

Treating tuberculosis was identified by the Bangladesh Priorities project as one of **the smartest policy solution** for the country in fulfilling its ambitious Vision 21 plan.

Bangladesh Priorities worked with economists from Bangladesh, South Asia, and around the world to study 76 concrete solutions to improve the future of the country. Using cost benefit analysis, the researchers identify how much social, economic and environmental good is achieved for each taka spent, providing policy makers with the most relevant information and analysis to support their decision-making. Based on this analysis, an Eminent Panel considered all the research in detail, and prioritized the 76 solutions. This series of policy briefs focuses on the most important priorities for Bangladesh, from tackling tuberculosis to education, health and digital governance.

Strategy	Takas of benefits per taka spent
TB treatment	 taka / taka
Bangladesh regimen for MDR TB	 3 taka / taka

TUBERCULOSIS OVERVIEW

IN BANGLADESH, TB TAKES A HIGHER BURDEN

- Bangladesh ranks 6th globally in terms of the burden of TB on the population.
- TB kills 80,000 Bangladeshis each year, constituting about 9 percent of all deaths. ,
- Every hour 9 Bangladeshis die of TB, despite effective treatments being available .
- Diagnosis is not always easy, and treatment takes several months; in the meantime, loss of earnings for the sufferer may drive families into poverty, multiplying the burden of the disease.
- In 2013, 350,000 people developed TB in Bangladesh.

- the equivalent of an entire year's income for the poorest quarter of society .
- Identifying those with active TB is complex: symptoms including cough, fever, night sweats and weight loss are similar to other common diseases.
- Most TB cases in Bangladesh are identified through 'passive case finding' – people with symptoms seeking out health services. Prosperous people with TB are more than 100 times more likely to be diagnosed as the poorest in society
- Half of all TB cases in Bangladesh go undetected, so more efforts to actively identify patients, ensure treatment and reduce stigma needed.
- Treating TB is low-cost and effective, and TB control is one of the best ways to improve the health and economic prosperity of Bangladesh.

TB SHOULD BE A PRIORITY

- The TB treatment system in Bangladesh is very successful with 92% cure rate.
- TB's greatest impact is on the poorest members of society and investment in TB is important from a poverty reduction perspective
- Although TB treatment is free, the loss of earnings may force those with TB deeper into poverty It is estimated that treatment costs accruing to a family for travel, lost income and nutritional support are in the range of Tk. 11,700-Tk. 19,500 ,

PLANS AND TARGETS

Bangladesh is currently implementing the five-year National Strategic Plan for TB Control (2015-2020), aiming to:

- Reduce the prevalence of all forms of TB by at least 10% by 2020 and by 5% annually, thereafter.

- Increase the annual detection rates of TB and maintain a treatment success rate of at least 90% for all forms of TB.
- Eliminate TB as a public health problem for Bangladesh, through the National Tuberculosis Control Program of the Government
- Reduce incidence of TB to less than one new case per million Bangladeshis per year.
- Extend services to all people of Bangladesh irrespective of their age, sex, religion, ethnicity, social status or race, in an effort to reduce morbidity, mortality and transmission.

Globally, the newly adopted Sustainable Development Goals aim to end the TB epidemic by 2030. And the World Health organization has set a target for a 95% reduction in deaths and a 90% reduction in new cases by 2035.

Bangladesh has a leading role in making sure that the world reaches these targets.

POLICY SOLUTIONS: THE RESEARCH

Treatment of TB is low cost and effective in Bangladesh, giving each TB patient, on average, another 25 years of life, as well as reducing contagion and preventing at least one more person from getting TB.

The key to expanding TB control in Bangladesh is to identify more persons who need testing for TB and link them to effective TB treatment services. The research reviews two policy interventions for expanding TB control specifically in the Bangladesh context, examining their contribution to the Bangladesh strategy for tackling TB.

OPTION 1: EXPAND TB CASE DETECTION

While there are well-established ways to treat TB at low-cost, 120,000 people need treatment in addition to the 190,000 cases treated today. To detect one new case, around 40 people need to be screened – the cost including treatment and follow-up through community clinics is Tk. 7,850 per patient and at the same time, we can also prevent this person from infecting one other, making TB treatment an even more attractive investment.

Since the average onset age is 45 years, the people who are saved have many dependants. Overall, each taka spent will do Tk. 21 of good.

Option 2:

Treating multi-drug resistant TB (MDR TB)

Misuse, poor delivery and adherence of TB treatment can lead to so-called “multi-drug resistant” TB (MDR TB), meaning that conventional treatments are not effective. Because MDR TB is up to 45 times more expensive to treat, each taka spent on expanding MDR TB treatments will do just Tk. 3 of good. Moreover the priority for action against MDR-TB is effective first-line treatment of TB.

Considering the number of people in Bangladesh diagnosed with TB every year together with undiagnosed cases, the research indicates that conventional TB treatments will generate more socio-economic benefits when compared to MDR TB treatments. Not only is expanding TB case detection and treatment a sound investment, its benefits will primarily accrue to the very poorest.

OBSTACLES

Treating TB effectively requires investment in screening, diagnostics, drugs and community health services, plus social protection for patients to encourage their continuing treatment.

Bangladesh is a leader in community-based efforts. Effective models of screening and engagement with the private sector need to be further developed and scaled. Development partners require more strategic focus when it comes to TB. For example, the EU has an action plan for HIV but no similar policy framework for TB, although both diseases continue to pose major health threats.



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