

# RESEARCH BRIEF

## TUBERCULOSIS PRIVATE SECTOR ENGAGEMENT

### Background

Vietnam is among the top 20 countries with the highest tuberculosis (TB) burden. Public-private-mix (PPM) program that engages the private health sector in the provision of TB-related services is one of the most crucial actions to end TB. Still, the PPM coordination activities with private providers seem to be limited, while the program's sustainability remains questionable.

### Purpose

The research aimed to provide an overall review of the PPM programs at the local level. It examined the roles of the private sector in the fight against TB in Vietnam, examining compliance with Vietnam's National TB program (NTP) guidelines and TB reporting requirements; and capture TB patients' satisfaction regarding their experiences using TB-related services at public and private health facilities.

### Methods

The study applied a mixed-method approach by i) utilizing secondary data from the NTP's Vietnam TB Information Management Electronic System and (ii) collecting primary data, which consisted of a survey of 850 health providers and 271 TB patients, a set of interviews with 68 key informants in Hai Phong and An Giang, the two provinces listed among the areas with the highest TB cases in the North and the South of Vietnam.



Healthcare worker is advising a patient Photo credit : USAID

### Findings

#### The level of private sector engagement

The study results indicated limited engagement of the private health sector in providing TB-related services due to the lack of investment in human resources and infrastructure for TB, low financial gain from TB-related services, and heavy dependence on external funding of the PPM activities.

*“ The PPM program in our province is still loose. We [the NTP] have sent them [private health facilities] all the guidelines on referral, diagnosis, and treatment, but they don't follow them. They act for a performative sake, not complying with the guidelines. ”*

(A district NTP representative)

Private providers mostly offered services at the beginning of the TB care cascade, such as screening and referral services. TB patient treatment and management responsibility heavily fell onto public health facilities. There was limited connection to the NTP among small-scale providers regardless of public or private type, but more common among private ones.

## Compliance and patients' satisfaction

The survey results showed that no type of health facility reported a maximum score of full compliance with the NTP guidelines for providing TB diagnosis, referral, and treatment services. The practices reporting presumptive and confirmed TB cases were found to be poor among the private providers and better among public ones. Reasons include: the shortage of TB staff, insufficient infrastructures, poor financial gains, and the PPM program's ineffective governance and financing. Despite all the disadvantaged situations, surveyed patients showed high satisfaction with the services provided by public and private providers. Yet, their expectations for public and private providers were different.

“Our clinic doesn't record data of TB-suspected cases. If we think a patient might have TB, we'll write “TB-suspected” on a small piece of paper and give it to the patient. The patient must keep it for further use. We don't keep it or record the information”

(A private clinic doctor)

## Recommendations

The findings highlight the need to strengthen PPM systematically through building management and human capacity at the local level, enhancing in-service TB training, optimizing the reporting mechanism, simplifying administrative procedures, and promoting public awareness and understanding about TB to: (i) help patients with presumptive TB symptoms seek appropriate and timely care and avoid diagnosis and treatments delays and (ii) reduce TB prejudices.

### For the NTP



**Tackle the bottlenecks within the NTP network** to improve coordination effectiveness and internal capacity.



**Advocate high level decision-making** to address structural challenges in the health system.

### For USAID



**Continue to provide access to resources for NTP to strengthen technical capacity**



**Prioritize funding allocation to support NTP**



**Allocate additional funding for research and monitoring and evaluation activities**



**Provide technical and political support for provincial key stakeholders**

To read the full report, please visit [here](#).

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