The 2016 patient cost survey in Ghana: results and implications

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Outline

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- Survey setting
- Survey design and data collection
- Findings
  - Level and composition of costs
  - Catastrophic costs and impoverishment
  - Social protection among survey participants
- Policy implications and next steps
End TB Strategy top 10 indicators

1. TREATMENT COVERAGE
2. TREATMENT SUCCESS RATE
3. HOUSEHOLDS WITH CATASTROPHIC COSTS DUE TO TB
4. TB PATIENTS TESTED WITH A WRD AT DIAGNOSIS
5. LTBI TREATMENT COVERAGE
6. CONTACT INVESTIGATION COVERAGE
7. DST COVERAGE FOR TB PATIENTS
8. TREATMENT COVERAGE, NEW TB DRUGS
9. DOCUMENTATION OF HIV STATUS AMONG TB PATIENTS
10. CASE FATALITY RATIO
Monitor progress towards zero percent households with catastrophic costs

What proportion of TB patients incur catastrophic cost due to TB?
Survey Objectives

- To assess the level and composition of TB patient costs in Ghana.
- To measure affordability of TB care:
  - What proportion of TB patients incur catastrophic health expenditure due to TB?
- To investigate drivers or determinants of costs, and catastrophic and impoverishment effects for TB patients.
Survey setting: Ghana

➢ Socio-economic situation

- Ghana has achieved positive economic growth for two decades.
- Poverty has decreased but 24.2% of people in Ghana still live below $1.90/day.
- Inequalities persist and have worsened.
- High concentration of poverty in the North Western part of the country.
- National Health Insurance Scheme covers 34% of Ghana’s active population; found to provide financial protection to insured households.

➢ TB situation

- TB incidence: 160 per 100,000 (2016).
- 2013 prevalence survey results showed burden 3x higher than previously estimated.
- Prevalence survey highlighted barriers to accessing and adhering to TB care.
- TB diagnosis and treatment are provided free of charge (except CXR).
Survey design

- Nationally representative survey with random cluster sampling.
- Adaptation and expansion of WHO generic protocol and questionnaire.
- 25 districts (clusters) sampled across Ghana using probability proportional to size approach.

Study population:

- **Inclusion criteria:** all patients (including children) who are on TB or MDR treatment (after a minimum of 2 weeks into continuation or intensive phase) within the NTP network at selected districts.

- **Sampling:** all consecutive patients attending the facility were invited to the survey until the required sample size for that geographical area was achieved.
Data collection

- Local research partner: Dodowa Health Research Centre
  - Part of Ghana Health Service

- 4 teams, 24 interviewers (5 interviewers + 1 field supervisor)
  - 13 local languages

- Each team covered one area of the country:
  - Team 1: Upper West, Upper East, Northern
  - Team 2: Brong Ahafo, Ashanti
  - Team 3: Central, Western
  - Team 4: Eastern, Volta, Greater Accra

- 37 days (Nov-Dec 2016)

- Funding:
  - Funding source: LSHTM-USAID (TREAT-TB Grant)
  - Total budget: USD 58,000 (excluding LSHTM TA)
Findings
Level and composition of costs pre and post-TB diagnosis by MDR status

- Interviewed 734 individuals -> 691 (94%) eligible and gave consent.
- Total costs: median (IQR) **US$ 455 (159.2-1059.2)**.
- MDR-TB patients incurred significantly higher costs: the median expenditure for DS-TB patients was US$ 429.6 (154.0-981.2), and for MDR-TB patients was US$ 650.0 (93.2-1680.3) (p-value=0.001).
Proportion of households experiencing catastrophic costs* (20% threshold) and impoverishment due to TB

*Output approach †(95% CI: 60.5%-67.6%)

Poverty line: US$ PPP 1.90/day

vs. 24.2% in general population
Study limitations

• Firstly, it only focused on Ghana, which has low HIV and MDR prevalence, hence our estimate of TB-related costs may be lower compared to other SSA settings with higher TB-HIV and MDR rates.

• Second, this survey was conducted in health facilities in the NTP network, in line with the WHO protocol; however, the 2013 prevalence survey found that 38.5% of patients in Ghana seek care at private facilities.

• We cannot determine whether the exclusion of the private sector has led to overestimating or underestimating TB-related costs.
CONCLUSION

• Although TB diagnosis and treatment are provided free of charge, TB patients in Ghana incur substantial costs and face financial hardship. As non-medical and indirect costs account for the majority of these costs, free TB care is clearly not enough.

• High rates of catastrophic costs and coping in both non-MDR and MDR patients show that new policies beyond providing free TB care are urgently needed to offset non medical and indirect costs, and ensure TB care is actually affordable for TB patients
Social protection among survey participants

➢ National Health Insurance Scheme
  • 80% of patients are enrolled in the NHI scheme.
  • 35% of patients enrolled after TB diagnosis.

➢ Cash transfers
  • Most patients in the study do not receive any form of welfare payments: 4 patients enrolled in the Livelihood Empowerment Against Poverty Programme (LEAP), which provides cash grant to extremely poor households.

➢ Enabler’s package for TB patients
  • 27% of patients receive vouchers or goods in kind from the health facility.
    - Majority of these patients receive food support (flour and food supplements)
Policy implications: Need to enhance existing social protection schemes and to mitigate catastrophic cost.

➢ Revise the list of beneficiaries of social protection schemes such as (LEAP) to include TB patients, because almost 60% live below the poverty line <($1.90) after diagnosis as compared to 24.2% of general population.

 ➢ Review and adopt enablers package as a pro poor strategy to support vulnerable patients to achieve cure: A sustainable financing mechanism be secured for programme enablers package scheme targeted to eliminate specific catastrophic cost of food, travel and accommodation after diagnosis.

 ➢ NHIS to mandatory enrolled all TB patients not yet registered so as to cover other medical cost after diagnosis.
Next steps

➢ Further analyses are under way to investigate drivers of costs and the effect of enrolment in NHIS on costs.

➢ **Policy implications:** National consultation will be held during Q2 2018 to:
  - Disseminate survey findings with relevant national and international stakeholders and partners.
  - Further identify policy and practice implications, and priority actions to mitigate/eliminate TB patient costs through enhancing social protection and improving TB service delivery and financing.
  - Develop a national roadmap for implementation of priority actions, M&E and future policy integration.
Collaborators

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Thank You