**Title**

Patients’ willingness to pay for the treatment of tuberculosis in Nigeria: exploring own use and altruism.

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**Abstract**

**Background Aim and Objective:** Although, current treatment services for Tuberculosis (TB) in Nigeria are provided free of charge in public facilities, the benefits (value) that patients attach to such service is not known. In addition, the prices that could be charged for treatment in case government and its partners withdraw from the provision of free services or inclusion of the services in health insurance plans are not known. Hence, there is a need to elicit the maximum amounts that patients are willing to pay for TB treatment services, both for themselves and for the very poor patients that may not be able to pay if some user fees are introduced (altruistic willingness to pay).

**Methods:** A pretested interviewer-administered questionnaire was used to elicit the maximum willingness to pay (WTP) for TB treatment services from TB patients in a tertiary hospital in southeast Nigeria. WTP was elicited using the bidding game question format after a scenario was presented to the respondents. Data was analysed using tabulations. Tobit regression models were used to examine the validity of the elicited WTP for own use and altruistic WTP.

**Results:** The results show that those aged 30 years and below constituted more than two-fifth (43.2%) of the respondents. More than half of the respondents (52.8%) were not employed. Eighty percent 100 (80.0%) of the respondents were willing to pay for their own use of TB treatment services while 78(62.4%) of the respondents were willing to make altruistic contributions so that the very poor could benefit from the TB services. A Tobit regression analysis of maximum WTP for TB for own use shows that respondents were willing to pay maximum amounts at different statistically significant levels. The results equally show that altruistic WTP was positively and statistically significantly related to the employment status, distance from UNTH and global seriousness of TB. Conclusions: Most patients positively valued the provision of free TB services and were willing to pay for TB treatment for own use. The better-off ones were also willing to make altruistic contributions. Free provision of TB treatment services is potentially worthwhile, but there is potential scope for continuation of universal provision of TB treatment services, even if the government and donors scale down their financing of the services.