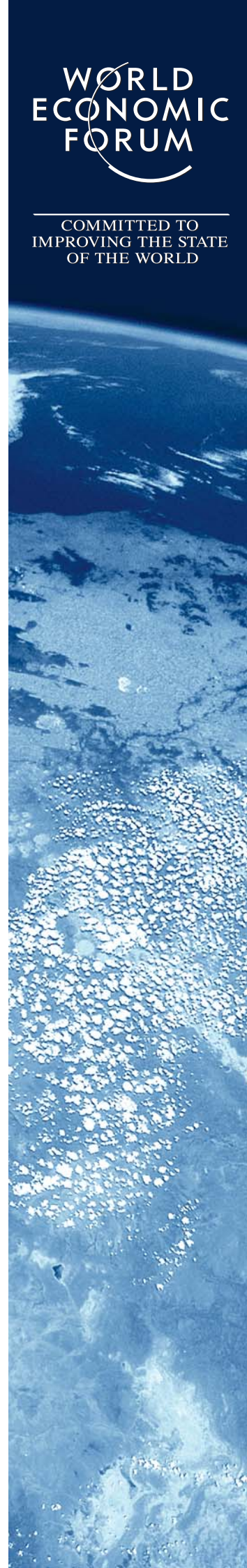


Global Health Initiative



HIV/AIDS | Tuberculosis

Doing It Together:
Managing HIV and TB in
the Workplace



Worldwide, 14 million people are co-infected with TB and HIV – 70% of whom are in Africa.

If diagnosed early, HIV/AIDS can be treated, allowing patients to live well for many years. Tuberculosis (TB) is treatable and curable. Yet both diseases cause devastating consequences for businesses, communities and countries:

- HIV/AIDS kills more than 8,000 people every day worldwide
- TB kills more than 5,000 people every day worldwide
- TB/HIV kill 450,000 people in Africa each year
- If TB and HIV are left unchecked over the next 20 years, over one billion people will become newly infected by at least one of the diseases and over 35 million will die.

Yet TB and HIV can be prevented. TB can be successfully treated even if someone is HIV infected. There is no cure for HIV/AIDS, but it can be treated.

The explosive link between TB and HIV

TB is an opportunistic disease that preys on weakened immune systems. HIV erodes the immune system and increases the likelihood of people acquiring new TB infections. TB is the leading killer of people infected with HIV.

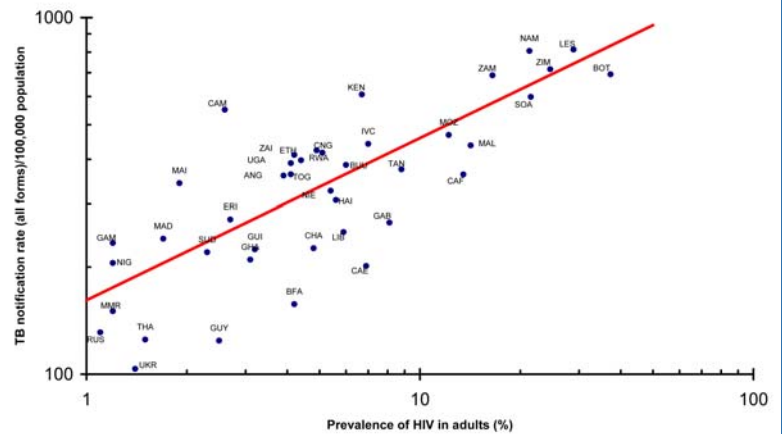
In some African countries, up to 75% of TB patients are infected with HIV/AIDS (see Figure 1). When more people have TB, the risk of it being passed on to those around them is greater. A vicious cycle is formed – HIV fuels TB and TB

fuels more TB. As a result the number of TB cases in Africa is rising by 4% per year as shown below. TB is almost always fatal for HIV positive people if not diagnosed and treated early.

Figure 1 - Estimated HIV + prevalence rate among adult TB patients (%)

Botswana	79
Ethiopia	29
Kenya	51
Mozambique	47
South Africa	60
Uganda	24

Figure 2: Correlation between TB and HIV - Africa 2003



HIV and TB are business and workplace issues

Globally TB reduces worker productivity by US\$ 13 billion annually; HIV/AIDS causes between 12-35% GNP loss each year in sub-Saharan Africa. Together, they may have a potentially devastating macroeconomic impact in the coming years.

HIV and TB can impact operations, including costs

A sick worker means disrupted workflow, reduced productivity and weeks or months of absenteeism. Hence HIV and TB can cause increased direct and indirect costs for employers. Direct costs can include increased medical and health insurance expenses and recruitment and training costs. Indirect costs can include reduced productivity and increased accident rates. Both together and separately, TB and HIV are unnecessary drains on a company's bottom line.

TB and HIV target workers

Both TB and HIV are most likely to affect working aged people – those aged 19 to 45:

- TB is spread through droplets in the air. Like the common cold, TB is spread when infected people cough, sneeze,

or even speak. If exposed long enough, people nearby, may breathe in bacteria and become infected. This can occur among people working together, particularly in cramped locations.

- HIV is a virus spread by contact with infected bodily fluids, most commonly during unprotected sexual intercourse. In high prevalence settings, many workers are vulnerable to HIV. The International Labour Organization estimates that four countries in sub-Saharan Africa will have 30% reductions in their workforces by 2020 because of HIV.

Managing TB as part of an HIV programme is important

Increasingly, African business leaders recognize the impact of HIV/AIDS. Good corporate responses protect workers, families and even surrounding communities by raising awareness, spreading prevention and behaviour change messages, and providing treatment and care. Often, however, programmes do not adequately address tuberculosis (TB) and are therefore less effective for HIV control.

How to manage TB and HIV jointly

Management principles

Many of the principles for the management of TB and HIV at the workplace are the same. Key steps include:

- **Recognize that TB and HIV are both workplace issues.** Recognizing the importance of managing TB and HIV is the first step to controlling their impact on the workplace. Workplace programmes should be managed with the same rigour as any other business issue. A good TB/HIV workplace control programme should include: a written policy, awareness and education activities, free diagnosis, and access to treatment for workers and their immediate families.

- **Prevent discrimination of affected employees.** Individuals should not be discriminated against because of their real or perceived TB and/or HIV status. TB is curable. HIV/AIDS can be effectively treated. Only by creating positive awareness and an understanding of these diseases among employees – management included – can stigma and discrimination be reduced or prevented.

- **Always respect confidentiality.** It is not necessary to disclose employees' personal information, including their TB or HIV status, to co-workers.

- **Pre-employment screening is rarely necessary and should not lead to discrimination. Both HIV and TB can be treated and there is no reason not to employ someone affected by either of these conditions.** In certain working environments it may be necessary to test patients for TB and/or HIV. Even test results that are positive should not be a reason for discrimination.

Diagnosis and workplace programme principles

The overriding principle for the joint clinical management of TB and HIV is to manage the two programmes in a complementary and collaborative way. The table below briefly illustrates how to do so.

Key program elements	Core HIV activities	Core TB activities	Additional activities for TB/HIV
Awareness and prevention	<ul style="list-style-type: none"> • Raise awareness • Distribute condoms • Treat sexually transmitted infections 	<ul style="list-style-type: none"> • Raise awareness • Diagnose TB early to prevent further spread • Good ventilation 	<ul style="list-style-type: none"> • Integrate TB in HIV awareness campaigns and HIV into TB campaigns
Counseling and diagnosis	<ul style="list-style-type: none"> • Promote and facilitate access to HIV testing and counselling 	<ul style="list-style-type: none"> • Offer free sputum microscopy of patients with persistent cough of three weeks or more (TB suspects) 	<ul style="list-style-type: none"> • Offer HIV testing to all patients with active TB • Offer TB screening to patients coming for HIV testing
Care, support and treatment	<ul style="list-style-type: none"> • Give ongoing dietary and lifestyle advice to employee and family • Facilitate access to affordable Anti-Retrovirals (ARVs) drugs • Treat opportunistic infections (e.g. TB and candida) 	<ul style="list-style-type: none"> • Antibiotic TB treatment for 6 or 9 months • Ensure adherence to treatment through treatment supporters • Liaise with National TB Program for monitoring and reporting 	<ul style="list-style-type: none"> • Provide ARVs – they can reduce TB by up to 80% in people with HIV • Be prepared to treat both HIV positive and TB positive patients • HIV positive TB patients should be offered co-trimoxazole as preventative treatment along with TB treatment.



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**For technical guidance or further documents on the management of TB/HIV,
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