



Report

Private Sector Urban Tuberculosis Market Scenario in Zones 3, 4, & 5 of Dhaka South City Corporation in Bangladesh

Challenge TB Project Bangladesh



Submitted by



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Contents

Abbreviations and Acronyms	2
1. Background of the study:.....	5
1.1. Introduction:	5
1.3. Scope of the Study:	6
2. Conceptual Framework:.....	7
4. Methodology:.....	8
4.1. Study Design:	8
4.2. Study Facilities and Population:.....	9
4.3. Study Location:.....	9
4.4. Study Period:.....	9
4.5. Development of Tools and Application:	10
4.6. Data Collection Method:.....	10
4.7. Sample Size and Location:	10
4.8. Sample Selection Techniques:	11
4.9. Limitation of Study:.....	11
5. Findings:	12
6. Discussion:.....	16
7. Conclusion and Recommendations:	Error! Bookmark not defined.
Annex-1: Tables.....	40
Annex-2: Questionnaire	49
Annex 3: Case Study.....	62
Annex 4: Locations of the Survey.....	64
Annex 5: Members of the Study Team	68

Abbreviations and Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
CTB	Challenge TB
DGFP	Directorate General of Family Planning
DGHS	Directorate General of Health Services
DNCC	Dhaka North City Corporation
DOTS	Directly Observed Treatment
DSCC	Dhaka South City Corporation
FP	Family Planning
GDP	Gross Domestic Product
GIS	Geographic Information System
GoB	Government of Bangladesh
GP	General Practitioner
HIV	Human Immunodeficiency Virus
MCH	Maternal and Child Health
MDR	Multi Drug Resistance
MOHFW	Ministry of Health and Family Welfare
NGO	Non-Government Organization
NIDCH	National Institute of Diseases of Chest and Hospital
NTP	National Tuberculosis Control Program
PMDT	Programmatic Management of Drug-resistant Tuberculosis
PPM	Public Private Mix
RH	Reproductive Health
RRTB	Rifampicin Resistant TB
SBCC	Social Behavior Change Communication
SDG	Sustainable Development Goal
SMC	Social Marketing Company
STP	Search, Treat and Prevent
UN	United Nations
USAID	United States Agency for International Development
WHO	World Health Organization
ZTBCI	Zero TB Cities Initiative

Executive Summary:

Private health facilities and practitioners dominate health services in Dhaka South City Corporation. However, government provides (supports) specific treatment services for TB through specialized hospitals as well as free medication. NGOs manage the distribution of free medication to TB patients and diagnostic services through clinics and DOTS corners at large hospitals. Private facilities provide diagnostic services as well as consultation services but when it comes to diagnostic services such as GeneXpert, government is the major service provider and this service is provided free of cost.

Chest and general medicine specialists recommend most TB diagnostic tests and they identify most TB patients but availability of chest specialists at health facilities is significantly lower compared to general practitioners. TB tests in private facilities are costly compared to government facilities. Government facilities (general hospitals) also perform significantly higher number of TB related diagnostic tests compared to any private or NGO facilities. Very few private or NGO facilities have all or majority of diagnostic services required for TB detection. However, the positive note is that, they refer diagnostic tests to other facilities if they do not have those services. Doctors providing consultation in private facilities receive referral fee for prescribing diagnostic tests which is mounted in the diagnostic cost and paid by the patients. This is additional cost is a burden on patients.

From the quantitative part of the patient survey it was observed that majority of the TB patients are coming from lower socio-economic class of the society. Mean family income of the patients are below Taka 25,000. The TB patients are distributed in different age group and not limited to specific age group. Education level of them is also in a lower side as one-third (28%) has no education and almost other half (45%) has gone to enter into secondary level schooling although many of them did not complete. A large number of the patients are from the occupations like day labourers, factory workers, shop owner or running small scale business. In case of female patients three fifths are homemakers.

An interesting observation from the study was that, a considerable number (23%) are coming from other urban and rural parts of the country and staying in Dhaka for treatment purpose for certain period. The primary reasons for coming to Dhaka are for better treatment, relevant doctors' suggestion and in some cases unavailability of TB related services in their locality.

TB, as a disease, had socio-economic impact on nearly 60% of the patients. Around 8% of the patients faced unemployment and another 52% had income reduction. Students, who are the 14% of the surveyed patients, majority of them were impacted through loss of study hours and this accounts for on an average 60 hours per month.

Evening fever, cough, weight loss and loss of appetite were mostly reported initial difficulties/symptoms of the disease. At the initial stage of TB, majority of them tried with medicine for cold and cough in consultation with local drug seller. However, once things were not improving then they approached to qualified individual health practitioners or institutional health facilities. After the initial stage of health seeking, they have approached to government hospitals mainly (40%) followed by private hospitals/clinics/diagnostic centers (28%), private practitioners (14%) and NGO run clinics (11%). Informal health service providers were less in consideration at this stage.

Once the suspected TB patients reached to health services or individual practitioners, they were recommended to do tests for identifying the diseases. Government hospitals played major role in this process followed by private health facilities and NGO run hospitals and the tests for diagnosis of TB were done on those facilities mainly.

During diagnostic period, as reported by the patients, in most cases chest X-Ray, sputum test (microscopy) and routine blood test were done. Not many of them mentioned about Tuberculin Skin test or GeneXpert test. Once TB was confirmed through these tests they have gone for treatment of TB. The gap between diagnosis of TB and starting treatment is on an average around 2 weeks. Reasons behind the gap might be as they needed to consult with respective doctor first, then decide on specific health facility to take treatment as well as have few preparations for so at their end.

Which concerns to the facilities they were taking treatment during the survey, DOTS corner of private hospitals/ account for one-third cases (32%), DOTS corners in government hospitals are serving almost another one-third (30%) and the remaining are taking treatment in NGO run clinic/community DOTS providers (34%).

As the survey was done within specific health facilities, it was identified that almost all of them are taking medicine free of cost from DOT facility of relevant health services.

Total cost incurred for the TB patients was estimated as around BDT 19,000 which is close to average monthly income of the specific population.

Regarding willingness to pay or ability to pay of the TB patients, although majority of them are having free treatment and diagnostic facility under National TB Control Program, however, the patients showed positive intention towards paying for diagnostic purpose if required. An another observation was that, willingness to pay for different tests was higher among patients coming from higher income group compared to them from lower income group. Hence, it can be said that, willingness to pay for TB related tests has a linkage with socio-economic classes where they are coming from. So, appropriate strategy or pricing policy might be adopted while planning intervention strategy for the program.

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