

Assessing public–public and public–private mix approaches

Public–public and public–private mix approaches

Objectives: at the end of the assessment reviewers should comment on –

- the collaboration of public–public and public–private providers;
- the scope and quality of the collaborations;
- actions that need to be taken to improve and strengthen collaboration among the different providers.

Background:

The delivery of care for TB patients through public-sector health services is generally the main focus of the national TB programme's activities. However, many patients with symptoms of TB, including very poor patients, seek and receive care from a variety of private and public health-care providers outside the network of the national programme's services.

Location: basic management units, TB clinics, private health facilities and public-sector facilities not directly affiliated with the national programme that refer, diagnose or manage TB patients

Staff to be interviewed: TB managers, private and public care providers, and other relevant staff

Assessment (see also *Assessing the management of TB cases*, questions a.ii and a.iii)

- a. Are operational guidelines on public–private mix approaches available from the national TB programme? Are they used? Have they been adapted to the local level and local experiences?
- b. Have local public and non public providers been identified?
- c. Have providers been selected to actively take part in collaborations? If yes, how were these providers selected? Have they been trained?
- d. Have sensitization and training materials been developed? Has any training been implemented using the materials? If yes, when? Who attended the training sessions?
- e. Have public and private care providers not affiliated with the national TB programme participated in trainings led by the national programme?

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- f. Do private and public care providers not affiliated with the national TB programme refer patients to the TB clinic?
- g. Do private and public care providers not affiliated with the national TB programme manage TB patients? Do they ensure that treatment is delivered to patients using DOT?
- h. Do private-sector laboratories diagnose smear-positive TB patients? How do they collaborate with the national programme or the TB clinic?
- i. Do private-sector laboratories diagnose patients with MDR-TB?
- j. Do private practitioners treat patients with MDR-TB? If yes, how many? What proportion of MDR-TB patients are treated in the private sector?
- k. Do private and public care providers not affiliated with the national TB programme use standard forms and registers or forms and registers from the national programme that have been suitably adapted?
- l. Do private and public care providers not affiliated with the national TB programme provide HIV testing for TB patients?
- m. Does the TB manager or do public-health staff supervise private and public care providers not affiliated with the national TB programme that diagnose, refer or treat TB patients? How often do supervisory visits take place?
- n. Does the national TB programme provide anti-TB medicines and other supplies (for example, laboratory supplies) to private and public providers not affiliated with the national programme?
- o. Are anti-TB medicines, including second-line medicines, available in private pharmacies?
- p. Is the *International Standards for TB Care* known? (See *Selected references* in Annex 5.) Are these standards used by or disseminated to private and public care providers not affiliated with the national TB programme? If yes, have providers been trained to use these standards?

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Indicators for: Assessing public–public and public–private mix approaches		
<i>Indicator</i>	<i>Calculation</i>	<i>Source of information</i>
Proportion of health-care providers not affiliated with the national TB programme participating in the referral, diagnosis and treatment of TB cases	<p>Numerator: number of providers not affiliated with the national TB programme participating in the referral, diagnosis and treatment of TB cases</p> <p>Denominator: total number of providers not affiliated with the national TB programme</p>	Identification mapping of providers not affiliated with the national TB programme in a specified area
Proportion of all TB cases detected through referrals from providers not affiliated with the national TB programme	<p>Numerator: number of TB patients identified through referrals from providers not affiliated with the national TB programme</p> <p>Denominator: total number of TB patients identified and registered</p>	Register of patients referred by providers not affiliated with the national TB programme (if available), TB treatment register for a specified area
Proportion of all TB cases detected through diagnosis by providers not affiliated with the national TB programme	<p>Numerator: number of TB cases diagnosed by providers not affiliated with the national TB programme</p> <p>Denominator: total number of TB cases identified and registered</p>	Register of patients referred by providers not affiliated with the national TB programme (if available), TB treatment register for a specified area
Proportion of all TB patients receiving DOT from providers not affiliated with the national TB programme	<p>Numerator: number of patients receiving DOT from providers not affiliated with the national TB programme</p> <p>Denominator: total number of TB cases identified and registered</p>	TB treatment register, treatment cards for a specified area

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<p>Treatment outcomes for all TB cases treated by providers not affiliated with the national TB programme</p>	<p>Cohort analysis of TB patients treated by providers not affiliated with the national TB programme highlighting those cured, completed treatment, treatment failure, treatment default, death, and transfer to another treatment unit</p> <p>The cohort analysis should provide the proportion per quarter for each of the above characteristics; to calculate each proportion, use the total number of TB cases treated by providers not affiliated with the national TB programme during a specified quarter</p>	<p>TB treatment register maintained in facilities in a specified area not affiliated with the national TB programme</p>
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DOT, directly observed treatment.