

Reference No 16282/1  
Zukiswa Ntsikeni (8150)  
COUNCIL: 26 September 2013



18. CORPORATE AND SHARED SERVICES DEPARTMENT  
(HUMAN RESOURCE MANAGEMENT DIVISION)  
THE CITY OF TSHWANE METROPOLITAN MUNICIPALITY EMPLOYEE  
HIV/AIDS AND CHRONIC DISEASE POLICY  
**(From the Mayoral Committee Cluster: Governance: 14 August 2013 and the  
Mayoral Committee: 21 August 2013)**

1. PURPOSE

The purpose of the report is to seek approval for the City of Tshwane Metropolitan Municipality Employee HIV/Aids and Chronic Disease Policy.

2. STRATEGIC OBJECTIVES

The Strategic Objective (SO) addressed in this document is to ensure good governance, financial viability and optimal institutional transformation with capacity to execute its mandate.

3. BACKGROUND

The current City of Tshwane Metropolitan Municipality (CoT) HIV/Aids Workplace Policy was approved by the Mayoral Committee on 29 March 2007. It has now been reviewed to incorporate all chronic diseases and conditions suffered by CoT employees.

An Employee Wellness Strategic Framework for the CoT was approved by the Mayoral Committee on 5 January 2011 and the new Organisational Structure for the City of Tshwane was approved at the end of 2012. The Strategic Framework and the new structure confirm the CoT's commitment to deliver an integrated and comprehensive employee health and wellness service to all CoT employees. The CoT Employee HIV/Aids and Chronic Disease Policy will therefore replace the current HIV/Aids Workplace Policy which will be rescinded upon approval hereof.

4. DISCUSSION

4.1 THE VISION

The vision of the Employee Wellness Strategic Framework is to provide programmes to develop and maintain healthy, dedicated and productive employees for the City of Tshwane for improved service delivery and to be able to "ignite excellence".

The new Organisational Structure of the CoT makes provision for an Occupational and Employee Health, Safety and Wellness Section that makes it possible for the first time to render an integrated, comprehensive employee health and wellness service; a service that was already recommended by the Mayoral Committee in September 2009. (Mayco report: HIV and Aids Impact Assessment on the Employees of the City of Tshwane – 2 September 2009)

#### 4.2 NON-COMMUNICABLE (Chronic) DISEASES AND THE WORKPLACE

Heart disease, stroke, cancer, diabetes and chronic respiratory diseases are by far the leading causes of death in the world. In 2002, these major chronic, non-communicable diseases (NCDs) accounted for 60% of all deaths and 47% of the global burden of disease. By 2020 these figures are expected to rise to 73% and 60% respectively. Contrary to common perception, an invisible epidemic of non-communicable diseases is present in low and middle-income countries where 80% of all chronic diseases occur. The number of people dying from these NCDs is estimated to be twice the number of deaths from all infectious diseases (including HIV and AIDS, TB and Malaria) combined.

In Africa, middle-aged adults are especially vulnerable to chronic diseases and that undermines countries' economic development as many of those affected are at the peak of their productive and economic activity. The majority of CoT employees fall in this age category.

The major risk factors for the development of chronic diseases are well known. They are smoking, alcohol, nutrition, physical inactivity, obesity, raised blood pressure, raised blood glucose and abnormal blood cholesterol. Elimination of these preventable risk factors would prevent 80% of heart diseases, 80% of strokes, 80% of type 2 diabetes and 40% of cancer.

#### 4.3 HIV AND AIDS AND EMPLOYEES OF THE CITY OF TSHWANE

An HIV and AIDS Impact Assessment on the Employees of the City of Tshwane was done in 2009. The results indicate that the HIV prevalence rate (percentage of employees who are HIV positive) is 12.1%. Temporary employees have a prevalence rate of 18.5% and permanent employees 10.4%. It is estimated that the 25 to 34 year old age group is experiencing an HIV prevalence rate of 19%. Employees in Job grade 1 have a prevalence of 25.6%.

Only 29% of HIV positive employees seek medical or other support from the employer's services because of the fear of stigma. That is why an HIV/Aids programme for employees should be managed as part of an integrated comprehensive employee health and wellness programme.

### 5. COMMENTS OF THE STAKEHOLDER DEPARTMENTS

#### 5.1 COMMENTS OF THE CHIEF FINANCIAL OFFICER

Cognisance is taken of the contents and recommendations of the report, as well as the Employee HIV/AIDS and Chronic Disease Policy.

The purpose of the report is to seek approval for the City of Tshwane Metropolitan Municipality Employee HIV/Aids and Chronic Disease Policy.

This department, in principle, has no objections to the objectives of this policy.

The following amounts are available (on 05 June 2013) in the 2012/13 Medium-Term Revenue and Expenditure Framework, that can be utilised for this purpose:

Cost Centre	Cost Element	2012/13 (R)	2013/14 (R)	2014/15 (R)
5046	412639 (Professional Services)	500 000	475 000	475 000

All financial implications must be managed within the limitations of the approved Medium-Term Revenue and Expenditure Framework of the relevant department.

## 5.2 COMMENTS OF THE GROUP LEGAL COUNSEL

A municipality is empowered by the provision of Section 11(1) to (3) of the Municipal Systems Act, 2000 (Act No. 32 of 2000), to adopt policies as may be necessary. It provides that the executive and legislative authority of a municipality is exercised by the council of the municipality, and the council takes all the decisions of the municipality subject to section 59; and the municipality exercises such legislative or executive authority by, amongst others, developing and adopting policies, plans, strategies and programmes promoting and undertaking development. We therefore submit that this Policy is in line with the above mentioned provisions.

The Constitution provides that everyone has the right to have access to health care services and that no one may be refused emergency medical treatment. It is for this reason that we submit that the municipality should ensure that no employee is denied the above mentioned basic human rights. It is therefore accepted that the policy is in accordance with the constitution since it seeks amongst others to ensure a uniform and fair approach to the effective prevention of HIV/Aids and chronic diseases amongst employees and the comprehensive management of employees infected with or affected by HIV/Aids or chronic diseases and conditions.

In light of the above and taking into account the contents of the Policy as well as the report, we submit that the policy is legally in order and therefore may be approved.

## 6. IMPLICATIONS

### 6.1 HUMAN RESOURCES

The new CoT staff establishment does not make provision for any incumbents in the HIV/Aids Workplace Programme Management sub-section except for a programme manager. It is therefore required that the CoT appoint a service provider to roll-out the programme under the supervision of the appointed programme manager.

## 6.2 FINANCES

An amount of R500 000.00 (Five hundred thousand rand) is allocated on the Corporate and Shared Services Department budget for Consultant fees in GL account no 412639, Cost centre number 5046. No additional funds will be needed in the first year of the programme. As the Employee HIV/Aids and Chronic Disease Programme is part of a comprehensive integrated Employee Health and Wellness Programme for the CoT, it should support employees on a continuous and sustainable manner. Funds must therefore be made available for the following financial years as indicated in the Policy.

## 6.3 CONSTITUTIONAL AND LEGAL FACTORS

No specific Act enforces the development and implementation of an Employee HIV/Aids and Chronic Disease Policy, however, the following serve as enabling legislations:

- Constitution of the RSA, Act 108 of 1996
- Occupational Health and Safety Act 85 of 1993
- Employment Equity Act 55 of 1998, 97 of 1998 & 9 of 1999 with the Code of Good Practice for HIV/Aids Management in the Workplace
- Basic Conditions of Employment Act 75 of 1997
- Compensation for Occupational Diseases and Injuries Act 130 of 1993
- Disaster Management Act 57 of 2002
- Labour Relations Act 66 of 1995
- Promotion of Equality and Prevention of Unfair discrimination Act 4 of 2000
- Skills Development Act 97 of 1998
- The Medical Schemes Act 131 of 1998

## 6.4 COMMUNICATION

The Employee HIV/Aids and Chronic Disease Policy will be communicated at all levels of the organisation by means of corporate communications, presentations as well as brochures or leaflets and electronic messages.

## 6.5 PREVIOUS COUNCIL OR MAYORAL COMMITTEE RESOLUTIONS

- 6.5.1 Approval of the Employee Wellness Strategic Framework for the City of Tshwane - 5 January 2011
- 6.5.2 Approval of the HIV and Aids Impact Assessment on the Employees of the City of Tshwane – 2 September 2009
- 6.5.3 Approval of the HIV/Aids Workplace Policy – 29 March 2007 (to be rescinded upon approval of this report and policy)

## 7. CONCLUSION

Human resources is the most valuable asset in any organisation. In an environment where service delivery is challenged on the highest level of government, no organisation can afford high levels of absenteeism due to illness, stress, low morale, burn-out, etc.

Performance management has to include appropriate and efficient services to employees. The return on such an investment will be increased productivity, improved service delivery, organisational growth and satisfied clients.

Risk based health education programmes help employees with particular health concerns such as diabetes or HIV and AIDS in coping and managing the disease. Educating employees about their health conditions encourages them to adopt an active role in making confident, informed health choices. This approach is based on the integration of employee health and wellness information.

The CoT Employee HIV/Aids and Chronic Disease Policy seeks to achieve exactly the aforementioned.

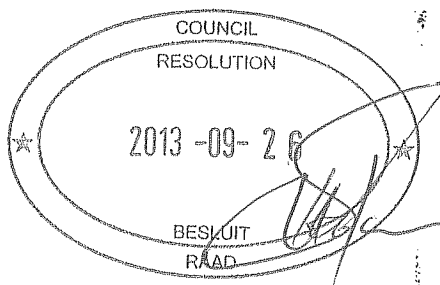
**The Mayoral Committee on 21 August 2013 resolved to recommend to Council as set out below:**

**ANNEXURE:**

A: City of Tshwane Employee HIV Aids and Chronic Disease Policy.

**RESOLVED:**

1. That cognisance is taken of this report.
2. That the CoT Employee HIV/Aids and Chronic Disease Policy be approved.
3. That the Employee HIV/Aids and Chronic Disease Programme as set out in the policy be approved.
4. That the principles for the Management and Co-ordination of the Programme as set out in the policy be approved.
5. That the Service Provision for Programme Support to implement and sustain the programme as set out in the policy be approved.
6. That the Budgetary Provision for the programme to ensure sustainability as set out in the policy be approved.



## ADDENDUM A

## THE CITY OF TSHWANE METROPOLITAN MUNICIPALITY

## EMPLOYEE HIV/AIDS AND CHRONIC DISEASE POLICY

**1. PURPOSE, PREAMBLE AND GENERAL PRINCIPLES****1.1 Purpose**

The purpose of this Employee HIV/AIDS and Chronic Disease Policy is to:

- Ensure a uniform and fair approach to the effective prevention of HIV/Aids and chronic diseases amongst employees and the comprehensive management of employees infected with or affected by HIV/Aids or chronic diseases and conditions.
- Provide guidelines on how to determine, reduce and manage the impact of HIV/Aids and chronic diseases on the employees and business of the City of Tshwane Metropolitan Municipality (CoT).
- Create an environment that is conducive to protected disclosure, acceptance and access to care and support benefits for HIV infected employees and employees affected by chronic diseases and conditions.

**1.2 Preamble**

The Management of the City of Tshwane Metropolitan Municipality (CoT) acknowledges the seriousness of the HIV/AIDS pandemic in South Africa and the high prevalence of chronic diseases and conditions in South Africa and their significant impact on the workplace. It shares the understanding of AIDS and chronic diseases as life threatening with social, economic and human rights implications. The CTMM seeks to minimize these implications through comprehensive, proactive workplace programmes and commits itself in providing leadership in implementing such programmes.

**1.3 General Principles**

- Consultation: The Employee HIV/AIDS and Chronic Disease Policy has been developed and will be implemented in consultation with all relevant role players.
- Equity: Employees living with HIV/AIDS and chronic diseases and conditions have the same rights and obligations as all staff members and they will be protected against all forms of unfair discrimination based on their health status.
- Confidentiality: All information and test results of an employee concerning HIV and AIDS or a chronic disease or condition are confidential. An employee may give informed consent to release such information to individuals specifically identified by the employee.

- Rights and responsibilities: This policy is in compliance with existing South African laws regarding HIV/AIDS, Health and Labour.
- Breaches of this policy will be dealt with under the normal disciplinary and grievance procedures of CoT.

## 2. LEGISLATION GOVERNING THIS POLICY

- The Constitution of South Africa Act 108 of 1996;
- Labour Relations Act 66 of 1995;
- Employment Equity Act 55 of 1998, with the Code of Good Practice for HIV/Aids and Employment
- Occupational Health and Safety Act 85 of 1993;
- Compensation for Occupational Injuries and Diseases Act 130 of 1993;
- Basic Conditions of Employment Act 75 of 1997;
- Skills Development Act 97 of 1998;
- The Promotion of Equality and Prevention of Unfair Discrimination Act 4 of 2000; and
- The Medical Schemes Act 131 of 1998.

## 3. BASIC INFORMATION ON HIV/AIDS AND CHRONIC DISEASES

### 3.1 HIV/AIDS

#### 3.1.1 What Is HIV?

HIV is an acronym for the Human Immunodeficiency Virus that has already and is still infecting millions of South Africans. This virus slowly weakens a person's ability to fight off other diseases, by attaching itself to and destroying important cells that control and support the human immune system (CD4+ cells). After a person is infected with HIV, he or she, although infectious to others, can look healthy and lead a productive life for many years before AIDS develop (if untreated).

#### 3.1.2 HIV Causes AIDS

There is no question among the world's scientists that HIV causes AIDS. The average period between getting infected with HIV and developing AIDS is 5 – 7 years in the absence of treatment. AIDS is an acronym for Acquired Immune Deficiency Syndrome, which is a term to describe a set of opportunistic infections, of which Tuberculosis is the most frequent and important, as well as cancers, which is life-threatening due to HIV having destroyed the infected body's immune system.

#### 3.1.3 Transmission And Factors Fuelling The HIV/AIDS Pandemic

There is very little chance of getting HIV being transmitted in the workplace. In order for a person to

be infected, the virus must gain entrance into a person's blood stream. These are a limited number of transmission modes. The modes of transmission in order of importance are:

- Sex with an HIV infected person (more than 90% of cases);
- From an infected mother to her child (during pregnancy, at birth, through breast feeding);
- Intravenous drug use with contaminated needles;
- Transfusion with infected blood and blood products;
- Contact of infected blood or other body fluids through broken skin or mucous membranes of another person and introduction of infected blood through the skin during medical procedures.

Factors that increase the risk of HIV transmission are untreated sexually transmitted infections (STI), the anatomy of the female reproductive system, rape and anal intercourse.

Factors increasing the progression rate from HIV positive to full-blown AIDS are amongst others re-infection with different strains of the virus, poor nutrition and delayed treatment of infection.

Factors fuelling the pandemic are amongst others stigmatisation of people living with HIV/AIDS (PLWA), immorality, migrant labour, rapid urbanisation, unemployment, poor education and the inferior position of women in society (sexual violence, powerless to insist on condoms, etc)

#### 3.1.4 Treatment of HIV/AIDS

There is no cure or vaccine for HIV/AIDS, yet. However, there are some major advances in medical treatment and alternative interventions. Holistic care of people living with AIDS (PLWA) and comprehensive treatment of opportunistic infections dramatically improves quality of life. Anti-retroviral drug combinations are available, which, when properly used result in significantly prolonged survival of people living with HIV and therefore it is lately regarded as a chronic disease.

### 3.2 CHRONIC DISEASES

#### 3.2.1 What is a Chronic Disease?

A chronic disease, correctly called a non-communicable disease (NCD), is a medical ailment or illness which by definition is non-infectious and non-transmissible among people. NCDs are of long duration and slow progression. They include autoimmune diseases, cardio vascular disease, cancers, asthma, chronic lung diseases, diabetes, chronic kidney disease, osteoporosis, some psychiatric diseases, arthritis, gout, Alzheimer's disease, epilepsy, etc. Chronic diseases require chronic care management mostly as long as the person lives. For the purpose of this policy, chronic diseases also include chronic conditions like the effects of stroke and ageing, obesity, etc.



### 3.2.2 What cause chronic diseases?

Risk factors such as a person's background, lifestyle and environment are known to increase the likelihood of certain non-communicable diseases. They include age, gender, genetics, exposure to air pollution and behaviour such as smoking, unhealthy diet and physical inactivity which can lead to hypertension and obesity, in turn leading to increased risk of many NCDs. The five most important risk factors identified by the World Health Organisation, are raised blood pressure, raised cholesterol, tobacco use, alcohol consumption and obesity.

### 3.2.3 Prevention of Chronic Diseases

The primary risk factors are mostly linked to an urbanised lifestyle. It has been estimated that if the primary risk factors were eliminated, 80% of the cases of heart disease, stroke and type 2 diabetes and 40% of cancers could be prevented. Interventions targeting the main risk factors could have a significant impact on reducing the burden of disease. The four primary risk factors i.e. tobacco use, unhealthy diet, lack of physical activity and harmful use of alcohol contribute to four chronic diseases i.e. heart disease, type 2 diabetes, lung disease and some cancers which, in turn, contribute to more than 80% of preventable deaths from non-communicable diseases in the world.

### 3.2.4 Treatment of Chronic Diseases

Most chronic diseases and conditions need to be treated with medication on a long term basis. Patients need to be controlled and monitored on a regular basis.

## 4. CREATING A NON-DISCRIMINATORY AND CARING ENVIRONMENT

### 4.1 Stigmatisation & Discrimination

Through the provision of information, education and communication about HIV and AIDS and chronic diseases and CoT disciplinary and grievance procedures, this policy aims to protect all HIV positive employees and employees suffering from chronic diseases and conditions from stigmatisation and discrimination based on their health status. It guarantees that job access, status, promotion, security and training will not unfairly be influenced merely by the health status of an employee.

### 4.2 Counseling & Testing

The CoT rejects HIV and unfair chronic disease testing as a prerequisite for recruitment, access to training or for promotion. However, the CoT promotes and facilitates access to HIV Voluntary Counselling and Testing (VCT) and tests for chronic diseases and conditions for all employees to be able to access medical treatment.

#### **4.3 Confidentiality & Disclosure**

All employees have a constitutional right to confidentiality about their health status. An employee is under no obligation to disclose his/her health status to their employer or to other employees unless it is required by law. The CoT guarantees confidentiality of any medical information relating to the health status that any of its representatives may have in their possession by virtue of their position in the CoT. The CoT strives to create a climate that allows for and encourages voluntary disclosure of an individual's health status. The CoT also guarantees that an employee will not be unfairly discriminated against based on their disclosed health status.

Should the employee want a supervisor, Occupational Health Practitioner or Employee Wellness Practitioner to disclose his/her health status to any third party, he/she will be required to provide informed written consent before they may do so.

#### **4.4 Performance Management**

With this policy, the CoT acknowledges the desire and the ability of HIV positive employees and employees with chronic diseases and conditions to work. It therefore guarantees that employees living with HIV and AIDS and other chronic diseases and conditions may continue to work as long as they are able to perform their duties in accordance to the job requirements.

Employees living with HIV/AIDS will be managed in the same way as employees with other chronic or life threatening illnesses. They will be expected to meet the same performance requirements that apply to other healthy employees.

An HIV (+) employee and an employee with a chronic disease or condition will retain his/her employment as long as he/she meets the inherent performance requirements of the job he/she was employed to do. Employees who become too ill (impaired) to meet the performance requirements will be treated in accordance with the Management of Medical Incapacitated Employees Policy (MMIE) of the CoT based on the provisions of the Labour Relations Act no. 66 of 1995.

### **5. MANAGEMENT AND CO-ORDINATION**

#### **5.1 Programme Co-ordinator**

The CoT will appoint a dedicated Programme Co-ordinator to manage and co-ordinate the Employee HIV/AIDS and Chronic Disease Policy and supporting programmes.

#### **5.2 Steering Committee**

A Steering Committee will be established to manage the Employee HIV/Aids and Chronic Disease Policy and Programme on a strategic level. The Steering Committee will consist of the Director: Occupational & Employee Health, Safety & Wellness, Senior Occupational Health and Safety

Specialists, Senior Employee Wellness Specialist and Senior HIV/Aids Workplace Programme Specialist, and representatives from the recognized trade unions. Specialists within the different divisions from Risk Management, Employee Benefits, Tshwane Leadership Management Academy etc., may be co-opted as needed.

### **5.3 Operational Team**

An Employee Health Operational Team, consisting of representatives from all departments and regions, will be established to ensure optimal participation and implementation. The representatives will have to be on at least middle management level and will have to be appointed by the Strategic Executive Director or Regional Executive Director of a particular Department or Region. The Programme Co-ordinator will manage the Operational Team.

### **5.4 Departmental/Regional Committees**

The Departmental/Regional representatives will establish their own Departmental/Regional Employee Health Committees with Peer Educator representation. These committees will be responsible to develop and execute a Departmental/Regional Employee Health Plan and manage the Peer Educator Programme in the department

### **5.5 Peer Educator Programme**

Employees volunteering to become Peer Educators (including already trained Peer Educators) will be trained and retrained to be able to create awareness and educate fellow employees on Employee Health issues and to take part in the Departmental/Regional Employee Health Programme. The recommended ratio for Peer Educator to number of employees is 1:50.

## **6. THE CoT EMPLOYEE HIV/AIDS AND CHRONIC DISEASE PROGRAMME**

### **6.1 Impact Evaluation And Containment**

The programme will prioritise the critical needs to pro-actively manage the impact of HIV infection and chronic disease on the CoT and employees. The CoT will:

- Conduct baseline and periodic formal risk assessments of the organisation and employees. This will include prevalence, Knowledge, Attitude, Practice and Behaviour (KAPB) and impact studies. These studies will not compromise confidentiality of employee health status and will be conducted with the consent of employees and trade unions
- Continually give input into the reviewing and re-modeling of health related employee benefits to meet current and future needs and impacts.

## 6.2 Prevention of HIV Infections and Chronic Diseases

### 6.2.1 Awareness & Education

CoT will provide education about the diseases on a regular basis in the workplace, through a variety of activities, focusing on the following:

- Basic information on the diseases, including high risks and prevention of the diseases. All new employees will receive similar basic information on HIV/Aids and chronic diseases as part of their induction process;
- Responsible behaviour – empowering individuals to make informed decisions;
- Misconceptions about the diseases and their modes of transmission or risk factors to counter possible prejudices against persons with HIV/AIDS and chronic diseases;
- Appropriate training programmes for managers and employees

The above will be facilitated on a continuous basis by ensuring:

- The training of health peer educators who will assist with the focused rollout of employee health awareness in CoT.
- The systematic and ongoing provision of credible information about health issues using all internal media and communication methods. This will include, but not be limited to, regular features in internal newsletters, articles on the CoT Intranet, health information sessions in workplaces, distribution of informative publications, referrals to health institutions or practitioners and other support and information resources.
- Training of all levels of managers on applicable policies and procedures.

### 6.2.2 Condoms

CoT acknowledges that condoms are not the only way in which HIV can be prevented and is also not 100% effective, but that it is an important part of prevention and undertakes to promote the use of condoms and will free of charge, put at the disposal of all employees, condoms at strategic places at all operations.

### 6.2.3 Syndromic Treatment of Sexually Transmitted Infections (STIs)

As a sexually transmitted infection creates a very high risk for HIV infection, CoT will as part of its HIV prevention strategy, ensure that all health care practitioners can identify STIs and either treat them according to the provincial syndromic approach, or refer them to appropriate facilities.

#### **6.2.4 Prevention of Injury on Duty**

Risk of HIV infection and contracting of chronic diseases at the workplace is co-managed by Occupational and Employee Health, Safety and Wellness and the different departments, by the following:

- Hazard identification and risk assessment in the workplace.
- Drafting and implementation of and ensuring adherence to safe work procedures to reduce risk of exposure to blood pathogens, including HIV, and contracting chronic diseases during normal work procedures and providing first aid after injuries on duty.
- Appropriate HIV/Aids and chronic disease information are included in Occupational Health and Safety as well as First Aid Training

#### **6.2.5 Prevention of Mother to Child Treatment (PMTCT)**

Female employees will be made aware of the PMTCT that is available through awareness and educational programmes as indicated in 6.2.1

### **6.3 Disease Management and Support**

#### **6.3.1 Treatment of Injury on Duty**

Emergency care and prophylactic anti-retroviral treatment will be provided to CoT employees who sustained injury on duty and who are exposed to blood and other bodily fluids during the performance of normal duties in accordance to CoT policy.

#### **6.3.2 Treatment of Opportunistic Infections**

Employees diagnosed with opportunistic infections at CoT clinics, will be treated in accordance to treatment protocols or referred for appropriate treatment.

#### **6.3.3 Voluntary Counseling and Testing (VCT) for HIV**

Knowing that VCT is one of the most effective ways whereby change of behaviour can be facilitated as well as assisting with the identification of new HIV infections, CoT will, over time, offer an opportunity to each employee on a voluntary basis, to be counseled and tested for HIV, according to international guidelines and at the cost of the municipality. Information regarding the VCT will be managed on a strict confidential basis between the VCT consultant and the employee only. Should the results however possibly impacts negatively on the CoT, it will be made known to the Occupational Medicine Practitioners of the CoT for further management.

The Programme Co-ordinator and Operational Team will co-ordinate the VCT.

#### **6.3.4 Screening and testing for chronic diseases**

Knowing that regular screening and testing for chronic diseases are most important for early detection and diagnoses, CoT will over time, arrange wellness days where employees will get the opportunity to be screened for some chronic diseases and conditions according to international guidelines and at the cost of the municipality. Employees will also be urged to regularly consult with their health care professionals for relevant screening and testing, at their own time and cost. Should the results possibly impacts negatively on the CoT, it will be made known to the Occupational Medicine Practitioners of the CoT for further management.

#### **6.3.5 Employee Wellness Programme**

CoT will encourage HIV (+) employees and employees with chronic diseases and conditions to utilize the services of the internal Employee Wellness Practitioners for psycho-social support. External service providers will also be contracted.

#### **6.3.6 Anti Retroviral Treatment/ Disease Management**

- HIV positive employees will be supported in managing the disease by referring them to their respective Medical Aid HIV/Aids Management Programmes or State Clinics for ARV treatment and management.
- Employees with chronic diseases and conditions will be referred to their respective Medical Practitioners or State Clinics for treatment and management.

### **7. SERVICE PROVISION FOR EMPLOYEE SUPPORT**

Should internal capacity not be able to render a comprehensive Employee HIV/Aids and Chronic disease Programme as indicated in paragraph 6 of this policy, an established, reputable service provider will be contracted to render some or all of the indicated services.

### **8. COMMUNICATION OF THE POLICY**

CoT will communicate its Employee HIV/AIDS and Chronic Disease policy to all levels of employees on the Intranet, with brochures and by all other communication methods available.

### **9. MONITORING EVALUATION AND REPORTING**

Continuous monitoring, evaluation and reporting on programme impact are critical to ensure and sustain continuous success. A monitoring, evaluation and reporting system for all programme components will be designed, implemented and maintained.

#### **10. BUDGETARY PROVISION**

To ensure the long term sustainability of the CoT Employee HIV/Aids and Chronic Disease Programme, an annual operational budget will be provided

#### **11. POLICY REVIEW**

The Steering Committee will review the policy at regular intervals.

## GLOSSARY

**AIDS:** Acquired Immune Deficiency Syndrome – a syndrome that results from HIV infection. When a person's immune system has become too weakened by HIV that it cannot fight infections anymore, a person has developed "Acquired Immune deficiency Syndrome" or AIDS. Opportunistic infections (illnesses that take advantage of the body's weakened immune system) include thrush, tuberculosis (TB), skin rashes, shingles and others.

**Anti-retroviral Treatment (ART):** Medication which inhibits the replication of HIV.

**Cardio vascular disease:** Disease of the heart and arteries and veins

**Chronic conditions:** Conditions leading to chronic diseases such as high blood pressure, high blood cholesterol levels, high blood sugar levels, overweight or obesity

**Chronic diseases:** A medical condition or disease which by definition is non-infectious and non-transmissible among people.

**Confidentiality:** Confidentiality means keeping personal information about an employee from others unless the employee has consented to the disclosure.

**HIV:** Human immuno-deficiency virus.

**Immune system:** The immune system protects the body against infections and diseases.

**Informed consent:** This means that the employee has been given all the information necessary to make a knowledgeable (well informed) and voluntary decision.

**Occupational exposure:** Exposure to blood or other body fluids or substances that can infect one with a disease cause an ailment during the course of one's duties in the company.

**Pandemic:** A disease occurring throughout the world at levels higher than expected.

**Prevalence:** Number of people infected with a disease measured as a percentage of the total population.

**Risk:** probability of a person acquiring a disease.

**Risk assessments:** Identify the factors that may make a particular workforce, workplace or surroundings more vulnerable to a certain disease.

**STIs:** Sexually transmitted infections. Infections that are passed from one person to another during unprotected sexual intercourse with a person who has one or more STI, including syphilis, gonorrhea, chancroids and HIV.



**Syndromic treatment of STIs:** It means treating the major presenting or defining symptom of a STI, such as a genital discharge or a sore, with a protocol of care to cover the common causes of such infection. This is done instead of trying to make a specific diagnosis and treating the specific cause alone. The process is quick and easy and treatment is usually successful.