



**Best practices
in engagement
of all health-care providers
in the management
of drug-resistant tuberculosis**

THE
END TB
STRATEGY



World Health
Organization

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Abbreviations and acronyms

ADR.....	adverse drug reaction
CAP-TB.....	Control and Prevention of Tuberculosis
DOH.....	department of health
DOT.....	directly observed treatment
DOTS.....	directly observed treatment short course
DR-TB.....	drug-resistant tuberculosis
DS-TB.....	drug-susceptible tuberculosis
DST.....	drug susceptibility test
FAST.....	finding TB and drug-resistant TB (DR-TB) cases actively, separating safely and treating effectively
FLD.....	first-line tuberculosis drug
Global Fund....	Global Fund to Fight AIDS, Tuberculosis and Malaria
GP.....	general practitioner
ICU.....	intensive care unit
MDR-TB.....	multidrug-resistant tuberculosis
MMA.....	Myanmar Medical Association
MMC.....	Makati Medical Centre
MMD/MOJ.....	Main Medical Department of the Ministry of Justice (Azerbaijan)
MOH.....	ministry of health
MOU.....	memorandum of understanding
MSF.....	Médecins Sans Frontières
NGO.....	nongovernmental organization
NTP.....	national tuberculosis programme
OPD.....	outpatient department
PhilCAT.....	The Philippine Coalition Against Tuberculosis
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 TB.....	public–private mix for the management of drug-susceptible tuberculosis
PSI.....	Population Services International
R&R.....	recording and reporting
RR-TB.....	rifampicin-resistant tuberculosis
SLD.....	second-line tuberculosis drug
TB.....	tuberculosis
TDF.....	Tropical Disease Foundation
URC.....	University Research Co. Licensed Limited Company (Viet Nam)
USAID.....	United States Agency for International Development
WHO.....	World Health Organization

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Introduction

This publication documents best practices in engagement of health-care providers in the management of drug-resistant tuberculosis (DR-TB). The aim is to share experiences and approaches that are being implemented in countries and by various health-care providers and partners. Some of the case studies in this document are also presented in the WHO's Framework for engagement of all health-care providers in the management of drug-resistant tuberculosis. In the current document, case studies are presented by approach, for easier reference by readers who are interested in examples and experiences around the globe in implementation of public–private mix for DR-TB (PPM DR-TB). The WHO/Global TB Programme (GTB) team continues to document best practices for sharing in the public domain via the WHO/GTB website. National TB programmes and partners are encouraged to share their case studies with others via the website.

1. Referral of patients for diagnosis and treatment of DR-TB

1.1 CAP-TB Project and the engagement of the Myanmar Medical Association in Myanmar

The United States Agency for International Development (USAID)-supported Control and Prevention of TB (CAP-TB) project is managed by the Myanmar Medical Association (MMA). Under this project, private practitioners involved in PPM for TB in Myanmar are trained in the identification of patients with high risk of drug-resistant tuberculosis (DR-TB), and in their referral to a nearby programmatic management of drug-resistant tuberculosis (PMDT) site for diagnosis and treatment of DR-TB. The private practitioners are updated with the national diagnostic algorithms for diagnosis of DR-TB, and informed about the designated PMDT centres in their respective local setting for patient referral.

1.2 PPM initiative of the Philippine Coalition Against Tuberculosis in the Philippines

In the Philippines, the Philippine Coalition Against Tuberculosis (PhilCAT), a multisectoral organization, has had a long history of involvement in public-private mix for TB (PPM) activities. PhilCAT was established in 1994 by motivated private specialists, to serve as a “unifying force” to the strong division that existed between the private and public sectors, fostering sharing of resources and better communication. In 2003, the Philippines’ National TB Programme (NTP) formally adopted the PPM strategy. The aim was to address the finding of the second Nationwide TB Prevalence Survey that most people with TB symptoms prefer to seek care in the private sector, even if TB services are provided free of charge in the government facilities.

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