2. Better monitoring of TB financial burden on families

Effective TB care and prevention requires universal access to high-quality and affordable TB services by all people based on their needs. However, costs incurred by patients and their families continue to be a significant barrier to TB treatment. For many, these costs can be “catastrophic”, meaning they consume over one fifth of the annual household income.

This issue is highlighted in the End TB Strategy in the target: no families face catastrophic costs due to TB. To help countries understand the extent to which such costs may be an issue in their efforts to control TB, WHO has been recommending and supporting countries to conduct national TB patient cost surveys to understand the magnitude and drivers of the financial burden borne by families.

In the Western Pacific Region, TB patient cost surveys have been conducted or planned in seven countries since 2016: China, Fiji, Mongolia, the Philippines, Papua New Guinea, Solomon Islands and Viet Nam. Preliminary findings showed that 30–60% of TB-affected families face catastrophic costs due to TB.

In many settings, indirect costs, such as income loss, constituted the largest portion of total costs. In others, direct costs (medical and non-medical)* when seeking treatment made up the significant proportion. In Viet Nam, for example, 63% of TB-affected families experienced catastrophic costs, with income loss accounting for 58% of the total costs.

The findings of these surveys help identify areas for improvement in health financing arrangements and service delivery models, as well as social protection mechanisms to address the financial burden faced by TB-affected families.

* Examples of medical costs include costs for diagnostic and treatment services incurred at health facilities, including hospitalization costs. Examples of non-medical costs are transportation, accommodation, food, etc.