Establishing Public Private Mix DOTS in the Philippines

1st Asia Pacific Region Conference
August 4, 2007
Kuala Lumpur, Malaysia
**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

- Percent

- DOTS Strategy

- 1996: Population Coverage, Case Detection Rate
- 1997: Population Coverage, Case Detection Rate
- 1998: Population Coverage, Case Detection Rate
- 1999: Population Coverage, Case Detection Rate
- 2000: Population Coverage, Case Detection Rate
- 2001: Population Coverage, Case Detection Rate
- 2002: Population Coverage, Case Detection Rate
- 2003: Population Coverage, Case Detection Rate

- 2000: Population Coverage, Case Detection Rate
- 2001: Population Coverage, Case Detection Rate
- 2002: Population Coverage, Case Detection Rate
- 2003: Population Coverage, Case Detection Rate
Actions Taken by TB Symptomatics

- **Self-medicated**
  - 32

- **Sought consultation**
  - Private MD: 12
  - Public Health Center: 7
  - Private hospitals: 4
  - Traditional Healers: 2

- **No action**
  - 43
## Survey of KAPs of Private Practitioners

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

* 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?
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

Chairperson
Director III, NCDPC

Co-Chairperson
Chairperson, PhilCAT

Vice-Chair
PhilHealth Director

DOH
NTP Manager

PhilCAT
Exec. Director

PhilHealth
Tech. Staff

RCC -PPMDs

PHO/CHO

PPMD Projects/Units

Tech. Advisers
(Internal and External)
Structural Organogram of the RCC - PPMD

Chairperson
Director, CHD

Co-Chairperson
Chairperson, Local Coalition

CHD NTP Coordinator

Local TB coalition

Regional PhilHealth rep

Technical representatives

Secretariat Support

PPMD Operational Guidelines, 2004
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

Referring Physician

Referring Physician

Referring Physician

Public facility

Referring Physician

Referring Physician

Referring Physician

Referring Physician

LOA

LOA

LOA

LOA
## PPMD Formula – Public Initiated PPMD Unit

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<tr>
<th>DOTS Components</th>
<th>Public</th>
<th>Private</th>
</tr>
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<tr>
<td>Political commitment</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Diagnosis by sputum microscopy</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Direct observation of treatment (DOT)</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Uninterrupted drug supply</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Standardized recording and reporting</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Type of DOTS Center</td>
<td>X</td>
<td></td>
</tr>
</tbody>
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Private Initiated PPMD Unit

Referring Physician

Referring Physician

Referring Physician

Private Facility

MOU

LOA

LOA

LOA

Referring Physician

Referring Physician

Microscopy Center

Public Health Office

PPMD Operational Guidelines, 2004
# PPMD Formula – Private Initiated PPMD Unit

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PPMD Installation Process

1) Preparatory visit by central/regional team
2) Central/regional planning workshop
3) Initial publicity
4) DOTS advocacy symposium
5) DOTS training and workshop
6) Meeting for MOU
7) Meeting for MOA
8) Meeting for LOA
9) Launch of PPMD Unit
10) Monitoring

Leader

Steering Committee/Core Team

RCC – PPMD

PPMD Operational Guidelines, 2004
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  Case Detection Rate

2001 2002 2003 2004 2005 2006
Additionality of PPM to Case Detection
Selected PPMD Units, 2003 - 2004

- Tuguegarao
- CMS
- Davao
- Iloilo
- Cagayan
- Oroquieta
- All PPMD Units
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