

REPUBLIC OF KENYA



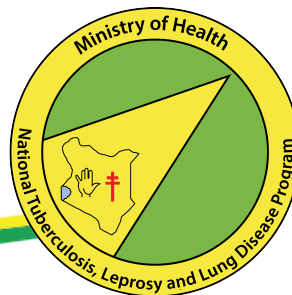
MINISTRY OF HEALTH

# THE FIRST NATIONAL TUBERCULOSIS PATIENT COST SURVEY IN KENYA, 2017

*An assessment of the economic burden incurred by TB  
patients and their households in Kenya*

## **SURVEY FINDINGS**

Eunice Mailu, NTLD-Program | July 4, 2018



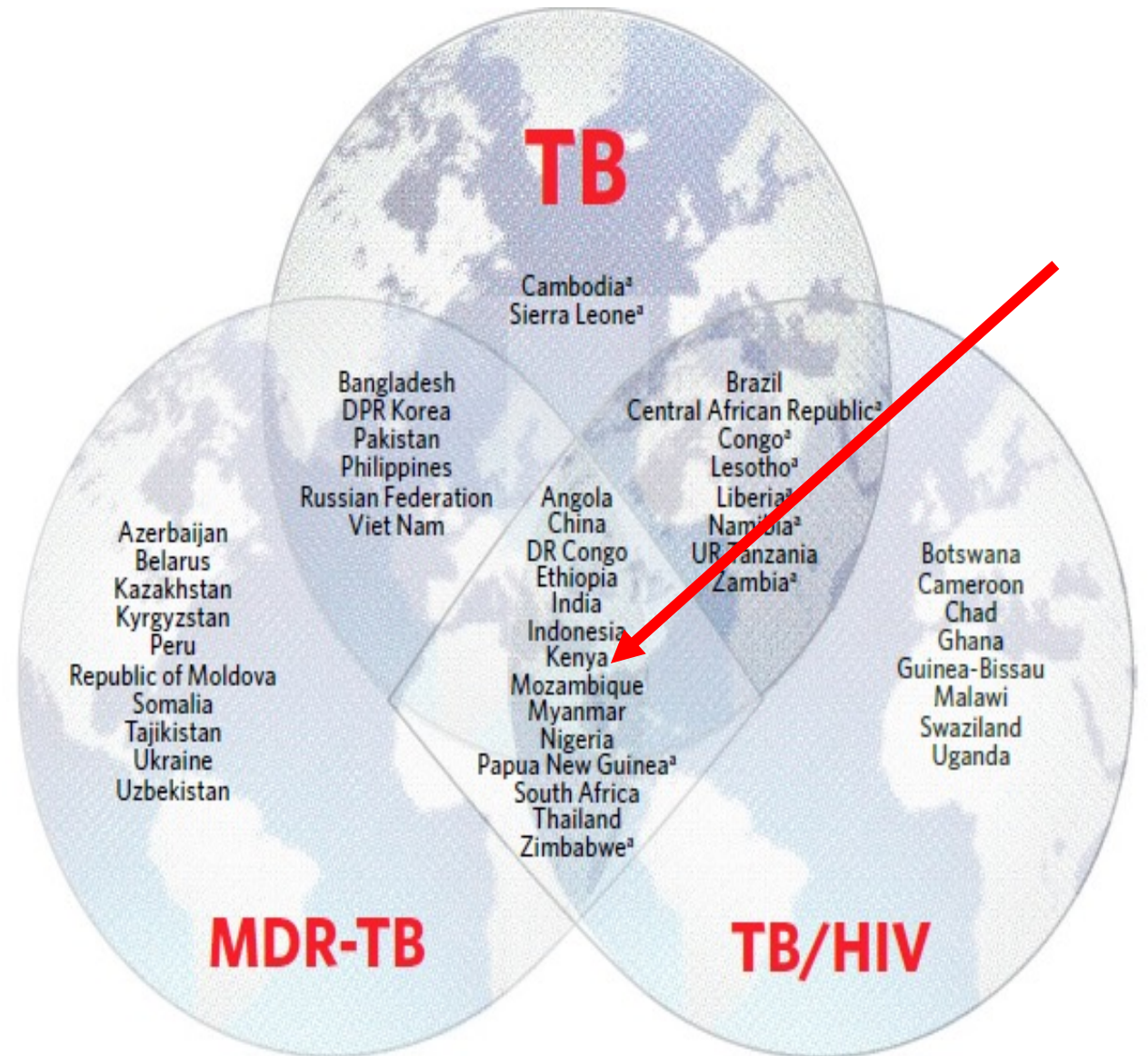


# Presentation Outline

1. Background
2. Why the survey
3. Where and how the survey was done
4. Key Findings
5. Policy implications from the survey findings

# Background: TB burden in Kenya

- TB is a major public health problem in Kenya
- 4th cause of death among infectious diseases
- Kenya is listed among the 30 high burden countries for TB (WHO, 2017)
- It has a triple burden of TB
- **85,188** DSTB and **577** DRTB cases notified In 2017





# Background: Economic Burden of TB

- The TB epidemic mainly affects the young (15-34yrs) – the most economically productive age groups
- TB patients incur large costs related to illness and disability including medical, transport and costs related to loss of income
- These high costs create barriers to access and adherence to medication thereby increasing the risk of disease transmission
- The 2014 KDHS indicated that financial barrier to care was a primary cause of delayed health care seeking among TB patients



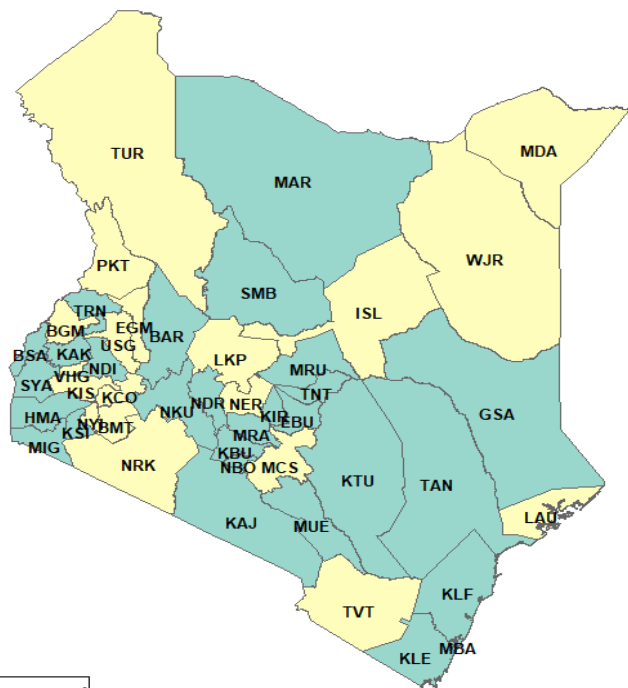
# Why the survey?

- One of the End TB Strategy high level target states that ‘by 2020, no TB patient or their household should face catastrophic total costs due to TB’
  - *To address the national TB strategic plan target of reducing the proportion of families who face catastrophic costs due to TB*
- Provide a baseline measurement to be used to monitor the percentage of TB patients and their households experiencing catastrophic costs due to TB
- To Identify cost drivers associated with seeking TB diagnosis and treatment
- Inform Universal Health Coverage and social protection policies to mitigate costs and reduce financial barriers to access and to TB treatment adherence





# Where and how the survey was done



Surveyed  
 Yes  
 No

**30 Counties Participated**

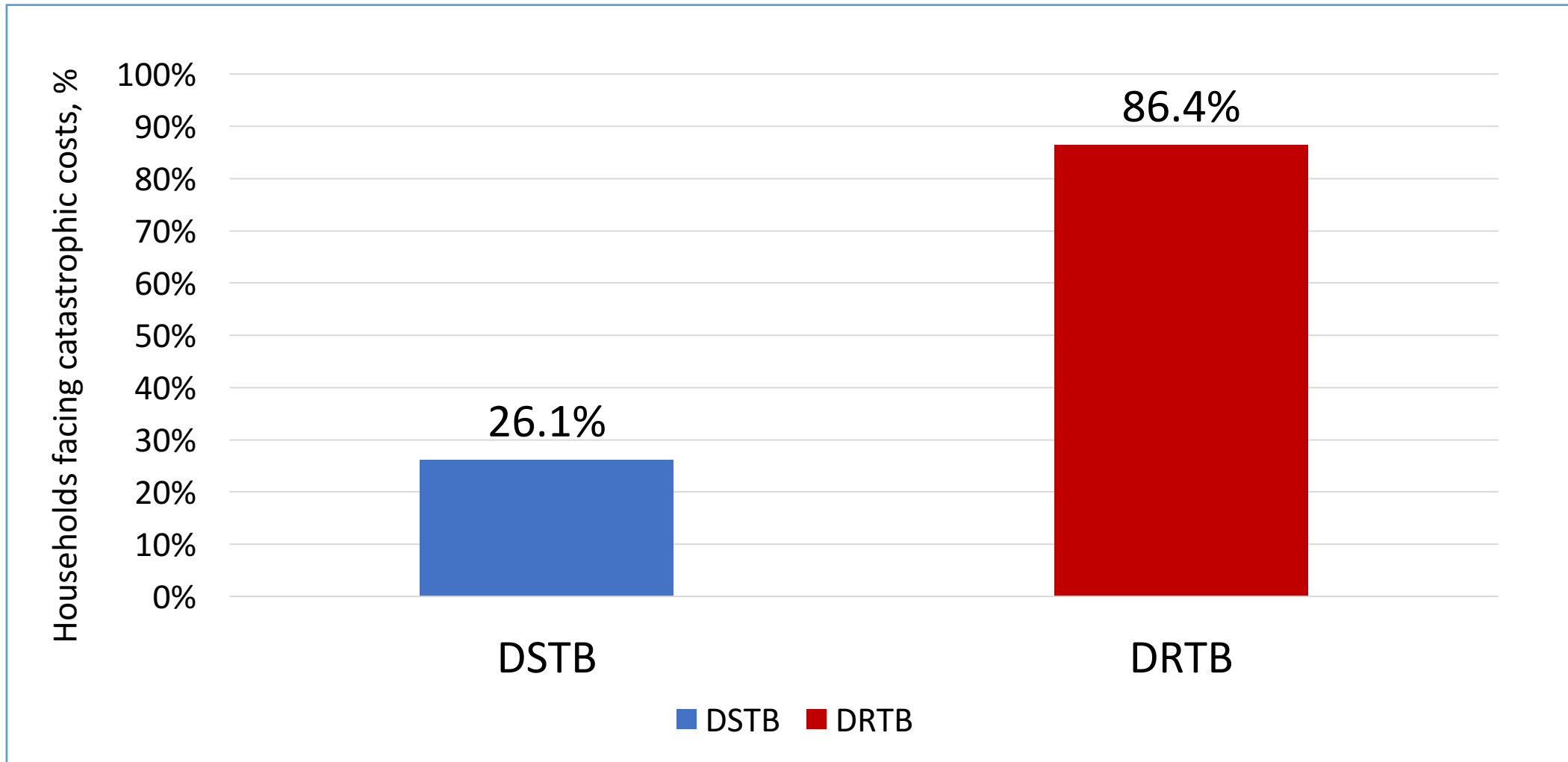
- Health Facility-Based
- 1,353 respondents (1,071 Drug Sensitive TB and 282 Drug Resistant TB)
- Data was electronically collected
- Patients' demographic data obtained from the health facility records
- Asked a series of questions about costs incurred before and after TB diagnosis



# KEY FINDINGS OF THE TB PATIENT COST SURVEY



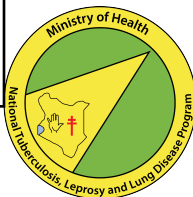
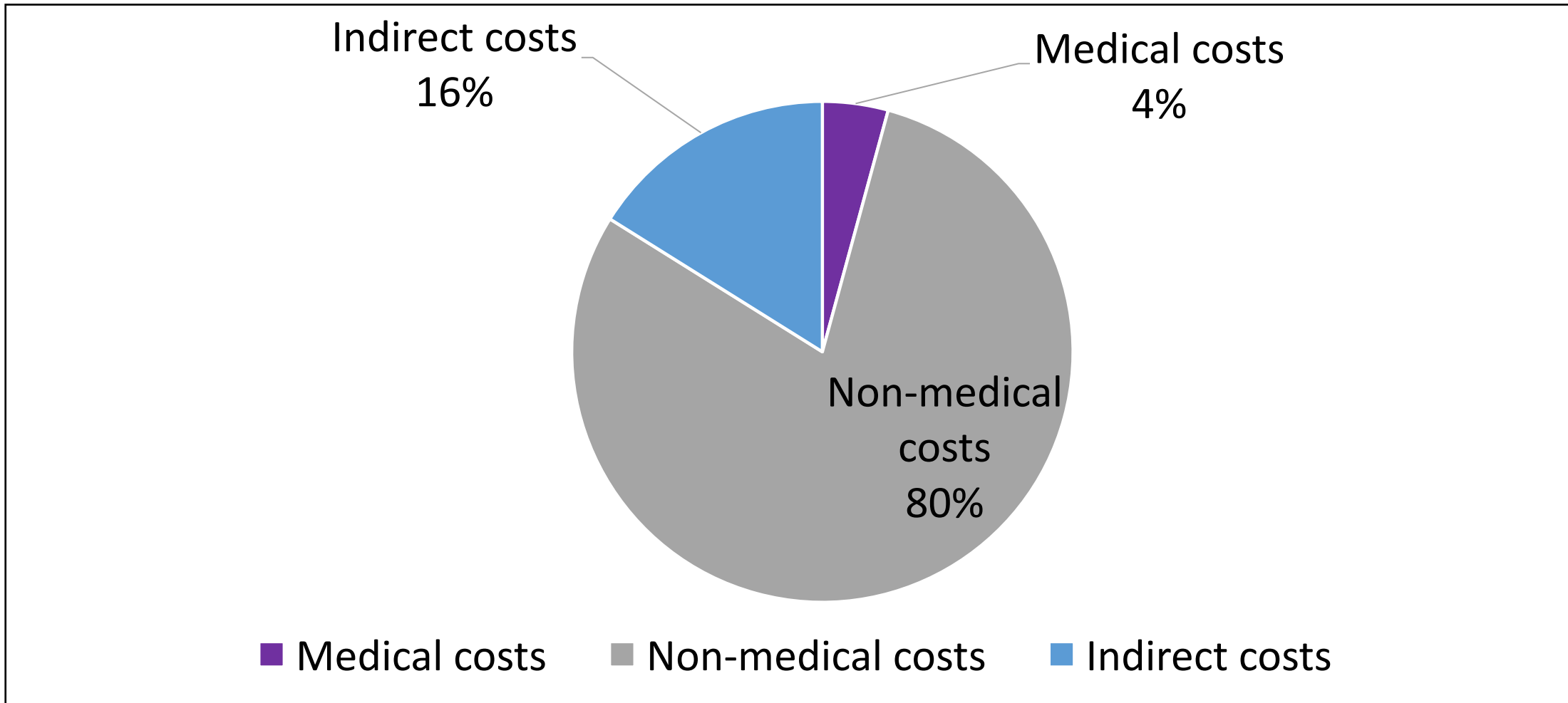
# Proportion of TB affected households incurring catastrophic costs due to TB







# Composition of costs incurred over the course of treatment by TB patients (median values)





# Median costs incurred by TB patients per TB episode

**Ksh. 25,874**

Spent by Drug Sensitive TB patients



**Ksh. 145,110**

Spent by Drug resistant TB patients



# Households affected by TB incurred severe socio-economic consequences

**62.5%** of Drug Resistant TB and **39.1%** of Drug Sensitive TB patients lost jobs due to TB



Children in **9.3%** of households' affected by TB had their education disrupted



# Households affected by TB incurred severe socio-economic consequences

- Between **27.1%** and **53.7%** of TB affected households experienced food insecurity due to TB
- Proportion of TB patients living below poverty line increased from **13.9%** to **31.1%**





# Households affected by TB incurred severe socio-economic consequences

- **27.8%** used coping strategies such as loans, sale of assets or use of savings



- **36%** experienced social exclusion





# POLICY IMPLICATIONS FROM THE SURVEY FINDINGS

# 1. The need to integrate TB care and patient support

- Enhance TB specific social protection measures
- Link TB affected households to food security programs



## 2. Need to include all TB patients in the UHC package

- Increase NHIF coverage for TB patients from 13.6%
- NHIF benefit package to include all elements of tuberculosis care

**NHIF**  
**SUPA+COVER**





# 3. Need for Multi-Stakeholder approach to TB programming





# 4. Develop and implement policies and laws to eliminate discrimination and ensure job security for TB patients



## LAWS & POLICIES

# Let's End TB through UHC and Social Protection

SDG 3.8: Achieve **Universal Health Coverage**, including financial risk protection, access to quality essential health care services ... for all

SDG 3.3: **End the epidemics of AIDS, Tuberculosis**, malaria and neglected tropical Diseases



No TB-affected household facing catastrophic costs in 2020

**Goal 1: End poverty in all its forms everywhere**

**Target 1.3: Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and vulnerable**

UNITE TO

→ **END**  
**TB**

***Mulika TB!***

***Maliza TB!***

***“Be a leader, for a TB Free  
Generation”***

***Kumaliza TB, “Ni jukumu  
Langu na lako pia”***

# TB Patient Cost Survey Partners

