



REPUBLIC OF GHANA
MINISTRY OF HEALTH

WORKPLACE **HIV AND TB POLICY FOR THE HEALTH SECTOR**

October, 2020



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(REVISED EDITION)



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FOREWORD

The Ministry of Health is mandated to improve the health status of the people of Ghana. Guided by this mandate, the Ministry of Health has reviewed the National Health Policy (NHP, 2020) to respond to the current triple transitional phenomenon (epidemiological, economic and demographic) and to also create a seamless platform for multi-sectoral collaboration to address the key determinants of health. The Ministry has also strengthened its resolve to achieve Universal Health Coverage (UHC) for Ghana by developing a Universal Health Coverage Roadmap for Ghana (2020 – 2030). This UHC Roadmap is intended to guide the Ministry towards the attainment of UHC for the people of Ghana by 2030. The Ministry of Health has also reviewed and made operational its Medium-Term Development Plan (2018 – 2022) which is geared towards the realization of a national vision of achieving a healthy population for national development.

The HIV and TB pandemic continues to spread rapidly in Sub-Saharan Africa, Ghana being no exception. According to UNAIDS, globally in 2018 there was an estimated 38 million persons living with HIV and AIDS, with 1.7 million new infections with 770,000 AIDS related deaths. Globally In 2018, of all people living with HIV, 79% knew their status, 62% were accessing treatment and 53% were virally suppressed (UNAIDS fact sheet – Global AIDS update 2019). On the other hand the WHO report of 2019, estimated that 10 million people are infected with TB worldwide. With an estimated 1.2 million TB deaths among HIV- negative people in 2018 and an additional 251,000 deaths among HIV positive people.

Ghana's HIV epidemic is generalized, with high prevalence among key populations. In 2018, the estimated adult national HIV prevalence was 1.69% (C.I:1.41% – 2.00%), with the number of people living with HIV and AIDS estimated at 334,713 and increasing to 342,307 in 2019 (2019 HIV and AIDS Estimates and Projections Report). There were 19,931 new infections (83.4% adults, 16.6% children) and 14,181 AIDS deaths. Annual AIDS death amongst children 0-14 years is estimated to be 2,769. The WHO 2019 Global TB Report, estimates the TB incidence and mortality in Ghana in 2018 at 148/100,000 population (representing 44,000 new cases per year) and 52/100,000 population (representing 15,200 deaths) respectively. Of the total estimated incidence cases (44,000), the country was able to detect and notify 33% (14,597) cases, which implies about 67% (29,403) cases remained undiagnosed or not

notified. The number of children diagnosed were 820 (5.5%). A total of 12,371 (82.89%) were tested for HIV of which 2,618 (17.5%) were positive.

Ghana's drive towards achieving the UNAIDS 90-90-90 for HIV and the End TB Strategy for 2030 +global aspirational targets will be hampered considerably, if a comprehensive combination of prevention and promotion strategies, incorporated into a robust workplace programme is not formulated and implemented. The 90-90-90 aspirational targets are the expectation that by 2020, 90% of people living with HIV will know their HIV status, 90% of people who know their HIV-positive status will be accessing treatment and 90% of people on treatment will have suppressed viral loads. Of all people living with HIV in Ghana, 68% knew their status; 77% were on ART and 68% were virally suppressed as at December 2019.

Though all occupational groups can be affected, staff of the health sector stand at a higher risk of HIV/TB infection. This is due to the fact that it is the sector primarily responsible for caring for persons ill from the effects of the virus/ bacteria, coupled with the fact that some worksite procedures and processes may facilitate the transmission of the virus/bacteria, if adequate precautions are not put in place.

It is against this background that there is the urgent need to protect health workers, and in line with the national strategic plan which enjoins each sector to develop sector-specific plans and strategies, this workplace policy has been developed. The policy is meant to provide general direction to all stakeholders within the health sector. It is hoped that in the spirit of the policy, each subsector/institution will develop implementation programmes, in an effort to curb the progression of the disease, which threatens the very existence of the Ghanaian population.



KWAKU AGYEMAN-MANU (MP)
MINISTER FOR HEALTH

LIST OF ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
ARV	Antiretroviral
BCC	Behavioural Change Communication
CHAG	Christian Health Association of Ghana
CSSD	Central Sterile Supply Department
DHMIS	District Health Information Management Systems
DOTS	Directly Observed Treatment Short Course
GDP	Gross Domestic Product
GHS	Ghana Health Service
GNP	Gross National Product
GSS	Ghana Statistical Service
HIV	Human Immunodeficiency Virus
HRHD	Human Resource for Health Development
HSWU	Health Service Workers' Union
HTS	HIV Testing Services
IE&C	Information, Education and Communication
ILO	International Labour Organization
IME	Institutional Monitoring and Evaluation
LI	Legislative Instrument
MDP	Multi Drug Resistance
MoH	Ministry of Health
NGO	Non-Governmental Organization
NHIS	National Health Insurance Scheme

NLCD	National Liberation Council Decree
PCR	Polymerase Chain Reaction
PCU	Policy Coordination Unit
PHC	Population and Housing Census
PLHIV	People Living with HIV
PMTCT	Prevention of Mother to Child Transmission
PNDC	Provisional National Defence Council
PPE	Personal Protective Equipment
PPMED	Policy Planning, Monitoring and Evaluation Directorate
SDG	Sustainable Development Goals
SSNIT	Social Security and National Insurance Trust
STI	Sexually Transmitted Infection
STIs	Sexually Transmitted Infections
TB	Tuberculosis
TUC	Trade Union Congress
WHO	World Health Organization
WIFA	Women in Child bearing AGE
XDR	Extensive Drug Resistance





Chapter 1

BACKGROUND

The subject of HIV and TB is one that has been associated with secrecy, stigma, pain and ignorance. Unfortunately, the disease has a grave consequence not only on the infected individual but also, family and care givers, businesses and society at large. Its impacts are so far-reaching that, it is easy to fall for desperate measures. Quick fixes may be appealing, as society wants to have a sense of making headway. The desire not to re-invent the wheel and to adopt what works may be very high and indeed appropriate.

■ HIV & AIDS in Ghana

The first case of HIV & AIDS was detected in Ghana in 1986. Since then, all the sixteen regions have reported cases. Available data indicates an increase in the number of People Living with HIV over the past decade. In 2008, the estimated number of Persons Living with HIV was 236,151. By 2018, the number of People Living with HIV is estimated at 334,715. There is a plateau as far as new infections are concerned but a slight increase amongst adolescents. This is supported by an increase in Antenatal Care (ANC) prevalence in the age group 15 – 49 years from 1.5% in 2017 to 2.5% in 2018. Despite a reduction to 2.0% in 2019, both five and ten-year linear trend analysis show an increasing linear ANC prevalence trend. Average new HIV infections and deaths have plateaued around 20,000 and 14,000 respectively. For epidemic control, both new infections and AIDS-related deaths must be zero. Adult prevalence increased from 1.67% in 2016 to 1.7% in 2019. HIV infection in Ghana

is strongly urban and age group prevalence increases with age till age 40-44 (peak) in 2019 despite the drop in prevalence of the age group 15-24 from 1.5 to 1.2%.

Men who have Sex with Men (MSM) prevalence increased from 17.5% to 18.1%, whilst the Female Sex Workers (FSW) prevalence of ~5% is still higher than the national figure of 1.7%. In summary, HIV is still a big threat, despite the progress we have made to date. Therefore, there is the need for a focused and coordinated effort to end the epidemic.

■ **TB in Ghana**

The National TB Programme in Ghana was re-branded in 1994 following the declaration of TB as a global emergency by the World Health Organization (WHO) in 1993. Reported cases of tuberculosis in Ghana have doubled since 1996 to about 15,000 in 2019. Likewise, proportions of patients successfully treated (treatment success rate) has also increased to 84%. Deaths from TB have remained at 9% with 4.5% of all client's defaulting from treatment. The TB epidemic in Ghana is generalised. Further analysis shows the epidemic is occurring among all age groups with older aged males (45-74 years) bearing the biggest brunt of the disease burden.

The WHO 2019 Global TB Report estimates the TB incidence and mortality in Ghana in 2018 at 148/100,000 population (representing 44,000 new cases per year) and 52/100,000 population (representing 15,200 deaths) respectively. However, in 2019 of the estimated 44,000 new cases, only 14,597 (33%) were notified. A total of 12,371 (82.89%) were tested for HIV of which 2,618 (17.5%) were positive. TB remains the most important opportunistic infection among people living with HIV (PLHIV) in Ghana since the first case of HIV was reported in 1986 and since ART care commenced in 2003 in the public health sector. The complex relationship between HIV and TB results in synergistic increases in their prevalence, morbidity, and mortality. The occurrence of both infections in Ghana is a great public health problem. This has prompted a coordinated national response to reduce and control both infections.



■ Human Resource

Human resource for health refers to all people engaged in actions that can enhance health and well-being. These include clinical staff such as physicians, nurses, pharmacists, dentists, biomedical and laboratory scientists, as well as management and nonclinical staff; i.e. those who do not deliver services directly but are essential to the performance of the health system such as managers, drivers and accountants.

The table below gives an insight into the number of health workers engaged by the health sector:

Health workers on Public Sector payroll (Dec. 2019)			
Profession	Male	Female	Total
Doctor	2706	1684	4390
Physician Assistant	117	117	234
Staff Nurse	433	270	703
Pharmacist	2766	1860	4626
Allied Health Professional	782	212	994
Support Staff	9312	21310	30622
Community Health Nurse	2538	13182	15720

Source: GoG Payroll Data: Dec.2019

The private health institutions in Ghana also employs a substantial number of health professionals to complement Government's efforts in the delivery of health services.

■ **Nature and Severity of the HIV and TB Problem**

The following facts make the HIV & AIDS and TB pandemic a severe one that should engage the attention of all health workers and management of health institutions:

- The health of the people is critical to national development. Since the health sector influences the people's health, any impact of the epidemic on the health sector will adversely affect the overall national development.
- The national strategic plans for HIV and TB infection enjoin each sector to develop sector-specific plans and strategies, hence the need to develop a health sector-specific workplace policy.
- The current upsurge of HIV and TB new infection rates in the last 3 years, has the potential of affecting the country's manpower. By way of occupational hazards, some procedures and processes in the health sector may facilitate the transmission of the HIV virus and TB bacteria and consequently fuel the epidemic.
- There is lack of definitive cure for the HIV & AIDS
- The palliative therapies, through ARTS or HAARTS are expensive/unavailable
- The mode of HIV transmission is mainly due to unprotected sexual activity whereas TB is transmitted through the air by infected persons
- Although awareness of the two diseases are said to be very high amongst the Ghanaian population, behavioral change lags far behind this awareness.



- There is some level of discrimination, stigma, pain and cost to patients, their families and institutions of work.
- The youthful nature of the age group most affected and its grave consequences for the society as a whole, and the health sector in particular, in terms of losses regarding:
- Productivity;
- Health care costs;
- People management costs such as recruitment, retraining, absence and relief;
- Organizational bottom line(profits); and
- Gross Domestic Product



1.2 The Scope of the Policy

This policy apply primarily to:

- i. All employees within the health sector;
- ii. Prospective employees of the health sector (People who are engaged within the health sector who are not formally employed), Clients (including patients) of the health sector; The provisions apply to both Public, private and Faith-Based health institutions in Ghana.

1.3 Policy Development and Review Process

The Workplace HIV and TB Policy for the Health Sector was developed under the stewardship of the Minister for Health. The process leveraged on the Health Sector Working Group Platform for strategic guidance under the chairmanship of the Chief Director of the Ministry of Health. The day-to-day work was done by a Technical Working Group made up of representatives from the Ministry of Health, Ministry of Employment and Labour Relations,

Ghana Health Service Headquarters, Health Workers' Union of Trade Union Congress, the National AIDS Control Programme, the National Tuberculosis Control Programme and the Ghana AIDS Commission.

The Workplace HIV and TB Policy was developed through an evidence-based and extensive participatory processes involving reviews of relevant documents, consultations and dialogue with relevant stakeholders.





Chapter 2

POLICY CONTEXTS

The extensive and intensive ethical, administrative and socio-economic implications of HIV & AIDS and TB require that no one group of persons can implement a policy that will bring about the required solutions. On the other hand, the different aspects of HIV and TB policies, which are, meant to achieve a balancing effect on one another, tend to work against each other. The implication is that unless policies are aligned, they will continue to create other problems which the policy set out to solve.

2.1 Global Context

■ Sustainable Development Goals

The health-related goal 3 of the United Nations Sustainable Development Goals (SDG) seeks to ensure healthy life and promote well-being for all at all ages. Specifically, target 3.3 of this goal seeks to end the epidemics of AIDs, tuberculosis, malaria and neglected tropical disease and combat hepatitis, water-borne diseases, and other communicable diseases by 2030.

■ ILO Code of Practice, HIV/AIDS and World of Work

The ILO Code of Practice provides a set of guidelines to address the HIV/AIDS epidemic in the world of work and within the framework of promotion of decent work. It covers the following

key areas of action:

- (a) prevention of HIV/AIDS;
- (b) management and mitigation of HIV/AIDS on the world of work;
- (c) care and support of workers infected and affected by HIV/AIDS;
- (d) Elimination of stigma and discrimination on the basis of real or perceived HIV status.
Its uses include the development of concrete responses at the enterprise, sectoral, community, regional, national and international levels.

■ Occupational Safety and Health Convention,1981 (No.155)

This convention mandates the provision of a work environment which facilitates optimal physical and mental health, in relation to work and adaptation of work to the capabilities of workers, in the light of their physical and mental health.

■ Other Related Global Compacts/ Frameworks include:

- the International Health Regulations (IHR 2005),
- the Astana Declaration on Primary Health Care (PHC),
- the African Union (AU) Vision 2063: “The Africa We Want”,
- the African Health Strategy (2016-2030)
- the Africa Health Transformation Agenda (2015-2020)
- the ECOWAS Vision 2020



2.2 National Context

2.2.1 Legal Context

The following laws and national policy frameworks of the Republic of Ghana s underpin this policy:

- **The 1992 Constitution of the Republic of Ghana.**

Chapter 5 of the 1992 Constitution guarantees the fundamental human rights and freedoms of all persons in the country. Article 17(1) states that: “all persons shall be equal before the law”. Furthermore, article 17(2) states that: “a person shall not be discriminated against on the grounds of gender, race, colour, ethnic origin, religion, creed and social or economic status”, and article 24(1) provides that: “every person has the right to work under satisfactory, safe and healthy conditions, and shall receive equal pay for equal work without distinction of any kind”.

- **The Labour Act, 2003 (Act 651).**

Section 118 of The Labour Act, 2003 (Act 651) provides for the general health and safety conditions of the employees

- **Workmen’s Compensation Act, 1987 (PNDCL 187).**

The Workmen’s Compensation Act, 1987 (PNDCL 187) seeks to consolidate the matters relating to compensation to workmen arising from personal injuries suffered through accidents in the course of their employment.



- **Factories, Offices and Shops Act, 1970 (Act 328).**

The Factories, Offices and Shops Act, 1970 (Act 328) provides for the registration of factories, the health, welfare and safety of persons employed in factories, offices, shops and other places, and matters connected therewith.

- **Hospital Fees Act, 1971 (ACT 387).**

The Hospital Fees Act, 1971 (ACT 387) regulates the fees payable in respect of hospital services, and for matters connected therewith.

- **Industrial Relations Act, 1965 Amended (Act 299)**

This Act revises and consolidates the law relating to trade unions, collective bargaining, conciliation and other matters affecting the relations between employers and employees.

- **The Criminal Act, 1960 (Act 29)**

The Criminal Act, 1960 (Act 29) is to consolidate and amend the law relating to criminal offences, and the main purpose is to punish individuals for certain conducts which the law seeks to prohibit in society. Section 1 of Act 29 defines “harm” as: “any bodily hurt, disease or disorder, whether permanent or temporary”. Under section 72, whoever negligently and unlawfully causes harm to any person shall be guilty of a misdemeanour. Section 76 defines “unlawful harm” as any harm, which is caused intentionally or negligently without any of the justifications permitted under the Act. Therefore, any person who intentionally transmits HIV to another person could be prosecuted under the relevant sections of the Act.

- **Collective Agreement**

Under section 96 of the Labour Act, 2003 (Act 651), a collective agreement relating to the terms and conditions of employment of workers may be concluded between trade unions and employers. Furthermore, section 108 provides for dispute



settlement, and every collective agreement shall contain a provision for final and conclusive settlement of all differences between the persons to whom the agreement applies. Employees living with HIV/TB shall benefit from the opportunities by this provision.

■ National Health Policy (2020)

The over-arching health sector policy framework, the National Health Policy (2020) themed “*Ensuring Healthy Lives for All*” derives inspiration from the Directive Principles of State Policy in Article 34 (2) of the 1992 Constitution of the Republic of Ghana—which among others requires the state to ensure the realization of the right to good healthcare for people living in Ghana irrespective of colour, race, geographical location, religion and political affiliation.

The National Health Policy actively subscribes to the “Health- in -All Policy” and “One Health Declaration” which are pivotal for a concerted multi sectoral approach for policy implementation towards an efficient means of addressing key determinants of health for better health outcomes.

■ Universal Health Coverage Roadmap (2020 – 2030)

The Universal Health Coverage (UHC) Roadmap is the commitment of the Government and people of Ghana to shape the future of healthcare in Ghana. The roadmap is inspired by the new National Health Policy (2020) and careful reflection of the Sustainable Development Goals (SDGs), Global Action Plan for Healthy Lives and Well-being, Declaration on Primary Healthcare in Astana (2018), UHC 2030 Compact Initiatives of UHC 2030 and the Political Declaration of UHC adopted at the UN High Level Meeting in September, 2019. These provide a clear framework for action.



The UHC Roadmap assures priority over all strategies and plans, and sets the policy direction for the health sector. It also emphasizes health in all policies with the aim to stir action in other sectors for health and Human Capital Development.

■ **National HIV and AIDS and STI Policy**

The National HIV and AIDS and STI Policy provides the framework for the development of HIV, AIDS and STI policies and programmes in Ghana. It seeks to create a favourable environment for all aspects of HIV, AIDS and STI prevention, care and support.

■ **National TB Strategic Plan (NSP 2015-2020)**

The Aim of the National TB Strategic plan is to provide a strategic framework for the implementation of TB in Ghana. It is built on 3 strategic pillars

- Integrated, Patient-centred Care and Prevention
- Bold Policies and Supportive Systems
- Intensified Research and Innovation

Other documents such as the following are referenced in this policy document to ensure alignment and coherence

- National HIV and AIDS Strategic Plan 2016-2020.
- Health Sector HIV & AIDS Strategic Framework 2016-2020
- National Health Sector Medium term development plan 2018-2021.
- Ghana National Healthcare Quality Strategy 2017-2021.
- The Coordinated Programme of Economic and Social Development Policies (2017-2024)
- National HIV and AIDS Workplace Policy (2012)
- Ghana TB/HIV policy guidelines (2014)
- HTS Guidelines

This document provides guidelines for HIV Testing Services in the country. It has useful procedural and ethical principles that should inform any workplace HIV/AIDS programme.



2.2.2 Socio-economic Context

Ghana is a Lower Middle-Income country with a population of 29.614, 337 million (GSS, 2018) and a population growth rate of 2.5 % annually (2000 PHC, GSS). In 2014, out of an estimated population of 27 million Ghanaians, 9.2 million persons aged 15 years and above were employed, with about 90% of these people engaged in the informal economy. Females represented a 54.9% majority with males representing 45.1%. The unemployment rate in the same year under review was 11.9%. The rate was higher among females (12.5%) than males (11.1%) (GSS LFS Report, 2015). Ghana's per capita income in 2017 was pegged at US\$1,632 (GSS, 2018).

The agricultural sector employs about 60% of the labour force and accounts for 51 per cent of Gross Domestic Product (GDP). Women form 50.5% of the population and the percentage of women in child bearing age (WIFA) is 23.9%. Of the total population, children under 15 years form 41.4%, whilst those under 5 years represent 14.6%. The high incidence of poverty has serious implications for the lifestyles of the people as they seek to cope and adapt to hardship situations. High school drop-out rates and migration of the youth from the rural areas to the cities have led to increased numbers of street children, a rise in child labour and slum conditions. These have created fertile grounds for easy erosion of some traditional values, early sexual activity and even promote prostitution. Gender inequalities and certain cultural practices such as polygamous marriages by men, combine against women to make them the more disadvantaged.





Chapter 3

THE POLICY FRAMEWORK

3.1 Vision

A supportive workplace environment for the management of employee HIV, AIDS and TB conditions

3.2 Policy Goal

To prevent and control HIV & TB morbidity and mortality in the Health Workplace.

3.3 Policy Objectives

The objectives of this policy are;

- To Provide protection from discrimination and stigmatization in the workplace, for people living with HIV & AIDS and people infected with TB
- To Prevent HIV and TB spread amongst workers;
- To Provide care, support and counseling for those infected and affected; and
- To Promote HIV and TB education in health programmes, aimed at reducing the spread of HIV and TB at the workplace

3.4 Guiding Principles

- The Ten (10) Key Principles of the ILO Code of Practice on HIV & AIDS and the World of Work

The Health Sector of Ghana acknowledges and upholds the 10 guiding principles of the ILO on HIV & AIDS at the workplace. These principles are:

1. *A workplace Issue*

HIV/AIDS is a workplace issue because it affects the workforce, and because the workplace can play a vital role in limiting the spread and effects of the epidemic

2. *Non-discrimination*

There should be no discrimination or stigma against workers, on the basis of real or perceived HIV status - casual contact at the workplace carries no risk of infection

3. *Gender Equality*

More equal gender relations and the empowerment of women are vital to preventing the spread of HIV infection and helping people manage its impact.

4. *Healthy Work Environment*

The workplace should minimize occupational risk, and be adapted to the health and capabilities of workers

5. *Social Dialogue*

A successful HIV/AIDS policy and programme needs the cooperation and trust amongst employers, workers, and governments



6. *No Screening for Purposes of Employment*

Testing for HIV at the workplace should be carried out as specified in the Code, should be voluntary and confidential, and never be used to screen job applicants or employees

7. *Confidentiality*

Access to personal data, including a worker's HIV status, should be bound by the rules of confidentiality set out in existing ILO instruments.

8. *Continuing the Employment Relationship*

Workers with HIV-related illnesses should be able to work for as long as medically fit in appropriate conditions.

9. *Prevention*

The social partners are in a unique position to promote prevention efforts, through information, education and support for behaviour change.

10. *Care and Support*

Workers are entitled to affordable health services and to benefits from statutory and occupational schemes.





Chapter 4

STRATEGIES TO ACHIEVE THE POLICY OBJECTIVES

Policy objective 1: Provide protection from discrimination and stigmatization in the workplace, for people living with HIV & AIDS and people infected with TB

■ ***Strategic Actions:***

- Ensure utmost confidentiality in the handling of staff records, especially on issues relating to their HIV and TB status
- Ensure utmost privacy in the provision of HIV Testing Services (HTS) at the workplace
- Ensure utmost privacy in the provision of psycho-social support services

Policy objective 2: Prevent HIV and TB spread amongst health workers

■ ***Strategic Actions:***

- Ensure the availability of condoms at the work places Ensure availability particularly for at-risk employees
- Ensure the availability of post exposure prophylaxis services at work places especially for at risk employees

Policy objective 3: Provide care, support and counseling for those infected and affected

■ **Strategic Actions:**

- Provide accessible quality routine HIV Testing Services (HTS) to all employees and clients
- Provide psycho-social support to people infected with HIV and TB
- Ensure that efficacious and approved test kits available for use
- Make available and accessible DOTS AND ART Services to employees and clients

Policy Objective 4: Promote HIV and TB education in health programmes, aimed at reducing the spread of HIV and TB at the workplace

■ **Strategic Actions:**

- Promote safety awareness.
- Emphasize training in first aid techniques and the use of personal protective clothing and equipment in the workplace.
- Encourage responsible behaviour among management and employees.
- Emphasize abstinence, postponement of coital debut, faithfulness to one's partner and the use of condoms as a protective measure.
- Emphasize and practice cough etiquette in the work place
- Provide periodic screening for Staff at the work place
- Discuss occupational hazards of at-risk groups of health staff such as those involved in invasive procedures and those regularly exposed to human blood and/or blood products and other body fluids, and the means of mitigating the risks posed by the hazards.
- Provide information about opportunistic infections such as tuberculosis and other STIs





Chapter 5

IMPLEMENTATION OF THE POLICY

The MoH has the overall responsibility for ensuring that the policy is implemented as envisioned. To this end, the Policy, Planning, Budgeting, Monitoring and Evaluation Directorate (PPBMED) within the Ministry will have oversight responsibility for implementation. The Human Resources for Health Directorate (HRHD), in view of its responsibility for people management of the sector will work together with the PPBME Directorate to put in place a system for:

- Needs assessment to ascertain aspects of the programmes requiring strengthening.
- Resource mobilization for specific programme components
- Regular monitoring of the progress of implementation of workplace programmes.
- Periodic evaluation of programmes.

5.1 Institutional Arrangements

The health Sector Working Group shall be the Steering Committee which will have oversight responsibility on all workplace HIV and TB programmes within the health sector. The Personnel Welfare Management Unit of the Ministry of Health shall host the Secretariat of the health sector workplace HIV and TB programmes. The Policy, Planning, Monitoring and Evaluation Directorate (PPMED) also of the Ministry of Health shall provide technical assistance to the Personnel Welfare Management

Unit in management and coordination as well as monitoring and evaluation of all HIV and TB activities within the Sector. The Personnel Welfare Management Unit and the PPMED shall promote partnership with its stakeholders. They will also be responsible for disseminating progress reports to the MoH Agencies and its partners and receive feedback from them. The PPME Directorate shall also put in place a system for:

- Needs assessment to ascertain aspects of the programmes requiring strengthening.
- Resource mobilization for specific programme components
- Regular monitoring of the progress of implementation of workplace programmes. This includes a system of reporting from the component organizations on a regular basis, periodic monitoring visits, etc. and other measures as will be determined.
- Periodic evaluation of programmes.

Due to the magnitude of the implementation of the capacity building programmes and the need for close supervision and monitoring, the Secretariat and its Oversight Committee (Steering Committee) will ensure that the various management arrangements are strengthened. The Ministry and its Agencies shall undertake the implementation of various programmes and activities within the purview of the Ministry, in collaboration/consultation with the Secretariat.

As much as possible, workplace HIV & AIDS and TB policy implementation shall be mainstreamed into the strategies, plans and activities of respective agencies.

5.2 Roles and Responsibilities of MoH Agencies and Collaborators

Within the agencies of the MoH (refer to appendix 2), the overall responsibility for the workplace programme rests with the Heads of institutions (Director-General, Chief Executive Officers, Registrars, etc). They will ensure that an implementation

programme is drawn up and executed at all levels of the public health system and that:

- Appropriate structures are in place;
- Implementation roles are allocated to appropriate persons at various levels with the existing organizational structure;
- Resources are made available for implementation; and
- Monitoring is carried out regularly.

The workplace programme will constitute one of the areas for assessment during Headquarters and regional monitoring/supervisory visits at each level of the health care system. The MoH collaborative health institutions (private health institutions, quasi-government health institutions, faith-based health institutions etc), however, may be dealt with by the Ministry, through their respective professional associations to which guidelines will be provided on an on-going basis.

5.3 Promoting Partnerships

The Health Sector, led by MoH and its agencies has a primary responsibility to provide technical assistance and to establish relationships with other MDAs and relevant private sector institutions, as far as the implementation of health intervention including this workplace programmes. To ensure this, the Ministry of Health will provide leadership and maintain strong collaboration with all other sectors at all times. Periodic coordination meetings will be held with all, particularly with the GAC, to review the progress of implementation for the purpose of instituting any remedial action. This collaboration, as much as possible, will be carried out at decentralized levels of service delivery.





Chapter 6 **MONITORING AND EVALUATION**

Monitoring and evaluation will be the direct responsibility of the Ministry of Health and would follow the Monitoring and Evaluation Framework of the health sector. This shall be done based on agreed indicators quarterly, half yearly and annually. Identified key indicator to measure performances are to be provided by NACP and NTBCP. The policy will be reviewed ex-ante, mid-term and ex-post.

Monitoring and Evaluation (M&E) Framework

HIERARCHY OF OBJECTIVES	Key Indicator	Baseline	Target by Year					Sourcing of information	Frequency of Data Collection	Institution Responsible
			Yr1	Yr2	Yr3	Yr4	Yr5			
Goal: To Prevent and Control HIV & TB morbidity and mortality in the Health Workplace	Prevalence in the workplace.						<ol style="list-style-type: none"> 1. Survey 2. Mortality audit reports 3. Routine facility records 		Refer to implementing institutions.	
Objective 1: Provide protection from stigma and discrimination in the workplace, for people living with HIV and people affected by TB	<ol style="list-style-type: none"> 1. Number of Reported cases of stigma and discrimination 2. Prevalence of S&D in the workplace 	TBD					<ol style="list-style-type: none"> 1. Routine service data 2. Survey 3. National Stigma and Discrimination platforms 			
Objective 2: Prevent HIV and TB spread amongst workers	<ol style="list-style-type: none"> 1. Incidence of HIV in the workplace per cases reported 2. Incidence of HIV and TB exposures in the workplace 3. Number and proportion of HCWs given HIV PEP. 4. Condom availability and distribution in the workplace. 5. Infection Prevention and control practice and tools within workplace. 									
Objective 3: Provide care, support and counseling for those infected and affected	<ol style="list-style-type: none"> 1. Number and proportion of HIV and TB Health Care workers receiving treatment for HIV and TB. 	TBD						Annually		
Objective 4: Promote HIV and TB education in health programmes aimed at reducing the spread of the diseases at the workplace	<ol style="list-style-type: none"> 1. Proportion of staff reached with BCC/IEC. 2. HIV & TB Prevention knowledge, Attitude Health care workers 	TBD					<ol style="list-style-type: none"> 1. Survey 			



Chapter 7

COMMUNICATION AND POLICY DISSEMINATION

Communication will form an integral part of the Policy to serve as a driver to motivate and inspire everyone in the health sector to take appropriate action in contributing towards the achievement of the shared goal. The communication approach will simultaneously be person, staff and system-based.

The communication plan will be activated within the existing structures of the health sector. The aims of the communication and policy dissemination strategy will be to raise awareness in ensuring that healthcare staff and all stakeholders appreciate the role they play in ensuring the right to quality and safe healthcare in minimizing the spread of HIV & AIDS and TB.

The following will be done to achieve the stated communication aims of the policy:

1. State and explain the purpose and vision of the Policy in a clearer and meaningful way.
2. Use all available means (i.e. publications, campaigns etc) to engage with all stakeholders throughout the health sector.
3. Inspire and motivate all members of staff, clients and the public to play active role in achieving the goal of the policy.

The policy dissemination strategy will adopt the participatory approach used for the preparation of the policy.

The following activities shall be undertaken:

- a) National launch of the policy document.
- b) Individual agency dissemination at Regional, District, sub-district and community levels.



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APPENDIX 1

LIST OF PARTICIPATING ORGANIZATIONS AND THEIR REPRESENTATIVES:

Name	Designation
1. Hon. Kwaku Agyeman-Manu	Minister for Health
2. Hon. Dr. Benard Oko-Boye	Deputy Minister for Health
3. Hon. Tina Mensah	Deputy Minister for Health
4. Mr. Kwabena Boadu Oku-Afari	Chief Director, MoH
5. Dr. Emmanuel Odame Ankrah	Director, PPMED, MOH
6. Mr. Dr. Kwesi Asabir	Director, HRHD, MOH
7. Dr. Stephen Ayisi-Addo	Programme Manager, NACP, GHS
8. Dr. Yaw Adusi-Poku	Programme Manager, NTBCP, GHS
9. Mr. Benjamin Nyakutsey	Head, Policy Coordination Unit, PPMED, MoH
10. Alhaji Inua Yusuf	Head of Legal, MoH
11. Mr. Charles Adjei Acquah	Head of Policy, PPMED, GHS

12. Prof. Kwabena Nsiah
Kwame Nkrumah
University of Science and
Technology
13. Ms. Patricia Ofosua Tweneboah
Health Services Workers',
Union (TUC)
14. Ms. Doris Awudi
National AIDS Control
Programme, GHS
15. Ms. Cynthia Oware
National TB Control
Programme, GHS
16. Ms. Mercy Adobea Baah
National TB Control
Programme, GHS
17. Mr. Alex Moffatt
PPMED, MoH
18. Mr. Lucas Nyamekye Annan
PPMED, MoH
19. Ms. Mercy Aburam
WAHO Liaison Officer,
MoH
20. Mr. Joseph Dodoo
PPMED, MoH
21. Mr. Benjamin Osei Tutu
Food and Drugs
Authority
22. Mr. Horen Quashigah
Ministry of Employment
and Labour





APPENDIX 2

AGENCIES & COLLABORATORS OF THE MINISTRY OF HEALTH

I AGENCIES

1. Ghana Health Service
2. Korle-Bu Teaching Hospital
3. Komfo Anokye Teaching Hospital
4. Tamale Teaching Hospital
5. Cape Coast Teaching Hospital
6. Ho Teaching Hospital
7. Ghana College of Physicians and Surgeons
8. Ghana College of Pharmacy
9. Ghana College of Nursing and Midwifery
10. Medical and Dental Council
11. Nursing and Midwifery Council
12. National Health Insurance Authority
13. Food and Drugs Authority
14. Health Facilities Regulatory Agency
15. Allied Health Professions Council
16. Pharmacy Council

17. Christian Health Association of Ghana
18. National Blood Service
19. National Ambulance Service
20. Mental Health Authority
21. Traditional Medicine Practice Council
22. Ghana Psychology Council
23. Centre for Plant Medicine Research
24. Mortuaries and Funeral Facilities Agency

II COLLABORATORS

1. Ahmadiyya Muslim Health Mission
2. Ghana Association of Quasi Health Institutions
3. University of Ghana Medical Centre
4. Society of Private Medical and Dental Practitioners





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