

# Public –Private Partnership for DOTS implementation

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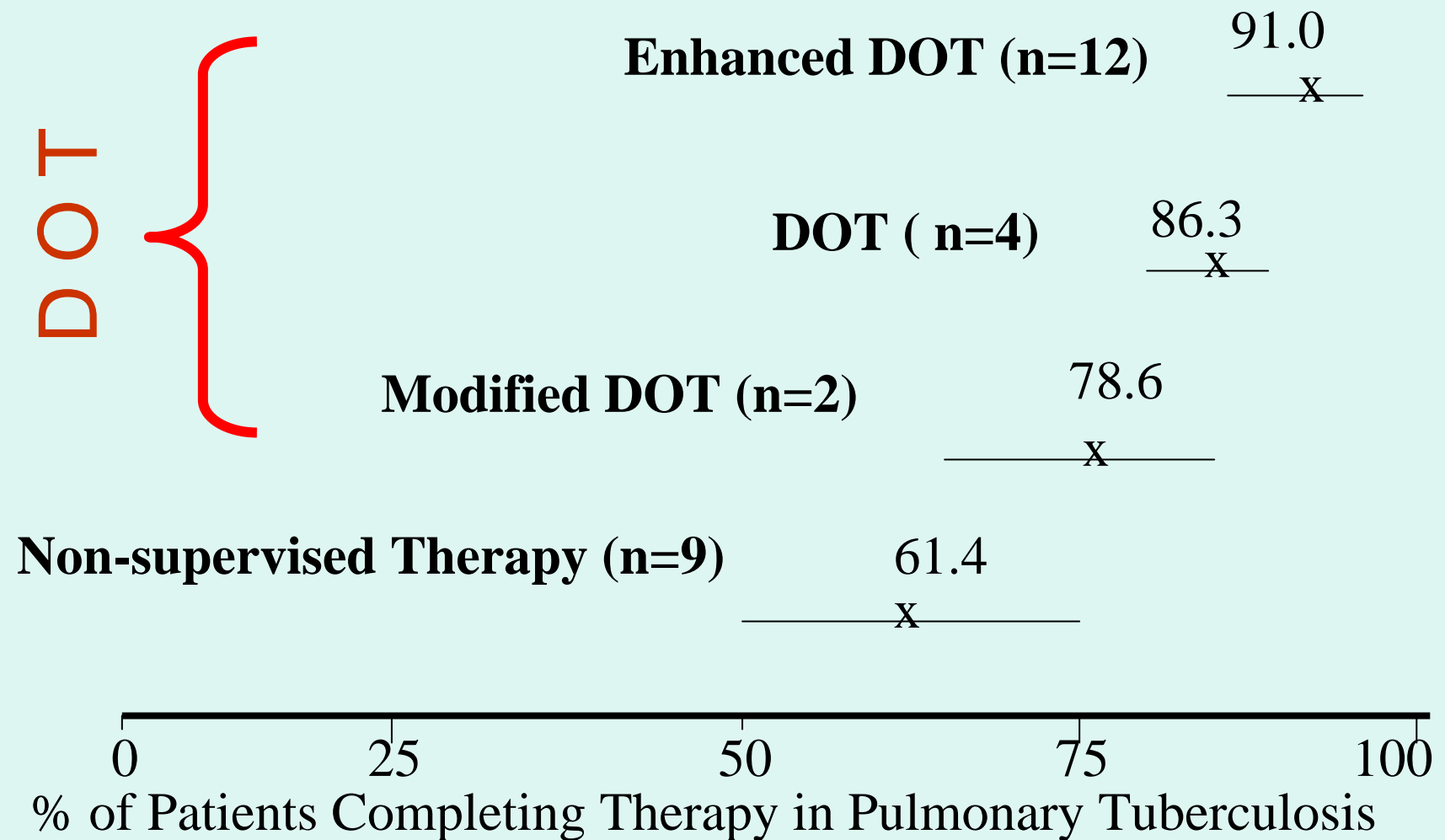
*Petaling Jaya*

# DOTS

*Launched in 1994*

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

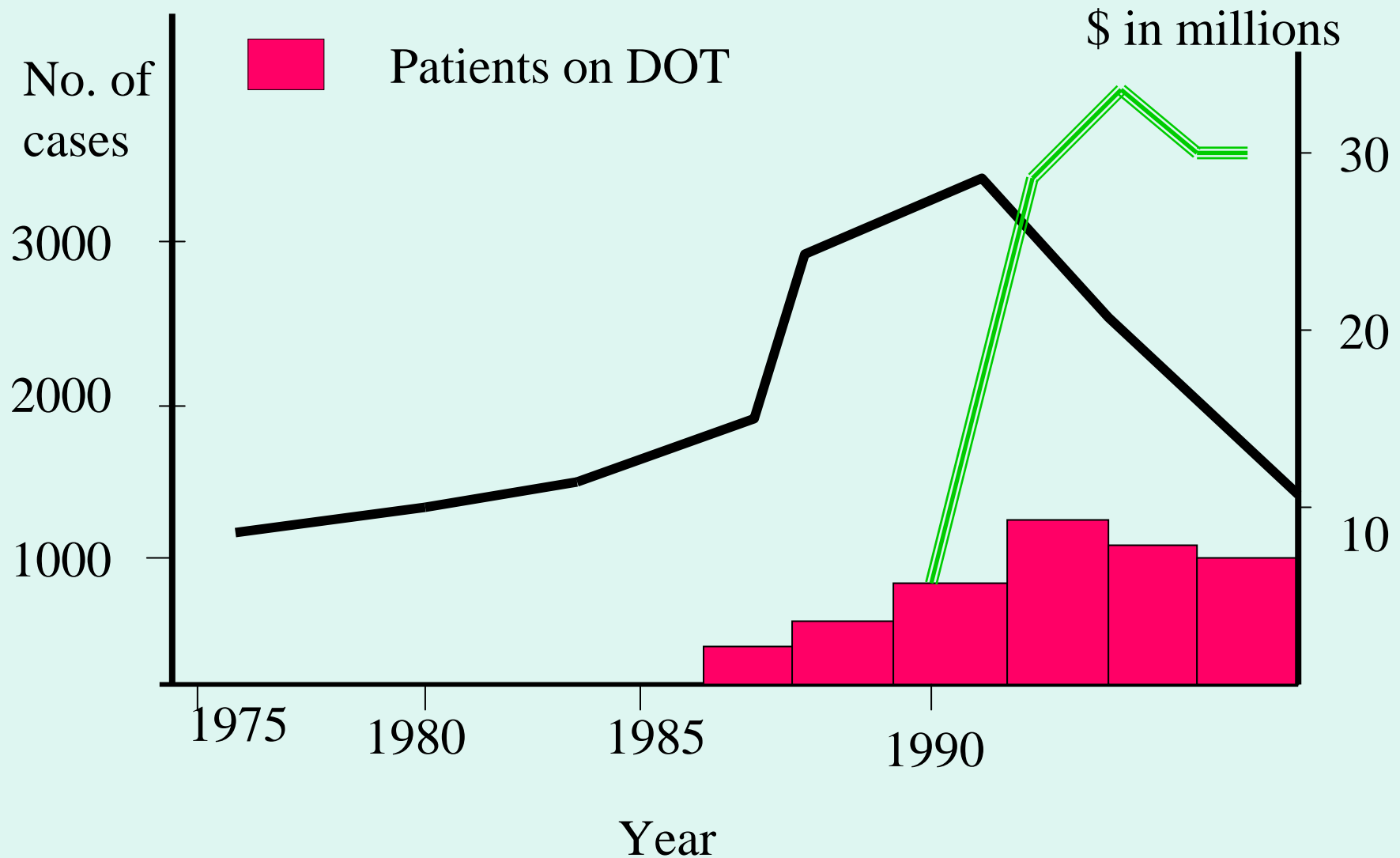
## Treatment Completion Rates by Treatment Strategy for PTB reported in 27 studies



*Chaulk CP, Kazdanjian VA. JAMA 1998, 279.*

# Tuberculosis cases New York City, 1978-1997

( *'Turning the tide'* )



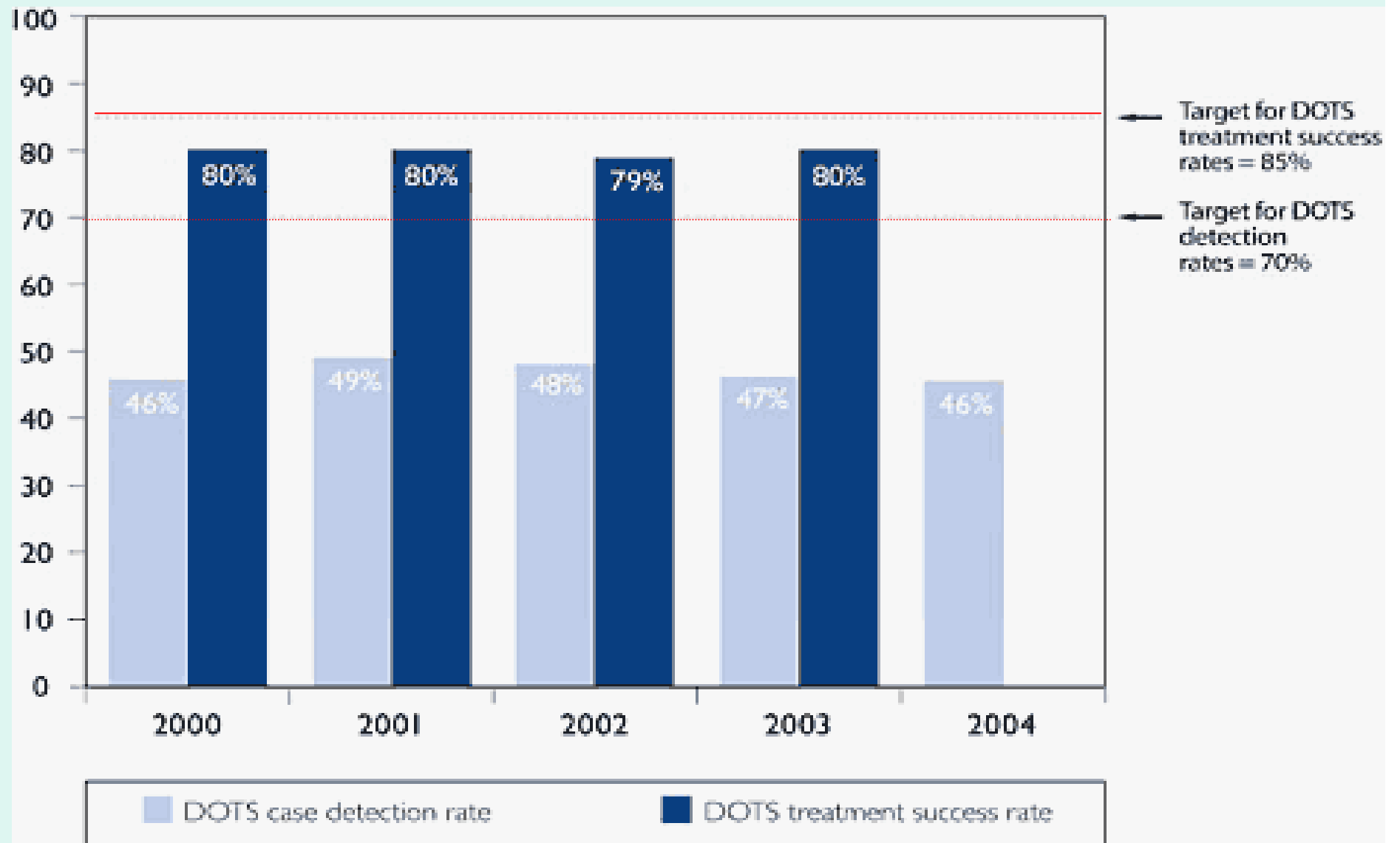
# New York City :Indicators of TB treatment

(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

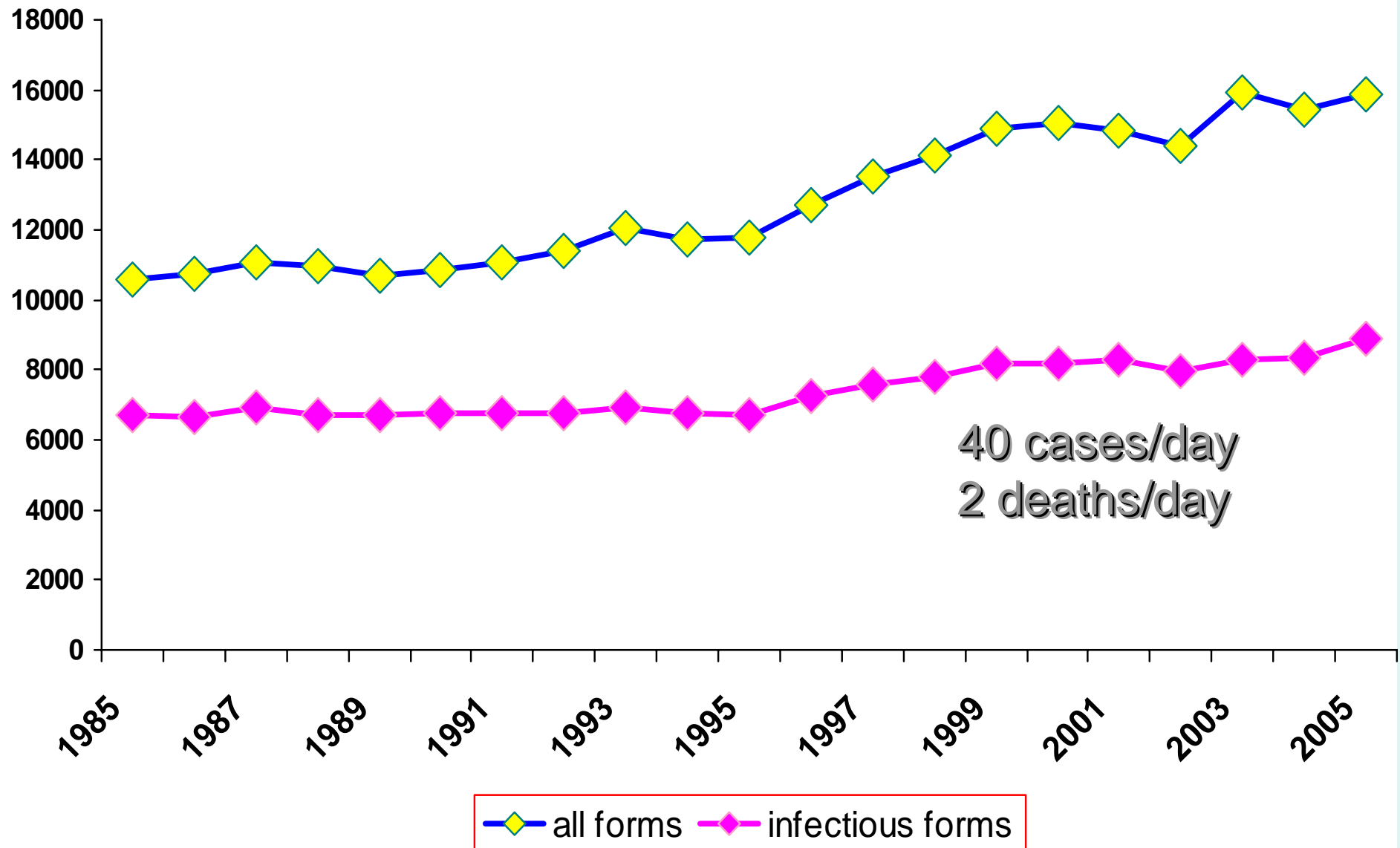
- **Detect at least 70% of new s+ cases**
- **Cure at least 85% of cases detected**



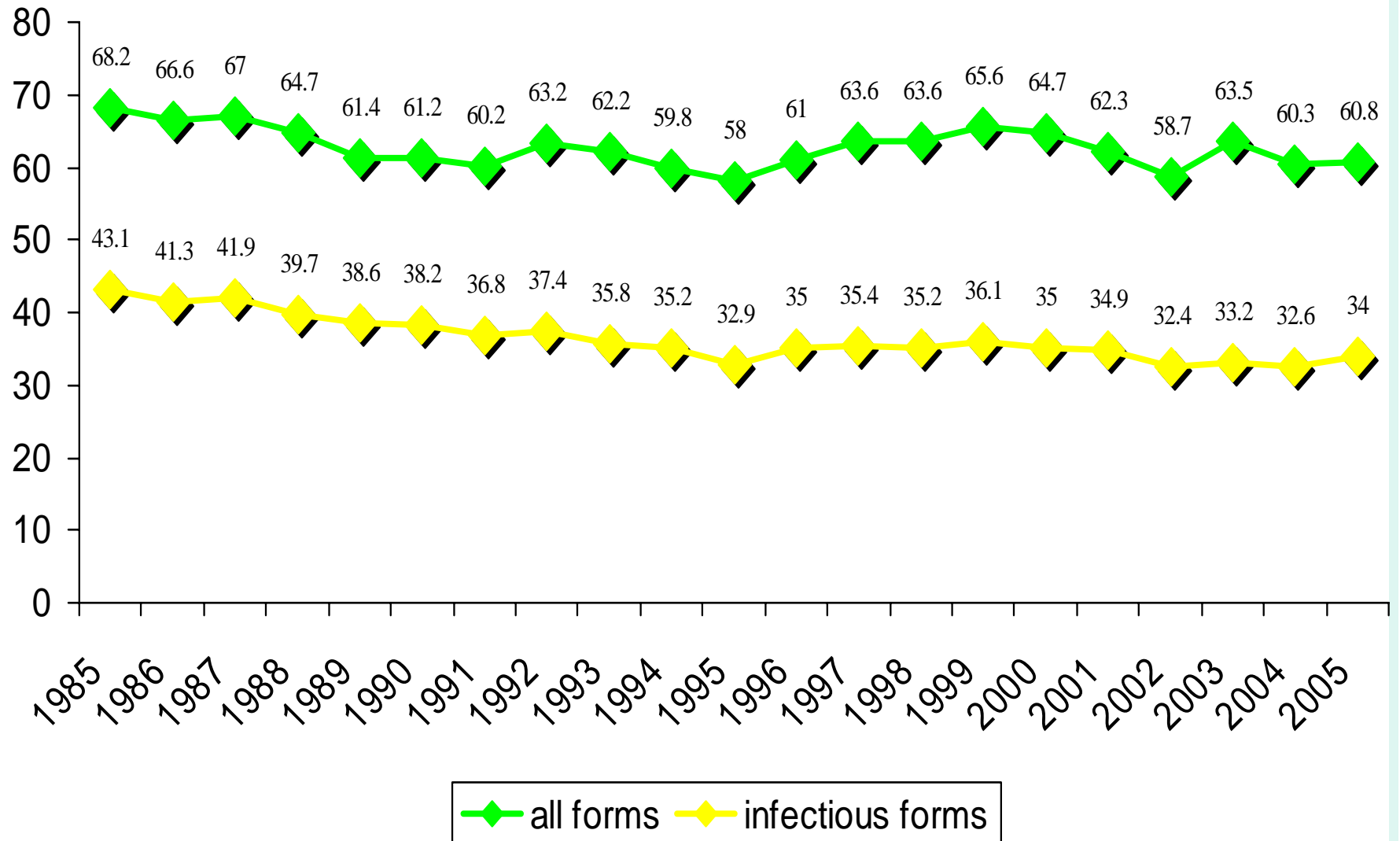
Note: DOTS treatment success rate for 2004 will be reported in the 2007 Global Report.

Source: Global Tuberculosis Control: WHO Report 2006.

# NOTIFIED TB CASES, MALAYSIA 1985-2005

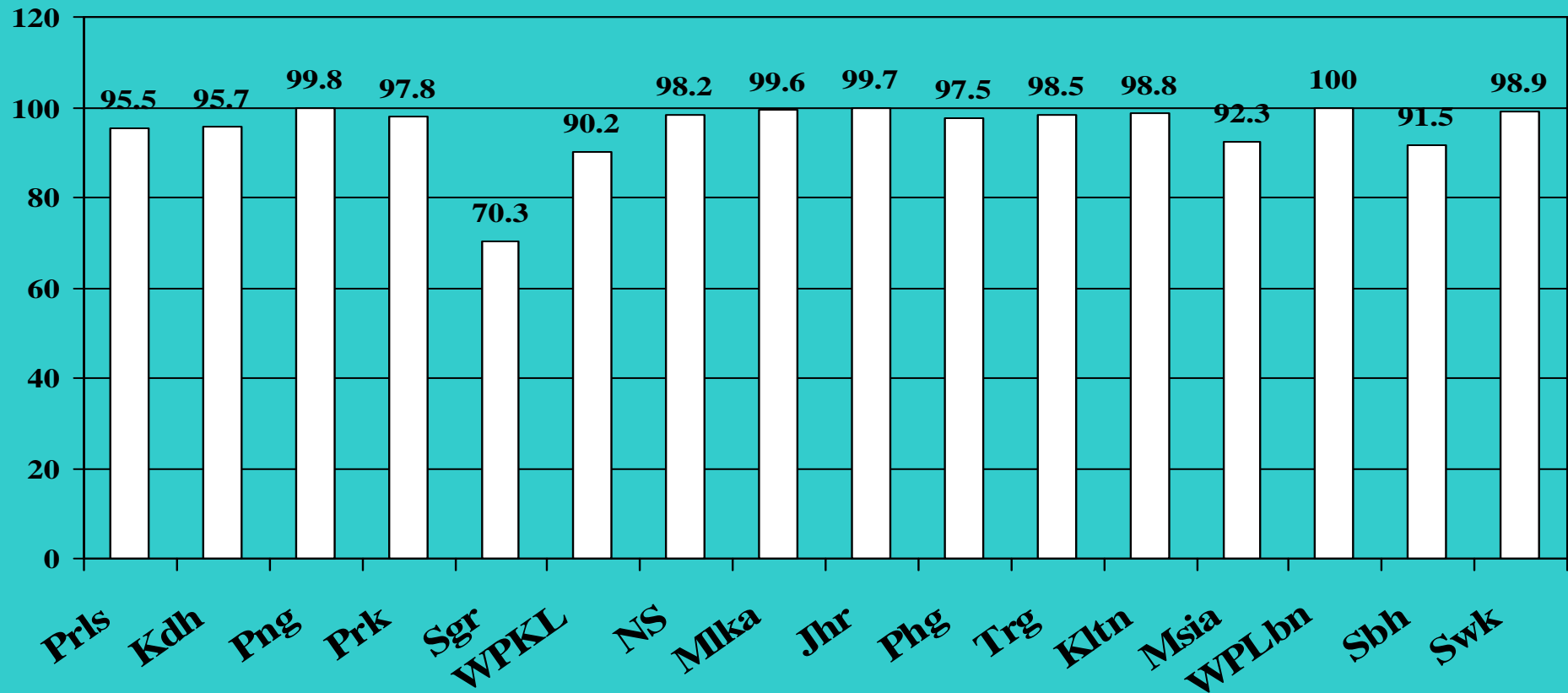


# INCIDENCE RATE OF TB, MALAYSIA 1985-2005



# Percentage of DOT Coverage, Malaysia ,2005

□ % DOTS Coverage



**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) <b>CASE DETECTION RATE</b>	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	Government.	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 ( < 1 case/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

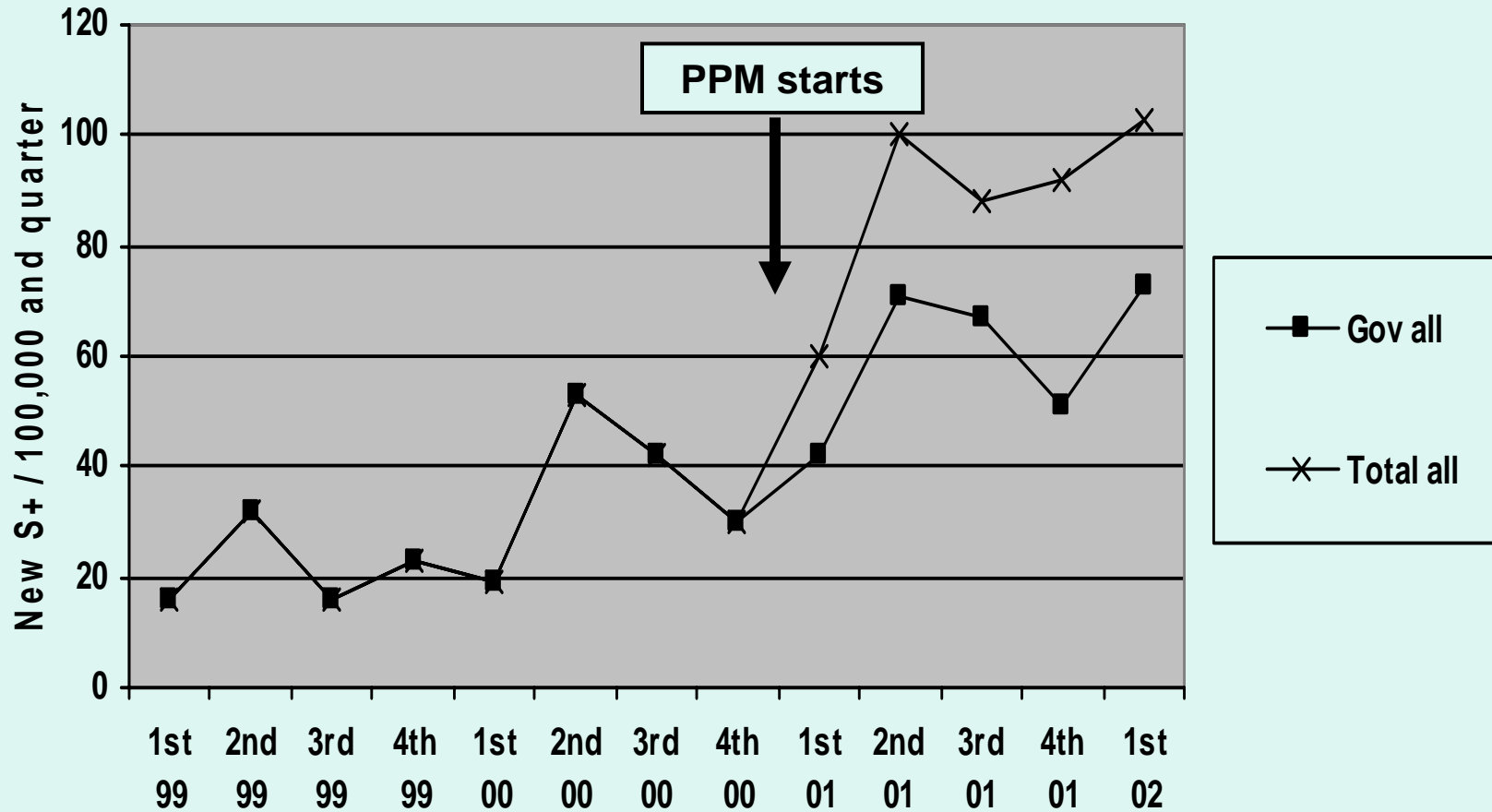
- 1999: Global assessment
- 2000: Learning projects
- 2001: Global consultation
- 2002: Regional and National Strategies
- 2003: Economic analysis
- 2004: Multiple initiatives; Analysis of success factors
- 2005: Early scale up

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

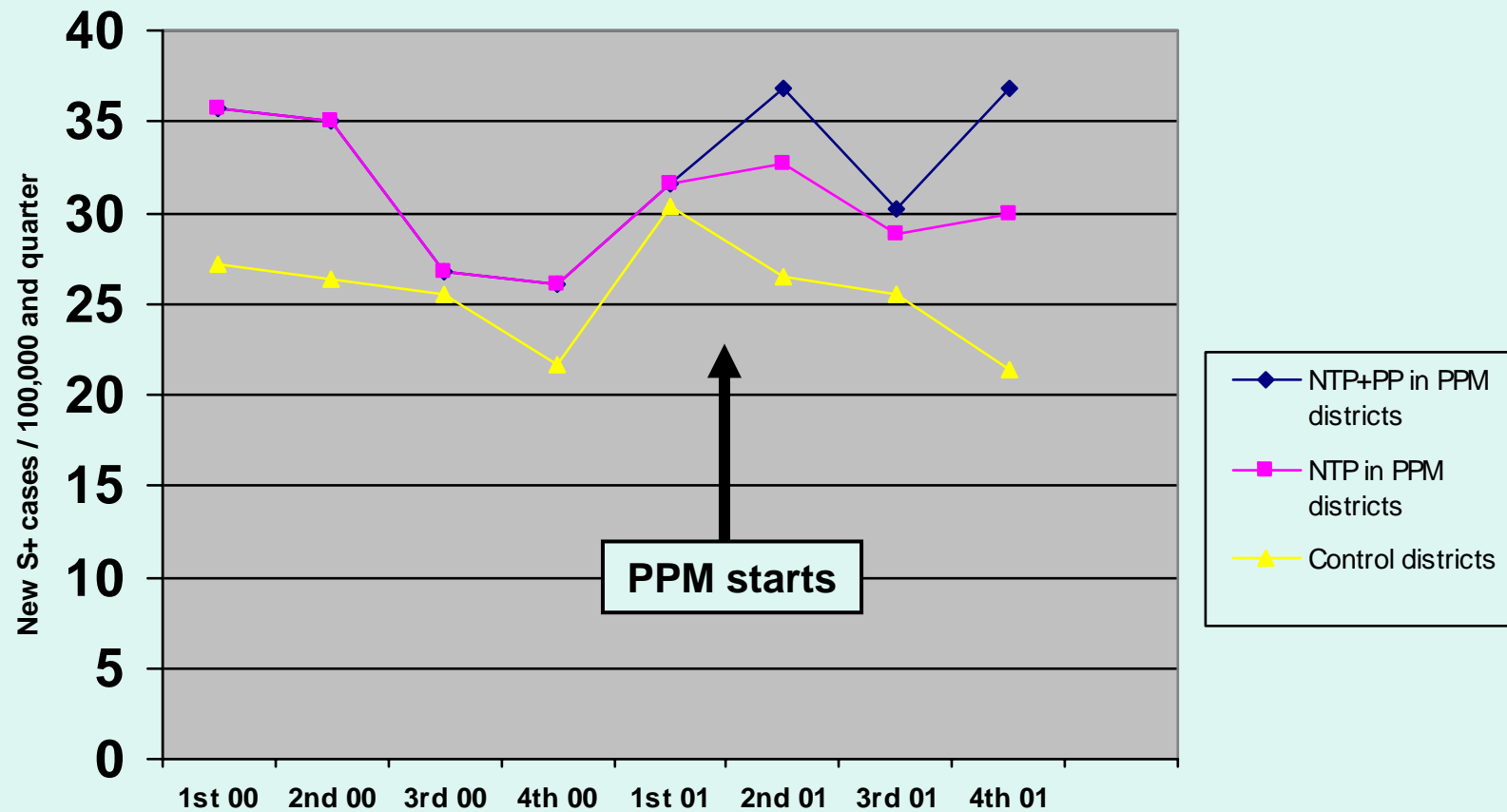
# Case notification trend for all cases, New Delhi Model III



**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

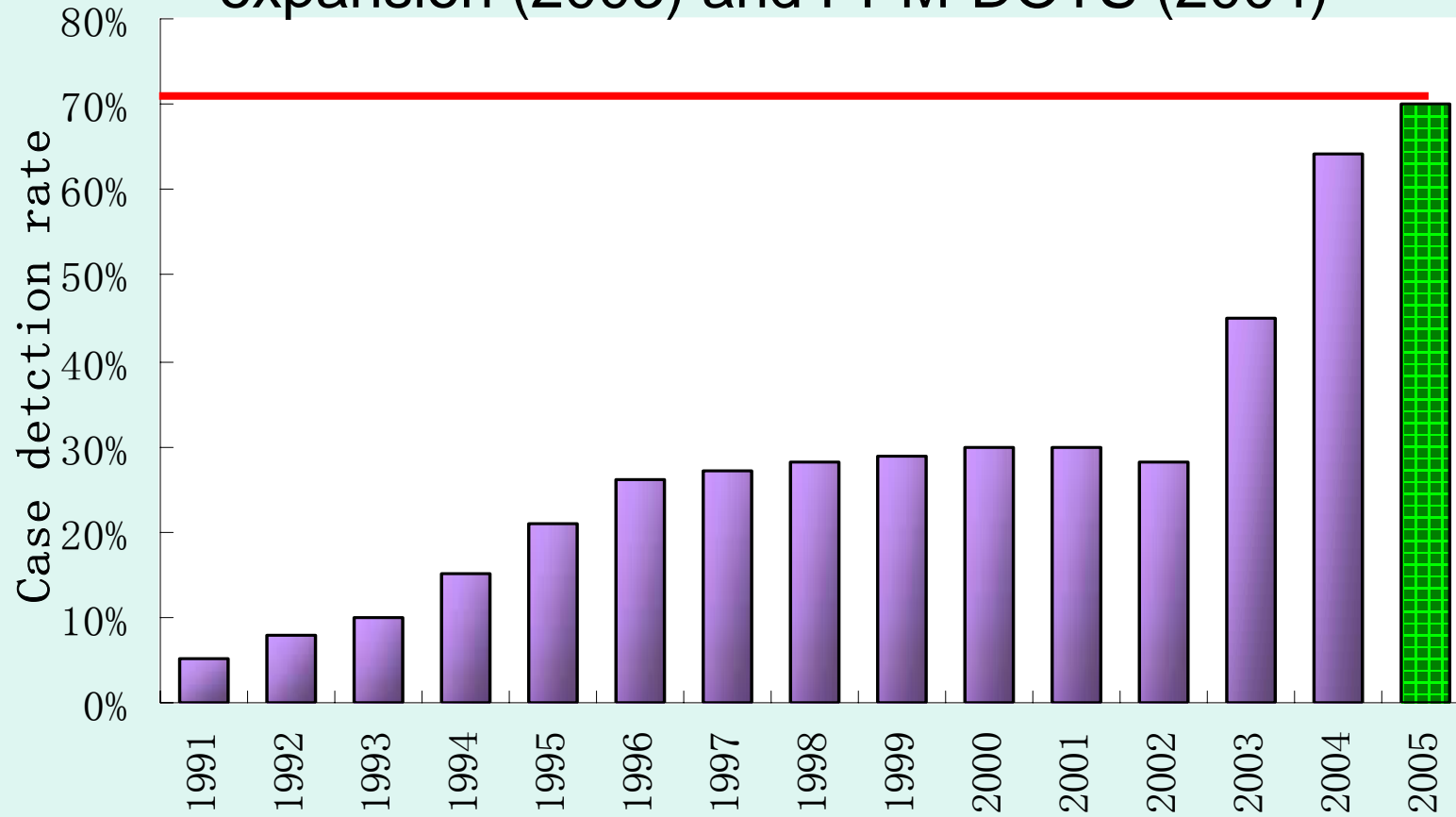


**Note:**

- 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

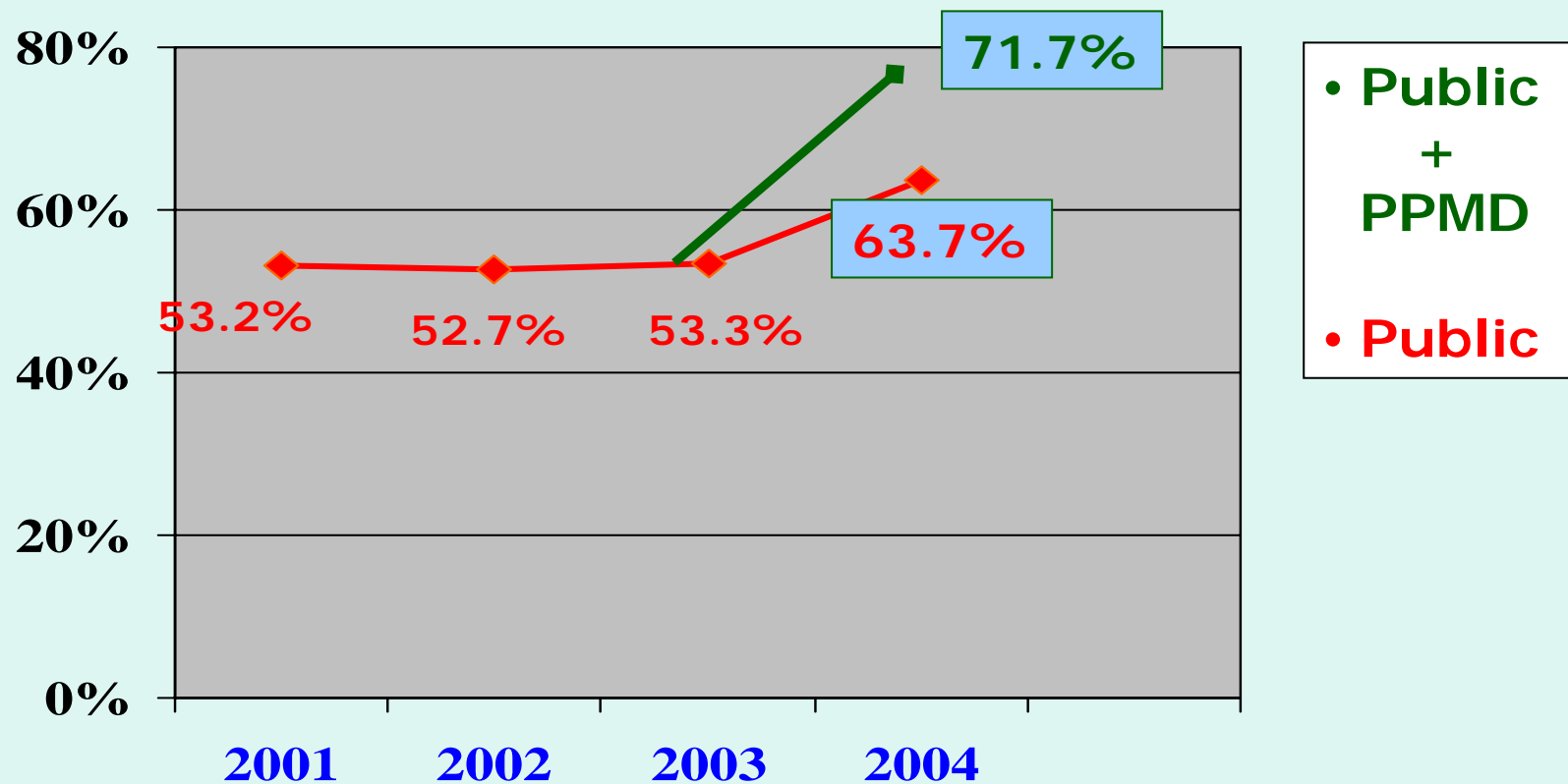
Increase in TB case-detection rate following DOTS expansion (2003) and PPM-DOTS (2004)



*Courtesy: CDC China*

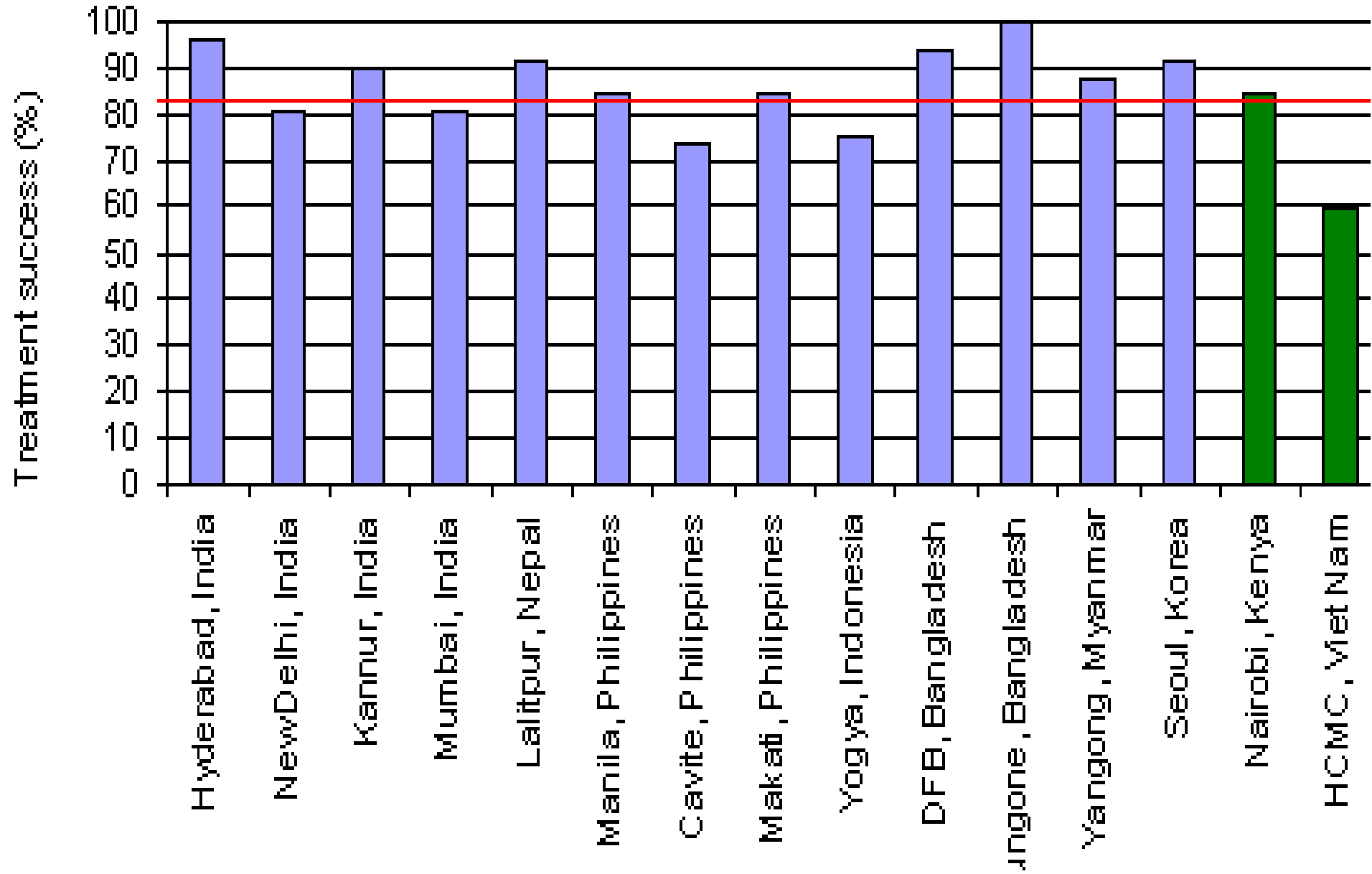
# Philippines

## Effect on case detection trend in PPMD areas

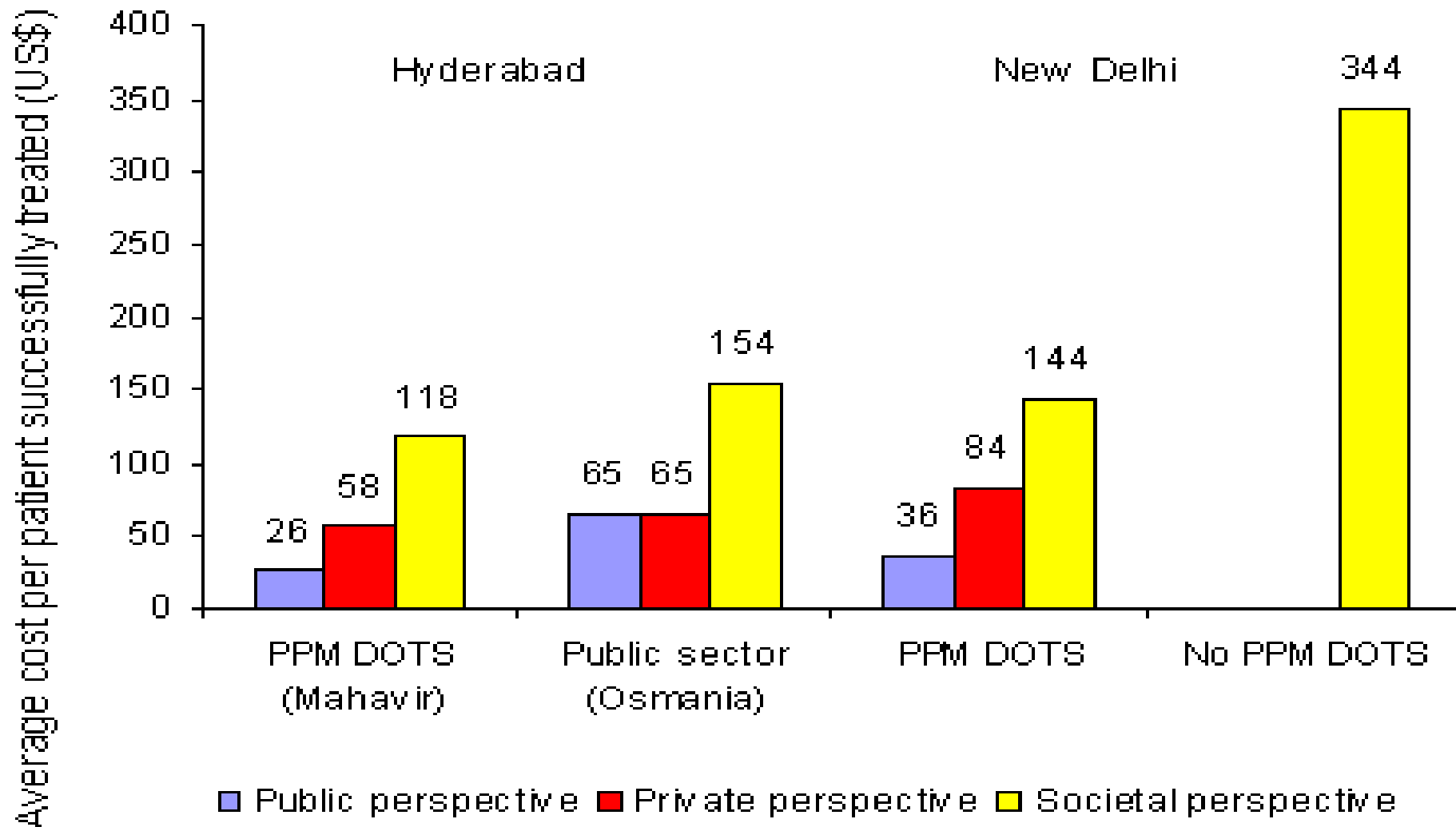


*Courtesy: Dr R Vianzon, NTP, Philippines*

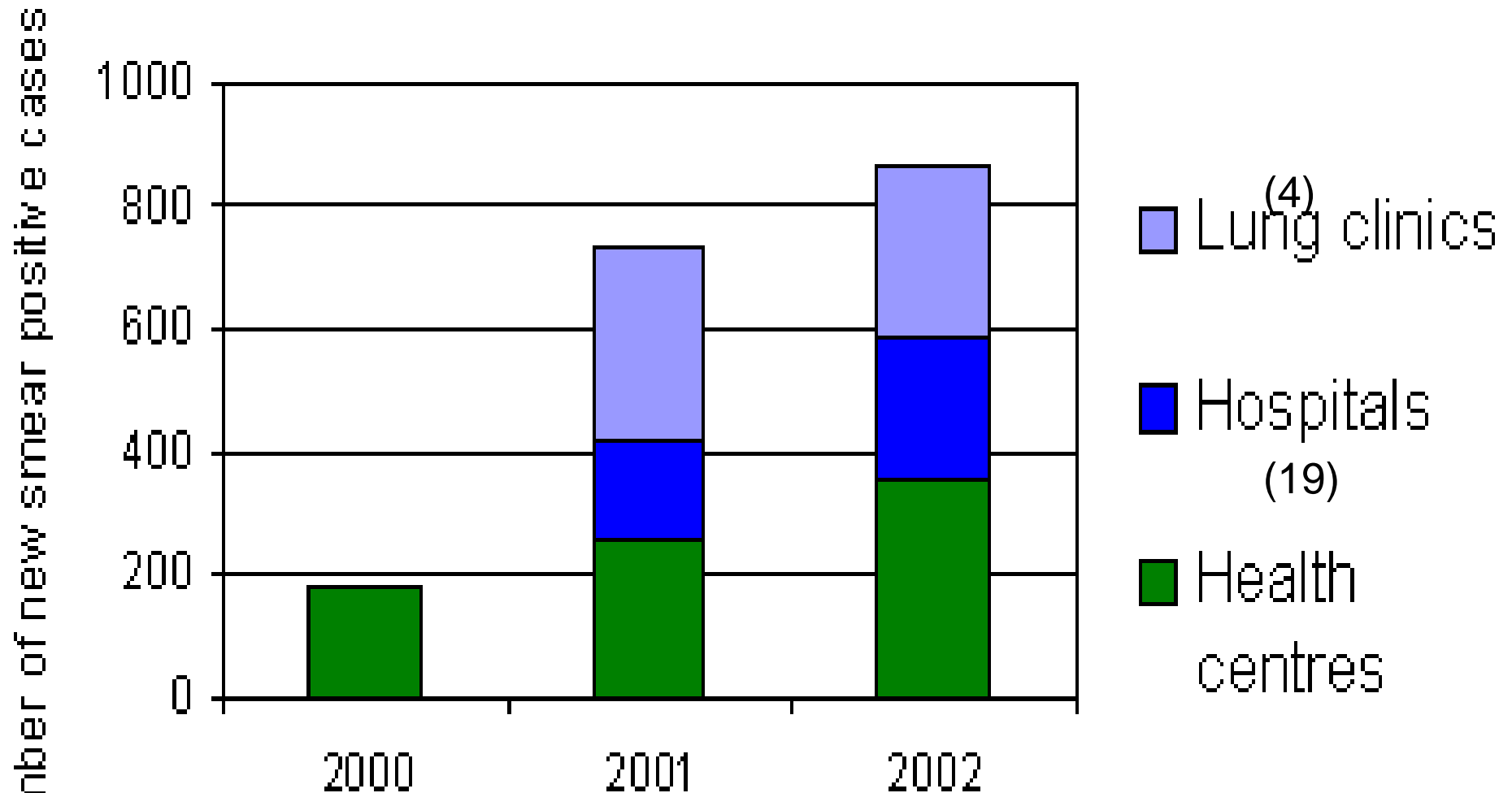
# Treatment Completion



# Cost-effectiveness analysis



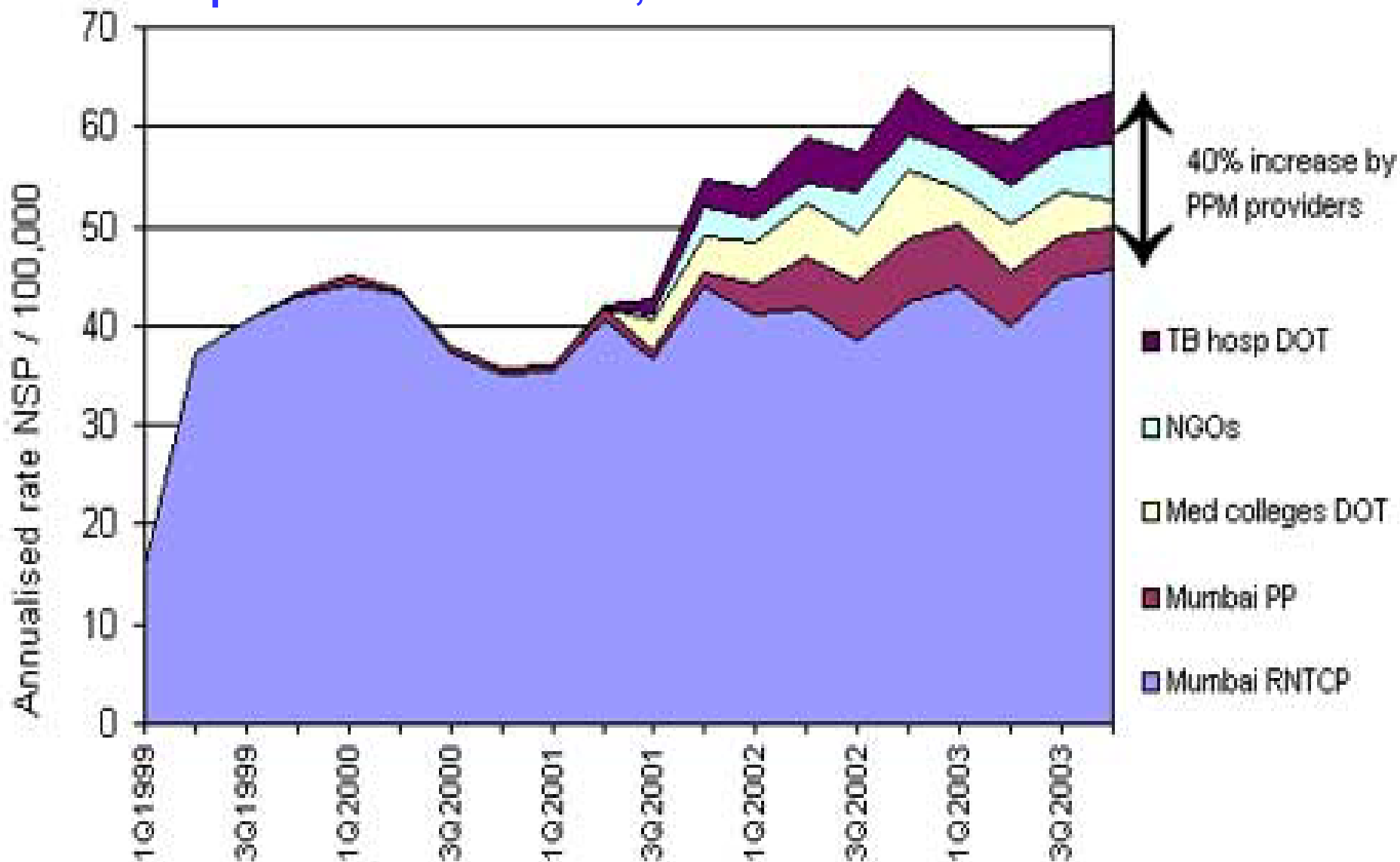
# Public Private + Public Public Mix



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

# Public Private + Public Public Mix

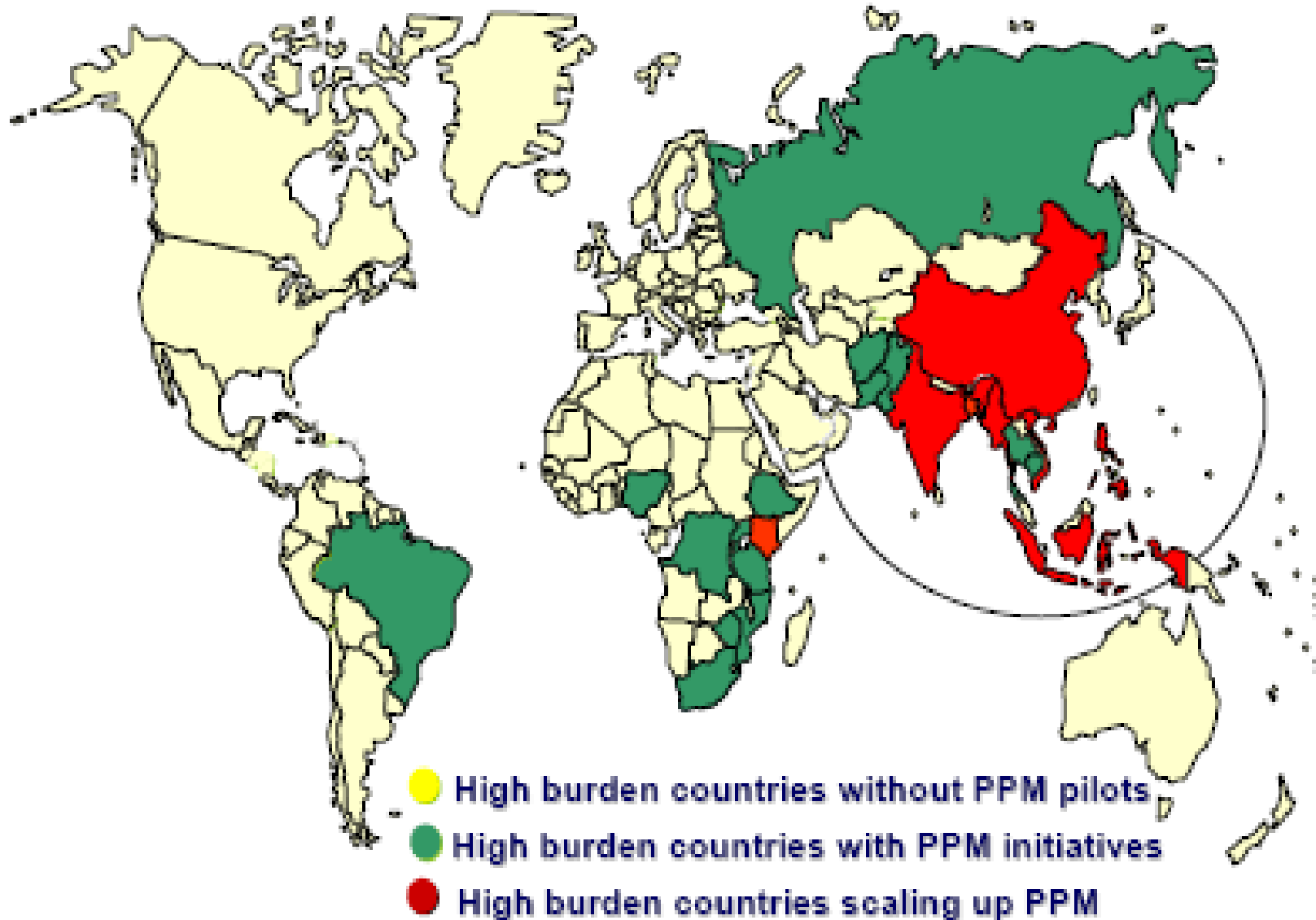
Early effect of networking all health care providers for DOTS implementation .Mumbai, India



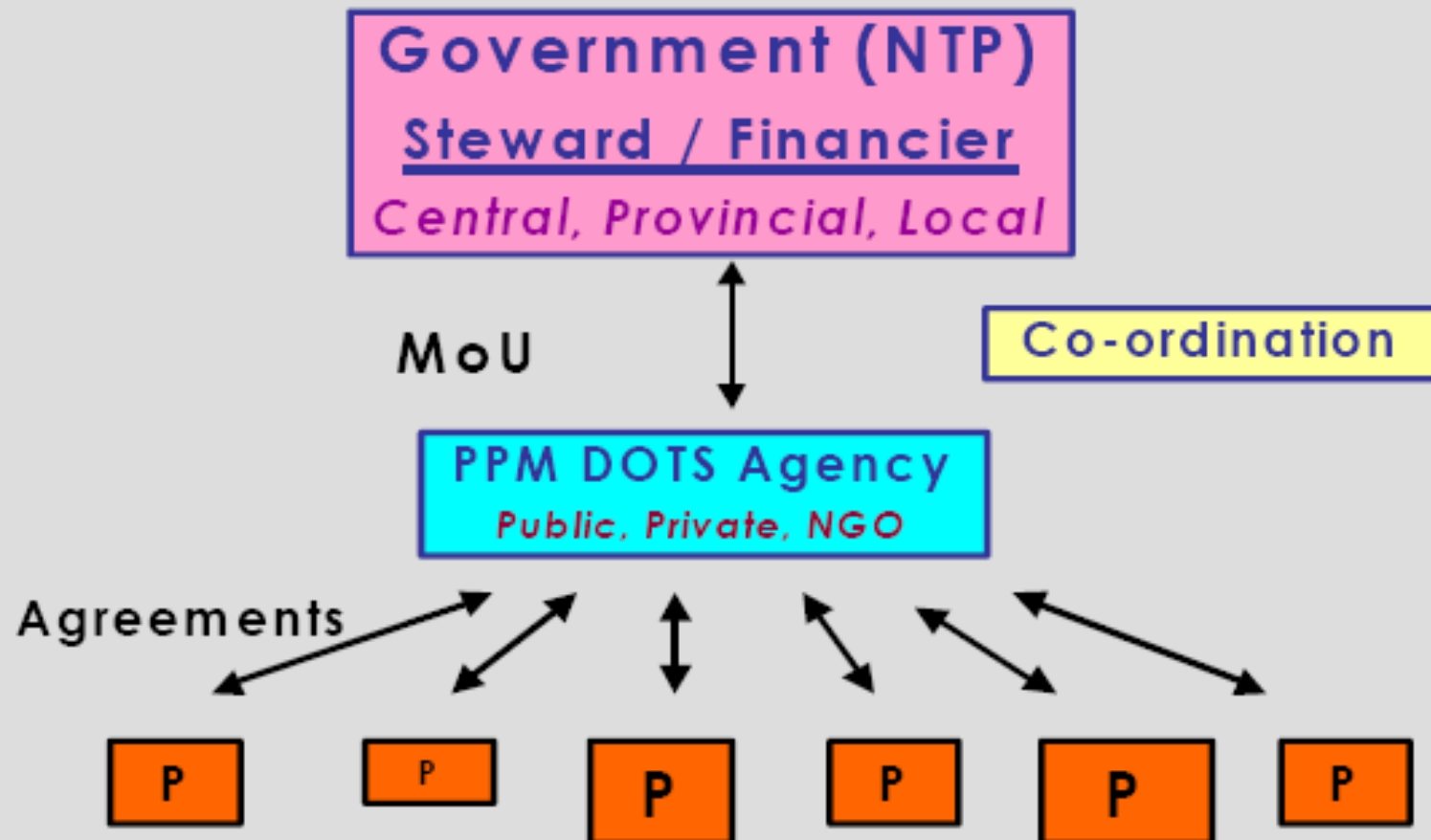
# Benefits of private health provider inclusion in TB control (PPM DOTS)

- 1. Improved Case finding and case holding**
- 2. Standardised case management 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



*Private and public hospitals, clinics, specialists, GPs, nurses, pharmacies, labs, X-ray clinics, traditional practitioners, etc*

# 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

WHO/CDS/TB/2005.325

DOTS EXPANSION WORKING GROUP

DOTS EXPANSION WORKING GROUP

## Public-Private Mix for DOTS

Practical tools to help  
implementation

*TB Strategy and Operations  
Stop TB Department*



WORLD HEALTH  
ORGANIZATION



STOP TB  
PARTNERSHIP

PUBLIC-PRIVATE MIX FOR DOTS EXPANSION

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PUBLIC-PRIVATE MIX FOR DOTS EXPANSION

# Practical Tools for PPM DOTS

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## Purpose

## Tool(s)

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### 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**

***PARTNERS IN***

***TB***

***ELIMINATION***

**NGO'S**

**PRIVATE**

*Terima kasih !*

*Thank you !*