Enablers for TB Treatment: The good, the bad and the uncertain

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Action on the social determinants of tuberculosis: are social protection interventions the way forward?
Open symposium - 15 February 2012
London School of Hygiene & Tropical Medicine
London, UK

World Health Organization

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Overview of this presentation

Enable: to render able; give power, strength, or competency; to make possible, practical, or easy

- Some examples of enablers
- Where are enablers in use?
- Management challenges
- Can we measure contribution to TB treatment success?
- Conclusions

Enablers needed to protect, promote and fulfill the Right to Health

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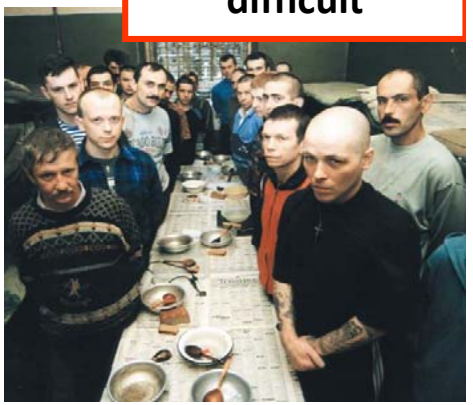
Very poor families face daily struggles in meeting all their needs; seeking health care and forfeiting income to stay in care can exacerbate their poverty

Women can face unique barriers to accessing health services

Migrant workers often lack service access & are on the move; continuation of treatment for released prisoners can be difficult



Some examples of enablers

1. Travel vouchers, reimbursement
2. Cash payments, toiletries, clothing, cell phone minutes etc.
3. Food during DOT visits, vouchers, periodic food packages
4. Social welfare payments during treatment
5. Income generation project targetting
6. Salary payments or disability payments while off of work
7. Legal services
8. Housing or housing subsidies
9. Personalized incentives – eg, “bait for fishermen”

“Enabling” health system solutions:

- Free diagnostic visits, treatment and follow-up care
- Universal health/insurance coverage
- Better trained and supportive staff
- Expanded service opening hours & locations
- Uninterrupted drug supply
- Community-based care and workplace care
- Patient & community education/”literacy”; patient support groups
- Community and vulnerable group engagement
- Liaison with other health and social services –
  - drug or alcohol user service
  - Social welfare etc.

TB Enablers & Incentives project
WHO/Stop TB Partnership, MSH/RPM+, with USAID & World Bank support, 2001-2004 (Beith, Eichler, Mookherji, Weil)

1. 2001 – analytic framework, survey and workshop on patient and provider approaches – design, management, piloting/expansion, performance indicators

   22 responses from developing country programs/NGOs (including in Bangladesh, Cambodia, China, Czech Republic, Haiti, India, Indonesia, Morocco, Peru, Romania, Russian Federation, South Africa, Sudan, Syria, Zimbabwe)

2. 2003 workshop on measuring results – 60 participants

3. 2004 -- Improving motivation for TB control: workshops in China, Tanzania, Uganda, Latin America;

4. 2004 -- Case study on NTP/Cambodia & WFP food support

5. 2006-2007 – Center for Global Development working paper and "re-surveying" 24 country experiences (Beith, Eichler, Weil)

Management matters:
challenges in providing enablers and incentives

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1. **Managing** interventions beyond areas of core capacity
2. **Linking** enablers to "performance" – is there a fair balance between patient "rights and responsibilities"? Is it ethical to demand adherence in return for enablers?
3. **Avoiding** perverse incentives: seeking care when not sick, seeking to stay in care after cure, inflation of expressed minimum needs (eg voucher/food package levels), etc.
4. **Controlling for** "ghost" patients, pilfering
5. **Mobilizing and sustaining financing** – is this "charity", discretionary intervention, or core component of TB services?

Can seeing enablers as social protection help professionalize the work and make it more sustainable?

Examples of measurement issues - Stop TB/MSH/USAID workshop 2004

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1. **Haiti/ICC** – early 2000s: challenge of measuring role of enablers/incentives alongside scale up of DOTS – which was influencing treatment adherence and success?

   Haiti/PIH – MDR-TB care: model which sees enablers as the right of those suffering severe illness and difficult treatment; unethical to have cases and controls

2. **El Salvador** Canasta BAsica – TB-specific experiment showed provision of food not clearly linked to improved adherence; poor implementation management contributed to muddled outcomes

3. **Cambodia** MOH/CENAT and WFP case study – TB patients among target groups for WFP efforts; collaboration across agencies to improve management/efficiency - professional/sustained effort

Example: 6 Russian Regions, 2003

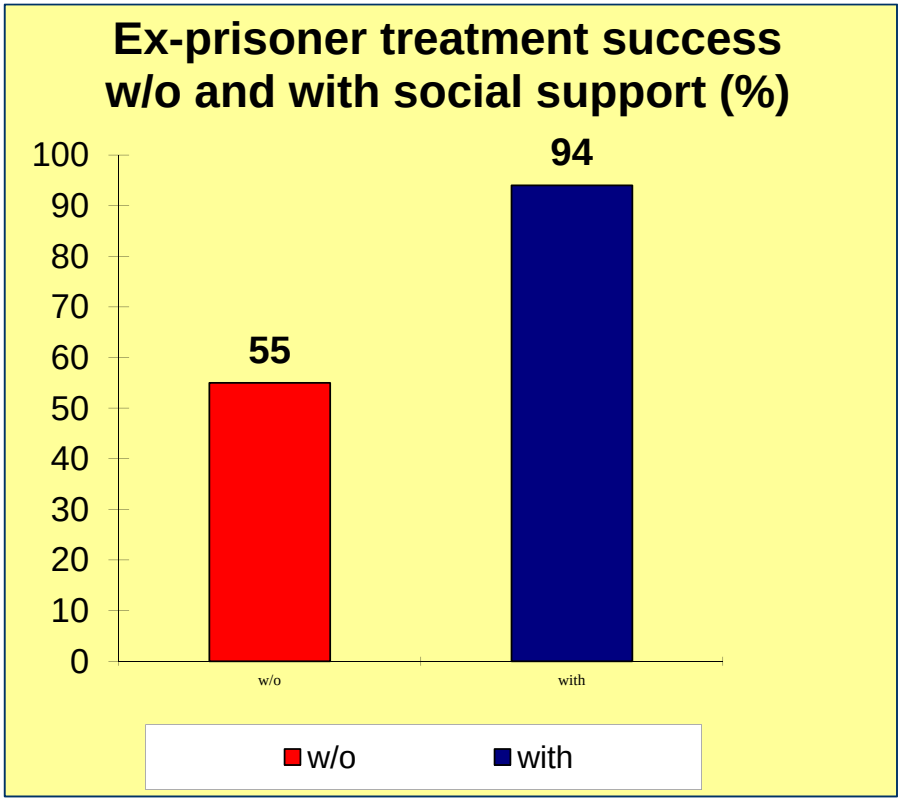
Jakubowiak, Borgorodskaya, Borisov et. al., IJTLD, 2007

Case-control study: 1805 new adult pulm. TB cases – 6 months service review

Overall 13% less likely to default with social support

Rationale for study:

- Unofficial Russian data indicated that more than 30 % of TB patients were defaulting on treatment;
- Some regions implemented social support but the default rates varied from 3% to 20 %



Patient support in MDR-TB care:

Questions emerging from review of GLC project monitoring report database, 2010

- Enablers likely especially critical in MDR-TB care
- Need for more info on social support schemes – do planned schemes get implemented? how are quality & results?
- What are some common indicators of success in patient support that could aid future monitoring efforts – clinical success? Patient retention or satisfaction?

Types of Patient Support (8)	Prevalence (# of projects with noted activity)
Food support	72
Counseling/psychosocial support	61
Transportation vouchers/reimbursement	43
Hygiene packets	18
Financial incentives	14
Education	13
Housing support	8
Skills-building workshops	5

A. Feroze, D. Weil, STB/WHO, 2010

Coming soon: an analysis of Global Fund investments (Richter et. al.)

- The Global Fund has been largest funder of TB enablers/social support in recent years

- Analysis of project database: design, financing, implementation information, results etc.

Conclusions

1. TB treatment is difficult and costly – patients need support and enablers

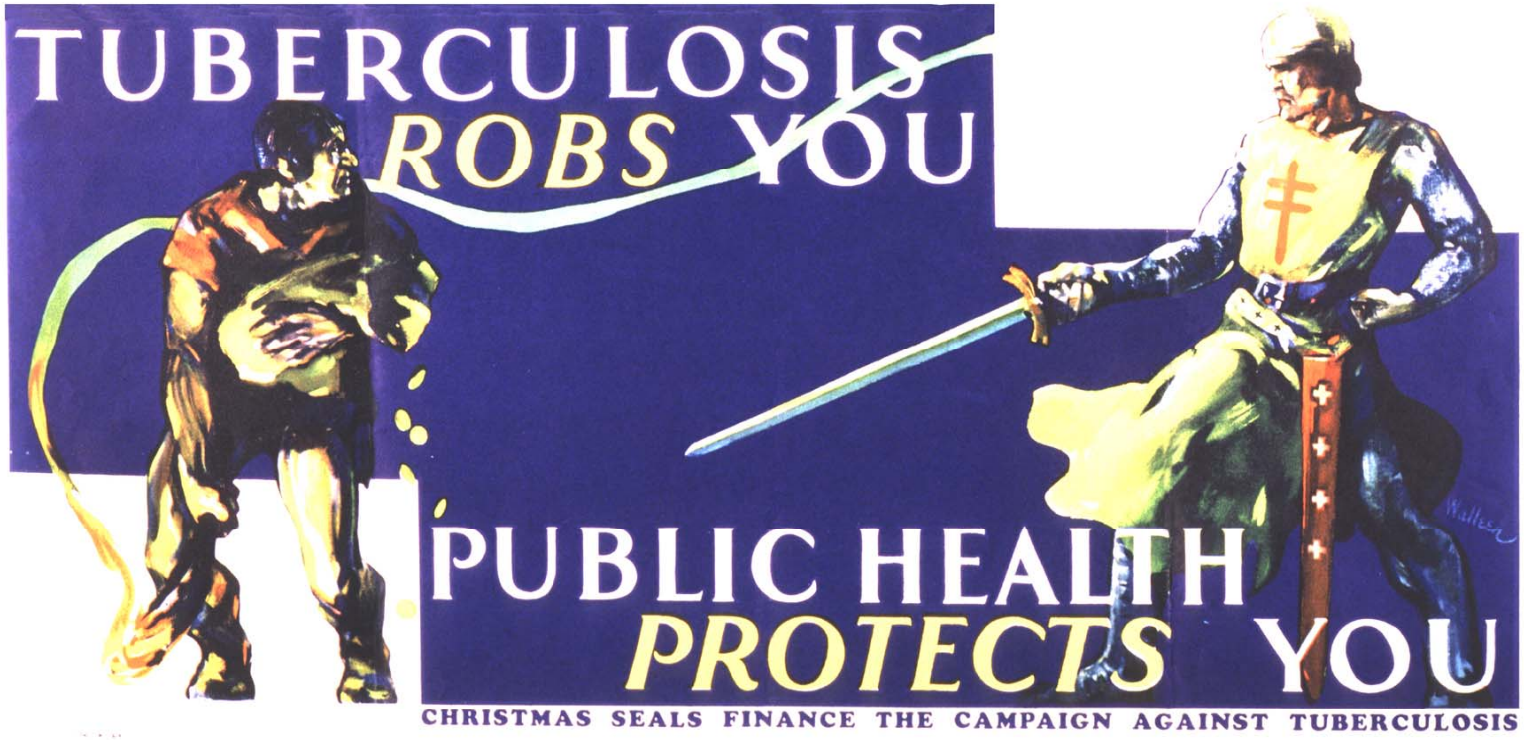
2. Enablers and incentives for those in TB treatment are used widely; enablers for improving access for diagnosis need piloting

3. Managing provision of enablers and incentives can be complex

4. National TB programmes are collaborating with a range of other government and non-governmental social services agencies

5. Measuring attributable contributions to TB treatment success or to family welfare difficult; often associated with improved treatment adherence; conditionality/unconditionality debated

6. Given financial constraints, what might happen if patient enablers & social support taken away? What if systems become even more disabling?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