

NATIONAL TB PATIENT COST SURVEY

Track 3, Session 5
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OUTLINE

- Survey objectives
- Study design
- Results
- Recommendations

	MILESTONES		TARGETS	
	2020	2025	SDG* 2030	END TB 2035
<i>Reduction in number of TB deaths</i> compared with 2015 (%)	35%	75%	90%	95%
<i>Reduction in TB incidence rate</i> compared with 2015 (%)	20%	50%	80%	90%
<i>TB-affected families facing catastrophic costs due to TB (%)</i>	0%	0%	0%	0%

SURVEY OBJECTIVES

PRIMARY OBJECTIVES

1. To document the **magnitude and main drivers of patient costs in South Africa** to guide policies on cost mitigation and strengthen access to existing social protection network.
2. **To determine the baseline on TB patients and their households incurring direct and indirect costs** beyond a defined threshold of their annual income due to TB

SECONDARY OBJECTIVES

1. To assess costs for specific subgroups, disaggregated by type of TB (Drug-Resistant TB and Drug-Susceptible TB), treatment duration, age, sex, BMI and income.
2. To determine the association between costs incurred and TB treatment outcome

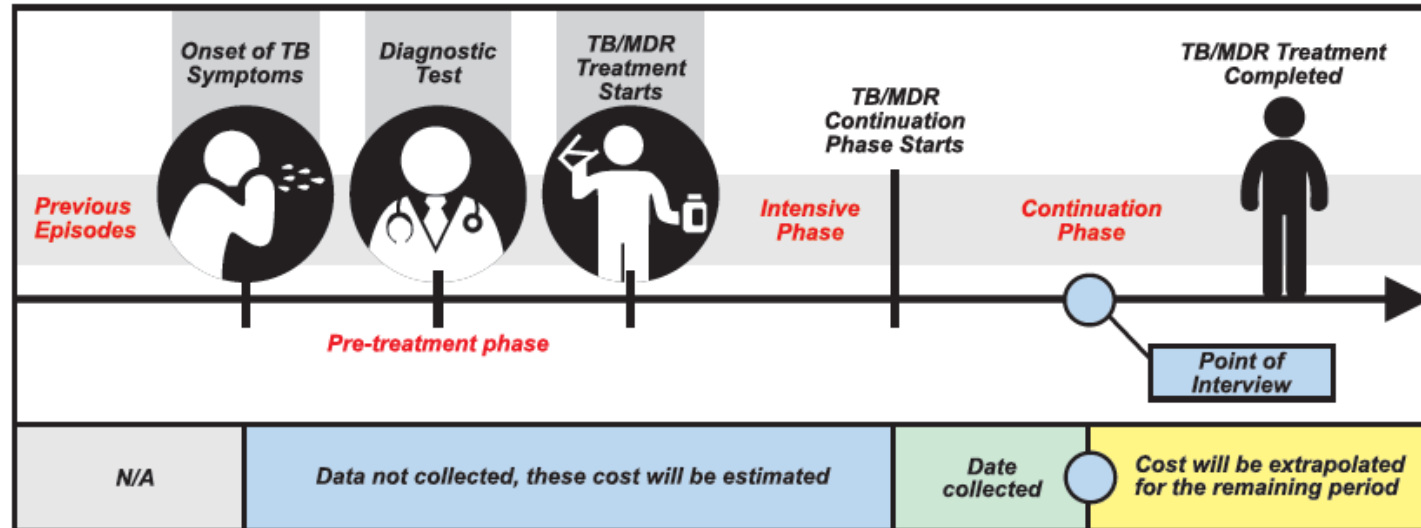
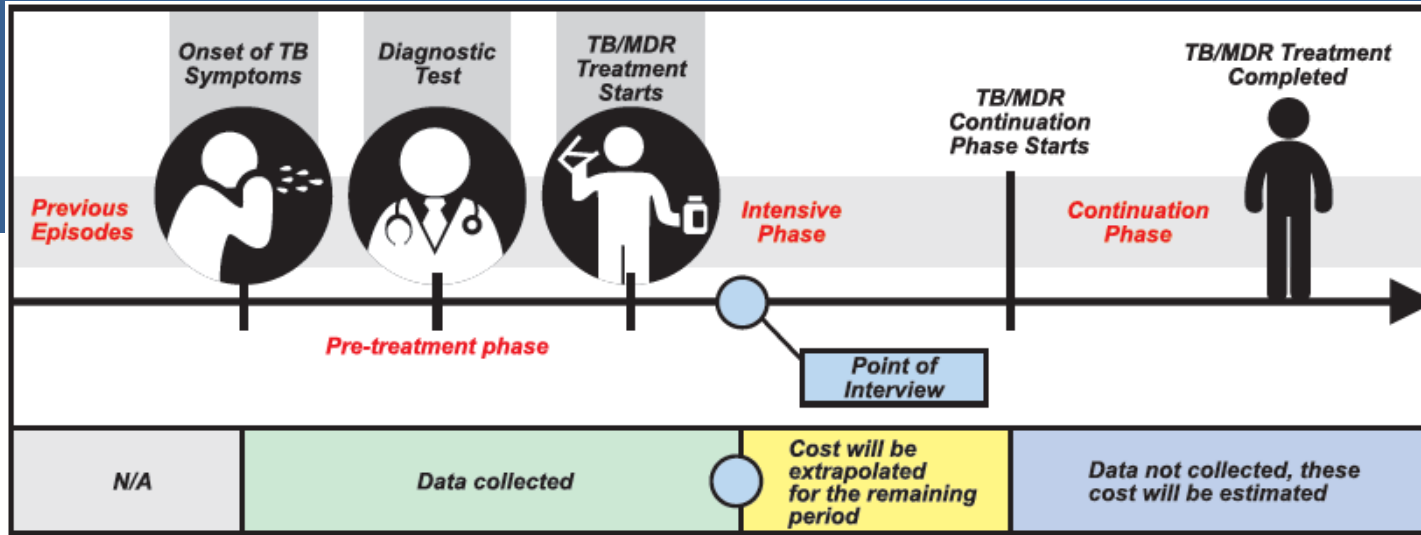
ELIGIBILITY CRITERIA

INCLUSION CRITERIA

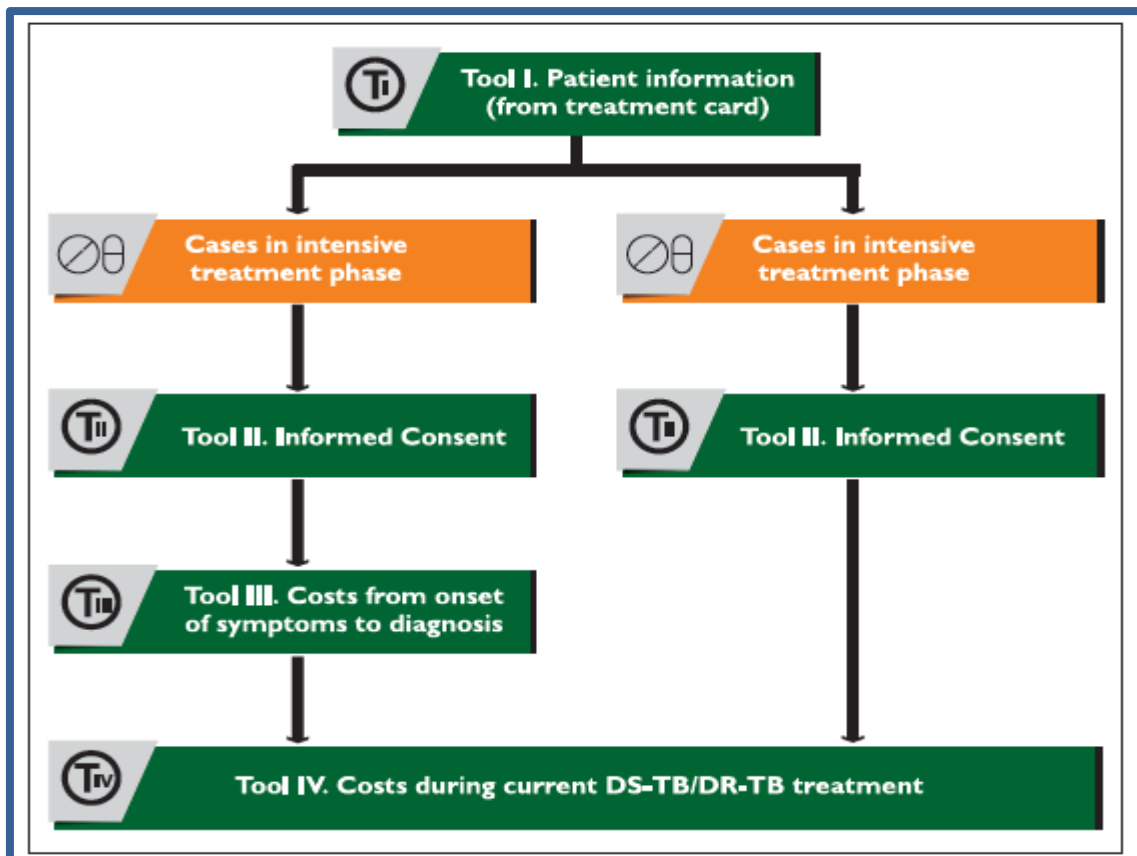
- At least two weeks into the intensive phase OR 4 weeks into the continuation phase
- ONA determined eligibility so RAs did need to count days

EXCLUSION CRITERIA

- People who are treated in the private sector, inmates treated within in correctional facilities, and those who had not started TB treatment

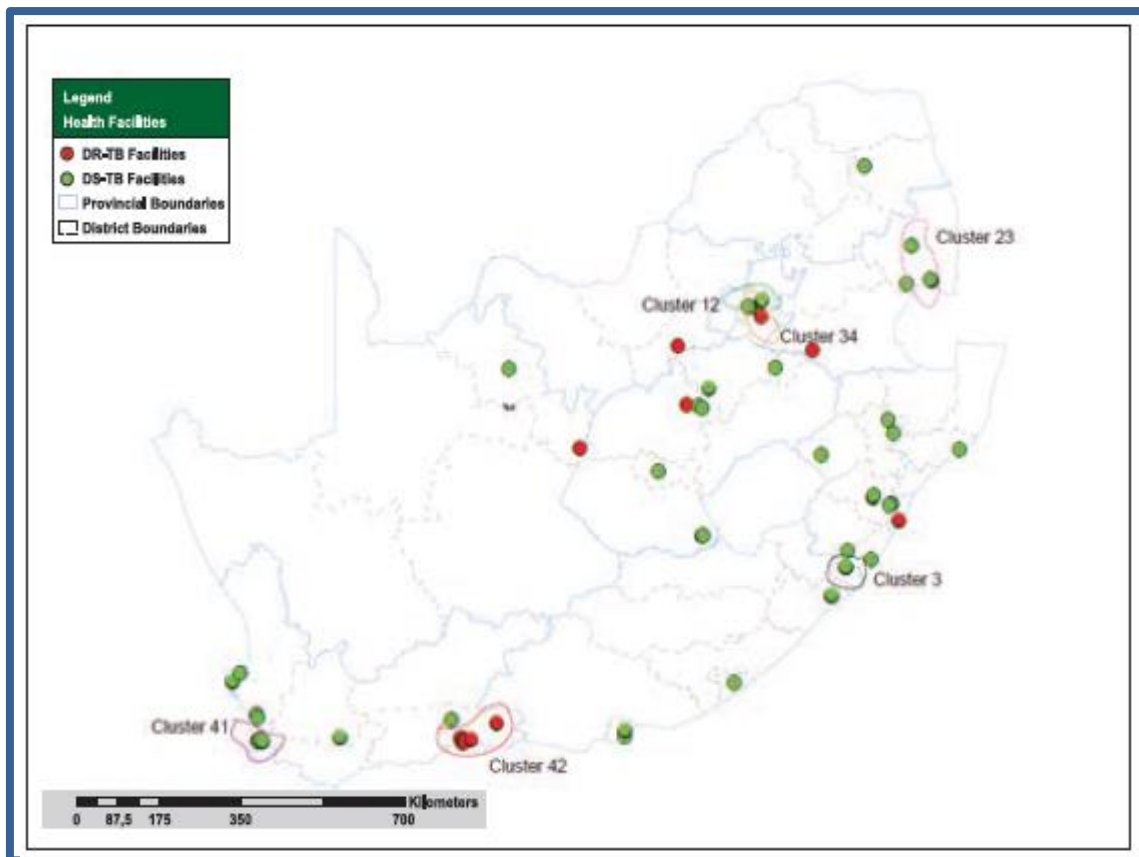


STUDY DESIGN

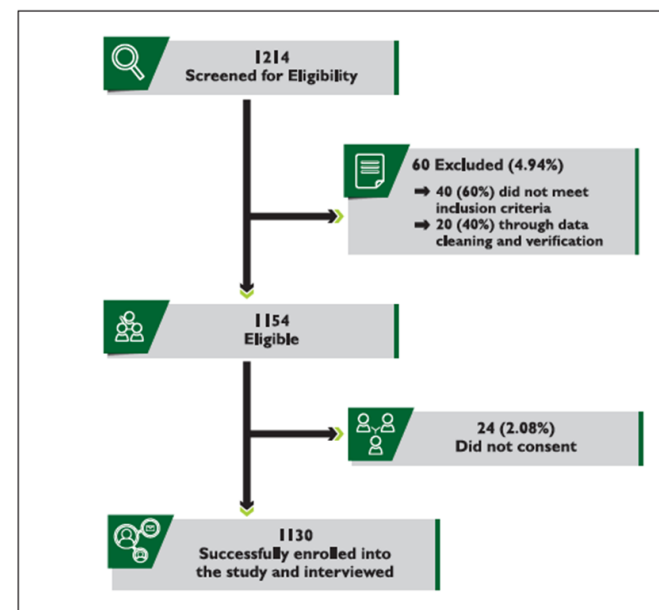


- Patient information extracted from the TB folder
 - Patients in intensive and continuation phase identified
- Patients provide informed consent
- Intensive phase patients answer question from onset of disease i.e. before diagnosis
- Continuation phase patients only answer questions after diagnosis (to reduce recall bias)

CLUSTERS AND ENROLMENT



Province	DR-TB		DS-TB		Total clusters	Total target
	Cluster	Target	Cluster	Target		
Total	10	200	39	960	42	1160



SUPPORT FROM FACILITIES

- Access to TB files and registers
- Identifying patients
- Space to conduct interviews (private space)
- Lockable cupboards to keep confidential consent forms for the duration of the data collection at the facility

CHALLENGES

- COVID-19 pandemic
 - Sampled facilities repurposed for COVID-19:
Addition of facilities
 - Patients not presenting to facilities: Home visits
- Low patient numbers in some facilities
 - Addition of facilities to the cluster
- Funding for data analysis and results dissemination

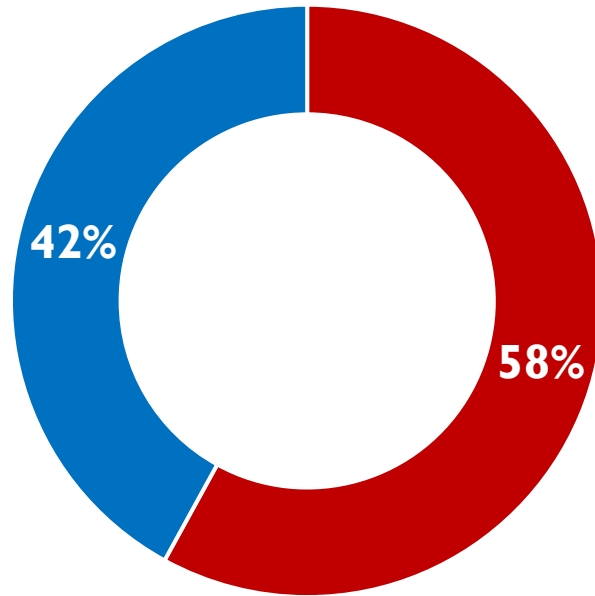




RESULTS

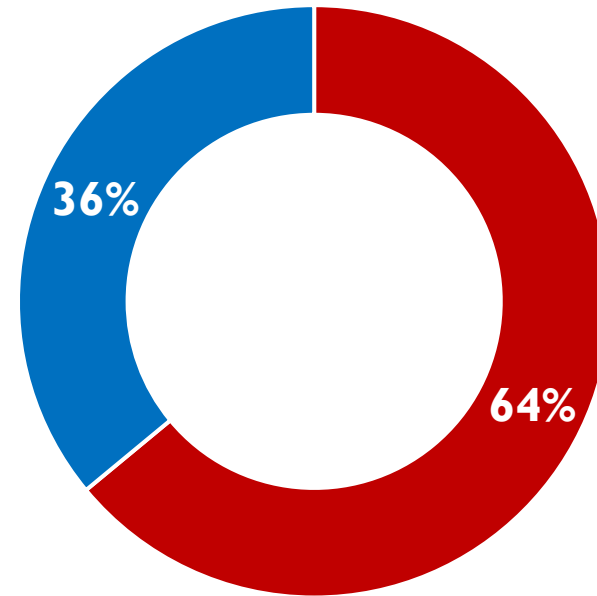
GENDER DISTRIBUTION BY TYPE OF TB

DS-TB



■ Female ■ Male

DR-TB



■ Female



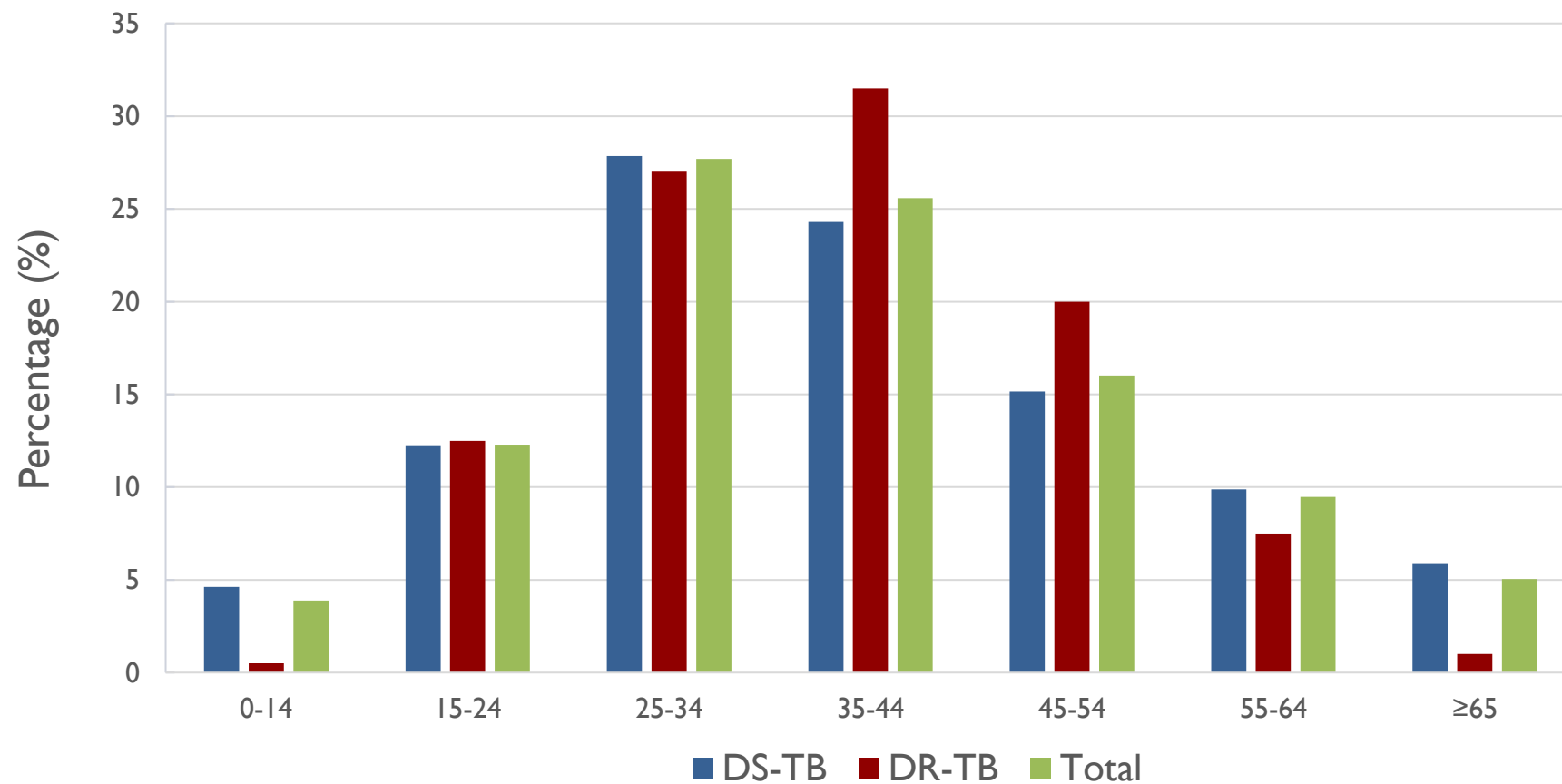
World Health Organization



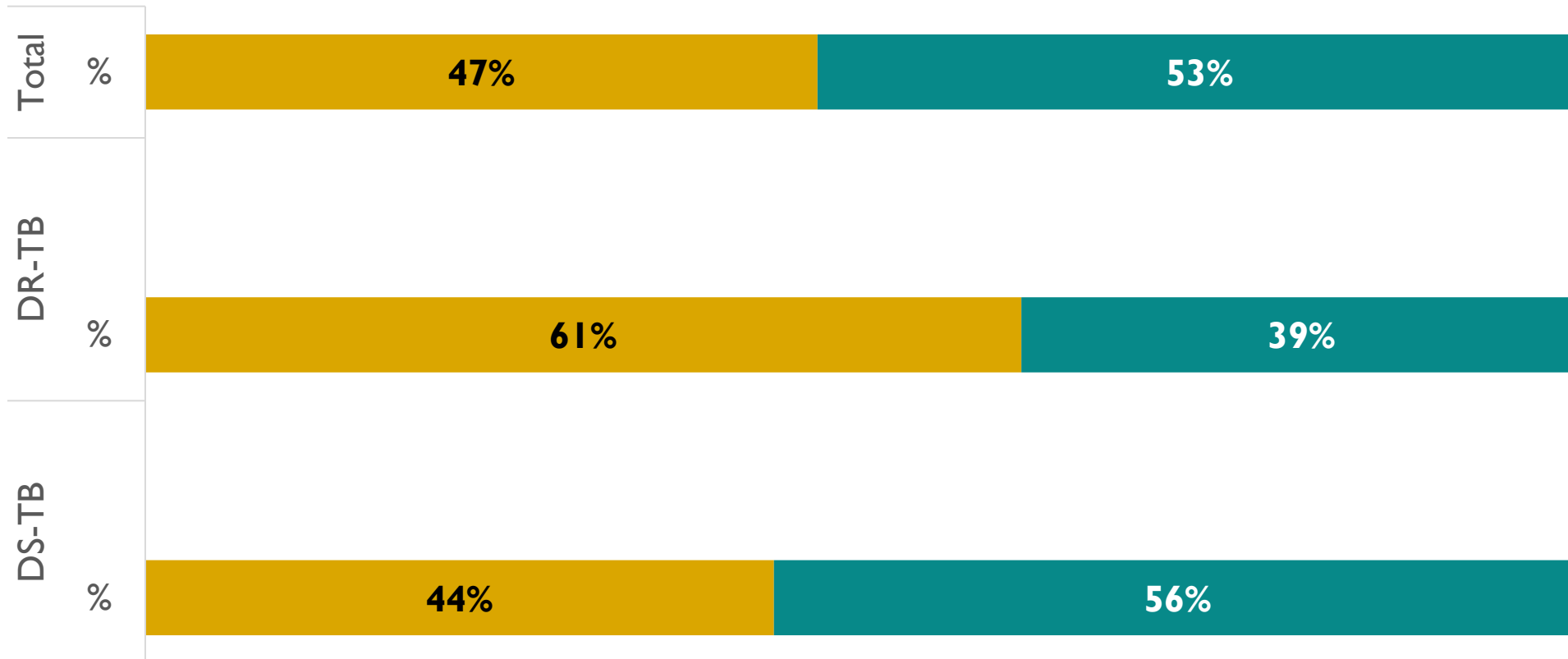
health

Department: Health
REPUBLIC OF SOUTH AFRICA

AGE DISTRIBUTION

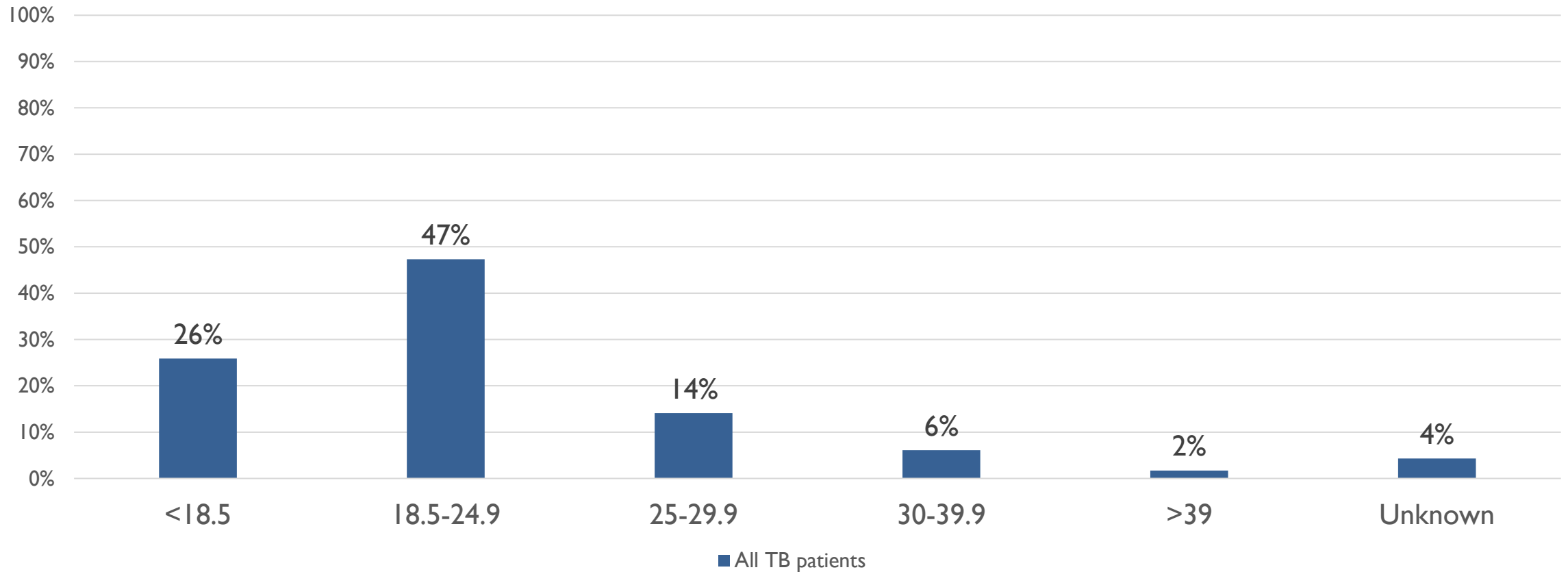


PROPORTION OF PARTICIPANTS BY TREATMENT PHASE



■ Intensive ■ Continuation

BMI



*BMI only calculated for adults in the survey

CATASTROPHIC COSTS



Direct medical costs

+



Direct non-medical

+



Indirect cost (income loss)

Catastrophic Cost if > 20%

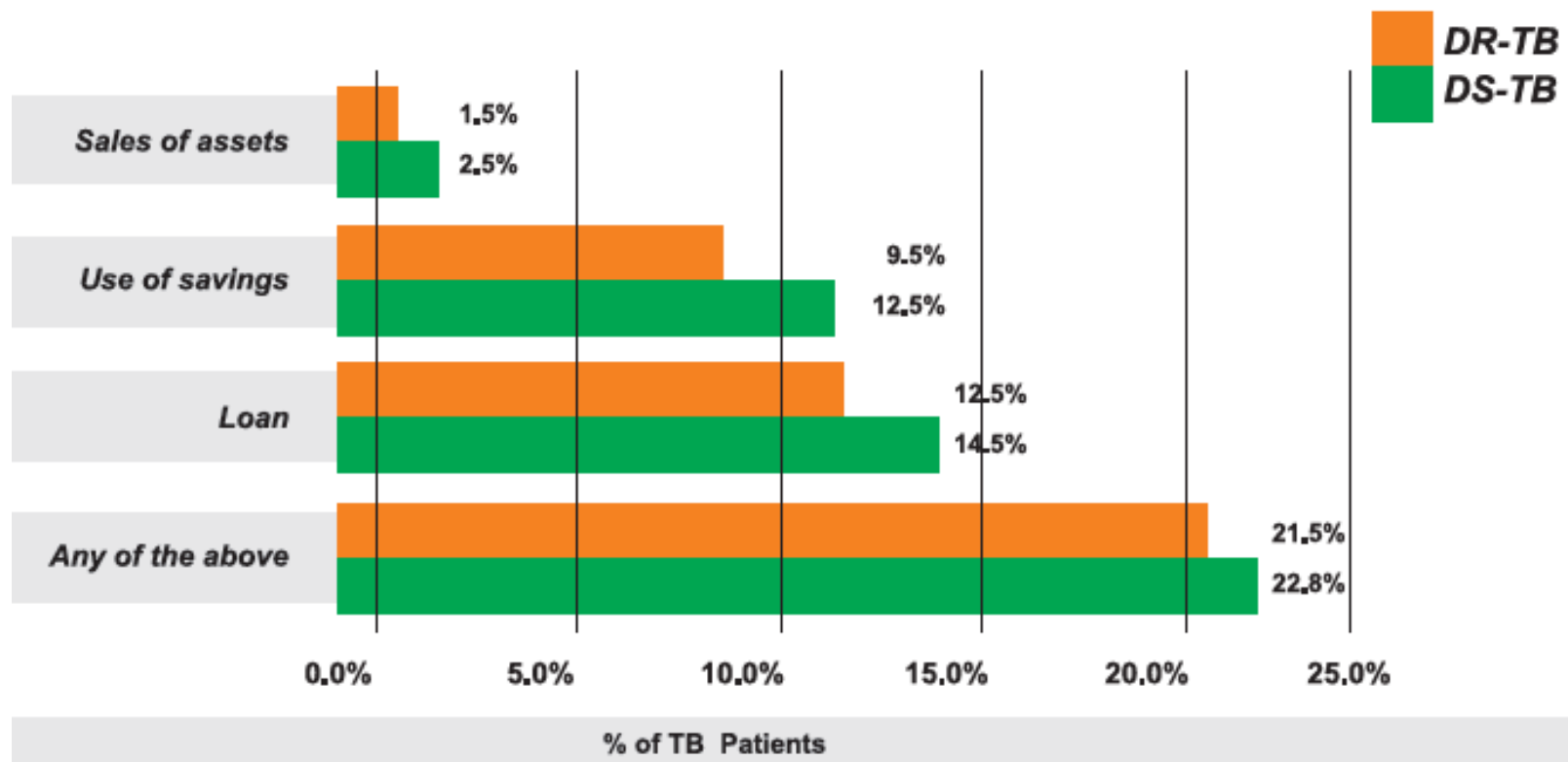
Annual household income



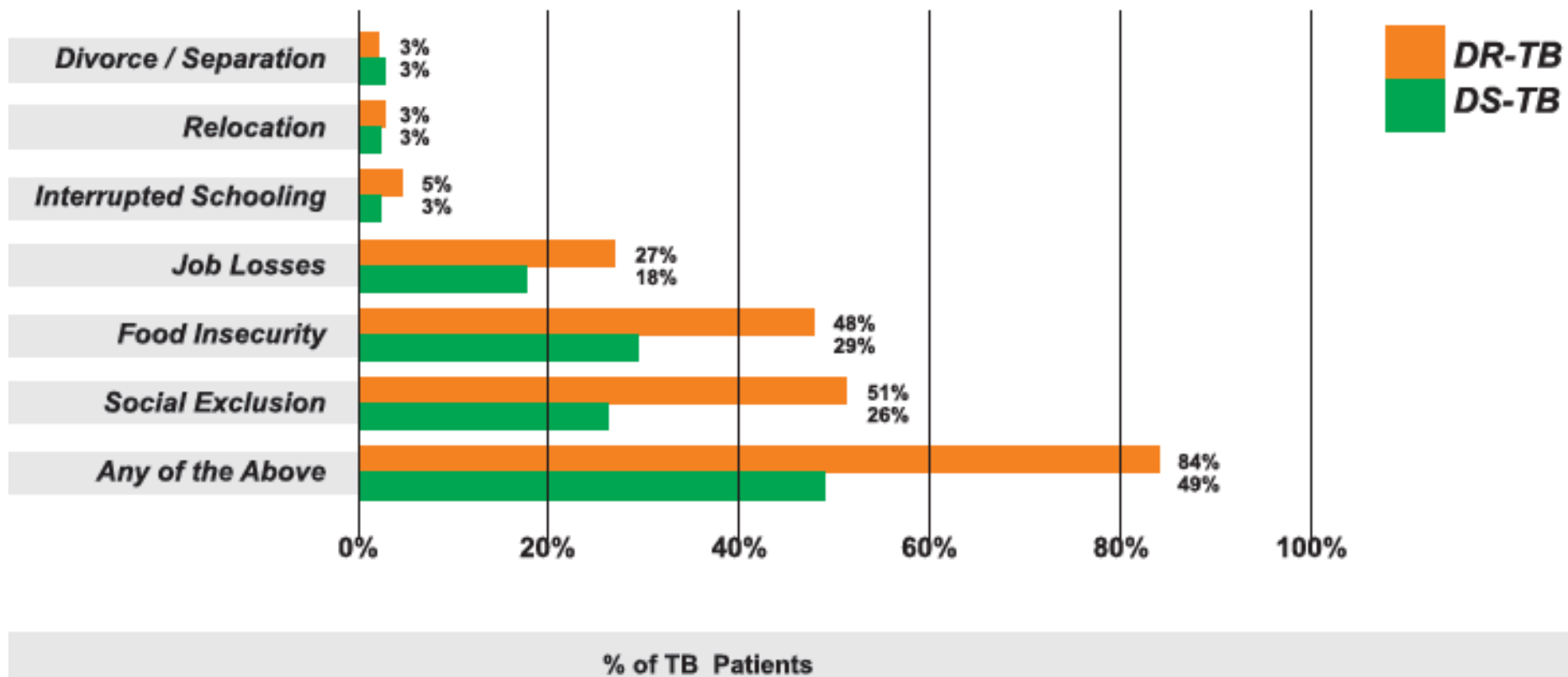
	N*	DS-TB		DR-TB		All TB patients	
		Number	(95% CI)	Number	(95% CI)	Number	(95% CI)
Number of facility visits		Visits		Visits		Visits	
<i>Pre-disease</i>	529	1.0	(0.9–1.0)	1.1	(1.0–1.2)	1.0	(0.9–1.0)
<i>Directly observed treatment</i>	986	2.0	(0.9–3.1)	55.3	(26.1–84.4)	3.9	(1.9–5.9)
<i>Drug pickup</i>	1,128	9.4	(7.5–11.4)	8.8	(0.4–17.1)	9.4	(7.5–11.3)
<i>Medical follow-up</i>	1,115	11.7	(10.7–12.6)	21.8	(15.6–28.0)	12.0	(11.0–13.0)
Total number of facility visits	1,130	23.2	(20.7–25.7)	79.4	(60.6–98.2)	25.2	(22.3–28.0)
Hours lost by patient		Hours		Hours		Hours	
<i>Pre-disease</i>	447	3.5	(2.7–4.3)	3.3	(2.5–4.1)	3.5	(2.8–4.2)
<i>Hospitalization</i>	1,130	17.6	(2.2–33.1)	245.1	(67.3–423.0)	25.3	(8.4–42.3)
<i>Directly observed therapy</i>	977	2.0	(0.3–3.8)	27.5	(-7.9–62.9)	2.9	(0.7–5.1)
<i>Drug pickup</i>	784	23.1	(18.7–27.6)	56.2	(42.4–70.0)	23.6	(19.2–28.0)
<i>Medical follow-up</i>	1,129	22.0	(17.4–26.7)	30.1	(16.9–43.4)	22.3	(17.8–26.8)
Total lost time	1,130	61.5	(44.4–78.6)	319.5	(160.2–478.8)	70.3	(51.8–88.7)

NUMBER OF FACILITY VISITS AND HOURS LOST

COPING MECHANISMS



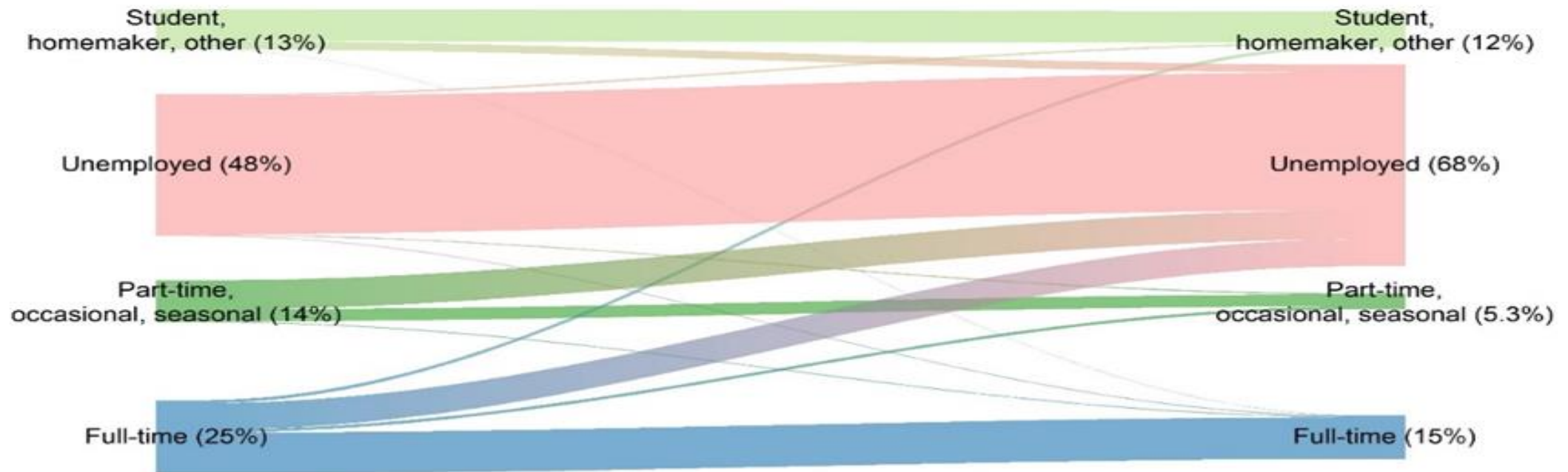
SOCIAL CONSEQUENCES



EMPLOYMENT STATUS

Employment status:
before TB episode

Employment status:
during TB episode



SOCIAL SUPPORT AND IMPOVERISHING EFFECT OF TB



95.8% did not have any health insurance



33% accessed social assistance
(33% DS-TB, 20% DR-TB)



6% received food parcels

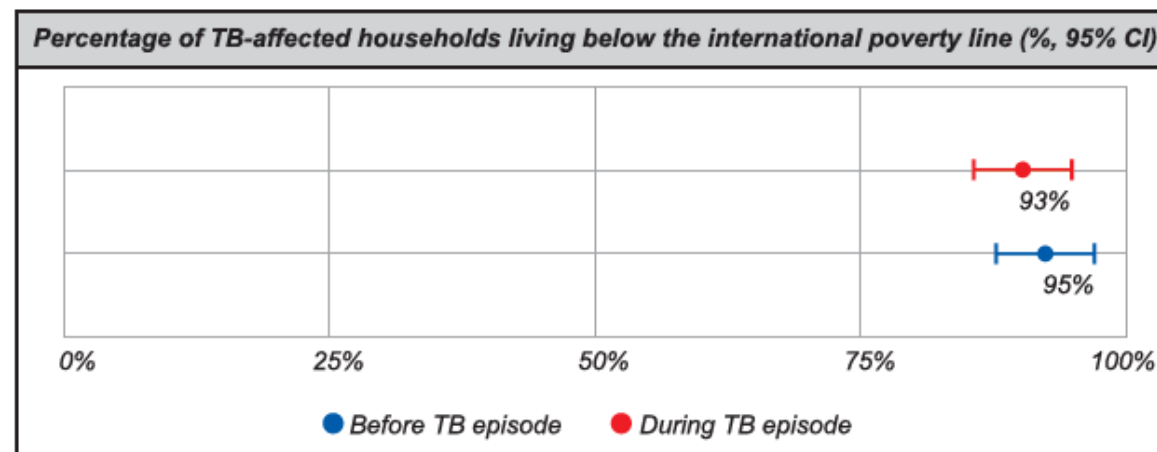


Figure 10: Percentage of TB-affected households living below international poverty line (% , 95% CI)

CATASTROPHIC COSTS



Direct medical costs

+



Direct non-medical

+



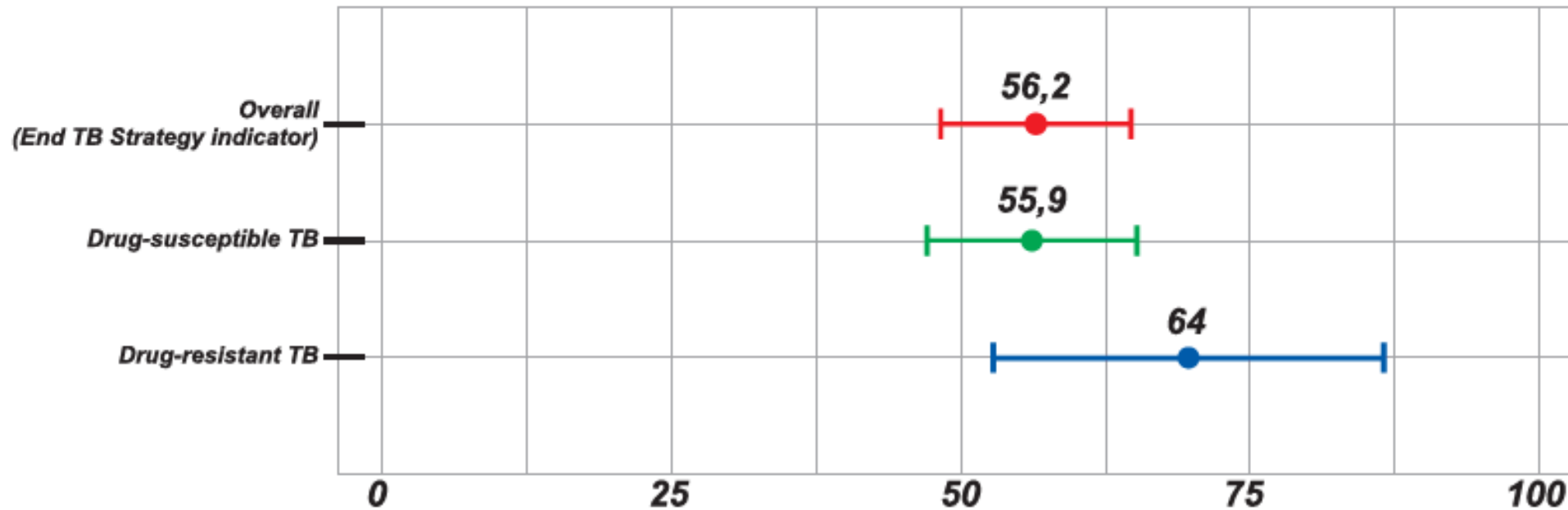
Indirect cost (income loss)

Catastrophic Cost if > 20%

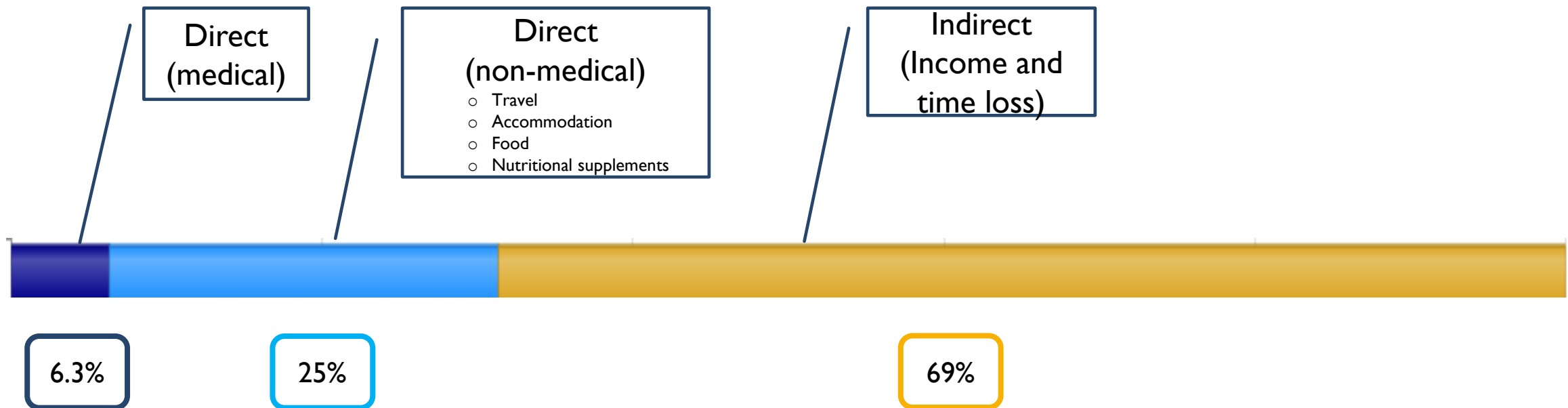
Annual household income



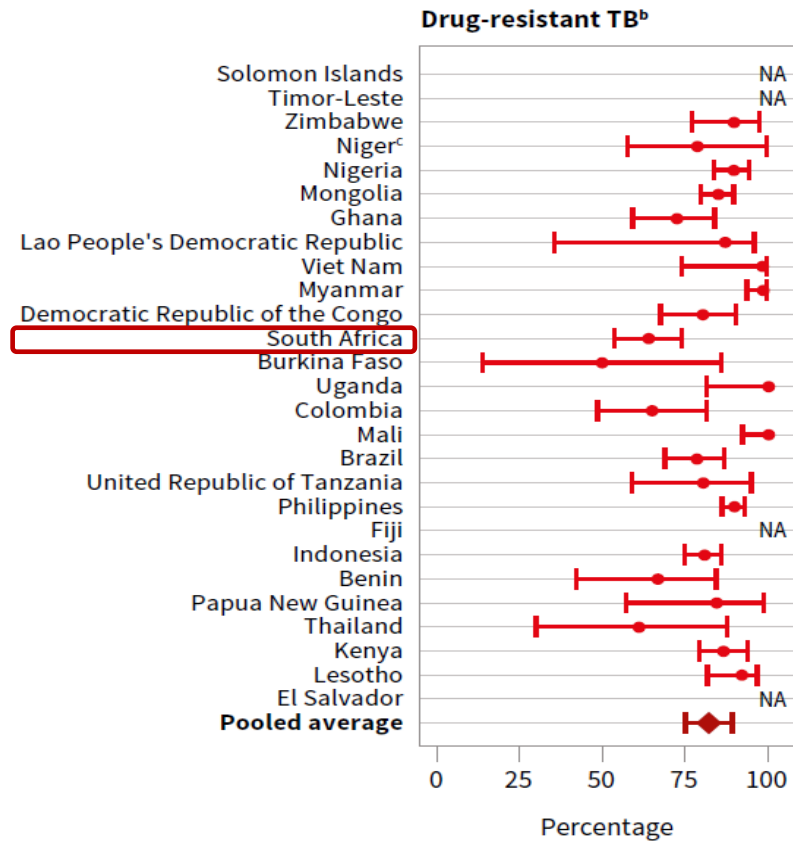
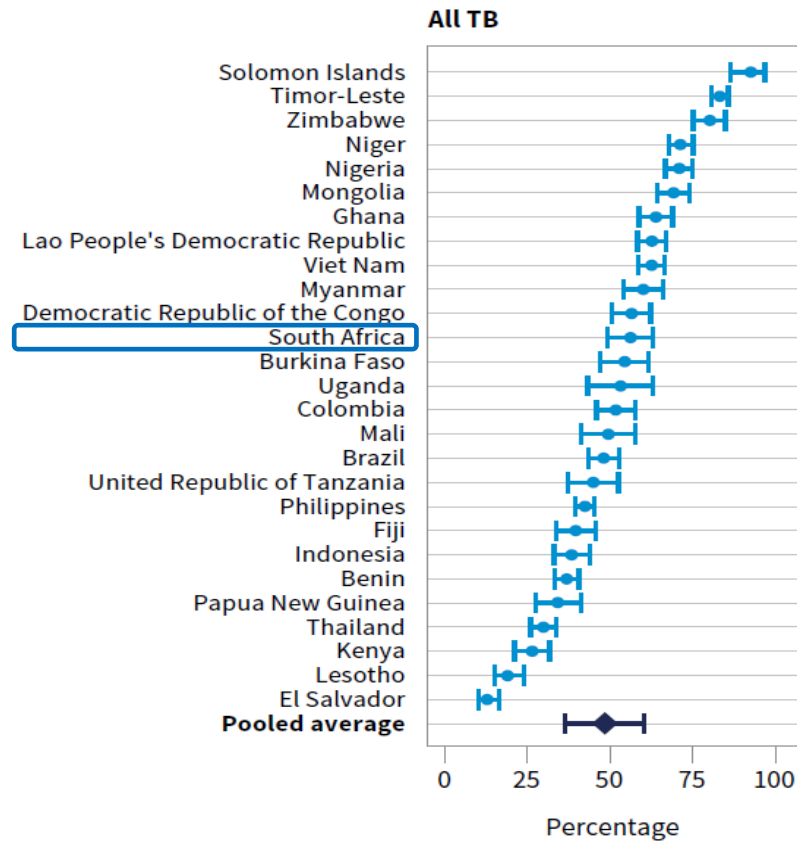
PERCENTAGE OF TB-AFFECTED HOUSEHOLDS FACING CATASTROPHIC COSTS



DISTRIBUTION OF COSTS INCURRED



GLOBAL ESTIMATES OF THE PERCENTAGE OF TB PATIENTS AND THEIR HOUSEHOLDS FACING CATASTROPHIC COSTS, NATIONAL SURVEYS IMPLEMENTED 2016–2022





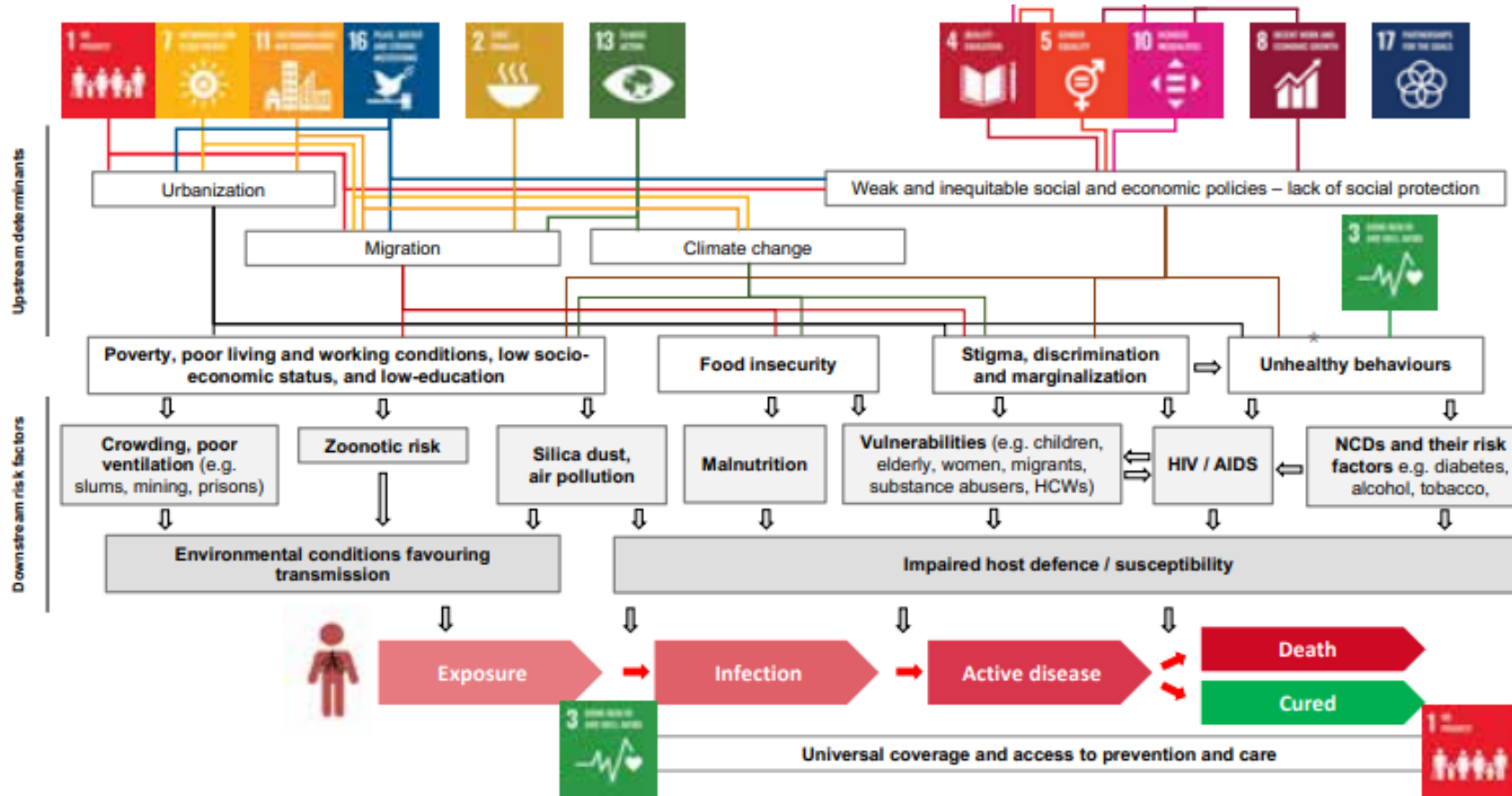
KEY RECOMMENDATIONS

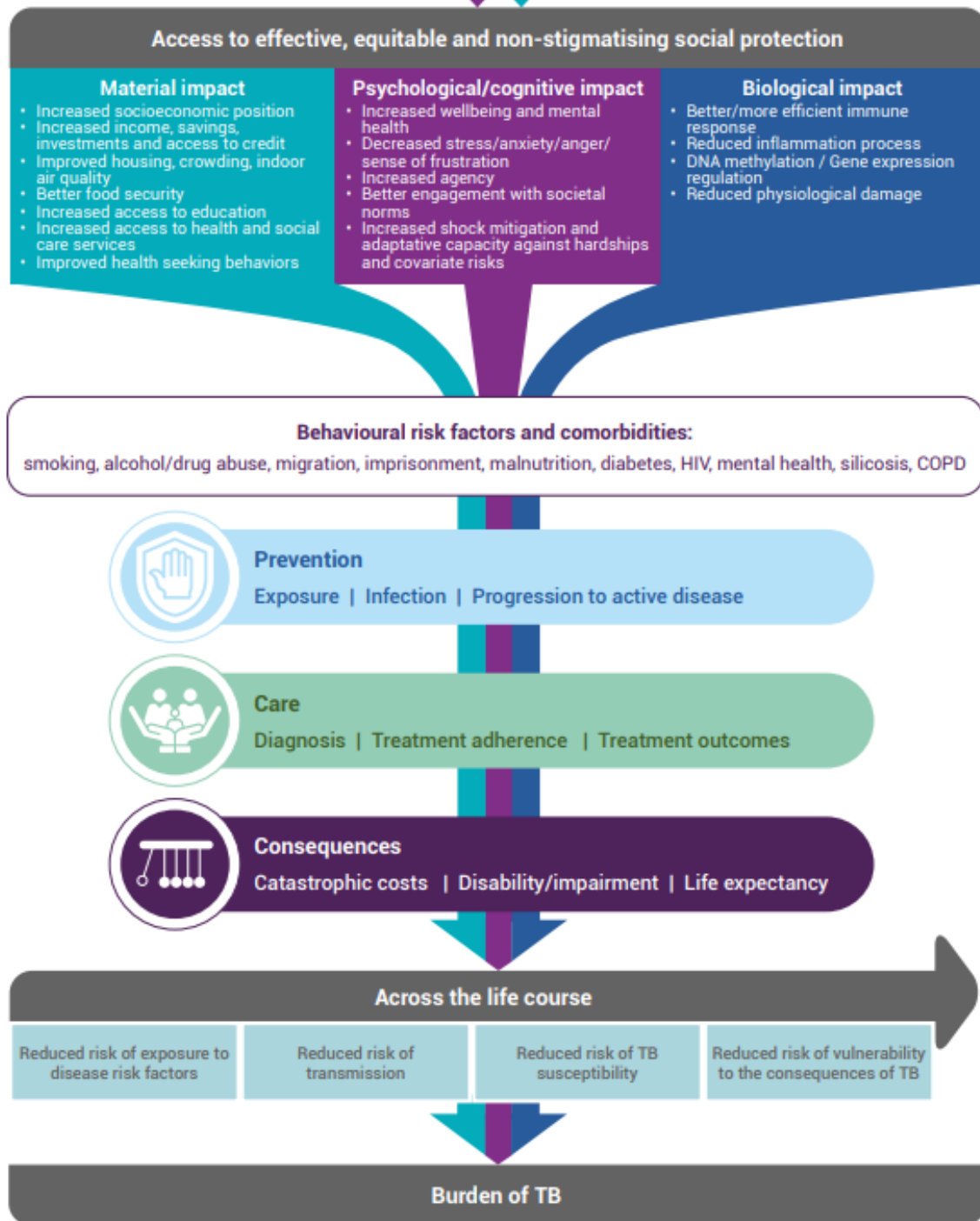
KEY RECOMMENDATIONS

- Address high catastrophic costs and impoverishing effect of TB (policy interventions and resources)
- Increase coverage of social protection (SASSA and UIF)
- Reduce food insecurity and the cost burden of nutritional supplements
- Reducing facility visits and hours spent seeking or accessing care (decentralized models of care)
- Interventions to mitigate social exclusion (community awareness)
- Strategies to reduce diagnostic delay
- Implementation and Monitoring of interventions

- Multisectoral approach: NDOH, Provinces, DSD, SASSA, Agriculture

SOCIAL PROTECTION IN THE 2030 AGENDA FOR SUSTAINABLE DEVELOPMENT





THE IMPACT OF ACCESSING EFFECTIVE AND EQUITABLE SOCIAL PROTECTION

- Reducing the risk of exposure to TB and transmission of TB;
- Reducing the risk of developing TB disease; and
- Reducing the risks of both poor TB treatment outcomes and adverse consequences of TB

ACKNOWLEDGEMENTS

All facility staff and patients

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THANK YOU!

