

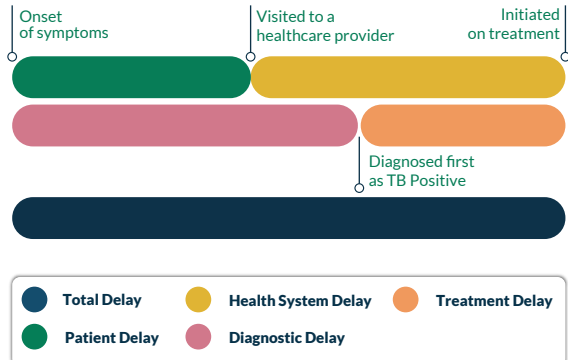
# Reducing Delays among TB patients in Hyderabad through the Tuberculosis Health Action Learning Initiative (THALI)

Persons with symptoms of tuberculosis (TB) often delay seeking treatment due to numerous factors, and this period, combined with a delay in diagnosis and initiation of treatment, can lead to a worsening of their conditions, reducing their chances of recovery and raising the risk of infecting others.

## Study objectives

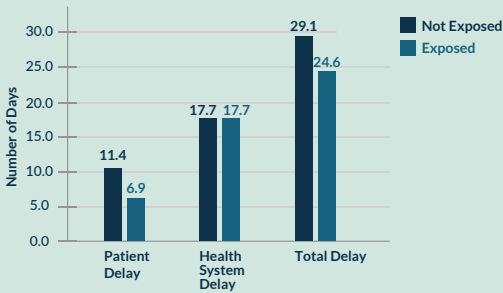
We measured the change in patient and health system delays among adult TB patients in the urban slums of Hyderabad over three years and pooled data from Bengaluru and Hyderabad to explore how THALI's community engagement could have influenced this change through matching methods analysis.

## Defining Delay



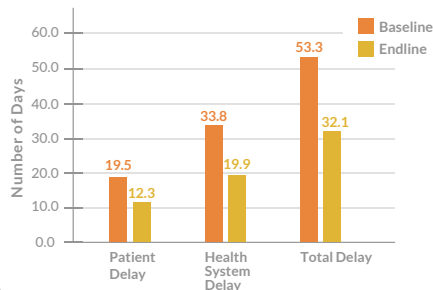
## THALI's Impact in Bengaluru and Hyderabad cities

Mean Patient, health system and total delays according to program exposure



The study found that exposure to THALI's IEC materials and community activities mainly including in-person communication, sensitization meetings, patient support group meetings, meetings and mass campaigns, follow-up visits, and screening for symptoms, reduced patient delay.

Mean Patient, health system and total delays

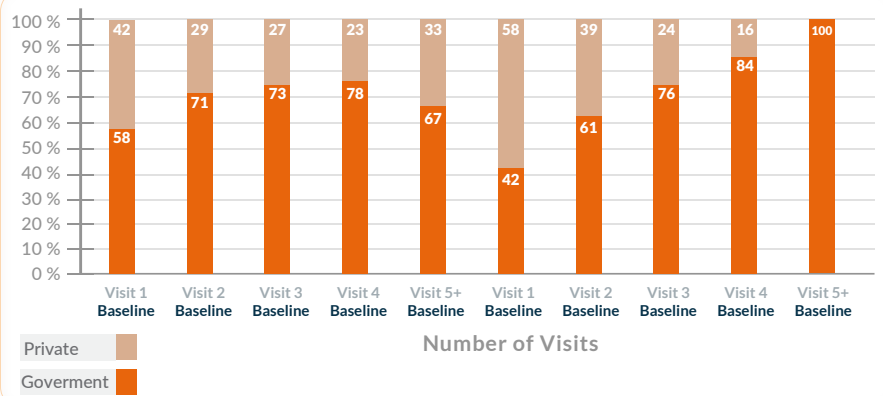


Reduction in mean patient delay was non-significant among females, those who had never married, were living outside slum areas, those with better education, regular income, lower household income and higher family size. The reduction in health system and total delays was not significant among non-slum residents and those who were not accompanied by a family member or other person to visit a healthcare provider.

## Study Coverage

Sample coverage details of contacted NSP patients in the baseline and end-line surveys, Hyderabad

Status of Survey	Baseline		End-line	
	Number of Cases	Percent	Number of Cases	Percent
Contacted	357	100	288	100
Unavailable	44	12.3	10	3.5
Refused	84	23.5	52	18.1
Interview Completed	229	64.2	225	78.1



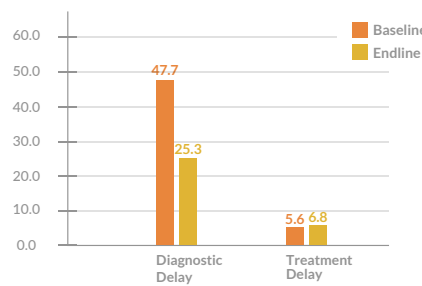
Type of facility in which the decision to test and identified as TB first according to the consultation visits.

The proportion of respondents identified as TB positive on or before their third visit to a healthcare provider increased from 60% to 92%. Only 42% of them were initiated on treatment on or before third visit in the baseline and this increased to 82% in the end-line. After the first diagnosis of TB, about 18% and 10% of respondents in the baseline and end-line surveys delayed starting the treatment and went for another consultation visit before starting TB treatment.

## Program Implications

- Delays increase when patients 'shop' for multiple healthcare providers, often between the public and private sector. Our findings highlight the possibility that patients visit multiple providers because they do not immediately accept a diagnosis of TB.
- Patient need counselling prior to and immediately after a diagnosis of TB, to help them to better understand the disease, accept the TB diagnoses and to stay adherent to treatment.
- Delays in seeking treatment could be reduced when a family member supports TB symptomatics to confirm their diagnosis. Spouse and parents can play an important role in accompanying them.
- THALI's interventions did not have a direct impact on reducing health system delay, as the project did not engage with healthcare providers directly after the initial years.

Mean diagnostic and treatment delays



An increase in recommendations for appropriate diagnostic tests and a majority of respondents undergoing tests recommended by the healthcare provider resulted in a decrease in diagnostic delay.

The small increase in treatment delay indicates that there could be respondents who are going for more than one test to confirm their diagnosis or may be waiting for a second opinion before initiating TB treatment immediately after diagnosis.

