Social Franchising for Tuberculosis Diagnosis and Treatment: Global Experience

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PPM-DOTS Subgroup Meeting
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Social Franchising

• “…is an attempt to use franchising methods to achieve social rather than financial goals, influencing the service delivery systems of the private sector similarly to the way in which social marketing has adapted traditional outlets for commodity sales.”
For Profit Franchising
Social Franchising
Common Situation

Problem: Many private clinics but limited range of services, uncertain quality
Social Franchise Programs

Goals:
Access/Scale  Cost-effectiveness  Quality  Equity

Franchisor

Franchisee Clinic

Branding
Training
Standards
Commodities

Membership fee
Requirements/Standards
Fractional Franchising

Typical private clinic

- Provides a range of services

Private Clinic

services

- Aches, pains, headaches
- Cuts, abrasions
- Stomach problems
- Eye, nose, throat
- Fevers and coughs
- Diarrheal diseases
- Infections
- Chronic illnesses
Fractional Franchising

Typical franchise clinic

- New services are added
- *Some* existing services are improved
- Most existing services remain unchanged

Services

- Aches, pains, headaches
- Cuts, abrasions
- Stomach problems
- Eye, nose, throat
- Fevers and coughs
- **Diarrheal diseases**
- Infections
- Chronic illnesses

**Family planning**

**TB diagnosis and Care**
What do we know?

• Growth and expansion
• Increase diversification
• Preliminary Data
The number of social franchises has doubled since 2006
Social Franchise Programs 2011
The number of services offered through franchises is growing each year.
Balancing Equity and Cost Recovery

*Cost recovery = % of program expenditure recovered by program income (self-reported)
Social Franchise Programs 2011 – TB Services

- **Kenya CFW Clinics**
  - 7500 tested
  - 2200 initiated on DOTS

- **Goldstar Network**
  - 837 tested and referred

- **Pakistan Greenstar**
  - 5959 Completed
  - 264 initiated on DOTS

- **Bangladesh Smiling Sun**
  - 2700 initiated on DOTS

- **World Health Partners**
  - 8 on treatment, 4 referrals

- **Ghana MicroClinics**
  - ??????

- **India Operation Asha**
  - 3000 Completed

- **SMC Sun Quality Health**
  - 9451 Referrals

- **Sun Quality Health**
  - 16820 tested
  - 16400 initiated on DOTS

- **Pakistan Greenstar**
  - 70 initiated on DOTS

- **Zimbabwe New Start**
  - 7500 tested
  - 2200 initiated on DOTS

- **Ghana MicroClinics**
  - 26 Referrals

- **World Health Partners**
  - 3000 Completed

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Social Franchise Programs 2011 – TB Services

Kenya CFW Clinics
9451 Referrals
Referrals Only

SMC
9451 Referrals

SQH Laos
26 Referrals
Social Franchise Programs 2011 – TB Services

- **Kenya CFW Clinics**
  - 500 tested
  - 2200 initiated on DOTS
  - 264 initiated on DOTS
  - 837 tested and referred

- **Goldstar Network**
  - 70 initiated on DOTS

- **Ghana MicroClinics**
  - 26 Referrals
  - 3000 Completed

- **World Health Partners**
  - 8 on treatment, 4 referrals
  - 3000 Completed

- **Nigeria Hygeia**
  - 264 initiated on DOTS

- **Bangladesh Smiling Sun**
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What do we know?

• Myanmar
  – Quality (Lonroth et al., 2007)
    • Increases case detection
    • 84% treatment success for new sputum smear-positive
    • Minimize treatment delay (median time from symptom to start of treatment= 3.7 weeks)
Trend of DOTS case notification rates of all new smear-positive cases in SQH townships and control townships (PSI/Myanmar)

What do we know?

• Myanmar
  – Quality
    • Increases case detection
    • 84% treatment success for new sputum smear-positive
    • Minimize treatment delay (3.7 weeks)
  – Equity
Reaching the Poor? Equity Analysis of SQH Myanmar TB treatment

Urban Sample: Wealth Quartile Distribution comparing SQH Franchise vs. General TB Patients

Rural Sample: Wealth Quartile Distribution comparing SQH Franchise vs. General TB Patients

Chi2 p<0.05

Chi2 p=0.130

Sudhirnaraset, M., Lwin, T., Montagu, D., Onozaki, Z Win, T Aung, 2011
What do we know?

• Myanmar
  – Quality
    • Increases case detection
    • 84% treatment success for new sputum smear-positive
    • Minimize treatment delay (3.7 weeks)
  – Equity
    • In urban areas, SQH clinics more likely to serve poorest patients compared to general TB patients (p<0.05)
    • In rural areas, no difference in wealth scores between SQH clinics and general TB patients (p=0.130)
New activities

• TB to be added to expansion of three large franchise programs in Ghana, Nigeria, and Kenya
• Indian Franchise Federation created in April 2011
• Franchises in India propose joining forces to expand both DOTS and MDR TB detection
Future Directions
(What Don’t we know?)

• Standardization across programs
• Cost effectiveness
• Scalability
  – Expensive
  – Other services have more priorities when it comes to donor funding
  – Political support
  – Provider incentives/disincentives
What percentage of the franchisees has been audited for clinical quality in the past 12 months (internally or externally)?

- NA
- 1 - 10%
- 11 - 25%
- 26 - 50%
- 51 - 75%
- 76 - 100%
Quality of care: TB follow-up survey (SQH Myanmar)
Definition of a Social Franchise

- Outlets are operator-owned
- Payment is for services delivered
- Services are standardized