

## **MESSAGE by Secretary (L & E)**

Government of India is committed to End TB by 2025 through a multi-sectoral effort in which the world of work can play a very important role. The challenge of Tuberculosis requires a multi sectoral response to address the social determinants like poverty, nutrition, living & working conditions, access to prevention, diagnostic & treatment services.

The Policy Framework to address Tuberculosis, TB related co-morbidities and HIV in the World of Work in India, has been developed through a national consultation organized in New Delhi on 18 December 2017. This workplace policy framework provides an outline to reduce the spread of TB and manage its impact in the world of work in India. It calls for a pledge to act by all Ministries & Industries/Sectors/Corporate etc. The framework also lays down a standard for the employers / employees and will guide supervisors and managers on ensuring TB prevention and care at workplace settings. The framework will help create an enabling environment for the employees to seek care & support in a stigma free environment. The framework also provides the basis for putting in place a comprehensive customized workplace programme, combining prevention, care and the protection of rights of people affected by Tuberculosis.

This Policy Framework can be used for guidance by various organisation in the country to address Tuberculosis, TB related co-morbidities and HIV in the World of Work. The key to this approach is early detection, ending discrimination, providing treatment to those who need and providing all support necessary at the workplace to keep them healthy and productive.

Let's work together on TB and HIV and keep our workers healthy and productive.

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Government of India

**Policy Framework to address Tuberculosis,  
TB related co-morbidities and HIV in the  
World of Work in India**

**2019**

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## Acronyms

AFB	Acid-Fast Bacilli
HIV	Human Immunodeficiency Virus
ILO	International Labour Organization
MDR	Multi-Drug Resistant
MoHFW	Ministry of Health and Family Welfare
MoLE	Ministry of Labour and Employment
NSC	National Steering Committee
NTP	National Tuberculosis Program
OI	Opportunistic Infection
RNTCP	Revised National Tuberculosis Control Program
TB	Tuberculosis
WHO	World Health Organization
XDR	Extensively Drug Resistance
NACO	National AIDS Control Organization

## Standard Definitions:

**Worker** refers to any persons working under any form or arrangement.

**Workplace** refers to any place in which workers perform their activity.

**Stigma** means the social mark that, when associated with a person, usually causes marginalization or presents an obstacle to the full enjoyment of social life by the person infected or affected by HIV and/or TB.

**Discrimination** is the expressed behavior towards a worker based on the individual's perceived HIV and/or TB status, including discrimination on the ground of sexual orientation.

**Reasonable accommodation** is any modification or adjustment to a job or to the workplace that is reasonably practicable and enables a person living with HIV or AIDS and/or TB to have access to, or participate or advance in, employment.

**Vulnerability** refers to socio-economic disempowerment, cultural context and work situations that make workers more susceptible to the risk of infection (HIV/TB) and situations which put children at greater risk of being involved in child labour.

**Tuberculosis and its co-morbidities:** Tuberculosis (TB) includes Multi-Drug Resistant (MDR) and

Extensively Drug Resistant (XDR). The co-morbidities include tobacco, alcohol and HIV.

### **Scope of the Policy Framework**

This policy framework covers all workers working under all forms or arrangements, and all workplaces covering formal as well as workers engaged in informal economy.

### **Goal and objectives of the policy framework**

The overall goal of this policy framework is to provide an operational framework to all stakeholders in the world of work towards the goal of eliminating tuberculosis (TB) by 2025, by facilitating an enabling environment to prevent new infections, early case detection, access to free treatment and treatment adherence towards TB and its co-morbidities, including HIV.

The policy framework builds on the 'National Policy on HIV/AIDS and the world of work' and provides guidance to world of work actors – governments, employers/private sector and workers' organizations, civil society organizations and all relevant partners.

The **objectives** of the policy framework are to provide a set of guidelines to address the TB in the world of work and within the framework of the policy "Prevention of HIV/AIDS in the world of work". This framework will cover the following key areas:

- To promote awareness on TB prevention, screening and treatment across workplace in India.
- To advocate for and facilitate an environment that minimizes and prevents TB transmission at workplaces across India.
- To support and ensure early and free diagnosis of TB across workplaces in India.
- To facilitate and ensure access to free TB drugs and adherence for the entire workforce across India.
- To ensure care and support services for the workforce, post the completion of treatment.
- To address TB and HIV co-infection in the world of work.
- To advocate and facilitate a stigma free environment for accessing TB associated services at the workplace in India.

## Background

India accounts for 27.4 Lakh of the 100 Lakh new tuberculosis cases globally, according to the WHO Global TB report 2018. India is a signatory to the WHO's 'The End TB Strategy' that calls for a world free of tuberculosis, with measurable aims of a 50% and 75% reduction in incidence and deaths, respectively by 2025, and corresponding reductions of 90% and 95% by 2035. To meet these targets, India is adopting newer strategies. India is also one of the high HIV burden countries.

Across the globe emergence of Multi-Drug Resistant (MDR) and Extensively Drug Resistance (XDR) TB is proving to be a challenge. World Health Organization (WHO) has quoted, if a country having 300 cases per one lakh population as annual overall TB incidence rate, out of this, 60 cases per year are expected among a workforce of 20,000 (WHO-ILO, 2003). It has been estimated, that a person with infectious diseases could infect about 20 different individuals during their lifetime (Qazi Shafayetul Islam, 2015). A workplace having 20,000 employees could be considered for establishing a Directly Observed Treatment, Short-course (DOTS) programme in collaboration with National Tuberculosis Programme (NTP) (WHO-ILO, 2003).

All workplaces may not be at increased risk for TB; there are certain workplace settings with increased TB risk as have been suggested by WHO and International Labour Organization (ILO) (Table 1)

**Table 1: Workplace settings with increased TB Risk (WHO-ILO, 2003)**

Work Place Setting	Cause of Increased Occupational Risk
Oil and Gas Industries and Plantations	Cramped living quarters and potentially poor health conditions
Mining Industry	Silicosis and Cramped living quarters
Prisons	Exposure of Prisoners and Prison employees to prisoners with TB in often cramped conditions
Health Centers/ Hospitals	Can be contracted with other infected individuals
Businesses with large Migrant Force	Poverty, Poor sanitation and living conditions, birth in countries with high TB infection rates

The national stakeholders' consultation informed that there are few industries which need to be considered for TB workplace intervention, such as beedi making industry, brick-kilns, stone crushing industry, textile (jute/cotton) industry and transport workers. Hence, the framework should provide scope for identification and inclusion of new workplaces for TB intervention.

Globally, there have been several strategies implemented in different workplace settings, resulting in increased case detection and treatment outcome. In Bangladesh, workplace intervention for TB has been implemented in a garment industry in collaboration with the national TB program. As a result, there was a 100% success rate in treatment and it has further recommended for education, screening and treatment at workplace (A.N. Zafar Ullah, 2012). There have been systematic studies among health care providers (HCPs)/ health care settings (Anja Schablon, 2009) (José Torres CostaEmail author, 2010), while it is limited in other workplaces.

India has been reported with 18.28 Lakh cases in 2017, with 35,950 multi-drug resistant (MDR) TB and 2666 Extensively Drug Resistant (XDR) TB cases reported in 2017. India reports second highest number of HIV-TB cases globally (CTD-DGHS-MoHFW, TB-India 2018. Revised National TB Control Programme-Annual Status Report, 2018). TB is a notifiable disease since 2012. The Indian government has been continuously making its effort in addressing the spread of Tuberculosis through establishing hospitals, clinics, making BCG vaccination as national policy, conducting National Sample Survey, establishing research institutions and National Tuberculosis Program. In addition, Government of India has engaged Non-Government Organization (NGO) to facilitate its efforts to control TB in the country (Jain, 2011). India's National Health Policy 2017 calls for more active case detection, supplemented by preventive and promotive action in the workplace and in the living conditions. Increased drug resistance, access to free drugs and ensuring adherence, and containing transmission of resistant strains are the challenges in India.

Further, the national strategic plan for TB elimination 2017-2025 (RNTCP, 2017) and RNTCP Technical and Operational guidelines for India 2016 (CTB-DGHS-MoHFW, RNTCP-Technical and Operational Guidelines for TB control in India - 2016), recommends symptom screening and periodical health camps in, "settings like transit camps, night shelter, old age home, orphanages and de-addiction centers that may have ill ventilated and unsanitary environment". The National Strategic Plan further states the need for establishing surveillance system at workplaces and in migrant sites. India's National Tuberculosis Program had laid down the following criteria for high suspicion of active TB cases as mentioned in Box 1.

**Box 1: Criteria for High Suspicion Active TB Cases**

(CTB-DGHS-MoHFW, National Strategic Plan for Tuberculosis Elimination 2017-2025, 2017)

- Symptoms suggestive of TB infection,
  - Presumptive Pulmonary TB refers to a person with any of the symptoms and signs suggestive of TB including:-
  - Cough for > 2 weeks
  - Blood in sputum/ Haemoptysis
  - Fever >2 weeks



- Significant weight loss
- Any pulmonary abnormality in chest radiograph
- *Note: In addition , contacts of microbiologically confirmed TB patients, PLHIV , Diabetics, Malnourished, cancer patients, patients on immuno- suppressants or steroids should be regularly screened for sign and symptoms of TB*

#### **The need to address TB and HIV co-infection:**

- Tuberculosis remains the leading cause of death among people living with HIV, accounting for around one in three AIDS-related deaths.
- In 2017, there were an estimated 10 million cases of tuberculosis disease globally, including 9% among people living with HIV.

In 2017, TB caused an estimated 1.3 million deaths (range, 1.2–1.4 million) among HIV-negative people and there were an additional 300 000 deaths from TB (range, 266 000–335 000) among HIV-positive people.

#### **Key Guiding Principles of the TB policy framework at the workplace**

The following principles have been adapted from various workplace policy documents and these principles will guide the workplace strategies and interventions.

- **Recognition that workplaces can play a vital role in elimination of TB:**

It has been amply demonstrated that TB can negatively impact work productivity in industrial set-ups through increased absenteeism and turnover of staff due to TB-associated morbidity and mortality. Most workers spend most of their waking hours at their places of work. In some situations, the workplace may also be where workers live. The need therefore to introduce access to TB control services may be stronger in this setting than in any other.

- **Non-discrimination:** A non-discriminatory environment enables the uptake of screening and treatment by employees and, hence, ensure a healthy workforce. There should be no discrimination against the workers on the basis TB infection because this will inhibits efforts aimed at promoting TB prevention.

- **Rights-based and gender equality:** TB is a disease of poverty and inequality. A number of factors related to human rights and gender can hinder the effectiveness, accessibility and sustainability of TB programs and services. Gender-related barriers to TB services may take many forms, affecting both men and women. Overall, men face higher risk of developing TB than women and there are more TB deaths among men. Men are also more vulnerable to TB due to gender-specific occupations. In many places, men are more likely to have jobs, such as mining or blasting, with exposure to particulates. Men may be more likely to migrate for work, which may cause interruptions in TB treatment. Men may also be more likely to smoke or use drugs in many societies, both independent risk factors for TB. On the other hand, women may have less access to TB treatment and prevention services than men, and in some settings, have been less likely to undergo sputum smear examinations. Therefore, more equal gender relations and empowerment of women are vital to successfully prevent the spread of TB infection and enable women to cope with TB.
- **Safe and healthy work environment:** The work environment should be healthy and safe for all workers in order to prevent infection of TB, in accordance with the provisions of international standards. A safe and healthy work environment will keep the workforce healthier and ensure productivity without any delay or discontinuation.
- **Case finding and Diagnosis:** Early identification of workers and their families with a high probability of having active TB (presumptive TB) is the most important activity of the case finding strategy in a workplace. Screening for TB should be voluntary and confidentiality should be ensured. Periodic screening should be extended for an informed voluntary uptake as this will ensure early detection of cases and minimize the period of treatment and further ensuring a disease-free environment.
- **Continuation of employment relationship:** Irrespective of the disease status, the employer should continue to provide employment to the individuals, which will help them to adhere to the treatment and prevent further transmission. There should be psychosocial support for employees who have TB, such as free treatment and services, identical salary during treatment or compensation for loss of income, free transport to health facilities, food support or other motivations to continue treatment. Appropriate provisions of leave and suitable changes in the work will encourage an employee to complete the treatment.
- **Prevention:** TB infection is preventable. Prevention should be the primary focus and prevention strategies should be focus on behavior change, knowledge, treatment and the creation of a non-discriminatory environment. Workplace prevention interventions should be continuously studied for their effectiveness and should be financed preferably in public-private partnership mode.

- **Treatment, Care and Support:** Solidarity, care and support should guide the response to TB in the world of work. All workers including contractual workers are entitled to affordable health services. There should be no discrimination against them and their dependents in access to and receipt of the benefits.

### **Methodology**

This policy framework was developed on the basis of reviewing the literatures including policy documents, guidelines, strategy documents, technical reports, annual reports and peer-reviewed articles. Based on the review of these literatures, the policy and programmatic gaps, challenges, needs, opportunities and recommendations have been extracted.

The first draft was reviewed by the experts at ILO and based on their expert comments and suggestions the policy framework was further revised. The revised framework was presented in a one-day national consultative meeting with national level experts, Employer and worker's organizations, government, development partners and industries. Based on the inputs provided by the experts during the national consultation the policy framework was further revised and finalized.

### **Implementation**

To facilitate implementation of workplace policy and guidelines for TB control, there is a need to engage different stakeholders. The word 'stakeholder' has been defined as a "group or person with an interest, involvement or investment in something" or "people who will be affected by a project or who can influence it, but who is not directly involved in doing the work" (John Griffiths, 2008). This engagement of the stakeholders could be appropriately instigated for the effective outcome of the programme. The engagement of various stakeholders depends upon different reasons and interests which needs to be identified and addressed appropriately. For TB workplace interventions, the stakeholders could be broadly categorized into the following categories.

#### **Government (MOLE and MOHFW)**

- The Ministry of Labour and Employment (MoLE) and Ministry of Health and Family Welfare (MoHFW) should take lead in providing workplace policy guidelines on TB. This coherence between the ministries is needed due to government's decision to bring TB and HIV prevention programmes together and MoLE has already formulated the national policy on HIV/AIDS in the world of work in 2009.

- The MoLE should share TB workplace policy framework with employers and workers organizations as this would ensure a healthy workforce besides contribution to the national response on TB.
- MoLE should also guide employer and worker's organizations to extend and adapt their TB prevention programmes to the needs of informal workers.
- The MoLE and MoH should ensure periodic review and ensure that the challenges are addressed without hampering the implementation of the workplace intervention for TB.

#### **Employers' organizations**

- Employers should consult with workers and their representatives to issue guidelines to their members to develop and implement appropriate programmes on early detection, prevention and care & treatment of TB and protect all workers from discrimination related to TB.
- Employers and their organizations in consultation with workers and their representatives, should initiate and support programmes at their workplaces to create a pool of resource persons trained on TB.
- Employers should take all measures to risk reduction and management of TB that includes proper ventilation at workplaces, less cramped workplace settings and periodic checkups and regular awareness camps especially in those workplace where there are high chances of TB infection.
- Employers in consultation with workers and their representatives should take measures to reasonably accommodate workers with TB related illnesses. These could include rearrangement of working time, opportunities for rest breaks, time off for medical appointments, flexible sick leaves and return-to work arrangement.
- In the spirit of good corporate citizenship, employers and their organizations, should where appropriate, encourage fellow employers to contribute to the prevention of TB in the workplaces.

#### **National TB Programme (NTP)/ Government:**

- TB workplace interventions should be very well defined in the national strategic plan to eliminate TB
- There should be endorsement of the role of employers and worker's organizations for implementing workplace interventions.
- National Strategic Plan (2017-25) should guide to initiate new programme on TB prevention and up-gradation of facilities and programme for effective response ensuring establishment of appropriate infrastructure facilities for linking and treatment services, wherever required.

- Ensuring TB prevention and control programmes in all government settings.
- Worker organizations in consultation with employers should take all measures to risk reduction and management of TB that includes proper ventilation at workplaces, less cramped workplace settings and periodic checkups and regular awareness camps especially in those workplaces where there are high chances of TB infection.
- Worker organizations in consultation with employers and their representatives should take measures to reasonably accommodate workers with TB related illnesses. These could include rearrangement of working time, opportunities for rest breaks, time off for medical appointments, flexible sick leaves and return-to work arrangement.

#### **National AIDS Control Organization (NACO):**

- Implementation of memorandum of understanding (MoU) signed between NACO and MOLE to strengthen workplace program of HIV and TB will pave the way for a robust world of work response for prevention of the TB.
- NACO's HIV workplace intervention provides an easy entry for TB interventions at the workplace as well.

#### **Workers' organizations (e.g. trade unions):**

- Workers and their representatives should consult with employers to issue guidelines to their members to develop and implement appropriate programmes on early detection, prevention and care & treatment of TB and protect all workers from discrimination related to TB.
- Workers and their organizations should use existing union structures and facilities to provide information on TB in the workplace, and develop educational material and activities appropriate for workers and their families, including regularly updated information on worker's rights and benefits.
- Workers and their organizations should work with employers to develop appropriate strategies to minimize the impact of TB on workers and their productivity.
- Ensuring that the TB control program is in line with national policies and guidelines.

#### **Non-Governmental Organizations (national and international):**

- Promotion of health services in equity across all levels of employees.
- Promoting and ensuring capacity of the government and healthcare providers.
- Developing and advocating for evidence-based strategies and cross-country learnings for strengthening government responses.

**Social organizations:**

- Social organizations should be engaged for facilitating resources for welfare of the world of work.
- Social organizations should be engaged for volunteerism in implementing workplace interventions and awareness on TB, importance of early detection and treatment adherence.
- Organizations like Rotary International and Lions Club should be considered as potential stakeholders, as these organizations show interest in serving the interest of the nation.

**Community representatives:**

- Engagement of community (infected and treated for TB) will help in creating a stigma and discrimination free environment.
- Engagement of community ensures stigma free environment in the world of work.
- Engagement of community helps in spreading the message on the importance of early detection and treatment adherence.
- Engagement of community provides positive approach towards treatment of TB as a disease.

**Private practitioners (PPs):**

- Majority of patients initially seek care from private providers before they turn to public institutions. Therefore, RNTCP should try to capitalize on ability of this sector to reach patients who would not, or are unable to, access public services
- Treatment regimens under RNTCP are efficacious and cost-effective compared to the regimens prescribed by PPs. By involving the PPs in RNTCP
- Participation of PPs in RNTCP would also help reduce the financial burden on the poor, arising due to cost of drugs in particular. Economic evaluations undertaken on two public-private mix (PPM) DOTS sites in Hyderabad and New Delhi revealed that the cost per patient cured to the society was slightly lower in PPM DOTS compared to public sector DOTS
- The government infrastructure by itself cannot possibly deliver care to all patients because it would mean a substantial increase in infrastructure and personnel in public system.

**Mechanism to review implementation of the policy framework**

In 2009 Ministry of Labor & Employment (MOLE) had formulated a policy on Prevention of HIV/AIDS in the world of work in India. A National Steering Committee (NSC) was formed by the ministry with representatives from employers' and workers' organizations, institutions of the MOLE, NACO, ILO and People Living with HIV/AIDS (PLHIV) for effective implementation of the policy. In 2017, the NSC was expanded to include the Central TB Division, Ministry of Health. The TB workplace policy framework could also be implemented in an integrated manner and governed by the same NSC to ensure smooth implementation without creation of multiple structure. Considering the growing changes in health care provisions and the TB situation in the country, the TB workplace policy framework could be revisited on appropriate time interval.



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