# Private Health-Care Sector Involvement in Provision of TB/HIV Collaborative Services in Tanzania

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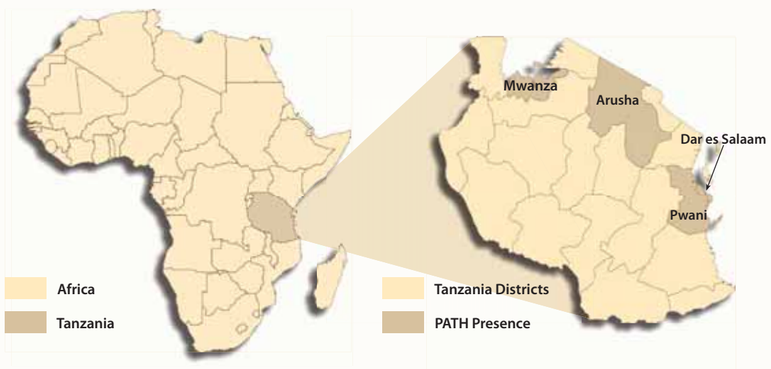
## Introduction

Tanzania, with a population of more than 37.6 million, is a high-burden country for both tuberculosis and HIV. Tanzania's estimated TB incidence rate decreased by 1.4%, from 347 cases per 100,000 in 2004 to 342 cases per 100,000 in 2005. The estimated proportion of HIV+ people among new TB cases 15-49 years of age, however, rose from the 36% to 51% during the same period. Tanzania recognizes the urgent need to address the dual epidemics of TB and HIV, and with the support of donors and partners, the country is taking important steps to combat the problem. Yet, collaborative TB/HIV services do not cover all districts and scale-up in the private sector is very limited.




With support from USAID since 2005, PATH has been working closely with the National TB and Leprosy Programme (NTLP), the National AIDS Control Programme (NACP), and other stakeholders to scale-up TB/HIV integration activities in Tanzania. The Project covers 18 districts in four regions: Arusha, Dar es Salaam, Mwanza, and Pwani. Together, these regions account for a population of 6,542,505. PATH is also spearheading the introduction and scale-up of collaborative TB/HIV services in the Tanzanian private health-care sector, in collaboration with the NTLP and the Association of Private Health Facilities in Tanzania (APHFTA).

## Approach

**PATH supports introduction and scale-up of collaborative TB/HIV services through:**

- Collaboration with APHFTA and NTLP
- Strengthening human resource capacity
- Public-public and public-private collaboration
- Stimulation of community awareness on TB and TB/HIV
- Community mobilization to reduce stigma
- Promotion of TB and HIV testing and care-seeking

**The process involves:**

- Sensitization of the private health-care sector on TB/HIV
- Rapid assessment of health facilities on eligibility to provide TB/HIV services using a national assessment tool
- Involvement of APHFTA in selection of facilities to introduce TB/HIV services
- Involvement of facilities' owners and management teams in selection of health workers for training on TB/HIV
- Training of health workers on TB/HIV using a standardized national curriculum
- Monthly and quarterly monitoring and follow-up through training and technical support visits to facilities and on-the-job training of health workers
- Quarterly experience-sharing meetings that involve TB/HIV service providers from both the private and public health-care sectors.
- Involvement of private health care facilities in district and regional TB/HIV Coordinating Committees

**Technical supervisory visits and training on TB/HIV are cornerstones in scaling and sustaining TB/HIV services that have profoundly improved health workers capacity and confidence in service provision service delivery outlets.**

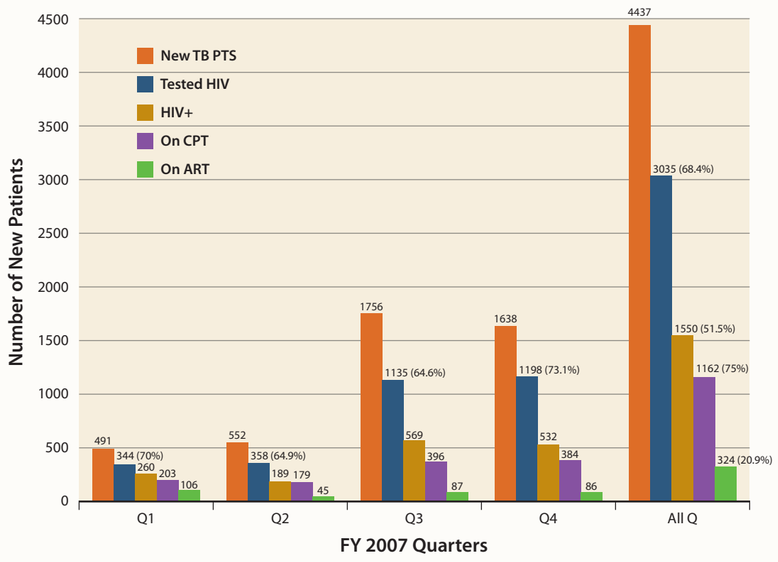
## Successes

- A Public-Private Coordination Officer was recruited and seconded to APHFTA.
- A Memorandum of Understanding between MoHSW and APHFTA on the provision of TB services in the private health-care sector was drafted and soon will be signed. The MoU stipulates, among other points, that the NTLP will provide training, equipment, testing reagents, and technical support to private facilities in return for provision of free services to patients.
- Tools for assessing eligibility of private services to introduce TB services were developed.
- A draft *Private Health-Care Strategy for TB and TB/HIV* has been developed. The strategy will guide the private health-care sector on scaling-up TB and TB/HIV services including referral and cross-linkages.
- Private for-profit and not-for-profit sectors, as well as the army, prisons, and parastatal organizations, are now involved in the effort.
- Involvement of District Councils and Council Health Management Teams led to availability of co-trimoxazole and HIV rapid test kits to patients without charge in some private-sector facilities.
- Private-sector facilities are using national TB and TB/HIV recording and reporting tools. District TB/HIV Coordinators collect and input data into the national Electronic TB Register (ETR).
- During FY 2006/2007, 97 private health workers were trained on TB/HIV; this constitutes 32% of all health workers trained.
- By September 2007, the private sector was providing TB/HIV services at 50 outlets (35.7% of all outlets) in the four Project regions (Table I below).

**TABLE I. Health facilities providing collaborative TB/HIV services in by September 2007**

| REGION | FACILITY STATUS | | TOTAL |
|---|---|---|---|
| | PUBLIC | PRIVATE | |
| Dar Es Salaam | 21 | 19 | **40** |
| Pwani | 28 | 2 | **30** |
| Arusha | 15 | 16 | **31** |
| Mwanza | 26 | 13 | **39** |
| **Total** | **90 (64.3%)** | **50 (35.7%)** | **140** |

**FIGURE I. Collaborative TB/HIV Services Provided in the Private Health Sector in 18 Districts, Tanzania, September 2006–October 2007**




Between October 2006 and September 2007, 3,035 (68.4%) of 4,437 new TB patients were counseled and tested for HIV; of these 1,550 (51.5%) tested positive, and 324 (20.9%) were started on ARVs (Figure I above).

**FIGURE II. Collaborative TB/HIV Services Provided in 18 Districts by Public and Private Sectors, Tanzania, September 2006–October 2007**

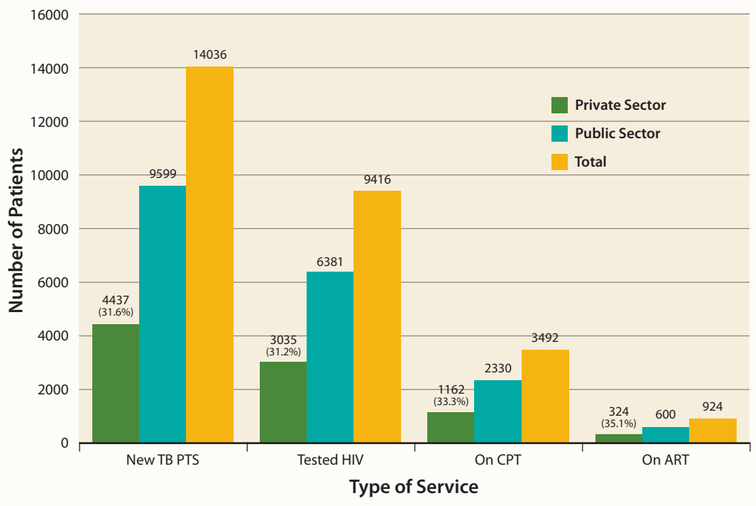



Figure II shows the contribution of the private sector towards provision of TB/HIV services in the four project regions in comparison to the performance of the public sector. About 31.6% of TB patients who received TB/HIV services and 32.2% of those who tested for HIV were served by the private sector.

## Challenges

- Human resource shortages
- Lack of physical space for provision of services
- Frequent shortages and unreliable supplies of rapid HIV test kits and co-trimoxazole for preventive therapy (CPT)
- Unavailability of free HIV test kits and co-trimoxazole, forcing patients to seek services in the public sector
- Provision of completely free services in a business environment hampers scale-up
- Few TB clinics; this reduces the opportunity of using them as stepping-stones for introducing TB/HIV services
- Staff turnover

## Lessons Learned

- The private sector is eager to and can provide good-quality TB/HIV services.
- If well-supported, the private sector can contribute to more than 30% of all the TB/HIV services provided in a country.
- Training of health workers in the private sector has proven to be a great motivation to both trainees and private facility owners.
- Provision of TB/HIV collaborative services should follow national guidelines, and a public/private referral system is essential.
- Availability of free HIV test kits and co-trimoxazole is vital to the success of the project.
- Involvement of an umbrella national private health-sector organization can expedite scale-up.

## Acknowledgements

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