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

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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
We wanted to 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
## Results

<table>
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<tr>
<th>Base</th>
<th># RHU visited by group</th>
<th># referred by group</th>
<th>visited/referred</th>
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<td>44%</td>
<td>66%</td>
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Results

Average number of referral by base

Average number of TB tested by base
Conclusion

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

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?

Thank you!

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