

IMPLEMENTATION GUIDE



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 second challenge: access to healthcare. A fifth guide is available for companies who may not want to implement additional measures for their workforce but are committed to action in their supply chains.

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 that companies must take.

Ensuring availability of high-quality healthcare services goes beyond TB. Our suggested activities 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.



ENHANCING ACCESS TO

HEALTHCARE





SYSTEMS





SCREENING PROGRAMMES

EXECUTIVE SUMMARY

If people cannot access the care they need, they cannot be diagnosed and successfully treated. This guide focuses on the role that companies can play in enhancing access to critical TB services. Doing so will benefit companies: diagnosing people with TB early and starting them on appropriate treatment is the best way to stop the disease from spreading and limit the costs to employers and workers.

We suggest three focus areas for companies' efforts to expand access to services, covering the length of the care pathway: (1) screening programmes that can identify workers who might have signs or symptoms of TB; (2) referral systems that make it easy for a worker who might have TB to be diagnosed by a medical practitioner and start treatment; and (3) support services for workers to help them complete treatment and return to work as quickly and safely as possible.

Putting such systems in place will require working in partnership with healthcare providers and screening services.

Nevertheless, they will carry outsized benefits in improved workforce health, building structures that will help the company also address other lethal respiratory pathogens (LRPs), such as COVID-19.

THE CHALLENGE: ACCESSING HEALTHCARE SERVICES

All of us, at some point in our lives, need healthcare – and if we can't get care when we need it, the consequences can be severe. Falling ill with TB, which requires specialist screening, diagnosis, and treatment, is one such time of need. Unfortunately, over one-third of all people affected by TB worldwide don't formally access care. This is one of the reasons why TB has killed more people than any other disease over the last decade.¹

Lack of access to healthcare for a disease like TB is a catastrophe for a worker sick with TB and for his or her family. But it also has broader implications. A sick person who isn't treated for TB - or any other LRP - can transmit the disease to others through the air. The only way to stop TB from spreading is to make sure that everyone who has the disease gets tested quickly and starts treatment.

This overview outlines some suggested actions that companies can take. We recognize that every company is different, and our aim is to help our partners design systems that make sense for their specific contexts and capabilities, building on the systems they already have in place.

WHY SCREENING, REFERRAL AND SUPPORT?

We have broken down the overall challenge of making high-quality healthcare services available into three separate components. These are screening, referral, and support services.

Screening refers to a process or system used to identify someone who might have TB. It is not a diagnosis – which determines conclusively whether someone is sick – but rather a process used to filter people who are healthy from those who may need further diagnosis or treatment.²

Referral systems are designed to connect a possibly infected or sick person with treatment. Referral systems help connect a worker to an approved, quality healthcare provider who can get a conclusive diagnosis and start the patient on treatment ³

Support systems help a sick person complete treatment. This is particularly important for a disease like TB where people can return to work when they are no longer infectious but still need to take medicines to complete their treatment. People who don't take all their drugs risk relapsing or developing drug-resistant TB.⁴ Support systems help make sure that people get through to the end of their treatment course.⁵

Ensuring that more workers are screened, access high-quality healthcare, and are supported to complete treatment is a big challenge. However, the impact of these efforts can be significant. Up to 50 per cent of some LRPs originate in the workplace, and simple programmes can eliminate transmission of LRPs at work. Companies that can overcome this challenge can, therefore, dramatically improve the health, resilience, and productivity of their workforces, and also have a major impact on their wider communities.

INTRODUCTION TO SCREENING PROGRAMMES

The objective of a screening programme is to identify people who might have TB (or another illness) and should have further testing. Screening systems don't have to be formal – such as having a medical practitioner administer a test. When you check whether a child has a fever, you are screening them for symptoms of an illness. All of us start any healthcare process with screening of some sort.

There are several ways of screening for TB, and other LRPs, which we explore in the next section. They do not have to be expensive though some administration and management is required. The main thing to remember is that, as screening is the start of the healthcare journey for most people, it is the first thing that a company should implement. If you have limited resources but want to help address the important challenge of TB epidemic, establishing a screening programme is an effective first step.

INTRODUCTION TO REFERRAL SYSTEMS

The objective of a referral system is to create a process through which someone who might be sick can get further testing and, if necessary, treatment. As with screening, there are several ways of building referral systems, but the focus is on making it as easy as possible for a worker to access high-quality care.

Referral systems generally operate with a "trigger". This is an event which means that a worker ought to visit a healthcare worker. In most cases, this will be through some form of screening, so consider how a screening system and your referral system might operate together.

Some companies will not need to operate a referral system if they have health services in their workplace that can diagnose and treat TB. Referral systems are very important – they are how people get treatment and therefore begin their journeys back to being fully healthy.

INTRODUCTION TO WORKER SUPPORT SERVICES

The objective of worker support services is to help workers complete treatment. As such, there are a wide range of things that a company can do to support its workers, and we cover a few of those below.

The core reason for worker support is that some people get diagnosed, start TB treatment, and then don't complete their treatment. Not completing treatment risks relapse, or even worse, developing drug-resistant TB. But treatment is also hard, the drugs can have side effects, treatment takes a long time, and there is considerable stigma associated with having TB. Support services can play a critical role in helping people "get over the line" and complete their treatment.

CONFIDENTIALITY

Operating healthcare services involves handling important private data. Companies often have significant expertise in handling this data, but it is worth highlighting how important maintaining confidentiality is to ensuring the success of any systems you implement. Many illnesses – especially TB - are associated with severe social stigma which can deter people from seeking treatment and care. In addition to the legal and ethical requirements to treat people's personal data with respect, employees who are confident that their health status will be kept private are more likely to engage with healthcare, seek diagnosis and complete treatment. As a result, robust policies for maintaining the confidentiality of your workers who make use of your workplace health systems, will encourage workers to use them and help your company realise the many benefits of a healthier workforce.

All companies should adopt robust measures to ensure that confidential information about employee health is managed sensitively and appropriately. This includes ensuring that workplace health champions or peer supporters sign documentation committing themselves to confidentiality and that those responsible for administering and managing health programmes appreciate the importance of keeping private health information safe and secure.

STIGMA

With all workplace services, especially screening programmes, companies should be mindful of the challenges posed by stigmatisation of TB. Stigma is prejudice against people who may have, or do have, TB and it can be a major barrier to people admitting they have symptoms, seeking care, and completing treatment.

Stigma is subtle and not always easy to spot, so companies tackling the challenge of access to healthcare should be aware of the risks. For possible mitigation strategies, contact us at partners@ewtb.org or review our Implementation Guide on tackling stigma. One effective tactic would be to ensure that all company managers engage with screening programmes, this sends a clear message that everyone should engage and will help to mitigate the effect of stigma.

CONNECTING WITH THE NATIONAL TB PROGRAMME

Whatever the system you implement, it is important that the National TB Programme (NTP) is made aware of it. The NTP is responsible for overseeing the response to TB in a given country and needs the best, most accurate data to help it deploy its resources as efficiently as possible. Some NTPs partner with companies and can help deliver screening or awareness programmes. We encourage companies to contact their local NTP representative to explore options. EWTB can help with finding the relevant contact details wherever you are.

IMPLEMENTING A SCREENING PROGRAMME

There are several ways to implement a screening programme. The objective for such a programme is to create a filter or funnel to identify people who may need further care. We outline three broad options below.

Internal systems

If you have a medical centre as part of your workplace already, you may be able to implement a screening system solely by leveraging existing resources. X-ray machines are commonly used to screen for a range of respiratory problems including TB. Your medical staff can be trained to identify TB on a lung X-ray, or artificial intelligence software can be deployed that can effectively screen for TB on a digital X-ray.

Whichever system you use, the objective should be to ensure that every member of your workforce is screened at least yearly, and preferably every six months. That does not mean that everyone has to be screened on the same day; different groups can be screened on different days. You can consider implementing awareness raising programmes in the lead-up to screening days.

Commissioned screening

If you do not have your own internal health facilities, another option is to commission a mobile X-ray unit to come to your workplace and screen your employees either annually or every six months. Many National TB Programmes (NTPs) have mobile X-ray units that can conduct screenings. Some NTPs will do screenings for free, others may require a fee, and the cost of these options varies. As even one undiagnosed case of TB can result in many other infections in your workforce, the return on investment is significant.

A major advantage of commissioning a mobile unit to come and screen your workers is that the people operating that system will be familiar with the most appropriate follow-up steps for any workers whose tests require further investigation, so if you don't have a referral system built (see below), they may be able to help your workers get further care.

Symptomatic screening

A less rigorous and structured way to operate a screening system is an ad hoc, symptomatic screening system. Symptomatic screening relies on identifying people who may be ill based on the presence of certain symptoms. For most respiratory infections this includes cough, headache, fever, muscle aches and loss of appetite, at a minimum. In addition, when screening for TB, look out for sudden weight loss or night sweats. You can train your workers to act as health champions and be on the lookout for symptoms – but it is important to ensure they respect the confidentiality of their fellow workers.

A symptomatic screening system where workforce champions are trained to recognise symptoms is only worthwhile if those champions are then able to refer colleagues to get follow-up screening or diagnosis. If there is no medical pathway to follow, one worker may think another is ill, but neither is able to do anything about it.

It is, of course, down to individual companies to decide the best approach for their workforce. One way of implementing a symptomatic screening system might be to train everyone on the symptoms of TB, or hold regular self-screening questionnaires and allow patients to self-refer for care if they identify their own symptoms. That way they will not need to disclose their status to their colleagues.



IMPLEMENTING A REFERRAL SYSTEM

Below we walk through one way of setting up a referral system where the company handles both the cost and the administrative burden. We believe this kind of system will be the most effective in most scenarios because requiring workers to organise and pay for their own care is a barrier to seeking healthcare. However, we also recognise that many companies may not be able to implement such a comprehensive system, so first we outline some key considerations for setting up a referral system in general.

Accessible

Ideally, the system should be openly available to everyone in the company, regardless of how long they have been with the company. Infectious diseases can strike anyone, so limiting who can make use of the system will only result in more infections in your workplace.

Minimal costs

Ideally, healthcare should be free for workers. Research has found that even though the medicines are almost always free for TB, the costs of healthcare (making appointments, tests etc.) can be a burden for many people who have TB.

Making TB care free for workers is a worthwhile investment. Someone who is sick with TB but doesn't seek care is less productive, may miss days of work where cover will be required, may pass the disease onto colleagues, and ultimately, may have to drop out of the workforce altogether if the disease becomes very serious. The relatively small cost of a referral system can almost be compared to an insurance policy.

However, if there really is no way of making the referral system free, then we suggest subsidising it as much as possible.

Advertised

The referral system is a pathway to care. Regardless of the conditions you place on accessing it (whether it is available to everyone or not, or free or not), the referral system should be widely advertised to workers so they know it is there for them to use.

There are many behavioural barriers to people seeking care in the workplace. People may fear that their colleagues will avoid them, or their managers will disapprove of them being sick, or of their career prospects being jeopardised due to admitting to ill health and costing the

company either directly or indirectly. Companies can address these barriers. Indeed, it is in their interest to ensure their workers access care. A first step is encouraging all people to make use of the systems that have been put in place.

IDENTIFYING PROVIDERS

If you have in-house medical facilities that don't currently offer TB diagnosis and treatment it may be possible to expand the range of services that you offer. This will vary from company to company but is worth investigating as a first step.

If you are able to expand your in-house services to cover TB diagnosis and treatment, all that you will need to do to complete your referral system is determine how the services will be accessed by your workers with the above considerations in mind.

Providing that you do not have in-house medical facilities that can be deployed for TB diagnosis and treatment, you will need to identify a public or private provider who can care for your workers. Look for a reputable registered medical practitioner close to your workplace and/or workforce. Bear in mind that transportation costs are a major component of the costs that patients experience, so having a local provider close – or even one who is willing to visit your workplace on request, may help ensure your workers make use of the system when they need it. Once you have identified several candidates, we advise taking the following steps:

1. Confirm that they can provide you with the necessary services.

Not all health care providers will be able to provide TB diagnosis and care. They may not have access to the relevant laboratories or equipment to diagnose the disease. Furthermore, depending on the size of your workforce, there may not be capacity in the local system to handle many referrals – be sure that they are able to support all your workers. Specifically, providers should be able to diagnose TB

with a polymerase chain reaction (PCR) test and provide TB medicines (which are free in most countries through the public sector).

2. Agree on a contract or a Memorandum of Understanding

Depending on the nature of the health system in your country, you may need to pay your chosen provider for appointments with your workers, though as referenced above most diagnoses and treatment should be free.

It is important to establish the terms of your referral system up-front. Clarify how much their services will cost (if they cost at all). This is particularly important if the company is not covering the full costs because your workers should be aware of how much they are expected to pay.

- Basic TB tests
- Drug-sensitivity testing
- Appointments
- Additional out-patient care (hearing tests etc)
- Pharmaceutical services
- Certification of fitness to work or necessity of medical leave
- Proof of appointments (for sick leave policy or social support policies)

Having agreed on these details in writing, you may wish to agree on some details around the process through which your workers can be referred. It may be as simple as making an appointment in advance, having the worker state that they are from your company, or having the provider require a note with the company stamping some sort of referral from a screening service (such as a mobile X-ray unit). Keep in mind potential barriers to your workers accessing care, such as long delays for appointments, being treated poorly by the healthcare provider, or having to get approval from a very senior manager in order to use the referral system. There will almost always be other providers that you can go to if you are not receiving the quality of care you expect.

3. Monitor the system

Establishing a referral system is not sufficient to ensure that your workers are receiving high-quality care, nor to guarantee that your investment in their health is providing you the right returns.

Ask workers who have used the referral system how they found the quality of the service – did the healthcare provider give the care that you had agreed upon in your contract or Memorandum of Understanding?

As well as verifying the quality of the services that your workers have received, it is important that you keep notes of any workers who have been referred and the treatment they are receiving. This will help you negotiate better rates if necessary in the future and monitor the health of your workers – you should expect to see steady declines in positive screening results and utilisation of your referral system.

4. Protect worker confidentiality

As referenced above, confidentiality is critical to the successful functioning of your workplace health programme. Workers need to feel confident that their personal information will not be shared with anyone without their approval.

IMPLEMENTING WORKER SUPPORT SERVICES

Worker support services are designed to overcome barriers that may stop your workers from seeking healthcare when they need it or completing treatment. By providing support, whether through training, awareness raising, in-house care services, or peer counselling, you can make sure that everyone who needs care gets it quickly – ensuring maximum productivity for you from your workforce and preventing the forward transmission of any infectious illnesses.

There are many ways that you could offer worker support services. Below we outline

three broad approaches, and we would be very keen to hear any suggestions for others that we could recommend.

Workforce champions

Workforce champions are workers who are trained in the signs and symptoms of key illnesses, and who understand how the company's own health systems work. Their role is to keep an eye on the health of their colleagues and support anyone to access your systems if they need it.

Champions can be drawn from any level of the company and should be led by a senior manager who takes responsibility for driving positive behaviours around health such as encouraging people to take part in training and awareness raising, be screened, and use other company services.

It is not necessary to give your workforce champions additional pay or formal duties, though we recommend some form of acknowledgement that they are providing an additional service for the company.

We suggest that workforce champions complete the training recommended in our challenge overview on stigma and can identify the signs and symptoms of TB and other respiratory diseases. In addition, we recommend that they are trained on the company's referral system – including how to refer someone themselves. Lastly, we recommend that they become familiar with the company's policies around confidentiality, social protection, including going through any steps that fellow workers would need to claim sick leave or make the most of phased return-to-work.

Peer support

Peer supporters are workers who are assigned to help their colleagues who are going through treatment. Treatments for some diseases, particularly TB, can be challenging and the drugs are sometimes associated with side effects. Peer supporters are there to support their colleagues and to help them access the care and support they need from the company when they need it.

Ideally, a peer supporter is someone who has first-hand experience of what the worker being treated is going through. Even if they have first-hand experience, however, they may still require training in how to provide emotional support to someone else.

Workplace care

TB treatment requires ongoing medication even after an individual is fit to return to work and is no longer infectious. Whilst sick leave policies cover wages when workers have medical appointments, patients are still expected to take medicines every day - sometimes under the supervision of a trained professional.

Employers can help by providing individuals with a quiet, private place to take their medicine, should they need to whilst they are at work.

Depending on the policies in the country in which you operate, you may also be able

to assign a colleague to support with treatment adherence (making sure that the worker takes their medicine every day). This would significantly reduce any burden of travel to and from a health clinic that may be considered necessary.

Summary

There are many ways companies can provide support for workers who are going through treatment. Workforce champions, peer support, and workplace care make for a good foundation, but you can go much further if you choose to.

The key thing to consider is that the existence of systems by themselves do not mean that people are going to seek care, or even receive high-quality care if they do look for it. Attitudes around health are complex. You know your workforce best and can help build systems that overcome obstacles that stop your workers seeking care when they need it.

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.

Con	С.			1.0
(\cap)	TIO	lant	$ \cap $	111/
\sim	\Box		ıaı	IILV

	Establish systems to ensure the confidentiality of workers and data relating to their health		
	Implement policies to ensure that all data is kept separate and secure		
Scree	ening - commissioned		
	Advertise the screening programme to workers through multiple channels Secure support of senior management for the programme including through their participating in screening initiatives.		
Scree	ening - symptomatic		
	 Train all workers on symptoms, treatments, and transmission of TB Assign health champions who can help encourage peers to get referred Assign an individual who can act as a coordinator for people who have been symptomatically screened and are seeking further advice or care 		
Refe	ral		
	procedures and the process through which appointments can be made Establish separate budget lines for paying for the care of workers who are referred Establish a system to monitor the quality of care received by workers who are referred Appoint an individual who is accountable for overseeing the referral system and ensuring its uptake		
Sup	port		
	common respiratory illnesses including TB		

REPORTING

EWTB has designed its reporting to align wherever possible with other major reporting initiatives. That means that our member companies can inform us of the progress they're making without having to draft additional materials for other reporting initiatives or that their reports to us can 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 Access to Healthcare, we ask companies to report by answering the following questions once a year:

- 1. Please outline steps you are taking to overcome barriers to accessing healthcare for your workforce.
- 2. Please describe your screening process for TB in your workforce (if relevant).
- 3. Please describe how your company supports people in accessing high-quality healthcare? Include the steps you took to establish your referral system, if relevant, or other system for providing healthcare to workers.
- 4. Please outline any measures that you take to support workers to complete treatment for TB.

REFERENCES

- ³ Working together with businesses: guidance on TB and TB/HIV prevention, diagnosis, treatment and care in the workplace. WHO/ILO, https://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---ilo_aids/documents/publication/wcms_220384.pdf
- ⁴ Shrestha S, Knight GM, Fofana M, et al. Drivers and trajectories of resistance to new first-line drug regimens for tuberculosis. Open Forum Infect Dis. 2014;1(2):ofu073. Published 2014 Aug 30. doi:10.1093/ofid/ofu073
- ⁵ Aibana O, Dauria E, Kiriazova T, et al Patients' perspectives of tuberculosis treatment challenges and barriers to treatment adherence in Ukraine: a qualitative study BMJ Open 2020;10:e032027. doi: 10.1136/bmjopen-2019-032027
- ⁶ Fan-Yun Lan, Chih-Fu Wei, Yu-Tien Hsu, David C Christiani, Stefanos N Kales medRxiv 2020.04.08.20058297; doi: https://doi.org/10.1101/2020.04.08.20058297
- ⁷ Edwards CH, Tomba GS, Sonbo Kristiansen I, et al Evaluating costs and health consequences of sick leave strategies against pandemic and seasonal influenza in Norway using a dynamic model BMJ Open 2019;9:e027832. doi: 10.1136/bmjopen-2018-027832

¹ Global tuberculosis report 2020. Geneva: World Health Organization; 2020. Licence: CC BY-NC-SA 3.0 IGO

² Systematic screening for active tuberculosis: an operational guide I.World Health Organization. ISBN 978 92 4 154917 2 http://stoptb-strategicinitiative.org/wp-content/uploads/2018/09/Operational_Guide_low.pdf