Impact of integrated psycho-socioeconomic interventions on TB treatment outcomes

Evidence from the UPLIFT trial in Viet Nam

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TB & health financing in Viet Nam

- Viet Nam ranks 12th among the world's 30 high-TB-burden countries, with approximately 184,000 people developing TB each year
- 63% of TB-affected households face catastrophic costs, driven primarily by income loss
- NTP established PASTB to mobilize domestic resources and provide financial support to vulnerable people with TB
- Transition to domestic financing: National health insurance coverage reached 95.2% in 2025, and first-line TB consultations, diagnostics and medicines transitioned into SHI reimbursement in 2022

Before the trial: 6 years of formative research

Acceptability

Cash transfers paired with SHI were acceptable to TB-affected families, though the transfer value alone did not fully offset costs.

doi: 10.1371/journal.pgph.0002439

Preferences for social protection

People with TB and providers prioritized support for medical costs, flexible cash transfers, and nutritional and psychosocial support that was accessible and proportionate to individual needs.

doi: 10.1136/bmjopen-2023-076076

SHI enrollment processes

Enhanced support was offered to 115 uninsured people with TB, of whom 76.5% enrolled in SHI. Enrolment took an average of 34.5 days and cost USD 66 per household, with premiums, documentation and household-based registration remaining important barriers.

doi: 10.1186/s12961-024-01132-8

Cash transfers with or without conditions

Both approaches were feasible, but conditioning transfers produced no measurable benefit, doubled administrative time and did not improve treatment success. These findings supported using a less burdensome, “soft” conditionality.

doi: 10.1186/s12913-026-15248-w

Listening to priorities: a people-centered design process

1. Discover

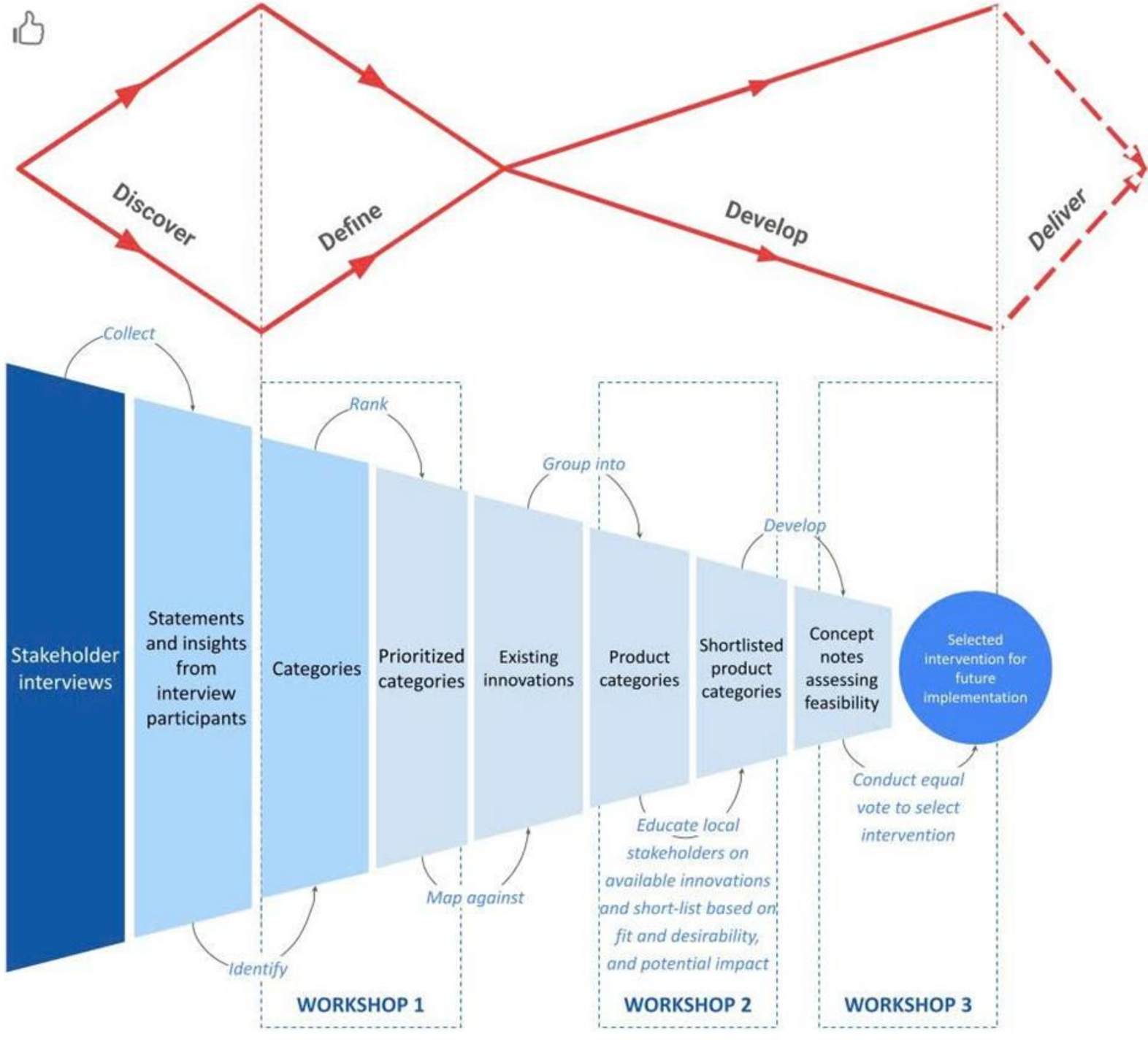
Interviews and focus groups with 88 people affected by TB, clinicians and policymakers identified 15 challenges across the TB care cascade.

2. Define

A 21-member Leadership Group validated the challenges, selected five priority opportunity areas through anonymous voting, and developed criteria for assessing potential solutions.

3. Develop

A total of 459 innovations were screened and grouped into 19 categories. Following structured learning, scoring and feasibility assessment, three options were shortlisted, with social and financial protection receiving 81% of the final vote.



UPLIFT: Understanding the Potential Livelihood Impacts of Financial support for households affected by Tuberculosis

- **A Type II Hybrid Effectiveness–Implementation trial** evaluating psycho-socioeconomic support for people with drug-sensitive TB in Viet Nam.
- 1334 people individually randomized (1:1) across 12 districts; followed for treatment duration
- Subset of 471 individuals received longitudinal surveys to measure costs, TB-related stigma, health-related quality of life, depression & household health-seeking behaviors

UPLIFT: Effectiveness Research Questions

Does the intervention **improve treatment success?** (n=1,334)

Does the intervention **reduce catastrophic costs?** (n= 471)

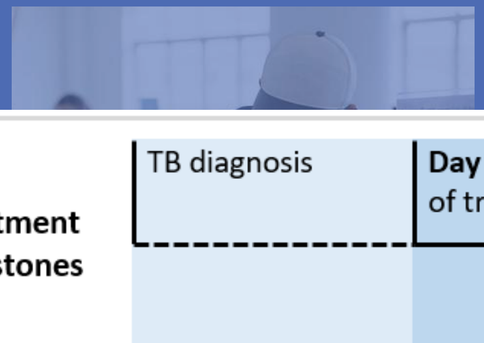
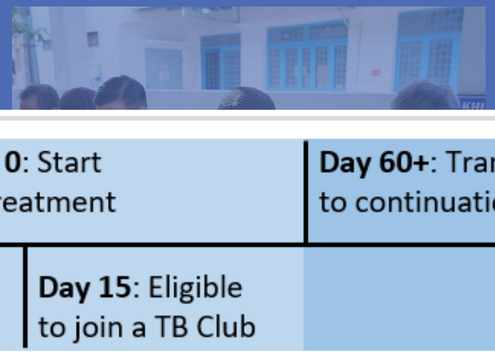
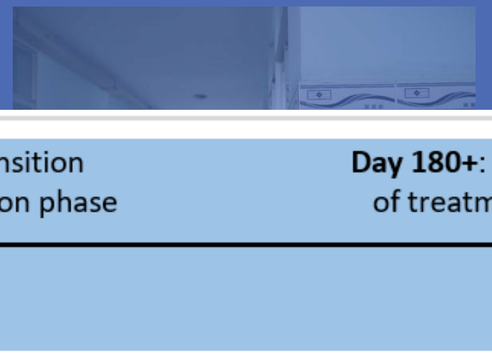
Does the intervention improve:

- Quality of life?
- TB-stigma?
- Depressive symptoms?
- Household health seeking behaviors?

Study participants included…

- Adult (≥18 years)
- Diagnosed with drug-sensitive, pulmonary, new, or relapse TB
- Initiated on TB treatment and reported/notified in VITIMES
- Residing in one of the implementation districts for the past 1 month
- First member of the household to enroll in the study

The UPLIFT intervention: cash transfers and peer-led TB Clubs


Treatment Milestones

TB diagnosis

Day 0: Start of treatment

Day 60+: Transition to continuation phase

Day 180+: End of treatment

Day 15: Eligible to join a TB Club

TB Club Cadence *(every 2 weeks)*

First time joining a TB Club 1,000,000 VND

Second time joining a TB Club 1,000,000 VND

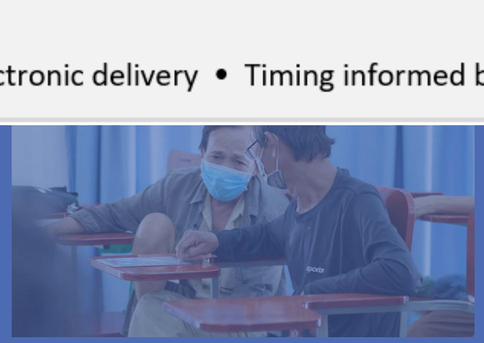
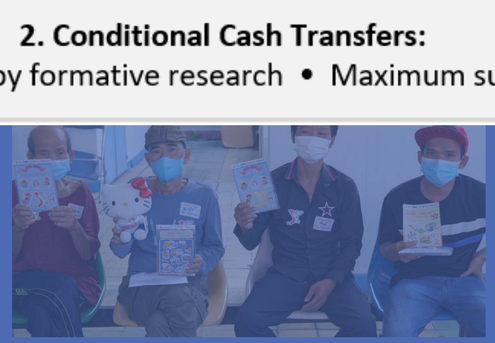
Sixth time joining a TB Club 1,000,000 VND


1. Peer-led TB Clubs:

Coordinated by TB survivors and TB unit staff • 10-session structured curriculum • Conducted within District TB Units

2. Conditional Cash Transfers:

Electronic delivery • Timing informed by formative research • Maximum support = 3,000,000 VND (USD ~121)

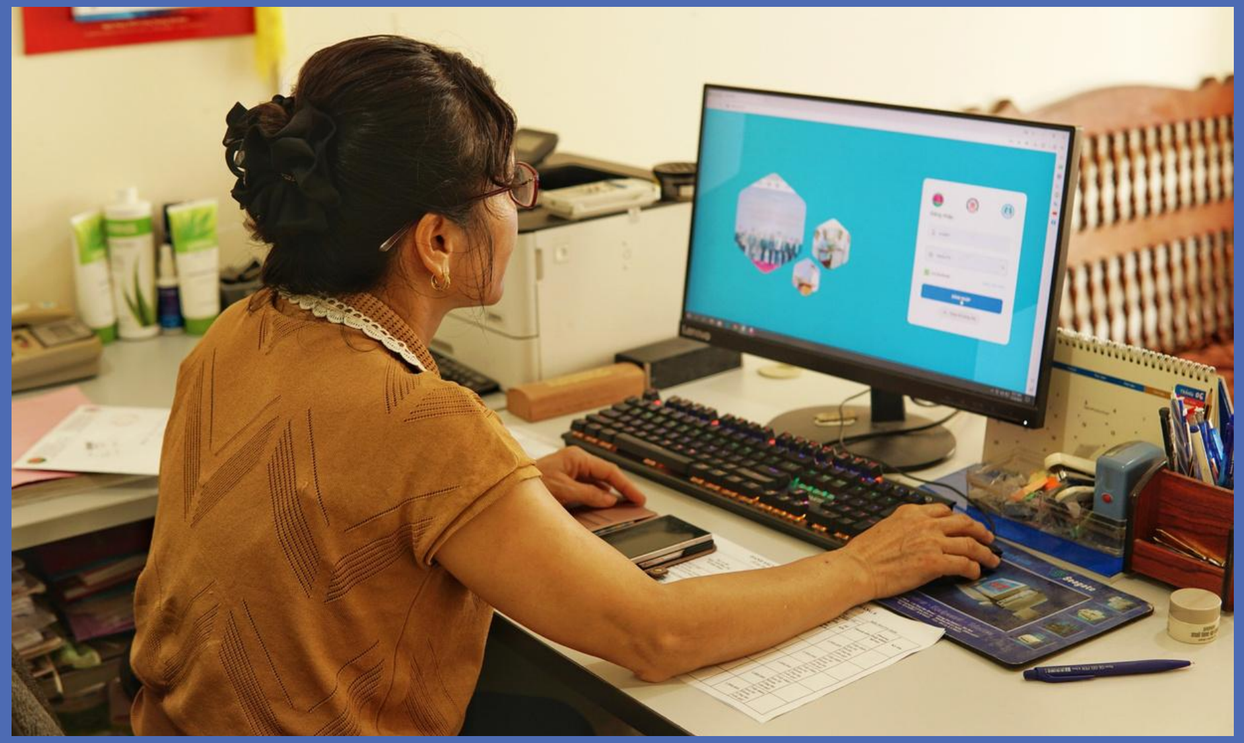
Preliminary UPLIFT trial results

Preliminary results are presented and may change following completion of the final analyses.

Outcome	Intervention	Control	Effect estimate
Treatment success n=1,283	**601/643 (93.5%)**	**579/640 (90.5%)**	**ITT:** aOR 1.51 (95% CI 1.00–2.28), p=0.048 **Modified per protocol:** aOR 1.82 (95% CI 1.14–2.89), p=0.012
Catastrophic costs n=429	**21/216 (9.7%)**	**28/213 (13.2%)**	Difference not statistically significant, **p=0.336** However, out-of-pocket (direct) costs were **40.5%** lower in the intervention arm, p=0.013
SHI renewal n=429	**94.80%**	**88.70%**	**p<0.001**

Strengthening delivery: Financial support goes digital

PASTB is Viet Nam’s national charitable fund for people affected by TB. PASTB.vn digitizes applications, document review, approvals, payments and confirmation of support delivery.



What changed through iterative design?

- Reduced and simplified data-entry fields
- Aligned online and paper application forms
- Introduced online pre-review to identify errors before mailing documents
- Redesigned the user interface
- Added role-based dashboards, data exports and application tracking

Results from two pilot phases

- 404 applications submitted as implementation expanded from 4 to 10 provinces
- Same-day online completion increased from 63.3% to 82.1%
- Median paper-review time decreased from 9 to 3 days
- Median application-to-support delivery time decreased from 131 to 88 days, a 32.8% reduction

Lessons learned: operationalizing social protection for TB in Viet Nam

1. Start where your context is at, and build the evidence over time.
2. Engage people affected by TB in intervention design. Work with them to define what matters most, what they prefer and what support should look like.
3. Financial support may be more effective when combined with psychosocial and treatment support.
4. Utilize all existing social protection mechanisms in your context. TB services can help people navigate and access wider social protection.
5. Pay attention to how support is delivered. Administrative barriers and delays can reduce its value.
6. Adapt as you go. Test systems with users and iterate them through implementation.

Thank you!

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Stop TB Partnership

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