HIV/AIDS POLICY FOR THE SWAZILAND PUBLIC SERVICE

PUBLIC SECTOR HIV & AIDS COORDINATING COMMITTEE (PSHACC)
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FOREWORD

The HIV and AIDS epidemic has swept across the world during the last two decades, and the countries of Southern Africa have been hardest hit. Swaziland is among the countries worst affected. HIV prevalence amongst antenatal clinics (ANC) in the country was at 42.6% in 2004 and this has implications for the public sector where the majority of the workforce is employed. In the continuing absence of any cure for HIV and AIDS, problems will be compounded in the coming decades, as the numbers of people infected with the HIV virus will grow.

Swaziland has had a National AIDS Programme since 1987, with many initiatives underway since that time, by both Government, non-Governmental Organizations (NGOs), Community Based Organizations (CBOs) and the Private Business Sector. In February 1999, in the face of burgeoning statistics of illness and deaths that were increasing and affecting every family, the Head of State of Swaziland His majesty King Mswati III, declared HIV and AIDS to be a national disaster. In April 1999 the Government established an HIV and AIDS Cabinet Committee and an inter-sectoral HIV and AIDS Crisis management and Technical Committee (CMTC), under the then Deputy Prime Minister. The CMTC in consultation with a wide range of stakeholders, developed the first multi-sectoral National Strategic Plan for HIV and AIDS, 2000 - 2005.

In line with international developments government has established the National Emergency Response Council on HIV and AIDS (NERCHA) to coordinate and facilitate the national multi-sectoral response to HIV and AIDS. Consequently, the government established and launched the Public Sector HIV and AIDS Coordinating Committee (PSHACC) in 2004.

The Committee is comprised of Under Secretaries, Directors from all line Ministries, Deputy Commissioners, Deputy Heads from Departments, and Deputy Army Commander and Leaders of the Government Staff Associations. PSHACC was commissioned to coordinate and facilitate the public sector response to the HIV and AIDS pandemic.

The coordination function of PSHACC is to ensure that all Government Ministries comply with Public Sector commitments in the National HIV and AIDS response.
The HIV and AIDS Workplace Policy for the public sector seeks to bring about long-term change in behavior, that will not only slow the rate of new infections, but also encourage Government employees living with HIV and AIDS to live positively, alleviate the impact of HIV and AIDS, and to mobilize resources that will ultimately lead to the making and implementation of appropriate decisions and interventions that prevent or mitigate the spread of HIV and AIDS in the Swaziland Public Service.

This policy will be complimentary to the existing regulations in the Public Service.

Sgáyoyo C. Magong
Minister for Public Service and Information

ACKNOWLEDGEMENTS

Special thanks are extended to all Ministries and Departments for releasing their Directors, Under Secretaries and/or representatives to attend the workshops during the process of developing this HIV and AIDS Workplace Policy for the Swaziland Government Employees. We would like to extend special thanks and gratitude to the Public Service HIV and AIDS Coordinating Committee (PShACC) and its Steering Committee for putting together the draft Workplace Policy. In addition our gratitude goes to Peter Obal, UN volunteer attached to the Ministry of Public Service and Information for his technical advice and his valuable contribution. Furthermore, our thanks go to NERCHA, Mananga Centre for Regional Integration and Management, Italian Co-operation, and all Institutions and Stakeholders who supported this process.

To those who participated directly or indirectly we say; your commitment to the fight against HIV and AIDS scourge in the workplace is greatly appreciated.

Cyril J.M. Kunene
Principal Secretary - Ministry of Public Service and Information
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<td>CSB</td>
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<td>GOS</td>
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<td>JNT</td>
<td>Joint Negotiation Team</td>
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<td>MEPD</td>
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<td>PBC</td>
<td>Planning Budget Committee</td>
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<td>PS</td>
<td>Principal Secretary</td>
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<td>PSMP</td>
<td>Public Sector Management Programme</td>
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<td>SASO</td>
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<td>SIMPA</td>
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<td>SNACS</td>
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<td>SNAP</td>
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<td>TASC</td>
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<td>US</td>
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<td>CANGO</td>
<td>Coordinating Assembly of Non Governmental Organisations</td>
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<td>FLAS</td>
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HIV/AIDS POLICY FOR THE SWAZILAND PUBLIC SERVICE

1.0 BACKGROUND

The Kingdom of Swaziland is the second smallest country in Africa after the Gambia. It is situated in the South Eastern part of Africa and shares borders with the Republic of Mozambique in the East, and South Africa in the north, west and south. Swaziland is divided into four administrative regions namely Manzini, Hhohho, Lubombo and Shiselweni. It also has four geographical regions each with its own unique climatic conditions. These are Lowveld, Lubombo plateau, Middleveld and the Highveld.

Swaziland has a total of 929 718 people with a population growth rate of 2.7%, and a fertility rate of 4.5% (CSO: 1997). Of this 49% are young people, 44.4% of who are less than 15 years of age. About 30% of these are in formal institutions of education. With such a large young population in school, the education sector has an added responsibility to deal with the psycho-social problems of these children. The problems include, among others, threats of HIV/AIDS, decay in moral fibre, multiple partners, poverty, Sexually Transmitted Infections, rapid rise in urbanization, lack of decision-making, lack of power of women in making decisions about their reproductive health issues and the increase in child-headed households.

The first case of HIV/AIDS was detected in 1986, and since then the infection rate has consistently risen without a sign of it plateauing. In 1992 the infection rate was 3.9%, and it then steadily increased by 15.2% in 1994, 26.3% in 1996, 31.6% in 1998, 34.2% in 2000 and 38.6% in 2002.

Swaziland ranks amongst the top five nations in the world affected by HIV/AIDS. His Majesty King Mswati III has since declared HIV/AIDS an epidemic. In order to fight the effects of the pandemic, efforts to put in place national and sectoral policies were made.

2.0 INTRODUCTION

The HIV/AIDS pandemic that is currently sweeping the world has developed into a crisis situation in Africa, South of the Sahara. The infection is chronic, currently incurable and ultimately fatal. It targets the reproductive age group of between 15 to 49 years, who also happen to be the most economically active group in any society.

The public service is one of the largest employment sectors in Swaziland with a total of about 31,000 employees. Like the rest of the sectors in the Kingdom, the public service is not immune to HIV and it is expected that a significant proportion of public servants is HIV positive.

The epidemic by its nature therefore impacts the workplace. As a result, the workplace has become one critical site for the formulation of AIDS policies in order to address the needs of both those that are affected and those that are infected with the disease. The Swaziland Government, as an employer, acknowledges the seriousness of the HIV/AIDS epidemic and the fact that the ripple effects will be felt both internally, within the Public Service and externally, within the communities, from which the public servants come from and also serve. The Swaziland Government therefore seeks to minimise the social, economic and developmental consequences to its officers; and commits itself to providing resources and the necessary leadership to implement required HIV/AIDS workplace programmes for the public service.

3.0 PREAMBLE

The Government of the Kingdom of Swaziland acknowledges the seriousness of the HIV/AIDS epidemic, it seeks to minimise the social, economic and developmental consequences to the public sector and commits itself to providing resources, guidance and support implementation of HIV/AIDS and STD Programme.

- This document provides a detailed guide to the HIV/AIDS Workplace policy, and management guidelines to support the policy.
- The HIV/AIDS Workplace policy should be communicated at induction of all staff, distributed to all staff along with supporting information in
the staff HIV/AIDS handbook.

- The HIV/AIDS Workplace policy can be accessed on the website
- Any queries about the HIV/AIDS Workplace policy and supporting programmes should initially be addressed to the Ministry/Departmental HIV/AIDS coordinator. They in turn can raise queries with PSHACC Secretariat
- Core communication to all employees will be through the initial standard HIV/AIDS information pack produced by PSHACC Secretariat. This will include a general leaflet, a one page summary of this policy, an Induction Pack, a staff hand book and question and answer guide.
- Hard copies in two (2) key languages (English and Siswati) should be made available to all Public Sector employees.
- Public sector employees should be talked through the induction pack when they join the service especially those who are non-literate.
- The Information Pack will be made available in electronic copy.

4.0 VISION

To ensure that the Government of the Kingdom of Swaziland has a healthy and productive workforce that is free of HIV/AIDS and effectively delivers public services.

5.0 MISSION

To prevent, mitigate and control HIV/AIDS infection amongst the public sector through effective guidelines to ensure coordination, planning, implementation, monitoring and evaluation of HIV/AIDS programmes and services in the public sector.

6.0 GUIDING PRINCIPLES

The following principles shall serve as a guide to the Swaziland Public Sector HIV/AIDS policy:

- The Swaziland Public Sector supports non-discriminatory employment practices.
- The Swaziland Public Sector believes that employees with HIV/AIDS are entitled to the same basic rights as all other employees, especially the right to confidentiality and respect of all the individual. Thus, confidentially regarding the HIV status of any member of staff shall be maintained at all times.
- HIV status shall not constitute a reason to preclude any person from employment.
- No staff member shall be required to undergo HIV testing. Where testing is done at the insistence of the employee, this will be with his/her informed consent and will be accompanied by counselling.
- Transparency in dealing with HIV/AIDS is necessary. For example, policy documents on HIV/AIDS should be written in a way that is simple and clear. The document should also be made available to all employees.
- The policy shall be developed and implemented in consultation with staff and their representatives.
- The Swaziland Public Sector endeavours to act in accordance with existing labour legislation and within the policies and guidelines already being practiced by the Swaziland Public Service.

7.0 GOALS, OBJECTIVES AND STRATEGIES OF THE POLICY

7.1 GOAL OF THE POLICY

The overall goal of the policy is to:

- To bring about longer-term change in behaviour, that will not only slow the rate of new infections, but also encourage people with HIV/AIDS to live positively.
- To alleviate the impact of HIV/AIDS in the Swaziland Public Service.
- To mobilise resources and capacity that will ultimately lead to the making and implementation of appropriate decisions and interventions that prevent or mitigate the spread of HIV/AIDS in the Swaziland Public Service.
7.2 POLICY OBJECTIVES
The policy seeks to:

- Define those areas where HIV/AIDS can impact on the public service and its employees and clearly state the position of the public service in terms of management of all aspects of the problem.
- Assist all role players to manage HIV/AIDS in the workplace appropriately.
- Create a safe working environment for all employees.
- Discourage discriminatory responses in the workplace to anybody known or suspected to have HIV/AIDS.

7.3 POLICY STRATEGIES
To achieve the objectives of the policy, multi-pronged approaches will be adopted, in line with the critical areas of concern identified in the Swaziland National Strategic Plan for HIV/AIDS (2000-2005). The three identified interventions will include:

A. Risk Reduction
The priorities identified include:

- To raise awareness and motivation of HIV/AIDS issues.
- To provide care and support to infected and affected public servants.
- To develop a Public Sector HIV/AIDS policy.
- To advocate for abstinence, fidelity and condom use
- To ensure job security for infected and affected public servants.
- To systematically and continuously monitor and evaluate the workplace programs being implemented.
- To ensure confidentiality in voluntary counselling and testing.

B. Response Management
This will aim to create a conducive and enabling environment for public servants with HIV/AIDS. The priorities here include:

- To enact policies and legislation that protect the rights of HIV/AIDS infected and affected public servants.
- To ensure continuous counselling to the infected and affected public servants.
- To promote shared confidentiality.
- To train volunteers from the public service on care, support and counselling of infected and affected co-employees.

C. Impact Mitigation
The main objective here will be to develop a well-coordinated and responsive Public Service that will respond to the impact of HIV/AIDS. The critical areas of concern here include:

- To ensure people with HIV/AIDS are not discriminated and get all the benefits entitled to other public servants.
- To prioritise systematic training on HIV/AIDS issues, according to the continuous evaluated training needs identified.
- To establish systematic human resources management and planning systems, policies and procedures i.e. succession planning and career development strategies.
- To improve and strengthen the human resources information system so as to assess data and Information needed to monitor and evaluate the HIV/AIDS impact and interventions in the public service.
- To encourage the different sectors in the public service to plan and develop coping mechanisms, like multi-skilling, outsourcing and sideways shifting.

7.4 PROGRAMME COMPONENTS
The HIV/AIDS programme of the Public Sector shall provide all staff access to:

- Information, education and communication activities, including media materials and peer education.
- Barrier methods (male and female condoms).
- Health services for the appropriate management of STI.
- Treatment of opportunistic infections for infected staff, along with testing and counselling services.
- Personal protective equipment for staff who may potentially be exposed to blood or blood products.
- Support for both infected and affected staff.

8.0 PLANNING AND BUDGETING
The PSHACC shall coordinate with the relevant Government organs, plan and allocate adequate budget to meet the sector workplace HIV/AIDS activities.
9.0 INTERACTIONS WITH PUBLIC SOCIETY AND OTHER AGENCIES

All Government Ministries and Departments shall endeavour to utilize all opportunities in which they interact with Public Society and other agencies to contribute to the mission and objectives of the public sector HIV/AIDS and STD programme.

10.0 INTERACTIONS WITHIN GOVERNMENT

The PSHACC shall ensure a uniform and concerted response by Ministries/Departments HIV/AIDS Committee to the epidemic.

11.0 SUPPORTIVE ENVIRONMENT

The Public sector through its policies and procedures shall create a supportive environment for all its employees.

11.1 DEVELOPMENT OF PARTNERSHIPS

PSHACC shall form strategic partnerships with UN Agencies and key stakeholders in the health sector.

12.0 BASIC PRINCIPLE FOR SUPPORTIVE ENVIRONMENT

- The public sector's policy on HIV/AIDS is guided by the fundamental need to balance its commitment to deliver the HIV/AIDS objectives, and the needs of its employees. It will seek solutions that support both.

- The public sector will help employees to avoid new HIV infections, help those living with HIV to have long and productive lives, and where possible provide access to treatment for those who need it.

- The public sector's resources are focused on the prevention, mitigation and control of HIV/AIDS thus maintaining a healthy work force that is productive.

13.0 LEGAL AND GOOD PRACTICE FRAMEWORK

The public sector's HIV/AIDS policy and programmes shall be implemented within the framework of national labour legislation, and on national regulations concerning HIV/AIDS in the workplace. Implementation should also be guided by accepted international good practice, especially the international labour Organisation’s Code of practice on HIV/AIDS and the world of work (available at www.ilo.org).

14.0 INFORMATION, EDUCATION AND COMMUNICATION

14.1 Public servants will have access to information, education and Communication about HIV/AIDS with close reference about ethical and legal issues.

14.2 The provision of the above (14.1) shall be seen as a dual responsibility between employer and employee.

15.0 DISCRIMINATION, STIGMA AND VICTIMISATION

15.1 The public sector shall ensure non-discrimination in employment related to HIV status (real or perceived) and will treat individuals with HIV/AIDS in the same manner as those with any other progressive or debilitating illness.

15.2 The public sector shall ensure continuation of employment regardless of the HIV/AIDS status.

15.3 Public officers living with HIV/AIDS will be promoted like other employees based on merit and no officer should be demoted on the basis of his/her HIV/AIDS status.

15.4 Public officers can be deployed to any part of Swaziland by normal
posting or transfer.

15.5 Separating legally married couples through posting/transfer should be minimized. To avoid the spread and exposure of HIV/AIDS.

15.6 Consideration shall also be given to transfer public officers who have disclosed their sero status to stations where they can access medical attention.

15.7 Discrimination or harassment towards someone because of their HIV status will be considered a disciplinary offence in terms of part IX of General Orders.

15.8 Disciplinary procedures in terms of the appropriate statutory instrument shall apply to an officer who refuses to work with another officer for the expressed reason of the other officer being infected with HIV/AIDS.

15.9 Similarly, action shall be taken against employers who discriminate on the basis of HIV/AIDS or any related matter.

16.0 STAFF TRAINING AND DEVELOPMENT

16.1 Officers shall be encouraged to go for voluntary HIV/AIDS testing.

16.2 Unless it is a prerequisite there shall be no mandatory HIV testing for training. For any training or assignment in a country that requires HIV testing for residence, this requirement must be clearly stated. Officers shall have the option to refuse testing, and this shall not make any inference about the officer’s HIV/AIDS status, nor to affect their future training or employment status in anyway.

16.3 In line with the current regulations on staff training and development, public officers shall be given the same consideration for training and development opportunities irrespective of their HIV/AIDS status.

16.4 Public officers shall be encouraged to seek medical advice before undertaking long-term and stressful training programmes.

16.5 General medical check-up shall be the basis of making decisions in terms of training.

17.0 CARE AND SUPPORT

- Where feasible and practicable, medical and psycho-social support interventions should be offered to infected and affected employees and their families (as defined in the General Orders).

- The public sector shall ensure access to full provision of treatment to limit mother to child transmission.

- The public sector shall provide access to anti-retroviral therapy.

- The public sector shall provide nutritional supplements to employees.

18.0 HEALTH AND SAFETY FOR STAFF

Ministries and Departments shall ensure protective measures (including treatment such as post exposure prophylaxis) are put in place to guard against exposure of public officers to HIV/AIDS.

19.0 CONFIDENTIALITY

All medical information on an officer or prospective officer is personal and as such will be treated as confidential, unless disclosure is legally required, or the concerned person voluntarily discloses it for his/her benefit.

A public officer shall not be obligated to inform the employer regarding his/her HIV/AIDS status.

20.0 COUNSELLING/VOLUNTARY COUNSELLING AND TESTING (VCT)

The public sector should endeavor to provide access to counselling services such as voluntary counselling and testing (VCT) for infected and affected employees either at work or in conjunction with community services.
21.0 CAPACITY REGENERATION

- The public sector shall establish systematic human resources management and planning systems, policies and procedures such as, succession planning and career development strategies.

- The public sector shall improve and strengthen the human resources information system so as to assess data and information needed to monitor and evaluate the HIV/AIDS impact and interventions in the public service.

- The public sector shall encourage the different sectors in the public service to plan and develop coping mechanisms, like multi-skilling, sideways shifting or any other strategy.

22.0 SICK LEAVE

Sick leave provisions, outlined in General Orders shall apply to all officers, irrespective of the officers HIV/AIDS status.

Where a staff member is unable to continue working as a result of his/her illness, the agreed procedures for the termination of employment on medical grounds should be followed.

23.0 GENDER EQUITY

The public sector shall prohibit all forms of gender discrimination and sexual exploitation.

24.0 REVIEW AND REVISION

This policy will be revised on a regular basis, to take account of the progression of the epidemic, developments in medical care, experience in managing it at the workplace and its impact on employee benefit schemes.

25.0 RESOURCE MOBILIZATION

The Swaziland Government, as an employer and subscribing to the value of concern for people, undertakes to provide adequate human and financial resources to combat HIV/AIDS through employee education, as well as by using any other intervention, which it deems necessary. Thus the Swaziland Government commits itself to the implementation of the Swaziland Public Sector HIV/AIDS policy.

26.0 EDUCATION AND AWARENESS

The Public sector employees will have access to relevant information and education programmes on HIV/AIDS.

27.0 INSTITUTIONAL ARRANGEMENTS

The public sector has engaged on a multi-sectoral approach to HIV/AIDS whereby all ministries and departments are expected to play a major role.

The diverse roles of the stakeholders are derived from their mandates and key functions.

27.1 CABINET

The Cabinet shall be responsible for overseeing and facilitating the public sector response to HIV/AIDS pandemic. This responsibility includes:

- A formal review and the adoption of a public sector policy, strategy and programme to deal with HIV/AIDS
- Approval of PSHACC budget
- Discussing PSHACC reports submitted to cabinet for consideration (every two months for the first year, and quarterly thereafter)

27.2 MOPSI

The MOPSI shall be responsible for the establishment and facilitation of PSHACC and the Secretariat operations. This will include:
Presenting the public policy, strategy and programme (including the annual reviews) to cabinet
Reporting to Cabinet on PSHACC activities and the public sector programme implementation (every two months for the first year and quarterly thereafter).
Overseeing the establishment of PSHACC and the Secretariat.
Establishing a special bank account that funds the requirements and the management of PSHACC related activities.
Overseeing the management and operations of PSHACC
Lobbying and facilitating political, financial support and leadership commitment.

27.3 NERCHA
NERCHA will support, facilitate, coordinate and cooperate with PSHACC including:

- Incorporate the public sector strategy into the national HIV/AIDS strategy
- Serve as a member of PSHACC to ensure coordination and communication
- Support PSHACC on matters such as fund raising, technical assistance, programme development and implementation
- Assist PSHACC to integrate national programmes for examples into the overall public sector programme

27.4 PSHACC

- The PSHACC structure will consist of a chairperson and the various subcommittees with designated roles. MOPST will chair PSHACC. There will be three subcommittees that are responsible for leading and directing the public sector response. These are:
  - The policy and programme development sub-committee
  - Monitoring sub-committee and
  - The programme implementation sub-committee responsible for the development of programme and projects plans.

The functions of PSHACC shall include:

- Policy formulation and implementation
- Managing implementation of the strategic plan

27.5 THE SECRETARIAT
The functions of the secretariat will be focused on supporting the work of PSHACC outlined above and the implementation of the public sector strategy including:

- Implement policy
- Programme management and capacity building
- Implement, monitor and evaluate the public sector response to HIV/AIDS strategy
- Implement operating procedures
- Develop and implement management systems to support the work of the Secretariat
- Facilitate partnerships, cooperation and collaboration with other service providers in the area of HIV/AIDS
- Financial management
- Budget coordination
• Mobilize and manage financial and other resources
• Human resources
• HR impact monitoring and planning system
• Development management
• Information and knowledge management

27.6 MINISTERIAL SUB-COMMITTEES
The ministerial committees will be chaired by Principal Secretaries or the
Under Secretaries and selected Heads of Departments.

The ministerial representatives will consist of:
• Committee chair
• Focal person
• Social Welfare officer
• Principal Personnel Officer
• Union representatives (where applicable)
• Unit/section representatives

The function of the Ministerial committee will focus on supporting the work of
PSHACC and implementing the public sector strategy within the specific
Ministry/Department. The functions include the following:
• Implementation of the public sector HIV/AIDS policy
• Facilitate the development of Ministerial/Departmental HIV/AIDS
workplan based on the Public Sector HIV/AIDS Strategic Plan
• Oversee and support the implementation of programmes
• Ensure commitment and buy-in from managers and staff on the
implementation of programmes
• Track and monitor implementation
• Report on progress and achievements to the PSHACC
• Identify ministerial/departmental needs and request for assistance
from PSHACC
• Communication through out the ministry on the objectives of the
HIV/AIDS programme

27.7 HIV/AIDS CORDINATOR
The level of the HIV/AIDS Coordinator should be at Senior Assistant Secretary
level.

The function of the HIV/AIDS Coordinator will focus on implementation and
monitoring of the public sector programme within the Ministry. Specific
functions will include:
• Participate in planning and budgeting for ministerial/departmental
HIV/AIDS programmes
• Coordination of HIV/AIDS activities.
• Facilitate access to HIV/AIDS support services
• Disseminate information
• Condom distribution
• Gloves and IEC materials
• Monitoring and implementation of programmes
• Compile monthly reports for consideration by the ministerial
committee
• Liaison with the Secretariat on behalf of the department

28.0 POLICY MONITORING AND EVALUATION
The overall responsibility for monitoring and evaluation of the policy will rest
with the Public Sector HIV/AIDS Coordinating Committee.

28.1 MONITORING
A systematic and continuous assessment of key indicators will be undertaken
to see what changes have occurred in the public servants behaviour, attitude
and knowledge as regards to HIV/AIDS. The following indicators may be used
to monitor the HIV/AIDS programs in the Public Service:
• Absenteeism. (Whether it is due to sickness or taking compassionate
leave)
• Deaths In Service
• Retirement on medical grounds
• Staff turn over levels
• The number of training and awareness programs carried out in the
workplace
• Number of employees attending/participating in the HIV/AIDS
education programs
• The number of condoms (both male and female) distributed
• The number of employees volunteering to become HIV/AIDS peer
educators
• The number of HIV/AIDS employees willing to declare their status
• Acceptance of employees with HIV/AIDS by their peers

28.2 EVALUATION
The evaluation will be done bi-annually. The information gathered through the systematic and continuous monitoring will form the baseline for the evaluation process. The evaluation process will also benchmark what is happening in the Public Service with information from the private sector and the nation at large.

29.0 CONCLUSION
HIV/AIDS is now a fact of life and needs to be treated sensitively. This policy has been designed in an attempt to pre-empt some of the problems that arise in dealing with the pandemic. The policy seeks to provide a safe environment for all public servants, while protecting the privacy of those with HIV/AIDS. It also seeks to support and protect the interests of both the individual employee and the Swaziland Public Service as a whole. It has been produced with the aim of reducing the suspicion that often attends the process of sick leave management, redeployment and retirement on medical grounds. This proactive management will ultimately create a climate of understanding and build trust between the Swaziland Government, as an employer, the public servants and the nation at large.