

INTRODUCTION

- Case detection is an important aspect of the TB control strategy recommended by the WHO.
- Case detection rate remains as low as 55% amidst increasing TB cases in urban centers.
- This study therefore aimed at determining the cost effectiveness of ACF and PCF in detecting TB cases.

METHOD

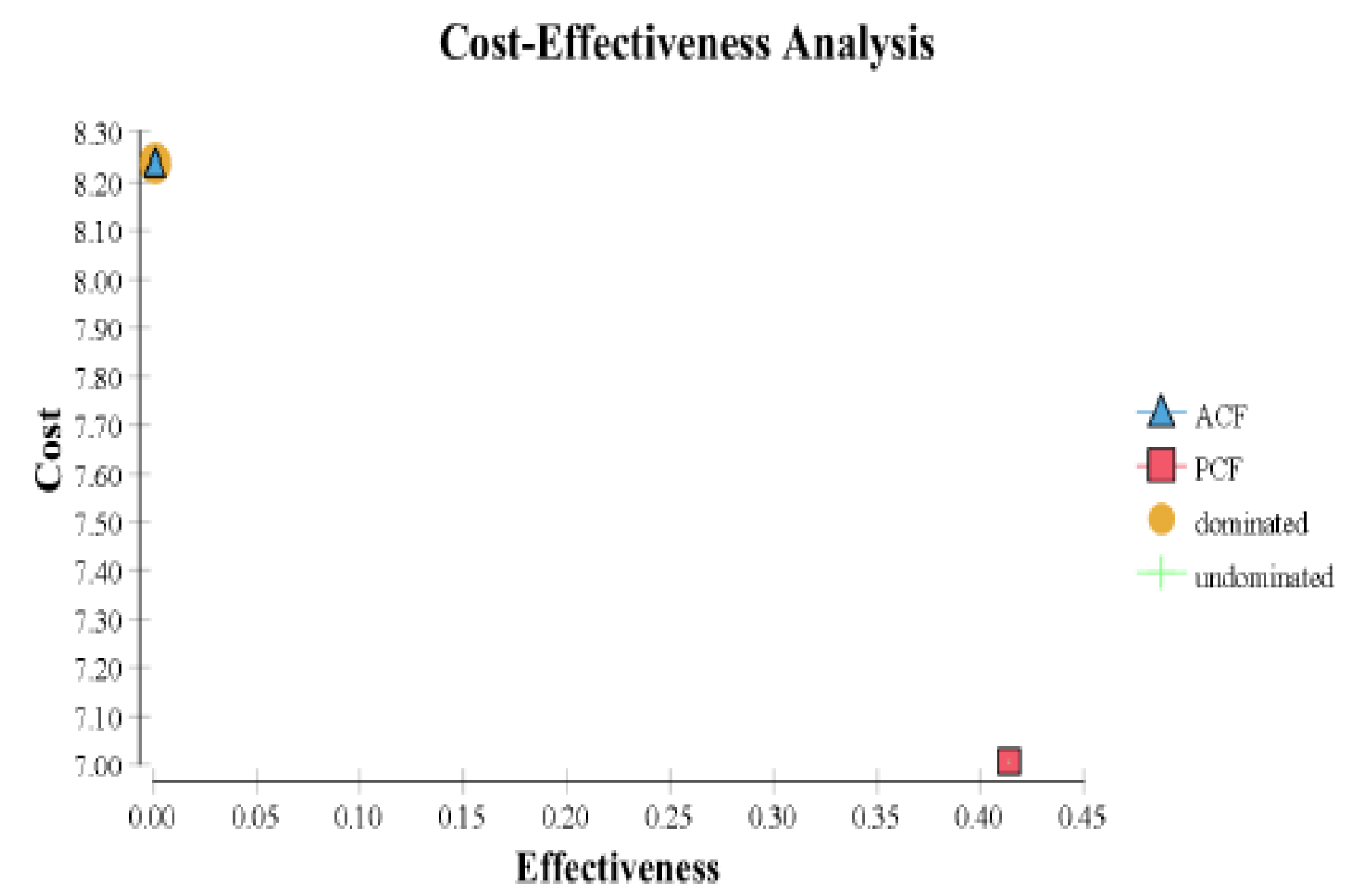
- Cost Effectiveness analysis from the provider’s perspective carried out between September 2018 and February 2019.
- Data on costs and yield of TB cases for PCF and ACF was collected among adults aged 15-49 years at Kisugu HC III located in highly-congested and urban setting in Kampala district, Uganda.
- Costs were adjusted to US\$ for the 2019 annual average.
- Capital Assets were annualized.
- Incremental Cost Effectiveness Ratio (ICER) represented the cost to detect an additional TB case and decision threshold based on Uganda’s GDP (US\$ 2089).
- One & two-way sensitivity analyses were done to assess uncertainty of the ICER around key variables.

Active Case Finding(ACF) yielded less number of TB cases and yet more costly! Patients who present to the health facilities (with symptoms) have high chances of having TB.



RESULTS

- The unit cost of detecting a TB case was \$8.14 and \$7.01 under ACF and PCF respectively.
- After sensitivity analyses, ACF was not cost effective.
- ACF was less effective yet more costly in detecting TB cases who presented with chronic cough. PCF was more effective and less costly.
- The incremental cost of detecting an additional case of TB under ACF was \$ **1.13** with an incremental effectiveness ratio of **-0.41**.



DISCUSSION

- Patients who present to the health facilities (with symptoms) have a high chance of having TB.
- Implementation of PCF as the recommended TB control strategy should be prioritized.
- Other low cost strategies like HCI need to be used in complementary.

CONCLUSIONS

- Under our baseline assumptions, prioritize passive case finding and use active case finding for places with high prevalence of TB.

RECOMMENDATIONS

- Assess lifetime health benefits and costs that accrue from active arm.
- Role and Cost effectiveness of mHealth for case notification.
- Assess feasibility of implementation of PCF+HCI.

Costs of PCF and ACF

Description of costs	PCF	ACF
Capital/fixed costs	1081.356	2,197.7927
Overhead Costs	110.81	63.5135
Re-current costs	7,498.391	17,736.2162
Total costs(US \$)	8,690.56	19,997.52

