WHO/CDS/TB/2003.325

DOTS EXPANSION WORKING GROUP

Public-Private Mix for DOTS

Practical tools to help implementation

TB Strategy and Operations
Stop TB Department

WORLD HEALTH ORGANIZATION

STOP TB PARTNERSHIP

DOTS EXPANSION WORKING GROUP

PUBLIC–PRIVATE MIX FOR DOTS EXPANSION

WHO/CDS/TB/2003.325

Public-Private Mix for DOTS

Practical tools to help implementation

TB Strategy and Operations
Stop TB Department

WORLD HEALTH ORGANIZATION

STOP TB PARTNERSHIP

DOTS EXPANSION WORKING GROUP

DOTS EXPANSION WORKING GROUP

PUBLIC–PRIVATE MIX FOR DOTS EXPANSION

This document was prepared by Knut Lönnroth and Mukund Uplekar

Acknowledgements
This practical tools package is based on field experiences from ongoing public–private mix DOTS projects in Ho Chi Minh City, Hyderabad, Manila, Mumbai, Nairobi, New Delhi and Pune. The authors wish to thank all persons from the project sites who provided examples of practical tools and shared experiences of their use.

Drafts of this document were circulated to country TB programme staff, private providers and researchers in several countries. WHO would especially like to thank the following for their contribution to the development of the tools: Sanjay Juvekar, Odd Mørkve, KJR Murthy, James Newell, Lorna Nshuti, Shanta Pande, Erik Post and Sheela Rangan.

Matteo Zignol prepared the appendices, including standard TB reporting forms, some of which have been recently revised. He also helped to shape the document for publication. Within the WHO Stop TB Department, Karin Bergstrom, Leopold Blanc, Dan Bleed, Andrea Godfrey, Malgosia Grzemska, Dermot Maher and Mario Raviglione reviewed the document and offered useful comments. Caroline Sorel provided efficient secretarial help.

Contents

Abbreviations and acronyms

DOT	Directly Observed Treatment
DOTS	The internationally recommended strategy for TB control
MoU	Memorandum of Understanding
NGO	Non-Governmental Organization
NTP	National TB programme
PP	Private Provider
PPM	Public-Private Mix
PPM-DOTS	Public-Private Mix for DOTS
TB	Tuberculosis
WHO	World Health Organization

1. Introduction

DOTS is the internationally recommended strategy for tuberculosis (TB) control. Implementation of the DOTS strategy has greatly improved treatment outcomes among TB patients in both high and low-prevalence countries. However, the impact of DOTS on TB case notification has been modest. In 2001, DOTS and non-DOTS programmes together detected fewer than half (45%) of all estimated new TB cases; new smear-positive cases represented only one-third (32%) of the estimated total[1]. This indicates that a substantial proportion of TB patients lack access to or do not make use of services offered by national TB programmes (NTP).

1.1 DOTS and private health care providers

In many high-burden countries, a significant proportion of TB cases are detected and treated by private health care providers. Private providers (PPs) comprise for-profit as well as not-for-profit health care providers outside the formal public sector. Depending on the setting, they may include traditional healers, pharmacists, qualified and unqualified medical practitioners, specialist chest physicians, private nursing homes and hospitals and non-governmental organizations (NGOs). Except for patients who eventually receive treatment in NTP-supported clinics, TB cases managed in the private sector are rarely notified to NTP.

Studies in several countries have shown that TB management practices among private providers are often inadequate. However, little precise information is available either on the number of cases managed in the private sector or on their treatment outcomes. In some poor countries, individual private practitioners, qualified and unqualified, constitute the largest group of care providers for TB suspects and cases. Although efforts to involve the private sector in DOTS implementation are now under way in several countries, very little formal collaboration currently exists between NTP and private institutional or individual providers. In order to meet the global TB target of 70% case detection by 2005, NTP must find ways to collaborate productively with private health care providers.

1.2 PPM DOTS

WHO began exploring private sector involvement in TB control by first undertaking a global assessment of the prevailing situation[2]. A review of 23 countries across six WHO regions showed that most NTPs do not have an explicit strategy to involve PPs in TB control. However, the assessment revealed a variety of local initiatives attempting to explore effective ways of achieving a public–private mix for TB control.

Following the global assessment, WHO helped to establish and document public–private mix initiatives for DOTS implementation (PPM-DOTS) in a variety of country settings. These projects used diverse approaches to successfully involve PPs in DOTS implementation. An important feature common to all sites was the use of a few simple practical tools – agreements, referral forms and reports – to help initiate, implement and evaluate collaboration between the NTP and PPs.

1.3 A tools package for PPM DOTS

Building on these field experiences, this document presents a tools package for PPM-DOTS. Its aim is to help NTP managers begin involving PPs in DOTS implementation and to sustain collaboration. However, the utility of any tools package designed to help implement PPM-DOTS can only be secondary to the genuine willingness and preparedness of NTPs to work with the private sector. Although the decision to involve PPs in DOTS implementation rests with the NTP, private provider involvement in any capacity is essential if NTPs hope to control TB and eventually eliminate it as a public health problem.

Countries facing TB as a public health problem must consider two major issues: the current and potential role of PPs in TB control within the context of health sector reforms and the preferences of people and TB patients for health care providers. Depending on the setting and characteristics of care providers, the role expected of PPs may range from referral of TB suspects to the NTP, through shared management of TB patients to total implementation of DOTS by individual or institutional PPs. The tools package presented in this document may be adapted to what is agreed jointly by the NTP and the PPs. The individual tools may be further modified on the basis of their use in programme conditions.

The following sections present a generic PPM-DOTS prototype emerging from working models, the tools proper, their use and evaluation of their effectiveness.

2. PPM DOTS Models

A variety of public–private mix delivery models are being tested or proposed in Kenya[3], India[4,5,6], Indonesia, Philippines and Viet Nam[7]. The PPM-DOTS models are site-specific but in all models a single "PPM-DOTS Agency" assumes overall responsibility for delivery of TB care to a defined area or population. Specifically, this agency is responsible for ensuring the essential DOTS elements in TB care provision, such as quality assurance for sputum microscopy, provision of uninterrupted drug supply, support when required for direct observation of treatment, retrieval of defaulting patients, and recording and reporting essential details of each case.

2.1 The emerging generic prototype

The PPM-DOTS prototype is depicted in Figure 1. The most important element is government commitment and willingness to support the private sector in DOTS implementation. Government stewardship will send the right signals to the central and peripheral levels and help minimize any resistance or reluctance that NTP staff may have in working with the private sector.