Engagement of Workplace in TB Care and Control in Bangladesh

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NTP Bangladesh
Basic Facts about Bangladesh

- Area: 147570 sq. km
- Population: 145 million
- Administrative units
  - Division: 6
  - City corporation: 6
  - District (Zila): 64
  - Sub district (Upazila): 481
  - Municipalities: 308
  - Union: 4498
Global TB control cannot be achieved by public health services alone.

A range of partners need to be involved: policy makers, technical and development partners, both public and private.

Wider partnership will also help address the resource requirements for delivering effective services: human resources, financing and service infrastructure in the longer term.
PPM approach for TB Control in Bangladesh

- **Public with Private**
  - NTP collaborating with NGOs, Private Medical College Hospitals, Corporate Sectors & Professional Associations

- **Public with Public**
  - NTP collaborating with other Public Health Institutions, Military Hospitals, Police Hospitals, Public Workplace health facilities

- **Private with Private health care providers**
  - NGOs working with Private GP, Health facilities of corporate sectors
Public-Private Mix (PPM)

National Committee and Working Group for PPM

- PPM DOTS National Steering Committee: formed and functional
- PPM DOTS Central Working Group (One): formed and functional
- PPM DOTS Divisional Working Group (Six): formed and functional
The current and potential providers for PPM in Bangladesh are institutional and individual.

The practical tools to formalize the partnership may be through contracting tools (e.g. MoU, or LoA) to establish effective linkages with individual and institutional providers.
Public & Private Health Institutions

- Academic Medical Institutions, e.g. medical colleges, specialized institutions and universities (36 Public & Private), NGO Hospital and Clinics.
- Other Government Hospitals e.g. : All Sadar hospitals, All upazila health complexes and All chest hospitals etc.
- Corporate Sectors/Work Places e.g: Bangladesh Garments Manufacturing Exporters association (BGMEA), Export Processing Zone (EPZ), Port, Railway, Garments, Knitting and other Companies etc.
Engaging the Business Sector in TB care

Corporate Sectors / Work Places involvement through engaging Bangladesh Garments Manufacturers and Exporters Association (BGMEA)

- NTP has Established partnership with the largest Association - BGMEA
- Members of BGMEA possess more than 4 thousand factories
- Employs 2.4 millions workers
- BGMEA has 10 health centers throughout the country
- BGMEA is SR of PR-2 in R-8 Grant of GFATM

Activities with BGMEA

- Advocacy and orientation meeting with Leaders of BGMEA, owners and workers of the garment factories, TB Management Training for the Medical Officers and Clinic Managers of BGMEA health centers - Ongoing
- Formal MOU completed and establishment of DOTS centers in BGMEA Health centers in progress
Signaling of MOU: NTP-BGMEA
Engaging the Business Sector in TB care

Workplace TB control and Care is operated in following three largest workplaces through statutory body of the Bangladesh Export Processing Zone Authority (BEPZA):

1. Chittagong Export Processing Zone (CEPZ) Health Center (Supported by BRAC NGO)
   *DOTS centre established in 2004*

2. Youngone Group Medical Centers in CEPZ -DOTS centre established in 2001
   *DOTS centre established in 2001*

3. Dhaka Export Processing Zone (DEPZ) Health Center (Supported by Damien Foundation NGO)
   *DOTS centre established in 2004*
1. **Shared Corporate Health Centre:**
   Dhaka and Chittagoang EPZ hospital

2. **Company DOTS Centres**
   The *Youngone Group DOTS Centre* and *48 workplaces* through the Public Private Partnership Project - PPP (supported by Leeds University) and partner NGOs (BRAC, Damien Foundation and PSKP).
Case notification, Chittagong EPZ DOTS Centre, (2005-08)
Case notification, Youngone DOTS Centre (2005-08)
Case notification, Dhaka EPZ (2005-08)
Workplaces TB Advocacy and orientation
Guidelines on Public Private Mix for Tuberculosis Control

First Edition 2006

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

- Engagement (MOU) of largest Association of Corporate Sector (BGMEA)
- Strong collaboration and harmonization between BGMEA and other Company Health Centers
- Established workplace TB care and control with collaboration with different NGOs and Public Private Partnership Project supported by Leeds University
- DOTS Corner is functional at 3 corporate sector health facilities: DEPZ, CEPZ, Youngone Group.
- Functional PPM Committee and working groups
- Disseminated PPM guidelines
- Effective PPM-ACSM
Constraints:

- Supervision and coordination by NTP of partnership initiatives
- Engagement with other Corporate sector’s Associations
- Limited Collaboration and coordination with different ministries
- Limited collaboration with Individual Industries / Companies
- Lack of policies and practical guidelines to address specific Traits and need
- Little documented evidence on potential modes of involvement
- Limited capacity for public health functions: poor patient retrieval, limited referral links
Ongoing and future Plans:

- Functionalize PPM Steering Committee and working groups at all levels
- Expand collaboration with different industries, corporate sectors through respective associations
- Revision of PPM Guideline and incorporate a comprehensive strategy for corporate sector involvement
- Plan to conduct a situational analysis and/or map workplaces to identify and systematically involve other workplaces in TB control efforts.
- Plan to Expand to cover non-compliant factories as well as workplaces in other areas such as leather, jute, knitting etc.
- As BGMEA exerts considerable influence over garment manufacturers, its capacity and influence will be utilized to convince factory owners to provide TB control and care services for their employees.
- Plan for taking initiative to involved Buyers through their corporate social responsibility agendas
- Enhance Advocacy and health education campaign to educate and reorient medical officers, owners, supervisors and factory workers on TB control
YOUNGONE DOTS TB CONTROL PROGRAM AT WORKPLACE

CHITTAGONG EXPORT PROCESSING ZONE, BANGLADESH.

For Presentation:
FIRST CONSULTATION TO PROMOTE ENGAGEMENT OF WORKPLACES IN TB CARE AND CONTROL-12-OCTOBER-2009
Introduction:

Youngone is the first who has established a free TB drug distribution and diagnostic center in June 2002 with MOU of NTP Bangladesh under the guideline of WHO for only 27,300 employees (85% are female). Youngone DOTS TB Control Program at Workplace has been highly appreciated by WHO as a model one with the benefit and experience of our workplace DOTS Program both for employees and employers. Bangladesh NTP with the partnership of other NGOs (BRAC) has started to establish DOTS corner in CEPZ Hospital, Jail Hospital etc.
NEED OF WORKPLACE DOTS TO CONTROL TB MORE EFFECTIVELY IN THE GARMENT SECTORS:

- TB is a growing major health problem in the garment industries due to absence of DOTS in Workplace facilities.
- Employers and employees have stigma about TB.
- Most of the workers conceal TB due to fear of losing job.
- Workers suffering from TB are mostly treated irregularly by private practitioner without proper records.
- MDR is common among such factory workers.
- Garments sector is the most vulnerable source of spread of TB in the factory, in the family, and in the community through close contact in Workplace.
- Youngone also is affected by the health problem of TB.
Benefit and Experience
Workplace DOTS Program

A) Employees:

- Early case detection and implementation of DOTS is easier because of close supervision of health workers at work place.
- Reduced absenteeism, better morale and increased productivity of workers with sound health after recovery.
- Reduction of poverty due to security of job.
- Easy to clear stigma of TB from all workers and employers by comprehensive education program with teaching of basic hygiene.
- Cured TB Patients become best educators and help to maintain DOTS to other patients.
MULTI-DRUG RESISTANCE –TB (MDR-TB) IS ALMOST NIL IN WORKPLACE DOTs PROGRAM

Due to

- A strong program with efficient drug delivery system.
- Use of standard drug regimens.
- Effective use of DOT.
- Emphasis on prevention of MDR-TB
- Reliable and early diagnosis.
- Effective treatment
- Follow DOT strictly.
B) Employers:

- Companies enjoy economic benefit with increased work efficiency and better morale of workers.
- It increases popularity and image of the company.
- Companies take pride and gets national and international recognition.
- Neighboring employees and employers realize the importance and advantage of DOTS at workplace.
- NGO, BRAC has recently established DOTS Corner at CEPZ Hospital to cover 100,000 workers of 117 multinational companies.
**YOUNGONE OTHER HEALTH FACILITIES**

**Specialist Doctors:**

- ✴️ Medicine
- ✴️ Gynecologist
- ✴️ Eye
- ✴️ Dental
- ✴️ Physiotherapy
- ✴️ TB Specialist

Medical Officer : 20

Nurse : 36

TB Lab Technician : 02

Counselor (HRD) : 60

* Training Status: 12 Doctors, 10 Sisters & 20 Counselors completed Management course on TB control program under NTP Bangladesh.
Operational strategies

• 100% DOTS implementation for all TB patients.
• Provides short leaves for positive cases, transport and home visit where necessary, with precautionary measures to control spread to other close contacts at factory and at home.
• Early case detection through counselors who work closely with workers at their workplace.
• Case detection by microscopy.
• Better relationship between patient and DOTS providers making the patient understand importance of DOTS.
• Educate family members about the importance of continuation phase of treatment so that patient can comply with the long treatment schedule.
• Workers co-operate with our contact tracing campaign of TB.
### YOUNGONE TB DIAGNOSIS & TREATMENT CENTER

#### CASE DETECTION IN MICROSCOPY CENTER

<table>
<thead>
<tr>
<th>YEAR</th>
<th>TOTAL NO OF PATIENT EXAMINED</th>
<th>NO OF NEW SMEAR POSITIVE PATIENT</th>
<th>% OF NEW SMEAR POSITIVE CASES</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>303</td>
<td>36</td>
<td>11.88%</td>
</tr>
<tr>
<td>2008</td>
<td>232</td>
<td>34</td>
<td>14.65%</td>
</tr>
<tr>
<td>2009 (Up to 2nd Quat.)</td>
<td>115</td>
<td>14</td>
<td>12.17%</td>
</tr>
</tbody>
</table>

**SUGGESTION:**

- ORIENTATION TRAINING FOR LAB. TECHNICIAN
- SUPERVISION
- INTENSIFY EQA ACTIVITIES
## YOUNGONE TB DIAGNOSIS & TREATMENT CENTER
### CASE DETECTION RATE

<table>
<thead>
<tr>
<th>YEAR</th>
<th>TOTAL EMPLOYEES-YOUNGONE</th>
<th>TERGATE OF SEMEAR POSITIVE CASE DETECTION (AS PER NATIONAL PREVELANCE)</th>
<th>NO OF NEW SMEAR POSITIVE CASE (DIAGNOSE)</th>
<th>% OF NEW SMEAR POSITIVE CASES</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>26,000</td>
<td>26</td>
<td>40</td>
<td>153.38%</td>
</tr>
<tr>
<td>2008</td>
<td>26,000</td>
<td>26</td>
<td>39</td>
<td>150.00%</td>
</tr>
<tr>
<td>2009 (Up to 2nd Quat.)</td>
<td>26,500</td>
<td>27</td>
<td>18</td>
<td>66.66%</td>
</tr>
</tbody>
</table>

**PROBLEMS:**

* STIGMA

* LACK OF MEDIA INVOLVEMENT

* MIS DIAGNOSED BY PRIVATE PRACTITIONERS

* LOCAL QUACKS MISGUIDE THE TB PATIENT AS MOST PATIENTS APPROACH THEM FIRST

**SOLUTION:**

* INCREASE PROPAGANDA

* INCLUDE PRIVATE PRACTITIONER (PP) IN NTP PROGRAMS
<table>
<thead>
<tr>
<th>Year</th>
<th>Total Patient</th>
<th>Negative</th>
<th>Positive</th>
<th>Transf.out</th>
<th>Died</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>40</td>
<td>39</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>97.50%</td>
</tr>
<tr>
<td>2008</td>
<td>39</td>
<td>33</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>89.61%</td>
</tr>
<tr>
<td>2009 (Up to 2nd Quart.)</td>
<td>18</td>
<td>8</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>44.00%</td>
</tr>
</tbody>
</table>
| YEAR | TOTAL PATIENT | CURE | DEFAULT | TANSF.OUT | DIED | CURE RATE  
|------|---------------|------|---------|-----------|------|------------
| 2007 | 34            | 33   | 1       | 0         | 0    | 97.05%     
| 2008 | 41            | 33   | 5       | 3         | 0    | 80.48%     |
ACTIVITIES PLANNED TO DO

(1) Contact Tracing

(2) Formation of Club of TB patients with DOTS providers & counselors to influence community.

(3) Influencing BGMEA (Bangladesh Garments Manufacturers & Exporters Association) – they are now giving importance to workplace DOTS programs for benefit of both employers & employees.

(4) To introduce INH prophylaxis therapy to the infant of smear positive mother.

(5) Youngone is interested to establish more effective partnership with NTP and WHO regarding TB- HIV Co-infection program.
DISCUSSION

• TB among garments workers is a challenging problem now. The prevailing situation in many garments presents an ideal environment for transmission of TB. So garments workers are at increased risk of Mycobacterium TB infection, but information on these risks remains scarce, especially in developing countries like Bangladesh.

• In Youngone TB diagnosis & treatment center, case detection rate is satisfactory against National prevalence rate.

• So health policy makers should take in to account about the risk of garment workers as TB is a preventable and curable disorder.
NTP PARTICIPATION & CHECK-UP

Supervision & Monitoring:
Cross checking / Quality control check-up (EQA –External Quality Assessment) of Lab & Slides.
Follow-up the patients
Lab register Check-up
TB register Check-up
TB patients treatment card check-up

Training:
Programme Management Training for Doctor & Concerning Nurse Lab Training for Microscopy

Logistic Support:
Quarterly Medicine Supply
Quarterly Chemical Supply
Thank You