

Tuberculosis and Malaria Control Programme in Bangladesh

by

Mohammad Mamdudur Rashid, Deputy Managing Director, BRAC Bank Limited

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1- Background and Context

Tuberculosis control Programme

Tuberculosis (TB) is a major public health problem in Bangladesh since long. It is endemic in all over the countries with a population of 155 million. Bangladesh ranks 7th position in the total 22 high burden TB countries around the world. The estimated prevalence and incidence rates of all forms of TB were 402 and 224 per 100,000 population, respectively, in 2013.

BRAC started TB control programme in 1984 as a pilot project in one of sub-district and was extended to 10 other sub-districts in 1992 in order to test the potential of scaling it up. Recognizing the success of BRAC and considering the existing gap in government's health system, BRAC was the first NGO invited to sign a MoU with the Government of Bangladesh in 1994 to expand the DOTS strategy country wide in a phase manner. Bangladesh adopted the internationally recommended DOTS strategy in 1993. Through the partnership, DOTS services were made available to all sub-districts by 1998 and country reached 100% DOTS coverage by 2007.

After two decades of working together, the partnership has grown and proved as engine to achieve the country goal in line with the global plan. It is now providing a strong technical platform to generate political support and enable the country fighting against TB effectively. Now BRAC and under its leadership other 43 NGOs are collaborating with National TB Control Programme (NTP) in providing TB services to pursue and enhance implementation of DOTS, increase case detection by engaging all health care providers.

TB Control Programme is now funded by GFATM, WHO, USAID and HPNSDP consortium of Government of Bangladesh.



Malaria Control Programme

Malaria is one of the major public health concerns in Bangladesh. The country has 13 malaria endemic districts out of 64 districts in its northeast and southeast region (facing Myanmar and some states of India) and at risk population is 13.25 million. Among them, three Chittagong Hill Tract (CHT) districts have highest endemicity. More than 80 % cases and deaths are reported from these three districts (Rangamati, Bandarban, and Khagrachhari).

BRAC started its malaria control activities in 1998 in one of sub-district of Chittagong Hill Tract (CHT) districts as awareness raising programme. Based on the experience gathered from working in that sub-district, the programme expanded to all sub-districts of CHT districts with service delivery in 2004. In 2002 BRAC started to treat and retreat bed nets with its own fund. During 2003-2006, BRAC treated bed nets in collaboration with GoB. Treatment of malaria cases with ACT drugs was started in all upazilas of Rangamati in 2006.

BRAC has been working in close collaboration with the Government and WHO in programme implementation from the beginning. In 2006 BRAC has become one of the principal recipients (along with Government of Bangladesh) of GFATM (The Global Fund to fight AIDS, Tuberculosis and Malaria) malaria grant. Since then, BRAC has been implementing the malaria control programme under the grant with 20 other sub-recipient NGOs under its leadership with the goal to reduce the burden of malaria in 13 high endemic districts by the year 2015.

Malaria control programme in Bangladesh is mainly funded by the GFATM, WHO and HPNSDP consortium of Government of Bangladesh.

2- Partnership, Structure and Processes

Tuberculosis control Programme

Bangladesh partnership for TB control has made great strides in tackling TB nationally. The National Tuberculosis Programme (NTP) leads the partnership and directs the activities of all other partner NGOs. The NTP is run by the Mycobacterial Disease Control Directorate, under the Directorate General of Health Services (DGHS) of Ministry of Health and Family Welfare (MOH&FW). The NTP is implementing the programme using its existing health infrastructure at the district, sub-district and community levels. The core function of the NTP is to formulate policy and strategy, designing and planning,



procurement of drugs and reagents for diagnosis and distribution to the partner NGOs, supervision, monitoring and evaluation, capacity building of TB staffs etc.

NTP covers all administrative units in Bangladesh with the partnership of NGOs in delivering services, demand creation & support generation and operations research. Under this partnership modality, BRAC is leading the 43 NGOs consortium to carry out the activities of TB programme and to reach the services at door steps.

BRAC is contributing in joint resource mobilization, implementation, capacity building and health system strengthening. To strengthen the National TB Control Programme, BRAC is also engaging different care providers to enhance the TB control.

As for BRAC TB control programme, *Shasthya Shebika (SS)* is the front line caregivers who voluntarily serve the TB patients. These volunteers are providing services through community mobilisation, identify and referral of presumptive and ensuring Directly Observed Treatment (DOT). Diagnosed TB patients are given DOT by SS, usually at her house, under the guidance of field level staff of BRAC and a government. They are playing a pivotal role of connecting individuals with TB control services which actively contributes in the success story of national TB programme. BRAC involves in sensitizing the community on TB prevention and utilizing the available healthcare services through its diverse activities. BRAC also work in the aforementioned areas but also for high risk congregate settings such as prisons, combined military hospital and academic medical colleges.

BRAC regularly monitors the programme performance of BRAC itself and also partner NGOs; ensures timely reporting to the government; maintains the quality of services; disburse the fund to partner NGOs; develops capacity to malaria staffs, coordinates between different stakeholders such as government's different agencies, WHO, NGOs, private sectors, local bodies etc.

Malaria Control Programme

BRAC began the pilot Malaria control programme in one sub-district with the support of government. Over the years the programme expanded to other areas with GO- NGO collaboration. Through the joint effort of BRAC and government, Bangladesh has received two rounds of grants from the Global Fund (GFATM) for malaria control which is being channeled through these two principal recipients. Other than BRAC, another 20 NGOs are also working in malaria programme and BRAC is selected as a leading NGO to lead the 21 NGOs consortium. Each sub-district within the endemic districts is covered by either BRAC or one of its 20 partner NGOs. This distribution is such that there is no



overlap between organization in a single sub-district, ensuring that there is no duplication of service or ambiguity regarding responsibilities.

The National Malaria Control Programme (NMCP) under Directorate General of Health Services (DGHS) is implementing the programme using the existing infrastructure through district hospitals, upazila (sub-district) health complex, union health facilities and community workers. NMCP plays the stewardship role and involves in planning, strategy development, implementation, monitoring and evaluation, and coordination between several government agencies as well as BRAC and other NGOs, procurement of different health products such as anti-malarial drugs, diagnostics, Long Lasting Insecticidal Nets (LLIN) etc and distribution of those to the NGOs.

In addition to the government health workers, about 1,700 NGO Health Workers were deployed and 121 peripheral laboratories have been established to provide malaria diagnosis and treatment services. Furthermore, about 900 frontline community health workers (known as *Shasthya Shebika*) of BRAC are involved in malaria diagnosis using Rapid Diagnostic Test (RDT) and treatment of malaria in remote areas of 3 Chittagong Hill Tract (CHT) districts. RDTs and drugs were provided to Health Workers and *Shasthya Shebikas* to ensure malaria diagnosis and treatment in hard to reach areas, where government facilities are not available. Beside peripheral laboratories, sub-centres and special campaign are done at remote area on regular basis in order to collect and test blood sample using microscopy. The RDT, blood slide microscopy and anti-malarial treatment are free of cost. The NGOs also distribute Long Lasting Insecticide Bed Nets (LLIN) among the community as a preventive measure. Positive behavior change within the community has been reinforced as indicated by the increased utilization of LLIN; the enhanced early care seeking behavior and use of available health services; the creation of sustainable demand for quality prevention and the empowerment of the community to take their own decisions.

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BRAC also takes part with the NMCP in national strategy development, fund raising, planning, development of different SOPs, guidelines in implementing the malaria programme.

3- Results so far

Tuberculosis control Programme

BRAC treats more than 1 50 ,000 TB patients each year. National TB case notification (Fig 1) and treatment success rate have increased significantly; that is an outstanding achievement of partnership.

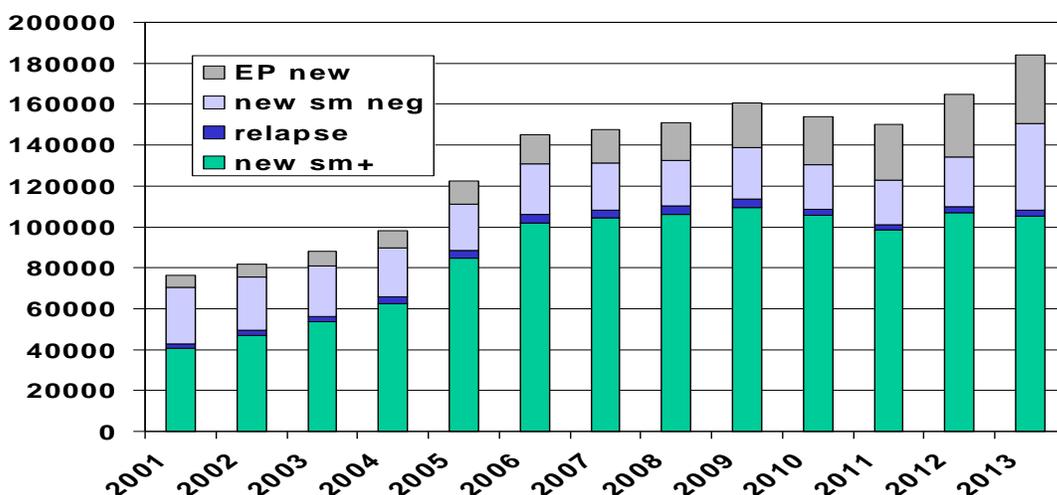


Fig 1: TB Case Notification (absolute number) 2001-2013, Bangladesh

Malaria Control Programme

The Government and BRAC partnership approach is a well-established and good example of Public Private Partnership (PPP) model and appreciated at national and global levels. This combined effort leads the country towards achieving MDGs. Over the years, a trusted and transparent relationship has been built between government and BRAC.

The malaria control programme has seen considerable success since mid-2007 resulting directly in increased case detection in 2008. Interestingly, the number of malaria deaths continues to decrease in spite of the higher case detection, highlighting the programme's success in early diagnosis and prompt treatment. The number of malaria cases has gone down significantly from 84 in baseline year 2008 to 26,891 in 2013 and deaths from 501 of baseline year 2005 to 15 in 2013, indicating the success of the

preventive components of the programme. Prevalence of malaria dropped from 777 in base line year 2008 to 203 in 2013 per 100,000 population. The NGOs have distributed 3,735,905 LLINs among the beneficiaries till 2013. The programme was on track in terms of MDG targets in most of the indicators expecting that all the MDG targets will be achieved within 2015.

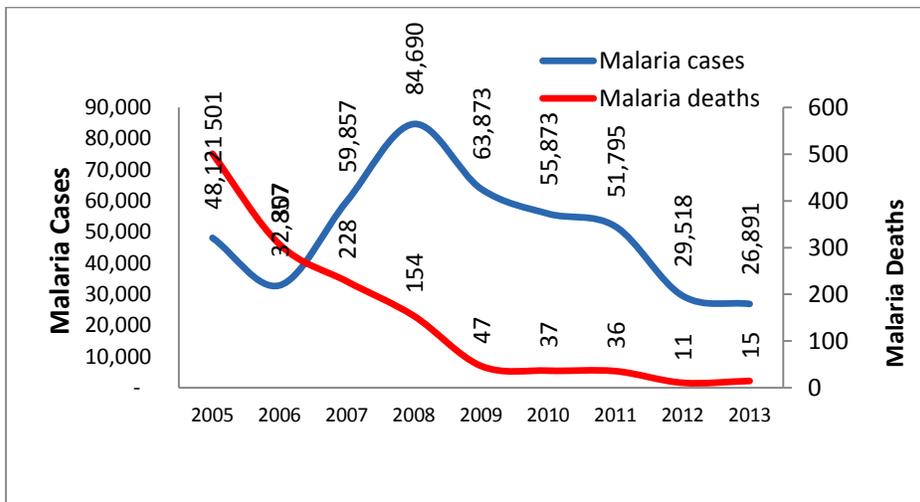


Fig 2: Trend of malaria cases and deaths in Bangladesh

4- Expected Results

Tuberculosis control Programme

In country level, the overall expected result is to reduce the burden of TB by 2015 and reduce the TB death rate by up to 50% as compared to 1990.

Malaria Control Programme

Goal of the malaria control programme is to reduce overall burden of malaria (morbidity and mortality) by 60% from baseline year 2008 in 10.9 million populations in 13 high endemic districts of Bangladesh by 2015.

5- Private Sector Growth Component

The Government of Bangladesh has policy and strategy for Public Private Partnership (PPP) to facilitate the development of core sector public infrastructure and services vital for the people of Bangladesh reflecting the strong political commitment to boost up the PPP. This PPP approach enables and creates congenial environment for flourishing the private sectors including NGOs to fill the gaps for reaching national targets for MDGs and beyond it.

Government strong political commitment in reducing the high disease burden, inadequate infrastructures and human resources at community level demanded for engaging NGOs in service delivery. The NGOs provide support to the government health system by delivering service at the community level especially to hard-to-reach areas; strengthening the community health system; utilizing the existing NGOs' structure and human resources in cost-effective way; enhancing programme coverage; ensuring equity and results; supplementing each other – gaps in health human resource and knowledge; developing referral linkages and engaging community in the process; involving of multi-partners in participatory decision-making, planning and implementation.

Factors that have contributed to successful partnerships are the mutual understanding among the partners, trusting and honouring each other's opinions, and frequent communication for problem solving through sharing ideas nationally and internationally of successful partnership and collaboration between government and the NGO sector.

Biographies of Authors:

Mr. Mohammad Mamdudur Rashid joined BRAC Bank in December 2009. He has been in financial services for 19 years out of which 15 years have been in banking, a career that began in 1995 with Citibank-Bangladesh. In his banking career that covers multiple cultures across Bangladesh, India and Australia. M.M. Rashid managed a number of functional areas covering Finance, Operations, Credit Administration, prior to joining BRAC bank, M.M. Rashid was the Head of planning and Analysis for Citibank-Australia and New Zealand for its institutional banking business.

He held numerous other senior management positions of Citibank including that of Chief Operating Officer of Citibank-Bangladesh during 2001-2005. He completed his MBA from the institute of Business Administration (IBA) of Dhaka University as Vice Chancellor's Gold medalist and his MA in International Economics and Finance as a Fulbright Scholar from Brandeis University of Massachusetts, USA. In his multifaceted career, M.M. Rashid has been a Lecturer of Finance in IBA, a Merchant Mariner and has won the President's Gold Medal of Marine Academy in 1985.