



Vulnerable patients and the Public-Private Mix in tuberculosis

Mick Sykes, Rachel Tolhurst and S Bertel Squire

EQUI-TB Knowledge Programme, Liverpool School of Tropical Medicine, Pembroke Place, L3 5QA, UK

Introduction

Tuberculosis is a major cause of suffering and death affecting mostly the poor and disadvantaged in resource-poor countries. The majority of sufferers are not currently accessing public TB control programmes and are unlikely to do so in the future without major changes to social conditions and the programmes themselves. There are suggestions that a significant number of persons with active TB do not access any appropriate services. Private providers (PPs) are the main source of treatment for many TB sufferers, but there is evidence that the care they offer is often substandard. Public-Private Mix (PPM) DOTS represents an opportunity for extending the coverage of TB control programmes and improving the case management of TB by PPs by collaboration between public health services and PPs.

Vulnerability framework: factors affecting vulnerability

Individual level: biological and disease related factors

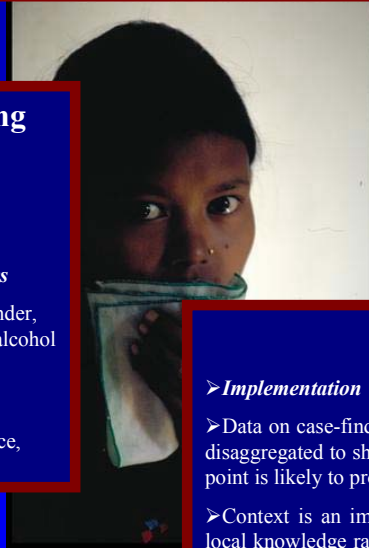
Age, sex, immunity, genetics, interactions with other diseases

Household and community levels: social and economic factors

Socio-economic status / poverty, nutritional status, livelihoods, gender, illness conceptualisation, education, religion, social exclusion, drug/alcohol use

Meso/Macro levels: environmental and institutional factors

Physical / geographical, health services and policy, drug resistance, development policy



Recommendations

➤ Implementation

➤ Data on case-finding and treatment outcomes in PPM DOTS pilots should be disaggregated to show differences by sex, age and social classification (this last point is likely to prove extremely difficult).

➤ Context is an important factor in individual situations. Innovation based on local knowledge rather than global templates should provide the basis for PPM DOTS projects.

➤ Countries implementing PPM DOTS should ensure that they have a strong regulatory framework and the capacity to enforce it. Funding agencies should factor the recurrent costs of providing this regulation into the cost of supporting PPM DOTS where governments are currently unable to do so themselves.

➤ Incentives may be needed to ensure PPs give education about TB

➤ Research needed

➤ Factors affecting choice of provider have been discovered, but are generally retrospective. Theories of how to improve access and acceptability for vulnerable groups, especially poor women, need to be formulated and tested. In doing this, wider social forces affecting personal behaviour need to be acknowledged.

➤ The effects of PPM DOTS projects on vulnerable groups need to be investigated.

➤ An economic analysis of the costs of PPM, including the potentially unintended costs to public sector institutions would be very useful, with a comparison of the effects of allocating the necessary extra resources solely to public sector TB control programmes.

Public-Private Mix (PPM) DOTS

Increasing coverage of tuberculosis sufferers with effective therapies is clearly vital and one possible step towards achieving this is through collaboration with private providers, who treat large numbers of TB sufferers. PPM DOTS is an initiative of the WHO to support the development of programmes of collaboration between public and private health sectors in the control of TB



Findings

Looking at the most vulnerable groups by applying what is known or may be inferred about involving PPs in TB care, it would appear that there are likely to be net benefits for some vulnerable groups, such as the urban poor, from PPM DOTS, though each project will need to be evaluated according to the agreements made between the public sector and PPs, the capacity of countries to adequately monitor and regulate PPs and the individual circumstances of the project's area of influence. Some of the problems with PPM DOTS are more concerned with the acceptability to patients of directly observed treatment (DOT) than the private-for-profit aspect and the supervisory and regulatory capacities of the public sectors of resource poor countries will need to be strengthened in order for the implementation of PPM DOTS to be successful.

Overall, therefore, PPM DOTS should be welcomed as an initiative aimed at supporting expansion of DOTS. It should not, however, be seen as the over-arching solution to the current case-detection challenge faced by TB control globally. In addition the needs of vulnerable patients should be considered carefully as more and more PPM DOTS pilots are implemented and evaluated in different settings.

