

# PUBLIC-PRIVATE MIX FOR TB PREVENTION AND CARE **A ROADMAP**





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Public-private mix for TB prevention and care: a roadmap

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## **Core writing team**

Hannah Monica Dias, Guy Stallworthy, Madhukar Pai, William Wells and Lal Sadasivan.

## **Other contributors**

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# KEY MESSAGES

- As countries move towards achieving universal health coverage, efforts to engage all care providers have gained more significance.
- Over a third of people estimated to have developed TB in 2017 were not detected and notified by national TB programmes (NTPs). This gap is more pronounced in countries with large private sectors, especially those with a high burden of TB. Seven countries with large private sectors account for 63% of the world's 3.6 million missing cases: in these countries, public-private mix (PPM) is the primary strategy for finding them.
- Health care providers outside the scope of NTPs, including the private and informal sector, are often the first point of care for TB patients. However, these providers are not fully engaged despite evidence from country experiences and projects that demonstrate increased detection and good treatment outcomes through PPM approaches.
- Unless all relevant health care providers are effectively engaged in the TB response, it will not be possible to achieve global or national End TB goals.
- While constraints and challenges are not to be underestimated, there is ample evidence that all kinds of providers can be effectively engaged to offer high quality TB services.
- The investment case for initiatives to engage all health care providers is also compelling.
- 10 key actions are required to scale up the engagement of all care providers towards universal access to care. NTPs and their partners, in collaboration with the private sector, must:



**Build** understanding about patient preferences, private sector dynamics and the rationale for engaging all providers



**Establish** a supportive policy and regulatory framework



**Set** appropriately ambitious PPM targets



**Adapt** flexible models of engagement applicable to local contexts



**Advocate** for political commitment, action and investment in PPM



**Harness** the power of digital technologies



**Allocate** adequate funding for engaging all providers, including by capitalizing on financing reforms for universal health coverage



**Deliver** a range of financial and nonfinancial incentives and enablers



**Partner** with and build the capacity of intermediaries and key stakeholders



**Monitor** progress and build accountability

# INTRODUCTION

## The importance of engaging private providers to reach all people with TB, with quality care

While there has been significant progress in the fight against TB with 54 million lives saved since 2000, the burden of suffering and death due to TB remains immense. In 2017, 10 million people fell ill with TB and 1.6 million people lost their lives to this leading infectious killer.

Although countries have committed themselves to ending the global TB epidemic by 2030 as part of the Sustainable Development Goals and the End TB Strategy, actions and investments fall far short. One of the important challenges in the End TB response is ensuring universal access to quality TB services, which is a key component of End TB efforts worldwide as well as the overall universal health coverage agenda.

In 2017, 3.6 million of the estimated 10 million people with TB worldwide were “missed” by national TB programmes (NTPs) (1). Two thirds of them are thought to access TB treatment of questionable quality from public and private providers who are not engaged by the NTP (1). The quality of care provided in these settings is often not known or substandard. Closing these gaps and ensuring patient-centred care imply that quality-assured and affordable TB services must be made available wherever people choose to seek care.

Failure to engage the full range of health care providers for TB has the following serious consequences.

- Increased transmission as a result of delayed diagnosis and treatment.
- Excess mortality and morbidity as a result of inappropriate treatment.
- Increased drug resistance as a result of incomplete treatment.
- Catastrophic costs to patients and their families as a result of out-of-pocket expenditures for private care.
- Incomplete monitoring and evaluation of TB services.

Engaging private and other care providers can also contribute to easing the heavy burden on NTPs, which face multiple competing priorities, such as drug resistance, changes in diagnostic and treatment protocols and roll out of new tools, along with all the operational demands of large-scale service delivery.

For these reasons, WHO policies and global and national TB strategies have long acknowledged the need to engage all providers, including in the private sector (2–4). Reports from countries and several project evaluations have shown that engaging all care providers through public–private mix (PPM) approaches could help increase case detection up to four-fold and assure good treatment outcomes. Yet, a large number of private health providers and some public sector providers, who are often the first point of care for patients, remain unengaged.

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