TB Treatment Adherence in Lima, Peru: How Does Gender Make a Difference?

Tuberculosis is a highly contagious and curable disease, which disproportionately affects the malnourished and the poor. In 2011, the World Health Organization (WHO) reported that 8.8 million people worldwide were affected by the disease and 1.1 million people were killed by the disease. The treatment of TB requires that a person medicate regularly for a period of six months and sometimes up to a year and a half. Poor adherence to the TB treatment regimen can produce drug resistant strands of TB. Since TB is highly contagious and because a person passes along the strand of TB that they currently have – drug resistant or not – there are many harmful societal externalities to inconsistent adherence to the TB drug regimen. This context provides the motivation for this evaluation, which will use a difference-in-differences approach to estimate the effects of a program that provides psychological, social, and economic support to families affected by TB in addition to standard TB treatment. The evaluation will analyze the effects of the program on TB treatment completion and adequate TB treatment adherence. It will also assess how outcomes may differ for men and women.

In Peru, the diagnosis exam and the treatment for TB is free (once you arrive at a point of service); nevertheless, in 2011, the incidence of TB reached 31,000 cases, which resulted in 1,800 deaths. TB is contracted more easily by people who are malnourished or already sick, making it more easily contracted by the poor. TB also affects the physical strength of an infected person which has been shown to affect a person’s ability to generate income and in turn may worsen a household’s poverty level.

In 2007, PRISMA – a local NGO in Lima, Peru – provided psychological, social, and economic support to families affected by TB. The support addressed the challenges facing patients through a variety of channels: providing support for engagement in economic activities such as handicraft workshops, teaching nutrition and...
preventative health, psychological support for patients with depression, and occasional cash transfers and food supplements based on field nurse assessments of need. In addition, each patient received bi-weekly house visits during which TB treatment adherence was monitored and family members with respiratory symptoms were screened for TB.

Eight health centers were randomly assigned to a control group and another eight health centers selected to participate in the combined treatment offered by PRISMA in a phased in design. The order of the roll out within the 8 intervention Health Centers was also randomized. Enrollment in the PRISMA program at treatment health centers was offered to patients that had opted for a TB test and tested positive for TB. Using a difference-in-differences approach the evaluation will be able to estimate the effects of PRISMA participation on TB treatment completion and adequate TB treatment adherence as compared to individuals that did not receive the PRISMA treatment within the 8 control group health centers.¹

**Timeline:** Final results will be available in May 2013.

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¹ TB treatment completion = 1 if the patient finished treatment and 0 if dropped out. Adequate TB treatment adherence = 1 if the patient finished TB treatment in the suggested time and 0 if the patient delayed doses or dropped out.

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