

Guidelines on Public Private Mix for Tuberculosis Control

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National Tuberculosis Control Programme
Mycobacterial Disease Control
Directorate General of Health Services
Ministry of Health and Family Welfare
Dhaka, Bangladesh



LIST OF ABBREVIATIONS:

ACS	=	Advocacy, Communication and Social Mobilization
AFB	=	Acid Fast Bacilli
AHI	=	Assistant Health Inspector
CDC	=	Chest Disease Clinics
CHV	=	Community Health Volunteer
CP	=	Cured Patient
DGHS	=	Directorate General of Health Services
DOT	=	Directly Observed Treatment
DOTS	=	Internationally recommended TB control strategy
DPM	=	Deputy Program Manager
EPTB	=	Extra-pulmonary Tuberculosis
EPZ	=	Export Processing Zone
EQA	=	External Quality Assurance
HA	=	Health Assistant
HI	=	Health Inspector
HRD	=	Human Resource Development
LTCA	=	Leprosy and TB Control Assistant
MA	=	Medical Assistant
MBDC	=	Micobacterial Disease Control
MO	=	Medical Officer
MOHFW	=	Ministry of Health and Family Welfare
NGO	=	Non-Government Organization
NTP	=	National TB Control Programme
PH	=	Pharmacy
PO	=	Program Organizer
PPM	=	Public Private Mix
PPs	=	Private Practitioner
SS	=	Shashtho Shebika
TB	=	Tuberculosis
UH&FPO	=	Upazila Health and Family Planning Officer
UHC	=	Upazila Health Complex
VD	=	Village Doctor
WHO	=	World Health Organization

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PREFACE



Communicable diseases dominate the disease burden in Bangladesh; Over 340,000 people develop the disease and 79,000 die as regards tuberculosis each year.

Identification of TB suspects, examination and ultimately diagnosis of TB cases are the responsibility of the health services personnel at the general health service level.

In Addition, it is crucial to recognize that a significant proportion of TB cases are detected and treated by private and public providers other than the National Tuberculosis Control Programme (NTP) who play a major and vital role in care of TB patients. If such services are not well recognized and valued and supportive services provided to this vital role in TB control, suspect identification, diagnosis and treatment will be delayed and consequently will enhance the possibility of transmission of infection to others.

Successful control of TB depends to a large extent on effective partnership of public and private initiatives. It is imperative to introduce and establish high quality services through public-private partnership for effective and successful control of TB in Bangladesh.

It is expected that these guidelines will be instrumental for adoption of the DOTS strategy by Non-Governmental Organizations (NGO's), specialist physicians, physicians of work places, medical institutes, prisons, army, police, private medical practitioners, paramedics and pharmacists for their valuable contribution to TB successful control in Bangladesh.

These guidelines provide information about the roles and responsibilities of PPM partners for effective implementation of DOTS strategy in Bangladesh through partnerships of the public and private sectors.

I strongly recommend these guidelines for intensive use during day-to-day practice, training, health education, monitoring and evaluation of TB control activities and as a reference for managers, administrators, and medical and paramedical staff working in public as well as in private sectors for implementation of the DOTS strategy.



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ACKNOWLEDGEMENT



Health care provision by the private and public providers to all strata of population is rapidly growing and expanding in Bangladesh. Intensified partnership between private and public providers in delivery of care for control of Tuberculosis is imperative and indispensable.

Active involvement of the private and public providers other than the NTP in the TB control services will ultimately have a valuable impact on the TB disease burden.

It is expected that this manual will play a valuable role to intensify and streamline the public-private partnership initiatives of the National Tuberculosis Control Program in Bangladesh.

Moreover, this manual will guide all partners on successful implementation of case detection, directly observed treatment, recording, reporting, monitoring and evaluation to reach the targets of National Tuberculosis Control Program.

I appreciate the valuable contribution of all PPM partners to make this manual a comprehensive and empirical document.

I would like to express my sincere thanks to different institutes and ongoing public-private partnership projects for their valuable comments and inputs to make this document evidence based and realistic.

I acknowledge the technical and financial support of WHO in the preparation of these guidelines including recent development and with publication of this document for nation wide implementation of Public Private Partnership initiatives.

I also appreciate the sincere efforts of the National Tuberculosis Control Program in preparation of these guidelines.

A handwritten signature in black ink, appearing to be 'Shahjahan Biswas', written in a cursive style.

Dr. Md. Shahjahan Biswas
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FOREWORD



DOTS is a worldwide strategy for the control of tuberculosis. Application of DOTS has greatly improved the treatment results among TB patients in Bangladesh. However, the impact of DOTS on detection of cases has so far been modest. In 2005 the National Tuberculosis Control Programme (NTP) detected about 61% of new cases against the target of 70%. This indicates that a substantial proportion of TB patients lack access to or do not make use of the available services.

In Bangladesh, like many other high burden countries, a major proportion of TB cases are detected and treated by private and other public providers other than the National Tuberculosis Control Services. These providers will be essential partners in the control of TB through their contribution to early case detection, diagnosis by sputum smear examination and treatment with standardized treatment regimens.

Private providers and other public providers can render their contribution through:

- Ensuring that persons with cough of 3 weeks or more have their sputum examined,
- Following national guidelines for treatment and management of patients,
- Utilizing their clinics as centers for Directly Observed Treatment (DOT), with TB drugs provided free of charge to patients
- Reporting to the NTP following standard formats and procedures,
- Contributing to increasing awareness about the importance of regular treatment and DOT.

I am confident that these guidelines will be instrumental to foster and maintain partnership amongst the NTP, private and other public health care providers in Bangladesh. I am convinced that these guidelines will facilitate expansion of DOTS through this important partnership.

Finally, I strongly recommend that these guidelines are widely used for the benefit of the TB patients in Bangladesh.

A handwritten signature in black ink, appearing to read 'Duangvadee Sungkhobol'.

Dr. Duangvadee Sungkhobol
WHO Representative to Bangladesh



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NATIONAL TB CONTROL PROGRAMME AND PUBLIC PRIVATE MIX

1.1 INTRODUCTION

BACKGROUND

Tuberculosis (TB) is a major public health problem in Bangladesh. Over 340,000 people develop the disease each year of whom 79,000 die. The country ranks 6th on the list of the 22 high burden countries.

In 1993 the World Health Organization (WHO) declared TB as a global emergency and recommended a standard strategy for control of the disease that, known as the DOTS strategy. Bangladesh introduced this strategy in 1993 and expanded it all over the country in collaboration with its partner NGOs to achieve the targets of at least 70% case detection and 85% cure rates. Political commitment is manifested in the reinstatement of the directorate “Mycobacterial Disease Control” under the Health, Nutrition and Population Sector Programme (HNPSP).

The task to control TB in Bangladesh is enormous. A concerted effort and unified collaborative approach with significant inputs from both public and private sector is needed. Successful partnership amongst all providers can substantially reduce the burden of the disease. The National Tuberculosis Control Program (NTP) of Bangladesh continues to provide strategic leadership for successful partnership and collaboration of private as well as other public health care providers. This partnership has made possible the expansion of DOTS to almost all geographical areas of the country.

GOAL OF TUBERCULOSIS CONTROL

The overall goal of TB Control is to reduce morbidity, mortality and transmission of TB until it is no longer a public health problem.

NTP believes that building successful public-private partnerships is essential in increasing its effectiveness in TB Control. Many private providers, while recognized to be the major providers of TB services, are still to be integrated into the national TB service delivery structure. Private sector providers’ involvement in the delivery of services will expand the resources and reach of NTP, increasing case detection and sustain high cure rates. It will also enable NTP to monitor the quality of services provided to clients.

OBJECTIVES OF TB CONTROL

The objectives of TB Control are to achieve full coverage with DOTS, and reach and thereafter sustain/surpass the 70% case detection and 85% treatment success targets among new cases.

- In order to:

Halve TB mortality and prevalence and to have halted and ‘began to reverse the incidence’ as stated under goal 6, target 8, of the Millennium Development Goals set for 2015

- And then to:

Eliminate TB by 2050

STRATEGY FOR TB CONTROL

The strategy includes the following:

1. Sustaining DOTS and enhancing it to reach all TB patients
2. Forging partnerships to ensure equitable access to standardized care to all TB patients
3. Establishing interventions to address TB/HIV and MDR-TB
4. Contributing to health systems strengthening

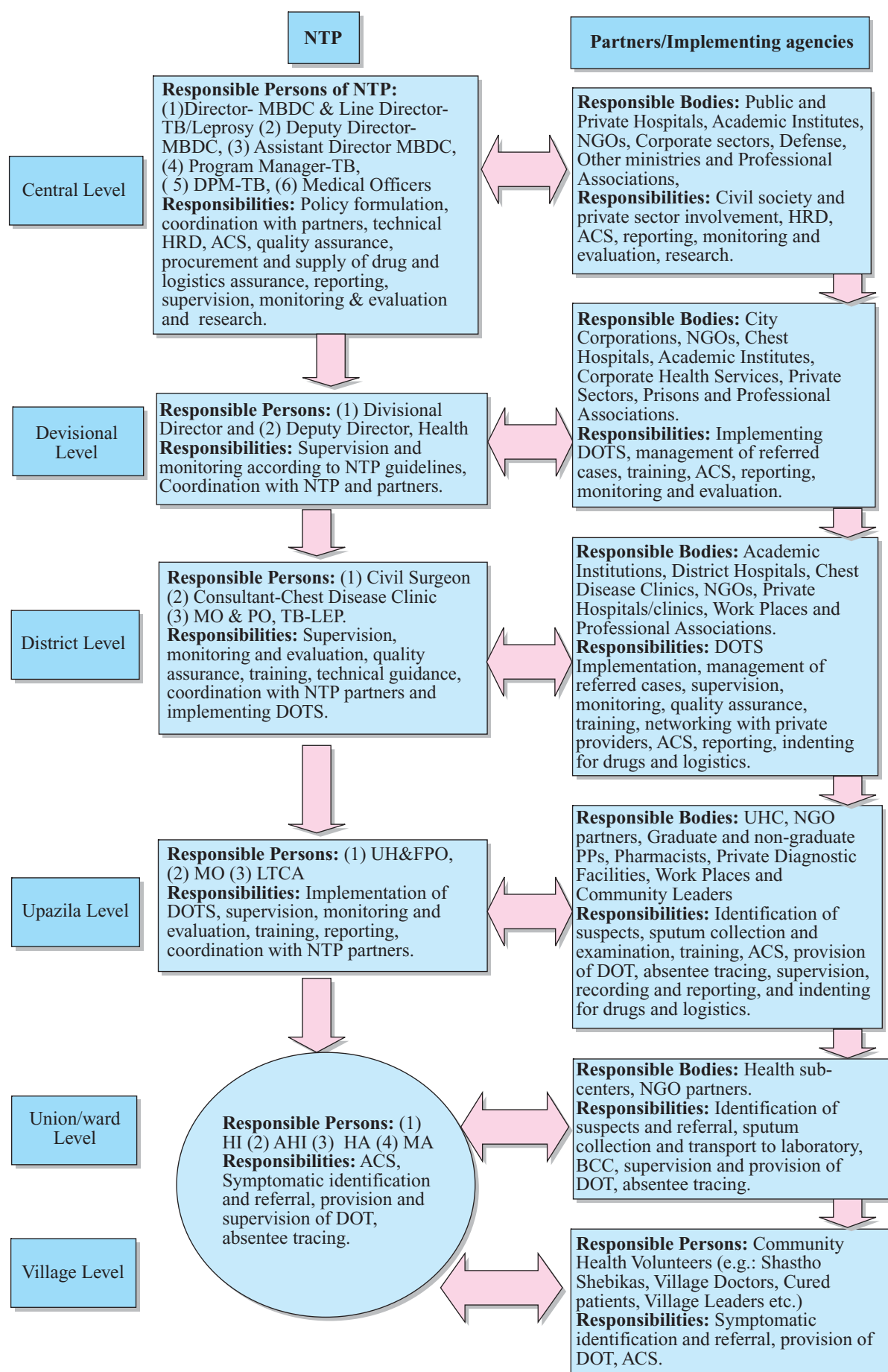
One of the challenges identified by The STOP TB Strategy for 2006-2015, South-East Asian Region, is the development and expansion of a successful Public-Private Mix (PPM) that will work collaboratively for TB Control efforts. PPM partnerships are essential to the success of the NTP.

TB CONTROL ACTIVITIES

To achieve its objectives, NTP has identified the following main activities:

1. Promotion of early detection of TB patients at all levels of the health services, both at rural and urban health facilities
2. Diagnosis of all types of TB, including smear positive, smear negative, and extra-pulmonary cases
3. Organization of treatment delivery through Directly Observed Treatment (DOT) at all levels through public, private and community participation
4. Implementation of standardized recording and reporting systems
5. Implementation of nationwide quality assurance of smear microscopy
6. Provision of regular training and refresher courses to all staff involved in the NTP and other collaborative bodies
7. Strengthening cooperation and collaboration between the Government of Bangladesh and Non-Governmental Organizations (NGO’s) involved in Control of Tuberculosis
8. Involvement of academic medical institutes and hospitals, private practitioners, special services like prisons, police, army, industries and other workplaces in the NTP

1.2 STRUCTURE OF NATIONAL TB CONTROL PROGRAMME OF BANGLADESH AND ITS IMPLEMENTING PARTNERS



1.3 PUBLIC PRIVATE MIX FOR TB CONTROL IN BANGLADESH

INTRODUCTION

Given the Bangladesh context, where private practitioners constitute a large proportion of the service delivery infrastructure and where almost half the people seek care for chest-related problems from the private sector, it is important that they are an integral component in the delivery of TB services under the umbrella of the NTP.

It is widely recognized that the quality of and access to health care provision can be greatly enhanced by involvement of all health care providers through PPM, and TB prevention and control is no exception. Despite Bangladesh's progress over the last few years in improving coverage and quality of TB services, the case detection has not reached the committed target. Nationwide, DOTS programs should be expanded and strengthened. Additionally, with the alarming increase in HIV prevalence among intravenous drug users in Bangladesh, from 1.4% in 1998 to 4.9% in 2005, the epidemic of HIV/TB co-infection is looming.

The combined efforts of the public and private sector are critical for Bangladesh in order to help halt the TB burden. The private sector resources can be best utilized to cover DOTS in these areas.

WHAT IS PUBLIC-PRIVATE MIX

Public-Private Mix is a strategy, which aims to link the resources of public and private health care providers to achieve national TB Control targets.

Many studies indicate that private providers of TB services have important and strategic roles in reaching groups of the population, particularly those who bypass the public health care delivery system. Pharmacies and private clinics are widely accessible to patients and are often perceived to provide better quality services. Patients trust private doctors and usually come to them for initial consultation. Consequently, private doctors and pharmacies are best posed to initiate first-level screening for effective case detection, an essential element in TB Control.

Many private providers in Bangladesh are already providing services to TB patients. However, the TB management practices in the private sector are not standardized and the precise number of TB cases detected and treated in the private sector is not known. This is due to the lack of sufficient interaction and formal linkages between NTP, private, NGO and public sector providers. Their involvement in the delivery of services will enable provision of high-quality and effective TB services by all care providers.

The PPM approach for TB Control in Bangladesh will be in various forms, such as:

1. Public with Private (for example: NTP collaborating with NGOs and private sector);
2. Public with Public, (for example: NTP collaborating with Defense, Police Health Services etc.); and
3. Private with Private health care providers (for example: NGOs working with Private Practitioners)

The NTP and partners have implemented numerous small and large scale PPM initiatives over time and some have demonstrated promising results¹.

The experiences gathered from these initiatives forms the basis for the development of these guidelines.

CURRENT AND POTENTIAL PROVIDERS FOR PPM

Institutional Providers:

- a. National TB Control Programme
- b. City Corporation Health Services
- c. NGO partners

¹ Noteworthy among these are the following:

1. DOTS at the work place - This was a pilot project with Youngone Group (a garments production factory) in the Chittagong Export Processing Zone (CEPZ), initiated in 2002, to serve over 30,000 employees. The basic operational strategies were: i)referral of suspects/symptomatics for diagnosis; ii) diagnosis based on sputum microscopy and x-ray chest when required; iii) DOT by medical centre, counselors; and, iv)referral of complicated cases to the Chittagong Chest Disease Clinic (CDC).
2. DOTS with village doctors - This project was piloted in collaboration with the Damien Foundation. The project employed self-taught personnel on the basics of suspect identification, timely referral as well as provision of Directly Observed Treatment (DOT). These people are often the first point of contact for patients in rural areas. They are easy accessible, always available and of low cost. More than 10,000 village doctors have been trained so far. The treatment success rate has been around 90%.
3. Public Private Partnership Pilot Project (PPPPP) - This was initiated in 2003 with 63 chest physicians and general practitioners. Committees of resource persons were formed, from the National Chest and Heart Association, Private Practitioners' Association, College of General Practitioners and NTP. The committee prepared guidelines, cards and reports, one special PP referral/transfer form and brochure for patients.
4. Public Private Partnership Project (PPPP)-This project has been piloted in 4 urban areas of Dhaka in collaboration of University of LEEDS, UK to develop and evaluate a public-private partnership model for effective involvement of PPs in TB service delivery. Initially 124 PPs were interviewed for baseline. Among them 78 PPs were interested to work under this project and were given a one day orientation training. Presently, 60 PPs are working under this project.

- d. Academic Medical Institutions e.g.: Medical Colleges, Specialized Institutions and Universities
- e. Other Government Hospitals e.g.: District Hospitals, Upazila Health Complexes and Chest Hospitals etc.
- f. Corporate Sectors/Work Places e.g.: Export Processing Zone (EPZ), Port, Railway, garments, knitting and other companies etc.
- g. Prison Health Services
- h. Defense Medical Services
- i. Police Medical Services
- j. Private Hospitals and Clinics
- k. Private laboratories
- l. Pharmacies/drug sellers

Individual Providers:

- a. Specialist Physicians
- b. Graduate Private Practitioners (PP's)
- c. Non-graduate PPs e.g.: Sub-assistant Community Medical Officer (SACMO), Medical Assistant, Practitioners with LMF (Licentiate Medical Faculty) and MFPC (Member of the Faculty of Polli Chikitsok) etc.
- d. Non-qualified PPs e.g.: Village Doctors
- e. Community Health Volunteers e.g.: Shastho Shebika, Cured TB Patient, etc.

PURPOSE OF THESE GUIDELINES

The purposes of these guidelines are:

1. To guide linking of all health care providers to improve access to TB care
2. To help assign roles and responsibilities to different care providers
3. To ensure implementation of TB Control services according to national standards
4. To enhance equity by reducing costs of care to TB patients

1.4 NATIONAL LEVEL COORDINATION FOR PPM

PPM UNIT AND STEERING COMMITTEE

NTP will designate a PPM unit which will be responsible for implementation of activities under PPM, in coordination with other partners. This unit will be mainly responsible for the day-to-day management of the PPM activities. The core staff will work closely with the technical staff of NTP both at the central, division and district level in the planning and implementation of PPM activities.

A PPM Steering Committee will be formed and will serve as the policy advisory body for PPM for TB Control. This committee will include representatives from the relevant stakeholders involved in TB Control efforts. The PPM Steering Committee will provide policy guidance and strategic leadership in the implementation of PPM. (Functions of PPM Unit and ToR of PPM Steering Committee are described in Annex 1 and Annex 2 respectively)

ROLES OF DIVERSE PPM PARTNERS

a. NTP:

- Central level planning for PPM for TB Control;
- Developing and distribution of PPM guidelines and training modules;
- Training of trainers;
- Developing and distribution of advocacy materials;
- Providing drugs and logistic supplies;
- Supervision and monitoring
- Recognition of high performing partners

b. Implementing Partners:

- Local level planning for PPM;
- Training;
- Establishing successful linkages among providers;
- Providing free sputum smear microscopy and drugs for TB patients;
- Organizing delivery of DOT;
- Recording and reporting;
- Supervision and monitoring

PRACTICAL TOOLS TO FACILITATE PPM IMPLEMENTATION

a. Contracting Tools:

PPM will use contractual tools such as a Memorandum of Understanding (MoU) to formalize partnership between Institutional providers and the NTP or a Letter of Agreement (LoA) to establish effective linkages with individual providers. These tools will be drafted through mutual consensus and are expected to clarify

the expected roles and responsibilities of the collaborating partners. (Samples of drafts of a MoU and a LoA are attached in Annex 3 and Annex 4 respectively)

b. Training Tools and Materials

To enable the collaborating private sector partners to perform their tasks properly, the PPM unit will provide training to different categories of care providers, through development and use of relevant training material:

- Modular Course for TB Management for Institutional Medical Officers
- Workshop for institutional providers
- Laboratory Course on AFB Microscopy for Medical Technologist
- Orientation Course on DOTS for PPs
- Orientation Course on DOTS for Non-qualified PPs
- Short Orientation Course on DOTS for Pharmacists/Drug Sellers
- Orientation on DOTS for Volunteers

c. Forms and Registers (Please refer to NTP National Guidelines)

To facilitate monitoring of effective collaborations, changes or adaptations will also be made to the various forms and registers used for TB related recording and reporting. The referral form and quarterly reporting form for referrals by diverse public and private providers will be newly introduced. The various forms and registers include:

- Request Form for Sputum Examination
- Referral Form (newly developed Annex: 5)
- Laboratory Register
- Treatment Card
- Patient Identification Card
- TB Register
- Quarterly Reporting Form on Case Finding of Tuberculosis (TB 10)
- Quarterly Reporting Form on Treatment Results (TB 11)
- Quarterly Reporting Form on Sputum Conversion (TB 12)
- Quarterly Reporting Form on Referrals by Public-Private Providers (newly developed: Annex 6)

d. Supervision

Supervision is an important component of the PPM. The national and local supervisory activities will be extended to include all providers contributing to TB Control. To begin with, currently available supervision checklist included in the NTP guidelines will be used. If required, this may be revised in due course on the basis of experience gained after implementation of PPM for a reasonable duration.

OPERATIONAL GUIDELINES**2.1 GUIDELINES FOR PPM IMPLEMENTATION****THE STRATEGY**

The objective of the PPM strategy will be to develop a strong and sustainable partnership between the public sector and private sector providers in the delivery of TB services. Specifically, the NTP will facilitate collaboration with the private sector institutions and individual private providers for delivery of quality TB services in order to achieve the national TB Control targets. The assistance provided to these providers will include: i) technical guidance on using NTP guidelines and the PPM guidelines ii) training; iii) provision of TB drugs and logistics; v) supervision and monitoring; vi) ensure proper recording and reporting; and vi) input towards advocacy, communication and social mobilization.

The NTP will provide leadership and strategic direction towards the implementation of the PPM. It will set up a central level PPM unit to facilitate the activities and convene a national level steering committee to provide ongoing guidance on PPM implementation. PPM will be implemented in a phased manner. Experience from implementation in selected areas is expected to provide the basis for national scaling-up.

STEPS FOR SEQUENTIAL IMPLEMENTATION:

Steps for sequential implementation in selected areas will include:

a. Preparation

- Assigning PPM responsibilities to a designated staff in the health centre
- Training of responsible health centre staff on PPM
- Sensitization of health staff
- Organizing supply of drugs and other materials

b. Listing of Providers

- This will be done on the basis of available information from different sources (for example: professional bodies, drug companies etc.)
- Prioritization of providers on the basis of potential TB case load and willingness to collaborate

c. Sensitization and Training

- Providing relevant updated information on DOTS
- Distributing appropriate advocacy and sensitization materials
- Organizing training of relevant providers taking into consideration mutual convenience
- Make agreements with providers willing to collaborate
- Distributing NTP and PPM guidelines and other relevant material

d. Advocacy, Communication and Social Mobilization

The NTP strategies on ACS will also address involvement of private providers. This will help the private provider partners to get support in their respective areas of operation.

e. Proposed Task Mix

The two matrices below illustrate how the essential tasks involved in DOTS implementation can be distributed among different providers. When a listing of all the providers mentioned under point b above is undertaken, the providers in the area, institutional or individual, could be assigned one or more tasks, depending on their willingness and capacity as well as the capacity of the NTP / implementing NGO to provide them the necessary support.

Institutional Providers

Task	NTP (GoB)	NGO Partners	Academic Medical Institutions and other government Hospital	Private Hospitals/ Clinics	Prisons	Corporate Sectors/ Workplaces	Private Lab.	Pharmacies/ drug sellers
Suspect identification	√ <input type="checkbox"/>	√ <input type="checkbox"/>	√ <input type="checkbox"/>	√ <input type="checkbox"/>	√ <input type="checkbox"/>	√ <input type="checkbox"/>	+/-	√
Microscopy	√ <input type="checkbox"/>	√ <input type="checkbox"/>	√ <input type="checkbox"/>	+/-	+/-	+/-	√ <input type="checkbox"/>	-
Prescribing treatment	√ <input type="checkbox"/>	√ <input type="checkbox"/>	√ <input type="checkbox"/>	√ <input type="checkbox"/>	+/-	+/-	-	-
DOT	√ <input type="checkbox"/>	√ <input type="checkbox"/>	+/-	+/-	√ <input type="checkbox"/>	√ <input type="checkbox"/>	-	+/-
Referral for follow-up microscopy	√ <input type="checkbox"/>	√ <input type="checkbox"/>	+/- <input type="checkbox"/>	+/- <input type="checkbox"/>	√ <input type="checkbox"/>	√ <input type="checkbox"/>	-	+/-
Absentee tracing	√ <input type="checkbox"/>	√ <input type="checkbox"/>	-	-	-	-	-	- <input type="checkbox"/>
Records	√ <input type="checkbox"/>	√ <input type="checkbox"/>	√ <input type="checkbox"/>	+/-	+/-	+/- <input type="checkbox"/>	√	+/-
Reports	√ <input type="checkbox"/>	√ <input type="checkbox"/>	√	+/-	+/-	+/-	-	+/-

Individual Providers

Task	Specialist Physicians/ Graduate Private Practitioners (PP's)	Non-graduate PPs	Non-qualified PPs (e.g.: Village Doctors)	Community Health Volunteers (e.g.: Shastho Shebika, Cured TB patient etc.)
Suspect identification	√□	√□	√□	√□
Microscopy	-	-	-	-□
Prescribing treatment	√□	-	-	-
DOT	+/-	+/-	+/-	+/-
Referral for follow-up microscopy	+/-□	+/-□	+/-	+/-
Absentee tracing	-	+/-	+/-	+/-□
Records	+/-	+/-	+/-	□ +/-
Reports	-	-	-	-

Note: +/- means that the provider may or may not undertake the task depending on their capacity and willingness.

DESCRIPTION OF CURRENT AND PROPOSED TB SERVICES UNDER PPM

Name of Providers	Description	Current Activities	Proposed Additional Activities under PPM
NTP	NTP is the central core unit of the TB Control Program under the Mycobacterial Disease Control, Directorate General of Health Services	<ul style="list-style-type: none"> • Policy planning and strategy formulation • Advocacy • HRD • Drugs and logistic supply • Implementation • Supervision, monitoring and evaluation • Operational research 	Continue with existing functions, in addition: <ul style="list-style-type: none"> • Provide technical guidance to PPM implementation • Develop / adapt training modules for PPM • Develop ACS material for use at PPM sites
City Corporation Health Services	City Corporation Health Services operate under the Ministry of Local Government delivering comprehensive health services through their supported NGOs in the urban areas	Providing technical and financial support to the supported NGOs for TB services	Continue with existing functions and in addition reinforce NGOs facilities for participation in PPM activities in their respective areas
NGO Partners	These include non government organizations involved in the delivery of TB services. They operate under MoU arrangement with NTP	<ul style="list-style-type: none"> • Planning, advocacy, training • Providing free sputum microscopy and TB drugs for TB patients • Delivery of DOT • Recording and reporting • Supervision and monitoring • Absentee/defaulter tracing 	Continue with existing functions, in addition: <ul style="list-style-type: none"> • Ensure national standards for diagnosis and treatment are followed through adoption of NTP guidelines • Develop linkages with other care providers in the area • Assist with ACS activities
Academic Medical Institutions e.g.: Medical Colleges, Specialized Institutions and Universities	These include government and non-government Medical Colleges running undergraduate and post graduate courses, post graduate medical institutes and Universities with their affiliated hospitals	<ul style="list-style-type: none"> • Operating DOTS corner to provide TB services in collaboration with NGOs. • TB Services include suspect identification, sputum microscopy, DOT, patient 	Continue with existing functions, in addition: <ul style="list-style-type: none"> • Ensure national standards for diagnosis and treatment are followed through adoption of NTP guidelines • Incorporate in NTP External Quality Assurance (EQA) network • Organize orientation and training program for all

Name of Providers	Description	Current Activities	Proposed Additional Activities under PPM
<p>Other Government Hospitals e.g.: District Hospitals, Upazila Health Complexes and Chest Hospitals etc.</p>	<p>These are government hospitals involved in providing general health services including TB</p>	<p>counseling and referrals, absentee tracing, recording and reporting undertaken by supporting NTP-NGO</p>	<p>levels health professionals e.g.: faculty members, clinical staff, Interns, and nurses</p> <ul style="list-style-type: none"> • Introduce NTP guidelines in teaching curriculum with concurrence of Centre for Medical Education • Participate in operational research • Promote increased awareness on TB amongst all level of medical professionals through involvement of medical students in advocacy activities • Develop linkages between referring providers and all clinical departments
<p>Private Hospitals and Clinics</p>	<p>These are private hospitals or clinics with or without diagnostic facilities services are usually provided on payment</p>	<p>Those linked with NTP provide the following services:</p> <ul style="list-style-type: none"> • Suspect identification • Microscopy services • Diagnosis, treatment and DOT • Recording and Reporting • ACS activities • Follow up of referrals and absentee tracing in collaboration with NTP-NGOs <p>They are not yet linked with NTP</p>	<p>Continue with existing functions, in addition ;</p> <ul style="list-style-type: none"> • Ensure national standards for diagnosis and treatment are followed through adoption of NTP guidelines • Strengthen linkages with referring providers • Strengthen recording and reporting <p>Will be enrolled to provide the following services:</p> <ul style="list-style-type: none"> • Operate DOTS corner in collaboration with NGOs. • Suspect identification • Diagnosis, treatment and DOT • Recording and Reporting • Follow-up microscopy • Ensure national standards for diagnosis and treatment are followed through adoption of NTP guidelines
<p>Prisons</p>	<p>Prisons are operated under the Ministry of Home Affairs</p>	<p>Provide TB services through their clinic facility supported by CDC's or by a NTP-NGO</p>	<p>Continue with existing functions, in addition:</p> <ul style="list-style-type: none"> • Ensure national standards for diagnosis and treatment are followed through adoption of NTP guidelines

Name of Providers	Description	Current Activities	Proposed Additional Activities under PPM
Corporate Sectors/Work Places e.g.: Export Processing Zone (EPZ), Port, Railway, garments, knitting and other companies etc.	Includes health facilities and hospitals attached to workplaces e.g.: manufacturing, trading and other service industries	<ul style="list-style-type: none"> • Suspect identification • Microscopy services • Diagnosis, treatment and DOT • Recording and Reporting <p>Few work places are already linked up with NTP and are providing following services</p> <ul style="list-style-type: none"> • Suspect identification • Microscopy services • Diagnosis, treatment, and DOT • Recording and Reporting 	<ul style="list-style-type: none"> • Improve implementation of DOTS, especially early detection of TB suspects • Extend number of participating prisons until all 84 are covered • Improve referral linkages after release of prisoners • Improve recording and reporting <p>Continue with existing functions, in addition:</p> <ul style="list-style-type: none"> • Ensure national standards for diagnosis and treatment are followed through adoption of NTP guidelines • Increase linkages with NTP • Expand implementation of DOTS • Increase referrals
Private Laboratories	Private laboratories are facilities providing laboratory services including, sputum microscopy, services are usually provided on payment	<p>Few private laboratories are linked with NTP. These labs perform :</p> <ul style="list-style-type: none"> • Free sputum microscopy services for TB suspects/patients referred from PPM providers • Recording • Reporting will be under taken by assigned NTP-NGO in their respective areas 	<p>Continue with existing functions, in addition:</p> <ul style="list-style-type: none"> • Ensure national standards for smear, culture and DST are followed through adoption of NTP guidelines • Increase linkages with NTP, and public laboratories, including for external quality assurance • Assist with suspect identification
Pharmacies/drug sellers	These are both large and small, private establishments with or without government registration engaged in selling drugs to clients	<p>Pharmacies are not yet directly linked with NTP, some NTP partners have established linkages on preliminary basis</p>	<p>Will be enrolled to provide the following services:</p> <ul style="list-style-type: none"> • Identification of TB suspects • Client referrals and counseling • Recording if DOT is delivered
Specialist Physicians/Graduate Private Practitioners (PP's)	Private providers are independent medical practitioners providing diagnosis and treatment to patients on a fee-for-services basis. They are licensed and	<ul style="list-style-type: none"> • Suspect identification • Referral for sputum microscopy • Diagnosis, treatment and DOT • Recording and reporting undertaken by supporting NTP-NGOs. 	<p>Continue with existing functions, in addition:</p> <ul style="list-style-type: none"> • Ensure national standards for diagnosis and treatment are followed through adoption of NTP guidelines • Participate in expansion of network through increase linkages with NTP and NTP partners

Name of Providers	Description	Current Activities	Proposed Additional Activities under PPM
	registered with Bangladesh Medical and Dental Council (BMDC)	NGOs.	<ul style="list-style-type: none"> Enhance referral of patients to DOTS centres for DOT and follow up
Non-graduate PPs e.g.: Sub-assistant Community Medical Officer (SACMO), Medical Assistant, Practitioners with LMF (Licentiate Medical Faculty) and MFPC (Member of the Faculty of Polli Chikitsok) etc.	They are practicing medicine in the community holding quasi medical degrees	They are not yet involved with NTP	Engage them to provide TB services particularly: <ul style="list-style-type: none"> Suspect identification, referral and counseling Provision of DOT Recording Reporting will be undertaken by assigned NTP-NGO in their respective areas
Non-qualified PPs e.g. : Village Doctors	These are self trained medical practitioners without government registration	Those linked up with NGO's are providing the following TB services: <ul style="list-style-type: none"> Suspect identification and referral Providing DOT Referral for follow-up microscopy Recording 	Continue performing existing functions, while ensuring that national standards for diagnosis and treatment are followed. Additionally they will be incorporated in the networks, where they are not yet involved.
Community Health Volunteers e.g.: Shashtho Shebika, Cured TB patient etc.	Volunteers are non-paid community members who are involved in the provision of TB services. For example: Shashtho Sebika, Cured TB Patient and other important persons in the community such as religious and village leaders, school teachers and family members (where no other options are available)	They are providing the following TB services: <ul style="list-style-type: none"> Suspect identification and referral DOT provision Referral for follow-up microscopy Absentee tracing Recording Assist in advocacy at community level 	<ul style="list-style-type: none"> Increase referral of suspects Participate in community ACS activities

2.2 Monitoring, Supervision and Evaluation of PPM

Monitoring, supervision and evaluation are critical components of PPM. All service delivery improvement interventions will be monitored, supervised and evaluated to ensure that the intervention activities are relevant and appropriate for national expansion.

The objective is to measure the contribution of participating providers to DOTS implementation in general and specifically to case detection and treatment outcomes of detected cases.

Indicators for monitoring PPM

CASE DETECTION:

1. Number of suspects referred to an identified center for diagnosis
2. Number of new smear- positive cases diagnosed by microscopy
3. Number of re-treatment cases (relapse, failure, returned defaulters)
4. Number of smear negative cases diagnosed

TREATMENT OUTCOME:

1. Treatment outcomes: Treatment success rate (new smear-positive)
2. Treatment outcomes: Treatment success rate (re-treatment cases)
3. Treatment outcomes: Treatment completed (smear-negative and extra-pulmonary TB)

LOGISTICS MANAGEMENT:

1. Stock of drugs
2. Stock of laboratory consumables and other supplies

Guidelines for monitoring and supervision include the following:

- □ Monitoring will be undertaken by the DOTS centre staff under the guidance of NTP
- Checking of records maintained by different providers will be done once a month
- Collection of information from the records maintained by different providers will be provided to NTP quarterly

2.3 RECORDING AND REPORTING

The existing NTP MIS system will be utilized for the PPM activities. This is essential for supporting as well as supervising all participating providers. The existing recording and reporting system as described in the NTP guidelines will be adopted. In addition to the existing forms, two new forms (Patient Referral Form and Reporting Form for Referral Linkages) will be introduced to be used by private sector partners.

by private sector partners. One additional column (Column: 17 and Column: 15 of TB and Laboratory Registers respectively) has been added in the TB Register and Laboratory Register which will be used by the DOTS center for maintaining records of referrals. The new codes to be used in the columns mentioned above are as follows:

Sl. No.	Provider wise Referrals	Code
1.	Specialized /Graduate/Non-graduate Private Practitioner/Medical Institution/Hospital	PP
2.	Government Field Staff (Health Inspector/Assistant Health Inspector/ Health Assistant/Other field level staff etc.)	GFS
3.	Village Doctor/Non-qualified Private Practitioner	VD
4.	Pharmacy	PH
5.	Shastho Shebika	SS
6.	Cured TB Patient	CP
7.	Walk-in (Self-referred)	SR
8.	Others	O

Note:

Others will include referrals from family and friends and other categories not listed above.

Each TB unit will send the profile of referrals by public-private providers in their institutions/health centers in the corresponding reporting formats (Annex: 6) yearly along with the other TB reporting forms. The report also includes information on training and workshops conducted at local levels. For details the NTP guidelines should be consulted.

ANNEXES

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FUNCTIONS OF THE PPM UNIT

1. Day-to-day monitoring of implementation of the PPM activities;
2. Working closely with the technical staff of NTP both at the central, division and district level in the planning and implementation of PPM activities;
3. Coordination of implementation and provision of supervision to all training activities of PPM;
4. Providing technical assistance to partners in making quarterly project reports ensuring timely completion and submission of reports to NTP;
5. Assisting in the implementation of all ACS activities in collaboration with partners and DOTS center;
6. Ensuring that all PPM activities are properly monitored and supervised in collaboration with the implementing agency;
7. Assisting in strengthening collaboration among all partners involved in the PPM. PPM Unit will assist partner pharmacies and DOTS centers in carrying out their responsibilities, and will report directly to the NTP for technical supervision.
8. Producing an annual report on PPM activities and results

TERMS OF REFERENCE OF PPM STEERING COMMITTEE

1. Meeting quarterly (or as often as needed) to provide policy guidance to the implementation of the PPM activities;
2. Reviewing implementation of plans and budgets;
3. Approving implementation of plans in collaboration with the implementing agency;
4. Providing strategic leadership and assisting in the interpretation of policy decisions;
5. Assisting in advocacy efforts especially with donors and other agencies.

**SAMPLE OF MEMORANDUM OF UNDERSTANDING (MOU)
FOR PARTNERSHIP IN IMPLEMENTATION OF THE
TUBERCULOSIS CONTROL PROGRAMME IN BANLGADESH**

1. Parties

1.1 The Directorate General of Health Services, Government of the People’s Republic of Bangladesh, represented by the Director MBDC and Line Director TB/Leprosy, Directorate General of Health Services, Mohakhali, Dhaka (NTP) (hereafter referred to as the “Directorate”) and

1.2 Private Sector

Partner _____, hereafter referred to as “PPM partner” agree to cooperate in the implementation of the Public Private Mix (PPM) activities in the following geographic areas:

2. Background

The Public Private Mix (PPM) for DOTS aims to strengthen the involvement of the private sector in the provision of DOTS services in the above mentioned geographic areas through their participation in the dissemination of ACS, provision of referrals and client counseling to TB suspects/clients.

3. Duration and Renewal

3.1 This MoU will be in force from the date of signing and it will remain valid until _____(day)_____ (month)_____ (year).

3.2 This MoU can be extended for further periods with the consent of both parties in writing.

4. Principles of Collaboration

4.1 Implementation of the Tuberculosis Control Programme will be according to the national guidelines.

4.2 Implementation of the programme will eventually ensure availability and accessibility of quality health services.

4.3 Coordination between parties, mutual respect, trust and recognition of mutual expertise will be ensured within the overall national development framework.

- 4.4 Implementation of the programme will be in specific allocated areas.
- 4.5 Strengthening of integration of TB Control Services to the current health services

5. Contribution of the Directorate

- 5.1 Provide national guidelines for the Tuberculosis Control Programme
- 5.2 Ensure coordination/cooperation from relevant authorities with the PPM partner_____
- 5.3 Supply operational manuals and other relevant publications, essential equipment (e.g. binocular microscopes), drugs, laboratory reagents, other consumable, recording and reporting forms, advocacy-communication-social mobilization materials.
- 5.4 Ensure access to referral facilities for consultation and hospital care of cases.
- 5.5 Ensure laboratory services wherever necessary and support quality control of laboratory services through cross checking of slides.
- 5.6 Provide overall supervision, monitoring, evaluation and feed-back.
- 5.7 Provide training to the relevant personnel of PPM partner _____, subject to government policies.

6. Contribution of PPM partner_____

- 6.1 Implement the programme according to the national guidelines in above mentioned areas
- 6.2 Assume financial responsibility for the training of own personnel and normal implementation of the programme, i.e. all running costs except those mentioned in clause 5.
- 6.3 Work in coordination/cooperation with the relevant authorities, ensuring information and awareness of each other's work.
- 6.4 Implement the programme as in the best of experience and capacity and in cooperation with the health referral network.
- 6.5 Maintain properly in-kind non-perishable goods supplied by the Directorate and return on the expiry of the contract.
- 6.6 Proper use of drugs, laboratory reagents and other supplies, keeping adequate record on their consumption and submit timely indent for quarterly supply with consumption report.
- 6.7 Monitor and supervise the implementation of the programme jointly with local health authority and provide quarterly reports to the Directorate at each designated level.

- 6.8 Support supervisory and other visits by the Directorate whenever necessary.
- 6.9 Support and conduct ACS activities, observation of national / international days and execution of special initiatives undertaken time to time through providing human resources and other necessary supports.
- 6.10 Provide training to DOTS providers i.e. community health volunteers

7. Guarantees

- 7.1 Either party can terminate this agreement at any time with sixty days notice in writing indicating reasons for same to the other party. In-kind non-perishable goods will be returned to the Directorate at the point of termination of this agreement.
- 7.2 In case of dispute, a final decision will be made by the MOH&FW
- 7.3 Failure to implement the programme as agreed upon in clauses 4,5,6 may lead to termination of this agreement.

This memorandum of understanding is signed today, the _____(day)_____ (month)_____ (year).

For PPM partner

For the Directorate

(Name and Address of PPM partner)

Director MBDC & Line Director
TB/Leprosy, DGHS, Mohakhali,
Dhaka 1212

SAMPLE OF LETTER OF AGREEMENT

Date:

Director MBDC and Line Director TB & Leprosy
 DGHS, Mohakhali,
 Dhaka, Bangladesh

Attention: Program Manager TB, National TB Control Programme, DGHS,
 Mohakhali, Dhaka

Subject: Collaboration with the National TB Control Programme

With reference to the above regarding technical collaboration between the National TB Control Program and _____ (PPM partner), I am pleased to present the Letter of Agreement (LOA) to you for necessary action.

_____ (name of PPM partner) is delighted to collaborate with NTP Bangladesh, to help in TB Control efforts. Our organization is currently working in the geographic areas of: _____ and is providing services to (state approx. number of suspects/clients served) _____ TB suspects/clients. With this collaboration, (name of PPM partner) _____, will be able to expand its services to reach more clients and provide the following TB services:

- To identify TB suspects through pre-screening activities in the following areas:

- To attend the NTP sponsored training on DOTS, case management and other training provided by the program
- To assist in the dissemination of ACS materials, and other tasks assigned.
- To assist in the implementation of PPM activities in collaboration with NTP, DOTS center and other partners in the area according to National Guidelines.

We look forward to a mutually beneficial relationship with NTP.

Sincerely yours,

Name of Partner

_____ (Designation/Address)

SI No.: 0001

REFERRAL SLIP

**National Tuberculosis Control Programme
Directorate General of Health Services
Mohakhali, Dhaka**

TB Suspect Sl./Registration No.:..... Date:.....

Name of the TB Suspect/Patient:

.....

Age: Sex: M F

Address of the TB Suspect/Patient:

.....

.....

Referred to:

.....

.....

Referred For:

- | | |
|------------------------------------|--------------------------|
| a. Sputum microscopy | <input type="checkbox"/> |
| b. Sputum microscopy and Treatment | <input type="checkbox"/> |
| c. Treatment & DOT | <input type="checkbox"/> |
| d. Management of side effect | <input type="checkbox"/> |
| e. Hospitalization | <input type="checkbox"/> |

Name and Signature of Provider:

.....

Date:

Address of Referee (DOT Centre/Clinic/Chamber etc.):

.....

.....

NATIONAL TUBERCULOSIS CONTROL PROGRAMME
Directorate General of Health Services, Bangladesh
Report on Referrals by PPM Providers

Name of District Name of Upazila/Institution Name of UHFPO/Head of Institution Name & Signature of the UHC Coordinator/NGO/Private Practitioner	Reporting Period Year <input style="width: 50px; height: 20px;" type="text"/>	Date of completion of this form:.....200 Name & Signature of Person Completed the Form
--	--	---

Sl.	Provider wise Referrals	Suspects Referred for Diagnosis* (a)	Pulmonary **		Re-treatment Relapse Defaulter Failure** (d)	Extra-Pulmonary ** (e)	Total Diagnosed** (b+c+d+e)
			New Smear Positive (b)	New Smear Negative (c)			
1	Specialized/Graduate Private Practitioner/ Medical Institution and Hospital (PP)						
2	Government Field Staff (GFS)						
3	Non-qualified Private Practitioner / Village Doctor (VD)						
4	Pharmacy (PH)						
5	Shastho Shebika (SS)						
6	Cured TB Patient (CP)						
7	Walk-in/Self-referred (Self)						
8	Others (O)						
Total							

* To be filled up from Lab Register where sputum microscopy facility available

** To be filled up from TB Register

		For Specialized/ Graduate Private Practitioner/ Medical Institution and Hospital	For Government field staff/Non qualified Private Practitioner / Village Doctor / and Pharmacy	For Volunteers (e.g.: Shastho Shebika and Cured TB Patient)	Others	Total
Orientation /Training:	No. of Sessions Conducted					
	No. of Participants Attended					
Workshop:	No. of Sessions Conducted					
	No. of Participants Attended					

