



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

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## Background

An assessment of the quality of STI care provided by private general practitioners was conducted in Botswana 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 Gaborone, Lobatse and Mahalapye

A total of 42 private general practitioners (GPs) were assessed 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 to present findings to stakeholders and to chart the way forward

## Results

Of the 42 GPs assessed, 22 (52.4%) of them are in group practice; 37(88%) dispense medicine from their surgery. Number of client seen per day per GP varied from 4 to 50 with each GP reporting seeing at least one STI client per day. Between 86% - 90% of the clients attending private surgeries are covered by medical insurance.

Only 31% of the GPs were found to have followed national STI management guidelines in managing patient with urethral discharge. None of the 42 respondents were prescribing nationally recommended for genital ulcer syndrome (GUDS) only one GP answered partially correct. Pelvic inflammatory disease (PID) was relatively better managed as more than 40% of the interviewed private practitioners were able to mention correct drug treatment for PID. Also comparing to the patients managed for urethral discharge (UD) and GUDS, clients with PID had been provided with better non-drug management.

## Conclusion

The findings clearly illustrated a poor adherence to the national guidelines in managing STIs. Prescription practices 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

The private practitioners on a daily basis attend a significant number of STI clients. There is need to establish and strengthen public private partnership in the effective management of STI in Botswana. An STI technical committee with representation from all stakeholders including private health sector should be established soon to guide STI management policy guidelines and monitoring its implementation.

## Acknowledgement

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**Table 1: Availability of essential equipment, drugs and logistics for STI management in GPs office: (n=42)**

	Examination lights	STD educational materials	Ciprofloxacin	Condoms	Partner Notification slip	Vaginal Speculum
No of Private clinics	39 (92.9%)	19 (45.2%)	41 (97.6%)	14 (33.3%)	11 (26.2%)	39 (92.9%)

**Table 2: Non drug management for three STI syndromes. (n=42)**

Syndrome	Status of patient	Management practices of GPs			
		Laboratory investigation	Health education/ counselling	Give condoms	Partner notification
Urethral discharge	Medical aid	16 (38%)	25(60%)	7(17%)	27(64%)
	No medical aid	10(24%)	22(52%)	8(19%)	23(54%)
Genital ulcers	Medical aid	24(57%)	23(54%)	6(14%)	26(62%)
	No medical aid	18(44%)	19(46%)	6(14%)	21(50%)
PID	Medical aid	15(36%)	27(64%)	5(12%)	25(60%)
	No medical aid	9(21%)	24(57%)	8(19%)	22(52%)



**Fig 1: Delegates at the feedback and consensus building workshop Palapye Botswana**