

# Situational Analysis on Public Private Mix for TB Control: A Case of Lalitpur District, Nepal

## Introduction

Many studies indicate that private providers of TB services have important and strategic roles in reaching groups of the population, particularly those who are deprived off the public health care delivery system. Pharmacies and private clinics are widely accessible to patients, are often perceived to provide better quality services, are trusted and hence they are best posed to initiate first-level screening for effective case detection. Many private providers in Nepal are already providing services to TB patients though TB management practices in the private sector are not standardized. A model of Public Private Mix (PPM) piloted in Lalitpur sub metropolitan city in Nepal since the year 1998, has now provided the evidence of success of PPM in urban Nepal with 90 percent treatment success rate, an increase in case notification and decrease in treatment by private practitioners by more than two thirds. So the situation analysis of Lalitpur district provides information on relevant stakeholders and assesses district capacity to implement PPM in TB control in Lalitpur district.

## Objective

The study aims to explore current situation of district capacity and approaches to Public Private Partnership in Tuberculosis by documenting general information of district, TB epidemiology, TB service providers at NTP and non NTP sector, involvement of private practitioners in TB service delivery, current linkage and collaboration and capacity of the district to implement PPM.

## Methods and Materials

This was an exploratory study conducted in Lalitpur district. Four in-depth interviews were conducted among district programme people, representatives from NGO and private provider. Similarly, a consultative meeting was conducted with representatives from Public and Private TB service providers. Semi-structured interviews were conducted with all 10 private nursing homes/hospitals and 120 out of 170 private pharmacies, 34 private institutions out of 153. All of the nursing homes and hospitals and 15 percent medical shops were selected purposively covering entire district. Secondary data from published reports were also referred. Quantitative data were entered in the database and analyzed using SPSS, whereas

qualitative data were first transcribed and analyzed by using thematic analysis approach.

## Findings

### District situation and epidemiology

Lalitpur is district in Kathmandu valley with a total population of the 404,230 with 22 Municipal wards. In the last five years period, little bit fluctuation is seen in TB case detection had reached to 61 percent in the fiscal year 2005/06 and treatment success rate reached above 90 percent for the last five years.

### TB Service Providers through NTP and non NTP sector

Altogether in Lalitpur there are 27 DOTS centre, 26 Microscopic centres and 29 sub centers. Public private mix approach in TB control has already been initiated in 1995 and currently it has been continued with the support from different stakeholders. Few private and NGO run institutions including hospitals, nursing homes, polyclinics are already providing DOTS services under NTP. However, most of the private medical shops are not involved effectively.

### TB Services provided through private sector

Only 6 percent of the private service providers provide DOTS services, 50 percent suspect TB patient and refer to appropriate places, 11 percent diagnose TB cases and refer to appropriate places and 44 percent, selling TB drugs and 33 percent are providing health education. More than half (67%) were managing drugs themselves. Most of the private medical shops in Lalitpur are not very interested in collaboration and are happy to sell medicine than distributing free of cost. On an average, the consultation fee in the private sector was NPR 239, sputum charge was and the total cost of treatment would be NPR 2,880 for the anti TB drugs while it is free of cost in public health facilities.

### TB suspects and management by private practitioners

During the last one month prior to the study 6 percent of the private institutions were found to examine TB suspects more than 15 cases in a month; 17 percent have examine 16-25, 5-15 cases and 61 percent of them have reported less than 5 TB suspects in their institutions. Majority (67%) of them are using binocular microscope and majority (83%) had properly maintained their lab register.

However, these might be for their internal purpose. TB suspects were usually referred from private practitioners, polyclinics and pharmacies.

#### **Current linkage and collaboration mechanism**

Only 22 percent of the private health care providers were linked with DPHO. And 72 percent of private institutions have not received support from NTC/DPHO. Present situational analysis shows that there is lack of other support from DPHO except on drugs and private health service providers and those who are not running DOTS services are not supervised at all.

#### **District level commitment and capacity to implement PPM**

In order to strengthen this, DPHO is strongly committed to implement and believes that cooperation should be done from all the stakeholders in order to expand the programme. Only 14 percent of the private service providers had received training on TB. DPHO has capability of providing training and orientation and private sectors are also willing to collaborate after receiving training. Half of the institutions have microscope and 78 percent of private centres have adequate human resources. But qualitative data supports that there is an additional need of human resource for managing TB program at district level.

#### **Possible ways of collaboration**

It seemed most of the private service providers (78%) were positive towards Public Private Mix (PPM) in TB control. Some of them (22%) though were positive felt that it is not so easy to collaborate. Almost all the stakeholders showed their interest on PPM implementation with the commitment to have good coordination at all levels. Those who have shown their willingness in PPM, majority (66%) were interested to provide health education to create awareness among the people about TB and its services. Similarly 38 percent of them wished to provide DOTS facility in coordination with NTP. However they were also interested in suspect identification, diagnosis and referral either of the suspected cases or the diagnosed one.

#### **District level PPM implementation**

Though government has taken initiation from district level, it still seems to be neglected as explained by the respondents. Sharing the concept of PPM among the concerned stakeholders along with awareness on TB and its services would make easier to seek their involvement. Similarly in another aspect, resource constraints in terms of financial and infrastructure including time were viewed as threatens of PPM. There is also high chance of misuse of the drugs if private sectors are involved in TB control. It is also noticed by the stakeholders that communication gap between government and private sectors and negative perception on NTC drugs would also make some hindrance.

#### **Conclusion and Recommendation**

The case detection rate has not been met with reference to the national target and also has been observed to be decreasing. So, immediate attention is required in this area. In spite of being pilot district for PPM, still DOTS is not well integrated into the private sector. Hence, DOTS service needs to be expanded through private providers. There is observed lack of resources in terms of technical and human, so DPHO should implement the PPM in the phase wise manner. Further, resources need to be gathered from donors and public sector. Significant number of patients are consulted and diagnosed in the private sector in the district, so a well-defined referral chain for the treatment needs to be defined and implemented. There needs incentive for the private practitioner as PPM will cause them to lose their current financial benefit through their patients. Willingness of private practitioners is documented for partnership. However, most of them want to be involved in awareness raising. So, different strategies should be implemented according to the capacity and interest of different categories of private sector. DPHO should provide support in the supply of logistics and drugs, updating technical knowledge and providing monitoring and supervision to the private sector.

