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ABSTRACT BOOK

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PS08-480-25 Engaging private providers for TB screening, treatment and reporting in Ho Chi Minh City, Viet Nam

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Background and challenges to implementation: Drug inventory studies indicate that fewer people are treated for TB in the private sector of Viet Nam than other Asian countries. Yet, anecdotal evidence indicates large numbers of people are still accessing private-sector TB care owing to its convenience and privacy.

Intervention or response: We established a public-provider interface agency (PIIA) with a network of over 167 private providers across two districts of Ho Chi Minh City. Participating providers can distribute vouchers to their clients for reduced-rate chest X-rays (CXRs) at private radiology labs. Anyone with an abnormal CXR is then eligible for a free Xpert MTB/RIF test. Sputum samples are collected at private provider clinics or radiology labs and then transported to a gov't laboratory for testing. People with lab-confirmed TB can choose treatment with their private provider or at a nearby gov't facility. The PPIA also collected private-sector TB treatment initiation and follow up care data from a subset of participating providers.

Results and lessons learnt: Over six months, 1,754 reduced-rate CXRs were performed, resulting 556 people being tested and the detection of 41 lab-confirmed TB patients. Despite 167 providers signing agreements with the PPIA, 97% of CXR referrals came from just 11 clinics, and all of these patients chose to initiate treatment at gov't health facilities. A subset of 7 private providers reported treating 95 people for TB, most of whom (58%) were diagnosed clinically after a negative sputum test and abnormal CXR. Including these privately treated people in district notifications would increase TB treatment rates by +26.1% in project areas.

District	Baseline period all forms notifications (16-Q4 & 17-Q1)	Intervention period all forms notifications plus private-sector Tx (17-Q4 & 18-Q1)	Additional notifications	Percent change from baseline
D10	145	164	19	+13.1%
Go Vap	368	483	115	+31.3%
Both Districts	513	647	134	+26.1%

[Estimated impact of including private-sector TB treatment in district notifications]

Conclusions and key recommendations: A substantial proportion of people treated for TB receive care in the private sector in urban Viet Nam, but these practices re-

main un-notified. The NTP should formally recognize the PPIA model to facilitate reporting of notifications and treatment outcomes and to scale up this approach to other urban settings across the country.

PS08-481-25 Satisfaction of tuberculosis patients with the service provided by the health system

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Background and challenges to implementation: Patient satisfaction is a key factor in ensuring compliance to treatment regimens and clinic appointments which in turn impact treatment success rates in TB care. However, routine programmatic data often do not provide information on this important determinant of treatment outcomes. We present data on the level of and factors affecting patient satisfaction in TB services in Ethiopia.

Intervention or response: This cross-sectional survey was conducted in 11 regions of Ethiopia from October 25 to November 18, 2018. A multistage sampling technique was used to select study participants. Eight variables were used to assess the satisfaction of different aspects of health services provided to TB patients. To minimize bias, data was collected in a private area out of earshot of the service provider after the objective of the study clearly communicated and confidentiality of the information was assured. Patients were categorized as having high or low satisfaction using the median satisfaction score as cut-off point. Kruskal Wallis test used to assess factors associated with satisfaction level.

Variables	Satisfaction		Crude Odds Ratio (95% CI)	Adjusted Odds Ratio (95% CI)*
	High # (%)	Low # (%)		
Stigma score				
High	208 (58.4)	148 (41.6)	0.63 (0.47-0.84)	0.53 (0.38-0.73)*
Low	323 (69.2)	144 (30.8)	1	1
Age group in years				
18-30	263 (59.4)	180 (40.6)	1	1
31-60	236 (69.8)	102 (30.2)	1.58 (1.17-2.14)	1.7 (1.25-2.33)*
Above 60	32 (76.2)	10 (23.8)	2.19 (1.05-4.57)	2.34 (1.05-4.48)*
Wealth				
Lowest	93 (58.9)	65 (41.1)	1	1
Second	109 (66.5)	55 (33.5)	1.39 (0.88-2.18)	
Third	117 (67.6)	56 (32.4)	1.46 (0.93-2.29)	NA
Fourth	102 (62.6)	61 (37.4)	1.17 (0.75-1.83)	
Highest	110 (66.7)	55 (33.3)	1.4 (0.89-2.2)	
Setting				
Rural	219 (64.4)	121 (35.6)	0.99 (0.74-1.33)	
Urban	312 (64.6)	171 (35.4)	1	NA
Knowledge score				
High	257 (65.1)	138 (34.9)	1.05 (0.79-1.39)	
Low	274 (64.0)	154 (36.0)	1	NA
Region				
Oromia	109 (64.9)	59 (35.1)	1	1
Amhara	130 (76.5)	40 (23.5)	1.76 (1.09-2.83)	1.52 (0.93-2.49)
SNP	92 (56.4)	71 (43.6)	0.7 (0.45-1.09)	0.51 (0.32-0.83)*
Tigray	59 (68.6)	27 (31.4)	1.18 (0.68-2.06)	1 (0.57-1.77)
Benshang	27 (64.3)	15 (35.7)	0.97 (0.48-1.97)	0.8 (0.39-1.66)
Gambella	18 (64.3)	10 (35.7)	0.97 (0.42-2.25)	0.7 (0.3-1.68)
Addis Aba	58 (70.7)	24 (29.3)	1.31 (0.74-2.32)	0.92 (0.5-1.69)
Dire Daw	17 (40.5)	25 (59.5)	0.37 (0.18-0.74)	0.3 (0.15-0.62)*
Harari	21 (50.0)	21 (50.0)	0.54 (0.27-1.07)	0.43 (0.21-0.89)*

[Factors associated with satisfaction (on health services) score among TB patients.]