iPIER (Improving Programme Implementation through Embedded Research)

Revised Final Report

Challenges & Barriers in pursuit of implementing the public private mix project for Tuberculosis in Sindh Province of Pakistan

PART I: Reporting on the study outcomes

Section 1: Background

Tuberculosis is a major public health problem in Pakistan (5.1% of National diseases burden). [1]The country is the 5th among High burden countries[2] and contributes about 63% of TB burden in EMRO region of WHO [3]. Prevalence of disease is 376/100,000 and estimated incidence of New Smear positive case is 97/100,000 and All types TB cases is 231/100,000[4]

Pakistan achieved 100% DOT coverage in public sector health facilities in 2008[5] but the private practitioners which contribute to the need of 70% population contribute very little in case detection and treatment according to national guidelines,[67]

NTP is implementing PPM TB DOTS program since 2004 supported by GFATM

There are about 500 general practitioners engaged to perform the TB-DOTS activities in eleven districts of Sindh under GFATM grant R-9 They are contributing little in TB case detection i.e. 10-15%[8]

Section 2: What was the implementation challenge that you were trying to address with this research

a. What is the implementation barrier you were facing?

Lack of motivation of private practitioners to document & manage TB cases according to National Guide lines is the major barrier for public private partnership program in tuberculosis control in Sindh Province.

Private practitioners including family physicians, paramedics and lab technicians contribute little time to detect, document and treat TB Patients.

b. What was your theory about the systems failure that caused the barrier?

Lack of incentives to private practitioners is the major source of system failure. The problem can be mitigated within the system by providing incentives to private practitioners so that they are motivated to contribute their time in TB case detection, documentation and treatment.

c. What was the research question and how did it relate to your theory about the system failure?

How Private Practitioners can be incentivised to detect document & treat TB cases according to National Guidelines?

<u>Section 3</u>: What was the study design and what methods did you use to answer your research question?

a. What methods were used in the study?

a) Qualitative research was conducted in order to explore the feelings and point of view of respondents regarding perspectives concerning issues and challenges in implementation of the PPM project in types of incentives required for motivation of private practitioners the mechanisms needed to be in place to provide incentives to Private Practitioners and how to monitor the provision of incentive to the private practitioners

which included:

I. In depth interviews (IDIs)

II. Focus group discussions (FGDs)

IDIs involved individualized interviews conducted by co investigators according to the field guide. The field guide included the open-ended questions. The open-ended questions provided an opportunity for the respondents' to speak freely their point of view, feelings and perspectives concerning issues and challenges in implementation of the PPM project in Sindh including the crucial aspect of incentives for the private sector motivation. In the pursuit of an interview, frequent probing questions were asked in order to achieve complete understanding of the responses.

All IDIs were conducted in one-to-one setting. This private setting resulted in candid and honest conversation in a confidential manner. Before commencement of an interview, the respondent were informed about the nature of study, its aims and objectives, and the potential benefits that will be acquired from it, and ultimately written informed consent was taken before formal interview. The responses were kept confidential and also he/ she were provided an opportunity to withdraw from the interview at any time without any repercussion what so ever. All in depth Interviews was recorded with audiotapes for which separate consent was taken. The interviews were continued till the point of information "saturation"

Two co-investigators were responsible for conducting FGDs. Of which one of co-investigator acted as a "moderator" who facilitated and managed the discussions while other co-investigator was a "note taker" who jotted down the salient notes of the discussions. The

discussions was done according to field guides and probing questions were asked to elicit complete understanding. .

All the respondents who participate in the FGDs provided informed consent; no names were called in the discussion and each respondent was given a unique number and they were recognized with this number in the discussion. Each participant was encouraged to speak freely to record his views and perspective. All discussion were audiotape recorded

Data analyses

All the recordings were translated into English and transcription were done. The transcripts were reviewed several times to transform the unstructured data into structured. Responses were assigned codes, and then were organized into categories and sub-categories. Themes were extracted under each question data was analyzed and managed using Microsoft Excel

b. What data were collected and analysed?

(a) Who and how many people were included in the study?

46 In depth Interviews were conducted participants were the Program Managers, Technical Officers, National Program officers (NPOs Coordinators working with the National and Provincial TB control programs); District TB Coordinators and District Lab Supervisors of PPM districts; Project Managers and Regional Coordinators of PPM Implementation partners

Total four FGDs were conducted, one with each category of participant that includes Family Physicians; Paramedics; Laboratory Technicians; and Laboratory Proprietors. Number of participants in each group was 6 to 10

Section 4: Results & Interpretation

a. What were the outcomes of the analyses of the data?

The results of this study confirms our theory that Lack of motivation of private practitioners to document & manage TB cases according to National Guide lines is the major barrier for public private partnership program in tuberculosis control in Sindh Province Private practitioners including family physicians, paramedics and lab technicians do not contribute enough time to detect, document and treat TB Patients.

25 % respondent agreed that there is lack of commitment and coordination between public and private sector. About 33 % Respondents highlighted that private health care providers

were reluctant to do the documentation. Few respondent said that doctor do not want to leave their practice and even do not want to devote time for training
Among the respondents 72% of policy makers and 100% of Doctors , paramedic ,lab owner and lab technician were of opinion that incentive will improve the performance of General practitioners (GPS) fig 1

Regarding mechanism of disbursement of incentive 70% of respondent suggested that incentive should be in form of cash however remaining respondents suggested capacity building and up gradation of their clinics/labs.fig 2

All doctors (100%) and 50% lab owner were of opinion that incentive should be given on quarterly basis. All lab technicians and paramedics in focal group suggested it to be given on monthly basis fig 3
Most of them suggested that it should be based on performance detection treatment and documentation of TB patients
When asked who should disburse the fund,? Majority of respondent (96%) said that NGO implementing program and TB control program should jointly design a mechanism for giving incentive however few of the participants of Focal Group showed their concern on disbursement of fund by government as this will result in delay.fig 4

What do these data tell you about the theory about the systems failure (section 1 part c) – does it confirm your theory or reject your theory?
The results of this study confirms our theory that Lack of motivation of private practitioners to document & manage TB cases according to National Guide lines is the major barrier for public private partnership program in tuberculosis control in Sindh Province.

b. Based on your analysis, what is the new knowledge that you have generated about the implementation of your programme?

This study brought into light that Performance of Private care providers can be improved if they are given incentive to compensate for their time and efforts for detection ,management and documentation of TB cases

Fig 1a Can incentive improve the performance

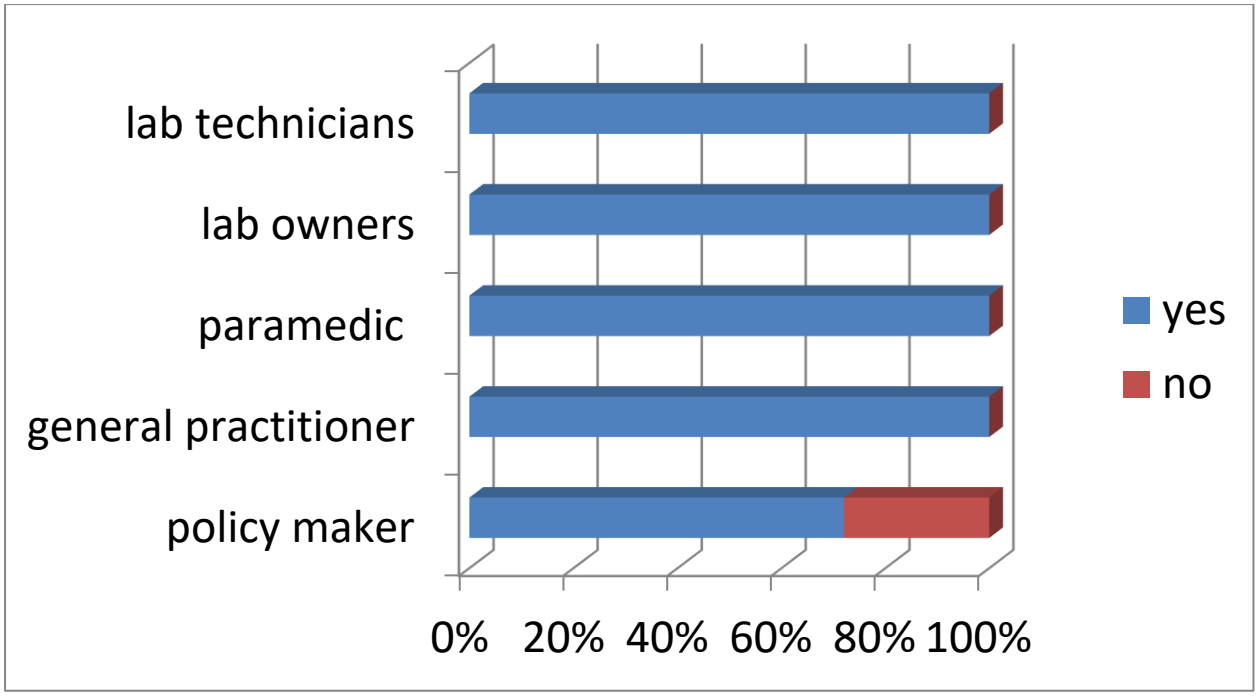


Fig 1b Any incentive to improve performance

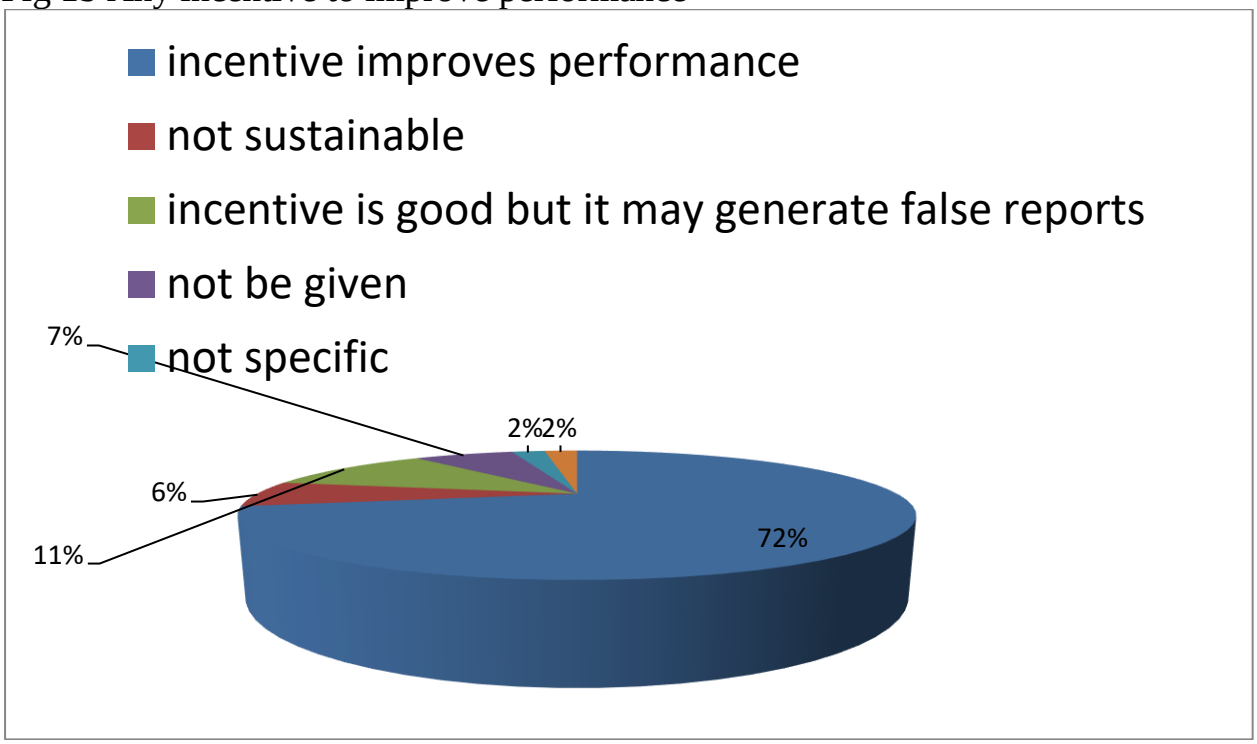


Fig 2 type of incentive

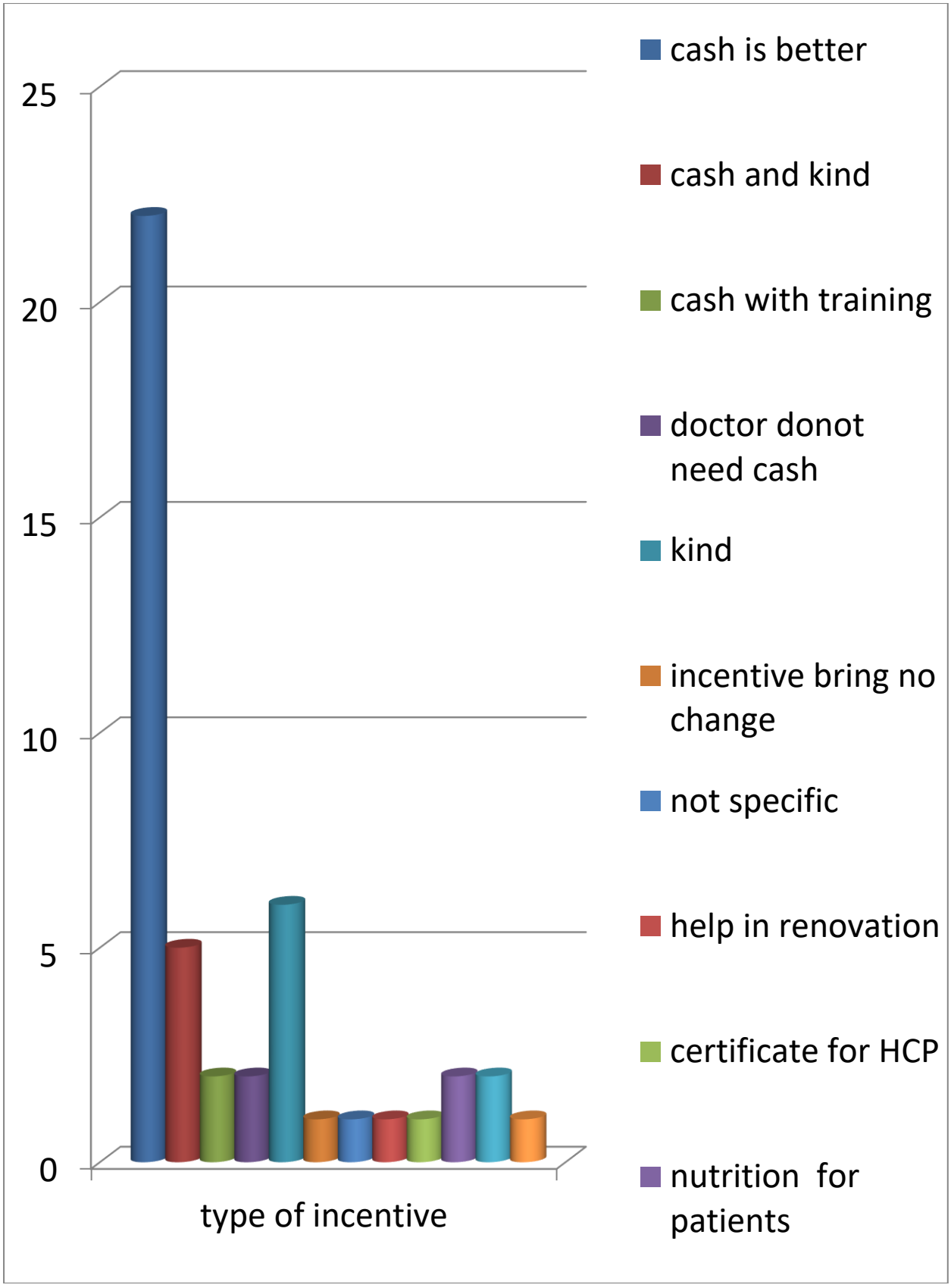

25
20
15
10
5
0
type of incentive
cash is better
cash and kind
cash with training
doctor donot need cash
kind
incentive bring no change
not specific
help in renovation
certificate for HCP
nutrition for patients

Fig 3 Frequency of giving incentive

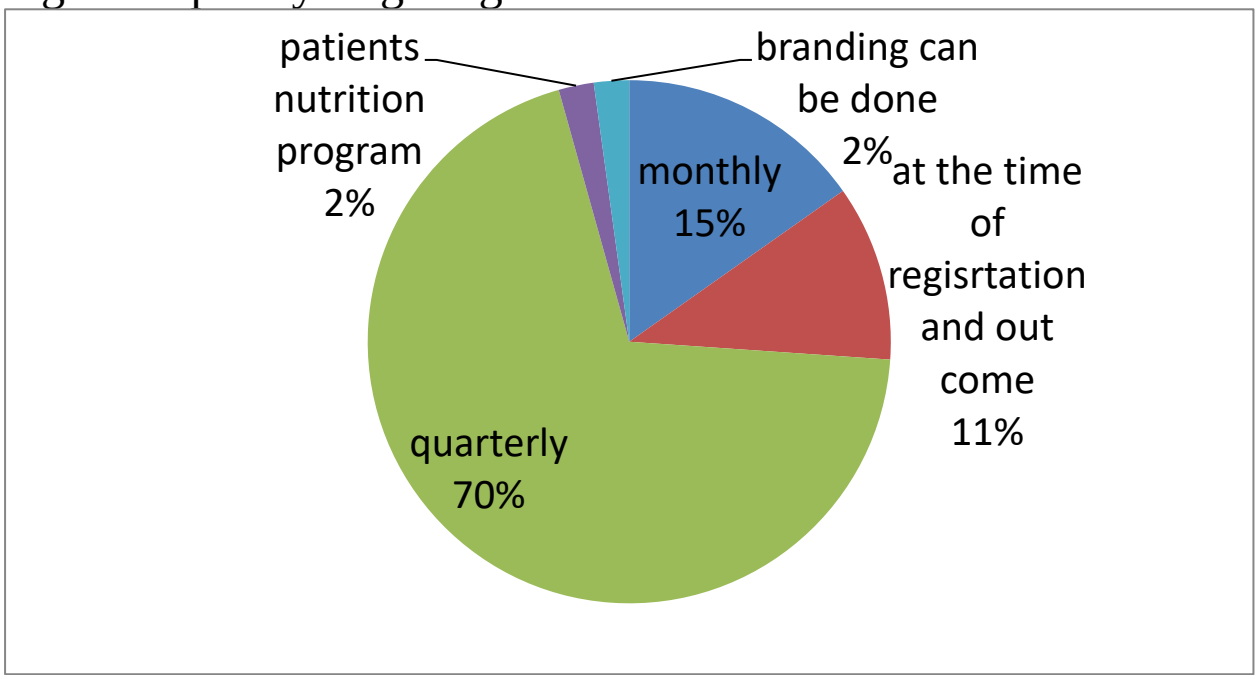
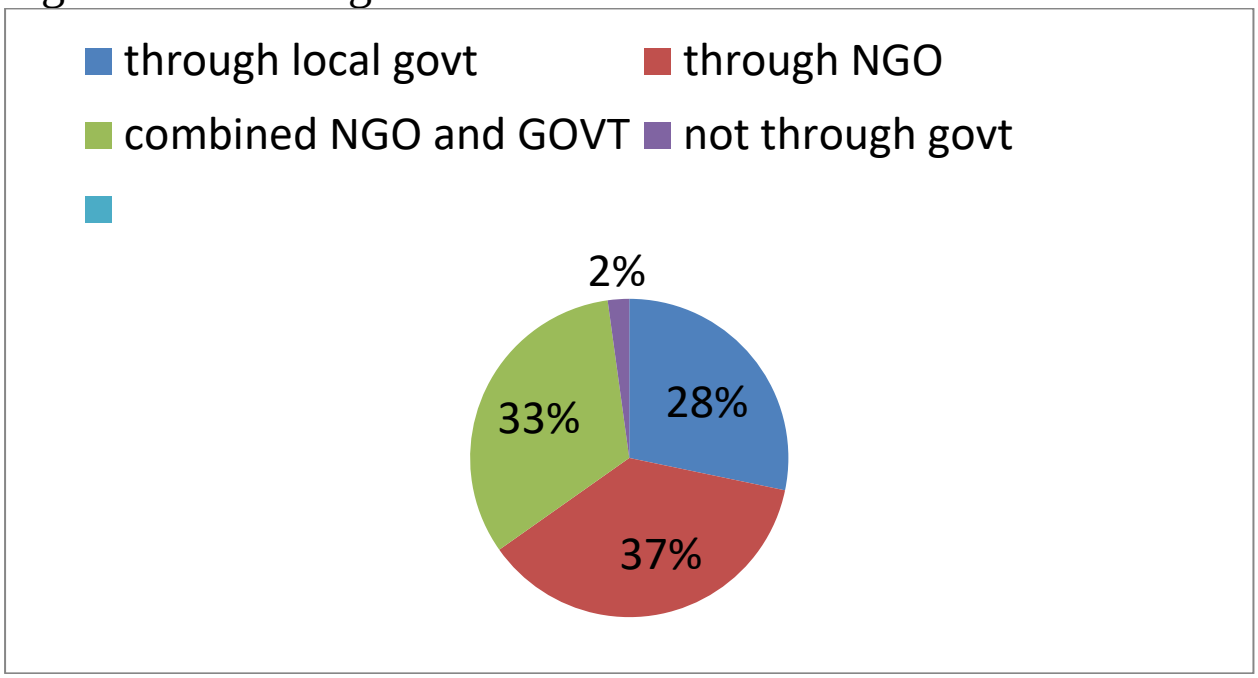


Fig 4 who should give incentive



5: Conclusion

TB is a major health problem in Pakistan . although Pakistan achieved 100% DOTS coverage in public sector but it has a large burden of missing cases. 70-80% of TB patients visit their family physician first before they are diagnoses. An aware, trained and committed private sector form the back bone of TB control . **Public private mix project for Tuberculosis** is working in Pakistan but its contribution is not as much as it is estimated . this study was an effort to find out the barrier in pursue of PPM and it is concluded by getting opinion of all stake holders that Incentive can improve the performance. Incentive should be in form of cash and performance based and should be given jointly by all implementing partners that is implementing NGO and TB control program. Its cost effectiveness and impact can be assessed

Section 6: Strategy for Implementation

Policy makers including minister of health high officials and parliamentarians will be sensitized for distribution of cash incentive to Private health care providers through advocacy in collaboration with stop TB partnership Pakistan for allocation fund to provide incentive to private practitioner for detection treatment and documentation of TB patients. It is made on the plea that early diagnoses and management by GP is cost effective as it will reduce the spread of infection and will reduce the disease burden and in turn will result in savings in management cost of tuberculosis control program.

Strategy will be developed for the evaluation of performance in term of referral of presumptive and registration of cases, proportion of presumptive and diagnosed cases and treatment out come. Monitoring &Evaluation tool will be developed. District TB team will be trained on monitoring and evaluation and disbursement of incentive during Quarterly meeting

The system should be in place by end of December 2017.

References

1 World Health Organization. Global tuberculosis report, 2013. WHO/HTM/TB/2013.11. Geneva, Switzerland: WHO, 2013

2 Fatima R, Harris R J, Enarson D A, et al. Estimating tuberculosis burden and case detection in Pakistan. Int J Tuberc Lung Dis 2013; 18: 55–6

3 http://www.emro.who.int/pak/programmes/stop-tuberculosis.html

4 Qadeer E, Fatima R, Yaqoob A, Tahseen S, Ul Haq M, Ghafoor A, et al. (2016) Population Based National Tuberculosis Prevalence Survey among Adults (>15 Years) in Pakistan, 2010–2011. PLoS ONE 11(2): e0148293. doi:10.1371/journal. pone.0148293

5 USAID Country Health Statistical Report Pakistan 2008 http://pdf.usaid.gov/pdf_docs/PNADM405.pdf

6 Naqvi S A, Naseer M, Kazi A, et al. Implementing a public-private mix model for tuberculosis treatment in urban Pakistan: lessons and experiences. Int J Tuberc Lung Dis 2012; 16: 817–821
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7 Uplekar M. Involving private health care providers in delivery of TB care: global strategy. Tuberculosis (Edinb) 2003; 83: 156–164.

8 WHO. Global Tuberculosis report 2015. Geneva, Switzerland; 2015. Report No.: WHO/HTM/TB/2015.22

Part II: Reporting on the iPIER process

Section 1: Please describe how research findings helped inform changes in health policies and programs

Research finding has brought into light the reason of low performance of PPM and highlighted the need of incentive for PPM and has brought into light the suggestions how private practitioner should be incentivised

Section 2: Please describe the collaboration (positive and negative aspects) between the implementer (principal investigator) and the researcher(s)

Before the start of study a meeting was held with all the researcher where Principle I give complete insight into the rationale and objectives of study . Subsequently training was provided to the researcher on use of field guide for IDI and FGD and data recording, so that data can be transcripted and subsequently analysed. Data collection was monitored by PI at all levels therefore there was good collaboration between the implementer (principal investigator) and the researcher(s . however in few interviews vague and irrelevant discussion were recorded that caused difficulty in transcription but overall collaboration was good.

Section 3: Please describe the collaboration/support (positive and negative aspects) provided by Birzeit ICPH and EMRO?

Study was well supported by Birzeit ICPH and EMRO from beginning . Pre launch workshop was a good strategy where opportunity was provided to fine tune the study design to use the results for future programming and implementation

Periodic Skype calls were help specially the talk on qualitative researchWe were not able to attend the workshop because of non issue of visa in time it should be assured that enough time is given to process visa.

the study results were shared on Skype

.Post workshop call on the issues required to be addressed in the write up was useful

The negative aspect was :

Communication gap e mails were addressed to PI his mailing address remained the same but co investigators was changed during the study. In spite of repeated sharing of information about the new co investigators they were not taken into the loop and mails were sent to old co investigators

Dispersal of fund was delayed .it was issued in instalments and it was not mentioned that what percentage of fund will be given at what stage. Complete delivery of fund is still awaited

Section 4: What if any, challenges have you experienced during this period?

The major challenge we faced during study was appointments for interview especially of the high officials in department of health due to their busy schedule and prior engagements and appointment were sometimes cancelled.

Action plan for implementation strategy

Proposed Strategy	Key Implementation Steps	Key Players	Lead authorities	Timeline
Policy makers will be sensitized to allocate funds to proved incentive to Private health care providers to detect treat and document TB cases	advocacy through stop TB partnership	stop TB partnership and investigator	**Minister of health , secretary health secretary planning and development and secretary finance and parliamentarian**	**September 16**
Amendment in PC1	Technical assistant through stop TB partnership	stop TB partnership ,investigator and PTP	**secretary health secretary planning and development and secretary finance and parliamentarian**	**December 16**
evaluation of performance Strategy	Development of the evaluation of performance Strategy M&E tool will be developed .	**Technical team of PTP and NGO implementing PPM program**	**Director TB control program and district heath authorities**	**February 17**
Training of District TB teams on monitoring and evaluation	District TB team will be trained on monitoring and evaluation **PTP**	**Technical team of PTP** stop TB partnership and investigators	**Director TB control program**	**July 17**

Implementation	**Disbursement of incentive to private health care provider**	**PTP**	**Director TB control program**	**December17**