Working together with businesses

Guidance on
TB care and control in workplaces

DRAFT DOCUMENT

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Abbreviations and acronyms

ACSM	Advocacy Communication and Social Mobilization
AIDS	Acquired Immunodeficiency Syndrome
ARV	Antiretroviral (drug)
BRAC	Bangladesh Rural Advancement Committee
DEWG	DOTS Expansion Working Group
DOT	Directly observed treatment
DOTS	The internationally recommended strategy for TB control
GDF	Global Drug Facility
The 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 TB Association
MDG	Millennium Development Goal
MDR-TB	Multidrug-resistant tuberculosis
MoU	Memorandum of understanding
NGO	Nongovernmental organization
NSA	National Situation Assessment
NTP	National TB programme
PPM	Public–private mix
TB	Tuberculosis
TBCAP	Tuberculosis Control Assistance Programme
USAID	United States Agency for International Development
WHA	World Health Assembly
WHO	World Health Organization
XDR-TB	Extensively drug-resistant tuberculosis

1. Introduction

For the past few decades, the public sector, non-profit organizations and scientific communities in the health sector have laboured to respond to the challenge of the tuberculosis (TB) epidemic. Notwithstanding successes, national and international responses have not proved adequate to stem the tide of the epidemic. The HIV epidemic has also contributed to the re-emergence of TB in some parts of the world. Many countries are experiencing a dual epidemic of TB and HIV/AIDS. TB is currently the leading cause of death among people living with HIV and HIV infection increases the rate of progression of TB. As a result, in recent years the TB care and control has expanded from the domain of the public sector to non-state sectors including voluntary, corporate and private care providers.

Impact of TB on workers

The engagement of businesses is especially vital in the fight against the TB and HIV epidemics. There are currently 3 billion people in the world of work, i.e. nearly half the world's population. Of these, nearly 1.3 billion do not earn enough to lift themselves out of poverty, making them vulnerable to diseases such as TB and HIV[1]. Nearly 75% of those affected by TB are adult men and women in their productive years of life. At particular high risk are workers of certain occupational sectors such as mining, construction, healthcare and those working in poor conditions in the informal sector. Also, workers living in cramped and poor living conditions are at particular risk. Workplaces can increase disease transmission, as people spend long periods of time there in close proximity. 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[2]. In South Africa, lost earnings due to TB are estimated at 16% of GDP per capita[3]. In addition, workers and their families lose 15 years of income from premature death[4].

Moreover, a lot of the barriers to accessing TB and HIV associated services are linked to work-related concerns such as loss of wages, job discrimination, mobility (e.g. truck drivers) etc[5]. Addressing TB in the workplace can help overcome these barriers and also provide access to essential services to those in need.

Impact of TB on businesses

Evidence indicates that TB has a direct detrimental effect on company productivity and costs, especially in high prevalence areas. Nearly one-quarter of over 10,000 business leaders worldwide reported that TB was affecting their business[6]. Globally, TB is known to cause a decline in worker productivity to the order of US$ 13 billion every year[2]. An estimated 4-7% loss in GDP is due to TB in several Asian countries[7]. Estimates for India for 2006 shows that TB caused a loss of 7.9 million Disability Adjusted Life Years (DALYs) and a reduction of US$ 23.7 billion in economic wellbeing - an amount equivalent to US$ 20.6 per capita. Furthermore, TB causes a loss of 100 million workdays per year in India[8]. In Zambia, a study on the impact of HIV-related illnesses on the business sector revealed that 46.8% of the workers with HIV suffered ill health because of TB, leading to productivity losses and increased firm costs[9]. A South African study has shown how a gold mining company incurred an estimated cost of $410 in lost shifts for each case of TB among its unskilled employees[10]. All this adds up to substantial costs to companies, workers and their families.

Current contribution of businesses

Recognizing the impact of epidemics such as TB and HIV on company productivity, profitability and the community, businesses are increasingly participating in interventions aimed at improving health of the work force as part of their corporate social responsibility. Business-led initiatives have demonstrated that businesses can play a useful role in the control of TB; examples include mining companies in South Africa and Ghana and tea estates in Kenya and India[11,12]. In addition, global and national business coalitions such as the Global Health Initiative of the World Economic Forum[13], the Global Business Coalition on HIV/AIDS, Tuberculosis and Malaria [14] and the International Organization of Employers[15] as well as national business coalitions such as the India Business Alliance to Stop TB [10] and the South African Business Coalition on HIV/AIDS are playing an important role in advocating corporate sector involvement in TB and HIV care and control[16].

NTP- business collaboration

Some country programmes are actively supporting business initiatives and workplace programmes. In Bangladesh, the national TB programme (NTP) is working through non-governmental organizations (NGOs) to provide free anti-TB drugs and laboratory supplies to company facilities[17]. In Kenya, the NTP provides tea plantations and flower farms with anti TB drugs as well as conducts regular monitoring visits to company health facilities. HIV programmes in many countries have been supporting businesses to initiate workplace activities through partners[18]. Improved collaboration between TB and HIV programmes in the workplace will lead to a more effective control of TB among workers living with HIV and better control of HIV among workers who have TB[19].

The guidance framework

This framework provides a broad guidance in choosing suitable TB care control activities, and gives detailed information on how businesses in collaboration with NTPs and other partners can start and manage TB workplace programmes. The framework acknowledges that the settings in different country contexts vary and that the business sector consists of a wide range of public and private actors including multinational companies (MNCs), national enterprises, small and medium enterprises (SMEs), micro enterprises and the un-organized, informal businesses. In this regard, the contents of this guidance document should be adapted to suit the specific needs of each country setting.

This document is divided into six sections. The following section outlines the rationale and methods used to develop this document. Section three provides basic information on TB care and control. Section four discusses the role of NTPs in coordinating and leading efforts to implement workplace TB programmes. Ways in which businesses can contribute to TB care and control including TB/HIV collaborative activities are discussed in section five. These are based on working examples at the country level. Section six provides a collaborative approach to developing and implementing TB care and control activities in the workplace. Relevant case studies are presented in the appendices.

2. Methodology

2.1 Why this document?

Countries are currently seeking information and advice on proven ways to engage different types of care providers. While considerable documentation exists on diverse public-private mix interventions, information base and results of evaluations of corporate sector initiatives in TB control are few and far between. The guidelines for workplace TB control activities jointly developed by ILO/WHO in 2003 require updating[20]. A WHO guidance document for the engagement of all care providers is meant to provide only broad guidance on the need and ways to work with a whole range of diverse care providersl[21]. There is therefore a need to understand and synthesize working approaches and prepare guiding principles to initiate and scale up involvement of the business sector in TB care and control. To address this need, WHO in collaboration with partners conducted an assessment of business sector initiatives on TB control and documented key initiatives on the ground. The steps undertaken for the assessment are outlined below:

2.2. The Assessment

2.2.1 Literature Review

As a first step, an extensive review of published and unpublished literature was undertaken to study the current and potential role and contributions of the corporate sector in TB care and control. The search strategy involved, an electronic databases search, a website search, key informant contacts and a search of reference lists of literature reviews on the topic. Unpublished literature was also reviewed through web searches with Google. No fixed time frames were used for the search.

The search yielded 220 articles. A total of 119 articles and two relevant reports by the World Economic Forum and one by the World Health Organization were included in the review. Among the articles selected for the review, 34 articles focussed on TB in the mining sector, 10 articles focussed on TB in commercial office workspaces, 12 articles

focussed on the agricultural sector, three articles focussed on the garment and textile industry and seven articles looked at the impact of TB on immigrant workers.

The findings from the literature predominantly focussed on 8 key issues, these include (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.

2.2.2 Survey

A corporate sector evaluation tool was developed, field-tested and distributed to workplaces through the International Labour Organization, the Global Business Coalition and the International Federation of Garment and Leather Workers. The International Labour Organization collated results from its constituents in countries covering 27 000 workplaces. A significant finding from this survey was that around 57% of 21,000 workplaces responded that they do not address TB within their HIV workplace programmes.

2.2.3 Site Visits

The gaps in the literature highlighted by the review, led to the next step of site visits to document existing working models. Site visits were then organized to four countries: Bangladesh, Cambodia, Kenya, and the Philippines. At each site in the countries, national TB programme staff, factory owners or managers, medical staff, NGO staff where relevant as well as workers were interviewed using the evaluation tool. Company health policy documents and TB-related documentation maintained by the company or their health centers on their workers were reviewed. The records and reports related to workplace TB programmes were closely scrutinized.

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 and management interest. Most of these initiatives met with considerable success in detecting TB cases, enhancing treatment adherence and leading to positive treatment outcomes. Detailed case studies on these initiatives with data on their impact are presented in the appendix. The site visits also highlighted gaps and potential of businesses in providing TB care through the workplace. A striking observation has been that many businesses have well developed HIV workplace programmes without any TB component.

3. Basic information on TB care and control

TB infection and spread

TB is a treatable infectious disease caused by a bacterium or bacillus called *Mycobacterium tuberculosis*. This bacillus is usually spread when people with TB cough and spread germs into the air. TB can affect any part of the body. On average, in 80% of cases TB affects the lungs (pulmonary TB); in 20% of cases TB affects other parts of the body (extrapulmonary TB) such as the pleura, lymph nodes, spine and joints.

Extended, close, indoor contact is usually required for TB transmission from one person to another. Exposure to *M. tuberculosis* from an infectious case can lead to infection that is asymptomatic. In some cases, progression from infection to development of disease follows immediately after infection but in others occurs much later (following a period when infection is latent) or not at all.

Treatment of the Disease:

TB is a treatable disease. In most cases, TB disease can be cured with anti-TB drugs. To be effective, the drugs must be taken exactly as prescribed. Treatment usually involves a combination of several different drugs. Because TB bacteria die very slowly, anti-TB drugs must be taken for six months or longer under direct supervision (known as directly observed therapy, short course, or DOTS).

TB and HIV

TB and HIV form a lethal combination, each speeding the other's progress. HIV weakens the immune system. Someone who is HIV-positive and infected with TB bacilli is many times more likely to become sick with TB than someone infected with TB bacilli who is HIV-negative. TB is a leading cause of death among people who are HIV-positive.

Drug-resistant TB

Multidrug-resistant TB (MDR-TB) and extensively drug-resistant TB (XDR-TB) are forms of TB that fails to respond to standard first-line drugs and are therefore more difficult and expensive to treat.

The Stop TB Strategy for TB control

The Stop TB Strategy, launched by WHO in 2006, is designed to address the global TB epidemic in a comprehensive manner. Table 1 presents the major components and subcomponents of the Stop TB Strategy.

Table 1: The Stop TB Strategy at a glance

THE STOP TB STRATEGY

VISION	**A TB-free world**
GOAL	To dramatically reduce the global burden of TB by 2015 in line with the Millennium Development Goals and the Stop TB Partnership targets
OBJECTIVES	• Achieve universal access to quality diagnosis and patient-centred treatment • Reduce the human suffering and socioeconomic burden associated with TB • Protect vulnerable populations from TB, TB/HIV and drug-resistant TB • Support development of new tools and enable their timely and effective use
TARGETS	• MDG 6, Target 8: Halt and begin to reverse the incidence of TB by 2015 • Targets linked to the MDGs and endorsed by Stop TB Partnership: – 2005: detect at least 70% of infectious TB cases and cure at least 85% – 2015: reduce prevalence of and deaths due to TB by 50% – 2050: eliminate TB as a public health problem

COMPONENTS OF THE STRATEGY AND IMPLEMENTATION APPROACHES

1. **Pursue high-quality DOTS expansion and enhancement**
   a. Secure political commitment, with adequate and sustained financing
   b. Ensure early case detection, and diagnosis through quality-assured bacteriology
   c. Provide standardized treatment with supervision, and patient support
   d. Ensure effective drug supply and management
   e. Monitor and evaluate performance and impact
2. **Address TB/HIV, MDR-TB, and the needs of poor and vulnerable populations**
   a. Scale-up collaborative TB/HIV activities
   b. Scale-up prevention and management of multidrug-resistant TB (MDR-TB)
   c. Address the needs of TB contacts, and of poor and vulnerable populations
3. **Contribute to health system strengthening based on primary health care**
   a. Help improve health policies, human resource development, financing, supplies, service delivery, and information
   b. Strengthen infection control in health services, other congregate settings and households
   c. Upgrade laboratory networks, and implement the Practical Approach to Lung Health - PAL
   d. Adapt successful approaches from other fields and sectors, and foster action on the social determinants of health
4. **Engage all care providers**
   a. Involve all public, voluntary, corporate and private providers through Public-Private Mix (PPM) approaches
   b. Promote use of the International Standards for Tuberculosis Care
5. **Empower people with TB, and communities through partnership**
   a. Pursue advocacy, communication and social mobilization
   b. Foster community participation in TB care, prevention and health promotion
   c. Promote use of the Patients' Charter for Tuberculosis Care
6. **Enable and promote research**
   a. Conduct programme-based operational research
   b. Advocate for and participate in research to develop new diagnostics, drugs & vaccines

4. The role of National Tuberculosis Programmes

A National Tuberculosis Programme (NTP) has the mandate and responsibility for coordinating TB control activities. Successful TB control requires the mobilization of the full range of health care provision, including health services for employees.

NTPs should take on a leadership role in creating a conducive and supportive environment for the setting up of workplace TB control programmes. In most countries, the NTP has a central office at the national ministry of health, with staff in every district and often at the intermediate (e.g. provincial) level. NTPs at the central level and through their network, can facilitate partnerships and coordinate activities in collaboration with partners already involved in engaging workplaces, such as HIV programmes, employers (public and private sector),business coalitions, employer federations, employee organizations (e.g. trade unions) non governmental organizations (NGOs) and private practitioners .

In addition to this leadership role, the NTP should be responsible to :

- Ensure that the national TB control policy defines and promotes the engagement of workplaces;
- develop technical and operational guidelines to facilitate the implementation of workplace programmes;
- train and supervise staff involved in TB control activities
- monitor and evaluate TB activities in the workplace
- provide technical support to companies to set up health clinics and microscopy centres
- quality assurance of laboratory services ;
- procurement and supply of drugs and laboratory material
- information, education and communication activities.

As part of implementing the Stop TB Strategy, NTPs have been active over the past decade in engaging diverse public and private care providers such as private practitioners,

hospitals, prisons, NGOs, etc. through public-private mix (PPM) initiatives. In Kenya for instance, NTP collaboration with the Kenya Association for Prevention of Tuberculosis and Lung Disease -- a professional association of chest physicians in the country led to increased engagement of private practitioners. The national TB programme in India is rolling out TB services through partnerships with 2946 NGOs, 261 medical colleges and 17,695 private practitioners. In China, involving public hospitals in national TB programme efforts through a well functioning internet-based disease information system contributed to the country achievement of the 70% case detection target.[22] However, the potential of partnering with businesses still remains largely untapped, with only small initiatives in a few countries. Workplace initiatives in Bangladesh, Kenya, Philippines and Cambodia have demonstrated that NTPs in coordination with partners can play a major role in supporting and sustaining workplace TB control programmes. There is need to initiate and scale up such efforts in countries.

5. The role of businesses

Businesses across the board - small and big - can contribute in diverse ways to TB care and control. While big companies may be able to provide a wider range of TB and TB/HIV services to their workers, small businesses are likely to offer limited TB care services. As a first step all companies should define and develop a TB or TB/HIV workplace policy in collaboration with all stakeholders as a sign of commitment. This is can then be followed by the implementation of activities based on available resources. Section 5.2 outlines a "menu of options" describing the various essential activities companies can be engaged.

5.1 Formulation of a workplace policy

TB and TB/HIV workplace policies are necessary as they provide the framework for direct action at the workplace and demonstrate the support and commitment of management. Workplace policies 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 ILO supports workplaces to develop workplace programmes based on the following key principles of the ILO Code of Practice:

- Recognition of HIV and TB 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

The purpose of a policy is to ensure a consistent and equitable approach to the implementation of TB and TB/HIV workplace programmes among employees, their families as well as the communities in which the business is situated. The ILO has supported over 1,000 enterprises to develop workplace policies. The benefits of a workplace policy are listed in box 3.

Box 1. Benefits of a workplace policy

A workplace policy:

- makes an explicit commitment to corporate action;
- ensures consistency with appropriate national laws;
- states a standard of behavior for all employees (whether infected or not);
- provides guidance to supervisors and managers;
- enables employees infected with TB and HIV to understand what support and care they will receive, 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 and, ultimately, saves money.

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 :

Sick leave: TB treatment always involves extended sick leave. In some in-company treatment programs, hospitalization for the first two months of treatment (intensive phase) is recommended. HR policies and systems thus need to be sensitive to the treatment cycle and possible complications, such as further prolonged sick leave work incapacity or even death (particularly in HIV-positive employees).

Continuity of treatment: For employees being treated for TB, continuity is imperative. Continuity assurance should be a key indicator of any TB program. For example, employees being treated for TB who leave the company, whether temporarily (on leave) or permanently (incapacity), need to be linked up to appropriate health services in their area of residence.

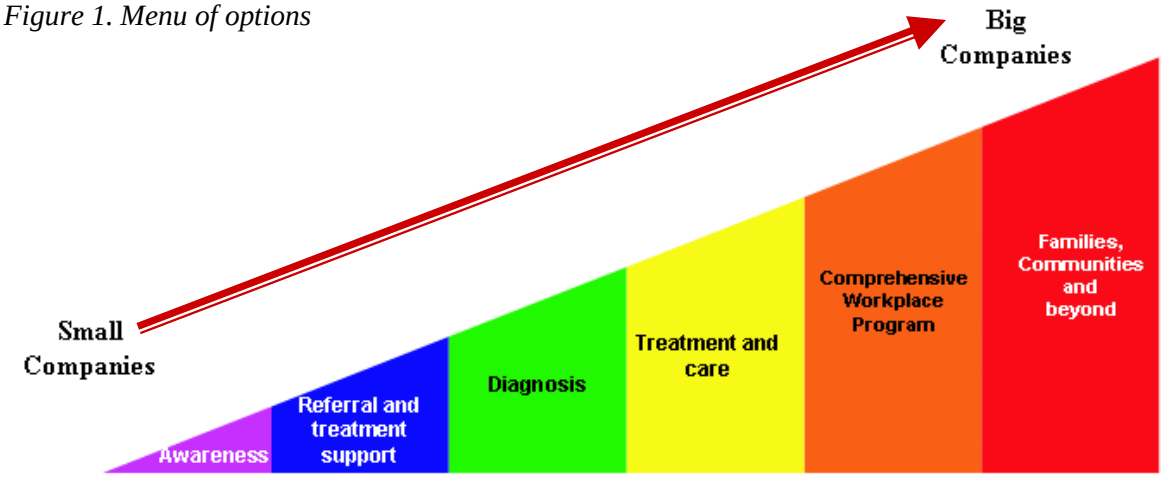
Return to work: A clear return-to-work policy is needed for the employee with TB and because of possible anxieties among other employees. Constantly reminding all staff that TB is a curable disease is necessary to dispel stigma and misperceptions. Return to work will be linked to medical certification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

Transfer of medical records: For all employees, when medical records are kept in company, provision needs to be made for the transfer of important information with the employee at exit (e.g., past TB treatment experience). The medical record is thus both an important input and output of the programme.

5.2 A menu of options

Figure 1 presents a spectrum of activities for businesses to choose from, based on their needs and capacity.

Figure 1. Menu of options



5.2.1 Increasing awareness about TB and HIV

Increasing awareness and knowledge on TB can contribute to early case detection, reducing stigma and discrimination. This could 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 care and control
- Employees within the workplace must support and be willing to participate actively in the programme. An important aspect to consider, for effective awareness especially, is the company's policies. A TB or TB/HIV workplace policy jointly developed by management and workers representatives, which provides the guidance and framework for action at the workplace, contributes to increasing awareness and commitment.The company's policies on confidentiality, discrimination, length of time off allowed for medical treatment, and job modification when necessary should be clearly outlined and made easily accessible. They should be clearly explained to employees with TB and HIV as soon as such employees are identified and should ensure prompt recognition and referral of TB and HIV suspects. This will reduce the delay between onset of symptoms and diagnosis and treatment, and treatment default which is crucial. Further, existing occupational safety and health structures could be used to increase awareness within the workplace. Other awareness mechanisms include, internal awareness seminars for staff, posters, stickers and other promotional materials on workplace premises, training peer educators, etc. to help spread this awareness within and beyond workplaces.

In Bangladesh, the NTP and NGO staff visit companies to conduct awareness programmes on TB for employees. In the Philippines businesses participated in motorcades signifying their commitment to TB control, to commemorate World TB day.

5.2.2 Identification, referral and support of cases

Referrals of TB symptomatics, intensified TB case-finding and treatment support are simple activities that workplaces could contribute to, with very little investment. These activities include:

- Establishing referral mechanisms in the case of smaller companies (which do not have onsite health facilities) with 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, medical, paramedical staff or even workers (peer educators/counsellors) to identify the symptoms of TB and refer symptomatics either to the workplace health centre, contracted medical institutions or to the public sector.
- Training medical, paramedical staff or workers to act as treatment supporters

Youngone Ltd in Bangladesh, trained its floor managers to identify TB cases among their staff and refer them to the health centre.

5.2.3 Diagnosis and counselling

Businesses could contribute to the early detection of TB and HIV cases by:

- Setting up a microscopy/diagnostic centre in collaboration with the NTP and partners
- Sending laboratory staff to training workshops organized by NTPs or 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, developing linkages with public or private diagnostic centres for referral of TB or HIV suspects.

- Facilitating access to TB and HIV counselling services for employees, and/or dependents - on-site or in collaboration with public or private institutions. Voluntary counselling should be provided for both HIV patients to encourage them to test for TB, and for TB patients to encourage them to test for HIV. Testing should be undertaken in a confidential and voluntary manner. Respect for the rights of men and women workers is an important principle in testing.

At Unilever and James Finlay tea plantations, any employees diagnosed with HIV were encouraged to undergo TB testing and vice versa.

5.2.4 Treatment and care

Workplaces are important and valuable venues for facilitating access to TB and HIV treatment and care. Treatment default is one of the major causes of drug resistant TB, companies can also play a major role in facilitating treatment adherence as often, many of the reasons for default may be work-related. The treatment services that can be provided by employers, directly through company facilities or indirectly through referral to other public or private providers are outlined below.

- Ensuring health staff/ supporters communicate clearly with the patient to explain the treatment of TB and/or HIV. This should include an explanation of type and colour 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 job repercussions and also allowing patients who receive treatment outside company premises, time to access treatment everyday.
- Maintaining treatment records of patients and following up with defaulters, or notifying partners to support in follow up.

Workers who are able to easily access treatment at the workplace tend not to default as evidenced by site visits to Kenya, Philippines, Bangladesh and Cambodia. In Cambodia and Bangladesh, workers take their medications every morning at the entrance before moving to the shop floor. This enhances adherence.

5.2.5 Introducing TB care in existing HIV workplace programmes

Many companies, especially in high-HIV prevalent settings, have HIV workplace programmes in place; however TB care and control are not adequately addressed or incorporated. There is an urgent need to include TB prevention, diagnosis and treatment in HIV workplace programmes.

To facilitate this it is essential to:

- Identify all possible entry points in the HIV workplace programme where TB can be integrated. In this regard, it may be useful to assess what exists within the HIV workplace programme and explore the possibility of including TB at every stage of the implementation process. Table 3 provides for possible entry points for TB/HIV programming within the workplace.
- 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: Integrating TB into existing HIV workplace structures[23]

Assess existing HIV/AIDS Workplace programme structures	TB Programmatic Actions
Is there a baseline HIV questionnaire for the workplace?	▪ including questions on TB.
Is there a HIV Focal Person/Coordinator in the workplace?	▪ training 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 a HIV Steering Committee?	▪ training the steering committee to undertake TB activities. Consider changing the name to TB/HIV Steering Committee.
Is HIV education undertaken as part of the Induction/orientation for new employees?	▪ including TB in the induction for new employees.
Is there a HIV/AIDS curriculum for training Peer educators and Steering Committee members?	▪ including TB into the HIV training curricula.
Is HIV integrated into existing Occupational Safety and Health (OSH) structures?	▪ integrating TB into the OSH structures.
Have IEC materials been developed for HIV and are some in the process of being developed?	▪ developing TB IEC material.
Does the workplace programme have a Project Advisory Board (PAB) or Tripartite Advisory Board?	▪ including representatives from the National TB Programme as well as from the constituency of TB patients.
Is there a HIV Workplace policy?	▪ adapting the HIV policy to address TB (TB/HIV Policy).
Are there trained Peer educators and Counsellors (from the enterprise and community)?	▪ upgrading the skills of Peer educators and Counsellors to include TB education.
Have the onsite health workers been trained in HIV/AIDS issues?	▪ training the onsite workers in TB and related issues.
Is VCT undertaken periodically in the workplace for employees?	▪ encouraging passive case finding for TB at the workplace.
Are there Support Groups at the workplace or in the community addressing HIV?	▪ including TB in the activities of the Support Groups.
Is there a Monitoring and Evaluation framework for the HIV workplace programme?	▪ including TB Indicators.

5.2.6 Implementing comprehensive care programmes

Businesses are key institutions in contributing to the development of the national social fabric. They cannot separate their own interests from those of the societies in which they

function. Reaching out beyond the workplace to the families, dependents and surrounding communities 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:

- Take responsibility for providing a comprehensive package of TB services not only to the workers and their families, but also to the communities in which workers live.
- Alternatively, companies may adopt underserved communities or villages in close consultation with national TB and HIV programmes.
- Larger businesses can support smaller businesses in their supply chain to initiate and implement workplace programmes.

Eskom in South Africa, is supporting 42 small enterprises in its supply chain to initiate HIV workplace programmes.

6. Steps to engage businesses

Implementing TB and TB/HIV collaborative activities in the workplace involves five main steps. At the country level, the NTP should take on the leadership role bringing together relevant partners already involved in engaging businesses such as Business associations, Employers' organizations, Workers' organizations, the Department of Labour, NGOs, etc., depending on the country context, to form a joint team to lead the process.It is also important to take into account that wherever national level partnerships and PPM bodies exist it should be considered to add this team to the partnership/body to prevent duplication. This collaborative team led by the NTP should facilitate the undertaking of the four steps outlined below to initiate the engagement of workplaces in TB care and control.

1. **Situation assessment**
2. **Identify and link with relevant partners**
3. **Develop a collaborative plan**
4. **Implementation in the workplace**

6.1 Situation Assessment

Any company irrespective of size can contribute to TB care and control efforts by undertaking one or more of the several essential tasks of suspecting, referring, diagnosing, managing and notifying TB and HIV cases.

The first simple steps in the assessment from the perspective of the NTP and the joint team would be to:

a) Map companies

- Make a list or procure a list from Business associations, Employers' organizations, Workers' organizations or the Department of Labour on the companies in the country.

- Analyse the list to prioritize occupational sectors which are labour intensive or have a high prevalence of TB or HIV such as mines, construction, garment factories, etc.
- Subdivide companies based on size and capacity to assess what potential contribution they can make.
- Identify input required to optimize their contribution

In Cambodia, Philippines and Bangladesh, labour law indicates that atleast one paramedical staff be present on the premises of businesses to attend to health needs of workers, in companies employing over 200 people. The national TB programme in Bangladesh and Cambodia use these staff to provide DOT to employees with TB. The labour regulatory environment can thus also be contributing factor to TB care and control efforts in a country.

b) Identifying sectors/companies to target and create linkages with companies

Prioritization of sectors/companies for active collaboration is an important step that requires serious thought in implementation. NTPs should prioritize which sectors or companies where workers are exposed to occupational risks to TB and/or HIV. Table 3 outlines certain sectors with potential TB and HIV risk factors.

Table 3: Key sectors with some potential TB and HIV risk factors [xiv]

SECTOR	Potential Risk Factors
Mining Industry	▪ Occupational exposure to silica dust and silicosis ▪ Cramped living quarters ▪ High HIV prevalence
Brothels (commercial sex workers)	▪ High rates of HIV ▪ Poor living conditions ▪ Poor access to healthcare ▪ Substance abuse
Construction	▪ Exposure to silica dust ▪ Poor living conditions ▪ Alcohol abuse
Healthcare workers	▪ Occupational exposure to TB ▪ Occupational exposure to HIV

	▪ High levels of stress
Oil and Gas Industries	▪ Cramped and congested living area
Migrant workers	▪ High levels of HIV ▪ Poor living conditions ▪ Overcrowding

In Bangladesh the NTP first focussed on implementation of workplace programmes in Export Processing Zones, where hundreds of factories and companies are clustered together.

c) Assess labour regulatory environment

Since 1919, the International Labour Organization has maintained and developed a system of international labour standards 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 standards to be allowed to trade.

6.2 Identify and link with relevant partners

Planning and implementing workplace programmes in cooperation with partner organizations is easier, more efficient and has a better chance of ensuring sustainability. This process could include:

- Listing and identifying 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. Table 5, outlines some of the important potential partners and their possible roles.
- 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.

Table 4: Partners and roles

Partners	Description	Possible roles
NGOs involved in TB and HIV (International and local)	NGOs have been playing key roles in providing TB and HIV care or in serving as intermediaries between the public and private sector in many countries. In some settings they act as intermediaries between businesses and national programmes. For instance, 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. BRAC and Damien help with the distribution of drugs as well as monitoring and supervision.	-Initiate and foster NTP-business sector collaboration -Awareness -Training -Logistical support -Monitoring and supervision
Business Coalitions and Associations	Coalitions tackling diseases like TB, AIDS and Malaria have emerged as an effective platform for the private sector response to these epidemics. Business Coalitions act as a voice for the private sector, often through representation on national AIDS committees 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.	-Initiate and foster NTP-business sector collaboration -Awareness -Training -Advocacy -Accreditation
Employers' Organizations	Employers' organizations are national umbrella bodies which play a key role in assisting companies to-formulate, implement and monitor HIV/AIDS workplace policies and programmes especially for SMEs; access and disseminate information to their employees, families	-Initiate and foster NTP-business sector collaboration -Awareness

	and dependents; and access technical and financial support in order to scale up interventions. For instance the Barbados Employers' Confederation helped the Ministry of Labour draft a national code for workplace action 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 Federation of Kenyan Employers issued first guidelines on HIV/AIDS and has been identified by the Government as the focal point for workplace interventions; and 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. At the national level, NTPs should contact and link with the HIV/AIDS and TB Focal persons in the Employers' organizations.	-Training
Trade Unions	Trade Unions are mass membership organizations with structures at the national sectoral, regional and global levels. The strength of the workers' organizations lie in their ability to mobilize their membership at any level to respond to TB and TB/HIV. In South Africa for instance, COSATU succeeded in partnering with faith based groups and community based organizations to create a mass campaign for access to affordable treatment for HIV/AIDS. In Uganda, agricultural workers and truck drivers have been targeted by formal alliances of trade unions working in these sectors to address HIV/AIDS. 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. In many countries, trade unions have encouraged their membership to participate in Voluntary Counselling and Testing as part of 'Know Your	-Awareness -Build support among workers for implementation of workplace TB and HIV programme activities

	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 through intermediaries.	
ILO Focal Persons and National Project Coordinators and UNAIDS Partnership Advisors	ILO Focal Persons and National Project Coordinators as well as UNAIDS Partnership Advisors have been key players in providing technical support to companies to initiate and implement HIV and TB/HIV workplace programmes at the national level. Their skills and support can be utilized by workplaces in developing TB and TB/HIV workplace programmes and policies.	-Technical support in developing TB and HIV workplace programmes and policies.

6.3 Develop a collaborative plan

A clear plan is essential to clarify the process, and roles and responsibilities of associated staff and partners, to ensure smooth functioning of the workplace programme.

There are seven essential elements of developing such a plan

1. Formulating objectives
2. Defining the responsibilities
3. Incentives and enablers
4. Training
5. Advocacy and communication
6. Monitoring and evaluation

6.3.1 Formulating objectives

The first step in efforts to initiate increased engagement of workplaces in TB and TB/HIV care and control is defining the goal, setting the objectives and possibly a timeline for implementation of the workplan of the joint team. Objectives could range from engaging certain priority sectors in TB care and control efforts, to ensuring that all

workplaces and their employees have access to TB and HIV services either through their employers or through linked public/private sector services.

6.3.2 Defining the responsibilities

A key aspect in planning for a workplace initiative is to map the roles and responsbilities of various collaborating partners including the national programmes.To guide this it is useful to define which partner can take on which task and also to define which tasks the company will take on based on its capacity assessment. These tasks can be undertaken indiviually or jointly.This should be decided or agreed upon collaboratively and could be facilitated by MOUs to generate accountability. Table 5 lists some of the main tasks that can be undertaken and indicates how these can be distributed. This task mix is indicative and needs to be adapted to local contexts.

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

TASKS	Large Company	Medium-size company	Small company	NTP	NAP	Partners	ILO focal points	Employer federations and unions
Development of a TB/HIV workplace policy								
Undertaking TB awareness raising and education programmes for workers								
Undertaking TB awareness raising and education programmes for the community								
Establishing referral mechanisms to public/private health facilities								
Undertaking joint VCT and passive TB screening								
Undertaking joint VCT and active TB screening								
Training of treatment supporters in the workplace to supervise workers with TB and HIV in the workplace								
Ensure the delivery of TB and HIV drugs to the workplace								
Detection of TB and HIV through onsite clinics								
Provision of DOTS and ART onsite								
Provision of TB preventive therapy for workers and their families								
Ensure uninterrupted supply of TB drugs, including second and third line drugs for MDR-TB and XDR-TB								
Undertaking sputum culture and drug sensitivity testing at the workplace								
Outsourcing clinic facilities, X-ray services, etc								
Opening workplace TB/HIV facilities to the community								
Supporting SMEs in supply chain to initiate workplace TB/HIV programmes								

6.3.3 Incentives and enablers

A range of factors affect the ability and motivation of companies of all types to engage in theTB control efforts. Incentives and enablers, if well designed, can overcome some of the motivational barriers. They are useful not only to attract companies and ensure their continued involvement but also to enhance their performance.Companies being business-minded are expectedly profit-driven. Incentives from national programmes especially provision of drugs , support in training and awareness raising are excellent motivators for companies to engage in workplace programmes, as these incentives provide benefits to the company with little or no investment.

6.3.4 Training

An essential component of the TB/HIV workplace programme operational plan is the training strategy. It is essential that all players in the process of the workplace programme be trained on their assigned tasks. Existing national programme and international training material should be used as a basis for the training. Suitable trainers from national programmes or from partners should be identified to train relevant company medical and paramedical staff to ensure that diagnosis, treatment and care is provided in line with international guidelines.

6.3.5 Advocacy and communication

Advocacy and communication is a key element of the strategy to implement workplace TB/HIV programmes. NTPs could support companies in their efforts by participating in advocacy and communication planning and activities and providing NTP advocacy material for increasing awareness and decreasing stigma among workers.

An advocacy and communication plan should be drawn up by companies collaboratively with the NTP and partners. Workers and their representatives should be involved in this process, to ensure that messages are well targeted, contextual and understood. Resources from national programmes and partners such as advocacy material as well as staff should be well utilized in awareness raising efforts.

6.3.6 Monitoring and evaluation

In many settings national programmes provide monitoring tools such as TB registers, laboratory registers, etc. In addition national programme staff also visits workplace health facilities to supervise and monitor diagnostic facilities and treatment support. In some settings, NGOs take on this role jointly with national programmes. These resources from national programmes and partners should be optimized to facilitate constant monitoring of the workplace programme.

6.4 Implementation in the workplace

The launch of a workplace TB or TB/HIV programme will vary from setting to setting. A proper launch with fanfare may be inspiring for management, employees as well as partners, and be an opportunity for raising awareness. The process put in place in joint agreement with NTP, employees, partners and management should be adhered to and proper records maintained. A TB or TB/HIV steering committee should be established in the workplace to coordinate TB or TB/HIV workplace activities at all levels; undertake joint TB/HIV planning and ensure the monitoring of the workplace programme. The membership of the steering committee should include senior management, representatives of workers, workers with TB or HIV (if possible), etc. The committee should also be gender balanced. The Steering committee should meet periodically (monthly or quarterly) to review programme activities and propose corrective measures if necessary. This continuous dialogue will facilitate an open environment as well as provide opportunities to take immediate corrective measures. Continuous supervision using the indicators developed as part of activities in the previous sub-section will help monitor the progress and evaluate the outcomes of the workplace programme.

Appendix 1

Summaries of corporate sector initiatives in TB control

BANGLADESH

Partnering for TB control in the Garment Industry

Introduction:

The garment industry is the main export earner and the primary industry in Bangladesh. There are over 3500 garment factories in Dhaka city alone and about 3 million workers are employed in this industry, of which 90% are women. A study conducted in 2005 by the National Institute of Diseases of Chest among 2,281 workers selected from 30 garment factories revealed that the prevalence of TB among garment workers (960/100,000) was more than double compared to the general population (406/100,000). The National TB Programme (NTP) and other partner NGOs have therefore made engaging the garment factories a priority; the NTP is directly working with 25 workplaces through the Public Private Partnership Project (supported by Nuffield School of Public Health and Leeds University) and partner NGOs (BRAC, Damien Foundation and PSKP). The NTP and the Bangladesh Garment Manufacturers and Exporters Association (BGMEA) have recently signed an agreement (in 2008) to work together, to engage the BGMEA member network (around 500 garment manufacturing units) in TB control efforts.

Delivery models:

The garment industry is characterized by its organized and unorganized sectors. The organized sector is mostly compliant with government policies and offer health benefits and services to their employees. The unorganized sector is largely unregulated with poor working conditions and close to no benefits for their employees. Two main models for delivery of TB services are in place for businesses in the organized sector.

DOTS in Company Health Centres: A few large companies in Bangladesh have health clinics on their premises with facilities for TB diagnosis and DOT for their workers. For instance, Youngone Group (Bangladesh) Ltd., the largest employer in the Chittagong Export Processing Zone (EPZ) with 23,000 workers provides TB diagnosis and treatment through its DOTS centre in partnership with the NTP and

BRAC. The Youngone Group medical centre has a team of 21 doctors, 40 nurses and 51 health counselors. All have been trained in detection and management of TB patients. Anti-TB drugs are supplied free of charge to patients by the NTP through the company's medical centre. TB patients take their medication before entering their work floor. The medical centre is also provided with reagents and microscopes by the NTP. DOT providers in the centre are trained both by the NTP and BRAC. Between 2001 and 2007, the Youngone DOTS centre has detected 668 TB cases. A cure rate of 93% was achieved in 2006. Smaller companies have health clinics where only DOT is provided and diagnosis is done externally.

Shared Corporate Health Centre: In the EPZ areas, smaller companies have set up joint health centers. For instance in the Dhaka and Chittagong EPZ, companies contribute on a monthly basis to the cost of running a joint health center. These health centers have DOTs corners where employees can come for consultation, diagnosis and treatment. In some cases, the employee comes to the health centre for diagnosis but receives DOT from the company clinic or nurse on the premises. Anti-TB drugs, microscopes, reagents and training for the staff is provided by the NTP and partner NGOs. In the Dhaka EPZ hospital which is supported by the Damien Foundation, between 2004 and 2007, around 3000 TB cases were detected with a cure rate of 92% in 2006.

Key operational partnerships:

Bangladesh is distinctive in its strong collaboration with NGOs for TB control. NTP efforts in engaging the corporate sector are supported by NGOs across the country. For instance BRAC and the Damien Foundation support the NTP and companies in conducting quality assurance for company laboratories, training medical and paramedical staff, conducting advocacy sessions for workers and in sensitizing company management. Another key partner for the NTP in reaching garment factories is the BGMEA which plays a strong role as an influencer in encouraging companies to initiate TB control efforts in the workplace.

Main Challenges:

Among the challenges addressed by NTP and its partners was sensitizing companies to the needs of the employees, and to address potential prejudice against them. The sheer magnitude of garment factories in the country makes approaching the factories and convincing them to undertake TB control an arduous task. Finally,the large unorganized sector which works below the radar is largely inaccessible and also not open to NTP or NGO efforts to engage them in TB control efforts. Convincing and engaging these companies is a colossal challenge.

Way Forward:

Looking forward, the NTP, its partner NGOs and the BGMEA plan to strengthen their efforts in engaging the corporate sector by systematically mapping out and targeting workplaces in the country and also by reaching out to many more companies through the extensive BGMEA network.

KENYA

Working with tea estates

Introduction

In 2007, Kenya was ranked 13th out of the top 22 high TB-burden countries and fifth in the African region. With 116,723 TB cases the TB burden has increased ten-fold from the situation in 1990. This increase is largely driven by the HIV epidemic- an estimated 1.5 million people are living with HIV in the country and approximately 48% of TB patients in Kenya are HIV positive. Companies in Kenya are slowly taking a lead in providing health services to their employees. Due to the intensity of advocacy efforts by the HIV community most companies are engaged in some form of HIV activities, TB control efforts feature as part of HIV workplace programmes or in some cases not at all. The DLTLD is working closely with KAPTLD and other partners to encourage, engage and support companies in TB control efforts.

Delivery models

DOTS in company health centres

Nearly 75% of Kenya's working population are employed in the agricultural sector especially in tea and horticultural production which are the country's top exports. The tea plantations especially, employ large numbers of workers, for instance Unilever employed nearly 18,000 workers in their plantation while James Finlay employed an estimated 13,000 workers. Due to the large number of employees and families at the plantations, both companies provided health services to employees and dependents at the site. Unilever had 22 dispensaries across the plantation to attend to workers health needs with one main hospital while James Finlay had 23 dispensaries and a 110 bed central hospital. The same model was followed in the Kenyan flower farms. Both the medical centres had diagnostic facilities in place which conducted TB and HIV testing, regular EQA was done every month in collaboration with the District coordinator/officer who visited the centre to review the diagnostic records and TB register. Anti-TB drugs, laboratory reagents and slides were provided to the company health centres free of charge by the DLTLD. TB diagnosis and drugs were given to the workers and their dependents free of charge. As part of their programmes, workers and dependents diagnosed with TB were counselled to test for HIV and vice versa. In addition to this mobile clinics were sent regularly to the communities to conduct HIV testing along with Voluntary Counselling and Testing (VCT). In 2007, Unilever (tea plantation) detected 197 TB cases and made its TB and HIV services available to 18,000 employees, their dependents and the surrounding communities. The company also annually allocates 100 million Kenya Shillings for funding health care for its employees. At James

Finlay (tea plantation) 105 TB cases were detected in 2007, half of them were co-infected with HIV. Around 13,000 Finlay employees and their dependents have access to TB/HIV services. Both companies had high cure rates (85-90%) and very low default rates (close to 0). James Finlay initiated their TB control programme in 2000, they included a component of HIV into the workplace programme in 2004- introducing HIV awareness campaigns and co-trimoxazole therapy (CPT).Introducing measures to tackle both epidemics together resulted in a 25% decrease in TB cases.

Referral to public or private health centres

Some companies referred their employees to other care providers for diagnosis and treatment. For instance, Serena Hotels, which has lodges across the country especially in the Game Parks preferred to transport all workers diagnosed with TB to Nairobi for diagnosis, DOT was then provided at the place of work of the employee. Around 7 patients (0.5%) were diagnosed with TB among 1300 employees in 2007, all of them were cured. Other companies such as Del Monte, IPS, Bidco Oil and Phillips Powertechnics referred employees to the public sector or contracted hospitals, as the burden of TB was very low in the companies. Powertechnics specifically allowed TB patients to come in late by-10 am, giving them time to take their medication.

Key operational partnerships

Efforts to engage businesses were lead by KAPTLD in collaboration with the Global Business coalition and nation TB programme.

Main Challenges:

Among the challenges addressed by NTP and its partners was integrating TB into existing HIV workplace programmes. In addition targeting and reaching the unorganized workforce is a massive challenge.

THE PHILIPPINES

Engaging businesses as part of PPM for TB care and control

Introduction:

The Philippines is a newly industrialized country with a growing economy. There are a large number of industries around the country with a primary focus on agricultural products and also a large unorganized workforce such as farm workers, street vendors and auto drivers. In the Philippines around 1700 TB cases were detected in 2007 alone, by 14 PPMD units catering to the corporate sector. Most TB suspects from the workplace are found during company annual physical examinations, primarily based on chest X-ray results. The national TB programmes (NTP), the Philippine Coalition against TB (PhilCAT) and various PPMD units have been making significant efforts to engage workplaces in TB control. In addition, the Government's Department of Labor and Employment (DOLE) is also a strong supporter of the guidelines of the NTP. Significantly, DOLE has issued a Department Order known as *"Guidelines for the Implementation of Policy and Program on Tuberculosis (TB Intervention and Control in the Workplace)"*, to streamline engagement of workplaces in line with NTP guidelines. This policy issuance has been instrumental in facilitating the involvement of both public and private workplaces in TB care and control efforts.

Delivery models:

Three main models for delivery of TB services are in place for businesses. Businesses generally tie up with public or private public-private mix for DOTS (PPMD) units and third party organizations through MOUs for TB diagnosis and treatment.

Company Health Clinic: A few companies in Philippines have health clinics on their premises with facilities for DOT for their workers. Petron, Philippines Airways, Fortune Tobacco and a few other large multinational companies refer their patients to a local PPMD unit for diagnosis but provide DOT on the company premises. A major multinational computer chip manufacturing company (3400 employees) referred 400 employees for sputum testing to a private PPMD unit in 2007, based on annual physical examination X-ray results, of these 17 were diagnosed with TB. In the case of Stanfilco, a division of Dole Philippines Inc. their "TB DOTS in the workplace" program extends to employee dependents and the community. Stanfilco through its program has educated over 3,000 employees, their families and the surrounding communities on TB since 2004. Out of 400 referrals the company was able to facilitate the diagnosis and treatment of 100 employees. In addition, Stanfilco provided infrastructure support to

establish a DOTS facility in the Municipality of Lantapan in North Skyland, province of Bukidnon to improve the access of workers and community to TB medical services in these areas.

Industrial DOTS Center (PPMD Unit): Most of the companies in industrial areas refer their patients for diagnosis and treatment to the nearest Industrial DOTS Center/PPMD unit. For instance, the Our Savior Industrial Clinic caters to patients from 35 companies in the surrounding export processing zone (EPZ) area. In 2006, based on annual X-ray results 187 employees were referred to the clinic, all were diagnosed with TB and were managed by the clinic with a treatment success rate of 86%.The Makati Medical Center received about 1300 for TB diagnosis in 2006, 153 referrals were from the organized workforce (formal companies) while 324 referrals were from the unorganized workforce. Of these workforce referrals, 141 were diagnosed with TB, 67 TB cases were from the unorganized workforce while the rest were from the organized sector.

Health Maintenance Organizations: Some companies align themselves with a third-party provider such as PhilAm Care (Health Maintenance Organization/HMO) or other private hospitals to provide their employees with the necessary package of TB services. PhilAm Care currently covers 160,000 employees across the country. In 2007, 30 patients were referred to this HMO for TB diagnoses of these about 10 persons were diagnosed with TB. The unorganized workforce or the informal sector access TB services by forming "people organizations" or associations, in some cases to avail of PhilHealth (social insurance scheme) membership benefits which covers TB.

Key operational partnerships:

PhilCAT has been a major ally to the NTP in reaching workplaces through advocacy efforts and also in collection and analysis of data from PPMD units. The public and private PPMD units such as De La Salle University and Our Saviour Hospital have been making extensive efforts in approaching and convincing company management to participate in TB control efforts.

Main Challenges:

Among the challenges addressed by NTP and its partners was sensitizing companies to the needs of the employees, and to address potential prejudice against them. In addition targeting and reaching the unorganized workforce is a massive challenge.

Way Forward:

Looking forward, the NTP and its partners are looking to scale up the "TB DOTS in the workplace" model across the country.

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