

## FREQUENTLY ASKED QUESTIONS

### **Joint WHO-ILO-UNAIDS policy guidelines on improving health workers' access to HIV and TB prevention, treatment, care and support services**

#### **1. The ILO and WHO released joint guidelines on health services and HIV/AIDS in 2005. What is new about the guidelines just agreed?**

The new guidelines are both a response to a demand from the health sector, as well as ILO, WHO and UNAIDS' recognition of the need to reinforce the 2005 *Joint ILO/WHO guidelines on health services and HIV/AIDS* by incorporating new elements and going a step or two further.

Three key elements are included since 2005:

- HIV and tuberculosis (TB) co-infection is one of the 10 priority areas agreed in 2010 by UNAIDS and presents a major challenge in global health. In particular, if HIV positive health workers are not protected from TB at the workplace, they can become infected with TB and are at risk of dying.
- The emergence of multi-drug resistant TB (MDR-TB) has required increased action to prevent infection and provide treatment and care for those who develop the disease.
- While the 2005 guidelines referenced TB, they did not include language about how to protect health workers from infection in the workplace, or the need for TB infection control at work. These new guidelines address this gap comprehensively.

#### **2. In addition to new variants of TB what increased the demand for new guidelines?**

The World Health Report in 2006 identified critical shortages of health workers. WHO, ILO and UNAIDS are working together to strengthen national health systems, particularly in developing countries, so they can *treat, train and retain* health workers to ensure that there is a healthy workforce to provide universal access to treatment and care for people living with HIV, TB or both.

While UNAIDS, ILO and WHO have been championing universal access and making sure people have a right to access to prevention, treatment, care and support for HIV and TB, efforts so far have not given enough attention to the needs of health workers. These guidelines help fill the response gap to reach towards the universal access objective.

### **3. How many health workers have been infected with HIV or TB and where is this problem most acute?**

It is estimated that every year about 1,000 health workers are infected with HIV at work and many more are infected by TB as a result of workplace exposure. To date estimates of how many health workers globally have died from TB and AIDS are unknown.

Among the 59 countries with critical shortages of health workers, 36 are in Africa, which is over 60% of countries globally, where they can least afford to lose health professionals. Considering in these countries, where one health worker may be responsible for the health of over 2,000 people, the impact of losing one health worker to HIV or TB infections would affect over 2 million people per year, particularly in resource constrained countries. The critical shortage of health workers in some countries, however, is often due to worker migration from the South to the North owing to poor working conditions. Improving occupational safety and health is an important way to improve working conditions and provide workers with more incentive to stay in their home country.

### **4. What are some of the hazards the health workers face?**

The health care setting is a complex and hazardous workplace. In addition to the biological hazards such as HIV, TB, hepatitis and Avian influenza, health workers are exposed to hazardous drugs and chemicals; ergonomic hazards such as heavy lifting; physical hazards like radiation; and psychosocial hazards such as shift rotation and stress.

### **5. Why have guidelines for health workers not been implemented before?**

Through these guidelines the ILO, UNAIDS and WHO are working to help more policy makers realize that infections are not inevitable risks of working in health services but that it is something which could and should be prevented.

A major step forward in implementing these guidelines is a much stronger awareness of the problem of exposure to blood borne pathogens and the recognition of the exposure to hazards as risks of working in health services.

Hospital directors and managers have thought that as professionals, health workers should be able to care for themselves. In one country, for example, in a working group to define a new policy to help protect health workers, the Vice Minister of Health said, "I'm a surgeon. I'm a health worker, and I always thought that the people working in the health sector as health professionals like myself should be able to care for themselves. Now I recognize that not only am I at risk of TB and HIV at work but that I have a responsibility as the Minister of Health to ensure that policy is implemented to protect health workers."

### **6. How will these new guidelines affect the lives of health workers globally?**

Through working with member States and implementing the Joint Guidelines at the national level, health workers will feel empowered, supported and protected at work. They will be involved in the evaluation of the hazards and recommendations to prevent exposure, illness and injury. According to the guidelines, health workers shall be provided with adequate

supplies of materials, personal protective equipment and receive education on how to protect themselves.

ILO, WHO and UNAIDS will jointly implement and make the most of the comparative strengths of each of our organization to ensure a win-win situation.

The ILO will ensure social dialogue between workers and employers to implement these guidelines so that health workers will be in a position to provide quality care. In addition, close collaboration between the labour sector and the health sector will lead to a more structured and systematic workplace inspection process, which will help ensure monitoring of the implementation of labour standards and regulations to protect health workers.

UNAIDS will advocate, among key partners and stakeholders, for promotion and adoption of the guidelines in order to protect the health of health workers, a critical resource in ensuring a comprehensive response to the epidemics of HIV and TB.

## **7. How will these guidelines contribute to the welfare of communities?**

Health workers, who feel more confident to work because they are safer at work, provide better care for patients. Health workers who can address the stigma and discrimination that affect them and prevent them getting access to treatment for HIV and TB, will have a much better understanding and be better able to counteract the stigma and discrimination that is affecting HIV or TB affected people.

In the Joint Guidelines, health workers as defined are not only health care providers. The guidelines cover all those providing health services in all sectors. This is from cleaners and security guards to the logistic procurement people who make the whole wheel of the health sector function. It also includes those who provide health services at people's homes, which means there is a real reach to the community from these Guidelines.

## **8. How will the ILO, UNAIDS and WHO help make the guidelines become a reality in countries?**

ILO, UNAIDS and WHO will collaborate to put these guidelines on the agenda of their regional and country level activities. For example in Peru we have been working with the Ministry of Health and the Ministry of Labour on the development of new health guidelines for protecting the occupational health and safety of health workers that mirror these joint Guidelines. Peru was involved in the development of the joint Guidelines and participated in the guideline group expert committee. Peru is a good practice example for countries looking to implement the joint Guidelines.

## **9. What is the link with the ILO Recommendation concerning HIV/AIDS and the World of Work, 2010 (No. 200)?**

The ILO Recommendation adopted in 2010 is an international labour standard designed to strengthen the contribution of the world of work to universal access to HIV prevention, treatment, care and support. It contains a specific chapter on occupational safety and health. All workers and their families have the right to protection from infection and these guidelines support the Recommendation by showing that health workers also need to be protected.

The Recommendation brings the two domains of labour and health together, and highlights specifically that countries should have a strategy and policy for the protection of health workers with regard to access to prevention, treatment, care and support for HIV and TB.

In countries where the Recommendation is used to update national labour policies, the ILO will ensure there is consideration for health workers. Equally, whenever a country updates their national AIDS strategies and policies, ILO, UNAIDS and WHO will use these guidelines to make sure that they do not neglect the protection of health workers.

Importantly the guidelines incorporate TB, which is specifically indicated in the Recommendation. In addition, the guidelines expand upon the Recommendation and detail the particular needs of the health sector and health workers.

**10. What is the added value to have ILO, WHO and UNAIDS working together?**

The more we have collaboration between agencies, the more we can make an impact and make a difference. It is not possible to achieve all our goals alone.

There are many advantages to working together, not the least of which is that we set an example to countries and regions that health and labour are important inter-sectoral activities. The organizations bring together different audiences that are key to tackling HIV and TB. The ILO works with Ministries of Labour and employers’ and workers’ organizations and through public-private partnership to engage businesses in multiple development sectors, such as agriculture, railways, transport, ports, tourism, maritime or mining to assist them in developing and enforcing labour laws to protect workers from HIV and TB as well as ensuring their right to access HIV-TB prevention, treatment services, care and support. WHO works with Ministries of Health in implementation of policy for health and the provision of quality health services. UNAIDS coordinates the multisectoral responses to HIV, bringing civil society to the table. Through joint actions we can reach a broader audience and assist them in working together for the benefit of health workers and the general population.

<p style="text-align: center;"><b>Success stories</b></p> <p>In Venezuela, WHO and ILO worked to protect workers from occupational exposure to blood through the Ministry of Health. At the same time, ILO works with the Ministry of Labour and promulgated a new regulation requiring health and safety committees in all workplaces. WHO works with the Ministry of Health in assisting the health sector and hospital managers to comply with labour regulations on health and safety under the Ministry of Labour, which works with the ILO.</p> <p>In Peru, the WHO is working with the social security hospitals, which are governed by the Ministry of Labour- a constituent of the ILO, to implement WHO guidelines. However the social security hospital management made it clear that if the guidelines are jointly recognized by WHO and ILO then it is much easier to have them recognized in their system.</p>
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