Tuberculosis Control Program for 1998 to 2003

Audit report no. 2-5/04/12 of March 4, 2004

Executive summary

The SAO analysed the efforts of the Ministry of Social Affairs to implement the "Tuberculosis Control Program for 1998 to 2003".

For its entire duration, the Program approved by the Government has received altogether 60 million kroons from the state budget. The Program's effectiveness indicator was set to be the reduction of primary tuberculosis morbidity down to 30 new cases per 100,000 residents a year by 2005, which would mean a one and a half times lower morbidity rate as compared to 1997. To achieve this objective, strictly standardised and uniform schemes of controlled treatment of 6 to 8 months had to be introduced and the patients had to be supplied with all the necessary tuberculosis drugs.

The audit indicated that the results of the activities of the Ministry of Social Affairs, the Health Development Institute and other Program actors have been notable – tuberculosis morbidity has stabilised and tends to decrease.

As from 2000, all counties apply directly controlled treatment, which involves, in addition to medical specialists, family physicians and the social workers of local government units. County and regional hospitals provide the corresponding treatment facilities where treatment is applied under the direct supervision of medical staff. This has turned out to be a successful medical intervention. The co-operation between medical specialists, family physicians and social workers has intensified and their responsibility for tuberculosis control has increased. In addition, the need for in-patient treatment has decreased.

Under the Program, all tuberculosis patients received the necessary medicinal products. Since the trend of decrease in morbidity might not be permanent, especially given the growing number of HIV/AIDS cases among tuberculosis patients, the Government adopted, in 2003, the Tuberculosis Follow-up Program for 2004 to 2007.

The SAO found that tuberculosis control involves a number of considerable problems, which should receive more attention from the Ministry in the future:

- the share of drug-resistant tuberculosis is large and it continues to grow. Since drug-resistance is widely spread in Estonia, the country has become a danger zone of tuberculosis epidemic. Acquired drug-resistance develops when treatment is too short, an incorrect combination of medicinal products is used or the treatment is irregular. Tuberculosis patients include persons, who don't care about treatment or receive no treatment at all. This target group is the most problematic one, but specific measures have not been developed for this group. Estonia does not have special nursing hospitals where forced treatment could be applied;

- the scope and quality of directly controlled treatment has varied from region to region. For example, the amounts granted differ multiple times between counties, although the number of patients has been approximately the same;

- it is not clear which criteria are used to assess the efficiency of the use of funds allocated for directly controlled treatment.

Main proposals from the SAO to the Minister of Social Affairs and the Minister's response

- To establish more detailed reporting on the use of appropriations for directly controlled treatment as regards the content and time limits of activities, and to supplement the contracts entered into with the recipients of appropriations with the respective requirement.

  According to the Minister, the Health Development Institute will consolidate and analyse such reports in the future.

- In order to ensure laboratory work on tuberculosis, to analyse the prices of services of the Estonian Health Insurance Fund for the purpose of covering all the expenditure on such work from the Fund.

  In order to achieve the financing of laboratory work on tuberculosis from the Estonian Health Insurance Fund, the Ministry is planning to submit a request related to laboratory research prices to the Fund already this year or in 2005 at the latest.

- To monitor the situation on the pharmaceuticals market more closely, in order to improve the planning of tuberculosis drugs procurement. If there are multiple tenderers, open tendering should be applied to allow the participation of all interested parties.

  The Minister assured that pharmaceuticals are acquired in accordance with the Public Procurement Act.

- To consider using the Program funds for purchasing medicinal products, which help to relieve the side effects caused by the administration of tuberculosis drugs.

  The Minister agreed that in the future the Program funds should used to acquire medicinal products, which help to relieve the unpleasant side effects related to tuberculosis treatment. The Ministry will draw up a list of the necessary medicaments, estimate the cost and, where possible, plan the resources in the budget for 2005.

- To create the conditions for applying forced treatment.

  The Minister noted that as from November 2003 the forced treatment of tuberculosis is governed by the Communicable Diseases Prevention and Control Act. The Act does not include any provisions delegating authority concerning the development of the terms and conditions of and the procedure for applying treatment. It was decided that the respective guidelines will be drafted by the Society of Pulmonologists, which has agreed to this. For arranging forced treatment, the government has allocated 1.3 million kroons to the Foundation Viljandi Hospital and initiated the design work.

- Measures should be envisaged to ensure that persons without a permanent place of residence or job are included in the social rehabilitation system after the active treatment of tuberculosis.

  The Minister noted that, although rehabilitation is not one of the Program tasks, it will be paid specific attention in co-operation with local government bodies.

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