Public –Private Partnership for DOTS implementation

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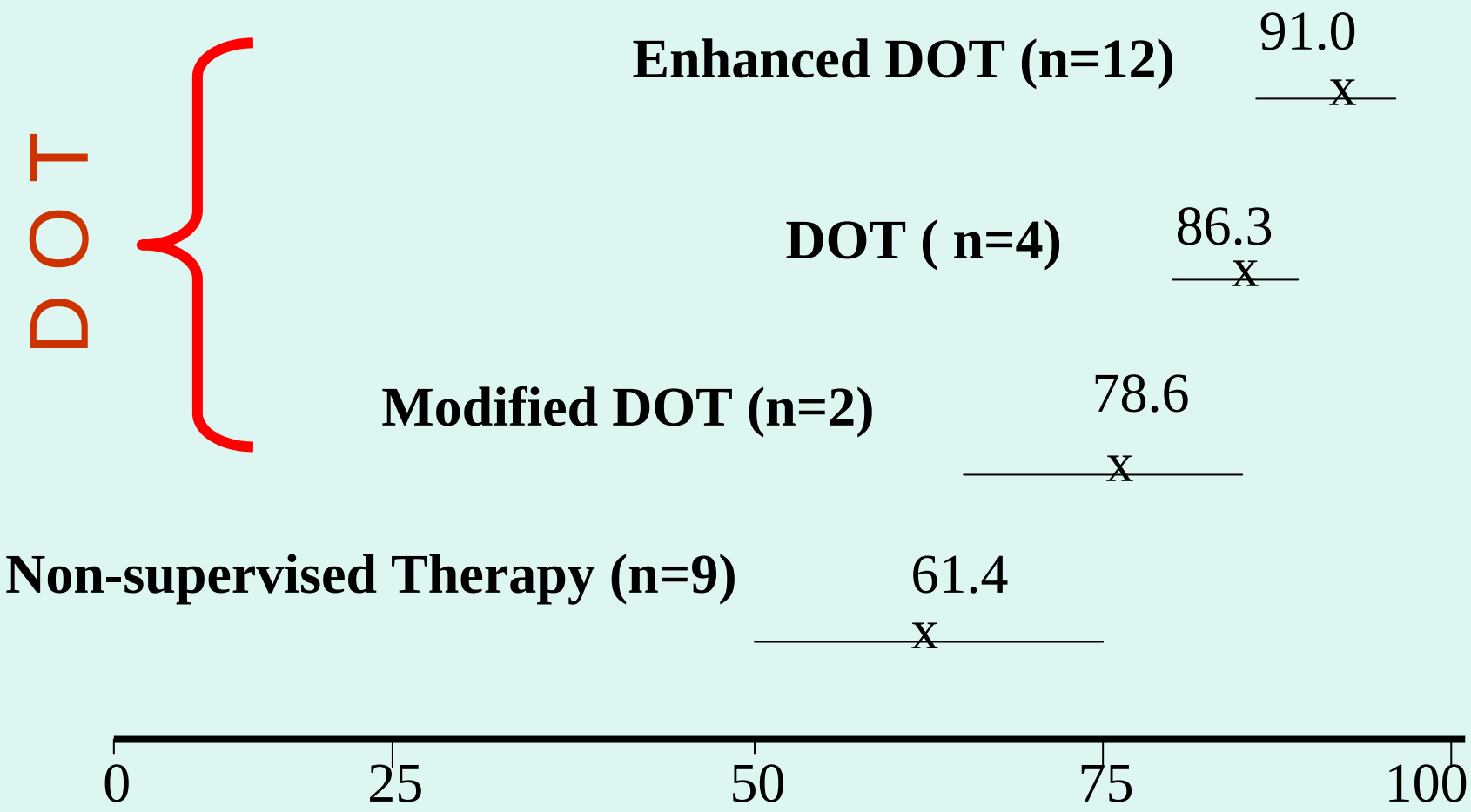
DOTS

Launched in 1994

- Government commitment
- Microscopy
- Quality drugs
- DOT
- Records/Reporting

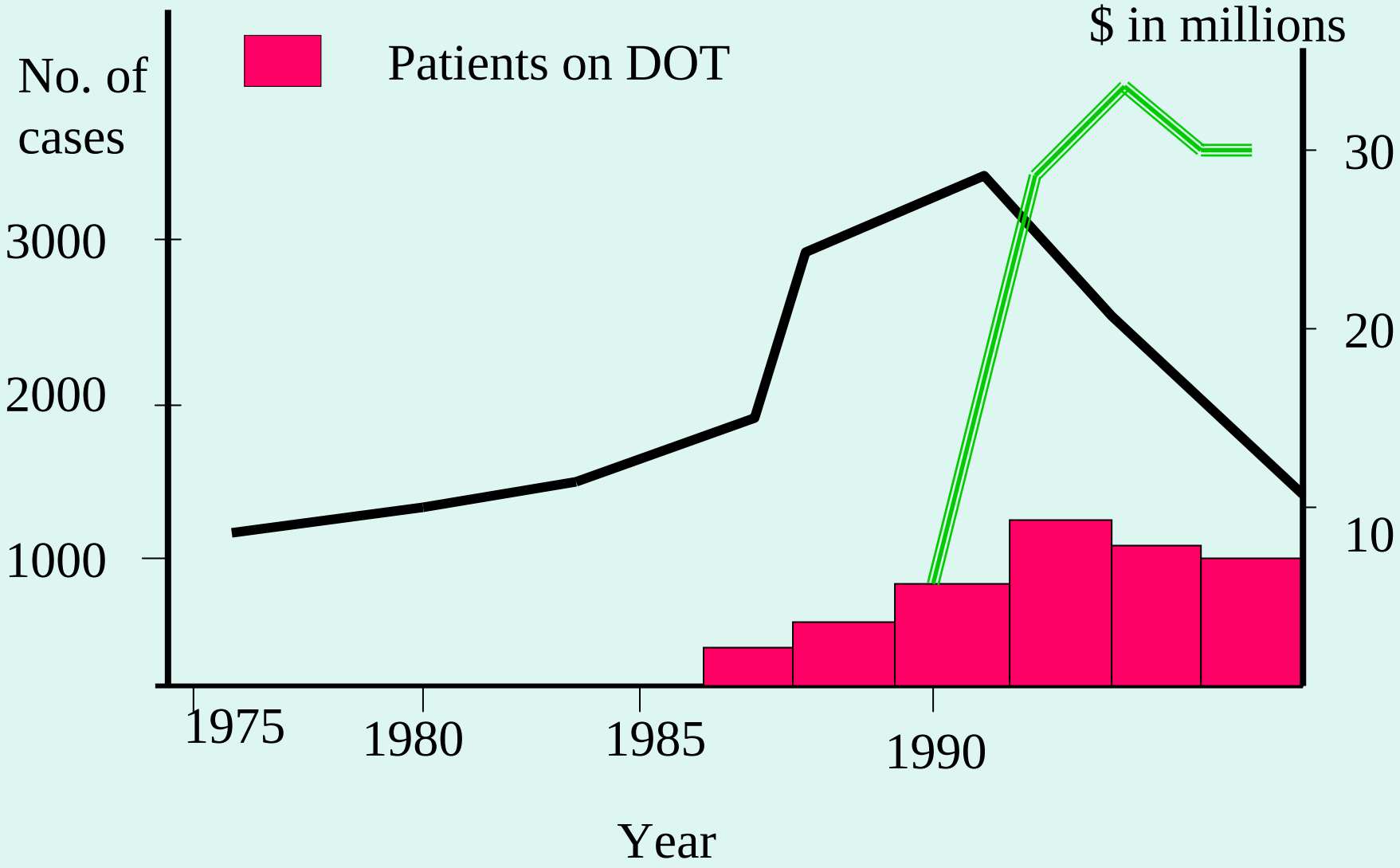
Treatment Completion Rates by Treatment Strategy for PTB reported in 27 studies



Chaulk CP,Kazdanjian VA.JAMA1998,279.

Tuberculosis cases New York City,1978-1997

('Turning the tide')



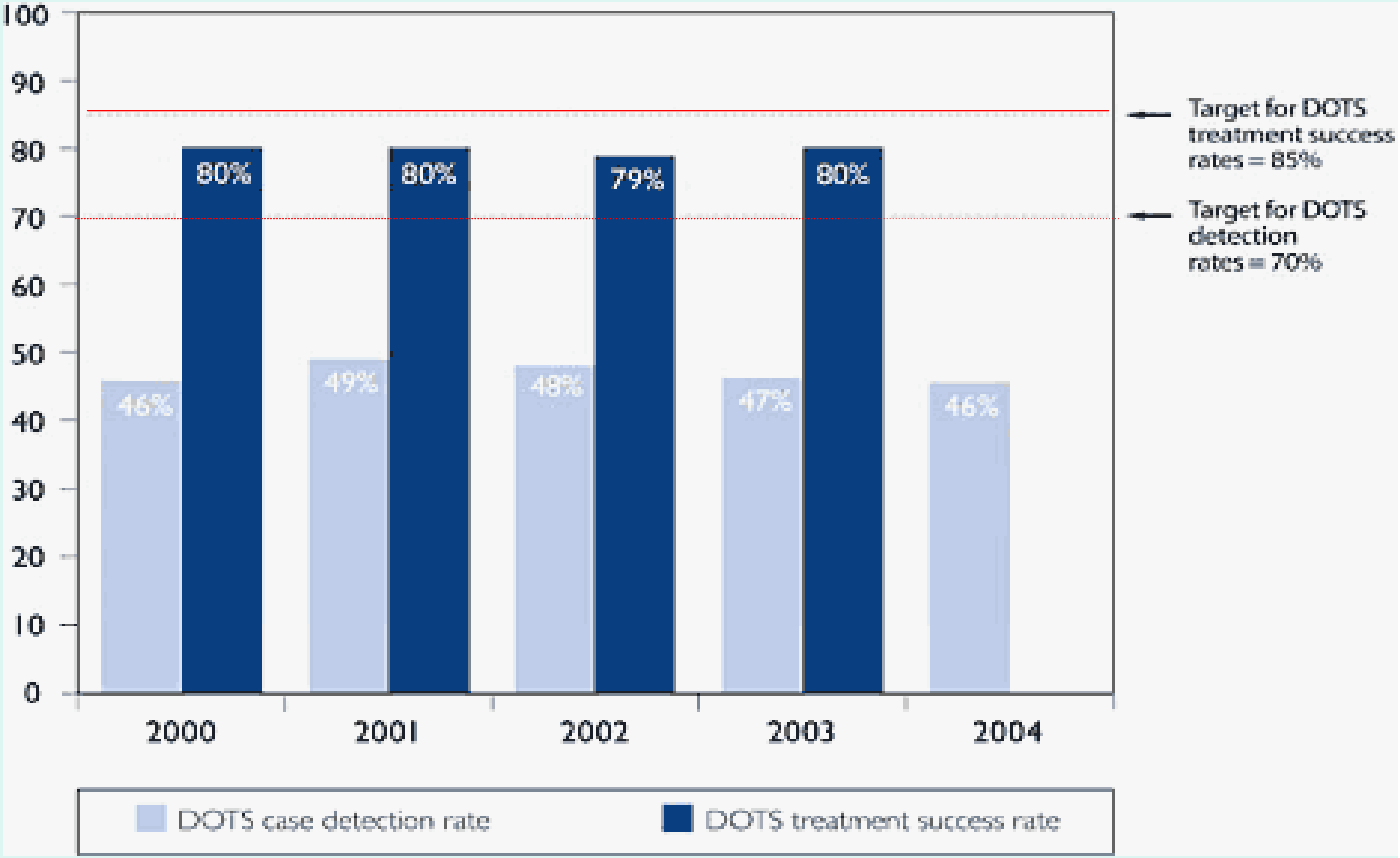
New York City :Indicators of TB treatment

(Frieden et al. 1995)

Indicator	1992	1995
Patients on HRZE (%)	69	90
Patients receiving DOT (%)	11	33
Proportion completing treatment (%)	54	65
Sputum culture conversion (%)	18	65

Targets

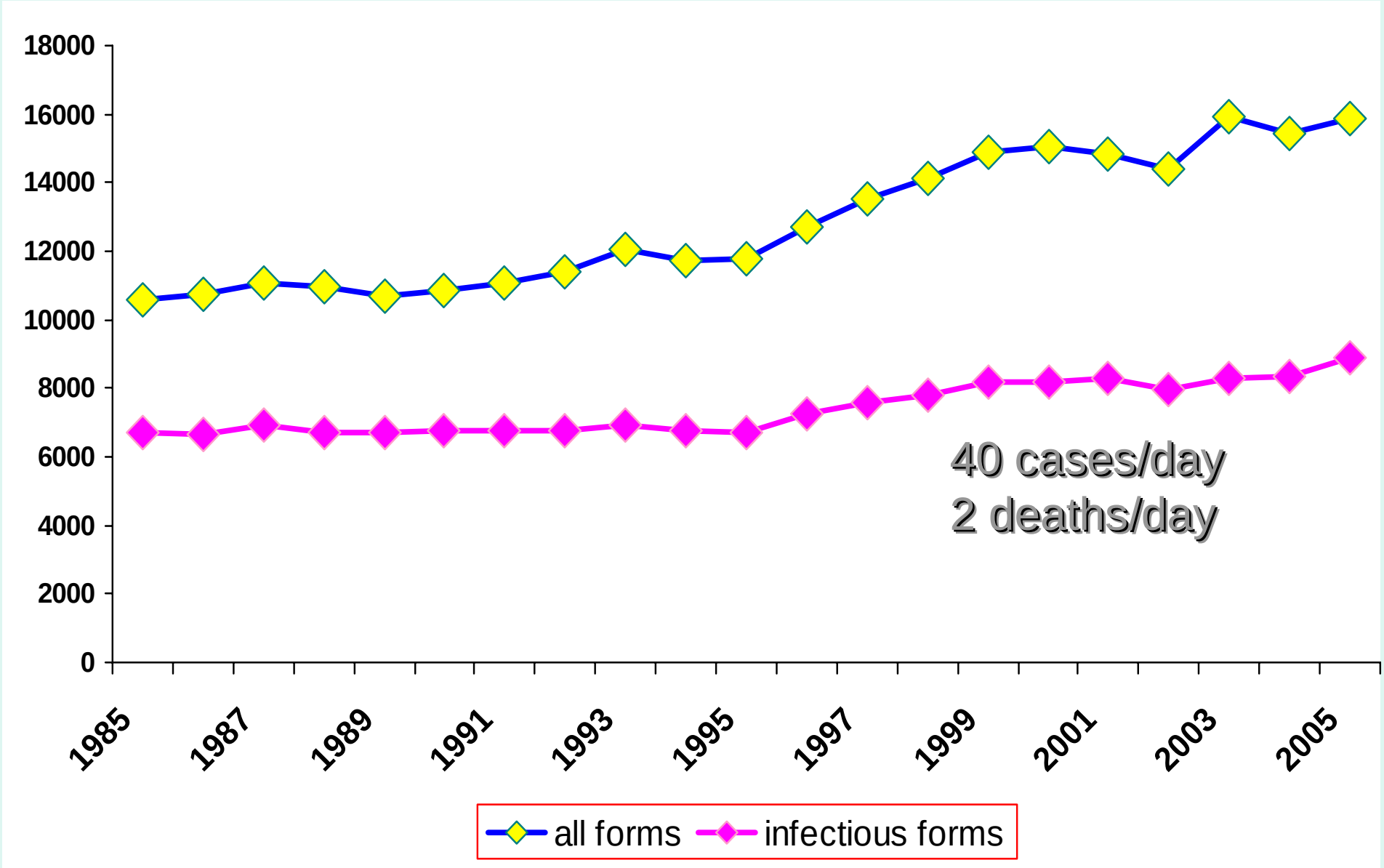
- **Detect at least 70% of new s+ cases**
- **Cure at least 85% of cases detected**



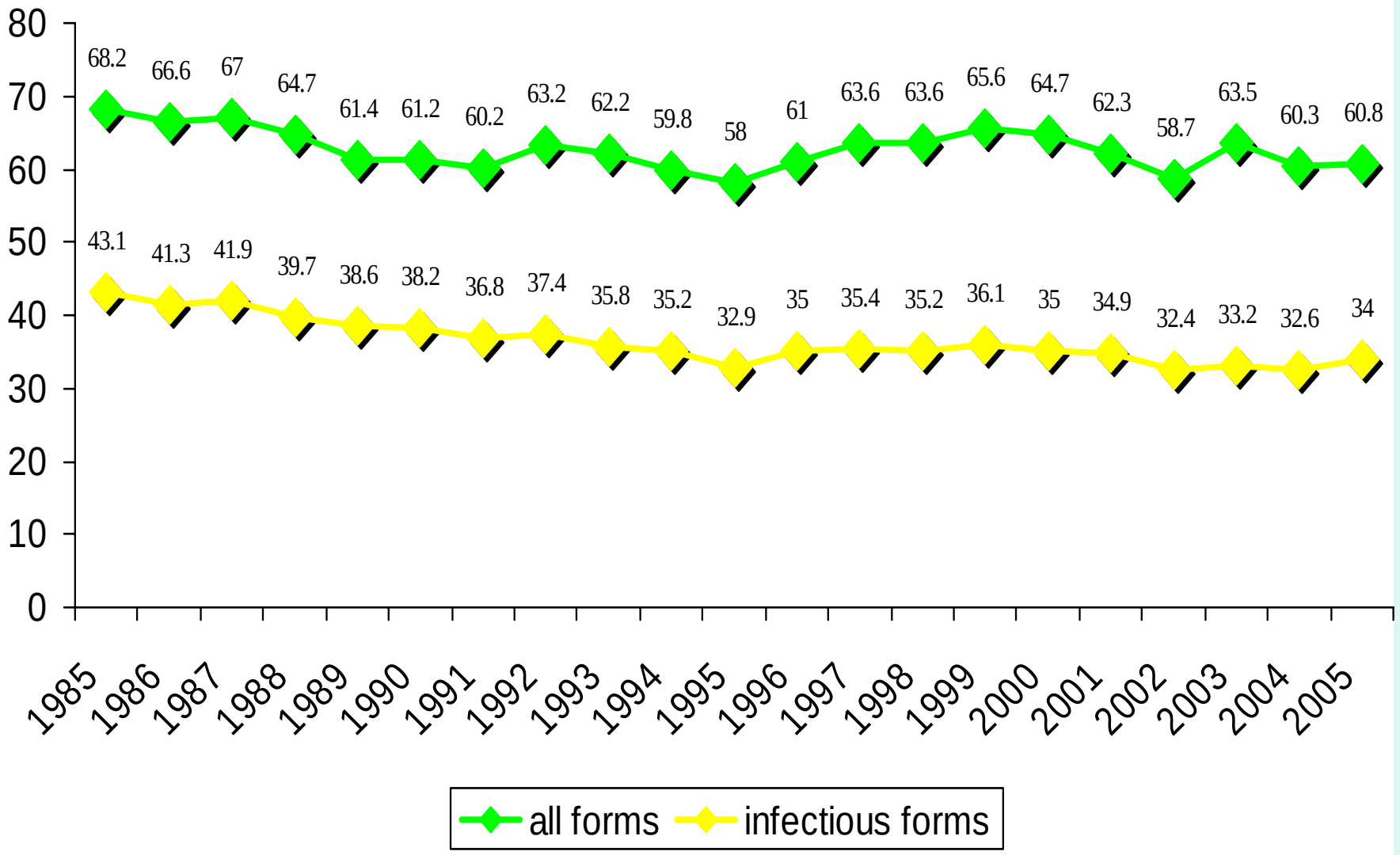
Note: DOTS treatment success rate for 2004 will be reported in the 2007 Global Report.

Source: Global Tuberculosis Control: WHO Report 2006.

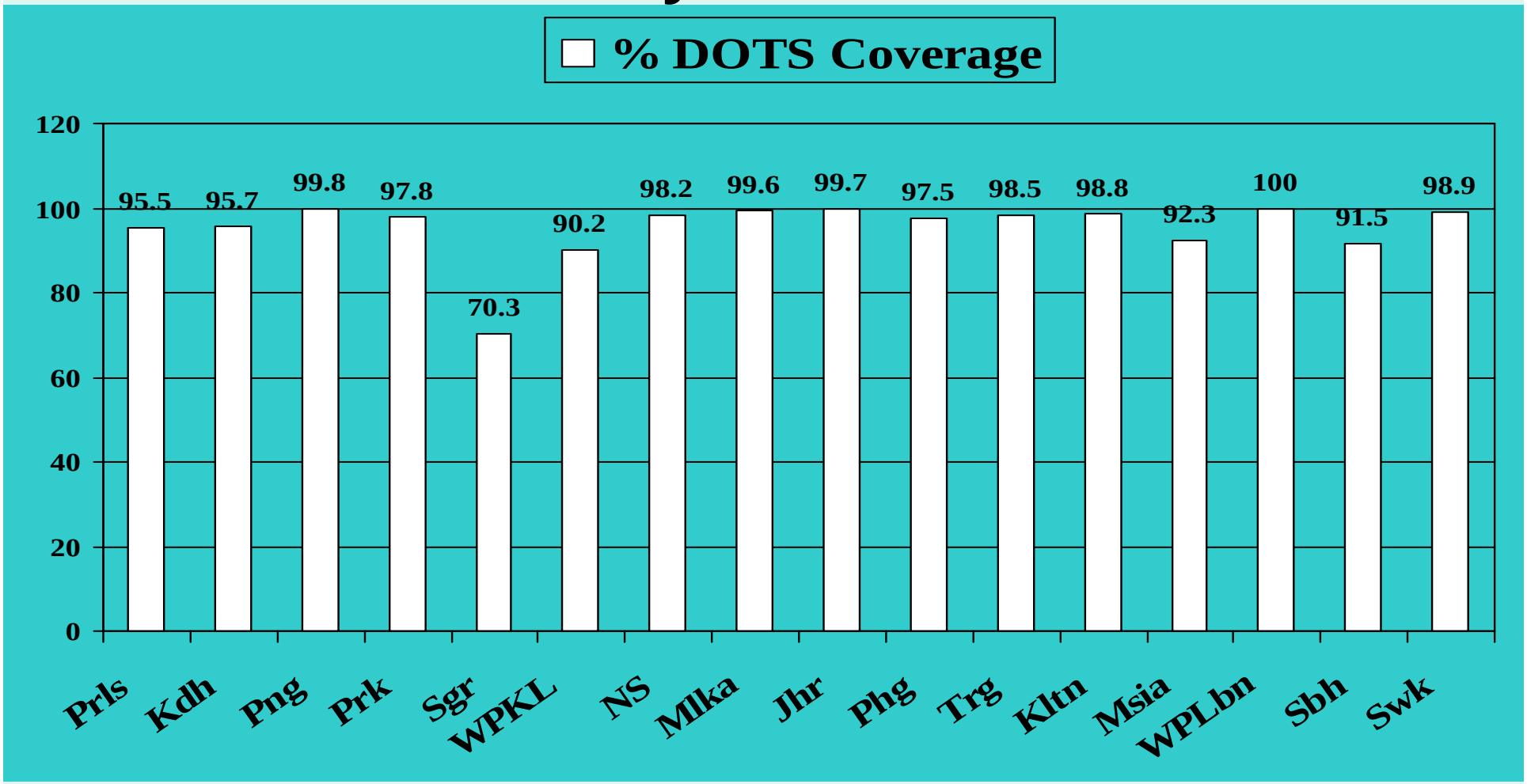
NOTIFIED TB CASES, MALAYSIA 1985-2005



INCIDENCE RATE OF TB, MALAYSIA 1985-2005



Percentage of DOT Coverage, Malaysia ,2005



Target: > 95%

Target and achievement attained in Malaysia 2002

Indicator	target	attainment	achievement
TB Incidence(all forms)	113 per 100,000 population(Estimate)	58.7 per 100,000 population	No
TB Incidence (infectious type) **CASE DETECTION RATE**	50 per 100,000 population (Estimate)	32.5 per 100,000 population	No (65%)
Conversion rate at 2mts	> 85% (WHO)	89.7%	Yes
Cure rate	>85% (WHO)	77.6%	No

- **Case Detection Rates are unlikely to improve if we focus only on the Public sector TB Control (NTP)**

Private sector

- **India :**
  - **1/3 Global burden of TB**
  - **60 % of TB cases managed by PP`s**
- **Pakistan :**
  - **70 % health care in private sector**
  - **66 % of TB cases managed by PP`s**
- **South Korea :**
  - **43 % of TB cases managed by PP`s**

Private Health care Providers in Malaysia

- Qualified Medical Practitioners
- Specialist Chest Physicians
- Pharmacists
- Private Hospitals and Nursing Homes
- Traditional Healers
- Unqualified Medical Practitioners
- Non-Governmental Organisations

Advantages in Private sector

- Easy accessibility
- Shorter waiting time
- Flexible clinic hours
- Availability of doctors and drugs
- Considerate staff attitudes.’’ less stigma”
- Stable doctor-patient relationship
- Greater degree of confidentiality

Shortcomings in the Private sector

- Over reliance on X-ray diagnosis
- Failure to confirm diagnosis with lab tests
- Inappropriate treatment regimens
- Failure to educate patients
- No contact tracing and defaulter retrieval
- No supervision of treatment (DOT)
- Inappropriate monitoring with X-ray
- Inadequate treatment records
- No reporting

TB Case Notification and Treatment by Government. & Pr. Pract. Malaysia 2004

State	Number of cases	Govern ment.	Private	%
P.Pinang	910	740	170	23.0 (15.0)
Selangor	1874	1529	345	22.6 (16.0)
Malaysia	15307	14561	746	5.1 (4.2)

Unit Tibi/Kusta,JKA,KKM

WHO Stop TB Strategy

Vision : A world free of TB

Stop TB Strategy Targets

By 2005 : Detect at least 70% of new s+ cases and cure at least 85 %

By 2015 : Reduce prevalence of and deaths due to TB by 50% relative to 1990

By 2050 : Eliminate TB as a public health problem (< 1case/million)

Components of Stop TB strategy

1. **PURSUE HIGH-QUALITY DOTS EXPANSION AND ENHANCEMENT**
   a. Political commitment with increased and sustained financing
   b. Case detection through quality-assured bacteriology
   c. Standardized treatment with supervision and patient support
   d. An effective drug supply and management system
   e. Monitoring and evaluation system, and impact measurement

2. **ADDRESS TB/HIV, MDR-TB AND OTHER CHALLENGES**
   - Implement collaborative TB/HIV activities
   - Prevent and control multidrug-resistant TB
   - Address prisoners, refugees and other high-risk groups and special situations

3. **CONTRIBUTE TO HEALTH SYSTEM STRENGTHENING**
   - Actively participate in efforts to improve system-wide policy, human resources, financing, management, service delivery, and information systems
   - Share innovations that strengthen systems, including the Practical Approach to Lung Health (PAL)
   - Adapt innovations from other fields

4. **ENGAGE ALL CARE PROVIDERS**
   - Public-Public, and Public-Private Mix (PPM) approaches
   - International Standards for TB Care (ISTC)

5. **EMPOWER PEOPLE WITH TB, AND COMMUNITIES**
   - Advocacy, communication and social mobilization
   - Community participation in TB care
   - Patients' Charter for Tuberculosis Care

6. **ENABLE AND PROMOTE RESEARCH**
   - Programme-based operational research
   - Research to develop new diagnostics, drugs and vaccines

PPM-DOTS

Public- Private Mix for DOTS implementation

Engaging all care providers to Stop TB

Building local partnerships to ensure quality TB care for all who need it

Tools package based on pilot projects in cities in Asia and Africa

PPM DOTS: Guiding Principles

- The benefits of DOTS should reach all TB suspects and patients including those not presenting to the NTPs
- TB control is a mandate of the public sector but private sector have responsibilities in TB control as well
- NTPs should initiate and sustain collaboration with private TB care providers within the DOTS framework

Evolution

- The variation across settings is too great to have one common set of global guidelines
- A broad framework could be developed to encourage countries to address the issue
- There is a clear need to develop Regional, National and Local strategies and plans

Evolution

1999: Global assessment

2000: Learning projects

2001: Global consultation

2002: Regional and National Strategies

2003: Economic analysis

2004: Multiple initiatives; Analysis of success factors

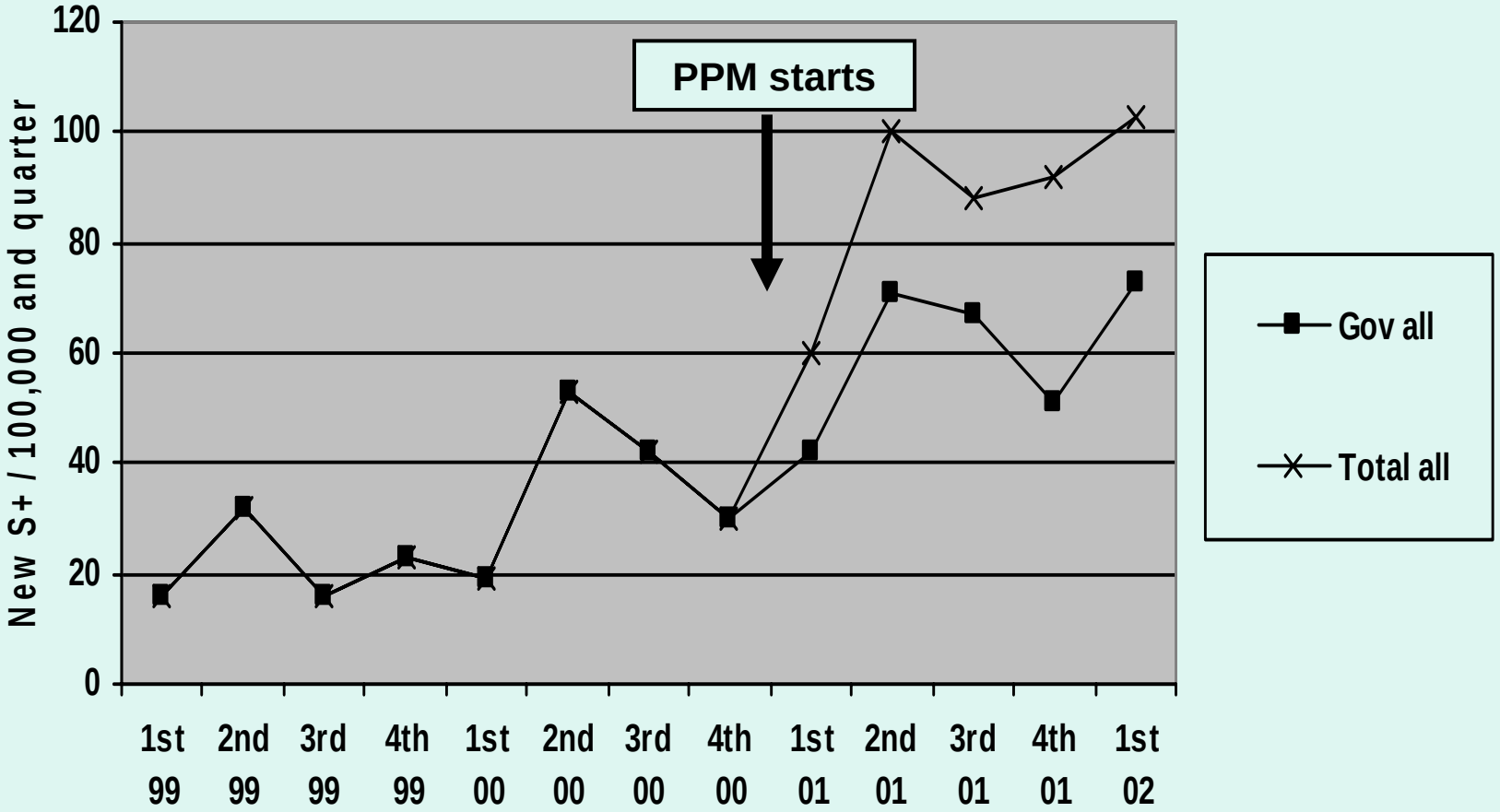
2005: Early scale up

	NAIROBI	PUNE	HCMC	DELHI
Setting	Urban	Rural	Urban	Urban
Duration	13 M	12 M	12 M	16 M
Target Grp	Specialists	GPs	Specialists	Mix
Referrals	351	77	1004	1482
Notified	173	51	314	612
Sp. +ve	79	18	255	168
Treated	173	51	314	612
Evaluated	55	12	46	43
Conv./ Succ.rate	84%	100%	54%	81%
Increase in Sp +ve case detection			18%	58%

Case detection

PPM Site	Baseline Rate	Increase	Evaluation Approach
Hyderabad	50/100,000	23%	Compared to neighbouring TU
Delhi	60/100,000	36%	Change controlled for trend in other areas
Kannur	25/100,000	15%	Change in same TU
Lalitpur	54/100,000	61%	Change in same area
Ho Chi Minh City	100/100,000	18%	Change controlled for trend in other areas
Punalur	25/100,000	50%	Change in same TU
Thane	50/100,000	14%	Change in same TU
Mumbai, zone IV	55/100,000	19%	Change in same zone

Case notification trend for all cases, New Delhi Model III

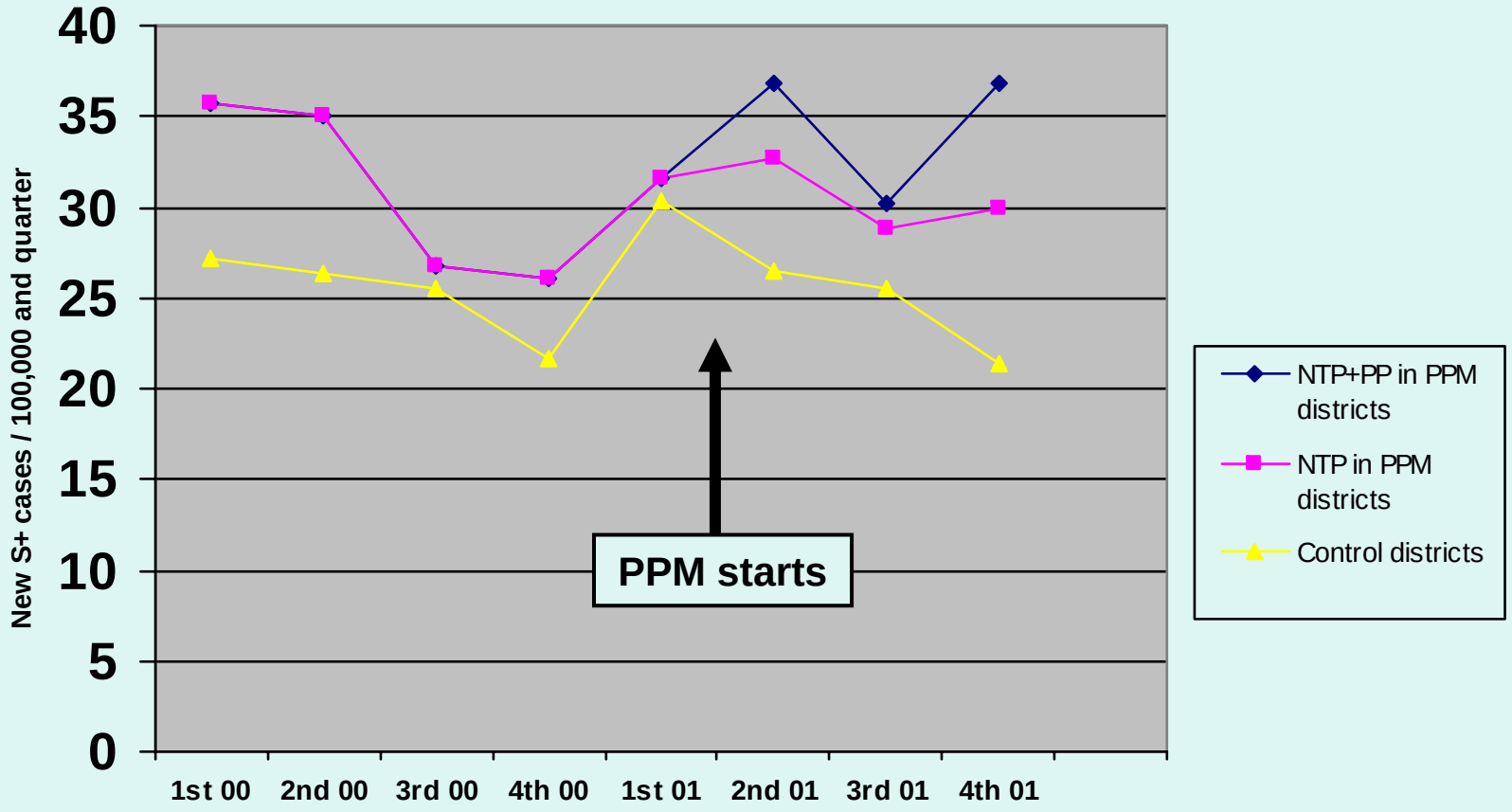


Note:

•Gov all= all cases detected in government clinics. Total all= all cases detected in government clinics + PPs.

•No comparison with similar areas in Delhi done yet. Change in whole Delhi 2000-2001 was +8% (all cases).

Case notification trend for new sputum positive cases, HCMC PPM districts

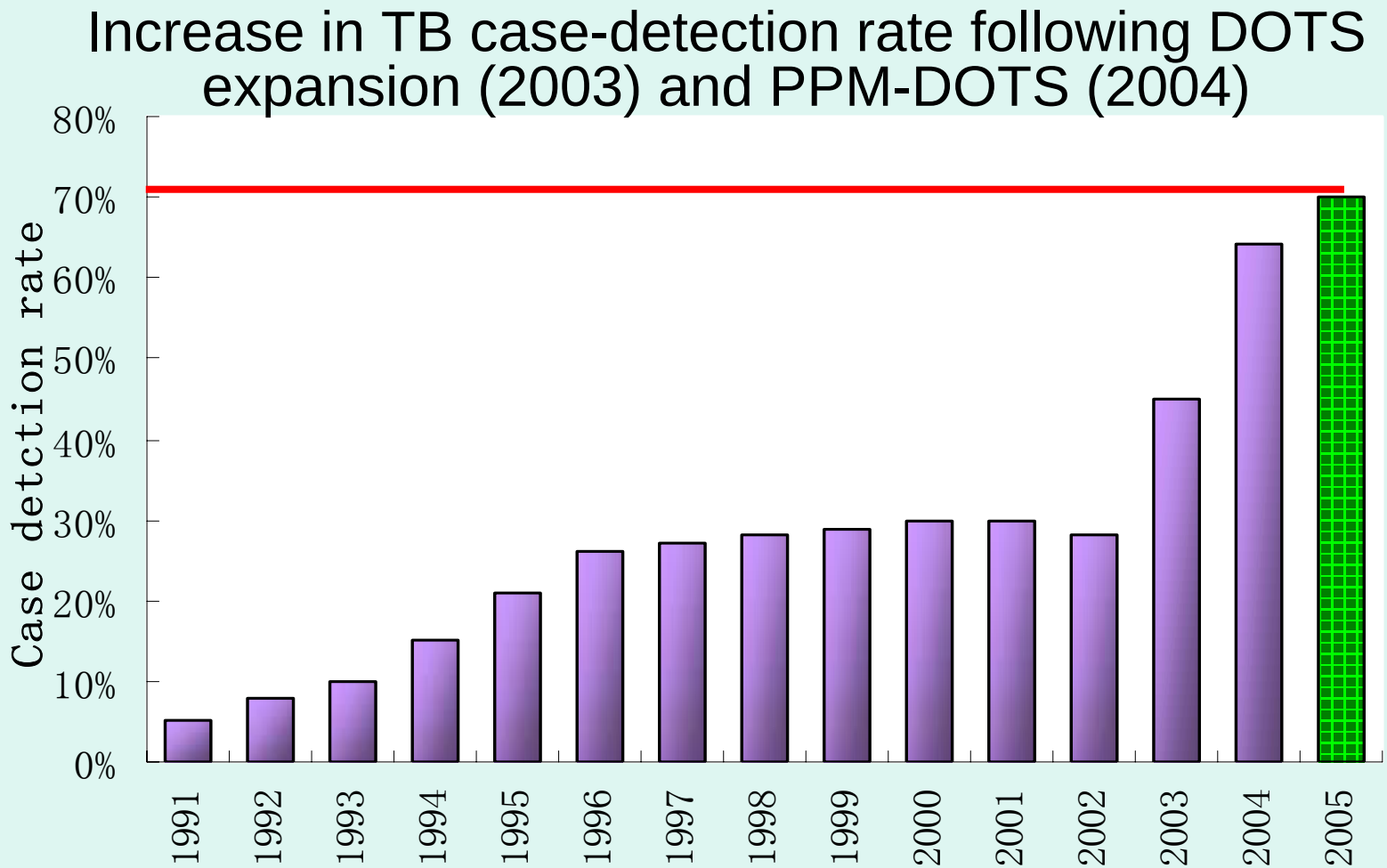


Note:

•Control districts are all other urban and semi-urban districts in HCMC.

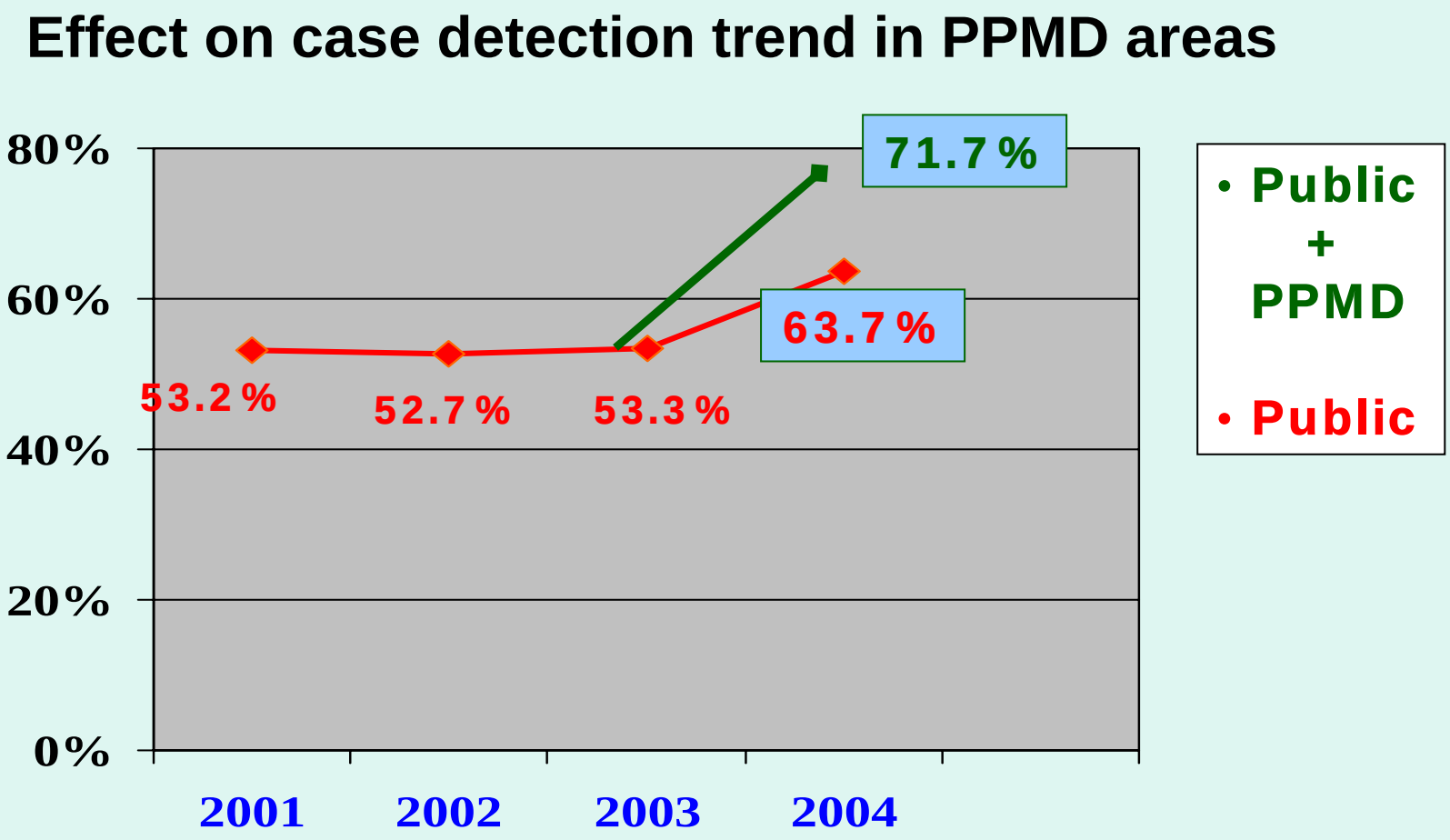
•The common seasonal variation in HCMC is that the peak notification is in first quarter and then decreases over the year.

China



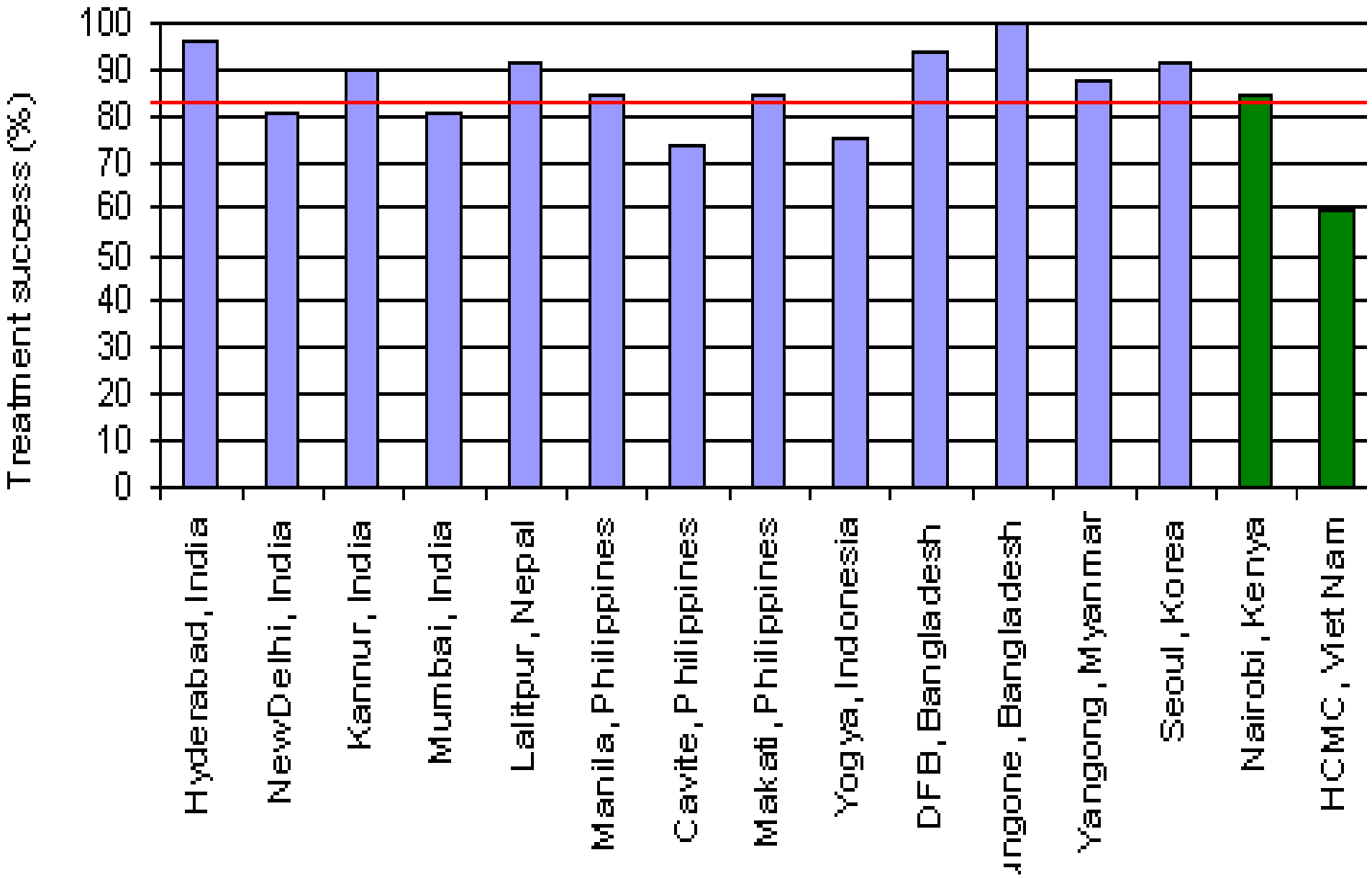
Courtesy: CDC China

Philippines

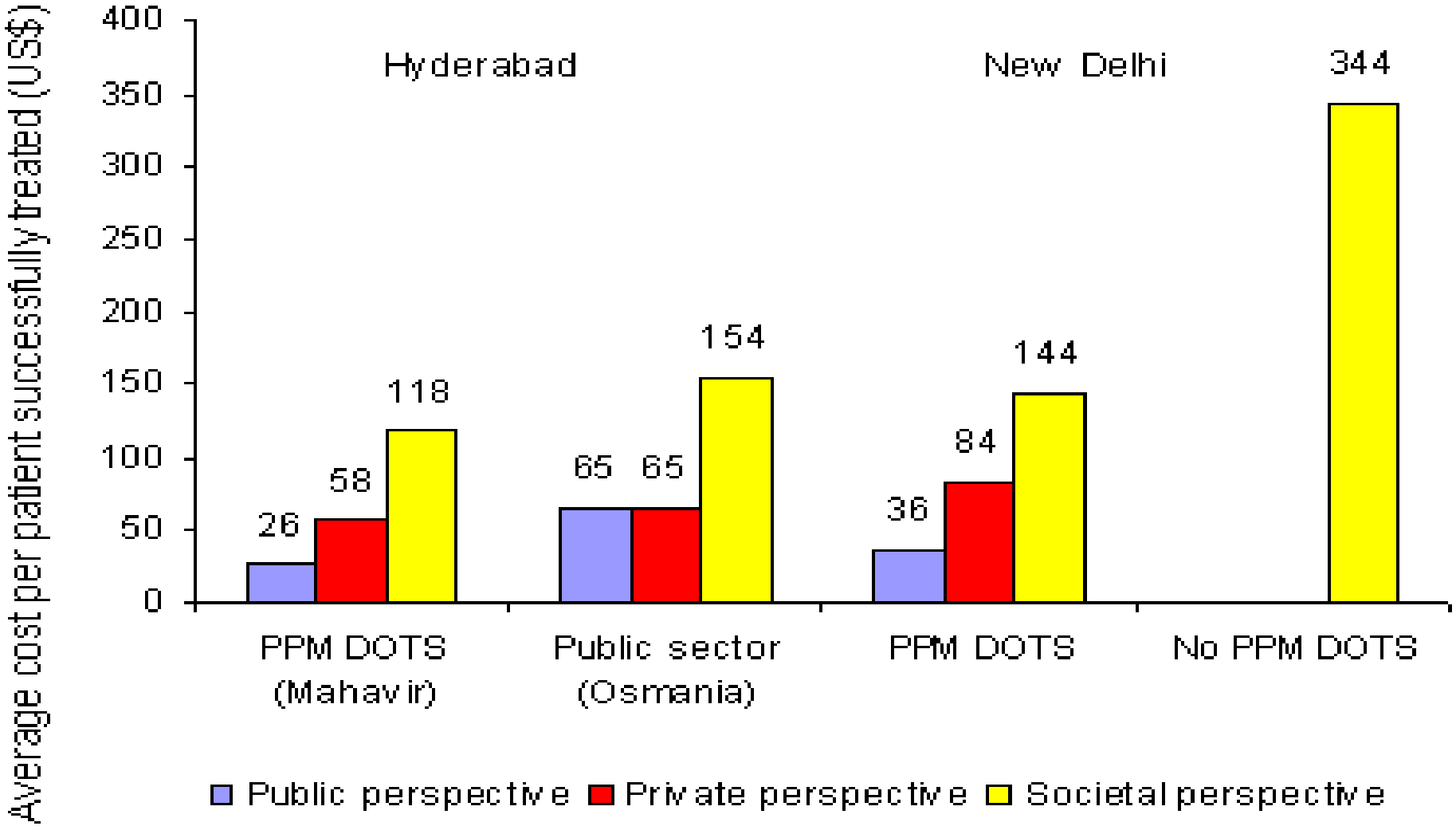


Courtesy: Dr R Vianzon, NTP, Philippines

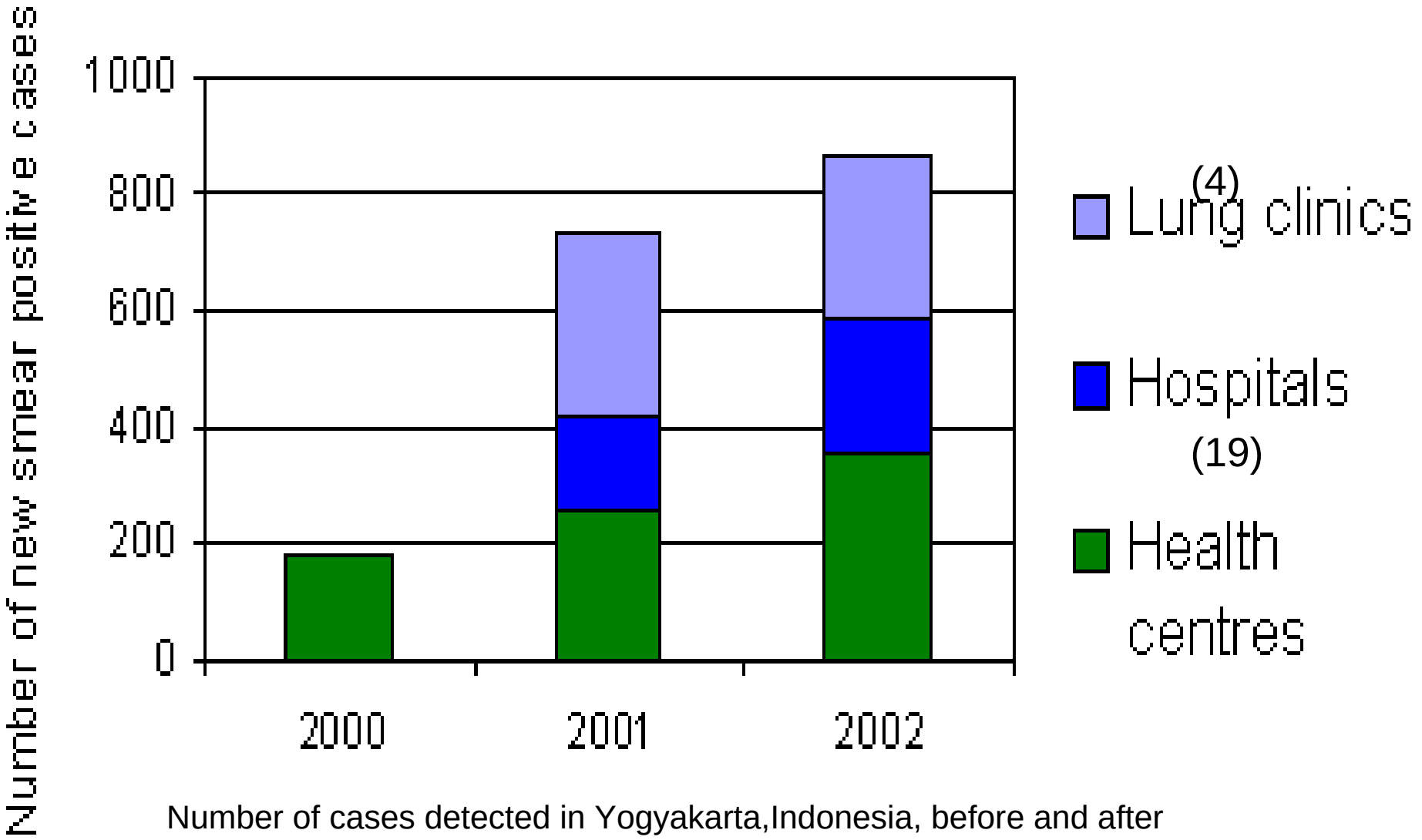
Treatment Completion



Cost-effectiveness analysis



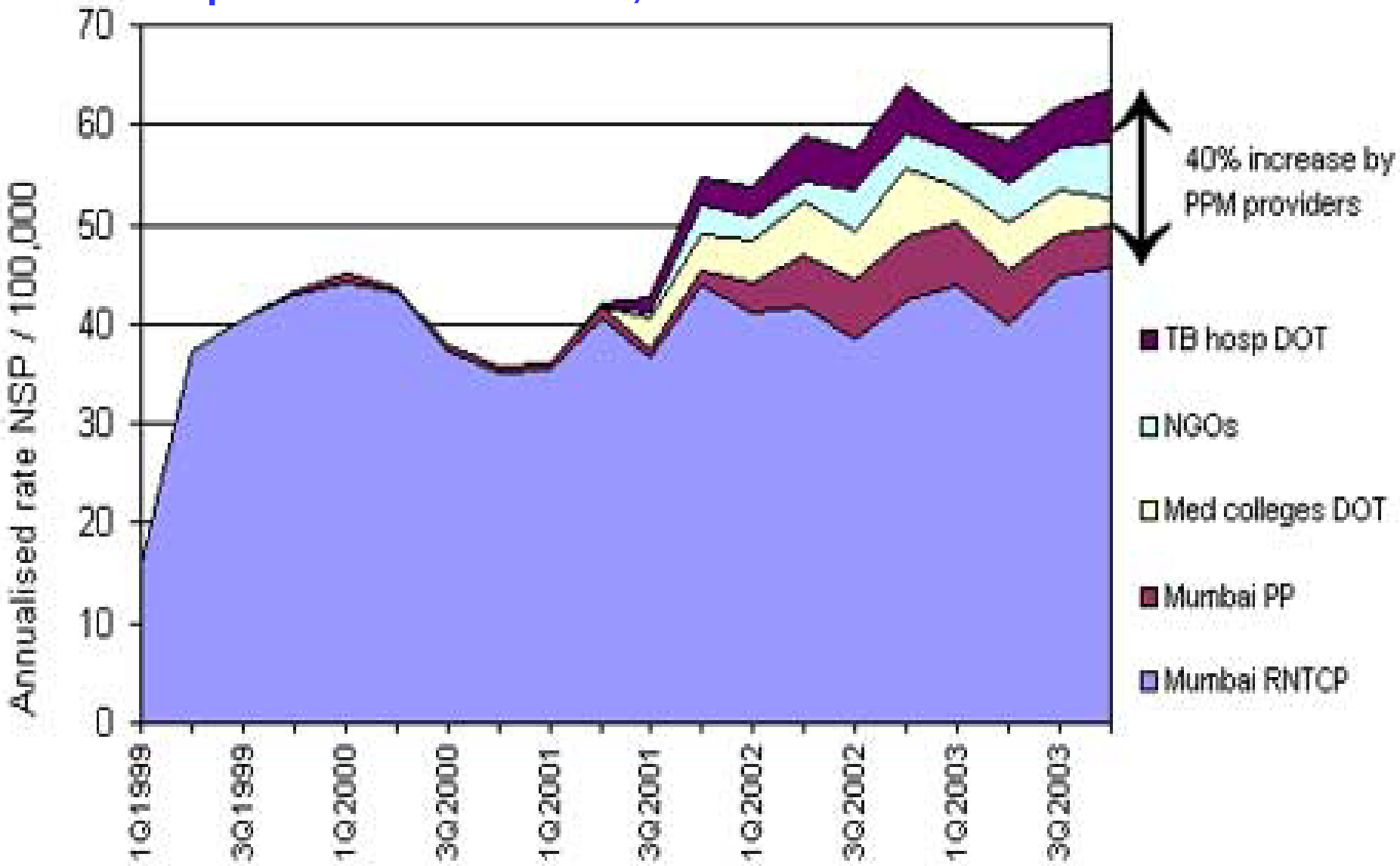
Public Private + Public Public Mix



Number of cases detected in Yogyakarta,Indonesia, before and after implementation of Public-Public Mix for DOTS

Public Private + Public Public Mix

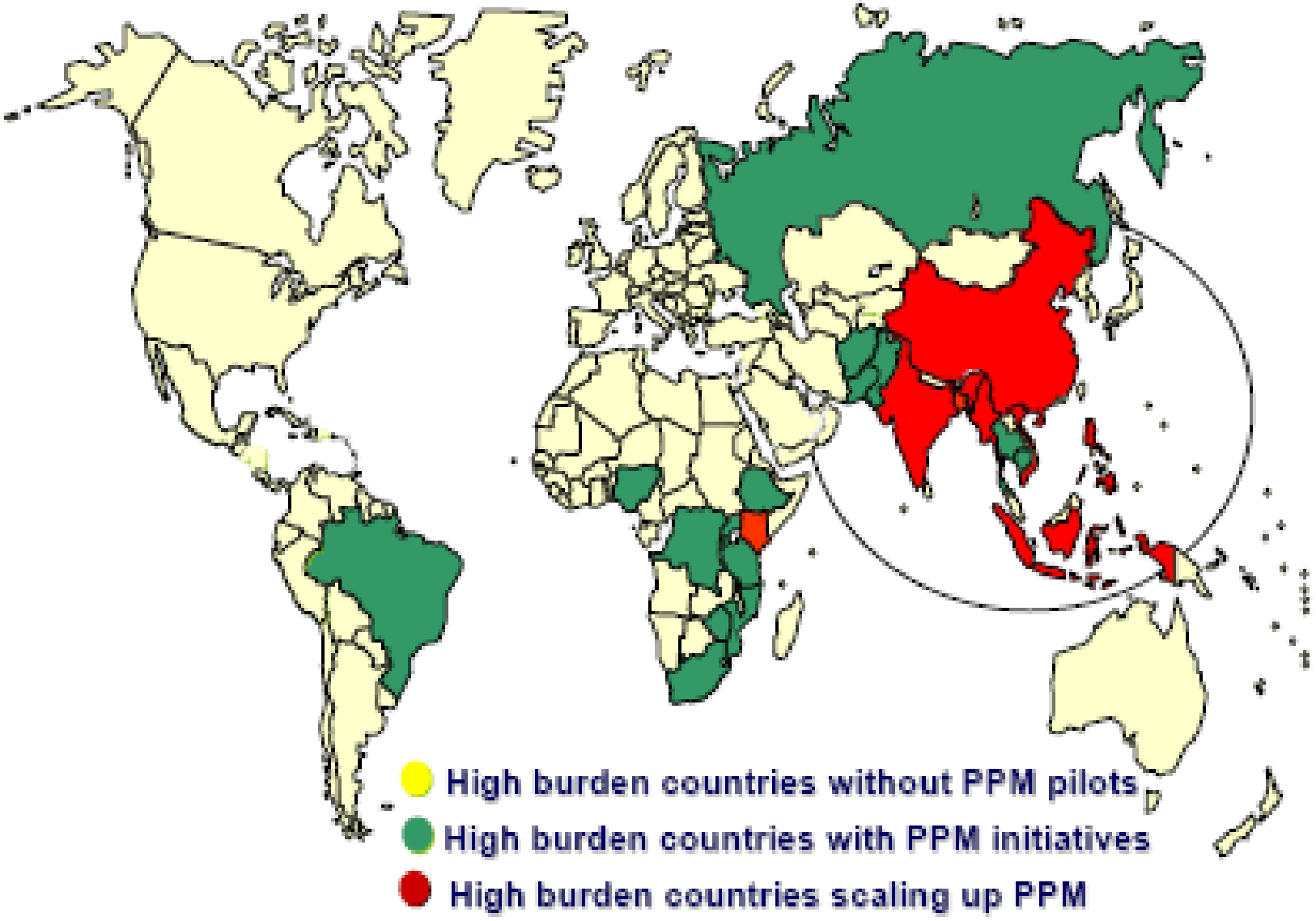
Early effect of networking all health care providers for DOTS implementation .Mumbai, India



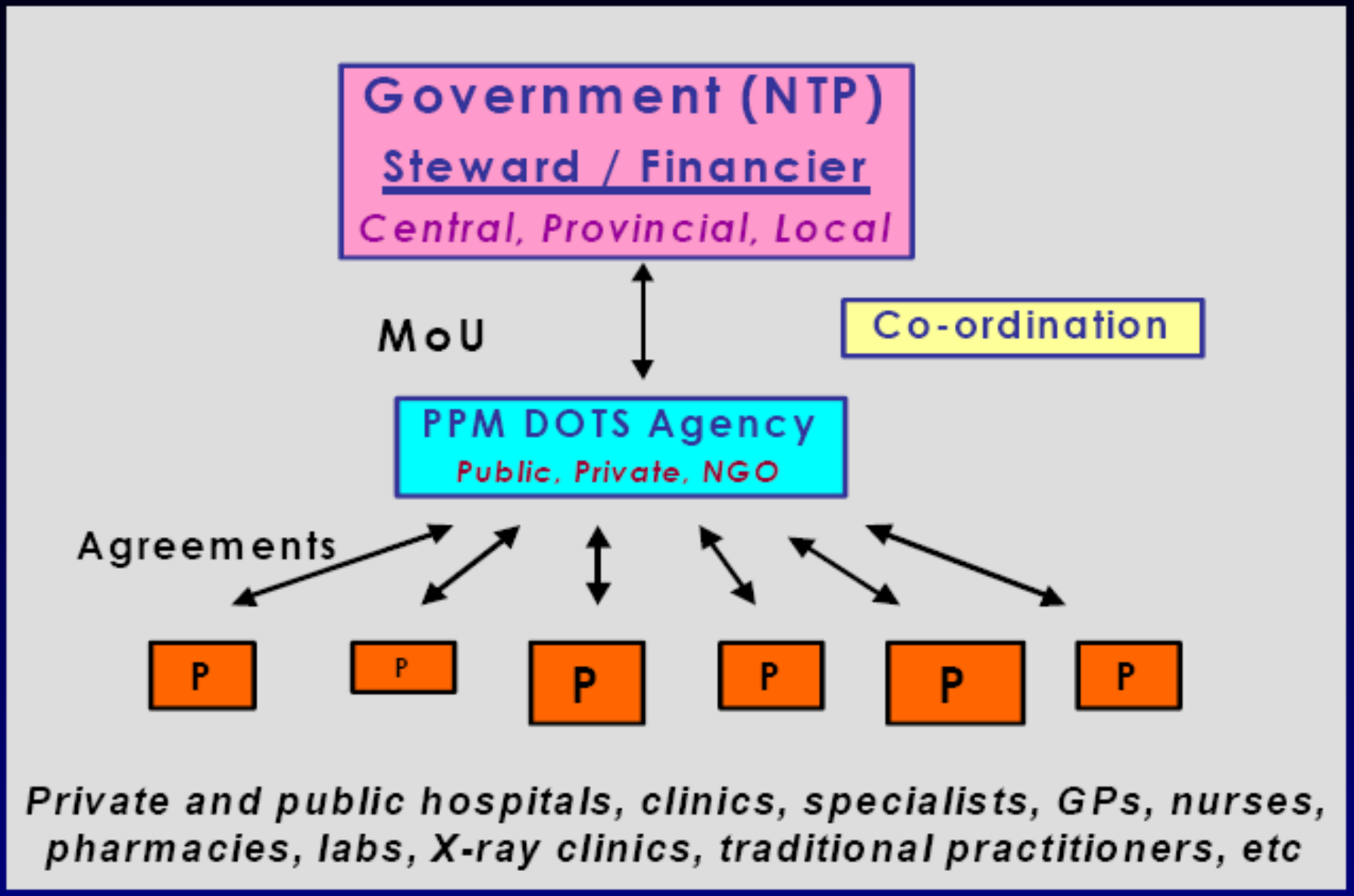
Benefits of private health provider inclusion in TB control (PPM DOTS)

1. **Improved Case finding and case holding**
2. **Standardiseed case mananagement to reduce treatment errors and risk of MDR-TB**
3. **Enhance access and equity**
4. **Reduced workload of frontline staff leading to improved work performance**
5. **Reduce financial burden on patients**

HBCs with PPM DOTS initiatives, 2006



PPM DOTS: Generic Model

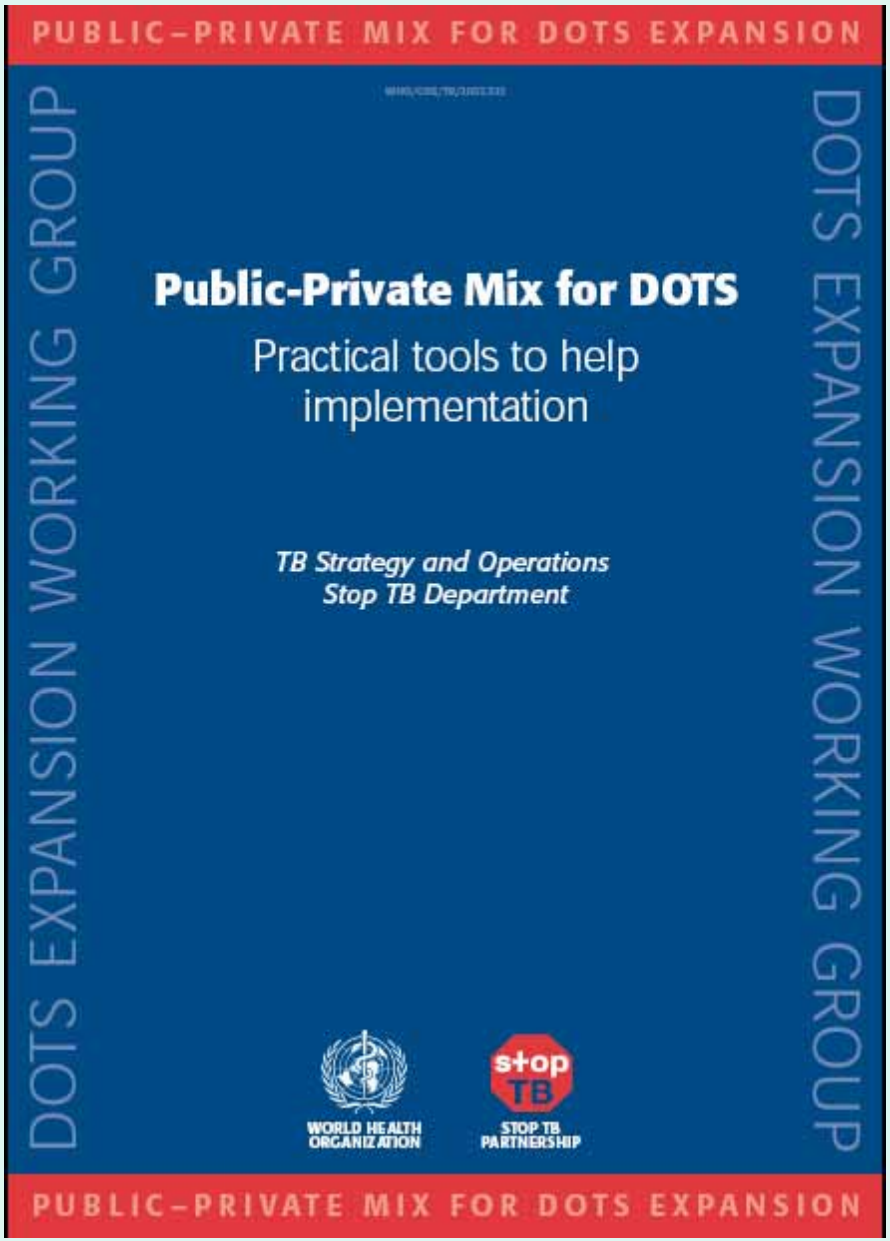


DOTS task mix for different provider categories

	Possible Task	Government / NTP	Public or private PPM DOTS unit	Individual private physician, public hospital or clinic	Private or public laboratory	Non-physician / pharmacy
Clinical functions	Refer TB suspects					
	Recording / notifying					
	Supervise treatment					
	Sputum microscopy					
	Make a diagnosis					
	Prescribe treatment					
Public health functions	Retrieve defaulters					
	Training & supervision					
	Reporting					
	Quality assurance					
	Drug supply					
	Stewardship: financing & regulation					

Essential elements: PPM DOTS

- **NTP commitment to work with private providers**
- **Local capacity to provide free, quality-assured microscopy services for TB suspects and patients of private providers**
- **Local capacity to manage free and uninterrupted drug supply for TB treatment by private providers**
- **Adaptation of DOT to private practice if required**
- **Capacity to supervise and assess treatment outcomes of TB patients of private providers**


PUBLIC–PRIVATE MIX FOR DOTS EXPANSION
DOTS EXPANSION WORKING GROUP
Public-Private Mix for DOTS
Practical tools to help implementation
TB Strategy and Operations
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WORLD HEALTH ORGANIZATION
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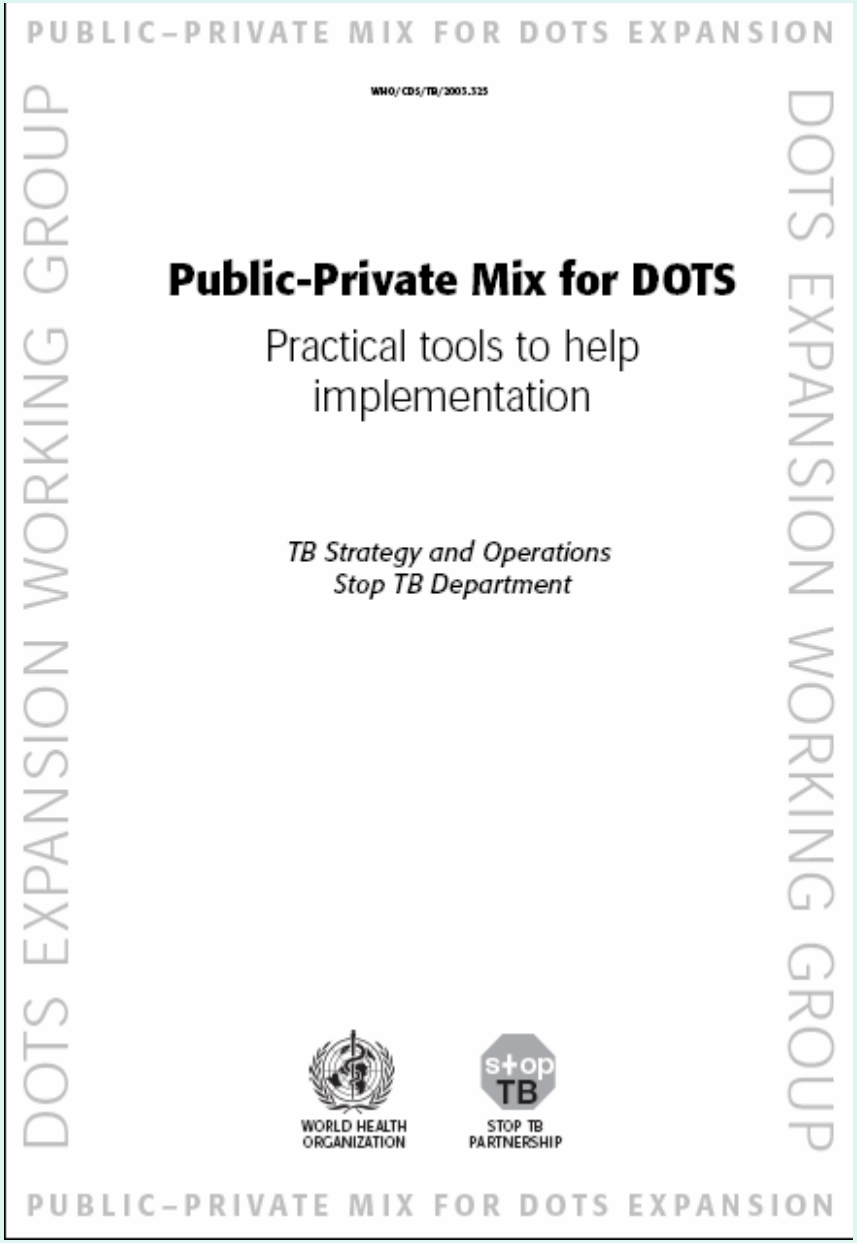
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WHO/CDS/TB/2003.325
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Practical Tools for PPM DOTS

Purpose	Tool(s)
Training	- Sensitization and orientation of private providers - Sensitization and orientation of NTP staff
Diagnosis	- Referral form for sputum microscopy - Case Notification form - Feedback / Back-referral forms
Treatment	- Form of referral for diagnosed cases - Adaptation of NTP Treat. Card for use in private practice - Transfer form for patients started on treatment - Form requesting supply of drugs - Form for retrieval of defaulter tracing
Monitoring	- Quality-monitoring forms - Minor adaptations of NTP lab. and treatment registers - Adaptation of quarterly report forms - Evaluation Indicators for PPM DOTS
Agreements	- Format of a Memorandum of Understanding - Format of a Letter of Agreement

Suggested steps in implementation of PPM-DOTS in Malaysia

- Ministry/NTP to take the initiative
- Situation analysis with estimation of case load in the private sector
- Dialogue with relevant stakeholders
- Establish a mechanism of coordination
- Adaptation / development of guidelines, referral forms etc.
- Sensitization of NTP staff and implementation of tools within the NTP
- Sensitization ,recruitment and training of PPs and distribution of forms

Other potential interventions to improve private sector care and collaboration

- Improving referral and information systems through simple practical tools
- Provide microscopy and drugs free of charge to patients and incentives to PPs
- Enhance skills of Public sector managers to work with PP`s
- Enhance knowledge of consumers on what is quality care
- Develop monitoring system with indicators

Situation Analysis

- Identify regions based on notifications via Health Form 1
- Initially, focus on regions with high TB management by PP`s
- Include also Public Hospitals outside NTP

Training

- Choose appropriate place and time
- Incorporate other topics of interest as well

Diagnosis

- Provide free or subsidized microscopy and culture services to deserving patients

Treatment

- Provide free or subsidized drugs to deserving patients

Monitoring : PPM-DOTS indicators

- **Process indicators**
  - Proportion of units implemented PPM
  - Proportion of units providing DOTS
- **Outcome indicators**
  - Proportion of new sm+ referred
  - Proportion of new sm+ detected
  - Proportion of cases on DOT
  - Treatment outcome for new sm+
  - Change in case detection after 1 yr.

LET US WORK TOGETHER

PUBLIC

PRIVATE

PARTNERS IN

TB

ELIMINATION

N G O`S

Terima kasih !

Thank you !