

DEWG Meeting



Public Private Mix for TB Care and Control Subgroup

Summary of Seventh meeting,
Lille 23, 24 October, 2011

Seventh Meeting: objectives

- To review the global and regional progress on PPM;
- To share processes and outcomes of PPM scale up by national TB programmes in Asia and Africa;
- To discuss the potential of PPM in the introducing new diagnostics and new drugs for TB;
- To identify key components and activities of a biennial global action plan on engaging all care providers through PPM approaches.

Contribution to case notifications 2010



**THE
STOP TB**

Contribution of PPM^a to notifications of TB cases in 20 countries

WHO REGION AND COUNTRY	TYPES OF NON-NTP CARE PROVIDERS ENGAGED	COVERAGE	NUMBER OF NEW TB CASES NOTIFIED IN 2010	CONTRIBUTION TO TOTAL NOTIFICATIONS OF NEW TB CASES
AFRICAN REGION				
Angola	Diverse private and public providers	Countrywide	15 676	37%
Ghana	Diverse private and public providers	Countrywide	2 032	14%
Kenya	Private clinics and hospitals, NGOs and diverse public providers	Countrywide	7 706	8.1%
Madagascar	Diverse private and public providers	Countrywide	6 749	29%
Nigeria	Private clinics and hospitals	Countrywide	31 656	39%
UR Tanzania	Private, faith-based organizations and NGO hospitals	Countrywide	11 156	19%
REGION OF THE AMERICAS				
Haiti	Private practitioners, NGOs and prison services	Countrywide	5 030	36%
Peru	Social security organizations and other public and private providers	Countrywide	5 993	21%
EASTERN MEDITERRANEAN REGION^b				
Iran (Islamic Republic of)	Diverse private and public providers	Countrywide	2 271	43%
Pakistan	Private clinics and hospitals	Countrywide	51 563	20%
Egypt	Health insurance organizations, NGOs and other public providers	Countrywide	2 112	24%
Sudan	Diverse private and public providers	Countrywide	2 389	9.4%
EUROPEAN REGION				
Ukraine	Prison and military services	Countrywide	1 540	4.9%
SOUTH-EAST ASIA REGION				
Bangladesh	Hospitals, medical colleges, prison services and other public providers	Countrywide	44 732	29%
India	Diverse private, public and NGO providers	14 large cities (total population 50 million)	35 025	45% of new smear-positive cases
Indonesia	Public and private hospitals	Countrywide	48 391	16%
Myanmar	Diverse private, public and NGO providers	Countrywide	24 250	19%
WESTERN PACIFIC REGION				
China	General public hospitals	Countrywide	36 7607	42%
Philippines	Private clinics and hospitals	Countrywide	12 081	7.2%
Republic of Korea	Predominantly private providers	Countrywide	33 167	85%

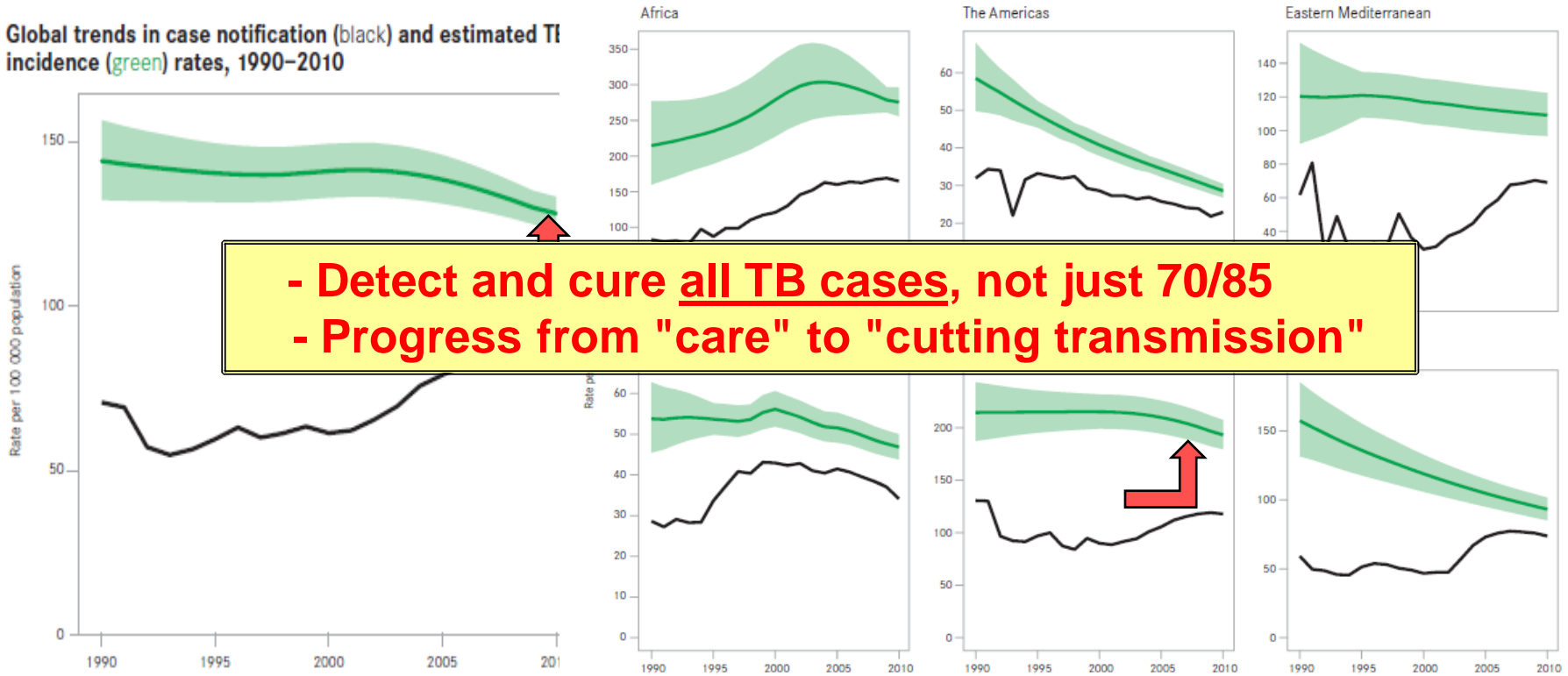
**Average contribution
26%**

Global TB Control: Challenges



- Case notifications stagnating
- Incidence decline too slow, stagnant in SE Asia

Global trends in case notification (black) and estimated TB incidence (green) rates, 1990–2010



PPM in Africa: Kibuga

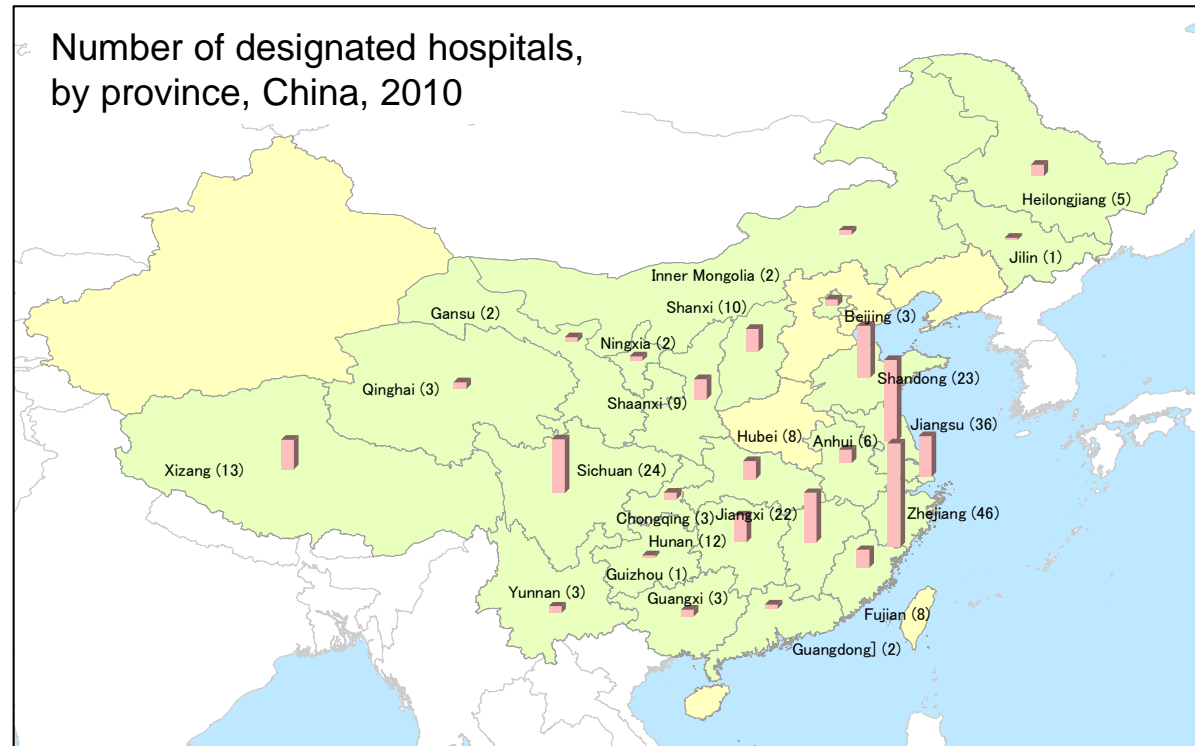
- Diverse but uptake universally accepted in the Region
- Different models
 - Fully private
 - Semi-subsidized
 - Fully Government subsidized
 - Mixed
- Difficult to give figures of PPM contribution due to integrated nature of activities (*Reports on substantial contribution from Nigeria, Ghana, Tanzania, Kenya among others*)

PPM WPR: Hospital Engagement

China Model: Nishikiori

- Infectious disease law (2004)
 - Internet-based mandatory notification, referral, follow-up of non-arrivals
 - Contribution to case detection +39.8% in 2010 (367,607 / 923,308)

- Task shift:
TB dispensary
(public health)
↓
designated hospitals
(comprehensive TB
services in clinical
facilities)



PPM SEAR: Impact on case finding : Hyder

Partner	Site	Increment in case notifications
NGOs	Bangladesh	~30-35%
Private Hospitals, Private practitioners	Hyderabad, India	23%
	Lalithpur, Nepal	21%
	Delhi, India	29%
	N. Sumatra, Yogyakarta and Palembang, Indonesia	24%
	Taunggyi, Myanmar	10%
Medical Schools	India	10-20%
Industry, workplaces	EPZs, Bangladesh	Increments in case finding among young women up to 20%
	Tea Estates, India	~24%

The Indonesia PPM Model

2. Public/Private Hospital Services

- Approach: Hospital Accreditation, Implementation TB DOTS as Minimum Standard requirement for accreditation of Hospitals
- **Leading: Directorates of Referral Health Services**
- **TA: KNCV**

1. Basic DOTS Services At Puskesmas

- Approach: Surveillance System Strengthening and MIFA, Improving quality of care, increasing coverage of TB/HIV, reaching un-reach pop at remote area (DTPK), increasing referral to Quality DOTS Services
- **Leading: NTP**
- **TA: WHO, FHI and other partners**

3. Quality DOTS services by Private Practitioners and Specialist

- Approach: Implementation of ISTC for all TB care and treatment from all care providers, increasing professional responsibility to cure TB patients, rewarding through cumulative credits mechanism for licensing/certification
- **Leading: IMA**
- **TA: ATS,**

4. Qualified TB Diagnostic

- Approach: Strengthening lab network and Quality Assurance (public and private) → DST, Culture and Microscopic
- **Leading: Directorate of Medical Support**
- **TA: KNCV and JATA**

6. Community System Strengthening

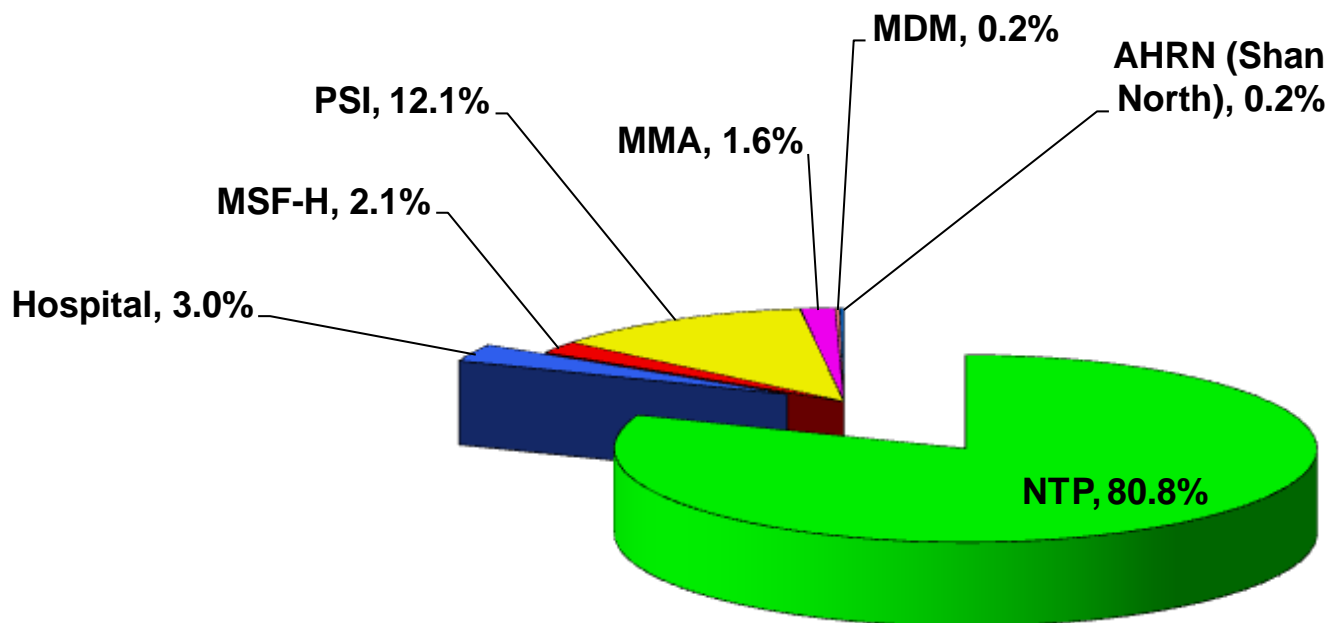
- Function as advocator → raise fund and commitment,
- Increase public awareness, function as public watch to ensure deliveries of quality services,
- increasing awareness of right and responsibility of the patients (patient's charter).
- Social Mobilization, suspect identification, increasing demand creation, intensifying the services of TB in slum areas and prison
- **Leading: NGO, FBO, CSO**
- **TA: FHI, other partners**

5. Quality of anti TB Drug Dispensing and rational Use of Drug

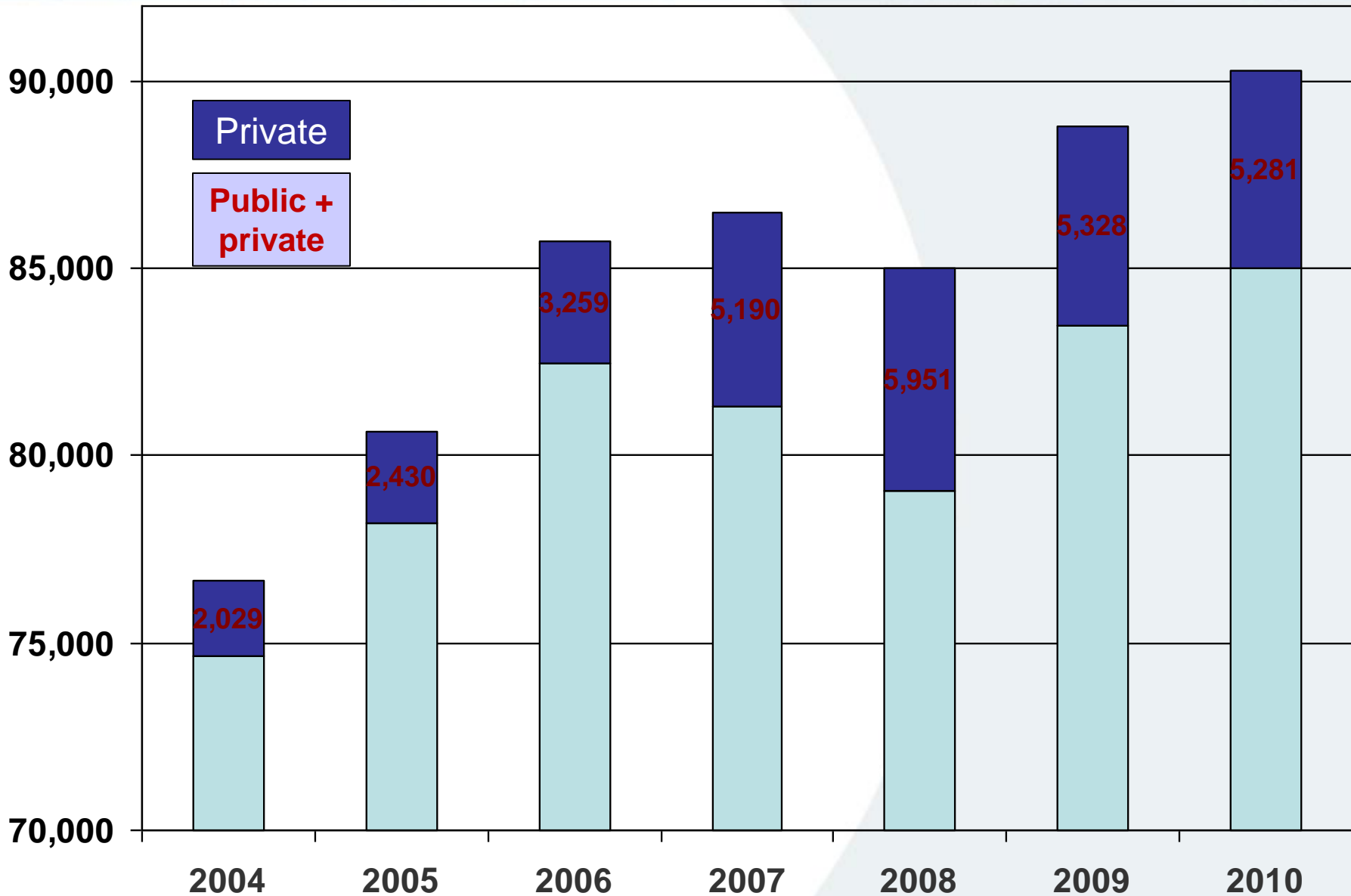
- Approach: law enforcement, establishment of networking and monitoring system, WHO prequalification
- **Leading: Pharmacist Association, DG of Pharmaceutical Services, FDA**
- **TA: USP and MSH**

PPM Myanmar

Proportion all forms of TB patients contributed by NTP and other reporting units (2010)



PPM: Philippines



PPM Nigeria

- Total TB cases registered (All forms) - **90447**
- New smear positive cases – **45416**
- PPM care providers (including non-NTP public providers such as Teaching hospitals) contributed. **35% (31 656 cases) of the cases notified in 2011**

Engaging pharmacists in TB Control



World Health
Organization

THE ROLE OF PHARMACISTS IN TUBERCULOSIS CARE AND CONTROL

Background

Every year, more than 9 million new cases of tuberculosis (TB) occur and nearly 2 million people die of the disease. Nearly half a million cases have the multidrug-resistant form of the disease.

While Asia bears the largest burden of the disease, sub-Saharan Africa has the highest incidence of drug-susceptible TB and Eastern Europe has the highest incidence of multidrug-resistant TB (MDR-TB).

Engaging pharmacists in TB Control



2004-2005

2 ODs in Phnom Penh

2005-2006

Total 4 ODs in Phnom Penh, Sihanouk Ville and Kampong Cham provinces

2006-2007

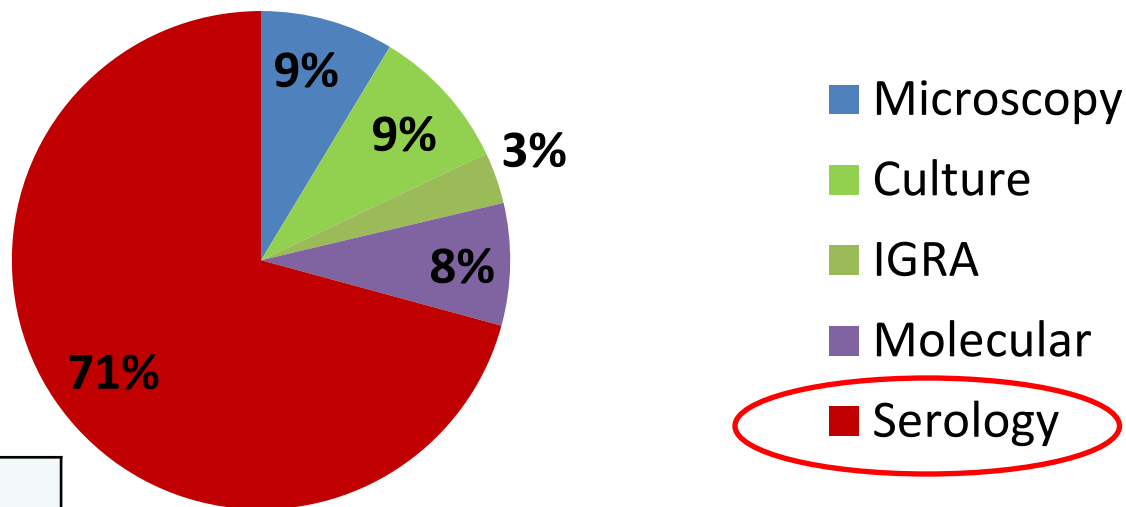
Kandal, Takeo and Kampong Speu province

2008-2009

Pursat, kratie, Battambang, Siem Ream, Banthey Meanchey provinces

Private sector overuse of inappropriate diagnostic assays

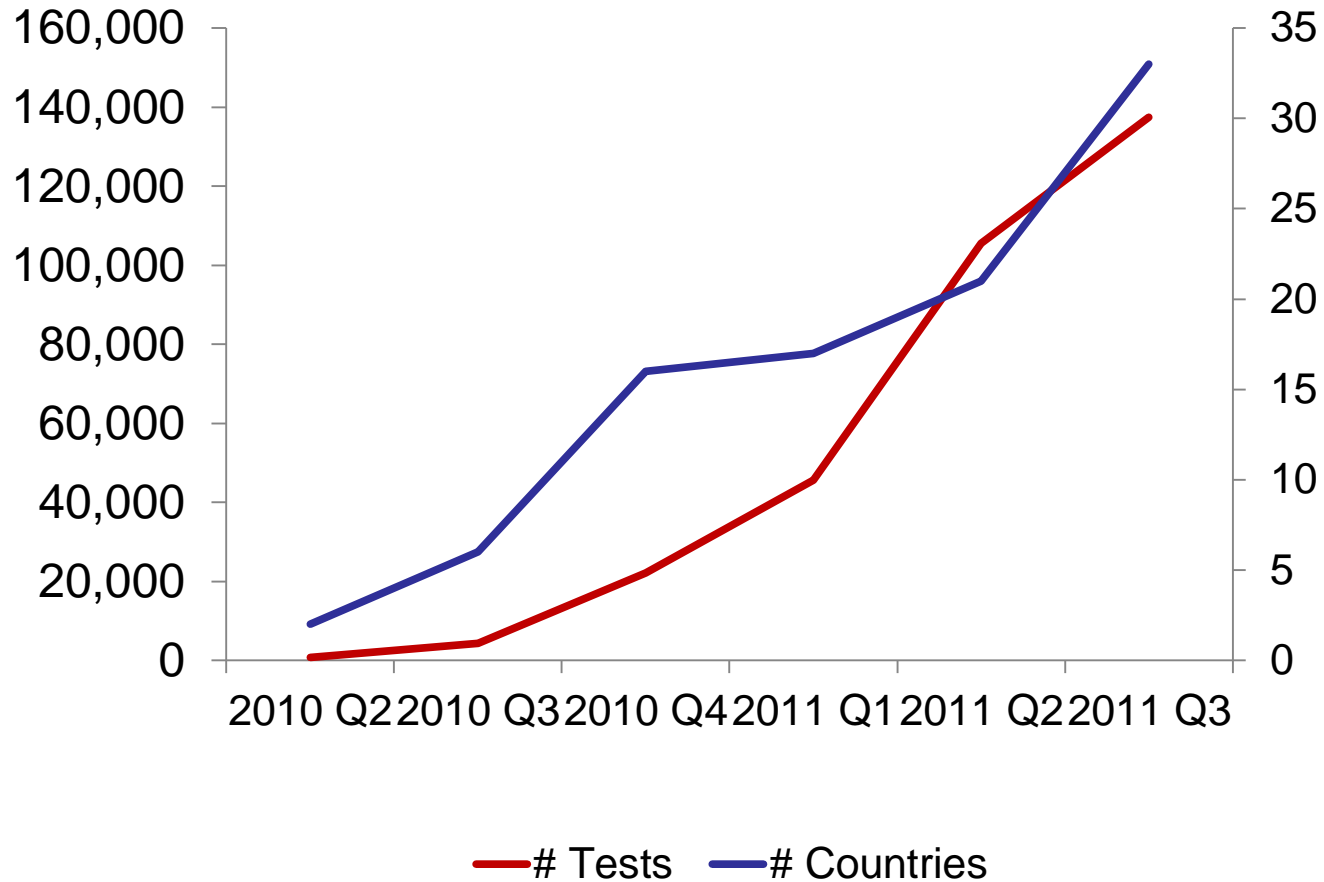
Proportion of testing
Total ~4000/mo.



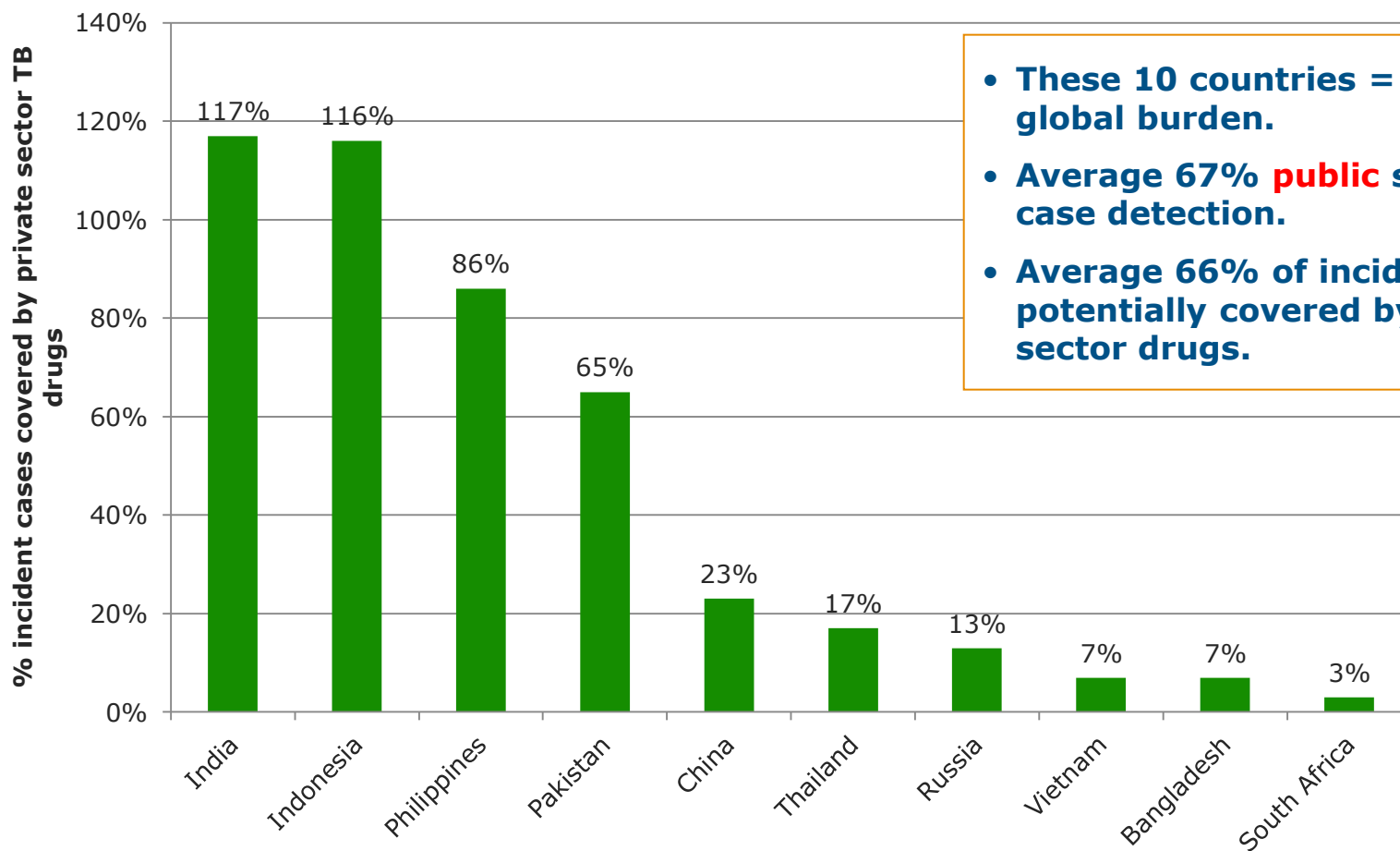
Assay	Price (USD)
Microscopy	4.5 - 7
Culture	16
IGRA	55
Molecular	45-90
Serology	12

Source: private communication, India

Uptake of Xpert



1st line private markets are variable and, in some countries, **LARGE** [Measured relative to each country's TB burden]



- These 10 countries = 60% of global burden.
- Average 67% **public** sector case detection.
- Average 66% of incidence potentially covered by **private** sector drugs.



How can the health sector prepare for the introduction of new TB drugs?

- How to mitigate this threat to new TB drugs?
First category of response is to improve the current delivery landscape
 - Expansion of public-private mix (PPM) programs
 - Expand the reach of public TB programs
 - Improve regulatory oversight for marketing approvals
 - Expand public sector diagnosis and treatment of MDR-TB
 - Improve the quality of care in the private sector, e.g., less fragmentation (franchises etc), better financing (insurance, vouchers, contracting), and integrate high quality TB treatment into these mechanisms.



Woven throughout – All TB Components Need the Private Sector



USAID
FROM THE AMERICAN PEOPLE

GFATM: PPM Budgets and expenditures

- Only 3.6% of the TB funding of the Global Fund allocated to PPM in 2010
- Spending of Global Fund grants with PPM component on PPM was 4.2% of total TB expenditure
- Top two regions with highest share of their budget allocated to PPM: East Asia and the Pacific and West & Central Africa (7.3% and 4.9% respectively)
- Largest PPM investments were in China, Indonesia and Ghana: US\$ 25.5 million, US\$ 7.8 million and US\$ 4.9 million, respectively

PPM Subgroup Meeting: Lille

Increasing the effectiveness of the Stop TB Partnership in engaging all care providers

A “White Paper” of the PPM
Subgroup

Objectives

- *To contribute to the goal of universal access to high quality diagnostic, treatment, and prevention services through appropriate engagement of care providers, healthcare facilities and laboratories:*
- *To strengthen health systems through promotion of effective engagement of all providers:*
- *To promote best practices for implementation and scale-up for engagement of all providers by providing guidance and tools for global, regional, country-specific policies, strategies and plans:*
- *To ensure that the current and/or potential role of non-program providers is taken into account in the activities of all components of the Stop TB partnership:*

Next Steps

- Seek full working group status as the “Working Group to Engage all Providers” with representation on the Partnership Coordinating Board.
- Revise the Core Group terms of reference as follows:
 - oversight and coordination of the activities of the working group
 - coordination of the activities of the working group with those of other Partnership working groups
 - oversee the preparation of a strategic plan and annual work plans to implement the strategic plan
 - coordinate any revisions of the Global Plan to Stop TB as they relate to the engagement of private sector providers
 - serve as the liaison between the Partnership and the Stop TB Department’s activities in engaging all providers