communication

Objectives	Input	ACTIVITIES/PROCESSES				INDICATORS FOR THE POLICY IMPLEMENTATION		
		Capacity development	Organizational support	Governance and Institutional Development	Economic Growth and Development	Outputs	Outcomes	Impact

<p><b>1.3.1</b></p> <p><b>Develop strategic approaches that view BCC not as a collection of different, isolated communication tactics, but as a framework of linked approaches that function as part of an integrated, ongoing process;</b></p>	<p>Finance Advocacy Officers</p> <p>Social Mobilisation Partnership</p>	<p>Build individual skills needed to use preventive commodities properly, and to avoid or negotiate risky situation</p> <p>Create awareness among employees on behaviours that tend to increase the risk for HIV transmission and acquisition</p> <p>Train PLHIV on positive living and Healthy lifestyles</p>	<p>Develop and distribute HIV prevention behavioural change communication and messages directed at individual, small groups and communities</p> <p>Design and print behavioural change messages aimed at increasing individual knowledge, perception of HIV risk, motivation</p>	<p>Conduct regular focused behavioural change campaigns</p> <p>Mobilise staff to reconsider societal views on gender roles and norms</p>	<p>Popularise international and national TB,AIDS, STI, and Drug &amp; Mental Health awareness days/weeks/months</p>	<p>No. awareness activities conducted</p> <p>No. Departments with BCC messages directed at different levels</p> <p>No. employees obtained skills development in assertiveness, human and women rights and accurate condom use.</p>	<p>% .people reporting sexual and drug risk reduction behaviours</p>	<p>% of HIV+ people in the Public Service</p>
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#### 1.4. Reduce TB transmission through intensified TB detection, Workplace DOTS programme and TB Infection control

Objectives	Inputs	ACTIVITIES/PROCESSES				INDICATORS FOR THE POLICY IMPLEMENTATION		
		Capacity development	Organizational support	Governance and Institutional Development	Economic Growth and Development	Outputs	Outcomes	Impact
1.4.1 Develop capacity to implement the TB workplace management toolkit	Facilitator  Finance Toolkit	Train managers, and wellness practitioners on TB recognition, diagnosis, transmission, prevention and treatment of TB and HIV co-infection  Create understanding of TB and HIV among employees to reduce and prevent TB stigma alongside the HIV stigma	Integrate TB and HIV management with other SHEQ activities and standards in the workplace  Establish the system for monitoring proportion of employees accessing services of the HIV&AIDS and TB workplace programme	Develop and implement clear guidelines on sick leave for TB, fitness to return to work and medical incapacity in line with the national and international workplace standards  Develop and implement TB infection control plan that includes administrative and environmental controls in line with the national infection control policy.	Ensure compliance to NOSA,SANS standards  Ensure responsiveness to MDG on reducing incidence of HIV and TB by 2015	No. Managers and wellness practitioners trained on HIV&AIDS and TB co-infection  No. PLHIV Screened for TB  % of Employees on TB treatment who are tested for HIV  No.PLHIV and TB referred for ART  No. PLHIV&TB receiving DOTS for ARV in the workplace	% of Employees on TB treatment who tested HIV positive during reporting period  % Departments with policy on occupational exposure to TB	% of Employees on incapacity and ill-health retirement due to TB and HIV

Sub-Objective (NSP Priority Area 2)	Success Indicators (Implementation Goals linked to the NSP)
2 .To provide TREATMENT CARE AND SUPPORT	<ul style="list-style-type: none"> <li>• Increased HCT Coverage , adherence counselling and regular HIV testing, including those with active TB disease</li> <li>• Enabling People Living with HIV and AIDS to lead healthy and productive lives through: <ul style="list-style-type: none"> <li>◦ Access to ART programme and Post Exposure Prophylaxis(PEP) through Government Medical Assistance (GEMS) provided</li> <li>◦ Improved management of TB&amp;HIV Co-infection and STI through comprehensive package of care</li> <li>◦ DOTS strategy for TB control implemented</li> <li>◦ Employee &amp; Family assistance</li> </ul> </li> <li>• Address special needs of pregnant women and children</li> </ul>

2.1. Increase Coverage of HIV Counselling and Testing, adherence counselling, and regular HIV testing including those with active TB disease								
Objectives	Inputs	ACTIVITIES/PROCESSES				INDICATORS FOR THE POLICY IMPLEMENTATION		
		Capacity Building	Organizational Support	Governance and Institutional Development	Economic Growth and Development	Outputs	Outcomes	Impact
2.1.1 Increase access to HCT services that recognizes diversity of needs;	HR Finance Service Providers Supplies	Recruit and train peer counselors and ensure confidentiality  Train HCT staff on pre- and post-test counselling.	Create a referral mechanism with HCT providers  Promote on-site or off-site HCT supported by consistent supplies of testing materials and information on test protocols;	Provide space for workplace counselling and testing, and ensure that counselling is always provided;  Assure privacy and confidentiality  Implement routine HCT in all health facilities with special focus on STI ,TB ,antenatal, family planning,		No. staff trained  No.Departments with space for counselling and testing	% Employees counselled and tested in the workplace  %.Departments with referral mechanism for HCT	

Objectives	Inputs	ACTIVITIES/PROCESSES				INDICATORS FOR THE POLICY IMPLEMENTATION		
		Capacity Building	Organizational Support	Governance and Institutional Development	Economic Growth and Development	Outputs	Outcomes	Impact
2.1.2 Increase Uptake of HCT	Lay counsellors Finance Rapid Test Kits		Increase number of employees who ever tested with a focus on men, pregnant women and those on TB treatment  Increase the proportion of newly diagnosed HIV-positive employees accessing wellness services	Increase proportion of employees tested in the last 12 months		No. Employees who ever had an HIV test tested	% newly diagnosed HIV+ve enrolled on wellness program  %.employees who tested for HIV in the last 12 months	

2.2. Enable People Living with HIV and AIDS to lead healthy and productive lives								
Objectives	Inputs	ACTIVITIES/PROCESSES				INDICATORS FOR THE POLICY IMPLEMENTATION		
		Capacity Building	Organizational Support	Governance and Institutional Development	Economic Growth and Development	Outputs	Outcomes	Impact
2.2.1 Scale up coverage of comprehensive care and treatment package	Drugs Skilled workers Protocols and Clinical Guidelines	Train wellness practitioners and managers on basic requirements for comprehensive care and treatment for PLHIV  implement workplace ART promotion and literacy program	Improve enrolment in and quality of positive living through workplace wellness programmes  Increase access to CD4 counts and CPT for eligible PLHIV  Implement integrated contraceptive ,cervical screening and fertility services for women	Encourage early enrolment with GEMS through wellness programmes;  Ensure increased number of early enrolment with disease management programmes.	Support Development and implementation of training curricula for wellness practitioners on comprehensive care, treatment and support for PLHIV	No. Managers and wellness practitioners trained  No. PLHIV accessing workplace enrolment program  No .PLHIV whose CD4 count results are known	%PLHIV enrolled in GEMS through wellness programmes  %.Department with integrated contraceptive, cervical screening and fertility services in the workplace  %. Departments conducting ARV literacy programs	

Objectives	Inputs	ACTIVITIES/PROCESSES				INDICATORS FOR THE POLICY IMPLEMENTATION		
		Capacity Building	Organizational Support	Governance and Institutional Development	Economic Growth and Development	Outputs	Outcomes	Impact
2.2.2 <b>Improve quality of life for PLHIV requiring terminal care</b>	Employment policies and schemes HR GEPF Trainer	Create awareness among employees with focus on PLHIV on Estate planning and inheritance	Provide mechanism for comprehensive palliative care including OVC schemes  Ensure access to bereavement counselling			No. educated on Estate management and inheritance	% OVC and child headed families accessing late estate and parental inheritance  % families accessing bereavement counselling	% OVC and children from child-headed families remaining in schools

### 2.3. Implement Employee and Family assistance programme to mitigate the impact of HIV&AIDS on Family and Children

Objectives	Inputs	ACTIVITIES/PROCESSES				INDICATORS FOR THE POLICY IMPLEMENTATION		
		Capacity Building	Organizational Support	Governance and Institutional Development	Economic Growth and Development	Outputs	Outcomes	Impact
2.3.1. Strengthen the implementation of OVC policy and programmes	Policy Finance HR GEPF		<p>Develop and operationalise mechanism to track and link OVC and child headed households to grants, benefits and social services at local level</p> <p>Increase the number of departments and sectors with OVC response as part of the workplace wellness programs</p>	<p>Monitor implementation of the National Action Plan for OVC. (2006-2008)</p> <p>Increase the proportion of OVC accessing social grants, and relevant financial benefits through GEPF, Treasury or DSD</p>	Ensure responsive to MDG	No. OVC tracked and linked to grants, benefits and social services	%OVC of employees accessing social grants and relevant financial benefits )	

Sub-Objective (NSP Priority area 4)	Success Indicators (Implementation Goals linked to the NSP )
3. To promote human rights and access to justice.	<ul style="list-style-type: none"> <li>○ Increased workplace knowledge and adherence to legal and policy provisions</li> <li>○ Mobilised Employees and Workplace Representation of PLHIV and TB built in order to Mitigate against Stigma and Discrimination</li> <li>○ Minimized practices/barriers to Human Rights</li> <li>○ Improved protection of rights of women, children &amp; people with disability</li> <li>○ Developed IEC on Human Rights to ensure political leadership and commitment</li> </ul>

3.1. Increase Workplace knowledge of and adherence to Legal and Policy Provisions								
Objective	Inputs	Capacity Development	ACTIVITIES/PROCESSES			INDICATORS FOR THE POLICY IMPLEMENTATION		
			Organisational support	Governance and organizational support	Economic growth and development	Outputs	Outcomes	Impact
3.1.1 Ensure adherence to existing legislation and policy relating to HIV&AIDS and TB in Employment and education	HR Legal &Policy documents Finance	Assist SME to develop and implement workplace HIV&AIDS and TB Management policies	Implement the finalised EH&W framework and HIV&AIDS and TB policy and programme in all workplaces	Conduct a National Analysis of the implementation of HIV&AIDS and TB programmes in the Workplace  Ensure compliance to the updated applicable legal documents on HIV&AIDS and TB in Employment	Ensure compliance to Nedlac and ILO conventions  Develop and implement tools to monitor, protect and enforce the rights of casual, contract poorly organised employees such as domestic workers and employees expressly excluded from the ambit of labour legislation	Report on national implementation of the workplace HIV&AIDS and TB programme  No .SME with workplace HIV&AIDS and TB programmes	% Departments implementing finalised EHW and Policy framework  %.Departments complying with relevant legislations % of Department participating in UNGASS reporting	

Objective	Inputs	ACTIVITIES/PROCESSES				INDICATORS FOR THE POLICY IMPLEMENTATION		
		Capacity Development	Organisational support	Governance and organizational support	Economic growth and development	Outputs	Outcomes	Impact
3.1.2 Ensure adherence to Human Rights by service providers		Managers ,wellness practitioners and employees trained on legal requirements for HIV&AIDS and TB in the workplace	Develop and distribute guidelines on Human rights on : i.HCT, ii.Confidentiality and disclosure iii. Children and HIV testing			No. guidelines developed and disseminated  No. of individuals trained		
3.1.3 Monitor and address human rights violations		Awareness creation among employees on consequences of non-compliance	Establish system for collecting information on human rights violations	Develop monitoring tools for human rights		No. Departments with monitoring tools for Human Rights  No Human Rights violation reported		

Objective	Inputs	ACTIVITIES/PROCESSES				INDICATORS FOR THE POLICY IMPLEMENTATION		
		Capacity Development	Organisational support	Governance and organizational support	Economic growth and development	Outputs	Outcomes	Impact
3.1.4 Improve affordability and accessibility of legal services for PLHIV		Train employees and wellness practitioners to identify and address HIV&AIDS and Human Rights issues	Implement and monitor measures taken to protect human rights after violation  Develop a database and create a network of legal service providers that assist people with HIV&AIDS and TB	Monitor insurances and financial services industries and their regulations to end unfair exclusions of PLHIV		No. Trained on HIV&AIDS and Human Rights issues  No. Insurance and Financial services with regulations excluding PLHIV	%Departments with database for legal service providers for PLHIV  %.of insurance and financial regulations challenged	

3.2. Mobilise Employees and build Workplace Representation of PLHIV and TB in order to Mitigate against Stigma and Discrimination								
Objectives	Inputs	ACTIVITIES/PROCESSES				INDICATORS FOR THE POLICY IMPLEMENTATION		
		Capacity Development	Organisational support	Governance and organizational support	Economic growth and development	Outputs	Outcomes	Impact
3.2.1 Empower Employees especially PLHIV to recognise and deal with human rights violations	HR Finance	Train wellness practitioners and worker representatives on Human Rights for PLHIV  Train workplace support groups on human rights for PLHIV	Develop and distribute a PLHIV and TB manual on human rights, including children and people with disability	Conduct national media campaigns and develop IEC on the rights of PLHIV including TB infection		No. Practitioner trained	% of complaints from PLHIV and TB  %.PLHIV and TB accessing legal advice and justice	
3.2.2 Ensure respect for the rights of PLHIV in employment, housing, education insurance and financial services and other sectors	HR Finance		Develop and implement policy and programmes that protects the rights of PLHIV and TB				% Departments with Policies that protect the rights of PLHIV and TB	

Objectives	Inputs	ACTIVITIES/PROCESSES				INDICATORS FOR THE POLICY IMPLEMENTATION		
		Capacity Development	Organisational support	Governance and organizational support	Economic growth and development	Outputs	Outcomes	Impact
3.2.3 Create greater openness and Workplace acceptance of PLHIV	HR Finance	Provide detailed information on HIV and TB and build understanding and capacity to monitor and audit implementation of Human rights for PLHIV and TB in different sectors	Establish and offer training programmes to PLWHAs in all districts on HIV treatment and prevention literacy, and on human rights and the law	Conduct anonymous attitude survey  Conduct regular workplace audits that include the level of PLHIV acceptance			% Departments that conduct workplace audits on PLHIV and TB human rights protection	% Departments receiving highest red ribbon scoring

Sub-Objective (NSP Priority area 3)	Success Indicators (Implementation Goals linked to the NSP )
4. To promote the conduct of <b>RESEARCH, MONITORING AND EVALUATION.</b>	<ul style="list-style-type: none"> <li>○ Data management system for NSP indicators developed to generation quarterly and annual reports</li> <li>○ Research &amp; new development technologies supported</li> <li>○ Enabling environment for research in support of HIV&amp;AIDS and TB Management in he Public Service created</li> <li>○ Comprehensive research agenda that includes surveillance, policy research and behavioral change research developed, promoted and supported</li> <li>○ Regular Surveillance conducted</li> </ul>

o 4.1. Data management system for NSP indicators developed to generation quarterly and annual reports

Objectives	Inputs	ACTIVITIES/PROCESSES				INDICATORS FOR THE POLICY IMPLEMENTATION		
		Capacity Development	Organisational support	Governance and organizational support	Economic growth and development	Outputs	Outcomes	Impact
4.1.1 Establish and implement a functional M&E system	Finance Consultant	Improve capacity to manage data in the department  Develop and implement mainstreamed, costed, M&E plan	Each department by means of the HIV and AIDS sub-committee and all relevant stakeholders develop a customized implementation plan and action plan for the development of an integrated information system.  Develop suitable data warehousing methodology to assimilate information throughout the HIV and AIDS function, in order to ensure a standardized, updated data warehouse.	Use data to identify barriers to the implementation of HIV&AIDS and TB Policy  Action plans should include information management SOPs, and budgets as well as roles and responsibilities of relevant stakeholders Communication to executive management regarding the benefits and reporting schedules of the integrated HIV and AIDS; information management system.		No. Employees trained on data management  No. Departments with costed operational and M&E plans  % of departmental budget allocated for M&E	% of Departments completing UNGASS report  % Departments reporting accurate, complete and timely reports	% Departments with functional M&E System

4.2. Develop, Promote and Support Comprehensive Research Agenda (Operational, Behavioral Change and Policy)								
Objectives	Inputs	ACTIVITIES/PROCESSES				INDICATORS FOR THE POLICY IMPLEMENTATION		
		Capacity Development	Organisational support	Governance and organizational support	Economic growth and development	Outputs	Outcomes	Impact
4.2.1 Support the evaluation of existing interventions and development of new innovations aimed at behavioural change and policy research	Researchers Finance HR	Develop capacity for senior managers to conduct and support operational research	Develop mechanisms to support targeted behavioural change interventions aimed at HIV prevention for young women, higher risk groups and PLHIV  Identify relevant operational research questions on the implementation of the policy  Investigate different models of Work place – based HIV &AIDS and TB care and support	Support research on direct impact of HIV and TB on health care workers in the public sector	Develop a research agenda to assess human resource needs for the provision of Work place-based HIV&AIDS and TB care	% managers trained  % Departments who conduct HIV&AIDS and TB surveys during the last 12 months	% Departments sharing and documenting best-practices on work-based HIV&AIDS and TB care and support	

Objectives	Inputs	ACTIVITIES/PROCESSES				INDICATORS FOR THE POLICY IMPLEMENTATION		
		Capacity Development	Organisational support	Governance and organizational support	Economic growth and development	Outputs	Outcomes	Impact
4.2.2. Coordinate and strengthen surveillance system on HIV&AIDS and TB including STI's	Finance HR Reporting tools Data Source		Train Officials on surveillance systems	Build mechanism to coordinate surveillance of HIV&AIDS,STI and TB in the Public Service	Conduct surveillance of HIV&AIDS and TB prevalence and mortality  Conduct HIV and sexual behavioural sentinel surveys among public sector employees with different target groups (high risk, young women and MSM)		No. Department with mechanism for surveillance	% Departments with known HIV and TB prevalence





**STEP- BY-STEP GUIDE FOR IMPLEMENTATION OF  
HIV&AIDS AND TB  
MANAGEMENT SYSTEMS  
IN THE PUBLIC SERVICE**

**ANNEXURE C**

**TABLE OF CONTENT**



1.INTRODUCTION	3
2.PURPOSE	3
3.TERMS AND DEFINITIONS	4
4.GENERAL ELEMENTS OF THE HIV&AIDS AND TB MANAGEMENT SYSTEM	6
4.1.ELEMENT 1: COMMITMENT AND HIV&AIDS AND TB MANAGEMENT POLICY	7
4.2.ELEMENT 2: PLANNING OF HIV&AIDS AND TB MANAGEMENT SYSTEM	9
4.3.ELEMENT 3: IMPLEMENTATION AND OPERATION OF HIV&AIDS AND TB MANAGEMENT SYSTEM	12
4.4.ELEMENT 4: HIV&AIDS AND TB MANAGEMENT SYSTEM EVALUATION,CORRECTIVE AND PREVENTIVE ACTION	19
4.5.ELEMENT 5: HIV&AIDS AND TB MANAGEMENT SYSTEM REVIEW	23
5.BIBLIOGRAPHY	24

## 1. INTRODUCTION



The Employee Health and Wellness Strategic Framework (EHWSF) serves as a broad guideline for the implementation of Employee Health and Wellness in the Public Service. HIV&AIDS and TB Management is one of the four pillars in the EHWSF, of which a policy have been developed. This Step-by-Step Guide is meant to operationalize the implementation of the HIV&AIDS and TB Management Policy in a sequential manner. Departments are guided to focus on five key elements for implementation, namely:

- Commitment and HIV&AIDS and TB Policy
- Planning of the HIV&AIDS and TB system
- Implementation and operation of the HIV&AIDS and TB management system
- HIV&AIDS and TB management system evaluation, corrective and preventive action
- HIV&AIDS and TB management system review

The guide is based on AIDS Management Standard (AMS16001:2003),SANS 16001:2007 as well as National TB Practice Guidelines:2007.The guide will therefore form the basis for development of the workplace HIV&AIDS and TB Management Monitoring Tool or Standard Operating Procedure, against which departmental management systems can be assessed and graded.

## 2. PURPOSE

This guide is intended for implementation by all Public Service departments to assist them to:

- 2.1 Establish, maintain and improve on HIV&AIDS and TB management systems;
- 2.2 Assure each department of its conformance with its stated HIV&AIDS and TB management policy
- 2.3 Demonstrate such conformance to others;



### 3. TERMS AND DEFINITIONS

For the purpose of this Guide, the following terms and definitions apply.

#### 3.1 Continual improvement

Recurring process of enhancing HIV&AIDS and TB management system in order to achieve improvements in overall HIV&AIDS and TB management performance consistent with the department's HIV&AIDS and TB management policy and procedures

#### 3.2. HIV&AIDS and TB determinant

An activity, process, service or situation with a potential for increasing any person's risk of contracting HIV or TB

#### 3.3 HIV&AIDS and TB management objective

Overall HIV&AIDS and TB management goals, targets, objectives and success criteria consistent with the HIV&AIDS and TB management policy which the department sets out to achieve

#### 3.4 HIV&AIDS and TB management performance

Measurable results of the department's management of its HIV&AIDS and TB determinants.

Note: In the context of this guide, results can be measured against the department's HIV&AIDS and TB management policy, HIV&AIDS and TB management targets,



objectives and success criteria and other HIV&AIDS and TB management performance requirements

### 3.5 HIV&AIDS and TB management system

Part of the department's organizational support system used to develop and implement HIV&AIDS and TB policy, and manage its HIV&AIDS and TB determinants.

Note: A management system is a set of interrelated elements used to establish policy and objectives and achieve those objectives. A management system includes departmental structure, planning activities responsibilities, practices, procedures, processes and resources (SANS, 16001:2007)

### 3.6 HIV&AIDS and TB management target

Detailed performance requirement, applicable to the department or parts thereof, that arises from the HIV&AIDS and TB management objectives, that needs to be set and met in order for those objectives to be achieved.

### 3.7 HIV&AIDS and TB management policy

Overall intention and direction of the department related to its HIV&AIDS and TB management performance as formally expressed by the senior management.



### 3.8 Susceptibility

Increased risk of being infected with HIV or TB due to certain factors

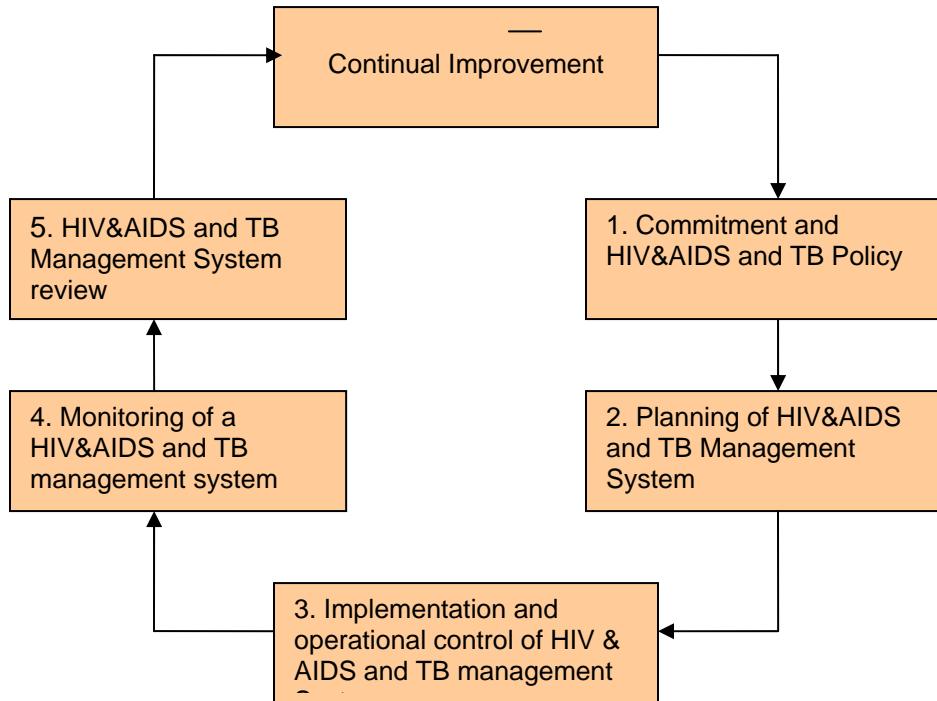
### 3.9 Vulnerability

Impact and possible or probable consequences, for example, the increased likelihood of greater costs, financial or otherwise, as a consequence of increased morbidity and mortality as a result of HIV&AIDS epidemic.

The Department shall establish and maintain a HIV&AIDS and TB Management system. There are a number of elements that make up a successful HIV&AIDS and TB Management system. These elements are shown in Figure 1.



#### 4. GENERAL ELEMENTS OF HIV&AIDS AND TB MANAGEMENT SYSTEM



*Figure 1: Elements of the HIV&AIDS and TB Management System*

#### 4.1 Element 1 – Commitment and HIV&AIDS and TB Management Policy

This element comprises of the following sub-elements or activities

- HIV&AIDS and TB determinant, identification and risk assessment
- Corporate standards
- Legal and other requirements
- Departmental risk management strategy
- Identification of all role-players and election of a committee



There shall be an HIV&AIDS management policy authorised by the department's senior management that clearly states overall HIV&AIDS and TB management objectives and a commitment to reduce HIV&AIDS and TB risk exposures.

The policy shall:

- a) Be appropriate to the nature and scale of the organisation's HIV&AIDS and TB related risks;
- b) Address assistance to employees, their spouses, life partners, children, orphans and immediate family;
- c) Include a commitment to continual improvement;
- d) Include a commitment to at least comply with current applicable legislation and with other requirements to which the department subscribes;
- e) Include a commitment to prevention of HIV&AIDS and TB risk exposures;
- f) Address workplace issues such as recruitment, performance evaluation criteria, disciplinary measures, dismissal, death, testing confidentiality and disclosure etc;
- g) Be documented, implemented and maintained;
- h) Be communicated to all employees with the intent that employees are made aware of their individual HIV&AIDS and TB prevention obligations;
- i) Be communicated and available to interested parties, employee spouses, life partners, children, orphans, immediate family and other;
- j) Be reviewed periodically to ensure that it remains relevant and appropriate to the department.



## 4.2. Element 2 – Planning Of HIV&AIDS and TB Management System

This element comprises of the following sub-elements and activities:

- 4.2.1 HIV&AIDS and TB determinant, identification and risk assessment
- 4.2.2 Legal and other requirements
- 4.2.3 HIV&AIDS and TB management system objectives and targets
- 4.2.4 HIV&AIDS and TB management system plans

### 4.2.1 Identification of HIV&AIDS and TB determinants and evaluation of related risks

The department shall establish and maintain procedures for the ongoing identification of factors that subtly promote the possibility of HIV&AIDS and TB risk exposure, HIV&AIDS and TB determinants, the assessment of risks, and the implementation of necessary education measures. The department shall consider all its activities, products and services that may have an impact on the HIV&AIDS and TB management system performance that it can control and over which it is expected to have an influence.

These shall include:

- a) routine and non-routine activities;
- b) activities of all personnel having access to the workplace (including subcontractors and visitors);
- c) facilities at the workplace, whether provided by the department or others;
- d) community and social factors.



The department shall ensure that the results of these assessments and the effects of these controls are considered when setting its HIV&AIDS and TB management objectives. The department shall document this information and keep it up to date.

The department's methodology for HIV&AIDS and TB determinant identification and risk assessment shall:

- a) be defined with respect to its scope, nature and timing to ensure it is proactive rather than reactive;
- b) provide for the classification of risks and identification of those that are to be eliminated or controlled by measures as defined under performance indicators;
- c) be consistent with the department's risks and the capabilities of control measures employed;
- d) provide input into the determination of facility requirements, identification of education and awareness needs, and/or development of management system controls; and
- e) provide for the monitoring of required actions to ensure both the effectiveness and timeliness of their implementation.

NOTE: For further guidance on HIV&AIDS and TB determinant identification, risk assessment and risk control, see HIV&AIDS and TB Management System Monitoring Tool.

#### 4.2.2 HIV&AIDS and TB-related legal and other requirements

The department shall establish and maintain a procedure for identifying and accessing the legal and other HIV&AIDS-related requirements that are applicable to it. The department shall keep this information up-to-date. It shall communicate



relevant information on legal and other requirements to its employees and other relevant interested parties.

#### **4.2.3 HIV&AIDS and TB management system objectives and targets**

The department shall establish and maintain documented HIV&AIDS and TB management objectives, at each relevant function and level within the department. Objectives should be quantified wherever practicable.

When establishing and reviewing its objectives, a department shall consider its legal and other requirements, its HIV&AIDS and TB-related risks, its technological options, its financial and operational controls and organizational requirements, and the views of interested parties.

The objectives shall be consistent with the HIV&AIDS and TB policy, including the commitment to continual improvement and prevention of HIV&AIDS and TB risk exposures.

#### **4.2.3 HIV&AIDS and TB management system plan(s)**

The department shall establish and maintain HIV&AIDS and TB management operational plans for achieving its objectives and targets. This shall include documentation of:

- a) The designated responsibility and authority for achievement of the objectives and targets at relevant functions and levels of the department; and
- b) The means and time-scale by which objectives are to be achieved.



The HIV&AIDS and TB management operational plan(s) shall be reviewed at regular and planned interval, among others, for mainstreaming, costing and M&E purposes

Where necessary the HIV&AIDS and TB management operational plan(s) shall be amended to address changes to the activities, products, services, or operating conditions of the department.

#### **4.3 Element 3 – Implementation and Operation of HIV&AIDS and TB Management System**

This element comprise of the following sub-elements and activities:

- 4.3.1 Structure and responsibility
- 4.3.2 Awareness, education and competence
- 4.3.3 HIV&AIDS and TB management communication
- 4.3.4 HIV&AIDS and TB management system documentation
- 4.3.5 Operational controls for HIV&AIDS and TB
- 4.3.6 Emergency planning and response

##### **4.3.1 Structure, responsibility and accountability for HIV&AIDS and TB management system**

The roles, responsibilities and authorities shall be defined, documented and communicated in order to facilitate effective HIV&AIDS and TB management. Management shall provide resources essential to the implementation and management of the HIV&AIDS and TB management system. Resources include human resources, specialized skills, technology and financial resources.



Ultimate responsibility for management of HIV&AIDS and TB-related risks rests with senior management.

The department shall appoint a member of senior management (e.g. in a large department, with particular responsibility for ensuring that the HIV&AIDS and TB management system is properly implemented and performing to requirements in all locations and spheres of operation within the department.

The department's management appointee shall have a defined role, responsibility and authority for:

- a) Ensuring that HIV&AIDS and TB management system requirements are established, implemented and maintained in accordance with this Standard specification;
- b) Ensuring that reports on the performance of the HIV&AIDS and TB management system are presented to top management for review and as a basis for improvement of the HIV&AIDS and TB management system;
- c) Representing the workforce and/or community on an HIV&AIDS and TB management committee.
- d) All those with management responsibility shall demonstrate their commitment to the continual improvement and prevention of HIV&AIDS and TB risk exposures.



#### 4.3.2 HIV&AIDS and TB management system awareness, education and competence

Personnel shall be competent to perform tasks that may impact on the risk of exposures of HIV&AIDS and TB in the workplace, school, playgroup, sporting facility or institution.

Competence shall be defined in terms of appropriate education and/or experience. The department shall identify HIV&AIDS and TB management-related awareness and education needs. All personnel whose work may create a risk of HIV&AIDS and TB exposure or a risk to performance of the management system should have appropriate awareness and education.

The department shall establish and maintain procedures to ensure that its employees, members, teachers, children etc. at each relevant function and level are aware of:

- a) The importance of conformance to the HIV&AIDS and TB management policy and procedures, and to the requirements of the HIV&AIDS and TB management system;
- b) The consequences of HIV exposure;
- c) Their roles and responsibilities in achieving conformance to the HIV&AIDS and TB management policy and procedures and to the requirements of the HIV&AIDS and TB management system, including emergency preparedness and response requirements
- d) The potential consequences of departure from specified operating procedures.

Awareness and education procedures shall take into account differing levels of:



- (i) Responsibility, ability and literacy; and
- (ii) Risk.

#### 4.3.3 HIV&AIDS and TB management system communication

The department shall establish and maintain procedures for ensuring that pertinent HIV&AIDS and TB management system information is communicated to and from employees and other interested parties including the immediate community.

Employee involvement and consultation arrangements shall be documented and interested parties informed.

Procedures are required for

- a) Internal communication between the various levels and functions of the department;
- b) Receiving, documenting and responding to relevant communication from external interested parties.

The department shall consider processes for external communication on its HIV&AIDS and TB-related risks and record its decisions.

Employees shall be:

- a) Involved in the development and review of policies and procedures to manage risks of HIV and TB exposures;
- b) Consulted where there are any changes that affect workplace HIV&AIDS and TB-related impacts;
- c) Represented on HIV&AIDS and TB-related occupational health and safety matters; and



- d) Informed as to who are their employee HIV&AIDS and TB peer educator(s) and specified management appointee.

#### 4.3.4 HIV&AIDS and TB management system documentation

The department shall establish and maintain information, in a suitable medium such as paper or electronic form, that:

- a) Describes the core elements of the management system and their interaction; and
- b) Provides direction to related documentation.

**NOTE:** It is important that documentation is kept to the minimum required for effectiveness and efficiency.

#### 4.3.5 HIV&AIDS and TB management system document control

The department shall establish and maintain procedures for controlling all documents and data required by the National and International HIV&ADS and TB Management System specifications to ensure that:

- a) They can be located;
- b) They are periodically reviewed, revised as necessary and approved for adequacy by authorised personnel;
- c) Current versions of relevant documents and data are available at all locations where operations essential to the effective functioning of the HIV&ADS and TB management system are performed;
- d) Obsolete documents and data are promptly removed from all points of issue and points of use or otherwise assured against unintended use; and



- e) Archival documents and data retained for legal or knowledge preservation purposes, or both, are suitably identified.

All documentation shall be confidential, legible, dated and readily identifiable, maintained in an orderly manner and retained for a specific period.

Procedures and responsibilities shall be established and maintained concerning the creation and modification of the various types of documents.

#### **4.3.6 Operational controls and management of HIV&AIDS and TB management system**

The department shall identify those operations and activities that could influence the status of the HIV&AIDS and TB management system and exposure of risks where management actions need to be applied. The department shall plan these activities in order to ensure that they are carried out under specified conditions by:

- a) Establishing and maintaining documented procedures to cover situations where their absence could lead to deviations from the HIV&AIDS and TB management policy and the objectives;
- b) Stipulating operational controls and/or criteria in the procedures (e.g. provision of ART);
- c) Establishing and maintaining procedures related to the identified HIV&AIDS and TB-related risks due to the departments' activities and communicating relevant procedures and requirements to spouses, life partners, children, orphans, immediate family, suppliers and contractors.



- d) Establishing and maintaining procedures for medical and protective equipment, treatment and other specific controls in order to eliminate or reduce HIV&AIDS and TB risk exposures.

#### **4.3.7 Emergency response and control of the HIV&ADS and TB management system**

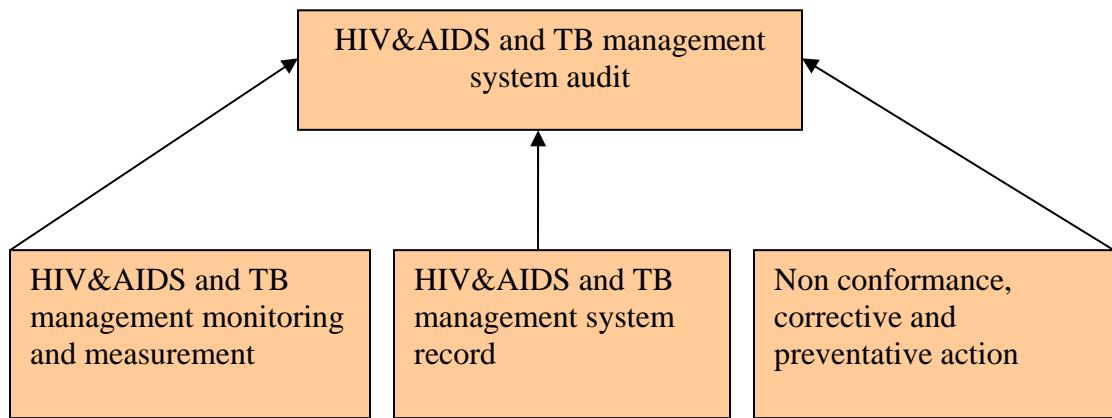
The department (including schools, playgroups, institutions, sporting facilities etc.) shall establish and maintain plans and procedures to identify the potential for, and responses to incidents and occupational emergency situations, and for preventing and mitigating the likely HIV or TB exposure that may be associated with them.

The department shall review its related emergency preparedness and response plans and procedures, in particular after potential HIV exposure. The department shall periodically test such procedures where practicable.



#### 4.4 Element 4 – HIV&AIDS and TB Management System Evaluation, Corrective and Preventive action

This element comprise of the following sub-elements and activities:



*Figure 2: HIV&AIDS and TB management checking and corrective action (reprinted from AMS 16001:2003)*

##### 4.4.1 HIV&AIDS and TB management system monitoring and measurement

The department shall establish and maintain documented procedures to monitor and measure HIV&AIDS and TB management system performance regularly.

These procedures shall provide for:

- Both qualitative and quantitative measures, appropriate to the needs of the department;
- Monitoring of the extent to which the department's HIV&AIDS and TB management objectives and targets are met;



- c) Proactive measures of performance that monitor compliance with the HIV&AIDS and TB management system, management system controls and applicable legislation and regulatory requirements;
- d) Reactive measures of performance to monitor potential occupational and other exposures such as ill health and other historical evidence of a deficient HIV&AIDS and TB management system;
- e) Recording of data and results of monitoring and measurement sufficient to facilitate subsequent corrective and preventive actions.

If medical and protective equipment is required for performance measurement and monitoring, the department shall establish and maintain procedures for the calibration, maintenance and selection of such equipment. Records of calibration and maintenance issues and selection criteria and related results shall be retained according to the department's procedures.

The department shall establish and maintain a documented procedure for periodically evaluating compliance with relevant HIV&AIDS and TB-related legislation and regulations.

#### **4.4.2 HIV&AIDS and TB management-system incidents, non- conformances, corrective and preventive action**

The department shall establish and maintain procedures for defining responsibility and authority for the handling and investigation of:

- a) Incidents (occupational and non-occupational exposures) including contact with blood during sport activities, incidental play activities at schools, playgroups;
- b) Non-conformances e.g. children using drugs, sharing needles, sexual activities, rape cases, assaults or alcohol abuse;



- c) Action taken to mitigate any consequences arising from incidents or non-conformances;
- d) The initiation and completion of corrective and preventive actions;
- e) Confirmation of the effectiveness of corrective and preventive actions taken.

For the purpose of processing employees claim for compensation, each department shall ensure that it is registered with department of labour as an entity

These procedures shall require that all proposed corrective and preventive actions should be reviewed through the risk assessment process prior to implementation.

Any corrective or preventive action taken to eliminate the causes of actual and potential non-conformances shall be appropriate to the magnitude of problems and commensurate with the HIV&AIDS or TB risk encountered.

The department shall implement and record any changes in the documented procedures resulting from corrective and/or preventive action.

#### **4.4.3 HIV&AIDS and TB management system records**

The department shall establish and maintain procedures for the identification, maintenance and disposition of HIV&AIDS or TB -related records, as well as the results of audits and reviews.

HIV&AIDS and TB-related records shall be confidential, legible, identifiable and traceable to the activities involved.



HIV&AIDS and TB-related reports shall be stored and maintained in such a way that they are readily retrievable and protected against damage, deterioration or loss. Their retention times shall be established and recorded. Records shall be maintained, as appropriate to the system and to the department, to demonstrate conformance to the SOP.

#### 4.4.4 HIV&AIDS and TB management system audit

The department shall establish and maintain an audit programme and procedures for periodic HIV&AIDS and TB management system audits to be carried out, in order to:

- a) Determine whether or not the HIV&AIDS and TB management system:
  - (i) conforms to planned arrangements for HIV&AIDS and TB management, including
  - (ii) the requirements of this HIV&AIDS and TB Management Standard specification;
  - (iii) has been properly implemented and maintained; and
  - (iv) is effective in meeting the department's policy and objectives;
- b) Review the results of previous audits;
- c) Provide information on the results of audits to management.

The audit programme, including any schedule, shall be based on the results of risk assessments of the department's activities, and the results of previous audits. The audit procedures shall cover the scope, frequency, methodologies and competencies, as well as the responsibilities and requirements for conducting audits and reporting results.



Wherever possible, audits shall be conducted by personnel independent of those having direct responsibility for the activity being examined.

**NOTE:** The word "independent" here does not necessarily mean external to the department

The steering committee will be responsible for the moderation of the audit process and audit results. A pre-determined grading system shall be used to grade the department's overall HIV&AIDS and TB management system performance.

## 4.5 Element 5 – HIV&AIDS and TB Management System Review

### 4.5.1 HIV&AIDS and TB management system review

The department's senior management shall, at intervals that it determines, review the HIV&AIDS and TB management system, to ensure its continuing suitability, adequacy and effectiveness. The management review process shall ensure that the necessary information is collected to allow management to carry out this evaluation. This review shall be documented.

The management review shall address the possible need for changes to policy, objectives and other elements of the HIV&AIDS and TB management system, in the light of HIV&AIDS and TB management system audit results, changing circumstances and the commitment to continual improvement.



## **5. Bibliography**

1. AMS 16001:2003- Standard for HIV&AIDS Management system-Specification Document
2. SANS 16001:2007- South African National Standard: HIV&AIDS management system-General Requirements
3. National Tuberculosis Strategic Framework 2007-2011: Managing TB and HIV