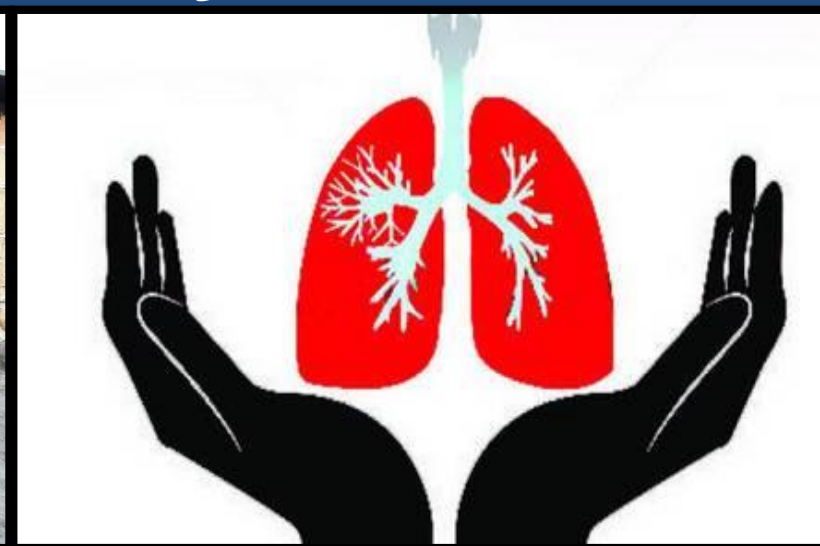


BNMT NEPAL

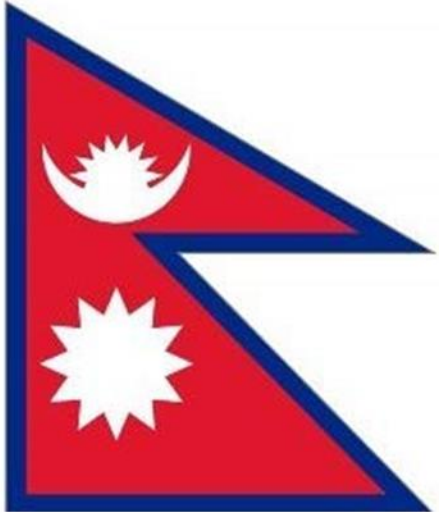


Developing a locally-appropriate socioeconomic package for TB-affected households in Nepal: a mixed-methods study

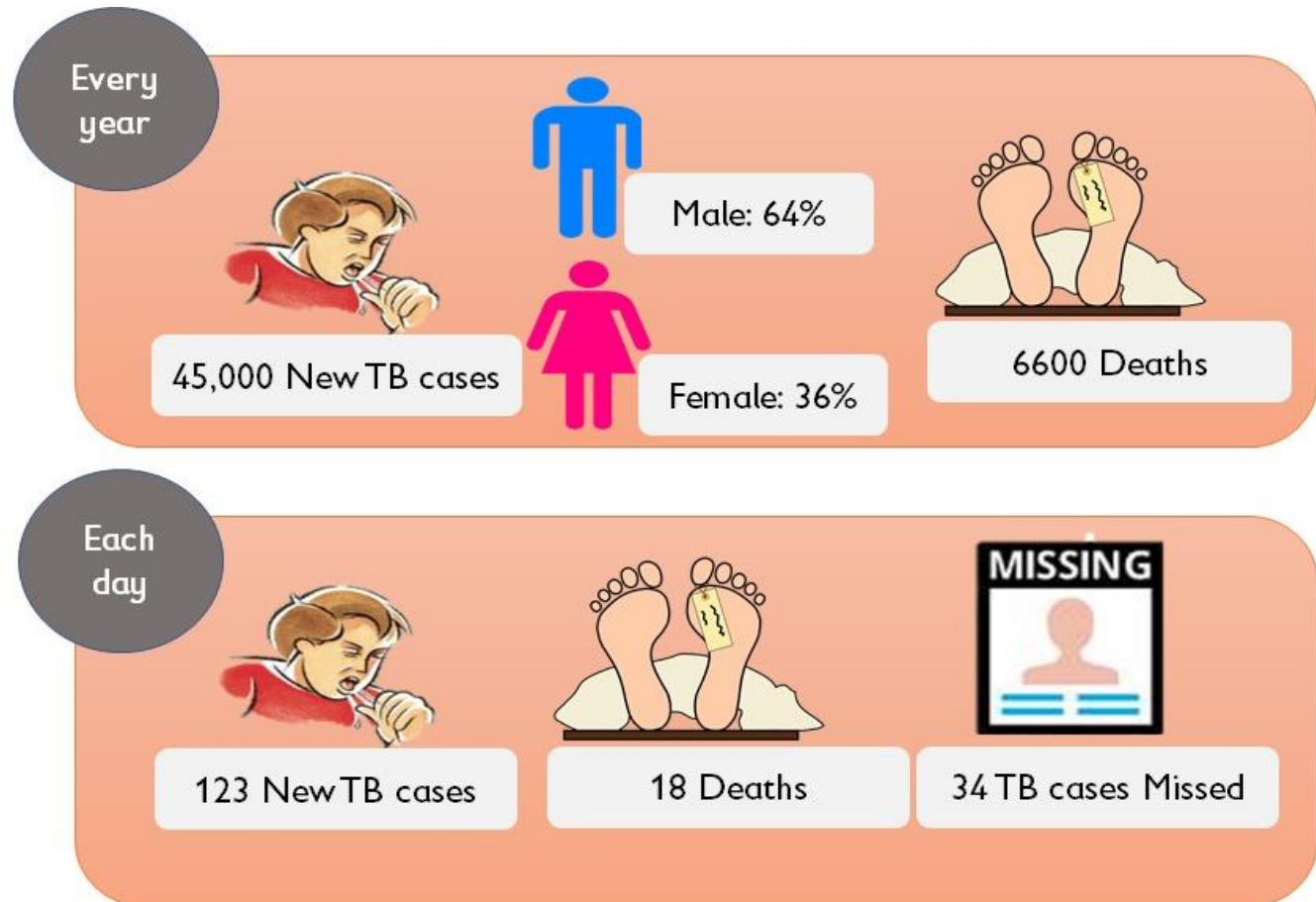
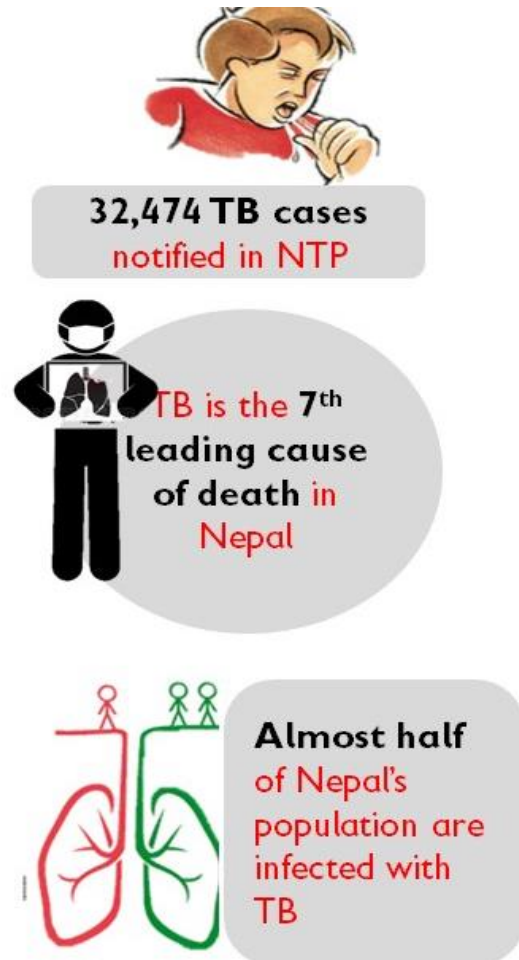


Kritika Dixit
Project Manager, BNMT
TB MAC Meeting, Istanbul
3rd October 2019

Nepal

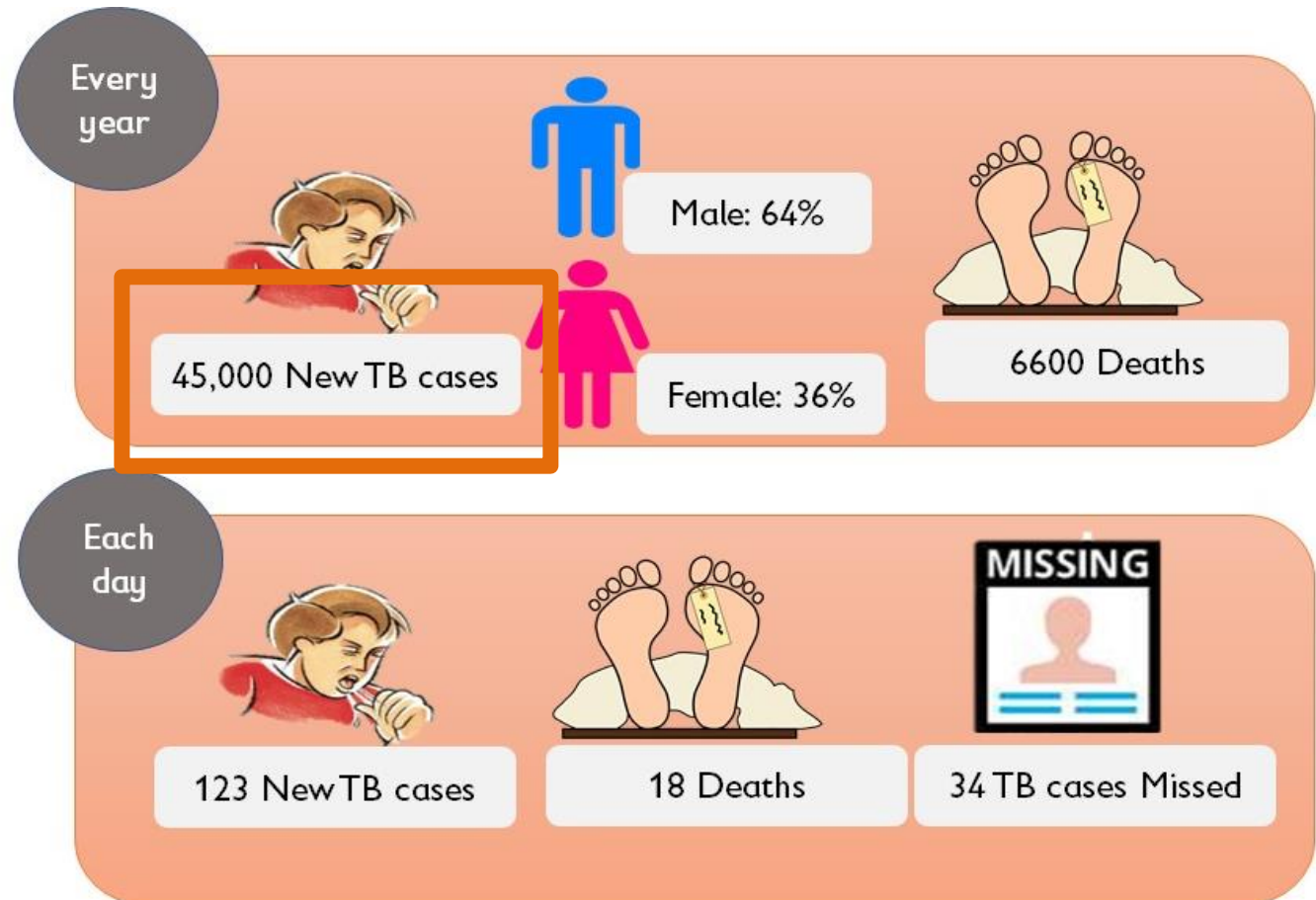
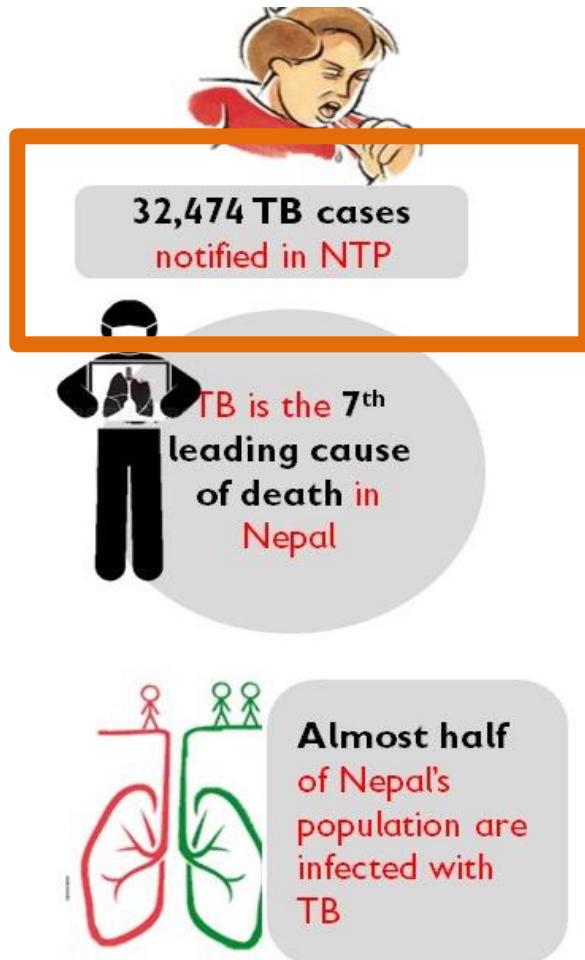


Burden of TB in Nepal



Source: National TB Program, 2019

Burden of TB in Nepal



Source: National TB Program, 2019

The patient pathway



Unseen reality

"I had fainted when a volunteer came to visit me at my house. I was very weak. I could barely move. My husband works in India so I stay with my daughter and son-in-law. They don't always love me. She does give me food but sometimes I have to walk around my neighborhood to ask others for food."



WHO's End TB Strategy



What is social protection?

Sickness
insurance

Food package

Housing

Disability
grant

Cash Transfers

Vocational
Training

Travel Voucher

Job protection

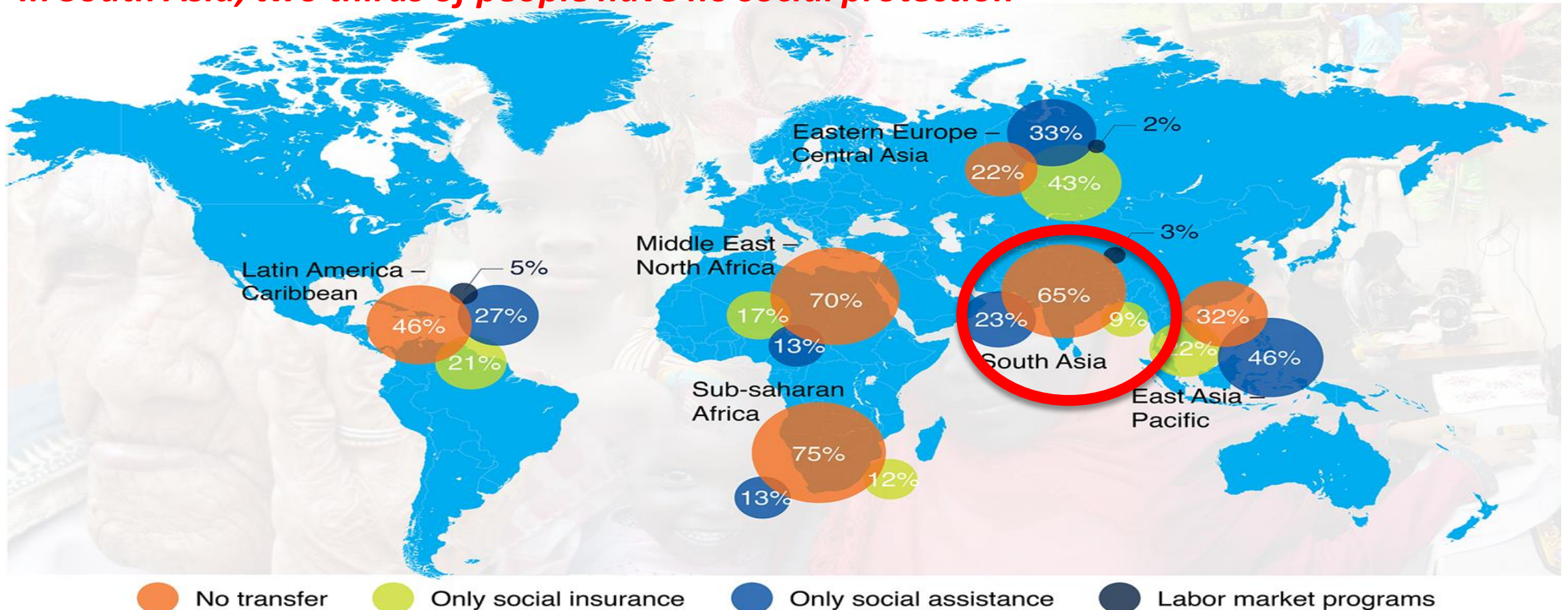
What is social protection?

“A set of basic social security guarantees which aim at preventing or alleviating poverty, vulnerability and social exclusion.”

International Labour Organization. Social Protection Floors Recommendation 2012. Geneva, Switzerland. International Labour Organization.

What is the global coverage of social protection?

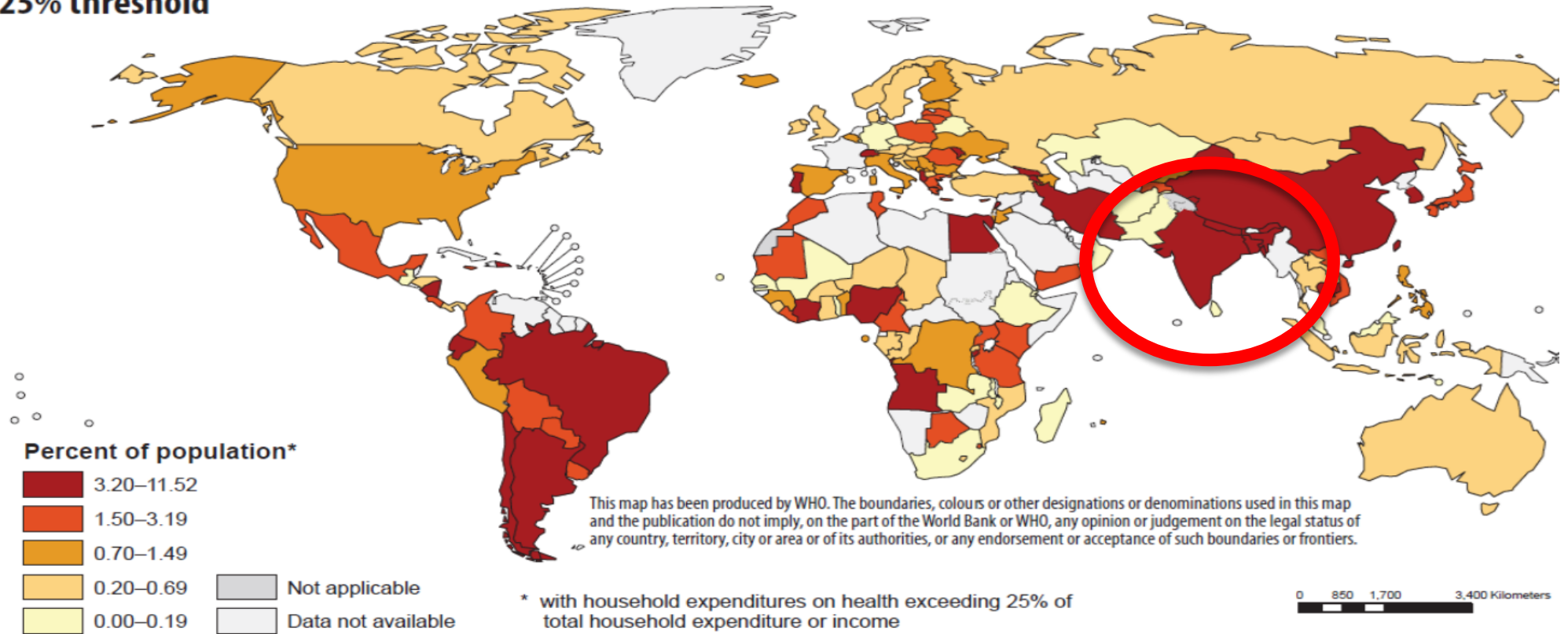
In South Asia, two thirds of people have no social protection



Why is social protection important?

>10% of population of South Asia face catastrophic health expenditure

25% threshold



How can social protection end TB?



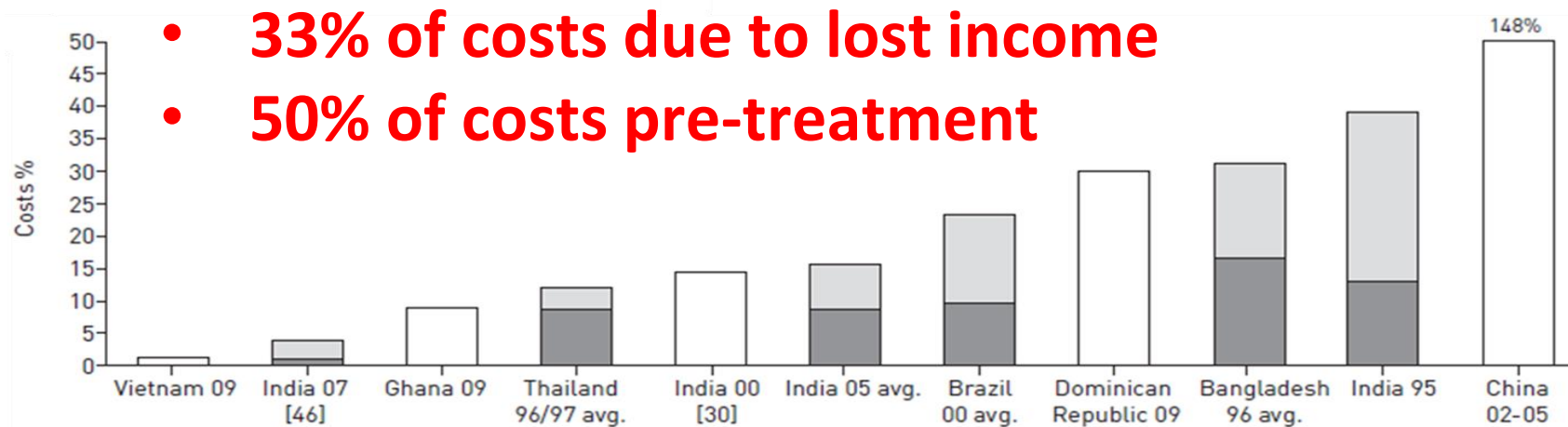
Eur Respir J 2014; 43: 1763–1775



REVIEW
TUBERCULOSIS

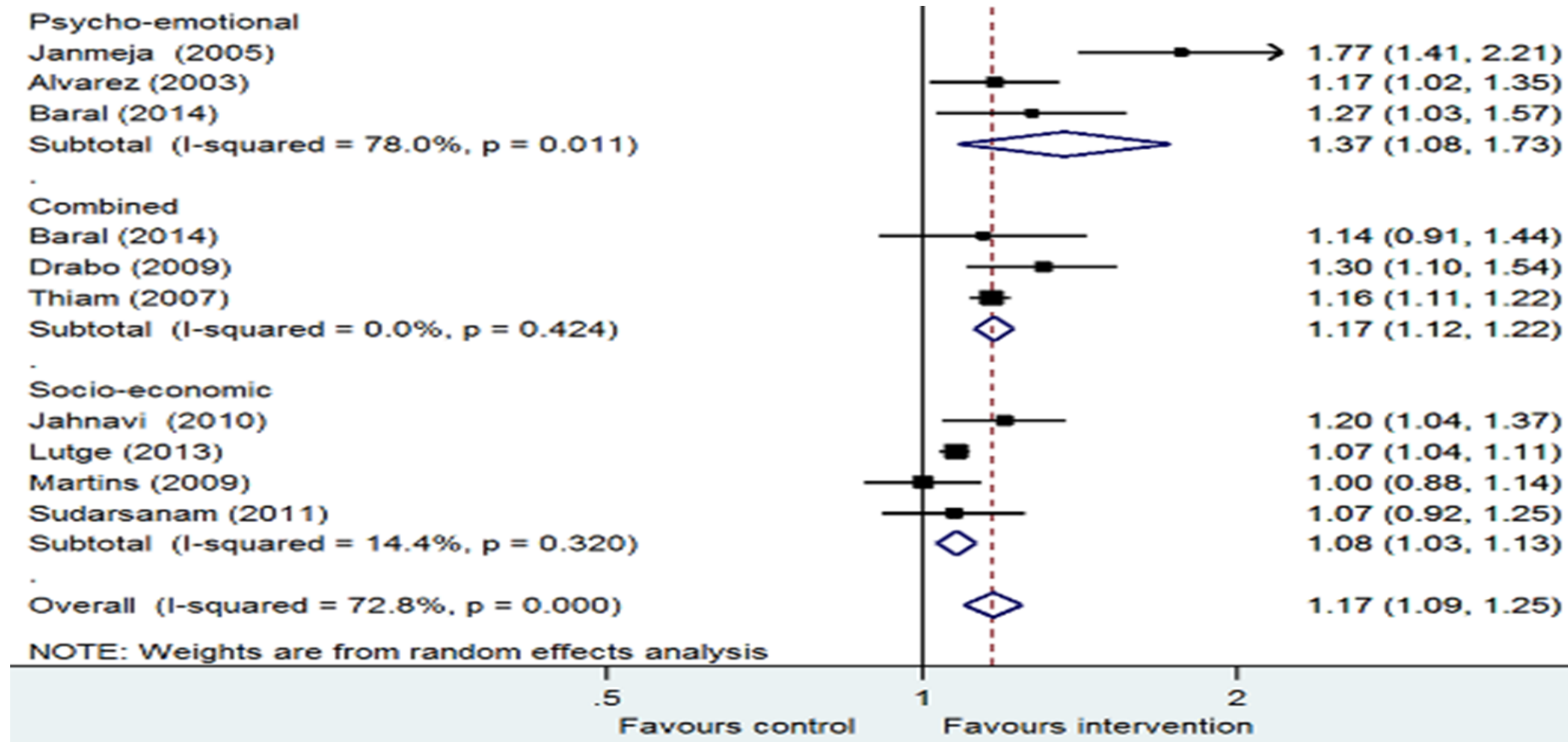
Financial burden for tuberculosis patients in low- and middle-income countries: a systematic review

Tadayuki Tanimura, Ernesto Jaramillo, Diana Weil, Mario Raviglione and Knut Lönnroth



How can social protection end TB?

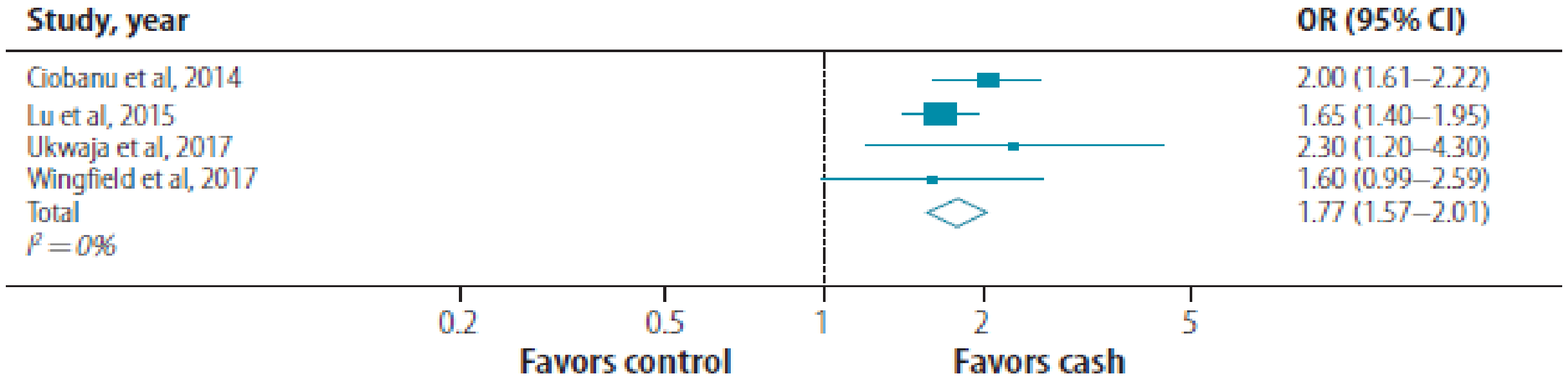
Psychological and socioeconomic support improves TB treatment outcomes



Van Hoorn, PLOS One, 2016

How can social protection end TB?

Cash transfers improve TB treatment outcomes



Richterman, Bull WHO, 2018

Objectives

1. Identify the barriers, facilitators, and socioeconomic impact of accessing and engaging with TB care in Nepal
2. Create a shortlist of locally-appropriate socioeconomic support packages to trial for potential scale-up



Study Activities



Participant Interviews

- 221 Patient Interviews
- 120 Control Interviews



Focus Group Discussion (FGD)

- 7 Focus Group Discussion
- 54 Participant



Patient

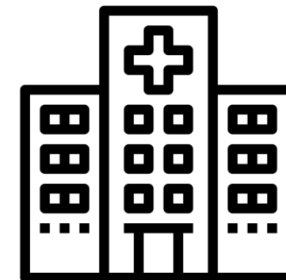


Community
stakeholders

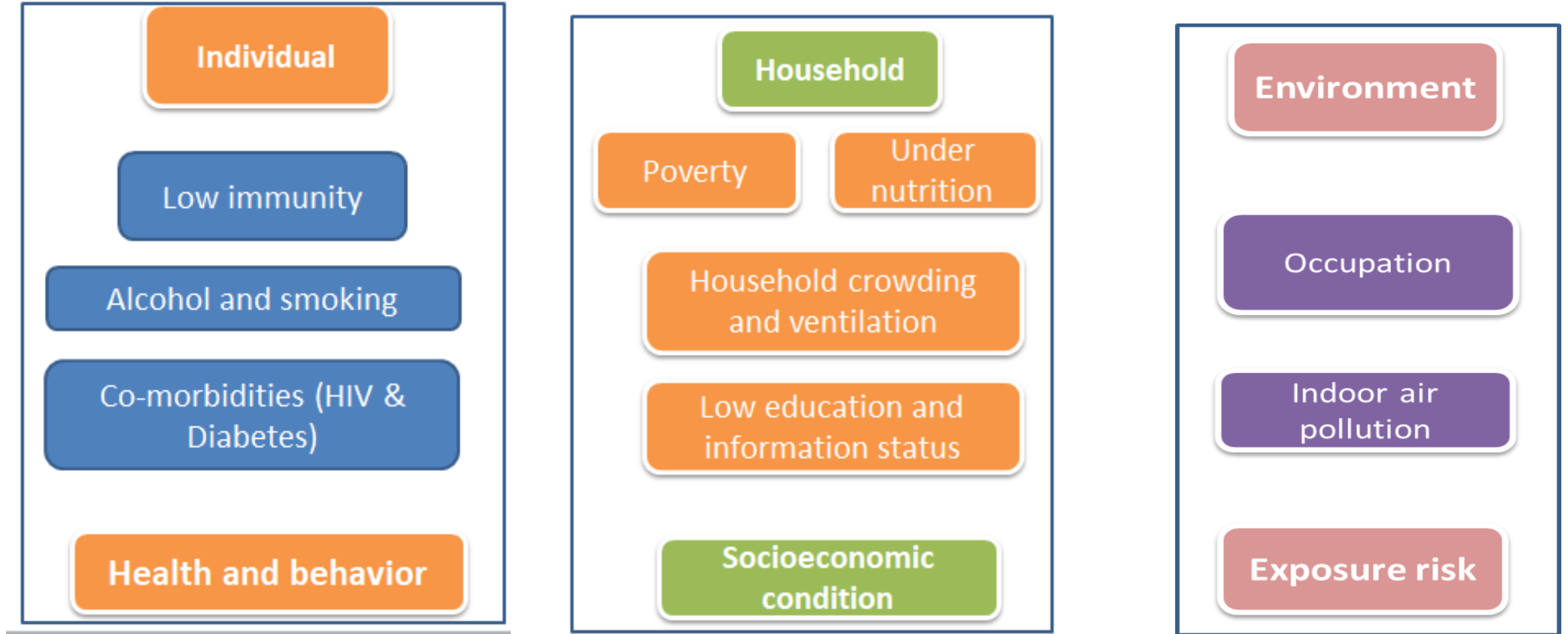


National TB Program
stakeholders

Results



Perceived risk factors to develop tuberculosis



Perceived barriers to accessing and engaging with TB treatment and care

Socioeconomic condition

Stigma and
mental stress

Increased
economic
burden

Under
nutrition

Inadequate access to
health facilities

Geographical
isolation

Inadequate
knowledge,
awareness and
advocacy

Travel for
medicines

Health Care Provision

Limited
opening hours

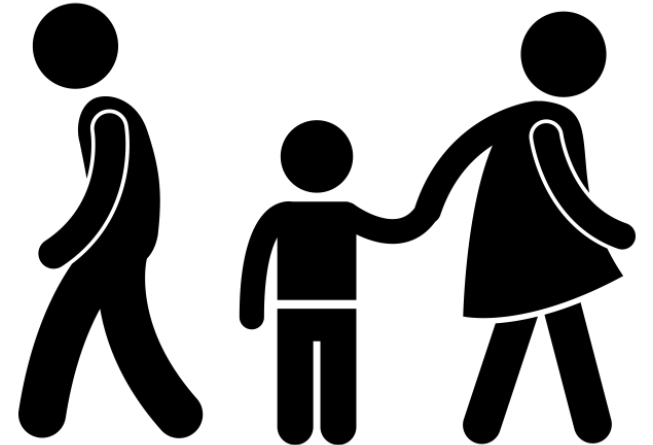
Multiple
visits and
tests

Poor behavior
of health
workers

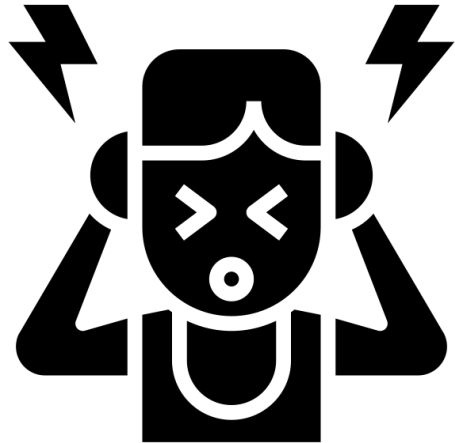
Perceived barriers: Stigma and mental stress

24 years , Female, Patient, Makwanpur

I have not told about my disease to anyone in my family because they will **hate me**. I have been staying here since one year. People talk about me behind my back, they do not come near me in the fear of getting disease.



Perceived barriers: Stigma and mental stress



48 years Male MDR Patient,
Chitwan

I had suicidal thoughts at one point. I also heard that **one of the female patients with MDR TB committed suicide** during her 16 months of treatment.

Perceived barriers: Increased economic burden

56 years, Male Patient, Makwanpur

It takes **3 hours by walking** to reach health facilities.Auto [local vehicle] takes Rs 300 [~USD 3] to reach home. I can't earn three penny. **How can I pay Rs 300 [~USD 3] to go home?**



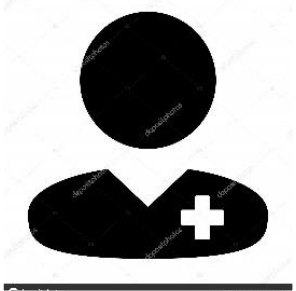
Perceived barriers: Geographical isolation

Female, Community Mobilizer, Chitwan

During rainy season, when the river expands **local buses do not operate**. It becomes difficult for patient having TB who is already ill and resides in the hills to cross the river and go to the health facility.



Perceived barriers



Unemployment

Distance from family members

Inadequate awareness

Inadequate advocacy for treatment

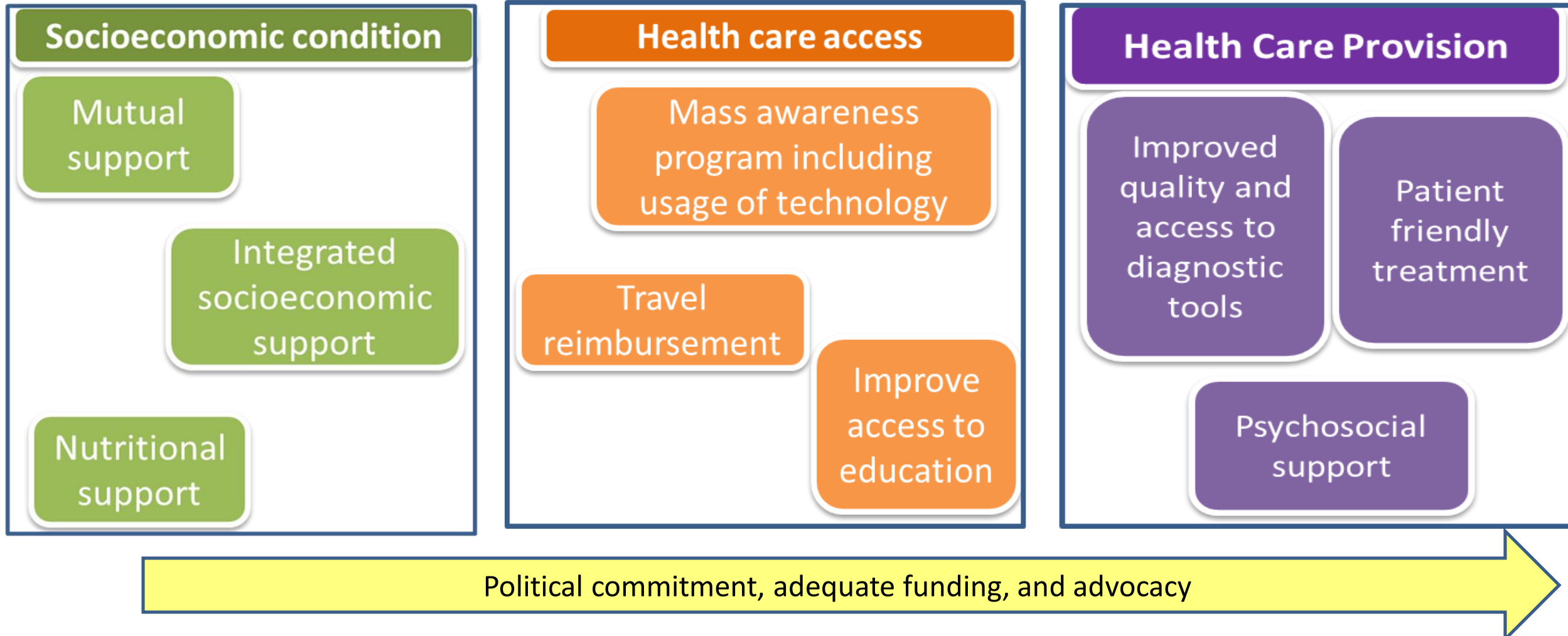


Poor socio-economic condition

No regulations to monitor medications given from pharmacy



Perceived facilitators to accessing and engaging with TB treatment and care



Perceived facilitators: Integrated socioeconomic support



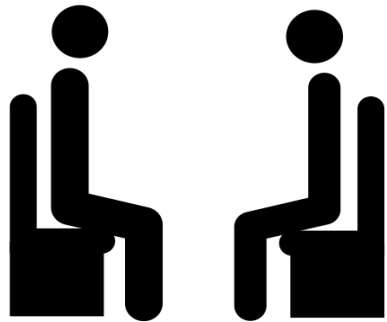
Female, Community leader, Chitwan

.....Free treatment has been good, but **it will be better if the government provides transportation cost and nutrition.**



Perceived facilitators: Psychosocial support

Male, National TB Program



One-third of the patients suffer from psycho-social problems. They have fear, depression, anxiety related to the disease, which is not really touched So if we can add up this **counseling aspect including the psycho-social part** then I think the TB treatment and completion rate adherence will get much better in the future.

Perceived facilitators



Intake of medicines regularly
Increase access to diagnostic facilities

Social support/ motivation

Use of technologies

Political commitment and advocacy



Expansion of diagnostic facilities

Improve access to treatment



Conclusion

Barriers

Economic hardship,
diagnostic delays, mental
stress, and stigmatizing
behavior

Facilitators

Patient centered care and
integrated socio-
economic support



**Social protection
packages**

Conclusion



Thank you

Patients, families and health care workers

IMPACT BNMT project staff

Academicians and TB professionals

Partners- NATA, SC, HERD, JANTRA, IOM

National Tuberculosis Center

Farrar Foundation

Wellcome Trust

