

Fighting poverty to control tuberculosis

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Objectives: Poverty is associated with treatment abandonment, overcrowding and under-nutrition, which increase tuberculosis risk. Many tuberculosis-affected families are unaware of their health-rights, hampering tuberculosis preventive therapy and diagnosis. We aim to develop and evaluate socio-economic interventions for strengthening tuberculosis control.

Settings: Peruvian shantytowns.

Methods: Integrated activities for tuberculosis-affected families:

1. Poverty reduction focused on training-for-work, small businesses generation and microcredit loans.
2. Promotion of health-rights for enhancing equitable access to healthcare and uniting patients for advocacy.

Evaluation employs phased-implementation to respect ethical issues whilst assessing socio-economic and health benefits. The intended outcomes are reduced poverty, increased realization of health-rights, and improved tuberculosis treatment outcome, recurrence and transmission.

Results: Patients and their household contacts have high rates of depression and poverty. Over the first year of this ongoing project the interventions have been refined such that most tuberculosis-affected families are participating, leading to significant improvements in equity. Personal microcredit loans have been more effective than the village banking system. Rates of loan repayment and training completion are high.

Conclusions: Tuberculosis is a disease of poverty. Socio-economic structural interventions have the capacity to reduce poverty and improve access to tuberculosis care and are being evaluated for reducing tuberculosis treatment failure, recurrence and transmission

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