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The joint WHO-ILO-UNAIDS policy guidelines on improving health workers' access to HIV and TB prevention, treatment, care and support services

A GUIDANCE NOTE

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Joint WHO-ILO-UNAIDS policy guidelines on improving health workers' access to HIV and TB prevention, treatment, care and support services: A guidance note

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Introduction

> **"***Workers, their families and their dependents should have access to and benefit from prevention, treatment, care and support in relation to HIV and AIDS, and the workplace should play a role in facilitating access to these services*."
>
> ILO Recommendation concerning HIV and AIDS and the World of Work, 2010 (No. 200)[1]

ILO, UNAIDS, and WHO, given their complementary mandates and long-standing collaboration on occupational health, HIV and TB, are working together to find common solutions to HIV and TB challenges for health workers.

The health sector is responsible for the prevention, diagnosis, treatment and care of illness and can contribute to reducing stigma and discrimination in the context of health services. Countries must protect the health and rights of their health workers by optimizing their working conditions. By protecting health workers, countries would ensure that those providing health services are themselves healthy. This will in turn facilitate people's rights of access to quality health services.

A key challenge in maintaining strong health systems was identified in the World Health report, 2006 as the recruitment and retention of qualified health workers[2]. As defined in the ILO/WHO joint guidelines on health services and HIV/AIDS, 2005[3], health workers are "*all people engaged in actions whose primary intent is to enhance health***."**[4] They include all those persons who provide health services, such as doctors, nurses, pharmacists, laboratory technicians. Also included are management and support workers, such as finance officers, cooks, drivers, cleaners and security guards**.** Health workers include not only those who work in acute care facilities, but also those in long-term care, community-based care, home-care and informal caregivers.

The health workforce shortage coincides with the growing dual epidemic of Human Immunodeficiency Virus (HIV) and tuberculosis (TB). This dual epidemic increases the demand for health services and consequently the workload of health workers, particularly in countries with a high HIV and TB burden. Health workers in all countries experience mobidity and mortality due to exposure to HIV and TB at work and in their local communities[5]. Despite being workers on the front line responding to the public's HIV and TB care needs, health workers themselves often do not have access to HIV and TB services.

An AIDS and health workforce plan called *Treat, Train and Retain* was proposed at a 2006 WHO consultation on the health human resources shortage. The plan comprises three elements: *Treat,* a package of HIV prevention, treatment, care and support services for health workers; *train,* measures to empower health workers to deliver universal access to HIV and AIDS services; and *Retain,* strategies to retain health workers in the public health system, including financial and other incentives and strategies to improve pay, working conditions and manage the migration of health workers[6].

In view of the escalating HIV-TB co-infection and as a follow up to the 2006 consultation, the

ILO, UNAIDS and WHO decided to join forces in developing policy guidelines on health workers' access to HIV and TB prevention, treatment, care and support services. The resultant joint Guidelines are based on a systematic review of the literature in the field, an assessment of current practices in 21 countries, and on the results of consultations with international experts and tripartite constituents organised by the ILO and the WHO with the participation of UNAIDS. The Guidelines aim to protect, retain and empower health workers in dealing with the dual threat of HIV and TB. The guidelines also reinforce good practices for health workers who are living with, have been affected by HIV or TB, or both.

The Guidelines complement and synthesize other ILO, UNAIDS and WHO guidelines related to TB infection control[7] and HIV in the workplace[8,9] health-systems strengthening[10], post-exposure prophylaxis[11,12,13], clinical diagnoses and treatment for HIV and TB[14], reproductive health[15] and occupational health[16,17,18]. The Guidelines support the ILO Recommendation concerning HIV and AIDS and the World of Work, 2010 (no. 200) and also synthesize other existing clinical and policy guidelines. The Guidelines provide the first specific and coherent focus on improving health workers' access to HIV and TB prevention, treatment, care and support services and promote universal access.

The target audience is comprised of: policy makers in the Ministries of Health, Ministries of Labour and the National AIDS Commissions; public and private health employers; occupational health and infectious diseases control practitioners; all health workers, their associations or trade unions.

The 14-point Guidelines are inter-related and can be effectively implemented as one package. To ensure successful implementation, it is suggested that all relevant actors: workers, managers, employers and ministries in the health and the labour sectors be involved in the development, implementation, monitoring and evaluation. In addition, the Labour Inspectorate in the Ministry of Labour can play a critical role in the implementation, monitoring and evaluation of the Guidelines.

This **Guidance Note** has been developed to facilitate implementation of the 14 Guidelines. The 14 guidelines are grouped into the following three categories for ease of reference. As a result, the numbering of each guideline differs from the Guidelines document. The Guidelines wording was refined at the ILO/WHO joint tripartite expert consultation in July 2010.

a. National Policies, including rights, legislation and social protection schemes
b. Workplace actions, including workplace policies, programmes and training
c. Budget, monitoring and evaluation involving national and work place coordination

Guiding principles

The Guidelines are based on respect for:

- workers' rights and human rights[19]
- gender equity
- primary prevention
- effectiveness and efficiency
- involvement of people living with HIV ,TB, or both
- active participation of health workers, their representatives and their employers

Summary of the Guidelines

A. NATIONAL POLICIES
1. Introduce new national policies or refine existing ones that **ensure priority access** for health workers and their families to services for the prevention, treatment, care and support for HIV and TB.
2. Introduce new policies or reinforce existing ones that **prevent discrimination** against health workers with HIV or TB, and adopt interventions aimed at **stigma reduction** among colleagues and supervisors.
3. 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.

NATIONAL POLICIES

A.1. Introduce new policies or refine existing ones that ensure priority access for health workers and their families to services for the prevention, treatment, care and support for HIV and TB.

Health workers are at high risk of HIV and TB infection due to occupational exposure. Providing HIV and TB services to health workers at work is cost-effective and is an approach preferred by many health workers[20],[21],[22]. "*Workers, their families and their dependents should have access to and benefit from prevention, treatment, care and support in relation to HIV and AIDS, and the workplace should play a role in facilitating access to these services*." (*See paragraph 3 (e),* HIV and AIDS Recommendation, 2010 (No. 200)[23]. "*These services should include access to free or affordable voluntary counselling and testing… Treatment for opportunistic infections and sexually transmitted infections, and any other HIV-related illnesses, in particular tuberculosis*[24]."

In accordance with this new international labour standard, the Guidelines recommend that new national policies should be developed or existing policies be refined as needed, to ensure that health workers and their families have access to HIV and TB prevention, treatment, care and support services[25].

A.2. Introduce new policies or reinforce existing ones that prevent discrimination against health workers with HIV or TB, and adopt interventions aimed at stigma reduction among colleagues and supervisors.

Most HIV-infected health workers are afraid to disclose their HIV status for fear of stigma and discrimination, being refused promotions or losing their jobs. For the same reasons, health workers often refrain from reporting occupational blood and body fluid exposures. Their health can thus be affected by their delay in seeking necessary treatment[26]. Policies to protect the health of health workers as well as to safeguard them against stigma and discrimination exist in most countries, however, effective strategies/action plans/guidelines to implement these policies are often lacking. Even where policies preventing discrimination exist, health workers are often unaware of them.[27]

Noting the existence of persistent and pervasive stigma and discrimination on HIV and TB, both the Joint ILO/WHO guidelines on health services and HIV/AIDS, 2005 and the ILO Recommendation concerning HIV and AIDS in the world of work, 2010, (No. 200) emphasize that there should be no discrimination on the basis of real or perceived HIV status. In accordance with UNAIDS documents on HIV and human rights[28], the joint ILO/WHO guidelines, 2005 states that: **"***stigma and discrimination by health-care workers towards other health-care workers, patients, or by employers towards health-care workers – are a serious issue in many health-care settings, undermining the provision of care as well as programmes for prevention. They take a variety of forms and can result in treatment being delayed, inappropriate or withheld, and in breaches of confidentiality, inappropriate and unethical behaviour and the use of excessive precautions.*"[29] The HIV and AIDS Recommendation, (No. 200) states that:" *there should be no discrimination against or stigmatization of workers… .*"[30]

The HIV and AIDS Recommendation, 2010, (No. 200) further indicates that "*Real or perceived HIV status should not be a ground of discrimination preventing recruitment or continued employment, or the pursuit of equal opportunities*"[31] It is particularly noteworthy that the Recommendation, 2010, (No. 200) states: "*Persons with HIV-related illness should not be denied the possibility of continuing to carry out their work, with reasonable accommodation if necessary, for as long as they are medically fit to do so*."[32]

The Guidelines call for the development of new policies or the reinforcement of existing policies, if needed, to prevent discrimination against health workers with HIV or TB, and for the adoption of interventions to reduce stigma among health workers' colleagues and supervisors.

A.3. 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.

Regarding treatment, care and support, the HIV and AIDS Recommendation, 2010 (No. 200) provides that: *"Programmes of care and support should include measures of reasonable accommodation in the workplace for persons living with HIV or HIV-related illnesses, with due regard to national conditions".*[33]

The Recommendation further provides that: "*There should be no discrimination against workers or their dependents… in access to social security and occupational insurance schemes, including for health care and disability, and death and survivor benefits."* [34] Although laws generally exist on compensation for workers, most do not contain guidance regarding the compensation of health workers for work-related HIV or TB infections.

The 1998 ILO Technical and Ethical Guidelines for Workers Health Surveillance established the principle that the employer should provide compensation for costs incurred due to illnesses caused or aggravated by workplace exposures[35]. A functional workers' compensation system can serve as an incentive for health care employers to invest in the health of their workforce. The proper documentation of work-related incidents would also reduce under-reporting. Both HIV and tuberculosis are now part of the Occupational Safety and Health List of diseases[36].

The issue of determining whether an illness is or is not directly caused by occupational exposure remains a challenge. Nevertheless, the development and implementation of

comprehensive workers' compensation provisions would be a means to ensure that work-related diseases are addressed in a consistent and economical manner. To ensure effective implementation, it would be necessary to take steps to disseminate the provisions developed as widely as possible as well as to provide training for occupational health professionals so that they are aware of the a causal relationship between exposure and illness.

The Guidelines recommend providing a comprehensive compensation package for health workers addressing occupationally acquired HIV and/or TB that would include information on the following:

- Immediate post exposure prophylaxis;
- Treatment for disease, particularly in the initial period;
- Paid leave for sickness and absence due to the disease;
- Reasonable accommodation;
- Early retirement benefits connected to early resignation or medically-recommended work stoppage; and
- Death benefits to survivors.

B. WORKPLACE ACTIONS	
1.	Develop, strengthen or expand existing **occupational health services for the entire health workforce** so that access to HIV and TB prevention, treatment, care and support can be attained.
2.	Develop or **strengthe**n 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.
3.	Develop, implement and extend programmes for **regular, free, voluntary, and confidential HIV counselling and testing, and TB screening**, including addressing reproductive health issues, as well as intensified TB case finding in the families of health workers with TB.
4.	Identify, adapt and implement **good practices** in occupational health and the management of HIV and TB **in the workplace** in both public and private health care sectors, as well as other sectors.
5.	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.
6.	Provide **free HIV and TB tre**atment 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.
7.	In the context of preventing co-morbidity, **provide universal availability of a comprehensive package on prevention and care for all HIV-positive health workers**, including isoniazid preventive therapy and co-trimoxazole prophylaxis, with appropriate information on benefits and risks.
8.	Develop and implement **training programmes for all health workers that include**: pre-service, in-service and continuing education on TB and HIV **prevention, treatment, care and support**; workers' rights and stigma reduction, integrating these into existing training programmes and including managers and worker representatives.

WORKPLACE POLICIES

Workplace policies should take into consideration the key principles contained on prevention, treatment, care and support set out in the HIV and AIDS Recommendation, 2010 (No. 200). In addition, as contemplated in the Recommendation, such policies should be developed and implemented in consultation with management and worker representation. Workplace HIV policies should, among other things, ensure confidentiality of HIV status and reduce HIV-related stigma and discrimination.

B.1. Develop, strengthen or expand existing occupational health services for the entire health workforce so that access to HIV and TB prevention, treatment, care and support can be attained.

The Guidelines take account of the following:

i) guidelines developed by ILO, WHO and other international agencies regarding occupational health services
ii) occupational health and safety services are often not implemented for health workers
iii) a lack of occupational health professionals and health and safety committees
iv) the cost and benefit of occupational health services
v) the cost and benefit of health promotion at workplaces
vi) uptake of workplace HIV and TB services by health workers
vii) comprehensive occupational health programmes increase overall health system capacity
viii) the need for healthcare workplaces to prevent HIV and TB and support health workers

The Guidelines recommend that worksites develop, strengthen or expand existing occupational health services for the entire health workforce so that access to HIV and TB prevention, treatment, care and support services can be attained.

The ILO Occupational Health Services Convention, 1985 (No. 161) defines occupational health services as: *"Services entrusted with essentially preventive functions and responsible for advising the employer, the workers and their representatives in the undertaking on: (i) the requirements for establishing and maintaining a safe and healthy working environment which will facilitate optimal physical and mental health in relation to work & (ii) the adaptation of work to the capabilities of workers in the light of their state of physical and mental health*[37]*…"*

WORKPLACE PROGRAMMES

The HIV and AIDS Recommendation, 2010 (No. 200) states: "...*workers should benefit from programmes to prevent specific risks of occupational transmission of HIV and related transmissible diseases, such as tuberculosis."*[38] Primary prevention of occupational exposure to bloodborne pathogens and immunization of health workers against the hepatitis B virus and other vaccine-preventable diseases should be the first priority for workplace programmes.

B.2. 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.

WHO Policy on *TB Infection Control in Health-Care Facilities, Congregate Settings and Households*[39] indicates that implementing control measures reduces TB transmission in health-care facilities. These control measures include in order of priority:

- *Administrative controls* to ensure that people with TB symptoms are rapidly identified and, if infectious, separated into an appropriate environment and treated.
- *Environmental controls* depending on building design, construction, renovation and use, tailored to local climatic and socioeconomic conditions. Installation of ventilation systems is a priority, because ventilation reduces the number of infectious particles in the air. Natural ventilation, mixed-mode and mechanical ventilation systems can be used, supplemented with ultraviolet germicidal irradiation where adequate ventilation is difficult to achieve[40].
- *Personal protective equipment* (particulate respirators) should be used along with administrative and environmental controls where there is an increased risk of transmission.

The Guidelines recommend that health service workplaces 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.

B.3. 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.

The Guidelines encourage and make available voluntary counseling and testing for health workers wishing to know their HIV status. It is important to note that the family of health workers can potentially be exposed to both TB and HIV through the health worker. Therefore, the immediate family members of health workers should be included in access to diagnosis, counseling and support for HIV as well as case findings of TB.

The Guidelines recommend that, in conjunction with health workers' representatives, regular, free, voluntary and confidential counselling and testing of HIV, and TB screening be developed, including addressing reproductive health concerns and reproductive rights. In addition, there should be intensified case finding in the household immediate families members of health workers with TB.

B.4. 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.

There are substantial gaps in the implementation of current policies on health workers' entitlements, rights, and access to HIV and TB prevention, testing, treatment, care and

support due to lack of information or resources and unclear or absent allocation of responsibility.

The Guidelines recommend implementation of good practices in occupational health and management of HIV and TB for all health workers in all work settings.

B.5. 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.

The ILO/WHO post exposure prophylaxis (PEP) guidelines (2008)[41] note that, when providing post exposure prophylaxis for occupational exposure, it is necessary to include reproductive health and safe sex as part of the prophylaxis counselling for workers. There should be protocols organized for risk evaluation and PEP procedures. Moreover, there should be a trained focal person at each facility, assurance that post exposure prophylaxis will be available during and after normal working hours, strengthen the reporting mechanism by ensuring that all staff understand the importance and potential benefits of monitoring, and strict confidentiality should be guaranteed.

PEP is not without side effects. Those include nausea and vomiting, fatigue, influenza-like illness, rash, unpleasant taste in the mouth, headache, acid reflux, and urinary problems. Thus there must be education, training and follow-up to ensure that all workers are aware of the risks and benefits of the treatment. Universal availability of free and timely post-exposure prophylaxis should be provided to all health workers.

B.6. 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.

Studies show that offering free access to HIV treatment for health workers is cost effective for the public health system[42,43]. Timely initiation of anti-retroviral treatment for HIV-positive health workers could help reduce the health human resource shortage and increase service delivery. Free access includes: ensuring drug availability; provision and delivery in a convenient and timely manner; no user fees or co-payment mechanisms; and adequate human resources for delivery of anti-retroviral drugs. Moreover, staff clinics must ensure service provision in a non-stigmatizing, gender-sensitive and confidential setting[44].

It is recommended that free HIV and TB treatment for health workers in need be provided. The delivery of these services in a non-stigmatizing, gender-responsive, confidential, and convenient setting should be facilitated when there is no staff clinic, or when their own facility does not offer anti-retroviral therapy, or where health workers prefer to use services off-site.

B.7. 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 preventive therapy and co-trimoxazole prophylaxis, with appropriate information on benefits and risks.

Isoniazid preventive therapy prevents TB in HIV-infected people. To prevent co-morbidity, the Guidelines recommend making available universally a comprehensive package of prevention and care for all HIV positive health workers including isoniazid as preventive therapy and co-trimoxazole as prophylaxis, with appropriate information on the benefits and risks. The risk of side-effects and over-treating should be balanced with the benefits of decreased morbidity and mortality, on a case-by-case basis.

WORKPLACE TRAINING

The UNAIDS/OHCHR International Guidelines on HIV/AIDS and Human Rights states that "*Public health law should require the implementation of universal infection control precautions in health care and other settings involving exposure to blood and other bodily fluids. Persons working in these settings must be provided with the appropriate equipment and training to implement such precautions.* "[45]

B.8. Develop and implement training programmes for all health workers: pre-service, in-service and continuing education on TB and HIV prevention, treatment, care and support; workers' rights and stigma reduction, integrating these into existing training programmes and including managers and worker representatives.

The ILO/WHO joint guidelines on health services and HIV/AIDS, 2005 indicate that appropriate training is necessary for personnel at all levels of responsibility in order to increase understanding of HIV and TB as well to help reduce negative and discriminatory attitudes towards colleagues and patients living with these diseases. Education and training should be designed to meet the needs and situations of the different groups being educated or trained.

The training should provide health workers and managers with:

- information on the modes of transmission of HIV, TB, and other infectious diseases (both occupational and non-occupational), and the level of occupational risk, to reduce their fear of physical contact with infected patients;
- inter-personal skills to help health workers understand the impact of HIV, TB, the burden of stigma, and provide them with the tools to communicate with patients, colleagues and others in a respectful and non-discriminatory manner;
- techniques to manage stress and avoid burn-out, such as: provision of appropriate staffing levels; more opportunities for worker involvement; determining shift patterns; work rotation; promotion and personal development; early recognition of stress; development of communication skills for supervision; staff support groups; and time away from the workplace; and
- awareness of existing legislation and regulations that protect the rights of health workers and patients regardless of their HIV status.

The Guidelines recommend provision of pre-service, in-service and continuing education on TB and HIV prevention, treatment, care and support services.

C. BUDGET, MONITORING AND EVALUATION
1. Establish and provide **adequate financial resources** for prevention, treatment, care and support programmes to prevent both occupational or non-occupational transmission of HIV and TB among health workers.
2. **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.
3. 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.

BUDGETING

C.1. 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.

Allocation of resources for items such as safety engineered syringes and respirators to protect health workers.

The Guidelines recommend the establishment and provision of 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.

C.2. 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.

Implementation tools that transform the scientific evidence contained in the Guidelines into practical actions would be helpful to facilitate training and implementation. Appropriate budget allocation is necessary to provide training and operational support for the Guidelines. The Guidelines recommend dissemination of the policies related to these Guidelines in the form of codes of pracrtices and other accessible formats for application at health facilities level, and ensure provision of budgets for the training and material inputs to make them operational.

MONITORING AND EVALUATION

C.3. 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.

Oversight is needed to ensure that the Guidelines are implemented effectively. Global standards are needed for monitoring workplace and workforce health in health services settings. It is also necessary to encourage the involvement of trade unions, health professional associations, independent experts, public and private sector employers and regulatory bodies

such as labour inspectorates, in such oversight bodies. The active involvement of such partners is important for successful implementation of the Guidelines.

International consensus is needed to establish indicators for monitoring and evaluation specific to health workers. In addition, the confidentiality of data collection should be ensured. Data for monitoring should be collected and disaggregated by sex, age, occupation and staff level, so that the coverage for all groups can be monitored. It is necessary to build capacity to effectively monitor implementation. A Guidelines monitoring and evaluation task team should be established consisting of staff from ILO, UNAIDS and WHO.

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Summary of declaration of interests

All members of the guideline group, consultants, representative of partner agencies and other contributors, including participants at the international consultation meetings were asked to complete the WHO declaration of interest form.

Shahieda Adams (member of the Guideline Group) declared her involvement in research on latent TB infection among health care workers. Annalee Yassi acknowledged involvement in a grant application with a related topic to the Canadian Institutes of Health Research with no personal financial interest. Following consultations with the GRC Secretariat and WHO Legal team, both were cleared to participate.

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