HIV&AIDS, STI and TB Workplace Response
Public Sector Workplace HIV&AIDS STI Response

Presentation to Durban HIV&AIDS Conference
iNkosi Albert Luthuli International Convention Centre
9th June 2015

Leading the Public Service to Higher Productivity
Presentation Outline

• Introduction (The epidemic and interaction with social and economic activity)

• Departmental Work Place HIV&AIDS and TB Responses Policy work (Achievements, Challenges and Recommendations)

• Coordination M&E

• Concluding Remarks
HIV Prevalence by Age and Sex, SA 2012

Source: HSRC Population Survey 2012

Figure 1: HIV prevalence by age and sex, South Africa, 2012

Leading the Public Service to Higher Productivity
District Level Data: ANC HIV & Syphilis Sentinel survey 2011, NDOH
District Level Data: ANC HIV & Syphilis Sentinel survey 2011, NDOH

MP 2008

Ehlanzeni 34.9%
Nkangala 31.8%
Gert Sibande 40.5%

Key
HIV Prevalence
30-40%
>40%

MP 2009

Ehlanzeni 33.8%
Nkangala 32.6%
Gert Sibande 38.2%

Key
HIV Prevalence
30-40%

MP 2010

Ehlanzeni 37.7%
Nkangala 27.2%
Gert Sibande 38.8%

Key
HIV Prevalence
30-40%
20-30%

MP 2011

Ehlanzeni 35.8%
Nkangala 29.6%
Gert Sibande 46.1%

Key
HIV Prevalence
20-30%
30-40%
>40%
VISION FOR NSP 2012-2016
Zero New HIV, STI & TB Infections
Zero Death associated with HIV &TB
Zero Discrimination

Bio-Medical

Reduce S+D, Strengthen Community Systems; Alleviate Poverty, Food Security
School ; Post School and Vocational Opportunities
Address Gender Norms and GBV; Mitigate Impact on OVCs, Children, Youth
Mainstreaming, HIV&AIDS Social, Economic and Behavioral Drivers

Communication Strategy and Focus on Key Populations, Innovative HIV, STI and TB Prevention Strategies Treatment for Prevention
PMTCT >1%@ 6wks PMTCT>5% @18 mos by 2016 Prevent TB Infections and Disease
Access to SRH Services; SRH for Youth; TB Education Services for Schools and Out of Schools
Annual HCT Testing, TB Screening, RX, Care Support

Structured, Behavioral

Rx Adherence and Optimal Health Outcomes
Universal Access to Rx Care Support for HIV, TB, STIs
Reduce HIV&AIDS and TB related Disability and Death
Reduce Unfair Discrimination in Health Care Service Access
Reduce Workplace HIV &TB Discrimination
Protect Human Rights Prevent Human Right Violation
Identify and Remove Punitive/ Restrictive laws

SOCIAL STRUCTURAL APPROACHES TO HIV PREVENTION, CARE AND IMPACT
PREVENTION OF HIV AND TB INFECTIONS
SUSTAINED HEALTH AND WELLNESS
PROTECTION OF HUMAN RIGHTS AND PROMOTION OF ACCESS TO JUSTICE

KEY STRATEGIC ENABLERS FOR HIGH PERFORMANCE IN THE PUBLIC SERVICE

CORE PRINCIPLES INFORMING IMPLEMENTATION NSP 2012-2016

LEGISLATIVE FRAMEWORK AS A FOUNDATION INTERNATIONAL COMMITMENTS AND OBLIGATIONS
Dimensions of Gender Sensitive, Rights Based HIV and AIDS Mainstreaming

(NSP 2012-2016: “DPSA To guide Government Departments”: Guidelines approved by G&A Cluster December 2011 and launched by MPSA September 2012)

Internal Scope:
• Within the world of work
• For the benefit of employees and their dependants

Through Workplace Policies and Programmes
In applying the:
Laws, Regulations and Policies and International Guidelines

e.g. ILO Recommendations concerning HIV and AIDS and the World of Work, 2010

HIV and AIDS and TB Management Policy for the Public Service, 2009 as amended

External Scope: Through the Public Service departments daily work and application of comparative advantages, for the benefit of the clients and stakeholders, by systematically analyzing the following questions:

1. How HIV may affect their core business
2. How their core business may indirectly impact the HIV epidemics.
3. How to respond effectively within their comparative advantage.

Translate Internal and External Response into annual Operational plans

* Comparative Advantage: The specified area of work that distinguishes one department to the other.
Workplace Response Facilitated by Government through evolving Policy Framework

- SA Legislative Framework:
  - ILOs Recommendation 200 of 2010 > DOL Technical Assistance Guidelines 2011/12
  - Pre-existing Code on Management of HIV&AIDS, EEA, LRA, BCEA, Constitution

- SADC Projects on Mainstreaming HIV&AIDS into Work Environment
  - Guidelines on Gender Sensitive Rights Based HIV&AIDS Mainstreaming in the Public Sector (DPSA)
  - Guidelines on Mainstreaming HIV&AIDS into Construction Projects (DPSA, DOH and DEA)

- ILO, UNAIDS, WHO Guidelines on Management of HIV&AIDS in Health Workers
  - Process of Development of HIV&AIDS among Health Care Workers
More Government employees are on Treatment

### Monthly growth in GEMS HIV Disease management programme (HIV DMP)

<table>
<thead>
<tr>
<th>Summary all options 2012</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>April</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total DMP members</td>
<td>72,813</td>
<td>74,726</td>
<td>76,564</td>
<td>78,097</td>
<td>79,938</td>
<td>81,518</td>
<td>83,518</td>
<td>84,985</td>
<td>86,534</td>
<td>88,359</td>
<td>89,850</td>
<td>90,791</td>
</tr>
<tr>
<td>HIV DM monthly growth</td>
<td>1,72%</td>
<td>2,63%</td>
<td>2,46%</td>
<td>2,00%</td>
<td>2,36%</td>
<td>1,98%</td>
<td>2,13%</td>
<td>2,08%</td>
<td>1,82%</td>
<td>2,11%</td>
<td>1,69%</td>
<td>1,05%</td>
</tr>
</tbody>
</table>

### Summary all options 2011

<table>
<thead>
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<th>Jan</th>
<th>Feb</th>
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<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
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<tbody>
<tr>
<td>Total DMP members</td>
<td>92,361</td>
<td>93,325</td>
<td>95,044</td>
<td>97,037</td>
<td>98,488</td>
<td>98,473</td>
<td>99,735</td>
<td>100,936</td>
<td>101,908</td>
<td></td>
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</tr>
<tr>
<td>HIV DM monthly growth</td>
<td>1,07%</td>
<td>2,02%</td>
<td>2,18%</td>
<td>2,39%</td>
<td>2,21%</td>
<td>2,21%</td>
<td>1,91%</td>
<td>1,84%</td>
<td>1,59%</td>
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</tbody>
</table>
Increase in proportion of GEMS members on ART and Pre-ART in year 2 of NSP implementation

Leading the Public Service to Higher Productivity
Proportion of those on Rx with controlled Viral Load over time of treatment
Management Systems

- **Systems Monitoring Tool:** SMT
- **Capacity Development:**
  - NSG, World Bank
- **Implementation Tools:**
  - Generic Implementation Plans
  - Operational Plans
  - M&E Plans
- **Governance Structures**
  - Research and M&E Committees
  - MPAT
  - Revision of Standard Charter of Accounts (HIV&AIDS specific expenditure to be reported Surveys, Quantity Service Delivery Surveys>NASA)
  - Bipartite relationship with Trade Unions in Public Service (PS Summit; Labour Relations Forum, HIV&AIDS Committee)
• **Treatment Coverage is 100%**
• Currently have **>5000 patients** on ARVs
  ▫ Almost all patients on ARVs have access to CD4 and viral load testing. **>90% are virally suppressed**
  ▫ **6th KAP Survey currently underway** to yield results and trends i.t.o stigma and discrimination (results will be available later this year)

• **DOD Court Cases related to HIV**
  ▫ **Deployment of Military to Operations:**
    • *Judicial Order:* to change the Military classification of deployment criteria (Fitness for work Guideline to include HIV positive soldiers)
    • *Scientific basis:* Still need to be determined beyond the Court Order

• **Sustainability beyond the US Funded Phedisa and Research Capability**
  Based on the experience of the Policies implemented.
TB Response

- **TB Treatment success rate** among new smear positive TB patients has improved during the 2014/15 financial year.

- Mine workers, Health Workers, Correctional Service Workers and are vulnerable to TB

- Ongoing Mine TB Screening Monitoring:
  - 88% of mines are routinely screening miners.

- POLMED and SAPS Screening of all Police Stations started in Free State. Other sectors to follow.

- HIV&AIDS and TB Management Policy for Health Workers (Private and Public)
Doctors turn patient after contracting MDR- & XDR-TB

Pretoria News, March edition, Laura Lopez Gonzalez

SABC 3’s Special Assignment tonight (23/03/’10), Kerry Cullinan and Sasha Wales Smith
**Umehluko** is an online claims case management system that CF has been Piloting. **Umehluko** means “change or the difference”.

It also caters for **electronic submission of medical reports and medical invoices** with the aid of switching houses.

**Simple.**

**Fast.**

**Efficient.**

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Leading the Public Service to Higher Productivity

What’s new?

Employer

Employer submit accident reports electronically

How?
By capturing the accident details online - Umehluko System

Doctors

Submit medical reports for COID patients

How?
By capturing directly on Umehluko system
Employer/Representative registers an accident notification on Umehluko

A confirmed accident notification generates a claim number in “real time” from the Compensation Fund – 24/7

The employer can then follow up progress of a claim and view any outstanding requirements

Simple, Fast, Efficient..
Mainstreaming of HIV&AIDS into Environmental Impact Assessments (EIAs)

- Environmental Affairs officials, EA Professionals and Civil Society trained on this important intervention
- DBSA Guidelines amended to factor HIV&AIDS into EIAs of major capital projects
- Continent Guidelines “Integrating HIV&AIDS Gender Related Issues into Environmental assessments” launched by AU and AfDB in September 2013. Second meeting in SA on the 8th June 2015
- South Africa will develop its own guidelines and assess its laws using the Barometer for HIV&AIDS response through our Constitution and related Environmental Laws.
About Major Capital / Construction Projects

- Domination of "mega" projects on the development agenda in ESA region
- Involvement of migrant labour

Some characteristics:
- Average age 25-39, mostly men
- Spends more than 6 months away at a time e.g miners, construction workers
- Close links with sex workers
- Live in hostels with poor services
- Mining and construction sectors highly affected by the epidemic with HIV prevalence usually higher than national average.
Mainstreaming HIV&AIDS into EIA of National Infrastructure Development Plan

**REGIONAL:**
- Construction of the North-South Road and Rail Corridor

**NATIONAL:**
- Expansion of rail transport, connecting coal fields to power stations
- Expansion of the Iron Ore Export channel
- Improvements to the Durban-Gauteng Rail corridor
- Infrastructure for mining and mineral beneficiation
- Water, roads, rail and electricity infrastructure road upgrade

**LIMPOPO:**
- Develop and integrate rail, road and water infrastructure, New Power station. Medical School.

**Durban-Free State-Gauteng**
- Logistics and industrial corridor
- Improvements to the Durban-Gauteng Rail corridor

**E.Cape:**
- New South Eastern Node
- A new Dam on the Umzimvubu River
- Mthatha Revitalisation Project

**Expansion of the Iron-Ore Rail Line between**
- Sishen in NORTHERN CAPE and Saldanha Bay in the WESTERN CAPE
- Cavnval: SKA Project (N Cape)

**A new University**

**A new University**

**A new University**
Concluding Remarks

• Existing and Evolving HIV&AIDS and TB Policy Framework
  ▫ Health and Productivity Management need to be considered in epidemic transition period on our way to elimination.

• Implementation is enhanced by partnerships with Medical Aid Schemes, Health risk assessment Companies
  ▫ GEMS, POL MED, Muni-Med, Alexandra Forbes etc.

• Occupational Response to HIV&AIDS and TB is a challenge in work place and in Mining, Correctional, SAPS and Uniformed, Health sectors in particular.
  ▫ Construction Industry is fats evolving and requires EIA and Conventional OHS resources and Interventions.

• National policies and International Guidelines and protocols exist and challenge to implement

• Need for Private sector and Public Sector Benchmarking and Capacity for Health and Productivity management.