

Intensifying Private Sector Engagement in Nigeria

National TB Leprosy and Buruli Ulcer control Programme, Nigeria



BACKGROUND

Formal and Systematic involvement of the private for profit health sector commenced in Nigeria

2004

2017

A national situation analysis of PPM in Nigeria was carried out with support of USAID . The report informed the development of a national PPM work plan which resulted in expansion to more states

All the 36 states and FCT are implementing PPM-DOTS in the country.

TODAY

PPM in Nigeria covers a broad range of non-NTBLCP public-sector providers, formal private-sector providers and informal providers.

BACKGROUND



31%

of all 37,000 health care facilities in Nigeria are private



6%

out of 11,395 private hospitals, (mainly faith based facilities) are involved in TB programme according to National guidelines

Of these,



5%

Private for profit hospitals



56%

Faith based organizations



10%

Paramilitary hospitals



2%

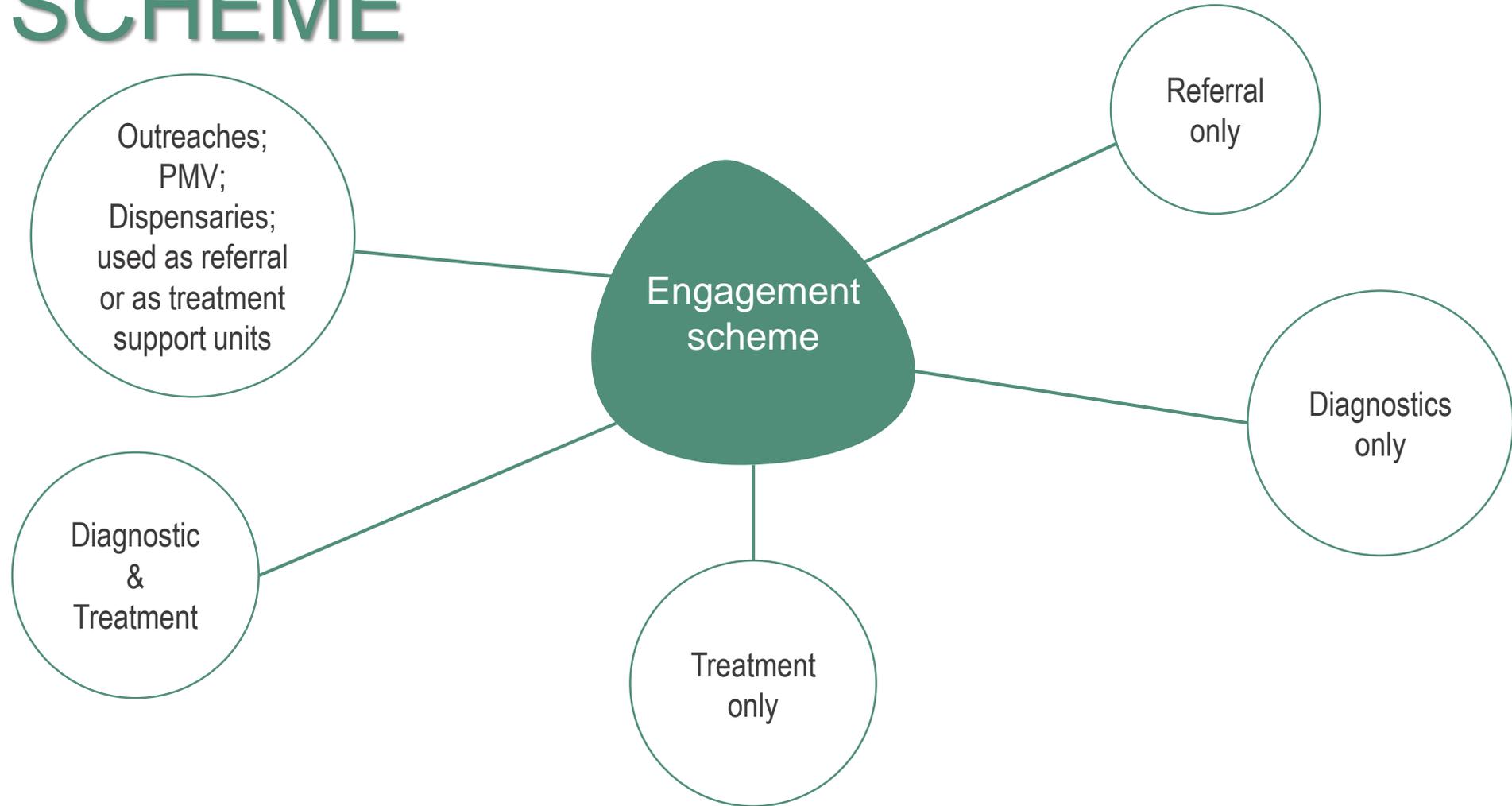
Community pharmacists and 1% are patent medicine vendors (PMVs)

This low engagement of the private health care providers in TB control despite their major roles in provision of about 60% of health services in Nigeria could be one of the major reasons why the country is currently notifying only 25% of the estimated TB cases.

ENGAGED PROVIDERS

- Private . hospitals , clinics and laboratories
- Faith based Health facilities
- Federal Government Research Institutions e.g. (NIMR and NIPRD).
- Military (Army, Navy & Air Force) health facilities
- Para- Military (prison, immigration, state security service, customs, civil defense, Police and federal Road Safety) health facilities
- Patent Medicine vendors
- Pharmacies
- Traditional medical homes
- Tertiary institutions

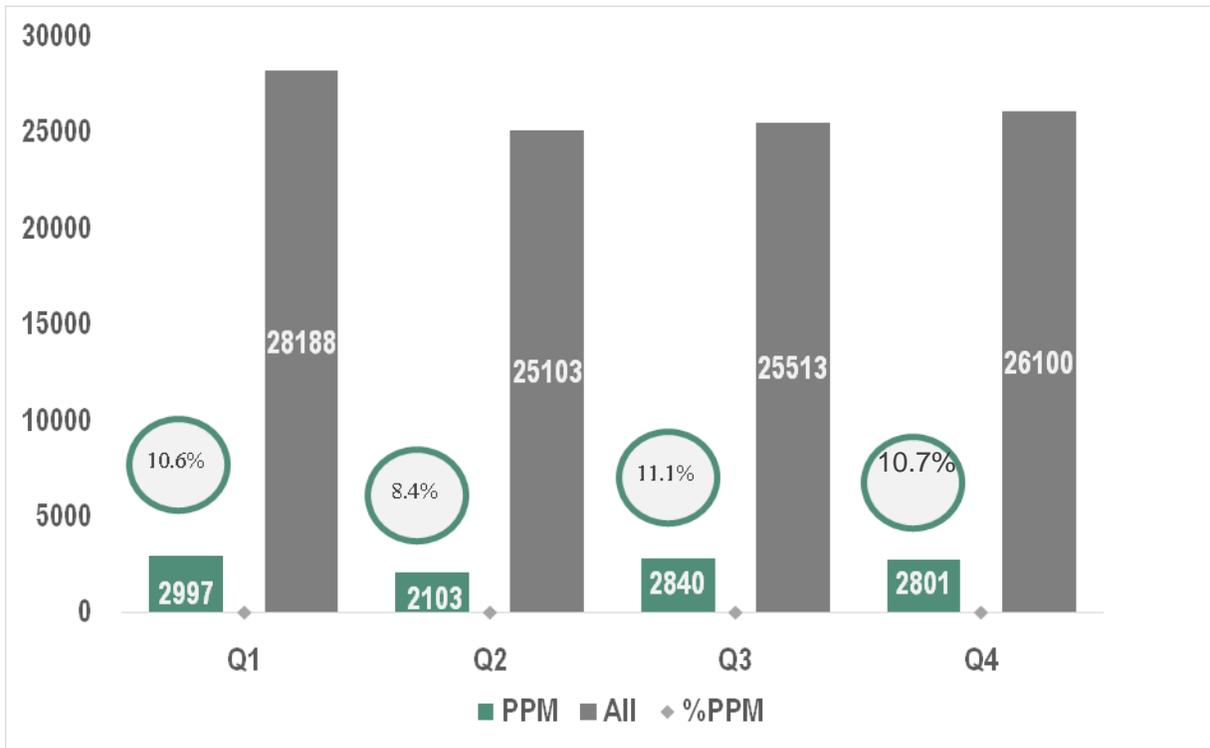
ENGAGEMENT SCHEME



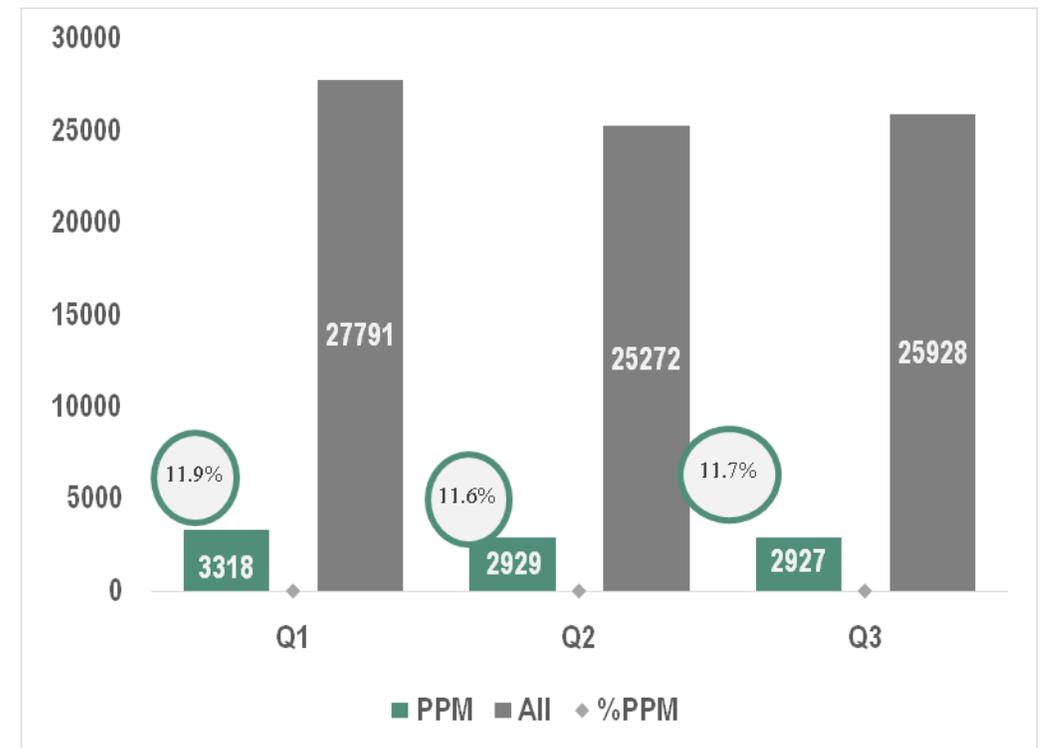
PPM MODELS

- Government to private engagement.
- Private Network Model
- Mix(both occurring)
- PFP and FBO Hospital and Clinic Engagement Model
- Private Stand-alone Laboratory Engagement Model
- The SHOPS-Plus Private Network Model
- Healthy Family Network Model
- PMV/CP Engagement Model
- Prison Model
- Military TB and TB-HIV Service Model

CONTRIBUTIONS OF THE PRIVATE SECTOR TO CASE NOTIFICATION FOR 2017 AND 2018

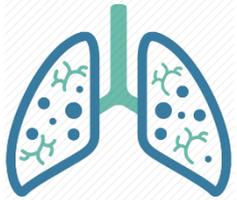


2017



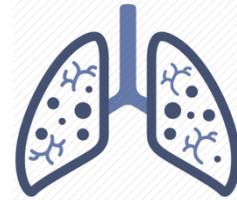
2018

CONTRIBUTION OF THE PRIVATE SECTOR



11,862

TB cases were notified from the Faith Based private facilities and private for profit facilities in 2017, this constitute about 12% of the TB cases notified in the country in 2017



6831

TB cases notified from the private sector were from Faith based organizations (58% of cases), while the private-for-profit facility accounts for 42% (5031)

- TB services provided through FBOs showed significant and consistent contribution to TB case notification in states with huge presence of FBOs.
- **In view of this great potential to case finding from FBOs. There is a deliberate expansion of TB services to all FBOs to optimize the FBO potentials for TB case finding in the country.**

FBO AND PRIVATE-FOR-PROFIT CONTRIBUTION TO CASE NOTIFICATION FOR 2016 AND 2017



■ PFP ■ FBO

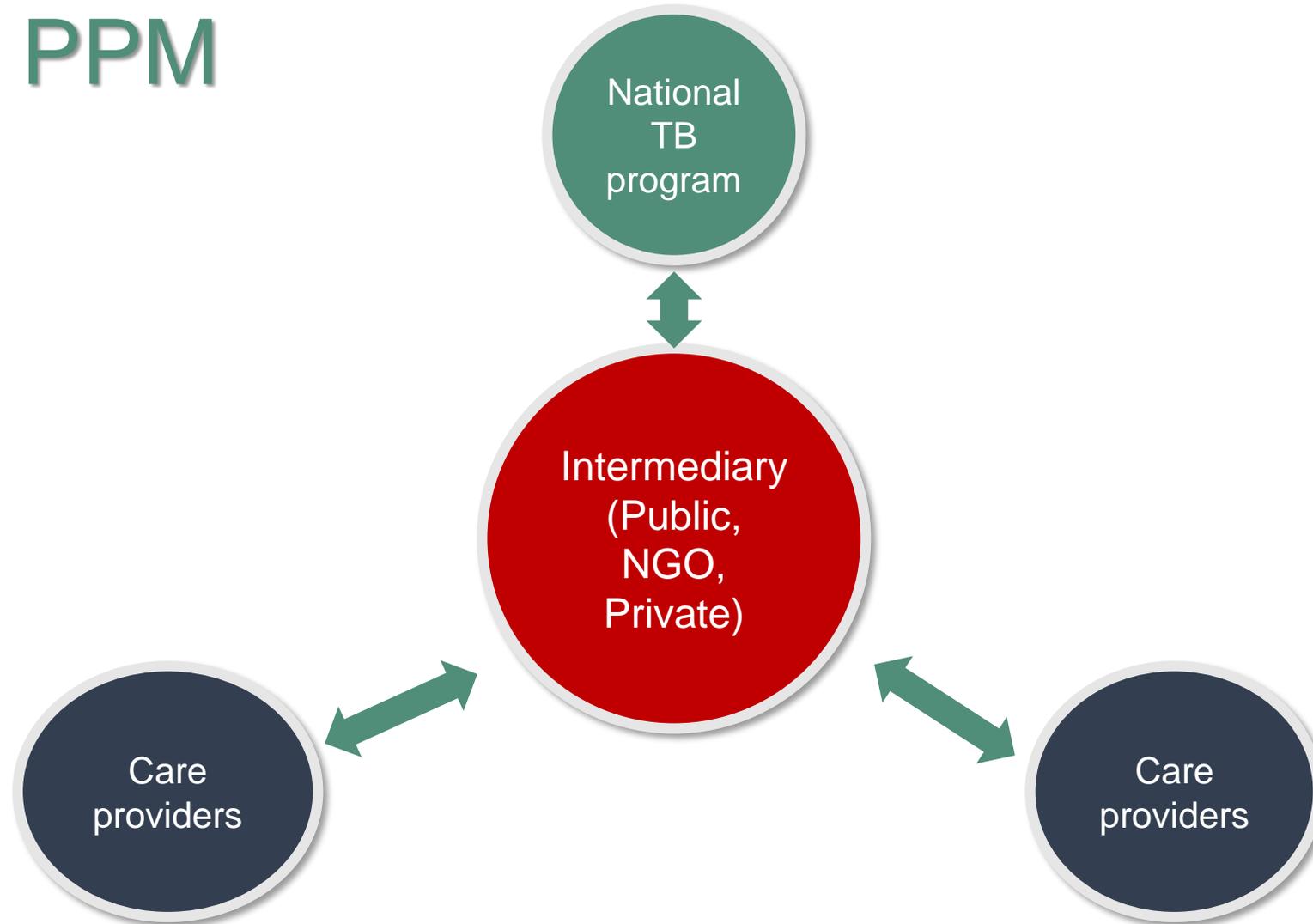
2016



■ PFP ■ FBO

2017

THE ROLES AND RESPONSIBILITIES OF PPM



INTENSIFYING ENGAGEMENT



Policies & Strategies

- Expansion of engagements
- Provide policy guidance to the implementation of the PPM activities
- Development of PPM national guideline
- PPM was made a core strategy in the current National Strategic Plan
- Ensuring incentives are attached to performance.
- Designation of a Principal Recipient solely for PPM interventions



Resource mobilization & capacity building

- Resource mobilization for
 - Capacity Building
 - For incentives
 - To Support the participation of the members of the committee to international conferences.
 - Mapping of private Health facilities into Hub and spoke
- Capacity building on:
 - use of the Recording and Reporting tool.
 - on identification of presumptive cases



Technical assistance

- SHOPS Plus through USAID sponsorship engaging PPM facilities in 2 high burden cosmopolitan states (Kano and Lagos states) to provide services at subsidized rates
- Hosting the first ever PPM Summit to engage the private practitioners
- Supporting private stand alone labs with GeneXpert machine
- Digital recording using notification apps
- Establishing the National PPM steering committee with clear TOR including HRH capacity building & strategic leadership & policy guidance

CHALLENGES

Human Resources for Health



- Human resource in most private facilities are limited making it difficult to have dedicated personnel for DOTS services.
- High staff attrition in the private sector.

Guidance & monitoring



- Lack of clear guidance on issues relating to charges for TB services rendered by private providers.
- Non-compliance of some private facilities with the NTBLCP diagnostic and treatment guidelines
- Inadequate Programme supportive supervision at all levels to PPM DOTS sites.

Operations



- Weak referral linkages between the private facilities managing TB and DR-TB cases and other public providers in the programme.
- Long turn around time for Gene Xpert results from the public sector
- Limited capacity of most PPM facilities in the area of TB, TBHIV and MDR-TB

THANK YOU

National TB Leprosy and Buruli Ulcer control Programme, Nigeria

