TB cure reduces poverty at the household level

- Long illness or death from TB of wage earners has devastating consequences on families.
- Millions of poor families get by in the face of economic hardship, but fall into destitution when TB strikes.

DOTS reduces poverty by:

**Averting the loss of income.** Lost income is substantial: up to 12 months of income lost in cases of incapacity when TB is badly treated, or much more income loss when long illness results in unemployment or death.

**Averting the cost of inadequate treatment,** which forces TB patients to continue searching and paying for diagnostic tests and treatment. These costs can reach US$150, many times the annual income of a household below the poverty line, as documented in several Asian countries.

Studies have shown that when a wage earner becomes ill with TB:

- 75% of urban and 67% of rural households go into debt when an adult member of the family develops TB, according to an Indian study.
- In Thailand and Indonesia, individuals who receive treatment are estimated to lose about 2 months’ work from illness; those who do not receive treatment lose about 12 months’ work.
- In Uganda, 80% of wage earners had stopped work because of their disease and 95% of subsistence farmers reported that production had decreased due to their reduced capacity to work. The average time lost from normal activities was 9.5 months (time lost ranges from one week to 3 years).
- In South Africa, lost earnings were US$272 per patient.
- In Tamil Nadu, India, substantial lost earnings were about 15% of annual household income.
- Lost earnings exceeded direct medical costs by a factor of two in Tamil Nadu and almost three in Uganda and South Africa.
Averting the socio-economic costs of coping by families, such as taking children out of school, cutting down on food, becoming indebted with usurious interest rates, or selling what little land or cattle they may have. Country studies show that in India, in households where a wage earner was ill with TB:

- 11% of children were withdrawn from school and 8% had to work;
- around 300,000 children leave school every year;
- and each year, more than 100,000 women are rejected by their families.

Averting malnutrition as both a direct and an indirect cause of TB. By curing a tuberculosis patient, food intake is optimised for building the body (and reducing malnutrition) instead of being wasted on fighting the disease.

Averting death, the most dramatic cause of economic loss for families.

DOTS contributes to the family's future productivity and well being:

- Most patients are in the economically productive age group of 15-45 years; in turn they support dependents, who are too old or too young to work.
- Rapid diagnosis and treatment permit adults to maintain their income and their children’s access to education and basic nutrition.
- When treatment is absent or inadequate, TB kills, and the family may be left destitute.