Private Sector Engagement in TB Control Strategic Framework and implementation roadmap 2022 – 2025

Regional Strategic Framework for Lesotho, Mozambique, Malawi and Zambia

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Table of Contents

1. Background

All Global TB Strategies have prioritised the engagement of all care givers to end TB as a public health threat. The first Global TB Strategy covering the period 1994 to 2006 introduced the Directly Observed Treatment Short Course (DOTS) which has remained the foundation of the TB response to date. The strategy also introduced the Public-Private Mix (PPM) approaches mid-course during its implementation in order to expand the DOTS coverage. WHO development normative guidance and tools on PPM approaches and established a coordination focal point to support countries adopt PPM approaches. The second global TB strategy 2006-2015 entrenched the PPM approaches through prioritising "engaging all care givers" to increase TB case finding and treatment. The strategy expanded DOTS across all health systems and the engagement of private healthcare providers in TB care and control. The current End TB strategy covering the period 2016 to 2035 aims at reduction of TB deaths by 95%, reduction of TB incidence rate by 90% and ensuring no household suffers catastrophic cost due to TB. The End TB Strategy recognises that government alone, through the national TB programmes, cannot end TB. There is a need to engage all care providers including private healthcare providers to find all people with TB and ensure they are successfully treated.

All healthcare providers, including private health sector, have a role to play in expanding access to TB services but they are not well coordinated and supported to ensure quality service. Although countries (globally as well as the four targeted countries under this strategic framework) have committed themselves to ending TB by 2030 under the Sustainable Development Goals (SDGs) and the End TB Strategy, investment in the TB response and efforts to Find Treat and Cure everyone who gets ill with TB fall short. As a result, the End TB response faces resource and capacity limitations in ensuring universal access to quality TB services. Thus, government cannot act alone and other care providers, including private healthcare providers, have a role to play to ensure universal coverage of TB services.

Public-Private Mix (PPM) approaches are essential in reaching people with TB who miss out on access to quality care. According to the Global TB Report for 2020, 7.1 million people were reported to have been diagnosed with TB in 2019 against an estimated target of 10 million people. The approximately 3 million people were not accounted for either due to under-reporting or under-diagnoses. Some of the missing people with TB access healthcare in private healthcare settings where a full range of TB services may not be offered or who are not reporting to the national system due to lack of collaboration with national TB programmes. Thus, there is a need to strengthen the engagement of private healthcare providers in TB control to close the TB diagnosis and treatment gap.

Engagement of private healthcare providers in TB control contributes to improved quality of TB care and overall achievement of TB outcomes. Failure for national TB programmes to engage private healthcare providers is likely to lead to delayed diagnosis and treatment of TB, excess mortality and morbidity due to inappropriate treatment, risk of drug resistance due to unassured quality of treatment, catastrophic costs to patients and their families resulting from out-of-pocket payments and incomplete monitoring of TB services.

A private sector engagement in TB control strategic framework is needed to guide the scale up of private healthcare providers' involvement in TB service delivery. The four countries covered in this strategic framework are at different levels of engaging private healthcare providers in TB control but these efforts are not yet implemented at scale, are not adequately resourced and have not been integrated into the health system. A study carried out in these countries by AUDA-NEPAD in 2019 on the engagement of private sector in TB control recommended the development of a regional strategy to scale up the involvement of private sector engagement in TB service delivery. The study identified prevailing challenges and opportunities, risks and key strategic opportunities to further expand private sector support to TB prevention and care. Thematic areas covered in the study included regulatory environment, models of private healthcare providers' engagement, incentives and enablers, financing,

capacity building, TB services provided by private healthcare providers, coordination, communication and advocacy, monitoring and evaluation and risks. The study identified the key achievements and lessons learnt and gaps in private sector engagement in TB control. The study recommended: (i) the need for governments to strengthen the regulatory environment to facilitate effective engagement of private sector in TB control; (ii) the need for increased financial and technical support to National TB Programmes (NTPs) to develop and/or update PPM action plans and ensure their implementation and monitoring; (iii) the need for partners to provide technical support to provide technical support to government efforts in developing social insurance schemes that shall increase access to services; and (iv) establishment of a regional knowledge exchange forum for good practices in private sector engagement in TB control. The strategic framework for private sector engagement in TB control will build on these achievements and address challenges of engaging private sector to increase the coverage of TB services in these countries.

2. Purpose of the private sector engagement in TB control strategic framework

The purpose of this strategic framework includes:

- To provide strategic guidance to the four countries in the development of country specific action plan for scaling up private health providers provision of TB services
- To integrate the collaboration between public and private sector in the broader healthcare service delivery
- To strengthen the private healthcare system with TB as an entry point

3. Situational analysis

Private healthcare providers profile

Private healthcare providers are diverse in terms of enterprise goals, types of services they provide. The private healthcare providers fall into three categories: (i) For-profit healthcare providers that include private hospitals, clinics, individual practitioners, pharmacies and drug stores, laboratories and diagnostic facilities. These private healthcare providers pursue the goal of making a profit even as they serve social goals of improving health outcomes. (ii) Not-for-profit private healthcare providers mainly dominated by faith-based health facilities followed by non-governmental and corporate run healthcare services. Faith-Based Organisations (FBO) and Non-Governmental Organisations (NGO) facilities seek to provide affordable healthcare for the poor and marginalised communities or populations. Their enterprise goal is closely aligned to that of government. Corporate healthcare facilities, on the other hand, cater for their employees and families and in some cases extend their services to surrounding communities. (iii) Informal private healthcare providers include traditional healers, unregistered healthcare providers and drug vendors. Traditional healers are a diverse group comprising herbalists, spiritual healers and diviners among others. Some traditional healers double as traditional birth attendants (TBAs) while others play a dual role as community health workers. Given the diversity of private healthcare providers, the purpose, models and mechanism for engagement of private sector in TB control should be tailored to the type of private healthcare provider. The extent to which government can engage private health sector in TB control also varies based on the type of the healthcare provider.

The geographical distribution of private healthcare providers varies by type and size of private healthcare provider. The study on private health sector engagement in TB control (2019) found that for-profit healthcare providers tend to be concentrated in major urban areas, particularly in capital cities and areas with high economic activities. This notwithstanding, private healthcare providers are also spread across all districts in the four countries. Private hospitals and pharmacies are mainly found in large urban centres while individual practitioners, small clinics and drug stores are widely spread across all districts. Traditional healers are also found countrywide in all communities – urban and rural. Not for profit healthcare providers, particularly faith based healthcare providers are distributed more evenly and cover rural areas, hard to reach areas and marginalised and poor populations more comprehensively compared to for-profit healthcare providers. Given the geographical coverage of different types of private healthcare providers, there is a need for the Ministries of Health to engage these providers to increase the identification of missing people with TB among different populations served by the private health sector.

Summary of profile of private healthcare providers by country

Malawi: 39% of private healthcare providers are for-profit providers, 25% are faith based organisations (FBO) facilities and 39% are NGOs and corporate facilities. There are an estimated 763 for-profit healthcare providers and 171 FBO providers under Christian Health Association of Malawi (CHAM). 46% of for-profit healthcare providers are based in urban areas. Lilongwe and Blantyre have largest share (40%) of for-profit healthcare providers. FBO facilities are spread across all districts but are skewed towards rural areas. The number of traditional healers is not known but they are found in all communities.

Zambia: Has 157 FBO facilities under Christian Health Association of Zambia (CHAZ), 566 registered for profit health facilities and 278 registered private pharmacies. CHAZ facilities are spread countrywide with 18% in Lusaka province, 17% in Copperbelt and the rest across other provinces. 43% of the For-Profit healthcare providers are in Lusaka, capital city, 12% in Kitwe and 8% in Ndola. 10 districts account for 82% of for-profit healthcare providers. 70% of the private pharmacies are also in Lusaka while other provinces have less than 10% of the pharmacies. Traditional healers are estimated at 40,000 and are found in all communities.

Mozambique: Has 382 for-profit private healthcare providers with 65% of these located in Maputo province with Maputo City having 53% of the facilities. Mozambique does not have a significant presence of faith-based healthcare providers. 109,642 traditional healers are registered with the Directorate of Traditional Medicine and are spread countrywide.

Lesotho: Has 126 registered private healthcare providers of which 65% are located in Maseru and 7% in Leribe districts while the remaining 8 districts have less than 5%. Pharmacies constitute 19% of the total for-profit healthcare providers. FBO facilities organised under Christian Health Association of Lesotho are 84 and these are found in all districts. Traditional healers are found in all communities but data on the number of traditional healers is not available.

Regulatory environment

The private healthcare providers' regulatory environment varies among the four countries, with some countries having a strong regulatory environment than others. Countries establish regulatory strategies to achieve health policy objectives which include provision of quality healthcare, patient (consumer) protection and increasing access to healthcare for all populations. The regulatory framework among the four countries varies. Malawi and Mozambique have a clear regulatory framework for healthcare providers covering registration and licensing, enforcement or monitoring of compliance, and renewal of licenses for all types of formal private healthcare providers. These countries have semi-autonomous agencies established through legislation to implement the legislation and regulations for private healthcare providers. The legislation and institutional regulatory framework in Mozambique and Lesotho is

Private healthcare regulatory agencies by country

Malawi: Medical Council of Malawi (MCM), Pharmacy and Medicines Regulatory Authority (PMRA) and National Steering Committee for Traditional and Contemporary Medicine

Zambia: Health Professionals Council of Zambia (HPCZ), Zambia Medicines Regulatory Authority (ZAMRA), Occupational Health and Safety Institute (OHSI), Faculty of General Practitioners of Zambia and Chamber of Mines

Mozambique: Ministry of Health, Directorate of Traditional Medicine and Mozambique Medical Association

Lesotho: Ministry of Health (MoH), MoH Department of Pharmacy, Dentists, Pharmacies and Medical Council of Lesotho (DPMCL) and Lesotho Nursing Council

inadequate. These countries do not have autonomous agencies to implement the regulatory framework for private healthcare providers. These functions are implemented by various departments of the Ministry of Health and self-regulatory bodies. In Lesotho, for instance, private healthcare facilities are registered and monitored by the Ministry of Health while all health professional except nurses are regulated by the Dentists, Pharmacies and Medical Council of Lesotho (which also doubles up as a self-regulatory body) while medicines are regulated by the MoH pharmacy department. Nurses are regulated by the Nursing Council of Lesotho. In Mozambique, the MoH registers and monitors all healthcare providers.

Professional bodies and associations have a role play in self-regulation of private healthcare providers to improve quality of service: Countries have various self-regulatory bodies for professionals working in private public sector whose purpose is to improve the working and terms of conditions for professionals and quality of healthcare provided. Associations for private healthcare providers focus more on continuous professional development of their members. These associations offer an opportunity for government to reach out to private healthcare providers. Currently, the interaction between private healthcare providers' associations and government is limited.

MOH National TB Programmes have in place TB treatment guidelines but these are not adequately disseminated to and applied by for-profit and informal private healthcare providers: All the four counties have national TB programme guidelines and treatment protocols modelled around the WHO guidelines. All TB service providers in public and private settings are expected to follow these guidelines. However, the dissemination of the guidelines to for-profit private healthcare providers is inadequate. Some for-profit healthcare providers do not have knowledge of the latest treatment guidelines. There are efforts in some countries to disseminate the guidelines to for-profit healthcare providers. The inadequate knowledge of TB treatment guidelines affects the quality of TB care provided by for-profit private healthcare providers.

The regulatory environment for private healthcare providers faces several challenges that need attention to strengthen private sector engagement in TB control: These challenges include:

(i) Lack of clear legislation and regulations on private healthcare providers' registration, licensing and compliance especially in Lesotho and Mozambique and lack of legislation and regulations for traditional healers in all countries
(ii) Lack of autonomous institutions with mandate to regulate private healthcare providers including traditional healers
(iii) Inadequate human resources and financial capacity of regulatory institutions or agencies to effectively implement regulations and ensure compliance
(iv) Weak capacity of institutions regulating mine health and safety including inadequate number of mine inspectors and inadequate resourcing by government. In addition, mine health and safety regulations do not cover small and medium mines.
(v) Professional self-regulatory bodies have limited focus to the code of conduct and compliance to regulations by their members
(vi) NTP engagement with self-regulatory professional bodies is limited hence TB has not been integrated in their CPD programme
(vii) Professional bodies have weak capacity. Some do not have a secretariat and officials conduct the association business from their practice premises
(viii) TB treatment guidelines are in place but supervision and monitoring of their use in the private sector is weak partly due to inadequate resources and weak capacity of the private healthcare providers

Mode of engagement of the private healthcare providers in TB control

Modes of engagement of private sector in TB control are emerging in the four countries but most of the models are at the initial stages and need to strengthened over time. The emerging modes of engagement of private healthcare providers in TB control include:

Establishment of private healthcare providers' coordination units within NTP structures especially in Malawi and Zambia. These units have been set up to coordinate the Public Private Mix (PPM) approaches targeting for-profit and informal TB service providers. The operations of these units are supported by donors (Work Bank SATBHSS project in the case of Zambia and Global Fund in the case of Malawi). In Malawi, the PPM unit is overseen by the PPM Steering Committee which includes membership from MOH/NTP, regulatory agencies and for-profit private health sector. The two countries also have in place a PPM action plans in place to guide implementation of PPM activities. These coordination platforms have been recently established and are not adequately staff. They are supported by development partners which makes their sustainability a challenge. Mozambique and Lesotho have not established similar for-profit healthcare providers' coordination platforms.

Signing of memorandum of understanding between government and for-profit private healthcare providers: Under these agreements, government (MoH) provides free anti-TB drugs and other commodities to for-profit healthcare providers who in turn are expected to provide TB services free of charge or to charge only consultation fees. Countries with these arrangements are Malawi, Lesotho and Mozambique. Malawi has signed an MoU with for-profit healthcare providers where the MoH supports these facilities to strengthen or establish TB labs or strengthen their referral systems in turn for provision of TB care at reduced cost. In Mozambique, the government has signed an agreement with large private hospitals based in Maputo to provide them with free anti-TB drugs and other commodities in return for free TB services. In Lesotho, the MoH has signed an agreement with selected for-profit clinics/teams to provide HIV/TB services to textile factory workers. This model seeks to increase access to TB care in the for-profit health facilities but it also faces challenges. Government lacks capacity to monitor the for-profit healthcare providers to ensure services are provided free of charge or at agreed cost while some of the for-profit healthcare providers do not report TB data to the national system, or the data is incomplete. In the case of Lesotho, there are delays in the payment of the healthcare clinics or teams contracted to provide services.

Informal engagement of pharmacies and traditional healers in TB screening and referral: Zambia and Malawi are piloting an initiative aimed at finding missing people with TB through for profit and informal private health sector. This initiative involves (i) engaging selected pharmacies to screen people presenting with coughs and refer presumptive TB cases for diagnosis in public health facilities. These pharmacies have been trained on TB screening and referral and have been supplied with screening and referral tools as well as the presumptive TB register to keep data. The challenge is that not all staff in the pharmacies have been trained and there is no feedback loop from the facility to the pharmacy to know whether referred persons actually present to the facility. However, the pharmacies are committed to this initiative given that it increases their recognition and credibility resulting in more clients. (ii) Traditional healers have been trained and provided with TB screening and referral tools; and are involved in screening and referral of presumptive cases. In Mozambique, the traditional healers also support DOTS at community level to increase adherence to TB treatment given that their clients trust them. However, healthcare workers do not recognise the referral made by traditional healers, thus do not fill in the referral forms. It is also difficult to influence the entrenched beliefs and misconceptions of traditional healers and their patients about TB which delays referral of presumptive cases.

Public-private partnership model: This model is implemented in Lesotho and involved the MoH (NTP) partnership with TEBA to provide TB services to mineworkers and ex-mineworkers and their families. Clinics have been embedded into TEBA premises to reach and provide mineworkers and mineworkers and their families with TB screening, TB testing using Gene-Xpert, DS TB treatment, contact tracing

and TB/HIV services as well as health talks. The MoH provides anti-TB drugs and conducts supportive supervision to ensure quality of services while TEBA provides premises for the clinic. Staff and other operational costs are supported by donors. The challenge with this model is sustainability beyond the donor funding period.

Service agreement with Faith Based Organisations running healthcare facilities: This is a well-established model where governments in Lesotho, Zambia and Malawi have agreements with FBOs healthcare providers to provide services (especially the essential health services package) at no cost to the patients while government pays for human resources, indirect and operational cost of the FBO facilities. The budget for the FBOs is included in the overall health budget. Although there are occasional delays in the release of funds to FBOs by government, the model has worked successfully for decades. In view of this, this strategic plan will focus mainly on strengthening or developing models of engagement for for-profit and informal healthcare providers.

Incentives and enablers

Incentives and enables to increase private sector engagement in TB control and support access to affordable services in the private healthcare are emerging in the four countries but they are not yet well established. Emerging enablers and incentive schemes include:

(i) Financial incentives for FBO healthcare providers are well established as discussed in the section above. In addition, the FBO healthcare providers are provided with non-financial enablers such as being included in government supported trainings on TB, participating in national TB technical working group meetings, using government M&E system and being part of the government support supervision and mentorship system. The FBO facilities are also supplied with drugs, lab reagents and other commodities by government.

(ii) Financial incentives to for-profit healthcare providers to enable them provide TB services at reduced cost. Financial enablers are provided in Lesotho where the MOH has a contract with selected private healthcare teams providing HIV/TB services to textile factory workers. These teams are paid for the service provided while there is no cost for the patient. However, this model is costly to sustain.

(iii) Non-financial incentives and enablers: Non-financial incentives include the TB drugs, lab reagents, equipment and other commodities provided to for-profit private healthcare providers in return for provision of TB services at reduced cost. The for-profit healthcare providers charge a minimal fee for consultations and overheads. These incentive model has been initiated in Malawi and Mozambique. Other non-financial incentives and enablers include the credibility and recognition resulting from working on a government programme and the training of for-profit healthcare provides are major incentives for for-profit healthcare providers. Pharmacies implementing the pilot TB screening and referral programme are incentivised by the recognition and credibility by the community arising from this programme. For traditional healers, the branded merchandise, training and the recognition by government is a major incentive and enabler for them to engage in TB control.

(iv) Removal of dis-incentives: For profit healthcare providers consider the removal of dis-incentives such as the cumbersome data recording and reporting manual tool as an enabler for them to participate in TB control. NTPs are developing electronic systems for data management which can be extended to for-profit healthcare providers to make it easy for them to report.

Financing

There are no well-established financing mechanisms for patients seeking services in the for-profit health facilities. In all the countries, most of the patients seeking services including TB care from for-profit healthcare providers either make out-of-pocket payments (which adds to catastrophic cost of TB)

or pay through private insurance schemes. However, a model is emerging where government provides TB drugs and other commodities to private healthcare providers to enable them offer services at reduced cost. Mozambique and Zambia are also planning to introduce national health insurance scheme which has potential to pay for services in both public and private healthcare facilities and can reduce catastrophic costs such as out-of-pocket payment. In Zambia, the National Health Insurance Act has been passed by Parliament and the government has signed a commencement order. In Mozambique, a social health insurance policy paper has been reviewed by the Minister's Council and Government has agreed in principle to proceed with the process. Malawi and Lesotho have no plans to set up a national health insurance scheme.

Capacity

The for-profit and informal healthcare provider's capacity to provide quality TB care, according to national guidelines remains limited although countries are making efforts to sensitise these providers. The not-for-profit providers are included in the government capacity building activities, receive TB guidelines, tools, job-aids and participate in the key programming processes and platforms such as the TB technical working group. On the other hand, capacity building for for-profit healthcare providers is varied. Countries that have started collaborating or engaging for-profit healthcare providers are disseminating and training of these providers on TB guidelines and extending mentorship on TB treatment to these providers. However, healthcare providers find the period of training too long which discourages them from attending. Training of pharmacies is taking place in Malawi and Zambia and the training of traditional healers is being undertaken in Malawi and Mozambique. However, these initiatives are yet to be undertaken at scale. The assessment of the capacity of for-profit healthcare providers to provide specific aspects of TB services such as diagnosis, screening of high risk groups, contact tracing, treatment of DS TB, MDR TB, TB/HIV, TB in children among others show significant capacity gaps across all countries. Therefore, comprehensive capacity building is imperative if for-profit healthcare providers are to provide quality TB care.

Coordination, collaboration and advocacy

Mechanisms for coordination of government engagement with private healthcare providers have been set up in two countries but they are understaffed and face sustainability challenges. Malawi and Zambia have in place PPM units tasked with coordinating the MoH (NTP) engagement with private healthcare providers in TB control. Malawi has a PPM unit within the NTP structure and a PPM Steering Committee overseeing implementation of the PPM action plan. Zambia has a PPM secretariat in place leading implementation of PPM activities but it is not adequately staffed. The PPM units in both countries are supported by donor funding (Global Fund in the case of Malawi and World Bank, USAID and Global Fund in the case of Zambia) and this raises the issue of sustainability of these units. Lesotho and Mozambique do not have a mechanism for government to engage with for-profit private healthcare providers.

MoH/NTP structured collaboration with for-profit healthcare providers is a recent phenomenon and there are lessons to build on: The extent of NTPs collaboration with for-profit healthcare providers is uneven across the four countries. A significant proportion of for-profit healthcare providers in Malawi are collaborating with the NTP. These include all large for-profit hospitals and about 50% of the clinics. NTP provides guidelines, training, quality assurance, TB drugs, lab equipment and reagents and data and reporting tools to the healthcare providers in turn for reduced cost of their services and reporting to the national M&E system. This collaboration is formalised in the MoU signed with the for-profit healthcare providers. So far, the interest and participation of for-profit healthcare providers has been high due to the capacity building, recognition, visibility and improved credibility resulting from working with government, which leads to an increase in number of clients. However, there are challenges facing this collaboration including lack of compliance to national standards in service delivery, incomplete data due to inadequate human resources and inadequate time dedicated to

reporting. There is also a concern among for-profit healthcare providers about the negative attitude of health workers in public sector towards the patients they refer resulting in patient's reluctance to go to public health facilities for TB testing or treatment. Therefore, there is a need to strengthen collaboration at all levels. In Lesotho, MoH has a long standing collaboration with private sector clinics under the HIV programme (which also includes HIV/TB component) but the NTP itself has limited collaboration with for-profit healthcare providers. In Zambia, NTP collaboration with for-profit healthcare providers has recently started and has not been formalised. In Mozambique, NTP collaboration with a significant proportion of for-profit healthcare providers is limited (except the large hospitals in Maputo) and a PPM plan is not in place.

Communication and Advocacy

Communication between NTP and for-profit healthcare providers is improving in most of the countries but is not consistent and structured. In Malawi, the PPM unit and Steering Committee conducts regional review meetings with for-profit healthcare providers and bi-annual media consultative meetings that raise awareness of the TB services in private facilities. But a comprehensive assessment of information and communication needs of private healthcare providers has not been done. Zambia does not have a communication plan in place but the NTP shares information on TB guidelines with professional association of the for-profit healthcare providers. Mozambique and Lesotho NTPs have limited communication with the for-profit private healthcare providers.

Risks

There is a risk that for-profit healthcare providers receiving TB drugs and other commodities from government may continue charging patients at cost and may not keep complete data as required. This risk can be mitigated by extending and strengthening government supervision and monitoring to for-profit healthcare providers. Government also faces a risk of legitimising informal unregistered practitioners is it engages with them and this risk can be mitigated through strengthening the enforcement of regulations. On the other hand, not engaging for-profit healthcare providers itself is a risk because it exposes patients to poor quality healthcare and increases catastrophic cost of TB among the poor and marginalised populations.

Monitoring and Evaluation

The extension of national TB M&E systems to cover for-profit healthcare providers has not been effective due to weak M&E capacity among NTPs and for-profit healthcare providers. Malawi has introduced the TB M&E systems to for-profit healthcare providers (clinics, laboratories, pharmacies, traditional healers) through the PPM initiative. These healthcare providers have been provided with data and reporting tools (presumptive case registers, case notification registers and referral forms). However, healthcare providers have inadequate personnel to record and report the data. The PPM unit collaborates with district TB coordinators to supervise for-profit healthcare providers but coordinators have heavy workload to effectively carry out this task. In Zambia, the TB M&E has not been extended to for-profit healthcare providers and only few for profit healthcare providers are reporting TB data to the national system. Pharmacies participating in a pilot screening and referral initiative have been provided with TB presumptive case registers but this initiative is at the initial stages. In Lesotho, the national M&E systems also does not cover for-profit healthcare system. Mozambique requires the few large hospitals collaborating with government to report TB data but this data is often not complete. However, the Mozambique NTP receives data on persons screened and referred to diagnostic sites by traditional healers. Therefore, there is a need to strengthen TB M&E for for-profit healthcare providers to ensure completeness of the national data. For instance, in 2017, WHO estimated that about two thirds of the missed people with TB globally may have accessed TB treatment from healthcare providers not engaged with NTPs and thus were not reported.

Private sector involvement on TB/COVID-19 response

COVID-19 pandemic slowed down the decades of progress made in TB care. COVID-19 had secondary effects on TB morbidity and mortality due to interruption of TB Services. WHO assessment and modelling predicted that an additional 6.3 million people will develop TB by 2025 due to COVID-19 related TB services interruptions and an additional 1.4 million will die due to TB[1]. The Global TB report also shows a decline in the number of TB cases notified in 2020 globally and among countries in Southern Africa region. However, countries including those in Southern Africa, have taken measures to mitigate the COVID-19 impact on TB service delivery which include combined screening of TB and COVID-19, facilitated patient support through use of community health workers and use of digital tools. Private providers also responded to minimise the impact of COVID-19 on TB services through use of innovative strategies such as courier services for diagnosis and sample transportation, digital and mobile screening and also use of digital tools. However, challenges existing pre-COVID-19 such as limited coordination and interaction between for-profit healthcare providers and government as well limited reporting by private healthcare providers on TB service delivery were exacerbated during the COVID-19 pandemic.

[1] Engaging private healthcare providers in TB care and prevention: A landscape analysis, WHO 2021

4. Goal, objectives and strategies

Goal

The goal of this strategic plan is to accelerate the progress of the four targeted countries towards ending TB epidemic as a public health threat by 2030.

This goal will be realised through the scale up of the engagement of the for-profit and informal private healthcare providers in TB control in Malawi, Zambia, Mozambique and Lesotho.

Strategic objectives and strategies

The strategic objectives and strategies contributing to the overall goal of ending TB epidemic are outlined in this section.

Strategic objective 1: To improve compliance with regulations for establishment and delivery of healthcare services including TB among for-profit and informal private healthcare providers

Regulatory agencies in the four targeted countries have weak capacity to enforce or monitor compliance with regulations among private healthcare providers. Regulatory bodies, whether semi-autonomous or MoH directorates, receive inadequate funding from government and have inadequate staffing, especially inspectors, to effectively enforce regulations. In Mozambique and Lesotho, the legislation and regulations for healthcare providers is inadequate and the MoH directorates charged with registration and monitoring of private healthcare providers have other responsibilities in addition to being under-resourced and under-staffed. Due to weak capacity, regulatory bodies have delegated the role of monitoring private healthcare providers to district health management teams who also have several other responsibilities and lack adequate resources to carry out this role. Regulations for traditional healers are lacking in these countries. The MoH in Mozambique, Malawi and Lesotho have established a department for coordinating traditional medicine but this is not backed by policy, legislation and/or regulations. Professional bodies for medical practitioners are in place in all the countries but these tend to focus on the provision of continuous professional development and improvement of the terms and conditions of service for their members. The professional bodies pay limited attention to compliance to regulations and ethical conduct of their members.

TB is a major issue in the mining industry and the countries have made progress in improving the regulatory environment for mine health and safety, particularly occupational health. Zambia has in place clear regulations for mine health and safety and management of occupational health including TB and silicosis. Mining companies in Zambia are aware of the regulations and have made progress in complying with the regulations. However, Malawi, Mozambique and Lesotho, initiatives are also in place to improve compliance with mine health and safety regulations, but the institutions responsible for ensuring compliance with these regulations are under-resourced.

All the countries have TB related regulations set out in the national TB guidelines but the dissemination of these guidelines to for profit and informal healthcare providers varies across the countries. Some of the private healthcare providers do not have the latest TB treatment guidelines and do not follow these guidelines effectively partly due to weak supervision by the NTPs. NTPs as well as the National TB Reference Laboratories have inadequate staffing and financial resources to effectively monitor compliance with TB guidelines among private healthcare providers.

Proposed strategies

(i) Establish or strengthen legislations for regulating healthcare providers including private hospitals, clinics, polyclinics, individual practitioners and pharmacies. This will involve:
    a. Advocating for establishment of legislations for regulating for-profit healthcare providers
    b. Providing technical support to countries to develop relevant legislation and regulations

(ii) Strengthen the capacity of regulatory bodies to effectively monitor compliance with regulations among for profit healthcare providers (large hospitals, clinics, individual practitioners, pharmacies and drug stores, laboratories and diagnostic facilities). The strategy will involve:
    a. Conducting a detailed capacity assessment of the regulatory bodies
    b. Development of costed institutional capacity development plans
    c. Advocating to government to provide resources for implementation of the capacity building plans
    d. Supporting implementation of priority capacity development actions
    e. Development of innovative (e-based) systems or approaches for monitoring compliance with regulations
    f. Strengthening legislation and regulations for healthcare providers in Lesotho and Mozambique

(iii) Improve collaboration between MoH and professional bodies to enhance compliance with regulations. Through this collaboration, the professional bodies will:
    a. Integrate or strengthen continuous professional development (CPD) courses especially on TB as part of their functions
    b. Increase the participation of private healthcare providers in government sponsored CPD activities
    c. Develop and/or enforce a code of conduct for their members

(iv) Establish a regulatory framework for traditional medicine through:
    a. Developing policy, legislation and/or regulations for traditional medicine
    b. Strengthen the capacity of traditional medicine departments/units and the systems in place for registration and monitoring of traditional healers

(v) Strengthen the capacity of the NTPs to monitor compliance with TB regulations (guidelines) in for-profit healthcare settings including pharmacies, hospitals, clinics, individual practitioners and traditional healers. This will involve dedicating additional staff and resources for private sector coordination (PPM) units in the NTPs.

(vi) Develop and implement mining industry TB programme through the collaboration of NTB and chambers of mines. This will ensure that mines and allied companies play a role in TB prevention and treatment given the vulnerability of mineworkers to TB and silicosis.

(vii) Improve the capacity of regulatory bodies for mine health and safety of enforce compliance to mine health and safety regulations. This will include rolling out a capacity building programme for inspectors and supporting countries to adopt standards and guidelines that meet international standards and best practices.

Strategic objective 2: To establish and/or scale up innovative modes of engagement for for-profit healthcare providers' involvement in TB control

Evidence of good practice modes of engagement for for-profit healthcare providers' involvement in TB control are emerging in the four target countries. These include fee for service modes in Lesotho, memorandum of understanding (MoU) or accreditation based engagement in Malawi, agreements with large private hospitals in Mozambique and registration of selected hospitals and large clinics as TB notifying centres in Zambia. A common feature across these modes of engagement is that government provides free TB drugs, diagnostic equipment or payment for TB service in return for reduced cost of providing TB services and improved reporting by private healthcare providers. The modes of engagement are also determined by the capacity of the healthcare provider. Thus, for-profit healthcare providers range from those that screen for TB and refer presumptive cases to those with capacity to diagnose TB and offer treatment. Private healthcare providers, however, do not provide MDR-TB treatment due to either government policy to have such patients treated in specific centres or lack of capacity in the private sector. Modes of engagement with pharmacies and traditional healers are also being piloted in Malawi and Zambia but these are in the early stages. With regard to traditional healers, there is consensus among policy makers on the need to engage these practitioners in order to identify

missing people with TB and to reduce the risk of late diagnosis. The modes of engaging traditional healers varies from a more structured system in Mozambique to almost no clear system in Lesotho.

Proposed strategies

(i) Develop/scale up a models of engagement with for-profit healthcare providers in TB control. Certification has been used to scale up for-profit healthcare providers' engagement in HIV service delivery and is being piloted for TB service delivery in Malawi. Lessons learnt from these initiatives show that this mode of engagement can scale up the engagement of for-profit healthcare providers in provision of services at a reduced cost. To scale up the use of certification and accreditation as tools for improving private sector delivery of TB services, the countries should:
   a. Hold a regional conference on good practices in engagement of for-profit healthcare providers including pharmacies, laboratories and traditional healers for countries to prioritise one or two modes of engagement that can be implemented in their context
   b. Develop a post conference action plan for each country detailing the steps for implementing selected modes of engagement
   c. Conduct visits to other high TB burden countries, especially Asian countries, to learn lessons on the development of modes of engagement

(ii) Establish or scale up existing pilot initiative involving pharmacies and traditional healers in screening and referral of presumptive TB cases as well as keeping data and reporting on referred cases

(iii) Strengthen the collaboration between public and private facilities to reduce the loss of patients referred between the two sectors. This collaboration will enable private healthcare providers to access diagnostic facilities in the public sector, improve referral of patients from private to public sector as well as improve information flow between the two sectors. Awareness will be increased among public sector HCWs to provide friendly services to patients referred from public to private sector.

(iv) Scale up TB screening and treatment in small scale mining settings

Strategic objective 3: To establish innovative incentives and enablers for for-profit healthcare providers' engagement in TB control

Incentives and enablers for not-for-profit healthcare providers are well established in Lesotho, Zambia and Malawi. Government provides financial incentives covering human resources, operational and capital costs of FBO heath facilities and non-financial incentives which include involvement of FBOs in policy, planning and programing processes and capacity building activities. Incentives and enablers for for-profit healthcare providers are limited. Incentives and enablers in place in countries such as Malawi involve the provision of free TB drugs and laboratory equipment and reagents to private healthcare providers in turn for private healthcare providers providing TB services at reduced cost. Incentives for pharmacies to engage in TB screening and referral have not been established. Incentives and enablers for participation of traditional healers in TB control, especially in Mozambique and Zambia, are mainly non-financial. The traditional healers value the training on TB and other health issues and recognition by government which increases their credibility. Private healthcare providers can be motivated by non-financial incentives such as the credibility and reputation that comes with participating in a government programme which leads to increased number of patients seeking their services.

Proposed strategies

(i) Scale up and improve monitoring systems for incentives and enablers provided to for-profit healthcare providers, especially those involving provision of free drugs and laboratory equipment and reagents

(ii) Design and implement non-financial incentives for pharmacies to increase their involvement in TB screening and referral. Pharmacies offer an opportunity to improve early TB diagnosis and potential to find missing people with TB. Therefore, non-financial incentives and enablers will increase the TB cases referred from pharmacies.

(iii) Design and implement non-financial incentives for traditional healers to increase their involvement in TB screening and referral. Traditional healers offer an opportunity to improve early TB diagnosis and potential to find missing people with TB. Therefore, non-financial incentives and enablers will increase the TB cases referred from traditional healers.

Strategic objective 4: To reduce catastrophic costs for patients seeking TB services from the for-profit healthcare providers

Patients seeking TB services (as well as other health services) from for-profit healthcare providers pay either through out-of-pocket or private health insurance schemes. Out-of-pocket payments exacerbates catastrophic cost of TB care especially among the poor. The poor tend to seek TB and other health services from private healthcare providers nearest to them who also tend to provide quality un-assured services. The mode of engagement with private healthcare providers emerging where donors and government provide free TB service inputs in exchange for reduced cost has potential to reduce catastrophic costs because patients are required not to pay any cost or to meet the cost of consultations only. National Health Insurance scheme also has potential to increase access to TB services in the private sector by reducing cost. However, only Zambia and Mozambique have plans to introduce national health insurance. Therefore, whereas engaging for-profit healthcare providers in TB control can expand the finding of missing people with TB, it comes with potential negative impact of increasing out-of-pocket payments.

Proposed strategies

(i) Prioritise the provision of free input (paid for by government/ partners) to for-profit healthcare providers to reduce the cost for patients, especially for for-profit clinics in low-income urban areas and rural areas where most clients are from the lowest wealth quintile.

(ii) Provide countries developing social insurance schemes with technical support given that social insurance is likely to benefit all disease programmes including TB and will also reduce out-of-pocket payments for patients visiting for-profit healthcare providers.

Strategic objective 5: Strengthen the capacity of for-profit healthcare providers to provide quality TB services

Capacity building for not-for-profit healthcare providers (FBOs and NGOs) is integrated into the capacity building initiatives of public healthcare providers. For instance, FBO/NGO healthcare staff attend trainings organised by government among other capacity building activities. However, capacity development for for-profit healthcare providers is not well integrated with that of public sector and there is no comprehensive for-profit healthcare capacity building programme. For-profit healthcare providers who are not engaged or collaborating with the NTPs have limited access to training on TB care. Similarly, TB guidelines are disseminated to for-profit healthcare providers engaged with NTPs. Pharmacies have a role to play in screening and referring TB presumptive cases and in ensuring good dispensing practices for cough syrups and antibiotics. However, only a selected number of pharmacies and drug stores in Malawi and Zambia are engaged in a pilot initiative. Traditional healers training is comprehensively implemented in Mozambique while Malawi and Zambia have started a pilot initiative for traditional healers and Lesotho is yet to start a training programme for traditional healers. The study on private sector engagement in TB control identified capacity gaps in the provision of TB services among private healthcare providers. Based on this assessment, detailed capacity building activities are outlined in annex 1 while the strategies below focus on the priority approaches for capacity building for private healthcare providers.

Proposed strategies

(i) Training laboratory personnel on various methods of TB testing including childhood TB diagnosis and strengthening lab capacity in the for-profit healthcare providers

(ii) Increasing TB service availability in the for-profit healthcare providers through strengthening of referral mechanisms, sensitising service providers on TB guidelines and standardising TB screening tools used in for profit private healthcare setting

(iii) Strengthening screening of high risk populations through connecting for profit healthcare providers with contact tracing networks in place and sensitising them on high risk groups screening

(iv) Improving for-profit healthcare providers' capacity in TB/HIV integration through support supervision, mentorship and training

(v) Training for-profit private healthcare providers on infection prevention and control and undertaking supportive supervision to these facilities to review and identify gaps in IPC

Strategic objective 6: Strengthen coordination mechanisms and advocacy for private sector engagement in TB control

Mechanisms for coordinating private sector engagement in TB control vary from country to country. Malawi and Zambia have a PPM unit and focal person embedded within NTP structure. Malawi also has a PPM steering committee with private sector participation. Malawi and Zambia also have PPM action plans in place. The PPM units rely on donor funding and may face challenges of sustainability. Lesotho and Mozambique do not have dedicated mechanisms for private sector coordination and have not developed PPM action plans. The four countries also have national coordination structures for World Bank supported project which extend to private sector, although such structures face sustainability challenges beyond the project period. Across all the countries, NTP staff have not been effectively oriented on how to engage with private sector. However, almost all for-profit healthcare providers show willingness to collaborate with MoH for a variety of reasons including serving the community, gaining recognition and improving their image as credible service providers.

The NTPs have also not comprehensively extended existing national M&E systems to for-profit healthcare providers. Efforts to have for-profit healthcare providers keep data and report according to national guidelines and using national tools are limited to the providers collaborating with the NTPs. There is also limited progress in applying digital TB tools to facilitate case management and notification in both public and private sectors. Digital tools will help in monitoring progress and building accountability among TB service providers.

Proposed strategies

(i) Strengthen or establish PPM coordination units within NTP to facilitate coordination and collaboration with private healthcare providers. This will include adequate staffing and funding of these units.

(ii) Establish or strengthen private sector engagement steering committee for TB or for health with membership from all stakeholders – MoH/NTP, private healthcare providers' associations, other private sector entities in health, and regulatory agencies among others.

(iii) Strengthen provincial and district level coordination of private sector through establishing focal persons, training and providing financial resources to support coordination activities

(iv) Update or develop PPM action plans for each country tailored to the country context

(v) Train NTP/MOH staff on private sector engagement

(vi) Strengthen provincial and district level coordination of private sector through establishing focal persons, training and providing financial resources to support coordination activities

(vii) Extent TB M&E systems to private sector through:

a. Reviewing the M&E system in place to tailor it to private sector
b. Training and providing private sector healthcare providers with data and reporting tools
c. Developing digital technologies to facilitate case management, referral and reporting/notification

(viii) Establish a sustainability strategy for PPM

(ix) Improve knowledge exchange and learning models for engaging private healthcare providers in the health sector including TB control.

5. Coordination of the strategic framework

The coordination and implementation of this strategic framework will take place at two levels:

(i) AUDA-NEPAD will:

- Lead the coordination of this strategic framework to ensure implementation of activities planned for at regional level
- Provide technical support and advice on implementation of country specific activities.
- Mobilise resources to support implementation of this strategic framework
- Monitor overall implementation of the strategic framework guided by the M&E framework
- Convene regional level knowledge exchange and learning platform
- Coordinate implementation of the framework for the award of excellence to private health care providers at country and regional levels

(ii) Countries: The four countries targeted in this strategic framework will:

- Establish/strengthen coordination structures for private sector engagement in TB control
- Develop country specific implementation plans translating this strategic framework into action
- Implement activities outlined in the implementation plans within set timeframe
- Collect data and report on the progress in implementation of this strategic framework
- Ensure effective stakeholder management at country level
- Participate and contribute to the regional knowledge exchange and learning platform
- Implement the framework for award of excellence to private healthcare providers
- Mobilise resources for implementation of the strategic framework at country level

(iii) Partners such as SADC Secretariat, ECSA-HC, WHO, ILO, World Bank, and Global Fund will support implementation of the strategy technically and financially. Countries will leverage resources from these partners through integrating the activities in this strategic framework into national implementation plans supported by these partners.

6. Implementation roadmap

The implementation roadmap details the activities with timeframes for implementation of this strategic framework at country and regional level for 2022/2023. The roadmap for 2024/25 will be informed by annual implementation review and lessons learnt.

Implementation Roadmap for the PSE in TB Control Strategic Framework: 2022/2023																						
#	Activity	2022								2023												
		May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1	**Dissemination**																					
1.1	Dissemination of the PSE in TB control strategic framework within the NTP team	■	■																			
1.2	Dissemination of the PSE in TB control strategic framework to the MOH senior management	■	■																			
1.3	Dissemination of the PSE in TB control strategic framework to all stakeholders		■	■																		
2	**Preparation for implementation**																					
2.1	Sensitisation of all implementers of the strategic framework on their roles, planned activities and develop implementation approaches			■	■																	
2.2	Integrating PSE in TB control activities in work plans of all implementing organisations including NTP			■	■																	
2.3	Finalise the M&E framework by establishing baselines and targets for output and outcome indicators laid out in the M&E plan				■	■																
2.4	Facilitate the designation/appointment of focal persons for implementation of the strategic framework in each implementing organisation				■	■																
2.5	Establish and operationalise a TWG for PSE in TB control with clear terms of reference and work plan				■	■																
2.6	Development of AUDA-NEPAD work plan for support to countries (as requested in country specific work plans), corodination and other regional level activities	■	■																			
3	**Implementation**																					
3.1	Activity implementation according to work plans of each implementer including NTP				■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
4	**Resource mobilisation**																					
4.1	Finalise costing of country specific activities						■															
4.2	Develop regional/collective funding proposals for specific donors to cover unfunded activities						■	■	■													
4.3	Advocate for/ and if possible include unfunded activities in on-going donor and future funded programmes (Global Fund, PEPFAR, TB Reach, BMGFetc)							■				■			■			■		■		
4.4	Advocate for and include unfunded activities in institutional budgets funded by domestic (government) resources	■	■							■	■			■	■							
4	**Monitoring and reporting**																					
4.1	Data collection and reporting by each implementer according to the M&E plan					■			■			■			■			■			■	
4.2	Holding TWG meeting to review implementation progress					■			■			■			■			■			■	
4.3	Reporting to the regional level (AUDA-NEPAD)			■			■			■			■			■			■			
4.4	Holding of regional knowledge sharing platform							■												■		
4.5	Hold regional annual review meetings				■			■			■			■			■					■

Annex 1.1: Malawi PSE in TB Control Strategies and activities

Malawi Private Sector Engagement in TB Control Activity plan (2022-2025)						
Strategic objective 1: To improve compliance with regulations for establishment and delivery of healthcare services including TB among for-profit and informal private healthcare providers						
	Strategies		**Activities**	**Type of support required (if any)**	**Implementation level (National or Regional)**	**Funded/ Not Funded/ Partially Funded**
1.1	Strengthen the capacity of regulatory bodies to effectively monitor compliance with regulations among for profit healthcare providers - Medical Council of Malawi, Pharmacy and Medicines Regulatory Authority, Nurses and Midwives Council of Malawi	1.1.1	Advocate to government to increase funding for staffing and operations of the regulatory agencies	Technical assistance to develop an evidence based case for additional funding	National	Not funded
		1.1.2	Mobilise financial resources from donor partners to improve enforcement of regulations	Technical assistance to develop funding proposals and engagement with donors	National	Not funded
		1.1.3	Develop innovative cost efficient systems for monitoring compliance with regulations	Learning tours, Technical assistance	National and regional[2]	Not funded
1.2	Improve collaboration between MoH and professional bodies to enhance compliance with regulations	1.2.1	Integrate or strengthen continuous professional development (CPD) courses especially on TB as part of the functions professional bodies		National	No cost
		1.2.2	Increase the participation of private healthcare providers in government sponsored CPD activities		National	Not funded
		1.2.3	Develop a mechanisms for enforcement of a code of conduct for members of professional bodies	Financial support for meetings	National	Not funded
1.3	Establish a regulatory framework for traditional medicine	1.3.1	Accelerate the development policy, legislation and/or regulations for traditional medicine	TA, stakeholder meetings[3] and advocacy[4]	National	Not funded
		1.3.2	Strengthen the capacity of traditional medicine mechanisms[5] and the systems in place for registration and monitoring	Technical assistance and learning tours	National and Regional[6]	
1.4	Strengthen MTHUO to better coordinate traditional healers	1.4.1	Engage MTHUO on healthcare service delivery including TB related activities	Financial support[7]	National	Not funded
		1.4.2	Collaborate with MTHUO secretariat on PPM initiatives		National	

[2] Learning tours to be organised from regional level; and TA to be provided from regional level

[3] Stakeholders to include media, parliament, CSOs, traditional healers

[4] Advocacy to involve data analysis and meetings

[5] These mechanisms are National Steering Committee for Traditional and Complementary Medicines

[6] Learning tours to be organised from regional level

[7] This will involve Leveraging on donor programmes

		1.4.3	Enhance MOH Collaboration with MTHUO secretariat on National steering Committee for Traditional Medicine initiatives	Financial support-Coordination and communication	National	Not funded
		1.4.4	Engage regulatory bodies in briefing herbalists	Financial support	National	Not funded
1.5	Strengthen the capacity of the NTPs to monitor compliance with TB guidelines in for-profit healthcare settings including pharmacies, hospitals, clinics, individual practitioners and traditional healers.	1.5.1	Recruit an M&E staff to be part of the PPM secretariat	Funding support	National	Not funded
		1.5.1	Provide funding for M&E activities for for-profit private health sector	Funding support	National	Not funded
		1.5.2	Provide comprehensive training on TB/HIV guidelines to PPM providers	No support required	National	Not funded
		1.5.3	Dissemination of TB guidelines to all private sector healthcare providers	No support required	National	Not funded
1.6	Develop and implement mining industry TB programme through the collaboration of NTB and chambers of mines (ASM mining, Other high risk occupational health settings (agriculture) Chamber of Mines is not operational. Ministry of Mining and Ministry of Labour capacity for enforcement of regulations. There is a policy for artisanal mining)	1.6.1	Strengthen the capacity (funding) for Ministry of Labour and Mining through increasing funding and training of OSH officers	Technical assistance	National	Not funded
		1.6.2	Train artisanal and small scale miners and people in other high risk occupations on existing policies and regulations	Technical assistance	National	No funded
		1.6.3	Strengthen the capacity of corporate clinics (e.g. mining, tobacco, construction etc) to screen for TB (following TB guidelines)	No support required[8]	National	Not funded
		1.6.4	Conducting outreach TB screening activities to mining companies/settings	No support required[9]	National	Not funded
		1.6.5	Integrate/coordinate TB screening with mine inspection activities for cost efficiency	No support required[10]	National	Not funded
		1.6.6	Conduct joint supervision/inspection of mines and other occupational health settings by NTP/ Ministries of Labour and Mining/MCM	No support required[11]	National	Not funded
Strategic objective 2: To establish and/or scale up innovative models of engagement for for-profit healthcare providers' involvement in TB control						
	Strategies		**Activities**	**Type of support required (if any)**	**Implementation level (National or Regional)**	**Funded/Not Funded/Partially Funded**
2.1	Scale up models of engagement with for-profit healthcare providers in TB control	2.1.1	Identify and sign MoUs with additional for-profit private healthcare providers to provide TB services	No support required	National	Not funded
		2.1.2	Assess and accredit additional for-profit private healthcare providers to provide TB services	No support required		
2.2	Scale up existing pilot initiative involving pharmacies and traditional healers in screening and referral of presumptive TB cases as well as keeping data and reporting on referred cases	2.2.1	Roll out the engagement of Traditional Healers in TB screening and referral and involvement in DOTS in phases (starting with high TB burden districts)	No support required	National	Not funded
		2.2.2	Roll out the engagement of pharmacies in TB screening and referral and involvement in DOTS in phases (starting with high TB burden districts)	No support required	National	Not funded

[8] Activity will be done by PPM unit

[9] Activity will be done by PPM unit

[10] NTP/MOH and Mine Inspection department to coordinate implementation of this activity

[11] NTP/MOH and Mine Inspection department to coordinate implementation of this activity

2.3	Strengthen the collaboration between public and private facilities to reduce the loss of patients referred between the two sectors	2.3.1	Sensitise public and private healthcare providers on TB referral between the two sectors	No support required	National	Not funded
		2.3.2	Harmonise referrals and linkages between private and public sector (including harmonising referral tools)	No support required	National	Not funded
Strategic objective 3: To establish innovative incentives and enablers for for-profit healthcare providers' engagement in TB control						
	Strategies		**Activities**	**Type of support required (if any)**	**Implementation level (National or Regional)**	**Funded/Not Funded/Partially Funded**
3.1	Scale up and improve monitoring systems of the incentives and enablers provided to for-profit healthcare providers, especially those involving provision of free drugs and laboratory equipment and reagents	3.1.1	Conduct spot checks on use of equipment, drugs and other resources provided according to agreed conditions	No support required	National	Not funded
		3.1.2	Conduct review meetings for for-profit private healthcare providers (clinicians)	No support required	National	Partially funded
3.2	Design and implement non-financial incentives for pharmacies to increase their involvement in TB screening and referral	3.2.1	Design and implement an excellence or recognition award scheme for pharmacies engaged in TB control	No support required	National	Not funded
		3.2.2	Conduct trainings for private healthcare providers on TB control	No support required	National	Not funded
		3.2.3	Provide traditional healers with promotional materials - T-Shirts, carrier bags, umbrellas, branding and IEC equipment	No support required	National	Not funded
		3.2.4	Conduct review meetings for pharmacies	No support required	National	Not funded
3.3	Design and implement non-financial incentives for traditional healers to increase their involvement in TB screening and referral	3.3.1	Provide traditional healers with promotional materials - T-Shirts, carrier bags, umbrellas, clothes, PPEs, training	No support required	National	Not funded
		3.3.2	Conduct trainings for traditional healers on TB control	No support required	National	Partially funded
		3.3.3	Conduct review meetings for traditional healers	No support required	National	Not funded
Strategic objective 4: To reduce catastrophic costs for patients seeking TB services from the for-profit healthcare providers						
	Strategies		**Activities**	**Type of support required (if any)**	**Implementation level (National or Regional)**	**Funded/Not Funded/ Partially Funded**
4.1	Prioritise the provision of free input (paid for by government) to for-profit healthcare providers to reduce the cost for patients, especially for for-profit clinics in low income urban areas and hard to reach areas where most clients are from the lowest wealth quintile	4.1.1	Mobilise resources to provide commodities (TB medicines and lab equipment and reagents) for private healthcare providers to engage in TB control	No support required	National	Not funded
		4.1.2	Scaling up number of PPM facilities providing TB services	No support required	National	Not funded
Strategic objective 5: Strengthen the capacity of for-profit healthcare providers to provide quality TB services						
	Strategies		**Activities**	**Type of support required (if any)**	**Implementation level (National or Regional)**	**Funded/Not Funded/Partially Funded**

5.1	Scale up laboratory service availability among for-profit healthcare providers	5.1.1	Train laboratory personnel in for-profit facilities with Gene-Xpert to conduct the test	No support required	National	Not funded
		5.1.2	Increase TB diagnostic capacity in for-profit healthcare providers to minimise reliance on sputum referral and improve service delivery	No support required	National	Not funded
		5.1.3	Strengthen capacity of NTRL to provide EQA and technical support to private healthcare providers as engagement of these providers is scaled up	No support required	National	Not funded
		5.1.4	Orient health care workers in referring facilities in sputum smear collection and handling to improve quality of on the spot sputum collection	No support required	National	Not funded
5.2	Improve the quality of TB treatment services provided by private healthcare providers	5.2.1	Scale up availability of TB treatment services in for-profit facilities through building on on-going efforts to accredit for-profit facilities to provide TB services	No support required	National	Not funded
		5.2.2	Conduct training for all CHAM health workers on TB given that some have not been trained and some were trained over three years ago	No support required	National	Not funded
5.3	Strengthen the capacity of private healthcare providers to implement systematic screening of contacts and high risk groups	5.3.1	Sensitise and provide guidelines for screening of high-risk groups to for-profit facilities	No support required	National	Not funded
		5.3.2	Scale up availability of systematic screening of contacts and high risk groups in for-profit facilities coupled with on-going efforts to accredit for-profit facilities to provide TB services	No support required	National	Not funded
		5.3.3	Establish linkage between community health workers and for-profit facilities to scale up contact tracing. Sputum sample collection containers should also be supplied to for-profit facilities where TB diagnostic is unavailable. Logistical support for CHAM, such as maintenance of motorcycles, could strengthen the community level contact	No support required	National	Not funded
5.4	Improve the implementation of TB/HIV collaboration guidelines by private healthcare providers	5.4.1	Improve data collection for TB/HIV collaborative activities through, for instance, providing TB registers to HIV sites and improved coordination between HIV and TB programs at MOH and facility levels.	No support required	National	Not funded
		5.4.2	Provide refresher trainings and HIV test kits to for-profit facilities to scale up HIV testing among TB positive patients	No support required	National	Not funded
		5.4.3	Provide training for more staff and refresher trainings for those who attended training more than three years ago.	No support required	National	Not funded
		5.3.4	Improve the supply of sputum collection container and transportation of sample to the testing facility	No support required	National	Not funded
5.5	Scale up the provision of preventive treatment of persons at high risk of TB among private healthcare providers	5.5.1	Scale up services on preventive treatment for TB in for-profit facilities, notably in for-profit clinics.	No support required	National	Not funded
		5.5.2	Train for-profit facilities staff on preventive TB treatment and provide drugs to these facilities	No support required	National	Not funded
5.6	Strengthen the capacity of for-profit private healthcare providers to implement TB infection prevention and control measures	5.6.1	Provide technical support to for-profit facilities to develop and implement TB infection control measures. This should include providing these facilities with personal protective equipment as an incentive.	No support required	National	Not funded

Strategic objective 6: Strengthen coordination mechanisms and advocacy for private sector engagement in TB control						
	Strategies		**Activities**	**Type of support required (if any)**	**Implementation level (National or Regional)**	**Funded/Not Funded/Partially Funded**
6.1	Strengthen or establish PPM coordination units within NTP to facilitate coordination and collaboration with private healthcare providers. This will include adequate staffing and funding of these units.	6.1.1	Establish 5 zonal private sector engagement coordinators	No support required	National	Not funded
		6.1.2	Build capacity in monitoring, evaluation and learning (MEL), research and documentation best practices	No support required	National	Not funded
6.2	Strengthen provincial and district level coordination of private sector through establishing focal persons, training and providing financial resources to support coordination activities	6.2.1	Training and providing financial resources to support coordination activities	No support required	National	
6.3	Establish private sector engagement steering committee for TB or for health service delivery which membership from all stakeholders – MoH/NTP, private healthcare providers' associations and regulatory agencies among others.	6.3.1	Support the functioning of the committee	No support required	National	Not funded
6.4	Extent TB M&E systems to private sector (currently migrating from paper based to electronic system. A number of facilities including CHAM are piloting and this will be extended to all facilities including FP healthcare providers.	6.4.1	Pilot the electronic M&E system in selected private sector health facilities	Sharing lessons at the regional level	National	Not funded
		6.4.2	Train private sector healthcare providers on the electronic system	No support required	National	Not funded
		6.4.3	Procurement of electronic equipment (computers, back-up system etc.)	No support required	National	Not funded
6.5	Establish a sustainability strategy for PPM	6.5.1	Institutionalise PPM coordination structure (PPM steering committee)	No support required	National	Not funded
		6.5.2	Lobby for ownership of the programme by private sector	No support required	National	Not funded
		6.5.3	Strengthen collaboration between NTP and private sector e.g. PPM Steering Committee	No support required	National	Not funded
		6.5.4	Creating an inclusive collaborative platform between MoH and Private Sector	No support required	National	Not funded
6.6	Improve Knowledge exchange and learning on models of engaging private healthcare providers in healthcare services including TB control	6.6.1	Hold a regional conference on good practices in engagement of private healthcare providers including pharmacies, laboratories and traditional healers for countries to prioritise one or two modes of engagement that can be implemented in their context	No support required	Regional	Not funded
		6.6.2	Develop a post conference action plan for each country detailing the steps for implementing selected modes of engagement	No support required	National	Not funded
		6.6.3	Conduct visits to other high TB burden countries, especially Asian countries, to learn lessons on the development of modes of engagement	No support required	Regional	Not funded

		6.6.4	Exchange visits among best performing private healthcare providers within country	No support required	National	Not-funded

Annex 1.2: Lesotho PSE in TB Control Strategies and activities

Lesotho Private Sector Engagement in TB Control Activity plan (2022-2025)						
Strategic objective 1: To improve compliance with regulations for establishment and delivery of healthcare services including TB among for-profit and informal private healthcare providers						
	Strategies		**Proposed activities**	**Type of support required (if any)**	**Implementation level (National or Regional)**	**Funded/Not or partially Funded**
1.1	Establish legislations for regulating healthcare providers (clinics, pharmacies)	1.1.1	Advocate for the enactment of the current medicines and medical devises bill		National (Pharmaceutical directorate)	Not funded
		1.1.2	Provide technical support to the medicines regulatory body (after enactment of the bill)		Regional (AMA Treaty & AMRH) and National (HP&SD)	Not funded
		1.1.3	Advocate for the development of legislation for regulation of healthcare providers	Capacity building for the HP&SD	Regional and national[12]	Not funded
1.2	Improve collaboration between MoH and professional bodies to enhance compliance with regulations	1.2.1	Develop a continuous professional development (CPD) system within the MOH	Technical support	Regional and National (Quality Assurance)	Not funded
		1.2.2	Build capacity of MOH to coordinate and implement the CPD system	Technical support	Regional and National (Quality Assurance)	Not funded
1.3	Establish a regulatory framework for traditional medicine	1.3.1	Developing policy and legislation for traditional medicine		NTP	Not funded
		1.3.2	Establish traditional medicine coordination unit in MoH		NTP	Not funded
1.4	Strengthen the capacity of the NTPs to monitor compliance with TB regulations (guidelines) in for-profit healthcare settings including pharmacies, hospitals, clinics, individual practitioners and traditional healers.	1.4.1	Disseminate the findings of the PSE in TB control study to private sector		NTP	SATBHSS Local Budget
		1.4.2	Disseminate TB guidelines to the private sector		NTP	SATBHSS Local Budget
1.5	Develop and implement mining industry TB programme through the collaboration of NTB	1.5.1	Develop guiding documents for artisanal mining		Ministries Mining, Health (NTB) and Labour	SATBHSS Local Budget

[12] Regional: ALM Initiative and National level: Health Planning & Statistics Department

		1.5.2	Raise awareness on TB, silicosis and other hazards associated with mining among artisanal miners		Ministries Mining, Health (NTB) and Labour	SATBHSS Local Budget
		1.5.3	Train mine health and safety officers in the mines on TB/Silicosis and other OLD		NTP	SATBHSS Local Budget
		1.5.4	Validate and disseminate the code of practice on OLD to private sector (mining)		Ministries Mining, Health (NTB) and Labour	SATBHSS Local Budget
Strategic objective 2: To establish and/or scale up innovative models of engagement for for-profit healthcare providers' involvement in TB control						
	Strategies		**Proposed activities**	**Type of support required (if any)**	**Implementation level (National or Regional)**	**Funded/Not Funded/Partially Funded**
2.1	Develop/scale up a comprehensive model of engagement with for-profit healthcare providers using certification/accreditation tools	2.1.1	Identify and sign MoUs with wiling for-profit private healthcare providers to provide TB services (Model of government proividing inputs and FP providing services free or reduced cost)	Funds for stakeholders meetings to discuss and agree on the MOUs	National- HPSD	Not Funded
2.2	Establish initiative involving pharmacies and traditional healers in screening and referral of presumptive TB cases as well as keeping data and reporting on referred cases	2.2.1	Roll out the engagement of pharmacies in TB screening and referral and involvement in DOTS in phases (starting with high TB burden and underperforming districts). Allow few pharmacies who have infrastructure to screen for TB and refer to the nearest HF[13].		National	Not funded
		2.2.2	Roll out the engagement of Traditional Healers in TB screening and referral and involvement in DOTS in phases (starting with high TB burden districts)		National	Global Fund
2.3	Strengthen the collaboration between public and private facilities to reduce the loss of patients referred between the two sectors	2.3.1	Train public sector HCWs in referral of patients from private sector		National (Ministries of health, labour and mining)	Global Fund
2.4	Scale up TB screening and treatment in small scale mining settings	2.4.1	Sensitising ASM in hazards including TB and silicosis		National (Ministries of health, labour and mining)	SATBHSS
		2.4.2	Sensitise HCWs in facilities around small scale mines		National (Ministries of health, labour and mining)	SATBHSS
		2.4.3	Conduct outreach screening of small scale mining (integrated screening TB, Silicosis, audiology etc. and aligned to mine health and safety Act)		National (Ministries of health, labour and mining)	SATBHSS
Strategic objective 3: To establish innovative incentives and enablers for for-profit healthcare providers' engagement in TB control						

[13] This activity will involve design of the pilot, sensitising pharmacies, identifying those willing, conducting training, developing tools and sensitising the receiving facilities

	Strategies		Proposed activities	Type of support required (if any)	Implementation level (National or Regional)	Funded/Not Funded/Partially Funded
3.1	Establish systems of the incentives and enablers provided to for-profit healthcare providers, especially those involving provision of free drugs and laboratory equipment and reagents	3.1.1	Design and implement an excellence or recognition award scheme for healthcare providers engaged in TB control		National (HPSD)	Not funded
		3.1.2	Conduct review meetings for for-profit private healthcare providers (clinicians) and public sector, pharmacies			
3.2	Design and implement non-financial incentives for pharmacies to increase their involvement in TB screening and referral	3.2.1	Design and implement an excellence or recognition award scheme for pharmacies engaged in TB control	Financial support for accreditation and rewards of facilities	National (NTP)	Not funded
3.3	Design and implement non-financial incentives for TH to increase their involvement in TB screening and referral	3.3.1	Provide traditional healers with promotional materials - T-Shirts, carrier bags, umbrellas, branding and IEC equipment		National	Not funded
		3.2.1	Conduct trainings for traditional healers on TB control		National	Not funded
		3.2.2	Conduct review meetings for traditional healers		National	Not funded
Strategic objective 4: To reduce catastrophic costs for patients seeking TB services from the for-profit healthcare providers						
	Strategies		**Proposed activities**	**Type of support required (if any)**	**Implementation level (National or Regional)**	**Funded/Not Funded/Partially Funded**
4.1	Prioritise the provision of free input (paid for by government) to for-profit healthcare providers to reduce the cost for patients, especially for for-profit clinics in low income urban areas and hard to reach areas where most clients are from the lowest wealth quintile	4.1.1	Mobilise resources to provide commodities (TB medicines and lab equipment and reagents) for private healthcare providers to engage in TB control	financial support	National	Not funded
Strategic objective 5: Strengthen the capacity of for-profit healthcare providers to provide quality TB services						
	Strategies		**Proposed activities**	**Type of support required (if any)**	**Implementation level (National or Regional)**	**Funded/Not Funded/Partially Funded**
5.1	Improve early TB diagnosis and DST among for-profit healthcare providers	5.1.1	Strengthen TB sample transport system to improve result turnaround time for early diagnosis and DST in private facilities that depend on public lab facilities		National (NTP)	Funded
		5.1.2	Sensitise personnel in labs conducting TB testing for private healthcare providers		National (NTP)	Funded

5.2	Scale up quality treatment services in not for profit and for profit private healthcare providers	5.2.1	Improve the management of all TB cases in private healthcare facilities through training, dissemination of guidelines, DOT to ensure adherence and systematic screening of contacts of TB index cases including children at risk of TB		National (NTP)	SATBHSS/GF
5.3	Strengthen systematic screening of all patients that come to a private facility	5.3.1	Scale up systematic screening of contacts through creating linkage between for profit private healthcare providers, community health care workers and local CBOs to complement use of phone calls		National (NTP)	No cost
		5.3.3	Expand health education activities in private settings, using IEC materials and job aids to enhance screening of contacts and high risk		National (NTP)	Funded/GF
5.4	Scale up preventive treatment of persons at high risk of TB	5.4.1	Sensitise for-profit private healthcare providers to provide preventive TB treatment		National (NTP)	
		5.4.2	Provide TPT drugs to for-profit private healthcare providers		National (NTP)	
5.5	Improve TB infection prevention and control in for-profit healthcare facilities	5.5.1	Conducting training and disseminate guidelines for TB infection control to private health facilities and assist them developing infection control plans		National (NTP)	SATBHSS
Strategic objective 6: Strengthen coordination mechanisms and advocacy for private sector engagement in TB control						
	Strategies		**Proposed activities**	**Type of support required (if any)**	**Implementation level (National or Regional)**	**Funded/Not Funded/Partially Funded**
6.1	Strengthen or establish PPM coordination units within NTP to facilitate coordination and collaboration with private healthcare providers. This will include adequate staffing and funding of these units.	6.1.1	Establish National Private Sector engagement Coordinators/Focal Persons within NTP (Clinical and M&E) - assigning responsibility to existing staff within NTP		National	Not Funded
		6.1.2	Include Private Sector engagement function within the District TB Coordinator's mandate at district level		National	Not funded
		6.1.3	Include Private Sector stakeholders in the existing TB TWG		National	Not funded
6.2	Establish private sector engagement steering committee for TB or for health service delivery with membership from all stakeholders – MoH/NTP, private healthcare providers' associations and regulatory agencies among others.	6.2.1	Hold a meeting with private healthcare providers (FP) to sensitise on PPM (National dialogue on PSE in TB control)	An independent entity to run the dialogue on behalf of NTP/MoH	Regional (may request assistance from NEPAD) and National	Not funded
		6.2.2	Institutionalise PPM coordination structure (Establish PPM steering committee)		Regional and National	Not funded
		6.2.3	Conduct a learning tour to Malawi to learn from their PPM steering committee		Regional and National	Not funded
		6.2.4	Lobby for ownership of the programme by private sector- Identify/revive Private champions and provide them with appropriate messaging		National	Not funded
		6.2.5	Creating an inclusive collaborative platform between MoH and Private Sector		National	Not funded
		6.2.6	Disseminate the Private Sector Engagement in TB Control Study results and the Action plan to the steering committee		National	SATBHSS

6.3	Train NTP/MOH staff on private sector engagement	6.3.1	Train MOH (NTP, Quality Assurance, Environmental Healtrh Unit, Health Planning) staff etc.) and Mining and labour and regulatory directorates on their roles and responsibilities in Private Sector Engagement in TB/health services		Regional/National	SATBHSS
		6.3.2	Train district level MOH (including district staff (TB Coordinators, Public Health Nurses, Quality Focal persons etc.)		Regional/National	SATBHSS
6.4	Strengthen district level coordination of private sector through establishing focal persons, training and providing financial resources to support coordination activities	6.4.1	Intensify support supervision and mentoring to private sector WRT TB by District TB Coordinators (monitoring Visits) (Adherence to guidelines, SOPs and M&E tools)		National/District	SATBHSS
6.5	Extent TB M&E systems to private sector: e-register. All health facilities including CHAL are already using it and this will be extended to all facilities including FP healthcare providers.	6.5.1	Pilot the electronic M&E system in selected private sector health facilities (PS may need staff for M&E)		National	SATBHSS
		6.5.2	Train private sector healthcare providers on the electronic system	e-register TA support (HMIS and IT)	National	SATBHSS
		6.5.3	Procurement of electronic equipment (computers, back-up system etc)		National	SATBHSS
6.6	Improve Knowledge exchange and learning on models of engaging private healthcare providers in healthcare services including TB control	6.6.1	Hold a regional conference on good practices in engagement of private healthcare providers including pharmacies, laboratories and traditional healers for countries to prioritise one or two modes of engagement that can be implemented in their context		Regional	Not funded
		6.6.2	Develop a post conference action plan for each country detailing the steps for implementing selected models of engagement		National	Not funded
		6.6.3	Conduct visits to other high TB burden countries, especially Asian countries, to learn lessons on the development of modes of engagement		Regional	Not funded
		6.6.4	Conduct exchange visits among best performing private healthcare providers within country		National	SATBHSS

Annex 1.3: Mozambique PSE in TB Control Strategies and activities

Mozambique: Private healthcare providers' engagement in TB Control Strategic Planning

Strategic objective 1: To improve compliance with regulations for establishment and delivery of healthcare services including TB among for-profit and informal private healthcare providers						
	Strategies		**Activities**	**Type of support required (if any)**	**Implementation level (National or Regional)**	**Funded/Not Funded/Partially Funded**
1.1	Strengthen the capacity of regulatory bodies (MoH at all levels National, Provincial and district) to effectively monitor compliance with regulations among for profit healthcare providers	1.1.1	Create a PPM National Technical Working Group with representative of MoH, profit healthcare association (APROSAP), clinical partners, Camara das minas, CTA, Ministery of laubour/Financial (discuss the ToR of the TWG, activities coordination etc.)	Inter-institutional invitation letter to identify PPM Focal Points to integrate in the TWG	National (MoH)	Funded (MoH)
		1.1.2	Conducting a detailed capacity assessment of the regulatory bodies (legislative issues, labour law, health occupational laws, revision of health providers regulatory to include PPM. (MoH, Ministry of Labour, Mo Financial, APROSAP, CTA, etc)	Financial and logistical support for for TWG meetings (optionally use institutional meetings rooms)	National (TWG)	Funded (MoH)
		1.1.3	Development of costed institutional capacity development plans	NEPAD	National (MoH)	Funded (MoH)
		1.1.4	Elaborate a MoU between MoH representative with a minimum responsibilities of PPM	NEPAD	National (MoH)	Funded (MoH)
		1.1.5	TWG to advocate to government and donors (PEPFAR, GF, UNITAID, CTA, Financas etc) to provide resources for implementation of the capacity building plans	MoH (Conselho de Ministros) Ministeries (donors)	National (Conselho de Ministros)	Not funded
		1.1.6	Develop innovative(e-based) systems or approaches for monitoring compliance with regulations	NEPAD	National (TWG)	Funded (MoH)
		1.1.7	Identify a Focal Point of PPM in each stakeholder	Ministeries	National (Ministeries)	Not funded
1.2	Improve collaboration between MoH and professional bodies to enhance compliance with regulations	1.2.1	Develop a jointly supervision visits (MoH and representatives, including PPM FP) to improve the compliance with the MoU and the NTP guidelines	Ministries	National (TWG), Provincial)	Funded (MoH, APROSAP, representatives of other ministeries)
1.3	Improve the capacity of regulatory bodies for mine health and safety of enforce compliance to mine health and safety regulations	1.3.1	Train mine inspectors to enhance compliance with mine health and safety standards	MoH will the training	National (MoH)	Funded (Camara das minas, CTA)
1.4	Strengthen the capacity of the NTPs to monitor compliance with TB regulations (guidelines) in for-profit	1.4.1	Disseminate the findings of the PSE in TB control study to private sector	(MoH)	National/Provincial	Not funded
		1.4.2	Disseminate TB guidelines to the private sector	National	National/Provincial	Funded (MoH)

	healthcare settings including pharmacies, hospitals, clinics, individual practitioners and traditional healers.	1.4.3	Strengthen M&E for private sector (spervison, data tools and reporting)	TWG	National	Not funded
1.5	Develop and implement mining industry TB programme through the collaboration of NTB	1.5.1	Disseminate the national strategy of Occupational health	MoH	National	Not funded
		1.5.2	Train mine health and safety officers in the mines on TB/Siliocis and other Occupational Lung Diseases	MoH	National	Funded (Mines, etc)
		1.5.3	Disseminate the code of practice on Occupational Lung Diseases (OLD) to private sector (mining)	MoH	National	Not funded
Strategic objective 2: To establish and/or scale up innovative models of engagement for for-profit healthcare providers' involvement in TB control						
	Strategies		**Activities**	**Type of support required (if any)**	**Implementation level (National or Regional)**	**Funded/Not Funded/Partially Funded**
2.1	Develop/scale up a comprehensive model of engagement with for-profit healthcare providers using certification/accreditation tools	2.1.1	PPM TWG to conduct assessment to determine which model of engagement will be implemented and to certificate/accreditate the for-profit healthcare providers (All providers will screen and refer samples)		National (PPM TWG)	Not funded
		2.1.2	Allocate instruments, conduct TB management training, sputum containers (and cartridges** providers with GX machine) to the for profit providers		District (MOH)	Not funded
		2.1.3	Create samples transport and results delivery routes from the private providers to the HFs with GeneXpert capacity installed and vice-versa		District (MOH)	Not funded
		2.1.4	Conduct regular (quarterly) supervision/support/monitoring visits to the private providers.		Provincial/district (MOH	Funded (MoH)
		2.1.5	Hold a regional platform/community of practice to share good practices on engagement of for-profit healthcare providers		National (MOH)	Not funded
		2.1.6	Develop an action plan detailing the steps for implementing selected modes of engagement		National (MOH)	Not funded
		2.1.7	Conduct visits to other high TB burden countries, especially Asian countries, to learn lessons on the development of modes of engagement		National (MOH)	Not funded
2.2	Develop (strengthen existing) model of engagement with pharmacies and traditional healers in screening and referral of presumptive TB cases as	2.2.1	Certificate/accreditate all pharmacies in TB screening through training, and use presumptive reference guide. Expand Farmac model for all private pharmacies.		provincial (MOH)	Funded (pharmacies)

	well as keeping data and reporting on referred cases	2.2.2	According to assessment findings certificate/accredit and dispense TPT drugs in the pharmacies that deliver ART		provincial (MOH)	Funded (pharmacies)
		2.2.3	Train and certification traditional healers to screen and refer TB to HF's		provincial (MOH)	Funded (MoH)
2.3	Strengthen the collaboration between public and private facilities to reduce the loss of patients referred between the two sectors	2.3.1	Allocate instruments, monitor activities and conduct supervision		District (MOH)	Not funded
		2.3.3	Use of digital platforms to improve the PPM link (e.g. TB reach app)		MoH (Health facilities)	Funded (partners)
Strategic objective 3: To establish innovative incentives and enablers for for-profit healthcare providers' engagement in TB control						
	Strategies		**Activities**	**Type of support required (if any)**	**Implementation level (National or Regional)**	**Funded/Not Funded/Partially Funded**
3.1	Scale up and improve the monitoring systems for the incentives and enablers provided to for-profit healthcare providers, especially those involving provision of free drugs and laboratory equipment and reagents	3.1.1	Provide TB drugs, TPT drugs and lab commodities (where applicable) to incentivise TB service delivery		National (MOH)	Funded by NTP
3.2	Design and implement non-financial incentives for pharmacies and traditional healers to increase their involvement in TB screening and referral	3.2.1	Provide training and branding for traditional healers		National (MOH)	Funded by NTP
Strategic objective 4: To reduce catastrophic costs for patients seeking TB services from the for-profit healthcare providers						
	Strategies		**Activities**	**Type of support required (if any)**	**Implementation level (National or Regional)**	**Funded/Not Funded/Partially Funded**
4.1	Prioritise the provision of free input (paid for by government)/ donors) to for-profit healthcare providers to reduce the cost for patients, especially for for-profit clinics in low income urban areas and rural areas	4.1.1	1.To include for-profit providers healthcare sputum collection in the sample transportation system ensured by Bollore;	STS route map inclusive; sputum containers; TB drugs	Provincial (MOH)	Funded by PEPFAR, GF
		4.1.2	2. Allocate TB drugs from public to selected for profit healthcare providers; 3. Engage other private sector industry and economic sector to reach male population and promote mobile brigades including TB screening and sputum collection	STS route map inclusive; sputum containers; TB drugs;	Provincial (MOH)	Funded by PEPFAR, GF

4.2	Advocate for inclusion of TB services in the benefit package for NHI scheme (once it becomes operational)	4.2.1	Conduct a workshop with stakeholders (Assistencia Medica, Sindicatos, Finanças…) to discuss and agreed on inclusive benefit package for NHI and next steps	Workshop	National (MOH)	Not Funded
Strategic objective 5: Strengthen the capacity of for-profit healthcare providers to provide quality TB services						
	Strategies		**Activities**	**Type of support required (if any)**	**Implementation level (National or Regional)**	**Funded/Not Funded/Partially Funded**
5.1	Improve capacity for early TB diagnosis and DST among not for profit and for-profit healthcare providers	5.1.1	Train laboratory personnel on various approved methods of TB testing including childhood TB diagnosis and strengthening lab capacity in the for-profit healthcare providers	Training program (training package, lab trainers accredited, logistic)	Provincial (MOH)	Not funded
		5.1.2	Strengthen TB sample transport system from FP service providers to improve result turnaround time for early diagnosis and DST in private facilities that depend on public lab facilities	Monitoring tools for STS providers	Provincial (MOH)	Not funded
		5.1.3	Extend EQA coverage to private sector labs	Sputum slides from private sector	Provincial (MOH)	Not funded
5.2	Scale up quality treatment services in for profit private healthcare providers	5.2.1	Strengthen referral mechanisms from FP service providers	protocols, reference tools harmonised	Provincial (MOH)	Not funded
		5.2.2	Sensitise FP service providers on TB guidelines	TB guidelines updated	Provincial (MOH)	
		5.2.3	standardise TB screening tools used in for profit private healthcare setting	T B tools harmonised	Provincial (MOH)	Funded
5.3	Strengthen systematic screening of contacts and high risk groups	5.3.1	Sensitise not for profit and for profit private healthcare providers on screening of high risk groups for TB, disseminate guidelines and data collection tools to these healthcare providers	data collection tools, guidelines,	Provincial (MOH)	Not funded
		5.3.2	Expand health education and counselling activities in private settings, using IEC materials and job aids to enhance screening of contacts and high risk groups	IEC materials	Provincial (MOH)	Funded
5.4	Scale up preventive treatment of persons at high risk of TB	5.4.1	Support for-profit private healthcare providers to provide preventive TB treatment through uninterrupted supply of drugs and relevant guidelines	Drugs, guidelines	Provincial (MOH)	Funded
5.5	Improve TB infection prevention and control in for-profit healthcare facilities	5.5.1	Develop and disseminate guidelines for TB infection control to private health facilities and assist them developing infection control plans	Guidelines, IC plans	Provincial (MOH)	Funnded - GF
		5.5.2	Train private for-profit facilities on infection control and extent monitoring of infection control to these facilities	Training, EPI, Monitoring visits	Provincial (MOH)	Not funded
Strategic objective 6: Strengthen coordination mechanisms and advocacy for private sector engagement in TB control						

	Strategies		Activities	Type of support required (if any)	Implementation level (National or Regional)	Funded/Not Funded/Partially Funded
6.1	Strengthen or establish PPM coordination unit within NTP to facilitate coordination and collaboration with private healthcare providers. This will include adequate staffing and funding of these units.	6.1.1	Advocate with DNSP and Assistencia Medica to establish PPM Coordination unit;		National	Not funded
6.2	Establish private sector engagement steering committee for TB or for health service delivery which membership from all stakeholders – MoH/NTP, private healthcare providers' associations and regulatory agencies among others.	6.2.1	Establish a representative and and inclusive steering Committee Conduct an exchange experience visit to Malawi or India to learn more on PPM	logistic for trip to Malawi 4 pp 5 days	National	Not funded
6.3	Strengthen provincial and district level coordination of private sector through establishing focal persons, training and providing financial resources to support coordination activities	6.3.1	Establish provincial level coordination units for PPM (Regular training)		Provincial	
		6.3.2	Train NTP/MOH staff on private sector engagement		Provincial	Partially funded
6.4	Extent TB M&E systems to private sector	6.4.1	Review the M&E system in place to tailor it to private sector		National	Not funded
		6.4.2	Train and provide private sector healthcare providers with data and reporting tools		National	Not funded
		6.4.3	Update existent digital technologies to facilitate case management, referral and reporting/notification with indicators		National	Not funded

Annex 1.4: Zambia PSE in TB Control Strategies and activities

Zambia: Private healthcare providers' engagement in TB Control Strategic Planning						
Strategic objective 1: To improve compliance with regulations for establishment and delivery of healthcare services including TB among for-profit and informal private healthcare providers						
	Strategies		**Activities**	**Type of support required (if any)**	**Implementation level (National or Regional)**	**Funded/Not Funded/Partially Funded**
1.1	Strengthen the capacity of regulatory bodies to effectively monitor compliance with regulations among for profit healthcare providers	1.1.1	Conduct a detailed capacity assessment of the regulatory bodies	Financial support	National (MOH/ZAMRA/HPCZ)	Not funded (Possible funding by SATBHSS Project)
		1.1.2	Develop a costed institutional capacity development plans	Financial support	National	Not funded (Possible funding by SATBHSS Project)
		1.1.3	Advocate to government to provide resources for implementation of the capacity building plans	Financial support	National / HPCZ, ZAMRA	Not funded (Possible funding by SATBHSS Project)
		1.1.4	Advocate to government to provide resources for implementation of the capacity building plans	Financial support	National	Not funded (Possible funding by SATBHSS Project)
		1.1.5	Develop innovative(e-based) systems or approaches for monitoring compliance with regulations	Financial support	National / HPCZ, ZAMRA	Not funded (Possible funding by SATBHSS Project)
1.2	Improve collaboration between MoH and professional bodies to enhance compliance with regulations	1.2.1	Develop a continuous professional development (CPD) system		professional associations and Regulatory bodies	Not funded
		1.2.2	Build capacity to coordinate and implement the CPD system		professional associations and Regulatory bodies	Not funded
1.3	Establish a regulatory framework for traditional medicine	1.3.1	Advocate for establishment of policy and legislation for traditional medicine	Financial support	NTP	Not funded (Possible funding by SATBHSS Project)
		1.3.2	Developing policy and legislation for traditional medicine	Financial support	national/ MOH	not funded (Possible funding by MOH)

		1.3.3	Establish traditional medicine coordination in MoH	Financial support	national / MoH	not funded (Possible funding by MOH)
1.4	Improve the capacity of regulatory bodies for mine health and safety of enforce compliance to mine health and safety regulations	1.4.1	Train mine inspectors to enhance compliance with mine health and safety standards	Financial support	NTP/MSD/OHSI/OSHSD	Not funded (Possible funding by SATBHSS Project)
1.5	NTP to engage more with professional associations to improve compliance with TB services	1.5.1	Professional associations to develop their code of conduct to enforce compliance to NTP requirement among their members		NTP/Professional associations	Not funded
1.6	Strengthen the capacity of the NTPs to monitor compliance with TB regulations (guidelines) in for-profit healthcare settings including pharmacies, hospitals, clinics, individual practitioners and traditional healers.	1.6.1	Disseminate the findings of the PSE in TB control study to private sector	Financial support	NTP	Not funded (Possible funding by NTP)
		1.6.2	Disseminate TB guidelines to the private sector	Financial support	NTP	Not funded (Possible funding by NTP)
		1.6.3	Establish M&E for private sector (supervision, data tools and reporting) - (Note that NTP to break this activity in details)	Financial support	NTP/FP health providers	Not funded (Possible funding by NTP)
1.7	Develop and implement mining industry TB programme through the collaboration of NTP	1.7.1	Develop IEC materials on TB awareness for artisanal and small scale miners	Financial support	national/NTP/OHS-Centre of Excellence	not funded (find out from SATBSS Project)
		1.7.2	Raise awareness of TB, silicosis and other hazards associated with mining among mine workers	Financial support	national/NTP/OHS-Centre of Excellence	not funded (find out from SATBSS Project)
		1.7.3	Train mine Supervisors, HR, health and safety officers in the mines on TB/Silicosis and other OLD	Financial support	national/NTP/OHS-Centre of Excellence	not funded (find out from SATBSS Project)
		1.7.4	Validate and disseminate the code of practice on OLD to private sector (mining)	Financial support	national/NTP/OHS-Centre of Excellence	not funded (find out from SATBSS Project)
Strategic objective 2: To establish and/or scale up innovative models of engagement for for-profit healthcare providers' involvement in TB control						
	Strategies		**Activities**	**Type of support required (if any)**	**Implementation level (National or Regional)**	**Funded/Not Funded/Partially Funded**
2.1	Develop/scale up a comprehensive model of engagement with for-profit healthcare providers using certification/accreditation tools	2.1.1	Hold a regional platform/community of practice to share good practices on engagement of for-profit healthcare providers	Financial support	NTP/NEPAD	Not funded (Find out whether NTP or SATBHSS can fund)

2.2	Establish models of engagement with pharmacies and traditional healers in screening and referral of presumptive TB cases as well as keeping data and reporting on referred cases	2.2.1	Build a case for model engagement with pharmacies and traditional healers	Financial support	MOH/NTP	Not funded (Find out whether NTP or SATBHSS can fund)
		2.2.2	Design sustainable model of engagement with pharmacies and traditional	Financial support	MOH/NTP	Not funded (Find out whether NTP or SATBHSS can fund)
		2.2.3	Mobilize funds for this model of engagement with pharmacies and traditional healers.	Financial support	MOH/NTP	Not funded (Find out whether NTP or SATBHSS can fund)
		2.2.4	Engage for profit private health facilities to sign service level agreement with MoH/NTP		MOH/NTP	
2.3	Develop of diagnostic equipment in strategic private facilities where samples can be referred within the FP facilities to reduce the TAT	2.3.1	Provide diagnostic equipment for selected private facilities to reduce TAT for results	Financial	MOH/NTP	Find out from NTP
2.4	Scale up inspection activities of FP facilities after giving them support in terms of equipment etc.	2.4.1	Integrate the role of supervision into the responsibilities of the TB focal points persons	Financial	MOH/NTP	find out from MoH/NTP
		2.4.2	Hold periodic review meetings with the FP facilities to strengthen the engagement models	financial	MoH/NTP	
		2.4.3	Conduct visits to other high TB burden countries, especially Asian countries, to learn lessons on the development of modes of engagement	financial	Regional	find out from NEPAD
Strategic objective 3: To establish innovative incentives and enablers for for-profit healthcare providers' engagement in TB control						
	Strategies		**Activities**	**Type of support required (if any)**	**Implementation level (National or Regional)**	**Funded/Not Funded/Partially Funded**
3.1	Scale up and improve the monitoring systems for the incentives and enablers provided to for-profit healthcare providers, especially those involving provision of free drugs and laboratory equipment and reagents	3.1.1		financial support	National/NTP	SATBHSS Project
3.2	Design and implement non-financial/financial incentives for pharmacies and traditional healers to	3.2.1	Recruit community- based volunteers to carry out contact tracing, patient follow up and case reporting in private sector	financial support	National/NTP	Not funded (To find out whether NTP can fund)

	increase their involvement in TB screening and referral	3.2.2	Provide incentives to traditional healers to conduct TB screening and referral in order to incorporate them in the NTP	financial support	National/NTP	Not funded (To find out whether NTP can fund)
		3.2.3	Train traditional healers and branding their activities	financial support	National/NTP	Not funded (To find out whether NTP can fund)
Strategic objective 4: To reduce catastrophic costs for patients seeking TB services from the for-profit healthcare providers						
	Strategies		**Activities**	**Type of support required (if any)**	**Implementation level (National or Regional)**	**Funded/Not Funded/Partially Funded**
4.1	Prioritise the provision of free input (paid for by government)/ donors) to for-profit healthcare providers to reduce the cost for patients, especially for for-profit clinics in low income urban areas and rural areas.	4.1.1	Establish/strengthen a courier system from for profit private health facilities to government testing centres	Financial support	District	Not Funded (Find out whether NTP can fund)
4.2	Advocate for inclusion of TB services in the benefit package for NHIMA scheme	4.2.1	Advocate for accreditation for NHIMA scheme to more private institutions.		National and District	Not Funded (Find out whether NTP can fund)
			Increase community awareness of the benefits of NHIMA	Financial support	National and District	Not Funded (Find out whether NTP can fund)
Strategic objective 5: Strengthen the capacity of for-profit healthcare providers to provide quality TB services						
	Strategies		**Activities**	**Type of support required (if any)**	**Implementation level (National or Regional)**	**Funded/Not Funded/Partially Funded**
5.1	Improve capacity for early TB diagnosis and DST among not for profit and for-profit healthcare providers	5.1.1	Train laboratory personnel on various methods of TB testing including childhood TB diagnosis in the for-profit healthcare providers	Financial and technical support	District and National	Not Funded (Find out whether NTP can fund)
		5.1.2	MOH to provide Gene expert machines and cartridges to identified private institutions		National (NTP)	Not Funded (Find out whether NTP can fund)
		5.1.3	Train healthcare workers on screening and early diagnosis of TB	Financial and technical support	National (NTP)	Not Funded (Find out whether NTP can fund)
		5.1.4	Provide updated guidelines for TB management		National (NTP)	Funded (NTP)

		5.1.5	Extend EQA coverage to private sector labs		National and Regional	Not Funded (Find out whether NTP can fund)
5.2	Scale up quality treatment services in for profit private healthcare provide	5.2.1	Strengthen referral mechanisms from FP service providers to public hospitals	Financial support	District and National (NTP/Professional association/Hospitals)	Not Funded (Find out whether NTP can fund)
		5.2.2	Sensitise FP service providers on TB guidelines	Financial support	National (NTP)	Not Funded (Find out whether NTP can fund)
		5.2.3	Provide standardise TB screening tools used in for profit private healthcare setting	Financial support	District/NTP	Not Funded (Find out whether NTP can fund)
5.3	Strengthen systematic screening of contacts and high risk groups	5.3.1	Establish linkage between for profit private healthcare providers and community health care workers and local CBOs to complement use of phone calls		District and National	Not Funded (Find out whether NTP can fund)
		5.3.2	Sensitise not for profit and for profit private healthcare providers on screening of high risk groups for TB, disseminate guidelines and data collection tools to these healthcare providers	Financial support	District and National (NTP/Professional association/Hospitals)	Not Funded (Find out whether NTP can fund)
		5.3.3	Expand health education and counselling activities in private settings, using IEC materials to enhance screening of contacts and high risk groups		District and National	Not Funded (Find out whether NTP can fund)
5.4	Scale up preventive treatment of persons at high risk of TB	5.4.1	Support for-profit private healthcare providers to provide preventive TB treatment through uninterrupted supply of drugs and relevant guidelines in selected hospitals	Logistics (Provision of preventive and therapeutic TB drugs and providing sensitization programs) and technical support and financial support (SATBHSS)	National (NTP)	SATBHSS
5.5	Improve TB infection prevention and control in for-profit healthcare facilities	5.5.1	Develop and disseminate guidelines for TB infection control to private health facilities and assist them developing infection control plans		National (NTP) and District	Not Funded (Find out whether NTP can fund)
		5.5.2	Train private for-profit facilities on infection control and extend monitoring of infection control to these facilities		National (NTP) and District	Not Funded (Find out whether NTP can fund)
Strategic objective 6: Strengthen the Coordination, Advocacy and Communication						

	Strategies		Activities	Type of support required (if any)	Implementation level (National or Regional)	Funded/Not Funded/Partially Funded
6.1	Strengthen or establish PPM coordination unit within NTP to facilitate coordination and collaboration with private healthcare providers. This will include adequate staffing and funding of these units.	6.1.1	Consider appointing/assigning more PPM focal persons by the government (MOH)		National and District	No Funding Needed
6.2	PPM action plan has to be reviewed and reinforced.	6.2.1	Stakeholder engagement meeting to review the plan and scale it up	NTP to provide technical and financial support	Regional and National	SATBHSS
6.3	Establish private sector engagement steering committee for TB or for health service delivery with membership from all stakeholders – MoH/NTP, private healthcare providers' associations and regulatory agencies among others.	6.3.1	Train private sector focal persons to work with NTP/MOH	Financial support	National and District	SATBHSS
		6.3.2	Forming a technical working/steering committee	Financial support	National and District	SATBHSS
		6.3.3	Train NTP/MOH staff on private sector engagement	Financial support	National and District	SATBHSS
6.4	Strengthen provincial and district level coordination of private sector through establishing focal persons, training and providing financial resources to support coordination activities Extend TB M&E systems to private sector	6.4.1	Training and provision of funds to support coordination activities	Financial support	District	Funded (NTP)
		6.4.2	Review the M&E system in place to tailor it to private sector		National and District	Not Funded
		6.4.3	Train and provide private sector healthcare providers with data and reporting tools		National and District	Not Funded
		6.4.4	Develop digital technologies to facilitate case management, referral and reporting/notification		National and District	Not Funded

Annex 2: Mozambique stakeholder mapping

Institutions	Role/ Responsabilities

MOH	Regulatory (Letters. MoU) Advocacy Funding (OE)
NTP	Coordinator Supervision and technical assistance Guidelines , Capacity Building
CMAM	Therapeutics provision Supervision and technical assitance
RCL(Repartição Central de laboratórios)	Commodities Regulatory Supervision and technical assistance
Phamarmaceutic Directorate	Regulatory and licensing
INS(Instituto Nacional de Saúde)	EQA Capacity Building
Medical Assistance Directorate / Private Sector	Inspections Coordination PCI and humanização
Occupational Health Directorate	Regulatory Supervision and technical assistance
Mining Ministry	Regulatory , Supervision
APROSAP	Coordinator
AMETRAMO (Associaçao de Medicos tradicionais Moçambicanos)	Implementer Screening and referal
Health Private Providers	Implementer Screening and referal, contact tracing
medical Association	Advocacy
FARMAC	Implementer
CCS (Centro de Colaboração em Saúde)	Technical assistance Funding

AURUM/ TB REACH	Technical assistance Funding
Education Ministry	Advocacy
Financial Ministry	Funding
LTB Response /ADPP	Technical assistance
CSO	Contact Tracing
Public System	Diagnostic, Treatment, Contact tracing, Prophylaxis and Reporting
Justice and Religious Ministry	Advocacy
Civil Society	Advocacy
Laubor Ministry	Regulatory
CTA	Advocacy
Mining chamber	Coordinator , regulatory
OIM(Organização internacional Migrações)	Advocacy , technical assistance
WHO	Guidances , technical assistance, funding
Global Fund	Funding
PEPFAR	Funding
OIT (organização internacional do trabalho)	