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BACKGROUND

The accelerating urbanization in low- and middle-income countries is impacting lives and contributing to non-communicable diseases (NCDs) like diabetes and hypertension. To address this, Nepal adopted the WHO PEN plan and launched a multi-sectoral strategy emphasizing public-private partnership. This study explores the feasibility of linking private health facilities with the public health system in managing hypertension and diabetes services in Pokhara Metropolitan City (PMC).

METHODOLOGY

Mixed-method design within the RE-AIM framework involving 6 public health facilities and 11 pharmacies.

- For evaluating the feasibility and effectiveness of the model, quantitative and qualitative data is collected at baseline, midline, endline, and post-endline.
- Periodic visits to pharmacies and public health facilities throughout.

PHASES OF THE PROJECT

Need Assessment

Co-Design of Intervention

Implementation

- Strengthening the PMC-health division
- Training pharmacies in implementing customized PEN protocol
- Establishing referral system between public and private
- Strengthening the capacity of public health facilities

Evaluation

“Evidence showcasing, consultation, and embedded approach”

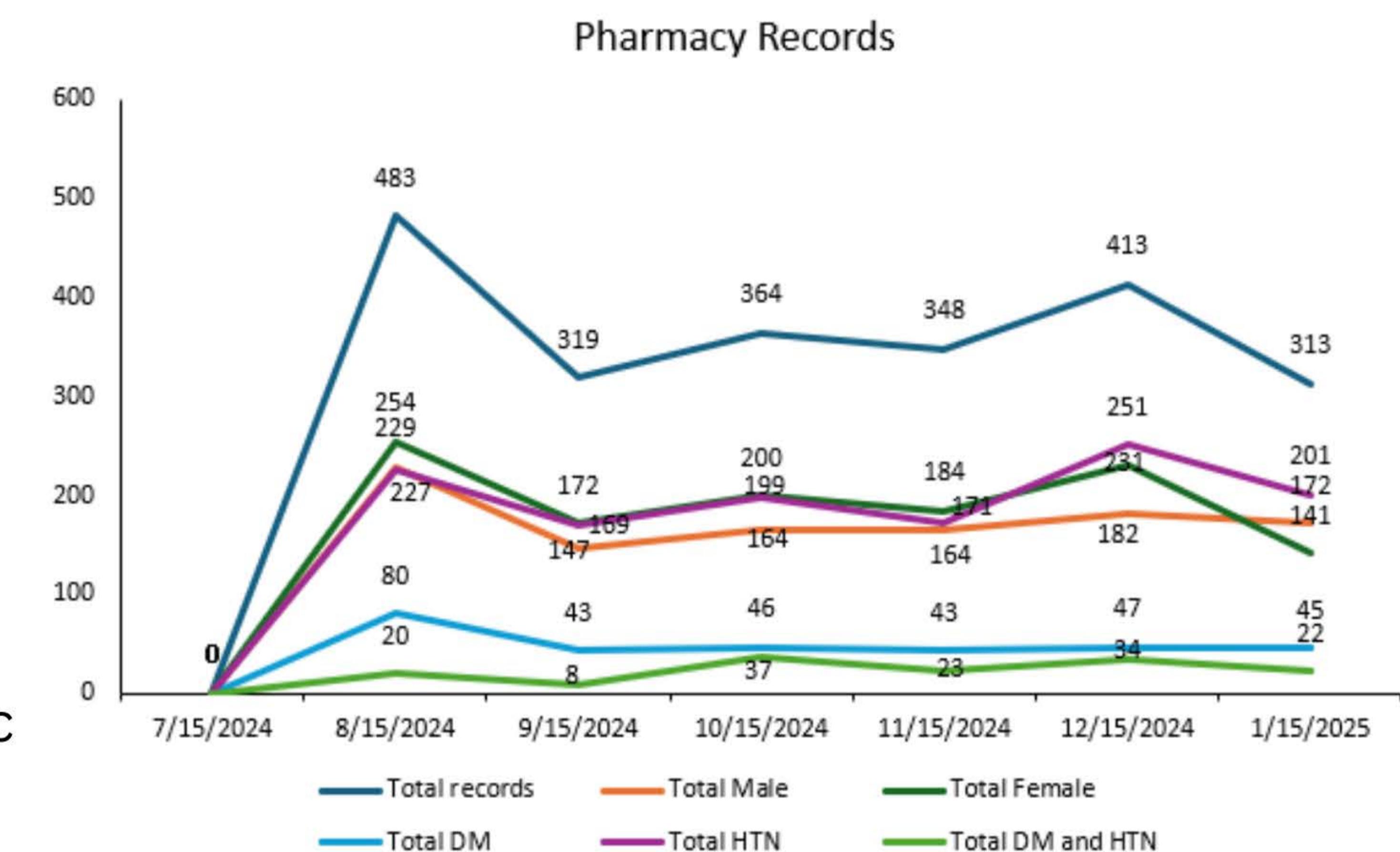
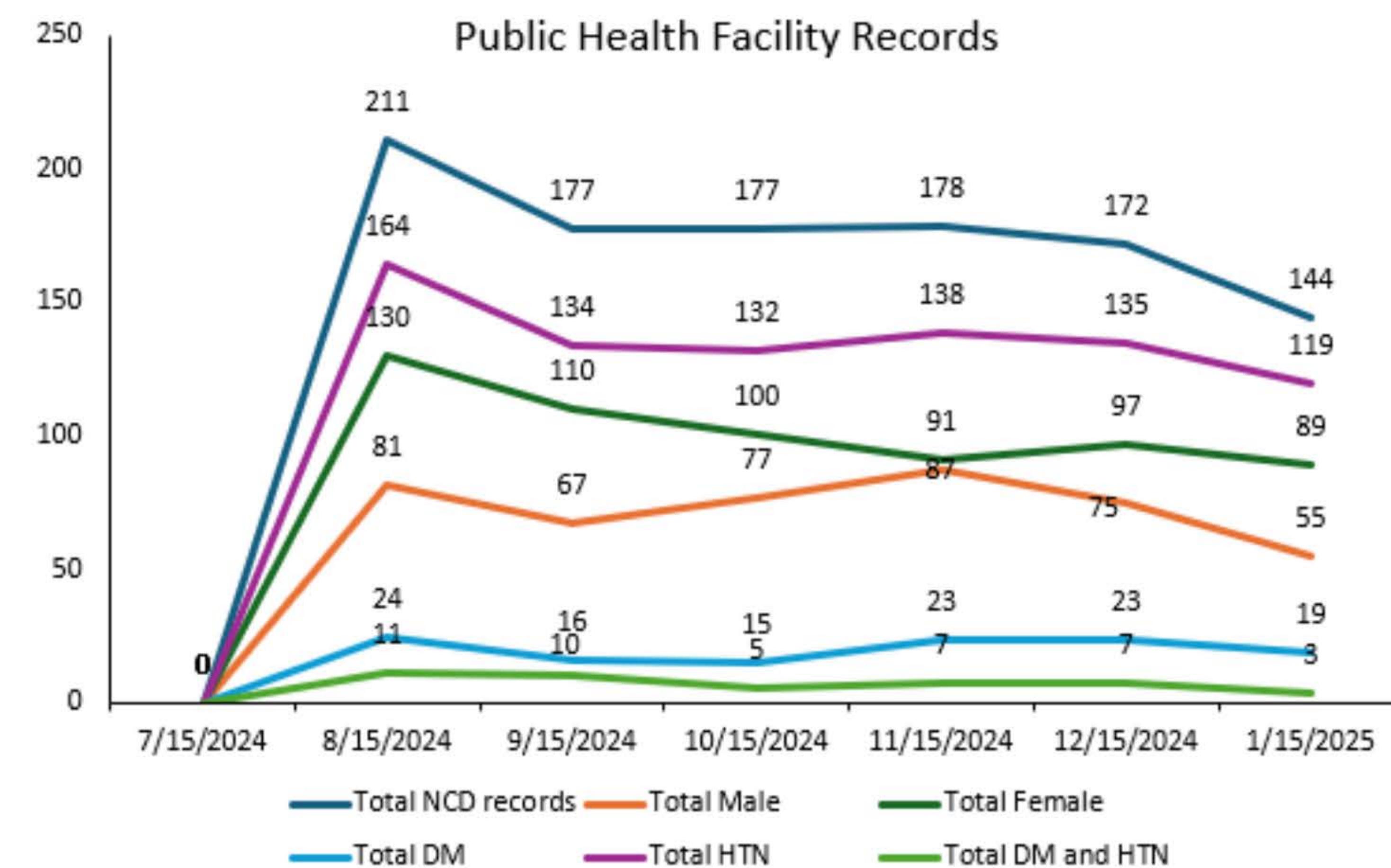
RESULTS

The preliminary intervention results from the past 6 months show considerable progress:

- Initially, there were no records maintained at the pharmacies.
- During the six months of intervention, a total of 2,241 cases have been recorded at the pharmacies of which 1,360 were clients with hypertension (HTN), 345 with diabetes mellitus (DM), and 530 with other non-communicable diseases (NCDs).
- Public health facilities (PHFs) recorded data for a total of 1,063 clients. Out of which 842 were HTN cases, 127 were DM cases, and 94 were classified as other NCDs and general cases.
- Referred cases from Pharmacies: 70 and PHF:54
- Pharmacies are adhering to the health information process.
- Clients receiving health information adapting to the lifestyle changes.
- Most of the pharmacies are willing to continue the intervention.

Challenges

- Limited trained staff at the facilities
- Clients are hesitant to share personal information.
- Frequent changes/turnover in the health facilities staff.
- Low utilization of referral slips by pharmacies and public health facilities.



CONCLUSION

The study explores the possibility of linking private pharmacies with public health through a co-designing approach. The first two quarters show considerable progress in integrating pharmacies into the local health system in responding to NCDs. Evidence sharing, consultations, and embedded approach facilitated local health system interest in private sector engagement. Successful implementation in a low resource setting requires policy support and engagement of the stakeholders.

