reaching the POOR

CHALLENGES FOR TB PROGRAMMES IN THE WESTERN PACIFIC REGION

World Health Organization
Regional Office for the Western Pacific

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ADB	Asian Development Bank
AIDS	Acquired immunodeficiency syndrome
ARI	Annual risk of infection
CHW	Community health worker
DALYs	Disability-adjusted life years
DOTS	Directly observed treatment, short-course
DOT	Directly observed treatment
GDP	Gross domestic product
GNI	Gross national income
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HDI	Human Development Index
HIV	Human immunodeficiency virus
IEC	Information, education and communication
IMR	Infant mortality rate
MDGs	Millennium Development Goals
NGOs	Nongovernmental organizations
NTP	National TB Programme
PHC	Primary health care
PRSP	Poverty Reduction Strategy Paper
TAG	Technical Advisory Group
TB	Tuberculosis
TB/HIV	HIV-associated TB
UNDP	United Nations Development Programme
WB	World Bank
WHO	World Health Organization
WPRO	Western Pacific Regional Office

Foreword

In the Western Pacific Region, 1000 people die of tuberculosis (TB) every day; many of them are among the poorest and most vulnerable. TB is a disease of poverty that thrives on deprivation and inequality. Attacking those in the most economically and socially productive age group of 15–54, TB leaves disaster in its wake. The loss of productive labour and frequently unaffordable expense of seeking treatment can thrust TB patients and their families deeper into poverty. When aggregated to the national level, the cost of TB to economic development and poverty reduction is tremendous.

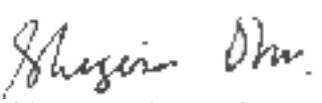
In 1999, WHO's Regional Committee for the Western Pacific declared TB a "regional crisis". Launched in response, the Stop TB Special Project aims to reduce the prevalence and mortality of tuberculosis in the Region by half by 2010. While important progress has been made in the battle against TB, we must strive to reach those most in need–poor and marginalized communities in countries with the highest burden of TB in the Region–to ensure the 2010 target is met.

The Western Pacific Region is seeking to integrate a pro-poor focus in TB control programmes. *Reaching the poor: challenges for TB programmes in the Western Pacific Region* is the first step in this direction. Targeting national TB programme managers and policy-makers from countries and areas in the Western Pacific Region, this publication aims to increase awareness of the relationship between poverty and TB. This will be followed by a Regional Framework on TB and poverty that will systematically integrate poverty into TB control.

This initiative builds on a series of recent events reflecting the growing commitment internationally to addressing poverty and TB as a joint challenge. Both poverty reduction and TB control are integral to the Millennium Development Goals, which WHO is committed to supporting. In 2002, the Stop TB Partnership in Geneva, of which WHO Headquarters serves as Secretariat, created a TB-Poverty Advisory Committee and commissioned further work on TB and poverty. In September 2003, the Regional Committee for the Western Pacific called for a focus on poverty in TB control to improve access by the poor to DOTS. This resolution followed a recommendation made in an external thematic evaluation of the Stop TB Special Project of the Western Pacific Regional Office conducted in early 2003.

Building on work done at the global level, *Reaching the poor: challenges for TB programmes in the Western Pacific Region* presents evidence from the Region on the relationship between poverty and TB. We hope to assist national TB programme managers and policy-makers improve access for the poor to DOTS. Notably, the Stop TB Unit and the Health Systems Unit in the Western Pacific Regional Office developed this publication jointly. We hope that such collaboration will be strengthened and expanded to other technical programmes in the days ahead.

Now it is time to move beyond "business as usual", to promote greater equity in access to TB control services, thus ensuring that the poor and marginalized can particularly benefit from DOTS.



Shigeru Omi, MD, Ph.D
Regional Director

Executive Summary

Globally, over 98% of the deaths caused by tuberculosis (TB) annually are in developing countries. Within the Western Pacific Region, the seven countries that account for 94% of the TB prevalence are low or lower middle-income economies. Within countries, as well, poor and marginalized communities suffer disproportionately from TB. Importantly, TB affects the most economically and socially productive age group, as 77% of TB deaths occur within the ages of 15 – 54.

This evidence points to the important relationship between poverty and TB. The deprivation associated with poverty, such as overcrowding, poor ventilation and malnutrition, increases the rate of transmission and progression from infection to disease. In turn, the costs of TB can further impoverish poor households. This is because poor households must dedicate a larger proportion of their income to meet the direct and indirect costs of seeking TB care than the non-poor. The opportunity costs are likewise higher for the poor than non-poor. For the poor, a decrease in productivity or an increase in time away from work because of illness leads to a reduction in income. Moreover, coping mechanisms employed by poor households during periods of illness may reduce household productivity in the long-term. TB has important social costs as well, which are more likely to affect women with TB than men. For example, stigma and isolation resulting from TB can reduce an individual's social position.

Since the economic and social costs of TB are high, effective TB control, such as directly observed treatment, short-course (DOTS), may indirectly reduce poverty, through longer lives and increased productivity. However, the extent to which national TB programmes (NTPs) respond to the needs of the poor cannot be accurately assessed because routine monitoring and recording systems do not provide information on patients by socio-economic status. Health-related research from beyond TB offers many reasons to suspect that, even with free diagnosis and treatment, DOTS may not be reaching the poor. Evidence from within TB is beginning to reveal similar trends: the non-poor may be capturing most of the benefits of DOTS, and DOTS programmes may be failing to reach many of the poor. In particular, the current case detection strategy may be "missing" cases, especially in hard-to-reach or marginalized populations.

DOTS may be failing to reach the poor because of the constraints poverty may place on health seeking. Specifically, poverty-related barriers that obstruct access along the pathway to cure (from recognition of symptoms to achieving a cure) may delay or prevent poor TB patients from accessing TB control services. These barriers include: physical barriers; lack of information and awareness; economic costs; and lack of health system responsiveness, in both the public and private sectors.