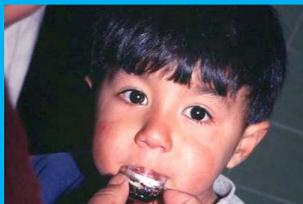


ELIMINATING THE FINANCIAL HARDSHIP OF TB

via Universal Health Coverage and other Social Protection measures

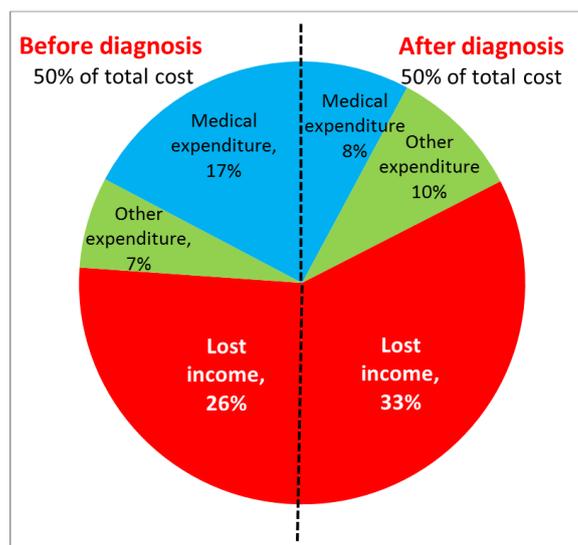


Falling ill with TB often carries a devastating financial burden with social repercussions

- On average, TB patients in low-and middle-income countries face medical expenses, costs of seeking/staying in care, and income loss equivalent to **more than 50% of his or her annual income** *.
- The financial burden **varies** between settings, with total cost in relation to income ranging from 2% to over 300% across countries **with different TB care models, general health systems and social protection schemes**.
- The financial burden is on average **greater for persons ill with MDR-TB and for the poorest**.
- **Income loss represents on average about 60% of the total costs faced by patients**, whereas about 25% is for direct medical costs such as tests, medicines and hospitalization, and the rest is for other care-related costs, such as transport (see figure).
- On average, half of the costs are incurred before TB treatment has begun – in seeking diagnosis (see figure).
- Patients often have to resort to **coping mechanisms that may be irreversible**: up to 75% of TB patients must take out a loan; up to 50% sell household items; and up to 66% rely on financial support from relatives.

Catastrophic costs can lead to profound social and public health impacts

- Children of parents ill with TB may drop out of school to seek paying work or care for parents;
- Some patients stop treatment before cure and may suffer worsening health, transmit disease or die. For others, the prospect of financial loss means delaying help-seeking with similar risks.
- Health care related impoverishment increases the future risk of TB for the whole affected family.



*Distribution of medical expenditures, other expenditures and income loss, before and during TB treatment**

Universal health coverage and social protection can eliminate catastrophic costs

- WHO defines **catastrophic health care expenditures** as direct health care expenditures corresponding to >40% of annual discretionary income (income after basic needs, such as food and housing). Indirect costs of care and income loss are not included.
- WHO defines **universal health coverage (UHC)** as "universal access to needed health services without financial hardship in paying for them". All countries can make further progress towards UHC through innovations in revenue generation, insurance schemes and extending high-quality services.
- **Social protection** means: *Access to Essential Services* - water and sanitation, health, education and family-focused social work support; *Essential Social Transfers* - in cash and in kind, paid to the poor and vulnerable to enhance food security and nutrition, provide a minimum income security and access to services, as well as income replacement and social support in the event of illness. (ILO and UNCEB)

*Data are from a systematic literature review of 50 studies from 30 low- and middle-income countries assessing direct and indirect costs of TB patients and TB affected households. The review is under process of publication.

STEPS TO REDUCE FINANCIAL HARDSHIP DUE TO TB

WHO is helping countries and partners pursue practical next steps:

Make universal health coverage and social protection integral parts of strategic response to TB

- Universal Health Coverage (UHC) and social protection are included as core elements of WHO's draft post-2015 TB strategy, which will be reviewed by the World Health Assembly in 2014. With the Ministry of Health of Brazil, WHO held a global consultation with partners to formulate strategy elements, assess evidence needs, and opportunities for collaboration.
- WHO will provide technical assistance to countries so that UHC and social protection are included in national TB strategic plans, and that TB is addressed within national UHC and social protection mechanisms.

Regularly measure catastrophic costs for TB patients

- WHO is developing standard indicators and measurement approaches, including for the monitoring of a proposed post-2015 TB target of "no TB-affected family facing catastrophic costs due to TB" by 2020.
- Given that a majority of TB patients come from low-income households, measuring their burden of catastrophic costs could be a useful overall indicator of equity in advancing towards UHC.

Expand evidence on impact of different financing mechanisms for universal health coverage

- WHO is working with national programmes and partners to examine how different mechanisms (insurance, general revenue-driven financing, etc.) affect out-of-pocket health care costs for TB.
- Early analysis suggests that in path finding countries, such as Thailand and The Philippines, UHC-focused insurance schemes explicitly include TB service access objectives. Still, efforts need to be made to include more beneficiaries, TB service providers and/or cover more diagnostic or treatment costs.

Enable access to effective and sustainable social protection schemes and rights protection

- WHO is working with partners to collect evidence on best practices for social support provided by national TB programmes or partners. In many countries, some form of support is provided to TB patients. However improvements are needed in design, management, and evaluation for targeting and impact.
- For more sustainable models, WHO is promoting collaboration across institutions to increase use of general social protection platforms. These include social welfare schemes, disability grants, or other cash transfers schemes. There is good justification to include TB illness among the eligibility criterion.
- Employment protection and other rights-protecting measures are needed to guard against job loss, housing eviction, deportation or other discrimination due to TB illness. Models for action need to be shared.

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