

GHANA PRISONS SERVICE

HIV/TB WORKPLACE POLICY

and

Implementation Strategy



DECEMBER 2011

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The essence of this policy document cannot be understated as it forms the basis of HIV and Tuberculosis control in the Ghana Prisons Service. The Ghana Prisons AIDS Control Programme (PACP) would like to recognize and acknowledge the contributions of the many individuals and institutions through whose efforts this first edition of the policy was produced.

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DIRECTOR GENERAL OF PRISONS

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LIST OF ABBREVIATIONS

AIDS	-	Acquired Immune Deficiency Syndrome
ART	-	Anti Retroviral Therapy
CDP	-	Contagious Disease Prison
TC	-	Testing and Counselling
DOT	-	Directly Observed Therapy
FHI	-	Family Health International
GAC	-	Ghana AIDS Commission
HIV	-	Human Immunodeficiency Virus
HSS	-	HIV Sentinel Survey
IEC	-	Information Education Communication
ILO	-	International Labour organization
MDA	-	Ministries, Departments and Agencies
NACP	-	National AIDS Control Programme
NSF	-	National Strategic Framework
NTP	-	National Tuberculosis Control Programme
OI	-	Opportunistic Infections
PACP	-	Prisons AIDS Control Programme
PMTCT	-	Prevention of Mother to Child Transmission
PROWA	-	Prison Officers Wives Association
STI	-	Sexually Transmitted Infection
TB	-	Tuberculosis
UN	-	United Nations
USAID	-	United States Agency for International Development

1. INTRODUCTION

The HIV epidemic apart from being a public health concern is a major developmental and socioeconomic problem in Ghana, as it is in other parts of the world, particularly in Africa south of the Sahara.

The HIV prevalence in Ghana for the year 2008, according to estimates based on the 2008 HIV Sentinel Survey, the 2003 Ghana Demographic Health Survey and other service data, was 1.7%. This means on the average two out of every hundred persons living in Ghana are infected with the virus, and this poses a significant threat to the health and development of the country. Tuberculosis, considered to be one of the oldest diseases to have plagued mankind still continues to affects many people in this country and the world over. Its incidence has become more and more prominent because of the destruction of the immunity of persons infected with HIV.

These two diseases are unfortunately affecting mostly persons in their productive and reproductive years. All categories of persons be they security personnel or civilians, be they prison officers or inmates are being affected. It therefore calls for an all embracing and decentralized approach toward the provision of comprehensive prevention, care and support interventions at all levels.

It is imperative for all organizations and institutions to join hands with each other and with the government of Ghana through its relevant mandated bodies such as the Ghana AIDS Commission, the National AIDS/STI Control Programme and National TB Control Programme to pursue the common agenda of protecting our work force, their families and future generations from these diseases.

The national strategic plan for HIV enjoins each sector to develop sector specific plans and strategies hence the need to develop sector or

institutional specific workplace policy.

It is against this background that the Ghana Prisons Service embarked on this important course of action by putting in place this *Workplace HIV/TB Policy* document, and the necessary structures and steps required in ensuring the safety, health, freedoms and rights not only of the Superior and Subordinate Officers of the Ghana Prisons Service and their families, but that of the inmates as well.

This policy mandates the creation of a healthy work environment aimed at preventing the spread of HIV and TB, proposes the establishment of counseling and testing services or access to such services, the development of linkages to treatment, care and support services, the protection of individuals living with HIV from stigma and discrimination, and the promotion of the rights and freedoms of all.

2. BACKGROUND

a. BRIEF HISTORY OF THE PRISONS SERVICE

The current prisons system took its roots from the informal method of imprisonment in the colonial era by the British. By 1841, the system was formalized when the British Governor sentenced over 91 people into jail at the Cape Coast Castle. The first prisons in the then Gold Coast were therefore located in the castles which served both as trading points as well as administrative seats of the territory.

In 1860 the Colonial Government established the Prisons Ordinance and was promulgated in 1876 which gave birth to the Prisons Department in the Gold Coast. In 1920 the first Inspector General of Prisons was appointed. From then the focus of the system changed from retributive to reformative.

Since the latter part of the 20th Century, the Service has worked assiduously to embrace modern concepts of imprisonment aiming at correctional treatment of offenders and their re-integration into society. The Service became known by its current name after independence.

Currently the Ghana Prisons Service is made up of 45 establishments dotted over the ten administrative regions of Ghana. These include:

- i. Prisons Headquarters
- ii. Prison Officers' Training School
- iii. Senior Correctional Centre (formerly Ghana Borstal Institute)
- iv. Seven Female Prisons
- v. Seven Central Prisons
- vi. Fifteen Local Prisons
- vii. Two Open Camp Prisons
- viii. Ten Agricultural Settlement Camp Prisons
- ix. One Medium Security Prison

b. MISSION AND VISION

Mission

The Ghana Prisons Service as an adjunct of the Criminal Justice Administration in Ghana contributes to the maintenance of internal security and public safety, as well as the maintenance of an efficient, humane and reformatory penal system operated within the laws of Ghana. We believe in humanity, fortitude and integrity while helping in the social re-integration of ex-convicts into society.

Vision

To transform the Ghana Prisons Service into an efficient, secure, humane and reformative service.

c. LEGISLATIVE FRAMEWORK OF THE PRISONS SERVICE

- i. Articles 205 to 209 of the 1992 Constitution of the Republic of Ghana
- ii. Prisons Service Decree, 1972 (NRCD 46)
- iii. Prisons Standing Orders, 1960
- iv. Prisons Regulations, 1958 (L.I. 412)
- v. Prisons (Amendment) Regulation 1970 (L.I. 648)
- vi. Prisons (Declaration of Prisons) Instrument, 1971 (E.I. 122)
- vii. Ghana Prisons Service Scheme of Service Administration

d. FUNCTIONS OF THE PRISONS SERVICE

Section 1 of NRCD 46 of 1972 specifies the functions of the Ghana Prisons Service as follows:

- i. “It shall be the duty of the Prisons Service to ensure the safe custody and welfare of prisoners and whenever practicable to undertake the reformation and rehabilitation of prisoners;
- ii. Every prison officer shall perform such functions as are by law conferred upon a prison officer and shall obey all lawful orders and directions in respect of the execution of his office which he may receive from his superiors in the Prisons Service”

Further, Section 35(1)(e) imposes a duty on the Director-General of Prisons to ensure that every prisoner “is promptly supplied with all medicines, drugs, special diets or other things prescribed by a medical officer of health as necessary for the health of that prisoner”

3. HISTORY AND OVERVIEW OF HIV IN GHANA

Since the first case of AIDS was diagnosed in Ghana in 1986, HIV infection has been found in all the regions of Ghana amongst all age groups. Until 2006, the HIV Sentinel Survey (HSS) conducted annually among pregnant women has been used as a proxy for the prevalence of HIV in Ghana. From a low of 2.4 in 1994 to a high of 3.6 in 2002, the prevalence amongst pregnant women in Ghana has shown an inclination towards a decline with a prevalence of 2.2% in 2008. Ghana, for the first time in 2006 and subsequently thereafter has been coming out with the National HIV Prevalence estimation which takes into account among other things, the HSS prevalence and the Ghana Demographic Health Survey estimations; thus in 2008 the National HIV Prevalence was estimated to be 1.7%.

HIV infection is a major challenge to global health and the socioeconomic development with Sub-Sahara Africa bearing the greatest brunt of the disease, harbouring as much as 67% of the 33.2 million persons estimated in 2007 to be living with HIV globally.

The nature of the epidemic in Ghana is considered to be that of a generalized epidemic. With a national HIV prevalence of 1.7%, it is estimated that 236,151 persons (98,306 males and 137,841 females) were living with HIV in 2008, of which 20,508 were children. An estimated 20,542 new HIV infections (of which 3,978 were children and 18,564 were adults) occurred in Ghana in 2008. The cumulative AIDS death at the close of 2007 was 198,981.

Ghana's early response to the HIV epidemic saw the establishment of the National Advisory Council on AIDS (NACA) and the National Technical Committee on AIDS (NTCA) in 1985. Later in 1987 the National AIDS/STI Control Programme (NACP) was established to lead in the formulation and implementation of health sector plans for HIV control. The Ghana AIDS Commission (GAC) was formed by a legislative instrument in September 2000 and became constituted in the year 2001 as the responsible organization for the coordination of the multi sectoral national response. The formulation of the National Strategic Framework (NSF I: 2001 – 2005 and NSF II: 2006 – 2010) form the basis of the current strategic interventions in the country by all ministries, departments, agencies, stakeholders and partners.

The National AIDS/STI Control Programme is the implementing agency of the health sector response plan within the National Strategic Framework. The health sector response strategy is outlined as follows:

- The delivery of the package of interventions to reduce HIV transmission
- The delivery of the package of treatment, care and support services for PLHIV
- The delivery of information on HIV and AIDS for action
- The Provision of essential technical support to all ministries, departments and agencies (MDAs) in the implementation of their programmes.

The core components of interventions are:

- Behavioural Change Communication and targeted risk-reduction programme
- Blood safety

- Infection Prevention and Standard Precautions
- Counseling and Testing - CT
- Prevention of Mother to Child Transmission of HIV (PMTCT)
- Anti Retroviral Therapy (ART)
- STI and Opportunistic Infection prevention and management
- HIV/TB collaboration
- Continuous psychosocial support and counseling
- Technical support to MDAs, NGO and the private sector

After years of implementation of the health sector strategic plan, significant gains have been made in all areas of intervention in Ghana. As at June 2009, the number of persons who have gone through counseling and testing to know their HIV status was 1,110,846; the number of pregnant women counseled and tested for PMTCT was 577,791, of which 11,054 received ARV prophylaxis; and 29,010 adults and children have been initiated on anti-retroviral therapy. These have been made possible through institutional, logistical and human resource capacity building which have resulted in the establishment of over 500 CT and PMTCT sites respectively across the country, and 125 ART sites in 86 out of the 168 districts in Ghana. Under the Scale-up Plan of the NACP, efforts are to be made to achieve universal access to prevention, treatment, care and support services by the end of 2010.

New strategies are focusing more on prevention and on taking the counseling and testing services to the door-step of the community. One such strategy is the recently launched 'Know Your Status' campaigns across the country, which seek to encourage individual to know their HIV status. Another strategy is the engagement of MDAs (including

security agencies), organization (both private and public) and businesses in the development and implementation of workplace policies and programmes. This is aimed at making all the interventions available to workers, officers, management of organizations, families and dependents as well as to protect the right of persons living with HIV in the corporate and governmental organizations.

4. HIV/TB COLLABORATION

Following the outbreak of the HIV epidemic, the incidence of TB has increased significantly, particularly in sub-Saharan Africa. The high number of death due to TB has been associated with the relatively high prevalence of HIV in the region. TB and HIV are two diseases that have a complex inter-relationship and there is therefore the need for each to be considered in any patient who presents with either of the two diseases. HIV increases susceptibility to TB, and TB can occur at any point in the course of progression of HIV disease. As immunity declines due to HIV, worse forms of TB including disseminated, meningitis and extrapulmonary forms become more common. At all stages however, pulmonary TB remains the commonest.

In the year 2006, 70% of persons co-infected globally lived in sub-Saharan Africa. In Ghana, a recent study has shown that the prevalence of HIV amongst persons being treated for TB was about 14%; and data at the Korle-Bu Teaching Hospital indicated that up to 50% HIV related deaths were due to TB.

The concept of TB-HIV Collaboration emerged from the close inter-relation between the two diseases and the need to have a common and collaborative approach to dealing with the double edged disease alliance of TB and HIV. Under the national protocols and guidelines formulated

for this collaboration in Ghana, routine offer of HIV counselling and testing is to be made to all TB suspects and patients; and on the other hand all HIV positive persons are to be routinely screened for TB. The policy also emphasises the need for early detection and syndromic management of sexually transmitted infections (STIs), HIV prevention measures, treatment and prophylaxis for opportunistic infections (OI), drug adherence counselling, intensive TB case finding and treatment using DOT, contact and partner tracing, referral to Community TB/HIV support and care services, community treatment supporters, nutritional and family planning support, and psychosocial support.

With this understanding one can appreciate the need for an 'HIV/TB Workplace Policy' rather than a policy that looks at HIV alone. And under this policy and consequently through the workplace programme every effort would be made to deal with issues pertaining to this two diseases comprehensively.

5. HISTORY, OVERVIEW AND ORGANIZATION OF THE PRISONS AIDS CONTROL PROGRAMME (PACP)

The Prisons AIDS Control Programme (PACP) was established in May 2001 after a research conducted by Mark Rickon Consult established that the very nature of the Prisons Officers' work makes him/ her vulnerable to HIV infection. The programme was therefore established to pursue the following objectives:

- Create awareness among Prison Officers, their dependants and inmates about their vulnerability to HIV infection
- Promote HIV Testing and Counseling (HTC) among members of the prisons community

- Promote condom use among prison officers in casual sexual relations
- Care and support people living with HIV and AIDS in the prisons community
- Reduce stigma and discrimination against people living with HIV and AIDS

At its inception, the programme received technical assistance from Family Health International (FHI) and financial support from the United States Agency for International Development (USAID).

The initial programmes undertaken were advocacy for top management and capacity building for the project team in project planning, implementation, monitoring and evaluation, as well as reporting. In achieving the aims of the programme, the following activities were undertaken:

- a. Training of Reception Officers and Social workers as HIV Counselors. The idea was to incorporate HIV education into the process of admitting inmates to prison which is normally undertaken by Reception Officers. Social workers are responsible for welfare needs of inmates. The education centered on risky behaviours in the prison. This was followed by training of inmates' leadership as HIV peer educators.
- b. A booklet entitled "What Every Prison Officer Should Know about HIV/AIDS and Tuberculosis" was published and distributed to all prison officers. This book contains information on basic facts about HIV and Tuberculosis and circumstances that make Officers and inmates vulnerable to HIV infection and strategies for prevention.

- c. Condom sale points were established in all Prisons Canteens/ Messes after the Mess/Canteen Keepers were trained in social marketing of condoms. Condom pouches were also produced and distributed to all Prison Officers who readily accepted them as part of their accoutrement.
- d. The leadership of Prison Officers Wives Association (PROWA) from across the country was trained as HIV peer educators, and in turn they educate their members at PROWA meetings.
- e. Prison Health Staff were also trained in nutritional and palliative care for people living with HIV and AIDS.

In 2003, the support from FHI and USAID folded up and the Prisons AIDS Control Programme (PACP) had to depend on the Ghana AIDS Commission (GAC) for financial support. In 2007, the National STI/AIDS Control Programme (NACP) of the Ghana Health Service came to the aid of the PACP with funds from the Global Fund to complement the support from GAC. The NACP has since undertaken infrastructural and human resource capacity building and advocacy meetings for the Prisons Service. Some of the recent activities undertaken include:

- a. Training of Prisons Health Staff in HIV testing and counseling and PMTCT and establishment of HIV Testing and Counseling centers in some prisons.
- b. Incorporation of HIV education into all training programmes of the Ghana Prisons Service.
- c. Sensitization programmes for Commanders of all prisons establishments on care and support for people living with HIV (PLHIV).

Currently the Prisons AIDS Control Programme falls under the Welfare Directorate of the Prisons Service with its secretariat at the Prisons Headquarters in Accra. The programme is headed by a Programme Coordinator who is assisted by two Programme Officers. The project team meets every two weeks to review activities undertaken and to plan new ones. The Programme Coordinator reports to the Director-General of Prisons through the Director of Prisons in charge of Welfare.

The programme also has Regional Focal Persons in all the regions. The Regional Focal Persons report directly to the Programme Coordinator and are responsible for coordinating and reporting on HIV and AIDS activities in their respective regions. This is in line with the decentralization approach and programme strategy.

6. TUBERCULOSIS CONTROL IN THE GHANA PRISONS SERVICE

The Ghana Prison Service in collaboration with National Tuberculosis Control Programme (NTP) launched the Prisons Tuberculosis Control Project in 2006. This was followed by an advocacy workshop for the Directorate and Regional Commanders. Thereafter, a secretariat was established at Prisons Headquarters to manage the project. Some of the activities undertaken include capacity building for prisons health staff in TB management and equipping some prison infirmaries for easier TB case detection.

With assistance from NTP, Ankaful Contagious Disease Prison (CDP) was renovated. This is the prison establishment where all convict prisoners confirmed of having TB are sent for treatment. There has also been several awareness creation programmes on the basic facts about TB and its management among prison inmates and in the prisons

barracks during which a lot of IEC materials including flip chart, brochures, stickers, T-shirts etc. were distributed

7. HIV/TB WORKPLACE POLICY OF THE PRISONS SERVICE

a. POLICY OBJECTIVES

The objectives of this policy are:

- i. To provide protection from stigma and discrimination for persons living with HIV and/or having TB, be they officers, their dependants or inmates,
- ii. To as much as possible prevent HIV and TB spread amongst officers, their dependants and inmates, through a well structured and sustainable programme of Information, Communication and Education(IEC) on HIV/TB, as well as through other relevant intervention strategies,
- iii. To prevent activities and avoid conditions that promote the spread of HIV and TB amongst inmates,
- iv. To ensure that the fundamental human rights and freedoms of officers and members of staff, and their dependants infected with or affected by HIV/TB are protected and upheld at all times,
- v. To encourage counseling and testing for HIV and screening for TB and STI amongst officers to enable officers know their status,
- vi. To routinely offer HIV testing and counseling, and screening and counseling for TB and STI to all inmates, as part of general orientation at the time of admission,
- vii. To provide through collaboration with relevant institutions and

healthcare providers, treatment, care, support and counseling services for those infected or affected,

- viii. To ensure confidentiality in dealing with information relating to the HIV/TB status of officers, their families and dependants. Such information shall be treated in the strictest possible confidence in accordance with rules of confidentiality and the Ghana Prisons Service Regulations.

b. CONTEXT

i. Legal And Regulatory Context

This policy is based on the constitution and other relevant laws of the Republic of Ghana, national policies, protocols and guidelines, and on international policies, protocols, guidelines, codes and conventions. Some of these are:

1. The Constitution of the Republic of Ghana, 1992

Chapter five of the Constitution guarantees the fundamental human rights and freedoms of the individual and abhorrence of discrimination of all kinds. And in particular Article 17(2) states that 'A person shall not be discriminated against on grounds of gender, race, colour, ethnic origin, religion, creed or social or economic status.' Article 12 provides for the protection of fundamental human rights and freedoms.

2. The Criminal Code, 1960 (Act 29)

In taking all provisions of the Criminal Code into consideration, and in particular sections 1 and 76, it could be concluded that any person, who knowing his/her status as HIV positive and

intentionally infects another person, could be prosecuted under the relevant sections of the Code, other provisions and requirements under the code being satisfied. Again under this code, having carnal knowledge with or without consent is a crime and this must inform the type of programmes and interventions put in place for inmates.

3. The National HIV&AIDS and STI Policy

This policy provides the general framework for the national response towards the prevention and control of HIV. It is a guide to the development of HIV&AIDS and STI policies and programmes in Ghana, and all aspects of prevention, care and support interventions for HIV&AIDS and STI.

4. The HIV&AIDS Workplace Policy

This policy specifically provides the national policy framework for the formulation of workplace HIV&AIDS and STI policies, tailored for specific work environments.

5. National Guidelines for the Development and Implementation of HIV Testing and Counselling in Ghana.

This provides the guidelines for setting up testing and counseling centers, testing and counseling programmes and procedural and ethical principles.

6. The International Labour Organization (ILO) Code of Practice, HIV/AIDS and World of Work

The ILO Code protects the person living with HIV from all kinds of stigma and discrimination. It states in part that, 'In the spirit of decent work and respect for the human rights and dignity of persons infected and affected by HIV, there should be no discrimination against workers on the basis of real or perceived HIV status...'

7. ILO, 1981, Occupational Safety and Health Convention, 1981 (No. 155)

This convention is relevant to HIV workplace policy in so far as it makes provisions for adaptation of work to the capabilities of workers taking into consideration their state of physical and mental health.

ii. INSTITUTIONAL CONTEXT

For effectiveness, this policy shall be implemented through existing organizational structures of the Prisons AIDS and TB Control Programmes as established under the Welfare Directorate of the Ghana Prisons Service. This may be supported by other recognized broad based management and/or officer representation groupings.

Awareness of the implications of HIV/TB for the organization, an appreciation of prevention and care interventions, and the involvement and support of the Prisons Central Command, Superior and Subordinate officers in defining and adopting the policy, would ensure a successful implementation and monitoring of both the policy and programmes established and implemented under it.

c. SCOPE AND APPLICABILITY OF THE POLICY

i. SCOPE

The policy covers a wide range of issues pertaining to HIV and TB and the potential and real impact on the Prisons Service, its Directors, Commanders, Officers, and their families and dependants. It seeks to guarantee the rights and freedoms of officers and their immediate family, those seeking employment with the organization, and also ensures the protection of inmates from the spread of HIV, TB and STIs. Protection from discrimination is guaranteed. The policy also provides the framework for the implementation of the policy as well providing a guide for the initiation, sustenance, monitoring and evaluation of the programme.

ii. APPLICABILITY

This policy applies basically to:

- all employees of the Ghana Prisons Service;
- prospective employees of the Prisons Service;
- spouses, immediate family members and dependents of employees of the Prisons Service; and
- other categories of persons such as inmates in as far as their relationship with the Service and the Ghana Prisons Regulations permit.

8. FUNDAMENTAL PRINCIPLES OF THE POLICY

The June 2001 Declaration of Commitment, adopted by the UN General Assembly Special Session on HIV (paragraph 13) stated that, ‘Stigma,

silence, discrimination and denial as well as lack of confidentiality undermine prevention, care and treatment efforts and increase the impact of the epidemic on individuals, families, communities and nations.’ This statement becomes even more significant within the workplace environment and in dealing with HIV within institutions such as the Prisons Service.

a. CONFIDENTIALITY

Confidentiality is one of the most important fundamental principles that ought to be upheld at all times as far as information pertaining to the HIV/TB status and records of individuals are concerned. Information provided by any officer concerning his/her HIV/TB status shall be stored and treated with utmost confidence and in accordance with Ghana Prisons Regulations on protection of personnel data. The HIV/TB status and related information of inmates shall also be treated confidentially and shared only on **must know basis** as allowed by Ghana Prisons Regulations.

It is also imperative that testing and counseling programmes be done in private to ensure strict confidentiality

b. ANTI-STIGMA

HIV and TB-related stigma is increasingly recognized as the single greatest challenge to the fight against the spread of HIV/TB. For this workplace policy and related programmes to be successfully implemented, there is the need to abhor and indeed eliminate all forms of stigmatization relating to HIV and TB.

c. NON-DISCRIMINATION

No officer or a spouse or a dependent of any officer, or any inmate who is infected or affected by HIV and/or TB shall be discriminated against on grounds of such HIV/TB status. Any stigma or prejudice associated with these diseases shall be actively countered.

d. PROTECTION OF RIGHTS AND FREEDOMS

The fundamental human rights and freedoms of any person who is infected or affected by HIV/TB, to whom this policy applies, shall be protected, except that in the case of an inmate such rights and freedoms may be curtailed to the extent of the laws and regulations relating to his/her incarceration.

e. COLLECTIVE RESPONSIBILITY

HIV and TB can affect anyone, and indeed must concern everybody. To have an appropriate response to the spread and effect of HIV/TB, it would call for the collective effort of each Director, Commander, Officer, and their families and dependants, as well as inmates.

9. POLICY STATEMENT

We the Directors, Commanders, Superior and Subordinate Officers of the Ghana Prisons Service recognize HIV/TB as a serious socioeconomic and medical threat to ourselves, our families, communities and prison inmates and therefore resolve to take steps:

- a. to prevent the spread of HIV/TB amongst our membership and families,
- b. to protect rights of officers and that of their families and dependants; and to foster social and corporate responsibility on the part of the officer,
- c. to ensure that the principles that govern other medical conditions in the employment context shall apply equally to HIV/TB,
- d. to ensure that persons living with or affected by HIV/TB, to whom this policy applies, shall be treated with compassion and respect,
- e. to ensure that the basic human rights and freedoms enshrined in the Constitution of the Republic of Ghana, the occupational and safety principles outlined by the International Labour Organization, and the provisions of the National HIV/AIDS and STI Policy as well as the National HIV/AIDS Workplace Policy form the basis of the relationship between an officer or pre-employed officer and the institution,
- f. to ensure that HIV/TB status shall not be the basis of pre-employment screening or refusal to employ an applicant,
- g. to guarantee that no officer shall be dismissed only on the basis of his/her HIV/TB status, neither will the HIV/TB status influence promotion or retrenchment procedures,
- h. to exercise due care and confidentiality in handling information regarding the HIV/TB status of any officer, family member, dependent or inmate in line with existing practices, policies regulatory and legal requirements.

10. INTERVENTIONS

a. INFORMATION EDUCATION AND COMMUNICATION

In implementing this policy a well structured preventive programme having Information, Education and Communication (IEC) strategies as a core component shall be put in place. In doing so, IEC programmes will be conducted on regular basis and aimed at creating awareness and reducing the risk of HIV/TB infection; and shall involve Directors, Commanders, Superior and Subordinate officers as well as inmates. This contributes towards attitudinal and behavioural change and is aimed at preventing new infections and re-infections.

The training of peer educators and counselors shall be put in place to enhance the provision of basic information about HIV/TB. In effect the IEC intervention activities and peer educator training shall:

- Promote safety awareness.
- Encourage responsible behaviour among Directors, Commanders, Superior and Subordinate officers, and inmates.
- Emphasize risk reduction and elimination pertaining to HIV/TB,
- Provide information about opportunistic infections; and linkages to treatment, care and support services.

b. PREVENTIVE INTERVENTION

i. IEC

The IEC activities are to be used in an effort to promote HIV/TB prevention. This would emphasize abstinence, postponement

of coital debut, faithfulness to one's partner and the use of condom as a protective measure.

ii. PROMOTING SAFER SEX PRACTICES

Active effort shall be made at promoting safer sex practices including the provision and availability of both male and female condoms at the workplace for officers. However, condoms will NOT be introduced to inmates as a means of HIV Control due to its wider ramifications.

iii. CT AND PMTCT

By promoting and creating linkages to Testing and Counseling (TC), and Prevention of Mother To Child Transmission of HIV (PMTCT) services. The programme shall encourage officers to undergo TC in order for them to know their HIV status and to seek interventions including early treatment for sexually transmitted infections. At the point of admission into prison all inmates shall be routinely offered TC for HIV and screened for TB. Routine TC shall be undertaken periodically for all inmates.

iv. STI AND TB DIAGNOSIS AND MANAGEMENT

Linkages for early diagnosis and management of sexually transmitted infections (STI) and TB will help initiate counseling interventions that would impact on the HIV/TB prevention activities.

c. TREATMENT, CARE AND SUPPORT

i. The Infected Officer

Care and support are key elements required in responding to HIV/TB, and requires openness and acceptance of any officer who discloses his/her positive HIV status as well as the assurance that no one would be discriminated against on the basis of his/her HIV/TB status. Some officers and inmate leadership will be trained under the peer educator training programme as well as in HIV/TB counseling to provide counseling and support to infected and affected officers and inmates.

Linkages shall be established to allow infected/affected officers and their families, as well as inmates to receive appropriate counseling and treatment in designated health institutions. The cost of providing treatment including anti-retroviral therapy shall be borne by the Ghana Prisons Service or relevant health schemes.

Similarly, STIs shall be actively managed and the service shall be linked to testing and counseling to prevent HIV infections. For infected officers or spouses, who are or get pregnant, or are nursing mothers, measures and linkages to PMTCT service interventions shall be instituted.

ii. The Infected Spouse Or Dependant

Infected or affected spouses and dependants of officers shall as much as possible be accorded all the necessary interventions as outlined for an infected officer.

iii. *The Infected Pre-Employee*

No individual seeking employment with the Ghana Prisons Service shall be denied employment only on the basis of his/her HIV status; neither shall HIV testing be a pre-requisite condition for employment.

iv. *The Infected Officer And Job Security*

The institution shall have a comprehensive care and support package for officers who are infected or affected by HIV/TB. Existing, Prisons Regulations and conventions ensure fair employment practices and a work environment that is non-discriminatory and supportive of those with HIV/TB. An officer infected with HIV/TB, shall be allowed to work for as long as he/she is medically fit for appropriate work, as is normally allowed for persons with disabilities or other chronic diseases. It may include rearrangement of working time, reassignment, rest breaks, flexible sick leave, and time off for medical appointments. HIV/TB infection should not be a cause for termination of employment.

11. RIGHTS AND RESPONSIBILITIES

a. THE GHANA PRISONS SERVICE CENTRAL COMMAND

In line with the spirit of this policy, the Ghana Prisons Service Central Command shall ensure that:

- i. There shall be no mandatory HIV/TB testing before, during or after recruitment of any person in relation to his employment,

- ii. Knowledge of an officer's HIV/TB status shall not be the basis for terminating his/her appointment or for refusal of promotion, or for any other employment procedures required of all officers.
- iii. All officers irrespective of their HIV/TB status shall equally enjoy all benefits, entitlements and privileges such as study leave, training and development, promotion, and welfare benefits.
- iv. The HIV/TB status of any officer or inmate shall not be disclosed to a third party without the express consent of the infected officer or inmate; except to the extent that disclosure is required for the clinical management of the infected individual or as permitted by Prisons Service Regulations.
- v. The work environment shall be free from any form of stigma and discrimination against an HIV/TB infected or affected employee.
- vi. Any person who exhibits any form of stigma and discrimination towards an officer or an inmate, who is infected or affected by HIV/TB, shall be counselled in the first instance but if the behaviour should persist, formal disciplinary procedures shall be instituted.
- vii. Immediate disciplinary proceedings shall be initiated against any officer who without satisfying the conditions required under paragraph (iv) above discloses the HIV/TB status of another.
- viii. HIV/TB related illnesses shall be treated no different from other similarly debilitating or chronic disease as far as sick leave, continued employment or ill-health retirement is concerned.

b. THE OFFICER

The officer has:

- i. A right not to be discriminated against on the basis of real or perceived HIV/TB status.
- ii. A right to access prevention, treatment, care and support services available to all officers.
- iii. A right to know of any possible risk of occupational exposure to HIV/TB in the working environment.
- iv. A responsibility to seek information about HIV, AIDS, STI and TB and to develop a lifestyle that would not put him/her or others at risk.
- v. A responsibility to respect the rights of other officers or inmates at all times; not to stigmatize or discriminate against any person living with HIV/TB; and not to refuse to work with an officer who may be living with HIV/TB.

12. REMEDIES

a. EMPLOYEE BENEFITS

Employee benefits, under relevant national laws and the Ghana Prisons Service Regulations, pertaining to workers with serious illnesses will equally apply to HIV/TB.

Management shall ensure that an officer living with HIV/TB who is capable of performing essential functions of his office, shall receive benefits comparable to those received by other officers of comparable standing.

Where the health of the infected person does not allow for the full performance of regular functions but may permit a change in function to a less stressful one, this shall be considered and tailored to the person's physical ability.

b. GRIEVANCE HANDLING

HIV/TB -related grievances like other grievances in the Prisons Service shall be handled according to standard procedures set out by the Service Regulations, as well as the civil laws of Ghana. All grievances relating to HIV/TB shall in the first instance be addressed by the workplace HIV/TB Committee set out in accordance with this policy; and where the committee's intervention fails, the standard grievance procedures shall be initiated. In all cases, the confidentiality of the officer's medical condition shall be maintained.

c. EMPATHY AND PSYCHOSOCIAL SUPPORT

In all situations pertaining to any chronic disease condition, including HIV/TB, there is no better remedy and benefit than the empathy and psychosocial support of family, employer, management and colleagues at work. It must therefore be an important element of this programme that management and officers shall render the needed psychosocial support to officers infected or affected by HIV/TB.

13. ADVOCACY

The epidemic of HIV is a threat to all, and therefore interventions would require a multi-facet approach. In addressing the problems relating to HIV/TB therefore, all stakeholders and partners within and without the institution must as much as possible be involved. It calls for advocacy, and this policy must be used as a tool for such advocacy in order to solicit the support of all stakeholders, the management and officers. This is required to draw commitment and policy document ownership of all Directors, Commanders and Officers for technical and programme guidance; as well as financial and logistical support.

14. IMPLEMENTATION

a. PRINCIPLES FOR IMPLEMENTATION

For the successful implementation of this policy, every Director, Commander and Officer must be made aware of the policy and its content, and indeed must read and study this document together with all the relevant laws and institutional regulations that pertain to the policy and its implementation. This therefore calls for an effective strategy for the dissemination of the policy to all stakeholders. A workshop to educate all Officers on the key issues and considerations of the policy, programme activities, interventions available, protections under the policy and the rights and responsibilities of Officers must be held from the initial stages.

In order to boost the commitment of the leadership and officers to the policy and implementation programme, it is important for their visible involvement in the HIV programme right from the

start. This would at least send the signal that officer rights would be protected and also allay fears of discrimination and victimization of officers affected by HIV/TB.

In addition to the current programme been administered by a National Coordinator, two Programme Officers and Regional Coordinators, Workplace HIV Committees at station levels shall be formed under the chairmanship of the Superior Officer in charge of welfare to administer the policy and all programmes that fall under it, without interference from any person or group of persons to act otherwise than required under this policy. Management would be expected to give the committees the necessary backing, support and guidance to fully initiate and sustain the programme.

The National Committee, in collaboration with the Welfare Director shall select officers from various categories of officers to be trained together with the members of the committees as peer educators and counselors by the National AIDS/STI Control Programme. Peer educators and counselors thus trained shall be involved in counseling and supporting activities at the workplace. Officers for training shall include the Prisons Health Staff, Reception Officers and Social Workers; as well as the training of inmates' leadership as HIV peer educators.

To ensure sustainability of the programme, financial and logistical support must be provided by management and/or sourced with the support of management from partners, and appropriate MDAs or NGOs.

b. DISSEMINATION STRATEGY

To ensure complete ownership of the policy and to facilitate dissemination and implementation, the draft policy shall first be presented to the management, the HIV/TB Workplace Committees, and representatives of officers for the content and provisions therein to be agreed upon, finalized and adopted for printing and subsequent dissemination.

Once the policy document is ready, the Ghana Prisons Service HIV/TB Workplace Policy and Implementation Strategy shall be launched officially. The programme for the launching shall serve as the first point for the general dissemination of the policy; subsequently further dissemination shall be done through regional and station level rallies and workshops.

c. INSTITUTIONAL ARRANGEMENTS AND ORGANIZATION

The overall responsibility for the implementation of the policy lies with the Director-General of the Ghana Prisons Service. Implementation shall be done through the existing structures of Ghana Prisons AIDS Control Programme under the Welfare Directorate, by putting in place a system for needs assessment to strengthen the programme, resource mobilization and utilization, regular monitoring and evaluation for the assessment of the progress and the effectiveness of the programme, as well as establishment of appropriate structures and processes for cost effective policy and programme implementation.

15. MONITORING, REVIEW AND EVALUATION

The implementation of the workplace policy and programme calls for regular monitoring of the process at every stage. This would require monthly and quarterly meetings to be held by the HIV/TB Workplace Committees and Regional Coordinators respectively. Biannually, there shall be a meeting of all stakeholders on the programme activities and the state of implementation of the policy.

At least once a year there shall be a review meeting of the National Committee and the management together with the Director-General for briefing on activities to review the programme and policy implementation.

The Committees will regularly report on

- i. the availability and use of logistics such as condoms and educational materials,
- ii. the number of officers and inmates who have undergone testing and counseling within the period,
- iii. the number of officers and inmates undergoing treatment,
- iv. financial statement depicting cash inflows and amounts spent on preventive, treatment, care and support activities.

Half yearly progress reports shall be prepared by the National Committee and submitted for discussion during the biannual stakeholders meeting as well as annual review meeting. All reports shall take into consideration the need for confidentiality and be devoid of any disclosures contrary to the provisions of this policy.

This policy shall be reviewed at most every 3 years and/or as and when the need arises, taking into consideration new epidemiological, scientific and research findings, advances in the management of the disease, experiences at the workplace and changes in legislation and institutional regulations.

Evaluative surveys shall be conducted at the end of the first year of implementation, and at least once every two years subsequently, to assess the effectiveness and outcome of the workplace HIV/TB programme as shall be pursued under this policy.

16. REFERENCES

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- xxii Ghana Prisons Service Scheme of Service Administration