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Upcoming events

SEVENTH PPM SUBGROUP MEETING

23-24 OCTOBER 2011, LILLE

This meeting will review PPM progress in countries and identify ways to expand scale-up.

UNION WORLD CONFERENCE ON LUNG HEALTH

26-30 OCTOBER 2011, LILLE

The theme of this year's Union conference is- Partnerships for scaling up and care.

The Secretariat of the PPM Subgroup is provided by the WHO Stop TB Department

Engaging pharmacists in TB care

Poor people, especially in developing countries, often use private pharmacies for diverse health problems as their first and at-times only contact with the health system. Literature reports that pharmacists are preferred providers because of ease of access, their close socio-cultural proximity to clients and short waiting times. Services pharmacists provide are perceived to be trustworthy and economical. Pharmacists are also perceived to have a large and impressive repertoire of novel drug combinations which seem easy to take and effective.

Pharmacists may also contribute to TB care provision. They can assist in early identification of TB symptomatics and refer them for diagnosis to an appropriate place, saving costs of care, reducing delays and increasing case detection. In a project aimed at engaging pharmacies in Cambodia, between 2005 and 2008, participating pharmacists referred 12577 TB suspects of which 6403 reported to health centres and 1418 TB cases were identified from among them. Pharmacists can also

provide information, education, directly observed treatment supervision, and support to patients living in the neighbourhood thereby facilitating treatment adherence. The TB Fact Card project in India includes pharmacists as distributors of TB information, referrers for diagnosis, providers of DOTS medicine boxes, supporters of treatment, and in follow up of patient defaults by phone calls. Further, pharmacists can assist other public and private care providers by ensuring rational use of anti-TB medicines and can contribute to preventing emergence of drug resistance. Concerted efforts in collaboration with pharmacists, pharmaceutical industry and drug controlling authorities by the National Tuberculosis Programme of Ghana helped in stopping the sale of anti-TB medicines in private pharmacies.

Pharmacy services have not been sufficiently engaged in TB care and control in many countries. The World Health Organization and the International Pharmaceutical Federations (FIP) are currently in the process of developing and endorsing a joint statement that explains and advocates the role of pharmacists in TB care and control.



It has been a fresh start for the PPM Subgroup in 2011. Following a comprehensive nomination and election process in 2010, a new core group for the PPM Subgroup has been constituted. This has been in response to calls for revitalization by members of the earlier PPM core group and subgroup. The core group is now an amalgamation of the old and new. The old members have now been joined by 12 new members, bringing the total count to 25. A snapshot of new members has been presented here.



Dr Netty Kamp
Senior Advisor TB control, KNCV Tuberculosis Foundation

Dr Kamp is the Chair of the ACSM Subgroup. She has been involved in technical assistance missions to: Mexico- engaging hospitals in TB; Santo Domingo, Dominican Republic – engaging pharmacies and small shop keepers and facilitating involvement of the private and corporate sector in TB activities.



Dr Nalini Krishnan
Executive Secretary, REACH, Chennai

Dr Krishnan is a Director of Kasturi & Sons Limited, the publisher of The Hindu Group. She administers a comprehensive health clinic that is run for employees of the company and their

Members in the Spotlight

A snapshot of new core group members in the PPM Subgroup

families, with a focus on worksite wellness, occupational health and safety and prevention of lifestyle induced diseases. She is a founding member of REACH –Resource Group for Education and Advocacy for Community Health –an organization working to build a public-private mix in the management of communicable diseases like TB.



Dr Evan Lee
Senior policy officer, Foundation for innovative new diagnostics

Dr Lee is currently developing a strategy for introduction of Xpert in the private healthcare sector of emerging economies. His previous experience includes working on franchising approaches for engaging the private healthcare sector for essential medicines in Kenya and Ghana.



Dr Rasmus Malmberg
Deputy manager, International department, Norwegian Health and Lung Patient Organization

Dr Malmberg coordinates projects in Malawi and Sudan on engaging informal care providers in national TB control efforts, to increase TB case detection and access to ARV.



Dr Dyah Erti Mustikawati
NTP manager, Ministry of Health, Indonesia

Dr Mustikawati heads the national TB programme in Indonesia. She led the

development of an action plan for PPM approaches in the country. This PPM plan/strategy has been highlighted in the national strategic plan for TB.



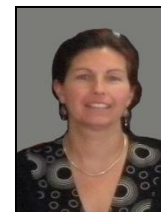
Dr Isgani Perla
Senior technical advisor, University Research Company

Dr Perla has been involved in the evaluation and design of PPM strategies in Cambodia, Philippines, Bangladesh, South Africa, and India, particularly the involvement of pharmacies in delivery of TB DOTS. He has also been involved in developing private sector KAP studies in Cambodia and the Philippines.



Dr Ejaz Qadeer
NTP manager, Pakistan

Dr Qadeer heads the national TB programme in Pakistan. He has been closely involved in conducting the PPM national situation assessment, development of PPM guidelines and training material as well as the recent evaluation of PPM implementation in the country.



Dr D'Arcy Richardson
TB team leader PATH

Dr Richardson leads efforts to implement PATH country-level PPM projects in Cambodia, India, Tanzania and Vietnam. A number of these efforts focus on increasing case detection by engaging



with the first points of contact in the health system for people who may have TB-- pharmacists and traditional healers—and linking them with the national TB control program.



Dr Joshua Obasanya
NTP manager,
Nigeria

Dr Obasanya heads the national TB programme in Nigeria. He has been closely involved in PPM in the African region over the past decade. His previous experience includes PPM assessments in Ghana and Zambia.



Dr SS Lal
Senior Technical Officer,
The Global Fund

Dr Lal has spearheaded PPM initiatives in India and East Timor. He led the scale up of PPM in India as a part of WHO and also facilitated the engagement of the Indian Medical Association. In East Timor he initiated the provision of PPM MDR TB services.



Dr Akira Shimouchi
Vice Director, The
Research Institute of
Tuberculosis, Japan
Anti -TB

Dr Shimouchi heads the programme management of JATA projects in Zambia: Active case finding for symptomatic persons with chest X-ray and sputum exam; Nepal: urban TB, and PPM; and the Philippines: urban TB, community involvement with NGOs, PPM, MDR, TB/HIV.



Dr Herbert Schilthuis
Medical adviser,
Global Human Resources,
Heineken International
Health Affairs

Dr Schilthuis supervises and supports Heineken's workplaces programmes in all its African breweries. TB and TB/HIV prevention, treatment and care are part of these programmes. He is also the private sector constituency member on the Stop TB coordinating board.



Dr Pedro Suarez
TB and TB/HIV Program
Director,
Management Sciences
for Health

Dr Suarez has been closely involved in implementing PPM activities for MSH. The areas of focus include: improving PPM activities in hospitals, involvement of social security organizations in TB control, and PPM monitoring and evaluation.



Dr William Wells
Director, Market Access
Global Alliance for TB
Drug Development

As Director of Market Access, Dr Wells, works to identify the broader health systems context for TB drug delivery, the place of new TB drugs within that context, and mechanisms to ensure successful adoption, availability, and affordability of new TB drugs. He has recently led two relevant studies: one that surveyed market readiness, including current PPM capacity, in the 22 high burden countries; and a second study in which he analyzed the TB drug dosages and volumes sold in private TB drug markets in 10 high burden countries.

The PPM Toolkit



Dr Mario Raviglione, Director of the Stop TB Department in the World Health Organization, launched the PPM toolkit in Berlin, Germany at the Union Conference. The toolkit- a synthesis of a decade's work is prepared to help countries identify and engage all relevant public, private, voluntary and corporate care providers in TB care and control.

To view the toolkit, please click on the links below:

[Flash version of the PPM toolkit](#)

[PDF version of the PPM toolkit.](#)

A special video was created by the PPM Subgroup to commemorate the launch. Please take a quick look at the video by [clicking here](#).

We would love to hear your feedback on the toolkit and video. Drop us a line with your thoughts at ppmtb@who.int

EYE ON IT

PPM in the literature

Wells WA, Ge CF, Patel N, Oh T, Gardiner E, Kimerling ME. **Size and Usage Patterns of Private TB Drug Markets in the High Burden Countries.** PLoS One. 2011 May 4;6(5):e18964.

In an analysis of private TB drug consumption in 10 high burden countries, Wells et al. found that there is as much TB drug volume in the private sector as in the public sector -- and at least a third of all private sector dosages of first-line TB drugs fall outside of national and international treatment recommendations. In India, Indonesia, Pakistan, and the Philippines, four of the biggest high-burden countries, the private sector is particularly large, with enough TB drugs sold to treat essentially all incident TB cases in those countries with a full TB drug regimen. Since this does not take into account the 60 to 80 percent coverage by the public sector, "significant overuse of TB drugs" is implied. The authors conclude that private TB drug markets in several HBCs are substantial, stable, and complicated. There is need for appropriate policy and market responses, including expansion of Public-

Private Mix programs, greater reach, flexibility and appeal of public programs, regulatory and quality enforcement, and expansion of public MDR-TB treatment programs.

[Link](#)

Pradhan A, Datye V, Kielmann K, Khilare K, Datye A, Inamdar V, Porter J, Rangan S. **Sustaining PPM-DOTS: the case of Pimpri Chinchwad, Maharashtra, India.** Indian J Tuberc. 2011 Jan;58(1):18-28.

Pradhan et al examine factors accounting for the sustainability of a PPM-DOTS project initiated in 1998 in Pimpri Chinchwad (PC), a city in Maharashtra, India. The authors' findings show that PPM-DOTS in PC is one of the few Indian models implemented as envisaged by global and national policy makers. It's successful operation for over a decade reiterates the importance of public sector initiative and leadership and makes it an interesting case for study and replication.

[Link](#)

Udwadia ZF, Pinto LM, Uplekar MW. **Tuberculosis management by private practitioners in Mumbai, India: has anything changed in two decades?** PLoS One. 2010 Aug 9;5(8):e12023.

Udwadia et al undertook a survey to study the prescribing practices of private practitioners in the treatment of TB, two decades after a similar study conducted in the same geographical area revealed dismal results. Only 6 of the 106 respondents wrote a prescription with a correct drug regimen. 106 doctors prescribed 63 different drug regimens. The authors conclude that with a vast majority of private practitioners unable to provide a correct prescription for treating TB and not approached by the national TB programme, little seems to have changed over the years. Strategies to control TB through public health services will have little impact without the engagement of the private sector through large scale implementation of public-private mix approaches.

[Link](#)

CONTACT US:

We look forward to receiving your experiences, feedback and comments.

You can reach us at ppmtb@who.int