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# Joint WHO/ILO policy guidelines on improving health worker access to prevention, treatment and care services for HIV and TB

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\*All participants have completed conflict of interest declarations; no conflicts of interest were noted.

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### **Summary of declaration of interests of the members of the guideline group, representatives of partner agencies, consultants and other contributors.**

All members of the guideline group, consultants, representative of partner agencies and other contributors, including participants to the international consultation meeting were asked to complete the WHO declaration of interest form . Dr. Shahieda Adams (member of the Guideline Group) declared her involvement in a research on latent TB infection among health care workers. Following consultations with the GRC Secretariat and WHO Legal team Dr. Adam's declaration was cleared and she was allowed to participate. Prof. Annalee Yassi (Consultant for systematic evidence review) acknowledged involvement of her department in a grant application with a related topic, going to the Canadian Institutes of Health Research . However, Professor Yassi declared having no personal financial interest and no conflict of interest.

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## **Abbreviations, Acronyms and Selected Definitions**

**AIDS-** Acquired immunodeficiency syndrome

**ART-** Antiretroviral therapy

**CD4-** Cluster of differentiation 4

**CI-** Confidence Interval

**GG-**Guideline Group

**GHWA-** Global Health Workforce Alliance

**HW** – Health worker

**HCW-** Healthcare worker

**HIV-** Human immunodeficiency virus

**H&S-** Health and Safety

**ICN-** International Council of Nurses

**ILO-** International Labour Organization

**IOM-**International Organization for Migration

**IPT-** Isoniazid preventative therapy

**LMIC-** Low and middle income countries

**LTBI-** Latent tuberculosis infection

**OHS-** Occupational Health and Safety

**PPE-**Post Exposure Prophylaxis

**PPE-**Positive Practice Environment Campaign

**PSI-** Public Service International

**TB-** Tuberculosis

**UNDHR-** Universal Declaration of Human Rights

**VCT-** Voluntary counselling and testing

**WHO-** World Health Organization

**WHP-** Workplace Health Promotion

## Selected Definitions and Explanation of Key Terms as Used in these Guidelines:

- Providing “**priority access**” is defined in these guidelines as providing infrastructure as well as policies and programmes that enable health workers to obtain prevention, treatment and care services ahead of the general public who are not health workers. Priority access implies access **by policy** not simply practice. This access does not necessarily imply priority access ahead of other groups who have already been designated for priority access (e.g. pregnant women), but does imply that health workers should have access that does not require them to wait in the queue with the population at large, and is convenient, accessible, free, confidential, gender-sensitive and non-stigmatizing.
- There is no widely accepted definition of “**family**”. These guidelines consider “ family” as consisting of “dependents and/or partners”. The ILO code of practice on HIV and the World of Work states: *‘in light of the nature of the epidemic, employee assistance programmes may need to be established or extended appropriately to include a range of services for workers as members of families, and to support their family members. This should be done in consultation with workers and their representatives, and can be done in collaboration with government and other relevant stakeholders in accordance with resources and needs.’* (section 9.8.) Definitions of “dependents” and “partners” are presented in these Guidelines, but Implementation plans on a regional or country level will be expected to be more explicit with respect to provision of services to families, taking local culture and context into consideration.
- With respect to the definition of “**health workers**”, the Guideline Group (GG) cites the WHO Fact Sheet #302. April 2006. *“Health workers are all people whose main activities are aimed at enhancing health. They include the people who provide health services -- such as doctors, nurses, pharmacists, laboratory technicians -- and management and support workers such as financial officers, cooks, drivers and cleaners. Worldwide, there are 59.8 million health workers. About two-thirds of them (39.5 million) provide health services; the other one-third (19.8 million) are management and support workers. Without them, prevention and treatment of disease and advances in health care cannot reach those in need.”* Subsectors of health workers include not only those who work in acute care facilities, but also long-term care, community-based care and home-care. Health workers also include informal caregivers. All recommendations in these guidelines apply to all subsectors of health workers. It is noted that special attention is needed in implementation planning to ensure that health workers in the community and in home settings are included.
- These guidelines urge the integration of primary, secondary and tertiary prevention. “**Primary prevention**” refers to measures taken to prevent exposure (both occupational and non-occupational, including a wide range of measures related to sexual and reproductive health, safety-engineered devices to prevent blood-borne exposure, personal protective equipment, natural ventilation to prevent airborne infectious disease transmission, etc.) as well as prevent disease development through measures such as vaccination (e.g. Hepatitis B vaccine). “**Secondary prevention**” aims at preventing disease from occurring once an exposure has taken place (e.g. latent TB infection testing and treatment, post-exposure prophylaxis, etc.). “**Tertiary prevention**” is treatment and accommodation to prevent disability (e.g. Antiretroviral Therapy [ART], and job accommodation to reduce risk of exposures that may result in co-morbidity.)

# Executive Summary

## Background and Objective:

The health sector has a vital role to play in delivering prevention, diagnosis, treatment as well as care to the population it serves, and in combating stigma and discrimination. To do so, health workers' own health, rights and working conditions must be protected. The World Health Organization, International Labour Office and the International Organization for Migration note that "*although health workers are at the frontline of national HIV programmes, they often do not have adequate access to HIV services themselves*". The increased risk to health workers of developing tuberculosis (TB) has also been well-established and is a growing concern. These guidelines were designed to focus on reinforcing and accelerating the implementation of best health practices for health workers who are living with, or have been affected by HIV or TB, or with risk to be exposed to HIV and TB in the workplace. The ultimate goal is to contribute to the improved health of health workers and to retain them in the workforce.

This document presents an evidence-informed policy for the provision of improved access to HIV and TB prevention, treatment, care and support for health workers. This policy guideline complements and synthesizes other WHO guidelines, especially related to TB infection control, HIV control in the workplace, health-systems strengthening, clinical diagnoses and treatment for HIV and TB, as well as reproductive health and occupational health. Indeed the primary purpose of these guidelines is to draw together previously developed clinical and policy guidelines, along with recent evidence, into a coherent set of recommendations that aim to provide improved access of health workers to HIV and TB services.

## Target Audience and Scope:

The main target audience for these policy guidelines consists of policy makers in member states as well as all employers of health workers. The recommended policy guidelines are expected to be useful for health and labour departments, regional policy-makers, health facility managers, and all front-line health workers – including informal health givers of which the large majority are women. It is expected that these guidelines will also be useful to representatives of health workers, including unions and health professional associations, as well as occupational health and infection control practitioners.

The guidelines were scoped to provide guidance for the target audience on how to implement interventions to promote policies and programmes where change is desired in order to address the identified need to integrate existing guidelines relevant to HIV and/or TB in health workers into one comprehensive source that taken together will improve access of health workers to needed evidence-based services.

## Protocol for Guideline Formulation:

The evidence base for this policy guideline was established through a systematic evidence review that contained several components. An in-depth study of five African countries was commissioned to help with guideline development; a review of existing guidelines was conducted complemented by a preliminary literature review of the evidence; a 17-country survey from across all WHO regions was conducted to provide input to these guidelines; a Cochrane-style systematic evidence review focusing on questions not

previously reviewed in depth for other recent guidelines was also conducted, supplemented by a systematic realist-style narrative review to ascertain determinants of success. This multi-component systematic evidence review is consistent with the growing trend, supported by the WHO, to supplement the traditional Cochrane-style approach with other methods.

The evidence review highlighted some areas where evidence supports interventions, and highlights important determinants of successful outcome, as well as areas in need of more research. The recommendations that were developed were informed by the evidence from the systematic evidence review, but were also explicitly based on additional factors, notably potential benefits versus potential harms; principles and value preferences; feasibility; and anticipated cost.

Following the initial work in preparing draft recommendations, with assistance and preliminary approval from the Guideline Review Committee, two large consultation meetings were held –in July and September 2009 – supplemented by telephone and email interactions with multiple stakeholders and experts.

Working groups were formed during the consultations, focusing on the wording and evidence related to specific recommendations. The final grading of the evidence and decisions regarding the recommendations were conducted with extensive input of the entire multi-stakeholder, multi-disciplinary expert group assembled as the Guideline Group (GG) and partners (listed above).

### **Values and Principles:**

The values and principles underlying the recommendations are explicitly set out in this document. These values include respect for human rights; gender equity and adopting gender-sensitive policies and programmes; involvement of people living with HIV and TB; involvement of front-line health workers and their representatives, employers; worker rights; hierarchy of controls and the primacy of prevention; and the valuing of promoting effectiveness and efficiency through transcending traditional boundaries.

### **Quality of Evidence:**

This document presents each recommendation, along with a brief review of the evidence and discussion of key points, followed by important references and existing WHO guidelines that support the recommendation. A table is presented for each recommendation outlining the rating of the quality of the evidence, advantages and disadvantages, principles and values, cost and feasibility considerations, and the overall conclusion regarding the strength of the recommendation. Details of the Cochrane-style systematic evidence review process are described in Yassi A. O'Hara I.M. LoChang I. Lockhart K. Spiegel IM

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