NATIONAL TB PROGRAM

Public-Private Partnerships (PPPs) in TB Control in Bangladesh

DFID Funded (COMDIS) Research

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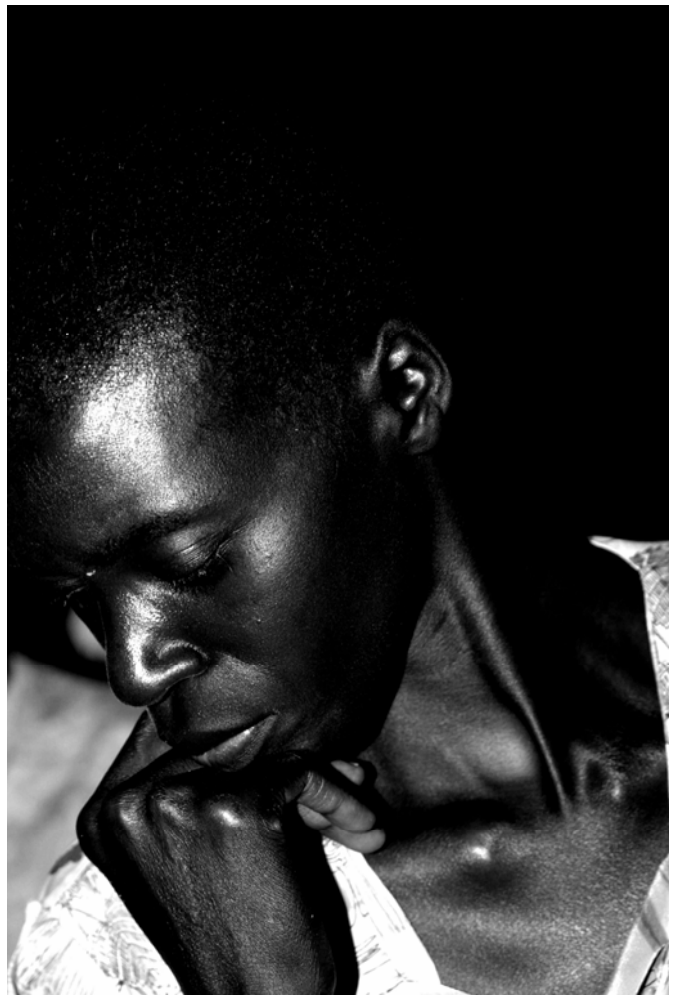
Session Outline

- Outline of DFID Funded Communicable Disease Research (COMDIS)
- COMDIS Research in Bangladesh:
  - Public-Private Partnerships (PPP) in TB Control:
    - Involvement of Private Medical Practitioners
    - Involvement of garment sectors

COMDIS (2006 - 2011)

- **Aim**
  - To ensure utilisation of effective communicable disease interventions is on a far greater scale than now, especially for poor and vulnerable people.
- **Strategy**
  - A key strategy is to anchor research within operational programmes, so that knowledge will be rapidly incorporated into policy and practice at scale in partner countries and elsewhere.



COMDIS: Major partners

- UK — Leeds University and Malaria Consortium
- Bangladesh — NTP and BRAC
- China — China National Centre for TB Control
  Shandong National Centre for TB Control
  Guangxi Centre for Disease Control
  Shanghai Changing District Centre for Disease Control
  University China Academy of Social Sciences
- Nepal — HERD / NTP
- Pakistan — ASD / NTP
- Ghana — KNUST (Kwame Nkrumah University)
- Uganda — Malaria Consortium / Makerere University

COMDIS Research in Bangladesh

- Public-Private Partnerships (PPPs) in TB Control: Strengthening Service Delivery and Scale Up
  - Involvement of Private Practitioners (PPs): Start 2003
  - Involvement of garment sectors (TB in Workplace): Start 2007

Why PPP?

- High TB Burden
- Low Case Detection – Why?
- More than half of TB patients go to private sector
- The Weakest Link in service delivery – PPs
- Interest for PPP – NTP, WHO
- LEEDS Experience in Urban PPP Model

Why Bangladesh?

- Population:140 million
- Density:953 per km
- High TB Burden:
  - Ranked 5th in TB amongst 22 High Burden Countries
- 350,000 new TB cases/year
- 70,000 die annually
- TB control is a national priority
- Government-NGO collaboration

PPP: Involvement of Private Practitioners in Dhaka City

- **Method:**

  Action Research

- **Aim:**

  To develop a public-private partnership model for effective involvement of Private Medical Practitioners (PMPs) in TB service delivery in Bangladesh, in order to improve access and quality of TB care.

- **Start:** 2003

PPP – Steps and Process

1. Review & analyse context
2. Advocate and sensitise selected PMPs/organisations/ Associations
3. Identify service components
4. Identify potential partners
5. Develop conceptual partnership framework
6. Identify key features and responsibilities
7. Develop locally appropriate partnership model
8. Small scale implementation
9. Monitor and evaluate
10. Scale Up

PPP – Guiding Principles

- Formation of Working Group
- Involvement of stakeholders at every step
- Joint planning and development of:
  - Partnerships framework
  - Guidelines and tools
- Mutual respect and trust
- TB care pathways for PMPs
- Joint regular supervision and monitoring
- Evaluation

PPP - Responsibilities

- Leeds:
  - Technical assistance; development of guidelines, tools, and ACSM
  - Funds (DFID-COMDIS)
  - Research capacity development
- NTP:
  - Guidelines, overall coordination, Logistics, and Training
  - Overall monitoring & supervision and quality control
  - Advocacy, Communication and Social Mobilisation (ACSM)
- NGOs:
  - Geographical coverage, Diagnosis, Treatment, DOT, Follow-up
  - Support to ACSM activities
- PMPs:
  - Follow NTP guidelines in referral, diagnosis, and treatment
  - Recording and reporting

PPP - Outcomes (Dhaka)

- Increased access and coverage: 2 m
- 120 private practitioners involved; more joining in

- Case detection has doubled: from 32% to 73%
- Treatment outcomes rose from 84% to 91%

Scaling up of PPPs

PPPs - Scale Up

- Started in Feb 2007
- Phased approach in Phase 1
- Geographical coverage: Two cities - Chittagong and Sylhet
- Population coverage: 5 m
- New plan for further scale up.

PPPs - Lessons Learned So Far...

- **IT WORKS**

✓ Greater access, quality, and coverage

✓ Greater and effective involvement of PPs

✓ Guidelines and tools found appropriate for implementation

✓ Joint planning and monitoring led to sustained partnerships

✓ Growing commitment and confidence to implement PPP

✓ Increased willingness among all partners

ACSM: Observation of TB Day