

# Incentives that Influence Low Income Filipinos with TB Symptoms to Change Health-seeking Behaviour: A Randomized Controlled Trial

International Meeting on Emerging Diseases and Surveillance  
November 10<sup>th</sup> 2018  
Vienna, Austria

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# Philippines



Population: 103.3 million

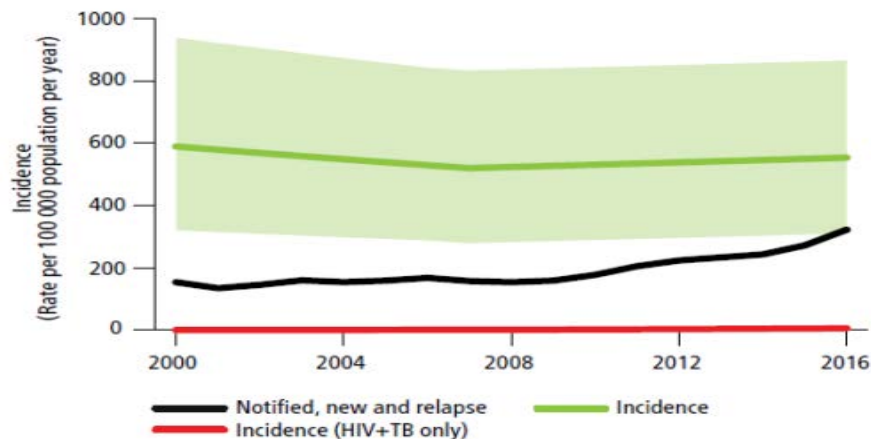
7,641 islands (2000 inhabited)

GDP per capita: \$2753.30 USD

Middle income country

Developing -> Developed country

# National TB prevalence surveys



## Estimates of TB burden,<sup>a</sup> 2016

	Number (thousands)	Rate (per 100 000 population)
Mortality (excludes HIV+TB)	22 (22–22)	21 (21–22)
Mortality (HIV+TB only)	0.3 (0–2.6)	0.29 (0–2.5)
Incidence (includes HIV+TB)	573 (321–895)	554 (311–866)
Incidence (HIV+TB only)	6 (2.5–11)	5.9 (2.4–11)
Incidence (MDR/RR-TB) <sup>b</sup>	30 (21–40)	30 (20–39)

## Estimated TB incidence by age and sex (thousands),<sup>a</sup> 2016

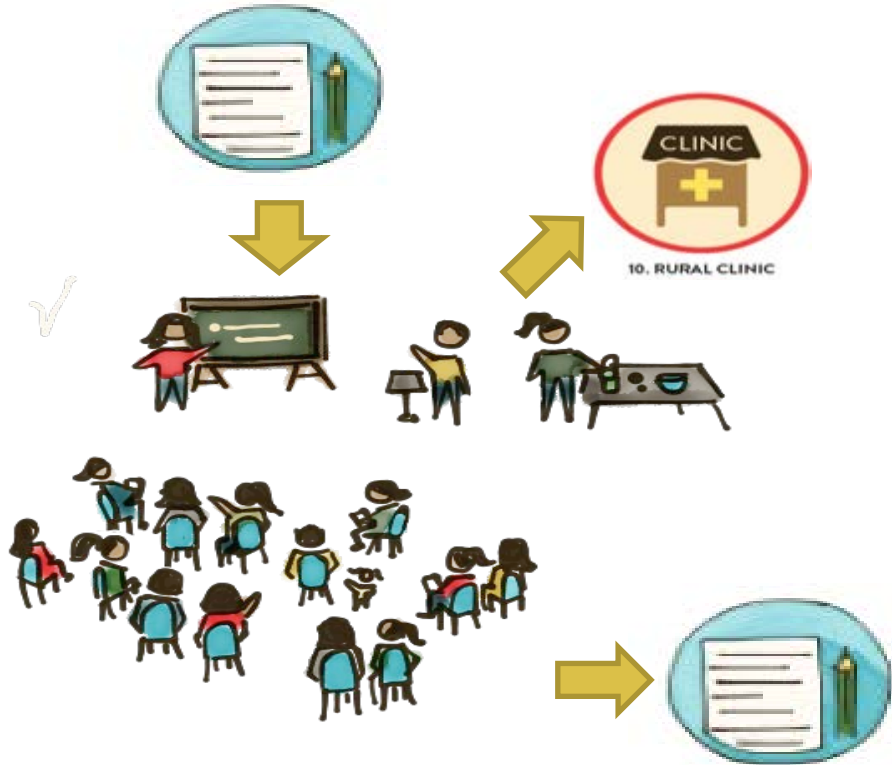
	0–14 years	> 14 years	Total
Females	33 (16–50)	136 (68–205)	169 (84–255)
Males	37 (18–56)	366 (182–550)	403 (200–606)
Total	70 (35–106)	502 (249–755)	573 (321–895)

# We wanted to

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Understand how incentives (financial or food) might influence active case-finding outcomes among ultra-poor Filipinos.

# Methods



- part of ICM's *Transform* program
- About **8000** ultra poor (\$0.50/day) Filipinos per batch
- ACF: TB symptoms (week 2 of 16 week program)
- referral to the closest rural health unit (RHU) for TB testing.

# Methods

## Group A

1. Referral only

## Group B

1. Referral
2. 4 Nutripacks before RHU visit
3. Additional 4 Nutripacks\*

## Group C

1. Referral
2. Round trip transportation cost \$ before RHU visit
3. Additional transportation cost \$\*

## Group D

1. Referral
2. 4 Nutripacks & transportation cost \$ before RHU visit
3. Additional 4 Nutripacks & transportation \$\*

\*ONLY for those who need to go back to check test result at RHU

# Methods

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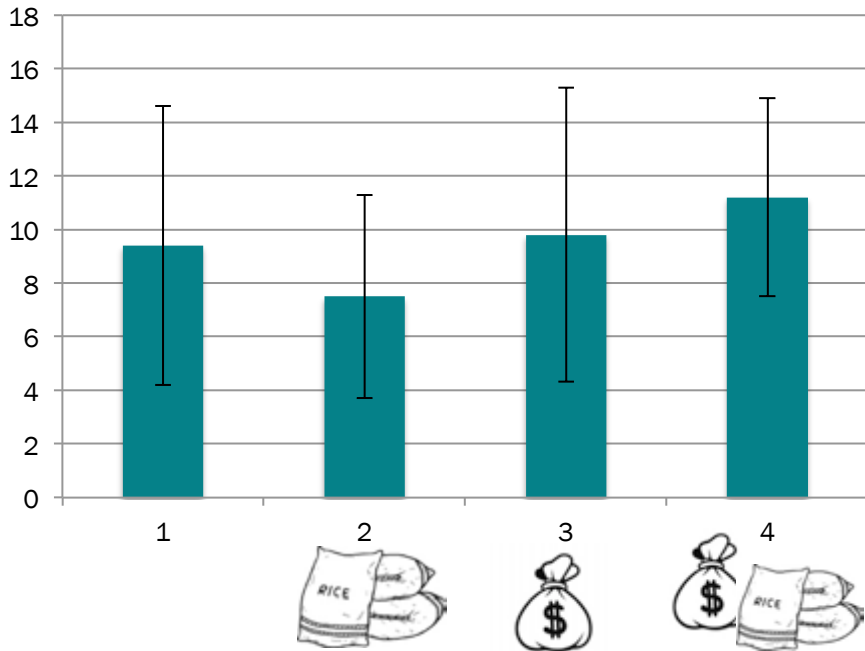
# Results

base	# RHU visited by group					# referred by group					visited/referred
	a	b	c	d	total	a	b	c	d	total	
bac	0	4	6	5	15	1	4	6	5	16	94%
bohol	1	0	2	9	12	12	7	17	20	56	21%
cebu	0	1	1	6	8	3	1	0	6	10	80%
dipolog	10	15	14	17	56	17	21	14	17	69	81%
dumaguete	2	0	18	12	32	28	5	24	12	69	46%
general santos	1	0	2	9	12	3	7	3	10	23	52%
iloilo	2	13	3	20	38	2	13	3	20	38	100%
koronadal	8	0	1	0	9	11	7	1	8	27	33%
palawan	0	0	13	1	14	11	10	22	10	53	26%
roxas	3	0	5	1	9	6	0	8	4	18	50%
<b>total</b>	<b>27</b>	<b>33</b>	<b>65</b>	<b>80</b>	<b>205</b>	<b>94</b>	<b>75</b>	<b>98</b>	<b>112</b>	<b>379</b>	
	13%	16%	32%	39%		25%	20%	26%	30%		54%
	29%	44%	66%	71%							

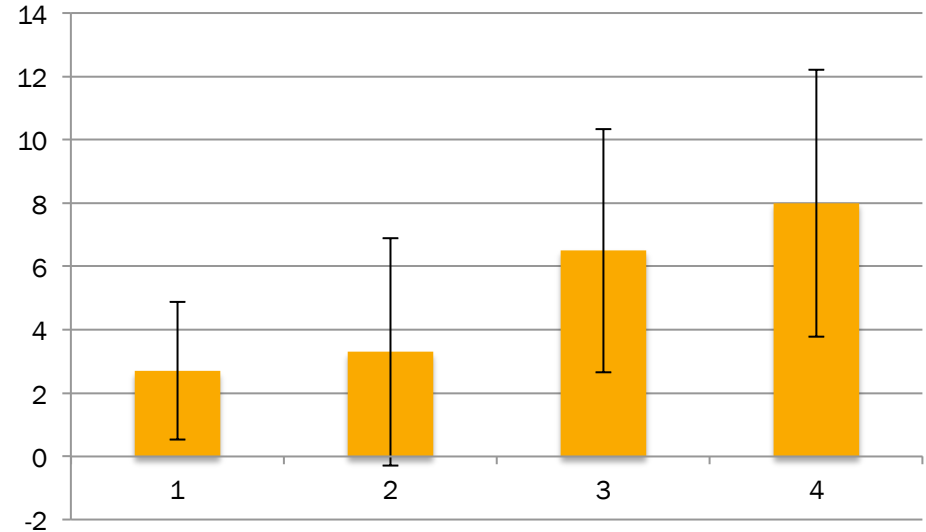


# Results

Average number of referral by base



Average number of TB tested by base



# Conclusion

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In a remote, resource limited setting where TB suspects face financial and geographical restrictions, financial assistance for transportation could change health-seeking behaviour.

# Future direction

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Providing incentives, both food and transportation subsidy (cash), worked in our setting

To increase case detection, **public health policy makers should consider subsidizing transportation cost for those living in poverty in the Philippines.**

Provide further assistance to getting access to TB testing for TB symptomatic + contacts

# Questions?

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Thank you!

Acknowledgement:  
ICM research team – Dr.  
Lincoln Lau, Jansel Ferma,  
Jasmin Radovan

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