Treatment for tuberculosis (TB), a disease that causes 1.7 million deaths every year, is generally considered to be the responsibility of the public sector; in fact, many believe that treatment should remain in government hospitals and clinics because they are more easily regulated and are generally required to follow WHO treatment guidelines. Nevertheless, studies have shown that the private sector plays a significant role in providing care for TB in many countries.

A study by the Global Alliance for TB Drug Development, IMS Health and the Bill and Melinda Gates Foundation found that the volume of first line TB drugs provided by the private sector in 10 high burden countries (HBCs) was sufficient to treat 66% of the countries’ estimated cases. The study concluded that several HBCs have sizable and stable private TB drug markets. Another study found that in India, the country with the highest absolute number of cases, 86% of patients first sought care for TB in the private sector.

A look into the CHMI database shows that the programs that work to harness the private sector are displaying new levels of innovation. As of October 5, 2011, CHMI profiled 43 programs with a focus on TB. Here are some of the key innovation trends.

Franchises and service delivery chains

At least 15 private (or public-private mix) franchises and service delivery chains have included some form of TB care in their range of services, though the type of service provided varies. The Greenstar franchise in Pakistan provides health awareness education to help prevent TB, BlueStar (Bangladesh) has set up a referral system for TB cases, and Sun Quality

Key Takeaways:

- The private sector plays a significant role in providing care for TB in many countries.
- Many innovative TB programs organize delivery through chains and franchises of care.
- Some programs that work in training to improve quality of care target stakeholders such as pharmacists or family members.
- ICT innovations for TB programs often focus on improving adherence to prescribed drug regimens.
Regulating performance
Most programs that regulate the performance of private providers are unsurprisingly government-run or public-private partnerships (PPPs). These include policies for prevention, diagnosis and treatment, such as 3Is in the Continuum of Care, an integrated strategy which uses increased early detection and proper treatment to reduce TB-related morbidity, mortality and transmission, especially for those co-infected with TB and HIV/AIDS. Another form of regulating performance is the Public-Private Mix, as implemented in, for example, Vietnam and the Philippines, which aims to both supervise private sector provision of TB care and improve integration and communication between the private and public sectors.

Information communication technology
Finally, a number of programs utilize information communication technology to improve care. Many of these deal with improving adherence to TB drug regimens, as this is crucial to ensuring successful treatment and preventing Multi-Drug Resistant TB. For example, Operation ASHA uses fingerprint scanners, X Out TB uses mobile phones, and On Cue Compliance uses specially modified pill bottles to achieve this goal.

More on the CHMI Database
Other innovations range from the use of rats that diagnose TB using just their sense of smell to mobile clinics that test for and treat TB in rural areas. Check out the CHMI database to learn more about these other innovations.

*Photo at top: A health worker at Sun Quality Health Network reviews chest X-rays for TB. Photo credit, Sun Quality Health