

Situational analysis

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

Background: Patient trust private practitioners and pharmacies are best posed to initiate first-level screening for effective TB case detection. Many private providers in Nepal are already providing services to TB patients. However, TB management practices in private sector are not standardized and precise number of TB cases detected and treated in is not known. This is due to the lack of sufficient interaction and formal linkages between public and private sector providers.

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 Rupandehi 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: Rupandehi district has two government hospitals, 5 PHCCs, 6 HPs and 58 SHPs serving 708,419 populations. In comparison to last three years case finding rate has increased and cure rate remain stationary in 2004/05. Some private and NGO affiliated institutions are already providing DOTS under NTP. However private pharmacies are not linked effectively, though they are providing anti TB drugs from their medical shops. Out of 40% of pharmacies who owned anti-TB drugs, 82% had sold TB drugs. In previous month, 20% lab had tested > 5 AFB positive slides.

Conclusion: In conclusion, A PPM working group with defined roles and responsibility needs to be formed involving all responsible bodies and stakeholders to plan and effectively implement the activities. For this initiation and leadership of DPHO and municipality is essential for involving all private sectors in increasing case detection and cure.

