

INVOLVING PRIVATE PRACTITIONERS *in* TUBERCULOSIS CONTROL:



ISSUES, INTERVENTIONS,
and
EMERGING POLICY FRAMEWORK



WORLD HEALTH ORGANIZATION

Involving Private Practitioners in Tuberculosis Control: Issues, Interventions, and Emerging Policy Framework

**TB Strategy and Operations
Stop TB Department
Communicable Diseases Cluster**





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A great deal of attention has been given in recent years to the role of the private sector in tuberculosis control. This monograph presents a brilliant account of current knowledge on this topic and suggests a policy framework for national tuberculosis programmes to consider. During the course of discussions on this topic, one has frequently encountered the question 'Does the private sector have a role to play in tuberculosis control?' Such a question is naive in the extreme and reflects a perspective distanced from the reality of the field.

Tuberculosis is an ubiquitous disease. Although it is particularly associated with poverty, no one is totally immune from the risk of tuberculosis. Even those who have been successfully cured of the disease have been shown to have the possibility of becoming infected again and subsequently ill with a recurrent episode. Some of the most prominent members of the most affluent societies have been affected (Eleanor Roosevelt died of military tuberculosis). Consequently, tuberculosis is encountered at any and all levels of every health service in the world¹. This includes every location from the highly specialized tuberculosis clinic right to the ophthalmology and urology units. Obviously, the greatest numbers of patients will access service first at the most peripheral level of the health service.

The recognition, investigation and diagnosis of such tuberculosis cases is always the task and responsibility of the health services personnel at the level of the health service to which the patient is likely to come for initial consultation. In many locations, this is the private sector. Any tuberculosis control service that does not recognize and value this fact and provide the supportive activities for this role is doing the tuberculosis patients a disservice and delaying their diagnosis and consequently enhancing the possibility of transmission of their infection. A wise tuberculosis control service explicitly recognizes this essential collaboration with the primary care services (be they public, private or 'traditional').

How is this best accomplished? Here is where the intelligent question is raised in collaboration with the private sector. One frequently encounters a critical spirit in discussions concerning this collaboration. This is particularly the case where a high proportion of tuberculosis cases is being given care in the private sector. When one explores the reality behind this situation, one frequently finds that few patients come and few practitioners refer them for care in the tuberculosis control services because these services are of inferior quality. In such situations, the blame justifiably rests with the tuberculosis control services. No one should expect that patients will come voluntarily or be referred to such inferior services and the priority is to improve the services to make them beneficial to the patients and to the community before embarking on criticism of other partners (including the private sector).

Finally, what specific tasks should be undertaken by the various partners in tuberculosis control? This is a question that has many answers and the answers depend on the local situation. However, certain principles underpin policy in this area. The key requirement for successful tuberculosis control includes a comprehensive view of the situation (the 'cohort' approach) that takes responsibility for all the existing cases in a community. This is the 'public health' perspective and is sometimes in contrast with the 'clinical' perspective where the highest quality care of the individual is the most highly cherished objective. To operationalize this cohort approach, it is essential that every patient be identified,

¹Enarson DA, Rieder HL, Arnadottir T, Trebucq A. Management of Tuberculosis. A Guide for Low Income Countries, 5th edition. St-Just-La-Pendue: Compogravure Impression, Broachage Imprimerie. 2000, 91 pp. ISBN 2-914365-00-4



diagnosed and successfully treated. To ensure that this is accomplished usually requires that care of the patients be standardized and free-of-charge. In addition, it absolutely requires that information be systematically collected and evaluated on each case identified. If these requirements can be met, it matters little who provides the services, so long as they are of a good quality and the outcome of the services is the best possible for all the patients in the community.

Successful tuberculosis control is always a partnership and not just between private and public health professionals. It necessitates a high quality of medical and public health practice, good politics, social and economic engagement and community involvement. Certain basic (and apparently essential) principles underpin the policies that have shown success in tuberculosis control using the current methods. Their application, nevertheless, must be flexible, collaborative and compassionate.

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