

TUBERCULOSIS PATIENT COST SURVEYS: A HANDBOOK



World Health
Organization

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Preface

Tuberculosis (TB) is mainly a disease of poor and marginalized people and communities. An already precarious socioeconomic situation can worsen considerably when an individual or household is struck by TB; potentially entrenching them in a vicious poverty-disease circle. Costs related to diagnosis and treatment are often compounded by costs for transport to a place of care, for temporary accommodation and food, as well as the income foregone when seeking and receiving treatment, and/or lost employment due to disability or discrimination. These costs can have catastrophic consequences. A systematic review of available studies on TB patient and household costs has suggested that, on average, losses can be equivalent to more than one year's income. Patients with multidrug-resistant TB (MDR-TB) and their households tend to face particularly devastating costs. As a result, many affected people are unable to pursue the full journey from TB diagnosis through successful treatment, with consequences for their own health and well-being and at the risk of perpetuating disease transmission.

To spur action, the WHO End TB Strategy includes, among its highly ambitious top three impact targets, the elimination by 2020 of catastrophic costs for TB patients and their households. The Strategy lays out approaches to improve people- and patient-centred care, and to pursue bold policies to move rapidly towards universal health coverage (UHC). It also outlines additional approaches within and beyond the health sector to advance social protection and action on the social determinants of TB, and to enable related research and innovation.

To measure progress towards the high-level End TB Strategy target, WHO recommends

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