

YES!



**WE CAN
#ENDTB!**



World Health
Organization



Towards Sustainable Societies - Health in All Policies and Social Determinants of Health

OPERATIONAL INFORMATION FOR SPEAKERS

Session Title: Social Protection and Health – Examples in different contexts

Date and Time: September 5th , 2023 from 14.30 to 15.45

Room: Tampere Hall, room Duetto

Ernesto Jaramillo

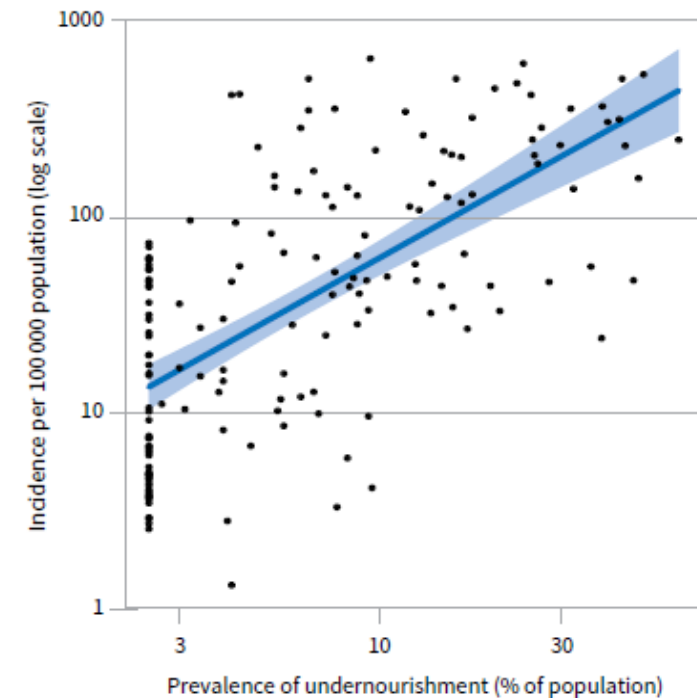
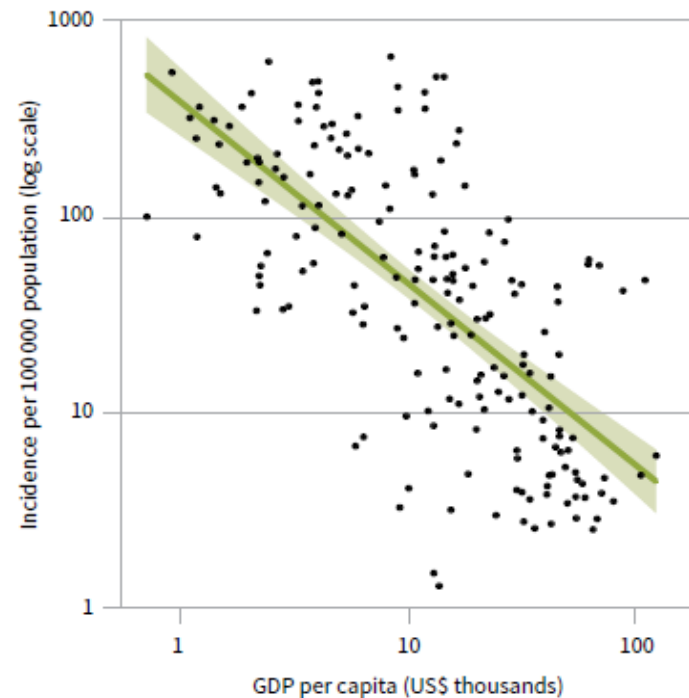
Global Tuberculosis programme department



TB is strongly influenced by social and economic development

- Fastest declines in TB incidence and mortality in western Europe occurred in the 1950s and 1960s, **with expanding UHC, rapid socioeconomic development**, and availability of effective treatments.
- Studies of vulnerable populations, e.g., in prison settings, homeless individuals or (some) ethnic minorities, demonstrate a **strong association between social deprivation and risk of TB**

TB incidence per 100,000 vs (i) GDP per capita and (ii) prevalence of undernourishment, 2021



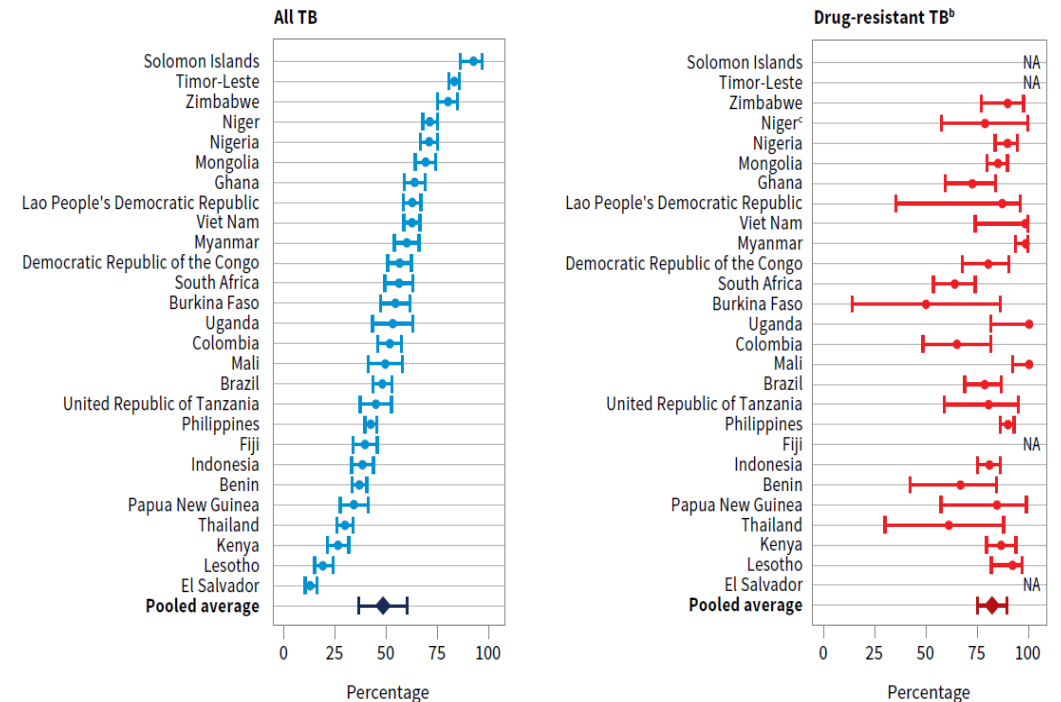
* The year of data used for GDP per capita and undernourishment is the latest year for which data are available in the World Bank (<https://data.worldbank.org/>) and SDG (<https://unstats.un.org/sdgs/dataportal>) databases, respectively.

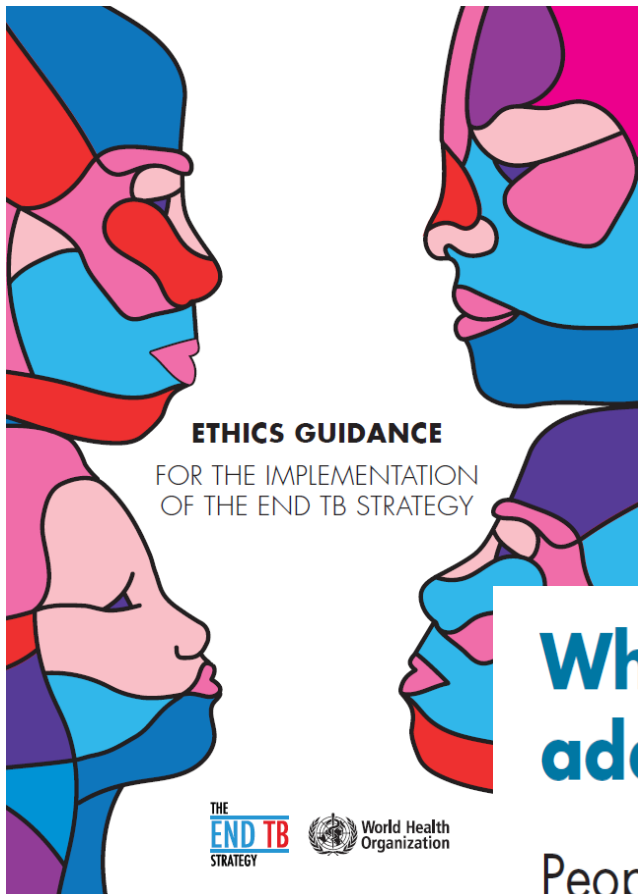


Poverty increases TB risk, TB exacerbates poverty

- Since 2015, 27 countries have completed and reported results of TB patient cost surveys (including 15 TB HBCs).
- ~48% of people with TB and their households face TB-related catastrophic total costs
- The proportion incurring catastrophic total costs was much higher (82%) for people with DR-TB

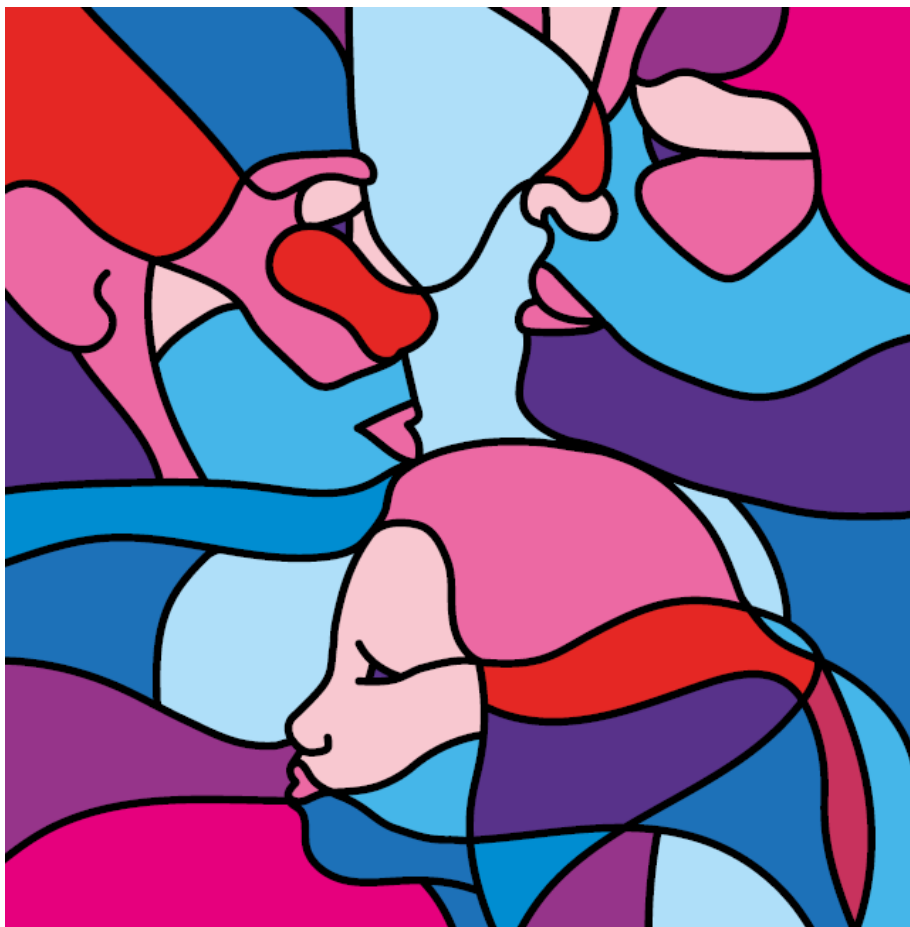
Estimates of the percentage of TB patients and their households facing catastrophic costs,^a national surveys completed 2016–2022





What ethical obligations exist to address suffering in addition to the delivery of TB treatment?

People with TB suffer as a result of the disease, its treatment, the costs associated with the diagnosis and treatment, and subsequent stigma and discrimination. There is an ethical duty to address all forms of suffering associated with TB, through proper access to care and to the management of adverse drugs reactions, management of psychological stress, prevention and mitigation of stigma and discrimination, and **access to social protection mechanisms to reduce indirect costs**



In order to end the TB epidemic, countries will need to strengthen their health and social sectors by achieving universal health coverage and social protection, which are also emphasized within the framework of the new SDG agenda.

IMPLEMENTING
THE END TB
STRATEGY:
THE ESSENTIALS

THE
END TB
STRATEGY



PILLAR 2 : KEY COMPONENTS



A. Political commitment with adequate resources for TB care and prevention



B. Engagement of communities, civil society organizations, and all public and private care providers



D. Social protection, poverty alleviation and actions on other determinants of TB



C. Universal health coverage policy, and regulatory frameworks for case notification, vital registration, quality and rational use of medicines, and infection control

POLITICAL DECLARATION OF THE UN GENERAL ASSEMBLY HIGH-LEVEL MEETING



UNITED NATIONS
HIGH-LEVEL MEETING ON THE
FIGHT AGAINST TUBERCULOSIS
26 SEPTEMBER 2018, UNHQ, NEW YORK



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Commit to enable and pursue multisectoral collaboration at the global, regional, national and local levels, across health and nutrition, finance, labour, social protection, education, science and technology, justice, agriculture, the environment, housing, trade, development and other sectors, in order to ensure that all relevant stakeholders pursue actions to end tuberculosis and leave no one behind;

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Strengthen support and capacity-building in low-income countries and lower-middle-income countries, many of which have high rates of tuberculosis combined with health and social protection systems that have limited resources, including to support implementing multisectoral approaches in their response to the tuberculosis epidemic;

Association between spending on social protection and tuberculosis burden: a global analysis



Andrew Siroka, Ninez A Ponce, Knut Lönnroth

Summary

Background The End TB Strategy places great emphasis on increasing social protection and poverty alleviation programmes. However, the role of social protection on controlling tuberculosis has not been examined fully. We analysed the association between social protection spending and tuberculosis prevalence, incidence, and mortality globally.

Lancet Infect Dis 2016;
16: 473-79

Methods We used publicly available data from WHO's Global Tuberculosis Programme for tuberculosis burden in terms of yearly incidence, prevalence, and mortality per 100 000 people, and social protection data from the International Labour Organization (ILO), expressed as the percentage of national gross domestic product (GDP) spent on social protection programmes (excluding health). Data from ILO were from 146 countries covering the years between 2000 and 2012. We used descriptive assessments to examine levels of social protection and tuberculosis burden for each country, then used these assessments to inform our fully adjusted multivariate regression models. Our models controlled for economic output, adult HIV prevalence, health expenditure, population density, the percentage of foreign-born residents, and the strength of the national tuberculosis treatment programme, and also incorporated a country-level fixed effect to adjust for clustering of datapoints within countries.

Findings Overall, social protection spending levels were inversely associated with tuberculosis prevalence, incidence, and mortality. For a country spending 0% of their GDP on social protection, moving to spending 1% of their GDP was associated with a change of -18.33 per 100 000 people (95% CI -32.10 to -4.60 ; $p=0.009$) in prevalence, -8.16 per 100 000 people (-16.00 to -0.27 ; $p=0.043$) in incidence, and -5.48 per 100 000 people (-9.34 to -1.62 ; $p=0.006$) in mortality. This association was mitigated at higher levels of social protection spending, and lost significance when more than 11% of GDP was spent.

Interpretation Our findings suggest that investments in social protection could contribute to a reduced tuberculosis burden, especially in countries that are investing a small proportion of their GDP in this area. However, further research is needed to support these ecological associations.

Funding National Institutes of Health National Center for Advancing Translational Science (University of California, Los Angeles [CA, USA] Clinical and Translational Science Institute)

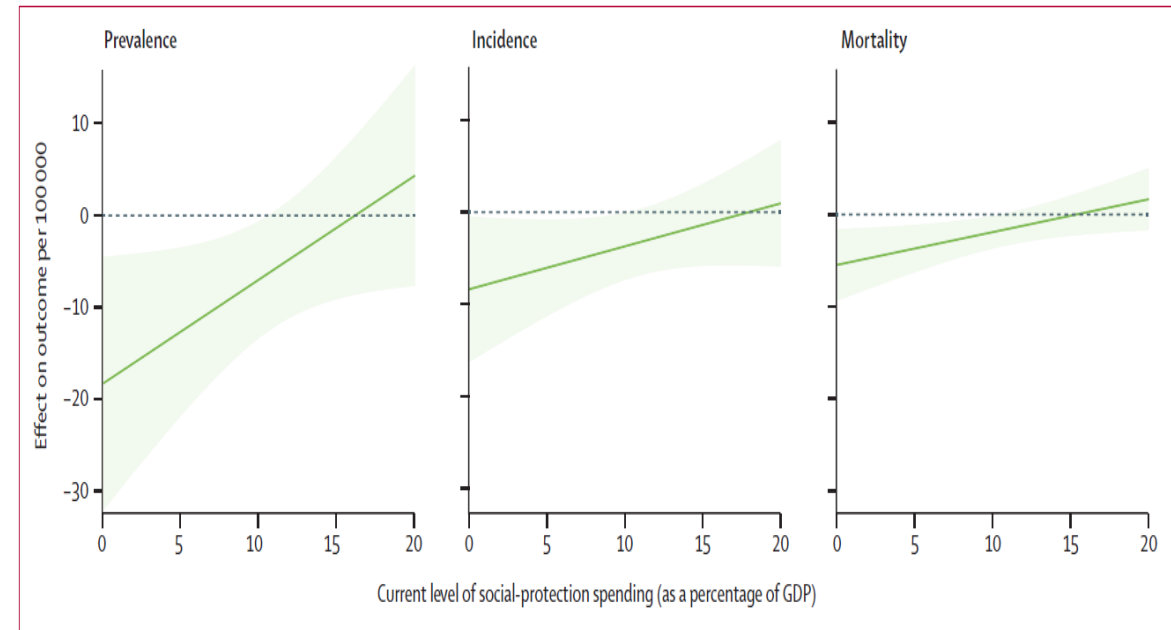


Figure 3. Estimated effect of an increase of one percentage point of GDP in social protection spending on tuberculosis prevalence, incidence, and mortality at different levels

Estimates are changes after an increase in social protection spending of 1% of GDP (95% CI bands); $n=664$ country-years. Models adjusted for GDP per person, levels of health expenditure, adult HIV prevalence, percentage foreign-born, population density, tuberculosis treatment success, and country-level fixed GDP effects. GDP=gross domestic product.

The impact of social protection on TB incidence

The impact of social protection and poverty elimination on global tuberculosis incidence: a statistical modelling analysis of Sustainable Development Goal 1

Daniel J Carter, Philippe Glaziou, Knut Lönnroth, Andrew Siroka, Katherine Floyd, Diana Weil, Mario Raviglione, Rein M G J Houben*, Delia Boccia*

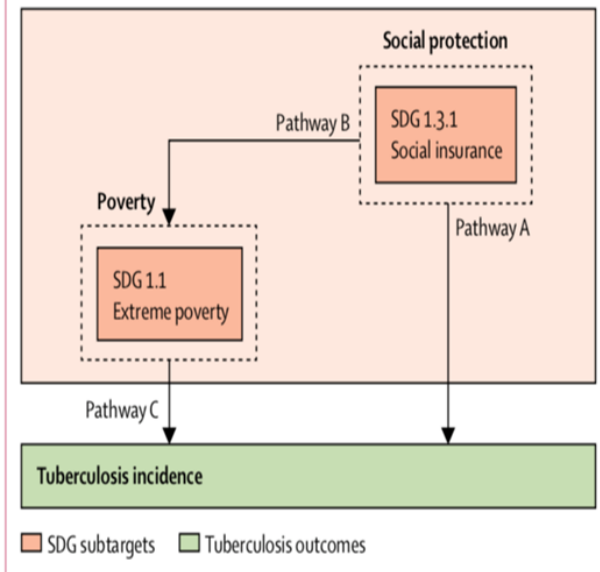


Figure 2: Reduced conceptual framework

	Expected annual proportional decrease
Pathway A: social protection for all (100% coverage)	8.7%
Pathway C: poverty elimination (100% eliminated)	2.0%
Pathway A and Pathway C: social protection and poverty elimination	11.1%
Pathways B + C: social protection via poverty elimination	1.8%
Pathway A and Pathways B + C: total effect of social protection	9.1%

Lancet Global Health 2018; 6:e514-22, Published online March 23, 2018

Association between spending on social protection and tuberculosis burden: a global analysis

Andrew Siroka, Ninez A Ponce, Knut Lönnroth

Lancet Infect Dis 2015

Investments in social protection could contribute to a reduced TB burden, especially in countries investing a small proportion of their GDP in this area.

Social protection coverage could result in 76% drop in TB incidence by 2035



Social assistance and TB treatment outcomes

Open access

Original research

BMJ Open 2020 Impacts of social support on the treatment outcomes of drug-resistant tuberculosis: a systematic review and meta-analysis

Shuqin Wen^{1,2}, Jia Yin^{1,2}, Qiang Sun^{1,2}

“Material support appeared feasible and effective to improve treatment success for DR-TB patients combined with other social support interventions”

van den Hof et al. *BMC Infectious Diseases* (2016) 16:470
DOI 10.1186/s12879-016-1802-x

BMC Infectious Diseases

RESEARCH ARTICLE

2016

Open Access

The socioeconomic impact of multidrug resistant tuberculosis on patients: results from Ethiopia, Indonesia and Kazakhstan

Susan van den Hof^{1,2*}, David Collins³, Firdaus Hafidz⁴, Demissew Beyene⁵, Aigul Tursynbayeva⁶ and Edine Tiemersma^{1,2}



“All TB patients experienced substantial socioeconomic impact ... it should be a priority of the government to relieve the financial burden based on the cost mitigation options identified”

<https://doi.org/10.1186/s12889-021-12056-1>

2021

BMC Public Health

RESEARCH

Open Access

Impact of socio-economic factors on Tuberculosis treatment outcomes in north-eastern Uganda: a mixed methods study

Jasper Nidoi^{1*}, Winters Muttamba¹, Simon Walusimbi¹, Joseph F. Imoko¹, Peter Lochoro², Jerry Ichtho², Levicatus Mugenyi¹, Rogers Sekibira¹, Stavia Turyahabwe³, Raymond Byaruhanga³, Giovanni Putoto⁴, Simone Villa⁵, Mario C. Raviglione⁵ and Bruce Kirenga¹



“Low socio-economic status is associated with poor TB treatment outcomes ... need for multi- and cross-sectoral approaches and socio-economic enablers to optimize TB care”



Social protection for people with TB: 30 TB high-burden countries

Country	National policy specifically related to people with TB	Services provided to people with TB				Targeting
		Free access to medical services	Enablers to support adherence to treatment	Conditional cash-transfers	Measures to support food security	
Angola						
Bangladesh						
Brazil						Individuals considered highly vulnerable
Central African Republic						
China						
Congo						
Democratic People's Republic of Korea						
Democratic Republic of the Congo						
Ethiopia						
Gabon						
India						
Indonesia						Family members of a TB patient who are school age
Kenya						
Lesotho						
Liberia						People with drug-resistant TB
Mongolia						
Mozambique						
Myanmar						
Namibia						
Nigeria						
Pakistan						
Papua New Guinea						
Philippines						
Sierra Leone						
South Africa						
Thailand						
Uganda						
United Republic of Tanzania						
Viet Nam						
Zambia						People with drug-resistant TB

- Only 16 of the 30 TB HBCs have a national policy on social protection for people with TB.
- Free access to medical services is the most commonly-used measure (15/16 countries);
- At least one other form of social protection (such as cash transfers, treatment enablers, support with food security) is provided in 14 countries.

Blue: policy or specific measure is in place,

Red: policy or specific measure is not in place,

Grey: policy or specific measure has not been identified

Blank: no data.



Aim and objectives of the guidance

To promote and support the inclusion of social protection in the response to TB

1. Essential notions and base of evidence **to understand** how social protection can contribute to the end of the TB epidemic.
2. Practical advices **to plan** for inclusive and locally appropriate social protection programmes able to respond to the needs of people affected by TB.
3. Key steps **to implement** effective social protection coverage with sustainable synergies across sectors.

Formative goal

Operational goal -
planning

Operational goal -
implementation



SUMMARY AND NEXT STEPS

- The End TB strategy core principles of ethics, equity and human rights imply that the **social determinants of TB** must be addressed
- Social protection agenda is broad and **multisectoral**, and tackles several of the social determinants of TB, several of them beyond the control of the NTPs
- NTPs do have space within their mandate **to ensure that people affected by TB receive social protection** while seeking health services and completing treatment

Harnessing the existing global, regional and national policies and resources, within **and beyond** the health sector, to assist member states ensuring that the **human rights of vulnerable TB populations** are protected with interventions **promoting equity and based on sound ethics**

- Next steps include **assessing needs and opportunities to design the action plan to ensure coverage** in sustainable fashion (WPR, SEAR have done it already for key countries), and **reach out to the actors within and beyond health sector** whose responsibilities will make this possible



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Participants in the WHO's expert consultation on social protection (Dec 2021)

Reviewers of the WHO guidance on social protection for people affected by TB

