

ABSTRACT

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Thesis Title	Assessment of private health providers' resource capacity and barriers to participation in the tuberculosis control program in three northern regions of Ghana.		

Background: Private health providers' participation and collaboration play an important role in TB case detection and treatment outcome. In Ghana, private collaboration on TB has not received much empirical discourse. This study aims to explore private health providers' level of participation, resource capacity, and barriers they encounter in the TB control program.

Objective : The general objective of this study was to assess private health providers' level of TB participation, resource capacity, incentives, and barriers they encounter in contributing to Tuberculosis control program in three Northern Regions of Ghana.

Specific objectives:

1. To describe the level of participation of private health providers in the TB control program.
2. To assess the equipment, infrastructure and human resource capacity of private health providers for TB control management.
3. To assess the incentives District/Municipal TB team provide to support private health workers in TB control.
4. To measure the relationship between resource capacity and incentives, and participation of private health providers in TB control.
5. To explore barriers for private health providers in the TB control program.

Method : A cross-sectional mixed method was used. The quantitative strand used a facility-based survey with a closed-ended questionnaire. Information on the level of participation, equipment, and infrastructure, human resources, and incentives in TB were collected. The qualitative method used key informants to explore the barriers private facilities encounter in contributing to the TB control program. Study subjects were private health facilities in the Three Northern Regions of Ghana.

Results: A total of 40 private health facilities were enrolled in the study. The level of participation was predominantly referral, with most the facilities (29, 72.5%) referring suspected TB clients to other health facilities without any intervention. The Majority (38) of facilities had a functioning laboratory and a microscope, however, only 8(20%) of these facilities had adequate equipment for sputum microscopic testing. The proportion of facilities with TB reagent was only 6 (15%). Laboratory and pharmacy infrastructure was moderately adequate in 27 (67.5%) and 35 (87.5%) facilities respectively. Adequate equipment was not associated with the practice of microscopic sputum testing ($P = 0.199$). Key human resources relevant to TB control program were adequate (95%), however, the proportion of staff trained in TB control was only 16%.

Incentives among health workers were low. Of the 40 facilities, only 12 (30%) of TB coordinators had been supervised in the past six months, and 13 (32.5%) had attended the quarterly TB meeting. Incentives such as reagent ($P < 0.001$), and supervision ($P < 0.003$) were somewhat associated with sputum testing. The major reported barriers for private facilities to TB control program were inadequate collaboration with the District TB teams, inadequate supply of equipment, supervision, training, and poor referral system. Most private providers were willing to fully participate in the TB program, provided they are supported with equipment, training, and extrinsic motivation.

Conclusion: The level of participation in TB control among private providers was mostly referral. Human resources were adequate in most facilities but did not play a significant role in TB participation. Infrastructure was modestly adequate while equipment was inadequate, however, these did not play a significant role in microscopic testing. Incentives were also low but almost all facilities incentivized with equipment and reagents conducted microscopic testing. This study identifies the barriers for private providers to TB control as; poor collaboration, inadequate supply of equipment and reagents, supervision and poor referral system. The level of participation by private facilities can be improved by enhancing collaboration between District/Municipal TB team in order to harness their potential and expand access to TB care in three Northern Regions of Ghana.