



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

lipinge S., Pretorius L., Tobias S., Elgoni A., Bam N and Oyedele O.I



## Background

An assessment of the quality of STI care provided by private general practitioners was conducted in Namibia 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 Windhoek.

An Assessment of 50 private general practitioners (GPs) using a modified version of the DISCA tool to measure quality of STI care was done.

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 at the end of the project.

## Results

Affordability and place of residence appear to be major determining factors in deciding whether to use a GP for STI treatment. Private health facilities however remains a favourite choice of care for STIs in Windhoek. None of the GPs had specific training in syndromic management of STIs. 54% work alone while 46% work in group practice. 35 (70%) dispense medicines while only 15 (30%) do not. Average number of days most practices are open is 6. 62% while 24% are open for six (6) days, with only 14% open for seven (7) days. Each GP examined an average of one STI patient a day. 86% of all patients seen by practitioners are on a medical aid. 98% had examination lights, 72% had STI educational materials available and 76% had Ciprofloxacin in their consulting rooms. On the contrary, 66% of the doctors do not have condoms, and 90% did not possess partner notification slips. 28 (56%) treat urethral discharge correctly according to the national guideline, the others prescribe several drugs that are not recommended. None could demonstrate the correct treatment of genital ulcer according to the recommended national syndromic approach guidelines. Only 14 (28 %) of the GPs could demonstrate correct treatment of PID as recommended in the syndromic management of the STIs. In general, patients presenting with STIs to the GPs in private practices are not given quality of care. Most of the private general practitioners do not provide counseling, give condoms or notify the partners.

## Conclusion

Most of the GPs do not follow national STI guidelines and those who do, do so inconsistently. Quality of care is generally poor for all the syndromes and there is no significant difference in care provided to patients with or without medical aid. There was no evidence of public private partnership activities and STI data from private sector are not collected and are therefore unavailable for use in planning and coordinating national

## Recommendations and Way Forward

During the consensus building workshop there was general acknowledgement among the general private practitioners that there is need to enhance cooperation between the GPs and the Ministry of Health and Social Services. A PPP framework was developed based on lessons learnt from the three country initiative and this will be adapted to local settings.

Fig 1: Availability of essential equipment, drugs and logistics for STI management in GPs office: (n=50)

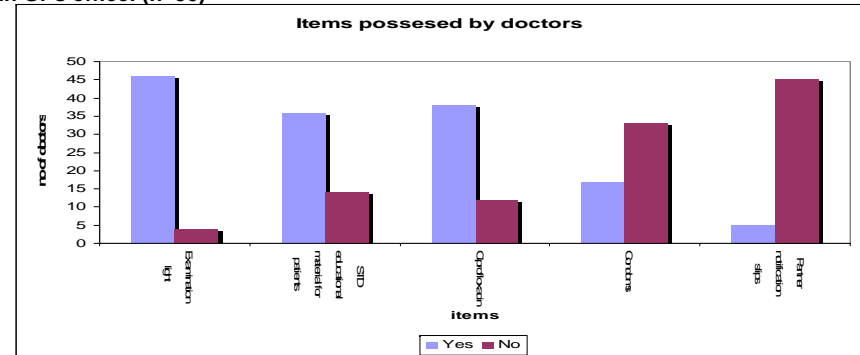


Table 1: Non drug management of STI patients by GPs (n=50)

Syndrome	Status of patient	Management practices by GPs			
		Laboratory investigation	Health education/counselling	Give condoms	Partner notification
Male Urethral discharge	Medical aid	30(60%)	29(58%)	8(16%)	24(48%)
	No medical aid	27(54%)	30(60%)	7(14%)	22(44%)
Genital ulcers	Medical aid	36 (72%)	23(46%)	7(14%)	20(40%)
	No medical aid	24 (48%)	25 (50%)	13(26%)	18(36%)
PID	Medical aid	26(52%)	24(48%)	5(10%)	18(36%)
	No medical aid	21(42%)	17(34%)	5(10%)	12(24%)



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