**Incentives and enablers in TB care: the ISIAT project**

Marco A Tovar1, Rosario Montoya2, Karine Zevallos1, Eric Ramos1,2, Daniel Karlin1,2, Matias Iberico1,2, Delia Boccia3, Carlton A Evans1,4

1. IFHAD: Innovation for Health And Development, Universidad Peruana Cayetano Heredia, Lima, Peru.
2. IPSYD: Innovacion Por la Salud Y el Desarollo, Asociación Benefica PRISMA, Lima, Peru.
3. Faculty of Epidemiology & Population Health, Department Infectious Disease Epidemiology, London School of Hygiene and Tropical Medicine.
4. Infectious Diseases & Immunity, Imperial College London, and Wellcome Trust Imperial College Centre for Global Health Research, London, UK.

**Background:** Socioeconomic support for TB-affected households is recommended despite but evidence is sparse. We therefore evaluated a socioeconomic intervention aiming to strengthen biomedical TB control.

**Setting:** The Innovative Socioeconomic Interventions Against TB (ISIAT) project in 16 shantytowns, Lima, Peru (2007-13).

**Process:** Baseline studies identified socioeconomic challenges to TB control: poverty associated with TB, delay and ignorance; TB and poverty associated with depression and marginalisation; adverse TB outcomes associated with poverty, ignorance, depression and marginalisation.

A conceptual framework (figure) was developed around key steps for TB control (green) and biomedical objectives (blue). Economic objectives (red) include: (1) mitigating TB costs; (2) facilitating access to TB care; (3) reducing TB susceptibility; and (4) improving living conditions to reduce TB exposure. Social support (yellow) may inform and empower equitable access to TB care.

Socioeconomic support was offered to the households of newly diagnosed TB patients. Economic support was provided by cash and food transfers with soft conditionality on continuing TB care. Microcredits and training had less success but incentivised participation. Social support was provided by health worker household visits, workshops and a psychologist.

Impacts: (1) economic support mitigated TB costs; (2) socioeconomic support increased TB treatment adherence and equitably increased preventive therapy; (3) economic and nutritional outcomes are being monitored, but microcredit loans did not improve poverty indicators; and (4) economic development and support reduced household ventilation and increased crowding, potentially increasing TB transmission. Social support formed a mutually supportive civil society of TB-affected households advocating for improved care.

**Conclusion:** An integrated socioeconomic intervention strengthened equitable access to biomedical TB treatment and prevention.



|  |  |
| --- | --- |
| **Reference of your abstract and your poster board** |  |
| **Title of your abstract** | **Incentives and enablers in TB care: the ISIAT project**  Carlton Evans (Peru) |
| **Type of session** | Symposium 34 |
| **Title of session** | Session No.00185  **34. Economic burden of tuberculosis: study cases and policy implementation** |
| **Date, time and place** | **Saturday, 2 November 2013 from 14:30 to 16:30**  **Time of presentation: from 16:15 to 16:30** |