Improving health workers' access to HIV and TB prevention, treatment, care and support services



SOPHIA KISTING

DIRECTOR, THE ILO PROGRAMME ON HIV/AIDS AND THE WORLD OF WORK IN THE SOCIAL PROTECTION SECTOR



SUSAN WILBURN

BSN, MPH, TECHNICAL OFFICER IN OCCUPATIONAL & ENVIRON-MENTAL HEALTH AT THE WORLD HEALTH ORGANIZATION



MYROSLAVA PROTSIV

TECHNICAL OFFICER, HEALTH SERVICES AT SECTORAL ACTIVITIES DEPARTMENT AT INTERNATIONAL LABOUR ORGANIZATION



LEE-NAH HSU

TECHNICAL SPECIALIST, THE PROGRAMME ON HIV/AIDS AND THE WORLD OF WORK OF THE INTERNATIONAL LABOUR **ORGANIZATION**

ABSTRACT: The International Labour Organization (ILO) and the World Health Organization (WHO) jointly developed policy guidelines for improving health workers' access to HIV and TB prevention, treatment, care and support services. These 14-point policy guidelines support the key principles of the International Labour Standard concerning HIV and AIDS in the world of work adopted in 2010. The joint guidelines cover issues on workers' rights, national legislation and social protection of health workers. In addition, the guidelines provide framework for workplace policies, programmes, and training. To ensure proper implementation, the guidelines also addressed issues of budget, monitoring and evaluation. Turning these policy guidelines into effective practice would require advocacy to both the health and labour sectors, as well as the recognition of the important roles of health workers, employers of health services, and that of the Ministries of Health and Ministries of Labour.

he health sector has a vital responsibility in helping realize people's fundamental rights to health. The health services employers and management must protect the health and rights of their own workers in order to ensure the public could benefit from optimal health services.

Many countries are currently facing a severe shortage in their health workforce. Increasing workloads of the personnel in healthcare facilities and resource-constrained working conditions lead to great challenges in recruitment and retention of qualified

health workers. This situation is further aggravated in countries that are particularly affected by dual epidemics of Human immunodeficiency virus and Tuberculosis. The high rate of HIV-TB co-infection in these countries drives an increasing demand on health services. It also increases the HIV and TB burden on health workers who are particularly exposed to both infections on a daily basis in their work environment.

Although health workers are at the frontline of responding to HIV and TB care needs of people, they have to deal with their own fears of contracting both HIV and TB because of their work exposures. The situation is aggravated by the fact that health workers themselves often do not have adequate access to HIV and TB services. They face stigma and discrimination as well as loss of

their employment, in the events they become infected.

In response to this situation, the ILO and WHO jointly developed a 14-point HIV-TB policy guidelines on how to ensure the access of all health workers to HIV and TB prevention, treatment, care and support services.

The guidelines have a solid base of evidence resulting from systematic literature reviews, studies of current practices in 21 countries, and international expert consultations organised by both the WHO and ILO.

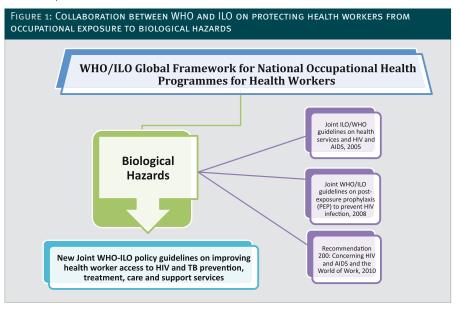


TABLE 1: THE 14-POINT JOINT POLICY GUIDELINES

Strengthening national policies, laws and strategies through TREAT

Introduce new or refine existing national policies that ensure priority access for health workers and their families to services for the prevention, treatment and care for HIV and TR

Introduce new or reinforce existing policies that prevent discrimination against health workers with HIV or TB, and adopt interventions aimed at stigma reduction among colleagues and supervisors.

Establish schemes for reasonable accommodation and compensation, including, as appropriate, paid leave, early retirement benefits and death benefits in the event of occupationally-acquired disease.

Enhancing workplace policies, programmes and trainings

Develop, strengthen or expand existing basic occupational health services for the entire health workforce so that access to HIV and TB prevention, treatment and care can be realized.

Develop or strengthen existing infection control programmes, especially with respect to TB and HIV infection control, and collaborate with workplace health and safety programmes to ensure a safer work environment.

Develop, implement and extend programmes for regular, free, voluntary, and confidential counselling and testing of HIV, and TB screening, including addressing reproductive health issues, as well as intensified case finding in the families of health workers with TB.

Adapt and implement good practices in occupational health and the management of HIV and TB in the workplace from both public and private health care sectors, as well as other sectors.

Provide information on benefits and risks of post-exposure prophylaxis (PEP) to all staff and provide free and timely PEP for all exposed health workers, ensuring appropriate training of PEP providers.

Provide free HIV and TB treatment for health workers in need, facilitating the delivery of these services in a non-stigmatizing, gender-sensitive, confidential, and convenient setting when there is no staff clinic and/or their own facility does not offer ART, or where health workers prefer services off-site.

In the context of preventing co-morbidity, provide universal availability of a comprehensive package of prevention and care for all HIV positive health workers, including isoniazid prophylactic treatment and co-trimoxazole prophylaxis, with appropriate information on benefits and risks.

Develop and implement training programmes for all health workers: pre-service, in-service and continuing education on TB and HIV prevention, treatment and care; workers' rights and stigma reduction, integrating these into existing training programmes and including managers and worker representatives.

Budgeting, monitoring and evaluation

Establish and provide adequate financial resources for prevention, treatment, care and support programmes to prevent the occupational or non-occupational transmission of HIV and TB among health workers.

Develop and implement mechanisms for monitoring the availability of the guidelines at the national level, as well as the dissemination of these policies and their application in the healthcare setting.

Disseminate the policies related to these guidelines in the form of codes of practices and other accessible formats for application at the level of health facilities, and ensure provision of budgets for the training and material inputs to make them operational.

The guidelines aim to protect health workers and empower them to respond to the threat of HIV and TB infections. Implementing these guidelines could improve retention of health workers and prevent the loss of health workforce due to infection with HIV, TB or death.

The guidelines complement and reinforce guidelines previously developed by WHO and ILO on TB infection control³ and HIV in the workplace^{4,5}, health-systems strengthening⁶, post-exposure prophylaxis^{7,8,5}, clinical diagnoses and treatment for HIV and TB¹⁰, reproductive health¹¹, and occupational health¹²⁻¹⁴.

TABLE 2: HOW ILO AND WHO WORK TOGETHER TO PROTECT HEALTH WORKER

How ILO and WHO work together to protect health worker

ILO and WHO have a long-standing collaboration on HIV and AIDS responses, as co-sponsors of the UNAIDS and in occupational health.

In June 2004 the Governing Body of the ILO decided on conducting a joint tripartite meeting of experts with the WHO on HIV and AIDS in Health Sector and subsequently, in April 2005, the Joint ILO/WHO guidelines on health services and HIV and AIDS were adopted by the meeting. In September 2005, the WHO and ILO called together another joint tripartite expert consultation to develop a joint WHO/ILO guidelines on post-exposure prophylaxis to prevent HIV infection. This second joint guidelines was published in 2008.

In 2006, in response to the crisis in human resources for health, WHO, in collaboration with ILO, conducted a sequence of formal consultations with ILO constituents that includes representatives of workers, employers and governments, as well as other stakeholders and partners. The process of guidelines development also included a 21-country study on health workers' access to HIV and tuberculosis health services. This initiative originated from the Treat, Train and Retain (TREAT) strategy jointly launched by WHO, ILO and International Organization for Migration (IOM) in 2006 to support scale-up of HIV and AIDS services towards Universal Access and address the impact of HIV on the health workforce. In September 2009, an international WHO/ILO consultation on policy guidelines to improve health workers' access to prevention, treatment and care services for HIV and TB took place in Geneva. And in July 2010, a joint ILO-WHO tripartite expert consultation endorsed these policy guidelines.

The purpose of the guidelines is to give coherence to a compilation of existing clinical and policy guidelines to improve health workers' access to HIV and TB prevention, treatment, care and support services. Moreover, the new guidelines fill in the gaps of previous guidelines, for instance they address specifically need to protect health workers from contracting TB in the workplace and the need for TB infection control.

The target audience of the new policy guidelines are policy makers in the ministries of health and of labour; public and private health sector employers and senior management; occupational and infection control practitioners; all health workers, their associations or unions.

The joint guidelines cover:

- national frameworks including rights, other legislation and social protection schemes;
- workplace actions including policies, programmes and training:
- → budget, monitoring and evaluation involving national and workplace coordination.

In line with the 2006 WHO World Health Report, the 2010 joint ILO-WHO guidelines are based on a broad definition of "health workers" which includes the providers of health services such as doctors, nurses, pharmacists, laboratory technicians, as well as management and support workers in healthcare settings such as finance officers, administrators, cooks, drivers, cleaners and security guards¹. The policy guidelines cover health workers employed at all types of facilities, including acute-care, long-term care, community-based care, home-care and informal caregivers or providers of health services in other sectors.

The guidelines illustrate for the health sector the fundamental rights and principles contained in the ILO Recommendation concerning HIV and AIDS and the World of Work, 2010, No. 200, by promoting, among others:

- workers' rights;
- gender equity;
- the active participation of health workers, their representatives and health sector employers;

- + the involvement of people living with HIV or TB;
- prevention;
- + effectiveness and efficiency.

The joint policy guidelines have been agreed to by the tripartite constituents of ILO and approved by the Guidelines Review Committee of WHO. The guidelines were adopted by the Governing Body of the ILO in November 2010. They are officially launched as part of the World AIDS Day celebration 2010. WHO and ILO encourage all their global partners to disseminate and implement this set of guidelines. For instance, to incorporate the joint ILO-WHO policy guidelines for health workers into the International Hospital Federations' Positive Practice Environment campaign.

Sophia Kisting, MD is the Director of the ILO Programme on HIV/AIDS and the World of Work in the Social Protection Sector. She is an occupational medical specialist with extensive experience in workplace tripartite structure, occupational health and compensation issues. She has numerous publications. The Journal of Epidemiology and Community Health recognized her as one of ten influential women internationally in occupational health and safety. kisting@ilo.org at ILO, Geneva, Switzerland

Susan Wilburn, BSN, MPH is a technical officer in occupational & environmental health at the World Health Organization responsible for health worker occupational health and "greening" the health sector. Ms. Wilburn, the past coordinator of the Centre for Occupational & Environmental Health at the American Nurses Association, is the author of numerous articles on protecting health workers from occupational hazards. wilburns@who.int, at WHO, Geneva, Switzerland

Lee-Nah Hsu, DSc, JD is a technical specialist at the Programme on HIV/AIDS and the World of Work of the International Labour Organization responsible for health sector issues. specialist in health systems strengthening and previously served on Technical Review Panel of the Global Fund to fight AIDS, TB and Malaria and GAVI health systems strengthening review committee. hsul@ilo.org, at ILO, Geneva, Switzerland

Myroslava Protsiv, BSW, MPH is a technical officer on health services at Sectoral Activities Department at International Labour Organization. A recent graduate of Global Health master programme at Karolinska Institute, she has practical and research experience in human resources for HIV prevention and AIDS control. g4sector@ilo.org at ILO, Geneva, Switzerland

References

- The World Health Report 2006: Working together for health, (2006), Geneva; World Health
- Taegtmeyer M, Suckling R, Nguku P, Meredith C, Kibaru J, Chakaya J, et al. Working with risk: Occupational safety issues among health care workers in Kenya. AIDS Care 2008:20(3):304-10
- 3 WHO Policy on TB Infection Control in Health-Care Facilities, Congregate Settings and Households, 2009
- ⁴ International Labour Office (ILO), World Health Organization (WHO). Joint ILO/WHO guidelines on health services and HIV/AIDS, available at:
- http://www.ilo.org/global/Themes/HIVAIDS/lang-en/docName-KD00016/index.htm, 2005 ⁵ International Labour Conference Ninety-ninth session. *Recommendation concerning HIV and* AIDS and the world of work, 2010 (No.200), ISBN 978-92-2-123819-5, July, 2010. Available at www.ilo.org/AIDS
- ⁶ International Labour Office (ILO). Technical and ethical guidelines for workers' health surveillance. Available at: http://www.ilo.org/safework/normative/codes/lang--en/docName--WCMS 107795/index.htm. 1998
- World Health Organization (WHO), International Labour Office (ILO). WHO-ILO Guidelines on post-exposure prophylaxis (PEP) to prevent HIV infection. Available at: http://www.who.int/hiv/pub/guidelines/PEP/en/, 2008
- [®] World Health Organization (WHO). Occupational health: a manual for primary health care workers. Available at:
- http://www.who.int/occupational_health/publications/emhealthcarework/en/index.html 2001
- World Health Organization (WHO). Antiretroviral therapy for HIV infection in adults and $adolescents.\ available\ at\ http://www.who.int/hiv/pub/guidelines/adult/en/index.html,\ 2006$
- International labour Office (ILO). ILO Code of Practice on HIV and the World of Work. Report IV (1), www.ilo.org/public/english/protection/trav/aids/publ/code.htm,2008
- "World Health Organization (WHO). Integrating gender into HIV/AIDS programmes in the health sector: Tool to improve responsiveness to women's needs. Available at: http://www.who.int/gender/documents/gender_hiv/en/index.html, 2009
- ¹² Joint ILO/WHO Committee on Occupational Health, with support of the Finnish Institute of Occupational Health (FIOH). Basic Occupational Health Services. Available at: http://www.who.int/occupational health/publications/bohsbooklet.pdf; Jorma Rantanen author. Suvi Lehtinen editing, 2005
- 13. World Health Organization (WHO). Global Plan of Action on Workers' Health, 2008-2017. Available at http://www.who.int/occupational_health/WHO_health_assembly_en_web.pdf,
- 4. World Health Organization (WHO), Guidelines on quality management in multidisciplinary occupational health services. Available at:
- http://www.who.int/occupational_health/publications/eurqualman/en/index.html, 1999
- Collier A, Van der Borght S, Rinke de Wit T, Richards S, Feeley F. A successful workplace program for VCT and treatment of HIV/AIDS at Heineken, Rwanda. International Journal of Occupational & Environmental Health 2007:13(1):99-106
- Morris C, Cheevers E. A package of care for HIV in the occupational setting in Africa: Results of a pilot intervention. AIDS Patient Care and STDs 2001;15(12):633-40
- Corbett E, Dauya E, Matambo R, Cheun Y, al. e. Uptake of Workplace HIV Counselling and Testing: A Cluster-Randomised Trial in Zimbabwe. PLoS Med 2006;3(7):e328
- Dahab M, Charalambous S, Hamilton R, Fielding K, Kielmann K, Churchyard GJ, et al. "That is why I stopped the ART": patients' & providers' perspectives on barriers to and enablers of HIV treatment adherence in a South African workplace programme. BMC Public Health 2008:8:63
- 19. UNAIDS. HIV stigma and discrimination: A summary of recent literature, 2009
- ^{20.} International Labour Office (ILO). Technical and ethical guidelines for workers' health surveillance. Available at:http://www.ilo.org/safework/normative/codes/lang-en/docName WCMS_107795/index.htm,1998
- ^{21.} Makombe S, Jahn A, Tweya H, Chuka S, Yu J, Hochgesang M, et al. A national survey of the impact of rapid scale-up of antiretroviral therapy on health-care workers in Malawi: Effects on human resources and survival. Bulletin of the World Health Organization, 2007; 85(11):
- ²² Rezanson K, Pouteau K, Mnthambala A, Stephany P, Chiwewe D, Kumumbala R, et al. Do health care workers with HIV/AIDS have delayed initiation of antiretroviral therapy and higher mortality when compared with other patients in Malawim, XVI International AIDS Conference, Toronto, Canada, 2006