Towards tuberculosis-sensitive social transfer interventions: what do we know and what can be done?

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Objectives

• To share the main messages emerged during the first expert consultation on the potential of social transfer programs to support TB control

• To review the key policy debate emerged from the meeting and the existing literature

• To suggest interim, potential solutions
Cash transfer and microfinance interventions for tuberculosis control: review of the impact evidence and policy implications

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SUMMARY

OBJECTIVE: To quantify the impact of cash transfer and microfinance interventions on a selected list of tuberculosis (TB) risk factors and assess their potential role in supporting TB control.

DATA SOURCE: Published and unpublished references identified from clinical and social electronic databases, addressed TB or any other respiratory infection. Of 11 cash transfer and four microfinance interventions, respectively seven and four reported a positive impact on indicators of economic well-being. A positive impact on household food security was documented in respectively eight of nine and three of five cash transfer and micro-
Social protection strategies based on food / cash transfers

**Indirect effect**
- Better education
- Better access to social/health services
- Better Food security / food consumption

**Direct effect**
- Higher household / individual socioeconomic position
- Better access to TB care resulting from conditionalities specific for TB care

**Prevention**
- Exposure risk
- Infection risk
- Disease progression risk

**Treatment**
- Time and quality of diagnosis
- Treatment outcome

**Support**
- TB – associated costs

**Factors**
- Crowding
- Housing quality
- Poor ventilation
- Biological risk factors
- Individual / household food security / food consumption patterns
- Health seeking behaviors

**Outcomes**
- TB prevalence in the community
- MDR-TB prevalence in the community
- Community economic growth
- Social cohesion
- Country security
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TB prevalence in the community
- MDR-TB prevalence in the community

Prevention

Treatment

Support

Community economic growth
Social cohesion
Country security
Social protection interventions for tuberculosis control (SPI-TB): the impact, the challenges and the way forward (London, 15-17 February 2012)

- **Open symposium:**
  - To share experience and knowledge about the use of social protection for public health purposes and allow the dissemination of the preliminary – mainly unpublished – evidence of the impact of these interventions on TB control.

- **Expert consultation:**
  - more than 40 TB experts, economists, social protection analysts, civil society representatives, development, public health and financing agencies
  - To increase evidence to inform policies for a more rapid adoption and scale-up of these integrated approaches;
  - To further support effective initiatives and collaborations under way.
General points

• Incentives and enablers already widespread but fragmented
  – 80% of Global Fund grants include some social protection component

• No rigorous impact evidence on:
  1. TB prevention
  2. TB treatment adherence and care
  3. TB costs mitigation

• Minimal interaction between social protection programs and TB initiatives
  – No evidence on the effectiveness and cost-effectiveness of cross-sectoral partnerships

• No evidence of what my work best and where:
  – Need to account for different social protection environment and different TB needs

• Interim recommendations are already possible
  – Intense research and dialogue with all parties involved necessary
Specific research questions

• Should we focus on “TB-specific” or “TB-sensitive” social protection schemes?
• How to effectively integrate within or build on broad social protection schemes?
• What are the resource implications and the cost effectiveness of specific approaches?
• Should conditionality/ies be applied?
• Whether social protection interventions work better or worse in good versus failing health systems and what may be the factors affecting this;
• How the impact on TB prevention, care and support translate into TB control?
Road map

Main research areas:

1. To document and assess countries where social protection interventions are already linked with TB interventions to learn challenges and opportunities.

2. To undertake prospective studies to determine how best to link social protection and TB efforts, to improve TB prevention, care and control and to further reach highly vulnerable individuals, groups and communities.
## Country case studies: assessment

<table>
<thead>
<tr>
<th>Country</th>
<th>Social protection environment</th>
<th>Potentially TB sensitive Programme</th>
<th>TB specific programme</th>
<th>Scope for inclusion of TB control within existing programme</th>
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</thead>
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</tr>
<tr>
<td>Peru</td>
<td>MEDIUM</td>
<td>NO</td>
<td>YES</td>
<td>LOW</td>
</tr>
</tbody>
</table>
Key policy debate: integration and scalability

Examples of Zambia (and other Sub-Saharan African countries)
- Inverse care law pattern
- Reluctance to focus on a disease outcome (HIV/AIDS or TB)
- Diversion from other priorities

Example of South Africa
- Temporary Disability Grant for TB patients
- Now only to MDR-TB patients
- Sustainability
- Risk of perverse incentives
- No evidence on the impact

Example of Brazil
- High political commitment
- TB frequent, but not too common
- Good margin of adaptation within Bolsa Familia logistic and financial capacity and legal framework
Key policy debate: conditionality and targeting

• Too weak health systems to impose conditionalities

• Inadequate financial and administrative capacity to manage and monitor conditionalities

• Strict conditionality options may limit participation

• Questions of choice, decision capacity and freedom
  – Positive example from Malawi

• Clinical or vulnerability targeting criteria?
  – Examples of Brazil
  – Examples of Malawi
Other policy debate

• Financial sustainability?
• Duration of coverage and exit strategies?
• Possible perverse incentives to remain sick?
• Cash or food?
Implications for policy and practice

• Whenever possible TB control activities should fit within larger social transfer schemes

• Heterogeneity of social protection systems and TB environment requires creative and diversified strategies

• Programmes design should devote particular attention to conditionalities and targeting
  – Soft forms of conditionalities
  – Multiple targeting criteria

• Programmes costs should be balanced against TB costs

• Many debates, but need for action (and funding!) now:
  – Identify criteria and impact indicators to allocate TB-sensitive or TB-specific programmes
  – Interim TB-specific interventions to address compelling operational questions and generate impact evidence
  – Expand and evaluate a selected number of TB-sensitive programs
Thanks