

SANS  
16001:2007  
Past,  
Present,  
Future

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# SANS 16001:2007

## Past

SANS 16001:2007 was  
published in July 2007 by SABS

# Why was SANS 16001:2007 developed?

1. Senior management were questioning the poor **return on their investment** from their HIV workplace programmes
2. HIV quarterly & annual management reports contained reports of **ACTIVITIES** not OUTCOMES OR IMPACTS

The **activities**  
were mostly based on the

‘just do it’



philosophy rather than a

**logic model**

therefore outcomes were mostly  
not measured or evaluated

# Examples of activities with little or no outcomes or impacts

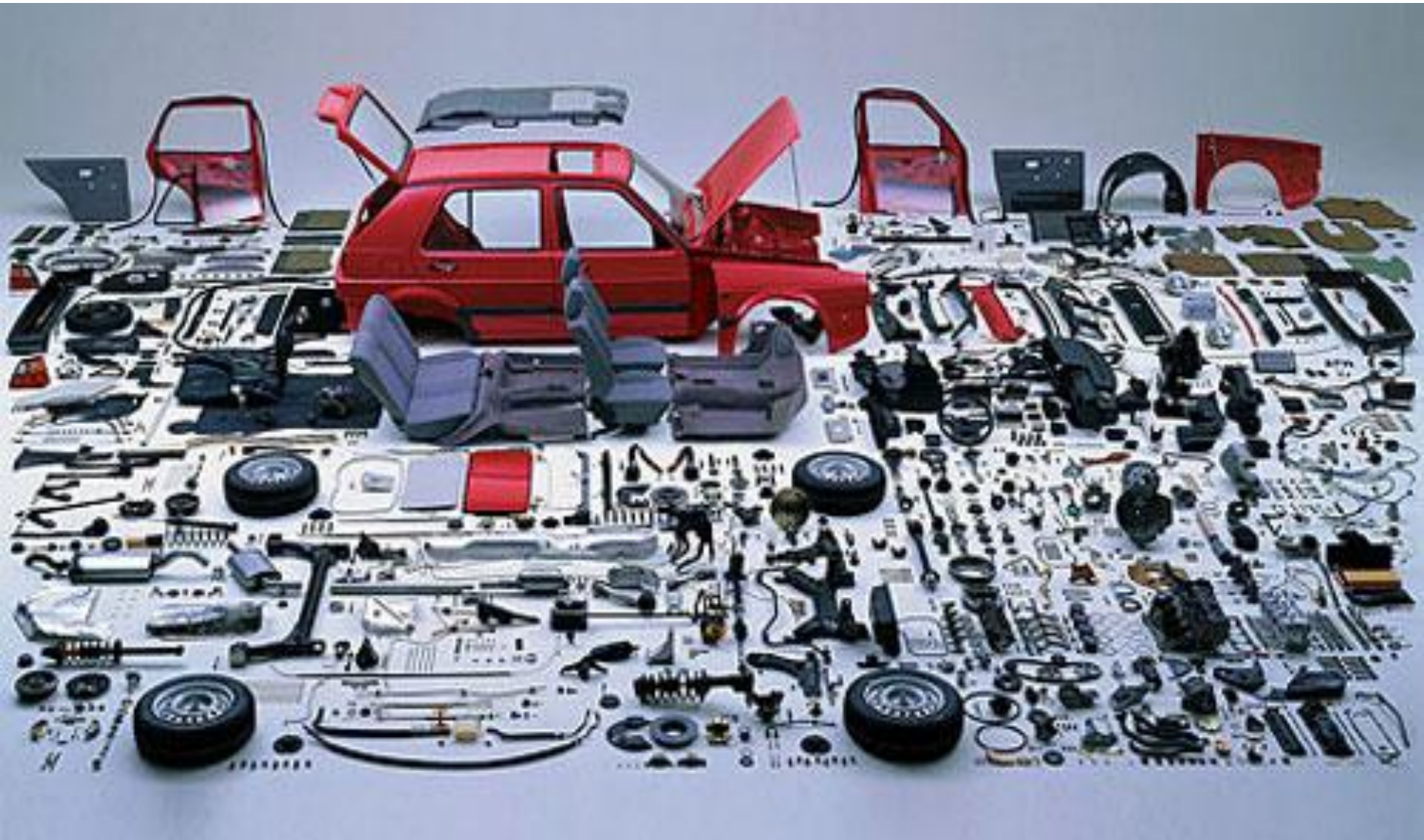
- Window dressing' type interventions such as:
- red ribbons around the building,
- marches,
- candle lighting ceremonies,
- speeches by PLWHA's,
- Etc.....



## Reasons for such activities are multi-factorial:

- Up line managers of HIV coordinators don't know enough about managing the epidemic & 'pressurise' HIV coordinators to do these 'window dressing' type interventions to be seen to be doing something
- Unskilled or uneducated HIV coordinators/managers don't know what else to do

This picture shows all the components required to make a Golf.  
Is this a car? Why or why not?



This is what the majority of HIV programmes look like –  
SOME of the components may be present but they are not  
functioning together as a system and are not **interconnected**



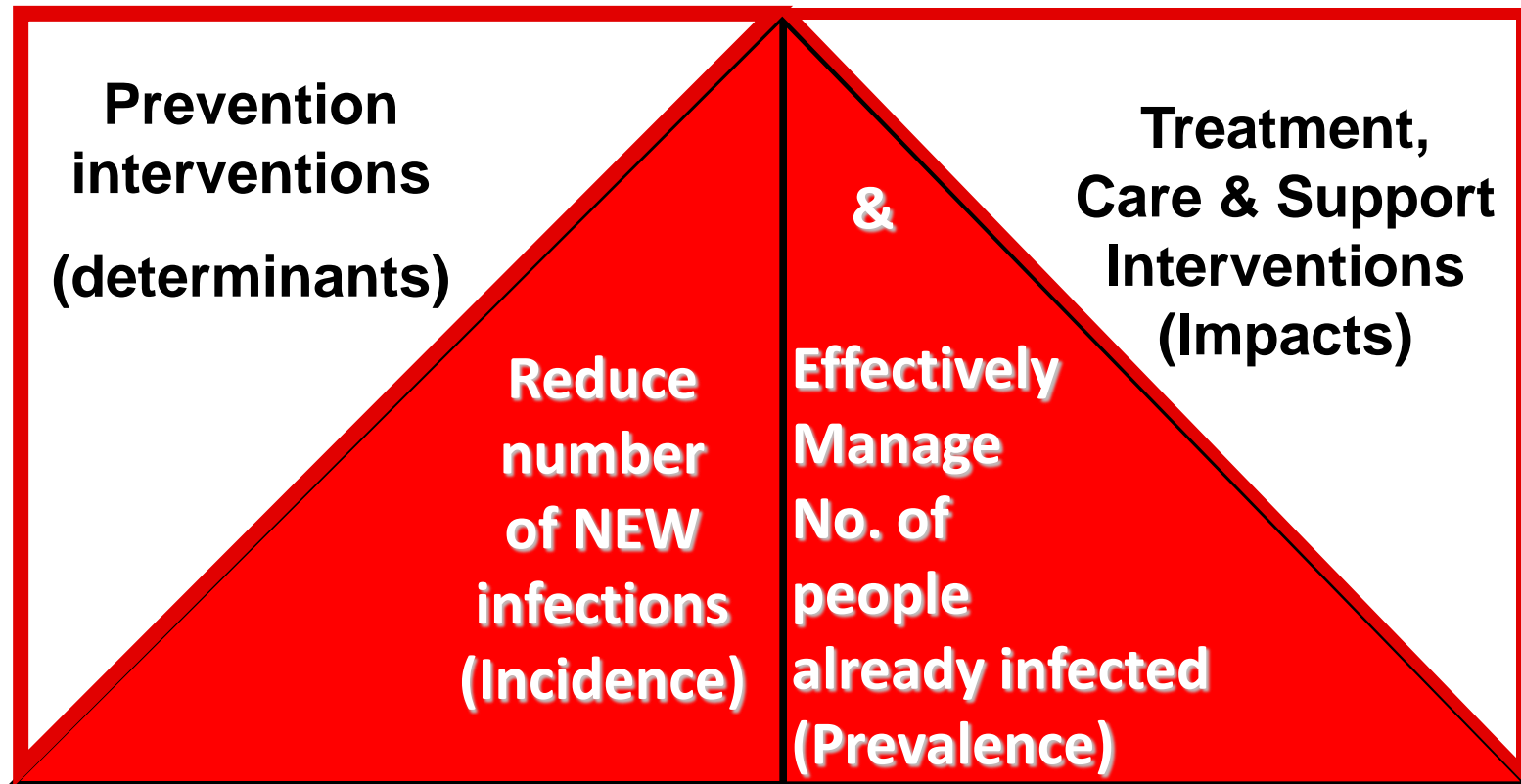
Some treatment – DMP or Govt.

Some information  
& awareness.  
Usually inadequate  
with no behaviour  
change or  
prevention  
components

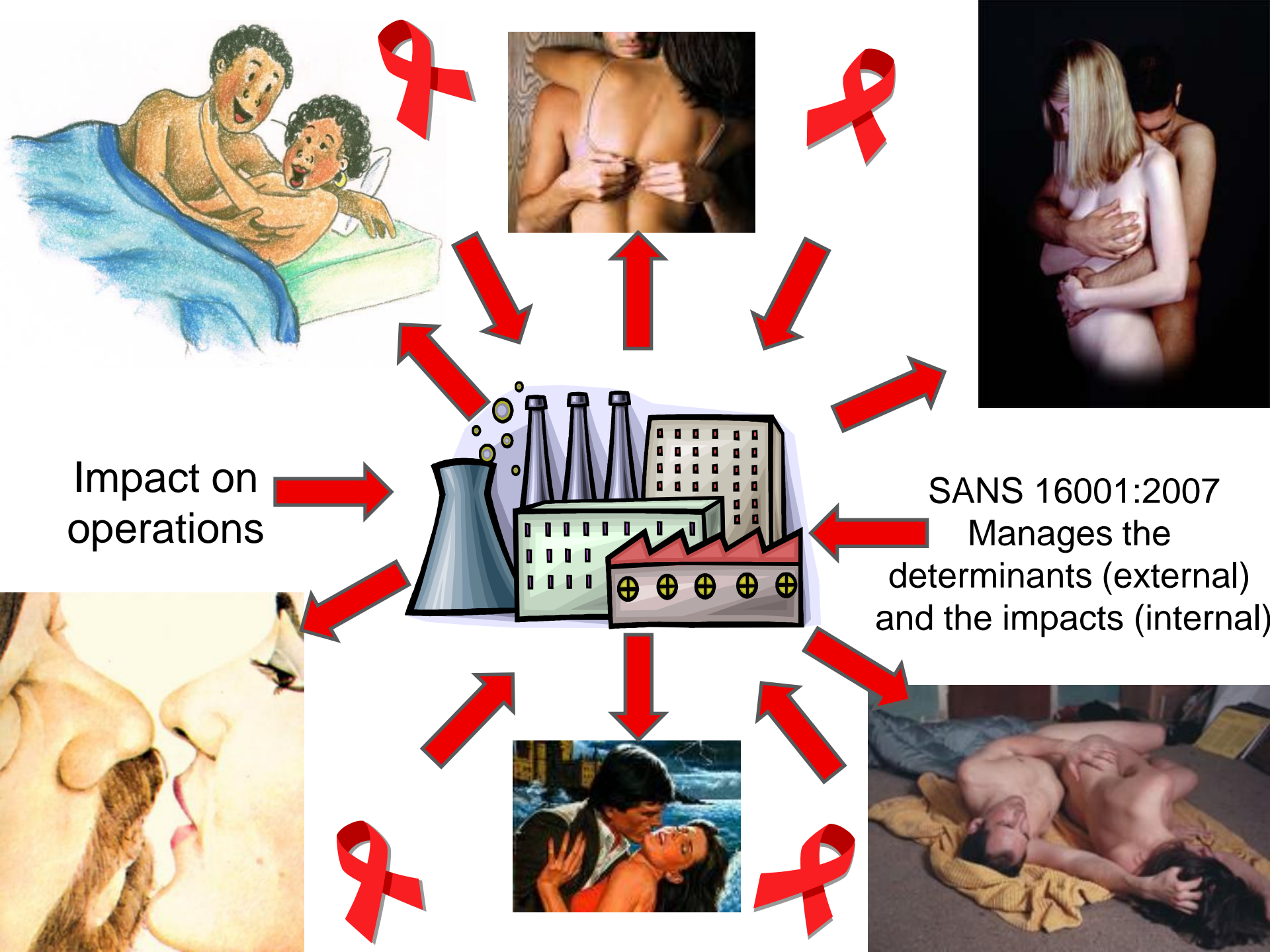
Some HIV testing.  
Usually outsourced

A little care and  
support - EAP

# The overall HIV management objectives should be to:



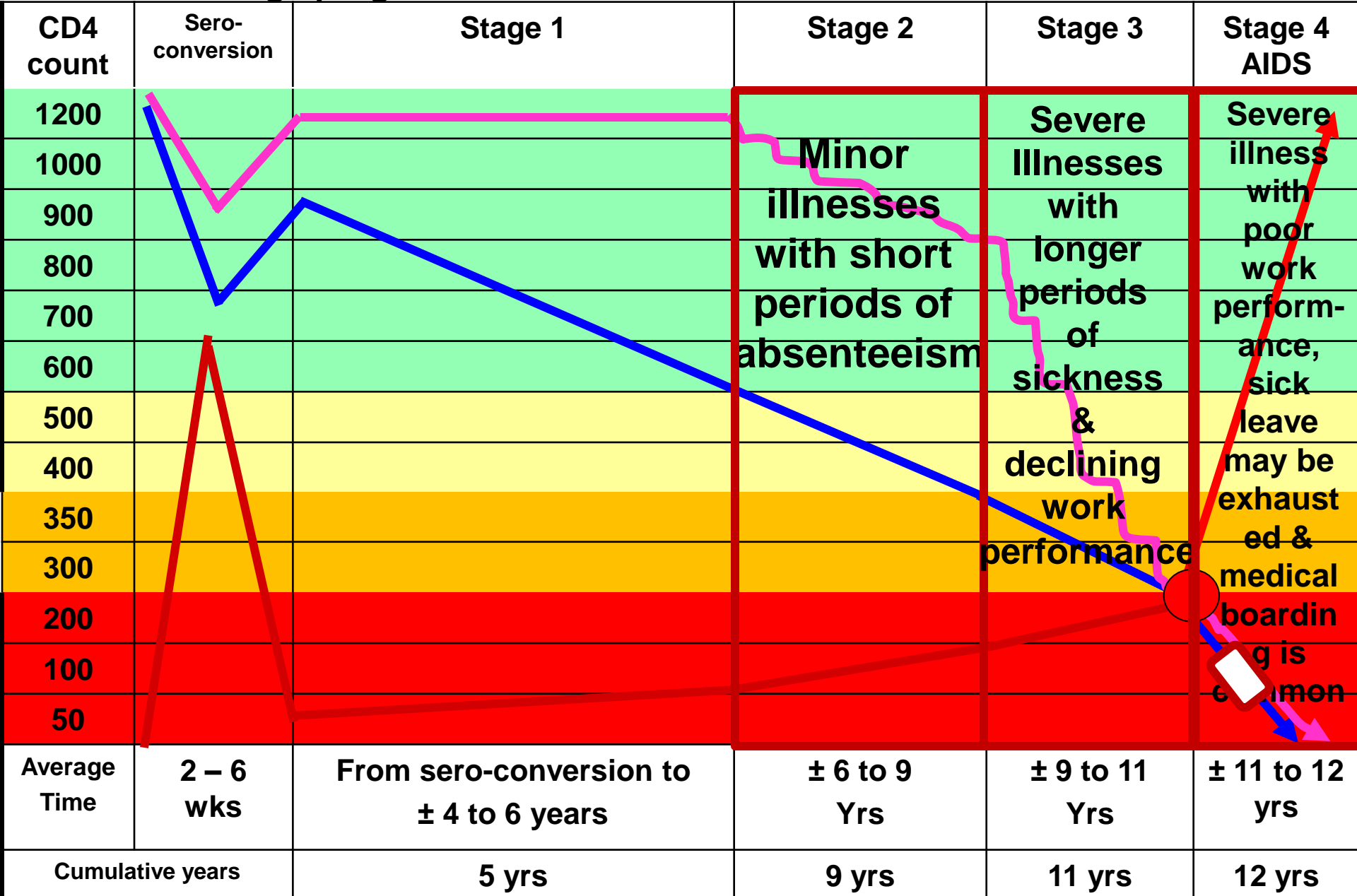
Thereby effectively managing the **RISK** that HIV presents to sustainable business



Impact on operations

SANS 16001:2007  
Manages the determinants (external) and the impacts (internal)

# Average progression from infection with HIV to AIDS and death

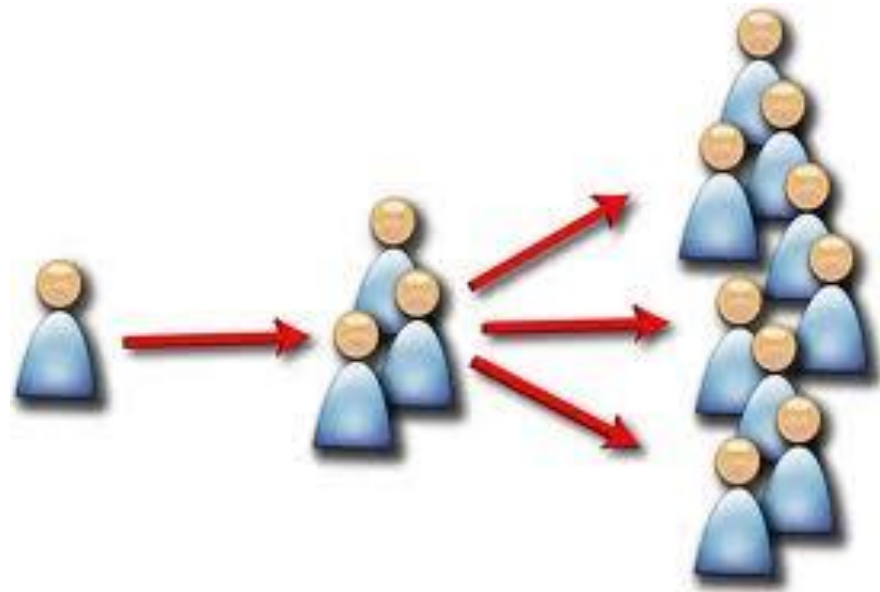


Key – Wellness line — CD 4 line — Viral load —

# No marketing by SABS



- Many companies have never heard of SANS 16001:2007





Then came the recession  
at the end of 2007

## The result:

- Because HIV workplace programmes gave no evidence of outcome or impact indicators – budgets were cut and SANS 16001:2007 was not implemented.
- Many of the companies that had commenced SANS 16001 implementation had to retrench their HIV coordinators



Present



## Last year the economy started picking up....

- But workplaces are fatigued by HIV
- A new fashion/fad has taken over.... “Wellness”
- Some companies have simply changed the name of their HIV programme to a wellness programme but continue doing the same thing
- Others are really implementing integrated wellness programmes

## Only a few companies are implementing SANS 16001:2007

- But none are **certifying** against the standard
- So far only 1 company has been certified against the standard by SABS, but have not retained their certification (recession related)
- A couple of other certification service providers are certifying their clients against SANS 16001 but are not SANAS accredited to certify against SANS 16001
- A handful are implementing but not certifying against the standard (finance related)

# SANS 16001 Audit findings

1	Scope	
2	Terms & definitions	
3	HIV & AIDS management system requirements	X APIME
3.1	General guidelines	X Establish, Implement, Maintain
3.2	Documentation requirements	
3.2.1	HIV & AIDS policy	✓ But no implementation
3.2.2	HAMS management system documentation	X
3.2.3	Control of documents	X
3.2.4	Control of records	Only medical records

# Audit findings

4	Planning	
4.1	Id of HIV determinants & evaluation of related risks	Usually no risk assessment
4.2	Legal & other requirements	✓ For legal X for other requirements – ILO/GRI
4.3	HAMS objectives, targets & programmes	X no idea of how to set targets & objectives
4.4	Responsibility & authority	
4.4.1	General	X
4.4.2	HAMS management representative	Sometimes but at a low level – no authority
4.4.3	HAMS communication	Poor
4.5	Operational control & impact mitigation <a href="#">spider diagram.pptx</a>	X No one in the operations is expected to manage the HAMS
4.6	Emergency preparedness & response	X No procedures – only in medical facilities

# Audit findings

5	Resource management	
5.1	Resources	Very poor
5.2	Competence, training & awareness	Very poor
6	Measurement, analysis & improvement of the HAMS	
6.1	HAMS monitoring & measurement	Sometimes – but based on numbers not outcomes
6.2	Evaluation of compliance	X
6.3	Non-conformity, corrective action & preventive action	X
6.4	Audit	X – not even internal
6.5	Management review	X

# Confusion about where the responsibility for HIV, STI's & TB lies?

With Occupational  
Health?


Or with Safety?




# Food for thought...



- Why are so few business leaders committing to implement the SANS 16001 standard?
- Are they afraid to expose their HIV programmes to external auditors?
- Does the standard require more than they are prepared to commit to?
- Do they simply not know about the Standard?



If your organisation had to have a SANS 16001:2007 audit on your HIV & AIDS programme this week...



What do you think that the findings would be?



# The future of SANS 16001

# The Standard is currently being revised

- The technical committee agreed to change the standard – it is now:
- SANS 16001 – Workplace Wellness and Disease management (including HIV)
- Includes non-occupationally induced illnesses/conditions that impact negatively on the workplace

# Non-occupationally induced illnesses & conditions that negatively impact on the workplace

Upper respiratory tract infections (colds and flu)	
TB	Depression & Anxiety disorder
HIV	
Stress	Obesity
Cancer	Sedentary lifestyle (lack of exercise)
Substance abuse	
High blood pressure	Heart conditions
Diabetes	STI's
Poor nutrition	Anaemia

# Burden of disease in South Africa

Lancet & Dept. of National Health (2009)

Maternal, newborn  
& child deaths = 1.9%

HIV & AIDS,  
& TB = 17%

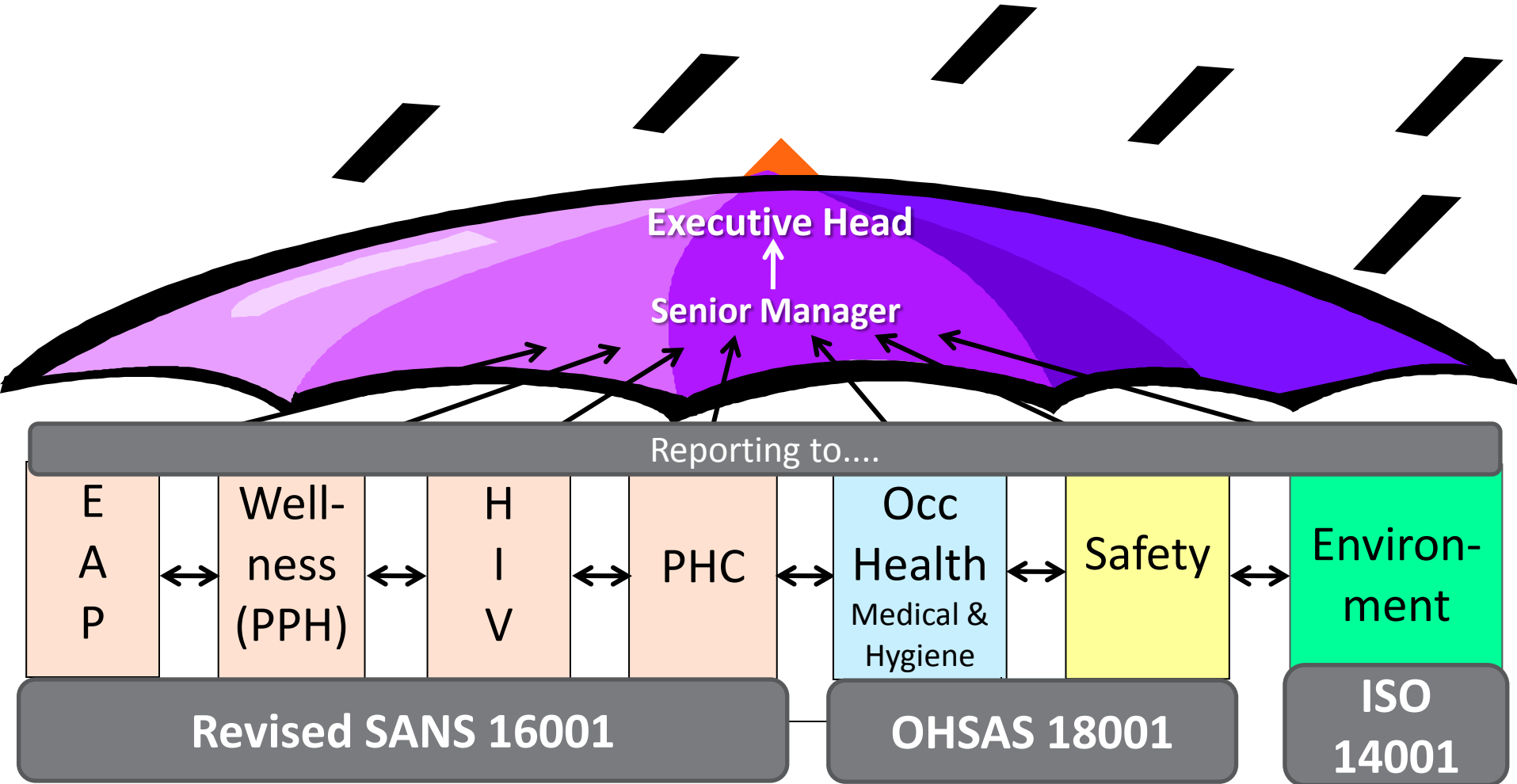
4 concurrent  
epidemics in SA

Non-communicable  
diseases = 1%


Violence & injuries = 1.3%

Includes MVA's plus  
Injuries both **at work** - .1%  
& not at work

# Model for the future of Employee Wellness



Integrated & interconnected employee wellness & disease management components



Do you have any questions?  
For further information on  
the revised SANS 16001 - contact

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