

Track:	D9. Health Economics C8. Access to Quality TB Care and Services
Title:	Cost analysis of community-based tuberculosis case finding and patient support in six urban districts of Ho Chi Minh City, Viet Nam
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Text:	Background: A higher proportion of the ‘missing cases’ must be found to end tuberculosis (TB) epidemic. Active case finding (ACF) has been shown to improve TB case detection and find sources of transmission earlier. However, more evidence on the investment requirements for ACF incremental to passive case finding (PCF) is needed prior to recommendation for programmatic implementation. Methods: The study encompassed six intervention (ACF) districts and six control (PCF) districts of Ho Chi Minh City. ACF consisted of contact investigation and systematic screening of vulnerable populations. Costs were collected from the health system perspective from 2017 and 2018 for the intervention arm only. Health system costs associated with programmatic PCF in both arms were excluded as sunk costs. We calculated one-time and recurrent costs associated with ACF using an ingredient approach. We calculated cost per additional bacteriologically-confirmed (Bac+) and all-form case detected. Additionality was based on the double-difference comparison of ACF notifications with the pre-intervention period and concurrent control area. Costs were collected in local currency and converted to US dollars (USD1=VND0.0000436). Results: The total cost to implement ACF in six districts of HCMC was USD496,680.63 (19% one-time 81% recurrent costs). One-time costs consisted of Information/Communication equipment (USD38,573.64), diagnostic equipment (USD36,134.22), consensus-building meetings (USD13,336.97), and Trainings (USD7,371.07). 82% of recurring cost (USD329,863.21) were related to personnel and incentives. ACF activities resulted in an additionality of 630 Bac+ and 628 all-form cases, so that mean cost per additional case detected was USD788.38 for Bac(+) TB and USD790.89 for all forms of TB. Conclusions: Scale-up of ACF will require extensive investment to expand population coverage of screening and testing activities. However, our parallel study on patient costs found that ACF could significantly reduce pre-treatment costs, so that the investment may be warranted to increase case finding and provide patient-centered care.
Option:	Option 1 (Scientific Research Submissions)

Preferred Presentation Style:	Poster presentation
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