

Public–private partnership for tuberculosis control: the bill please?

Editor – We applaud Newell et al.'s excellent documentation of a successful public–private mix for tuberculosis (TB) control (1). However, we regret the authors have not adequately discussed the critical success factors, bearing in mind that such public health interventions are very much context-bound. For example, the authors only briefly note, in the abstract and at the end of the discussion, that the input required is limited without giving any further details. This raises questions, especially considering the authors' note regarding donor funding.

We recently designed a public–private partnership for TB control in the Yogyakarta and Bali provinces of Indonesia, where it is also estimated that approximately 50% of TB patients are managed in the private sector. With a target population of approximately 6 million inhabitants from the two provinces, and an estimated 8080 new smear-positive cases appearing annually in the combined community, our aim is to successfully treat an additional 1971 patients within one year. The figure of 1971 patients was derived from calculations based on the cost per treatment

being US\$ 78 within a budget of approximately US\$ 153 000.

The main strategies for meeting the project's objectives are: strengthening the regulatory framework, selectively training private practitioners in the area — including general practitioners, medical specialists, nurses, and midwives — plus academic detailing and scaling up of an existing hospital DOTS linkage. Should the project succeed, this information would be useful to those thinking of adopting a similar strategy.

Decisions to scale up or replicate public–private partnerships are made under resource-constrained settings and in the midst of competing interests. Advocates would appreciate more information on the critical success factors, at the least in the form of rough cost figures. For the sake of reaching the global TB control targets, and alleviating the suffering of millions, we urgently need to move beyond demonstrating whether public–private partnerships can work and focus on why they do. ■

Conflicts of interest: the authors have recently received funding from FIDELIS.

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1. Newell J, Pande S, Baral S, Bam D, Malla P. Control of tuberculosis in an urban setting in Nepal: public–private partnership. *Bulletin of the World Health Organization* 2004;82:92-8.

Letters

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