



SUCCESS STORY



Expanding Public-Private Collaboration Removes Barriers to Tuberculosis Treatment

Quality care and attention



Private Clinic Nurse, Aklilu Melese, with a satisfied TB client

Before the new policy to expand to private providers, Sara* could not get TB care from her regular private clinic. Now, with free drugs from her private provider, she is completing the treatment and is happy to pay for her care. She likes the convenience of the clinic's location for daily visits and the support she gets to take her medicine. Sara has yet to miss any visits. If she forgets, "Aklilu calls to remind me."

*Name has been changed

Ministry support improves private clinic care



Dr. Ermias Mulugeta, General Manager, Bethzatha Higher Clinic, Addis Ababa

"Before, we had to refer TB clients to a government facility that would sometimes require a repeat TB screening test. Now our patients can start treatment here right away under the care of their regular provider. This improves the quality of our services."

Serious Health Threat: Active Tuberculosis (TB), one of Ethiopia's most infectious and potentially deadly diseases, affects an estimated 410,000 Ethiopians. Only a third of the country's active TB cases are currently detected and treated; yet each person with active TB who is not treated potentially infects 10 to 15 others every year. Expanding detection and treatment of active TB is an urgent health priority for Ethiopia. Thanks to a new federal policy, Public-Private Mix (PPM) in TB Care, private health facilities can respond to the TB epidemic by providing patients convenient access to quality care.

Consultations Pay Off: The USAID Private Sector Program for HIV and TB supported discussions between the Ministry of Health (MOH) and private health clinics over a period of almost two years. It took dedication and commitment from both sectors to build trust and define roles and responsibilities to combat active TB. Together, the MOH, private sector, and other stakeholders wrote the new policy and guidelines to permit TB diagnosis and treatment by the private sector.

Shared Roles and Responsibilities: The public sector has provided quality TB services for decades. Although the private sector serves an increasing number of urban clients, it had previously not been allowed to treat TB. Under the PPM program, private sector clinics will take on TB case detection, treatment, and reporting. Private clinics can set their own fees for TB services, but they provide patients with free anti-TB drugs, which they receive from the Ministry. The private clinics must follow the Ministry's clinical treatment manual. The Ministry regulates and supervises private sector TB service providers.

Expansion to the Private Sector: For every government clinic, there are two or more private sector clinics. PPM can significantly increase the number of locations that serve TB clients. More service locations can lead to higher rates of detection and treatment success. There are currently twenty private clinics piloting this new program, 11 in Addis Ababa and 9 in Oromia. In Addis Ababa in the first quarter of 2007, the eleven pilot locations accounted for nearly 9% of all new TB cases identified and enrolled for TB treatment in the city in that period.

"Win-Win" Innovation: Private clinics must dedicate a staff member for daily TB client visits and record keeping, but they can retain rather than refer these clients. This builds their client base as satisfied clients refer family and friends. The new policy lets TB clients start treatment immediately with their regular doctor without the extra step of referral to a government clinic. Since patients must make very frequent clinic visits for the first two months of treatment, convenient hours and a close provider relationship foster adherence to treatment and high rates of cure. The MOH wins by being able to leverage private care service infrastructure while still providing careful supervisory oversight to ensure high quality screening and treatment.