

# Public-private mix for tuberculosis and HIV

## Lessons learned from Vietnam

### IMPORTANCE

Vietnam ranks 12th out of the 22 highest TB-burden countries identified by the World Health Organization. A 2010 National TB Program (NTP) report indicated that the TB case detection rate (all forms) was only 54%, indicating that action needed to be taken to improve TB case detection in the country. Vietnam also experiences the 20th highest rate of TB-related deaths among people living with HIV.<sup>1</sup> In 2009, an NTP survey found that nearly 50% of people with presumptive TB first seek care from private health clinics that often lack both quality TB drugs as well as providers trained to recognize TB, revealing the need to harness the power of the private sector to improve TB-control activities.

### PUBLIC-PRIVATE MIX FOR TB CONTROL

In 2008, with funding from United States Agency for International Development (USAID), PATH began implementing public-private mix (PPM) activities for TB control in Hai Phong City, and later expanded to include Nghe An, Ho Chi Minh City, and Can Tho City in 2010. These activities aimed to increase access to existing TB diagnosis, treatment, and prevention services by leveraging the capacity of the private sector—specifically pharmacies, private clinics, and non-NTP public hospitals—to identify and refer presumptive TB cases to public TB facilities. PATH later altered the model to include referrals of confirmed TB patients to HIV testing and counseling (HTC) services, and eventually adapted it for use in HIV programs.

### CONNECTING PUBLIC- AND PRIVATE-SECTOR FACILITIES

The project focused on referring people with presumptive TB who seek care in pharmacies, private clinics, and non-NTP public facilities to public TB services for diagnosis and treatment. Confirmed TB cases were then referred to HIV testing and counseling (HTC) facilities. PATH provided technical assistance to the NTP in the following areas:



Photo: PATH

*A supportive supervision visit in a private clinic in Hai Phong.*

### **Partnering with Provincial Health Departments**

The project partnered with Provincial Health Departments (PHDs), which manage both public and private health facilities province-wide, in Hai Phong City, Nghe An, Ho Chi Minh City, and Can Tho City. PATH partnered with PHDs to integrate private providers into the NTP's work and to facilitate connections between private providers' work and national TB-related goals, which had not previously existed.

### **Piloting the TB PPM referral model**

From 2008 to 2010, PATH piloted the TB PPM referral model in four districts of Hai Phong City. The project trained private providers to refer people with presumptive TB to public TB services for diagnosis and treatment. Confirmed TB cases were also referred to HTC services. Objectives included 1) strengthening the capacity of pharmacies and private providers to deliver quality TB and HIV services and referrals; 2) establishing interactions between the private sector and community; and 3) developing a model to leverage the role of private providers in expanding access to quality TB-HIV services. Based on pilot results, PATH scaled up the model to Nghe An, Ho Chi Minh City, and Can Tho City, all of which are densely populated urban areas with large migrant populations.

### **Adapting TB PPM referral model for use in HIV services**

Lessons learned from the TB PPM pilot were applied to a new HIV referral model in Hai Phong City in early 2013.

<sup>1</sup> UNAIDS 2012

<<http://www.unaids.org/en/dataanalysis/datatools/aidsinfo/>>

This new model aimed to increase access to HTC services for key populations (KPs) at risk of HIV, including people who inject drugs, men who have sex with men, sex workers, and their partners. Fifty-three facilities and 95 trained providers participated in the model by identifying KPs among their clients and referring them to HTC services.

### ***Piloting the PPM diagnosis and treatment model***

PATH, with Pham Ngoc Thach hospital, also piloted the diagnosis and treatment model in Phoi Viet Center, a private lung hospital in Ho Chi Minh City. PATH adapted and conducted trainings for doctors, pharmacists, and lab staff. With project support, Phoi Viet Center became the first NTP-certified private facility implementing the diagnosis and treatment model in Ho Chi Minh City. This model has since been scaled up to six additional hospitals in Binh Dinh, Hanoi, and Ba Ria-Vung Tau.

### **RESULTS**

- By September 2013, the project had supported the implementation of the TB PPM referral model in 30 of the 68 districts existing across the four provinces.
- 1,125 TB PPM providers are now participating in the PPM network, including 522 pharmacies, 571 private clinics/hospitals, and 32 non-NTP public hospitals.
- These facilities identified and referred 31,995 people with presumptive TB to NTP facilities. Of these, 21,191 (66.3%) were tested and 3,501 (16.5%) were diagnosed with TB (all forms).
- Over 56% of confirmed TB cases were sputum smear positive, and as such, highly contagious and a threat to the rest of the community.
- 2,938 (83.9%) of confirmed TB cases were tested for HIV, of which 105 (3.6%) were positive.
- Under the HIV PPM referral model, of the 895 KPs referred to HTC sites, 278 people (31.1%) were tested for HIV and 10 (3.6%) tested as HIV-positive.
- From May 2013 to March 2014, Phoi Viet Center helped diagnose 229 TB cases. The center provided treatment and care to 86% of these cases, and referred 31 to TB facilities.

The NTP is now responsible for the supervision of PPM activities, which ensures sustainability and gives the NTP the resources it needs to disseminate the model to additional provinces around the country. All four project provinces

plan to expand the PPM referral model to more health providers by the end of 2015.

### **LESSONS LEARNED**

A number of important lessons can be taken from this project and applied to future PPM work in the context of TB and HIV control:

1. *Identifying and mobilizing appropriate partners is essential for effective PPM work*, given that project results indicate that private clinics and non-NTP public hospitals made greater contributions to TB case finding than pharmacies. Due to limited resources, the NTP should prioritize larger private clinics and non-NTP hospitals and select pharmacies with the greatest capacity to identify and refer people with TB.
2. *Involving government agencies* responsible for managing public and private health sectors is essential to adopting, sustaining, and scaling up PPM for TB and HIV control.
3. *Establishing a link between the private sector and public HIV system alongside the TB system* creates linkages between the public TB and HIV sectors and private providers who can easily refer patients from one sector to the other, and is thus important to ensuring HIV testing and counseling for all TB cases.
4. *Many of the referred people with presumptive TB never reach the NTP system*, making it imperative moving forward to understand the barriers prohibiting referred TB patients from reaching the NTP, and using this understanding to generate appropriate solutions.
5. *Mobilizing facilities outside of the NTP system takes time but is necessary to drive private participation in the PPM model*. Close and regular supervision, on-site training, and regular coaching in participating facilities can help the NTP to identify the reasons behind facilities' lack of motivation to actively participate in the model, and aid the NTP in determining solutions.

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