

Private Public Partnerships: Implementing a GP centric model in Nelson Mandela Metro

Overview

- Background
- Overview of AQUITY
- Rationale for GP centric model
- Model description
- Findings
- Key lessons



Background

- AQUITY Innovations (AQUITY) NPC is a section 21 not-for-profit company that was established in 2010
- Vision to strengthen local and Southern African capacity to design and run evidence and solution-based health and social service programs
- Key contributions to public health include;
 - Lesotho TB prevalence survey
 - M&E framework for TB in the mines
 - WHO program review South Africa
 - Targeted Universal TB Treatment
 - Community based TB/COVID-19 bi-directional testing
 - Pioneering use of Artificial Intelligence in tracking TB epidemic



Rationale for GP centric model – Nelson Mandela Metro

• Public sector services

- **50** primary health care facilities
- 30% of Drs in public sector
- Free TB screening and diagnostic services
 - Std verbal screen
 - Xpert diagnostic test (**\$9.8** – covered by gvt.)
 - LPA/Culture available
 - Access to X-ray
- Free TB medicines and HIV testing/mgt.
- Access to community resources (CHWs/CBOs – for adherence support)
- Electronic reporting
- Access Decentralised DR TB mgt.

Private sector services

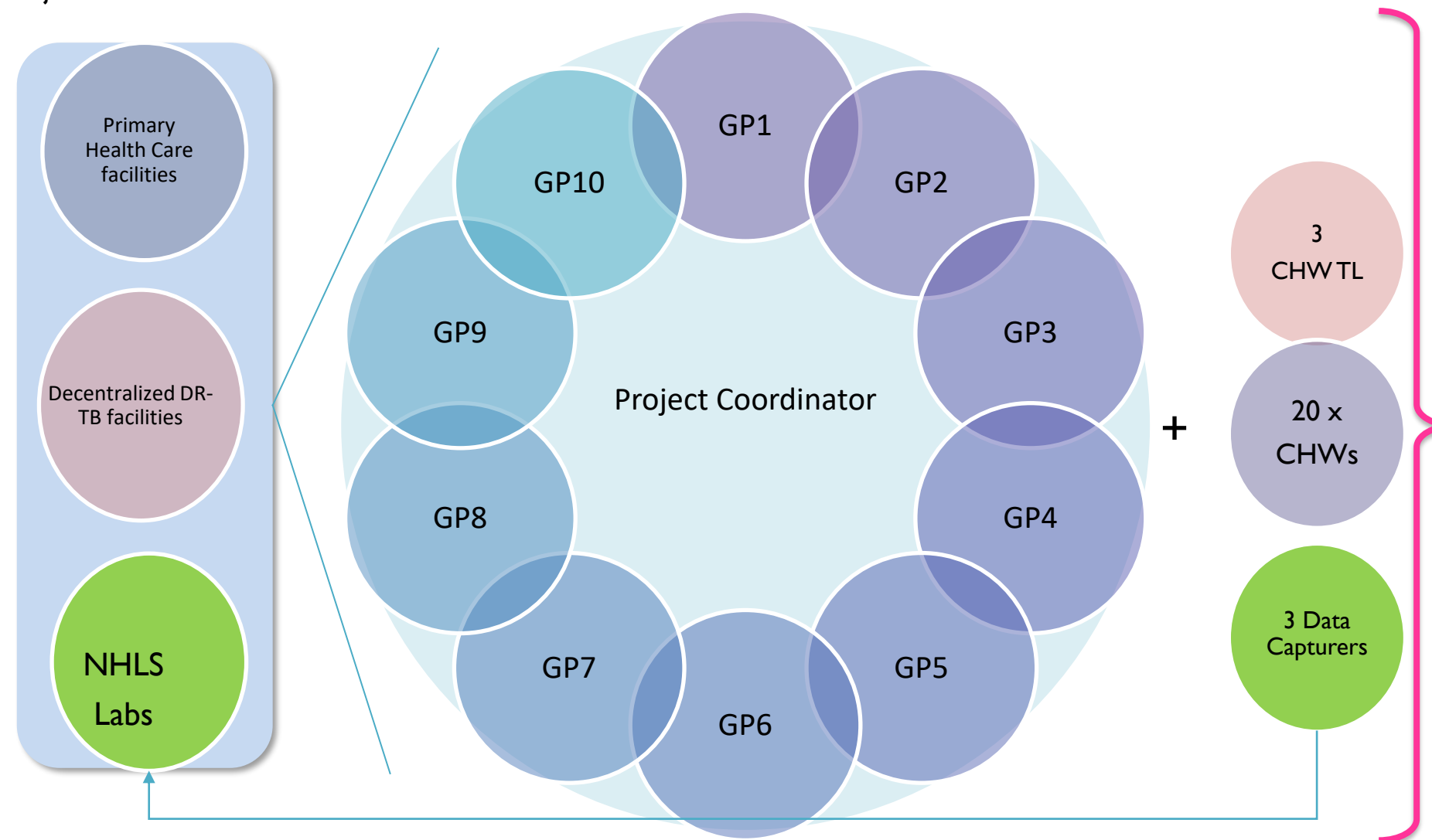
- ~ 180 private practitioners
- 70% of Drs in private sector
- TB screening – verbal
- Access to TB testing
 - Private laboratory (Xpert **\$49**; Smear \$1)
- TB managed in public sector – have to refer (loss of clients, no assured referral)
- No community linkages – at cost recruitment of additional HR
- No access to DR TB care
- No reporting mechanism

The GP Centric Model

Objectives of grant:

- Demonstrate feasibility of outsourced private public model in South African setting for TB management
- Implement PPM model to achieve targets on TB screening, testing, case identification, treatment initiation, and treatment completion

Adjunct Public health infrastructure



Role of AQUITY:

- Capacity support of GP
- Facilitate stakeholder engagement
- Recording and reporting: mHealth support, hotspot mapping
- Assuring accountability: TB medicines, laboratory testing
- Community linkage
- Administrative support – remuneration of GPs
- Quality assurance: clinical audits, data verification exercise

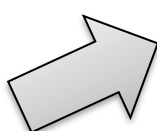
Model Process Flow

GP rooms

- Onsite screening of TB patients
- Onsite sputum collection
- Sputum processed by NHLS
- Labtrak results follow up by GPs

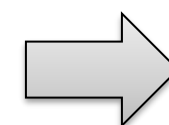
Community

- Community health workers screen households (targeted)
- Onsite sputum collection of presumptive people
- Linkage of identified TB cases to private practitioners



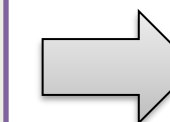
Diagnostics

- Samples referred to national health laboratory
- Xpert – first line diagnostic tool
- Electronic notification – labtrak application



Treatment

- Private practitioners evaluate and initiate patients / refer for extrapulmonary assessment
- Free TB medicines – from catchment public health facility
- Reporting to catchment health facility



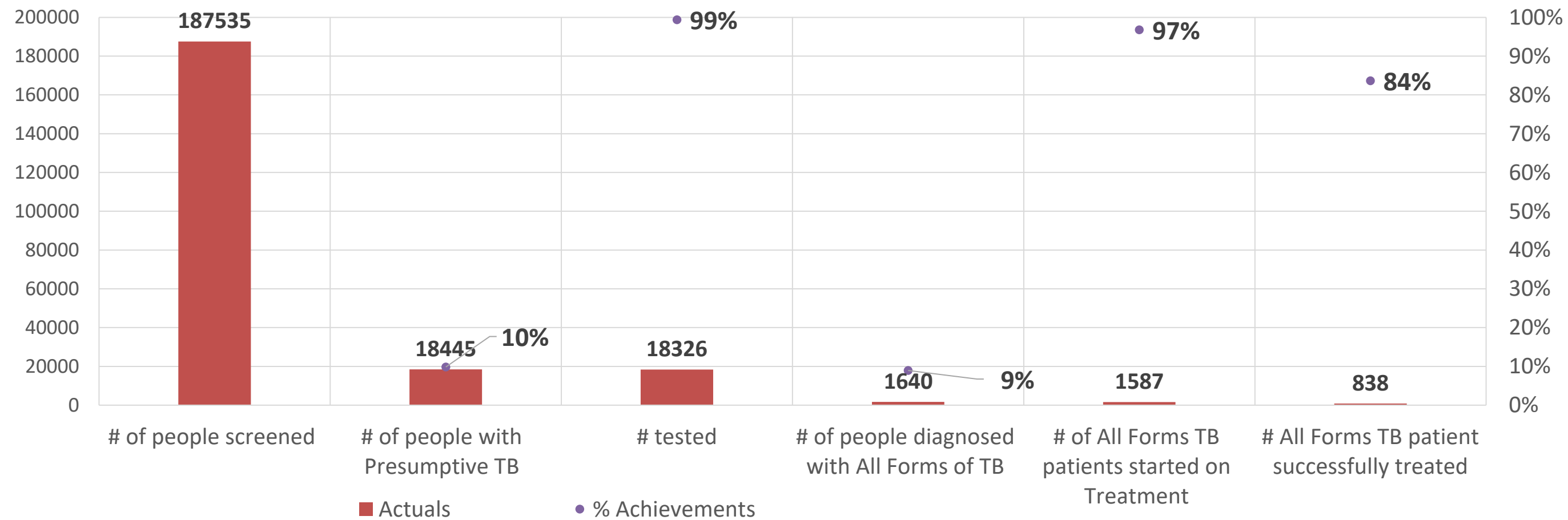
Retention

- Private practitioners see patients monthly
- CHWs provide adherence support /follow up missed appointments

Summary of TB performance indicators in Sub-district C - NMBM District - EC Province through TB Reach funding, Year Jan'20 –Mar'21



Summary of TB indicators in Sub-District C- NMBM EC Province under TB Reach, Jan 2020-May 2021



* 84% of Cohort with outcomes available at the end of project =838/1002 successfully treated

Key lessons

- Buy-in from district health management teams (notably *laboratory* and *pharmacy*) is critical to ensure access to Xpert, and TB medicines
- Capacity building for private sector, often left out on information on new medicines, guidelines, and diagnostics
- GPs are often much closer to the community, and have flexible opening times improving access to TB services
- Community Health Care Workers present an opportunity to strengthen contact mgt and TPT
- As GP practices are run by limited number of practitioners (sole owners/partnerships), there's assured continuity of care care for patients – enabling continued adherence support and counselling for patients
- GPs also have capacity to manage more than TB – consider prioritizing diseases of public health concern