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

Background

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 Kathmandu district provides information on relevant stakeholders and assesses district capacity to implement PPM in TB control in Kathmandu 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, which was conducted in Kathmandu district by applying both quantitative and qualitative techniques. The secondary information was reviewed from NTP annual reports and other relevant materials. Four in-depth interviews were conducted among district programme people, representatives from NGOs and private providers. A consultative meeting was conducted and different relevant Public and Private TB service providers had participated. In addition, semi-structured interviews were conducted from all
19 private nursing homes/hospitals and 315 out of 1280 private pharmacies. Quantitative data were analyzed by using SPSS and qualitative data were first transcribed and analyzed by using thematic analysis approach.

Findings

District Situation and Epidemiology

Kathmandu district is a densely populated capital of Nepal having health care services delivered through a range of public sector network and significant number of private practitioners. TB case detection rate has been above the national target for the last five years, although the rate is observed to be slightly decreased in 2006. Treatment success has been observed in decreasing trend whereas default rate is increasing.

TB Service Providers

Altogether in Kathmandu there are 53 DOTS center, 32 Microscopic centers and 49 sub centers. There is also partnership with some of the private sectors. Regarding private sector, about three quarter (73%) of the institutions are only pharmacies, 8 percent are pharmacy with lab services, 16 percent are pharmacies with laboratory and doctor services and
6 percent had additionally indoor services.

TB services provided through private sectors

Only 2 percent of the private service providers provide DOTS services, 57 percent suspects TB patient and refer to appropriate places. Half of the PP (51%) are selling anti TB drugs, 54 percent are providing health education and 57 percent of them suspect TB patient and refer. Sixty eight percent take the user fee charge for TB services. On an average, the consultation fee in the private sector was Rs.
202; sputum charge was Rs. 75 and X-ray charge Rs. 167. Considering a treatment period of 6 months, on an average the total cost would be NRs. 2,880 for the anti TB drugs while it is free of cost in public health facilities. Eighty nine percent of the private practitioners reported to have TB suspects of about
5 cases per month. On an average 12 slides (median) were seen every month and nearly half (49%) of the sputum smear positive cases were found to be prescribed medicine by private institutions.

Current Linkage and Collaboration Mechanism

DPHO in coordination with other related organizations has already initiated to implement PPM through sensitization and orientation to the private pharmacies and drug wholesalers. However,

only 5 percent of the private health care providers were linked with DPHO. Majority (95%) of the providers reported that they were not getting any kind of support from national or district level

District Level Commitment and Capacity to Implement PPM

Public health sector is contributing much in TB control in the district. However, the lacuna is the sluggishness of case detection and that can be improved through PPM. In order to strengthen this, DPHO is strongly committed to implement PPM up to the community level as well as to strengthen the existing collaboration. Eighty-nine percent of the private service providers had received training on TB. DPHO has capability of providing trainings and orientations and private sectors are also willing to collaborate after receiving training. Seventy eight percent of private sectors agreed to manage PPM implementation through existing human resource. During the interaction and discussion with stakeholders, it is explored that NTP need to strengthen its coordination aspect, managerial aspect, supervision aspect, follow up and sustainability aspect for effective implementation of its PPM activities.

Possible Ways of Collaboration

Majority of the private sectors (86%) have shown their interest on partnership. Those who have shown the interest to do partnership have demanded that they need orientations and trainings, if there are any updates and modification on policy and strategies. Most of the private service providers (82%) were positive towards Public Private Mix (PPM) in TB control. Those who have shown their willingness in PPM, majority (77%) were interested to provide health education to create awareness among the people about TB and its services. Similarly 40 percent of them wished to provide DOTS facility in coordination with NTP. However they were also interested in suspect identification, diagnosis and referral. Though significant number of private practitioners wished to do partnership and qualitative findings have shown that there could be various problems in collaborating with private sectors though they want to have partnership as there is a tendency of discontinuity after recognition.

District Level PPM Implementation

At district level though initiation has been made, it is inadequate to visualize PPM. It has been envisaged that roles and responsibilities of partners should be clearly defined prior implementation in the policy. Program would run much effectively if quality services are provided. Similarly a large number of unreported cases, which are being managed outside the NTP networks, should be notified to the national program with better managed recording and reporting system. Not only the case detection but also the treatment practice and case holding could be better and cost effective.

Conclusion and Recommendation

The observed declining trend in case finding and cure rate needs to be immediately addressed through involvement of PP in Kathmandu district. PPM working group with defined Terms of Reference should be formed clearly explaining the role of each stakeholder involved. Currently where non NTP sectors are running in their own way, they should be adequately trained/oriented as per the need and updated regularly on national strategies and guidelines with the clarity on their roles and responsibilities. Private clinics and pharmacies are widely accessible and can contribute much in first level screening for effective case detection. However, private sectors are highly benefited with the profit of consultation, diagnosis and treatment cost. So, they need to be supplemented with the benefits in terms of financial or acknowledgement or both in order to gain their contribution in DOTS keeping the matter of sustainability in mind. Human resources are already there in the private sector and they are willing to collaborate with NTP. There need is to build up their technical capacity, orient them about the program and to motivate them to contribute. As different kinds of anti TB drugs and diagnostic services are prevalent and used in private sector, DPHO shall provide uninterrupted logistics and drug supplies, and regular supervision and monitoring to the PP to work under the TB control guideline. DPHO shall also introduce the NTP recording and reporting system and bring private sector under the regular supervision and monitoring system for maintaining quality in diagnosis and treatment.