



The IMPACT TB longitudinal costing survey: Community-based active tuberculosis case finding reduces patient costs in Nepal

Evidence brief for the National Tuberculosis Programme and partners



PROBLEM STATEMENT

TB patients face severe socioeconomic consequences during the diagnosis and treatment pathway. Quantification and in-depth understanding of the magnitude and timing of these effects can help us design optimal support strategies to reduce the consequences of TB for affected families.

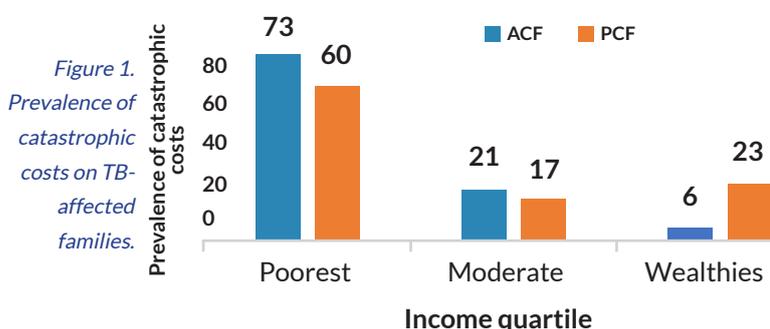
BACKGROUND

The global END-TB strategy and National Strategic Plan of Nepal have a target of 'zero catastrophic costs for TB affected families', but global progress has been slow and it is unclear which are the optimal strategies to achieve this in resource-constrained, high burden countries. The IMPACT TB project was launched in Nepal in September 2017 to increase tuberculosis (TB) case notification through the implementation of a community-based active case finding (ACF) model in four districts, Makwanpur, Chitwan, Mahottari, and Dhanusha. A novel longitudinal TB costing survey was also undertaken to determine the socioeconomic impact of TB on patients diagnosed through ACF and passive case finding (PCF) strategies. This policy brief summarises the main findings of this costing survey and recommends priority actions for the National TB Program and partners in Nepal to alleviate the severe socioeconomic impact of TB on affected families.



KEY FINDINGS

- ▶ Prevalence of catastrophic costs was high, with two out of three households in the poorest income quartile reporting catastrophic costs
- ▶ A third of TB affected households experienced food insecurity
- ▶ The pre-treatment cost was 65% lower for ACF patients compared with PCF patients (ACF: US\$20; PCF: US\$58)
- ▶ ACF reduced costs for patients from consultation fees, tests, transport, food and time lost.
- ▶ The poorest TB families were at highest risk of impoverishment (Figure 1).
- ▶ An enduring economic impact was evidenced. Unemployment rate increased 72% and patients could not recover the income earned before the onset of TB symptoms.





PRIORITY ACTIONS AND IMPLEMENTATION CONSIDERATIONS

1. Develop a comprehensive, resourced action plan for comprehensive, intensive community based TB case finding to reduce the prevalence of catastrophic costs among TB patients.
 - ▶ Ensure comprehensive equity of access to high quality, patient centric TB diagnosis and care, especially in remote rural areas and among vulnerable populations.
2. Develop and implement patient centred social protection programmes.
 - ▶ Expand social protection schemes to encompass all TB patients and conduct trials to demonstrate impact and compare strategies.
3. Address food insecurity among TB affected families by providing nutritional support programme from diagnosis and throughout the treatment.
 - ▶ Prioritise a National TB patient costing survey to understand the variation in prevalence and intensity of socioeconomic impact across the diverse regions of Nepal

CASE STORY

During the contact tracing in Chitwan district, Ramila, our community volunteer, met Chanda (name changed), a young teacher at a village. Chanda had a confirmed TB diagnosis during the IMPACT TB camp in her village and was enrolled in a six-month treatment for drug-sensitive TB. After completing the treatment, she was able to return to her work, but she lost her position at the community school. Chanda is still unemployed and facing financial hardship. She could not access social protection schemes, as this policy covers only multidrug-resistant TB patients in Nepal.

Chanda's story is a common one among thousands of TB-affected families in Nepal. TB survivors suffer an enduring and severe socio-economic impact. They are in urgent need of social protection to alleviate the preventable burden of TB in their lives.

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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 program.

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