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1. Background: Crisis in HHR

- World-wide shortage of healthcare human resources (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.

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 needle stick injuries
1. Devise national policy instruments on workers’ health
   - Specific programs for the occupational health and safety of HWs
   - Immunization of HWs against HBV
2. Protect and promote health at the workplace
3. Improve the performance of and access to occupational health services
4. Provide and communicate evidence for preventive action
5. 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, WHA, Unions, Employers
     - Network of 70 Collaborating Centres on Occupational Health

WHO Global Plan of Action Workers’ Health 2008-2017

- 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 - 

Selected countries

Ethiopia
Kenya
Malawi
Mozambique
Zimbabwe

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?

PEP

<table>
<thead>
<tr>
<th>Training subject</th>
<th>Routine</th>
<th>Best</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training on injection safety at this facility?</td>
<td>Adequate</td>
<td>34%</td>
<td>16%</td>
</tr>
<tr>
<td>Training on PEP at this facility?</td>
<td>Adequate</td>
<td>20%</td>
<td>24%</td>
</tr>
<tr>
<td>Any training on these topics in the last 12 months?</td>
<td>Depends</td>
<td>26%</td>
<td>28%</td>
</tr>
<tr>
<td>Would you say PEP is very, somewhat, or not effective in preventing HIV following a needlestick?</td>
<td>Very effective</td>
<td>28%</td>
<td>32%</td>
</tr>
<tr>
<td>At this facility, is it possible to start PEP without having an HIV test?</td>
<td>Yes</td>
<td>15%</td>
<td>12%</td>
</tr>
<tr>
<td>Is PEP available for health workers at this facility?</td>
<td>Yes: here</td>
<td>47%</td>
<td>63%</td>
</tr>
</tbody>
</table>

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
  - Main reliance on change of duties & early detection
    - 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
WHO Occupational Health

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

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 priority 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 Annabee 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, Western Pacific, and the Americas. 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.

4. The Recommendations

14 recommendations have been grouped into:

A. National Policies, which include rights, legislation and social protection (3 recommendations).
B. Worksite Initiatives, including Policies, Programmes and Training (8 recommendations), and
C. 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)

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.”

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”

(Handout Technical guidelines recommendation #2)

Consistent with ILO codes and guidelines:

- 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 seroconversion/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 (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

National Policies cont’d

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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. …
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)

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.


WHO. Core components for infection prevention and control programmes, 2008.

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

(workplace recommendation #2)

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 recommendation #3)

- 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 recommendation #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.

(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.

(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.

(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.

(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.”

(Workplace actions recommendation #9)

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
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.

(BME 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)


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

  - Legacy & Policy Framework
  - Health Sector as a workplace
  - Occupational Safety & Health
  - Exposure Prevention & Management
  - Care, Treatment & Support
  - Knowledge, Education & Training
  - Research & Development

Implementation:

- Launched Global South-South Development Expo in Geneva, Switzerland on 25 November 2010
- 2012 WHO Network of Collaborating Centres in Occupational Health
- ICOH 2012

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

- Continuous improvement of working conditions
- Pilot focusing on maternal services & MDGs

Healthwise+
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.

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.

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.

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.

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.

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

- 2010 Joint WHO/ILO 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
wilburns@who.int