Overview

Some 2 billion people, or 1/3 of the world’s population, are thought to be infected with *Mycobacterium Tuberculosis*, the bacteria which causes tuberculosis (TB). TB is a contagious and opportunistic disease which, like the common cold, is spread through air and has devastating effects if left untreated. With the continued threat of HIV and AIDS, tuberculosis has re-emerged as a critical global health issue today.

- In 2006, there were 9.2 new million new cases and 1.7 million deaths from TB.
- TB kills 4600 people a day.
- India, China, Indonesia, South Africa and Nigeria have the highest burden of TB. Africa has the highest incidence rate of TB.
- TB and HIV are a lethal combination: TB is the leading cause of death among HIV-infected people.
- 5% of new TB cases are cases of MDR-TB, the highest rates of which are found in Eastern Europe and the former Soviet Union.
- TB kills more women than all other maternal mortality causes combined.
- TB is curable for less than US $10.

**TUBERCULOSIS: THE BUSINESS CASE**

Tuberculosis (TB) is one of the world’s most devastating infectious diseases. Like HIV, it affects people of prime working age, resulting in great loss to businesses, communities and national economies. TB drains US $16 billion from the annual incomes of the world’s poorest communities. In some countries, loss of productivity attributable to TB approaches 7% of GDP.

The World Economic Forum (Forum) estimates that TB is directly responsible for a US $13 billion decline in worker productivity each year. A 2004 Executive Opinion Survey conducted by the Forum of over 10,000 business leaders worldwide revealed that nearly one-quarter of respondents believed that TB was currently affecting their business. In sub-Saharan Africa, the numbers are far greater – with 62 percent of leaders reporting some type of impact from the disease. Nearly one-third of respondents to the 2007 version of the survey indicated that TB will affect their business in the next five years.

The problem of TB is exacerbated by two factors: its lethal connection to the HIV epidemic and the recent emergence of drug-resistant (MDR- and XDR-TB) forms of the disease. Globally, 7.7% (709,000) of the 9.2 million new cases of TB in 2006 were HIV-positive. TB/HIV co-infection is particularly problematic in certain countries; in Kenya, HIV prevalence in incident TB cases is as high as 52%, in South Africa – 44%, and in Zimbabwe – 43%. Of the 1.7 million deaths from TB in 2006, .2 million (11%) were among people with HIV.

The global burden of MDR-TB is estimated at 5.6% of all TB cases. Eastern Europe, the former Soviet Union and Russia are home to the highest concentrations of drug-resistant TB. China and India have the largest actual numbers of persons with MDR-TB. Drug-resistant TB presents great challenges in terms of accurate diagnosis and appropriate case management.

In the workplace setting, the burden of TB on business results in workflow disruption, reduction in productivity, increases in direct costs related to care and treatment of employees and indirect costs, such as the replacement and retraining of workers who fall ill or die. Fortunately, companies can mitigate the impact of the disease on their business through effective workplace TB programs. Through these important public health interventions, workers receive TB awareness and prevention education and access to screening and diagnosis for the disease, followed by appropriate treatment, care and support. The sound implementation of workplace TB programs enables companies to not only decrease costs by reducing sickness-related worker absenteeism, but also provides companies with an opportunity to demonstrate social commitment to the workforce and communities in which they operate.

**WHAT CAN BUSINESS DO?**

**WORKPLACE**

Companies operating in high incidence TB regions have a unique opportunity to combat the disease by developing and implementing comprehensive workplace TB programs. Every company should begin by conducting a situation analysis to verify the need for TB interventions and help determine goals, targets, and monitoring and evaluation protocol.

Comprehensive workplace TB programs include a corporate TB policy, education and training, case management (diagnosis and treatment), monitoring and evaluation and partnerships with the National TB Program (NTP). Company TB policies should recognize TB as a workplace issue, ensure non-discrimination and confidentiality and promote social dialogue. To prevent or reduce workplace transmission of TB, companies should ensure that employees with confirmed TB are not only offered immediate access to medical services, but are also provided paid leave so that they may recover in the most appropriate setting. Care must be taken to avoid stigmatization of any employee with active, infectious TB. Employers should also ensure that workplaces are equipped with proper environmental controls to minimize the spread of TB, including, as necessary, work
spaces that are illuminated with natural light and have proper ventilation, and air disinfection and filtering devices.

Education and training efforts may include an introduction to the company's TB control program and policy and messages on recognizing the signs and symptoms of TB, the importance of early diagnosis and treatment adherence. Effective case management includes the use of diagnostic methods and treatment regimens in line with national and/or international standards. Companies should also promote an enabling environment to facilitate treatment completion; this could include transportation to the local clinic for daily therapy, or provision of therapy on-site at the company itself. Supportive care including vitamins and good nutrition is also critical.

Many of the principles for effective TB and HIV workplace management are complementary. Thus, companies with HIV/AIDS workplace programs already in place can easily integrate core TB components into their program plan, and can benefit from joint clinical management and education.

GBC member company AngloGold Ashanti has documented the positive impact of its TB program on the company bottom-line. The company estimates that each case of TB among unskilled employees in its operations in the Vaal River and West Vlts regions of South Africa costs US$ 410 per case in lost shifts. Through its workplace program, AngloGold spends about US $90 per employee each year, but saves US $105 through the prevention of active TB among HIV-positive employees.

COMMUNITY INVOLVEMENT
Companies interested in protecting their workers from TB must address the continuum between the workplace and the surrounding community. Since workers can be exposed to the TB bacillus by breathing the same air as individuals with active infection, reduced incidence and expedited TB treatment among community members also means a significantly lower risk to a company's workers. Community factors such as housing and overcrowding and lifestyles including excessive alcohol use and inadequate nutrition, are significant determinants in the spread of TB.

Companies can facilitate community TB initiatives through philanthropy, local program development, workplace program expansion, health sector support, and public private partnerships with governments, NGOs and civil society. GBC advocates co-investment, a tried and tested partnership arrangement that provides communities with access to company health facilities through an infusion of funding from the public sector.

CORE COMPETENCY
Whether large or small, companies can contribute to the global fight against TB by tapping the core business competencies they use in day-to-day operations, including: strategic planning, IT and communications, logistics, human resources management, product distribution and marketing. Many large companies already have crucial infrastructure — health clinics, medical staff, information dissemination systems — in place that can be leveraged against the disease.

GBC member companies can apply their core competencies and products to the TB response through public private partnerships with governments, NGOs and civil society. Health care companies, for example, can develop new drugs, cheaper and more efficient TB diagnostics and vaccines; media and entertainment firms can promote tuberculosis awareness and educate consumers about prevention and treatment.

ADVOCACY & LEADERSHIP
Business leaders yield tremendous power to promote change and influence public health policy. Within their companies, senior management can address stigma and discrimination, promote innovative prevention approaches, ensure that those who are infected receive necessary treatment, and facilitate employee social responsibility through fundraising campaigns and other philanthropic efforts.

Since the discovery of anti-TB treatment, decades have passed without new drug development, or injection of additional funding to fight TB. In the meantime, TB epidemics in the developing world and emerging economies have been growing. With growing corporate interest to outsource and invest in these regions, the strength and voice of business can bring renewed vigor to put TB back on the agenda with donors, policy makers and communities around the world.

GBC identifies opportunities for CEOs and Chairpersons to leverage their power, build alliances, and speak at high-profile platforms. The organization convenes CEOs and Corporate Advisory Board Members to publicly support tuberculosis initiatives and call for increased government support. As the official focal point of the private sector delegation to the Global Fund to Fight AIDS, Tuberculosis and Malaria, the organization facilitates multi-sector tuberculosis collaboration.

As with HIV/AIDS, businesses can find entry points to address this growing health challenge of TB through partnership channels with governments, NGOs and other stakeholders.

REFERENCES AND RESOURCES


ABOUT GBC
GBC is a Coalition of more than 220 companies united to keep the fight against HIV/AIDS, tuberculosis, and malaria a global priority. The Coalition’s members share learnings from the front lines of the fight, and GBC provides tailored support so that companies can take an active role in defeating the pandemics. GBC also organizes collective actions among companies, and links the public and private sectors in ways that pool talents and resources. The official focal point of the private sector delegation to the Global Fund to Fight AIDS, Tuberculosis and Malaria, GBC maintains head quarters in New York with regional offices in Beijing, Geneva, Johannesburg, Kyiv, Moscow, Nairobi and Paris.

For more information, please visit us at http://www.gbcimpact.org.