

First Meeting of the Public-Private Mix

Subgroup for
DOTS Expansion



WORLD HEALTH
ORGANIZATION



STOP TB
PARTNERSHIP

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1. Recommendations and next steps

DOTS is the WHO recommended strategy for global tuberculosis control. Efforts to control TB worldwide are being led by the Stop TB Partnership through its various global Working Groups and coordinated by the StopTB Coordinating Board. The DOTS Expansion Working Group (DEWG) represents national TB programmes of 22 high TB-burden countries that bear 80% of the global TB burden, international technical partners and donor agencies engaged in global TB control. DEWG is hosted by WHO. Current efforts to control TB are aimed at achieving two global targets by 2005 through rapid expansion of DOTS: detecting 70% of the estimated TB cases globally and curing 85% of the detected cases. One of the major constraints to achieving the global target for case detection has been the non-involvement of private health care providers in the implementation of DOTS. TB management practices of private providers are not in line with the DOTS strategy resulting in under-notification and questionable treatment outcomes of cases. WHO has been instrumental in piloting models of collaboration with private providers in many countries. To build on the work undertaken in this area and to address the issue urgently and effectively, DEWG has established a Subgroup on Public–Private Mix for DOTS Expansion (PPM DOTS Subgroup).

The first meeting of the PPM DOTS Subgroup of DEWG was held in Geneva on 25–26 November 2002. The Subgroup elected Dr Philip Hopewell as its chair for the next two years. After extensive deliberations, the Subgroup recommended the following:

1.1 To the DEWG of the Stop TB Partnership

- Solicit representation of PPM DOTS Subgroup on the core group of DEWG and endorse its representation on the Stop TB Coordinating Board
- Advocate to members of DEWG (donors, technical agencies, WHO Regional and country offices and NTPs) the need to begin implementing PPM DOTS: urge Regional offices and the NTPs to develop PPM DOTS plans for incorporation into 5-year country strategy plans for DOTS expansion
- Urge Stop TB Partners to identify and assist countries to rapidly develop proposals that could be funded by international partners and implemented with a sense of urgency
- Mobilize resources:
 - To ensure appointment of focal points in all WHO Regional Offices and prioritised countries
 - For NTPs to develop and implement PPM DOTS with support from WHO Regional Offices and partners
 - To strengthen the capacity of the PPM DOTS Subgroup secretariat to provide technical expertise to Regional Offices and prioritised countries
- Disseminate PPM DOTS experiences:
 - Incorporate progress of PPM DOTS into the WHO annual TB control report
 - Make PPM DOTS a standing point on the agenda for the yearly DEWG meeting

1.2 To National TB Programmes

- Appoint a focal point in the national TB unit to kick-start development of a national PPM DOTS strategy and an implementation plan as soon as possible
- Develop a country strategy for PPM DOTS :
 1. Engage relevant private sector counterparts through coordination mechanisms and work jointly on strategy development
 2. Identify the most suitable PPM DOTS model(s) based on available knowledge on PPM DOTS and country evidence
 3. Develop a funding proposal including estimates of costs, expected case detection and cure rates and a clear time plan:
 - In countries without previous PPM DOTS experiences: for the implementation and evaluation of PPM DOTS pilot projects,
 - In countries with evaluated PPM DOTS pilots: for scale up and country wide implementation
 4. Pilot and evaluate identified model(s)
 5. Scale up successful PPM DOTS models
 6. Build in operational research as necessary
 7. Incorporate the PPM DOTS strategy into the 5-year strategy plan for DOTS expansion

1.3 Next steps for PPM DOTS subgroup

- Seek financial support to strengthen the secretariat based at WHO/HQ
- Establish a core group of 5 from the subgroup to assist the secretariat to:
 - Follow-up on recommendations
 - Advocate and help mobilize resources for PPM DOTS
 - Coordinate:
 - Soliciting, preparing and screening proposals
 - Monitoring and validating results
 - Recommending and helping to mobilize resources for scaling up
 - Assisting scaling up of working models
 - Assisting documentation and dissemination
 - Hold annual meetings of the Subgroup
 - Report work progress to the Subgroup
- Analyse and disseminate lessons from working PPM DOTS models
- Disseminate generic protocols and tools for use by PPM projects
- Identify priority countries for proactive support and assistance

2. Background

A global assessment undertaken by WHO during 1999–2000 showed that a large proportion of TB suspects and cases seek care from private health care providers in poor countries. Private providers are generally alienated from National TB Programmes. In recent years, there has been growing recognition that TB control has to take into account the involvement of the private providers in TB care provision if the global targets set out in the Amsterdam declaration are to be achieved.

An Informal Consultation held in Geneva in September 2000 recommended several steps towards establishing an initiative to expand DOTS care standards to private practitioners called Public–Private Mix for DOTS expansion (PPM DOTS). The ultimate goal of encouraging efforts to achieve PPM DOTS in diverse settings is to ensure that the large number of TB patients under private care can access and are managed as recommended under DOTS.

To facilitate this, a Subgroup on Public–Private Mix for DOTS expansion has been established as part of the DOTS Expansion Working Group of the Stop TB Partnership. Appendix 1 sets out the terms of reference for this subgroup. This report is a summary of the proceedings of the first meeting of the PPM DOTS Subgroup held on 25–26 November 2002.

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