



Public-Private Mix for TB Care and Control

Report of the Inter-Regional Planning
Workshop on Public-Private Mix for
Tuberculosis Control

25–28 February 2007
World Health Organization
Regional Office for the Eastern Mediterranean
Cairo, Egypt



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Organization

Stop TB Partnership

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Abbreviations

AIDS	Acquired immunodeficiency syndrome
BPHS	Basic package of health services, Afghanistan
DOTS	The internationally recommended strategy for TB control
Fidelis	Fund for Innovative DOTS Expansion through Local Initiatives to Stop TB
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
GLRA	German leprosy and tuberculosis relief association
HIV	Human immunodeficiency virus
IEC	Information, education and communication
ISTC	International standards for tuberculosis care
LGA	Local government area in Nigeria
MDR TB	Multidrug-resistant tuberculosis
NGO	Nongovernmental organization
NSA	National situation assessment
NTP	National TB programme
PHP	Private health provider
PPM	Public–private mix
PPM DOTS	Public–private mix for DOTS expansion
TB	Tuberculosis
TBCAP	Tuberculosis Control Assistance Program
TB/HIV	The intersecting epidemics of TB and HIV
USAID	United States Agency for International Development
WHO	World Health Organization

1. Introduction

1.1 Background

The World Health Organization (WHO) has been making significant efforts to enhance the role of private and public care providers working outside the national tuberculosis programme (NTP) in providing tuberculosis (TB) care and control services. Engaging all care providers in TB control through public–private mix (PPM) approaches, with the help of the new international standards for tuberculosis care (ISTC), is a core component of the new Stop TB Strategy (2006–2015). Realization of the need, feasibility and effectiveness of PPM based on evidence from successful initiatives has pushed PPM to the forefront of many national agendas for TB control. Currently, 11 countries with a high burden of TB (Bangladesh, China, the Democratic Republic of the Congo, India, Indonesia, Kenya, Mozambique, Myanmar, the Philippines, the United Republic of Tanzania and Viet Nam) have started scaling up PPM for TB care and control. Cambodia, Nigeria, Pakistan, Thailand and Zimbabwe have developed PPM guidelines and are preparing to scale up implementation, while the remaining high-burden countries are either initiating or preparing for PPM pilot projects. In addition, over ten countries have PPM programmes supported in their early stages by the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund); these include Ghana from the WHO African Region (2 grants) and Pakistan from the Eastern Mediterranean Region.

Several Asian countries with a large private sector are making reasonable progress with PPM and already have success stories under their belts. In the African and Eastern Mediterranean Regions, however, NTPs require additional support to scale up TB control efforts and effectively tap the significant potential of their rapidly growing private sector. This is particularly important for the African Region, where the characteristics of the private sector are somewhat different from those of other regions. There are more informal than formal private providers, faith-based hospitals play an important role, and the corporate health sector (the mining and tea industries for instance) could potentially contribute significantly to controlling TB and TB/HIV coinfection.

1.2 Collaboration with the Tuberculosis Control Assistance Program

The United States Agency for International Development (USAID) supports a five-year programme for international TB control – the Tuberculosis Control Assistance Program (TBCAP) – which offers an excellent opportunity to make rapid progress on PPM. TBCAP provides USAID priority countries with technical assistance on TB control through a coalition of technical agencies. Various PPM activities were initiated under TBCAP's work plan for 2005–2006 (APA1): consultants were trained in PPM implementation; a national situation assessment (NSA) tool for PPM was developed; and the tool was reviewed and endorsed at a PPM subgroup meeting in September 2006, at which participants from TBCAP countries were briefed on PPM. The NSA tool was then used, with TBCAP support, to carry out situation assessments in five countries in the Eastern Mediterranean Region and four in the African Region.

1.3 The Inter-Regional Planning Workshop

The Inter-Regional Planning Workshop on Public–Private Mix for Tuberculosis Control, organized in Cairo, Egypt from 25 to 28 February 2007 and hosted by the

WHO Regional Office for the Eastern Mediterranean, was also supported by TBCAP. The participants included national TB programme managers and national PPM focal points from the six Eastern Mediterranean Region countries and five African Region countries that had carried out NSAs for PPM. Pakistan and Uganda were exceptions: Pakistan had completed an independent assessment and Uganda was unable to complete the assessment in time for the workshop. The workshop offered hands-on support to the participants in preparing short- to medium-term plans for PPM implementation. Participants were introduced to the new WHO planning and budgeting tool to aid them in preparing budgets for their operational plans. The planning and budgeting tool is specifically designed to help countries develop plans and budgets for TB control at national and sub national levels within the frameworks provided by the Global Plan and the Stop TB Strategy. Following the workshop, countries are being supported in implement their plans through advice and, if required, visit(s) by trained PPM consultants.

Workshop presentations and discussions are summarized in Section 3 of this report. Summaries of the situation assessments and operational plans for each country are presented in Section 4. The agenda of the meeting and the list of participants are reproduced in Annexes 1 and 2, respectively.



Opening of the Workshop

2. Specific Objectives and expected outcomes

The overall objective of the Workshop was to assist NTP managers in preparing sound, budgeted and action-oriented operational plans for PPM implementation in their respective countries. The specific objectives and outcomes expected of the meeting were as follows.

2.1 Specific objectives

1. To review progress made in involving all TB health care providers in TB control activities in the participating countries.
2. To discuss the results of the PPM NSAs in the participating countries.
3. To support countries in developing realistic, country-specific, short- to medium-term PPM operational plans, together with budgets, based on the NSAs and available collective global experience and resources.

2.2 Expected outcomes

1. An improved version of the NSA tool for wider use.
2. Country-specific, action-oriented, operational plans for PPM initiation and/or expansion, including a detailed budget, for the first two years.

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