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EDITORIAL

Avoiding false economies: paying for community tuberculosis outcomes

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Incentives, both financial and non-financial, matter—in tuberculosis (TB), as in life. There are clear examples of insurance payments influencing clinician actions in TB,[1] and even more examples of how incentives affect the motivation and achievements of frontline TB and other health workers.[2] In this issue, Okelloh et al. add to this literature by analyzing the TB diagnostic yield from mobile units implemented in 25 sites in and around Kisumu, Kenya.[3]

The foundation for the mobile unit intervention was the work done by community health volunteers (CHVs) operating under the Kenyan Ministry of Health, who recruited community members with TB symptoms to these mobile units. Independent of the study design, there was a pre-existing, variable implementing arrangement for these CHVs, which provided the basis for a natural experiment related to CHV compensation. At 15 of the mobile unit sites (including some of the rural and all of the urban sites), CHVs were paid 350 Kenyan shillings (KES) for each day of work. However, at seven of the rural sites, CHVs received KES1000 for each month of work. In the rural regions with this variable compensation, the mobile units screened significantly more people at sites where CHVs were receiving the daily wage rather than the monthly stipend. Outcomes were also stronger on first rather than subsequent visits to a community, and on weekdays rather than weekends. But, most importantly, it was clear that reasonable CHV compensation was a driver of good outcomes.

Community TB work has sometimes been supported by donor funding in a patchwork manner. Institutionalization of national cadres for community TB work, rather than ad hoc, time- and geographically limited efforts, can yield impressive outcomes, especially when linkages to the rest of the health system are strengthened.[4] But within such a system there are typically opportunities for further strengthening of commitment and performance. A systematic review has highlighted the reality that many community TB workers feel "unsupported, unappreciated, and undervalued".[5] The report from Okelloh et al. emphasizes the importance of studying and optimizing community health worker conditions to achieve stronger results in finding the missing people with TB.

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