



**International Union Against
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Overcoming An Old Scourge With A New Face
(HIV/TB Co-infection)

Abstracts for Day 4 (5th August 2007)



ABSTRACTS FOR DAY 4 (5TH AUGUST 2007)

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PUBLIC AND PRIVATE PARTNERSHIP FOR DOTS

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In the past decade widespread implementation of the DOTS strategy has contributed to major progress in Tuberculosis (TB) control. More recently, The Stop TB Strategy aims to reduce dramatically the global burden of TB by 2015 in line with the Stop TB Partnership targets which are : a) By 2005 , to detect at least 70% of new smear positive TB cases and cure at least 85%. b) By 2015 , to reduce TB prevalence and death rates by 50% relative to 1990 and c) By 2050 , to eliminate TB as a public health problem (i.e. < 1 case per million population). One important component of this strategy is Public –Private Mix approach (PPM) to TB control , and this is aimed at engaging all care providers i.e. state and non-state. The feasibility , effectiveness and cost-effectiveness of involving different types of care providers using a PPM approach have been demonstrated and WHO has produced guidelines on how to engage all care providers in TB control.

In Malaysia , the DOTS programme, since its introduction in the 90`'s, has solely focused on public sector providers. Data collected by the NTP shows that Private practitioners (PP`s) do play a small but significant role in managing TB patients. The figures reported by the NTP may be lower than actual as many may not be familiar or be aware of the notification forms and TBIS format that has been introduced recently by the NTP. The figures show that at least in certain states especially in Selangor, Wilayah (K.L) and P.Pinang a significant proportion ie roughly 15 to 23 % of TB cases are handled by PP`s . The outcome of this group of patients is not fully known. The diagnostic criteria used and the treatment regimens employed for these patients may not fall in line with NTP guidelines.

Thus it is extremely important to effectively engage these PP`s in order to achieve the targets set by the NTP. Any attempt at involving them needs to be well planned and well thought out. Introduction of changes to their existing practices needs to be gradual and not cause disruption of their clinic schedule too much so as to maintain their continued cooperation. Currently the NTP is doing a good job of it and there are a number of other areas that can be enhanced further.

With effective cooperation and collaboration between the public and the private sector and with involvement of NGO`s such as The Malaysian Association for the Prevention of TB (MAPTB) , Malaysian AIDS Council (MAC) and Malaysian Medical Association (MMA) in particular, we can certainly go a long way in achieving our goal of making Malaysia TB free by 2050.