

Bangladesh Country Coordinating Mechanism (BCCM)
Ministry of Health and Family Welfare
Health Services Division
BCCM Secretariat

Oversight Visit Report
NTP HQ, Visit Date: 17 March 2025

Date of Report: 27 March 2025

Date and place of site visit: 17 March 2025; National Tuberculosis Control Program Headquarter, Mohakhali

Purpose of the site visit: The purposes of the BCCM Oversight site visit in NTP HQ included:

- Oversee the implementation of the TB program (including a detailed presentation on the progress of the program, finance, HR, PSM, COVID-19 grants, challenges, and way forward).
- Overview of grant compliance by the Government principal recipient (PR).
- Recommend areas for improvements in implementation.
- Identify issues requiring further coordination and higher-level attention.
- Meet with NTP staff to ensure a collaborative effort to control TB.

Names of the members of the visiting team:

- Ms. Sheikh Momena Moni, Additional Secretary (WH), Health Services Division, Ministry of Health & Family Welfare, Bangladesh Secretariat, Dhaka.
- Mr. Md Mamunur Rashid, Joint Secretary (WH), Health Services Division, Ministry of Health & Family Welfare, Bangladesh Secretariat, Dhaka.
- Mr. Md. Abdul Aziz, Deputy Secretary (WH-1), Health Services Division, Ministry of Health & Family Welfare, Bangladesh Secretariat, Dhaka.
- Mr. Md. Mohiuddin Al Helal, Senior Assistant Secretary (WH-2), Health Services Division, Ministry of Health & Family Welfare, Bangladesh Secretariat, Dhaka.
- Prof. Dr. Shakil Ahmed, Former Director-MBDC, DGHS & Child TB expert.
- Dr. S. M. Abu Zahid, Independent Procurement Expert, BCCM Oversight Committee.
- Mr. Osseni Yessifou Alladji, Strategic Information Advisor, UNAIDS

Program representatives:

- Dr. Zubaida Nasreen, Line Director, TB, L and ASP (In charge), DGHS
- Dr. Md. Zahangir Kabir, Program Manager-TB, NTP, DGHS
- Dr. Muhammad Abdul Hadi Khan, DPM (Admin and Finance), NTP, DGHS
- Dr. Asma Akhter, DPM (Coordination), NTP, DGHS
- Dr. Rupali Sisir Banu, National Program Coordinator, NTP
- Dr. Ahmadul Hasan Khan, M&E Expert, NTP
- Dr. Rifat Jahan Khan, TPT Coordinator, NTP
- Dr. Shahira Sharwat Chowdhury, MO (MBDC), DGHS
- Dr. Sinthia Tarin, Training Coordinator, NTP

- Umme Tasnim Maliha, TB Lab & IC Expert, NTP
- Abu Sayem Muhammad Shafin, MIS Officer, NTP
- Md. Ashraful Alam, Finance Officer, NTP
- Rahad Arefin Amil, Logistic & Data Management Expert, NTP
- Dr. Shakila Yeasmin, M&E Officer, NTP
- Dr. Sanjida Anjum, M&E Officer, NTP
- Tapan Chandra Das, FO, NTP
- Iffat Jahan, C&D Officer, NTP
- Atika Faija Hoque, MIS Officer, NTP
- Md. Rosidur Zaman, PSM Expert
- Shamima Nasrin, C&D Officer, NTP
- F. M. Monirul Hoque, Assistant M&E Expert, NTP

BCCM Secretariat for facilitation of this visit:

- Mr. Mohammad Harun-Or-Rasid, Deputy Coordinator, BCCM Secretariat
- Dr. Ahmed Muttasim Billah, Oversight Officer, BCCM Secretariat

Persons contacted:

- National Programme Coordinator, NTP

BACKGROUND:

The Global Fund (GF) Country Coordinating Mechanism (CCM) is a country-level public-private partnership to oversee grant applications and monitor grant implementation by the Principal Recipients (PRs) of the funds. The primary role of CCM is to access and oversee the management of funds received from GF and to complement Bangladesh's efforts to fight these three diseases i.e. HIV/AIDS, Tuberculosis and Malaria. As one of the key elements in the Global Fund architecture, CCM is central to the GF's commitment to national and local ownership of country proposals and to ensure inclusive and participatory decision-making. The CCM is a national, multi-stakeholder partnership that comprises members from the Government, NGOs, academia, private sector, key affected populations, faith-based organizations, UN agencies, and bilateral/multilateral agencies. The Oversight Committee is a technical committee selected by the CCM to support the CCM in ensuring two major functions: to provide guidance to "strategy and planning" activities, and to conduct overall "oversight" of the ongoing program implementation.

Activity Summary:

- Observed TB program activities, finance, HR, PSM, COVID-19 grants, challenges, and way forward through brief presentation at NTP HQ conference room.
- Held a coordination meeting with all NTP HQ staff.



OBSERVATIONS/FINDINGS:

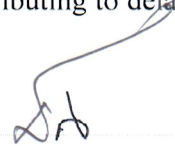
TB Program Update by NTP

Dr. Zubaida Nasreen, Line Director, TB-L and ASP (In-charge), DGHS, welcomed the BCCM Oversight Committee visit team and all attendees to the NTP Headquarters. Mr. Md Mamunur Rashid, Joint Secretary (WH), HSD, MOHFW, provided a briefing on BCCM activities and outlined the objectives of the Oversight Committee's visit, with a particular focus on addressing findings from the recent Global Fund visit. With approval from Sheikh Momena Moni, Additional Secretary (WH), HSD, MOHFW and Chair, BCCM Oversight Committee, the Line Director initiated the presentation on the TB program update.

Dr. Zubaida Nasreen, Line Director, TB-L and ASP (In-charge), DGHS, delivered a comprehensive presentation on the National Tuberculosis Control Program in Bangladesh. Key responsibilities of the NTP include the development of policies, strategies, and guidelines; ensuring proper implementation; program oversight; monitoring and supervision; maintaining the national TB surveillance system; gradual expansion of the TB diagnostics network; and managing the procurement and supply chain for TB drugs. A cost survey related to the TB burden was recently conducted by the Department of Health Economics, University of Dhaka, in collaboration with a Japanese consultant, with technical assistance from WHO. Bangladesh remains one of the 30 high-burden countries for TB and multidrug-resistant TB (MDR-TB) globally. According to the WHO Global TB Report 2024, the estimated total TB incidence in Bangladesh is 379,000 (221 per 100,000 population), and the estimated MDR/RR-TB incidence is 5,000 (2.9 per 100,000 population). A TB prevalence survey is needed to conduct urgently as last survey was conducted in 2015-16.

As of 2024, the TB treatment success rate in Bangladesh remained strong, achieving 95% during January–June and 96% during July–December, surpassing the national target of 95%. However, HIV testing coverage among TB patients was below target, with only 16% tested in the first half and 29% in the second half of the year, against a target of 35%. The low HIV screening rate is primarily attributed to a shortage of 3rd generation HIV test kits. Rapid validation and deployment of 4th generation kits are essential to ensure an adequate supply. The success rate for TB Preventive Treatment (TPT) was 87.21% (Jan–Jun) and 89.36% (Jul–Dec), significantly exceeding the national target of 70%. The number of people with confirmed rifampicin-resistant and/or multidrug-resistant TB (RR/MDR-TB) notified was 1,347 in the first half and 451 in the second half of the year, against a target of 1,198.

Due to the implementation of a new testing algorithm by the cartridge supplier, a second confirmatory test is now required. This has resulted in some patients being lost to follow-up and others experiencing delays in treatment initiation. There is an ongoing technical debate regarding this issue, and the TB Technical Committee is actively working to resolve it. In 2023, a total of 2,700 drug-resistant TB (DR-TB) cases were detected, of which 2,071 were enrolled for treatment. In 2024, 1,799 cases were detected, with 1,330 enrolled. Strengthening field-level detection efforts should be prioritized, with an emphasis on extensive monitoring and follow-up to ensure timely enrollment of DR-TB cases. These measures are essential to minimize losses between detection and treatment initiation. The current testing algorithm, which requires a second confirmatory test, is contributing to delays and confusion.



Patients are initially registered after the first test, but some are later found to be non-DR-TB following the second test. As a result, these patients are not enrolled in DR-TB treatment, contributing to discrepancies in detection vs. enrollment data.

As OP approval yet pending, NTP need to procure TB medicine and it takes 10-12 months to complete the process with tender. Currently NTP has stock which will be last upto May 2026. NTP is planning to provide a letter to MOHFW through the Finance Dept. of DGHS.

There are few observations from LFA through 15 sites visit.

- There are concerns regarding the inconsistent and often incorrect use of the electronic Logistics Management Information System (eLMIS) across various sites. This is primarily due to the lack of clear guidelines, standard operating procedures (SOPs), and insufficient user training. NTP has taken steps to address these issues by providing training on eLMIS to relevant staff. Additionally, staff members have been using the eLMIS manual as a reference for daily operations and troubleshooting. Where necessary, Divisional TB Experts and DSMO-TB personnel have also conducted targeted training sessions to build capacity and ensure proper system use.
- Health products, including TB medicines, were found to be incorrectly stored at some sites. Instances included storage in refrigerators, which exposed the medicines to moisture and condensation, and the absence of thermometers to monitor temperature levels. The National TB Control Program (NTP) is actively monitoring this issue to ensure that TB medicines are stored appropriately at all levels. Efforts are being made to reinforce proper storage practices and ensure compliance with recommended storage conditions.
- At UHC Jashore Sadar, a renovated building was later declared condemned, rendering the renovated store unusable. The issue will be discussed with BRAC during visit at BRAC Centre. Additionally, at UHC Sreepur, the designated store is being used as a GeneXpert site, creating inappropriate conditions for both storage and diagnostic functions. NTP will write a letter to UHC Sreepur to solve the issue.
- During the delivery of physical goods at the central level for distribution to various UHCs, BRAC often collects supplies for multiple districts and upazilas, which may include the same products with different expiry dates. Although goods are counted upon delivery at both district and UHC levels, expiry dates are not thoroughly verified. This results in discrepancies between the physical stock and the expiry information recorded in the eLMIS. NTP clarified that store personnel might record the expiry date of only one box, assuming that all boxes have the same expiry date-which need to be investigated further during regular monitoring visit. However, shipments may include the same product with multiple expiry dates. Increased monitoring and clear guidance are needed to ensure that all expiry dates are accurately recorded. Additional training and supervision should be provided to store personnel to strengthen stock management and maintain accurate eLMIS entries.

Few long pending issues.

- Prisons remain a critical opportunity for identifying missing TB cases. However, progress on finalizing the guidelines for TB service delivery in prisons has been delayed, with action pending since May 2024. NTP has formed a committee comprising representatives from ASP

and BRAC to move the process forward. An amendment to the existing Memorandum of Understanding (MoU) between the Prison Authority and ASP is also planned to facilitate effective implementation of TB interventions in correctional facilities.

- Private sector engagement is key for enhanced TB case finding and case notifications. PR needs to validate if any changes needed in PPM approach, disseminate strategy, and develop costed implementation plan. Collaborate with DGHS to engage 3-4 large hospital networks in TB diagnosis and notification.). There was a plan for doing an assessment with support from USAID TB DNS project. Unfortunately, USAID activities are currently being halted. BRAC needs to work together with NTP in PPM strategies.
- Implement action plan proposed on identifying childhood TB cases (TRP recommendation with June 2024 deadline).
- Finalization of the operational plan for the X-Ray and AI roll-out has been pending since December 2023. At that time, there was limited practical experience with the use of portable X-Ray machines, which contributed to the delay. In 2024, significant progress has been made. The final draft of the AI roll-out plan is now ready, and feedback from the Global Fund has already been incorporated. The operational plan is expected to be finalized by mid- May 2024.
- The National TB Reference Laboratory (NTRL) remains in a sub-standard condition, and the existing TB warehouse is not fit for purpose. Although the Principal Recipient (PR) has committed to urgently allocate space for a new central TB warehouse and relocate the NTRL, tangible progress has been limited. BRAC explored options for renting a suitable warehouse; however, no facility meeting the required specifications has been identified to date. A potential site at the planned DGHS Health City was also considered, but the project has since been cancelled. For the NTRL, NTP plans to issue a formal request to the National Institute of Diseases of the Chest and Hospital (NIDCH) to relocate the NTRL to the Asthma Centre premises.

Ms. Sheikh Momena Moni, Additional Secretary (WH), HSD, MOHFW, and Chair of the BCCM Oversight Committee, emphasized that the aim of this meeting is to foster collaboration to ensure the success of the TB program. The chairperson also commended and encouraged the efforts of NTP staffs for their dedication to providing services. She expressed gratitude to all participants for their attendance, active engagement, and commitment to eliminating TB concluding the meeting.

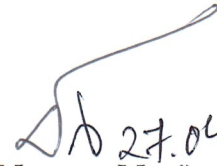
RECOMMENDATIONS:

The Oversight Visit Team recommended to ensure following propositions-

- *Recommended to take necessary measure to plan the National TB Prevalence Survey. Line Director – TB- L and ASP will meet to Health Economics Unit of MOHFW to explore opportunity for conducting National TB Prevalence Survey. And also, will explore opportunity to conduct the National TB Prevalence Survey by NIPORT.*
- *Recommended to present a clear mitigation plan by NTP to the BCCM Oversight Committee addressing the gap between DR-TB case detection and treatment enrollment.*
- *Recommended to provide response on eLMIS issue to Ms. Gyongyi directly over online call or email communication.*



- *Recommended NTP to share all the findings from LFA visit with formally field level staffs for taking appropriate measures to solve issues by June 2025 and conduct online zoom meeting to discuss issues.*
- *Recommended to follow up field level activities with staffs regularly to ensure that all expiry dates are accurately recorded and training need to conduct periodically.*
- *Recommended to inform budget and planning wing of HSD, MOHFW formally for additional budget for procuring TB medicine so that there will be no shortage.*
- *Recommended that program progress will be less discussed at OC meeting rather than challenges and solutions will be discussed with PRs specific agenda.*


27.04.25

(Sheikh Momena Moni)

Additional Secretary (WH)

HSD, MOHFW

and

Chair, BCCM Oversight Committee