Engaging workplaces in TB care and control

Evidence base and draft guidance framework

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Acknowledgements
• TBCAP
• Interagency Taskforce
Global Snapshot

- 9.27 million new TB cases in 2007
- An estimated three-quarters of those who fall sick or die of TB are aged 15-54, that is, people of prime working age.
The case for engaging businesses

- **Reach:** 3 billion people in the world of work
- **Impact on workers**
  - A TB patient loses 3-4 months of work time
  - 20% to 30% of a patient's annual income lost
  - 15 years of income are lost from premature death
  - Estimates for India- TB caused a loss of 7.9 million DALYs and a reduction of US$ 23.7 billion in economic wellbeing.
- **Impact on economy**
  - An estimated 4-7% loss in GDP is due to TB in several Asian countries.
  - For India, the annual cost to the country's economy - $300 million in direct costs and over $3 billion in indirect costs
- **Overcoming barriers**
  - Working hours
  - Job discrimination
  - Loss of wages
Rationale for business participation

• **Transmission**
  – TB incidence in miners is over 2000 per 100 000 employees per year in some workforces.
  – Garment workers in Bangladesh are 2.4 times more likely to develop active TB than the general population.

• **Worker Productivity**
  – Globally, TB is known to cause a decline in worker productivity to the order of US$ 13 billion every year.
  – In India alone, TB causes a loss of 100 million workdays per year.
  – A gold mining company incurred an estimated cost of $410 in lost shifts for each case of TB among its unskilled employees in South Africa.

• **Nearly one-quarter of over 10,000 business leaders worldwide reported that TB was affecting their business.**
Need for guidance framework

- ILO/WHO guidelines 2003 – updation
- PPM guidelines
- Meagre evidence base
- Lack of case studies highlighting NTP-workplace collaboration
- Interagency task force
Evidence base

• Literature review
  – the impact of TB on businesses;
  – the impact of TB on workers;
  – cost and quality of TB service provision in the workplace and advantages for patients and governments;
  – the risk factors for TB in the workplace;
  – the occupational sectors where TB is most prevalent;
  – the special risk of TB for migrant workers;
  – the importance of TB care, control and follow up activities in the workplace;
  – and other benefits of partnering with businesses.

The literature did not yield any articles discussing implementation or evaluation of TB programmes in the workplace.
Survey

• Corporate sector evaluation tool
• Field tested
• Disseminated by ILO, GBC, CII, GHI and ITGLWF
  – 57% of 21,000 workplaces responded that they do not address TB within their HIV workplace programmes.
• Site interviews
Site visits

- Bangladesh, Cambodia, Kenya and the Philippines
- 32 workplace initiatives
- Delivery models
- Gaps and potential
Delivery models

Philippines

Unorganized workforce

DIAGNOSIS

Referral to PPMD Unit

TREATMENT

Referral from people associations

NTP

NGO

M & E
Guidance framework

- Directed at NTP-business-partner collaboration to initiate and implement workplace programmes
- Menu of options
- Practical steps for implementation
- Case studies
Menu of options

Every business counts!

Beyond the workplace: Implement comprehensive TB and HIV care programs for workers, families and communities. Support supply chain SMEs.
Practical steps for implementation

- Situation assessment
- Identify and link with relevant partners
- Develop a collaborative plan
- Implementation in the workplace
Way forward

• Guidance framework
• Documentation
• Collaboration from global level to country level