

The International Day for the Eradication of Poverty: The Hamster Wheel of Poverty and Cost of Tuberculosis Care

The International Day for the Eradication of Poverty is declared to be held annually on [October 17th](#), by the UN General Assembly (UNGA), to acknowledge the struggle of people living in poverty, provide a platform to make their concerns heard and recognise their effort to fight against poverty. The significance of this day lies in its focus on the multifaceted nature of poverty which extends beyond only lack of income. The International Day for the Eradication of Poverty opens the dialogue on the lack of fundamental human rights needed to live with dignity encompassing inadequate and unsafe housing, food insecurity, limited access to healthcare, unsafe working conditions, inequalities in judicial and political power.

The World Health Organization (WHO) recognises poverty as a [powerful social determinant](#) of tuberculosis linking it to risk factors of the disease, such as crowded and poorly ventilated living and working environments, malnutrition and limited access to healthcare often associated with poverty and contributes to tuberculosis transmission. In a conversation with [Nature](#), Dr. Madhukar Pai, epidemiologist and TB expert at McGill University, said “Wherever there is poverty within a country, TB will find such people”. Therefore, the alleviation of poverty is crucial in reducing the risk of tuberculosis transmission and the risk of progression from infection to active disease.

TB PPM community is continuously engaging in dialogues and knowledge sharing to address the tuberculosis risk factors linked to poverty, offering their unique perspective and experiences from working in high-burden countries. In a recent webinar on [Rural TB Care](#), speakers discussed several challenges regarding diagnosis, treatment and social stigma in rural TB care in India, Nigeria and Bangladesh, which often affects the poorer segments population of the country.



"The objective of TB Free villages (in India) is to empower the Panchayats (local government) to realize the extent of problems associated with TB care and take necessary actions towards solving them... once a village achieve the 6 indicators of the initiative, they are awarded a "TB free" status. In the process, they increase access to services within the village, and people take onus of TB care within their community, and that will also help in reducing stigma in future."

Rajabhau Yeole
TBPPM Webinar
27 March 2024

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Key Performance Indicators (KPIs) for TB free Panchayat

S.No.	INDICATOR	TARGET
1	Number of presumptive TB examination/1000 population	≥30 per 1000 (for the year) in the panchayat
2	TB Notification rate/ 1000 population	≤1 per 1000 (for the year) in the panchayat
3	Treatment Success rate	More than 85%
4	Drug Susceptibility Test Rate	At least 60%
5	Ni-kshay Poshan Yojana	100%
6	Nutritional support to TB patients under Pradhan Mantri TB Mukat Bharat Abhiyaan	100%



"The care pathway in Nigeria is more convoluted for those living in rural areas who also tend to know less about tuberculosis and exhibit greater stigma and dread of this illness. Stakeholder engagement in rural settings is not something that is very easy. It's something that is done mostly in the grassroots and being a grassroots activity, the key person is the linkage coordinator."

Saminu Msheliza
TBPPM Webinar
27 March 2024

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Challenges

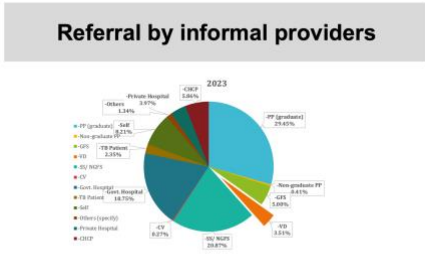
Lack of Awareness	Private providers in rural areas may have limited awareness about TB, its symptoms, and the importance of early detection and treatment
Diagnostic Facilities	Many private providers in rural areas lack access to reliable diagnostic tools for TB, such as sputum microscopy or GeneXpert machines, making accurate diagnosis challenging.
Stigma & Discrimination	Stigma surrounding TB in rural communities can lead to reluctance among private providers to actively engage in TB care due to fear of association with the disease
Financial Constraints	Private providers in rural areas may face financial barriers to providing TB care, including the cost of diagnostic tests, medications, and the potential loss of income if patients are unable to pay for services
Fragmented Healthcare System	In many rural areas, healthcare services are fragmented, with limited coordination between public and private providers, leading to gaps in TB care



"Bangladesh is a hybrid country for TB...in 2022, we had 2.6 million people affected who received treatment from the National TB Control Program. We have a complex healthcare sector, including a large presence of private healthcare sectors in urban and rural areas, as well as formal and informal sectors. People prefer to visit the informal providers because of the proximity, and also due to the affordability and accessibility. Among these providers, the drug shop retailers are the first contact of many patients for their primary level care."

Mahfuza Rifat
TBPPM Webinar
 27 March 2024

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They emphasized the crucial role of [informal healthcare providers](#) in bridging the gap between marginalized communities and access to TB care. Since informal providers are often the first point of contact for TB patients, recognizing and integrating them into national TB programs can lead to improved TB care and reduced transmission in rural areas at the primary healthcare level. However, the out-of-pocket costs to access these services remain a significant concern.



UNLOCKING THE POTENTIAL OF INFORMAL HEALTHCARE PROVIDERS IN TUBERCULOSIS CARE: INSIGHTS FROM INDIA

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For Details visit - tbppm.org/news/1897832

In the upcoming webinar titled “Out-of-pocket costs – burden on people seeking care in the private sector”, the TB PPM community will come together to explore the out-of-pocket expenditures of people seeking care in the private sector. This discussion aims to identify gaps and opportunities to achieve better TB services for patients while reducing their out-of-pocket costs.