

Tuberculosis and the private sector: another wishful thinking?

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Editor,

Garner and Volmink 1 discuss the effectiveness of Direct Observed Treatment (DOT) in adherence to tuberculosis treatment. We would like to argue against the feasibility of that method to secure continuity of care in the for-profit-private sector of developing countries.

WHO guidelines for national tuberculosis programme are also intended for use by clinicians working in the private sector. Indeed, private practitioners treat a substantial proportion of tuberculosis patients in developing countries, up to 50% in India 2. How realistic is it to ask them to comply with DOT? These professionals give low priority to public health aspects of diseases 2 and are unlikely to spend time on supervision of drug intake and defaulter tracing because of opportunity costs. Contracting them on a fee for service rate may prove to be uncontrollable.

Household catastrophic health expenditures are mainly explained by high share of out-of-pocket payments 3. As any visit to for-profit-private providers has a cost, tuberculosis patients may be unwilling to pay for extra supervision visits since they face problems to generate income during a long period of time. Such protocol could thus bear serious consequences on poverty level and possibly on malnutrition of tuberculosis patients and their family.

An alternative proposed by WHO is the involvement of community health workers in DOT. However, it requires a strong reporting system, that has been documented as poor or even non-existent in the private sector 4. Moreover, patients perceive that private providers are more likely to uphold privacy, and that's the reason why they consult them. Notification to authorities and disclosure of patients' name to the community could lead private providers to loose patients' trust. This could be a sufficient reason for them to deny notification and collaboration with communities.

Measures to improve adherence to tuberculosis treatment are needed. Strategies to improve doctor-patient communication and enhancing patient-centred approach have been tested in several countries 5. Their implementation in the framework of tuberculosis control could enhance quality of services where disease control programmes are implemented, secure treatment success and reduce associated costs.

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