Socio-Economic Support to Ensure People-Centered TB Care

Global Fund Allocation Cycle 2020-2022

The Global Fund calls for **people-centered approach, with patient support.** In its Tuberculosis Information Note (July 2019), the Fund makes clear the importance of improving TB program quality and ensuring people-centered TB care.[1] In its Summary of High Impact TB Interventions, the Fund calls for:

> Prompt initiation of appropriate treatment for all people with drug-sensitive (DS) and drug-resistant (DR) TB, using a **people-centered approach and with patient support**.

The Fund sees such an approach as essential to improving program quality, stating:

> A key component of the 2017-2022 Global Fund Strategy is mainstreaming program quality. This includes adopting and implementing quality improvement approaches across the entire cascade of TB care, screening, diagnosis, treatment, care and contact investigation. Healthcare services need to be **safe, effective, timely, efficient, equitable, affordable, available, accessible, integrated and people-centered**. TB services should be accessible to special populations at increased risk, such as PLHIV, people with diabetes, prisoners, children and adolescents, mining workers, mobile population and people living in over-crowded conditions and extreme poverty. This can be achieved, for example, by adapting models of care that better serve these populations.

Improving quality and ensuring people-centered care requires addressing the economic and psychological stress experienced by TB patients, including those with drug-sensitive TB. This stress results from TB stigma and social isolation, discrimination, transport costs and lost income. These factors can make TB treatment completion difficult or even impossible, and as such they represent **"access barriers."**

These barriers have a particularly severe impact on the poorest patients and households.[2] They impact groups that the Global Fund considers "key populations" in the context of TB, including those The Fund states have limited access to quality TB services, such as "migrant workers, women in settings with gender disparity, children, migrants, refugees or internally displaced people, and illegal miners."

The Fund explicitly urges attention to what it terms the "underlying social determinants and barriers to TB services," stating:

> TB prevention, diagnosis and treatment require strategies to address human rights and gender-related barriers. This should include actions resulting in poverty reduction,

[1] https://www.theglobalfund.org/media/4762/core_tuberculosis_infonote_en.pdf
[2] https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1001675

> improved nutrition and better living and working conditions as well as strategies to address barriers to access…High out-of-pocket payments can also lead to inequitable access to health services, and undue economic burden on the poor. A number of countries have begun to address these barriers through improved access to social protection measures as well as various forms of direct socioeconomic support during the course of treatment. Socioeconomic support includes economic, nutritional and psychosocial interventions, including cash transfers, food packages and vouchers, household visits and peer-led mutual support groups, mental health screening and treatment, and access to wider social protection measures. These services can meet urgent needs of patients and their households while helping to ensure they are empowered and supported to take and complete their treatment.[3]

When well-targeted, these services can improve program effectiveness, by playing a critical role in reducing suffering, loss to follow up and mortality

Now is the time to include social support in national strategic plans and budgets for TB, as well as proposals to the Global Fund, including required human resources and training as well as robust monitoring and impact evaluation. While further research can tailor social services, enough programmatic evidence is available now to make social support a TB care priority.

How serious and widespread are socioeconomic barriers to access?

- **Catastrophic costs:** The WHO End TB Strategy includes a 2020 milestone that no people with TB and their households face catastrophic costs as a result of TB disease. Yet, a survey of 14 countries showed that the percentage of people with TB and their families facing total costs that were catastrophic (more than 20% of their household's annual income) ranged from 27% to 83% for all forms of TB, and from 67% to 100% for drug-resistant TB.[4] The percent of Drug Sensitive-TB patients facing catastrophic costs was above 50% in seven of the twenty countries surveyed to date.[5] Some studies show women face greater financial barriers to TB treatment than men.[6]

- **Undernutrition:** Undernutrition is responsible for twice the number of TB cases as human immunodeficiency virus (HIV) globally, according to WHO.[7] In addition, several studies show that undernutrition is associated with higher TB mortality,[8] for example in Kenya between 2012 and 2016, the mortality rate for people with a BMI of less than 18.5

[3] https://www.theglobalfund.org/media/4762/core_tuberculosis_infonote_en.pdf
[4] Global tuberculosis report 2019. Geneva: World Health Organization; 2019. https://apps.who.int/iris/bitstream/handle/10665/329368/9789241565714-eng.pdf?ua=1
[5] Uganda, Lao PDR, Vietnam, Ghana, Mongolia, Nigeria, Zimbabwe
[6] Barriers and Delays in Tuberculosis Diagnosis and Treatment Services: Does Gender Matter? – Yang et al 2014 https://www.hindawi.com/journals/trt/2014/461935/#B48
[7] https://academic.oup.com/jid/article/219/9/1356/5197537
[8] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4706252/

was 50%,[9] and it can increase the risk of drug malabsorption and drug-induced hepatitis.[10] An Indian study of pulmonary TB found that an increased BMI lowered the odds of death during treatment.[11]

- **Mental illness:** An analysis of data from 48 low- and middle-income countries found that people with TB have three times greater risk for depression.[12] Prevalence of depression is estimated to be as high as 50% among people with TB.[13] A systematic review, presented at the Union World Lung Conference in 2019, showed that mental health conditions are associated with poor TB outcomes, with depression strongly associated with loss to follow up and non-adherence to TB treatment.[14] The WHO End TB Strategy 2015–35 calls for TB and mental health treatment integration, yet only 2 percent of TB programs around the world provide access to routine mental health screening, according to a recent survey.[15]

What are some solutions?

The Global Fund Technical Review Panel has requested that TB proposals reflect "patient-centered approaches." Countries can help fill this Global Fund requirement by providing a package of social support to all people with TB, adapted to the local and national context and including all necessary training of personnel.

Social supports may be delivered in a TB-specific program, and/or existing social protection programs may be made more TB-inclusive by adding provisions to include people affected by TB. Several proven interventions are described below and should be considered for inclusion in national TB programs.

- The Global Fund will support TB patient cost surveys to show how and to what degree costs are impacting patients. All care should be free of charge and out-of-pocket costs (e.g. pills and tests), direct non-medical costs (e.g. transportation to clinic, additional food), and indirect costs (e.g. lost income), must be addressed. Countries can provide cash transfers and transportation vouchers to people with TB during the period of

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[9] https://www.nltp.co.ke/national-strategic-plan-2019-2023/

[10] "Undernourished patients, Undernourished populations and the End TB Strategy" Presentation at the Union World Lung Conference, 2019, by Anurag Bhargava, Professor of Medicine & Head, Center for Nutrition Studies, Yenepoya University, Mangalore, India.

[11] Bhargava A, Chatterjee M, Jain Y, et al. Nutritional status of adult patients with pulmonary tuberculosis in rural central India and its association with mortality. PLoS One 2013; 8:e77979. https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0077979

[12] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5704363/

[13] https://static1.squarespace.com/static/5d42dd6674a94c000186bb85/t/5d9b92206a496958d55356c6/1570476577548/MH+TB+and+HIV+background+paper+May+2019+final.pdf

[14] "The effect of mental disorders on tuberculosis outcomes: a systematic review" Jamie Scuffell, Kings College London and Union TB and Mental Health Working Group.

[15] https://www.ncbi.nlm.nih.gov/pubmed/31097069

treatment. They should prohibit discrimination against people with TB by employers, in accordance with the Declaration of the Rights of People Affected by TB.[16]

- WHO states: "Because of the clear bidirectional causal link between undernutrition and active TB, nutrition screening, assessment and management are integral components of TB treatment and care."[17]. Programs can provide food parcels to people with TB and their families or provide vouchers for food purchase or subsidized food products. Personnel need training in regular nutritional assessments, and interventions should be periodic, not simply at treatment initiation.

- For psychosocial support, countries can train lay community health workers and nurses to deliver evidence-based psychotherapeutic interventions in the community and patients' households and monitor symptoms with expert supervision.[18] Peer-led mutual support groups for people with TB can also alleviate their experience of stigma, uncertainty and isolation.[19]

- To improve the quality of TB care, reduce loss to follow up, and respect human rights,[20] people with TB should be individually counseled about their treatment plan so they understand what is happening and can meaningfully participate in decisions. Recent operational research by USAID showed that when people with TB have their concerns listened to and are treated in a warm and respectful manner, they are more likely to complete therapy.[21]

Has this been shown to be effective and feasible?

These approaches have been implemented to varying degrees across TB-impacted countries.[22] These have mainly been aimed at people with MDR-TB or HIV-TB co-infection, but in addition, programs should consider ways to implement social support for a broader range of patients, drawing on successful examples from HIV.[23]

- USAID and partners recently showed that it was feasible to implement a standardized yet adaptable approach to delivering patient-centered services for MDR-TB patients in four pilot countries, China, Pakistan, South Africa and Ukraine. The project included a rigorous assessment of cost-benefit and found that implementing the comprehensive care

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[16] https://tbhivcare.org/declaration-of-the-rights-of-people-affected-by-tb/
[17] https://www.ncbi.nlm.nih.gov/books/NBK189867/
[18] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5759333/
[19] https://www.who.int/bulletin/volumes/95/4/16-170167/en/
[20] http://www.stoptb.org/assets/documents/communities/FINAL%20Declaration%20on%20the%20Right%20of%20People%20Affected%20by%20TB%2013.05.2019.pdf
[21] https://pdf.usaid.gov/pdf_docs/PA00TXC4.pdf
[22] https://www.results.org.uk/publications/tuberculosis-and-universal-health-coverage
[23] A 2018 review of household economic strengthening (HES) initiatives for HIV patients showed that monthly food rations and conditional cash transfers are associated with improvements in care seeking and medication pick-up. https://www.tandfonline.com/doi/full/10.1080/09540121.2018.1479030

package saved lives, dramatically reduced depression and anxiety, and improved cost-efficiency, with lower levels of adverse outcomes (loss to follow up, treatment failure, and death) and higher levels of people with TB remaining on treatment in the pilot sites. One-on-one counseling and various forms of economic support were cited most frequently as the interventions most helpful to people with TB in ensuring their treatment adherence. The pilots had the secondary benefit of delivering improvements to the quality of health systems overall, and most program managers considered the package sustainable for ongoing implementation after completion of the pilot study.[24]The authors created a downloadable operational toolkit to facilitate expansion of the approach, while noting it may be possible to expand to drug sensitive TB.[25]

- A 2019 study from Brazil found that the country's cash transfer program had a direct, positive effect on TB cure rates.[26]

- A late-breaker study presented at the 2019 Union World Lung Conference showed that providing household visits and peer-led TB clubs, plus cash transfers for incentives and enablers, had a very powerful effect. It provided rigorous evidence that the intervention increased TB screening completion among household members and increased by four times the rate of completion of TB preventive therapy, in particular among high risk groups.[27] This follows results published in the WHO Bulletin in 2017, showing that socioeconomic support increased TB treatment success, increased TB preventive therapy uptake in eligible contacts, and reduced catastrophic costs.[28]

Is external funding available for socioeconomic support?

Some countries have already used Global Fund resources to increase access to socioeconomic support.

For instance, India is using US$ 72.39 million (above allocation) from its most recent grant from the Global Fund to cover about 13% of the cost of Direct Benefit Transfers (DBT) for enablers to TB patients and providers to move towards the goal of reducing catastrophic costs. The scheme includes provision of Rs. 500 per month (about USD $7) for the patient on completion of one-month treatment to cover out of pocket expense and nutritional support. Most of the funding required comes from India's domestic resources, including resources from a World Bank loan-buy-down. The program intends to reach about 1.34 million patients, affected by all forms of TB,

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[24] https://pdf.usaid.gov/pdf_docs/PA00TXC4.pdf
[25] https://pdf.usaid.gov/pdf_docs/PA00TNZK.pdf
[26] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6386534/
[27] "Socioeconomic support to improve tuberculosis screening and preventive therapy completion in tuberculosis-affected households in Peru: a cluster randomised trial." MJ Saunders (Imperial College London, Infectious Diseases & Immunity and Wellcome Trust Imperial College Centre for Global Health Research, London, United Kingdom) et al. https://5cdc0e60c95500752a9a82e1-theunion2019.my.conferences.cc/dailyprogramme/timeslot/5d6e56148294721f7529c33a
[28] https://www.who.int/bulletin/volumes/95/4/16-170167/en/

to reduce catastrophic costs.[29] Despite challenges with the roll-out, India states that the program has expanded steadily since its launch in 2018.[30]

Global Fund resources are also backing the Axshya Project in India, which has provided services to 8,000 MDR-TB patients, including counselling focused on treatment adherence, as well as psychosocial care, advice to families and caregivers and nutritional support.[31]

South Africa is also using Global Fund resources to enable nutritional support for TB patients.

Conclusion

The Technical Review Panel of the Global Fund strongly urges that applicants focus on TB prevention with bold and innovative approaches, and the TRP notes that "gaps persist in the organization and provision of patient-centered care and prevention services." It recommends that applications include:

> Specificity regarding programmatic interventions that are **patient-centered along the entire diagnostic and management Drug Sensitive/ Drug Resistant TB (DS/DR-TB) care cascad**e as well as in key populations (children, migrants, prisoners, people living with HIV) is required.[32]

Social support for people with TB is not an optional "extra" – it is now an essential component of TB care, in order to meet the Global Fund requirement of patient-centered care. Funding for these innovations is available and should be included in all TB proposals to the Global Fund, with specific line items in the budget.

[29] https://data.theglobalfund.org/investments/grant/IND-T-CTD/4/IND/Tuberculosis

[30] http://www.uniindia.com/nikshay-poshan-yojana-progresses-steadily-as-10-795-people-benefit-from-it-in-delhi/india/news/1505919.html

[31] https://hyderabad.worldlunghealth.org/wp-content/uploads/2019/10/TheUnion_ProjectAxshya_Factsheet.pdf

[32] https://www.theglobalfund.org/media/8965/trp_2017-2019observations_report_en.pdf?u=637075054850000000