

Public–Private Mix for TB Care and Control

Focus on Africa

Report of the Fourth Meeting of the Subgroup on
Public-Private Mix for TB Care and Control

Nairobi, Kenya
12–14 September 2006



World Health
Organization

Stop TB Partnership

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Abbreviations and Acronyms

ACSM	Advocacy Communication and Social Mobilization
AFR	(WHO) African Region
DEWG	DOTS Expansion Working Group
DOTS	The internationally recommended strategy for TB control
EMR	(WHO) Eastern Mediterranean Region
FIDELIS	Fund for Innovative DOTS Expansion through Local Initiatives to Stop TB
The Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
GLRA	German Leprosy and Tuberculosis Relief Association
HBC	High (tuberculosis)-burden country
ISTC	International Standards for Tuberculosis Care
JATA	Japan Anti-TB Association
MDG	Millennium Development Goal
MDR TB	Multidrug-resistant tuberculosis
XDR TB	Extensively-resistant tuberculosis
MoH	Ministry of Health
NGO	Non-governmental organization
NSA	National Situation Assessment
NTP	National TB programme
OR	Operational research
PPM	Public-Private mix
PPM DOTS	Public-Private mix for DOTS expansion
PPM Subgroup	Subgroup on Public-Private Mix for TB Care and Control
SEAR	(WHO) South-East Asian Region
STB CB	Stop TB Partnership Coordinating Board
TB	Tuberculosis
TB CAP	Tuberculosis Control Assistance Programme
USAID	United States Agency for International Development
WHO	World Health Organization
WPR	(WHO) Western Pacific Region

1. Introduction

The Subgroup on Public-Private Mix for DOTS Expansion (PPM Subgroup) was established by the global Stop TB Partnership's DOTS Expansion Working Group (DEWG) to help promote and facilitate active engagement of all relevant public and private health care providers in TB control. The members of the Subgroup include representatives from the private sector, academia, country TB programme managers, policy-makers, field experts working on the issue, international technical partners and donor agencies.

At the first meeting of the Subgroup in November 2002, generic regional and national Public-Private Mix (PPM) strategies were developed and endorsed. The Subgroup's second meeting, which was held at the WHO Regional Office for South-East Asia in New Delhi in February 2004, reviewed the growing evidence base emerging from numerous PPM initiatives. This meeting also broadened the scope of PPM to include the involvement of public sector providers not yet linked to national tuberculosis programmes (NTPs). Consequently, PPM has since stood for the engagement of all public and private health care providers through public-private, public-public and private-private collaboration in TB control. The third meeting of the Subgroup, held in Manila in April 2005, identified barriers and enablers for scaling up and sustaining PPM, and discussed how to mainstream PPM into regular TB control planning and implementation.

The Subgroup's current fourth meeting in Nairobi, Kenya, in September 2006 had PPM for TB control in Africa as the main focus. The problems related to the HIV epidemic, human resources for health and health sector reforms pose special challenges to countries in Africa. The meeting examined how successful PPM approaches within Africa could be scaled up and how approaches applied in other regions could be adapted to African settings. Based on a global overview, the African experience in diverse country settings and field visits to examine working PPM models and after a great deal of deliberations and discussions, the Subgroup made recommendations which are presented in Section 6 of the report. A large part of the funding for the meeting was provided by USAID's Tuberculosis Control Assistance Program (TB CAP).

2. Objectives of the meeting

- (i) To review global and regional progress on PPM;
- (ii) To review PPM working models relevant for Africa, and identify barriers and enablers for PPM scale up in Africa;
- (iii) To discuss the implications for PPM of the Stop TB Strategy and the Global Plan to Stop TB, and identify priority actions for the Subgroup and NTPs.

3. Expected outcomes

- (i) A review of global and regional progress on PPM for TB control;
- (ii) Identification of barriers and enablers, and a generic plan of action, for PPM expansion in Africa;
- (iii) Recommendations to the DOTS Expansion Working Group / Stop TB Coordinating Board, Ministry of Health (MoH)/ NTPs, and the Subgroup for future work on PPM with a focus on Africa.

4. Summary of presentations and discussions

The presentations made at the meeting provided an overview of the progress of PPM DOTS globally as well as in different WHO regions and selected Member States. The focus of the meeting was on reviewing working models and identifying enablers and barriers for the scale up of PPM in Africa. Representatives of country programmes reported on the progress of PPM. New areas such as PPM for TB/HIV were explored and a tool for national situation assessment (NSA) for PPM was presented. Field visits were organized to eight PPM sites in Nairobi and participants made their observations. Four working groups were formed to discuss four key areas for PPM expansion: (i) involvement of informal providers; (ii) strategic approaches to scaling up PPM in Africa; (iii) advocacy strategies; and (iv) priority operational research required for PPM scale up. The following sections describe the key aspects of the presentations and discussions at the meeting.

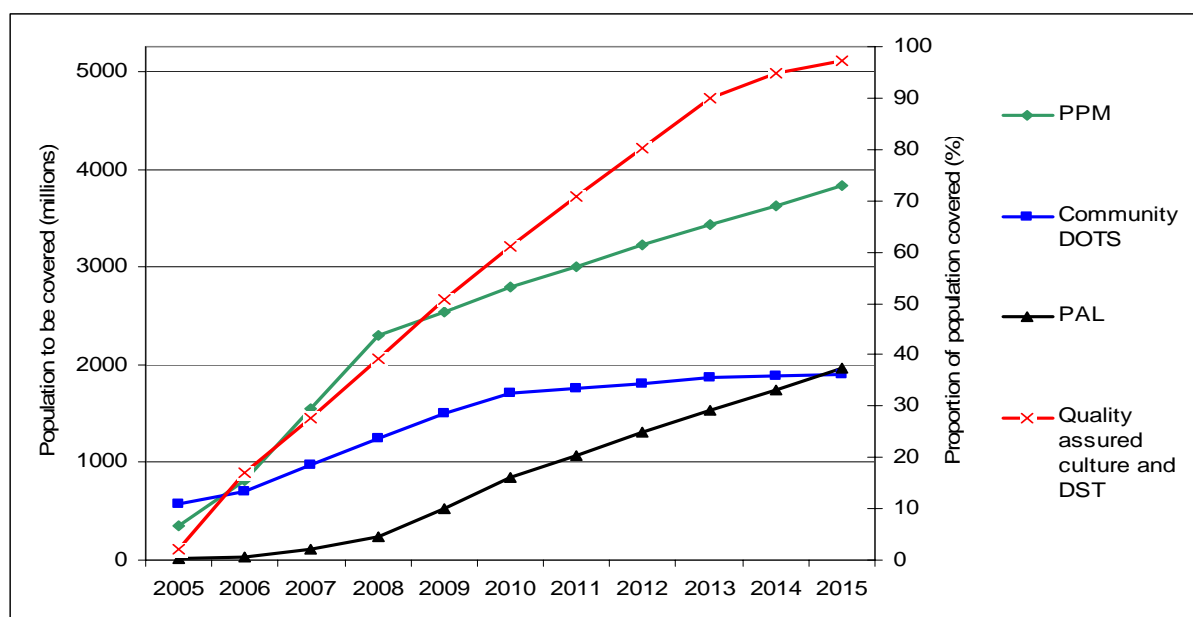


A working group in session.

4.1 Global progress on PPM DOTS since Subgroup's third meeting

4.1.1. Global policy and tool development

The efforts to integrate PPM into global TB control strategies and policies ensured that PPM was adopted in 2006 as a key component of WHO's new Stop TB Strategy (Box 1) and a core approach in the Global Plan to Stop TB 2006-2015 (Figure 1). Figure 1 shows the planned scale up of PPM along with other elements of the Global Plan. PPM was also included as a core element of the DOTS Expansion Working Group's (DEWG) strategic plan for 2006-2015. To promote regional- and country-level implementation, PPM was included in all WHO regional TB control plans.



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