

Establishing Public Private Mix DOTS in the Philippines

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Introduction

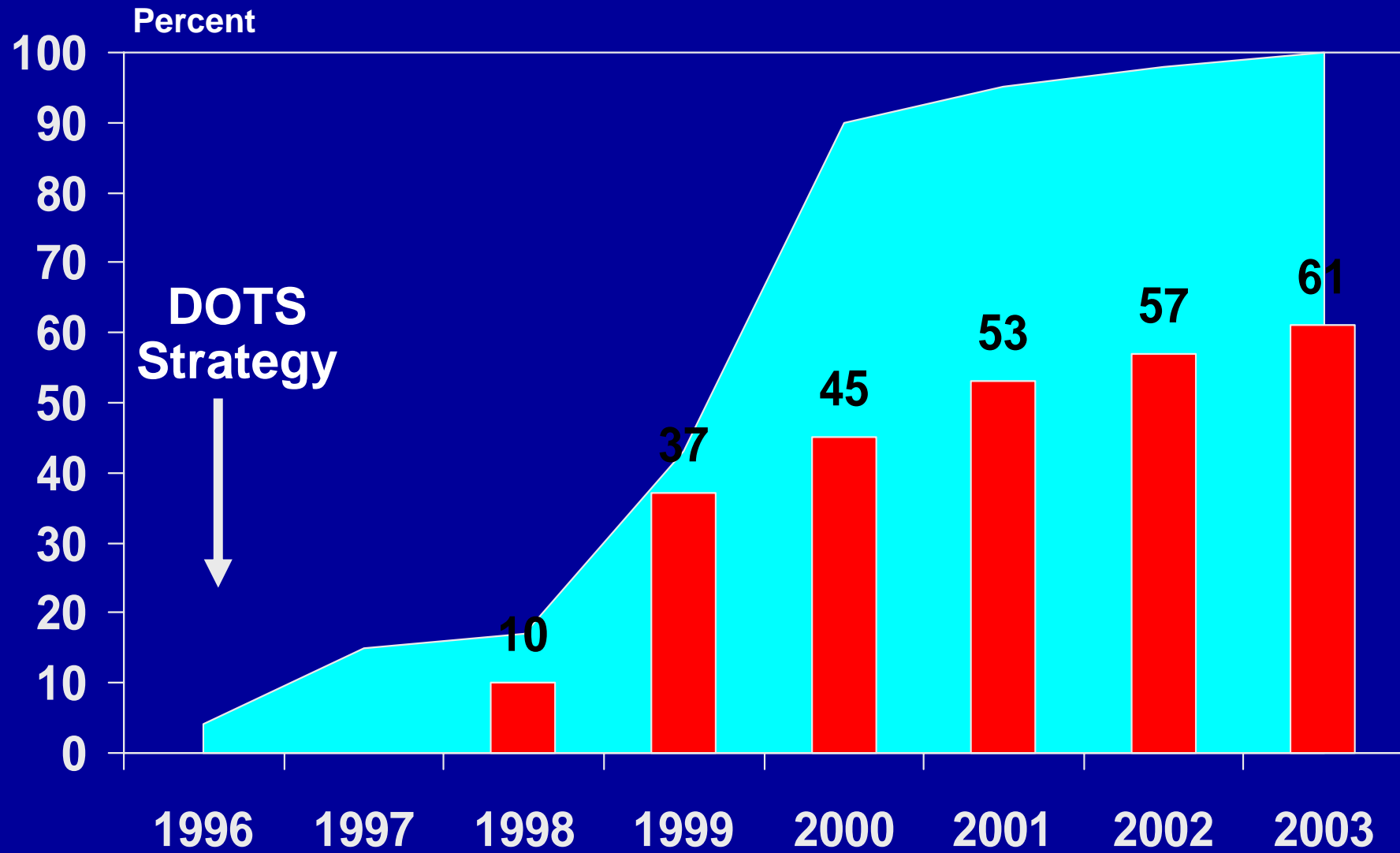
Tuberculosis is a problem

- *6th leading cause of deaths and illnesses*
- *ranked 9th among 22 high burdened countries*
- *3rd case notification rate in the WPR*

1996

- *start of the DOTS Strategy Implementation*

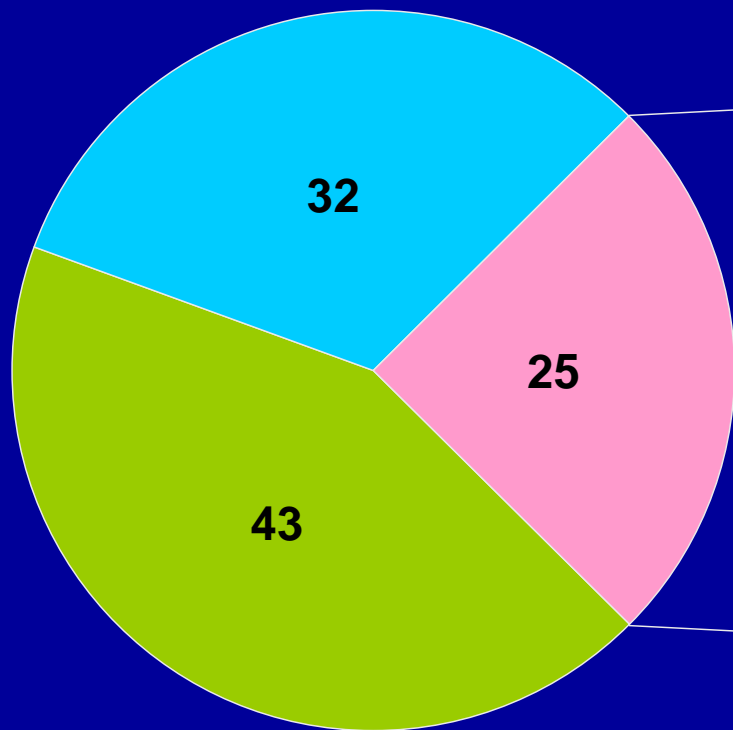
DOTS Population Coverage & Case Detection Rate



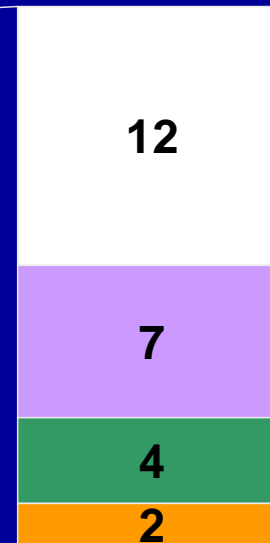
■ Population Coverage ■ Case Detection Rate

Actions Taken by TB Symptomatics

Self-medicated



Sought consultation



- Private MD

- Public Health Center

- Private hospitals

- Traditional Healers

No action

Survey of KAPs of Private Practitioners

	Medicos del Mundo*	PhilCAT/CDC**
	2001	2002
Total surveyed	1355	188
Area	nationwide	NCR-Cavite
X-rays	87.9%	95%
Sputum AFB	17.4	59
Ave # new TB pxs seen/month	5-10	5
Treatment adherence to NTP	10.7	16
Practice tx variations	64	>80

* Portero JL and Rubio M. "Private practitioners and TB control in the Philippines: strangers when they meet?" In Press Trop Med and International Health

** Romulo R. Concepcion A. Sarmiento A. Roa C. Yu C. Balgos A. Dalay V. Quelapio I. "Tuberculosis-related practices of PPs in the Philippines" – PhilCAT-CDC Project

Establishing PPMD Units;
**How was it done in the
Philippines?**

What is Public Private Mix DOTS?

Public –private Mix has been defined by WHO as strategies that **link all health care entities within the private and public sectors including health providers in other government ministries** to national tuberculosis programs for expansion of DOTS activities.

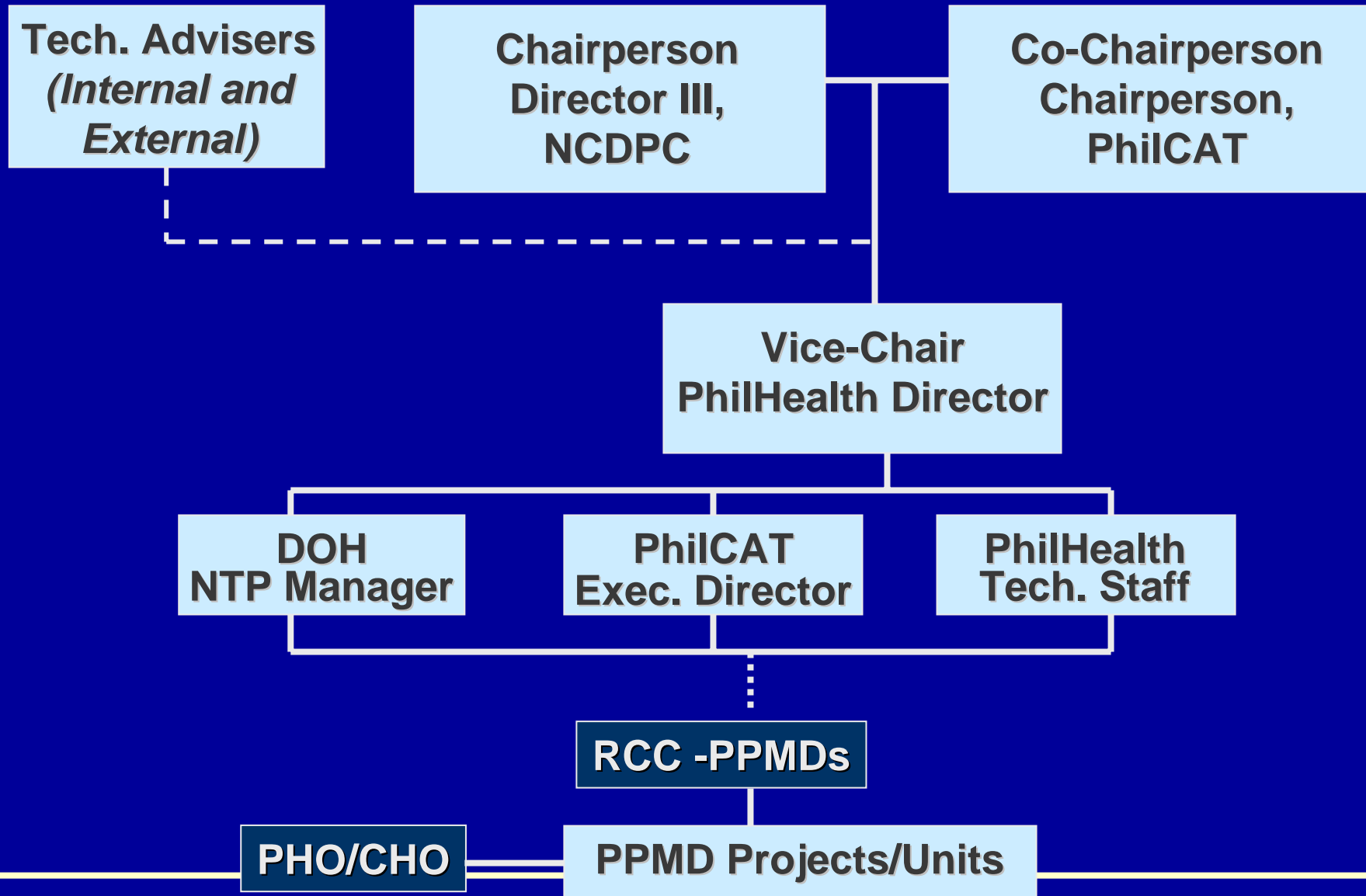
Objectives of PPMD?

- To increase Case Detection Rate
- To synchronize management of TB cases

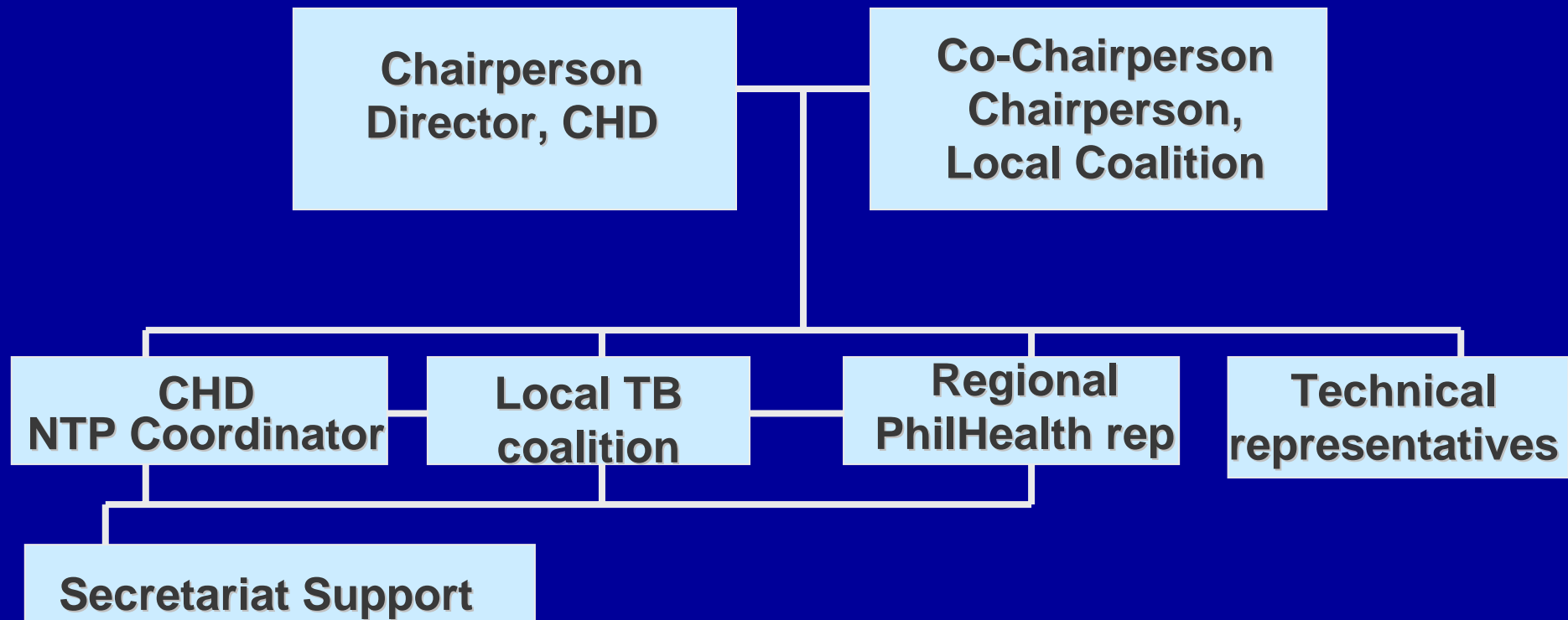
Supporting Policies of PPMD

- **Department Order no. 145**
 - Creation of the National Coordinating Committee (NCC) and Regional Coordinating Committee (RCC) on PPMD
 - Formulate policies/operational guidelines
 - Provide technical assistance in improving DOTS implementation in PPMD units
 - Oversee the quality of implementation of PPMD strategy through regular monitoring, supervision and evaluation
 - Ensure availability and adequacy of drug supply

Structural Organogram of the NCC - PPMD



Structural Organogram of the RCC - PPMD



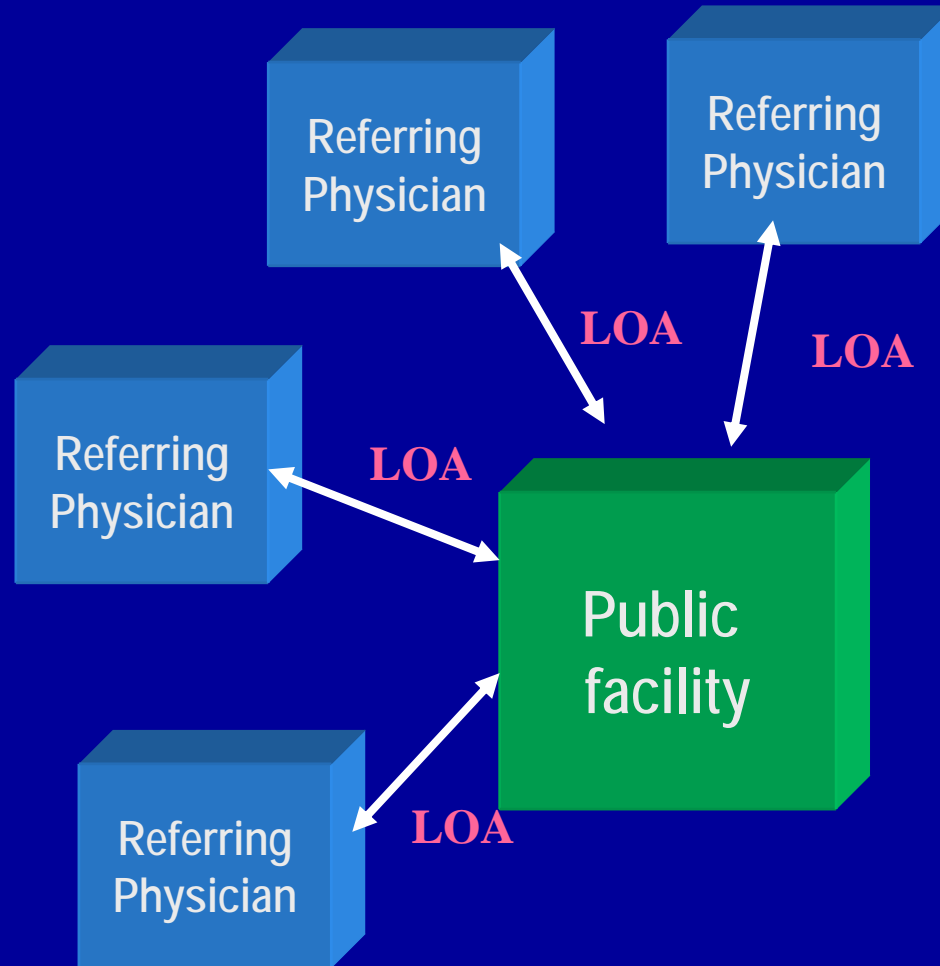
Supporting Policies of PPMD

- **Operational Guidelines on PPMD**
 - Guide in the delivery of quality DOTS services

Two Approaches

- Public Initiated PPMD
- Private Initiated PPMD

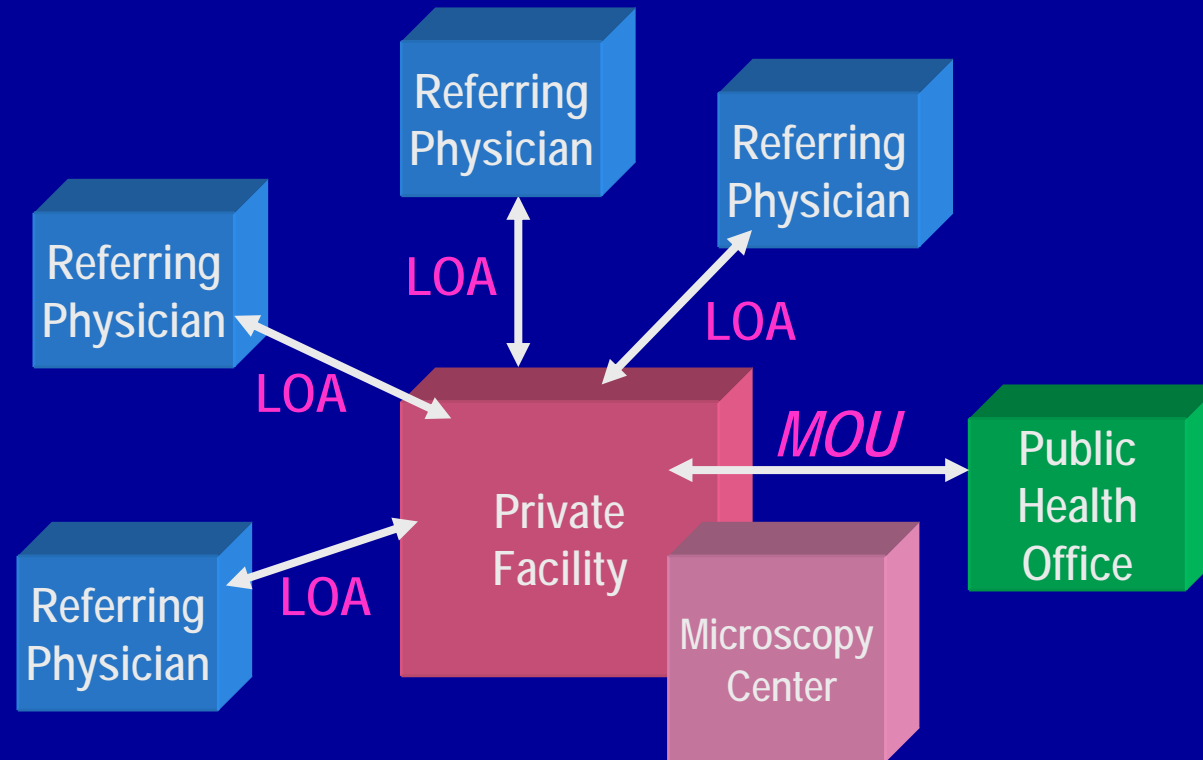
Public Initiated PPMD unit



PPMD Formula – Public Initiated PPMD Unit

DOTS Components	Public	Private
Political commitment	X	X
Diagnosis by sputum microscopy	X	
Direct observation of treatment (DOT)	X	
Uninterrupted drug supply	X	
Standardized recording and reporting	X	
Type of DOTS Center	X	

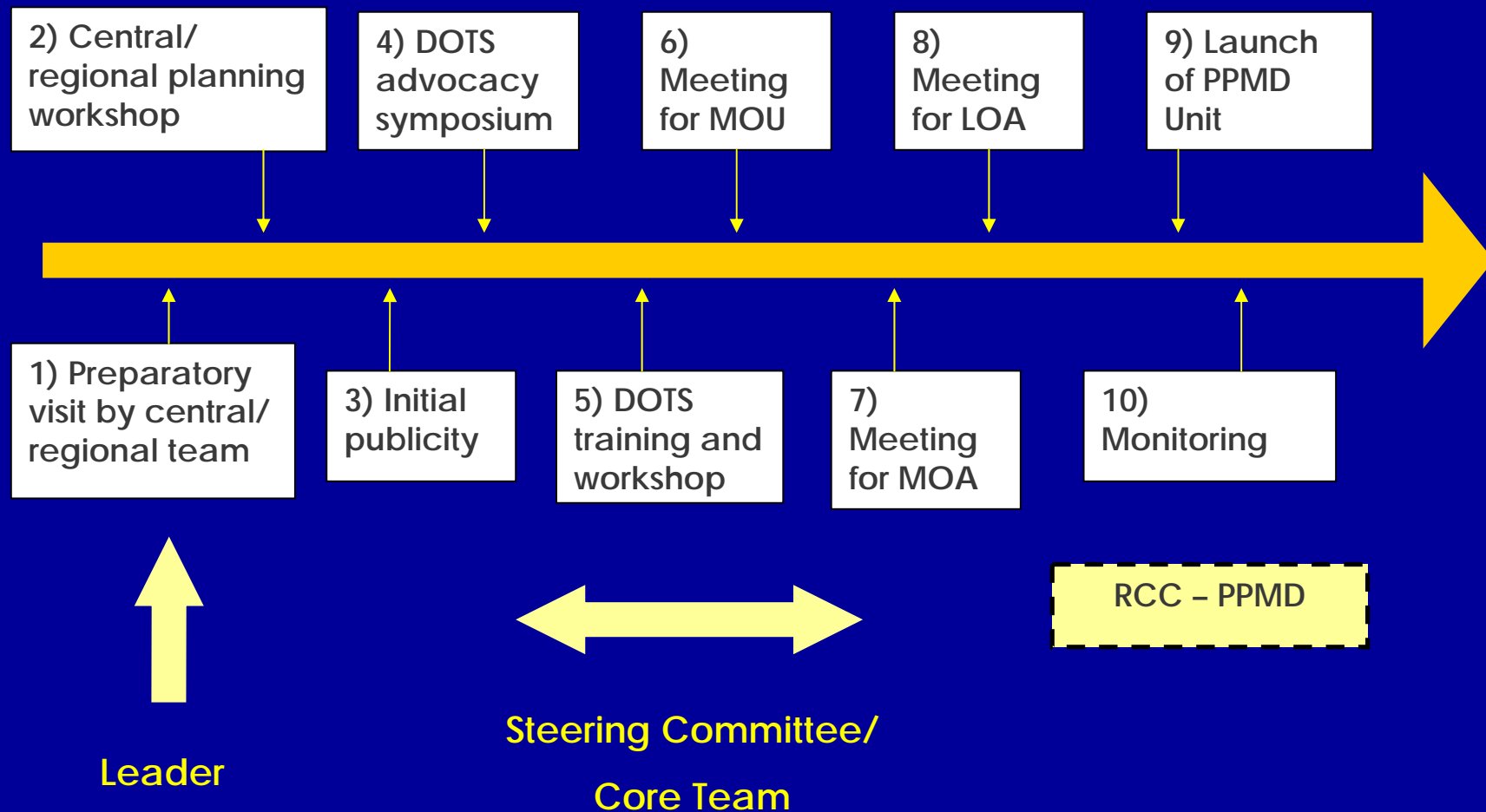
Private Initiated PPMD Unit



PPMD Formula – Private Initiated PPMD Unit

DOTS Components	Public	Private
Political commitment	X	X
Diagnosis by sputum microscopy		X
Direct observation of treatment (DOT)		X
Uninterrupted drug supply	X	
Standardized recording and reporting		X
Type of DOTS Center		X

PPMD Installation Process



PPMD Installation Activities

1. Advocacy symposium – initial step initiated by the RCC-PPMD in coordination with the Local government unit, conducted for private physicians and other stakeholders to orient, inform and enlighten a multi-sectoral audience on TB and the NTP.
2. DOTS Training and workshop
 - Training for private referring physicians
 - Training for DOTS Providers – Physician, nurse
 - Training on Basic Sputum microscopy for MT

PPMD Installation Activities

3. Commitment generation

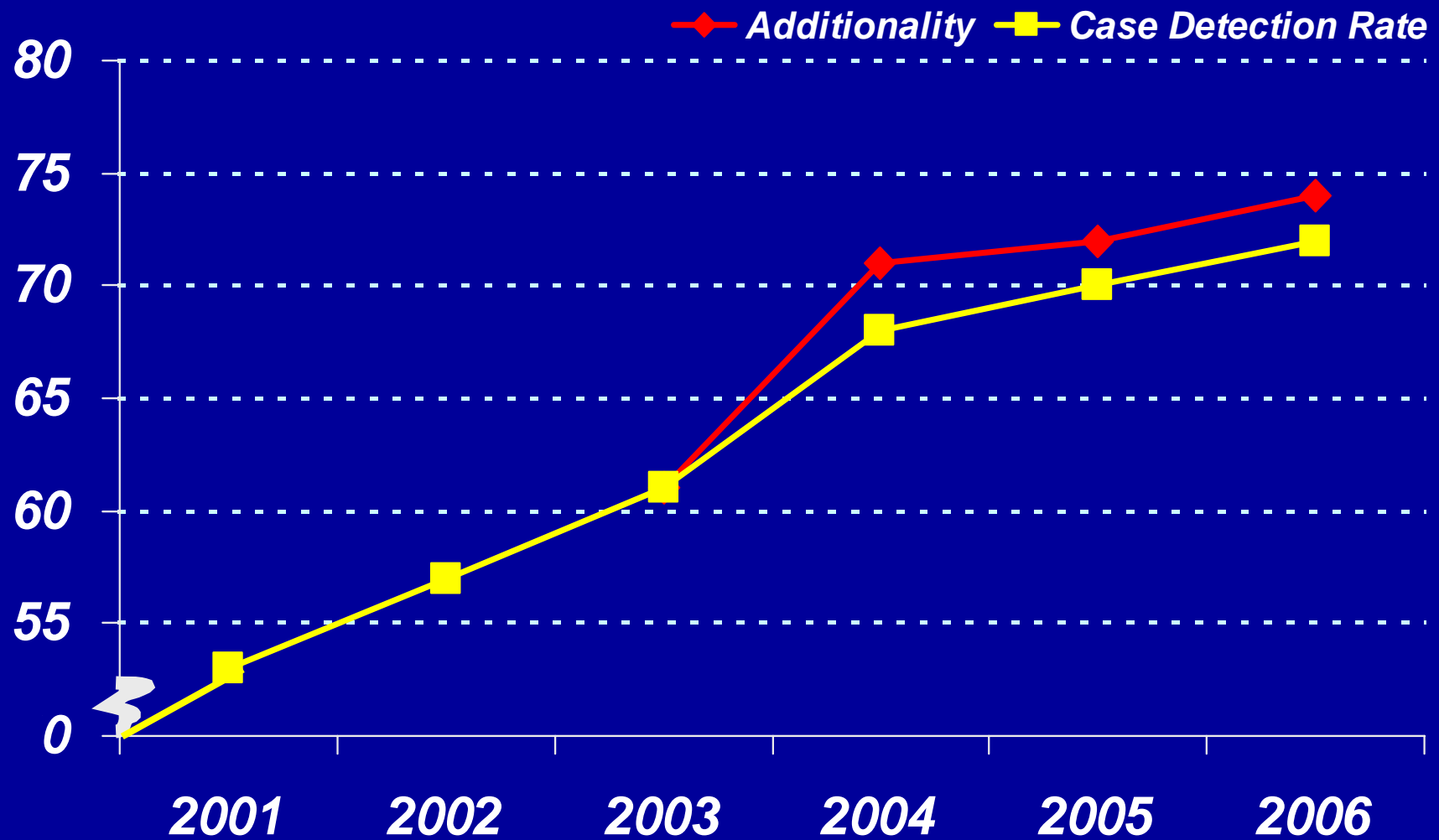
- Memorandum of agreement
- Letter of agreement

4. PPMD launching – marks the commencement of the private sector engagement and delivery of services.

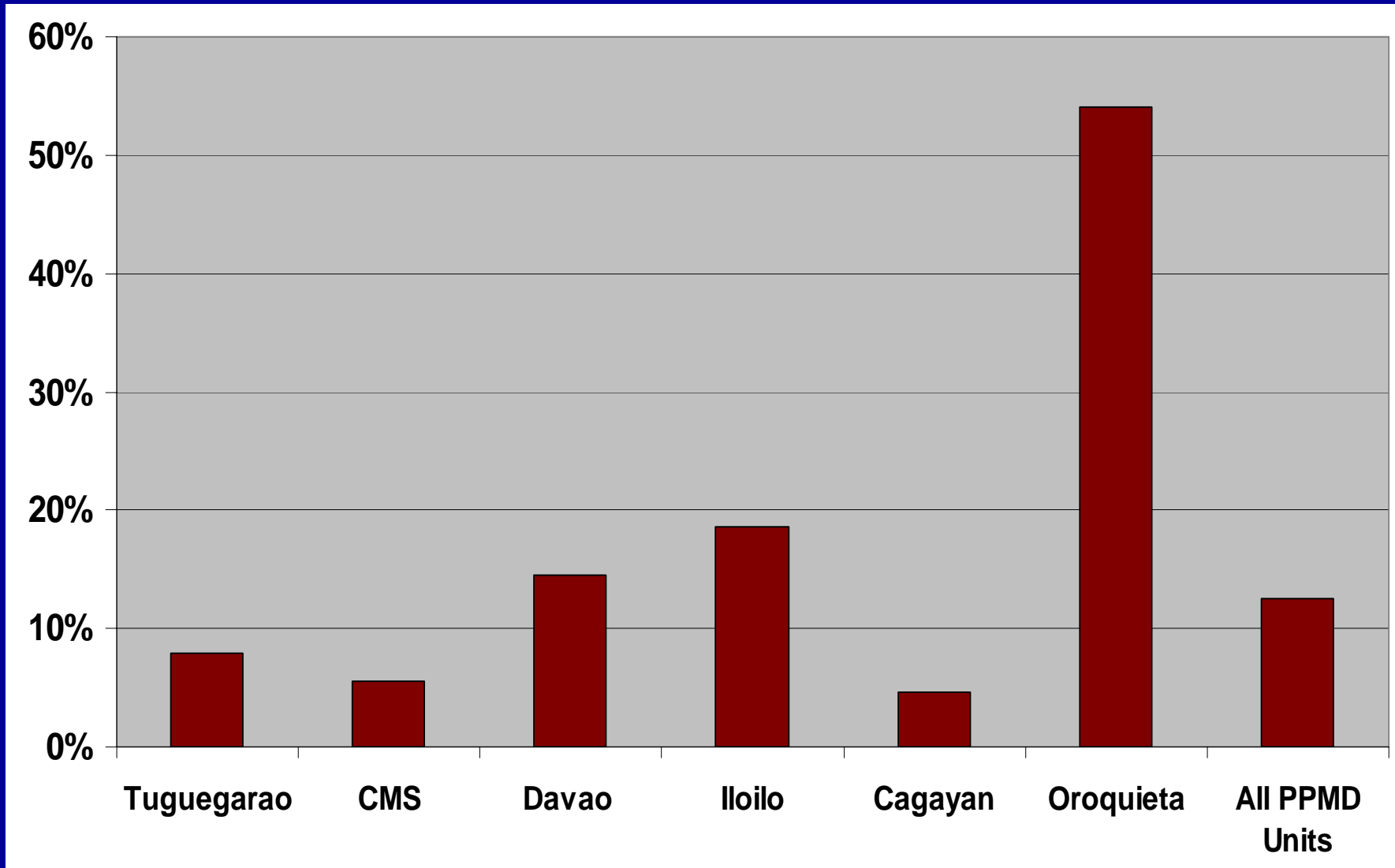
What has been achieved?



Case Detection Rate and Additionality 2004 to 2006



Additionality of PPM to Case Detection Selected PPMD Units, 2003 - 2004



Sustainability Mechanisms of PPMD units

1. **Relational sustainability**
 - a. Regular monthly meetings
 - b. Updates, discussions on patients' status
 - c. Discussions on operational issues
 - d. Membership expansion
 - e. Linkages, referral system/network

2. **Fiscal Sustainability**
 - a. Certification
 - b. Accreditation

Insights

- PPMD provides a significant contribution to the CDR
- A strong national coalition (PhilCAT) helped mobilize the private physicians to refer patients to DOTS facilities or provide DOTS services
- Partners (GFATM, USAID, WHO) helped facilitate the implementation and expansion.
- Commitment of stakeholders to implement Quality DOTS is critical.
- Free drugs and PhilHealth TB OPD package motivated the private physicians to participate in PPMD.
- Sustainability (relational and fiscal) of PPMDs must be addressed early on to ensure continuity of service and operations beyond project life.

Thank You

