

Situational analysis

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

Background: It is estimated that half of the people seek care from the private sector in Nepal. Public Private Mix (PPM) is the best approach of engaging all health care providers in TB control. A model of Public Private Mix (PPM) piloted in Lalitpur sub metropolitan city in 1998, has provided the evidence of success of PPM in urban Nepal with an increase in case notification and two third decrease in treatment by private practitioners.

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 Banke 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: In Banke district 16% of population reside in urban. There are 19 DOTS, 13 Diagnostic and 37 sub centers in public and private sector working under NTP guideline. Majority (97%) of health care providers is from private sectors, 62% pharmacies and 27% are not delivering any TB services. Only 14% have reported of having direct/indirect linkage with DPHO and 43% have received TB training, which is insufficient to implement PPM. TB case detection rate has been fluctuating around national target for last five years.

Conclusion: DPHO has shown strong commitment from its side to implement PPM up to community level and also to strengthen existing collaboration in district. Involvement of private providers in TB control is a crucial So, DPHO need to take initiation and lead to implement PPM.

