

Tool to Estimate Patients' Costs

**Action points and possible interventions based on findings**

Stage	Problem / Finding	Possible Actions & Interventions
Before and during diagnosis	Long patient delay	<p>Improve accessibility through decentralizing diagnostic centers and/or integrating diagnostic services into general healthcare.</p> <p>Engage other partners/providers in provision of TB services, e.g. Public-Private Mix activities.</p> <p>Communication and awareness campaigns (targeting the poor) about TB symptoms and treatment and availability of services.</p> <p>Conduct Knowledge, Attitudes and Practice Survey to generate baseline information in patient delay</p> <p>Develop a TB health promotion plan</p> <p>Identify whether particular minorities have long delay and investigate reasons.</p> <p>Encourage demand for services by community</p>
	Long health system delay	<p>Training of healthcare staff in effective communication with patients</p> <p>Investigate staff attitudes and practices</p> <p>Assess patient flow at the health center</p> <p>Consider a health service quality assurance system</p> <p>Consider incentive system for staff such as for example possibility to attend training courses, performance-based salary payments</p> <p>Develop feedback system between community and health services</p>
	Women come late	<p>Develop communication and advocacy activities geared towards women</p> <p>Investigate whether this is due to staff attitudes, opening hours of facilities, intrinsic motivation, stigma, social or any other reasons</p> <p>Cooperate with reproductive health services for referral system of symptomatic women</p> <p>Cooperate with women's groups / NGOs</p>
	Men come late	<p>Investigate whether this is due to stigma, opening hours of facilities, accessibility, fear of losing job or any other reason.</p> <p>Take diagnostic services where men primarily work</p> <p>Start or engage with patient support group</p>
	High direct diagnostic costs	Reduce unnecessary tests or unnecessary food supplements
	High accommodation costs	Organize overnight stay possibilities
	High transport costs	<p>Organize transport of sputum samples or slides from remote areas to laboratories</p> <p>Make diagnostic facilities easily accessible</p>
	High user fees	<p>Abolish user fees for TB patients</p> <p>Consider introduction of health insurance scheme</p> <p>Reimburse user fees</p>
	High indirect costs	Consider cooperation with social welfare programs, community funds, micro health insurance etc.

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During treatment	High transport costs	Integrate TB services into public health workplace interventions
	High informal payments	Provide TB drugs free of charge in public services Discourage under the table payments through measures to increase staff motivation, monitoring or punitive measures Let patients evaluate service provision Reduce unnecessary drugs, tests and food supplements
	High food costs	Provide food package, food vouchers Cooperate with partners such as World Food Program or charities
	High accommodation costs	Provide possibility for overnight stay
	High guardian costs	Health insurance Provide transport vouchers for patient and guardian
	High costs for DOT visits High costs for medicine collection Long time on the road	Introduce community DOT Provide transport vouchers Provide transport Decentralize services
	high costs for follow up tests	Provide transport vouchers or transport Reduce/eliminate fees for tests Provide food package
	High costs for hospitalization Long hospitalization periods	Hospitalization of only very seriously ill cases Reduce hospitalization to minimum (1 to 2 months max) Provide food, sheets, medicines, tests for free
	High costs for 'special foods'	Sensitize public health staff to inform patient about unnecessary special foods
	High coping costs due to loans	Health Insurance, micro insurance
	Patients save on food	Provide food package Health insurance
	High costs for non-TB medical care	Cooperate with HIV program for more integrated services
Labor Costs	Many patients lose their jobs	Discuss/cooperate/advocate with labor organizations, employers, politicians and consider legal framework to protect TB patients Organize workplace programs

Reference: WHO (2005). *Addressing Poverty in TB Control*. [http://whqlibdoc.who.int/hq/2005/WHO\\_HTM\\_TB\\_2005.352.pdf](http://whqlibdoc.who.int/hq/2005/WHO_HTM_TB_2005.352.pdf)