

A roadmap to engage all care providers in tuberculosis prevention and care

AS COUNTRIES STRIVE to achieve universal health coverage as part of the UN Sustainable Development Goals, efforts to engage all health providers to close gaps in care have gained in significance. Ensuring universal access to quality tuberculosis (TB) services is a significant challenge because over one third of the 10 million people estimated to have developed TB in 2017 were either not detected, or not notified, to national TB programmes (NTPs).¹ This gap is particularly pronounced in countries with large private sectors, especially those with a high burden of TB.

Failure to engage the full range of health care providers for TB can lead to serious consequences, including increased transmission due to delayed diagnosis and treatment; excess mortality and morbidity as a result of inappropriate treatment; increased drug resistance as a result of incomplete treatment; catastrophic costs to patients and their families due to out-of-pocket expenditure for private care; and incomplete monitoring and evaluation of TB services. Engaging private and other care providers can also ease the heavy burden on national TB control programmes (NTPs) and accelerate the introduction of new technologies.

For these reasons, the World Health Organization (WHO) policies, guidelines, and global and national TB strategies have long acknowledged the need to engage all providers, including those in the private sector.^{2,3} Reports from countries and several project evaluations have shown that engaging all care providers through public-private mix (PPM) approaches could help increase case detection up to four-fold and assure good treatment outcomes. However, a large number of private health providers and some public sector providers, who are often the first point of care for patients, remain unengaged.

As part of efforts to end TB, the WHO, the Public-Private Mix Working Group of the Stop TB Partnership, and global partners released a new roadmap in October 2018, which identifies clear actions needed to expand the engagement of all care providers towards universal access to care.⁴ This builds on a landscape analysis of efforts and challenges in engaging private healthcare providers for TB that was released at the same time.⁵

The Roadmap recommends 10 actions at national and global levels to scale up the engagement of all care

providers. NTPs and their partners, in collaboration with the private sector, should 1) build understanding about patient preferences, private sector dynamics and the rationale for engaging all providers; 2) set appropriately ambitious PPM targets; 3) advocate for political commitment, action and investment in PPM; 4) allocate adequate funding for engaging all providers, including by capitalising on financing reforms for universal health coverage; 5) partner with and build the capacity of intermediaries and key stakeholders; 6) establish a supportive policy and regulatory framework; 7) adapt flexible models of engagement applicable to local contexts; 8) harness the power of digital technologies; 9) deliver a range of financial and non-financial incentives and enablers; and 10) monitor progress and build accountability.

The Roadmap includes a timeline with targets for 2020, 2022, 2025 and 2030 to indicate the contribution being made to global End TB targets.

To accelerate TB elimination, including meeting related targets set in the new UN High Level Meeting political declaration, we must scale up the engagement of private and unlinked public healthcare providers. The WHO, the Stop TB PPM Working Group and partners are working together with countries to adopt and implement the PPM Roadmap. This is a critical step towards the aim to leave no one behind of the UN Sustainable Development Goals.

H. M. Y. DIAS*†

G. STALLWORTHY†

M. PAI†‡

*Global TB Programme
World Health Organization
Geneva

†Consultant
World Health Organization
Geneva, Switzerland

‡McGill International TB Centre
McGill University
Montreal, Quebec, Canada
e-mail: DiasH@who.int

References

- 1 World Health Organization. Global tuberculosis report, 2018. WHO/CDS/TB/2018.20. Geneva, Switzerland: WHO, 2018.
- 2 World Health Organization. Engaging all health care providers in

- TB control: guidance on implementing public–private mix approaches. WHO/HTM/TB/2006.360. Geneva, Switzerland: WHO, 2006. http://www.who.int/tb/publications/2006/who_htm_tb_2006_360/en/ Accessed May 2019.
- 3 World Health Organization. Implementing the end TB strategy: the essentials. WHO/HTM/TB/2015.31. Geneva, Switzerland: WHO, 2015. http://www.who.int/tb/publications/2015/The_Essentials_to_End_TB/en/ Accessed May 2019.
 - 4 World Health Organization & Stop TB Partnership. Public-private mix for TB prevention and care: a roadmap. WHO/CDS/TB/2018.32. Geneva, Switzerland: WHO, 2018. <http://www.who.int/tb/publications/2018/PPMRoadmap> Accessed May 2019.
 - 5 World Health Organization & Stop TB Partnership. Engaging private health care providers in TB care and prevention: a landscape analysis. WHO/CDS/TB/2018.33. Geneva, Switzerland: WHO, 2018. <http://www.who.int/tb/publications/2018/PPMLandscapeAnalysis.pdf?ua=1> Accessed May 2019.