



Partnering for improved STI care: assessing delivery of STI services by private general practitioners in Zambia

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Background

An assessment of the quality of STI care provided by private general practitioners was conducted in Zambia as part of a regional study to facilitate consensus between various stakeholders on strategies to improve quality of STI care by improving or creating viable public-private partnerships.

Objectives

- To assess the quality of private sector provision of STI services with reference to the internationally/nationally recommended syndromic STI case management
- To determine the extent of existing public private partnerships for STIs

Methodology

A rapid assessment approach was adopted.

The study was done in the copper belt cities of Ndola and Kitwe

An Assessment of 24 private general practitioners (GPs) using a modified version of the DISCA tool to measure quality of STI care. The adapted DISCA tool allows the assessment of quality of STI management using a number of indicators such as a) accessibility of services, b) presence of management guidelines, c) quality of treatment regimen, d) presence of partner management system, e) distribution of condoms, and f) provision of STI tests to pregnant clients. A consensus building workshop was held afterward involving key stakeholders from public and private sector

Results

The private health facilities remains a favourite choice of care for STIs despite the availability of free STI care in public health care facilities. Only one out of the 24 private GPs doctors have attended training in syndromic management of STIs. Fifteen out of 24 work alone rather than in group practice; 16 GPs open their surgeries 7 days per week while 6 open for 6 days. Each GP sees at least one STI client per day. Only 7 (41%) of the GPs reported having greater than 60% of patients on medical aid, most of the GPs reported that majority of their patients pay out of pocket. 21 (91%) dispense medicine from their surgery. There was a generally poor compliance with national guidelines in the treatment of the three STI syndromes assessed. Less than 50% of the GPs followed national guidelines in the treatment of any of the syndromes.

Conclusion

Prescription practices among the GPs were very varied with many GPs not using the stipulated drugs. Most prescriptions were either in the wrong dosage, frequency or duration. Non drug management of STI was very poor with few of the GPs providing condoms, health education, risk assessment or partner notification slips. There were some evidence of public private partnership activities for STI, which needs to be strengthened. STI data from private sector are not collected and are therefore unavailable for use in planning and coordinating national responses.

Recommendations and Way Forward

Building on the existing partnership between the Ministry of Health and private health sector, a national STI working group was set up during the consensus building workshop with the mandate to provide leadership for the establishment of district STI working groups. An STI PPP framework has been developed based on lessons learnt from the three country initiative and this will be adapted to local settings.

Table 1: Availability of essential equipment, drugs and logistics for STI management in GPs office: (n=24)

Are the following items available in examination rooms	Present	Absent
Examination Light	20	4
Vaginal Speculums	22	2
STI education materials	21	3
Condoms	10	14
Partner Notification Slips	2	22
Copy of MOH protocol on STI Management	13	11

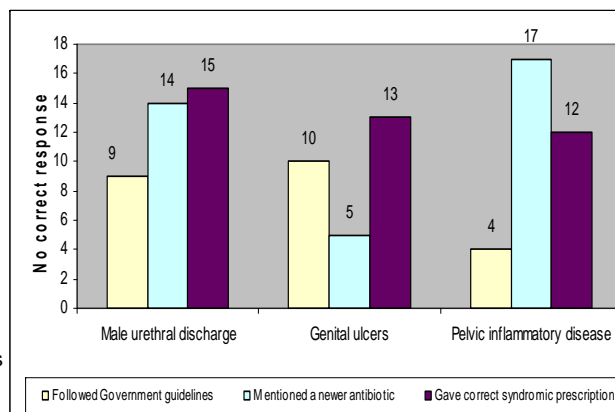


Fig 1: Treatment practices of GPs for three STI syndromes. (n=24)



Stakeholders from private and public health sector at the Consensus Building workshop in Lusaka

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