PILLAR 2 elements: Enabling TB-sensitive UHC, social protection and poverty alleviation schemes
Aims of presentation

1. Consider the economic barriers to care and their determinants

2. Promote “TB-sensitive” Universal Health Coverage (UHC), social protection & poverty alleviation to support patients and end TB

3. Begin discussion on how NGOs/CSOs are already contributing, and what more they can do
TWO OF OUR BIGGEST CHALLENGES

More than 1/3 of people newly ill with TB ARE MISSED though:
They often are making one, two, three+ visits to health services in search of help for their illness

LESS THAN 50% treatment success for MDR-TB patients

CAUSES INCLUDE
PROFOUND ECONOMIC AND SOCIAL BARRIERS
KNOW YOUR TB EPIDEMIC: Who carries the burden?
Mostly the poor, marginalized groups & those living in crisis

Photo credits: David Rochkind, Dominic Chavez, Ernesto Jaramillo, Misha Friedman, Riccardo Venturi, Sam Nuttall
PILLAR 2: BOLD POLICIES AND SUPPORTIVE SYSTEMS

A. Political commitment with adequate resources for TB care and prevention

B. Engagement of communities, civil society organizations, and all public and private care providers

D. Social protection, poverty alleviation and actions on other determinants of TB

C. Universal health coverage policy, and regulatory frameworks for case notification, vital registration, quality and rational use of medicines, and infection control
ENDING TB BY 2030 MEANS:

- 80% drop in new TB cases
- 90% drop in people dying of TB
- 100% of TB-affected families protected from catastrophic costs
On average, 50% of annual income lost:

½ before treatment

But wide country variability

½ during treatment

Medical expenditure
Other expenditure
Lost income

Medical expenditure 17%
Other expenditure 8%
Lost income 33%

Medical expenditure 8%
Other expenditure 10%

Higher cost among:
• People with MDR-TB
• People from low socioeconomic groups

Implications of high costs

• Access barriers and delays
• Low adherence/loss-to-follow-up
• Aggravated poverty
• Increased vulnerability for patients and their households: increasing future risks of TB

Solutions lie in

• reducing financial costs of care
• improving quality people-centred care
• Ensuring free TB care/Reducing costs of all care
• Reducing non-medical costs and income loss
Universal Health Coverage (UHC): “the situation where all people are able to use the quality health services that they need and do not suffer financial hardship paying for them”

- All countries need to move urgently towards UHC;
  - Starting points in high TB burden countries vary

Indicators include:
1. Proportion of out-of-pocket spending: (good start if less than 15%)
2. Proportion of health spending out of GDP
3. Proportion of Govt. spending on health:
   As noted in Global TB Report 2015
   - Less than 1.5% - weak start (Bangladesh, Indonesia, India, Nigeria, Myanmar, Pakistan, Philippines etc.)
   - More than 4.5% - better start (Brazil, Rwanda, South Africa, Thailand etc.)
Universal Health Coverage “the cube”:
How can we enlarge the coverage for those affected by TB

Three dimensions to consider when moving towards universal coverage

- Direct costs: proportion of the costs covered
- Include other services
- Current pooled funds
- Services: which services are provided and at what quality
- Population: who is covered
- Extend to non-covered
Action needed to avoid risks for TB-affected persons of some UHC approaches

- Politically driven and wealthy may benefit well before poor/vulnerable
- "Red tape"/bureaucracy may prevent easy access
- Some affected groups and patients may “fall between the cracks” (eg migrants)
- Financing for public health functions may be reduced or disappear
- Provider payment methods may discourage provision of free care or reward charging for poor-quality revenue-generating interventions
- Patient reimbursement or co-payment schemes may discourage health seeking
Forms of social protection/patient support

- Job security/Income generation
- Social welfare/Cash transfers
- Housing support
- Food support
- Transport voucher
- Disability grant/sickness insurance

Policy to eliminate discrimination

• Who is target?
• Who manages?
• How is it funded?
• Is it monitored?
• Does it reduce patient/household costs?
• Does it improve treatment outcomes?
TB specific or sensitive social protection interventions?

**TB specific:**
- Able to adapt and target to need
- Often “project” financed and managed
- Capacity of NTPs or NGOs to efficiently manage food or cash transfers may be challenging
- Project interventions may be less sustainable

**TB-sensitive schemes:**
- Patient/household may qualify based on other criteria than TB (eg, poverty, nutritional status) or TB made one of target groups
- Often scalable Govt schemes with professional capacity
- Likely more sustainable given larger platform
Social protection schemes - examples

**TB specific schemes:**
- Cash transfers via NTP or GF
- Food packages provided by local TB services or partners
- Food provided via WFP for TB patients under GF grants
- Cash or transport vouchers provided by NGO projects
- TB patient income generation/livelihood projects
- Housing support by local NGOs/projects
- Support to individual social service needs

**TB-sensitive broader schemes**
- TB patients eligible for social welfare monthly support
- TB patients eligible for disability grants or cash transfer via insurance schemes
- TB patients screened for eligibility for cash transfers
- TB patients assessed for under-nutrition and linked to national nutrition programs
- Food provided in services by nutrition program
Potential roles of NGOs/CSOs

- Assess need
- Provide
- Facilitate
- Advocate
- Monitor

Which role depends on intervention, local context and NGO/CSO capacity
20th century: Economic growth, social welfare/poverty alleviation and public health measures

Test tubes with streptomycin 1946

England & Wales - 95% reduction in ~60 years
China and Cambodia have followed trend economic growth associated with reduced TB burden - Europe.
Actions on Poverty Alleviation and Social Determinants

- Know your TB epidemic: document and communicate
  - WHO is affected?
  - WHERE are they?
  - WHY are they affected

- Advocate for TB-sensitive development agenda:
  - poverty alleviation platforms, food security, living & working conditions, human rights and equity concerns for specific communities & groups

- Contribute to public health interventions to address specific risk factors: HIV, smoking, diabetes, under-nutrition, alcohol/substance use, indoor air pollution
Moving the agenda – work for all

- Make UHC and social protection integral parts of TB plans; include TB in UHC, SP & poverty agendas
- Periodically measure TB patient costs
- Expand evidence on impact of different UHC financing mechanisms
- Enable access to effective and sustainable social protection schemes

Looking forward to discussion on communities, NGO/CSO experiences, roles and opportunities
Thank you!

COMING SOON!

IMPLEMENTING THE END TB STRATEGY: THE ESSENTIALS

A guide from WHO