

Title of Case Study/ Research Success:	Successful implementation of partnerships to improve TB control involving National TB Programmes and private medical practitioners
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1. Title of Research Programme/Project	<p>i) Public-Private Partnership (PPP) Project for TB Control: Developing Model for Involving Private Medical Practitioners in TB Control in Bangladesh</p> <p>ii) Scaling Up of Public-Private Partnership Project (PPPP) Model in Urban Settings: Involving Private Medical Practitioners in TB Control in Bangladesh</p> <p>iii) TB at the workplace: Developing Partnerships with the garments industries (Bangladesh)</p> <p>iv) Follow-up of public-private partnership in Lalitpur, Nepal</p> <p>v) Guidelines for PPPs for TB control, Nepal</p> <p>vi) Operationalising, evaluating and refining the guidelines and materials for public-private partnership development in TB control</p>
2. Programme/Project Reference Number	HD206
3. Summary of success <i>[250 words]</i>	Private medical practitioners (PPs) can be involved in large scale partnerships to provide TB control that are effective, affordable and sustainable.
4. “Killer” fact	Private medical practitioners (PPs) can be involved in large scale partnerships to provide TB control that are effective, affordable and sustainable.
5. Country/ies	Nepal, Bangladesh, Pakistan.

<p>6. Description of the project and main findings</p> <p><i>[250 words]</i></p>	<p>The aim of COMDIS Public Private Partnerships (PPP) research is to address the very real issue that private medical practitioners (PPs) are the providers of choice for the majority of urban residents with chest complaints, despite the poor quality of TB diagnosis, treatment and reporting they provide. It was not known whether PPs can be involved in large scale partnerships to provide TB control that are effective, affordable and sustainable.</p> <p>The work started with a pilot project in Lalitpur, Nepal, commencing in 1997. Five Direct Observation of Treatment (DOT) centres were opened in locations convenient for patients to attend for daily DOT. The Nepal National Tuberculosis Programme (NTP) provided free TB drugs to the centres. PPs referred patients to the centres, and were kept informed of patients' progress. Patients who missed one or more days DOT were traced by NGO volunteers who encouraged them to continue with their treatment. Patients were referred back to the referring Private Practitioner at the end of their treatment, and for other non TB-related illnesses. The Lalitpur PPP proved to be very successful. Key findings were:</p> <ul style="list-style-type: none"> • Treatment outcomes exceeded international targets. • Case notification in the study area doubled following implementation of the partnership. • Costs per patient cured were similar to those found in the public sector. <p>Responsibility for the PPP was transferred to Lalitpur Municipality in 2002. Ongoing work has demonstrated the continuing sustainability of the PP without external support.</p> <p>As a result of the success of the Lalitpur PPP project, a much more ambitious project was developed in Bangladesh, involving the Bangladesh NTP, various NGOs and COMDIS. Operational research in Dhaka demonstrated the feasibility and effectiveness of such a project. Ongoing work will determine the sustainability of the approach.</p> <p>In Pakistan, all provinces have now approved PPP as a policy option for TB control. COMDIS-led operational research has led to development of detailed guidelines and tools.</p>
<p>7. Potential impact</p> <p>▪ Who has benefited already and how?</p> <p><i>[100 words]</i></p>	<p>In Bangladesh, partnerships have been developed in four other Bangladeshi cities.</p> <p>In Pakistan, implementation of PPPs is ongoing.</p>

<p>▪ What is the actual or potential impact of the research?</p> <p><i>[100 words]</i></p>	<p>In Nepal, the success of the PPP has been clearly acknowledged by the NTP in the TB component of the successful GFATM round 7 proposal, which included a nationwide plan of activities to scale up PPP. COMDIS is now helping the NTP to develop national guidelines for PPPs for TB control in Nepal.</p> <p>In Bangladesh, large-scale expansion is underway with the aim of covering the urban population of Bangladesh (60 million people) by 2011.</p> <p>In Pakistan, the aim is to provide PPPs in all large cities.</p>
<p>▪ Why is your research novel?</p> <p><i>[100 words]</i></p>	<p>Linking public services and private practitioners on a large scale has not been tried before.</p>
<p>▪ What made your research successful?</p> <p><i>[100 words]</i></p>	<p>It is initially difficult to develop trust between public services and private practitioners. A dedicated focal person can help to assist constructive criticism and a positive approach, but this takes time and it is important not to lose faith.</p>
<p>8. Human interest</p> <p><i>[250 words]</i></p>	<p>Hasina, a 14 year old Bangladeshi girl, lives in Mirpur Dhaka. She works in a factory making garments for export to Europe. Her father is a day labourer. Her mother died of TB and her elder sister suffers from the same disease. Eight months ago, Hasina got a persistent cough and weight loss: these persisted for more than 3 weeks. Hasina went to a private GP (trained by and working with the COMDIS PPP), where she was referred to a nearby NGO lab for a sputum test for TB. The result came out as TB positive. Hasina was very scared she thought that she could die like her mother. Hasina was also worried about whether other members of her family might also die of TB. However, the doctor assured Hasina that TB is completely curable and treatment is available free of cost. Hasina completed treatment from one of our DOTS centres. Now she is cured and back to work with big smile. Hasina thanked PSKP (one of the PPP partners), and decided she wanted to share her experiences in the hope it might encourage others to seek treatment.</p> <p>COMDIS has produced a short (4 minutes) video of Hasina's story. It currently needs a commentator, but we are working on versions with integral English and Bangla commentaries. A longer version (30 minutes) is also available.</p>
<p>9. Names and countries of the Research Institute(s) and Organisations (s)</p>	<p>i) National TB Programme, Bangladesh ii) HERD, Nepal iii) ASD, Pakistan iv) Nuffield Centre for International Health & Development, LIHS, University of Leeds UK.</p>
<p>10. Lead Researchers Names and Organisations</p>	<p>i) Dr Zafar Ullah with National TB Programme team Bangladesh ii) Sushil Baral, with HERD team Nepal iii) Dr Amir Khan with ASD team Pakistan iv) Professor John Walley and Professor James Newell, Nuffield Centre, Leeds UK.</p>

11. DFID involvement	Funding of above projects via COMDIS
▪ Research programme	April 2006 onwards, although projects built on previous work in this area
▪ Dates	April 2006 onwards
▪ Financial spend to date	Total of above listed projects funded by DFID via COMDIS is £258, 707
▪ Future financial commitment	Ongoing and dependant on success of scale up
▪ Follow-on project	Very likely
▪ Name and extension no. of CRD contact person	Leave blank
▪ Name and extension no. of RM or Advisor	Leave blank
12. Photographs	
13. Further information	

Assumptions / Additional Information

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