

GUIDE

TO DEVELOP A

NATIONAL ACTION PLAN

ON PUBLIC-PRIVATE MIX

FOR TUBERCULOSIS PREVENTION AND CARE



USAID
FROM THE AMERICAN PEOPLE



**World Health
Organization**

Guide to develop a national action plan on public-private mix for tuberculosis prevention and care

ISBN 978-92-4-151351-7

© World Health Organization, 2017

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; <https://creativecommons.org/licenses/by-nc-sa/3.0/igo>).

Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited, as indicated below. In any use of this work, there should be no suggestion that WHO endorses any specific organization, products or services. The use of the WHO logo is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: “This translation was not created by the World Health Organization (WHO). WHO is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition”.

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization.

Suggested citation. Guide to develop a national action plan on public-private mix for tuberculosis prevention and care. Geneva: World Health Organization; 2017. Licence: [CC BY-NC-SA 3.0 IGO](#).

Cataloguing-in-Publication (CIP) data. CIP data are available at <http://apps.who.int/iris>.

Sales, rights and licensing. To purchase WHO publications, see <http://apps.who.int/bookorders>. To submit requests for commercial use and queries on rights and licensing, see <http://www.who.int/about/licensing>.

Third-party materials. If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

General disclaimers. The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by WHO to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall WHO be liable for damages arising from its use.

ACKNOWLEDGEMENTS

This document was drafted by William Wells from USAID, with inputs from Mukund Uplekar and Hannah Monica Dias from the World Health Organization (WHO). It was based on an exercise undertaken in Bangladesh by Rebecca Furth and Zacharoula Srimuangboon (both from Initiatives Inc.), in collaboration with the National TB Programme of Bangladesh. Additional review and inputs were provided by Rebecca Furth, Khurshid Alam Hyder (Regional Advisor, WHO South East Asia Regional Office), Vishnu Kamineni (Consultant) and Joshua Obasanya (Consultant). WHO would also like to acknowledge the support received from the Lilly Global Health Partnership.

Guide to develop a national action plan on public-private mix (PPM) for TB prevention and care



Table of Contents

<u>Introduction and context</u>	2
<u>Goal and objectives of this document</u>	4
<u>Process considerations</u>	5
<u>Situation analysis</u>	7
<u>Defining a goal, strategic objectives, and a timeline for the action plan</u>	9
<u>Defining the task mix and referral pathways</u>	11
<u>Defining targets</u>	13
<u>Defining sub-objectives and activities under each strategic objective</u>	14
<u>Costing the national action plan for PPM</u>	17
<u>Finalizing the national PPM action plan</u>	21
<u>Adopting the PPM national action plan</u>	22
<u>Annex 1. Draft agenda for national consultations</u>	23

Introduction and context

The importance of engaging all providers in tuberculosis (TB) care and prevention has been recognized for well over a decade. Over 4 million people with TB are missed each year by health systems and therefore do not get the care they need and deserve. A large proportion of these patients, especially in Asia, are diagnosed and managed in the private sector or unengaged public sector, but not notified to national health systems. Multiple studies have shown extensive use of the private sector, with an average of 50% (in Sub-Saharan Africa) to 80% (in South Asia) of initial visits being in the private sector¹. Failure to engage with these providers can result in long delays in diagnosis and treatment, resulting in further TB transmission, and poor quality diagnosis and treatment, leading to the development of multidrug-resistant TB (MDR-TB).

The programmatic response to this need has been public-private mix (PPM) for TB prevention and care^{2,3}. Engaging all relevant health care providers in TB prevention and care through PPM approaches is an essential component of WHO's End TB Strategy. PPM for TB prevention and care represents a comprehensive approach for systematic involvement of all relevant health care providers in TB control to promote the use of International Standards for TB Care and achieve national and global targets to end TB. PPM encompasses diverse collaborative strategies such as public-private (between NTP and the private sector), public-public (between NTP and other public sector care providers such as general hospitals, prison or military health services and social security organizations), and private-private (between an NGO or a private hospital and the neighborhood private providers) collaboration. The aims of this work are to identify people with TB symptoms as soon as possible, no matter where in the health system they first present, and to establish mechanisms that allow for efficient and high quality diagnosis and treatment.

In 2007, WHO and stakeholders developed a guide for PPM national situation assessments (NSA)⁴, which allows a review of engagement of both private providers (public-private contributions) and of public providers who are not under the direct purview of the NTP (public-public contributions). The subsequent PPM toolkit outlines the various domains in which

¹ Private Sector for Health. Private healthcare in developing countries.
<http://www.ps4h.org/globalhealthdata.html>.

² Wells WA, Uplekar M, Pai M (2015) Achieving Systemic and Scalable Private Sector Engagement in Tuberculosis Care and Prevention in Asia. *PLoS Med.* 12(6):e1001842.

³ Uplekar M (2016) Public-private mix for TB care and prevention: what progress? what prospects? *Int J Tuberc Lung Dis.* 2016 Nov;20(11):1424-1429.

⁴ WHO (2007) PPM for TB care and control: a tool for national situation assessment.
http://www.who.int/tb/publications/2007/who_hm_tb_2007_391/en/

engagement is needed⁵. By now, almost all high burden countries have developed a number of PPM models, adapted to local contextual needs, that allow engagement of certain types of healthcare facilities or providers.

The new document outlined here – the guide to develop a national TB PPM action plan – builds on these earlier documents. To be successful, necessary inputs include the extensive background information collected during a PPM NSA (or NSA-like process as outlined below), including a detailed understanding of the current PPM models in the country, and consideration of all the facility and provider categories outlined in the PPM tool kit.

The difference with the current action plan concept, however, is the greater emphasis on planning the overall PPM response. The resulting plan should have national scope, a pathway to achieve national coverage using existing models and/or newly proposed models of care, and details about targets, costing, and assigned manpower and funding, broken down by PPM areas (e.g., hospitals, general practitioners (GPs), pharmacists, regulation, etc).

The action plan document is not intended to be a standalone plan for PPM in a country. It is a planning document designed to facilitate the integration of strong PPM components into national TB strategic plans that are supposed to be the basis for Global Fund proposals and national budgeting processes, and will help drive a more comprehensive approach to provider engagement in TB care and prevention.

The process highlighted in this document has already been adopted and used in over ten countries, including Bangladesh, Ethiopia, Ghana, Kenya, Malawi, Namibia, Nigeria, Philippines, Tanzania, Uganda and Zambia. PPM action plans were developed in these countries by the national TB programme and key partners on the ground, with the support of a PPM consultant. Some of these plans have been incorporated into national strategic plans and Global Fund proposals already.

⁵ WHO, Stop TB Partnership (2010) Public-private mix for TB care and control: a toolkit.
<http://www.who.int/tb/careproviders/ppm/PPMToolkit.pdf>

Goal and objectives of this document

This document has one simple goal: to guide national programmes in developing an action plan for PPM that will close the gap in reaching the missed cases using PPM approaches. Such plans should, in turn, fulfill four objectives:

1. Provide an easy reference to keep track of need versus coverage in all the distinct elements of PPM (e.g., hospitals, GPs, pharmacies, etc), as outlined in the NSA guide.
2. Review the regulatory environment for PPM, while defining the implementation arrangements
3. Provide a clear roadmap for national level planning of PPM, reflecting more ambitious PPM plans with broad coverage and allocated resources.
4. Build high-level commitment at the national level to build or strengthen linkages with the private sector.

Target Audience

This document is targeted for use by national TB programmes, partners and consultants supporting countries in developing proposals or providing technical assistance in scaling up PPM approaches in the country.

预览已结束，完整报告链接和二维码如下：

https://www.yunbaogao.cn/report/index/report?reportId=5_26097

