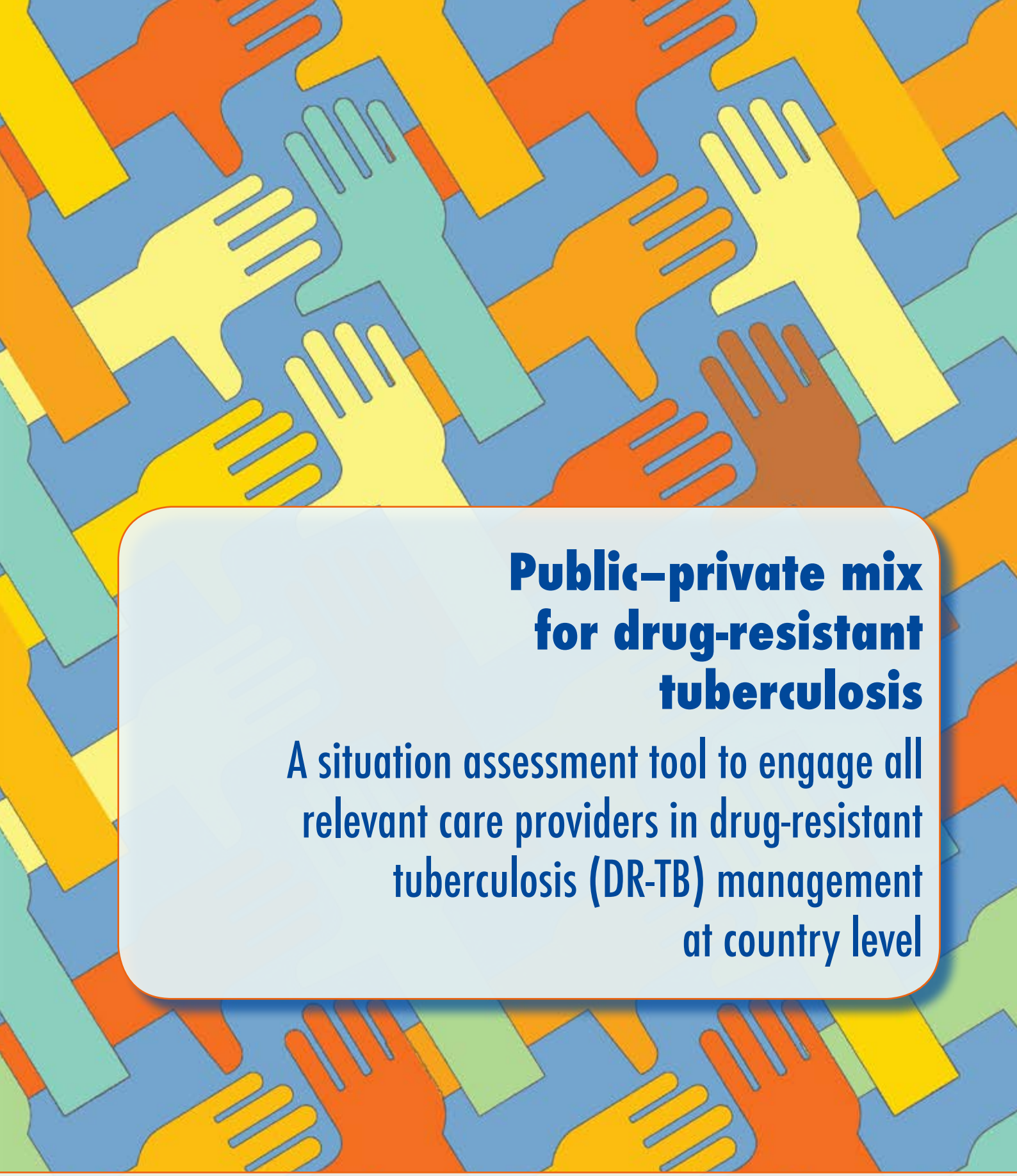

Public–private mix for drug-resistant tuberculosis

A situation assessment tool to engage all relevant care providers in drug-resistant tuberculosis (DR-TB) management at country level

THE END TB STRATEGY

World Health Organization

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Contents

Abbreviations and acronyms

ADR	adverse drug reaction
AIDS	acquired immunodeficiency syndrome
ART	antiretroviral therapy
DOH	department of health
DOT	directly observed treatment
DOTS	core approach underpinning the Stop TB strategy for TB control
DRS	drug resistance surveillance
DR-TB	drug-resistant tuberculosis
DS-TB	drug-susceptible tuberculosis
DST	drug susceptibility test
FDC	fixed-dose combination
FLD	first-line tuberculosis drug
GDF	Global Drug Facility
GP	general practitioner
HIV	human immunodeficiency virus
HRD	human resources development
ISTC	International Standard for Tuberculosis Care
MDR-TB	multidrug-resistant tuberculosis
M&E	monitoring and evaluation
MOH	ministry of health
MOU	memorandum of understanding
NGO	nongovernmental organization
NSP	national strategic plan
NTP	national tuberculosis programme
NTRL	national tuberculosis reference laboratory
PMDT	programmatic management of drug-resistant tuberculosis
PPM	public–private mix (can also be public–public mix or private–private mix)
PPM DR-TB	public–private mix for the management of drug-resistant tuberculosis
PPM DS-TB	public–private mix for the management of drug-susceptible tuberculosis
QA	quality assurance
R&R	recording and reporting
RR-TB	rifampicin-resistant tuberculosis
SLD	second-line tuberculosis drug
TB	tuberculosis
WHO	World Health Organization
XDR-TB	extensively drug-resistant tuberculosis

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Glossary

Public sector	Those governmental ministries, organizations or facilities that provide governmental services. It includes services provided by the armed forces, police, public academic institutions, and public ministries such as transport, education, health, justice and welfare.
Private sector	Organizations, businesses or individuals that are not part of the governmental services. It comprises individual formal and informal private practitioners, for-profit private hospitals and academic institutions, the corporate sector, and the voluntary or non-profit sector , which includes charitable or nongovernmental organizations (NGOs).
Public–private mix (PPM)	All partnership mixes between organizations, businesses or individuals that are part of the public sector or private sector. The partnership can hence be public–public, public–private or even private–private.
Non-national tuberculosis programme (non-NTP) health-care providers	Public or private health-care facilities or institutions that are not associated with the NTP. Such providers include clinics operated by formal and informal practitioners; health facilities or institutions (e.g. medical centres, and general or specialized hospitals) owned by the public, private or corporate health sectors; charitable organizations or NGOs; prison, military and railway health services; and health insurance organizations.
Non-NTP providers and partners	May include public or private organizations that operate outside the NTP, such as professional associations or societies, NGOs or public sector organizations, or ministries outside the ministry of health.
PPM for drug-susceptible TB (DS-TB) (PPM DS-TB or PPM-TB)	PPM activities that provide health and other related services on care and control of DS-TB to patients or populations. PPM DS-TB is an integral part of the overall national TB strategy in a country; it involves the engagement of the different partners and health-care providers in the public or private sectors of the country, under the stewardship of the NTP.
PPM for drug-resistant TB (DR-TB) (PPM DR-TB)	A component of PPM TB that refers to the provision of specific services for the management, care and prevention of DR-TB.

Introduction

This document is an annex to the Framework for engagement of all health-care providers in the management of drug-resistant tuberculosis (1), which was developed to support countries in the implementation of public–private mix (PPM) for drug-resistant tuberculosis (DR-TB). DR-TB includes multidrug-resistant TB (MDR-TB), a form of TB that is resistant to isoniazid and rifampicin, two key drugs in the treatment of TB; extremely drug-resistant TB (XDR-TB); rifampicin-resistant TB (RR-TB); and other forms of drug-resistant TB.

An electronic form is available on-line and can be accessed at: http://www.who.int/tb/publications/public-private-mix-drug-resistant-tb/

Background

Globally, an estimated 3.5% of new TB cases and 20.5% of previously treated cases are MDR-TB. In 2013, an estimated 480 000 people developed MDR-TB and at least 210 000 deaths were caused by TB worldwide. There was a substantial increase in the number of RR-TB/MDR-TB detected cases officially reported to WHO between 2012 and 2013 (from about 110 000 in 2012 to 136 412 in 2013). These advancements in detection need to be matched with advances in treatment capacity. In 2013, only about 97 000 eligible patients were actually put on MDR-TB treatment. This means that a significant number of patients did not receive appropriate MDR-TB treatment provided by drive on many fronts of TB care. This includes standardized monitoring using indicators that are consistent, and are acceptable to countries and implementing partners alike.

In many countries, health facilities and providers not linked to NTPs also treat TB patients. However, the extent and quality of the diagnosis and treatment for DR-TB by non-NTP providers and those not linked to the NTP is largely unknown. It is widely acknowledged that the NTPs need to involve the private sector and other non-NTP providers more in the management of DR-TB while maintaining their leadership role. The efforts to start and scale up DR-TB management should be guided by carefully collected data and information, leading to a strategic and efficient expansion of DR-TB management that includes all health-care providers. There is an urgent need to carefully consider how best to establish such collaborations for the management of DR-TB patients. As described in the ***Framework for engagement of all health-care providers in the management of drug-resistant tuberculosis***, a careful country-based analysis about the current status of the management of DR-TB patients, with a focus on all the various health-care providers, will show the way forward towards achieving the goal of universal access to quality diagnosis and treatment for all cases of TB, including DR-TB.

This situation assessment tool, as an annex of the above-mentioned framework, enables a

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