

Table 3 Suggestions to address challenges faced by advocacy, communication and social mobilization (ACSM) specific to public-private mix (PPM)

Suggestion	Explanation
Improve planning	
Improved policy directions	Technical assistance agencies should help develop ACSM guidelines specific to PPM. Country programmes should crystallize their thinking on dos and don'ts of ACSM for PPM and disseminate it.
Communication plan to promote PPM and enhance private provider's interest	A well-thought, PPM-specific communication plan catering to local context should be developed by involving stakeholders, especially the private providers. It should: <ul style="list-style-type: none"> • have clear communication objectives e.g. raising awareness among people about availability of DOTS at local general practitioners clinic; • outline appropriate channels to be used for promoting PPM; • allocate the roles and responsibilities; • complement the broad ACSM.
Market TB to private providers	
One-on-one sensitization meetings with private providers	The meeting should highlight what each partner could bring to the table: <ul style="list-style-type: none"> • PPs: provide service to poor TB patients and help NTP achieve its targets; • NTP: enhance number of overall patients for the private provider and promote services provided at his/her clinic.
Free health/chest camps at/ around the PP's facility as part of social mobilization	NTP through SM partners can hold free health/chest camps at PP's facility. The event publicized at the local level can increase number of patients for the PP, while NTP captures more suspects in the area
Focus on local-level advocacy	
Seminars for local level advocacy and social mobilization	In the initial phase the seminar should introduce the <i>team</i> to make the area <i>TB free</i> . Teams include health department officials, NTP, the private sector and the citizenry. Later, the events should <i>celebrate</i> the progress, and honour the partners, especially leadership and the private providers with some rewards.
Involving private sector in world TB day activities	The day is celebrated with enthusiasm but PPs are usually ignored. They should be on board during the planning as well as execution of activities of the day.
Use a media-mix	
Suggestions for using the mass media	The message should not promote public facility but "health facility". Some media products (e.g. television drama, television or radio spot, newspaper advertisement) should present DOTS being administered at private clinics. Discourse on TB (e.g. talk shows) should engage PPs and present them as part of the <i>team</i> .
Effective client provider interaction	Picking up suspects, convincing them about sputum testing and ensuring treatment compliance are the main pillars of TB care, all needing effective interaction by the provider. This requires a comprehensive training and monitoring system that enables the busy PP to effectively communicate in a short time and involving paramedics when the PP is busy and cannot give adequate time and emphasis to counselling
Involving CHWs	Where available, the CHW should educate the household and community on TB. The CHWs employed by the public sector may be allowed to refer suspects to a PP in case the public facility is not available/accessible.
Build relevant capacity	
Capacity of NTP	There should be conceptual clarity on PPM and specific ACSM initiatives. PPM and ACSM trainings should be organized for relevant staff.
Operations research	Process of development, implementation and evaluation along with its findings should be documented Countries at relatively advanced levels of ACSM implementation should share their lessons for the benefit of other countries.