

HEALTH SETTINGS PERSONNEL & PREVENTION OF INFECTIOUS DISEASES: NEED FOR MORE EFFORTS



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Lebanon has more than 162 private hospitals, about 25 government hospitals, a 100 primary care centers and close to 700 dispensaries. These health facilities have thousands of personnel at various levels of involvement with patients or their products. Access to prevention and care concerning HIV/AIDS, tuberculosis or hepatitis need to be improved. The ILO and WHO have come out with a position paper regarding such issue. All governmental and non-governmental health faculties and personnel are invited to accept, diffuse and implement.

INTRODUCTION

The issue of strict implementation of universal precautions has been enforced in most countries to various degrees. An international joint effort was felt needed to protect both health workers and patients.

The health sector has a vital responsibility in helping realize people's fundamental rights to health. The health services employers and management must protect the health and rights of their own workers in order to ensure that the public could benefit from optimal health services.

Many countries are currently facing a severe shortage in their health workforce. Increasing workloads of the per-

sonnel in healthcare facilities and resource-constrained working conditions lead to great challenges in recruitment and retention of qualified health workers. This situation is further aggravated in countries that are particularly affected by epidemics of human immunodeficiency virus, hepatitis and tuberculosis. The high rate of HIV-TB or hepatitis co-infection in these countries drives an increasing demand on health services. It also increases the HIV and TB HBV burden on health workers who are particularly exposed to these infections on a daily basis in their work environment. Although health workers are at the frontline of responding to HIV, HBV and TB care needs of people, they have to deal with their own fears of contracting all HIV, HBV and TB because of their work exposures. The situation is aggravated by the fact that health workers themselves often do not have adequate access to HIV, HBV and TB services. They face stigma and discrimination as well as loss of their employment; in the events they become infected.

In response to this situation, the ILO and WHO jointly developed a 14-point HIV-TB policy guidelines on how to ensure the access of all health workers to HIV, HBV and TB prevention, treatment, care and support services. The guidelines have a solid base of evidence resulting from systematic literature reviews, studies of current practices in 21 countries, and international expert consultations organized by both the WHO and ILO.

The guidelines aim to protect health workers and empower them to respond to the threat of HIV, HBV and TB infections. Implementing these guidelines could improve retention of health workers and prevent the loss of health workforce due to infection with HIV, HBV and TB or death. The guidelines complement and reinforce guidelines previously developed by WHO and ILO on TB infection control' and HIV in the workplace, health-systems strengthening, post-exposure prophylaxis, clinical diagnoses and treatment for HIV, HBV and TB, reproductive health, and

occupational health.

The purpose of the guidelines is to give coherence to a compilation of existing clinical and policy guidelines to improve health workers' access to HIV, HBV and TB prevention, treatment, care and support services. Moreover, the new guidelines fill in the gaps of previous guidelines, for instance they address specifically need to protect health workers from contracting TB in the workplace and the need for TB infection control.

The target audience of the new policy guidelines are policy makers in the ministries of health and of labor; public and private health sector employers and senior management; occupational and infection control practitioners; all health workers, their associations or unions.

The joint guidelines cover:

- national frameworks including rights, other legislation and social protection schemes;
- workplace actions including policies, programmers and training;
- Budget, monitoring and evaluation involving national and workplace coordination.

In line with the 2006 WHO World Health Report, the 2010 joint ILO-WHO guidelines are based on a broad definition of "health workers" which includes the providers of health services such as doctors, nurses, pharmacists, laboratory technicians, as well as management and support workers in health care settings such as finance officers, administrators, cooks, drivers, cleaners and security guards'. The policy guidelines cover health workers employed at all types of facilities, including acute-care, long-term care, community-based care, home-care and informal caregivers or providers of health services in other sectors.

The guidelines illustrate for the health sector the funda-



mental rights and principles contained in the ILO Recommendation concerning HIV and AIDS by promoting, among others:

- workers' rights;
- gender equity;
- the active participation of health workers, their representatives and health sector employers;
- the involvement of people living with HIV, HBV or TB;
- prevention;
- Effectiveness and efficiency of the preventive measures.

The joint policy guidelines have been agreed to by the tripartite constituents of ILO and approved by the Guidelines Review Committee of WHO. The guidelines were adopted by the Governing Body of the ILO in November 2010. They were officially launched as part of the World AIDS Day celebration 2010. WHO and ILO encourage all their global partners to disseminate and implement this set of guidelines.

THE 14-POINT JOINT POLICY GUIDELINES

Strengthening national policies, laws and strategies through TREAT

- Introduce new or refine existing national policies that ensure priority access for health workers and their families to services for the prevention, treatment and care for HIV, HBV and TB.
- Introduce new or reinforce existing policies that prevent discrimination against health workers with HIV, HBV or TB, and adopt interventions aimed at stigma reduction among colleagues and supervisors.
- Establish schemes for reasonable accommodation and compensation, including, as appropriate, paid leave, early retirement benefits and death benefits in the event of occupationally-acquired disease.

Enhancing workplace policies, programmers and trainings

- Develop, strengthen or expand existing basic occupational health services for the entire health workforce so that access to HIV, HBV and TB prevention, treatment and care can be realized.
- Develop or strengthen existing infection control programmers, especially with respect to TB, HBV and HIV infection control, and collaborate with workplace health and safety programmers to ensure a safer work environment.
- Develop, implement and extend programmers for regular, free, voluntary, and confidential counseling and testing of HIV, HBV and TB screening, including addressing reproductive health issues, as well as intensified case finding in the families of health workers with TB. Adapt and implement good practices in occupational health and the management of HIV, HBV and TB in the workplace from both public and private health care sectors, as well as other sectors.
- Provide information on benefits and risks of post - exposure prophylaxis (PEP) to all staff and provide free and timely PEP for all exposed health workers, ensuring appropriate training of PEP providers.
- Provide free HIV, HBV and TB treatment for health workers in need, facilitating the delivery of these services in a non-stigmatizing, gender-sensitive, confidential, and convenient setting when there is no staff clinic and/or their own facility does not offer ART, or where health workers prefer services off-site.
- In the context of preventing co-morbidity, provide universal availability of a comprehensive package of prevention and care for all HIV positive health workers, including isoniazid prophylactic treatment and



- co-trimoxazole prophylaxis, with appropriate information on benefits and risks.
- Develop and implement training programmers for all health workers: pre-service, in-service and continuing education on TB and HIV prevention, treatment and care; workers' rights and stigma reduction, integrating these into existing training programmers and including managers and worker representatives.

Budgeting, monitoring and evaluation

- Establish and provide adequate financial resources for prevention, treatment, care and support programmers to prevent the occupational or non-occupational transmission of HIV and TB among health workers.
- Develop and implement mechanisms for monitoring the availability of the guidelines at the national level, as well as the dissemination of these policies and their application in the healthcare setting.
- Disseminate the policies related to these guidelines in the form of codes of practices and other accessible formats for application at the level of health facilities, and ensure provision of budgets for the training and material inputs to make them operational.

In brief, what is Lebanon's state of readiness to observe and follow such guidelines.

A new dawn



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