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**ABSTRACT BOOK**

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## **Fighting poverty to control TB: preliminary results of a trial in Peru**

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**Background:** Poverty causes overcrowding, stress, and under-nutrition, which increase tuberculosis risk. Many TB-affected families experience marginalization and those at greatest risk tend to have least access to their health rights, hampering TB control.

**Objectives:** To develop and evaluate socio-economic interventions for strengthening tuberculosis control and preventing TB.

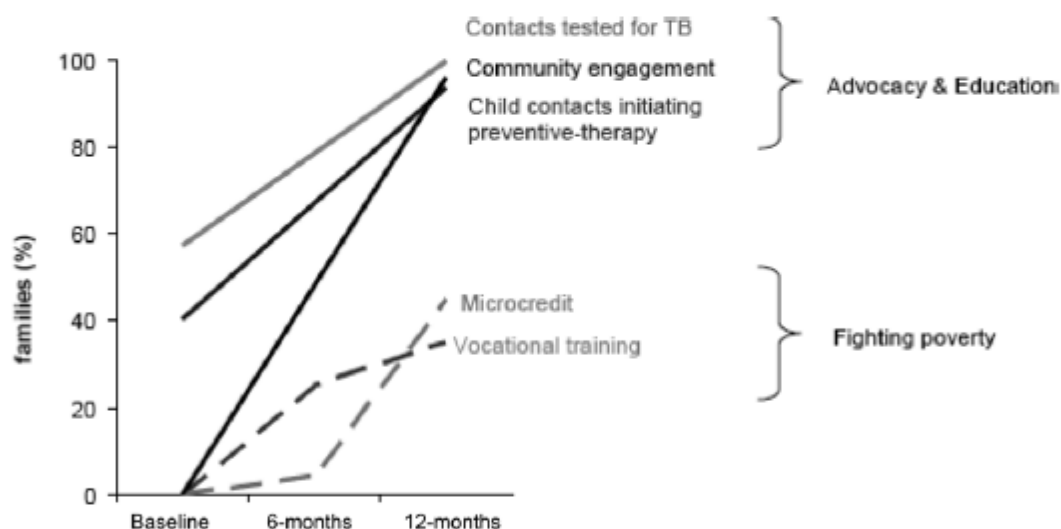
**Settings:** Peruvian shantytowns.

**Methods:** Integrated activities for tuberculosis-affected families:

- 1 Poverty reduction focused on training-for-work, micro-enterprise, microcredit loans and gender equity.
- 2 Promotion of health-rights for enhancing equitable access to healthcare and uniting patients for advocacy.

Evaluation employs community-randomized phased-implementation, comparing TB-affected families receiving versus those awaiting the interventions. This approach respects ethical issues whilst rigorously assessing socio-economic, rights and health benefits.

**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 poverty-reducing activities and equitable access to healthcare (Figure). Personal microcredit loans have been more effective than the village banking system. Rates of loan repayment and training completion are high. The greatest impact has been on equity in healthcare access, with marked improvements in contact screening, administration of preventive therapy and the speed with which appropriate therapy is initiated for MDR-TB.



**Conclusions:** Socio-economic structural interventions have the capacity to reduce poverty-related TB risk factors and improve access to TB care and are being evaluated for reducing tuberculosis treatment failure, recurrence and transmission.