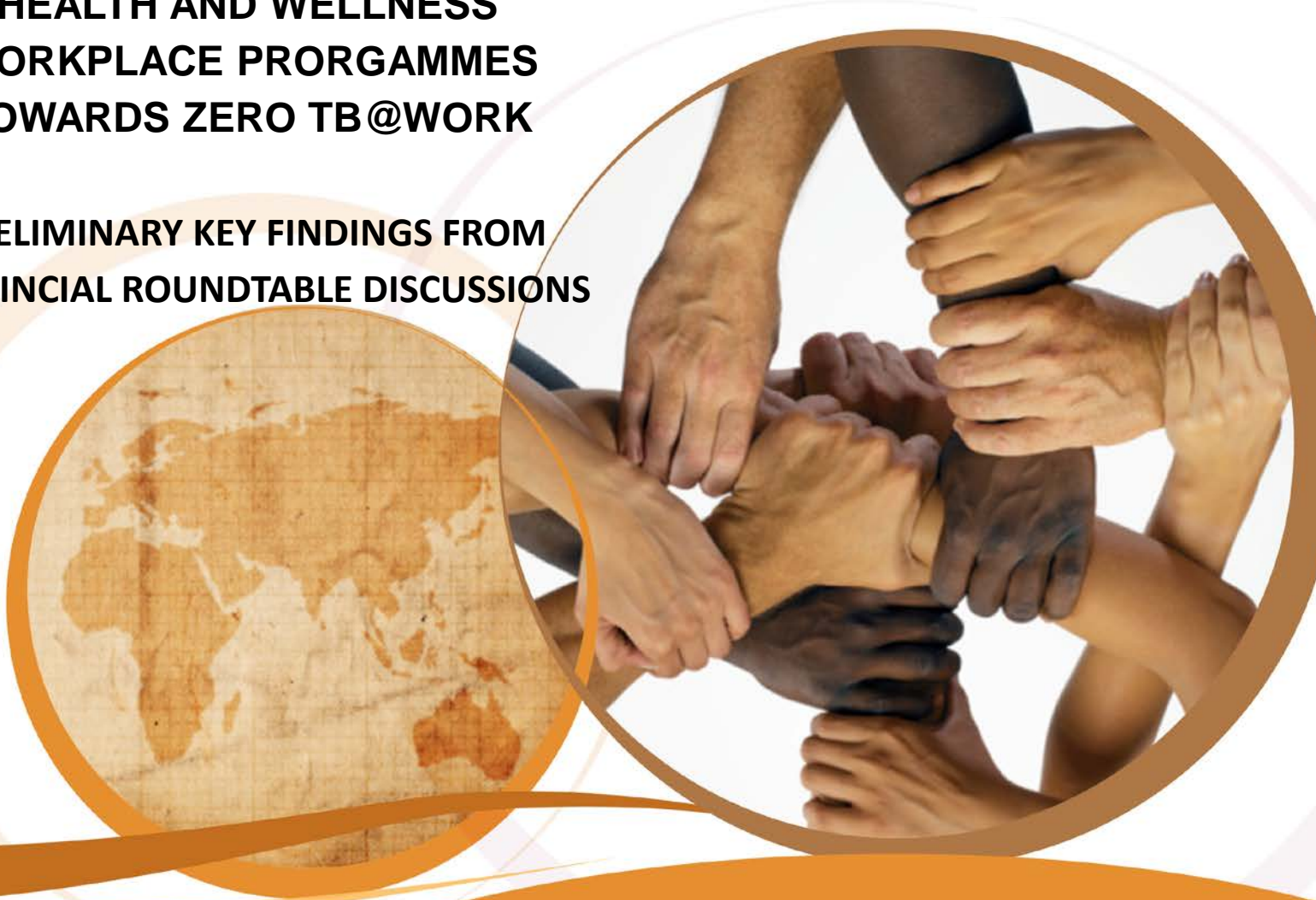


UPSCALING CURRENT HIV, HEALTH AND WELLNESS WORKPLACE PROGRAMMES TOWARDS ZERO TB@WORK

PRELIMINARY KEY FINDINGS FROM PROVINCIAL ROUNDTABLE DISCUSSIONS

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Purpose of the Sub-Project

The purpose of the Roundtable Discussions were to explore the key priorities for the upscaling of the current HIV, Health and Wellness Workplace Programmes towards the Global Target of Zero TB by 2030.

How will we achieve the 90-90-90 targets by 80% in 2020?

Strategic Questions

- In order to reach Zero New TB Infections what should be the 3 main priorities which we have to focus?
- In order to address these priorities, what should be our 3 main actions we need to take?
- According to you, who are the key role-players and stakeholders in these actions and what role will they play in addressing the identified priorities?
- According to you, what challenges may we face in implementing these actions and addressing the priorities?
- According to you, what are some of current lessons to be learned from which could provide recommendations towards the development of the strategic response framework for TB@Work?

Information Collection Technique

Information was collected by facilitating group discussions during provincial strategic workshops on TB at workplaces hosted by USAID/TB Care II South Africa and SABCOHA (South African Business Coalition for Health and AIDS). Participants had to engage with each other in these groups on the 5 strategic questions.

Feedback to the wider group was given by a rapporteur and a scribe per group. Notes from the scribes as well as additional notes were used to do a thematic analysis based on the strategic questions. These provincial notes were typed out and then thematically analysed and consolidated towards national findings as presented in these slides.

Participants Profile and Ethical Considerations

National Profile

- 940 participants in 9 provincial round table discussions
- 242 companies represented
- Participants included union representatives, health and wellness coordinators, health practitioners, managers, doctors and 330 peer educators
- 547 TB Checklists completed

Ethical Considerations

- Safe and protected environment and settings
- Voluntarily participation by invitation
- Confidentiality of discussions and information gathered
- National findings do not identify individuals or companies.

National Priorities

Key Finding 1: Comprehensive and Integrated Health and Wellness Workplace Programmes

Priority	Main Activities	Challenges	Lessons Learned
Comprehensive, Integrated Health and Wellness Programmes	<ul style="list-style-type: none"> - Move towards proactive or prevention response - Extend all essential health and wellness services to families and children - Provide routine comprehensive health testing including TB screening and testing - Ensure access and availability of TB treatment at all times - Develop an integrated TB patient/client tracking system - Collaboration with external and community based organisations for comprehensive TB referral and tracking - Consolidate TB reporting and reporting tools - Ensure mechanisms of feedback to all including management on regular basis - Implement the DOTS programme at workplaces - Collaborate with SMMEs and NGOs especially in rural areas 	<ul style="list-style-type: none"> - Often focusing on HIV, health and wellness causes deprioritising of other diseases like TB and cancer - Lack of capacity and skills - Lack of coordination and collaboration – still silo effect - Competing workplace priorities - Insufficient resource allocation - Not being integrated into the overall performance and risk management systems - Outdated information and facilities - Lack of collaboration with communities and families - Low adherence and compliance causing defaults and resistance 	<ul style="list-style-type: none"> - Health and wellness should be reporting directly to executive management - Effective monitoring and evaluation should be part of overall quality assurance management at workplaces including OHASA - Strengthen community based care and support structures - Management systems to support treatment compliance and adherence - Linking health and wellness to other socio-economic priorities like poverty, violence, etc.

National Priorities

Key Finding 1: Comprehensive and Integrated Health and Wellness Workplace Programmes

Priority	Main Activities	Challenges	Lessons Learned
Comprehensive, Integrated Health and Wellness Programmes	<ul style="list-style-type: none"> - work within a multi-, inter- and transdisciplinary approach to HIV, TB and health and wellness - Understanding the social and economic determinants of TB, HIV, health and well being at work, communities and society - Integrated data management systems - Treatment literacy for all employees within lifestyle management - Alignment of support policy and procedures like gender policies - Consider specialised units for TB like isolation wards/hospitals for total recovery - Standardise the continuum of care including community care - TB counselling should also include families and children - Job-modifying strategies - Integrate disability related matters like blindness, hearing. 	<ul style="list-style-type: none"> - Generation differences - Lack of integration yet specialisation - Policies and procedures not aligned to support health and wellness as well as TB management - Management not well trained on HIV, TB and health and wellness causing lack of support and understanding - Long turnaround times between diagnosis and treatment causing default - Lack of capacity and time for proper and consistent follow-ups - Low personal adherence and compliance as often scared of loosing their jobs or families 	<ul style="list-style-type: none"> - Strong leadership on health and wellness - Strong collaboration with local community- and faith-based organisations on care and support - Providing different means of access like mobile clinics - Collaboration with spiritual and traditional healers

National Priorities

Key Finding 2: Stigma and Discrimination

Priority	Activities	Challenges	Lessons Learned
Workplace strategies for destigmatising and anti-discrimination	<ul style="list-style-type: none"> - Dealing with stigma and discrimination related to illness/disease like TB should form part of Diversity and Equity Management - Enhance the role of peer educators to deal with stigma and discrimination - Workplace advocacy campaigns should be part of health and wellness including involvement/partnership with communities - All employees (permanent, temporary and contract) should have access to essential health and wellness services including TB screening and testing - Targeted training for all managers and key role-players like HR - Facilitating workplace dialogues and include communities 	<ul style="list-style-type: none"> - TB is often seen as a poverty diseases - Lack of an integrated communication and marketing plan - Lack of management understanding - No formal procedures to deal with stigma and discrimination related to HIV, TB in workplaces - TB is often directly linked to HIV and vice versa - HIV not being notified - Social ignorance and knowledge fatigue in communities - Lack of basic knowledge for prevention - Socio-cultural and political barriers 	<ul style="list-style-type: none"> - Implement sector wide advocacy campaigns on stigma - Destigmatising strategies should be implemented at schools - Management KPAs should include health and wellness - Role of political and social leaders to speak out - Collaboration with local media like community radio stations and newspapers - Importance of trade unions as advocacy agencies - Regular alignment and review of policies and procedures - Understanding the socio-cultural uniqueness of workplaces and communities - Change must also be driven from a personal and organisational level

National Priorities

Key Finding 3: Awareness and Education

Priority	Activities/Actions	Challenges	Lessons Learned
Consolidate, Innovate and Intensify Awareness and Education	<ul style="list-style-type: none"> - Structured training programmes for health practitioners, managers, trade unions, peer educators and communities - TB to be part of all HIV, health and wellness capacity building or training in workplaces. - Innovative training content and techniques to be used to counter knowledge fatigue - Workplace must also invest in training communities and families - Advocacy campaigns with communities should take place in workplaces - Other forms of awareness including workplace dialogues, industrial theatre and other should be used. - Utilise existing door-to-door community education to reach households and families - Start with personal hygiene and clean workspaces 	<ul style="list-style-type: none"> - Time off from production - Costs of training, campaigns - Training content not talking to each other - No training programme framework/outcomes - Inability to use knowledge and skills which were transferred during training - Require professional trainings like clinical management, patient care, etc. - Lack of capacity causes people not being able to go onto training - Stakeholder involvement and participation including management and male employees - Lack of coordination and collaboration between key role-players - Different reporting lines 	<ul style="list-style-type: none"> - Awareness and education should be well structured and planned. - Financial support for capacity building should be budgeted for per year. - Capacity building is not only knowledge and skills transfer but also capacitating an enabling environment and effective time to apply - Trainings should be socio-cultural sensitive and be considered to be done in mother tongue to internalise - Awareness and education initiatives must be innovative like community driven education - It must be policy driven – mandate - Taking illness/disease into the social context to talk about impact on development and lifestyles

National Priorities

Key Finding 4: Peer Education in Workplaces

Priority	Main Activities	Challenges	Lessons Learned
Institutionalise peer education in workplaces	<ul style="list-style-type: none"> - Every workplace should have a peer education programme - Peer education should be a KPA in workplace - Dedicated forms of incentives and recognition for peer educators to be established across sector - Peer education to be used as main driver for TB prevention and treatment compliance - Management strategies to maintain and retain peer educators - Dedicated and regular and up to date training for peer education - Resources and time for peer education should be part of operational and strategic planning - Career pathing of peer educators – mentor, supervisor and manager - Peer education to extend to communities and families 	<ul style="list-style-type: none"> - Lack of recognition and support - Insufficient resources for peer education - Limited time to conduct peer education sessions due to pressure on production - Lack of understanding by management levels - Lack of capacity to manage and report on peer education - Working with volunteers and good will is not enough motivation 	<ul style="list-style-type: none"> - Peer learning is a powerful tool for prevention, care and support - Peer education programme are key drivers for peer support - On-going and up to date training essential for the sustainability of peer education - Debriefing and proper supervision at workplace of peer educators - Peer educators are often the link between workplaces and communities - Institutionalisation of peer education ensure sustainability and retaining

National Priorities

Key Finding 4: Sustainability

Priority	Main Activities	Challenges	Lessons Learned
Ensure sustainability	<ul style="list-style-type: none"> - Moving to a more proactive response to TB, HIV and health and wellness - Utilise a business imperative to sustain - Maintain public-private and civil society partnerships - Ensure internal and external stakeholder involvement and participation - Conduct regular and on-going programme evaluations – impact/risks - Develop an integrated communication and marketing plan - Extend essential services to communities and families including children - Linking to other development priorities like poverty, substance abuse, unemployment and violence - Ensure management buy-in and ownership - Partnership with SMMEs – mentoring and support 	<ul style="list-style-type: none"> - Insufficient resource allocation especially budgets - Lack of coordination and collaboration at company, local, provincial and national levels - Government is often dominant - Lack of private sector coordination and reporting - Lack of leadership - political and social - Policies not regularly reviewed and aligned for support - Conflicting business priorities 	<ul style="list-style-type: none"> - Work within a national integrated plan - Collaborate within a multisector approach - Link to social corporate investment and corporate governance - Integrate KPAs specific for management of HIV, TB and health and wellness within operational and strategic plans - Collaborations and partnerships are the most cost effective mechanisms - Umbrella bodies like SABCOHA and SANAC to implement advocacy for private sector involvement and participation in NSP and NDP - Locating health and wellness under executive management - Integrate monitoring and evaluation in overall business development

TB Checklist – N = 547

	Elements of TB Workplace Programmes	Yes	No	Do not know
1	Conduct of tuberculosis (TB) Advocacy, Training and Education	77%	19%	4%
2	Screening of TB	72%	24%	4%
3	Diagnosis of TB or Sputum Testing	58%	36%	6%
4	Treatment of TB	57%	38%	5%
5	Referral to other health and social care services	83%	9%	8%
6	DOTS services	60%	27%	13%
7	Psychosocial support to employees and their family related to TB	68%	22%	10%
8	Non-discrimination policies and practices	83%	7%	10%

TB Checklist – N = 547

9	Strategies for work-accommodation	63%	27%	10%
10	Compensation procedures for TB employees and their families	46%	42%	12%
11	Clear roles and responsibilities of employers and employees on TB	63%	27%	10%
12	TB integrated into occupational health and safety	67%	20%	13%
13	Monitor and evaluate TB programme implementation	65%	25%	10%
14	Ethics/Code of Conduct related to TB and health	64%	25%	11%

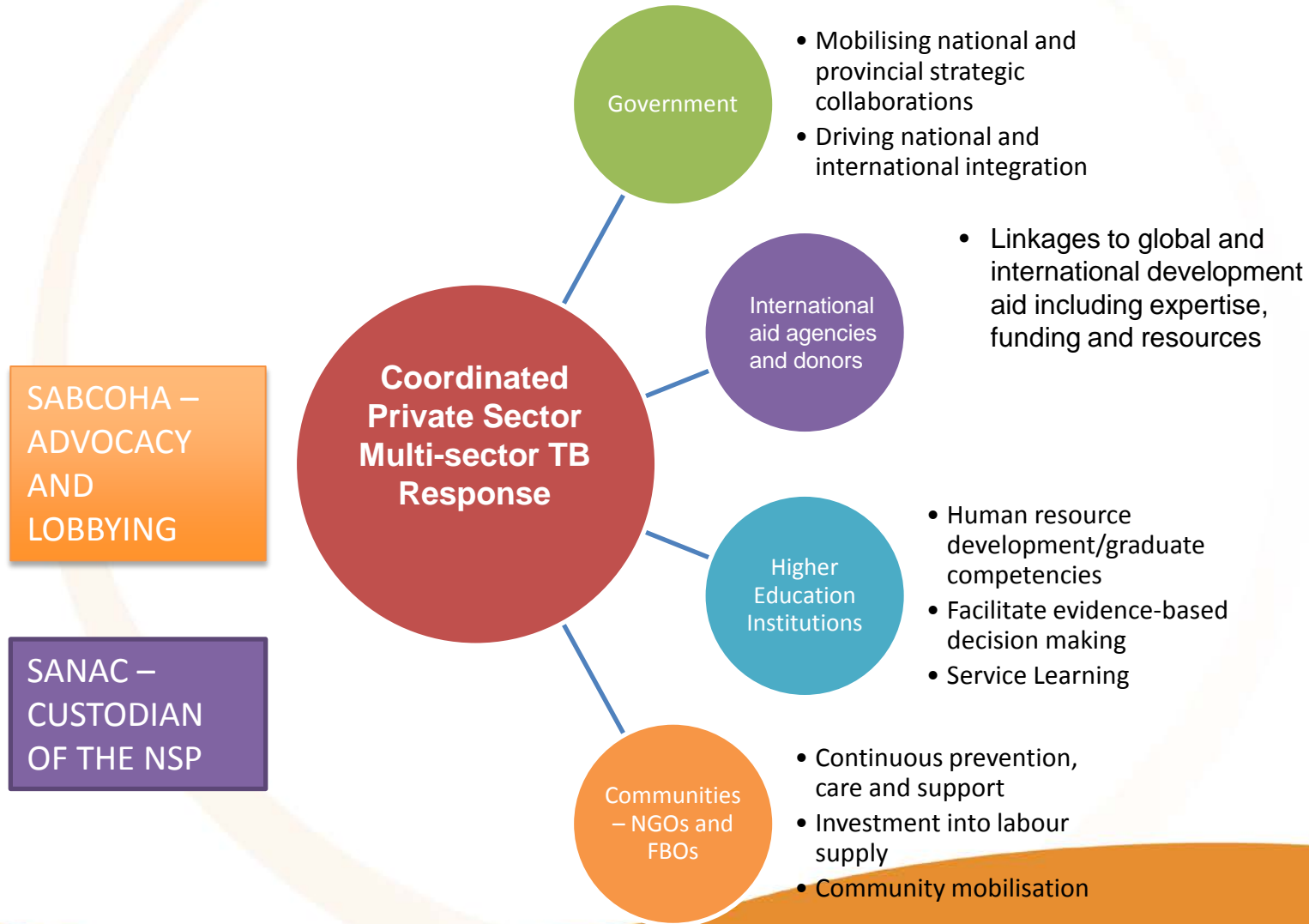
TB Checklist - N = 547

15	Financial resources for TB workplace programme	43%	28%	19%
16	Workplace dialogues on TB	57%	28%	15%
17	Strategies to manage absenteeism and presenteeism related to TB	55%	30%	15%
18	Basic hygiene guidelines and policy	84%	9%	7%
19	Comprehensive Health and Wellness Policy	72%	16%	12%
20	Separate Tuberculosis (TB)HIV/AIDS Policy	59%	26%	15%
21	Dust Control Activities	58%	23%	19%
22	Ventilation Control Activities	68%	15%	17%
23	Prevention like immune boosters, diets and lifestyle management	61%	30%	9%
24	Treatment Adherence and compliance activities	68%	21%	11%
25	Linkages with external community-based organisations for care and support	72%	16%	12%

TB Checklist – N = 547

26	Tuberculosis (TB) as management priority in workplace	58%	31%	11%
27	Medical and health practitioners to provide TB services	67%	25%	8%
28	Referrals to other health care services	87%	7%	6%
29	Marketing plan	39%	40%	21%
30	Workplace score card with TB management elements	33%	44%	23%

Key Role-Players and Responsibilities



ILLUSTRATE UPSCALING

Putting Health and Wellness into Business Imperatives – Mainstreaming Strategy

INTEGRATED MULTISECTOR RESPONSE –
NATIONAL AND GLOBAL

Existing
Workplace
Interventions
and
Programmes

Increase scope
of work to
include TB

Increase reach to
include TB,
patients, family,
children and
communities

Increase
collaboration
and
partnerships

Upscaled
Interventions and
Programmes within
multisector
response towards
90-90-90 targets in
2030

Human Rights, Sustainable Development and Quality of Life

Preliminary Recommendations

1. TB should be prioritised in all HIV, Health and Wellness Workplace Programmes and the NSP.
2. Comprehensive and integrated health and wellness workplace programmes should include community involvement, participation and support.
3. Need to extend community programmes like DOTS, EMTCT into workplaces for sustainable prevention
4. Ensuring that health and wellness is on all management agendas
5. Maintain existing good practices but end no result activities
6. Link to performance and risk management for commitment and ownership
7. Establish sector wide strategies to deal with stigma and discrimination.
8. Conduct national and provincial advocacy campaigns through SABCOHA.
9. Institutionalise peer education at all workplaces.
10. Trade unions to ensure protection of workers and facilitate social mobilisation
11. Strengthen existing community collaborations for comprehensive care and support.
12. Linking health and wellness to sustainable development and quality of life

Preliminary Recommendations

13. National, provincial and local collaboration with government departments including Departments of Health, Housing, Home Affairs, Labour and Social Development
14. Provide support and collaborate with SMMEs and NGOs on health and wellness especially in rural areas
15. Workplace policies should be regular reviewed and updated.
16. Include families and children in on-going counselling, care and support.
17. Maintain effective TB patient tracking in the workplace for compliance and adherence.
18. Involve communities and families during treatment.
19. Mobilise leadership throughout the workplace and communities.
20. Although there is a need for a national standardised TB workplace response, it should be customised to the character, market and nature of business.
21. SABCOHA to play an active role in mobilising the private sector within the national response/SANAC
22. Collaborations with higher education sector to ensure appropriate graduateness and support in evidence-based decision making

Way forward – Open Discussion

- Any additions?
- What is the role of SABCOHA in all of this?

Thank you

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