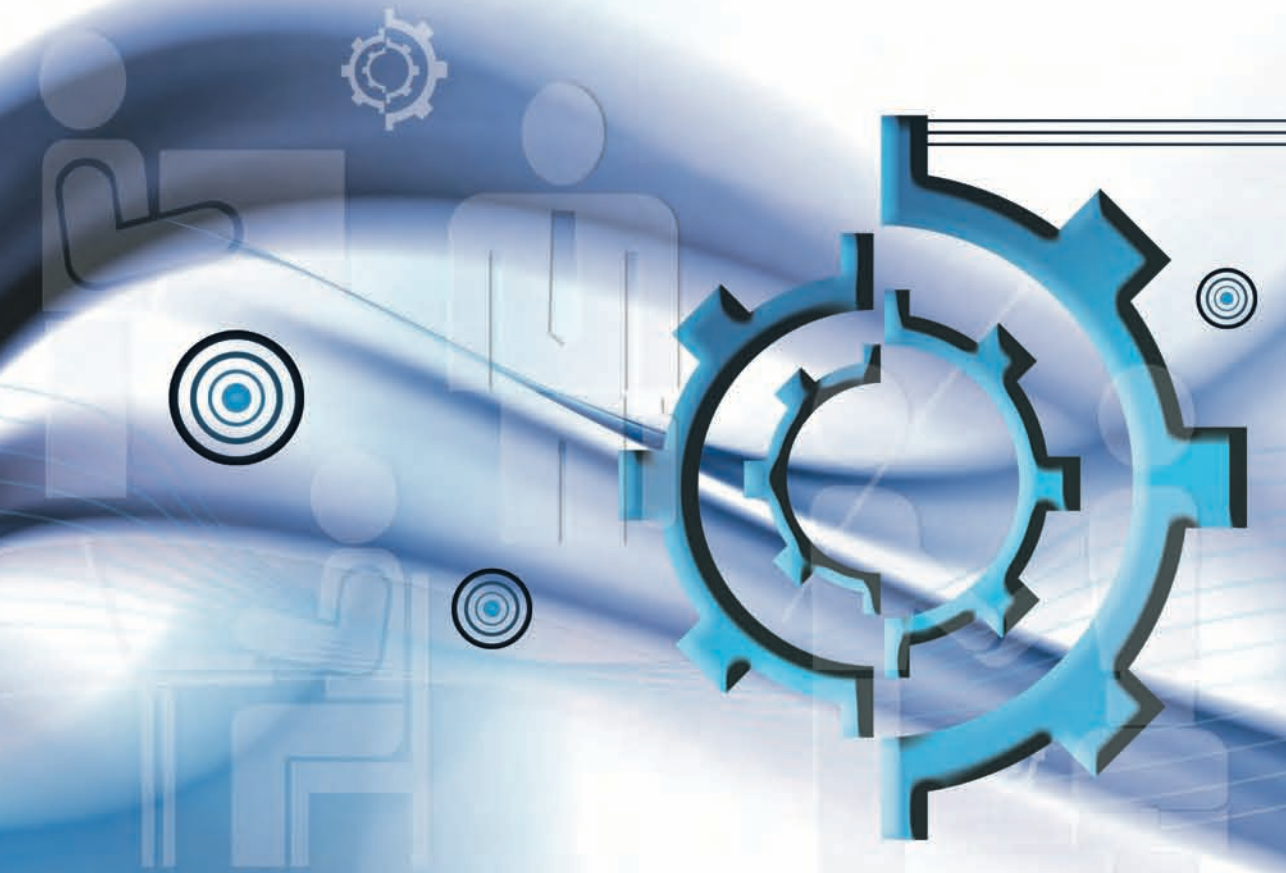
Strategic Guide for Building

Public • Private Mix (PPM)

Partnerships to Support Tuberculosis Control.



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Public•Private Mix (PPM)

Partnerships to Support Tuberculosis Control.

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Table of Contents:

Abbreviations and Acronyms 4

Acknowledgments 5

0. Executive Summary 7

1. Introduction 9

2. Objective 10

3. PPM – Global Overview 11

3.1 PPM in Mexico 12

3.2 What is a Strategic Partnership? 13

3.3 PPM Facilitators' Training 13

3.4 Local Workshops to Establish PPM Partnerships 14

4. What Skills must a Facilitator Have? 15

5. Working Methodology for Building PPM Partnerships 18

6. Partner-Specific Adaptations of the 7-step Methodology 37

7. Monitoring and Evaluation 39

8. Support Tools 42

9. Bibliography 47

Abbreviations and Acronyms:

DOTS	Directly Observed Treatment, Short Course
DHS	District Health System
IMSS	Mexican Social Security Institute
ISSSTE	Institute of Social Security and Social Services for State Workers
ISTC	International Standards for Tuberculosis Care
KNCV	KNCV Tuberculosis Foundation
MDG	Millennium Development Goals
NHP	National Health Program
NOM	Official Mexican Standard
NTP	National Tuberculosis Program
PPM	Public Private Mix
SSA	Department of Health
STP	Decentralized Tuberculosis Program
TB	Tuberculosis
TB CAP	Tuberculosis Control Assistance Program
UMF	Family Medical Unit
UNION	International Union Against Tuberculosis and Respiratory Disease
USAID	United States Agency for International Development

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Executive Summary

Public Private Mix (PPM) is a strategic initiative with the objective of engaging all private and public health care providers in the fight against tuberculosis, using international health care standards.

We know that not all health care providers are actively involved in detecting, diagnosing, treating and referring of TB patients; that the perception and understanding of tuberculosis as a public health challenge varies across providers and stakeholders; and that delay in the timely diagnosis of patients with pulmonary tuberculosis is a daily occurrence in the health care services field.

Additionally, there are other difficulties affecting the quality of health care, such as unnecessary expenses for the patient (medicines, transportation, lost work hours), as well as complications related to the development of drug resistance and loss of life due to a health problem that should be curable. Delayed diagnosis also increases the direct costs for health care facilities in treating acute patients who require more bed days, and also add to the unnecessary risk of TB infection to health care workers.

Because the National Tuberculosis Program has an insufficient number of providers to address this public health problem, the participation of other providers in the field is essential in order to join forces and achieve more effective TB control, through using practices and guidelines clearly outlined in international documents and reiterated in official NTP tools.

Adding other health care providers to global strategic programs such as the NTP is no easy task, since it requires time and negotiating abilities to attract partners who, because of the nature of their work or mission, are more concerned with other priorities. Therefore, training quality management facilitators to strengthen partnerships and gradually bring in service providers is necessary; and a methodical plan is required that will provide a positive and sustainable response over time and attract other participants to join the global effort to combat TB.

This document describes the initial efforts to be developed by the NTP on PPM and explains each of the essential steps toward forming a strong alliance with potential partners for active involvement in TB control.

It should be noted that this document is an adaptation and transformation of the practical experience and methodology that has been developed in different federal organizations and with different partners (schools and colleges of medicine and nursing, public hospitals from the Ministry of Health and Social Security, prisons, NGOs, etc.) in Mexico, and that this methodology can be applicable to other contexts in the world.

We hope that this information will be useful.

1. Introduction

In the year 2000, the United Nations, with 189 member countries, signed an agreement to reduce world poverty and hunger, and improve world health care, education, and global fairness. This agreement expressed 8 goals and 18 targets, known as the Millennium Development Goals (MDGs). One of the most important of these goals was the fight against diseases of international significance, such as HIV/AIDS, malaria and tuberculosis.

In this context, the global Stop TB Strategy was developed. This overall vision for the future aims to reduce the burden of TB by 2015 and reduce the TB death rate by up to 50% as compared to 1990. In order to carry out this plan six major components, all requiring a comprehensive and sustained response, were identified and documented:

1. Pursue DOTS expansion and enhancement as the cornerstone that supports the remaining components, clearly expressing the political commitment that will guarantee political will to support TB control, case detection using quality assured bacteriology services, standardized supervised treatment, a reliable drug supply, and routine monitoring of case detection, treatment outcomes and impact measurement;

2. Address TB/HIV co-infection, multi-drug resistant TB and other challenges, through effective coordination of TB and HIV/AIDS programs; MDR-TB prevention and control; and supporting specific risk groups such as prisoners;

3. Contribute to strengthening the health system, through developing human resources management and funding sources, improving information systems, and sharing innovations in health care and best practices;

4. Engage all health care providers by applying international standards for tuberculosis care, and involving public and private institutions;

5. Empower people with TB and communities, through advocacy, communication, and social mobilization (ACSM), to participate as a community in TB care, and implement the Patients' Charter for Tuberculosis Care;

6. Enable and promote research, both operational research and research leading to the development of new diagnostic procedures, drugs and vaccines.

Point 4 includes a PPM sub-strategy that seeks to strengthen efforts to establish partnerships between public-public and public-private sectors and institutions that provide health care and human resource health training.

The current document is intended to provide leaders of the TB Program with a methodology that will aid in the formulation, implementation and formalization of partnerships with health care providers within local health systems in the fight against tuberculosis.

2. Objective

Offer a strategic guide to sub national Tuberculosis Program leadership (state, province, district) and staff to form a partnership between public and private sector institutions in order to strengthen formal relationships for continuous improvement in the fight against tuberculosis.

3. PPM - Global Overview

In most countries with a high burden of TB, TB suspects seek and receive care from a wide range of providers from both the public and private sectors. These providers include pharmacists, private physicians (which encompass a diverse array of providers such as purely private sector clinics, facilities that are managed by faith based organizations, and work place based services (ex, mining companies), traditional healers and public providers that may or may not diagnose and treat TB in accordance with NTP policies and guidelines. Unfortunately, not all providers follow the internationally recommended protocols for DOTS-based TB diagnosis and treatment as described in the global Stop TB strategy. Consequently, based on international evidence, TB patients receiving treatment often do not receive all the benefits of quality care. The strategic alliance between public and private sector providers is an important component of the Stop TB strategy (Global Plan to Stop TB, 2006-2015). The documents "Engaging All Care Providers in TB Control" (WHO) and "PPM for TB Care and Control: A tool for national situation assessment" (WHO) are tools that will assist the NTP in formulating its PPM national strategic plan.

There is a need at the state/region, district, municipal and community levels for guidelines on implementation of formal collaboration strategies among the different sectors and stakeholders and documentation of their commitment to cooperate with health care facilities. Patients with respiratory symptoms seek care at the health care provider that, in their opinion, will solve their problem. And, theoretically, all providers, both public and private, should have the expertise to diagnose and treat a patient suspected of having TB or screen and refer TB suspects to the appropriate DOTS-based TB diagnosis center. However, experience indicates that there are operational gaps to ensuring early diagnosis and proper treatment. Given these circumstances, the NTP, with limited resources, faces challenges in providing TB case detection and treatment for all TB suspects. Therefore, new ways for partners to participate actively in controlling this public health problem must be developed, and one of the many options available might be through building strategic partnerships that result in mutual benefits for institutions.

3.1 What is a Strategic Partnership?

We understand strategic partnership to consist of two or more companies or entities coming together in order to jointly develop various modes of cooperation, whether sharing technology, expanding the client base, offering better services, and/or strengthening a strategic program. Included among such options are themes associated with health.

This means that from the beginning there needs to be a balance of rewards, where the definition of the relationship benefits both parties who join the "win-win" effort.

PPM strategic partnerships have been proven to be effective throughout the world. In half of the countries with a high burden of TB, NTPs have been able to engage new partners such as public hospitals, higher education institutions, army institutions or prison facilities, pharmacists, private sector physicians, and work place based health services to engage them in networks of DOTS based diagnosis and treatment. A third of them have successfully introduced mechanisms of collaboration between of the NTP and social security institutions, and almost all countries have begun to engage the private sector. Throughout Asia, for example in, Cambodia, India, Indonesia, Pakistan and Vietnam, where the private sector plays a very important part in providing health care to the population, active participation of new partners has contributed to a significant increase in the detection and treatment of TB patients. Likewise, India has succeeded in involving colleges of medicine and opinion leaders among private physicians in urban areas, who are responsible for 25% of sputum positive TB case detections carried out in the area. Pakistan has engaged NGOs and a social franchise model in order to increase case detection and cure. In Cambodia and Dominican Republic, referral networks between pharmacists and public sector TB diagnosis centers have improved case detection and reduced delays in treatment. In these settings, NTPs assess the contribution of each provider by means of a registry located within the National Information System and through routine reporting mechanisms at district level. In Africa, the nine countries with the heaviest TB burden have their own PPM plans, which involve NGOs, prisons, detection in workplaces, private laboratories, pharmacies and traditional healers.

3.2 PPM in Mexico

The collaboration of the NTP of Mexico with multiple national and international partners is has been in place for many years. Dating from its development as an NTP the MOH has worked jointly with public and semi-public institutions. In the last few years academic institutions, private associations and other entities have also been involved. In 2006, with technical assistance from KNCV, a PPM partners mapping exercise took place during an evaluation mission; this exercise led to recommendations for developing a strategic plan on the national level. Given the decentralized political structure that exists in Mexico, the recommendation was to make a state-by-state PPM assessment and have states develop their own operational plans, using examples of recognized good practices already in use by some states.

In order to comply with the internationally recommended protocols for TB diagnosis and treatment, the International Standards for Tuberculosis Care (ISTC) were reviewed and adopted as the Official Mexican Standard in consensus with a local technical team. The final results were published in 2009, and this tool is currently being used in training health care professionals in all states implementing PPM, and even in states that are still developing collaborative projects. During 2009, with technical assistance from KNCV and the UNION, a national strategic plan was developed that included the training of facilitators along with TB program managers in priority states, in order to help them implement a state or DHS plan with partners who have been identified and are interested in collaboration.

3.3 PPM Facilitators' Training

To formulate a state strategy for increasing the gradual involvement of health care providers in tuberculosis control is important to develop essential skills and methodological tools for negotiation and quality management needed for the facilitator to successfully approach the chosen institutions. The training should include the following key topics related to formation of strategic partnerships:

- The importance of highlighting mutual benefits that will appeal to the chosen partner, thereby stimulating interest in collaboration with the NTP.
- Development of a medium-term work plan taking into account opportunities and existing gaps and focusing on selected TB indicators from the International Standards.

- Identification of technical and methodological resources available from international partners and the NTP.
- Documentation of best practices.
- Participation in national and international forums on PPM.

After the facilitators' workshop, participants will return to their workplaces with the task of taking the first step in the methodology: organizing a "sensitization-socialization" meeting with leadership groups from potential partners. This meeting would explore the possibility of conducting a workshop with a local project team, which would analyze actual work conditions and explore opportunities for best practices (those using specific indicators) within the local environment.

3.4 Local Workshops to Establish the Partnership

Once approval had been obtained from the leadership of potential partners, local workshops will be organized with a project team. It is crucial to have the involvement of the director or assistant director of the institution and of department heads (internal medicine, pediatrics, laboratory, respiratory medicine, emergency room, nursing), as well as that of the personnel and operations supervisors (physicians and nurses), who participated actively in identifying critical activities and opportunities for improvement. External partners from the area's Health District (DHS), the DOTS Network leaders, and the State Tuberculosis Program managers should be included in this team.

4. What Skills must a Facilitator have?

A facilitator is a person who makes things easier -- providing the technical and managerial support that is necessary for an institution's work teams to make the best progress possible.

There are different kinds of facilitators. However, we will highlight only the most common types:

a) *Educational and academic activities facilitator:* promotes meaningful learning of subject content and supports the student in carrying out specific tasks;

b) *Logistical support facilitator:* makes available the necessary activities and supplies for social, academic, cultural, and other events to take place;

c) *Social liaison facilitator:* establishes contact between identified key players from two or more entities or institutions in order to develop projects of common interest.

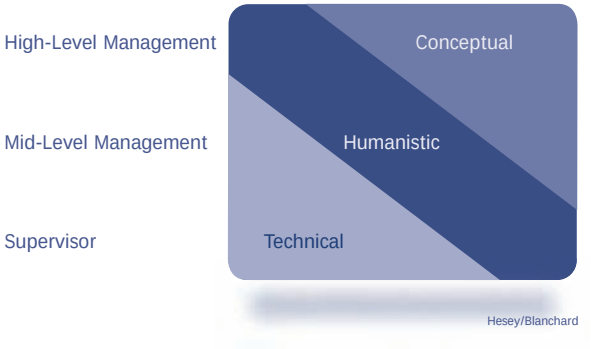
d) *Technical assistance facilitator:* on an as-needed basis, provides work tools or information that is considered useful for programs or tasks related to the project.

Facilitators are considered to be part of the local health care system and are accepted by their co-workers for their technical abilities, influence on policy, or moral standing; most importantly they are recognized by the management of their institutions.

Moreover, facilitators use their conceptual, humanistic and technical skills with ease, as described by Hersey and Blanchard.

Conceptual skills, refer to the knowledge of regulatory issues and national and international standards; humanistic skills, refer to the ability to communicate, persuade, lead, focusing their efforts on the customer, and technical skills refer to knowledge of the procedures medical and administrative technician.

Another important role in the partnership network is that of the Instructor. These are consultants who support local project teams as they carry out their work. Their participation goes beyond the local level, since they have a comprehensive vision of the plans and goals at the national and international levels that need to be addressed as part of a global strategy.



Within the different roles that Facilitators play, and among our expectations of health care professionals who assume this position, we emphasize:

a) *Coordination.* Facilitators will work with the management of their institution to identify weaknesses in the process of care. In this context their actions are not autonomous, since they share information with these authorities in order to facilitate their involvement. They do not wait for their superiors to ask about performance indicators; instead they seek out opportunities to create an effective link with decision makers.

b) *Support.* Facilitators help the local work team to identify criteria or needs that are related to health problems; they base such discussions on formal information sources and encourage analysis of these sources.

c) *Agreements.* Facilitators establish agreements with the health care team leader and project team members, clearly defining what is expected of the health care institution and what they, as facilitators and project members, are willing to offer.

d) *Event programming.* Facilitators organize meetings with the Project Team, and help to define dates and schedules in the interests of all members.

e) *Data.* If necessary, Facilitators will organize a quick sampling to collect data that is essential for obtaining the active participation of all the health care workers in the institution. Hard data is more convincing than any qualitative discourse.

f) *Monitoring.* Facilitators help manage information and create the graphical presentation of results, sharing information with all members for decision-making.

g) *Planning.* Facilitators coordinate the formulation of the Action Plan in which the active participation of each member is clearly defined by tasks that are complementary among all involved areas and at operational, management, local, state, and national levels.

h) *Reporting.* Facilitators prepare progress reports and results reports for the tasks that were carried out and share these with all partners, so that the improvement project remains current in the minds of the operational personnel and decision makers.

i) *Linkage.* Facilitators will rely on the Instructor for any question or clarification, especially those concerning seeking outside support, identifying subsequent actions, and documenting best practices, while ensuring the active participation of all partners.

It is not necessary for Facilitators to carry out all these activities personally. However, it is imperative that, when relying on help from one or several members of the project team, they explore the conditions, look for alternative solutions, or coordinate the implementation of activities for achieving the objective, which is to establish strategic partnerships.

5. Working Methodology for Building PPM Partnerships

Having approached authorities of other institutions with the goal of establishing partnership, we have learned over time that, in order to facilitate a positive response, it is important to first learn how to create an environment that is conducive to mutual understanding.

This environment involves approaching the potential partners at the best time, considering both scheduling and the politics of the timing; ensuring that the appropriate individuals are present; and ensuring that the meeting place allows the relationship between the parties to be viewed as one of complementing each other and collaboration toward a common benefit.

In this process of "selling the project," it is necessary to step into the other's shoes, keeping in mind that the subject of tuberculosis is often not on the agenda among the tasks, mission, or nature of the programs that are managed by the new partners, and if it is currently in their scope of work, it may be a low priority. This circumstance is entirely understandable, since each institution focuses on its most critical challenges and needs. However, a broader vision can often be achieved by showing evidence backed up by hard data indicating that that the problem for which we are seeking collaboration affects the institution, or even affect its health care workers.

For this reason, in the following paragraphs we describe the sequence of steps that we believe are useful for clearly defining the support that we expect from a partner facility or institution in the fight against tuberculosis.

We will describe the seven essential steps in this process, as follows:

- **Step 0.** Preparing Documents and Gap Analysis
- **Step 1.** Sensitization - Socialization Meeting
- **Step 2.** Meeting with the Board of Directors of the Institution
- **Step 3.** Workshop for Selecting Improvement Opportunities
- **Step 4.** Signing the Collaborative Agreement
- **Step 5.** Formulating the Monitoring Plan
- **Step 6.** Evaluating Results
- **Step 7.** Recognizing Performance

step

0

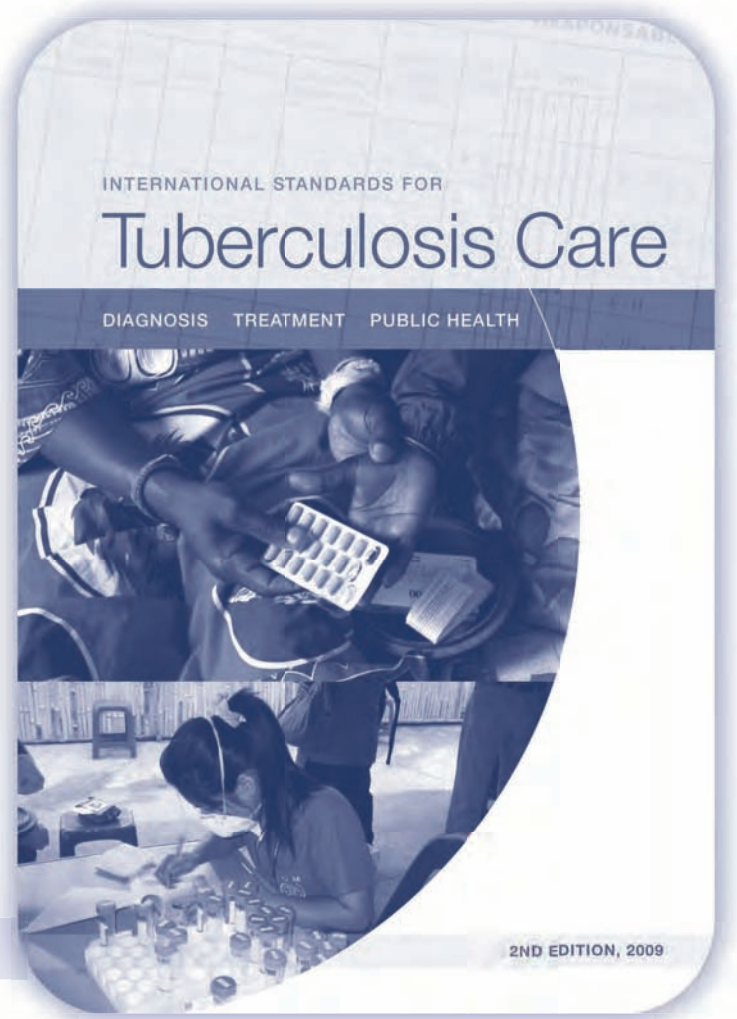
Preparing Documents and Gap Analysis

Before approaching the desired partner, it is advisable to have ready the official documents that explain the framework of the NTP.

It is essential to describe the profile of potential partners and the type of services they provide (ex, diagnosis, treatment, in-patient care, ambulatory care, etc). For example, it is important to identify who among partners is involved in training human resources in the health care field, who offers primary or hospital care services, and which specialized institutions can be involved in a strategic partnership, for example, laboratory services, research institutes, pharmaceutical procurement and distribution agents, etc.

Identify the most specific indicator within the International Standards (ISTC) that they can contribute to in the effort to improve tuberculosis control. In practice, the STP Coordinator often has data on the performance of certain indicators at the health care center. However, the type of response from the prospective partner's institutional leaders will depend on how the data is presented to them.

The question of the benefits of establishing a partnership with the institution should also be answered.



step

Sensitization ■ Socialization

TasKs

- Identify a facilitator within the institution.
- Prepare key information.
- Arrange an appointment.
- Include decision makers as participants.

It is important to identify an ally within the facility who "speaks our language" and who can act as a spokesperson to help us get on the management team agenda. For example, in our context, it is often the epidemiologist with whom we have frequently exchanged information; the dean's advisor with whom we maintain a friendly relationship; the career counselor who sends nursing or medical students for clinical practice in the health care facilities under our jurisdiction. The role that this "inside" person plays is to introduce our approach to the authorities of that institution.

This actor, or facilitator, can be a catalyst for setting up a formal appointment with authorities in the institution that we hope to partner with and where we can identify opportunities for improvement. One of this person's tasks is to coordinate the schedules of the parties and decide on the right point in time to hold the meeting.

It is important to note that participants should be told that this will be an executive meeting that will not take much time and that can take place in a time frame that will not interfere with important institutional activities.

A complementary task of the facilitator will be to prepare key information on TB performance indicators at the institution that can be included in the Step 2 executive presentation. Examples: number of sputum samples analyzed in that month; patients referred to other centers; arrival of patients with very severe disease; autopsies on patients diagnosed with TB, etc.

It should be noted that we should be aware of the political situation that the institution is currently facing and the status of its directors, as well as working on how to obtain their support. If elections are taking place, or if there will be a change in the Board of Directors, it is not a good time to approach them regarding potential collaboration.

Before the meeting it is advisable to explore the possibility of inviting the board of directors and the institution's key stakeholders.

Subsequently, the result of this step will be to arrange an appointment with the director of the entity (whether a hospital, school or college within a university) and its staff.

step

Meeting with the Board of Directors of the Institution

TasKs

- Executive presentation of less than 30 minutes.
- List of attendees with positions, telephone and email.
- Initial agreements.

Ideally, the executive meeting will be held with the director of the institution or, in his/her absence, a decision maker. Its purpose will be to explain the PPM strategy in the global and national context of Stop TB.

The meeting should be no longer than 30 minutes, since the participants are likely to have many competing priorities. Ideally, you should summarize what should be covered in the meeting in 7 to 15 slides and then follow up with discussion to expand on the topic. The discussion will provide an opportunity to clarify any misinterpretation or explain the purpose of the partnership in further detail.

Remember that the first five minutes are the key to catching the partner's attention.

The executive presentation has two key aspects: content and form.
The presentation must be tailored to fit the client's profile, since in this sales process we must show the appeal of participating in the partnership with the NTP.

The key ***content*** points of the executive presentation should include:

- The local, state and national epidemiological overview of TB.
- Data based on some of the institution's performance indicators.
- Costs associated with quality care.
- What a PPM partnership is .
- The benefits of participating in the Partnership.
- Preliminary information on other partners (increase in detection, new cases, improvement in referrals, etc).
- What is needed to implement this.

The key ***form***-related aspects are more tied in with how the message is communicated, and we suggest that you:

- Stay within time limits, without speaking too long.
- Adapt the subject matter material so that you feel comfortable with it, without forgoing essential content.
- Do not read the slides. It is better to converse with the audience, while maintaining eye contact with your clients.
- Identify the advantages for the selected partner..
- Basically, talk about the benefits of collaboration.
- In your talk, do not confuse actions to be taken and actions to be avoided; this is in order not to lose the thread of your argument.
- Believe in the message that you are giving, and make it your own.
- Avoid phrases such as "this is very important," or "we have had good results," because they sound like clichés. Instead, it is preferable to stress ideas using the pitch, pace and power of your voice, which is an excellent way of making a particular point more evident.

The response of the board of directors is key in this initial approach, since it should be clear that the partnership is a "win-win" strategy, and that its role in improving any indicator will benefit the partner facility, in collaboration with the NTP and the STP.

Once the presentation is finished, explain the next steps in forming the partnership, which is to form a project team that will develop an improvement proposal using quality tools, such as the Tree Diagram, working under the direction of an instructor, who can be a member of the NTP. It is advisable to set a tentative meeting date within less than 15 days; otherwise you run the risk that this commitment could be forgotten.

Based on the response of the board, identify the facilities of the partnered hospital, school, or institution for holding a local one or two-day workshop (including a classroom, projector, availability of dates and schedule, etc.).

Assign the coordinating team, and prepare a list (including name, position, telephone and email address) of the involved areas so as to share information and ensure that the training event takes place.

Distribute a memorandum covering the initial agreements to all the attendees in the institution, as well as to the NTP and STP partners. In order to take advantage of the opportunity, it is advisable that the note be distributed to the partners in under 48 hours.

step

Workshop for Selecting Improvement Opportunities

Tasks

- Prepare activities program for the workshop.
- Prepare copies of the ISTC and support materials.
- Select improvement indicators.
- Create a group email address for the project team.
- Select project and committee team leader.
- Establish agreements and obligations.
- Share workshop results with all partners.

It is recommended that facilitators prepare a program of the activities to be carried out during the local workshop. The schedule should be based on the likelihood of active participation by those attendees who are required to be present on an ongoing basis. This is not a matter of planning an information session, but rather a workshop where the attendees contribute their practical experiences within the institution and formulate practical and realistic procedures to improve quality of care.

The program should specify the support required of the host institution, where, ideally, the workshop should take place, and the support tools offered by the NTP and the STP.

The Project Team, comprised of between 10 and 15 members, does not necessarily have to include department heads, but that it should include other key personnel assigned by institutional authorities such as a physician, nurse, laboratory manager, manager of the institution, as well as the Decentralized TB Program manager and the DOTS Network leader.

It is suggested that the following objectives from the "content" section, above, be developed and presented.

a. Provide an epidemiological overview of TB at the national and decentralized levels along with the results of baseline assessment on tuberculosis care within the Hospital.

b. Address the meaning of PPM partnership with the institution and the costs associated with quality.

c. Analyze and discuss the ISTC.

d. Select the standards that could feasibly be implemented at the hospital, regional center, Center, Center for Social Rehabilitation, school, etc., for improved tuberculosis control.

e. Select services that will best support implementation of the improvement strategy.

f. Define the recording tools to be used for following up on activities.

g. With the project team, establish a monitoring, support and follow-up plan at the local and national level.

h. Brief all involved on the importance of documenting the project and its implementation process so that it can be disseminated and publicized as an example of best practices.

Once the improvement indicators are identified, an Action Plan will define the procedure(s) to be improved by institution personnel.

It is recommended that there be no more than three indicators, so that the task does not become an additional burden and cause rapid discouragement among operational personnel.

Once the Action Plan is defined (See appendices) the team should appoint:

- The ***Overall Project Leader***, who will be responsible for coordinating all activities taking place within the facility and coordinating actively with outside partners such as the STP and NTP;

- The ***Leader of the Monitoring Committee***, who will ensure that data is correctly collected, tabulated, graphed and presented at board meetings;

- The ***Leader of the Training Committee***, who will coordinate activities related to the socialization of best practices for the purpose of involving all institutional personnel; facilitate specific training by inviting other speakers for specific subjects; and disseminate results to the users of health care services or of the educational institution.

Once the project leaders have been designated, agreements and obligations can be established in a timely and correct manner. A brief memorandum should be prepared and sent via email to all stakeholders, including the Board of Directors of the institution, the Project Team, and NTP at decentralized level as well as the central team.

Ensure that the memorandum reaches all those associated with the Project.

step

Signing the Collaborative Agreement

TasKs

- Prepare model collaborative agreement.
- Include clauses defining each partner's participation.
- Organize a social event.

The model collaborative agreement will include three fundamental elements:

a) The heading, showing the logos of the institutions to be partnered: the NTP, the international partners that endorse the Stop TB strategy, and the institution that joining the effort.

b) The definition of the nature of the collaboration, a description of between one and three indicators that are to be improved.

c) The signatures of the highest authorities of the decentralized health authorities, the director of the partnered institution, the NTP Director, and the TB leader at the decentralized level.

The details of collaborative agreements are a joint initiative, and they are often adapted to the preferences and necessities of the local MOH and the partnered institutions. The essence of the agreement, however, is based on the selected indicators and improvement activities. In addition, the number of signatures may vary, depending on the partners' hierarchies and levels of responsibility.

A supplementary document should be prepared with clauses defining the types of activities to be developed and implemented by each member of the Partnership, regarding: a) NTP participation; b) state and jurisdictional participation; and c) activities initiated by the institution affiliated with the effort.

The signing of Collaborative Agreements should take place in the context of a high-impact social event that will be remembered by all, with the participation of the higher authorities of the health care sector, partnered associations, and the press. It should take place in an open area that can to accommodate a good number of collaborators and partners and other attendees.

step

Formulating the Monitoring Plan

TasKs

- Design or redesign primary tools.
- Organize monitoring group.
- Design database for monitoring indicators.
- Manage reporting cycle.
- Share results with all partners.

Depending on the selected indicator(s), it is advisable to create a primary tool that incorporates each of the key criteria associated with the improvement activity and facilitates collection and reporting of key indicators. In the clinical area, a log of sputum exams with names, addresses, sample collection location, such as waiting room, emergency room, hospital wards, etc. along with the results of each reading, will be a suitable data collection tool; and, for the referral/counter-referral process, a list of the patients that have been confirmed at the primary care level with the information that each person's treatment is still being followed.

In a human resources training institution, where the students have clinical experience activities, a daily log of these activities, including talks, detections, identification of new cases, treatment supervision, or house visits, can be a suitable reporting tool as a summary of the student's entire time at the primary care DOTS facility. (See appendices)

Case detection activity in clinical areas should not be the responsibility of only one person, since active participation by several health care workers on different shifts as well as in different departments, promotes the sustainability of the project.

One effective way to ensure that data is properly collected is to use databases that allow for easy tabulation and graphic display the information afterward. In order to fully complete the information cycle, it is necessary for the data to be compiled using primary instruments for *tabulation*, *graphing* and *presentation* to the board of directors of the institution, in order to facilitate its being *analyzed* as part of the *decision-making* process.

When additional partners beyond the initial network, such as internal clients of the institution and external partners at the state, national and international levels, become involved in disseminating results, the achievements and sustainability of advances in the improvement process will become more evident, because this is an indication that partners are truly engaged.

Email is a practical form of disseminating information on progress made to a standard list of local, state, national and international partners.

step

6.

Evaluating Results

TasKs

- Work meeting with the coordinating team.
- Presenting advances and analyzing results.
- Agreements and decision making.

The monitoring process is a systematic and planned activity of collecting and analyzing quality indicators which occurs weekly or monthly basis with the institutional project team and its board of directors. While such monitoring is useful for ongoing assessment of project results it is also important to periodically evaluate results in the presence of decentralized NTP and partners on at least a quarterly basis, using an executive presentation of results.

This evaluation allows analysis of the results of improved practices in the institution to be identified in a standardized, quantified manner. It also allows identification of new challenges and commitments that will be shared between the partners: additional training sessions on International Standards, use of quality tools, prevention of airborne nosocomial infections, use of second-line drugs, medical reports of cases involving difficult diagnoses, etc.

step

Recognizing Performance

TasKs

- Supporting the documentation of successful experiences.
- Publicizing best practices.
- Making presentations at national and international forums.

The best ways to keep a project active are by disseminating and documenting it, participating with other partners in advisory or supervisory visits, and by in-person discussions of best practices.

We have evidence that speakers with successful experiences participating in national and international academic forums are welcomed to make presentations at other venues for academic exchange, and this benefits them as individuals, as well as their institutions.

6. Partner-Specific Adaptations of the 7-step Methodology

It is well known that in a network of health care service providers there are formal and informal relationships that occur on a daily basis, whether by participation in other substantive programs, by mutual links with national health campaigns, by international cooperative agreements, etc. However, the processes of documenting and preparing of evidence are often difficult to demonstrate.

We have several examples of partnership:

- A district laboratory supports private physicians in reading sputum samples.
- Nursing students participate in campaigns for detecting TB suspects;
- In clinical rotations, medical students in primary care DOTS facilities participate in detecting and recapturing patients, contact tracing, and monitoring adherence to treatment;
- District Health facilities support medical services to prisoners in reading sputum samples and providing primary treatment;
- In some states, the public transportation system gives free fares to patients who are going to their health care center to receive medication;
- Mail, telegrams and public transportation disseminate publicity messages promoting in vestigation of coughing patients.

These and many other cases show that collaborative activities can be faced with one or more weaknesses, including:

a) *Inconsistency.* The search for respiratory symptoms is carried out on an intermittent basis or during massive campaigns organized on the federal level;

b) *Inconvenience.* As this is an informal support for sputum sample readings, the partner must make space for the reading and delivering of results that on occasion go beyond expectations;

c) *No evidence.* Student collaboration in detecting coughing patients is combined with detection by health care personnel, and no distinction is made regarding the active contribution of the students or their schools;

d) *No formalization.* The agreements between parties are often only verbal and by mutual understanding; there is no clear description or definition of the relationship that identifies the contributions of each party.

Under circumstances such as these, in which improvements are already in place, the most advisable course is to emphasize collaborative relationships, by following these steps toward permanence: formalization with the involvement of the relevant institutional management, and documentation of best practices.

In all cases, where there are effective state, province or district links, the NTP involvement is crucial to imparting more credibility to the collaboration.

Once the process for approach, socialization, and preparation of clear-cut plans of action have been identified with one or more health care service partners, the process of expansion towards other health care providers will be much easier.

We should consider that the more partners are involved, the greater possibility there is of successful program results.

7. Monitoring and Evaluation

Once the collaborative process with a partner institution is begun, maintaining formal relations is an essential part of the intervention.

The process of **monitoring** involves systematic measurement and planning of quality indicators that have been selected by the project team. This activity must be treated as a daily routine, since, if it is not carried out daily, the risk of wanting to perform pending activities in a short period of time to reach the "target" could arise, and this could lead to biased information. This activity is most closely linked to the appropriate project team that delivers service.

Its complementary activity, **evaluation**, is more closely associated with comparing results of quality indicators before and after carrying out intervention measures.

Monitoring and evaluation are essential and complementary processes in the preparation of the Action Plan.

We must also understand that there are internal and external activities.

Internal activities are more closely associated with the lead team of the health care institution, who collect, tabulate, and graph information on the quality indicators in a permanent format.

In order to achieve this, it is imperative to consider the following tasks for monitoring activities:

- ***Designing primary data collection instruments that make the task easier.*** It is easier to collect data within a main template with pre-coded criteria (For example: (-) stands for sputum negative, and (+) stands for sputum positive; the place where the respiratory symptom was identified, using initials: W - waiting room, O - outpatient clinic, H – hospital ward, etc.) in rows and columns; this will allow us to later obtain a rapid overview of the recorded data.

- ***Record logs .*** It is preferable to have a log book available instead of loose sheets of paper that can be misplaced.

- ***Creating a database .*** Designing databases for input of primary source information, and thereby making it possible to tabulate and graph results is a task that facilitates management of the information cycle.

Internal evaluation can be achieved by means of the following tasks:

- ***Graphic presentation of improvements.*** Graphic presentation of improvements in quantitative terms is better than any qualitative description of the completed activities. Hard data always convinces management better than any anecdote. In addition, control charts that show the behavior of the measured indicators over time (monthly, quarterly, annually, etc.) allow us to have a complete overview of the progress of the project.

- ***Meeting with decision makers.*** Meeting with the board of directors at established committee or board meetings, where performance indicators for analysis are part of the agenda, will make decision-making easier and involve the entire team.

- ***Disseminating results.*** The information can be disseminated internally on bulletin boards or spaces set aside for communicating results to the center's health care personnel. This promotes the involvement of others persons, and can give rise to a sense of belonging.

- ***Socialization of information.*** Sharing data with external partners may encourage responsible use of the information, by making them participants in the achievements and failings on a local level, and making it easier to search for alternative solutions. The Internet is an excellent tool for this and is available in most facilities.

External evaluation carried out by sub national or national NTP partners, or external consultants, plays an important role in this strategic partnership process. For example:

- Outside observers are not wiser; they simply come from outside. This makes for a complete view as opposed to workplace blindness that can occur during the daily routine within a local work process.

- External evaluation, organized periodically (two to four times a year), helps the local project team to get a new perspective on completed activities and leads to reflection on how activities can be improved.

- External evaluation should be proactive, and should offer alternative solutions in which the different partners play an active role in developing the partnership.

- Visit the place where activities take place and establish direct contact with the people involved in the process. This is a validation activity that has much more value than any desk-based review.

- The feedback from activities connected with the process also helps to strengthen the commitment of the workers and decision makers in the task of continuous improvement.

It is vital to remember that there is no substitute for documentation.

Evidence can be built only by preparing folders, files, photographs, and data; it is easier if this data is collected daily and at the right time, rather than having to be reconstructed from memory.

8. Support Tools

During the process of forming partnerships with a variety of institutions, we have designed a variety of support tools. These guide data collection, send state and national reports, create collaborative agreements, and clearly define the role that the partners play in creating this Partnership.

For this reason, we have considered it appropriate to share some of the tools that have been useful to us for creating partnerships with different members.

a) Sputum exam control log
b) Monitoring tool
c) Model for signing collaborative agreements
d) Personal log for students
e) Extract of school activities report

We include:

a) Sputum exam control log

No.	Date	Name	Age	Permanent Address	Result			Control			Applicant	Out Patient Clinic			
					1rst.	2nd.	3rd.	1rst.	2nd.	3rd.		Doctor	Waiting Room	Emergency	Wards
					(-)										
						(++)									

Monitoring tool in TB

District /Hospital_____

COMPARATIVE 2011 • 20012

Table 1

TB Suspects		
Month	Total Detections 2011	Total Detections 2012
January		
February		
March		
April		
May		
June		
July		

Table 2

TB + New Cases		
Month	2011	2012
January		
February		
March		
April		
May		
June		
July		

Table 3

TB Contact Study		
Month	Contact 2011	Contact 2012
January		
February		
March		
April		
May		
June		
July		

Table 4

SS + Contact Study		
Month	TB+ Contact 2011	TB+ Contact 2012
January		
February		
March		
April		
May		
June		
July		

Table 5

Chemoprophylaxis		
Month	2011	2012
January		
February		
March		
April		
May		
June		
July		

W. Waiting Room H. Hospital
E. Emergency D. Doctor

Note:

To evaluate progress, we should comparing the month of the current year (starting the PPM Project) with the month of the last year.

c) Model for signing collaborative agreements

USAID

Stop TB Partnership

MOH

Collaborative Agreements

Between Stop TB Partnership

And

General Hospital

In order to improve TB control

a) Increase TB patients referred from the Hospital to Primary Care level, and

b) Increase TB case notification to NTP

Dr. Kundalini

NTP Director

Dr. Serfin

Hospital Director

Decentralized TB Coordinator

d) Personal log for students

MOH SCHOOL LOGO

COLLABORATIVE AGREEMENTS TO IMPROVE TB CONTROL

PERSONAL LOG FOR STUDENTS

STUDENT NAME _____

ADVISOR NAME _____ SIGNATURE _____

FACILITY _____

Indicator	Activities									
DATE										
TB Chats										
No. of People in Health Education Session										
TB Suspect										
TB+ New Cases										
DOTS Module Activities										
Home Visit										

Use the following code:

TB Chats in schools (S); waiting room (W); in community (O)
Purpose of home visit: Treatment (T); study of contacts (S); Recapture of TB patient (R)

e) Summary of school activities report

Summary of Shool Activities Report (PPM)
to TB Control School of...

Indicator	Semester	Semester	Semester
Number of students			
TB chats in waiting room			
TB chats in schools			
TB chats in communities			
No. of People in Health Education Session			
TB Suspect			
TB + new cases			
DOTS module practices			
DOTS supervision			
TB study of contact			
Recapture of TB patient			

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