Policy Brief

SUSTAINING ECONOMIC GROWTH BY MANAGING TB IN THE WORKPLACE

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Abstract

One of the most important factors determining the health of an economy is the health of its workforce. Even mild illnesses can have an impact on individual and collective productivity and output. Among the range of health issues that can impact a workforce, infectious respiratory pathogens present one of the greatest threats to business operations due to their ability to spread rapidly. Workplaces that experience an outbreak can seed disease in the wider community. During the current pandemic, in some regions, as many as 50% of COVID-19 cases originated in the workplace (Lan et al, 2020). Locations like workplaces, where the spread of an infectious disease can be high, also present an opportunity to tackle those same diseases. By collaborating with businesses to strengthen workplace health programs for existing and enduring epidemics like tuberculosis (TB), health authorities could see rapid advances in disease control while also strengthening resilience for future pandemics.

Keywords: tuberculosis (TB), epidemics, workplace, surveillance, collaborative action, workforce productivity, resilience.
Challenges

To date, COVID-19 has been the official cause of death for 6.5 million people and global excess deaths since the start of the pandemic could be as high as 26.7 million (The Economist, 2022). At least 600 million people worldwide are thought to have had COVID-19, and research suggests as many as 1 in 8 of those (75 million) could experience long COVID (Our World in Data, 2022) (Ballering et al, 2022). The International Monetary Fund estimated in January 2022 that the total cost of COVID-19 to the global economy would exceed USD $12.5 trillion (Reuters, 2022).

Against this backdrop, health authorities are faced with an array of challenges. The pandemic has disrupted routine care around the world with many countries facing major treatment backlogs; routine immunisation rates have fallen, raising the risk of new outbreaks of diseases such as measles and polio; and the existing epidemics of tuberculosis (TB) and malaria have resurged (WHO, 2021a).

TB is of particular significance for G20 countries. Prior to being supplanted by COVID-19, TB was the world’s leading infectious killer. In 2020, nearly 10 million people fell ill with TB and 1.5 million people died from it. 45% of cases and deaths are in G20 countries. TB treatment can be long, and the disease carries a heavy economic burden with nearly half of all patients struggling with ‘catastrophic costs’ (WHO, 2021b).

The response to TB has been particularly negatively affected by the COVID-19 pandemic. Funding for global TB care and prevention in 2020 fell by 8.7% compared to previous levels and the number of newly diagnosed people dropped by 18% - indicative of reduced diagnosis, not a reduction in case numbers (WHO, 2021b). The World Health Organization estimated that TB cases and deaths increased from 2019 to 2020, and the Stop TB Partnership estimated that the first year of the COVID-19 pandemic set the fight against TB back by over a decade (Stop TB Partnership, 2021).

Yet there is cause for some optimism. The COVID-19 pandemic saw businesses around the world act quickly to put in place measures towards safeguarding the health and wellbeing of their workers. Meanwhile, investors increasingly recognise the material impact of infectious diseases on a company’s performance, strengthening the business case for managers to prioritise health. For the public sector, partnerships with businesses can expand the reach of care and prevention programmes and leverage employees’ trust in their employers to tackle stigma and enhance awareness of symptoms and treatments. By collaborating with the private
sector and targeting workplaces as conduits for public health interventions, health authorities can accelerate progress against current and future health threats. Building on the experience in TB, we propose several models that G20 countries could scale up to help safeguard health and wellbeing, prevent disease-related impact on economic productivity and output, slow the spread of new pandemics, and enhance the fight against existing disease threats.
Recommendations

Since the late 1970s, the relationship between health conditions and workplace outcomes has been the basis of the workplace health management field, and employee health has become a major focus of businesses worldwide. Employers recognize employees as their most important asset, and investment in their health as being essential to maintain competitiveness (Lee et al, 2021). In addition to tackling absenteeism, progressive employers recognize the need to tackle presenteeism – the culture of employees continuing to work when sick, even though their productivity may be significantly reduced, and they may risk infecting colleagues. This foundation of employee health policies and practices around the world, coupled with a renewed awareness of the central role that workplaces can play in controlling and preventing pandemics, presents important opportunities for the G20 to advance critical initiatives in this area.

1. Building public private partnerships on workplace health

Workplace health programs targeting infectious diseases have two associated purposes: 1) to ensure that any workers who are sick have rapid access to diagnosis and care, 2) to break chains of transmission that could lead to an individual case developing into an outbreak. Companies can pursue these objectives in isolation, but the likelihood of success is greatly amplified by collaboration with other like-minded companies and by the active engagement of and collaboration with public health authorities. Engagement with other companies through a ‘Community of Practice’ to share best practice, exchange ideas, and coordinate on education and awareness raising campaigns, can help enhance the impact of a workplace health program. Engagement with public health authorities strengthens linkages to care for sick workers, contact tracing, and in some cases, social protection and support.

Such Communities of Practice already exist for TB and have had considerable success. The Corporate TB Pledge, a Community of Practice hosted by the Indian Ministry of Health and Family Welfare and USAID, has brought together over a hundred of the largest companies operating in India to drive coordinated action against TB in the workplace. Ending Workplace TB (EWTB), a global coalition of multinational companies dedicated to strengthening TB care and prevention, has engaged nearly fifty of the world’s largest multilaterals, 80% of which had never focused on TB before (Ending Workplace TB, n.d).
We recommend that G20 governments, particularly those with high TB burdens, work with private sector leaders to national level Communities of Practice for companies focused on TB and associated respiratory pathogens. Each Community of Practice should be connected with the Ministry of Health and National TB Program to identify opportunities to strengthen access to care and prevent workplace transmission.

2. Helping companies assess their levels of disease outbreak risk

COVID-19 has demonstrated the material risk posed to companies’ performance by respiratory infectious diseases.

However, tools are currently lacking to help managers identify areas of their business operations or supply chains that are particularly susceptible to a disease spreading. The driving forces behind disease transmission are myriad and complex, but include:

- The nature of the built environment – how many people are working in each space? What is airflow like? Are there ventilation or filtration systems? What is the quality of air surrounding the workplace?
- Social and cultural factors – are employees comfortable informing their managers and peers that they may be unwell? Do they have access to sick leave when needed? Is there stigma around disease in the workplace?
- Community factors – workplaces that are in high-prevalence areas for respiratory diseases are more likely to have one present in the workplace. What is the rate of disease in the community? And do people have access to diagnosis and care if they need it?

A reliable, robust methodology that calculates the impact of these factors on the overall risk of pathogen spread would be of huge value to public and private employers, to health authorities, to business leaders seeking to qualify and enhance the resilience of their supply chains, to investors seeking to determine risk in their portfolios, and to workers who seek to understand their own personal levels of risk at work.

We recommend that G20 governments commission a taskforce to develop a methodology to help companies assess and mitigate the risk of respiratory disease transmission in the workplace.
3. Strengthen the national and regional policy environment

All employers operate in the context of their national or regional policies and regulations. Countries with particularly strong occupational health policies relating to issues like sick leave and social protection have seen rapid declines in rates of TB amongst workers such that many mining communities now have lower rates of the disease than the general population.

In general, several key components of such policies can contribute to lowering rates of disease in the workplace if fully enforced. These include:

- **Strong legal safeguards against dismissal of employees on the grounds of health status.** In some countries, employees are fearful of being dismissed if they inform their managers that they are sick. This does not prevent cases of TB in the workplace, while it can prevent people from seeking care and thus increasing the likelihood of severe illness, and of transmitting the disease to others.

- **Pathways for employees to access comprehensive care, with patients connected to the national health authorities to ensure monitoring and contact tracing.** At present, only 60% of all people with TB worldwide are officially diagnosed and treated (WHO 2021b). This also means that, for those patients who stay ‘under the radar’, there is no contact tracing to identify other people who may have been infected. Through close collaboration between companies and public health authorities, these challenges can be prevented, helping to reduce rates of TB in the wider population.

- **Policies providing social protection for employees suffering from long-term illnesses. Nearly half of all people affected by TB experience high ‘catastrophic costs' because of the disease.** This includes additional costs for diagnosis, complementary medicines and care, and travel to and from healthcare centre. Furthermore, people who are too sick to work, for example because they are suffering from long COVID, need social protection to support themselves and their families and eventually return to the workforce.

- **Targeted initiatives in sectors of the economy with particularly high susceptibility to disease.** Several industries are associated with high rates of respiratory illnesses, particularly mining, other forms of extractives, and chemicals (Ehrlich et al, 2021). Some of these sectors are also associated with high levels of migratory labour, meaning the illnesses can be contracted in a workplace and then circulated back into the wider community.
We recommend that G20 countries conduct a rigorous review of national occupational health policies to strengthen protection against respiratory infections in the workplace, led as a joint initiative between Ministries of Health and Ministries of Labour and Employment.

We further recommend that high TB burden G20 countries implement dedicated programs focusing on TB in employment sectors at high risk for TB, drawing on the Corporate TB Pledge initiative led by the Indian Ministry of Health and Family Welfare.
References


