

Expanding provider networks for TB care with quality and equity

The Fifth Public-Private Mix (PPM) Subgroup Meeting

In the years since the First PPM Subgroup Meeting was held in Geneva in 2002, the area of public-private mix for TB care and control has grown significantly. Engaging all care providers through public-private mix (PPM) and promoting the International Standards of Tuberculosis Care (ISTC) are now among the core components of the Stop TB strategy. Innovative approaches of engaging all care providers are evolving into common practices that are being widely disseminated and adapted. The five subgroup meetings held to date (2002, 2004, 2005, 2006, and 2008) have played an important role in sharing experiences and motivating progress in this area.



The fifth meeting of the PPM Subgroup was hosted by the WHO Regional Office for the Eastern Mediterranean (EMRO) and held in Cairo, Egypt, on 3-5 June 2008. The meeting was well attended by country representatives including TB programme managers, national PPM focal persons and representatives of national medical associations (25); patient and community representatives (2); representatives of technical, academic, corporate and donor partners (23) and WHO staff from country offices, subregional and regional offices as well as headquarters (23). The format of the conference was grounded in plenary sessions that maximized audience participation, complemented by group work sessions to intensively deliberate on key issues. The meeting focused on discussing ways to enhance mobilization of engagement of diverse provider groups yet to be engaged adequately in TB care and control. Special emphasis was given to understanding initiatives to engage hospitals, national professional associations, corporate sector establishments and informal providers in TB control. The role of patients and communities in availing TB services expanded through PPM and creating demand for engaging providers of their choice was highlighted. Extending the scope of PPM to implementing TB/HIV collaborative activities and in the prevention and management of MDR/XDR-TB was reviewed. The meeting underscored the need to modify routine recording and reporting systems to enable measurement of contribution of PPM to TB control. Countries were encouraged to undertake necessary changes to recording formats and registers and present data on effectiveness of PPM implementation in precise quantitative terms at the Sixth PPM Subgroup Meeting.

Some of the ways to scale up engagement of diverse care providers discussed at the meeting are outlined below:

Mobilizing national professional associations for TB control

National professional associations in many settings can potentially be a powerful ally of national TB programmes to effectively reach and link private clinicians in a systematic manner. Pilot studies and a few initiatives have demonstrated the significant potential of engaging these associations in TB control efforts using the International Standards for TB Care (ISTC). The meeting emphasized a systematic approach to engaging professional associations in mobilizing and monitoring their member practitioners to work collaboratively with national programmes.

Engaging Hospitals in TB control

Hospitals in most settings manage a large proportion of TB cases, however there is little systematic collaboration between them and national programmes to ensure effective delivery of TB services in line with international standards. To facilitate efficient collaboration between national programmes and hospitals, KNCV in collaboration with other partners spearheaded the development of guidelines to involve hospitals in TB control efforts. These draft guidelines were presented at the meeting, a separate break-out group extensively reviewed the draft document and provided their inputs during the group work session. The guidelines will be revised incorporating the feedback received at the meeting.

Corporate sector involvement in TB control

Over the past several years, the business community has devoted considerable attention to corporate responsibility to address significant issues with value for both businesses and society including the response to the TB and HIV epidemics. Successful models of corporate sector initiatives in TB control from Bangladesh, Philippines and India were presented at the meeting. Engaging the business sector was considered a win-win for all: the national programmes, businesses, workers and communities. Concrete steps for national TB programmes to engage the corporate sector in TB control efforts were outlined. A global consultation with national programmes, businesses, business coalitions and relevant stakeholders to review, synthesize the evidence base and develop a framework to assist in and promote corporate sector involvement in TB control, will be organized in 2009.

Involving informal providers in TB control

According to one estimate by WHO, up to 80% of the population in Africa uses traditional healers for health care. A review of evidence on informal provider engagement indicated that that 10 to 58 per cent TB patients approached informal providers for TB services. Further, various initiatives

such as, the Bangladesh village doctor model and the engagement of traditional healers in Burkina Faso, India and South Africa, demonstrate the applicability of engaging informal providers in key tasks such as suspect identification, referral, treatment supervision and increasing community awareness. Engaging these providers effectively could potentially help programmes to improve access, increase case detection, reduce diagnostic delays, and support patients to enhance treatment adherence. However barring a few working examples, the issue of involving informal providers and traditional healers has not yet been systematically addressed. More country-based work is needed in this area to first determine their current role and identify ways to engage them effectively in TB care and control.

For more information and the proceedings of the meeting please visit the PPM website at <http://www.who.int/tb/careproviders/ppm/fifthsubgroupmeeting/en/index.html> or contact the PPM team at ppmtb@who.int.