ENGAGING PRIVATE HEALTH CARE PROVIDERS IN TB CARE AND PREVENTION: A LANDSCAPE ANALYSIS

Stop TB Partnership
Centre international de TB McGill
McGill International TB Centre
USAID FROM THE AMERICAN PEOPLE
World Health Organization

ENGAGING PRIVATE HEALTH CARE PROVIDERS IN TB CARE AND PREVENTION: A LANDSCAPE ANALYSIS

Stop TB Partnership
Centre international de TB McGill
McGill International TB Centre
USAID FROM THE AMERICAN PEOPLE
World Health Organization

Engaging private health care providers in TB care and prevention: a landscape analysis

WHO/CDS/TB/2018.33

Suggested citation. Engaging private health care providers in TB care and prevention: a landscape analysis. Geneva: World Health Organization; 2018. Licence: CC BY-NC-SA 3.0 IGO.

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

Design by Inis Communication

Printed in Switzerland

Contents

Acknowledgements

The writing and overall coordination of this document were led by World Health Organization Global TB Programme and the Public–Private Mix Working Group of the Stop TB Partnership. It reflects feedback from participants at the 13th PPM Working Group Meeting in Guadalajara, October 2017, as well as from the WHO Strategic and Technical Advisory Group at its June 2018 meeting in New York.

This document is based on a landscape analysis originally developed under contract to the Bill & Melinda Gates Foundation. Preparation, publication and launch of this document were financially supported by a grant from the United States Agency for International Development (USAID).

Authors: Guy Stallworthy, William Wells, Hannah Monica Dias.

Additional contributions: Madhu Pai, Hong Wang, Shelly Malhotra, Chijioke Osakwe, Benyamin Sihombing, Puneet Dewan, Daniel Chin, Christy Hanson, Aamir Safdar, Mohammed Yassin, Farhan Kabir Patwary, Khalid Farough, Unyeong Go, Kyung Hyun, Michael Osberg, Bhavin Vadera, Mukund Uplekar, Razia Fatima, Laeeq Ahmad, Rajendra Yadav, and other members of the PPM Working Group.

Executive Summary

Private sector engagement needs to be urgently expanded to reach End TB

TB is preventable and curable, but current efforts to find, treat and cure everyone who gets ill with the disease fall short. Of the 10 million people who fell ill with TB in 2017, only 6.4 million were officially notified to national authorities and reported to WHO. Sixty two percent of the 3.6 million "missing people" with TB were in seven countries in which private providers accounted for more than two thirds of initial care-seeking. However, in these countries, private for-profit providers contributed just 19% of total TB notifications, equivalent to only 12% of estimated TB incidence in 2017. Closing gaps and ensuring early access to diagnosis and treatment will require strengthened and expanded private provider engagement. Engaging private providers is also essential for reducing unnecessary deaths and suffering caused by inappropriate treatment, slowing the emergence of drug resistance caused by substandard care, reducing transmission by shortening delays to treatment, reducing catastrophic costs and impoverishment, and accelerating uptake of new tools.

As countries move towards Universal Health Coverage (UHC) and reaching the TB-related targets in the Sustainable Development Goals and End TB Strategy, they need to harness the full potential of private providers. TB programmes can be pioneers in this area by accelerating the strategic engagement of private health care providers.

Moving from Policy to Practice: We know how to do it

The need to engage private healthcare providers for TB has been acknowledged since the early 1990s, and has featured briefly in many global and national strategies and plans since 2001, including the recent WHO End TB Strategy and the Stop TB Global Plan to End TB. Since 2002, WHO has issued and revised a dozen guidance documents addressing various aspects of Public-Private Mix, including how to engage private providers, how to advocate and plan for their engagement, and how to measure progress. Published literature on private provider engagement has increased significantly: a systematic review in 2015 found 78 studies, covering 48 projects in 15 countries *(1)*. Much has been learnt about how to successfully engage private providers for TB care, although there remains considerable room for adaptation and innovation. However, this issue has not had priority or investment commensurate with the scale of the problem. While a plethora of pilot projects exist, few countries have taken public-private mix approaches to scale, and private provider engagement (PPE) has been one of the most difficult TB technical areas to move from donor to domestic funding.

A root cause of this has been a strong public sector preference among those who manage TB programmes and those who fund them. It also reflects the ongoing journey, not specific to TB programmes, in which the public sector only gradually gains capacity to govern private health providers effectively, as countries develop. In recent years, a changing mindset towards the private sector has been evolving, with countries such as India, Bangladesh, Myanmar and Pakistan achieving significant scale in private provider engagement.

In these countries, engagement of large numbers of private primary care providers has been led by strong non governmental organizations (NGOs) acting as intermediaries between providers and National TB Programmes (NTPs). Recently, India has begun to demonstrate unprecedented commitment to engaging private providers by setting ambitious targets (2 million private TB notifications per year by 2020), allocating substantial budgets and mobilizing strong political support at all levels. The Philippines and Indonesia,

which had previously focused attention on engaging relatively small numbers of high-volume private hospitals, have recently begun to expand engagement of private primary care providers and redouble efforts to leverage social health insurance schemes. Indonesia is pursuing a model based more on engagement directly from the public sector to private providers with the support of professional associations, rather than using other intermediary organizations.

Strengthening private provider engagement: What more is needed

Support for private provider engagement by external technical and financial partners of NTPs should be based on an appreciation of underlying systemic constraints as well as proximal determinants. There is a role for guidelines, plans, strategies and pilot projects, but they need to be complemented by efforts to increase basic understanding of patient and provider behaviors and of approaches to exercising stewardship over the whole health sector. On the public sector side, it is important to build system capacities for strategic purchasing for both curative and public health services: mandatory notification decrees and other regulatory approaches have a role, but most effort should go into the development and deployment of enablers and motivators to encourage private provider participation. On the private side, there is usually a need to empower intermediary organizations capable of engaging and aggregating large numbers of private providers on behalf of the program, at least until such time as social health insurance or other large-scale purchasing platforms are developed and mature.

Emerging opportunities for increased engagement

Several developments could facilitate a major increase in private provider engagement for TB in the coming years. Success in India, Bangladesh or Pakistan could set an example for other countries and inspire them to be more ambitious. The digital revolution is finally reaching TB: new digital technologies facilitate the engagement of private providers by transitioning from paper-based data to digital, case-based registration systems. Such systems enable additional innovations that further facilitate private provider engagement at scale, such as digital vouchers for drugs and diagnostics, adherence monitoring technologies, and digital payment of incentives and enablers to both patients and providers. Access to new and improved diagnostic and treatment tools, such as digital chest x-ray, Xpert MTB/RIF and shorter MDR-TB regimens, has increased the potential value to private providers of engaging with the public sector. Social health insurance schemes in some countries are approaching full population coverage and will provide an opportunity to drive quality of TB care in the private primary sector. Both social health insurance expansion, and the UHC movement in general, are also increasing the awareness of the need to engage private providers in order to reach true UHC. This is all in the context of renewed high-level attention towards closing the gaps in care, as indicated by the 2017 Moscow Declaration to End TB, the Global Fund Strategic Initiative on Finding the Missing people with TB, and the newly launched "*Find.Treat. All. #EndTB*" Joint Initiative of WHO, Stop TB Partnership and the Global Fund.