

The role of active tuberculosis case-finding (ACF) in reducing patient catastrophic costs – implications for policy and practice in Nepal

Issue brief for the National Tuberculosis Center



BACKGROUND

Tuberculosis (TB) mostly affects the poorest, most vulnerable members of a society. Poverty increases the likelihood that a person will get sick with TB. In turn, TB can make people and their families a lot poorer. TB patients often pay high out-of-pocket costs or lose income in seeking a diagnosis. TB patients may also sell important household items or take out loans to cope with high costs. The World Health Organization's (WHO) End TB Strategy aims to end the catastrophic costs that TB patients experience by 2030. WHO speaks of "catastrophic costs" when more than 20% of a TB patient's annual household income is spent on TB diagnosis and treatment.

Active TB case-finding (ACF) can help TB patients and their families to decrease costs and potentially reduce transmission. ACF makes care accessible and helps to find and treat TB patients earlier. In Nepal, the National TB Center (NTC) and organizations such as the Birat Nepal Medical Trust (BNMT), HERD, JANTRA and Save the Children are implementing ACF.

The IMPACT TB project adapted WHO's TB patient costing survey to compare the costs experienced by patients diagnosed through ACF and passive case-finding. Such evidence can inform the design and implementation of policies to reduce financial barriers to accessing and engaging with TB treatment, care and prevention measures.

REFERENCE

Gurung SC et al. The role of active case finding in reducing patient incurred catastrophic costs for tuberculosis in Nepal (manuscript).

PROBLEM STATEMENT

Evidence is needed on the potential role of ACF to end catastrophic costs of TB-affected households in Nepal.

KEY FINDINGS

1. 45% of patients diagnosed through ACF experienced catastrophic costs, compared to 61% of patients diagnosed through passive case-finding.
2. Before starting treatment, patients diagnosed through ACF had lower direct costs compared to those diagnosed through passive-case finding (41 USD vs. 68 USD). The average direct costs for both groups were 55 USD, which equals 58% of a patient's income and 26% of a household's income.
3. Costs for transportation, laboratory tests and medicines drive high patient costs.
4. ACF helped to greatly reduce the costs patients experienced.



PRIORITY ACTIONS

- 1.** Conduct a national patient cost survey to understand the levels, drivers and impact of patient costs across different geographical and socio-economic groups of Nepal.
- 2.** Advocate for ACF, particularly in contexts where health services are missing or hard to reach and among policy-makers at local level.
- 3.** Review existing and planned social protection schemes to understand TB patients' eligibility and access to the same.
- 4.** Use lessons learned from ACF to understand how to also effectively reduce financial barriers for patients accessing passive case-finding.

IMPACT TB

IMPACT TB aims to find and treat cases of TB in communities in both Nepal and Vietnam. It is funded by the European Union's Horizon 2020 programme. www.impacttbproject.org

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IMPLEMENTATION CONSIDERATIONS

1. Conduct a national patient cost survey:

- Prioritize the national patient cost survey, which is currently planned for Q4 2019 with support from WHO and national and international partners;
- Ensure that appropriate expertise, time and resources are being allocated; and
- Study the impact of catastrophic costs.

2. Advocate for ACF:

- Scale up successful strategies for ACF;
- Increase support to implementing partners who have shown high yields; and
- Develop national standard operating procedure for ACF.

3. Review existing and planned social protection schemes:

- Identify measures in existing and planned schemes which can apply to TB patients;
- Raise awareness among health workers and civil society organizations, as well as employers and employees to facilitate patient access to those schemes; and
- Collaborate with existing wider health and social systems to address cost barriers and advocate for TB patient provision within social protection schemes.

4. Use lessons learned from ACF:

- Improve healthcare worker education on TB symptoms by liaising with medical colleges, nursing schools and municipal authorities;
- Strengthen coordination between outpatient clinics and laboratories;
- Provide travel vouchers, financial or other support to enable patients to complete the diagnostic pathway;
- Increase accessibility of TB diagnostic services by placing GeneXpert machines in centers with longer opening hours and good transport links, including private facilities; and
- Strengthen Public-Private-Mix and scale-up GeneXpert diagnosis in private facilities.