TB case detection via private pharmacies in Lao PDR

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BACKGROUND AND CHALLENGES TO IMPLEMENTATION

The 2012 tuberculosis (TB) prevalence survey in the Lao People’s Democratic Republic found a national prevalence double previous estimates. In response, efforts have been undertaken to increase active case finding. Since 2011, Population Services International (PSI) has implemented a scheme to engage private sector pharmacies in the identification of TB suspects. Pharmacies were selected as a key intervention site because data show that Lao people often first consult pharmacists when they have a cough.

INTERVENTION

PSI trained more than 600 pharmacists to screen clients for TB symptoms and to refer symptomatic individuals for diagnostic services at public sector facilities or to private sector clinics participating in PSI’s Sun Quality Health (SQH) social franchise. Providers in the SQH franchise network are trained and supervised to ensure provision of high quality TB services. Referral vouchers were used to track whether referrals provided by pharmacists resulted in diagnostic services.

From July 2011 to September 2012, quarterly drawings for prizes such as a camera or phone were used to incentivize pharmacists to screen their clients. All pharmacists who provided a referral that resulted in the detection of a TB case were entered. Due to low screening numbers, the incentive scheme was revised to offer smaller but more immediate, guaranteed incentives. Since October 2012, pharmacists are awarded USD$12 phone credit for each successful referral that results in detection of a sputum smear positive TB case and USD$1.20 of credit for referrals that meet the screening criteria but do not have sputum smear positive TB. The credit is transferred by mobile phone to pharmacists at the end of each month.

RESULTS AND LESSONS LEARNT

Routine monitoring data indicate that improvement of the incentive scheme has increased TB screening and case detection. In six months, over 600 referral cards were distributed to suspected patients under the new scheme, and 21% were collected at a health facility by PSI staff. The average number of referrals successfully tracked each month increased 41% (from 17 to 24) after introduction of the new scheme. Of these successful referrals, the percentage resulting in detection of a smear positive TB case increased from 12% to 28%.

Although referral tracking improved under the new scheme, the majority of tracked referrals were reported by SQH facilities. While the majority of TB cases in Laos are treated in the public sector, collecting referral cards from large, busy public hospitals with multiple staff working in the lab and TB unit proved much more challenging than collecting from smaller private clinics that have a closer relationship with PSI staff.

Finally, in line with trends in other private-sector engagement programs, a small number of the trained pharmacists (about 10%) accounted for the majority of referrals provided. This can be attributed to personal motivation of the pharmacists as well as better data collection in certain referral sites. To improve the latter, PSI staff will be more involved in future referral data collection instead of relying on government coordinators to report referrals.

CONCLUSIONS

These data indicate that appropriate incentives can be used to engage private sector pharmacies to increase TB case detection. Such schemes could be an effective and sustainable way for engaging these care providers because implementation costs beyond the incentives are minimal.

However, there is a need to better engage the public sector in efforts to track referrals from private sector pharmacies to public sector TB diagnostic services. Working more closely with the Ministry of Health to integrate the pharmacy referral scheme into the National TB Program would help overcome this barrier and increase long-term sustainability.