THE FIRST NATIONAL TB PATIENT COST SURVEY IN VIETNAM (2016)

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Outline

1. Background, rationale and objectives of study
2. Main results
3. Policy implications
4. Interventions
5. Conclusion
1\textsuperscript{st} National TB patients cost study in Vietnam (2016) aimed to:

- **Identify the main cost drivers** to help guide cost mitigation policies and reduce financial barriers to access to care and treatment adherence

- **Establish a baseline** measure for the percentage of TB-affected households experiencing **catastrophic costs** due to TB in Viet Nam;
Survey background: funding, sample size

- USD 64,000 budget (Challenge TB via WHO HQ)
- 735 eligible (58 MDR), 20 clusters (with 36/40 patients per cluster) in Nghe An, Quang Nam, Thai Binh, Tien Giang, Tay Ninh and An Giang.
- Incentive per interviewee: $3.14
- Study time: Mar/2016 - Mar/2017
- Paper-based data collection
- Electronic data management (ONA, ona.io)
63% of households with TB experienced costs above 20% of their annual household income.
Results: costs per episode, US$ 2016

Results dissemination (2016/2017)

- Results presented at the 11th NTP Managers Meeting, Tokyo, (March 2017)

- Results dissemination meeting with partners (March 2017)

- Box 7.1 Vietnam TB patient cost survey in Global TB Report 2017

- Prepared manuscript “Measuring catastrophic costs due to tuberculosis in Viet Nam” for publication in 2017
A stakeholders - meeting was held to review the survey results, and agree on priority actions to address the catastrophic patient cost.

- Partners: Ministry of Labour and Social Affairs (MOLISA), relevant departments of MOH, Farmer Union; Women Union; WHO; VICTORY (national TB research network); TB patient representatives.

The roadmap with priority actions:

- Establish a charity fund for TB patients
- Strengthen the collaboration between MOH and MOLISA
- Costing a package of ambulatory TB services for inclusion in national health insurance scheme
- Advocating for donor support for TB-specific patient support
Policy implications

- NTP to launch of PAS TB foundation in March 2018, a charity fund for TB patients.
- NTP/MoH and MOLISA to develop roadmap for collaboration:
  - Scale up and adapt for TB patients for MOLISA to purchase HI cards for the poor;
  - Make existing general social protection schemes TB sensitive;
  - Assess additional financial and human resource needs;
  - Train health service staff on social protection and social service staff on relevant aspects of TB;
  - Joint MOLISA/MoH monitoring and evaluation.
Policy implications

- NTP/MoH and MOLISA to assess current regulations for workers protection with a view to strengthen and optimally operationalise legal frameworks;
- NTP/MoH to develop and cost a comprehensive package of ambulatory TB services and advocate for covered by SHI;
- NTP to include TB-specific social protection elements in the GF FR 2018-2020;
Policy implications

- **NTP/MoH, MOLISA, Ministry of Labour** to work towards a national policy guide on interventions to reduce / compensate TB patient costs
- **NTP, IMPACT TB partners and WHO** to use the IMPACT-TB research platform to test some new approaches to improve patient support and reduce patient costs
- **NTP, WHO, SPARKS partners** to adapt the SPARKS M&E framework for the assessment of new initiatives, which should be put under the umbrella of VICTORY
Conclusions

- Tuberculosis (TB) patients often incur large costs related to illness. On average, patients incurred US$1054 (TB) and US$ 4302 (MDR); households below international poverty line increase from 3.7% before to 21.4% after TB.

- The proportion of TB-affected households facing costs beyond 20% of their annual income in Viet Nam is high (63%).

- NTP needs identify key areas for policy action based on survey results and also to develop a framework for monitoring, evaluation, and operational research on new policies, interventions and approaches.

- Given the importance of post-disease costs associated with nutritional supplements, additional food, travel and accommodation, a removal of such barriers would seem pertinent to lower the financial burden imposed on patients.

- Establishment of the Patient Support Foundation to Win TB
VIET NAM
FIRST NATIONAL SURVEY
OF COSTS FACED BY TB
PATIENTS AND THEIR
HOUSEHOLDS
2016

SURVEY COVERAGE

20 CLUSTERS
677 TB PATIENTS
58 DRUG-RESISTANT
TB (MDR-TB) PATIENTS

KEY RESULTS

1 Proportion of households that experienced catastrophic costs

63% of households affected by TB or MDR-TB experienced costs that were above 20% of their annual household income

98% of households affected by MDR-TB experienced catastrophic costs

The poorest households were the most affected, with costs representing on average 347% of annual household income

2 Costs experienced by households affected by TB or MDR-TB, on average

Patients faced direct and indirect costs amounting on average to:

US$1068 FOR AN EPISODE OF TB
of which US$ 519 (49%) was reported household income loss

US$4289 FOR AN EPISODE OF MDR-TB
of which US$ 2142 (50%) was for travel, accommodation, nutritional supplements and special foods

3 Coping strategies and perceived impact

Households affected by TB
38% of households employed one of these strategies: taking a loan, use of savings, borrowing or sale of assets
22% of households experienced food insecurity
27% of households "perceived" the financial burden as "serious" or "very serious"

Households affected by MDR-TB
51% of households employed one of these strategies: taking a loan, use of savings, borrowing or sale of assets
32% of households experienced food insecurity
47% of households "perceived" the financial burden as "serious" or "very serious"
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THANK YOU VERY MUCH

For your attention!