**Determinants of microcredit outcome among TB-affected households: results from the ISIAT project**

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**Background:** Poverty is one of the main drivers of TB rates globally and is an obstacle to TB control. Microcredit loans have been used in diverse settings to reduce poverty. Microcredit loans for TB-affected households could reduce TB social determinants and economic consequences. However, such loans may be inappropriate if there is a high risk of repayment default and inadvertently lead to further impoverishment. We aimed to evaluate the use of microcredit for TB-affected households.

**Setting:** From 2007-2012, the Innovative Socioeconomic Interventions Against TB (ISIAT) project in 16 periurban shantytowns in Lima, Peru

**Methods:** ISIAT partnered with a microcredit organisation to offer microcredit loans to households including those in which someone had recently started TB treatment. Socio-demographic data were recorded during a baseline visit and tested for predicting loan outcome. ISIAT guaranteed and supported repayment of defaulted loans.

**Results:** For people living with TB, the ‘village-banking’ microcredit system of group loans was difficult to implement due to stigma so individual loans predominated. 21% of TB-affected households decided to borrow 117 loans. Another 27 households that were not TB-affected borrowed 34 loans. Default occurred in 36% of the 151 loans made. Default was more likely if the borrower was male (p<0.03) and lived in a TB-affected household (p<0.04, Table). Default was not associated with schooling completion, income, spending, crowding or age (all p>0.1). For TB-affected households, default was the outcome of 49% of the loans. The total $83,035 loans included $23,656 in additional charges for late repayments.

**Conclusion:** Microcredit loans should only be considered for carefully selected TB-affected households and require caution and support. Loan success may be improved by targeting healthy female representatives of TB-affected households, by providing smaller loans, or scheduling re-payments after treatment completion.

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|  | Microcredits repaid  (n=96) | Microcredits defaulted  (n=55) | P-value:  microcredit  default | P-value:  amount  defaulted |
| TB; %TB-free  (95%CI) | 28%  (19%-37%) | 13%  (3.9%-22%) | 0.03 | 0.008 |
| Sex; % female  (95%CI) | 79%  (70%-87%) | 62%  (48%-75%) | 0.02 | 0.01 |
| Age in years; median  (IQR) | 32  (25-43) | 32  (26-42) | 0.9 | 0.7 |
| Income; median $US/person/month (IQR) | 44  (33-78) | 62  (31-90) | 0.3 | 0.2 |
| Spending; median $US/ person/week (IQR) | 8  (7-12) | 9  (5-12) | 0.7 | 0.7 |
| Education; median level 0-7  (IQR) | 3  (2-4) | 4  (2-4) | 0.9 | 0.6 |
| Crowding; median people/house [IQR] | 5  (4-7) | 5  (4-8) | 0.6 | 0.7 |

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| **Reference of your abstract and your poster board** |  |
| **Title of your abstract** | Social protection trials for tuberculosis control: design and implementation lessons Carlton Evans (Peru) |
| **Type of session** | Symposium 12 |
| **Title of session** | Session N.00294  **12. Social protection strategies to enhance tuberculosis care and prevention: what works** |
| **Date, time and place** | **Friday, 1 November 2013 from 14:30 to 16:30**  **Time of presentation: from 14:30 to 14:45** |