



REPUBLIC OF NAMIBIA
MINISTRY OF ENVIRONMENT AND TOURISM



POLICY ON HIV/AIDS

2011



Republic of Namibia

POLICY ON HIV/AIDS

for

Ministry of Environment and Tourism

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FOREWORD

As Namibia enters her twentieth year of independence from colonial rule, we have much to celebrate as a nation. Our government's commitment to democracy, peace, stability and national reconciliation has seen Namibia emerge as a true African success story. These successes, however, are under threat from the HIV/AIDS pandemic which has the potential to undo all the gains we made since independence on 21 March 1990.

The population of Namibia is estimated at 2.2 million people. By the end of December 2008 the number of people living with HIV/AIDS in Namibia was estimated at 200 000. The number of adults from between 15 and 49 years living with HIV/AIDS was estimated at 180 000. This is the sexually active and economically productive age group. These statistics indicate that the burden of the infection is high in a small population.

HIV/AIDS is the single largest threat to the development of Namibia. Its impacts are felt at every level of our society and affect individuals, families and communities who are the basic building blocks of our social and economic development. HIV/AIDS threatens the education and psycho-social development of our children as it robs them of their parents, caregivers, teachers and ultimately, their future. As the infected become too ill to work, workplaces lose valuable human resources and expertise. At the same time, an increasing proportion of our land remains uncultivated as those who must work on it succumb to the disease.

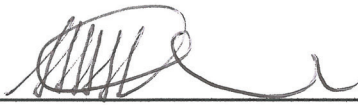
According to the 2008 UNAIDS Report on the global AIDS epidemic there were 2.7 million new HIV infections and 2 million AIDS-related deaths in the whole world. Sub-Saharan Africa accounts for 67% of infection and for 75% of deaths. Southern Africa has a disproportionate share of the global burden of HIV, namely, 35% of infection and 38% of deaths. The United Nations Declaration of Commitment established a target of reducing HIV prevalence by 25% in young people. The development of this Policy represents a modest contribution to the control efforts of HIV/AIDS among our workforce.

In 1990 the Government of the Republic of Namibia established the

National AIDS Control Programme in order to coordinate our efforts to control the epidemic. Strategic vision was provided through all National Development Plans and Medium Term Plans on HIV/AIDS. The Third Medium-Term Plan on HIV/AIDS for 2004-2009 provides for a strong multi-sectoral response that involves all sectors of our society.

The National Policy on HIV/AIDS addresses the most pressing development challenge that our nation will face in the coming decades. It represents our government's commitment to control the epidemic in Namibia.

In line with its obligations under the Third Medium-Term Plan on HIV/AIDS, the Ministry of Environment and Tourism has developed this Policy. I therefore urge all the staff members of the Ministry and stakeholders, to take ownership of this Policy, and to ensure its implementation.



Netumbo Nandi-Ndaitwah, MP
MINISTER



PREFACE

The Ministry of Environment and Tourism recognizes the seriousness of the HIV/AIDS epidemic and its impact in the workplace. The Ministry supports national efforts to reduce the spread of infection and minimize the impact of the disease. The purpose of this Policy is to ensure a consistent and equitable approach to the prevention of HIV/AIDS among employees and their families, and to the management of the consequences of HIV/AIDS, including the care and support of employees living with HIV/AIDS. The Ministry is in charge of twenty-two protected areas and fifty-nine registered conservancies throughout the country. Due to the nature of protected areas where employees are separated from their family members, it is imperative for the Ministry to devise strategies to reduce vulnerability of its employees in the protected areas from HIV transmission.

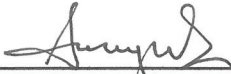
The development of this Policy went through an extensive consultative process. The Policy outlines the strategies, including the recruitment and selection, voluntary counseling and testing and the Ministry's obligation towards maintaining confidentiality and the disclosure of the employees' HIV status. It contains information on the management of employees with HIV/AIDS, the workplace HIV/AIDS programme implementation and the evaluation and monitoring of both the workplace and community programmes.

The Policy will be implemented in consultation with employees at all levels of the Ministry. While the Ministry recognizes that there are circumstances unique to HIV infection, this policy rests on the principle that HIV/AIDS should be treated like any other chronic condition that may affect employees. It takes into account the fact that employees with HIV may live full and productive lives for many years. The Ministry's commitment to maintaining a safe and healthy work environment for all employees, office-based as well as field staff, is based on the recognition that HIV is not transmitted by casual contact.

The Ministry would like to acknowledge and extend its sincere gratitude to the following institutions that have made remarkable contributions to the formulation of this policy:

Ministry of Environment and Tourism (Management and staff), United

States Agency for International Development (USAID), Strengthening the Protected Area Network (SPAN) Project, German Technical Cooperation (GTZ) HIV/AIDS Project, Deutscher Entwicklungsdienst (DED), Namibia Association for Community-Based Natural Resource Management Support Organizations (NACSO), Legal Assistance Centre (LAC), Ministry of Health and Social Services (MOHSS) and the Namibia Public Workers Union (NAPWU).



Dr. Kalumbi Shangula

Permanent Secretary

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ABBREVIATIONS

AIDS	Acquired Immuno-Deficiency Syndrome
ASO	Aids Service Organization
ALU	Aids Law Unit
ANC	Ante Natal Care
ART	Anti-Retroviral Therapy
CBO	Community-Based Organization
GRN	Government of the Republic of Namibia
GTZ	German Technical Cooperation
HIV	Human Immuno-deficiency Virus
HBC	Home Based Care
LAC	Legal Assistance Centre
MTP	Medium Term Plan
MET	Ministry of Environment and Tourism
M&E	Monitoring and Evaluation
NACOP	National Aids Coordinating Program
NACSO	Namibia Association for Community-Based Natural Resource Management Support Organizations
NDP	National Development Plan
NGO	Non-Governmental Organization
OI	Opportunistic Infections
OVC	Orphans and Vulnerable Children
PEP	Post-Exposure Prophylaxis
PLWHA	People Living with HIV/AIDS
RACOC	Regional AIDS Coordinating Committees
SPAN	Strengthening the Protected Area Network
STI	Sexually Transmitted Infections
VCT	Voluntary Counseling and Testing

1. INTRODUCTION

1.1 Preamble

The Ministry of Environment and Tourism (MET) is responsible for the safeguarding and rational use of Namibia's natural resources as well as tourism development. MET has since independence implemented far-reaching policy, legislative and program reforms. Given the cross-cutting nature of the environment and tourism sectors, MET emphasizes collaboration with other Offices, Ministries, Agencies, and the public in all its responsibilities.

The mission of the Ministry is "to promote biodiversity conservation in the Namibian environment through the sustainable utilization of natural resources and tourism development for the maximum social and economic benefit of its citizens. As the custodian of our natural environment, the Ministry of Environment and Tourism will lead the sustainable development process towards the achievement of the goals of Vision 2030".

The Ministry of Environment and Tourism, noting that:

- HIV/AIDS directly affects the health of large numbers of people in society and reduces the overall health status and well being of the nation;
- HIV/AIDS impacts negatively on the management of natural resources; hereby commits to this Policy on HIV/AIDS for the Ministry of Environment and Tourism.

1.2 Background

HIV/AIDS has reached pandemic proportions where all the countries in the world have been affected. However, Sub-Saharan Africa bears the largest burden of the pandemic. HIV was first diagnosed in Namibia in 1986. The numbers of people who are infected with human immunodeficiency virus continue to increase, as monitored through sentinel surveys among pregnant women who attend the ante-natal clinic. During the first sentinel survey which was conducted in 1992, 4.2% of the women were found to be HIV positive. The prevalence ratio peaked to 22% in 2002. The prevalence ratio dropped gradually to 17.8% during the survey of 2008.

The purpose of this Policy is to ensure a consistent and equitable ap-

proach to the prevention of HIV/AIDS among employees of the Ministry of Environment and Tourism and their families, and to manage the consequences of HIV/AIDS in accordance with the National Policy on HIV/AIDS in Namibia.

2. POLICY FRAMEWORK

2.1 Aim

The aim of the policy is to provide a framework for the Ministry of Environment and Tourism to prevent, control and manage HIV/AIDS among its workforce. It is also aimed at focusing on aspects of HIV/AIDS which, if not carefully addressed, may impact negatively on the Ministry and on the wellbeing of its employees. MET recognizes the seriousness and implications of HIV/AIDS for the individual employee as well as co-workers of affected individuals.

2.2 Objectives

The Policy has the following key objectives:

- 2.2.1.** To support and strengthen the Ministry's response to the HIV/AIDS pandemic as articulated in the Third Medium-term Plan (MTP III) on HIV/AIDS
- 2.2.2.** To create awareness among staff members of the Ministry on HIV/AIDS transmission, prevention, control and management.
- 2.2.3.** To provide opportunities for voluntary counseling and testing.
- 2.2.4.** To provide the Ministry with tools for HIV/AIDS management and control.
- 2.2.5.** To provide for psycho-social support to staff members infected and affected by HIV/AIDS.

2.3 Strategies

2.3.1. Prevention

Prevention of infection remains the cornerstone of control of the epidemic. The main mode of transmission of HIV in Namibia is through unprotected sexual intercourse. Mother-to-child HIV

transmission is responsible for 10%-15% of the cases. Prevention strategies for HIV transmission include the provision of information and education to bring about behavioural change, correct and consistent use of condoms, promotion of abstinence and faithfulness to a sexual partner who is HIV negative amongst others.

2.3.2 Promoting a Non- discriminatory Working Environment

The MET realizes that stigma and discrimination against PLWHA have been proven to be the most significant barrier to effectively address HIV/AIDS. MET is committed to ensure that there will be no discrimination against staff members on the basis of their HIV/AIDS status in respect of access to employment, training or promotion or access to Pension/Retirement/Provident funds, medical aid, or sick leave. This can be achieved through the creation of a safe working environment for all employees; developing procedures to manage occupational incidents and claims for compensation and through supporting individuals who are infected or affected by HIV/AIDS so that they can continue to work productively for as long as possible.

2.3.3 Recruitment and selection

The MET realizes that HIV status alone does not impair physical and mental capabilities of an individual to perform the duties for which he or she is employed. Although applicants for employment may be required to undergo a pre-employment examination to ensure physical and mental fitness, no applicant will be required to undertake an HIV test in order to ascertain his or her HIV status for the purpose of employment. Neither shall an employee be requested or compelled to disclose his or her status during the recruitment process.

2.3.4 Counseling and Testing

Testing for HIV should always be voluntary except in cases where mandatory testing is provided for in applicable legislation. Accordingly MET shall not require an employee to undertake an HIV test in order to ascertain his or her HIV status for the purpose of continued employment, promotion, training or transfer. Voluntary Counseling and Testing (VCT), however, will be promoted,

and access to VCT services will be provided through the dissemination of information and linkages with other HIV/AIDS partners who provide these services. The MET will ensure that these services are provided by a suitable qualified person in a registered testing centre with the informed consent of the employee and in accordance with normal medical ethical rules and with pre and post counseling.

2.3.5 Screening

Screening may only be conducted to gather epidemiological data on the prevalence of HIV/AIDS in the workplace. It shall be undertaken on an anonymous, confidential and private basis and only after consultation with employees and their recognized representatives, including trade unions and with the full informed consent of the employees concerned.

2.3.6 Confidentiality and obligation to disclose

Employees are under no obligation to disclose their HIV status to the Ministry. All employees have the legal right to confidentiality about their HIV status in respect of employment, including training, promotion, transfer or access to benefits. Where an employee elects to disclose his or her HIV status to management or a co-employee, this information shall be treated as confidential. The disclosure of the HIV status of an employee without his or her consent by anyone within the Ministry, who is entrusted with staff information, shall constitute an offence.

The duty of confidentiality extends to trustees and other personnel of retirement or provident funds who may not divulge medical information or diagnosis to managers or co-workers without the express consent of the employee concerned.

3. MANAGEMENT OF EMPLOYEES LIVING WITH HIV/AIDS

Employees living with HIV/AIDS will continue to work under normal conditions as long as they are medically fit to do so. The principles that govern other chronic medical conditions will be applied to HIV in dealing with training and promotion, sick leave, transfer to suitable alternative

positions and indisposition.

Should an employee become too ill to perform his or her duties, the management within the Ministry shall investigate the extent of the employee's indisposition and accommodate the employee through the provision of alternative employment in so far as reasonably possible. Should such accommodation not be reasonably possible, the employee's service may be terminated in accordance with procedures on discharge of an employee on medical ground. The contents of medical reports obtained in the course of the assessment of an employee's fitness to continue in employment are strictly confidential and such reports may not be divulged to third parties without the written informed consent of the employee.

The Ministry shall, through its Employees Assistance Programme, continue to provide access to treatment including antiretroviral treatment. Employees shall be encouraged to join the Public Service Employees Medical Aid Scheme in order to improve their access to a wide range of available medical services.

3.1. Promoting a Safe Working Environment

The Ministry is committed to provide and maintain a safe working environment for its employees as far as is reasonably possible, and to minimize the risk of HIV infection in the workplace. Although the risk of HIV transmission in the workplace is minimal, occupational accidents involving bodily fluids may occur. Employees are encouraged to observe universal precautions as contained in Annex A. The Ministry also undertakes to provide the necessary equipment to practise these precautions. In an event of accidental exposure by an employee to HIV in the course and scope of employment, the Ministry shall ensure that the employee is provided with access to Post-Exposure Prophylaxis.

3.2. Employee Benefits

Whilst it is recognized that employee benefits such as group life cover, retirement benefits and medical aid will be significantly affected by AIDS related claims, the Ministry shall ensure that there will be no unfair discrimination against employees living with HIV/AIDS in accessing these benefits. The most effective services are through the public programme of HIV/AIDS with regard to VCT, treatment, care and support services.

The Ministry shall endeavour to facilitate regular contact of employees with their spouses and other family members.

4. INSTITUTIONAL FRAMEWORK FOR POLICY IMPLEMENTATION

As stated in the introduction, the mission of the MET is “to promote biodiversity conservation in the Namibian environment through the sustainable utilization of natural resources and tourism development for the maximum social and economic benefit of its citizens. As the custodian of our natural environment, the Ministry of Environment and Tourism will

lead the sustainable development process towards the achievement of the goals of Vision 2030”.

In order to achieve this mission statement, the Ministry has a clearly defined mandate, which is translated into a set of policies containing guiding principles. These policies are in turn implemented by means of carefully constructed environmental plans. The policy provides a framework for addressing the HIV/AIDS situation in the Ministry, outlining the causes and factors that propagate transmission. It also outlines the response and impact mitigation interventions that are already in place, while also stating the vision, measures, and institutional frameworks necessary for its implementation.

4.1 The Office of the Minister

- 4.1.1.** Provides policy direction, political leadership and advocacy.
- 4.1.2.** Fosters national and international linkages among all stakeholders through proper coordination of all HIV/AIDS control programmes within the Ministry strategy.
- 4.1.3.** Participates in wider social dialogue on HIV/AIDS regionally and internationally.

4.2 Office of the Permanent Secretary

- 4.2.1** Coordinates HIV/AIDS response within its mandate

- in conformity with the National Policy on HIV/AIDS.
- 4.2.2.** Ensures the mainstreaming of HIV/AIDS in the poverty eradication action plan.
 - 4.2.3.** Ensures that resources are available for HIV/AIDS control activities.
 - 4.2.4.** Develops policy direction for planning of all HIV/AIDS control programmes within the overall Ministry strategy and oversee their implementation.

4.3 Directorates

- 4.3.1.** Coordinate HIV/AIDS responses at national level.
- 4.3.2.** Promote research on the impact of HIV/AIDS on the performance of the Ministry.
- 4.3.3.** Provide information and advise employees on how to comply with regulations and the laws with regard to HIV/AIDS in the workplace.
- 4.3.4.** Improve the policy and regulatory environment for multi-sectoral HIV/AIDS response at the Ministry through a review of the National Policy on HIV/AIDS.
- 4.3.5.** Design, commit resources and implement programmes at the workplace to inform, educate and train employees on prevention, care and support.
- 4.3.6.** Mainstream HIV/AIDS in annual management plans.
- 4.3.7.** Ensure that employees actively participate in HIV/AIDS control programmes.
- 4.3.8.** Monitor and evaluate the effectiveness of HIV/AIDS related activities.

4.4 Protected Areas and Regional Offices

- 4.4.1.** Communicate the content of the Policy to all the employees of the regional offices.
- 4.4.2.** Provide information on the rights and services, including counseling, care, support and treatment available in all areas.
- 4.4.3.** Provide information and education on condom use and other safer sexual practices and ensure that condoms are available in the parks and at regional offices.

- 4.4.5.** Provide information on precautions during accidental exposure to body fluids within the workplace and the provision of the required protection equipment at all regional offices, vehicles and stations.
- 4.4.6.** Mainstream HIV/AIDS into the planned activities of the Ministry and encourage employees to attend and participate in these activities.
- 4.4.7.** Implement the Policy and ensure compliance with its provisions.
- 4.4.8.** Open and maintain appropriate communication channels to enable employees to raise concerns with regard to HIV/AIDS and Sexually-transmitted infections.

4.5 Employee Assistance Unit (EAU)

- 4.5.1.** Implement and monitor the overall management of the response to HIV/AIDS.
- 4.5.2.** Mainstream HIV/AIDS activities in all work activities by dissemination of information to all regional offices and field staff.
- 4.5.3.** Encourage and support access to confidential voluntary counseling and testing.
- 4.5.4.** Carry out educational programmes at the workplace informing employees of the facts of HIV/AIDS and promote positive attitudes in this regard.
- 4.5.5.** Provide psycho-social support services to the employees.
- 4.5.6.** Arrange referrals for professional services.
- 4.5.7.** Proactively identify employees who may require professional services.

5. MONITORING AND EVALUATION

The impact of HIV/AIDS as well as the effectiveness of the programme will be monitored and evaluated on a regular basis to ensure that the programme is appropriate and effective. Quantitative and qualitative indicators will be measured and appropriate remedial action will be implemented where necessary. A baseline study shall be undertaken before the implementation of the Policy. The study shall focus on the following areas:

- Knowledge, Attitude and Practices among employees.
- Deaths due to natural causes.
- Number of sick leaves taken by employees.
- Number of compassionate leaves taken by employees.

During the course of implementation of the policy the trend in the above parameters shall be regularly measured and compared to the baseline data. This information shall be included in the routine reporting mechanisms of the Ministry. The data shall be analyzed and the implementation modalities shall be adjusted as appropriate.

Possible Monitoring Tools

TOOL	USES	FEATURES (SWOT)
Institutional Support for HIV/AIDS Assessment Guide	Used for gathering and analyzing sectors information on HIV/AIDS activities.	Useful for understanding the scope of the sectors' involvement in HIV/AIDS activities (e.g., type of project, target population, coverage of activities, and available expertise).
		Can be used to compile a database of local institutional support for HIV/AIDS activities.
		Can be used as a process indicator of changing capacity levels of institutions
Problem Tree Analysis	Enables one to analyze the interrelationships between one problem and the other.	Facilitates visualization of problems and their effects and builds consensus amongst stakeholders.
Logical Framework	Facilitates decision making in identifying programme purposes and goals and in planning for programme inputs and outputs.	Allows users and members of the team to have a summary of the programme goals, purpose and key assumptions.

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Annexure A

Universal Precautions

1. Blood, especially in large spills such as from nosebleeds, and old blood or bloodstains, should be handled with caution. Skin exposed accidentally to blood should be washed immediately with soap and running water. All bleeding wounds, sores, breaks in the skin, grazes and open skin lesions should ideally be cleaned immediately with running water and/or other anti-septics. If there is a biting or scratching incident where the skin is broken, the wound should be washed and cleansed under running water, dried, treated with antiseptic and covered with a waterproof dressing. Blood splashes to the face (mucous membranes of eyes, nose or mouth) should be flushed with running water for at least three minutes.
2. Disposable bags must be made available to dispose of sanitary wear.
3. All open wounds, sores, breaks in the skin, grazes and open skin lesions should at all times be covered completely and securely with a non-porous or waterproof dressing or plaster so that there is no risk of exposure to blood. A person with open sores on hands or who has dermatitis is not the best person to do first aid. Cover small cuts and sores with band-aids. First aid persons should have disposable gloves available. Carry gloves if you are away from a designated first aid station.
4. All persons attending to blood spills, open wounds, sores, breaks in the skin, grazes, open skin lesions, body fluids and excretions should wear protective latex gloves or plastic bags over their hands to eliminate the risk of HIV transmission effectively. Bleeding can be managed by compression with material that will absorb the blood, e.g. a towel.
5. If a surface has been contaminated with body fluids and excretions which could be stained or contaminated with blood (for instance tears, saliva, mucus, phlegm, urine, vomit, faeces and pus), that surface should be cleaned with running water

and household bleach (1:10 solution), and paper or disposable cloths. The person doing the cleaning must wear protective gloves or plastic bags.

6. Blood-contaminated material should be sealed in a plastic bag and incinerated or sent to an appropriate disposal firm. Tissues and toilet paper can readily be flushed down the toilet.
7. If instruments (for instance scissors) become contaminated with blood or other body fluids, they should be washed and placed in a strong household bleach solution for at least one hour before drying and re-using.

Annexure B

GLOSSARY

Confidentiality

All information about a person's health, including his/her HIV status is confidential information. This means that this information may not be shared by the health care worker or the counsellor with any other person without the informed consent of the person concerned.

Epidemiology

A branch of medicine that deals with the study of causes, distribution, and control of disease in a population.

Post-Exposure Prophylaxis

A treatment administered following exposure to a harmful agent, which attempts to block or reduce injuries or infection. For example, post-exposure prophylaxis might concern the treatment of health care workers exposed by a needle stick to HIV with a drug such as AZT to protect them from being infected with HIV.

Screening

Examination of a group to separate well persons from those who have the infection.



This document was prepared with the assistance of the following partners:

