ENGAGING THE PRIVATE SECTOR FOR IMPACT
(INCREASE CASE NOTIFICATION & BETTER TREATMENT OUTCOMES)

Lessons learnt in Ghana

Dr. Frank Bonsu
NTP
Ghana Health Service
Finding all Missing People with TB.
Africa Regional Summit
4-6th March 2019: Kigali Rwanda
## INTRODUCTION: Goals, Objectives, Strategic priority Interventions

**Ghana Health sector Strategic Plan 2015-2020**

<table>
<thead>
<tr>
<th>Goals</th>
<th>Objectives</th>
<th>Main Strategic Intervention</th>
<th>Priority</th>
</tr>
</thead>
</table>
| **Goal 1:** To reduce by 20% the 2013 TB prevalence baseline level of 286 per 100,000 person population by 2020 in line with post 2015 Global TB Control Strategy | **Objective 1:** To early screen, detect and enrol into treatment all forms of notified (new cases) from 15,606 in 2013 to 37,302 by 2020, while increasing the proportion of bacteriologically confirmed pulmonary TB from 51% in 2013 to 60% by 2020 | 1. Improve health facility based TB case finding  
2. TB screening in key affected populations:  
   i) Household contacts  
   ii) Diabetics  
   **iii) Children**  
   iv) Prisoners  
   v) Miners  
3. Improve quality of laboratory diagnosis  
4. Improve HR Capacities  
5. Engage other private care providers  
6. Communication strategy to reduce stigma | 1 |
| | **Objective 2:** To early detect and enrol into treatment at least 85% of confirmed MDR-TB cases among new and previously treated cases by 2020 | 2.1 Early diagnosis of drug resistant TB including universal drug susceptibility testing |
Introduction

• There are over 30,000 missing cases to find annually.

• NTP need to prevent development of drug resistance TB through quality implementation of interventions and treatment adherence for better outcomes.

• The Health sector programmes must implement to make impact.

• NSP Interventions are evidence based but impact is low with respect to finding TB missing cases.
The Problem: Quality deficiency -- Gap between Private & Public sectors in TB, diagnosis, Care & Support.

Private Sector
- Private TB Diagnostic Centers
- Private TB Treatment Centers

Public Sector
- Public TB Diagnostic Centers
- Public TB chest clinics Centers

Clinical TB Presumed Case
Addressing The problem: Bridging the Gap

Intervention Design

Private Sector

Public Sector DOTS

Clinical TB Presumed TB Case

Accredited Microscopy Centers

Private

Public

Private DOTS Centers

Community Based DOTS CHPS

ACSM + NGO + PPM

TB/HIV

MDR-TB
COLLABORATIVE MODEL: PRIVATE SECTOR ENGAGEMENT ADOPTED

From: Uplekar, Lonnroth
### ASSIGNED ROLES OF PPs

<table>
<thead>
<tr>
<th></th>
<th>Referral of Suspects</th>
<th>DIAGNOSIS</th>
<th>Classification &amp; treatment initiation</th>
<th>Treatment supervision</th>
<th>Notification</th>
<th>Report Treatment outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Other practitioners</td>
<td>X</td>
<td></td>
<td>X</td>
<td>?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pharmacies</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Laboratories</td>
<td></td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Interventions Sites : PROJECT IMPLEMENTATION**

**GFTAM 1 (2003-2007)**
- Improve **Urban** TB Control challenges in two major cities **ACCRA & KUMASI**
- Increase **private sector** participation in TB Control
- Joint health communication strategies on TB implemented with other Partners (NGO’s) and coordinated within the Public sector.

**GFTAM 5 (2007-2011)**
- Improve **quality of public sector** DOTS countrywide
- Scale up of private sector participation in TB control to include **4 more cities**
- Implemented **TB/HIV collaborative activities**
- Community based DOTS (CSO’S ENGAGEMENT)
- Laboratory strengthening
What was done to address the problem?

• Stakeholder engagement with Private sector organization (Ghana private practitioners association) in 2002.
• Leadership of Private Practitioners engaged members in Accra and Kumasi Metropolitan Areas
• Interested private hospital, clinics signed MOU with respective Metropolitan Health Directorates
• NTP build capacity: training, supply (medicines, laboratory reagents, R&R tools), equip with microscope, motorbike
• NTP cover overhead cost for Diagnosis & treatment of TB patients within the private health sector
• The same R&R tools used for both public and private facilities and through Ghana Health established reporting channel
• Metropolitans health directorates conduct follow up and supervision
• NTP augments metropolitan health directorates supervision
Results

Defaulter Rates in 2 PPM DOTS Cities vs National Average, 2003-2006

Treatment Success Rate in 2 Urban Cities vs National Average, 2003-2006
Contribution of PPM to TB case finding in Accra, Ashanti and national contribution

- PPM has contributed up to 14 and 13% of case notification in GAR and Ashanti respectively between 2004 and 2009
- PPM activities in the two regions have contributed up to 5% of national case finding
- Proportion of PPM contribution is slowly declining since 2004
### Trend of Proportion of cases notified by CSO’s 2007-2018

<table>
<thead>
<tr>
<th>Year</th>
<th>Tot Cases</th>
<th>CSO Cases</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>12,963</td>
<td>355</td>
<td>2.7</td>
</tr>
<tr>
<td>2008</td>
<td>14,479</td>
<td>735</td>
<td>5.1</td>
</tr>
<tr>
<td>2009</td>
<td>15,286</td>
<td>1656</td>
<td>10.8</td>
</tr>
<tr>
<td>2010</td>
<td>15,145</td>
<td>1482</td>
<td>9.8</td>
</tr>
<tr>
<td>2011</td>
<td>15,849</td>
<td>1058</td>
<td>6.7</td>
</tr>
<tr>
<td>2012</td>
<td>15,207</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>2013</td>
<td>15,606</td>
<td>403</td>
<td>2.6</td>
</tr>
<tr>
<td>2014</td>
<td>15,276</td>
<td>326</td>
<td>2.1</td>
</tr>
<tr>
<td>2015</td>
<td>14,999</td>
<td>567</td>
<td>3.8</td>
</tr>
<tr>
<td>2016</td>
<td>14665</td>
<td>498</td>
<td>3.4</td>
</tr>
<tr>
<td>2017</td>
<td>14550</td>
<td>876</td>
<td>6.0</td>
</tr>
<tr>
<td>2018</td>
<td>10,513</td>
<td>374</td>
<td>3.6</td>
</tr>
</tbody>
</table>
National trend of Adverse TB Treatment Outcomes, 1997-2013 and Private sector Engagement as intervention.

- R1 Grant: Private sector engagement
- R5 Grant: Private sector engagement + CSO's
- R10 Grant: Implementation

Legend:
- Died
- Failure
- Default
- Trans. Out
- Not Evaluated
ISSUES for Impact/Challenges/lessons

1. Programmatic approach FOR RAPID **scale up**:
2. **Mindset Change** (NTP, NACP, Research institutes, Academia, teaching hospitals, CSO, PRIVATE SECTOR)
3. Joint programming with stakeholders. **How to implement?**
4. To get periphery operational managers, civil societies and other implementers of TB care and support commitment and understanding of use of data to improve programme performance.
5. M&E target setting (+ modulated and inspired by many interest groups, but reality)
6. **Ensure maintenance of standards**
7. Funding: Sustainable Financing mechanism for TB care and support in private sector engagement. (?National Insurance)
MOVING FORWARD
## Ghana - Patient Pathway Visual

<table>
<thead>
<tr>
<th>Health Facility Sector &amp; Level</th>
<th>Type of Diagnostic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Informal Private, Level 0</td>
<td>Microscopy</td>
</tr>
<tr>
<td>Public, Level 0</td>
<td>Microscopy</td>
</tr>
<tr>
<td>Private, Level 0</td>
<td>Xpert</td>
</tr>
<tr>
<td>Public, Level 1</td>
<td>Xpert</td>
</tr>
<tr>
<td>Private, Level 1</td>
<td>Xpert</td>
</tr>
<tr>
<td>Public, Level 2</td>
<td>Xpert</td>
</tr>
<tr>
<td>Private, Level 2</td>
<td>Xpert</td>
</tr>
<tr>
<td>Public, Level 3</td>
<td>Xpert</td>
</tr>
</tbody>
</table>

### 1. Reported Number of Facilities

<table>
<thead>
<tr>
<th>Private</th>
<th>Level 0</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>16</td>
<td>1,027</td>
<td>254</td>
<td>13</td>
</tr>
</tbody>
</table>

### 2. Place of Initial Care Seeking

<table>
<thead>
<tr>
<th>Public</th>
<th>Level 0</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3,257</td>
<td>1,134</td>
<td>171</td>
<td>13</td>
</tr>
</tbody>
</table>

### 3. Coverage of Diagnostic Services

<table>
<thead>
<tr>
<th>Informal Private</th>
<th>Level 0</th>
<th>NA</th>
<th>34%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private</td>
<td>Level 0</td>
<td>16</td>
<td>1%</td>
</tr>
<tr>
<td></td>
<td>Level 1</td>
<td>1,027</td>
<td>1%</td>
</tr>
<tr>
<td></td>
<td>Level 2</td>
<td>254</td>
<td>10%</td>
</tr>
<tr>
<td>Public</td>
<td>Level 3</td>
<td>13</td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td>Level 2</td>
<td>171</td>
<td>23%</td>
</tr>
<tr>
<td></td>
<td>Level 1</td>
<td>1,134</td>
<td>25%</td>
</tr>
</tbody>
</table>

### 4. Diagnostic Access at Initial Care Seeking

- 11% of the population has access to initial care.

### 5. Treatment Location

- 88% of patients are treated in the public sector.

### 6. Notification Location (among estimated burden)

- 67% of cases are not reported.

### 7. Treatment Outcomes (among estimated burden)

- 32% of patients are successfully treated.
MOVING FORWARD

✓ Pharmacies engagement (PPM DOTS,)
✓ Review diagnostic placement policy
✓ Structured plan for specimen collection, transportation and linkages to diagnostic facilities

• Regional specific targeted interventions
• AURUM INSTITUTE through TB Reach Project targeted private sector engagement in Accra and Kumasi

• Implementing a Roadmap to eliminate catastrophic TB patient costs through multi-sectoral action...National insurance)

• Re-budgeting and re-application of GF resources to make impact.
We have the solution

Invest in Ghana’s Plan to END TB

We have the power to END TB