

## Provider perceptions of pharmacy-initiated tuberculosis referral services in Cambodia, 2005–2010

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### SUMMARY

**SETTING:** Since 2005, private pharmacies linked to the National Tuberculosis Programme (NTP) and the Municipal Health Department in Phnom Penh have referred tuberculosis (TB) symptomatic patients to public sector TB clinics.

**OBJECTIVE:** To investigate the attitudes and practices of pharmacy-initiated referral service providers in Phnom Penh from 2005 to 2010.

**METHODS:** In a qualitative study, participants were purposively selected from the register of pharmacy owners providing referral services. Discussions were conducted in Khmer by trained facilitators. Participants discussed topics relating to their experiences and participation in the referral programme.

**RESULTS:** In January 2011, 54 pharmacy owners participated in six focus group discussions held in Phnom

Penh. Interpreted data showed consistency of message across all topics. The emergent themes—altruism, pragmatism and professionalism—underpinned owner commitment to programme goals. Issues associated with patient counselling, fear of infection and quality of care in public sector clinics were of concern to participants. Owners believed ongoing professional support, improved public sector patient care and media campaigns would strengthen their role.

**CONCLUSION:** Pharmacy outlets provide further options for NTPs engaging with private sector providers. Recognising private provider needs and aspirations may be an essential component of public/private mix programmes to meet public health goals.

**KEY WORDS:** tuberculosis; pharmacies; Cambodia; referral

CAMBODIA is designated by the World Health Organization (WHO) as having a high tuberculosis (TB) burden.<sup>1</sup> Cambodia's National Health Strategic Plan for Tuberculosis Control in the Kingdom of Cambodia, 2006–2010, prioritised strategies for intensified case detection and provision of universal access to public sector health care.<sup>2</sup> Having collaborated with registered private sector pharmacies in other public health projects,<sup>3</sup> the Ministry of Health was proactive in engaging with private sector pharmacies to decentralise TB services to primary health care level.<sup>4,5</sup>

In 2005, as Phase 1 of its DOTS Expansion Strategy, the National Center for Tuberculosis and Leprosy Control (CENAT) implemented a public/private mix (PPM) referral programme in collaboration with the Pharmacists Association of Cambodia, the non-government organisation PATH and the Municipal Health Department (MHD).<sup>6</sup> The programme promoted pharmacy-initiated assessment and referral of people with TB symptoms to public-sector DOTS centres providing free diagnosis and treatment.

Pharmacies registered with the MHD elected to join the referral programme. These pharmacies pro-

vided patients with information, counselling and referral documentation. CENAT policy prohibited these pharmacies from selling anti-tuberculosis drugs to patients, and the Department of Drugs, Food and Cosmetics, Ministry of Health, had oversight of policy compliance (Mao Tan Eang, personal communication, 22 December 2011). About 1200 pharmacies nationwide provide this service, including almost 500 pharmacies in the capital city, Phnom Penh.<sup>6</sup> Pharmacies pay no programme joining fee, nor do they receive any fee-for-service from either the government or the patients. The MHD confirms about 9% of TB cases are identified through pharmacy-initiated referral (Mao Dareth, personal communication, 26 June 2011).

This study aimed to investigate the attitudes and practices of pharmacy-initiated referral service providers in Phnom Penh from 2005 to 2010.

### METHODS

#### *Study design*

A qualitative study comprising focus group discussions with pharmacy owners participating in the PPM

intervention was conducted. The Human Research Ethics Committee, University of Sydney, and the National Ethics Committee for Health Research, Phnom Penh, approved the study protocols before the study. Protocols were similarly approved by CENAT and the Phnom Penh MHD.

#### *Study setting and processes*

The MHD comprises four operational districts: North, South, West and Central. Almost 500 registered pharmacies within these districts provide referral services and formed the sampling frame for this study.

Participants purposively selected from the register of referral pharmacies were recruited by written invitation and received a reminder phone call one week before attending group discussions. Selection was based on years of experience providing referral services.

The Discussion Topic Guide was informed by a literature review on private provider roles in TB care and PPM-DOTS interventions,<sup>7</sup> and was reviewed by a member of the Faculty of Pharmacy, University of Health Sciences, Cambodia. Discussion topics and prompts are shown in Table 1. English to Khmer translation of the document was undertaken by a commercial translation company and certified as accurate by a member of the Faculty of Pharmacy, University of Health Sciences, Cambodia.

Group discussions were led by trained facilitators. Eight graduates from the University of Health Sciences with good Khmer/English language skills attended a Facilitator Training Programme comprising two components: a manual and a workshop. Focus group methods and effective facilitation were described in

the manual and discussed at the workshop, which included familiarisation with research protocols and discussion topics.

Participants received a Participant Information Sheet, in Khmer, with time allowed to clarify questions before the start of the discussion. Similarly, participants signed Participant Consent Forms before commencing the discussion. All group discussions were conducted in Khmer and audio-taped with the signed consent of group participants. All groups discussed the set topics led by the trained facilitators. Verbal to verbal interpretation of Khmer audio-tapes into English was undertaken by the same commercial translation company. Interpretation of a sample audio-tape was certified as accurate by a member of the National Institute of Education, Phnom Penh.

Interpreted audio-tapes were transcribed by CB. CB, BS and GD read transcriptions and independently coded the data. The authors analysed the data using the Framework Approach, comprising open-minded reading of all transcripts in which emergent themes from the set topic data were subsequently indexed, charted, mapped and interpreted by incorporating differences and commonalities. This systematic approach permits independent analysis.<sup>8</sup>

## RESULTS

From 76 invitations to participate, 54 pharmacy owners (51% male, 49% female) attended group discussions held in Phnom Penh, 18–20 January 2011. The majority of the participants owned and managed a private pharmacy under licence from a qualified pharmacist. Almost all participants had between 3

**Table 1** Focus group discussion topics and prompts

Topic number	Discussion topic	Prompts
1	Provider experiences during participation in the referral programme	What services do you provide? Are there any positive aspects in providing this service? Are there any negative aspects in providing this service?
2	Provider motivation to join the referral programme	What were your personal reasons for joining? What were your professional reasons for joining? Were there any incentives, including financial incentives, that influenced your decision to join?
3	Preparations required prior to implementing referral services	What training did you or your staff undertake? Did you make any changes to the way you operate your business?
4	Provider support from collaborating PPM partners in the referral programme	Do you meet regularly with other PPM partners? Do you discuss implementation issues with PPM partners? Whom do you consult if problems arise?
5	Daily issues when providing referral services	What issues do you have relating to patient counselling? What issues do you have relating to other health care providers or with CENAT? Do you have any problems preparing or maintaining programme documentation? Do you have any other problems relating to implementation?
6	Provider benefits or rewards from participation in the referral programme	Are there any personal benefits from participation in the referral programme? Are there any professional benefits from participation in the referral programme?
7	Provider perceptions on the sustainability of the referral programme	What factors would encourage you to continue providing referral services? What factors would cause you to withdraw from the referral programme? Do you think private pharmacies will have a role in TB control in 3 to 5 years' time?

**Table 2** Focus group participants—disaggregated demographic data

Age group, years	Owners		Pharmacists		Assistants		Total
	Male	Female	Male	Female	Male	Female	
<20	1					1	2
20–29	1	4			2	5	12
30–39	5	3			2	1	11
40–49	5	4	1		1		11
50–59	4	4			1		9
60–69	4	3				1	8
Total	20	18	1		6	8	53*

\*Missing information: 1.

and 6 years' experience referring symptomatic patients. Participants came from all MHD operational districts. Disaggregated demographic data for participants are shown in Table 2.

Six group discussions took place, ranging from 33 to 63 min in duration. Data showed consistency of message and opinion in all groups and across all topics discussed, indicating that saturation was achieved. Views were often illustrated by reference to experiences from real-life situations in the pharmacy, and the use of emotive words and phrases underlined owners' depth of feeling on particular issues. Overall, participation in discussions did not appear to be dependent on age or sex.

Three major themes emerged from the data: altruism, pragmatism and professionalism. Results are reported using this thematic framework.

### Altruism

Owners expressed strong commitment to the goals of eliminating TB in Cambodia, improving the health of fellow Cambodians and contributing to national development. Compliance with ethical and professional obligations and strong Buddhist beliefs were cited as major factors in owners' decisions to join the referral programme. Programme participation, raising community awareness of TB and facilitating patient access to TB care were seen as important pathways towards realisation of these goals:

As Buddhists we have to think about merits. (Focus Group 3; FG3)

Referring people is like making good merits. (FG6)

We can help stop the spread of the disease. We can help them [patients] receive the right treatment. (FG3)

Owners perceived their role in referral as facilitating the patient's first steps towards diagnosis, treatment and cure. They expressed personal and professional satisfaction in successfully motivating patients to accept referral to the DOTS hospital or clinic:

They [the patients] are grateful to us that we show them the right path to treatment. (FG6)

It made me very happy that I referred a lot of patients. (FG4)

Altruism also appeared to maintain owner motivation during complex interactions with patients. Owners believed that counselling patients to accept referral required fine judgement in using language that was sufficiently motivating but not condescending or offensive to patients. Despite the time required to counsel patients while other customers waited, owners reported that it was important not to lose or ignore any opportunity to refer symptomatic patients:

The important thing is we talk to the patient about their risk. We need to say in such a way that convinces them to go to the hospital. We help them understand about this illness. (FG2)

Altruism also underscored owners' long-term commitment to the referral programme. Respect for the government's provision of free TB treatment, funding from global agencies and support from programme stakeholders were cited by owners as reasons for their sustained commitment. Owners were keen to play their part to improve public health. They understood that any financial gain from participation in the programme would result only from long-term growth of their businesses through increased customer confidence and loyalty:

I will continue to volunteer to participate in this programme as long as it continues to exist in order to eliminate this illness. We won't back down or get sick of it. (FG6)

### Pragmatism

A pragmatic approach while providing referral services was evident in all group discussions. All owners had a very good understanding of the public health concepts underpinning their role, including the importance of reducing transmission, early diagnosis and treatment:

If it helps one person's life first, it will help many. We help him, we help ourselves. (FG1)

Owners understood the reasons for CENAT policy prohibiting the sale of anti-tuberculosis drugs in private sector pharmacies, acknowledging the potential for increased drug resistance and inability to cure TB:

If we as the pharmacies, we try to treat the patient, it's like we kill the patient. (FG3)

Owners applied their acquired knowledge when counselling and motivating patients to accept referral. They perceived that patient fear of TB was due in large part to fear of costs incurred in accessing treatment, including loss of income and travel costs. Owners believed this fear, together with patients' lack of understanding of the seriousness of TB, were major factors contributing to patient delay in seeking treatment. However, owners believed that improved care

of patients at public sector clinics would give patients the confidence to complete referral. Owners acknowledged that the adequacy of their own counselling skills may influence patient decision-making related to referral:

We have to explain to the patient to help them understand. So it depends on the ability of the [owners]. (FG6)

However, owners in all group discussions expressed their frustration when they were unsuccessful in motivating patients to attend a DOTS clinic. And while some owners felt that their obligations ceased once the referral letter was handed to the patient, other owners reported making further efforts to facilitate the patient's arrival at the clinic:

When I make a referral I indicate on the form how to go and find the place [clinic]. Sometimes, it's even hard to find the place in the hospital. (FG2)

As providing the referral service was time-consuming, a few owners believed that a fee-for-service was warranted. Most owners, however, believed that providing information and advice short-term would result in customer loyalty and increased business long-term:

When patients get better they are thankful. They have trust in our pharmacies and let their friends and relatives know. So that helps build our customer base. That's one benefit for our business. (FG5)

Owner confidence in the referral programme and its goals motivated owners to maintain their participation. However, owners recognised that programme success was dependent on the commitment of all PPM collaborating partners. Lack of commitment from any partner was perceived by owners as demotivating and undermining of their efforts:

The important thing is the cooperation of all the parties involved, we need [to] work together all the time. (FG5)

#### *Professionalism*

Owners took their referral role seriously, and most were prepared to allocate time for training to acquire the requisite knowledge. Most owners perceived knowledge as a valuable asset contributing to their income-earning capacity:

As pharmacy owners we want to learn new things. If we don't have good knowledge it's hard to do our business or explain to people. (FG2)

We need to be well-trained to be able to do [the job]. Training encourages us to do well in the programme. (FG3)

Owners described the major symptoms of TB and the process followed when assessing symptomatic patients. Patients whose symptoms did not strictly meet refer-

ral criteria were advised to return for re-assessment within a stated time period.

Fear of infection when counselling symptomatic patients was strongly expressed by owners. They feared other customers, they themselves and their families were at risk. Owners requested further professional support in relation to infection control.

Some owners reported that patient credibility in their counselling role was undermined by community perceptions of pharmacies as drug suppliers only. Owners believed that resumption of government media campaigns to raise community awareness of TB would reinforce messages provided through pharmacies:

Customers will spread the word to let people know that the pharmacy has the heart to explain, advise its customers. (FG1)

## DISCUSSION

Research relating to pharmacy-initiated referral services is limited. This study in Cambodia contributed valuable evidence for engaging with pharmacies—described as a neglected link and underused resource in TB control.<sup>9,10</sup>

Pharmacy owners in all focus groups voiced long-term commitment to the PPM referral programme in Cambodia, with altruism overriding financial gain, contrary to findings from a study in other Asian settings.<sup>11</sup> Despite issues related to patient counselling, fear of infection and quality of care at public sector clinics, owners were united in their desire to work collaboratively with programme partners to realise their goal of a TB-free Cambodia.

Owners were nevertheless pragmatic in their approach to programme implementation, focusing on improving outcomes for patients, their businesses, and the programme itself. Interaction with patients contributed to owners' understanding of their communities, which in turn appeared to facilitate communication and engender patient trust—both considered essential elements to optimise patient outcomes in a referral programme.<sup>12,13,14</sup> During six years of programme implementation in Cambodia, owners have acquired experience and expertise in patient referral and contributed to patient confidence in pharmacy-initiated referral, sometimes lacking in other settings.<sup>10</sup>

Patient fear of referral was reported by pharmacy owners as a major contributor to the complexities of patient counselling, a situation faced by health professionals elsewhere during referral.<sup>14</sup> Despite providing patients with information on clinic procedures and facilitating patient travel, many owners described with emotion the anxiety and frustration experienced when patients declined referral or failed to attend the clinic. Refresher training focusing on patient counselling may provide pharmacy owners with on-going professional support; however, distance and travel

costs remain significantly associated with patient delay in accessing treatment in Cambodia.<sup>15</sup> Unlike in other global settings, stigma was not raised by owners as a referral-related issue.

Many owners expressed great concern over the risk of TB infection in pharmacies to other customers, themselves and their families. Extension of current infection control policies in public sector primary health care settings to private sector pharmacies may help allay owner concerns. Acknowledgement by health system administrators of their reciprocal obligations to all health care providers may also support owners who counsel and refer TB symptomatic patients.<sup>16,17</sup>

Owner calls for improved service delivery in public sector clinics highlight the challenges of localising responsibility for TB control.<sup>18</sup> When patients reported poor quality of care at government clinics, owners perceived lack of commitment from public sector clinic staff to be the cause. Provider loss of confidence in public sector clinics and patient reluctance to revisit clinics have been reported in referral studies elsewhere.<sup>19</sup> As intersectoral collaboration and respect have been shown to be essential for successful patient referral at community level, further collaborative training may help.<sup>13</sup> Both public and private providers have valuable knowledge of their communities. This whole-of-community approach may have particular relevance in high-burden Cambodia.<sup>20</sup>

Cambodian pharmacy owners were committed to reducing TB transmission and were willing to acquire further knowledge in pursuit of this goal, a trend reported elsewhere among primary care providers.<sup>7,21</sup> Engaging and supporting community-level TB care providers is already proving feasible in Cambodia and other countries.<sup>9,21–23</sup> Despite occasional lack of patient follow-through on referral, Cambodian pharmacy owners were willing to provide referral services for the public good for the long term. However, owners requested ongoing support from all programme partners to facilitate this goal.

The strengths of this study included a high participant response rate and proactive contribution from most participants, with discussions conducted and facilitated in the Khmer language. Limitations of the study included self-reported attitudes and practices. To account for any interpreter bias in data translations, all tapes were translated by one interpreter and a sample audio-tape was verified by an independent interpreter. Restricting the study to Phnom Penh may limit the generalisability of these findings to other settings.

## CONCLUSION

Pharmacy owners' professionalism in providing services and their commitment to the NTP's referral programme were emergent themes in this study. Fur-

ther studies are needed to determine the extent of these findings among all referring pharmacy owners in Cambodia. Nevertheless, this study highlighted issues of concern to private pharmacies involved in TB control. Recognition of private provider needs and aspirations may be an important component of PPM interventions designed to meet public health goals and outcomes.

## Acknowledgements

The authors acknowledge encouragement received from Cambodia's National Centre for Tuberculosis and Leprosy Control to conduct the study. The assistance and support received from the Municipal Health Department, Faculty of Pharmacy University of Health Sciences, National Ethics Committee for Human Research, the Pharmacists Association of Cambodia and PATH, is gratefully acknowledged. Researchers also acknowledge support from the Faculty of Pharmacy and the Research Office, University of Sydney, Australia. CB received a grant for travel to Cambodia.

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## R É S U M É

**CONTEXTE :** Depuis 2005, les pharmacies privées liées au Programme National de Tuberculose (PNT) et au Département Municipal de la Santé à Phnom Penh réfèrent des patients porteurs de symptômes de tuberculose aux dispensaires antituberculeux du secteur public.

**OBJECTIF :** Investiguer les attitudes et pratiques des pourvoyeurs de service de référence à partir des pharmacies à Phnom Penh, 2005–2010.

**MÉTHODES :** On a sélectionné intentionnellement des participants de l'étude dans les registres de propriétaires de pharmacies qui assuraient des services de référence. On a mené des discussions en langue Khmer par des facilitateurs entraînés. Les participants ont discuté le sujet en rapport avec leurs expériences et leur participation au programme de référence.

**RÉSULTATS :** En janvier 2011, 54 propriétaires de pharmacie ont participé à six discussions de groupes focalisées tenues à Phnom Penh. L'interprétation des données a montré une cohérence de message sur l'ensemble des

sujets. Les thèmes émergents ont été les suivants : altruisme, pragmatisme, professionnalisme, et engagement soutenu du propriétaire vers les objectifs du programme. Faisaient souci pour les participants, les questions en rapport avec les conseils aux patients, la crainte de l'infection et la qualité des soins dans les dispensaires du secteur public. Les propriétaires pensaient que leur rôle pouvait être renforcé par un soutien professionnel continu, par une amélioration des soins aux patients dans le secteur public et par des campagnes dans les media.

**CONCLUSION :** Les pharmacies constituent des options supplémentaires pour les PNT collaborant avec les pourvoyeurs de soins du secteur privé. La reconnaissance des besoins et aspirations des pourvoyeurs du secteur privé peuvent être une composante essentielle des programmes de collaboration entre les secteurs privé et public pour permettre d'atteindre les objectifs de santé publique.

## R E S U M E N

**MARCO DE REFERENCIA:** Las farmacias privadas vinculadas con el Programa Nacional contra la Tuberculosis (PNT) y registradas en Departamento Municipal de Salud en Phnom Penh, han remitido desde el 2005 los pacientes sintomáticos a los consultorios de tuberculosis del sector público.

**OBJETIVO:** Investigar las actitudes y las prácticas de los proveedores del servicio de remisión de pacientes por iniciativa de las farmacias en Phnom Penh, entre el 2005 y el 2010.

**MÉTODOS:** Se escogieron los participantes mediante un muestreo de conveniencia a partir del registro de los propietarios de farmacias que prestan servicios de remisión. Se organizaron grupos de discusión in Khmer dirigidos por facilitadores capacitados. Los participantes analizaron temas relacionados con sus experiencias y su participación en el programa de remisiones.

**RESULTADOS:** En enero del 2011, 54 propietarios de farmacias participaron en seis grupos de discusión que tuvieron lugar en Phnom Penh. La interpretación de los

datos mostró un mensaje homogéneo en todos los tópicos. Surgieron temas como el altruismo, el pragmatismo y el profesionalismo, que respaldaban el compromiso de los propietarios con los objetivos del programa. Los participantes expresaron inquietudes por aspectos relacionados con la orientación de los pacientes, el temor a la infección y la calidad de la atención en los consultorios del sector público. Los propietarios de farmacias opinaron que un respaldo profesional continuo, el mejoramiento de la atención del paciente en el sector público y las campañas en los medios de comunicación podrían reforzar su participación en el programa.

**CONCLUSIÓN:** Las farmacias ofrecen al PNT nuevas opciones de colaboración con los proveedores de atención de salud del sector privado. El reconocimiento de las necesidades de los proveedores privados de atención sanitaria puede constituir un componente primordial de los programas de colaboración publicoprivada a fin de cumplir con las metas de salud pública.