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Introduction:

The International Labour Organisation convention: “Medical Care and Sickness Benefits Convention” (1969) makes clear that national governments have responsibility to ensure provision of health care for workers. This may be through general government public health service provision or through medical insurance schemes which are “supervised by the public authorities or administered by joint operation of employers and workers.”

We believe that employers also have a responsibility to ensure that their employees have:

- access to affordable health care for acute and chronic conditions;
- entitlements to take sick leave and compassionate leave to care for sick relatives or to attend funerals;
- entitlements to undertake modified work duties if necessary for health reasons (details will need to be worked out with the Country Representatives in collaboration with the Committee); and
- education about health and safety issues.

It is important to acknowledge however that an employing organisation such as the Burnet Institute is not able to take full responsibility for provision of health care for all conditions for their employees and their families. In general, health care services for employees will be provided through standard medical and accident insurance cover, purchased locally by the Burnet Country Office as part of the employee’s conditions of service. Where this is not possible or where local cover is extremely limited provisions for reimbursement of staff expenses as outlined in this policy will apply. Further details of who is entitled to submit a claim reimbursement for health care, the specific services covered by Burnet and the annual limit is outlined in the next section (Part 1).

We recognise that availability of government health services varies greatly in the different country settings in which we work. This means that it is important for each Country Representative to regularly review available services and notify the Health Policy Committee as changes to the both the Burnet policy and local implementation may be required.

This policy document reflects Burnet’s strong commitment to maintaining the health and well-being of its locally employed staff. Therefore, it includes a range of guiding principles and a set of key practices to facilitate effective and equitable implementation of the National Staff Health Care Policy. **Part 1** relates to general health provisions for national staff. The issue of ensuring effective management for employees living with HIV infection requires special consideration and is discussed in **Part 2** of this policy document.

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PART 1: GENERAL HEALTH PROVISIONS

Local Health and Accident Insurance Cover:

All locally employed, non-expatriate staff with a current, non-casual Burnet Institute contract to work in one of Burnet's country programs will be covered by health and accident insurance purchased locally if possible. However, all staff, including those on casual and short-term contracts must be covered for work related accidents and injury.

In each setting, the Country Representative is responsible for identifying and sourcing health and accident insurance for all national staff through either a local, reputable insurance company or the local branch of an international insurance company. Each employee will be provided with the terms and conditions of the insurance cover, which may vary depending on the local insurance company.

Burnet Subsidised Health Cover (where no local insurance cover is available):

Health insurance will extend to all contracted employees, full or part time, and also:

- One partner
- Children of the employee under 18 years of age
- Children of the employee between 18 and 25 years old who live at home or at school, attend school, and are unmarried
- Children of the employee who suffer from a disability that renders them dependent on the employee.

Employees will be asked to submit a written list of their dependants covered by the Burnet policy, and to update this promptly if changes occur. The Burnet Institute reserves the right to request and validate papers, and to deny coverage in case of inaccurate or delayed information.

If local health care cover is not available or extremely limited, the Burnet Staff Health Care Policy provides for financial assistance via reimbursement by the country office of expenses from agreed providers (up to an agreed annual limit of **AUD\$500** for each staff member).

Generally health care cover provided by Burnet will not include:

- Dependants with other health cover (but to be determined case by case)
- Temporary or short-term workers.

Accident insurance will extend to all national staff (on current contracts) but not their dependents.

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Specified Doctor or Health Services

First line consultations:

In general, acute and chronic conditions and maternity care will be managed within available government health care services. Employees will submit their claims for reimbursement of health costs to the Burnet Country Representative. The Country Representative will arrange for a claim against the local Burnet insurance policy using claim forms sourced from the insurer. If there is no local cover, or if it is limited and a claim is to be made in line with Burnet's National Staff Health Policy, then the Burnet payment request form is to be used to detail the claim and all supporting documentation is to be attached to the payment request form.

In each setting, a relationship with a particular health provider will be explored. This should assist employees to access an appropriately qualified practitioner and facilitate administrative arrangements. Should the agreed provider be unavailable, staff may seek permission from the Country Representative to attend an alternative service. In an emergency, staff may attend an appropriate available provider and present documentation to the Country Representative at the earliest opportunity.

Burnet Institute staff who are medically qualified should not generally offer or be asked to provide a medical service to Burnet Institute employees, other than to advise on minor health problems or in emergencies, when they may undertake any necessary first-aid life-saving measures.

Referral:

Wherever possible, health insurance cover should cover referral for necessary specialist services. Where this is not possible locally, the employee's contract should specify what arrangements will be made in case of necessary referral. This might need to include referral to another country, for example, to South Africa from Mozambique.

In general, cover for international referral will be limited to conditions that are life-threatening, but will need to be considered on a case-by-case basis by the Country Representative and the Health Policy Committee.

Responsibilities of Employee and Dependents:

Employees should utilise identified health services/clinics where possible and submit invoices and receipts with as much detail as possible to the Country Representative when claiming reimbursement for approved health care costs through the local insurer or Burnet. Emergency treatment, however, may need to be sought from other health care providers and claims will still be accepted.

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If emergency medical services are sought, it is the employee's responsibility to notify Burnet Institute by the next working day. Burnet Institute reserves the right to refuse reimbursement in case of a delay in notification. Only **original** receipts will be accepted for reimbursement either through the insurer or directly from Burnet.

Services Covered by Burnet's National Staff Health Care Policy:

Where local health coverage is not possible locally employed staff can seek reimbursement from the Burnet country office for any of the following services (up to the annual limit of AUD\$500) if available locally:

- Consultation fees and prescribed medicines
- Hospitalisation, including surgery under specified conditions
- Gynaecology services (preventive and curative care)
- Prenatal care and maternity expenses
- Ophthalmology expenses
- Prescription glasses
- Chronic disease support including drug dependence (on a case-by-case basis)
- Dental care (treatment of infections, amalgam restorations, root canal therapy, extractions and prophylactic treatments)

Services Not Covered by Burnet's National Staff Health Care Policy:

Claims for reimbursement of expenses for the following services will not be accepted:

- Treatment for cosmetic, convenience or comfort reasons and any resulting illnesses.
- Major dentistry (gold fillings, solid inlays, crowns, bridges, dentures, orthodontia and major dental surgery).

Other Burnet Support:

- Burnet closely monitors emerging epidemics such as SARS and Avian Flu and keeps abreast of recommended prevention and treatment protocols. This information, along with supplies of drugs (where necessary) is provided to Country Offices. Country Representatives should ensure that all staff are informed of recommended prevention and treatment regimes.
- Country Representatives should also ensure that all staff are aware of the 24 hour emergency phone service through to nominated contracts at Burnet in Melbourne.

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PART 2: HIV INFECTION

The Burnet Institute acknowledges that HIV positive employees should not be treated differently from those with other chronic health problems. However, we also recognise the following characteristics associated with HIV infection, which necessitate special consideration:

1. HIV infection is often associated with stigma and discrimination.
2. An enabling environment is needed to allow people to be tested for HIV.
3. Pre and post test counselling must be available.
4. People who are willing to publicly disclose their HIV status play an important role in HIV prevention.
5. Management of HIV infection requires specialist knowledge and skills.
6. Patients with HIV require monitoring, and when treatment with antiretroviral drugs (ARVs) is indicated, it must be provided through specialist services.
7. HIV infection is a chronic condition that requires lifelong treatment, monitoring and support.
8. Treatment for HIV infection is expensive and often not covered by health insurance schemes.
9. Anti-retroviral treatment is gradually becoming more widely available through government services, but access remains inequitable.
10. Other family members are often infected and may also require treatment.

In view of these characteristics Burnet has developed Part 2 of its National Staff Health Care Policy. This section of the policy is focussed on the care and support of HIV positive employees.

Guiding Principles:

- Burnet Institute sometimes employs people who are open about their HIV status and this openness makes an important contribution to their work and the work of Burnet. However it is an important principle that employees with HIV should not feel pressure to disclose their status in order to be eligible to receive financial or other assistance with support or treatment costs.
- Burnet Country Representatives should create an enabling environment in which all employees receive information about HIV infection and understand how to protect themselves and others. Staff should be able to access condoms (male and female) free of charge, in a confidential manner from their workplace.

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- Country Representatives should ensure that it is possible for employees to receive confidential counselling about HIV testing and an HIV test. In general this should be through locally available voluntary counselling and testing (VCT) services. However if local VCT services are not available then the Country Representatives should consult with the Health Policy Committee so that arrangements can be made for employees to have access to counselling and testing through other means, if they wish.
- Members of staff, even if trained in counselling, should never provide pre and post test counselling for HIV testing for fellow employees.
- HIV positive employees should not be under any pressure to disclose their HIV status. But all employees should be encouraged to consider being tested because the balance of benefits and disadvantages is now usually in favour of knowing one's HIV status.
- The HIV status of employees, when known, should be kept confidential. All employees should understand that there will be severe penalties if they disclose someone else's HIV status. It should be understood that there is a spectrum of disclosure – someone may be openly positive in the workplace but not at home, or vice versa.
- Burnet staff are expected to maintain appropriate working relationships with any employee who has HIV infection or AIDS. Colleagues, who refuse to work with, withhold services from, harass or otherwise discriminate against an employee with HIV infection or AIDS will be subject to the same disciplinary procedures as apply to other workplace violations.
- HIV positive status should not prevent someone being recruited or result in an employee losing their job. Employees with HIV-related illnesses should be able to work for as long as medically fit in appropriate conditions.
- HIV positive employees willing to disclose their status as part of their work should receive emotional support and capacity-building opportunities.
- Country Representatives should ensure that HIV positive employees have access to treatment when treatment is needed. If treatment is not available locally, the Country Representative will seek advice on treatment options from the Health Policy Committee.
- Country Representatives are responsible for undertaking a half-yearly review of in-country VCT and treatment services to assess issues of quality, access and affordability in the context of national staff needing to utilise these services locally. Half-yearly reports are to be submitted to the Health Policy Committee (in June and

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December annually) to ensure that Burnet's Staff Health Policy remains responsive to local conditions.

- Country Representatives are to ensure that they have at least one PEP kit in each Burnet office and that usage is controlled by the Country Representative or the most senior Burnet staff member in other provincial or district offices.

Burnet Institute Responsibility for Support of HIV Positive Employees:

Burnet Institute recognises a responsibility towards employees, but is dependent on success at securing funding for its work, and so needs to be careful not to make long-term commitments to cover costs that it may be not be in a position to fulfill.

The availability of diagnosis and monitoring tests, anti-retroviral drugs and drugs for opportunistic infections through government services is increasing rapidly in many settings. Rapid changes in this area mean that it is especially important that the policy (in relation to providing support for employees) is reviewed regularly. Therefore, the bi-annual review of the quality, affordability and access of VCT and treatment services by Country Representatives is critical to the ongoing review and revision of Burnet's Health Care Policy. Issues associated with the need for second-line drugs will be addressed by the Committee if they arise.

If TB treatment is needed and is not available through a national program, the Committee will consider the situation in consultation with the Country Representative, and if required, arrange appropriate support for the staff member.

In general, because individual circumstances and health status vary greatly a plan needs to be developed for each HIV positive employee through mutual discussions between the Country Representative and the employee. HIV positive employees will be eligible for this support once the usual 3-month probation period is completed.

Financial and program managers at the Burnet Institute in Melbourne need to project costs and track expenditure related to our commitment to provide financial support for the management of HIV infection. Country Representatives need to communicate with their country team leader in Melbourne when they are developing management plans for HIV positive staff and outline projected costs.

Management Plans and Agreements for HIV Positive Employees:

Where possible, staff requiring management of HIV infection should be enrolled in a National Program. Where possible, when treatment is indicated, first line treatment should be arranged or facilitated through government health services, or through the private sector, funded through the local Burnet insurance policy.

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Where this is not possible, Burnet Institute will undertake to pay up to AUD\$1000 per year in total for first-line antiretroviral drugs for HIV positive employees and/or their dependents for a maximum of three years. Funds to cover treatment and monitoring will be sourced from existing in-country funding. Therefore some budget modification might be necessary.

Where there is no National Program, there may be an alternative program, for example an MSF program, where the staff member can be enrolled. It is important to ensure that the HIV positive employee has access to an appropriately qualified doctor. This might entail the Country Representative assisting employees to identify a suitable local doctor.

If this is not possible to identify a qualified local doctor the Country Representative should contact the Health Policy Committee for advice on how to facilitate employee access to a qualified physician. Where needed, a competent local doctor may have the support from Burnet Institute-associated HIV specialists, by email or telephone. Regular clinical review should be facilitated every six months.

The Country Representative and the HIV positive staff member should discuss arrangements for funding treatment, including treatment for opportunistic infections.

For any drug related enquiries, Country Representatives or staff should contact a member of the Health Policy Committee (contact details can be found on page 10).

Duration of Support for HIV Positive Staff:

When treatment is indicated, a commitment should be made to pay for drugs for a period of three years independent of employment.¹ After three years, the Country Representative can consult with the Health Policy Committee regarding extended Burnet support for treatment. As national HIV programs develop and commence provision of treatment, arrangements should be made for HIV positive employees to register with that program in the interests of sustainability. Where national treatment

programs have not been established, an employee should not feel that their continued treatment depends on remaining employed by Burnet.

Even if an employee commits a sackable offence Burnet should be able to terminate employment without at the same time being responsible for terminating supply of life-saving treatment.

¹ HIV positive employees may be glad to be able to have treatment that will keep them alive for at least a few years, even if it cannot be promised forever. During this time more effective treatments or vaccines may become available, or free or subsidized treatment may become available through government health care services.

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If a Burnet employee is sacked, retrenched or resigns from his or her position, **Burnet is committed to providing 12 months continuous support for ARV therapy for the departing employee and any dependents who were also receiving treatment funded by Burnet.**

This arrangement will be formalised in writing by the Country Representative at the time of dismissal, retrenchment or receipt of resignation. If at the end of 12 months the Country Representative wishes to extend further Burnet support a request is to be submitted to the Health Policy Committee for consideration and approval.

If an employee with an agreement for funding for ARVs chooses to leave Burnet Institute employment and takes up a position with an employer that has a policy of covering costs of ARVs then Burnet would not continue to have responsibility for paying for the drugs for the 12 month period after Burnet employment ceases. Country Representatives are to ensure that all staff are aware of this condition.

The maximum duration of each treatment agreement would be three years. At the end of this period, the Country Representative will review the situation to potentially extend support for treatment.

For those with ongoing employment with Burnet, the agreed duration of extended support for treatment (beyond the initial 3-year agreement) will typically be for a 12 month period. This is dependent upon sufficient funds being available to guarantee that projected drug costs can be covered by the Burnet country office. No commitments can be made that depend on success at securing future project funds.

For staff on project contracts, agreements should be consistent with the duration of the project with the provision of a further 12 months should Burnet employment not continue after completion of the project. Projected drug costs need to include the possibility that more expensive second-line ARVs may be needed if first-line ARVs fail.

Employee Contributions:

In some cases it may be appropriate for the employee to make some contribution to the cost of their drugs. In some situations employees contribute a percentage of their salary. This will be determined through consultation between the Country Representative and the employee.

Agreements:

All treatment plans and agreements should include decisions in relation to HIV positive dependents of the employee who may also require treatment. If treatment is extended to the partner of the employee a decision should be documented about what will happen

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if the employee separates from his/her partner. In general the same principle of a specified duration of treatment should be determined.

Any agreement should be reviewed every six months by the Country Representative and the employee in light of:

- changes in availability of antiretroviral drugs
- changes in the employee's clinical condition and drug needs
- changes in costs of antiretroviral drugs
- changes in the ability of the employee to contribute towards the cost of their drugs.

In the case of dual infection with HIV and hepatitis C, recommendations following clinical assessment may be submitted to the Health Policy Committee where they will be considered on a case by case basis.

In making decisions about funding treatment for HIV-positive employees it will be necessary to ensure that any new agreement does not compromise agreements already committed to. We aim to ensure equity across our country programs.

Burnet Institute Health Policy Committee:

A Health Policy Committee has been established at Burnet Institute consisting of two infectious diseases physicians, Steve Wesseling (steve@burnet.edu.au) and Suzanne Crowe (crowe@burnet.edu.au), the NGO Coordinator, Robyn Whitney (robynw@burnet.edu.au), an essential drugs specialist, Bev Snell (bev@burnet.edu.au), an HIV positive representative, Suzanne Lau-Gooey (slaugooey@bigpond.com), and Burnet's Finance Manager, Peter Spiller (pspiller@burnet.edu.au).

Country Representatives and national staff can contact any member of the Health Policy Committee for advice or for help with decisions in relation to implementation of the HIV management policy. Burnet recognises that it might be difficult for some staff to discuss very personal health issues with their direct line manager which in most cases will be the Country Representative. Therefore, national staff also have the option of directly contacting Robyn Whitney, Bev Snell or Ben Coghlan (coghlan@burnet.edu.au) to discuss issues relating to Burnet's health care policy and its implementation, to seek advice confidentially on personal health and well-being matters not covered in the policy guidelines or to report policy violations.