



# PUBLIC-PRIVATE MIX FOR TB CARE AND PREVENTION

## WHAT IS PUBLIC-PRIVATE MIX FOR TB CARE AND PREVENTION?

**Public-Private Mix (PPM) for TB care and prevention** represents a comprehensive approach for **systematic involvement of all relevant health care providers** in TB care to promote the delivery of quality care in line with the International Standards for TB Care.

PPM encompasses diverse **collaborative strategies** such as **public-private** (between the national TB Programme (NTP) and the private sector), **public-public** (between NTP and other public sector care providers), and **private-private** (e.g. between an NGO or a private hospital and the neighborhood private providers) collaboration.

PPM for TB care and control is a **feasible and cost-effective** approach to **increase case detection** and **cure rates**, to **reach the poor** and to **reduce the financial burden** on patients. This benefits all - the sick patient, the community, the health care provider, the TB programme, and ultimately, the health of the whole nation.

Engaging all relevant health care providers in TB care through PPM approaches is an **essential component** of the **WHO's End TB Strategy**.

There is **no "one size fits all"** PPM approach. The health care providers and their roles and interactions with NTPs depend on what works best in the local context. Countries are encouraged to **adopt the approach** that **best suits their setting**.

## DEMONSTRATED BENEFITS OF PPM



### Quality care for all patients

PPM reduces malpractice by fostering evidence-based TB diagnosis and treatment in line with the International Standards for TB Care. This limits misdiagnosis, improves cure rates (over 85%) and reduces risks of drug resistance.



### Early and increased case detection

PPM helps increase TB case detection (by 10-60%) and reduces diagnostic delays by involving all health care providers in timely referral and diagnosis of TB.



### Improved and equitable access

PPM improves access to treatment by involving health care providers from whom the poor, marginalized and most vulnerable seek care.



### Reduced financial burden

PPM reduces costs to patients by ensuring that TB medicines are free of charge and all other costs are kept to a minimum. PPM can also reduce indirect costs for patients by providing services closer to their homes or workplace.



### Better surveillance

PPM contributes to better TB surveillance when all health care providers who provide TB care follow TB recording and reporting routines linked to national information systems.



### Improved management capacity

PPM improves the management capacity of both the public and the private sectors and can contribute to health systems strengthening in general.

# FRAMEWORK TO ENGAGE ALL CARE PROVIDERS

## KEY STEPS TO ENGAGE ALL CARE PROVIDERS

The generic PPM approach involves the following main steps each of which requires provision of adequate human and financial resources. This should be adapted based on the local context.

### 1. Undertaking a national situation assessment

National situation assessment is the first step to determine the need and possible ways to implement PPM interventions. This will include a detailed mapping of providers and their capacity.

### 2. Creating national resources for PPM

It is important that a PPM focal point, and where required a steering committee and a team of consultants for support, should be appointed at the central level to coordinate and facilitate PPM implementation.

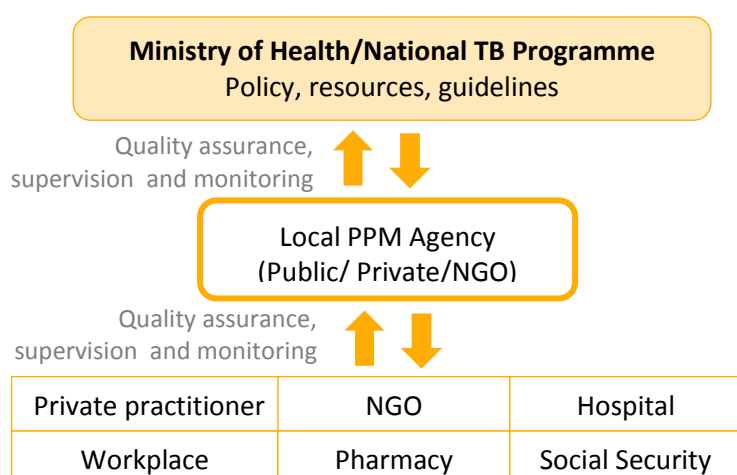
### 3. Developing an operational plan for PPM

An operational plan, to provide guidance and clarify the roles and responsibilities of NTP staff and non-NTP health care providers, should be developed and implemented in consultation with relevant stakeholders. This includes the development of a task-mix with provider types, roles and accountability, and a package of enablers.

### 4. Local implementation

The key steps in local implementation of PPM include:

- Preparation for roll-out
- Implementation
- Advocacy and communication



## PPM ON THE GROUND

Currently, nearly all high TB-burden countries are implementing PPM activities. The available data show that the approach to and contribution of PPM varies across countries, and is related to the number and type of health care providers.

The first table shows ten prominent examples of countries (including HBCs) where **public-public mix interventions contributed between 6% and 69% of total notifications** in various settings, in 2015.

**Contribution of to public-public mix notifications of TB cases in selected countries, 2015**

COUNTRY	NUMBER OF TB CASES NOTIFIED BY NON-NTP PUBLIC SECTOR CARE PROVIDERS IN 2015	CONTRIBUTION OF NON-NTP PUBLIC SECTOR CARE PROVIDERS TO TOTAL CASE NOTIFICATIONS IN 2015 (%)
China	447 148	56
Egypt	1 375	17
India	284 636	16
Indonesia	61 183	18
Iran	7 196	69
Iraq	2 438	30
Nigeria	6 996	7.7
Philippines	79 197	28
Sri Lanka	4 575	48
Swaziland	312	6.8
Thailand	3 444	5.2
Viet Nam	6 913	6.7

The second table presents ten prominent examples of countries where **public-private mix interventions contributed between 7% and 29% of total case notifications**.

**Contribution of public-private mix to notifications of TB cases in selected countries, 2015**

COUNTRY	NUMBER OF TB CASES NOTIFIED BY PRIVATE SECTOR CARE PROVIDERS IN 2015	CONTRIBUTION OF PRIVATE SECTOR CARE PROVIDERS TO TOTAL NOTIFICATIONS IN 2015 (%)
Bangladesh	60 879	29
Ethiopia	15 195	11
India	184 802	11
Indonesia	30 550	9.2
Iran	3 019	29
Kenya	15 531	19
Malawi	3 049	18
Myanmar	23 513	17
Nigeria	13 088	14
Pakistan	72 144	22
Philippines	18 442	6.4
UR Tanzania	7 773	13