

30th ICOH Conference Cancun, Mexico

*Occupational health for all:
From research to practice*

*Protecting health workers:
WHO, ILO and UNAIDS action and instruments*

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www.who.int/occupational_health/publications/hiv_tb_guidelines/en/index.html



Joint WHO-ILO-UNAIDS policy guidelines for improving health worker access to HIV and TB prevention, treatment, care and support

Global Framework for National Occupational Health Programmes for Health Workers

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www.who.int/occupational_health/publications/hiv_tb_guidelines/en/index.html



Outline

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2. Guiding Principles
3. Guideline Development Process
4. Recommendations
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 - Policies
 - Programmes
 - Training
 - C. Budgets, and Monitoring and Evaluation
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6. Implementation



1. Background: Crisis in HHR

- World-wide shortage of healthcare (HCWs) globally (WHR 2006).
- 57 countries have a critical shortage of health human resources of which 36 of these are in Africa



Without increased access to treatment, an estimated 74 million workers will be lost to the workforce due to HIV/AIDS by 2015

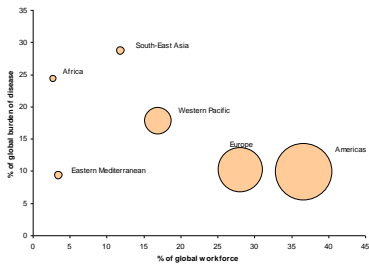


Discussion

Discussion

Sub-Saharan Africa:
 11% of the world's population, 25% of the global burden of disease, 3% of the world's health workers, <1% of global health expenditure

Distribution of health workers by level of health and burden of disease, WHO regions



Global burden of disease from sharps injuries to health workers, 2002

- 3 million exposure incidents/year

In Healthcare workers:

- 37% of Hepatitis B
- 39% of Hepatitis C
- 4.4% of HIV



Are due to needlestick injuries

Discussion

Discussion

WHO Global Plan of Action Workers' Health 2008-2017

- Devise national **policy** instruments on workers' health
 - > **Specific programs for the occupational health and safety of HWs**
 - > **Immunization of HWs against HBV**
 - Protect and promote health** at the workplace
 - Improve the performance of and **access** to occupational health services
 - Provide and communicate evidence for **preventive action**
 - Incorporate workers' health into **other policies**
- **Focus on primary prevention;**
 - **25% of the Global Burden of Disease**
 - **due to occupational and environmental risk factors**
 - **Partnerships;**
 - ILO, WHPA, Unions, Employers
 - Network of 70 Collaborating Centres on Occupational Health



www.who.int/gb/ebwha/pdf_files/WHA60/A60_R26-en.pdf



Background: Need for Guidelines



- WHO, ILO and IOM, note that, **"although health workers are at the frontline of national HIV/AIDS programmes, they often do not have adequate access to HIV/AIDS services themselves"**.
- In 2006 the WHO, in collaboration with the ILO IOM, launched **"Treat, Train, and Retain"**, to address the impact of HIV on the health workforce.
- European Directive: "Health and safety of workers is paramount and is closely linked to the health of patients. This underpins the quality of care"
- Implementation GAP -

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Selected countries



5 reported here:-

Ethiopia
Kenya
Malawi
Mozambique
Zimbabwe

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Dissemination & implementation of national policy: HIV discrimination

National workplace policy on HIV/AIDS	5/5 countries	100%
↓		↓
In health care settings	3/5 countries	60%
↓		↓
Any written policy / guideline at facility	18/50 facilities	36%
↓		↓
Responsible staff/committee in facility	23/50 facilities	46%
↓		↓
Aware of any laws or gov policies that protect HIV+ve workers from discrimination?	334/910 HWs	37%

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PEP

Training subject		Routine	Best	P-value
Training on injection safety at this facility?	Adequate	34%	36%	0.50
	Inadequate	28%	29%	
	Not available	39%	35%	
Training on PEP at this facility?	Adequate	20%	24%	0.09
	Inadequate	32%	35%	
	Not available	48%	41%	
Any training on these topics in the last 12 months?	Yes	26%	28%	0.49
	No	74%	72%	
Would you say PEP is very, somewhat, or not effective in preventing HIV following a needlestick?	Very effective	28%	32%	0.31
	Somewhat	21%	19%	
	Not effective	3%	4%	
At this facility, is it possible to start PEP without having an HIV test?	Yes	15%	12%	0.43
	No	45%	47%	
	Don't know	40%	41%	
Is PEP available for health workers at this facility? (In stock in 50% routine & 85% best practices for facilities with a stock)	Yes: here	47%	63%	< 0.001
	Yes: elsewhere	5%	0.5%	
	No	10%	2%	

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TB infection control & prevention of TB in HIV-positive health workers

- High knowledge but poor implementation of TB infect control
 - Outpatient triage for cough 28% facilities
 - Cloths to cover mouth (coughing) 10% facilities
 - Collect sputum outdoors 18% facilities
 - Separate ward for TB inpatients 46% facilities with wards
- Poor policy & implementation of steps to prevent TB in HIV+HWs
 - Mainly reliance on change of duties & early detection
 - Lack of awareness of ART and isoniazid preventive therapy
 - 60% HWs agreed that ART could help prevent TB
 - 39% HWs agreed that isoniazid could help prevent TB
- Main problems at policy & facility level
 - Implementation / allocation of responsibilities / monitoring & evaluation

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Objectives

- The guidelines complement and synthesize other WHO and ILO guidelines
- The primary purpose:

compile existing clinical and policy guidelines, and new evidence, into a coherent set of interdependent recommendations to improve access for health workers to HIV and TB services

ILO/WHO Joint Global Framework for National Occupational Health Programmes for Health Work

Biological Hazards

- ILO/WHO to develop joint guidelines on health services and HIV/AIDS, 2005
- Joint WHO/ILO guidelines on post-exposure prophylaxis (PEP) to prevent HIV infection, 2008
- Recommendation 209: Concerning HIV and AIDS and the World of Work, 2010
- Policy guidelines on improving health workers' access to prevention & care services for HIV & TB (New)

Health WISE+ Modules
Include stigma & discrimination

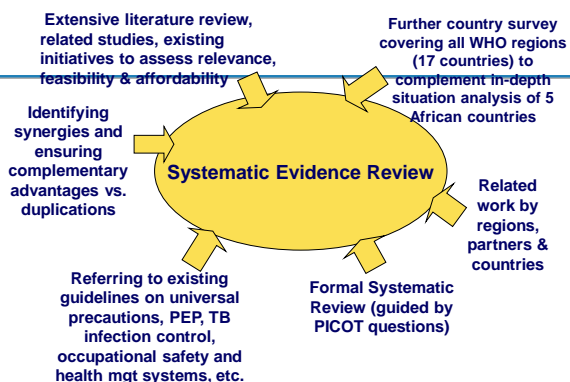
2. Guiding principles

- These evidence-informed guidelines are framed based on:
 - respect for **human rights** including **workers rights**;
 - **gender equity** and adopting gender-sensitive policies and programmes;
 - involvement of **people living with HIV and TB**;
 - involvement of **health workers and their representatives** as well as **health care employers**;
 - hierarchy of controls and the primacy of **prevention**; and
 - promoting **effectiveness and efficiency through transcending traditional boundaries**.

3. Guideline Development Process

- Initial work in preparing draft recommendations, with assistance and preliminary approval from the WHO Guideline Review Committee
 - Multi-component systematic evidence review
 - Two large consultation meetings—in July and September 2009 – supplemented by telephone and email interactions with multiple stakeholders and experts.
 - Tripartite working party meeting in July 2010 to validate guidelines
- Acknowledgement and THANKS to Annalee Yassi, Lyndsay Dybka and team at UBC*
- WHO CCs in OH and OH specialists from Canada, Croatia, Colombia, Egypt, Peru, South Africa, Thailand, and the USA were involved in the development of the guidelines, as well as WHO occupational health staff from regional offices in Southeast Asia and the Americas. In addition, the social partners of the International Organization of Employers and Public Services International, the public sector trade union representing HCWs globally, the World Medical Association, the International Council of Nurses and the International Hospital Federation participated in the tripartite working party to validate the guidelines.

Systematic Evidence Review



4. The Recommendations

- 14 recommendations have been grouped into:
- National Policies**, which include rights, legislation and social protection (3 recommendations),
 - Worksite Initiatives**, including Policies, Programmes and Training (8 recommendations), and
 - Budget as well as Monitoring and Evaluation** which involve coordinated efforts at both the national and workplace levels (3 recommendations).

A. National Policies

Thus it is recommended that **new national policies be developed or existing ones be refined as needed, to ensure priority access for health workers and their families to services for the prevention, treatment, care and support for HIV and TB**

- If occupational health services provide the recommended primary, secondary and tertiary prevention of blood-borne and airborne diseases, the inclusion of HIV and TB prevention, treatment, care and support, should not cause financial burden.

(WHO technical guidelines recommendation #1)

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National Policies continued

- Consistent with ILO codes and guidelines:

*"in light of the nature of the epidemic employee assistance programmes may need to be established or extended appropriately to include a range of services for **workers as members of families, and to support their family members.** This should be done in consultation with workers and their representatives, and can be done in collaboration with government and other relevant stakeholders in accordance with resources and needs"*

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National Policies cont'd

- It is recommended that **policies that prevent discrimination against health workers with HIV or TB, and adopt interventions aimed at stigma reduction among colleagues and supervisors.**

- Consistent with ILO codes and guidelines:

"stigma and discrimination by health-care workers towards other health-care workers, towards 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 ...". "Real or perceived HIV status should not be a cause for termination of employment. Temporary absence from work because of illness or care giving duties related to HIV or AIDS should be treated in the same way as absences for other health reasons...When existing measures against discrimination in the workplace are inadequate for effective protection against discrimination in relation to HIV and AIDS put new ones in place, and provide for their effective and transparent implementation"

(WHO technical guidelines recommendation #2)

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National Policies cont'd

- 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.

- *Most policies lack specific reference and guidance for compensation of health workers with HIV sero-conversion/AIDS and/or TB infection from health care settings.*
- *Lack of wide dissemination: HCWs generally not aware of their rights; thus associated costs are directly borne by (externalized to) health systems rather than to the workplace where their inclusion would contribute to a more balanced consideration of benefits of prevention.*

WHO-ILO-UNAIDS technical guidelines recommendation #3)



National Policies cont'd

It is recommended that the following are components of compensation package of an occupationally acquired HIV and/or TB:

- Immediate post exposure prophylaxis;
- Treatment for disease, specifically in the initial period;
- Paid leave for periods of 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 who have lost a breadwinner

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Consistent with ILO codes and guidelines:

- There should be no discrimination against workers or their dependants ..in access to social security systems and occupational insurance schemes, or in relation to **benefits under such schemes, including for health care and disability, and death and survivors' benefits.**
- *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. ...*

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B. Workplace Actions

- Policies
 - It is recommended that **worksites develop or strengthen existing occupational health services for the entire health workforce so that access to HIV and TB prevention, treatment, care and support can be realized**
- These various guidelines build on the ILO Convention defining 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**; and (ii) the adaptation of work to the capabilities of workers in the light of their state of physical and mental health...”

(workplace recommendation #1)



Workplace Actions cont'd

- Policies
 - It is essential that **workplaces strengthen existing infection prevention & 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.**



(Workplace recommendation #2)



WHO policy on TB infection control in health-care facilities, congregate settings and households, 2009

Section 2.21: Implementation of some controls will require less investment in human resources than others. However, in general, **lack of a workforce competent in TB infection control is one of the major barriers** to developing and implementing sound policy and practice. Coordinated planning by representatives from programmes in TB, HIV, correctional services, **general infection prevention and control and occupational health is required** to identify gaps and develop a national human resource plan that will increase capacity within the health system.

http://whqlibdoc.who.int/publications/2009/9789241598323_eng.pdf

WHO. Core components for infection prevention and control programmes, 2008.
www.who.int/csr/resources/publications/WHO_HSE_EPR_2009_1/en/index.html

IPC programmes are closely related to many activities of occupational health programmes and must work in coordination

Workplace Actions continued

- Consistent with ILO codes and guidelines:
 - “workers, their families and their dependants 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**”

Workplace Actions cont'd

- Programmes
 - It is recommended that, **in conjunction with health workers’ representatives, regular, free, voluntary, and confidential HIV counselling and testing and TB screening be developed and implemented including addressing sexual and reproductive health issues, as well as intensified case finding in the families of health workers with TB.**

(WHO-ILO workplace action #3)



Workplace Actions cont'd

- 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.

(Workplace Actions # 4)



Workplace Actions cont'd

- Universal availability of **free and timely post-exposure prophylaxis (PEP)** be provided to all health care providers, for both occupational and non-occupational exposures, with information on the benefits and risks provided to all staff.

331 (Workplace recommendation #5) 

Workplace Actions cont'd

- **Provide free HIV and TB treatment for health workers** in need must be provided, facilitating the delivery of these services in a **non-stigmatizing, gender-sensitive, confidential, and convenient setting.**

321 (Workplace recommendation #6) 

Workplace Actions cont'd

- **In the context of preventing co-morbidity, universal availability of a comprehensive package of prevention and care for all HIV positive health workers must include isoniazid prophylaxis (IPT) and co-trimoxazole (CTX) prophylaxis, with appropriate information on the benefits and risks.**
 - See *WHO Guidelines for intensified tuberculosis case-finding and isoniazid preventive therapy for people living with HIV in resource constrained settings.*
http://whqlibdoc.who.int/publications/2011/9789241500708_eng.pdf

331 (Workplace recommendation #7) 

Workplace Actions cont'd

- Training
 - 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.

341 (Workplace actions recommendation #8) 

Workplace Actions continued

- Consistent with ILO codes and guidelines:

“appropriate training is necessary of personnel at all levels of responsibility in order to increase understanding of HIV and to help reduce negative and discriminatory attitudes towards colleagues and patients living with the disease.”

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Workplace Actions cont'd

- Training (content from 2005 ILO/WHO guidelines for health services and HIV/AIDS)
 - **Information on modes of transmission** (HIV, TB, and others - both occupational and non-occupational), and level of occupational risk, to address fear of contact with patients;
 - **Inter-personal skills** to help HCWs understand stigma, and provide tools to communicate with patients, colleagues and others in a respectful and non-discriminatory manner;
 - **Techniques to manage stress and avoid burnout**, including staffing; opportunities for front-line worker involvement; promotion and personal development; early recognition of stress; communication skills for supervision; support groups; and
 - **Awareness of existing legislation and regulations** that protect rights of HCWs and patients regardless of their HIV status

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C. Budget, Monitoring and Evaluation

- 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.
 - **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 materials inputs to make them operational.
- Allocation of resources for items such as safety engineered syringes and respirators should be strongly considered for higher risk settings; and resources also allocated for sexual and reproductive health components of programmes for health workers (e.g. including providing free condoms).

(B,M,E recommendations #1 and 2)



C. Budget, Monitoring and Evaluation cont'd

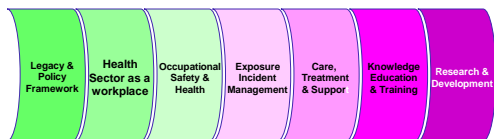
- Develop and implement mechanism for **monitoring** the availability of the guidelines at the national level, as well as the dissemination of these policies and their application in the healthcare setting.

(BME recommendation #3)



Joint WHO/ILO Guidelines (2) on health services and HIV/AIDS (2005) and PEP (2008)

- The 2005 ILO/WHO Guidelines on Health Services and HIV/AIDS has 7 comprehensive sections:



- A joint WHO/ILO normative work.
- Supporting advocacy and mobilisation.
- Based on best available evidence.
- Providing clear policy and operational guidance.
- Meant to support technical implementation and adaptation in countries.
- Supporting monitoring and evaluation with basic indicators.

Implementation:

- Launched Global South-South Development Expo in Geneva, Switzerland on 25 November 2010
- 2nd Global Forum on Human Resources for Health workshop on Positive Practice Environments 25 Jan 2011
- 2012 WHO Network of Collaborating Centres in Occupational Health
- ICOH 2012



ILO/WHO Joint Global Framework for National Occupational Health Programmes for Health Workers

- Green Hospitals / Jobs
- Biological Hazards
- Chemical Hazards
- Musculoskeletal Hazards
- Psychosocial Hazards
- Physical Hazards

Health WISE+
continuous improvement of working conditions
Pilot focusing on maternal services & MDG5

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Global Framework for National Occupational Health Programmes for Health Workers

- **Purpose:** To strengthen health systems and the design of healthcare settings with the goal of improving health worker health and safety; patient safety and quality of patient care; and ultimately support a healthy and sustainable community with links to greening health sector and green jobs initiatives.
 - The Ministry of Health will need to consult and work together with other relevant Ministries on the development of the National Occupational Health Programme for Health Workers such as the Ministry of Labour, Social Security, and/or other organization(s) responsible for the protection and promotion of health worker health and safety in the private as well as public sector.
 - *Directed by the WHO *Global Plan of Action (GPA) on Workers' Health* (2008-2017) and consistent with the ILO Convention 187 Promotional Framework for Occupational Safety and Health Convention, 2006.

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1. Identify a responsible person with authority for occupational health at both the national and workplace levels.
2. Develop a written policy on safety, health and working conditions for health workforce protection at the national and workplace levels.
3. Establish and provide access to **Occupational Health Services** and *allocate sufficient resources/budget* to the program, *occupational health professional services*, and the procurement of the *necessary personal protection equipment and supplies*.

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4. Create joint labour-management *health and safety committees*, with appropriate worker and management representation.
5. Provide ongoing (or periodic) **education and training** that is appropriate to all parties, including occupational health practitioners, senior executives, front-line managers, health and safety committees, front-line workers, and the general public.
6. Identify *hazards and hazardous working conditions* to *prevent and control* them and manage risks by applying the occupational hygiene *hierarchy of controls*, which prioritizes elimination or control at the source.

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7. Provide pre-service and ongoing immunization against **hepatitis B** and other vaccine preventable diseases and ensure all three doses of the hepatitis B immunization have been received by all workers at risk of blood exposure (*including cleaners and waste handlers*).
8. Promote exposure and incident reporting, eliminating barriers to reporting and providing a *blame-free* environment.
9. Promote health worker access to diagnosis, treatment, care and support for HIV, TB and hepatitis B and C viruses.

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10. Utilize appropriate information systems, to assist in the collection, tracking, analyzing, reporting and acting upon data to promote health and safety of the health-care workplace and health workforce
11. Ensure that health workers are provided with entitlement for *compensation for work-related disability* in accordance with national laws.
12. Promote research on issues of concern to health workers, particularly with respect to combined exposures and applied intervention effectiveness research.
13. Promote and implement **Greening health sector** initiatives.

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Implementation: Partnerships

- Assemble and engage the participation at the national and local level:
 - Minister of Health: Occupational health, infection prevention & control, TB, HIV, Human resources
 - Labour Minister: occupational health and safety, HIV/AIDS, Social Security and Labour health providers
 - Social partners: employers and trade unions
 - Occupational health collaborating centres and University based training programmes

Using the guidance note:

- Assess current policy, implementation and gaps and determine policy needs with consideration for:
 - pre-prof programme immunization, pre-clinical assessment,
 - occupational health services at institutional level,
 - PEP and follow-up for exposure, surveillance,
 - Workers compensation, stigma and discrimination

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The Way Forward: Protecting health workers = health systems strengthening !

- 2010 Joint WHO/LO Policy Guidelines on Improving Health Worker Access to Prevention, Treatment and Care Services for HIV and TB: Focus on IMPLEMENTATION
- Integration of health worker protection into injection safety, human resources, health systems strengthening, health care waste management, IPC, patient safety, HIV, TB, Influenza, Hepatitis (SIGN Plus), etc
 - PEPFAR
 - GHWA: Positive practice environments (PPE)
 - International Commission on Occupational Health
 - Public Services International

**Thank You
for Caring for those who care !**

Susan Wilburn

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**HEALTHY HOSPITALS –
HEALTHY PLANET**

How the health sector can reduce
its climate footprint

