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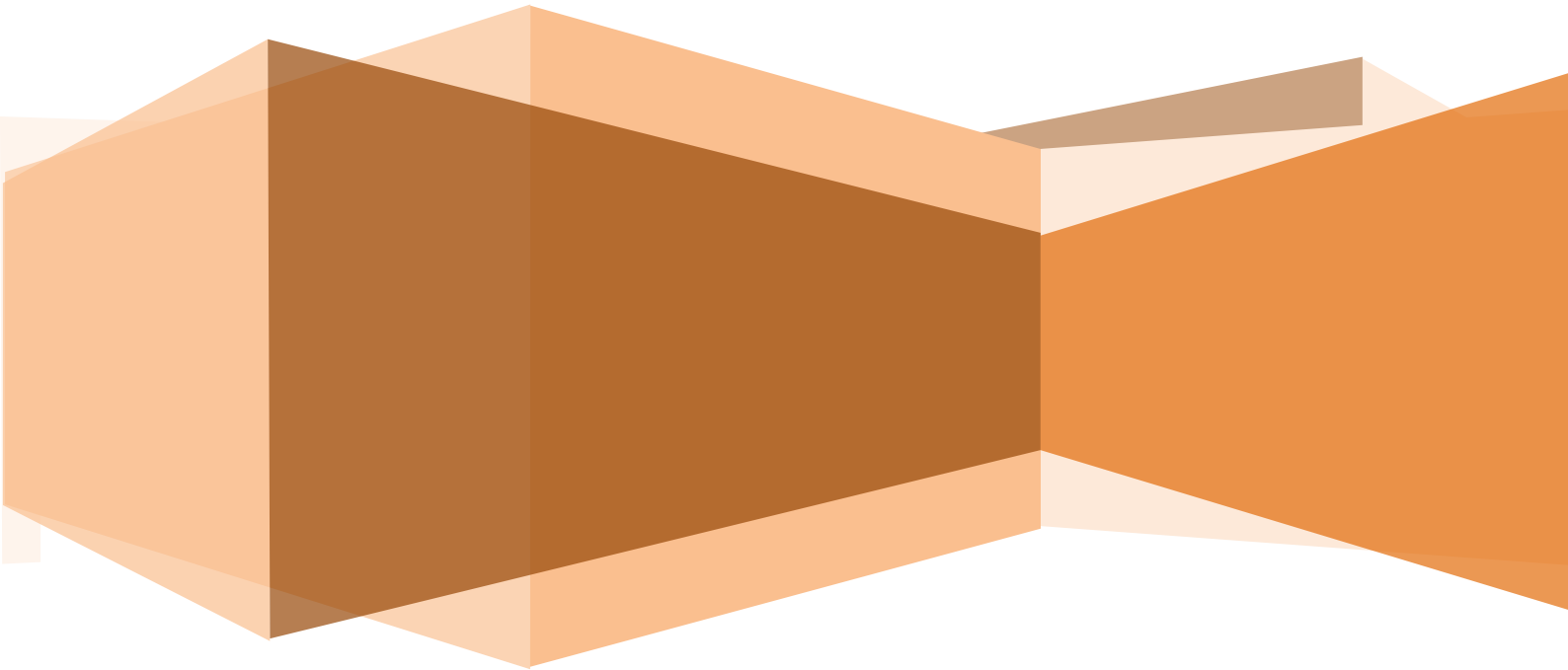
International Labour Organization

World Health Organization

Working together with businesses

Guidance on TB and TB/HIV prevention, diagnosis, treatment and care in the workplace



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Stop TB Partnership

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Abbreviations

ACSM	Advocacy Communication and Social Mobilization
AIDS	Acquired Immunodeficiency Syndrome
ARV	Antiretroviral (drug)
BRAC	Bangladesh Rural Advancement Committee
CCM	Country Coordination Mechanism
DEWG	DOTS Expansion Working Group
DOT	Directly observed treatment
DOTS	The basic package that underpins the Stop TB Strategy
GDF	Global Drug Facility
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
HBCs	High TB-burden countries
HIV	Human immunodeficiency virus
ILO	International Labour Organization
KNCV	The Royal Netherlands Tuberculosis Foundation
MDG	Millennium Development Goal
MDR-TB	Multidrug-resistant tuberculosis
MNC	Multi-national company
MoU	Memorandum of understanding
NAP	National AIDS Programme
NGO	Nongovernmental organization
NSA	National Situation Assessment
NTP	National TB control programme
PPM	Public–private mix
SME	Small and medium sized enterprise
TB	Tuberculosis
TB-IC	Tuberculosis Infection Control
TB care	The full package of TB prevention, diagnostic, treatment and care activities
UNAIDS	Joint United Nations Programme on HIV/AIDS
WHO	World Health Organization

Foreword

Tuberculosis (TB) is a treatable and curable disease that strikes adults in their prime working years and keeps people from supporting themselves and their families. HIV is preventable and manageable with antiretroviral therapy and also affects adults of working age. In recent years, the gamut of TB and HIV prevention, treatment and care has expanded from the domain of the public sector to non-state sectors including voluntary, corporate and private care providers. Governments have recognized that a multi-stakeholder approach is needed to maximize efforts to address the dual epidemics of TB and HIV. This has resulted in important gains towards better care for people living with HIV and TB across the globe.

For the business sector, there is growing recognition of the implications of TB and HIV on the workforce and profitability. In high TB and HIV prevalent settings, the impact of these diseases on the workforce includes decreased productivity, absenteeism, high turnover and the risk of further TB transmission. This reverberates further, affecting surrounding communities, consumers and the economy as a whole.

On the macro-level, the engagement of workplaces complements global efforts to tackle the TB and HIV epidemics, and contributes to achieving the targets set out in the Millennium Development Goals, World Health Organization (WHO) Stop TB Strategy, the Stop TB Partnership Global Plan and the Joint United Nations Programme on HIV/AIDS (UNAIDS) Strategy. The International Labour Organization (ILO) Recommendation concerning HIV and AIDS and the world of work, makes provisions for workers to benefit from programmes to prevent special risks of occupational transmission of HIV and TB.

The corporate and business sector belong to a wide range of care providers that offer TB and HIV care to significant proportions of working populations. While considerable literature is now available on diverse public-private mix interventions for TB care and control, there is a dearth of documentation and updated guidance on business sector initiatives in TB care. To address the need for guiding principles to initiate and scale up the engagement of the business sector in TB and HIV care, the WHO in collaboration with ILO, UNAIDS and other partners conducted an assessment of business sector initiatives to address TB and TB/HIV,

documented working examples on the ground, and organized an expert consultation to discuss and draw lessons from available evidence.

The purpose of this document is to capitalize on the untapped potential of the business sector to respond to these two epidemics. Built on the 2003 guidelines on contribution of workplaces to TB control prepared jointly by the ILO and WHO, these guidelines should help capitalize on increased awareness about TB and HIV and their impact on businesses, and strengthen partnerships between national TB programmes, national HIV programmes, and the business sector to improve TB and HIV prevention, treatment and care activities. Existing guidance to facilitate business participation predominantly focuses on HIV. This document is therefore principally centred on TB prevention, treatment and care and it's linkages with HIV.

This document is designed to provide guidance to TB and HIV programme managers, employers, workers organizations, occupational health staff and other partners on the need and ways to work in partnership to design and implement workplace TB/HIV prevention, treatment and care programmes integrated with occupational health and HIV workplace programmes where relevant.

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1. Introduction

1.1 Background

There are currently around 3 billion people in the world of work, which comprises half the world's population; of these nearly 1.3 billion people do not earn enough to lift themselves out of poverty. Low incomes, poor working and living conditions, limited access to good nutrition or health information and services make them particularly vulnerable to diseases such as tuberculosis (TB) and HIV.[1] Nearly 50–75% of those affected by TB and HIV are adult men and women in their economically productive years of life. Furthermore, workers of certain occupational sectors such as mining, construction, healthcare, prisons and those working and living in poor conditions in the informal sector are particularly at high risk of getting TB and HIV infection and disease. In the case of TB, workplaces can increase disease transmission, as people spend long periods of time in close proximity. Also, a number of barriers to accessing TB and HIV services are linked to work-related concerns such as loss of wages (or fear of wage loss), health facilities not accessible outside working hours, stigma and discrimination, mobility (e.g. truck drivers), etc.[2]

For businesses, TB and HIV may have a direct detrimental effect on productivity and costs, especially in high prevalence areas. The workplace, particularly with enclosed and poorly ventilated environments, is a potentially risky environment for TB transmission as employees have prolonged contact with each other. Any sick worker could mean disrupted workflow, reduced productivity, absenteeism, transmission to other workers, and thus entail direct and indirect costs for the employer, such as increased medical and healthcare costs, and additional recruitment and training costs. A study in several Southern African countries has estimated that the combined impact of AIDS-related absenteeism, declined productivity, health-care expenditures, and recruitment and training expenses could cut

profits by at least 6–8%.[3] Estimates from India show that TB caused a loss of 7.9 million Disability Adjusted Life Years (DALYs) in 2006, and a reduction of US$ 23.7 billion (equivalent to US$ 20.6 per capita) in economic well–being. Furthermore, TB causes a loss of 100 million work–days per year in India.[4]

Households also face substantial immediate expenditure due to TB and HIV: costs of diagnosis, treatment as well as lost earnings. Studies suggest that on average, an employee with TB loses 3–4 months of work per year, resulting in potential losses of 20–30% of his annual household income.[5] In South Africa, lost earnings due to TB are estimated at 16% of GDP per capita.[6] In Uganda, 80% of wage earners stop work due to TB at some point, with the average time lost from normal activities being 9.5 months. In addition, workers and their families lose 15 years of income from premature death.[7] Studies in Burundi, Côte d'Ivoire, Haiti and Zambia showed that many changes occurred in AIDS-affected households, including loss of paid employment, increased borrowing and the sale of possessions.[8]

1.2 Rationale

The potential of engaging workplaces in TB prevention, treatment and care efforts still remains largely untapped, with only small initiatives in some countries such as Bangladesh, Cambodia, China, Kenya, India, Philippines, and South Africa. On the other hand, there are many examples of workplace HIV programmes, however only a few of them include activities to reduce the burden of TB. A survey conducted jointly by the International Labour Organization (ILO) and the World Health Organization (WHO) revealed that 57% of 21 000 workplaces did not address TB within their HIV workplace programmes.

Countries are currently seeking information and advice on proven ways to engage the business sector systematically in TB and TB/HIV prevention, treatment and care. While considerable documentation exists on diverse public-private mix (PPM) interventions, information on and results of evaluations of business sector initiatives in TB care and control are few and far between. The joint ILO/WHO guidelines for workplace TB control developed in 2003 require updating.[9] A WHO guidance document for the engagement of all care providers and a toolkit on PPM for TB care and control are meant to provide only broad guidance on the need and ways to work with a whole range of diverse care providers.[10] Furthermore, a lot of existing guidance to facilitate business participation predominantly focuses on HIV. This document is therefore principally centred on TB prevention, treatment and care and it's linkages with HIV.

With this document, we seek to synthesize working approaches and prepare guiding principles to help initiate and scale up involvement of the business sector in TB and HIV prevention, treatment and care.

1.3 Purpose

This guidance document is designed to help facilitate collaboration between businesses, national TB control programmes (NTPs), National AIDS programmes (NAPs), employer and worker representatives/organizations and other partners in the initiation and implementation of TB and HIV prevention, treatment and care activities. This should be ideally undertaken within the context of a comprehensive workplace wellness and/or occupational safety and health (OSH) programme that addresses important causes of illness and death in working age adults in a given population. Settings in different country contexts vary and workplaces consist of a wide range of public and private sector organizations including multinational companies (MNCs), national enterprises, small and medium sized enterprises (SMEs), micro enterprises and the informal sector. In this regard, the contents of this guidance document should be adapted to suit the specific needs of each setting.

The target audience for the framework includes NTP and NAP managers, businesses, employer and worker organizations, trade unions, business associations and partners/agencies providing technical support for TB and HIV prevention, treatment and care.

1.4 Methodology

This guidance document has been developed by WHO, ILO and UNAIDS in collaboration with partners. The process of development is outlined below.

- As a first step, an extensive review of published and unpublished literature was undertaken to study the current and potential role, and contribution of the business sector in TB care and control. The search yielded 220 articles. The findings from the literature predominantly focussed on eight key issues including: (1) the impact of TB on businesses; (2) the impact of TB on workers; (3) cost and quality of TB service provision in the workplace and advantages for patients and governments; (4) the risk factors for TB in the workplace; (5) the occupational sectors where TB is most prevalent; (6) the special risk of TB for migrant workers;(7) the importance of TB care, control and follow up activities in the workplace; and (8) other benefits of partnering with businesses. The literature did not yield any articles discussing implementation or evaluation of TB programmes in the workplace.
- A business sector evaluation tool was developed, field-tested and distributed to workplaces through ILO, the Global Business Coalition for AIDS, TB and Malaria (GBC), the International Federation of Garment and Leather Workers and the World Economic Forum (WEF). ILO collated results from its constituents in countries covering 27 000 workplaces.
- Site visits were then organized to document existing working models in four countries: Bangladesh, Cambodia, Kenya, and the Philippines. Over 32 business initiatives were documented through site visits. The visits revealed different models of care provided at

workplaces based on the context, size of company, capacity, management interest and NTP preparedness and willingness to partner with businesses.

- A consultation was organized in October 2009 in Geneva, Switzerland, to review business sector involvement models from various countries, discuss roles of different stakeholders, and share evidence and experiences on TB care and control in workplace settings. The consultation was organized by the WHO Stop TB department in collaboration with key partners including GBC, ILO, UNAIDS, and WEF. In addition, a draft version of the guidance framework was discussed and extensively deliberated during group work sessions.
- Synthesis of inputs and deliberations from the consultation were fed into the final development of this guidance document.
- The document was reviewed by the WHO guidelines committee in 2010 and received clearance for publication.

2. Role of national TB programmes

A National TB Programme (NTP) has the mandate and responsibility for coordinating TB prevention, treatment and care activities, and should play a stewardship role in partnering with businesses. This would enable the NTP to guide and ensure learning and synergies across various business sectors and individual companies. Successful TB and HIV care requires the mobilization of the full range of health services for employees.

2.1 Rationale for engaging the business sector in TB and HIV care

- Working with businesses, especially SMEs and the informal sector, provides a significant entry point and access to a large number of vulnerable workers.
- The workplace offers potential a ready audience for education messages and behaviour change communication programmes. In addition, the employees' regular presence in the same location can facilitate early diagnosis and treatment adherence.
- Partnering with businesses, employers and trade unions on workplace programmes will help NTPs reach people with TB, that have poor access to or are not reported to the public health system such as – potential TB patients among employees and their families, and communities surrounding large businesses and industrial units, particularly when located in remote or rural environments. This will not only help in promoting standardized protocols of diagnosis and treatment but will also contribute to the national targets.
- Effective workplace policies and programmes can contribute to reducing stigma and discrimination attached to TB and HIV by improving education, ensuring that people with TB and/or HIV do not lose their jobs and publicly enabling TB and HIV care within the workplace and associated communities.[11][a]
- In settings with generalized HIV epidemics, companies can make joint TB and HIV services in the workplace more accessible to the workforce without people having to

[a] UN Plus stance on anti discrimination in the workplace

miss work by visiting public sector facilities, which often only operate during business hours and thus difficult for working adults to visit. Companies can also help screen people living with HIV regularly for active TB, offer TB preventive therapy to those that do not have active TB, and provide comprehensive HIV care and support to TB patients living with HIV, including access to antiretroviral therapy (ART). [12]

- Larger companies can assist with the management of TB (and HIV) in smaller companies contracted to supply services as well as within communities.
- Support to engage with the business sector is available from umbrella bodies such as business coalitions, employers' organizations and workers' organizations. These partners can play a major advocacy role in raising the profile of TB and TB/HIV workplace programmes and mobilizing support towards implementation

2.2 Stewardship role

NTPs should take on a stewardship role in creating a conducive and supportive environment for the setting up of workplace programmes or partnering with existing workplace programmes. In most countries, the NTP has a central office at the national ministry of health, with staff in district and intermediate levels. NTPs at the central level can through their network, strategically facilitate partnerships and coordinate activities in collaboration with partners already involved in engaging workplaces, such as HIV programmes, public and private sector employers, business coalitions, employer federations, chambers of commerce, workers' organizations (e.g. trade unions), nongovernmental organizations (NGOs) and private health practitioners. This will require open dialogue and mutual understanding of the settings and environment that different partners work in. It may also be useful for the NTP to specifically engage with sectoral umbrella bodies such as associations of mine workers, as this would provide direct access to workers with specific needs.

2.3 Key tasks

2.3.1 Identify and link with relevant partners

Engaging relevant partners early in the planning process will make implementation of workplace programmes easier, more efficient and ensure a better chance of sustainability. Synergies created through collective action would provide optimization of available resources, yet it is crucial to prioritise which partners to involve and when. This process could include:

- identifying and listing all organizations in addition to the public sector, involved in TB and/or TB/HIV activities within the region/district/province/community of the workplace. A list and description of key partners to assist implementation of workplace programmes is highlighted in the next chapter;
- identifying the core competencies of potential partners and charting out clear roles and responsibilities in consultation with partners;

- allocating the responsibility of liaising with the business sector and partners to one staff in the NTP. This could be the PPM focal point where they exist, for instance.

2.3.2 Assess and utilize labour and regulatory mechanisms

Regulatory mechanisms, labor laws and worker protection acts in the country can be capitalized on to develop effective collaborative plans and guide companies in initiating and implementing workplace programmes within the legal frameworks. International conventions can also help increase understanding what international standards concerning work environment, workers health and social protection are enforced by the ministry of labour or any other appropriate ministries.

- Since 1919, ILO has developed and maintained a system of international labour standards[b] aimed at promoting opportunities for women and men to obtain decent and productive work, in conditions of freedom, equity, security and dignity. The ILO's unique tripartite structure ensures that these standards are backed by governments, employers, and workers alike. International labour standards therefore lay down the basic minimum social standards agreed upon by all players in the global economy. In many settings, these standards are strictly enforced by the Ministry of Labour ensuring that businesses comply with them to be allowed to trade.
- Labour inspectors are key players in this effort and can also be crucial partners to NTPs in facilitating and monitoring the implantation of TB and HIV prevention, treatment and care activities in the workplace.
- Furthermore, both TB and HIV have recently been included in ILO's list of occupational diseases, which influences the content of national legislation on occupational diseases.[13]

These labour and regulatory mechanisms, based on the country context can be used by the NTP to push the agenda of business engagement in TB and HIV prevention, treatment and care efforts.

2.3.3 Map and prioritize key sectors/businesses

Mapping

- Make or procure a list of companies in the country from business associations, employers' organizations, workers' organizations, labour inspectorate and/or the Department of Labour. These should include SMEs and informal sector operatives especially to identify where the most vulnerable workers are located.
- Identify companies with existing TB, HIV or health care workplace interventions as potential partners, demonstration and training sites and for sharing best practices.

[b] http://www.ilo.org

Prioritization

- Analyse the list to prioritize occupational sectors where workers are exposed to occupational risks for TB and/or HIV. Table 1 outlines certain sectors with potential TB and HIV risk factors. Priority may also be given to companies operating in geographical areas known to have a high prevalence of TB and or TB/HIV based on national statistics.

Table 1: *Key sectors with TB and HIV risk factors*

SECTOR	Potential Risk Factors
Mining industry	• Occupational exposure to silica dust and silicosis • Confined, poorly ventilated working environment • Cramped living quarters • High HIV prevalence
Healthcare centres/hospitals	• Occupational exposure to TB • Occupational exposure to HIV
Prisons	• Overcrowding • Poor access to health care services • Confined, poorly ventilated working environment
Businesses with large migrant workforce	• High levels of HIV • Poor living conditions • Poor access to healthcare • Overcrowding
Construction	• Exposure to silica dust • Poor living conditions • Alcohol use • Poor access to healthcare
Oil and gas industries and plantations	• Cramped and congested living area • Poor access to healthcare
Transport sector (and other mobile workforces)	• High rates of HIV • Poor access to healthcare as TB care can only be organized as part of a targeted workplace programme, fixed sites for DOT are not possible.
Commercial sex workers	• High exposure to HIV often without access to protective supplies (condom) • Poor living conditions • Poor access to healthcare • Stigma and discrimination

- Subdivide companies based on size and capacity to assess what potential contribution they can make. Consider also assessing existing health benefits and schemes for employees and existing schemes for TB and HIV prevention, treatment and care and antidiscrimination rules and policies.

- Special effort will be required to target and reach out to the workers in the informal sector, and identify strategies to optimize their engagement and contribution. Please see section 2.3.6.
- A baseline survey may be undertaken to establish the benchmark for future comparison after implementation. The baseline survey will provide information on the knowledge attitudes and practices (KAP) of the male and female workers and the nature of TB in the workplace and the surrounding communities as well as inform the priorities for action. The baseline could also provide useful information on TB risk factors and potential entry points for integration. It may be possible to obtain information from the onsite clinics (if present) on absenteeism related to TB and TB/HIV, staff turnover related to TB and/or HIV, TB incidence, etc. The baseline survey would assist with the setting of targets and indicators and deciding on priorities for action.

2.3.4 Technical support

NTPs should also, where possible, provide technical support to companies to set up or integrate TB and HIV prevention, treatment and care into existing health clinics, and microscopy and treatment centres at the workplace. Particular attention should be paid to ensuring adequate TB infection control measures in such health clinics. [14,15] If providing services within the workplace is not feasible, the NTP should liaise with the nearest clinic to find alternative solutions to improve access to workers, e.g. early morning, lunchtime or evening clinics, outreach visits to workplaces by clinic staff, priority access at certain times, etc.

2.3.5 Advocacy and communication

The NTP should share information and advocacy material with the business sector. Other activities could include: encouraging formation of and participating in public private partnership forums to identify entry points for business engagement, sharing best practices and leverage government resources; documenting business sector initiatives and promoting the work of the engaged businesses with support from the local partners.

2.3.6 Engaging the informal sector

A large proportion of the economically active population in many countries finds an income-generating source in activities outside the formal sector of the economy. In most cases these opportunities are of lower quality than the majority of formal sector jobs. Working conditions are often poor and protection levels for employees are low. TB and HIV thrive in such environments and it is thus essential to engage this sector in TB and HIV prevention, treatment and care efforts. In general, health facilities or services are not provided in the informal sector to employees, due to the low margins that companies often operate under.

The overall strategy for NTPs to reach out to the informal sector includes the following key activities:

- reach the poorest of the poor: ‘go to where the patients are’, consider innovative outreach strategies using peer to peer approaches for case finding and adherence support;
- enlist the support of civil society;
- define the target audience taking into consideration legal and illegal sectors, child labour and working women;
- focus on prevention and strengthen advocacy;
- mobilize resources: national and international, government and private;
- provide leadership and play the overall coordinating role to drive the process in collaboration with relevant partners, to create new and/or strengthen existing associations of informal workers;
- incorporate a strategic plan within the national plan for workplace responses.

3. Role of key partners in the business sector

Recognizing the impact of epidemics such as TB and HIV on their workforce with consequences for company productivity, profitability and the community, the business sector is increasingly undertaking interventions aimed at improving the health of the workforce. In many cases this is seen as part of a company's corporate social responsibility. However, companies heavily affected by TB are also starting to recognize these investments as a strategic imperative. This section outlines the roles that key partners such as: businesses/company management, trade unions, ministries of labour, business coalitions, NGOs, and various international organizations, can play in facilitating the engagement of businesses in TB and HIV care.

3.1 Current contribution of the business sector

Business-led initiatives have demonstrated that businesses can play a useful role in the prevention, treatment and care of TB and HIV; examples include mining companies in Ghana, India and South Africa and tea estates in Kenya and India.[16,17] In 2007, a tea plantation in Kenya made its TB and HIV services available to 18,000 employees, their dependents and the surrounding communities and detected and treated 197 TB cases. A garment factory in Bangladesh detected 668 TB cases between 2001 and 2007 with a cure rate of 93% in 2006. A multinational fruit sourcing company in the Philippines, through its program educated, over 3000 employees, their families and the surrounding communities on TB between 2004 and 2008. Out of 400 referrals the company was able to facilitate the diagnosis and treatment of 100 employees.

Further, groups of businesses and partners working together to tackle the TB and HIV epidemics can help share resources, best practices and experiences. There are examples of

group clinics run jointly by neighbouring companies that cater to workers in these companies. The North Star Alliance[c](established by a global express delivery company) in collaboration with the World Food Programme provides health care including, TB, HIV and sexually transmitted infection (STI) services to their trucking staff and surrounding communities, through a network of containers serving as clinics along major trucking routes.

In addition, global coalitions of businesses such as the Global Health Initiative of the World Economic Forum[d], the Global Business Coalition on HIV/AIDS, Tuberculosis and Malaria[e]and the International Organization of Employers[f] as well as national business coalitions and national employer organizations such as the India Business Alliance[g] and the South African Business Coalition on HIV/AIDS, have been playing an important role in advocating and guiding corporate sector involvement in TB and HIV prevention, treatment and care[h]. These initiatives have been accompanied by efforts coming from the international trade union movement, the International Trade Union Confederation[i], as well as international sectoral unions such as the International Federation of Chemical, Energy, Mine and General Workers' Union[j], the International Textile, Garment and Leather Workers Federation[k], Public Services International[l], Education International[m] and others.

3.2 Rationale for engaging in TB care activities

Managing TB at the workplace in conjunction with HIV or other occupational health programmes makes good business sense. TB workplace programmes may contribute to:

- improving the health and increasing productivity of the workforce, or even preventing supply chain disruptions;
- saving costs by reducing absenteeism, staff turnover and health care costs (through early and prompt diagnosis, and effective treatment);
- reducing associated costs for insurance or sick leave through offering services on premises;
- limiting loss of staff or their turnover through prompt diagnosis and effective treatment on premises or through referral, thus also saving cost for recruitment and training of new staff;

[c] http://www.northstar-alliance.org/
[d] http://www.weforum.org/en/initiatives/globalhealth/index.htm
[e] http://www.gbcimpact.org/
[f] www.ioe-emp.org/
[g] https://members.weforum.org/pdf/India/IndiaBA.pdf
[h] www.sabcoha.org
[i] http://www.ituc-csi.org
[j] http://www.icem.org/
[k] http://www.itglwf.org/
[l] http://www.world-psi.org/
[m] http://www.ei-ie.org/

- reducing risk of TB transmission to other workers by active case finding and screening on premises;
- retaining knowledge and expertise otherwise lost when sick workers drop out or die;
- maintaining workforce morale by providing them the convenience of increased access to TB and HIV prevention, treatment and care services and saving related costs;
- demonstrating social commitment and respect towards businesses' human capital as part of their corporate social responsibility, thus also strengthening corporate image and reputation;
- fulfilling a legal and moral obligation/responsibility to contribute to TB prevention, treatment and care efforts in those industries where workers are at increased risk of contracting the disease due to the nature of work;
- Increasing efficiency and results of public health programmes by harmonizing treatment and referral of patients between private and public sector, which in turn benefits companies in the long run.

3.3 Collaborating with the NTP

Effective collaboration between the business sector and the NTP is vital for the sustainability of workplace initiatives. Companies can benefit from technical support, access to laboratory testing or supplies and anti-TB drugs (free or at reduced cost) and other resources available from the NTP. For instance in Kenya, the NTP provides tea plantations and flower farms with anti TB drugs and conducts regular monitoring visits to company health facilities. In Bangladesh, the NTP is working through NGOs to provide free anti-TB drugs and laboratory supplies to company facilities.[18] HIV programmes in many countries have also been supporting businesses to initiate workplace activities through partners.[19]

3.4 Key partners and roles

To facilitate implementation, businesses should link with key partners in their area of operation. Some main partners and how they can contribute to implementation are listed below.

3.4.1 Businesses/Company management

Businesses across the board, irrespective of size or capacity can contribute in diverse ways to TB prevention, treatment and care. While MNCs may be able to provide a wider range of TB and HIV services to their workers on-site, SMEs and informal economy operators are likely to offer limited TB care services such as identifying and referring cases and providing them support while on treatment. Workplace programmes should be gender-sensitive, and enshrine the principles of non-discrimination and confidentiality. It must ensure that no one experiences discrimination on the basis of their TB or HIV status, whether in terms of continuing employment relationships or access to health insurance, occupational safety, and health care schemes.

It is essential to have company management on board to facilitate the implementation of TB and HIV prevention, treatment and care activities in the workplace. If the company management is aware and directly involved in the implementation of the workplace programme, they can also lead the way in other actions beyond just service provision. This could include, committing the company to retain workers that are/were sick, reducing disease related stigma, or engaging companies along their supply chain in joint or co-ordinated programs.

Detailed information on the tasks businesses can undertake in collaboration with the NTP and partners to implement TB and TB/HIV activities in the workplace are outlined in the next chapter.

3.4.2 Trade unions

Trade unions are mass membership organizations with structures at the national sectoral, regional and global levels. The strength of the workers' organizations lies in their ability to mobilize their membership at any level to respond to TB and HIV. Trade unions have unique strengths in the areas of taking action to challenge discrimination and marginalization of workers within the workplace as well as advocating for the rights of workers. Workers representatives are critical to ensuring that workplace health programmes meet the needs of the workforce, and are acceptable to and ultimately taken up by the workforce.

In many countries, trade unions have encouraged their membership to participate in voluntary counselling and testing as part of 'Know Your Status' campaigns. NTPs should take advantage of this opportunity to harness the power of working men and women by contacting national trade union centres in their respective countries. At the national level, contacts should be made with the trade union focal points either directly or indirectly through relevant partners such as NGOs. Their roles could include:

- mobilizing broad membership to address TB and HIV;
- creating awareness amongst employers and workers;
- negotiating and shaping the right workplace policies and plans;
- building support among workers for implementation of workplace TB and HIV programme activities;
- protecting the rights of workers;
- advocating in the political arena;
- helping build informal workers' organizations through education, training and collaboration;
- working with NGOs and other unions to spread awareness messages to the surrounding community, add resources, share ideas, experiences and knowledge, and coordinate strategies.

In South Africa for instance, the Congress of South African Trade Unions (COSATU), succeeded in partnering with faith–based groups and community–based organizations to create a mass campaign for access to affordable treatment for HIV and AIDS.

In Uganda, agricultural workers and truck drivers have been targeted by formal alliances of trade unions working in these sectors to address HIV and AIDS.

3.4.3 Labour inspectorate/Ministry of Labour

Labour inspectors have the role of ensuring that labour laws are given practical effect and become actual standards for workers. They have access and influence on the operations of businesses and thus can be key partners in encouraging businesses to provide TB and HIV prevention, treatment and care either directly at the workplace or indirectly by referring workers to nearby health centres. Inspectors can also help employers to monitor work practices and ensure that action is taken to change them when necessary. Their roles could include:

- advising on legal and policy reform;
- integrating TB and HIV in existing occupational safety and health structures, including labour inspection;
- providing policy guidance and practical measures to extend social protection, and advising specifically on the development of innovative health and life insurance schemes;
- advocating for the workplace to be the key delivery point for prevention, treatment and care to workers.

3.4.4 Employers' organizations/ Chambers of commerce

Employers' organizations are national umbrella bodies which can play a key role in assisting companies within and outside their networks to formulate, implement and monitor HIV/AIDS and TB workplace policies and programmes, disseminate information to their employees, families and dependents, and access technical and financial support in order to scale up interventions. At the national level, NTPs could contact and link with the HIV/AIDS and TB focal persons in the employers' organizations. Their roles could include:

- initiating and fostering NTP-NAP-business sector collaboration;
- facilitating communication with and support to NTP and NAP staff to work effectively with the business sector;
- providing awareness to all levels of management and company employees;
- assisting companies to formulate, implement and monitor TB and HIV workplace policies and programmes;
- facilitating training by NTP and NAP;

- organizing SMEs and the informal sector to build their capacity to participate in TB and HIV prevention, treatment and care activities for workers, and, motivate and support those with existing HIV interventions to integrate TB care and control.

The Barbados Employers' Confederation helped the Ministry of Labour draft a national code for workplace action on HIV/AIDS in Barbados.

The National Confederation of Industry in Brazil founded a social service programme which was adapted to undertake HIV-related training and condom distribution. This programme has trained peer educators for 5000 enterprises to date.

The Employers' Confederation of Thailand places high priority on helping its members develop non-discriminatory workplace policies on HIV/ AIDS as well as providing guidance on education for prevention and occupational safety and health.

3.4.5 Business Coalitions and Associations

Several business associations or coalitions have added "public health" to their work scope, or have even been formed to primarily support member companies with information and advice on how to address TB and HIV. Coalitions tackling diseases like TB, HIV/AIDS and malaria have emerged as an effective platform for the private sector response to these epidemics. Business coalitions act as a collective voice for the private sector, often through representation on national AIDS committees and Country Coordinating Mechanisms (CCMs) and interactions with other key stakeholders. They increase business action through advocacy and supporting the design, development and implementation of workplace programmes by providing the necessary materials, tools and training. Some offer special services such as implementing a nationally recognized accreditation process for company AIDS workplace polices and programmes and the development of public-private partnerships to deliver treatment. They can serve as effective and influential conduits to link national programmes with businesses. NTPs can work together with existing coalitions to help them integrate TB in their mandate and into workplace programmes of their member companies. Their roles could include:

- advocating for business action through the fostering of NTP-NAP-business sector collaboration and public–private partnerships;
- raising awareness of all levels of management and company employees;
- supporting the design, development and implementation of workplace programmes by sharing best practices, and providing necessary tools and training material;
- facilitating training by NTP and NAP;
- enabling company peer-to-peer knowledge sharing and learning;
- organizing SMEs and the informal sector to participate in TB and HIV prevention, treatment and care activities for the workers;

- motivating and supporting those with existing HIV interventions to integrate TB prevention, treatment and care;
- accrediting companies with effective workplace programmes.

The Global Business Coalition on HIV,AIDS, TB and Malaria works with its member companies to ensure that they meet their employees' needs and mitigate the economic and productivity impact of AIDS, TB, and malaria through corporate policies and employee programmes that fight stigma and promote awareness, prevention education, testing, and treatment access.

The South Africa Business Coalition for HIV/AIDS is integrating TB care and control in its HIV/ AIDS interventions and tools to broaden corporate engagement.

3.4.6 ILO, WHO, UNAIDS country staff

ILO National Focal Persons and National Project Coordinators, WHO national TB and HIV Programme Officers, and UNAIDS Partnership Advisors can provide technical support to companies to initiate and implement TB and/or integrated TB/HIV workplace programmes and policies at the national level. Their roles could include:

- providing technical support for the development of TB and HIV workplace policies and programmes, including training assistance to all companies and partners identified;
- brokering partnerships (in what can become a tense collaboration) between workers demanding better working conditions and health services, and employers trying to keep costs to a minimum.

3.4.7 NGOs involved in TB and HIV (International and local)

In many countries, NGOs have been playing key roles in providing TB and HIV care, and serving as intermediaries between the public and private sectors. In some settings, they act as intermediaries between businesses and national programmes and assist in the development and provision of necessary tools and materials required for involvement of businesses in TB care and control, including at the workplace. These may be local or international NGOs/not–for–profit organizations. In many instances, local NGOs are enabling companies to reach out to the communities beyond the workplace that 'supply' the workforce. These NGOs may also be vital in linking the NTP with other intermediary organizations like trade unions and labour inspectorates. Their roles could include:

- advocating and fostering NTP-NAP-business sector collaboration;
- facilitating communication with and supporting NTP and NAP staff to work effectively with the business sector;
- raising awareness of all levels of management and workers;
- assisting NTPs and NAPs to train company employees especially healthcare professionals

and members of trade unions;

- organizing SMEs and the informal sector to participate in TB and HIV prevention, treatment and care activities for workers: assisting those with existing HIV interventions to integrate TB prevention, treatment and care;
- providing logistical support;
- supporting monitoring and evaluation of activities;
- facilitating community outreach.

In Cambodia, the Cambodian Anti TB association links the NTP to businesses and conducts awareness programmes for employees.

In Bangladesh, NGOs such as BRAC and the Damien Foundation provide logistical support as an intermediary between the national TB programme and businesses. They help with the distribution of drugs as well as monitoring and supervision.

4. Implementation in the workplace

Outlined below are key steps that companies and their partners can take to address TB and TB/HIV in the workplace.

4.1 Assessment and planning

An assessment of the health and information services available internally and in the local vicinity of the workplace setting will be a good way to start constructing a plan for a workplace TB programme or for integration of TB activities into existing health programmes. Unless there are specific risk factors increasing the risk in the workplace, TB and HIV rates in the workforce are likely to mirror those seen in surrounding communities and nationally. Businesses should therefore assess TB and HIV rates in the local community to better understand the associated risks in the workforce. Relevant TB and HIV information should be obtained from local and national sources.

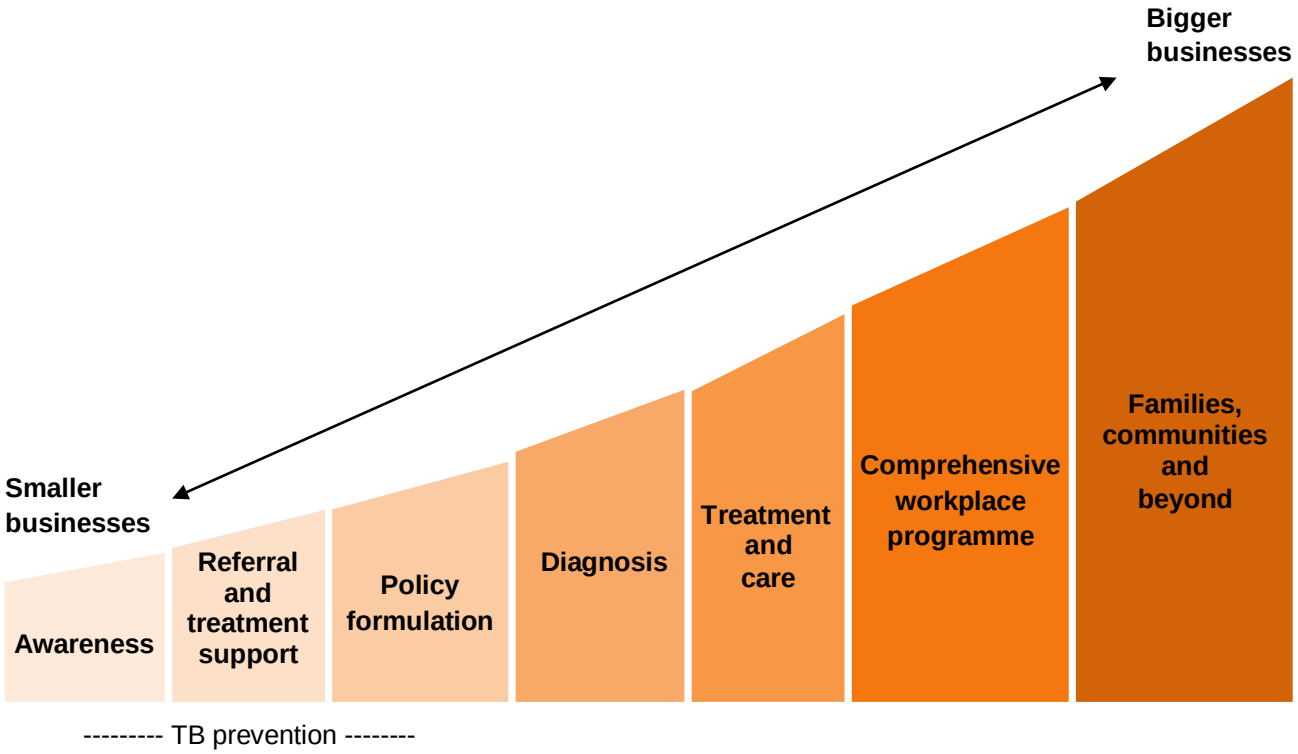
A plan of action with clear objectives, strategy, methods of delivery and monitoring, identified partners, specified roles and responsibilities and potential budgeting will ensure effective implementation of TB and TB/HIV workplace activities. Companies may develop the plan in consultation internally with both senior management and workers' representatives and externally with the NTPs and partners. They may identify a focal person to coordinate all relevant activities.

4.2 Key tasks

Based on their capacity, and in collaboration with the NTP and other partners, businesses should identify which tasks they can undertake in the workplace or beyond. This should be clearly outlined in the plan with assigned responsibilities. Outlined below and in the figure is a "menu of options" describing the various essential tasks companies can undertake to address some of the programme elements of TB and HIV care. These activities are based on working examples at the country level. Some of these require little or no financial investment and may prove cost-effective for the company, community and the country as a

whole. The NTP, NAP and other partners listed in the earlier chapter can help facilitate the implementation of these activities

Figure 1. Menu of options for business involvement in implementation of TB and TB/HIV collaborative activities



4.2.1 Increase awareness:

Improved awareness and knowledge of TB and HIV can contribute to TB prevention, early case detection, better adherence, reducing stigma and discrimination. This can be carried out at little to no cost by companies of any size, in collaboration with the NTP, NAP, workers associations/unions and other partners. As a minimum all workers should at least be aware of the symptoms of TB and when, where and how to seek TB testing.

Awareness activities should be carried out at two levels within the workplace.

- Senior management and labour unions should commit themselves to help undertake and sustain activities related to TB and HIV care.
- Employees within the workplace must support and be willing to participate actively in the programme.

Peer education programmes can be effective not only for awareness creation but also to reduce the stigma related to TB and HIV. Other awareness mechanisms include special

meetings and internal awareness seminars for all levels of staff, mailings, notice board posters, stickers, pay slip inserts and other promotional materials on workplace premises.

In India, the NTP organizes joint advocacy and awareness programmes with companies at the national, state and district levels.

4.2.2 Referral and treatment support:

Intensified TB case-finding (TB screening), referral of people with TB symptoms, and treatment adherence support are simple activities that workplaces could contribute to, with very little investment or effort. Medical, paramedical staff, human resource personnel and workers (peer educators/counsellors) with appropriate training, can easily identify TB symptoms, refer people with symptoms for diagnosis or provide treatment support and counselling.

These activities include:

- in the case of smaller companies that do not have onsite health facilities, establishing referral mechanisms to TB and HIV service providers within the public or private sector. This should be developed in a manner which enables the tracking of all referrals from the company; this will not only improve company planning of its workplace programme, but also demonstrate the contribution of the workplace programme to TB case finding and treatment within the community;
- training of medical, paramedical staff and workers (peer educators/counsellors) to identify the symptoms of TB and refer people with symptoms to the workplace health centre, contracted medical institutions or to the public sector for sputum examination and other investigations;
- training of medical, paramedical staff and workers to act as treatment adherence supporters.

A large garment manufacturer in Bangladesh trained its floor managers to identify TB cases among their staff and refer them to the health centre.

4.2.3 Policy formulation

Formulation of a workplace policy on TB and HIV or integrating them into existing occupational health and safety policies could also be vital in increasing awareness among workers and enhancing trust, accountability, ownership, commitment and sustainability. TB and HIV workplace policies provide a framework for direct action in the workplace and demonstrate the commitment of management and workers. Workplace policies should be based on the principles of the ILO Code of Practice and ILO recommendations on HIV/AIDS and the World of Work, 2010 and be developed with the active involvement of senior management and representatives of workers (for more information on workplace policies please refer to Annex 1).

A multinational pharmaceutical company, has a comprehensive HIV/AIDS, TB and malaria workplace policy that ensures that employees and their dependents have access to appropriate disease prevention programmes and a minimum standard of medical care and treatment.

4.2.4 Diagnosis and counselling

Workplaces can greatly facilitate the identification of TB and HIV cases and significantly reduce delays that exist between the onset of symptoms and diagnosis. Businesses could contribute to the early detection of TB by facilitating access to testing and counselling services for their employees, and/or dependents– on site or in collaboration with public or private institutions. Voluntary counselling should be provided to encourage all staff to be screened for TB, especially those openly living with HIV. Similarly all staff and especially those who have been diagnosed with TB should be encouraged to test for HIV. Testing should be undertaken in a confidential and voluntary manner. Respect for the rights, voluntariness and confidentiality of men and women workers is an important principle in testing.

Activities under this task include:

- setting up an on site microscopy/diagnostic centre in collaboration with the NTP and partners;
- sending laboratory staff to training workshops organized by NTPs or relevant partners;
- maintaining confidential records of patients diagnosed with TB and/or HIV and notifying these to the NTP;
- facilitating regular monitoring of on site microscopy facilities by NTP staff or assigned NGO staff for quality assurance;
- in case of companies with limited resources or with few TB cases, developing linkages with public or private diagnostic centres for referral of TB or HIV suspects or a mechanism by which samples can be sent to an external laboratory for testing should be set up. This will reduce the need for workers to take time off from work to go and be tested;
- facilitating access to TB and HIV counselling services for employees, and/or dependents– on site or in collaboration with public or private institutions;
- providing voluntary counselling for all staff to be screened for TB and HIV.

At two large tea plantations in Kenya, employees diagnosed with HIV are encouraged to undergo TB testing and vice versa.

4.2.5 Treatment and care

Workplaces can also facilitate access to TB treatment and care through provision of treatment support on site or through external referral, provision of time for treatment and by maintaining and following up on treatment records. In the case of external referral to non-NTP providers, companies must ensure that contracted providers adhere to NTP standards and guidelines. Workers who are able to easily access treatment at the workplace tend not to default as evidenced by site visits to Bangladesh, Cambodia, Kenya and the Philippines.

Activities under this task include:

- maintaining treatment records of patients and following up with defaulters, or notifying partners to support in follow-up;
- ongoing counseling to ensure compliance to be a part of patient management;
- informing workers of the risk of contacts contracting TB and the importance of getting them to screen for TB;
- ensuring health staff/supporters communicate clearly with the patient to explain the treatment of TB and/or HIV in a supportive manner. This should include an explanation of the type and color of drugs prescribed, amount and frequency, possible side-effects, frequency of sputum examination, and consequences of irregular or incomplete treatment;
- providing treatment at an easy and accessible point for employees or referring employees to linked public/private treatment facilities;
- providing employees time off for treatment during the infectious phase without employment repercussions and also allowing patients who receive treatment outside company premises time to access it everyday.

In Cambodia, workers take their anti-TB medications every morning at the entrance before going to the shop floor. This enhances adherence and saves workers the time and costs related to making a trip to a treatment clinic away from the workplace.

4.2.6 Comprehensive workplace programme:

Companies who have the capacity, especially those operating in high-TB or HIV prevalent settings or with the occupational risk of TB or HIV, should set up their own workplace TB and TB/HIV programmes or integrate these activities into existing OSH or wellness programmes.

To facilitate the latter it is essential to:

- identify all possible entry points in the HIV/OSH/wellness workplace programme where TB can be integrated. In this regard, it may be useful to assess what exists within the programme and explore the possibility of including TB at every stage of the implementation process;

- ensure that integration is built upon what exists and not through the creation of vertical or duplicate structures which may not be sustainable in the long term. Table 2 provides possible entry points for TB/HIV programming within the workplace.

Infection control measures need to be included into all workplace programme activities. [14,20]

Table 2: *Integrating TB into existing HIV workplace structures* [21]

Assess existing HIV workplace programme structures	TB programmatic actions
Is there a baseline HIV questionnaire for the workplace?	**Include questions on TB.**
Is there an HIV focal person/coordinator in the workplace?	**Train the HIV focal person to undertake TB activities (TB/HIV focal person) or identify and train another worker to be TB focal person.**
Is there an HIV Steering Committee?	**Train the steering committee to undertake TB activities. Consider changing the name to TB/HIV steering committee and incorporate TB stakeholders.**
Is HIV education undertaken as part of the induction/orientation for new employees?	**Include TB information in the induction for new employees.**
Is there an HIV curriculum for training peer educators and Steering Committee members?	**Include TB into the HIV training curricula.**
Is HIV integrated into existing OSH structures?	**Integrate TB into the OSH structures.**
Are information, education and communication material available for HIV and/or are some in the process of being developed?	**Develop TB information, education and communication material, appendix existing HIV-related material with information on TB.**
Does the workplace programme have a Project Advisory Board (PAB) or Tripartite Advisory Board?	**Include representatives from the NTP as well as from the constituency of TB patients**
Is there an HIV workplace policy?	**Adapt the HIV policy to address TB (TB/HIV Policy).**
Are there trained peer educators and counsellors (from the enterprise and community)?	**Upgrade the skills of peer educators and counsellors to include TB education.**
Have on site health workers been trained in HIV issues?	**Train on site workers in TB and related issues.**
Is voluntary counselling and testing undertaken periodically in the workplace for employees?	**Encourage intensified case finding for TB at the workplace with regular routine TB screening through symptom questionnaire and further investigation as necessary.**
Are there support groups at the workplace or in the community addressing HIV?	**Include TB in the activities of support groups.**
Is there a monitoring and evaluation framework for the HIV workplace programme?	**Include TB Indicators.**

An oil and energy corporation in Nigeria has set up a comprehensive workplace TB programme, which increases awareness on TB, provides diagnostic facilities, and treatment support to their employees, dependents and members of the community.

Infection control

Infection control is essential to prevent transmission of TB in healthcare facilities, and under certain conditions at the workplace, mainly if people tend to assemble for a long period of time or under confined conditions. This is especially important to prevent HIV-infected workers from being exposed to TB. The elements of a workplace infection control programme include:

- development of an infection control plan based on a risk assessment and in accordance with national and international guidelines, is essential for companies that are building their own health centers. Infection control measures should especially be prioritized for TB hospital wards and outpatient settings. Epidemiological, climatic and socioeconomic conditions, prevention of stigma and estimated costs will greatly influence this prioritization process;
- implementation of simple and economical administrative measures, for instance, identifying potentially infectious cases (triage) and separating them into a proper environment, should be emphasized first;
- early identification of workers who may have TB should be facilitated, followed by referral for prompt diagnosis and treatment ;
- cough hygiene for coughing patients should always be enhanced, and may sometimes require the use of masks when infectious patients do not comply easily to simple cough etiquette;
- collection of sputum samples should be ensured in a safe manner. This is best achieved by collecting sputum samples outside, but not in direct sunlight. If this is not possible, sputum should be collected in a well ventilated room;
- other environmental control measures of different types and costs can also be implemented. Some may be easier to implement (ensuring adequate ventilation by having outdoor waiting areas, windows that open, etc.), but some may require more complex architectural modifications to improve ventilation;
- relevant training for administrators and healthcare workers should be undertaken;
- HIV testing for those working in high risk situations and alternative jobs for HIV-infected workers, should be offered if demanded;
- the use of personal respirators (N95 masks) should be ensured, particularly for those working with drug-resistant TB patients.

These procedures should first target MDR-TB health settings, and be context-sensitive, emphasizing the importance of developing "safe health care facilities".

4.2.7 Families, communities and beyond:

Reaching out beyond the workplace to the families, dependents, contracted companies and surrounding communities that 'supply' the workers is a key component of TB and TB/HIV workplace programmes and in some areas, it complements the otherwise inadequate public health service infrastructure.

- Companies can extend provision of a comprehensive package of TB services not only to the workers' families, but also to the communities in which the workers live.
- Alternatively, companies may adopt underserved communities or villages in close consultation with national TB and HIV programmes; this may be especially beneficial in remote areas with poor access to public health services.
- Larger businesses can support smaller businesses in their supply chain to initiate and implement workplace programmes.
- Larger businesses with support from trade unions, local partners and community representatives can help organize services for informal suppliers and workers in the informal unorganized sector. While some informal groups have strong associations, others exist only as disjointed, fragmented groups without the capacity to respond adequately to any emerging public health problem.

A multinational energy company in South Africa is supporting 42 small enterprises in its supply chain to initiate HIV workplace programmes.

One of the biggest companies in India runs a community TB diagnostic and treatment centre providing services to the workers, their families and the surrounding community. In addition it has extended its awareness programmes on TB and HIV to workers in neighboring diamond and textile industries, comprising mostly of small-sized enterprises.[22]

4.3 Allocation of roles

It is important to define which tasks the company, NTP or allied partners will undertake, based on their capacity and available resources. Table 3 lists some of the main tasks and indicates how these can be distributed. This task mix is indicative and needs to be adapted to local contexts.

4.3 Launch and roll out

The plan of action developed in the first step should be implemented jointly with identified partners and stakeholders. A proper launch of a workplace programme with fanfare may be inspiring for the management, employees as well as partners, and be an opportunity for raising awareness.

4.4 Monitoring

The process put in place in joint agreement with NTP, employees, partners and management should be adhered to and proper records maintained. Programme activities should be periodically reviewed and corrective measures proposed if necessary.

The elements of a successful workplace programme are highlighted in Annex 2.

Table 5: *Indicative task mix for implementing a workplace TB/HIV programme*

TASKS	Large company	Medium-size company	Small company	NTP	NAP	Partners like NGOs, etc.	ILO focal points and labour inspectors	Employer federations and unions
Workplace								
Development of a TB/HIV workplace policy								
Undertaking TB awareness raising and education programmes for workers								
Establishing referral mechanisms to public/private health facilities								
Undertaking joint voluntary counselling and testing, and intensified case finding								
Training of treatment supporters in the workplace to supervise workers with TB and HIV in the workplace								
Ensure uninterrupted supply of TB drugs, including second and third line drugs for MDR-TB and XDR-TB and ARV to the workplace								
Detection of TB and HIV through onsite clinics/ Undertaking sputum culture and drug sensitivity testing at the workplace								
Provision of DOTS and antiretroviral therapy on site								
Provision of TB preventive therapy for workers and their families								
Outsourcing clinic facilities, X-ray services, etc								
Community and beyond								
Undertaking TB awareness raising and education programmes for the community								
Opening workplace TB/HIV facilities to the community								
Supporting SMEs in supply chain to initiate workplace TB/HIV programmes								

5. Conclusion

- Businesses rely on a healthy and productive workforce. TB and HIV can undermine this. Workers in certain sectors are particularly vulnerable to TB and HIV. A sick worker could mean disrupted workflow, reduced productivity, absenteeism, direct and indirect costs for the employer, increased medical and healthcare costs, recruitment and training costs, reduced productivity and increased accident rates.

- A workplace programme that comprehensively addresses TB and HIV prevention, diagnosis, treatment and care in high burden settings can effectively mitigate the impact of these diseases on the workforce and thus on productivity. The workplace is a win-win setting for TB management and TB/HIV co-management strategies. Businesses that are already addressing HIV should consider implementing additional TB policies and treatment activities, and vice versa.

- NTPs are recognizing the importance of workplaces in expanding access to TB prevention, treatment and care. NTPs and NAPs can provide businesses with strong management and technical skills, and access to TB drugs and diagnostics, and broader health infrastructure.

- Efforts will have to be made by the NTP through partners to convince companies of the profitability of engaging in TB and HIV care, and gain commitment from company management. CEO's from major companies as well as inspiring leaders or role models may help in getting this accomplished.

- Well-functioning TB and TB/HIV workplace programmes can be expanded to increase access to SMEs, informal sector and to the community. NTPs should coordinate these efforts in collaboration with civil society and relevant partners.

- Finally, workplace programmes should be consistently and rigorously monitored in line with national standards. The effectiveness of TB prevention, diagnosis and treatment

activities should be measured against clear goals in terms of uptake and coverage indicators, successful treatment outcomes and reduction in TB and HIV incidence, prevalence and mortality, in line with national standards. Where successful, results and the methods used to achieve them should be disseminated widely to other businesses and to public sector and nongovernmental agencies working in the TB arena. Strengthening all stakeholders' responses to TB makes good business sense.

Annex 1

Formulating a TB and HIV workplace policy

A TB/HIV workplace policy is necessary as it provides the framework for direct action at the workplace and demonstrates the support and commitment of management. It should be developed in a participatory manner with the active involvement of senior management and representatives of workers. This process enhances trust, transparency, accountability, ownership, commitment as well as sustainability of the workplace programme.

The workplace TB policy should be integrated in a broader policy (eg. health, wellness or HIV workplace policy) or agreement, or an exclusive statement of commitment, if they exist, that addresses the following principles of the ILO Code of Practice & the Occupational Diseases List (2010):

- recognition of TB and HIV as workplace issues;
- bipartite approach (working with management and workers representatives);
- gender equality;
- protection of the rights of workers;
- non-discrimination;
- confidentiality;
- continuation of employment;
- prevention;
- treatment, care and support.

Benefits of a workplace policy

A workplace policy:

- makes an explicit commitment to corporate action;
- ensures consistency with appropriate national laws;
- establishes the rights of those affected;
- states a standard of behaviour for all employees (whether infected or not);
- provides guidance to supervisors, managers and occupational health professionals;
- enables employees infected with TB and HIV to understand
  - what support and care they will receive,
  - their employment protection status,
  - so that they are more likely to come forward for appropriate treatment;
- helps to control the spread of TB and HIV; and;
- assists an enterprise in planning for TB and HIV care and control.

The purpose of a policy is to ensure a consistent and equitable approach to the implementation and integration of TB prevention, treatment and care activities with related HIV workplace programmes among employees, their families as well as the communities in which the business is situated. ILO has supported over 2000 enterprises to develop workplace policies. The benefits of a workplace policy are listed in the box. It is important to note that workplace policies have a greater degree of ownership when they are developed with the full participation of management and employees. Furthermore, there are a number of other key

considerations, specific to TB workplace programmes, which companies and partners should take into account while developing policies.

Continuity of treatment: For employees being treated for TB, continuity is imperative and assurance of this continuity should be a key indicator of any TB programme. Employees who are being treated for TB, and leave the company, whether temporarily (on leave) or permanently (incapacity), need to be linked to appropriate health services in their area of residence, if they are not in a position to avail of workplace treatment services. Special effort will be required if the worker comes from another country.

Return to work: A clear return-to-work policy is needed for the employee with TB and because of possible anxieties among other employees. Constantly reminding all staff that TB is a curable disease is necessary to dispel stigma and misperceptions. Returning to work should be linked to medical certification that the employee is no longer infectious and is not otherwise ill or incapacitated for his or her usual work. If permanent incapacity results, the company's normal permanent incapacity procedures should be applied.

Privacy and confidentiality: For all employees, when medical records are kept in the company, provision needs to be made for adequate data processing measures. These measures should be governed by rules of confidentiality consistent with the ILO code of practice on the protection of workers' personal data, 1997, and other relevant international data protection standards. The transfer of important medical information with the employee at exit (e.g. past TB/HIV treatment experience) should be consistent with these rules and should be done in a fully confidential manner.

Annex 2

Important elements of a workplace TB and HIV prevention, treatment and care programme

Management commitment

- Commitment by the management to provide sustainable resources for TB and HIV prevention, treatment and care in the workplace.
- Development and implementation of clear management policies (by management and employees) on confidentiality, discrimination, time allowed for medical treatment and job modification when necessary; employees should be educated on these policies.
- Implementation of administrative and environmental infection control measures to minimize the risk of transmission of infection in the workplace.

Worker representation

- Engagement with worker representatives from the planning stages and throughout, to ensure their support and participation.

Service provision and support

- Ensuring access to good quality diagnostic services, particularly sputum smear microscopy to ensure early detection of infectious cases, thereby preventing the further spread of TB.
- Provision of an uninterrupted supply of good quality, free drugs accessed through the National TB Programme and the state health system.
- Direct observation of standardized short course chemotherapy by a healthcare worker or treatment supporter to ensure a cure and prevent the emergence of drug resistance.
- Psychosocial support for employees who have TB, such as ensuring free treatment and services, identical salary during treatment or compensation for loss of income, free transport to health facilities, food support or other motivations to continue treatment.

Monitoring and evaluation

- Systematic monitoring and standardized reporting, the assessment of treatment outcomes of infectious TB patients, cohort analysis of treatment outcomes to determine programme performance and reporting to the national TB programme.

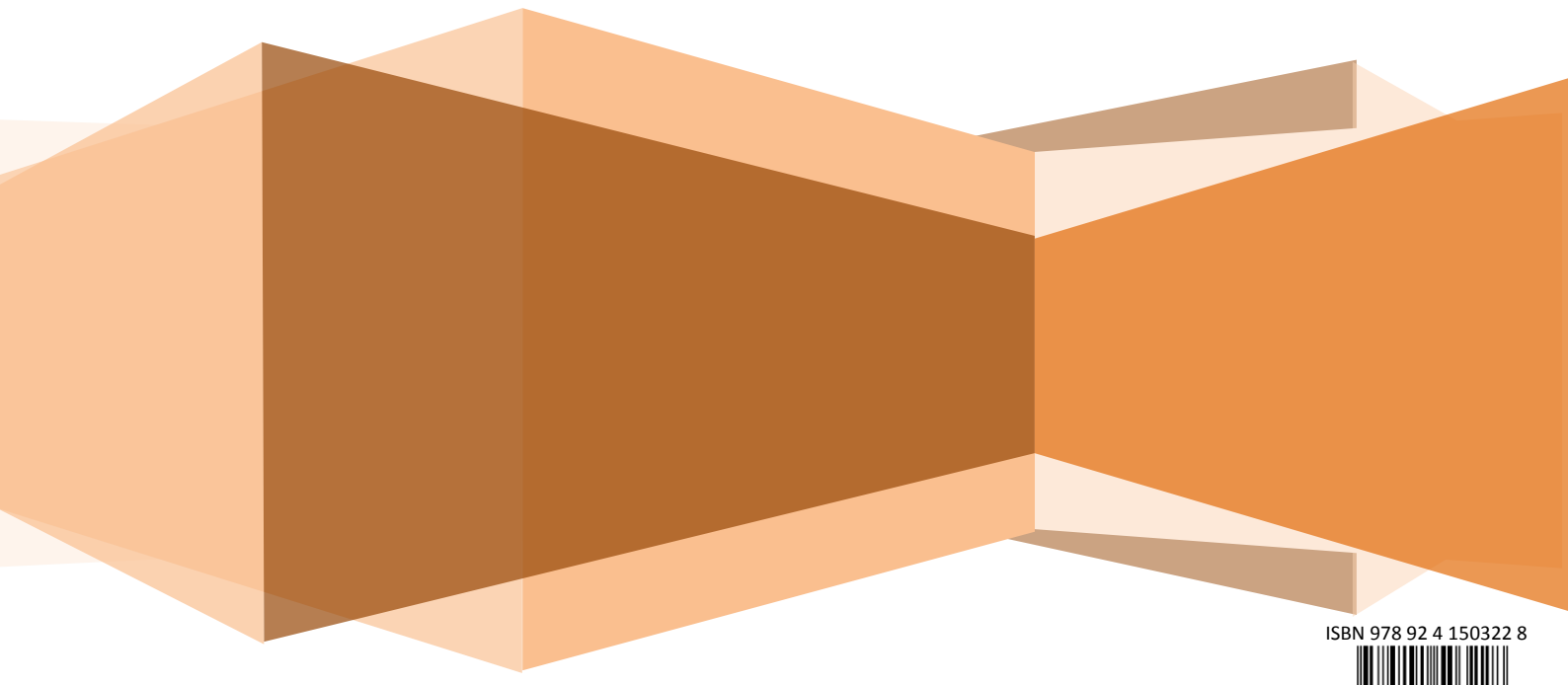
Advocacy

- Awareness and educational campaigns to address negative attitudes towards people with TB and HIV and increase awareness among the employees about TB and TB/ HIV co-infections; ongoing education for those who have TB on the importance of prompt diagnosis and early and regular treatment, hazards of spitting and careless disposal of sputum, recognition and management of side effects of anti-TB drugs, etc.
- Focus on prevention and strengthening of advocacy efforts.

References

1. *Global Employment Trends Report.* Geneva, International Labour Organization, 2010.
2. Clarke M, Dick J, Bogg L. Cost-effectiveness analysis of an alternative tuberculosis management strategy for permanent farm dwellers in South Africa amidst health service contraction. *Scandinavian Journal of Public Health,* 2006, 34(1):83-91.
3. *HIV/AIDS: It's your business*. Geneva, Switzerland, Joint United Nations Programme on HIV/AIDS (UNAIDS), 2003.
4. *TB management in the workplace: and introduction for businesses in India.* World Economic Forum, 2002.
5. *The Stop TB Initiative 2000 series. Economic Impact of Tuberculosis.* Geneva, World Health Organization, 2000. Available from URL: http://www.stoptb.org/assets/documents/events/meetings/amsterdam_conference/ahlburg.pdf
6. Floyd et al, Comparison of cost-effectiveness of directly observed treatment and conventionally delivered treatment for tuberculosis: experiences from rural South Africa. *British Medical Journal*, 1997, *315*(7120), 1395-6.
7. Rajeswari R et al. Socio-economic impact of tuberculosis on patients and family in India. *International Journal of Tuberculosis and Lung Disease*, 1999, *3:* 869.
8. The *impact of AIDS.* United Nations Department of Economic and Social Affairs/Population Division,2004. Available from URL: http://www.un.org/esa/population/publications/AIDSimpact/6_CHAP_III.pdf
9. *Guidelines for workplace TB control activities. The contribution of workplace TB control activities to TB control in the community.* Geneva, World Health Organization and International Labour Organization. 2003.
10. *Guidance on implementing public-private mix for DOTS. Engaging all health care providers to improve access, equity and quality of TB care.* Geneva, World Health Organization, *2006*.
11. *Increasing Access to TB/HIV Services through Workplace Programs.* USAID, 2009. Available from URL: http://pdf.usaid.gov/pdf_docs/PNADQ664.pdf
12. Grant AD et al. Effect of routine isoniazid preventive therapy on tuberculosis incidence among HIV-infected men in South Africa: a novel randomized incremental recruitment study. *JAMA,* 2005, 293:2719–2725.
13. *List of occupational diseases (revised 2010), ILO*, Occupational Safety and Health Series 74. Geneva, International Labour Organization, 2010.
14. *WHO Policy on TB Infection Control in Health-Care Facilities, Congregate Settings and Households.* Geneva, World Health Organization, 2009.
15. *Implementing the WHO Policy on TB Infection Control in Health-Care Facilities, Congregate Settings and Households. A framework to plan, implement and scale-up TB*

infection control activities at country, facility and community level. The Tuberculosis Coalition for Technical Assistance (TBCTA), 2010.

16. *AngloGold Ashanti Report to Society 2006.* AngloGold Ashanti, 2006. Available from URL: http://www.anglogold.co.za/subwebs/InformationForInvestors/ReportToSociety06/files/safety-health.pdf
17. Dewan PK et al. Improving tuberculosis control through public-private collaboration in India: literature review. *British Medical Journal*, 2006, (332), 574-578
18. *DOTS at the workplace Guidelines for TB Control Activities at the Workplace. New Delhi,* World Health Organization Regional Office for South-East Asia, 2003.
19. *Engaging businesses in TB care and control: TBCAP report*. The Tuberculosis Control Assistance Program,2008.
20. *Joint WHO-ILO-UNAIDS policy guidelines for improving health workers' access to HIV and TB prevention, treatment, care and support services.* Geneva, World Health Organization and International Labour Organization, 2010.
21. *A step-by step approach to integrating TB into existing HIV workplace programmes.* International Labour Organization. 2009.
22. Case Study: Reliance Industries Limited. World Bank. Available from URL: http://siteresources.worldbank.org/SOUTHASIAEXT/Resources/Publications/448813-1183659111676/reliance.pdf

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