Reviewer's report

Title: Structural Imperatives in the fight against HIV, TB and Malaria

Authors:
- Darrell Tan (darrell.tan@utoronto.ca)
- Dr Ross EG Upshur (rupshur@idirect.com)
- Nathan Ford (Nathan_FORD@msf.org)

Version: 1 Date: 7 Jan 2003

Reviewer: Paul Nunn

Level of interest: A paper whose findings are important to those with closely related research interests

Advice on publication: Accept after discretionary revisions

The title is ambitously broad whereas the paper really has 2 distinct parts: first, an analysis of the reasons why AIDS, TB and malaria have now come near the top of the public health agenda together with an exploration of the vertical vs horizontal disease control debate; second a brief description of the Global Fund, its achievements to date and the way ahead.

In the first section the reasons given for recent interest in AIDS, TB and malaria are selective. Why not include that they account for a huge burden of disease - (10.2% of all deaths globally and 41% in the poorest part of Africa - 11.2% of all DALYS globally and 38% in the poorest countries (World health Report 2001 Annexe Tables 2 and 3). A realisation of failure of existing methods of disease control; the recognition that tools are available for control if properly used are equally important reasons.

The authors then propose a rather new definition of vertical control approaches - as those which have a global "standardised approach". This is significantly different from previous definitions which depend upon the independence of a control programme from the rest of the health system (vertical) as opposed to those where the functions of disease control are integrated within the general health system (horizontal).

A list of the recent criticisms of the DOTS strategy follows. Here I must declare an interest as being part of the team that developed and promulgated the DOTS strategy. The authors are correct that these criticisms have been made. There are however strong counter arguments which are not given attention. I would point the authors to recent papers, inter alia, on India's TB control programme in the NEJM and the (older) China paper from the Lancet (1996; 347:358-62). I would urge them to compare the numbers of patients in these studies with all those in the studies quoted.

On p 7 a basic misunderstanding of drug resistance is portrayed. The majority of current resistance is due to old (pre DOTS) programmes that blamed the patient for lack of "compliance" rather than accepting that failure of patients to adhere is a failure of the programme. DOTS programmes generate far less drug resistance than in the past by providing choices to the patients for their management (and, yes, supervision).

"Focusing on one disease at the expense of others in untenable" - this requires further explanation in this context. Development of sound technical control strategies is impossible without such focus -
but it needs to be tempered with an understanding of the health system within which disease control must operate. Too often disease controllers think they are working in the world they would like to work in, rather than the world that actually exists.

"MDRTB is frequently treated through DOTS-plus...". No, DOTS plus is a project designed to determine how MDR disease should in fact be treated. Only now are the results emerging. The project in fact compares, inter alia, the individualised approach with a standardised approach.

The real problem is that solutions can more easily be seen in the vertical than in the horizontal approaches - health systems are messy and involve political, social, and people skills rather than technical ones. In the end, both are needed as stated in the authors' and Inge Kaul's synthesis on p9.

The major problem with the paper is the disconnect between this analysis and what follows. Pages 10-17 give a nice summary of the history of the Global Fund to date - readable and accurate as far as I can judge. But the central problem is on p 12 - it is easy to say that "the way ahead lies in fostering innovative solutions that integrate vertical disease specific programming for AIDS, TB and malaria with much needed health systems support". If the authors want to contribute to the debate beyond what everyone knows already, then they should address HOW this can be done. What are the lessons to be learnt from their analysis in the first section? What investments should be made in which approaches? What evidence is there that these will be more effective than those previously tried?

Some statements are exaggerated eg p2, para 2 line 2 - The Fund's achievements to date are very small, and it is questionable whether they are laudable. On p 12 "treatments for HIV, TB and malaria have mutually beneficial impacts on control of all 3 diseases?" How does malaria control improve TB control? Indeed, mortality prevention with cotrimoxazole in HIV + TB patients may exacerbate resistance to antimalarials.

In summary, the paper is reasonable, if rhetorical in places. Correcting the drug resistance issues and either clarifying the relevance of the old vertical vs horizontal debate, or omitting it, as well as taking a more measured tone would provide a readable, interesting paper for those who are not au fait with the Global Fund. The paper is more in the area of policy debate than science.

**Competing interests:**

None declared.