



Tuberculosis and Health Systems March 2007

Introduction

Tuberculosis (TB) truly is a disease of poverty. Once thought beaten, there has been a dramatic resurgence in new TB cases in recent years, particularly in sub-Saharan Africa. The interaction between TB and HIV has implications for the total burden of illness and mortality from both diseases. The poor are at risk for several reasons, primarily HIV infection, lack of treatment and malnutrition.

The urgent need to strengthen health systems

Effective and equitable health systems are a prerequisite for reaching the Millennium Development Goal (MDG) on TB as well as other health goals.

What is a health system?

The WHO defines a health system as the sum total of all the organisations, institutions and resources whose primary purpose is to improve health. A health system needs staff, funds, information, supplies, transport, communications and overall guidance and direction. It must also provide services that are responsive and financially fair, while treating people decently.

(<http://www.who.int/healthsystems/en/>).

Health systems in many low-income countries are in a state of collapse and are often unable to provide equitable and effective healthcare.

Efforts to build public health systems are fundamental for TB control, but targeted support for TB can also help to strengthen health systems and fight other diseases. One example of this is that of DOTS (directly observed treatment, short course). DOTS is a cheap and effective treatment for TB, costing around US\$ 10-20 per course of treatment, with high cure rates¹ among patients who complete the course. It is one of the most tangible health interventions available and is an important catalyst to strengthening health systems and alleviating poverty.

¹ <https://www.eldis.org/health/tb/systems.htm>

Tackling the health worker crisis

In many countries the shortage of health workers has become one of the most serious constraints to scaling up the response to TB.

Health systems cannot function effectively without sufficient numbers of skilled health human resources. The *World Health Report 2006* estimates that there is a global deficit of 4.25 million health workers². The proportional shortfalls are greatest in Africa; Africa bears 24% of the global burden of disease, but has only 3% of the world's health workforce paid with less than 1% of global health expenditures.³

A significant feature of the human resource crisis is the exodus of skilled health workers, leaving public sector jobs to migrate or work in the private sector. Poor working conditions, lack of training and low salaries are primary causes for health worker migration, and the movement of health workers to developed countries exacerbates the problem leaving the most vulnerable – women, children, the poor and rural groups more at risk of suffering due to inadequate access to health services.

The availability of key competencies and skills are vital to ensuring the delivery of accessible, effective and affordable TB services, particularly to poor, hard to reach communities. Human resources management and planning capacity must be developed and sustained at national, institutional, programme level. Increasing the numbers and retention of health workers for national TB control programmes must be considered from the perspective of the larger health system.

Strengthening the community response

Much of the debate around the provision of health services tends to focus on public sector primary care. However, in the

² **The World Health Report 2006: Working together for health 2006**
<http://www.who.int/whr/2006/en/> Geneva: World Health Organisation

³ Ibid

absence of professional staff and services, communities play an important role in the delivery of healthcare. This, coupled with the growing needs of rapidly expanding TB control programmes, has given rise to a new class of TB front-line workers, community health workers (CHWs), recruited through local channels.

Community based TB models are more likely to be sustainable, are cost effective in the face of poorly primary healthcare infrastructure and should be scaled up to improve case detection and treatment completion rates.

A far more comprehensive agenda must take into account the health system as a whole and recognise the contribution of these CHWs, of community based organisations, NGOs and private providers.

Ensuring long term sustainable financing

The WHO Commission on Macroeconomics and Health estimated that an additional \$27bn per annum is needed by 2007 to strengthen the capacity of health systems⁴. Although such estimates of what constitutes an adequate level of investment in health systems exist, few developing countries reach anything near this level of funding.

In 2001 member states of the African Union pledged to spend 15% of their annual budgets on health, however only two member states have reached this commitment.

Limitations imposed on public sector spending in developing countries have had a detrimental effect on TB control and health systems more generally, resulting in inadequate laboratory capacity and severe human resource constraints.

Insufficient investment in public spending also prevents basic health services from being given free at the point of delivery. Fees charged by health facilities (including for complex diagnostic services for TB such as x-rays) deter people from accessing health care and generate or deepen poverty for those most poor and vulnerable.

⁴ **Macroeconomics and Health: Investing in Health for Economic Development**, Geneva: WHO, 2001

Increases in long term and sustainable financing are vitally important in allowing developing countries to abolish user fees and to implement ten year national health plans.

Developing drugs, diagnostics, and infrastructure

A major barrier preventing many TB patients from accessing treatment is limited or unreliable access to TB drugs.

The provision of health services relies on the availability of regular supplies of medicines and equipment as well as appropriate infrastructure at facility level. The provision of drugs and vaccines alone cannot build systems nor ensure quality of care however building effective and accountable national procurement and drug management systems is a vital component of health systems strengthening.

Conclusion

By providing long-term and sustainable financing for the strengthening of health systems, bilateral and multilateral donors can help countries to build strong healthcare infrastructure, train and properly reward health workers and remove user fees which pose a major barrier to people accessing healthcare.

It is vitally important that TB control is recognised as an essential component of national and international efforts to improve global public health and is fully integrated into local, national and international health plans and policies. Moreover, actions to strengthen health systems must be grounded within an overarching health strategy which focuses on improving the health of the poor and vulnerable.

Rethinking health to recognise the contribution of the varying different healthcare providers is essential. Enabling these providers to work together to provide high quality and equitable health services must therefore be a key priority of the health systems agenda.

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