

# EXPERIENCES IN PUBLIC PRIVATE PARTNERSHIP IN TB CONTROL PROGRAMME NWFP

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## **ABSTRACT:**

North West Frontier Province is 3<sup>rd</sup> largest province of Pakistan with projected population 21.664 million for the year 2006 and administratively divided in to 24 districts with wide rural disperse. There are expected 36,726 new all TB Cases and 16,599 new sputum smear positive cases in the Province each year. The general community receives health care services mainly from public and Private sectors. Private sector mainly delivers curative health care services and is very huge and diverse. There is 100% DOTS in the province in public sector. Program ensures free of cost diagnostic and treatment services to all TB patients in the Province. The programme involved not for profit private sector to partial level in TB care services delivery. Provincial TB control Program provides technical support, TB drugs and lab reagents to the private sector. 147 diagnostic centers are working in public and 29 in private sector. During the first two quarters 2006, in the province all case detection rate was 75 % and new sputum smear positive cases was 59 %. During the same period private sector contribution in case detection was 13 % in all and 10.50 % in new sputum smear positive cases respectively.

## **INTRODUCTION:**

The North West Frontier Province (NWFP) is situated in North - Western part of Pakistan and is the 3<sup>rd</sup> highly populated province of the country. It links central Asia with Indian sub-continent. It has an area of 74,521 square kilometers.

NWFP has a projected population of 21.664 million for year 2006<sup>1</sup>, and a population density of 278 persons per square kilometer. More than 80% of the population lives in rural areas. Male population makes 51%, where as female population equals 49% Average household size is 8 persons. Literacy rate is 35.4% with 31.3% in rural and 54.3% in urban population<sup>2</sup>. There are estimated 36,726 new TB cases and 16,599 new sputum smear positive cases (NSS +ve) in the province each year.

The province harbours thousands of Afghan refugees living in camps and mixed with local population, with frequent gross population movements across the border.

### **TB DOTS IN NWFP:**

Health department NWFP introduced TB DOTS (Directly Observed Treatment Short course) strategy, in January 2002 to control the disease in the province. The strategy was implemented in phase wise manner, initially in five districts and extended to all 24 districts in February 2005. The program targets are in line with Million Development Goals (MDG) i.e. 70% case detection of NSS +ve and 85% successful treatment rate.

### **HEALTH SECTOR IN NWFP:**

The general community receives health care services both from public and private sectors. The former is concerned with preventive, promotive and curative health care measures. On the other hand private sector mainly delivers curative health care services. Private sector in the province is very huge and diverse. Both formal and informal health care providers attract a large chunk of patients. Private sector for profit is wider and strong and is a leading curative health care provider.

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<sup>1</sup> Based on 1998 Provincial Census Report of NWFP

<sup>2</sup> NWFP, A District Based Multiple Indicators Cluster Survey, 2001 Government of NWFP Planning and Development Department.

## **PROGRAMME PRESENT STATUS:**

There is 100% DOTS coverage in the province in public sector. There are 176 diagnostic and 700 treatment centers in the province. Program ensures free of cost diagnostic laboratory services to all TB suspects and Anti TB drugs to all TB patients in the province. Total cases detected during the calendar year 2005 were 24,483. Among these 8,554 were new smear positive. In all cases 42.61% were male and 57.39% female.??? In new sputum smear positive cases 40.6% were male and 59.4 % female.

## **PUBLIC PRIVATE PARTNERSHIP IN NWFP:**

### **RATIONALE:**

Provincial TB control Program (PTP) NWFP looked for Public Private Partnership (PPP) Mix, based on the evidence and experiences from field initiatives in the early phases of DOTS implementation in the province. It has been acknowledged that TB control efforts in the province, although impressive and scaling up, are not adequate. The programme targets – detecting 70% of NSS +eV TB cases and successfully treating 85% of them, are likely to be met only if current efforts are intensified and multi dimensional. It was understood that implementation of DOTS only in public sector would not address the problem effectively. A great deal of interventions would require in private sector to deal with huge numbers of TB patients receiving non DOTS TB treatment.

## **MODEL:**

There were no established country models, mechanisms and operational procedures in the area of Public Private Partnership in TB DOTS services. It was innovative initiative with risk and opportunities.

The programme involved private sector to partial level in TB care services delivery and awareness raising activities in the province. Those organizations were involved in the partnership, which were willing and working in community health care services delivery for non profit purposes.

Memorandums of Understandings (MOUs) were signed with the partners to ensure smooth partnership business, identify and assign roles and responsibilities.

Main elements of the

MOU were:-

- ⇒ PTP will provide technical support in strengthening of TB care services delivery.
- ⇒ Training support in TB DOTS services for capacity building in Laboratory and TB case management.
- ⇒ Provision of Laboratory reagents, anti TB drugs and recording and reporting tools on consumption bases.
- ⇒ Monitoring and Supervision of the private DOTS center to ensure the business according to National and Provincial TB guideline.
- ⇒ All partners will follow national and provincial guideline in case detection, management, recording and reporting.
- ⇒ All partners will provide space and humane resources for conductance of DOTS activities.
- ⇒ All partners will submit quarterly reports on case detection, sputum conversion and treatment outcomes to the corresponding districts and maintain record at the center level.

⇒ Provision of free of cost diagnostic services for sputum microscopy and TB drugs by the private diagnostic centers to all screened and registered TB patients.

***ORGANIZATIONS INVOLVED IN PPP:***

The organizations involved are

- ◆ Anti TB Association NWFP working at Peshawar, Mardan, Swabi, Buner, Upper Dir and D. I. Khan
- ◆ Anti TB Association Geneva hospitals working at Mardan & Bannu.
- ◆ Agha Khan hospital services at Chitral and Peshawar
- ◆ Abasin Foundation in Peshawar.
- ◆ Mission hospital Peshawar.
- ◆ Kai Japan Hospital in Peshawar.

**RESULTS: CASE DETECTION 2006:**

PROVINCIAL CASE REGISTRATION DATA FOR THE 1<sup>ST</sup> TWO  
QUARTERS OF 2006:

PULMONARY TUBERCULOSIS										EXTRA-PULMONARY TUBERCULOSIS		TOTAL CASES		
SMEAR POSITIVE CASES								NEW SMEAR NEGATIVE CASES						
New Cases		Relapses		Treatment After failure		Treatment After Default				M MP P	F FP NP	M ME NN	F FE NN	MA LE
M MP P	F FP NP	M MP RP	F FP RP	M M PF P	F F FP FP	M MP DP	F F P D P	M MP NN	F FP NN					
2047	29 09	170	21 4	10	9	26	36	196 5	257 0	190 8	224 2	6126	7980	1410 6

PTP PARTNER'S PRIVATE SECTOR CASE REGISTRATION DATA FOR  
THE 1<sup>ST</sup> TWO QUARTERS OF 2006:

PULMONARY TUBERCULOSIS										EXTRA-PULMONARY TUBERCULOSIS		TOTAL CASES		
SMEAR POSITIVE CASES								NEW SMEAR NEGATIVE CASES						
New Cases		Relapses		Treatment After failure		Treatment After Default				M MP P	F FP NP	M ME NN	F FE NN	MA LE
M MP P	F FP NP	M MP RP	F FP RP	M M PF P	F F FP FP	M MP DP	F F P D P	M MP NN	F FP NN					
216	30 3	24	27	2	3	10	8	290	369	240	353	782	1063	1845

During the 1<sup>st</sup> two quarters of 2006 total cases detected were 14106 along with these 4956 were new smear sputum positive. Among these 1845 all cases and 519 new smear sputum positive cases were detected in private sector working with PTP.

## **DISCUSSION:**

Tuberculosis is a substantial public health issue with many individual, familial and socio-economic consequences in the province. The health seeking behaviors of the community are inclined towards public sector at least in the early stage of an illness. The private sector services are easily accessible, timely available and credible as perceived by the public. To achieve the program targets, public sector can not response adequately (*even though 100% DOTS has been implemented in the sector*) to the health needs and demands of the community. Extension of TB DOTS care services to the private sector would increase community accessibility to DOTS services.

In the province there are 176 functional diagnostic centers that are delivering diagnostic and treatment services to the target population. Amongst these 147 are working in public and 29 in for non refits private sector.

During the 1<sup>st</sup> two quarters 2006, in the province all Cases detection rate was 75 % and new sputum smear positive cases was 59 %. For the same duration contribution made by the private sector in all cases is 13% and new sputum positive cases are 10.50 %. It seems to be an impressive yield made by these voluntary organizations in the province. Expansion of the model in the province can address the issue adequately.

**CONCLUSION:**

Methodological involvement of private health care providers both from profit and non profit organizations can contribute a lot in TB cases diagnosis and management. Smooth, sustainable partnership would support TB control programmes in attainment of its objectives. In NWFP private sector is very huge especially for-profit health care providers. Organizations working for no profit are less crowded and have restricted geographical coverage, but have added significantly in case detection rate. Systematic involvement of for profit organizations in the same or modified model can upshot incredible change in DOTS strategy out comes. It will increase geographical coverage, accessibility, early diagnosis and enhance services utilization.