

## Main Messages from the 5th Joint International Monitoring Mission (JIMM), August 13-27, 2013, for His Excellency, the Governor of Bangkok

### Objectives of the JIMM

1. To review progress in TB control at the national level, and in Bangkok, since previous reviews (2007 and 2009) and assess the status of the current program and of monitoring & surveillance (M&S).
2. To provide practical recommendations to the Thai National TB Program and the Bangkok Metropolitan Administration (BMA) to ensure sustainability of achievements, and to strengthen future control measures.

### Organization

One team of international and Thai experts visited sites in Bangkok, August 13-20, while 5 others visited other sites or addressed the epidemiological situation and the M&S system.

### Recent achievements in TB Control in BMA facilities

- Five-fold increase in case notifications from 2007-2011
- Significant decrease in death, default and transfer out rates
- 91% treatment success rate in 2010 cohort

### Major findings of the JIMM nationally

- **Burden of TB in Thailand is still high (80,000 new cases and 11,000 deaths in 2012)**
- **Further control of TB requires a prioritized public health response**

### Major program issues identified by the JIMM in Bangkok

1. In spite of the increase in notifications, and complete reporting from BMA facilities, only 21/97 major hospitals in Bangkok are reporting fully. Therefore significant under-reporting still exists in the city, maybe as much as 47%. It is found especially in children (0.1-0.5% of cases in last 5 years, and falling). The Notification Law is not enforced.
2. Multiple non-standard approaches to data management in laboratories, combined with inefficient systems for reporting cases to the national level.
3. While BMA facilities have reached international standards for treatment success (85%), the few private hospitals that report to BMA are well below (73% for 2010-2012) and the university hospitals even lower (eg 68% for Chulalongkorn, 2012). The follow-up of patients from the private and university hospitals

needs to be significantly improved, for which assistance from the public health authorities will be required.

4. Inadequate TB care provided to migrants which is against concepts of human rights, public health and disease free labour

### Recommendations

#### These recommendations were discussed with His Excellency the Minister of Public Health on 26<sup>th</sup>

**August.** The JIMM supports the 2009 Review team in advising city-wide coordination of TB control for the city of Bangkok through closer collaboration with BTB. Specifically,

#### 1. To improve notifications the BMA should

- Establish regulatory control over non-BMA facilities for TB case management, including through enforcement of the notification system and/or including TB indicators in the hospital accreditation process
- Join with the MoPH in organizing a high level dialogue early in 2014 with leaders of private, military and university hospitals and insurance systems aimed at improved collaboration with the public sector

#### 2. To improve laboratory data management and reporting to the MoPH, the BMA should

- Work with MoPH to extend the "TB Clinical Management" system to a unified, nationwide, case-based, web-based, recording and reporting system for all facilities by the beginning of 2015
- Train local staff to make maximal use of data themselves for analysis and corrective action

#### 3. To improve treatment outcomes the BMA should

Invest additional resources to set up an outreach service, linked to the Health Centre network, to support private and other hospitals to follow up cases using DOT providers/peer educators. This should ensure direct observation of treatment, focused on high risk patients (e.g. MDR-TB, HIV, elderly, uninsured, marginalized groups) and engage community-based organizations to find innovative ways of ensuring patient follow-up.

#### 4. BMA should improve access to care for migrants by:

- Developing specific, culturally sensitive strategies for TB control in migrants
- Reach out to engage the migrant community including local NGOs and CBOs
- Train hospital staff to deal with migrant patients