

THE PUBLIC SERVICE OF NAMIBIA

THE PUBLIC SERVICE WORKPLACE POLICY ON HIV AND AIDS

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THE PUBLIC SERVICE WORKPLACE POLICY ON HIV AND AIDS

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ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
ART	Anti-retroviral therapy
BCC	Behaviour Change Communication
CBO	Community-based Organisation
CCT	Confidential Counselling and Testing
GIPF	Government Institute Pension Fund
HAMU	HIV/AIDS Management Unit
HIV	Human Immunodeficiency Virus
IEC	Information, Education and Communication
ILO	International Labour Organization
KRA	Key Result Area
M&E	Monitoring and Evaluation
MoHSS	Ministry of Health and Social Services
MTP	Medium Term Plan
NANTU	Namibian National Teachers' Union
NAPWU	Namibia Public Workers' Union
NEF	Namibia Employers' Federation
NGO	Non-governmental Organisation
OI	Opportunistic Infection
OMA	Offices/Ministries/Agencies
OPM	Office of the Prime Minister
PLHIV	People Living with HIV
PS	Permanent Secretary
PSC	Public Service Commission
PMTCT	Prevention of Mother to Child Transmission
PEP	Post-Exposure Prophylaxis
RM&E	Response Monitoring and Evaluation sub-division
SADC	Southern African Development Community
STI	Sexually Transmitted Infection
TB	Tuberculosis
WPP	Workplace Programme

1. INTRODUCTION

1.1 HIV and AIDS in Namibia

The Ministry of Health and Social Services (MoHSS, 2007a¹) estimate that Namibia has approximately 200,000 persons living with HIV and an adult HIV prevalence of 15%. There were an estimated 14,500 new HIV infections in 2006, with 42% of them among young people, while 77% of new infections in the 15-24 year age group were among young women (MoHSS, 2007b²). AIDS-related illnesses are the leading reasons for hospital admissions and causes of death among adults and children. Therefore, the HIV and AIDS epidemic is the single most important threat to development in Namibia.

In 1998, the Ministry of Labour and Social Welfare published the National Code on HIV/AIDS and Employment and guidelines for its implementation in the workplace. The Third Medium Term Plan (MTP III, 2004-2009) of the National Strategic Plan on HIV/AIDS describes the expanded multi-sectoral national response to HIV. It gives an outline of the obligations and commitments of each sector. The Public Service is expected to coordinate the response to HIV throughout the public sector. The National Policy on HIV/AIDS was approved by the National Assembly in March 2007 and includes the need for workplace policies and programmes.

The Public Service Workplace Policy on HIV and AIDS is an integral part of the multi-sectoral national response to HIV and AIDS. It is aligned with the Public Service Act and regulations and provides an overarching framework to facilitate the formulation and implementation of workplace HIV and AIDS programmes by Offices/Ministries/agencies (OMAs). The Office of the Prime Minister (OPM), through the HIV and AIDS Unit, coordinates the policy as the employer.

1.2 The Impact of HIV and AIDS on the Public Service

The Public Service of Namibia comprises 28 Offices/Ministries/Agencies and employs approximately 85,000 people, making it the largest single employer. It is a critical part of the executive arm of government and is central to the functioning and development of all sectors. The Public Service human capital, in common with that of all other sectors, has been eroded by the HIV epidemic. This has put a considerable strain on timely and efficient service delivery. The integrity of the Public Service and its ability to deliver services to the various sectors needs to be protected, while addressing the needs of its employees.

The socio-economic impact of HIV and AIDS is being felt by individual employees, their families and the Public Service. The negative effects include death of employees from AIDS-related illnesses, loss of productivity through absenteeism due to illness and

¹ Ministry of Health and Social Services, 2007a. United Nations Special Session (UNGASS) Country Report, Reporting Period April 2006-March 2007.

² Ministry of Health and Social Services, 2007b. Report of the 2006 National HIV Sentinel Survey. Windhoek, Namibia 2007.

attending funerals, increased medical costs, increased poverty among households of employees living with HIV, increased staff benefits and an increase in labour costs with the hiring and training of replacement staff.

1.3 The Policy Formulation Process

This policy was formulated through a participatory consultative process involving key stakeholders. The stakeholders included the Office of the Prime Minister, the Namibian Employers' Federation (NEF), Namibia Public Workers' Union (NAPWU), Namibian National Teachers' Union (NANTU), Government Institution Pension Fund (GIPF), representatives of people living with HIV (PLHIV), AIDS service organizations (ASOs) and Public Service senior management, middle management and entry level employees.

2. PURPOSE AND GOAL OF THE PUBLIC SERVICE POLICY ON HIV AND AIDS

The purpose of the Public Service Workplace Policy on HIV and AIDS is to provide a set of guidelines to address the HIV epidemic in the Public Service, for each Office/Ministry/Agency.

The policy gives guidelines to the Public Service to:

- (i) prevent HIV transmission among employees;
- (ii) practically provide for treatment, care and support of employees living with HIV and their families;
- (iii) mitigate the impact of HIV on the Public Service; and
- (iv) eliminate stigma and discrimination on the basis of real or perceived HIV status.

The policy contributes to the goal of a healthy and effective Public Service that provides consistently excellent service, while ensuring the wellness of its employees.

3. SCOPE

This policy applies to all Public Service employees and their families.

4. LEGAL AND POLICY FRAMEWORK

The policy is in line with the human rights clauses of the Constitution of Namibia and the provisions of the National Policy on HIV/AIDS, the National Policy on Gender, the Labour Law, the National Code on HIV/AIDS and Employment, the Public Service Act, Regulations and Rules, the Social Security Act, the Workmen's Compensation Act, the National Occupational Health Policy and the National Strategic Plan on HIV/AIDS. In addition, the policy is guided by the SADC Code of Conduct on HIV/AIDS and Employment, the ILO Code of Practice on HIV/AIDS and the World of Work, the ILO

Code of practice on the protection of workers' personal data of 1997 and various labour and human rights conventions and agreements.

5. GUIDING PRINCIPLES

The Public Service policy on HIV has a number of key and fundamental principles that guide the offices/ministries/agencies to address the HIV epidemic in the world of work, notably in planning, implementing and managing workplace HIV and AIDS programmes and action plans.

5.1 HIV and AIDS is a Workplace Issue

The Public Service parties subscribe to the multi-sectoral approach which recognizes that the HIV and AIDS epidemic not only concerns health, but is also a workplace issue. If employees get infected with HIV and become ill, their productivity will be affected. An effective workplace policy significantly reduces the impact of the epidemic by reducing the numbers who get infected and supporting those who are infected. For this reason, all OMAs recognize that HIV and AIDS is a workplace issue. This calls for total commitment by the Public Service Commission, OMAs, trade unions, all grades of employees and development partners to do everything possible to halt and reverse the epidemic in the workplace.

5.2 No Screening for Purposes of Exclusion from Employment Processes

Persons in employment or job applicants will not be screened for HIV status, whether directly or indirectly. Persons living with HIV, if given appropriate support and medical attention when needed, remain functioning important members of our community and the workplace. Not only would it be unproductive to exclude them from the workforce, but it would be un-ethical. Therefore, medical examinations will be limited to testing the physical fitness of the employee or prospective employee to perform the job in question and will not include the test for HIV status.

5.3 Confidentiality

The Public Service respects the confidentiality of the employees' HIV status. There is no justification for asking job applicants or employees to disclose health-related information such as HIV status, nor should co-employees be obliged to reveal such personal information about fellow employees.

Disclosure of status HIV is an entry point for accessing prevention, care and treatment services. However, it will be on a voluntary basis, with written consent by the concerned employee and after counselling and dialogue on the potential consequences.

5.4 Openness

The Public Service wants to create an environment that is conducive to openness to facilitate voluntary and informed disclosure of status and breaking the culture of silence on HIV. Openness helps to reduce stigmatisation.

5.5 Gender Equality in the Workplace

The Public Service recognizes that in some age groups women are more likely to be infected with HIV, while in other age groups men are more likely to be infected. However, women often bear the brunt of the socio-economic impact of the epidemic due to economic reasons and gender-based social roles. Therefore, gender equality will be promoted, while the different needs of men and women will be addressed in all workplace HIV programmes.

5.6 Healthy and Safe Working Environment

Occupational health and safety will be assured in the workplace. Practices and procedures will address the risk of HIV infection for employees in the workplace and protect them from potential HIV transmission during their course of duty.

5.7 Social Dialogue

The successful implementation of the workplace HIV and AIDS policy and programmes requires cooperation and trust between employers, employees and their representatives. PLHIV are central to the workplace response to HIV. Whenever possible, they will be involved in the planning, implementation and monitoring of workplace HIV and AIDS programmes.

5.8 No Termination of Employment Due to HIV Status

HIV infection is not a cause for termination of employment. AIDS-related illnesses will be treated as any other life-threatening diseases and employees living with HIV will continue in employment as long as they are medically fit for available, appropriate work. No employee shall be dismissed on the basis of HIV status alone. Physical fitness and medical grounds will be the basis for continued employment or termination.

5.9 Continuum of Prevention to Care

HIV transmission is preventable. Prevention of HIV and other sexually transmitted infections (STIs), treatment, care and support and impact mitigation are mutually reinforcing elements of an effective workplace response to HIV. The Public Service, in conjunction with its partners, will assist its employees and their families, through a referral system, to access prevention, confidential counselling and testing (CCT), anti-retroviral therapy (ART), opportunistic infection (OI) treatment and support services.

Strong and committed leadership is essential for a sustained and effective response to HIV and AIDS in the Public Service. The social partners are in a unique position to promote prevention efforts through the provision of information and education, and in addressing socio-economic factors. The Public Service leadership, comprising the Public Service Commission, senior and middle level managers in OMAs and trade union leaders, will take a personal interest in workplace programmes.

5.10 Promotion and Protection of Human Rights

The Constitution of Namibia, in line with international human rights law, guarantees the right to human dignity, equality and freedom from discrimination on the grounds of race, colour, sex, language, religion, political affiliation, nationality, ethnic or social origin, disability, property, birth and HIV status, and the right to privacy. Discrimination and stigmatisation are not only a breach of the law, but they are some of the drivers of HIV transmission and the reasons why PLHIV may fail to access adequate treatment, care and support. The Public Service OMAs will protect all employees against discrimination and stigmatisation by managers, supervisors, fellow employees and clients on the basis of HIV status, real or perceived. In addition, workplace programmes will educate persons on human rights and reduce stigmatisation and discrimination against PLHIV.

5.11 Partnerships and Civil Society Involvement

The multi-sectoral approach to the response against HIV is premised on the creation of effective partnerships among all stakeholders. The Public Service endeavours to engage all stakeholders and form relevant partnerships with civil society and the private sector in facilitating access to prevention, treatment, care and support and mitigation services for employees and their families.

5.12 Scientific and Evidence-informed Policy Review

Research results from Namibia and elsewhere will be used to periodically review the policy and modify workplace programmes. In addition, the Public Service will periodically evaluate the effectiveness of workplace programmes to determine if they are attaining the planned results. This will ensure that programmes are developed and revised on the basis of the best available operational and scientific information.

5.13 Focus on Communication on HIV and AIDS

The Public Service recognises the need to effectively communicate and place HIV and AIDS on every official Public Service agenda. Therefore, HIV and AIDS will be an integral part of all OMA official speeches, meetings and training programmes.

6. POLICY COMPONENTS

The purpose and goal of the policy on HIV for the Public Service will be achieved through five strategic components:

- (i) Strengthening of an enabling environment and eliminating stigma and discrimination on the basis of real or perceived HIV status;
- (ii) Prevention of HIV and other STIs;
- (iii) Access to cost effective and high quality treatment, care and support services for people living with HIV;
- (iv) Mitigation of the socio-economic impact of HIV; and
- (v) Integrated and coordinated programme management.

7. POLICY OBJECTIVES AND STRATEGIES

7.1 Strengthening of an Enabling Environment

The Public Service will create an enabling environment for the planning and implementation of sustainable, practical and effective workplace programmes. The objectives and strategies are described in the ensuing sections.

7.1.1 Sustained leadership commitment

Senior and middle management in offices/ministries/agencies and trade union leaders will demonstrate their commitment and take a lead in workplace HIV and AIDS programmes through the following strategies:

- (i) Senior management and trade union leaders will communicate this policy to employees and maintain a sustained and visible interest in workplace HIV and AIDS programmes, including requesting regular updates on progress of programme;
- (ii) The Prime Minister will hold senior managers accountable for the implementation of the HIV and AIDS policy and programmes;
- (iii) Strengthen the capacity of trade unions to fulfil their roles in the implementation of the policy;
- (iv) Review and, if necessary, create appropriate structures with representation from all stakeholders to formulate, implement and monitor HIV and AIDS programmes and action plans in a participatory and consultative manner;
- (v) Develop clearly defined annual plans and budgets and allocate time, adequate human and financial resources to HIV and AIDS programmes;
- (vi) Mobilise resources through annual budgetary allocations and external sources;
- (vii) Ensure that all core programmes of OMAs incorporate HIV and AIDS and gender-related activities;
- (viii) Integrate HIV and AIDS programme outputs into key result areas (KRAs) and performance management systems for managers and supervisors;

- (ix) Network and form partnerships with development and service partners to provide financial, material, technical and human resources;

7.1.2 Greater involvement of people living with HIV in workplace programmes

People living with HIV give a human face to the epidemic and bring realism into workplace programmes. Therefore, OMA's will:

- (i) Create an enabling environment for the establishment of support groups;
- (ii) Establish networks and post-test support groups for people living with HIV;
- (iii) Involve people living with HIV in planning and implementing workplace programmes; and
- (iv) Involve people living with HIV and their families to share experiences on their life styles, nutrition and where to access assistance.

7.1.3 Conducive policy and legal environment

The policy and legal environment in the Public Service will be aligned to the principles of this workplace policy. This will be achieved through the following strategies:

- (i) Review the Public Service Act, Regulations and Rules to be in harmony with this policy, especially focusing on deployment, transfers, posting of employees outside the country and recruitment procedures;
- (ii) Review and align human resources practices and procedures with this policy; and
- (iii) Review grievance procedures in the Public Service Regulations to include how to deal with cases of discrimination and stigmatisation on the basis of HIV status, real or perceived.

7.1.4 Reduced discrimination

Discrimination is a violation of human rights as enshrined in the constitution of Namibia and international conventions to which Namibia is a signatory. The Public Service will endeavour to reduce cases of discrimination through the following strategies:

- (i) Rationalise human resources policies to ensure equal opportunities on recruitment, training, promotion and advancement;
- (ii) Issue guidelines to interviewing and recruitment boards to ensure uniformity and no HIV-related questions;
- (iii) Educate trade union leaders on the rights and obligations of employees and how to monitor cases of discrimination in the workplace;
- (iv) Provide education and awareness on discrimination and disciplinary and grievance procedures to all employees;
- (v) Incorporate activities to address HIV and AIDS into workplace wellness programmes; and

- (vi) Permanent secretaries to take disciplinary action against managers and employees who are found practising discrimination and stigmatisation of fellow employees or job applicants;

7.1.5 Reduced stigmatisation

Stigmatisation is one of the main drivers of HIV infection and may cause people living with HIV to fail to access treatment, care and support services. Therefore, the Public Service will reduce cases of stigmatisation through the following:

- (i) Educate trade union leaders on the rights and obligations of employees and how to monitor cases of stigmatisation in the workplace;
- (ii) Provide education and awareness on stigmatisation and disciplinary and grievance procedures to all employees;
- (iii) Provide access to professional counselling services at the workplace; and
- (iv) Permanent secretaries to take disciplinary action against managers and employees who are found practising stigmatisation of fellow employees.

7.1.6 Respect for confidentiality of status

The Public Service respects the confidentiality of the HIV status of employees and that no employee or job applicant is obliged to disclose his/her HIV status. The following strategies will be implemented to ensure confidentiality:

- (i) Limit non-voluntary disclosure of HIV status to cases by medical personnel where third parties may be at risk of infection but after counselling and notifying HIV-positive employee;
- (ii) Provide education to employees, especially human resources personnel, on the need to maintain confidentiality;
- (iii) Provide access to professional counselling services in all OMAs;
- (iv) Institute disciplinary measures for breach of confidentiality at the workplace; and

7.1.7 Promotion of a culture of openness

The Public Service promotes a culture of openness by encouraging discussion of HIV-related issues in the workplace. The strategies will include industrial theatre, drama, concerts, creation of post-test support groups and other discussion fora.

7.1.8 No testing for purposes of employment processes

There shall be no pre-employment screening for HIV status, whether direct (HIV testing), indirect (assessment of risk-taking behaviour) or asking questions about tests already taken or about medication, nor post-employment testing for purposes of exclusion from employment processes such as training and promotion. The employment relationship shall not be terminated on the basis of HIV status alone. The objective is to keep employees living with HIV working for as long as they are fit for work in order to

provide for their families. The following strategies will be implemented to achieve this objective:

- (i) Ensure that there shall be no direct or indirect pre-employment HIV screening and that medical examinations are confined to fitness for work in question;
- (ii) Provide guidelines on medical examinations to contracted doctors;
- (iii) Ensure that HIV status shall not be used as a determining factor for continued employment and for processes such as promotion, transfer and training;
- (iv) Ensure that all staff involved in recruitment are aware of and abide with these policy stipulations;
- (v) When arranging short-term travel to other countries, the Public Service will notify the employee of any legal requirements for HIV testing to enable him or her make personal choices, followed by pre- and post-test counselling if necessary;
- (vi) The Public Service may reasonably accommodate the special needs of staff living with HIV on a case-by-case basis. Reasonable accommodation may include flexible working hours, time off for counselling and medical appointments, extended sick leave, transfer to lighter duties, part-time work, and return-to-work arrangements.
- (vii) In the case of extended illness, employment may be terminated with the same benefits and conditions applicable to terminations due to other serious illnesses and in terms of the Public Service Regulations and on recommendation by a medical board.

7.1.9 Gender sensitive workplace programmes

The workplace programmes will incorporate the principle of gender equality and meet the specific needs of both women and men. This will be achieved through the following strategies:

- (i) Ensure equal status, opportunity for education and advancement and access to services for male and female employees;
- (ii) Provide education on gender awareness and the gender dimensions of HIV to management, trade union representatives and employees;
- (iii) Involve both men and women in workplace HIV structures and programmes;
- (iv) Encourage employees to report cases of sexual harassment;
- (v) Ensure that all HIV programmes have activities that reflect the different needs of women and men;
- (vi) Consider the need to keep families together when administering transfers; and
- (vii) Encourage employees to share information and knowledge on HIV with their spouses, partners and care givers.

7.2 Prevention of New HIV and Other Sexually Transmitted Infections

Prevention of new HIV infections remains central to all workplace programmes. The Public Service recognises the need for adopting a holistic, comprehensive and practical approach to prevention of HIV and other STIs. This involves the design, implementation

and co-ordination of various activities to change the attitudes, beliefs and risky sexual behaviour of employees and their families.

7.2.1 Capacity of service providers strengthened

The individuals, structures and implementing partners delivering prevention services in the Public Service workplaces should have improved knowledge and skills on behaviour change. The main approach to capacity building will focus on human resources development strategies as follows:

- (i) Educate and train peer educators, employees, senior and middle management, ministry focal persons and relevant partner staff to acquire knowledge and skills on sexual and reproductive health and rights, the differences in programming for women and men and the need to provide communication messages that result in changed behaviour;
- (ii) Train all employees in basic social mobilization;
- (iii) Train service providers to develop outreach programmes to serve mobile employees;
- (iv) Establish forum for exchange of ideas and sharing of experiences and resources among the Public Service and its partners;
- (v) Train peer educators in all OMAs in condom promotion and partner reduction;

7.2.2 Effective communication and education for behaviour change

Despite a high level of awareness of HIV issues among the Namibian population, there has been little change in risky behaviour. Targeted and tailor-made behaviour change communication (BCC) is one of the tools for promoting sustainable risk-reducing behaviour change. These targeted messages will be delivered through a variety of channels and will include the following strategies:

- (i) Ensure that all employees attend HIV and AIDS information sharing sessions that are held during working hours;
- (ii) Conduct awareness sessions for all employees on HIV and STIs using a variety of media such as videos and drama in different languages;
- (iii) Address myths and misconceptions around HIV and AIDS;
- (iv) Distribute behaviour change information, education and communication (IEC) materials to employees, highlighting the need for abstinence and safer sex practices;
- (v) Incorporate HIV-related activities into Public Service technical training programmes and include in all official speeches;
- (vi) Create a non-threatening friendly bookshelf or cabinet where employees may obtain health information;
- (vii) Create a conducive environment and opportunities for people living with HIV to share experiences;
- (viii) Address the need to reduce vulnerability related to gender violence and cultural practices;

- (ix) Sensitise managers and employees to foster family unity through advance planning of transfer of employees to prevent prolonged separation of family members; and
- (x) Communicate the latest data on HIV and AIDS to employees on a regular basis to encourage behaviour change;

7.2.3 Consistent and correct use of condoms

When condoms are correctly and consistently used, they present the most practical way to prevent HIV and other STIs. The following strategies will be implemented in the workplace:

- (i) Train employees on correct use of male and female condoms;
- (ii) Promote acceptability and use of condoms in a holistic manner;
- (iii) Promote and distribute male and female condoms from convenient sites such as condom dispensers, toilets and recreational centres;
- (iv) Ensure accessibility and adequate supply of male and female condoms.

7.2.4 Peer education

Peer educators will be selected from representative units by their peers rather than being hand-picked by management. Once selected, their work will be facilitated through the following strategies:

- (i) Provide training, education and basic counselling techniques on sexual and reproductive health rights, general health and wellbeing, gender, behaviour change communication, social mobilization, condom promotion and partner reduction;
- (ii) Provide incentives to encourage peer educators to conduct regular education of their peers;
- (iii) Set up structures and systems of reporting and feedback to and from peer educators; and
- (iv) Provide refresher courses to peer educators on a regular basis.

7.2.5 Increased use of confidential counselling and testing (CCT) services

While observing the principle of confidentiality, the Public Service encourages employees to participate in CCT to facilitate early rendering of assistance. CCT will be facilitated through the following strategies:

- (i) Inform and educate employees on HIV and CCT;
- (ii) Run promotional campaigns on CCT, for example, “Know Your Status” and “Proud to be Tested”;
- (iii) Establish effective referral systems to facilitate access to CCT, anonymous testing and provider initiated counselling and testing through the Ministry of Health and Social Services and other partners;

- (iv) Provide employees with comprehensive information on treatment, care and support services;
- (v) Ensure that testing shall only be undertaken with the written and informed consent of the employee; and
- (vi) Ensure that testing shall be performed by suitably qualified personnel with adherence to strict confidentiality and disclosure requirements and that pre- and post-test counselling shall form an essential part of any testing procedure.

7.2.6 A healthy and safe working environment

All Public Service workplaces will take the necessary measures to provide a healthy and safe working environment to all employees. These measures include implementation of universal infection control procedures and the following strategies:

- (i) Set up health and safety committees at the workplace to monitor maintenance of a healthy and safe working environment;
- (ii) Provide training on post-prophylactic exposure for all employees;
- (iii) Provide guidelines and facilities for post-exposure prophylactic procedures for employees infected on duty, including compensation procedures;
- (iv) Provide regular training on health and safety, first aid and universal precautions procedures to all employees;
- (v) Provide first aid kits at strategic points, for example, offices, and floors;
- (vi) Maintain a clean working environment;
- (vii) Provide appropriate tools for the job;
- (viii) Provide adequate protective clothing, particularly to employees whose work involves coming into contact with potentially infective agents;
- (ix) Provide adequate, well ventilated and well lit working environment;
- (x) Provide functional ablution facilities with enough sanitary facilities;
- (xi) Discourage prolonged working hours which compromise quality of service and may lead to accidents;
- (xii) Limit periods on tour of duty away from the base station;
- (xiii) Arrange for ill employees to be transferred to light duties in consultation with the workplace HIV committee representatives.

7.3 Access to Cost Effective and High Quality Treatment, Care and Support Services for People Living with HIV

Treatment, care and support services complement prevention interventions, improve the quality of life of people living with HIV, enabling them to continue to work, and decrease the social impact of the epidemic. These services may be accessed through the following objectives and strategies:

7.3.1 Improved capacity to access treatment, care and support services

Most of the expertise for this component lies outside the competence of most Public Service OMAs. Therefore, capacity building strategies will focus on how to establish a referral system:

- (i) Conduct awareness campaigns for all employees, including people living with HIV, to improve their understanding of the continuum of prevention, treatment, care and support to cover HIV, TB, other STIs and lifestyle conditions;
- (ii) Identify and partner with service providers for training of Public Service workplace HIV programme structure personnel in how to set up and manage a referral system for treatment, care and support services;

7.3.2 Access to a wellness programme

A wellness programme not only covers HIV issues, but will include opportunistic infections, TB, other STIs, lifestyle diseases and the general well-being of employees. Such a programme will be accessed through the following strategies:

- (i) Facilitate access to reproductive health services for female employees, including prevention of mother-to-child transmission (PMTCT) of HIV;
- (ii) Design and set up an effective referral system to partner service providers for access to STI management, PMTCT, management of opportunistic infections, TB, malaria, lifestyle diseases and home-based care;
- (iii) Ensure access to anti-retroviral therapy (ART) for employees requiring such treatment either through medical aid schemes and private service providers or referral to public health institutions;
- (iv) Facilitate training of employees on appropriate nutrition and positive living;
- (v) Facilitate access to qualified counsellors and social workers to provide psychosocial support services;
- (vi) Facilitate qualified trade union representatives to provide counselling services in order to build trust;
- (vii) Promote participation in post-test support groups to enhance prevention, positive living and care and support;
- (viii) Refer employees to faith-based organizations for spiritual support;
- (ix) Facilitate access to home-based care by networking with local community-based organizations, faith-based organizations, non-governmental organizations, people living with HIV and home-based care groups;
- (x) Promote a healthy lifestyle among employees and provide education on various health issues, e.g. cholesterol, hypertension, diabetes and substance abuse; and
- (xi) Facilitate access to recreational facilities where these are available.

7.4 Mitigation of the Impact of HIV and AIDS

The socio-economic impact of HIV on employees and service provision by the Public Service will be addressed through improved access to mitigation services and addressing poverty, food and nutrition insecurity. This will be achieved through the following strategies:

- (i) Provide information to all employees and their families on organizations that can provide assistance on prevention, care and support services;

- (ii) Provide information and education on income generation projects and linkages to organizations to approach for help;
- (iii) Facilitate dialogue between trade unions and private sector insurance companies to provide appropriate and affordable products for people living with HIV;
- (iv) Provide information to all employees on how to access appropriate insurance services and products (life, funeral and medical aid).
- (v) Encourage employees to join medical aid schemes;
- (vi) Set up employee assistance or wellness fund;
- (vii) Facilitate training on nutrition and how to access nutritious and supplementary food; and
- (viii) Implement measures such as relief staff or compensation to mitigate impact (stress and increased workload) of absentee workers on those remaining to ensure that the Public Service continues to provide an efficient and effective service;

7.5 Integrated and Coordinated Programme Management

The Public Service will implement the HIV Policy through a well integrated and coordinated management system. The management system will comprise the setting up of the necessary structures, a reporting system, and an effective monitoring and evaluation system.

7.5.1 HIV programme management structures

Public Service Workplace HIV and AIDS Policy is coordinated by the Office of the Prime Minister (OPM) through the HIV and AIDS Unit, which is headed by a deputy director. The deputy director is supported by three chief policy analysts. An appropriate HIV and AIDS focal point will be created for each OMA. The focal person will have access to the Permanent Secretary as part of senior management. The focal person in each OMA will be supported by an HIV and AIDS committee comprising representatives drawn from all departments and levels, gender, trade union representatives and people living with HIV.

The ministry, departmental and station structures will liaise with Ministry of Health and Social Services and regional and local structures, wherever possible.

7.5.2 Improved capacity for HIV programme management

The various structures in OPM and OMAs will be equipped with the necessary management skills to implement the workplace HIV and AIDS programmes through the following strategies:

- (i) Educate and regularly inform senior management on the impact of HIV on core functions and employees;
- (ii) Facilitate training of HIV personnel structures in programme management;
- (iii) Set up a reporting system from departments, ministry-level focal point to coordinating unit in OPM;
- (iv) Provide all structures with terms of reference or job descriptions;

7.5.3 Effective management and coordination of workplace programmes

The workplace programmes will be managed through the following strategies:

- (i) All OMAs will develop annual action plans and allocate budgets for implementing programmes;
- (ii) Implement programme following the project cycle approach;
- (iii) All OMAs will submit monthly activity reports and hold quarterly progress review meetings;
- (iv) OMAs will adjust workplans and resource allocation as necessary based on results of previous reporting periods; and
- (v) OMAs will hold annual programme reviews, involving PLHIV, to assess achievement of outcomes and revise plans and budgets;

7.5.4 Workplace programmes adequately monitored and evaluated

The HIV Coordinating Unit in the Office of the Prime Minister will develop general indicators for monitoring and evaluating the policy and programmes, with assistance from the Response Monitoring and Evaluation sub-division (RM&E). The indicators will include those in the Plan for National Multisectoral Monitoring and Evaluation of HIV/AIDS. Monitoring and evaluation of the policy will include inputs and processes but focus on outcomes and impacts such as behaviour change, HIV prevalence and service delivery. This will be done through the following strategies:

- (i) OPM will disseminate the monitoring and evaluation (M&E) plan for the Public Service to all OMAs and the corresponding officers will be trained as necessary;
- (ii) All OMAs will report on key indicators to OPM on a quarterly basis as defined in the national System for Programme Monitoring;
- (iii) OPM will report quarterly to the Response Monitoring and Evaluation sub-division.
- (iv) OPM will produce annual reports on the status of the Public Service HIV workplace programmes; and
- (v) OPM will develop website and post reports and other information on HIV and AIDS.

7.5.5 Scientific research-informed programming

All future programming and policy reviews will be informed by scientific research evidence. This will be achieved through the following strategies:

- (i) OPM will commission every two years in April an evaluation of the effectiveness of the Public Service workplace programmes to determine if they are attaining the planned results. The evaluation will identify weaknesses and make suggestions for revision of the workplace programmes;

- (ii) Promote Public Service sero-surveillance through anonymous testing of employees in order to determine prevalence and allow better planning. Such testing shall be undertaken in accordance with ethical principles of scientific research, professional ethics and the protection of individual rights and confidentiality. Before such research is conducted, employees and management will be consulted and informed and the information obtained will not be used to discriminate against individuals or groups of persons. Testing will not be done if there is a reasonable possibility that a person's HIV status can be deduced from the results.

8. IMPLEMENTATION PLAN

The HIV Coordinating Unit in the Office of the Prime Minister will, in collaboration with focal persons in OMAs, develop an implementation plan, with clearly delineated roles and responsibilities for key stakeholders. The key stakeholders involved in the implementation of this policy are the employer, represented by the PSC, OPM and management; employees; and trade union representatives.

ANNEX: GLOSSARY

These terms are defined as they are used in this policy document.

Antiretroviral: a drug that acts against retroviruses such as the Human Immunodeficiency Virus (HIV).

Acquired Immunodeficiency Syndrome (AIDS): a cluster of medical conditions, often referred to as opportunistic infections and cancers and for which, to date, there is no cure.

Benefits: Anything granted to an employee or his/her family by an employer in respect of a period of employment over and above the salary. This may include leave, retirement and life and medical insurance.

Code: a set of rules.

Confidentiality: The right of every person, employee or job applicant to have their medical information, including HIV status, kept private. Although such information may be known by a health care worker or counsellor, it may not be shared without the informed and written consent of the person concerned.

Counselling: an interpersonal interaction between a counsellor and a client aimed at enabling the client to cope with stress and make personal decisions about his/her situation in an atmosphere of trust, acceptance and confidentiality.

Epidemic: a disease that spreads quickly through a given population, at a rate that greatly exceeds what is expected based on recent experience.

Discrimination: is used in this policy in accordance with the definition given in the Discrimination (Employment and Occupation) Convention, 1958 No. 11 of ILO to include any distinction, exclusion or preference made on the basis of race, colour, sex, religion, political opinion, national extraction or social origin, *HIV status, whether real or perceived*, which has the effect of nullifying or impairing equality of opportunity or treatment in employment or occupation.

Employer: a person or organisation employing workers under a written or verbal contract of employment which establishes the rights and duties of both parties, in accordance with national law and practice. In the case of the Public Service, this role is played by the Public Service Commission on behalf of Government.

Gender: refers to differences in social roles and relations between men and women. Gender roles are learned through socialisation and vary widely within and between cultures. Gender roles are affected by age, class, race, ethnicity, religion and the geographical, economic and political environment.

Gender sensitive: is having a sympathetic awareness of the social and cultural construction of male and female identity and roles, while recognizing the reality of gender differences and complementarities.

Immune deficiency: breakdown or inability of certain parts of the immune system to function, making a person susceptible to certain diseases which they would not ordinarily develop.

Informed consent: refers to the voluntary agreement, usually in writing, of a person to undergo a procedure based on full information.

HIV screening: means any measurement of potential or actual HIV infection, whether direct (HIV testing), indirect (assessment of risk-taking behaviour) or asking questions about tests already taken or about medication.

Human Immunodeficiency Virus (HIV) - a virus that weakens the body's immune system, ultimately causing AIDS.

Multi-sectoral: an approach that actively involves different sectors, for example mining, agriculture, health, among others and includes Government, private enterprise, non-governmental organizations and other stakeholders.

Mitigation: ways to reduce the severity and alleviate the negative socio-economic effects of HIV and AIDS.

Opportunistic infections: Specific infections arising from a compromised immune system which persons with healthy immune systems would be able to resist, for example tuberculosis and candidiasis, among others.

People living with HIV (PLHIV): is the preferred term as it reflects the fact that an HIV-infected person may continue to live well and productively for many years.

Post-exposure prophylaxis (PEP): measures to be applied after possible accidental or unintended exposure to an infective agent such as HIV through rape, exposure to blood or other body fluids following an injury with a sharp instrument.

Post-test counselling: counselling after an HIV test to help the client understand and cope with the test results, including ways to reduce the risk of infection if negative or transmission if HIV positive.

Pre-test counselling: counselling before an HIV test, including a discussion of the test, the reason for doing it and the implication of being tested.

Principle: a general law or doctrine that is used as a guide to behaviour or practice.

Prophylaxis: is taking a drug to delay or prevent an illness developing.

Public Service employee: an employee of an office/ministry/agency established in terms of Section 3 of the Public Service Act, 1995 (Act 13 of 1995).

Employee's family: the employee and his/her spouse and their natural or legally adopted child or children, provided that any such child or children are under the age of eighteen (18) and is permanently resident with and necessarily dependent on the employee. Exceptions are when the child is over eighteen years and older but is mentally and/or physically disabled or dependent on the employee or is studying at an institution of higher learning either full-time or part-time and is dependent on the employee, on condition that he/she is not self-supporting.

Reasonable accommodation: any modification or adjustment to a job or workplace that is reasonably practicable and will enable a person living with HIV to have access to or participate or advance in employment.

Retrovirus: a class of viruses which copy genetic material using RNA as a template to make DNA, an essential step in the life-cycle of HIV.

Sex: refers to biologically determined differences between male and female.

Sexual harassment: unwanted behaviour or advances of a sexual nature which may include physical acts of unsolicited and unwanted touching; verbal, non-verbal, written or electronic invitations; and suggestive or obscene remarks or jokes.

Sexually Transmitted Infection (STI): includes conditions such as syphilis, chancroid, chlamydia and gonorrhoea which are normally transmitted through sexual intercourse.

Shared confidentiality: is the sharing of HIV sero-status and related issues with people who are important in the care and support of people living with HIV/AIDS.

Stakeholder: an individual, group of people, organization or body that has a direct or continuing interest in the Public Service.

Stigma: is a mark or label of shame or disgrace placed on an individual or group of people.

Support groups: a group of people with the same condition coming together to provide each other with psychological, social, emotional, spiritual, material or other support.

Syndrome: a group of symptoms and diseases that together are characteristic of a specific condition.

Termination of employment: is dismissal of an employee at the initiative of the employer.

Universal precautions: standard infection control practices to be used to minimize the risk of blood-borne pathogens.

Virus: a microscopic germ which cannot reproduce itself outside the living cell of the organism that it infects. Viruses can divert cells from their normal functions and thus damage or destroy them.

Wellness programme: a set of initiatives designed to promote the physical, mental and emotional wellbeing of employees.

Workplace: Any occupational setting, station or place where employees spend time for gainful employment.