

# A Conceptual Framework for Modelling the Impact of Social Protection on TB Epidemiology

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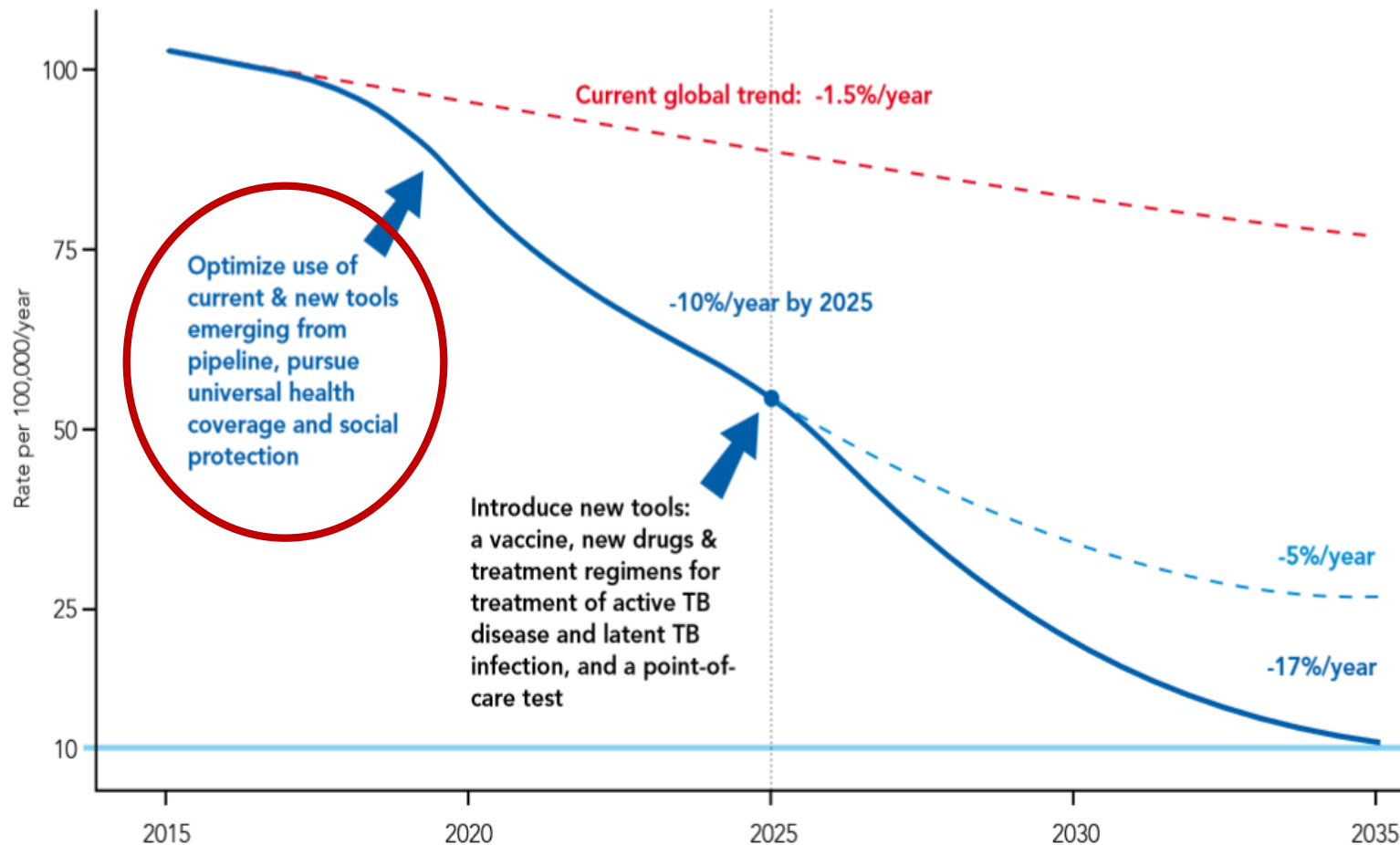


World Health  
Organization

# THE END TB STRATEGY

Goal: End the tuberculosis epidemic

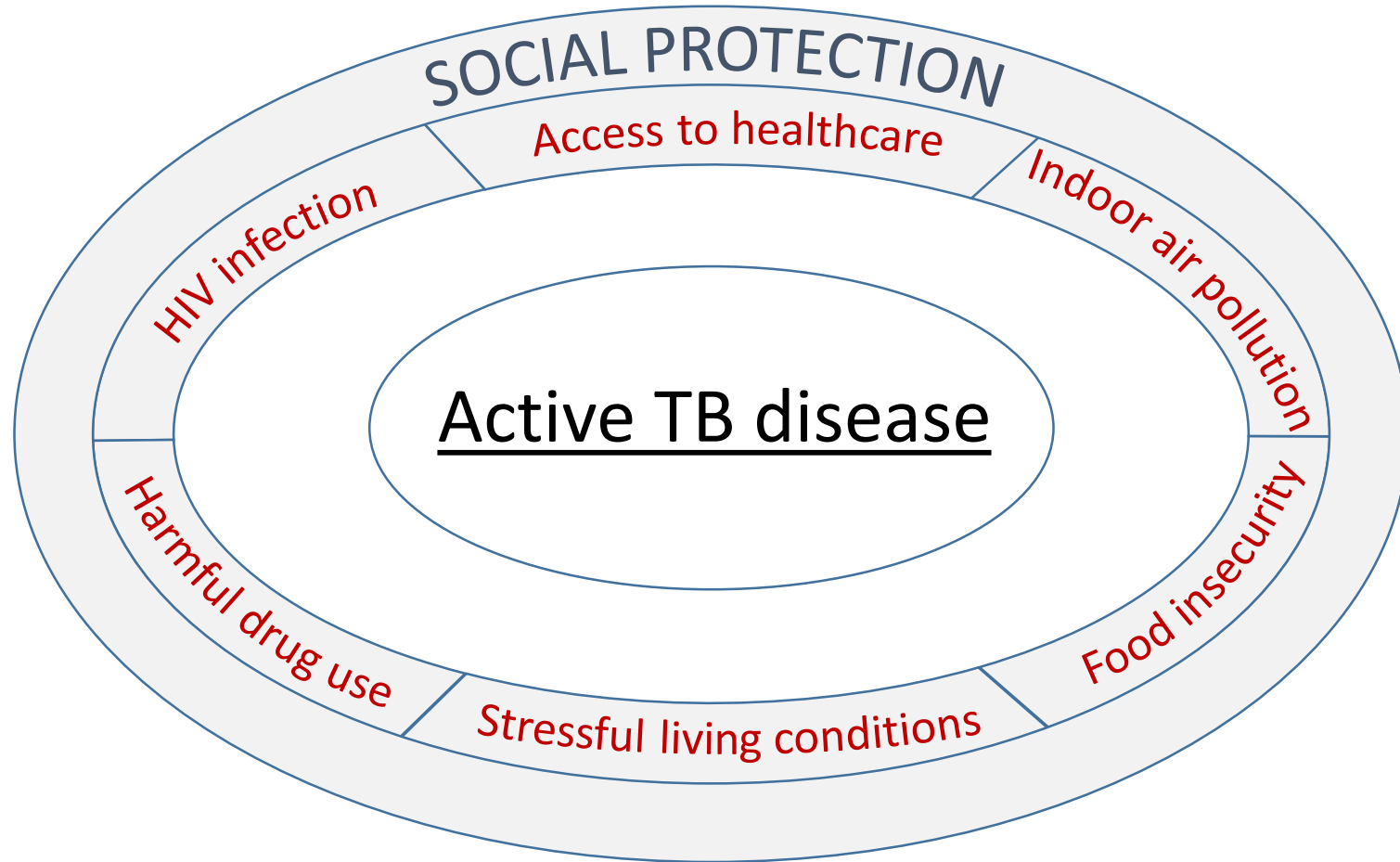
Indicators 1 & 2: Reduction in TB incidence rate and number of TB deaths





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# THE END TB STRATEGY



# Social protection



# Models can improve our understanding of....

1. How much social protection initiatives may a) reduce TB incidence and TB deaths, and b) prevent catastrophic costs
  2. Which populations it would be (cost-) beneficial to provide social protection initiatives to
  3. Which social protection initiatives should be prioritised in different settings
  4. The incremental (cost-) benefits of running social protection initiatives integrated with TB care
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# Social protection and TB incidence

## Modelling the impact of social protection on tuberculosis: the S-PROTECT project

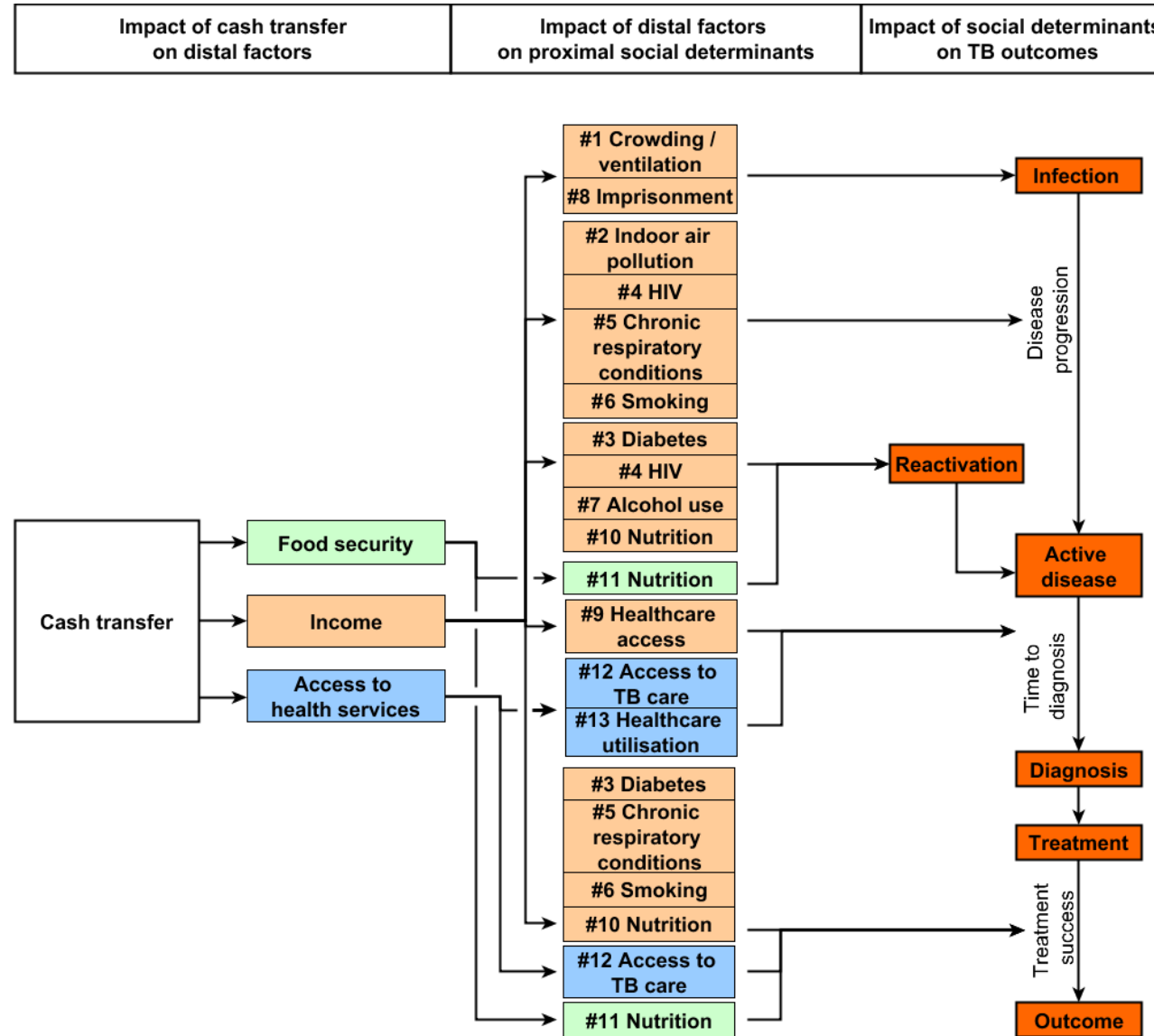
1. [D. Boccia](#)✉, [W. Rudgard](#), [S. Shrestha](#), [K. Lönnroth](#), [P. Eckhoff](#), [J. Golub](#), [M. Sanchez](#), [E. Maciel](#), [D. Rasella](#), [P. Shete](#), [D. Pedrazzoli](#), [R. Houben](#), [S. Chang](#) & [D. Dowdy](#)
- 2.
3. *BMC Public Health* **18**, Article number: 786 (2018) | [Download Citation](#) ↓

Outcome: % reduction in TB prevalence

Study setting: Brazil where anti-poverty cash transfers are available to poor and extremely poor households

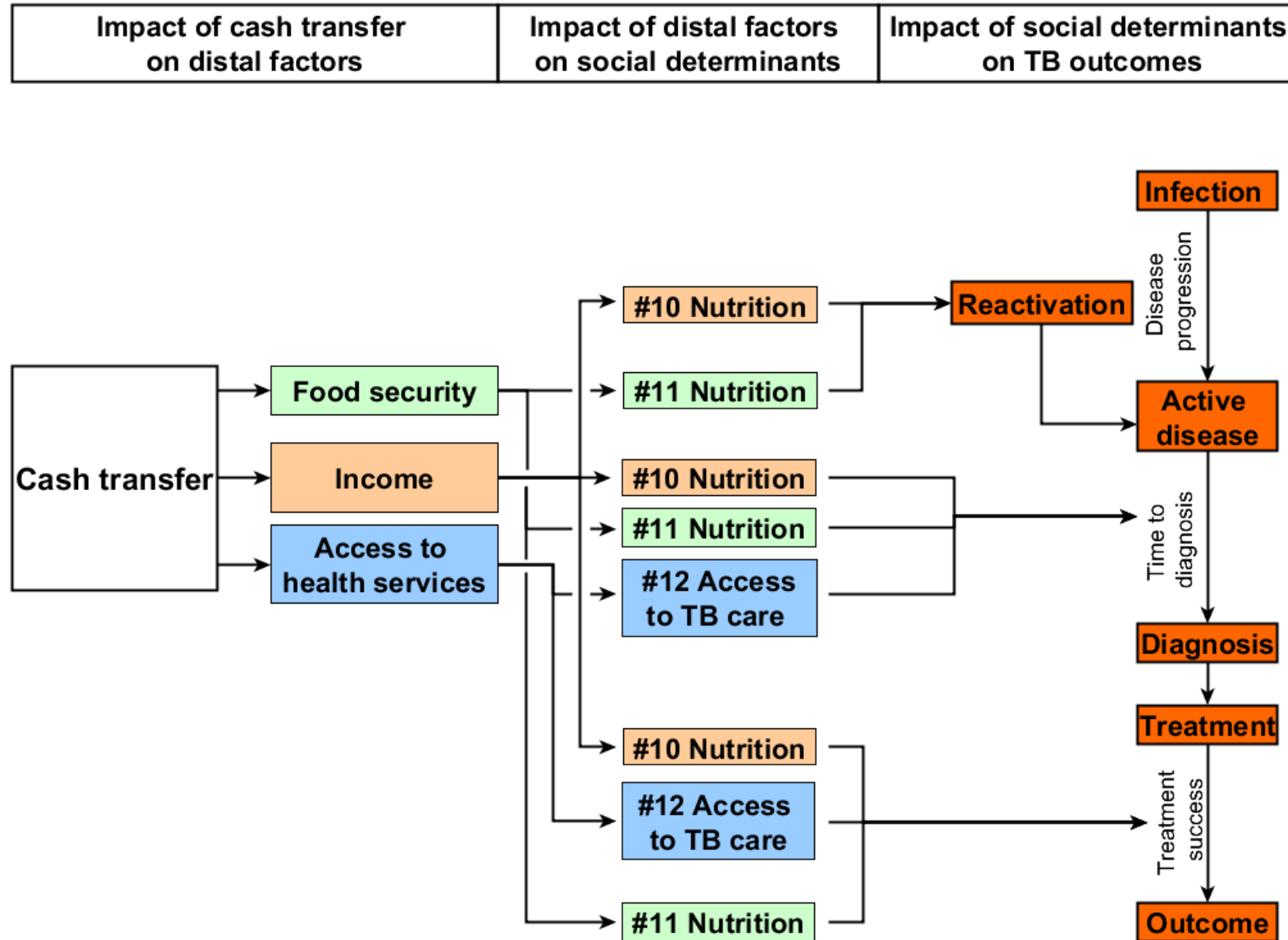
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# Simplifying complexity



# High priority pathways

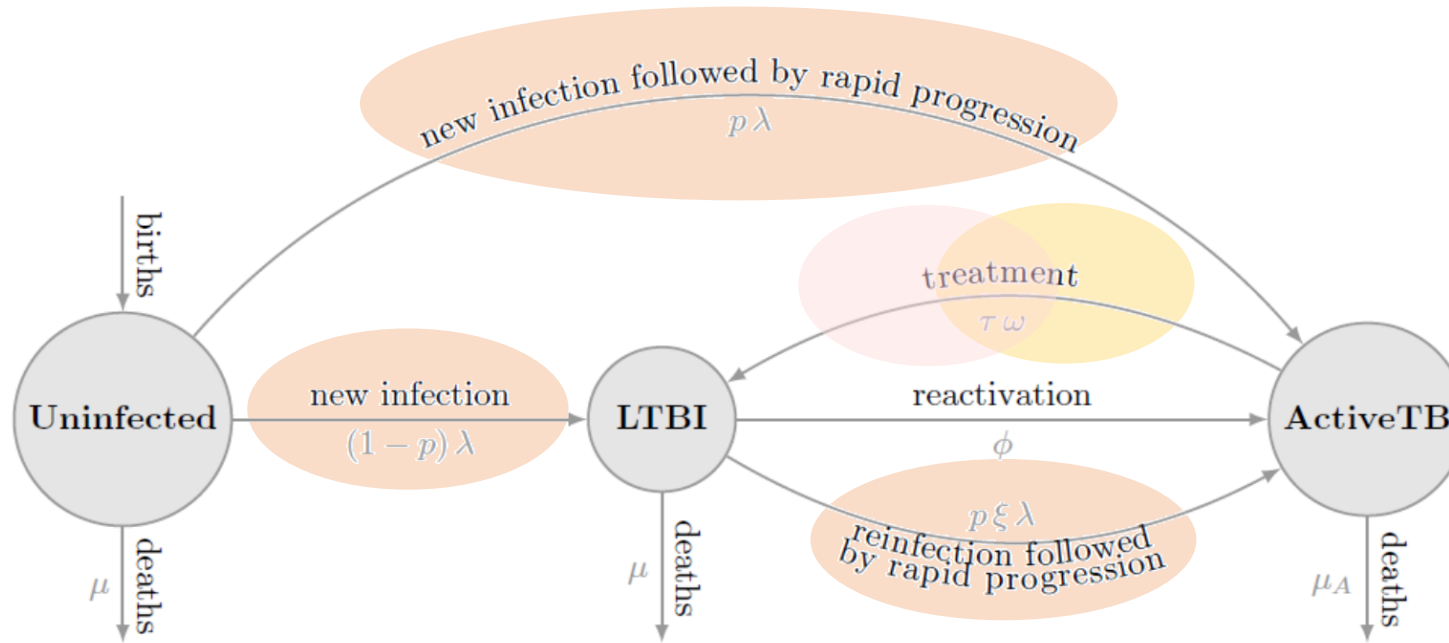
3.





# TB transmission model

Pathway 10: Cash transfers → Income → Nutrition → TB risk and TB treatment



Key assumptions: Homogeneity in mixing, homogeneity in risk of TB (i.e. does not consider HIV), and does not account for the demographic make-up of cash transfer recipients.

# Findings for Pathway 10

Potential Effect of Cash Transfers	Best Estimate	Low Estimate	High Estimate
<b>TB prevalence (by ≈ 2050)</b>	<b>-4%</b>	<b>-1%</b>	<b>-24%</b>

Levels of Impact	Best Estimate	Low Estimate	High Estimate
Cash Transfers → Income	+15%	+10%	+20%
Income → Nutrition	0.00013 per US\$	0.00011 per US\$	0.00014 per US\$
Nutrition →			
Incident TB disease	-14% per unit BMI	13% per unit BMI	14% per unit BMI
TB diagnosis	+1% per unit BMI	+1% per unit BMI	+2% per unit BMI
TB treatment failure	-16% per unit BMI	-8 per unit BMI	-23 per unit BMI

# Identified challenges

1. Surprising lack of data in certain fields (e.g. Access to TB care)
  2. Outcomes measured using different units across different fields
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# Much needed next steps

Additive effects of pathways

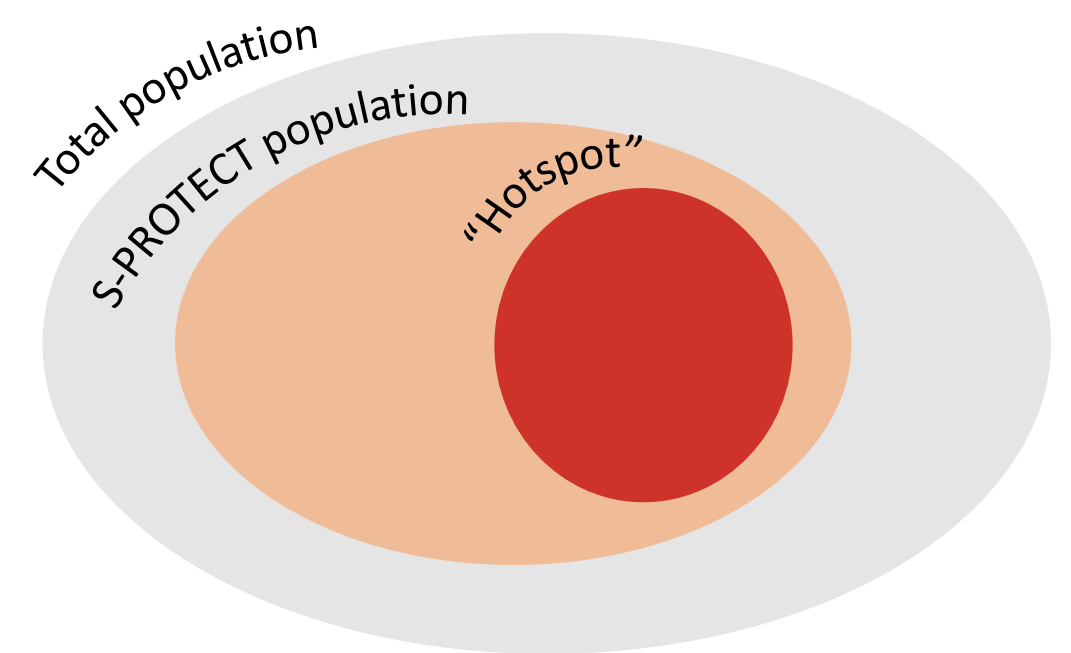
Differential TB risk

1. Slum dwellers
2. Indigenous peoples
3. PLHIV

Differential mixing

Other social protection initiatives

1. Fee waivers
2. Social/ health insurance
3. Disability grants

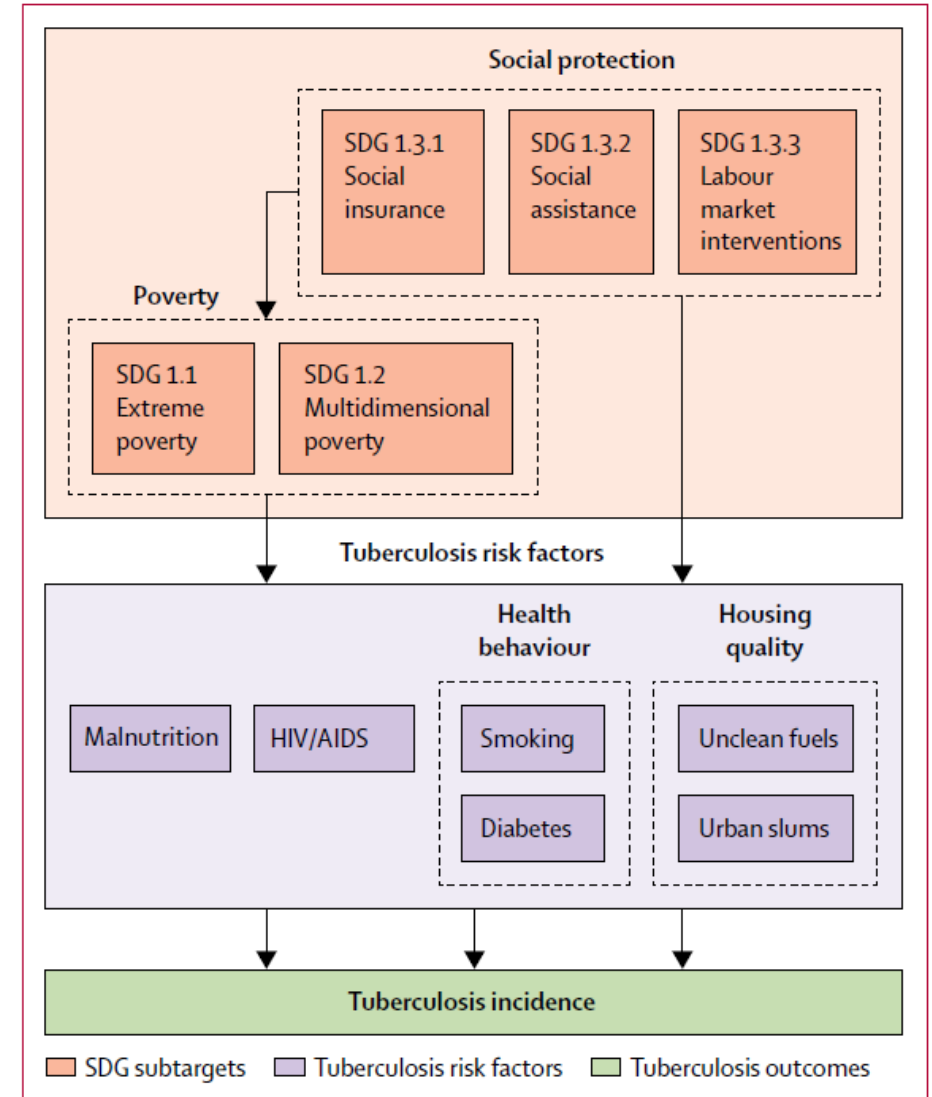


# Afterthoughts

## SDG 1: End poverty in all its forms

### Mediation analysis resulted in a simplified modelling framework

“..the total effect of the SDG subtargets on tuberculosis incidence is [was] representative of the indirect effect through the four tuberculosis risk factor pathways...”



# Conclusion – main messages

1. Social protection is acknowledged as key for accelerating TB elimination
  2. The S PROTECT project both:
    - i. Confirms modellings' potential contribution
    - ii. Highlights a number of current challenges
  3. Methodological improvements are needed to estimate reliable estimates of effect
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# Thank you!

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