



THE COSTS OF
TUBERCULOSIS

IMPLEMENTATION GUIDE



ENDING WORKPLACE
TUBERCULOSIS

ABOUT THIS DOCUMENT

Ending Workplace TB (EWTB) has identified four key issues that hamper the global response to TB and contribute to the challenge of addressing TB in workplaces. They are stigmatisation, access to services, the costs of TB, and community transmission. For each of these we have drafted an Implementation Guide. This is the guide for the third challenge: the costs of TB. A fifth document, focusing on steps companies can take within their supply chains is also available from our website.

The guide contains information on the challenge and suggested actions that companies can take to address it. We recognise that each of our partner companies will have its own context, skills, and capabilities that will influence how it addresses this challenge, and so the actions outlined in this document are suggestions only. They are not a prescribed list of actions that companies must take.

Many of the activities we propose apply more broadly than TB. They can help employers and workers build the systems to defend themselves against outbreaks of other lethal respiratory pathogens (LRPs) such as COVID-19. They will also build upon existing workplace health measures.

The document was developed by the EWTB team with support from our core partners and technical advisers. Thank you to everyone who assisted with the development of this document.



TACKLING THE COSTS OF TUBERCULOSIS



SICK LEAVE POLICIES



PHASED RETURN-TO-
WORK



SOCIAL SUPPORT
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EXECUTIVE SUMMARY

Even the best healthcare services will have little impact if people are not able to access them: if the cost of travelling to a clinic is too high or they simply cannot afford to miss work to seek care. This overview focuses on how companies can help reduce these barriers to accessing healthcare and as a result, contribute to better health outcomes. In particular, we are focusing on a range of interventions known as “social protection.”

Most companies already have some social protection policies: sick pay is mandatory in the formal sector in most countries in the world. However, research suggests that those policies may not be fully used by people with TB. In addition, they may not cover some of the specific challenges posed by TB treatment, leaving patients exposed to out-of-pocket costs that can impede the successful completion of treatment. By plugging these gaps, companies can help their workers get diagnosed and start treatment more quickly which results in better outcomes for individuals, and less transmission in the workplace.

This overview covers three categories of social protection: sickness absence, phased return-to-work, and social support. By strengthening social protection, companies can invest in a healthier, more productive, and more resilient workforce.

WHY SOCIAL PROTECTION?

Social protection stops a health problem from becoming an economic one.¹ It does this by supporting sick people financially with the various costs associated with treatment, allowing them to focus on recovering their health as quickly as possible. In many countries, a lot of social protection is provided by the state but there are still many things that companies can and should do.

The social protection policies we outline below can be profoundly beneficial for employers by helping to build a healthy, resilient, and productive workforce. There are four major benefits:

1. Social protection encourages people to seek treatment;
2. Social protection supports people to complete treatment and get back to work quicker;
3. Social protection prevents other employees from acquiring infectious diseases; and
4. Social protection builds resilience in families and communities.

We will look at each of these benefits in turn.

SOCIAL PROTECTION ENCOURAGES PEOPLE TO SEEK TREATMENT²

Many infectious diseases carry stigma – particularly with diseases like TB or COVID-19 in which a diagnosis may suggest that friends, family, and other contacts may also have the disease.³ Sometimes people are afraid they will lose their jobs if they fall ill, or they do not have enough money to make regular visits to a health centre, or they are simply worried about not being paid by their employer if they are absent from the workplace.

Social protection can help overcome these barriers to seeking care. By providing support, either through onsite health programmes or by paying for transportation for people who need to visit a clinic, employers can ensure that people who have symptoms seek treatment as quickly as possible. This can save companies money. Some studies have found that people who have TB lose as many as 60 days off work *before* they are diagnosed. Getting diagnosed and treated more quickly will reduce that time lost from work.⁴

Furthermore, the longer the delay before starting treatment, the worse the treatment outcomes. Measures that help people seek treatment quickly could prevent serious health complications.⁵

SOCIAL PROTECTION HELPS PEOPLE COMPLETE TREATMENT

Research from the World Health Organization has found that being unable to work during treatment is a leading financial concern for people.⁶ Many people do not get paid during a long spell of treatment and are forced to choose between feeding themselves and their families and staying at home to recover from their illness. This means that sometimes they choose to discontinue treatment and return to work whilst they are still ill.

Social protection takes away the financial urgency of coming back to work too soon.

This gives people time to fully recover, and saves further costs to the company by making it less likely that someone who is still infectious may come back to work, and less likely that the individual will have further health-related complications as a result of discontinuing treatment or not resting properly.

SOCIAL PROTECTION PREVENTS OTHER EMPLOYEES FROM FALLING ILL

TB is an infectious disease that can be spread from person to person. If people do not seek treatment, or come back to work whilst still infectious, they risk transmitting the illness to another person who may then become sick themselves. The additional costs to employers may not be significant. Research shows that most TB patients are no longer infectious after just a couple of weeks of treatment. This period off sick for treatment should be balanced against the costs of absenteeism and reduced productivity from people who are sick but not seeking diagnosis or treatment.

Researchers have also found that good social protection schemes, particularly policies that allow people to take paid time-off as soon as symptoms appear, can nearly eliminate the spread of diseases in the workplace.⁷ This is potentially a significant saving as just one case of TB in your workforce can result in 50 percent of workers being infected.⁸

SOCIAL PROTECTION BUILDS RESILIENCE IN FAMILIES AND COMMUNITIES

Ill health can drive people into poverty. If the main wage-earner in a family loses their job or isn't paid because they are sick, then the entire family may suffer. This can result in a range of educational challenges for children, including, in some cases, dropping out of school altogether.⁹ As education is connected to lifelong earning potential, simple social protection policies from individual employers can have long-reaching consequences for families and communities.

TACKLING PRESENTEEISM

Most companies think of the cost of illness in the workplace through [absenteeism](#). This is when someone who is sick misses time off work. The company loses their productivity, and may have to provide cover or, in the case of long-term sick, hire and train an entirely new worker.

However, a much greater proportion of costs are due to [presenteeism](#). This is when someone who is sick continues to go to work. Research suggests that the costs of presenteeism are between **10 and 15 times** as much as the costs of absenteeism but most companies don't recognise it because those costs are largely hidden.¹⁰

Presenteeism is so expensive for a number of reasons. Firstly, because people who are sick are less productive, though they are in the workplace, they are generating less output. Second, people who are sick but still going to work aren't getting treated, therefore, their illnesses can worsen and create larger costs in the long-run. Third, people who are sick with infectious diseases can infect their colleagues. One case of TB can result in up to 50 per cent of the workforce being infected. This means that the costs of just one person who is sick but still coming to work can rapidly snowball.¹¹

Social protection policies are intended to stop this snowball effect. However, even though many countries require social protection policies by law, simply having the policy may not be enough. If workers are reluctant to make full use of your social protection policies, then neither you, nor they, will benefit from them.

There are a variety of cultural and social reasons why people may not use their time off. Employees may think that managers will disapprove of them for taking sick leave; they may feel like they are leaving colleagues to handle more work; or they may fear losing their job and being replaced by the person who is covering for them.

Nonetheless, there are some interventions that have been found to work. Research suggests that the behaviour of managers shapes how other workers act. Managers must set an example by taking sick leave themselves. They should be vigilant about symptoms and encourage workers to seek care if they need it. Managers can also play an important role in communicating policies. All workers should know that policies are available if they are ill.¹²

The response to COVID-19 represents the kind of behaviour that managers should be trying to encourage: people who think they are ill should stay away from work and protect their colleagues from getting sick. For many people, though, this is only an option if they can be sure that they will still be paid.

Stopping transmission, getting early diagnosis, and starting treatment are the only ways to stop the spread of TB, COVID, or any other infectious disease. Research shows that social protection is absolutely critical to achieving this. However, if presenteeism is a problem in your workforce, it will stop your social protection policies from working effectively. For that reason we encourage companies to conduct internal data-gathering through a staff survey or other means, to understand the current attitudes of their workers and use this data to make a comprehensive plan for tackling presenteeism.

COSTS AND BENEFITS OF SOCIAL PROTECTION

The costs of TB to employers are often underestimated. We have developed a cost calculator where we can work with companies to generate an estimate of the costs of TB to your company.

The benefits of social protection can be quite profound. One case of TB in the workplace can result in up to 50% of fellow workers being infected.¹³ Simple social protections can almost eliminate workplace transmission, so the potential benefits are significant. Furthermore, in some areas up to 50% of cases of COVID-19 originated in the workplace.¹⁴ TB and COVID-19 are both lethal respiratory pathogens and share many similar symptoms, so we can infer something similar for TB in some parts of the world. If we can break chains of transmission in workplaces, we can have a major impact on the health of the wider community and social protection is key to doing that.

In addition to direct financial benefits – generated through higher productivity and reduced absenteeism, researchers have found that social protection policies and health benefits are important to workers. This may contribute to greater retention of employees, meaning less time spent hiring and training new workers.

Given the high potential costs of even one case of TB, the critical role social protection can play in helping people access diagnosis and treatment, and the benefits of implementing strong social protection, we consider it one of the best workplace health investments that a company can make.



IMPLEMENTING POLICIES TO TACKLE THE COSTS OF TB

Many companies will already have some social protection policies in place. The policy components referenced below are intended to address specific common weaknesses in policies that are especially relevant to lethal respiratory pathogens like TB.

The first thing you may want to do is calculate the risk/cost of TB in your workforce, contact us to find out how we can help.



SICK LEAVE

We suggest that sick leave policies should include the following provisions:

1. *Allow employees who are feeling unwell to take sick leave for a period of up to five days without certification from a medical practitioner, unless a shorter period is required by law.*

Research suggests that encouraging people to go home as soon as they start exhibiting symptoms of a respiratory disease can almost eliminate the spread of infection in the workplace. By allowing workers who are feeling sick to self-certify, they can protect their colleagues by not coming into work. If the illness is only a cold, they will recover quickly. If they are still experiencing symptoms after five days, they should seek an appointment with a medical practitioner.

2. *Allow people who have to miss work in order to get tested or diagnosed to still receive pay.*

A major barrier to people seeking diagnosis is that they may have to miss

half or a whole day of wages to go to a medical practitioner. This means that they don't get tested and, therefore, don't start treatment. They are also more likely to infect colleagues. Making an explicit provision that people can receive sick pay for testing removes the risk of losing pay for visiting a medical practitioner. Alternatively, other healthcare services may be able to reduce the time lost to work for diagnosis (see our Implementation Guide on Access to Healthcare).

3. *After the initial period, written confirmation of illness from a medical practitioner is standard to continue to receive sick pay.*

Approval from a medical practitioner or nurse is important for two reasons. First, it maintains the integrity of your sick leave programme and ensures that it is not abused by people taking long-term sick leave when they are not unwell. Second, it means that workers whose illnesses endure into a second week engage with medical care as quickly as possible.

4. *Continue to pay people through diagnosis and into the initial period of their treatment.*

Most people with most infectious diseases will no longer be infectious after a week or two of treatment. TB can take longer in certain circumstances but the majority of people are no longer infectious just two weeks after they start treatment – the amount of time it takes to quarantine for COVID-19. A medical practitioner will be able to determine when an individual is no longer at risk of transmitting the disease. Without this provision, there is a risk that people will come back to work whilst they are still infectious and therefore risk passing the disease to others.

5. *Cover top-up pay for employees making the most of phased return to work.*

Phased return to work refers to a provision where an individual who has been unwell

but is no longer infectious is able to return to the workplace but works for a limited number of hours a day or days a week for an initial period. After a prolonged illness, this helps people build up their strength steadily. During the period of their phased return to work, your sick leave policy should top up people's wages to the full amount. Otherwise, economic incentives might drive them to come back to work too soon, risking exhaustion or relapse.

6. *Retain people's roles even if they have been sick for a long-time.*

It may not be possible for your company to maintain someone on sick leave for an indeterminate period – and you may look at medical retirement or other options. Some illnesses, like cancer, can require long periods away from work, as can injuries sustained in a road-traffic accident or equivalent. In many cases, even after long periods away from work, people can make a full recovery and come back being productive and valued members of your workforce.

With this in mind, we recommend that your company policies allow for workers to have a guaranteed post when they are fit to return to work. This ensures that you retain skilled and trained workers. It also means that someone who has a gap on their employment record due to long-term sick leave is not unfairly disadvantaged when they seek to return to work.



PHASED RETURN-TO-WORK

We suggest that a phased return-to-work policy should include the following provisions:

1. *Allow individuals who have been sick for a period of two weeks or longer to work on reduced hours for up to half the period that they were sick, up to one month.*

Illnesses can have a major impact on people's stamina and ability to work. Whilst recovering from a prolonged period of convalescence, particularly if they are continuing treatment, returning to a full workload immediately can risk exhaustion and a relapse.

Phased return-to-work allows people to build their strength steadily. We recommend that the phased return-to-work period endure for at least half of the period of their original sick leave.

2. *Ensure that individuals retain full pay if they are required to take time away from the workplace to visit a health centre for continuing treatment.*

Some people may need to continue treatment even though they are fit to return to work. This means that they may have to visit the health centre during work hours and risk missing wages. Just as your sick leave policy should allow people to be paid when seeking an initial diagnosis, we recommend that companies take measures to allow workers who are continuing treatment to visit the health centre when necessary without losing wages.

3. *If possible support individuals who have been sick for a period of two weeks or longer to return, wherever possible, to undertake tasks that are less physically demanding than the traditional work in your workplace.*

In addition to allowing reduced hours, it may help an individual return to work by allowing them to undertake different roles that are less physically demanding whilst they recover their strength.



SOCIAL SUPPORT BUDGETS

There are many ways that a company could provide additional social support and the best options will depend greatly on the context. We recommend transportation costs as a good first option.

1. *Cover or reimburse the cost of transportation for individuals from their workplace or home to a relevant health centre and back.*

The World Health Organization has found that the greatest component of direct costs that patients experience when seeking treatment is the cost of transportation to and from health centres. As such, we recommend that our member companies enact policies and budgets to support their workers to visit health centres if they are not able to offer onsite occupational health or treatment centres.

You may wish to ask for a receipt of travel, proof from the health centre, or offer a flat rate depending on your local environment.

2. *If you do not have a referral system where the company covers the full costs of diagnosis and treatment, consider a subsidy option for medical testing to encourage people to get tested and initiate treatment.*

If you do not provide a referral system or support the costs of healthcare for your workers, one effective use of a social support budget is to make resources available for people to cover the costs of testing. As most TB treatment itself will be provided free, covering just the cost of medical tests or diagnoses is an effective way of helping workers start treatment

IMPLEMENTATION CHECKLIST

This checklist is a resource to help you consider where your systems could be further strengthened. It is not exhaustive and we encourage partners to take the core principles outlined in this overview and consider how they could go further.

Step 1: Company reviews

- Calculate an estimate of the cost of TB in your workplace.

Do your current sick leave policies...

- Allow employees to self-certify for an initial period of illness?
- Allow employees to claim sick leave when being tested or receiving treatment?
- Pay workers through the period of diagnosis and through to the completion of their treatment?
- Allow employees to receive a full salary during the period of their phased return to work?
- Guarantee workers a role to return to after a prolonged period of sickness absence?

Do your current phased return-to-work policies...

- Allow employees the option of working on reduced hours for half the period of their initial illness?
- Allow employees to return to work to do less physically demanding tasks than prior to their illness?

Does your current social support policy...

- Have provisions that allow workers to claim for the costs of transportation associated with seeking healthcare?
- If relevant, include provisions for subsidising the cost of diagnosis

Step 2: Update and publicise policies

- Gain senior management support for revising sick leave, phased return-to-work, and social support policies
- Appoint an individual to take responsibility for the roll-out and uptake of the new policies
- Conduct a survey or other information gathering process to understand the current attitudes of your workers to taking sick leave or using social support policies
- Prepare a company plan for tackling presenteeism
- Develop a system for monitoring the number of workers making use of social protection policies
- Secure a dedicated budget line for social protection measures such as covering transportation costs

How have these changes been communicated to workers?

- Through an all-staff meeting where the policy has been fully explained
- Through in-company announcements via all usual communications routes
- Through a dedicated effort to ensure that each individual hears about the new policies from their manager or from senior management
- Through dedicated materials advertised in prominent places

REPORTING

EWTB has designed its reporting to align wherever possible with other major reporting initiatives. This means that our member companies can inform us of the progress they're making without having to draft additional materials for other reporting initiatives. Their reports to us can also be used in submission to other initiatives.

Furthermore, our intention is that, via reporting, companies will share their learnings and expertise which we can share – as appropriate and with permission – with other partner companies who are looking to improve workplace health.

For addressing the Cost of TB, we ask companies to answer the following questions once a year:

1. Please outline whether you have policies for sick leave, phased return-to-work and social support and, if so, how often they were used in the last year.
2. Please outline the steps that you take to expand awareness of the policies and encourage people to use them, including any changes in usage that you have seen as a consequence.
3. If you are able, please share any calculations you have made regarding the estimated cost of TB in your workplace using the "Cost of TB to employers" calculator.

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