



EXPANDING ACCESS TO TB CARE RESULTS IN IMPROVEMENTS OF TB CASE FINDINGS

PRIVATE HEALTH SECTOR PROJECT



The Private Health Sector Project (PHSP) is funded by the United States Agency for International Development (USAID) and aims to improve the provision of critical public health services by engaging private sector health facilities to deliver high quality care at an affordable cost in Ethiopia

Although Ethiopia has been successful in improving health outcomes for its people, the nation's health system still faces several challenges such as a shortage of skilled personnel and a lack of sustainable financing. The complexity of the challenges in the context of the rapidly increasing demand for health care services calls for the engagement of the private health sector to meet the nation's health goal of providing essential health care to all Ethiopian citizens.

Underpinned by the philosophy that a vibrant private health sector plays a crucial role to help improve access to health services, drive innovation, expand the culture of medical ethics, and improve accountability and value for money in health sector investment, USAID has been supporting the involvement of the private health sector through various projects and programs implemented successively right from the start of Ethiopia's Health Sector Strategy. One of its current projects, the Private Health Project (PHSP), was launched in 2015 and it builds on what previous efforts have achieved in terms of enhancing the private health sector growth through developing models for delivering quality services to address major public health problems. The project supports the implementation of HIV/AIDS, PPM-DOTS, Malaria and RMNCH services in the private health facilities.

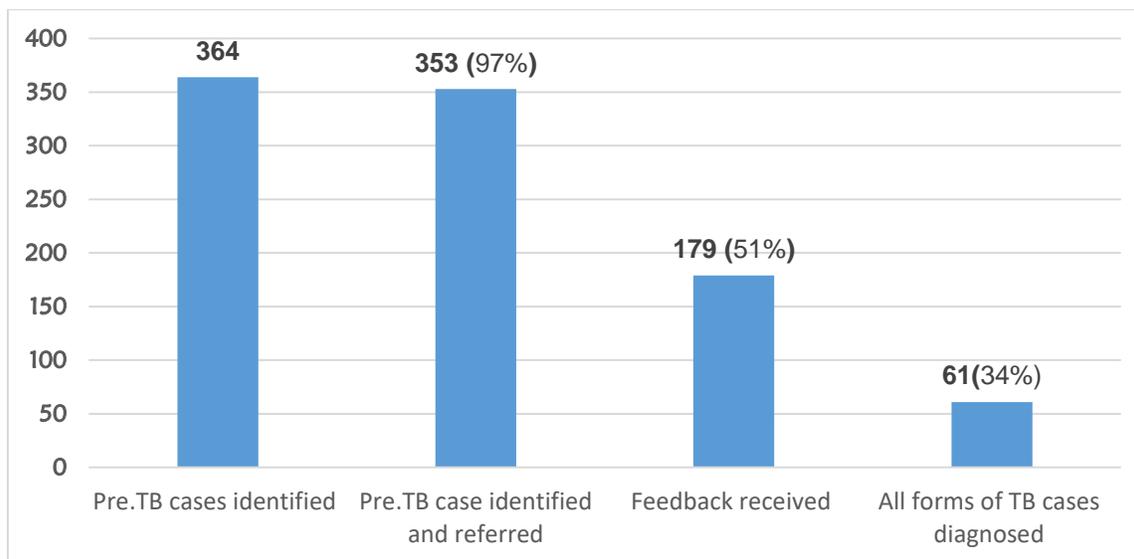
Since its implementation in 2006, PHSP through its PPM DOTS has significantly contributed to the national TB prevention and control efforts. However, until the end of 2016, the private health facilities engagement was limited to TB diagnosis and treatment service, leaving out facilities that could potentially provide vital TB prevention and control services such as presumptive TB identification and referral, and TB diagnosis and referral. Engaging all relevant health care providers in TB care and control through public-private mix approaches is an essential component of End TB Strategy. The project recognized the importance of engaging private health facilities providing different level of health care within a wide array of PPM task mix to make greater contributions to the achievement of "End TB" targets. Thus, the project collaborated with FMOH/NTP to scale up TB care and control services with PPM task mix.

The overall objective is to enhance early TB case finding through formal engagement of private health facilities at diversified task-mix and maximize their contribution in TB prevention and control activities. To implement PPM, the project carried out several activities including the following ones:

- Sensitization and consensus building workshop were organized along with Regional health bureaus
- Site readiness assessment were carried out in collaboration with RHBs. Accordingly 327 primary clinics are engaged in presumptive TB case identification and referral service, 61 private facilities are selected for TB diagnosis and referral service and 134 facilities are engaged in TB diagnosis and treatment service.
- Capacity building trainings were provided based on their level of engagement
- MOUs were signed between Private facilities and their respective RHBs
- Recording and reporting tools were prepared and distributed.
- Facilitated the supply of TB program commodities (Anti TB drugs and laboratory reagents).
- Technical support were also given for all PHSP supported facilities.

The scale-up PPM task-mix resulted in several important improvements of TB case findings. It brought about an increased TB case detection and reduced diagnostic delays by involving all health care providers in timely referral and diagnosis of TB. During Quarter III (April –June/2017) of Year II project implementation, a total of 364 presumptive TB cases were identified and referred by 201 primary clinics, and 61 all-forms-of TB cases were diagnosed as shown in the graph.

Graph 1. Summary performance of primary clinics engaged in TB prevention and control activity



During Year II, USAID-PHSP, in collaboration with regional health bureaus engaged 61 private facilities in TB diagnosis and referral services. In the last month of the third quarter, all TB diagnosis and referral sites were engaged and they contributed in detection and referral of 111 all-forms-of TB cases.

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Notable improvement is also achieved in expanding the number of PHSP-supported TB diagnosis and treatment sites. During Year II project implementation period, the number of PHSP-supported TB diagnosis and treatment sites increased from 178 to 312. From October 2016-June 2017, these facilities detected 11,738 all-forms of TB cases which is an 11% increment compared to similar period of last year performance.

Subsequently, the Ethiopian Ministry of Health (FMOH/NTP) recognized the effectiveness of the strategy of PPM task mix to engage all health care providers to achieve better results in TB prevention and control. The Ministry developed a national PPM-TB action plan to improve the national TB case detection and reduce diagnostic delays. By 2020, NTP aims to engage 2074 facilities in presumptive TB identification and referral service: 500 facilities in TB diagnosis and referral services and 1103 facilities in TB diagnosis and treatment services. To achieve this goal, NTP/FMOH has included PPM action plan in the current (2018-2020) Global Fund TB/HIV funding request.

The implementation of PPM task mix has taught us some important lessons. Among other things, we know that the strategy offers an opportunity to engage all health care providers towards TB prevention and control activities. It also contributed to the finding of missed cases and reducing diagnostic delays. Expansion of PPM DOTS improves access to TB diagnosis services and can reduce indirect costs for patients by bringing services closer to their homes. The expansion, however, does not come without any challenges. Lack of feedback for identified and referred presumptive TB cases by primary clinics is one of the important challenges that needs to be addressed going forward.



Photo: Gonzalo Guajardo for Communication for Development Ltd

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