

Situational analysis

Public Private Mix (PPM) for TB control: case of Kailali district, Nepal

Background: The private sector is a major provider of health services both in terms of financing and service provision. It is estimated that half of the people seek care from private sector in Nepal. Private pharmacies and private clinics are being the initial point of consultation for most TB patients. In this context, their involvement in service delivery can improve access and assure provision of high-quality and effective TB services.

Objective: To explore current situation of district capacity and approaches to implement Public Private Mix approach in Tuberculosis and to recommend possible intervention for implementing PPM in Kailali district, Nepal.

Methods: This was a descriptive cross sectional study. Qualitative and quantitative data were collected by Semi-structured questionnaire implemented among public and private service providers, TB patients, focal persons and private pharmacies.

Findings: Kailali district has 16697 population and two municipalities. The trend of case finding seems decreasing while treatment success rate of new smear positive seem to be fluctuating. Though Public Private Mix approach has not implemented, fewer private health institutions, NGO run institutions including hospitals, nursing homes and academic institution are involving in TB service delivery. However, most of the private medical shops (private pharmacies) are not involved effectively. Of the total private health care institutions, only 4% provide DOTS service, 52% identified TB suspects and referred to appropriate places. Majority (69%) of private sectors have shown their interest in partnership with NTP.

Conclusion: Involvement of private providers in TB control has been crucial in district since many providers are already delivering TB services beyond NTP. Hence, DPHO needs to take initiation and lead in programme implementation in collaboration with municipality and private sectors.

