

Increasing Access to TB/HIV Services through Workplace Programs

BACKGROUND

Both HIV/AIDS and tuberculosis (TB) are major health problems in Ethiopia. Recent data indicate that 2.1 percent of adults age 15-49 (7.7 percent in urban areas and 0.9 percent in rural areas) are HIV-positive (Single Point HIV Prevalence Estimate, Federal HIV/AIDS Prevention and Control Office [HAPCO], June 2007). Ethiopia is ranked seventh in TB prevalence among high-burden countries (Global Tuberculosis Control Report, World Health Organization [WHO] 2008).

Evidence shows that morbidity and mortality from HIV/AIDS and TB negatively affect socioeconomic conditions in Ethiopia, particularly life expectancy, productivity, and availability of skilled labor. For many businesses, these conditions increase employee absenteeism,

medical expenses, and the costs of replacing and training employees, which has an adverse impact on the business' profits, production costs, service delivery, and overall mission.

Evidence also shows that by increasing access and significantly reducing the cost of services, implementing HIV/AIDS prevention and care at, or linked to, workplaces has the potential to produce behavioral changes that reduce the risk of contracting HIV, as well as providing care for those already infected, thereby contributing to employee health and improved business productivity. Because there is a high rate of co-infection between TB and HIV,

workplace sites that provide TB treatment services can also be important entry points for large numbers of people to access HIV counseling and testing (HCT) and other services.

The Private Sector Program-Ethiopia (PSP-E) initiated a



PSP-E trains health workers at workplace clinics in finger-prick testing for HIV

workplace HIV and TB program at 56 workplace health clinics in the fall of 2005 to expand the knowledge of, and access to, affordable, high-quality private sector HIV/AIDS and TB services. This involved training clinic physicians, nurses, and laboratory technicians in the techniques of TB diagnosis and care. In addition, PSP-E set up systems to provide the necessary equipment, supplies, and registers needed for a smoothly functioning service and for adequate reporting of the numbers of patients diagnosed and treated.

TECHNICAL STRATEGY

PSP-E is implementing both clinical and non-clinical interventions to strengthen TB and TB/HIV services in the workplace. The clinical intervention aims to increase the access to high-quality TB and TB/HIV services for employees and their families using the following key strategies:

- **Evidence-based approach:** PSP-E conducted assessments of 91 workplaces in Addis Ababa, Oromia, Amhara, and Southern Nations, Nationalities, and Peoples (SNNP) regions. The program defined a "workplace" as an organization that has independent management and is relatively large in terms of number of employees, output, and physical size. The assessment collected information on each company's background, number of employees and unions, existence of an HIV/AIDS policy, employee benefits and insurance/health coverage, community investment and involvement, presence of HIV/AIDS and TB programs, and availability of onsite and/or outsourced clinical care. Based on the assessment data, the project selected workplaces to include in the program based on the following criteria: sector representation, number of employees, company ownership (public and privately owned), geographical representation and gaps for HIV/AIDS and TB interventions.

- **Public-private collaboration in service initiation and quality assurance:**

Collaborating with the private sector and the government to address HIV/AIDS is a key component in designing and implementing a comprehensive HIV/AIDS workplace program. Following the assessment, PSP-E met with the management of each company to discuss the findings, as well as presenting a 'menu' of PSP-E prevention and clinical intervention options. The companies were interested in implementing the workplace interventions due to the flexibility of the options package and the economic benefits to the company of reducing absenteeism, avoiding staff loss, and reducing training costs to replace ill or deceased workers. The workplace clinics committed to providing space and staff for TB/HIV services. In turn, the clinics were recognized and integrated into the national TB program and received drugs, laboratory reagents, and reporting and recording formats to support service delivery.

- **Involvement of stakeholders in the planning and implementation of the program:**

PSP-E held a national consensus meeting in collaboration with the Federal Ministry of Health (FMOH), convening key stakeholders (Confederation of Ethiopian Trade Unions, Ministry of Labor and Social Affairs, and Ethiopian Employers Federation) who could discuss strategies for the implementation of TB/HIV services in workplaces. This meeting led to the formation of a national TB/ HIV technical working group (TWG) under the FMOH. Activities to initiate TB/HIV clinical services at workplace clinics were identified and agreed upon with stakeholders.



HIV counseling and testing is offered at workplace place sites for employees and their families

- **Quality assurance and integrated monitoring and evaluation:** Checklists and standard operating procedures based on national guidelines were also provided to all participating workplace clinics. PSP-E monitors the quality of the workplace TB/HIV programs through supportive supervision and external quality control activities in collaboration with the respective Regional Health Bureaus.

PSP-E also produced and distributed standard registers/formats to monitor service delivery in accordance with the existing data collection system. In addition to linking the workplace clinics to the overall public health monitoring and evaluation system, companies are able to use the data to measure absenteeism due to illness and review medical costs before and after the TB/HIV interventions.

KEY ACTIVITIES

PSP-E implements the following activities to provide quality TB and TB/HIV clinical services in the workplace:

- **Establishment of technical working group and national guidelines:** PSP-E facilitated the establishment of a TWG to expand the provision of Directly Observed Therapy, Short Course (DOTS) through public-private sector mix (PPM-DOTS) in April 2006. This resulted in the development of national implementation guidelines allowing private sector clinics to provide TB treatment in August 2006.
- **Workplace assessments:** PSP-E conducted assessments of 91 of workplaces in Addis Ababa, Oromia, Amhara, and SNNP regions to collect information to guide selection of workplace clinics and development of implementation plans. After almost four years of implementation, PSP-E conducted a follow-up assessment in May 2008 to comprehensively review the status of the TB and HIV services in the 51 clinics supported by PSP-E, with a view to focusing future technical support on selected high-yield, well-functioning sites.
- **Training/skill upgrading of clinicians:** The assessment data revealed that because of staff attrition, most workplace clinic staff in the sites in 2008 were not trained on the management of HIV/AIDS and TB. PSP-E trained clinicians from the highest volume workplace clinics in collaboration with the regional health bureaus and other partners.
- **Referral linkages:** PSP-E conducted a series of workshops to establish a referral system between the workplace clinics and public health facilities and other organizations to provide services that are not available onsite (e.g., home-based care, prevention of mother-to-child transmission, and psychosocial support). Referral directories were produced through these workshops to ensure strong follow-up and care for HIV-positive individuals.

ACHIEVEMENTS AS OF DECEMBER 2008

Following are key achievements under PSP-E's workplace clinical program:

- **Strengthened workplace clinics:** PSP-E provided the workplace clinics with laboratory equipment, locking cabinets for TB drug storage, clinical guidelines, recording and reporting formats, and clinical reference books to support the delivery of TB/HIV services.
- **Training and capacity building:** To support the delivery of quality TB/HIV services at workplace clinics, PSP-E trained 222 health workers from 56 workplace clinics in TB and HIV technical areas. Table I provides a breakdown of the number of health workers trained by topic since the inception of the program to December 2008.

TABLE I. NUMBER OF HEALTH WORKERS TRAINED, BY TRAINING TOPIC

Course Title	# of Health Workers Trained
TB/HIV, TB/DOTS and Provider-initiated HCT for Clinic Managers	60
Prevention and Control of TB	36
Acid Fast Bacilli (AFB) Testing and Quality Assurance for Lab Technicians	57
HCT	3
Supportive Supervision on TB/HIV	24
TB Drug Management for Pharmacy Technicians	9
TB HIV Co-management	33
New HIV Test Algorithm	6
Total	228

- **Service delivery:** Of the 56 workplace clinics targeted for TB/HIV services, 28 initiated TB and/or HIV services. Of these, 22 initiated HCT and 22 initiated TB-DOTS services. Sixteen provided both services (six provided only HCT and another six provided only TB-DOTS). Table 2 shows a breakdown of the number of clients who received the services:

TABLE 2. BREAKDOWN OF SERVICE DELIVERY

Service	Number of Clients
TB-DOTS	1,738
Cotrimoxazole preventive therapy/ Isoniazid preventive therapy	885
HCT	6,289

- **Assessment of sustainability of HIV services at workplaces and alternative financing mechanism:** PSP-E conducted an assessment in eight companies to show the costs currently being incurred due to the impact of HIV/AIDS and loss of workers from AIDS. The cost and benefit of treating workers with antiretroviral therapy was also calculated and projected over a period of ten years. The study reviewed the sustainability of the solidarity fund (a system whereby each employee contributes a small portion of his salary on a monthly basis and the company matches the fund with an agreed percentage for treating and financially supporting individuals with HIV and AIDS during an interruption of their regular income if they need such assistance). PSP-E shared the study results at a workshop organized in collaboration with the Addis Ababa Chamber of Commerce in September 2006. Efforts to link the results to the commercial market were unsuccessful due to the perception of private insurance companies that medical portfolio is not profitable at the current stage.

LESSONS LEARNED

- Stigma of TB patients can be reduced at workplaces through prevention activities and training of service providers.
- Implementation of TB/HIV services is possible at workplace clinics and results in lower defaulter rates when compared to private or public clinics. The TB defaulter rate in workplaces is 3.5 percent, compared to 5.2 percent at PPM-DOTS sites and 4.0 percent among the 2005 cohort at the national level.
- However, PSP-E found that initiating and sustaining TB/HIV services at workplace clinics is challenging due to high staff attrition and heavy workloads in some clinics and low patient loads in other clinics.
- The utilization of the TB and TB/HIV services in the workplace clinics was very low, especially in those where community members are not accessing the services. Some clients are reluctant to use workplace clinics, preferring to use a practitioner elsewhere, because of the perceived stigma. This low client flow may have contributed to the existence of expired drugs and reagents in some clinics.
- An uninterrupted supply of guidelines, lab reagents, and drugs is crucial for effective implementation of the TB-DOTS program in workplaces.
- Continuous supervision, coaching, and training of service providers are critical tasks for program success. In addition, routine external quality control visits by the regional laboratories is important to monitor the quality of HIV testing and AFB microscopy.
- There should be a strong referral system (public to private, private to public, and private to private) to provide quality services for TB and HIV clients.