

## National TB programme Review, Thailand, 16-27 July 2007

A mission comprising of sixteen external members from technical partner agencies, namely, CDC, KNCV, RIT Japan, Stop TB Partnership, UNION, World Vision, WHO and programme staff from the NTP Thailand, reviewed the national TB programme of Thailand between 16 to 27 July 2007. The mission was headed by Dr Jaap Broekmans, former Executive Director of the Royal TB Foundation of The Netherlands.

Following an initial briefing in Bangkok, mission members undertook field visits to the four regions in the country, and Bangkok. Following field visits during the first week, the teams returned to debrief in Bangkok on the key findings and to meet with related departments and agencies such as the Anti-TB Association of Thailand, Government Pharmaceutical Organization, National Health Security Office, Divisions of Primary Health Care and Medical Registration, Chest Disease Institute, Bureau of Policy and Strategy and Bureau of Inspection and Evaluation, and the Private Hospitals Association of Thailand. The mission ended with debriefings to the NTP Thailand and national partners, and with the Deputy Governor of Bangkok and with the Minister of Health and Permanent Secretary on the 26<sup>th</sup> and 27<sup>th</sup> July, respectively.

The main conclusions were that TB services were well integrated into the national health care system, that there is a very high level of commitment to improving TB control in the country. The status of TB control as a Royal project has resulted in allocation of significant additional funding for TB control this year. The recent reforms and financing mechanisms under NHSO present significant opportunities for enhancing TB control. There are many excellent model initiatives involving community participation, service delivery among migrants and private sector involvement that could be considered for wider replication.

The key issues raised by the mission were:

1. **Low cure rates below international standards and underperformance in Bangkok** despite a well structured health service. This is of great concern in the context of emerging multi-drug and extensively drug resistant TB and relatively high TB-HIV co-infection
2. **Weak programme management** under the decentralized public health service
3. **Limited administrative authority and capacity** of the TB cluster to guide and supervise programme implementation at provincial and district levels.
4. **Low access to services by migrants**, both Thai and non Thai
5. Emergence of **multi-drug resistant TB (MDR-TB)** and high prevalence of **TB-HIV**

**The main issues relating to TB control specifically in Bangkok** were the fragmented delivery of TB services due to weak TB programme management, capacity and limited coordination between various stakeholders, weak referral linkages between hospital and health centres, the high HIV/TB co-infection rates with limited access to ARV (anti retroviral treatment), unsupervised treatment with high default rates, and widespread unregulated use of second-line drugs, which could potentially lead to an outbreak of MDR and XDR TB.

**The recommendations specific to Bangkok** were to ensure treatment according to international standards for all TB patients including migrants, through better case management and patient support including DOT; appointing a full time TB programme manager for Bangkok and district and hospital coordinators in larger hospitals; establishing a unified BMA TB programme, and reviving the existing Bangkok TB control committee. The Deputy Governor of Bangkok concurred with the recommendations and outlined four key steps that he proposed to address the issues raised by the mission.

**The five key recommendations proposed for consideration by the Minister of Health were to:**

1. **Improve cure and treatment success rates through** ensuring treatment completion by:
  - a. strictly implementing DOT and supervision of treatment by health staff for all patients
  - b. strengthening the community base for TB, through the Village Health Volunteers network and more effective use of the health centres and primary care units
2. **Strengthen programme management** through strengthening the capacity and mandate of the TB Cluster to supervise provincial and district level TB activities; designating TB coordinators at all large hospitals and additional RTCs and PTCs in larger regions and provinces, and ensuring the required external technical assistance for the programme
3. **Strengthen coordination** between all concerned departments
4. **Revitalize the cross-border programme** and introduce mechanisms to address TB among the large numbers of Thai and non Thai migrants, and
5. **Establish a model for MDR-TB case management** under the national programme, in line with international guidelines, and to scale up joint **TB-HIV services**.

HE the Minister immediately proposed a meeting at the MOPH with all concerned, to review the findings of the mission and present plans to take forward the recommendations of the mission, emphasizing that it was critical to strengthen TB programme management under the decentralized health system. He requested WHO and partners to technically support the programme and review the situation in the following year.