

Public-Private Mix for DOTS

Towards Scaling Up

Report of the Third Meeting of the
PPM Subgroup for DOTS Expansion

Manila, Philippines
4-6 April 2005



World Health
Organization

Stop TB Partnership

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Abbreviations and acronyms

ATS	American Thoracic Society
DEWG	DOTS Expansion Working Group
DOT	directly observed treatment
DOTS	the internationally recommended strategy for TB control
FIDELIS	Fund for Innovative DOTS Expansion through Local Initiatives to Stop TB
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GLRA	German Leprosy and TB Relief Association
GP	general practitioner
HFI	Health Franchise Initiative
ILO	International Labour Organisation
ISAC	identified support and action countries
KNCV	The Royal Netherlands TB Association
MDG	Millennium Development Goals
MDR-TB	multidrug-resistant tuberculosis
MoH	Ministry of Health
NGO	nongovernmental organization
NTP	national TB programme
PPM	public-private mix
PPM DOTS	public-private mix for DOTS
STB-CB	Stop TB Partnership Coordinating Board
TB	tuberculosis
WEF	World Economic Forum
WHO	World Health Organization

1. Background

The global Stop TB Partnership is leading tuberculosis (TB) control efforts worldwide through its various working groups coordinated by the Stop TB Partnership Coordinating Board (STB-CB). DOTS is the internationally recommended strategy for global tuberculosis control. The DOTS Expansion Working Group (DEWG) represents the national TB programmes of 22 high TB-burden countries that bear 80% of the global TB disease burden, international technical partners and donor agencies engaged in global TB control. The DEWG is hosted by the World Health Organization (WHO).

Current efforts to control the disease are aimed at first achieving the global targets of detecting 70% of the estimated TB cases and curing 85% of the detected cases by 2005. In 2003, 45% of the estimated cases were detected globally and 82% were treated successfully within the national DOTS programmes. In many countries the DOTS programme is implemented exclusively through public sector health services. This has been identified as one of the major reasons for low case detection. A large proportion of patients are detected outside the DOTS programme by diverse health care providers; as a result, many of these cases are neither notified nor are their treatment outcomes known.

It has been recognized that meeting the targets for case detection and treatment success will be one important step towards achieving the TB-related impact targets of the Millennium Development Goals (MDGs) – halving the global prevalence of and mortality due to TB by 2015. Enhancing access to TB care for the poor, many of whom seek care from outside DOTS programmes, will also help to contribute towards achieving the MDGs of eradicating extreme poverty and hunger. Clearly, engaging all care providers in DOTS implementation ought to be an integral component of any strategy to achieve global TB targets.

Recognizing the necessity of involving all health care providers in TB control, the World Health Organization (WHO) has been instrumental in facilitating the initiation and scaling up of collaboration among diverse health care providers in many countries. To build on the work undertaken in this area and to address the issue urgently and effectively, the DOTS Expansion Working Group (DEWG) established a global subgroup on public-private mix for DOTS expansion (The PPM DOTS Subgroup). PPM DOTS is intended to promote the involvement of all relevant health care providers in TB control. It encompasses diverse context-specific strategies and approaches that effectively link all the entities within the public and private sectors to national TB programmes for DOTS expansion.

The first meeting of the Subgroup, held in Geneva in November 2002, urged countries to embark on and expand PPM DOTS. Since then, efforts to help achieve the TB control targets have been strengthened globally. The burden of TB and diversity of care providers is greater in Asia as compared to other WHO regions. It was thus appropriate for the WHO South-East Asia Regional Office to host the second meeting of the Subgroup in New Delhi in February 2004. By then, several pilot initiatives had been

implemented and most of them were showing promising results in terms of increasing TB case detection while maintaining high treatment success rates.

Encouraged by the positive outcome of several pilot initiatives, WHO Member countries with large private sector and sound DOTS programme have begun scaling up PPM DOTS initiatives. Some of these countries are: India, Indonesia, Kenya, Myanmar and the Philippines. In order to share the experiences gained during the scaling up of the PPM DOTS programme and providing an opportunity to observe first hand the programme in action in the Philippines, the third meeting of the PPM Subgroup was held at the WHO Regional Office for the Western Pacific in Manila from 4 to 6 April 2005. This report summarizes the proceedings of this meeting. Section 2 contains the objectives of the meeting and the expected outcomes. The presentations made at the meeting and the discussions that took place are summarized in Section 3. Section 4 lists major conclusions and recommendations and the next steps suggested for the PPM DOTS Subgroup. The agenda and the list of participants are given at Annexes 1 and 2.

2. Objectives and expected outcomes

2.1 Objectives

- (i) To review the global progress on PPM DOTS;
- (ii) To identify barriers and enablers for scaling up and sustaining PPM DOTS;
- (iii) To review and finalize draft PPM DOTS guidelines;
- (iii) To make recommendations on future plans and actions.

2.2 Expected outcomes

- (i) A review of the global progress on PPM DOTS;
- (ii) Endorsed final draft of PPM DOTS guidelines;
- (iii) Guidance on advocacy for PPM DOTS;
- (iv) Recommendations for future work to the DOTS Expansion Working Group, national TB programmes and the PPM Subgroup.

3. Summary of presentations and discussions

The presentations at the meeting provided an overview of the progress of PPM DOTS across WHO regions and Member States. The focus was on early experiences of

scaling up of PPM DOTS. During field visits to six sites in Metro Manila, the participants had an opportunity to see and discuss working examples of scaling up PPM DOTS in the Philippines. The following section presents the activities of the Subgroup Secretariat and summarizes global progress on PPM DOTS over the last year. Specific activities in four of the six WHO regions where PPM DOTS deserves priority attention are then described in brief.

During the presentations, countries scaling up PPM DOTS were encouraged to identify barriers and enablers in their efforts. The main points that emerged from these presentations and plenary discussions are summarized in section 3.3. Participants divided themselves into four working groups that discussed key aspects of enabling scale up of PPM DOTS. Priority work areas for the PPM DOTS Subgroup that came out of these discussions are summarized in section 3.4. Box 1 lists key points that emerged from this meeting.

3.1 Global progress on PPM DOTS

3.1.1 The activities of the Subgroup Secretariat

During the period under review, the Secretariat continued to provide technical assistance to countries. PPM missions were undertaken to Bangladesh, China, India, Indonesia, Kenya, Myanmar and the Philippines. Assistance was provided for the development of operational guidelines in Bangladesh and the Philippines and for the development of scale-up strategies in India, Indonesia, Kenya and Myanmar.

The Secretariat also continued to develop evidence-based policies and tools for PPM DOTS. Significant work done in this area included preparation of draft PPM DOTS

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