

## Case study - Save the Children UK – Guidance for developing chronic illness policies at country level

*At the beginning of 2003 Save the Children UK started to implement chronic illness policies that address the specific needs of HIV/AIDS. Their approach has been to develop guidelines that suggest best practice and stipulate areas to be addressed, however the specifics are left up to field offices to implement according to local dynamics.*

### **Overview of the organisation**

Save the Children UK is an international child rights development agency. It currently works in over 60 countries providing support to protect the rights of children, their families and communities. Save the Children UK has around 4,000 national and international staff.

### **Motivation for action**

Save the Children UK first began to initiate a workplace response to HIV/AIDS in the early 1990s. Growing evidence from the field highlighted that HIV/AIDS was impacting on programmes and was an issue that needed to be addressed within the workplace, in terms of treatment and care. Programme managers also wanted guidance on how to deal with the many issues and operational challenges caused by HIV/AIDS.

In 2002 a team of three at headquarters were tasked with developing a response. These were the HIV/AIDS advisor, the programmes planning operations manager and the staff health officer. They managed the process of developing a workplace response to HIV/AIDS. They consulted with programme directors and regional staff throughout the process.

### **Situation analysis**

To understand the situation in country offices two reviews were undertaken. The first was a

simple questionnaire asking programme managers questions about any incidences relating to HIV/AIDS in their offices and what provisions for staff medical benefits were in place in their office.

The second, a more substantial review, involved an anonymous questionnaire being sent to programme offices in Southern and Eastern Africa to learn about the experiences of staff in relation to chronic illness and HIV/AIDS. The survey results showed that around a third of staff were caring for sick or disabled relatives and a similar proportion were caring for someone else's children. Also, around a third had reported taking unofficial leave in relation to HIV/AIDS (e.g. to care for someone, pick up medication, attend to an orphan's needs or go to a funeral).

The review process provided insight into what was happening in the field and enabled Save the Children UK to consult staff about their needs. This showed that staff's primary concern was general health care, in terms of affordability and confidentiality. They also wanted more information about HIV/AIDS and access to legal advice.

It became apparent from the range of views expressed in response to a broad consultation that the most appropriate course of action would be to develop guidelines for programme managers to enable them to develop locally relevant chronic illness policies.

A detailed financial analysis of the various treatment options, including ART, was undertaken to assess the potential cost to the organisation of doing nothing or providing treatment. This was presented to senior management.

### **Approach**

Save the Children UK has opted for a chronic illness policy rather than a specific HIV/AIDS workplace policy. The policy has been through numerous drafts since the process started. Initially a dedicated HIV/AIDS policy was developed. It was later decided to broaden the guidelines to cover all chronic illnesses in order to maintain the principles of equity and non-discrimination. Save the Children UK has drawn up guidelines to help managers in country programmes to formulate their own policies. Each country Programme Office is expected to develop a chronic illness policy that is relevant to local conditions and national laws.

The guidance notes set out the parameters for any country level policy. They outline Save the Children UK's principles with regard to maintaining confidentiality, non-discrimination, non-compulsory testing and the support (such as reasonable accommodation) that should be available to staff with chronic illnesses.

The guidance notes also outline approaches to be taken to establish an adequate annual budget for the costs of managing chronic illness, whether through a medical insurance scheme or direct payment for patient management.

The guidelines recommend that a third party medical services provider, where available, should be contracted to offer: voluntary counselling and testing, preventative information and training, medical management as and when required. The guidance notes also suggest methods for

maintaining the confidentiality of staff chronic illness information within the workplace.

### **Education and awareness**

The awareness programme is most established in Southern Africa where a series of sensitisation workshops have been developed in consultation with staff. These cover a variety of issues and are developed for different contexts. They include such information as basic facts on HIV/AIDS and transmission, the reasons for testing and where you can access VCT.

The awareness presentations are generally provided by external speakers and agencies with people in-house to manage and facilitate the programme. The awareness workshops have also been useful for supporting staff who are mainstreaming HIV/AIDS in their core development work.

The workplace programme is now being rolled out in other areas such as East and Central Africa, and plans are underway to extend the strategy to other geographical regions.

### **Implementation**

The programme directors in each country are responsible for developing and implementing the local chronic health policy.

In addition to the guidance notes outlining what should be included in the policy, regional HIV/AIDS advisors support programme directors during implementation as part of their work. The programme directors can seek help from the regional advisers on how to assess the quality of local third party health care providers or how to estimate the cost of chronic health care provision.

Implementation began in early 2003. Each country programme is expected to have developed its chronic illness policy by April 2004.

### **Challenges and lessons learnt**

- It is crucial to get management buy-in and the support of top decision makers to drive the policy development process forward. A key argument to stimulate support is the need to ensure consistency between external advocacy and internal workplace responses
- Achieving global buy-in can be tricky in large, international organisations where geographic reach spreads further than Africa. Collating research and evidence for the need to act are useful tools to highlight that HIV/AIDS should be a priority even in lower prevalence regions.
- Undertaking an analysis of the potential costs of supplying ART is extremely important if the organisation is to be persuaded that costs may be manageable (in light of recent price reductions and increasing access to generic drugs)
- Undertaking a consultative process is extremely useful. However it can be lengthy and can lead to compromises, but at least the process makes it easier to defend the decisions taken
- Deciding that policies should be developed locally ensures they will conform to local dynamics and regulations. While this may create additional work in the short term it results in more practical, rooted approaches

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