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PUBLIC-PRIVATE PARTNERSHIP IN IMMUNIZATION SERVICE PROVISION IN SRI LANKA

Sir,

Public-private partnership and intergraded services would be the future strategies for maintaining equitable and accessible health services in most of the countries. As the present public-health care delivery system in Sri Lanka is catering to all children despite the usage of private sector by parents, Public Health Midwives (PHM) are supposed to issue Child Health Development Records (CHDR), record the immunization data, carry out the home visit, and educate the mothers regarding immunization among private sector users.

As we had reported earlier, the private sector contribution to childhood immunization in Sri Lanka is 33.59%.^[1] We further analyzed the available data to evaluate public services, private services, and their partnership, and made a comparison between public and private sectors in order to gain more understanding of the prevailing situation. Methodology of the study can be found in the previously published article.

Out of the 553 households studied, 99 [17.9%] received shared care from private and public sectors. The main reasons given for using private sector by these mixed users were availability of non-EPI vaccines [11.7%], combined vaccines [6.1%] and efficiency of services [10.7%]. Public sector users were more satisfied with competency of vaccinator [78.9%] and quality of vaccines received [68.4%], compared to private sector users [50%]

and 44.2% respectively]. Fifty-seven [54.82%] private sector users, compared to 320 [91.4%] public sector users, received PHM services. These services include providing awareness about vaccines, home visits for detecting vaccine side effects, reminding of the time of next vaccine, and follow-up of children who developed reactions after immunization. Private sector providers have shared the government-issued CHDR for recording immunization data among majority [64.6%] of the mixed users.

According to these results, in a setting where the private sector contribution is high for childhood immunization, the partnership and shared care is not up to satisfactory level. People who use private sector for immunization services are deprived of some of the other essential services provided by PHM. These parents use private sector because of lack of non-EPI vaccines and combined vaccines in public clinics, not because they refused all the services from public sector health care providers. This understanding is essential to improve the quality not only of immunization service but also of other public health services.

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