

## **Bangladesh Country Coordinating Mechanism (BCCM)**

Health Services Division  
Ministry of Health & Family Welfare

### **BCCM Secretariat**

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#### SITE VISIT REPORT

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**Date of Report:** 25 July 2017

**Date of visit:** 21 June 2017

**Place of site:** NTP Office, TB Gate, Mohakhali, Dhaka

#### **Names of the members in the visiting team:**

- Ms. Roxana Quader, Additional Secretary (PH&WH), Health Services Division, Ministry of Health & Family Welfare (MOHFW) & Chair BCCM Oversight Committee
- Prof. Dr. Mahmudur Rahman, PhD, Disease Surveillance Expert and Former Director- IEDCR and Vice Chair, BCCM Oversight Committee
- Prof. Dr. M. A. Faiz, Former DG, DGHS
- Prof. Dr. Meerjady Sabrina Flora, Director, IEDCR
- Dr. A. E. Md. Mohiuddin Osmani, Jt. Chief - Planning, MOHFW
- Dr. Md. Motaher Hossain, Deputy Secretary, Health Services Division, MOHFW
- Dr. Charles Lerman, TB Advisor, USAID Bangladesh local office
- Dr. Milon Kanti Datta, Member Secretary, BHBCOP
- Mr. Abu Sayeed, Team Leader, GMS Consultants
- Mr. Manaj Kumar Biswas, BCCM Coordinator, BCCM Secretariat
- Mr. Mohammad Harun-Or-Rasid, Deputy Coordinator, BCCM Secretariat
- Mr. Akkur Chandra Das, Program Officer, BCCM Secretariat

#### **Persons contacted:**

- Dr. Md. Ehteshamul Haque Chowdhury, Line director, TBL & ASP, DGHS
- Dr. Md. Ashraf Uddin, PM, NTP, DGHS
- Dr. Md. Mojibur Rahman, National Program Coordinator, NTP, DGHS

#### **Purpose of the site visit:**

BCCM oversight visit aimed to:

- Review grant compliance by principal recipients,
- Recommend improvements in implementation, as applicable,
- Identify issues requiring further coordination and higher-level attention, and
- Propose resolution of issues to the CCM

**Background:**

The visit of the CCM Oversight Committee to National Tuberculosis Program (NTP) Office was triggered by the annual oversight visit plan endorsed in the 88th CCM meeting. As per plan, Oversight Committee members intends to review the Grant implementation status under the Global Fund grant. Mr. Manaj Kumar Biswas, BCCM Coordinator raised the issue to Ms. Roxana Quader, Additional Secretary (PH&WH), Health Service Division, MOHFW & Chair BCCM Oversight Committee. The Chair decided to conduct an oversight visit to NTP grant management and implementation unit located at TB Gate, Mohakhali, Dhaka.

**Sites visited:**

The Oversight Visit Team visited PRs' (NTP) office and performed review of programmatic, finance and procurement related issues under the Global Fund's New Funding Model.

**Observation/Findings:**

To facilitate review of issues the Oversight Visit Team requested PR to make a presentation on their activities and achievements. Dr. Md. Mojibur Rahman, National Program Coordinator, NTP presented (copy attached) overall activities, success and challenges of current TB control program. Dr. N. A. Saki, MDR and Child TB focal person, presented (copy attached) child TB and MDR TB activities and success till date.

The presentation was followed by discussions. PR team responded to questions by the visit team members and provided additional information as they expanded on successes or explained reasons for non-performance if any. The visitors, therefore, used the findings from the presentation and discussions between the visit team members and PR team to formulate their findings and recommendations.

- a) **Program Management:** Bangladesh is listed among top high burden country of Tuberculosis. According to national TB prevalence survey 2015-2016, the preliminary estimated prevalence for pulmonary TB among 15 years & above per 100,000 population is 113 for smear positive and 287 for bacteriologically confirmed cases. National TB control Program has been implementing DOTS strategy since 1993. Under GF funding, since 03 September 2004, NTP has expanded TB diagnosis and treatment services of TB including Drug Resistant TB and Child TB. From 2014 to 2016, TB control program has enrolled about 2 million TB patients for treatment. In 2016, 1.87 million presumptive TB cases have been tested for TB. Estimation reveals that during the period from 2004 to 2016 about 1million lives have been saved by the program. With the expanded facilities, MDR TB case detection and enrolment has been increased over the years, 918 MDR TB cases have been enrolled in 2016 compared to 337 in 2010.
- b) **Grant implementation and Expenditures:** NTP has been implementing the program with efficient management and achieved grant rating A2. Under New Funding Model (NFM), NTP has received about 27.82 million (till visit date) from their budgeted

amount of 38.61 million and reported expenditure was 22.29 million (appx) up to 31 March 2017 maintaining the burn rate of 78%. Major savings occurred from Pharmaceuticals, Travel related cost and HR cost (32%, 16% and 15% of budgeted amount respectively) due to reduced price of drug, vacancy etc.

- c) **Vacancy of Key Staff and Recruitment Process:** Currently NTP has vacancy against the positions of “Divisional TB expert” (Rangpur) and “Lab and Infection Control Expert” which are under process of recruitment.
- d) **Procurement:** NTP is responsible for the procurement and supply of drugs and other reagents for the country program. With some exception, NTP has been managing the drug procurement well. Other than drug, procurement services are interrupted with different causes e.g. embargo from The Global Fund.
- e) **Disbursement of Fund:** Total disbursement received by NTP in the NFM period i.e. from July 2015 till date is USD 27,817,411 out of the total approved budget of USD 38,605,859. Out of this, WHO (Bangladesh Country Office) also receives fund from The Global Fund by direct transfer but it is accounted through NTP. As to date, an amount of BDT 22.31 million has been disbursed to WHO by the Global Fund since July 2015. NTP has one SR, icddr,b which receives fund from NTP and it is being done smoothly. During the last three quarters an amount of BDT 67.09 million has been disbursed to icddr,b. Other than icddr,b, BDT 5.67 million has been disbursed to the Health Economics Unit of Bangladesh Government for research in development of Health Account.
- f) **Challenges:** The main challenges of NTP are:
- a. To increase case detection through finding the missing cases. About 39% of drug susceptible TB, 80% of DR TB cases are still missing according to the estimates of incidence. The proportion of child TB out of detected TB cases is only 4% for Bangladesh while globally it is around 10%.
  - b. TB case diagnosis and management in urban areas of the country and involvement of private sector in the TB control program.
  - c. Case detection in hard to reach areas iv) Though overall HIV prevalence is low in Bangladesh yet diagnosis and management of TB/HIV co-infected cases are challenging.
  - d. Scale-up shorter treatment regimen for MDR TB.
  - e. Procurement of quality assured 1<sup>st</sup> line drugs from GDF through government funding.
  - f. Scale-up new diagnostic (most sensitive) technology (Gene Xpert) to improve TB case detection
  - g. Introduction/ expansion of use of new drugs (Bedaquiline and Delamanide) for the treatment of DR TB/ Pre-XDR and XDR TB



**Recommendations:**

- NTP should address the issue of lost to follow up of identified DR TB cases in their program and initiate serious monitoring and supervision for these lost to follow up TB patients. There should be a strong protocol for MDR TB cases/patients who are lost to follow up.
- NTP should develop a good quality counseling guideline for service providers to counsel patients and circulate to follow this counseling across the country and DOTS centers to ensure patient counseling to facilitate treatment compliances in both Bangla and English.
- Coordination and collaboration should be strengthened from the NTP end in tertiary level hospital (between DOTs corner and in-patient departments) to increase case identification and ensure TB treatment for the patients who are identified by in-patient department.
- NTP should prepare a monthly progress plan for their procurement, training and other activities and submit it to the next Oversight Committee meeting (special meeting may take place for these issues). The plan may include monitoring system and one month buffer period to ensure timely completion.
- NTP should discuss with GF Country Team during their next visit to Bangladesh about the procurement of X-Ray machine through /by Pool Procurement Method (PPM) to solve pending X-Ray machine procurement issue. Chest X-ray facilities should be available in the MDR TB treatment facilities.
- NTP needs to be prepared for 85 GeneXpert machine sites before arrival of Gene Expert Machine later of this month. If necessary NTP should discuss with GF Country Team during their next visit to Bangladesh to solve procurement bar for logistics (AC, Refrigerator, Table, Chair etc.) of Gene X-pert machine sites.
- NTP should discuss with GF Country Team during their next visit to Bangladesh to solve pending /held up training for field staffs to complete training by the government training institute under Ministry of Health and Family Welfare like NIPORT and IEDCR to complete field level training as BRAC is not interested to do all field level training.
- NTP should bring all the medical college hospitals (Govt. and Non-Govt.) under TB control network to TB case Identification and treat them. If needed NTP could develop a guideline and hand out for this networking. A plan to be set to create a network involving all MCHs to strengthen TB treatment and care services throughout the country. Meeting(s) can be arranged to improve collaboration and follow up progress over time. Diabetic centers can also be included in this network.
- Collaboration between departments within Medical College Hospital needs to be improved to ensure proper recording and reporting of TB cases.
- Separate protocol and SoP, both in Bangla and English, should be prepared for each component of TB control program. These may also include monitoring mechanism and should be followed up accordingly during implementation.
- NTP should take initiative to ensure case notification by the public sector graduate private practitioners.

- The program should look for other development partners to expand and improve TB services and case detection.

  
30/7/17

**Roxana Quader**

Additional Secretary (PH&WH),  
Health Services Division,  
Ministry of Health and Family Welfare  
and  
Chair, BCCM Oversight Committee