

PPM DOTS: Public-Private Mix for DOTS Implementation

Failure to detect 70% of the global case-burden is the immediate challenge facing most national TB programmes (NTP) worldwide. Recent estimates indicate that DOTS implementation through NTPs in high TB-burden countries has remarkably improved treatment outcomes (84%) but case detection has remained unacceptably low (30%). Evidence suggests that private health care providers in many countries detect and treat a substantial proportion of un-notified TB cases including those from poorer sections of populations. Studies in diverse country-settings including India, Indonesia, Philippines, Pakistan, Vietnam, Kenya have shown that a large proportion of TB suspects and cases present themselves first to a formal or informal private health care provider.

Crude estimates based on the sale of anti-TB drugs in retail private market reveal that these cases account for over a million in 5 high TB-burden countries alone – India, Indonesia, Pakistan, Philippines and Bangladesh.

"Learning projects" set up recently in India, Vietnam, Philippines and Kenya demonstrate that collaboration with private providers is indeed possible and fruitful. On involving private practitioners, case detection of sputum smear positive cases in a Delhi project went up by 58% in a year's time while that in Ho Chi Minh City increased by 18% in areas where the NTP had already exceeded the national targets. Projects in Hyderabad, India and Nairobi, Kenya have achieved impressive cure rates of 90% and 84% respectively. Large-scale involvement of private providers in DOTS implementation however, will require substantial additional input into the NTPs. Keeping in view the current trends in health sector development, investments in the public sector to strengthen the care provision by the private sector can only be beneficial. Achieving global TB control targets hand-in-hand with private providers could not only help achieve the global TB control targets but also pave the way for their much needed involvement in achieving public health goals in general.

All NTPs in countries with a TB burden and a thriving private sector must initiate steps to begin involving private providers in DOTS implementation. But, a focus on a few high-TB burden countries with large private sector like, for example, India, Indonesia, Philippines, Pakistan, Kenya, Bangladesh could provide a much higher yield in a shorter time-span. Some of the strategic elements for intervention would be: initial focus on urban areas, partnering with and not "targeting" private institutions and supporting them to network with individual practitioners, flexibility about guidelines but insistence on high cure rates and a strong supervisory support to maintain quality and help achieve targets. Country-specific strategies will need to be developed. It is possible that initial investments in development of policies and plans followed by targeted field-based investments for their implementation could yield a 10-15 per cent increase in global TB case notification and detection before the target date.