



**agriculture &
rural development**

Department:
Agriculture and Rural Development
North West Provincial Government
REPUBLIC OF SOUTH AFRICA



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ABBREVIATIONS

DARD	Department of Agriculture and Rural Development
TB	Tuberculosis
EH&W	Employee Health and Wellness
EH&WSF	Employee Health & Wellness Strategic Framework
HOD	Head of Department
HRD	Human Resource Development
PILIR	Policy on Incapacity Leave and Ill-Health Retirement
QWL	Quality of Work Life
WLB	Work Life Balance
NCD	Non-Communicable Diseases
GEMS	Government Employee Medical Scheme
HIV	Human Immunodeficiency Virus.
AIDS	Acquired Immune Deficiency Syndrome
HCT	HIV Comprehensive Testing
STI's	Sexually Transmitted Infections
SGBV	Sexual and Gender Based Violence
LGBTQIA+	Lesbians, Gays, Bisexual, Transgender, Queer, Intersex, Asexual

1. INTRODUCTION

The Department of Agriculture and Rural Development acknowledges the seriousness of HIV & AIDS, STI and TB and with devastating socio-economic, health, developmental and employment implications for the country, the North West Province, the Department and its employees and their families. The Department is committed and seeks to create an enabling and conducive environment through this policy, wherein structured and coordinated approaches through consultation with relevant stakeholders are harnessed for employment practices and procedures that are non-discriminatory, but safe and supportive of those infected and affected by HIV & AIDS, STI and TB. There is a need to increase an awareness of U=U (undetectable = untransmittable) in the workplace to promote treatment adherence and prevent new infections. The U=U (undetectable = untransmittable) campaign disseminates the evidence that PLHIV who are virally suppressed cannot transmit HIV.

This policy serves as a broad guide for the department in responding to HIV & AIDS, STI and TB Management. It also gives provision on how to implement HIV & AIDS, STI and TB Management programmes in the workplace as part of the Employee Health and Wellness programme. This policy will be read in conjunction with Employee Health and Wellness Strategic Framework, National Strategic Plan for HIV & AIDS, STI and TB and other Universal or National precautionary guidelines.

2. POLICY STATEMENT

The incidence of HIV remains high in South Africa, despite substantial advancements in its control, particularly among priority populations, women, and critical populations. South Africa has achieved strides in its fight against TB, as seen by the decrease in TB incidence and mortality. However, the number of missing cases is still significant, and treatment results are insufficient. HIV and TB infections carry a double burden. To date, screening and awareness campaigns have been the main focus of TB management in the workplace.

The efficacy of ART in enhancing survival and lowering mortality across all age categories has kept HIV prevalence steady over the past five years. However, the HIV/AIDS epidemic continues to place heavy burden on women. Compared to 13,1% of men, 24.1% of South African women between the ages of 15 and 49 are HIV-positive. According to the most recent data, 94,2% of all PLHIV are aware of their status, and 75% of those who were diagnosed were receiving treatment, translating to 71% ART coverage. 92% of the patients who were receiving treatment had their virology controlled. As a result, the UNAIDS new revised target of 95-95-95 was not achieved at 94-78-89 which is still a challenge for the Country. Over the past five years, the whole adult population's hepatitis B test positivity rate was 6.8%. As a result, it's critical that STIs are properly managed and that condoms are constantly used.

Although significant improvements have been made in HIV, STIs and TB control, there is still more to be done in addressing these epidemics, especially among key and priority populations. There is high HIV-TB co-infection, with 71% TB patients also infected with HIV, and led to major cause of morbidity and mortality. Department of Agriculture and Rural development is not immune to acquire these diseases as it is evident from GEMS and health risk assessment report. The impact of HIV, STI & TB can negatively affect the operations of the office and further lead to performance deficiencies. It is therefore imperative for the Department of Agriculture and Rural Development (herein after referred to as the Department) to set out a HIV & AIDS, STI and TB management policy to provide framework which bring about the required interventions to jointly eliminate TB, HIV and STIs as public health challenges by 2030.

3. SCOPE OF APPLICATION

This policy is applicable to all employees of the Department of Agriculture and Rural Development, North West.

4. POLICY OBJECTIVES

4.1 The objectives of this policy are:



- 4.1.1 Breaking down barriers to achieving HIV, STI and TB solution
- 4.1.2 Maximize equitable and equal access to HIV, STIs & TB services and solutions
- 4.1.3 Sustain health and wellness through building integrated resilient systems for HIV, TB and STIs
- 4.1.4 Resource and sustain an efficient NSP led by revitalized, inclusive, and accountable institutions

5. POLICY PRINCIPLES

5.1. HIV, STI and TB Management programme is underpinned by the following principles:

- 5.1.1 Recognition of HIV & AIDS, STIs and TB co-infection as a workplace issue
- 5.1.2 Focus on all levels of employment.
- 5.1.3 Respect for human rights and dignity
- 5.1.4 Healthy and safe work environment
- 5.1.5 Social dialogue
- 5.1.6 Confidentiality and ethical behaviour
- 5.1.7 Reasonable accommodation
- 5.1.8 Maintaining a performance focus.
- 5.1.9 Voluntary Participation
- 5.1.10 Responsive to the needs of designated groups (e.g. people with disabilities, women etc
- 5.1.11 Collaborative Partnerships.
- 5.1.12 Access to information and education
- 5.1.13 Equal access to all health care services
- 5.1.14 Alignment to national protocols
- 5.1.15 Equality and non-discrimination upholding the value that discrimination on any unfair grounds should be eliminated.

6. LEGAL FRAMEWORK

6.1. For the purpose of this policy the following legislative framework are prescribed:

- 6.1.1. Basic Conditions of Employment Act 75 of 1997
- 6.1.2. Compensation for Occupational Injuries and Diseases Act 130 of 1993
- 6.1.3. Constitution of the Republic of South Africa Act, 1996
- 6.1.4. Employment Equity Act 55 of 1998
- 6.1.5. National Health Act, Act No. 61 of 2003)
- 6.1.6. Labour Relations Act 66 of 1995
- 6.1.7. Medical Schemes Act, 131 of 1998
- 6.1.8. Mental Health Act
- 6.1.9. Occupational Health and Safety Act, 85 of 1993
- 6.1.10. Promotion of Access to Information Act
- 6.1.11. Promotions of Equality and Prevention of Unfair Discrimination Act, 4 of 2000
- 6.1.12. Public Service Act, 1994 (Proclamation No.103 of 1994)
- 6.1.13. Public Service Regulations, 2001
- 6.1.14. Tobacco Products Control Act, 1993 (Act No. 83 of 1993)

6.2. Strategic Frameworks applicable to HIV, STI & TB Management within the public service:

- 6.2.1. EHW Strategic Framework for Public Service 2023 as amended
- 6.2.2. National Strategic Plan for HIV, STIs and TB 2023-2028
- 6.2.3. Tuberculosis Strategic Plan for South Africa, 2007-2011
- 6.2.4. National TB Infection Control Guidelines, June 2007
- 6.2.5. National Occupational Health Policy 2005 (Department of Labour)
- 6.2.6. National Disaster Management Framework

7. DEFINITIONS

7.1. In this policy any term to which a meaning has been assigned in the Public Service Act bears that meaning, unless the context otherwise indicates

- 7.1.1. **HIV** stands for **HUMAN IMMUNODEFICIENCY VIRUS**. It is a blood borne virus transmitted amongst human beings. HIV attacks the immune system and once it has rendered it incompetent, a person could develop various illnesses because the body will be too weak to defend itself;
- 7.1.2. **AIDS** stands for **ACQUIRED IMMUNE DEFICIENCY SYNDROME**. AIDS is a condition that is present when the body's defense system is deficient and various life-threatening infections occur. These life- threatening infections are called opportunistic infections or diseases;
- 7.1.3. **TB** stands for **TUBERCULOSIS**. It is an infection caused by an organism called Mycobacterium Tuberculosis, characterized by fever, loss of weight, night sweat, and fatigue. When the infection is in the lungs the person presents with prolonged cough of more than two weeks; When a person develops symptoms of tuberculosis and is falling sick it is referred to as active TB
- 7.1.4. **HIV & AIDS, STI and TB Coordinator**; is an employee tasked with the responsibility to coordinate the implementation of HIV&AIDS and TB programmes. The HIV&AIDS Coordinator can be professionally trained to perform therapeutic interventions, if not trained, such cases should be referred.
- 7.1.5. **The Peer Educator** is an employee who is trained to work with his/her peers, sharing information and guiding a discussion using his/her peer experience and knowledge.
- 7.1.6. **Department** : Department of Agriculture and Rural Development, North West.
- 7.1.7. **Employee** : An employee includes all employees of the Department employed in terms of the Public Service Act of 1994 and the Basic Conditions of Employment Act of 1998, as amended.

- 7.1.8. **Head of department;** means head of the Department of Agriculture and Rural Development or any employee acting in such post.
- 7.1.9. **Designated Senior Manager;** means any member of the Senior Management Service in line with the provisions of the Public Service Act, 1994, who is tasked with championing the HIV & AIDS, STI and TB management programme within the workplace.
- 7.1.10. **The Health and Safety Committee"** is a committee that is established by the HOD to initiate, develop, promote, maintain and review measures to ensure the health and safety of employees at the workplace. Such committee shall be constituted by the employer, health and safety representatives and labour unions.

8. MANAGEMENT OF HIV, STI AND TB IN THE WORKPLACE:

8.1. HIV Comprehensive Testing

- 8.1.1 The Department will encourage testing on HIV (HCT), TB and other related health conditions and facilitate access to such services for employees in the department; and
- 8.1.2 The Department will ensure that no employee or prospective employee of the department is required to take a HIV (TB or other disease) test unless the Labour Court has declared such testing as justifiable in terms of the Employment Equity Act, 1998 (Act No. 55 of 1998).

8.2. Confidentiality and Disclosure

- 8.2.1 The Department will create an environment wherein all employees treat information on an employee's HIV status as confidential and shall not disclose that information to any other person without the employee's written consent; and
- 8.2.2 The Department will ensure that employees utilizing Quality of Work Life Management programme are assured of confidentiality, except in cases of risk to self and others or in terms of legislation.

8.3. Benefits

8.3.1. Employees infected with HIV&AIDS, STI and TB are entitled to the same benefits as all other employees of the Department.

8.4. Sick Leave

8.4.1 The existing sick leave procedure/policy will apply to employees with HIV&AIDS and TB, and other life-threatening diseases.

8.4.2 Public service regulations governing non – performance due to ill health will apply.

8.5. Dismissal

8.5.1 Employees with HIV, STI and TB may not be dismissed solely on the basis of their HIV & AIDS and TB status.

8.5.2 Where an employee has become too ill to perform their current work, an employer is obliged to follow accepted guidelines regarding dismissal for incapacity before terminating an employee's services.

8.6. Grievance Procedures

8.6.1 The department recognizes the rights of employees living with HIV&AIDS and TB and ensures that the grievance procedure make provision for any breach of such rights.

8.6.2 In case where an employee is openly talking about another employee's status, the grievance will be attended to in accordance with the stipulated time frames of the current dispute resolution mechanism.

8.7 Employees at risk

8.7.1 First Aiders may be at minimal risk of being infected by HIV & AIDS and TB, whilst providing assistance to an infected individual. However, the risk can be avoided by taking precautions or following infection control procedures and measures.

8.8. Precautions to avoid infection on duty

a) Precautions in relations to first aid procedures.

- The Department will provide all necessary personal protective equipment in order to protect first aiders. The person in charge of first aid boxes will be responsible for ensuring that these boxes contain the necessary personal protective equipment at all times.
- Disposable gloves must be worn at all times when treating any person. After having treated any patient, the gloves must be disposed off and hands washed thoroughly with soap and water.
- If a glove is torn whilst providing first aid treatment, the gloves must be changed and the hands washed thoroughly as soon as the safety of the patient permits.
- If the injured person is bleeding profusely and blood splashes are likely, first aiders must take additional precautions. This requires the wearing of protective glasses, a surgical mask, a gown or apron as well as disposable gloves. This equipment will be kept within first aid boxes.
- Should mouth-to-mouth resuscitation be necessary, mouthpieces, resuscitation bags or other resuscitation devices must be used. These devices should be kept in all first aid boxes.

b) Precautions regarding blood and other body fluids.

- Since blood and other body fluids are capable of transmitting HIV and other infectious agents first aiders must always treat blood and all body fluids as if they were infectious.
- First aiders must wear disposable gloves to prevent direct contact with blood and body fluids.
- Hands and other parts of the body that have been contaminated with blood or body fluids must be washed thoroughly with soap and water. Hands must be washed immediately after removal of protective gloves.

- Spills of blood and other body fluids must be handled with care. Disposable gloves must be worn when cleaning up spills of blood and other body fluids. The area must be flooded with an appropriate disinfectant (sodium hypochlorite – 0, 5%).
- Solid waste, such as dressing and disposable paper towels used to wipe up spills of blood and other fluids, must be considered as infectious and treated by incineration or removed by a waste disposable company.
- Liquid waste, such as blood, excretions and secretions must be carefully disposed in the sluice or toilet. Should mouth-to-mouth resuscitation be necessary, mouthpieces, resuscitation bags or other resuscitation devices must be used.

c) Precautions regarding TB

- Since TB is airborne disease, there should be enough ventilation and airflow in the Departmental buildings.
- Screening and awareness campaigns to be the main focus of TB management in the workplace
- Employees should be conscientized about the nature of the disease and its mode of transmission. They need to cover their mouth and nose when coughing and sneezing, and if infectious, to avoid contact with any new persons.
- If treated at home, employees must be instructed to remain +/- two weeks after the commencement of anti-TB treatment or until they are assessed as not being infectious.
- Furthermore, the new toolkit on management of TB in the workplace launched by World Economic Forum, and the South African Bureau of Standards' (SABS) new standard on workplace management of South African National Standard (SANS 16001) will give specific guidance on occupational interventions of HIV & AIDS and TB management also in the Department.

9. ROLES AND RESPONSIBILITIES:

9.3. The Head of Department shall:

- 9.3.1. Take cognizance of the reality of TB which, together with HIV&AIDS, causes health-related problems for the employee and lowers productivity for the organization as well as contributes to the high attrition rate in South Africa, and ensure effective implementation on intervention of prevention and treatment care and support.
- 9.3.2. Establish and maintain a safe and healthy environment for employees of the department.
- 9.3.3. As far as it is reasonable, ensure that the management of HIV/AIDS is mainstreamed for employees to access appropriate services in line with the departmental mandate and manage other diseases, injuries, and conditions of employees to ensure efficient, effective and sustainable delivery of services
- 9.3.4. Ensure that the initiatives and interventions included in the policy are addressed.
- 9.3.5. Establish a HIV, TB and STIs committee for the department with adequate representation and support from all relevant stakeholders, including trade union representatives, to facilitate the effectiveness of the provisions of regulation 55 of the Public Service Regulations, 2016; and
- 9.3.6. A head of department shall introduce appropriate measures for monitoring and evaluation of the impact of HIV, TB and STIs management programme in the world of work.
- 9.3.7. Designate a member of the SMS with adequate skills, seniority and support to implement the provisions contained in regulation 55 of Public Service Regulations, 2016 as amended, within the department, and ensure that the

member so designated is held accountable by means of her or his performance agreement for the implementation of the provisions;

9.3.8. Allocate adequate human and financial resources to implement the provisions of regulation 55 of the Public Service Regulations, 2016, and, where appropriate, form partnerships with other departments, organizations and individuals who are able to assist with health promotion programmes;

9.3.9. Establish a HIV, TB and STIs committee for the department with adequate representation and support from all relevant stakeholders, including trade union representatives, to facilitate the effectiveness of the provisions of regulation 55 of the Public Service Regulations, 2016;

9.4. Designated Senior Manager shall:

9.4.1. Establish organizational support initiatives

9.4.1.1 Plan, manage and administer human resource and activities in the Employee Health and Wellness Unit;

9.4.1.2 Plan interventions based on risk and needs analysis;

9.4.1.3 Develop and implement holistic HIV and AIDS, STIs and TB programmes in collaboration with other stakeholders;

9.4.1.4 Manage HIV and AIDS, STIs and TB strategies and policies, e.g. Prevention, Treatment care and support and Human Rights;

9.4.1.5 Ensure Advocacy, Education and Awareness of Employee Health and Wellness programmes and mobilise management support;

9.4.1.6 Ensure financial planning and budgeting.

9.4.2. Develop governance and institutional development initiatives

9.4.2.1 Promote internal capacity development initiatives to practitioners and support structures;



9.4.2.2 Promote the establishment and sustainability of the functioning of support committees for programme implementation;

9.4.2.3 Liaise with, manage and monitor external service providers;

9.5. The Employee Health and Wellness Coordinator shall

9.5.1. Coordinate the implementation of HIV&AIDS and TB management programmes, projects and interventions in the work place;

9.5.2. Plan, monitor and manage workplace HIV&AIDS and TB according to strategies, policies and budgetary guidelines;

9.5.3. Obtain and make condoms and femidom available at the workplace and provide usage education thereof;

9.5.4. Initiate and arrange staff training with regard to HIV&AIDS and TB including its relationship;

9.5.5. Make provision for counselling to individual employees and to their immediate family members;

9.5.6. Analyse and evaluate data and communicate information, statistics and results to various stakeholders and management;

9.5.7. Coordinate activities of Peer Educators;

9.5.8. Promote work-life balance for employees.

9.6. Peer educators shall

9.6.1. Act as a focal point for the distribution of evidence-based and generic HIV&AIDS and TB promotional material at the workplace;

9.6.2. Take the initiative to implement awareness activities, or to communicate HIV&AIDS and TB information at the workplace;

9.6.3. Act as a referral agent of employees to relevant internal or external health support programmes;

- 9.6.4. Be involved with the identification of employees at risks for TB transmission at the workplace;
- 9.6.5. Support employees on TB and/or ARV treatment to adhere to treatment (act as DOTS supporter /ARV Buddy);
- 9.6.6. Submit monthly reports of activities to the Employee Health and Wellness Practitioner.

9.7. Employees shall

- a) Take reasonable care for the health and safety of him/herself and other persons who may be affected by her/his acts or omissions;
- b) Obey universal precautions as laid down by his/her employer or any authorized person in the interest of prevention of HIV & AIDS and TB.
- c) Support effective HIV and TB prevention and people living with HIV & AIDS to lead healthy and productive lives;
- d) Contribute to the mitigation of the impact of HIV & AIDS, STI and TB;
- e) Contribute to the enabling of a social environment for care, treatment and support.
- f) Report as soon as practicable any unhealthy situation which comes to his/her attention in the workplace to the employer or any injury to him/herself.

10. FINANCIAL IMPLICATIONS

- 10.1. The cost associated with the implementation of this policy shall be borne by the department

11. IMPLEMENTATION

- 11.1. The implementation of this policy will follow programme and project management (inherent in the result-based model)

11.2. Employee Health and Wellness Sub Directorate will monitor the implementation of the policy in all instances;

12. MONITORING AND REVIEW

12.1 The policy will be monitored by Employee Health and Wellness Sub Directorate

12.2 This policy shall be reviewed as and when there are new developments or after every ~~five (5)~~ ^{three (3)} years. *KOB*

13. COMMENCEMENT OF THE POLICY

The policy will be implemented as soon as it is approved by the Acting Head of Department.

Approved

K.O. Bodigelo

MS. K.O. BODIGELO-NYEZI

ACTING HEAD OF DEPARTMENT

12/12/2025

DATE