

ISIAT: Innovative Socioeconomic Interventions Against TB, Peru

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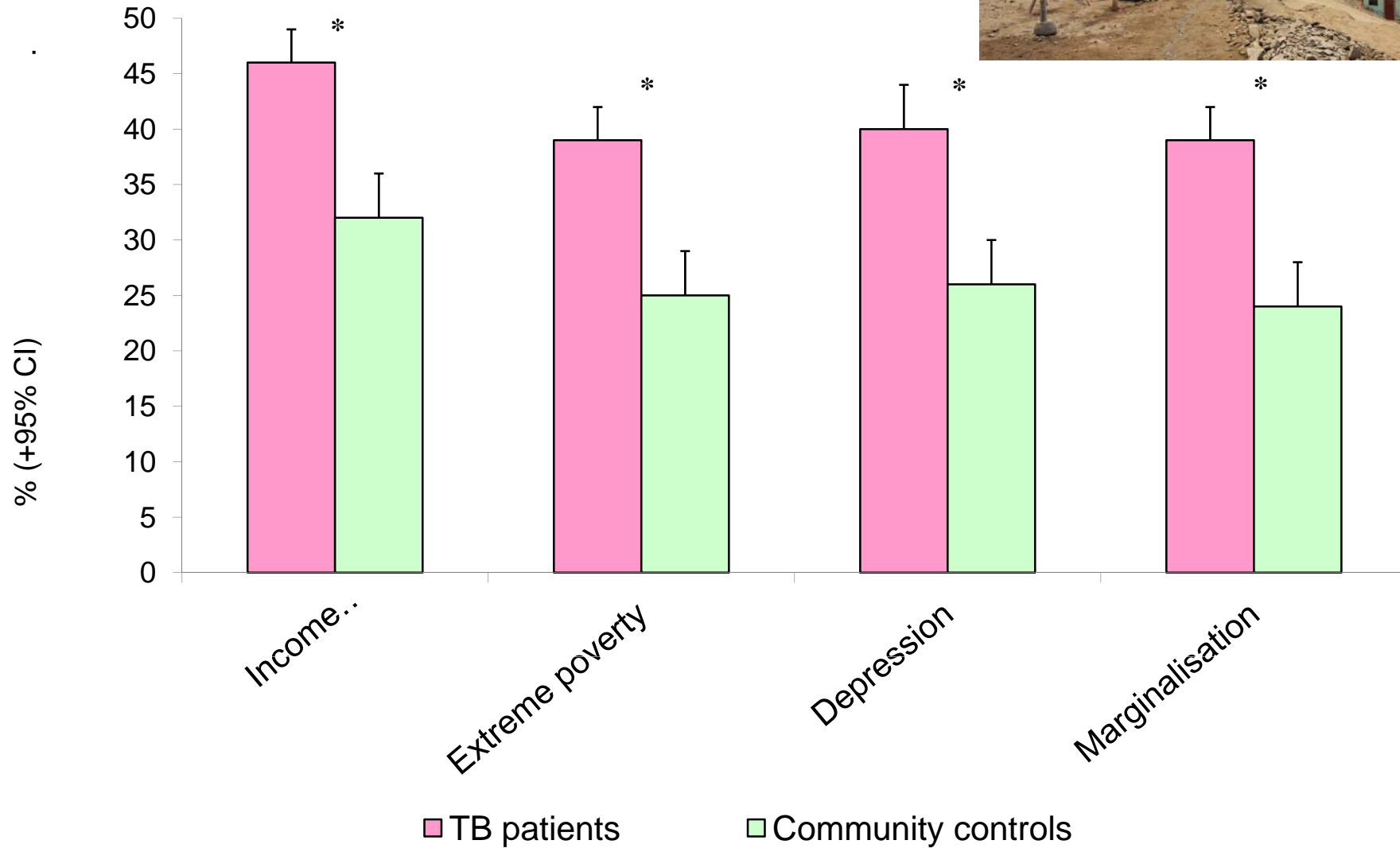
IFHAD: Innovation For Health And Development research group in collaboration with:

- Peru: Universidad Peruana Cayetano Heredia
Asociacion Benefica PRISMA
Ministry of Health & National TB Control Strategy
- UK: London School of Hygiene & Tropical Medicine
Imperial College London
- USA: The World Bank
Johns Hopkins University Bloomberg School of Public Health

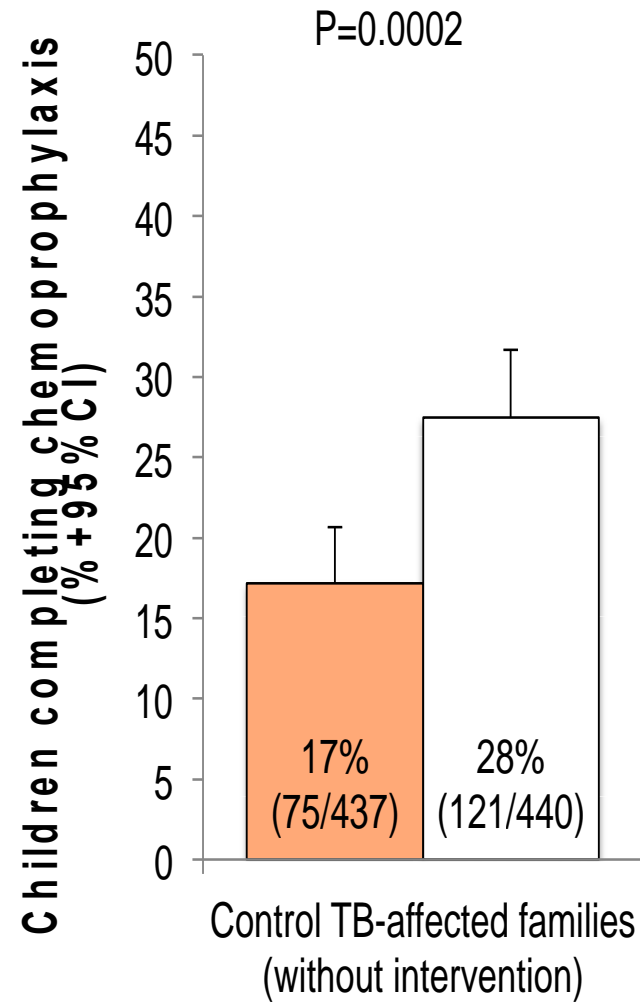
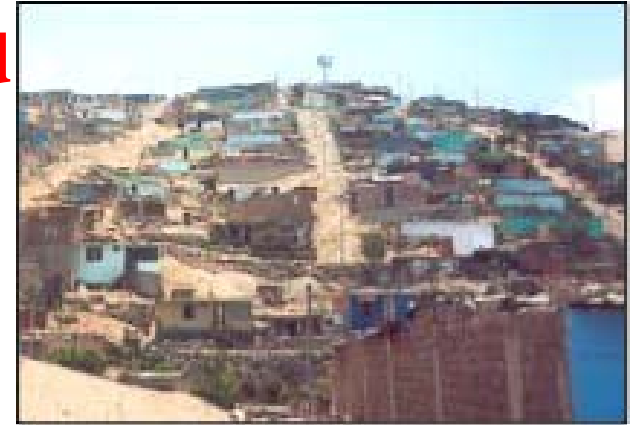


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1. Tests & pills are not an adequate response to TB poverty & despair



2. TB programs are least accessed by those who need them most

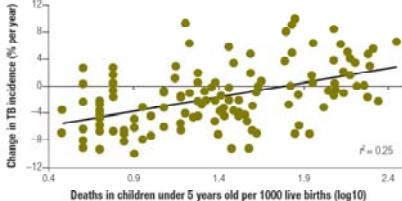


3. “TB programs have averted millions of deaths but their effects on transmission & incidence rates are not yet widely detectable.”

National changes in TB rates are associated with

socioeconomic development

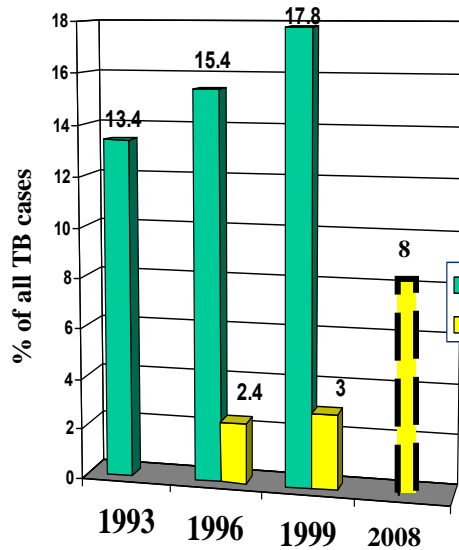
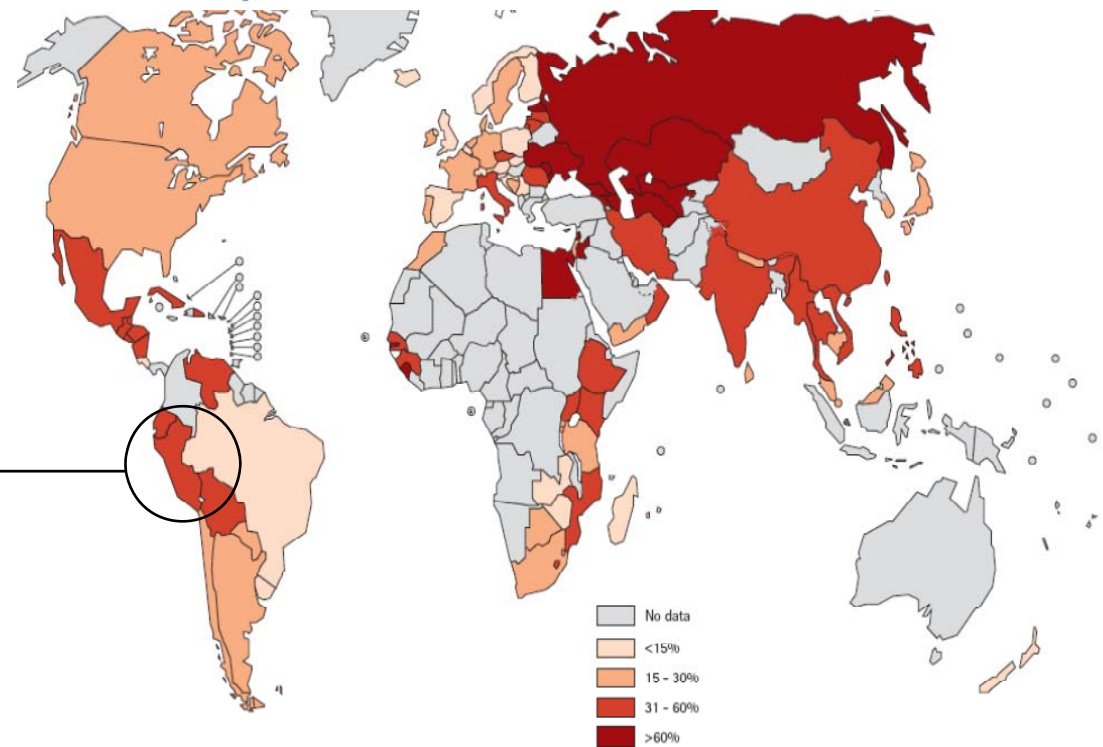
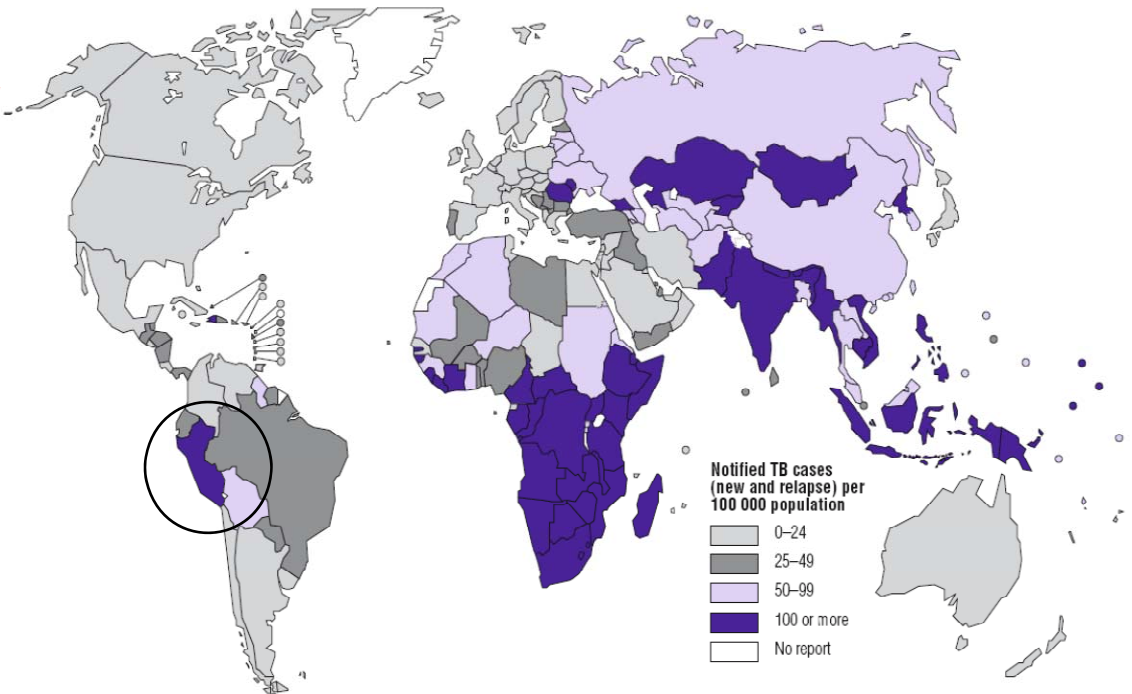
not ‘control’ TB programs

Variable		All country groups
Composite development		
Human development index		-0.20
People with improved sanitation		-0.26
Annual change in under-5 mortality		+0.25 ^c
TB control programmes		
Expenditure on TB control per capita ^d		
Expenditure per TB control per patient ^d		
New TB cases detected ^d		
New smear+ TB cases detected ^d		
Treatment success in DOTS cohorts ^d		
New TB cases successfully treated ^d		
New smear+ TB cases successfully treat		

Despite an acclaimed TB program, including strong social support, Peru:

has a lot of TB -

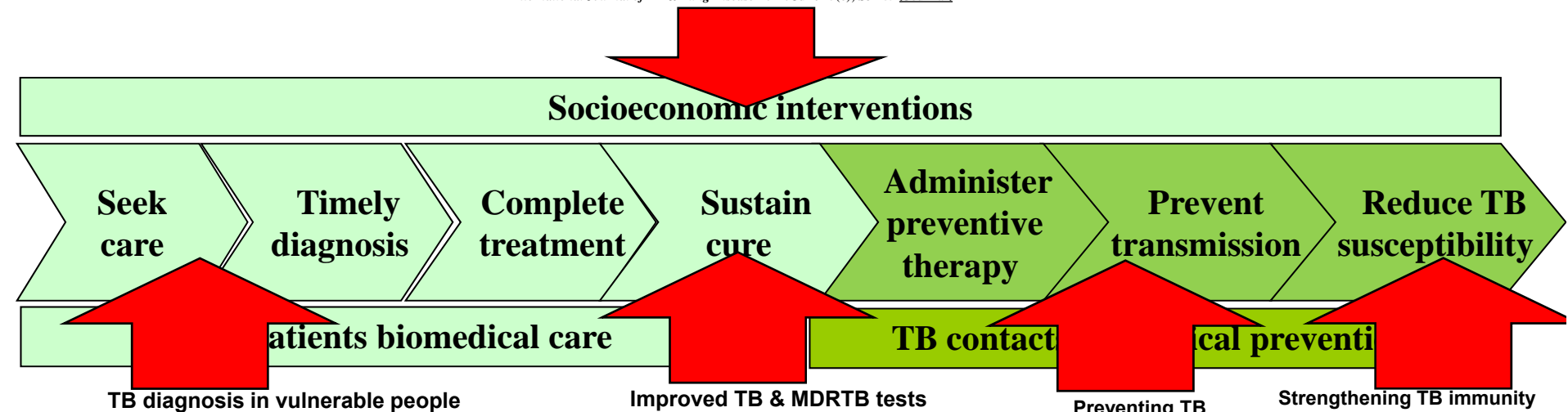
& drug-resistant TB -



Any drug resistance
MDRTB

TB control evidence - 4. no direct evidence for/against socioeconomic interventions

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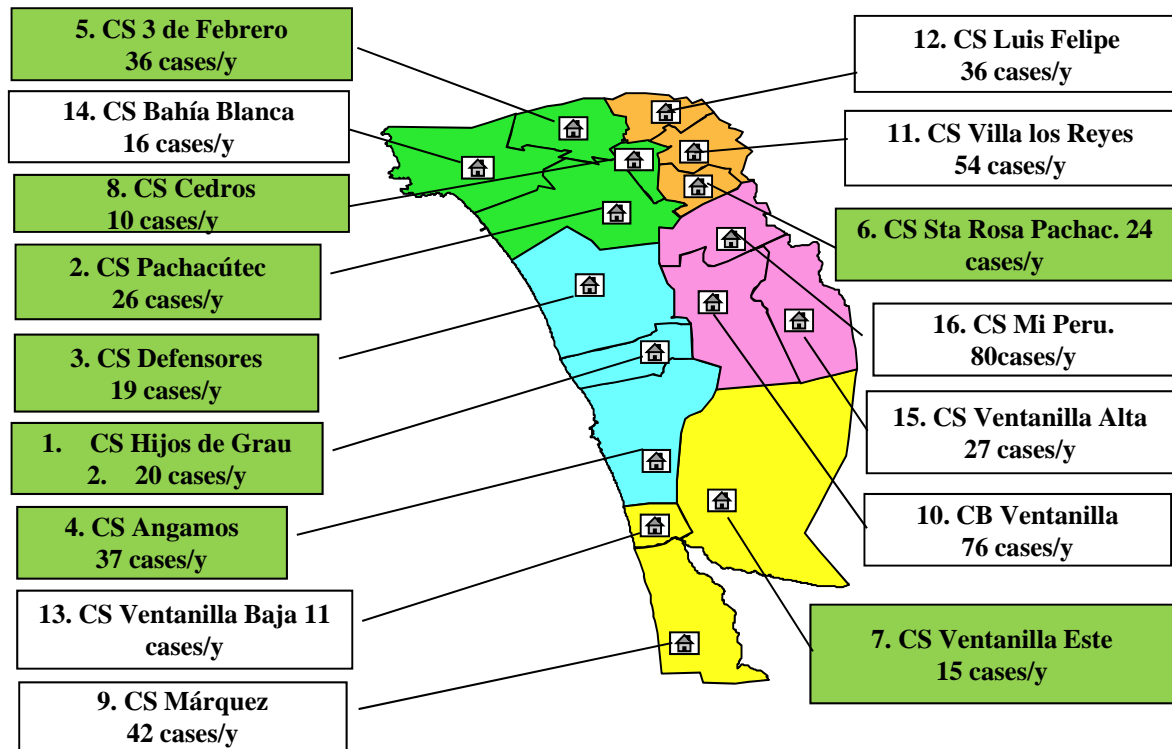
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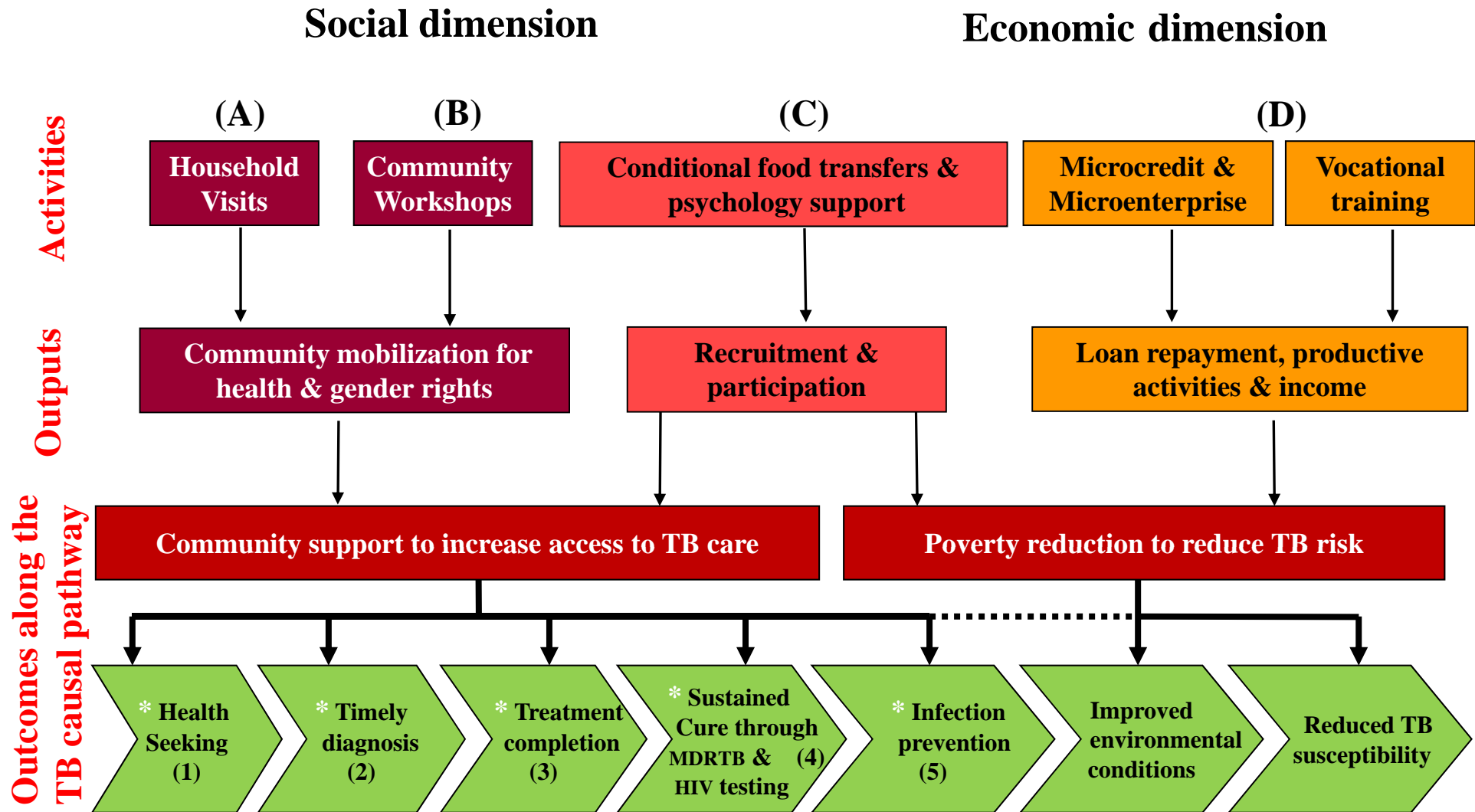
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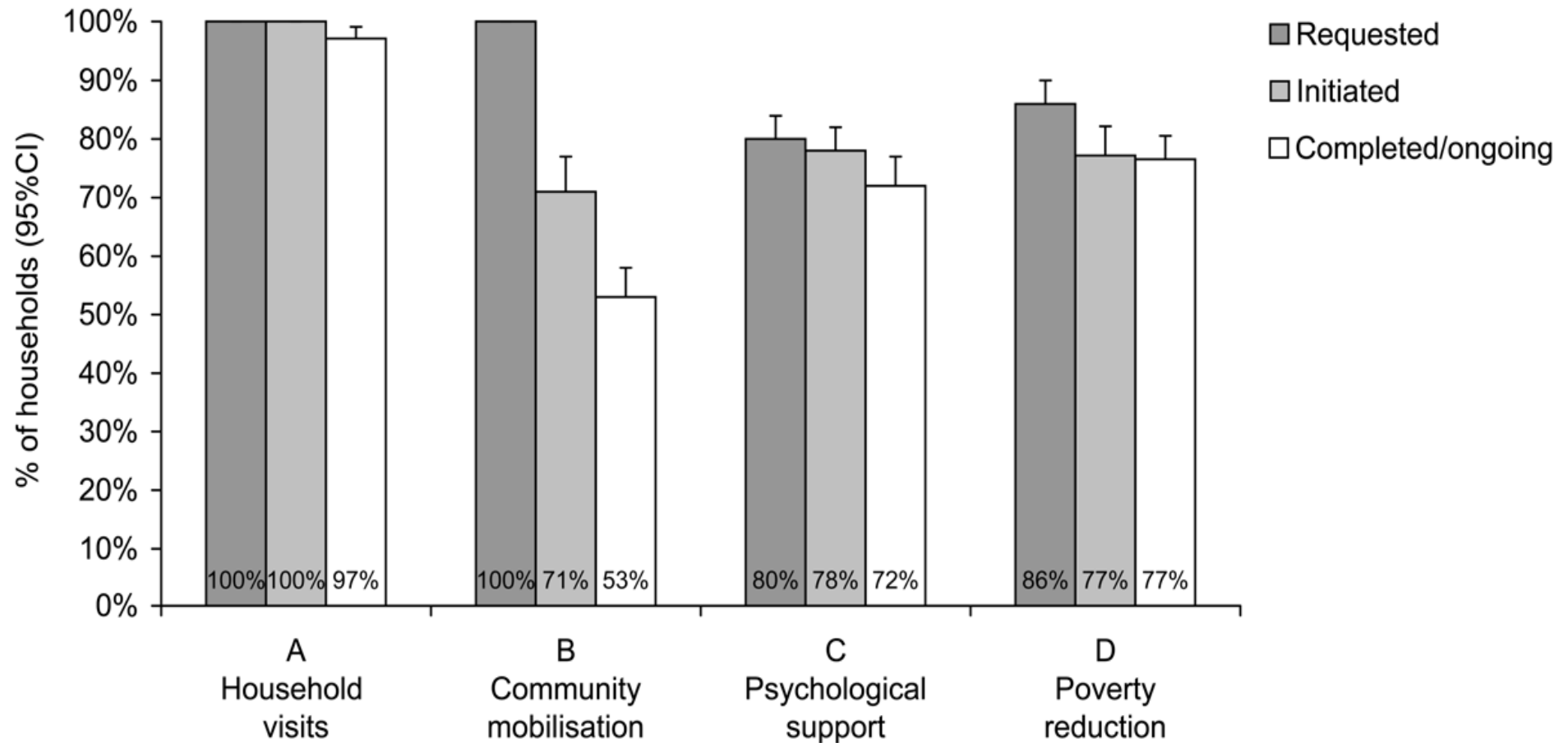
Aim: evaluate socioeconomic interventions for TB-affected households in 8/16 shantytowns



ISIAT



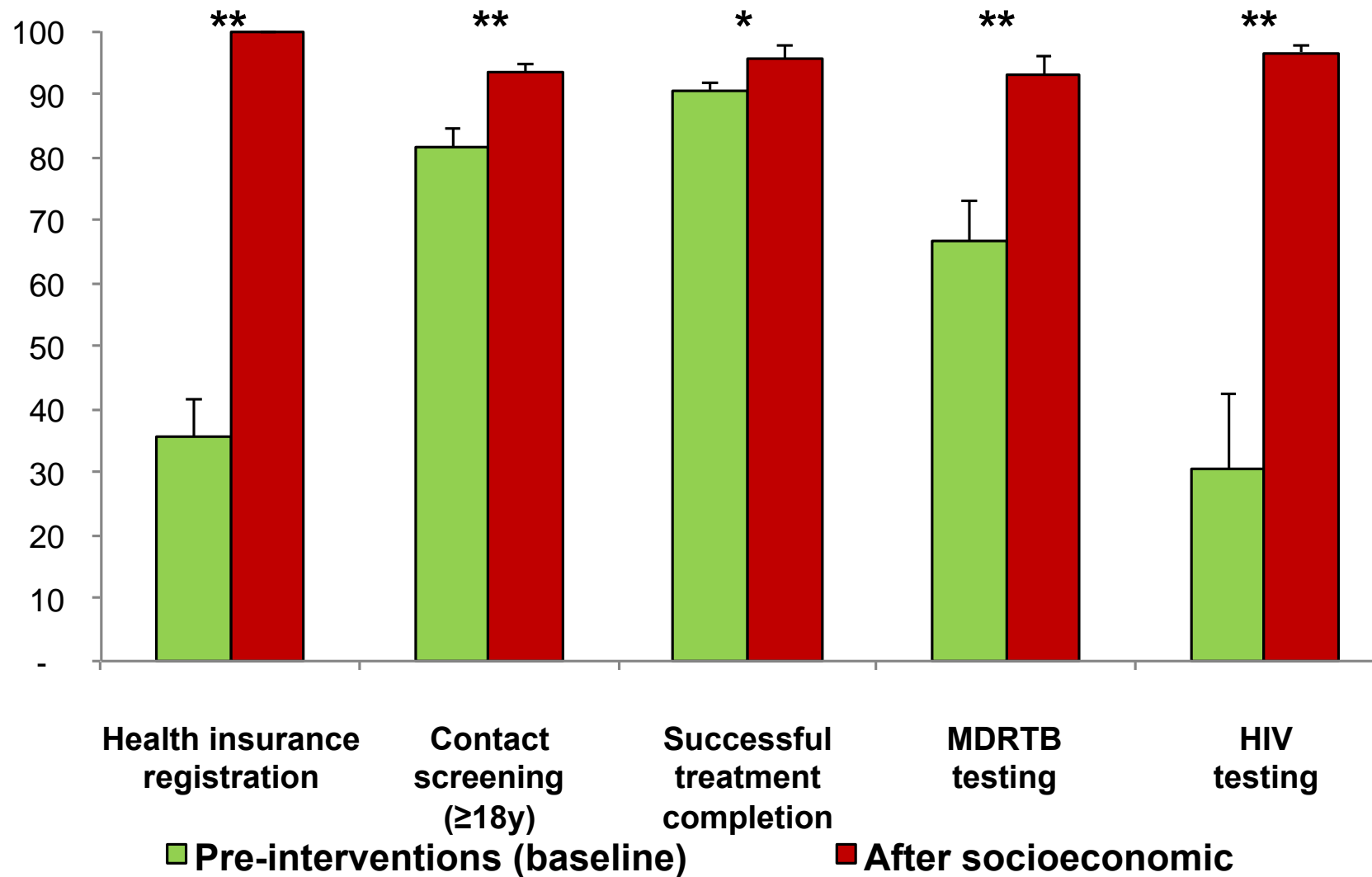
ISIAT– Uptake



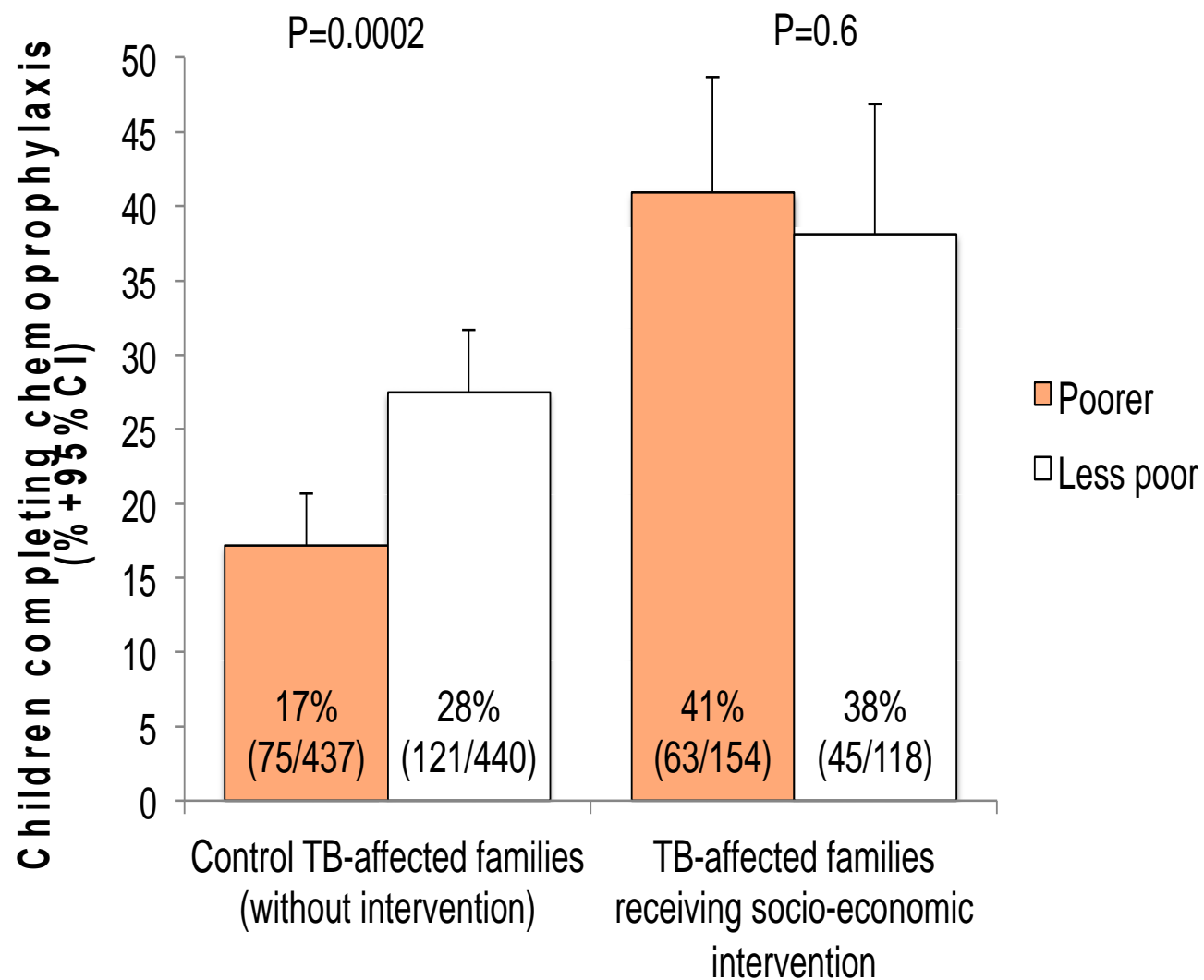
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ISIAT increased access to TB care













































ISIAT increased equitable TB prevention



Conclusions

Presented on behalf of a multi-disciplinary research team in Peru & collaborators

Field team	Interventions	Impact monitoring	Diagnostics	Laboratory
Angel Castro  Salud Ventanilla Apoyo	Allana Farias  Facilitadora de Intervenciones	Ana Bautista  Salud -Ventanilla	Carmen Osorio  Laboratorio	Arquimedes Gavino  Supervisor de bases y analisis estadistico
Antonino Curatola  Medico Investigador	Claudio Rocha  Medico Investigacion Intervenciones	Betty Vailente  Salud -Ventanilla	Cesar Rojas  Laboratorio	Carmen Cordova  Laboratorio soporte
Carlton Evans  Medico Investigador	Frank Fernandez  Campo Intervenciones psicologia	Enit Valera  Apoyo Administrativo y Campo	Eric Ramos  Coordinador del Laboratorio	Charlo Sosa  Laboratorio y Campo
Gelmina Vasquez  Administracion /Contadora	Jessica Franco  Campo Intervenciones HDG	Jessica Alva  Salud -Ventanilla	Jessica Alvarado  Laboratorio	Chulanee Jongkaewattana  Nutricionista
Maribel Rivero  Administradora de Campo	Milagros Sabaduche  Campo Intervenciones PACHACUTEC	Justin Surey  Salud -Ventanilla	Manuel Liacza  Laboratorio	Maroo Tovar  Investigador diagnostico y pediatro
Melina Flores  Administracion	Nataly Boerra  Campo Intervenciones DEFENSORES	Karen Zevallos  Medico Investigador	Teresa Valencia  Coordinadora del Laboratorio	Marissa Reyes  Digitacion Apoyo
Regina Huertas  Facilitadora de Intervenciones	Ricardo Lopez  Campo Intervenciones capacitacion	Maria Haro  Salud -Ventanilla	Wilder Riveros  Laboratorio	Samuel Schumacher  Laboratorio Implementacion
Rafael Almonacid  Facilitadora de Intervenciones	Wilfredo Ynga  Campo Intervenciones micro-creditos	Pilar Tapla  Salud -Ventanilla	Willi Quino  Laboratorio	Silvia Carrera  Administradora del laboratorio
Rosario Montoya  Co-ordinadora campo - Ventanilla	Ben Grannan  Campo Intervenciones			

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- Tests & pills are not an adequate response to TB poverty & despair
- TB programs are least accessed by those who need them most
- TB programs are curing TB, not controlling TB & we need evidence evaluating social protection
- Socioeconomic interventions for TB-affected households
 - increased access to TB care
 - ISIAT increased equitable TB prevention
- Biomedical care better controls TB if strengthened by socio-economic interventions