Private sector landscape, need for quality care and resource mobilization

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Hannah Monica Dias, World Health Organization
PRIVATE HEALTHCARE DOMINATES IN MANY HIGH-BURDEN COUNTRIES

In 7 countries with 62% of the total missing cases, private providers account for 65%-85% of initial care-seeking, yet they contributed just 19% of TB notifications, equivalent to just 12% of estimated incidence.
Continued relatively strong performance in Bangladesh

Recent gains in India, Philippines, Pakistan, Indonesia

Increases in private for-profit notifications represent 59% of total increase in notifications in these 7 countries 2013-17

But it has been driven mainly by India, with mixed results in other countries

Continued low contributions in Nigeria
"Poor-quality care is now a bigger barrier to reducing mortality than insufficient access."

Of the 946,003 TB deaths amenable to healthcare, HQSS Commission estimated that 50% is due to poor quality TB care.
Simulated patient studies in 4 countries: India, China, Kenya & South Africa

Use of standardised patients to assess quality of tuberculosis care: a pilot, cross-sectional study

Adil Kussu, Abid Kussu, Benjamin Garske, Srinath Satyanarayana, Kamalini Subramaniam, Jeff Begg, Ramesh I. Doo, Venla Doo, Madhukar Pai

Use of standardised patients to assess antibiotic dispensing for tuberculosis by pharmacies in urban India: a cross-sectional study

Srinath Satyanarayana, Aadi Kussu, Benjamin Garske, Kamalini Subramaniam, Andrew McDowell, Jeff Begg, Ramesh I. Doo, Venla Doo, Madhukar Pai

Use of standardised patients to assess quality of healthcare in Nairobi, Kenya: a pilot, cross-sectional study with international comparisons

Benjamin Daniels,1 Amy Dolinger,1 Guadalupe Bedoya,1 Khamsi Rojo,2 Ana Golecheia,3 Jorge Coarasa,3 Francis Wafuta,4 Njeri Mwaura,2 Pidelemir Kimeu,1 Johnu Das5

Measuring Quality Gaps in TB Screening in South Africa Using Standardised Patient Analysis

Carmen S. Christian 1,2,*, Ulf-G. Gerdtham 3,4, Dumisani Hompashe 2,5, Anja Smith 2 and Ronelle Burger 2

Tuberculosis detection and the challenges of integrated care in rural China: A cross-sectional standardized patient study

Sean Syhria1, Hao Xu1, Chengchao Zhou1, Yapjiang Shi2, Hongmei Yi1, Huan Zhou1, Scott Rosatte1, Madhukar Pai1, Johnu Das5
### Results: SP with suspected TB

<table>
<thead>
<tr>
<th>Setting - Sector</th>
<th>% Correctly Managed</th>
<th>% Referred</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delhi, India – <em>private sector</em></td>
<td>21%</td>
<td>10%</td>
</tr>
<tr>
<td>Mumbai, India – <em>private sector</em></td>
<td>37%</td>
<td>15%</td>
</tr>
<tr>
<td>Patna, India – <em>private sector</em></td>
<td>33%</td>
<td>10%</td>
</tr>
<tr>
<td>Nairobi, Kenya – <em>public &amp; private</em></td>
<td>33 – 40%</td>
<td>4% - 10%</td>
</tr>
<tr>
<td></td>
<td>Public: 79% asked for sputum test</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Private: 36% asked for sputum test</td>
<td></td>
</tr>
<tr>
<td>Rural China (3 provinces) - <em>public</em></td>
<td>28%, village clinics</td>
<td></td>
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<tr>
<td></td>
<td>38%, township centers</td>
<td></td>
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<tr>
<td></td>
<td>90%, county hospitals</td>
<td></td>
</tr>
<tr>
<td>South Africa – <em>public</em> (Western &amp; Eastern Cape)</td>
<td>43% got TB and HIV tests</td>
<td></td>
</tr>
<tr>
<td></td>
<td>84% got sputum TB tests</td>
<td></td>
</tr>
<tr>
<td>South Africa – <em>private</em> (KZN)</td>
<td>28%</td>
<td>20%</td>
</tr>
</tbody>
</table>
Investing in PPM is **good value for money**

- Interventions to combat TB have been recognized as highly cost-effective, with a return of $43 on every investment dollar.

- **Patient perspective:**
  - PPM models save money for TB patients who would otherwise access services from unengaged providers by facilitating referral to free NTP services or enabling privately-managed patients to benefit from programme procured drugs, diagnostics and social support.
  - Savings in time, and potentially lost employment, as a result of easier access and more convenient hours of operation.

- **Programme perspective**
  - Studies suggest that programme costs per patient successfully treated under PPM models may be substantially lower than for standard NTP services as a result of leveraging time and facilities of non-NTP providers.

- **Urgent need to develop investment case for PPM and resource gaps in countries**
PPM for TB Prevention and Care
A ROADMAP
Why do we need a PPM Roadmap?

- Gaps in care
- WHO policies and guidelines but slow uptake
- Lack of political commitment and advocacy
- Lack of prioritization
- Numerous pilots very few taken to scale
Why Now? Emerging Opportunities

- **Renewed high-level attention** towards closing the gaps in care, could facilitate a major increase in private provider engagement for TB in the coming years: UNHLM, Find.Treat.All & Strategic Initiatives.

- **Positive and promising examples** can set an example for other countries inspiring them to be more ambitious. E.g. India, Pakistan, etc. featured in the landscape analysis.

- **New digital technologies** facilitate the engagement of all providers by transitioning from paper-based data to digital, case-based registration systems.

- **Access to new and improved diagnostic and treatment tools**, such as digital chest x-ray, Xpert and shorter MDR-TB regimens, has increased the value of collaboration to independent providers.

- **Social health insurance schemes** in some countries are approaching full population coverage and will provide an opportunity to drive access to quality TB care amongst all providers.
Focusing on countries where PPM can make a difference

<table>
<thead>
<tr>
<th>Country</th>
<th>Population (thousands)</th>
<th>TB incidence rate</th>
<th>TB incidence (thousands)</th>
<th>MDR incidence (thousands)</th>
<th>Notifications, new and relapse (thousands)</th>
<th>Treatment coverage rate</th>
<th>Missing cases (thousands)</th>
</tr>
</thead>
<tbody>
<tr>
<td>India</td>
<td>1340</td>
<td>204</td>
<td>2740</td>
<td>135</td>
<td>1787</td>
<td>65%</td>
<td>953</td>
</tr>
<tr>
<td>Indonesia</td>
<td>264</td>
<td>319</td>
<td>842</td>
<td>23</td>
<td>442</td>
<td>53%</td>
<td>400</td>
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<tr>
<td>Nigeria</td>
<td>190</td>
<td>219</td>
<td>418</td>
<td>24</td>
<td>102</td>
<td>24%</td>
<td>316</td>
</tr>
<tr>
<td>Philippines</td>
<td>105</td>
<td>554</td>
<td>581</td>
<td>27</td>
<td>317</td>
<td>55%</td>
<td>264</td>
</tr>
<tr>
<td>Pakistan</td>
<td>197</td>
<td>267</td>
<td>525</td>
<td>27</td>
<td>359</td>
<td>68%</td>
<td>166</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>165</td>
<td>221</td>
<td>364</td>
<td>8</td>
<td>243</td>
<td>67%</td>
<td>121</td>
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<tr>
<td>China</td>
<td>1410</td>
<td>63</td>
<td>889</td>
<td>73</td>
<td>773</td>
<td>87%</td>
<td>116</td>
</tr>
<tr>
<td>Democratic Republic of Congo</td>
<td>81</td>
<td>322</td>
<td>262</td>
<td>8</td>
<td>150</td>
<td>57%</td>
<td>112</td>
</tr>
<tr>
<td>South Africa</td>
<td>57</td>
<td>567</td>
<td>322</td>
<td>14</td>
<td>220</td>
<td>68%</td>
<td>102</td>
</tr>
<tr>
<td>Tanzania</td>
<td>57</td>
<td>269</td>
<td>154</td>
<td>2</td>
<td>68</td>
<td>44%</td>
<td>86</td>
</tr>
<tr>
<td>Kenya</td>
<td>50</td>
<td>319</td>
<td>158</td>
<td>3</td>
<td>84</td>
<td>53%</td>
<td>74</td>
</tr>
<tr>
<td>Myanmar</td>
<td>53</td>
<td>358</td>
<td>191</td>
<td>14</td>
<td>130</td>
<td>69%</td>
<td>61</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>105</td>
<td>164</td>
<td>172</td>
<td>6</td>
<td>117</td>
<td>68%</td>
<td>55</td>
</tr>
<tr>
<td>Angola</td>
<td>50</td>
<td>319</td>
<td>158</td>
<td>3</td>
<td>84</td>
<td>53%</td>
<td>74</td>
</tr>
<tr>
<td>Thailand</td>
<td>69</td>
<td>156</td>
<td>108</td>
<td>2</td>
<td>36</td>
<td>58%</td>
<td>26</td>
</tr>
</tbody>
</table>
THE BIG SEVEN

INDIA
2 740 000 FELL ILL WITH TB
- 1 780 000 males
- 954 000 females
- 224 000 children
- 1 786 681 TB case notified
- 953 319 people not notified or not diagnosed

INDONESIA
842 000 FELL ILL WITH TB
- 492 000 males
- 349 000 females
- 49 000 children
- 442 172 TB case notified
- 399 828 people not notified or not diagnosed

MYANMAR
191 000 FELL ILL WITH TB
- 123 000 males
- 68 000 females
- 23 000 children
- 130 418 TB case notified
- 60 582 people not notified or not diagnosed

BANGLADESH
364 000 FELL ILL WITH TB
- 230 000 males
- 134 000 females
- 35 000 children
- 242 639 TB case notified
- 121 361 people not notified or not diagnosed

NIGERIA
418 000 FELL ILL WITH TB
- 268 000 males
- 150 000 females
- 57 000 children
- 102 387 TB case notified
- 315 613 people not notified or not diagnosed

PAKISTAN
525 000 FELL ILL WITH TB
- 291 000 males
- 235 000 females
- 57 000 children
- 359 224 TB case notified
- 165 766 people not notified or not diagnosed

PHILIPPINES
581 000 FELL ILL WITH TB
- 408 000 males
- 173 000 females
- 71 000 children
- 317 266 TB case notified
- 263 734 people not notified or not diagnosed
PPM ROADMAP
10 key priorities for action

- Allocate adequate funding for engaging all providers, including by capitalizing on financing reforms for universal health coverage.
- Set appropriately ambitious PPM targets.
- Build understanding about patient preferences, private sector dynamics and the rationale for engaging all providers.
- Advocate for political commitment, action and investment in PPM.
- Partner with and build the capacity of intermediaries and key stakeholders.
- Establish a supportive policy and regulatory framework.
- Harness the power of digital technologies.
- Deliver a range of financial and nonfinancial incentives and enablers.
- Monitor progress and build accountability.
- Adapt flexible models of engagement applicable to local contexts.
1. **Build understanding about patient preferences and the rationale for engaging all care providers**
   - Strong evidence base critical to transform mindsets as well as secure high-level commitment and investment e.g. patient pathway analyses, patterns of provider behaviours and drug sales
   - The information will also enable programmes to prioritize types of providers for engagement.

2. **Set appropriately ambitious targets**
   - Develop and set high-profile targets to scale up the engagement of private providers in partnership with relevant stakeholders.
   - Essential to promote accountability and unite diverse stakeholders in a common effort.
   - Meaningful indicators including on effective coverage, quality of care and financial protection.
3. **Advocate for political commitment, action and investment**
   - Build high-level commitment to “business unusual” approaches
   - Create an environment in which all health care providers are motivated to provide quality-assured TB care in partnership with NTPs
   - Increase population-level demand for accredited TB care and associated support services from all providers—engage with communities and civil society.

4. **Ensure adequate funding for private provider engagement, including by capitalizing on financing reforms for Universal Health Coverage**
   - Prioritization of private provider engagement must be reflected in budget allocations and expenditure.
   - In countries where non-NTP providers play a major role in health care, PPM can no longer be treated as an optional extra
   - UHC/SHI opportunities
5. **Partner with intermediaries and key stakeholders**
   - Overburdened NTPs
   - Intermediary agencies could bridge the gap, success stories

6. **Establish a supportive policy and regulatory framework**
   - Tool to drive engagement
   - Enforcement challenges but digital technologies can help operationalization

7. **Adapt flexible models of engagement applicable to local contexts**
   - No single implementation model
   - Flexible and outputs focused
8. **Harness the power of digital technologies**
   - Recording and reporting
   - Treatment support

9. **Deliver a range of financial and non-financial incentives and enablers**
   - Trust and keeping promises
   - Non-financial incentives may be more powerful
   - Providers should be compensated commensurate to their work

10. **Monitor progress and build accountability**
    - Justify continued financial support for PPM activities
    - Build accountability, as well as fine-tune PPM operations and target resources effectively.
    - WHO will work with NTPs and their partners in a limited number of priority countries to agree on a set of indicators that can be used to monitor both effort and progress in engaging all providers, and to make up-to-date data readily accessible on a tailored web platform.
Timeline and targets

**Financing**
- Further increases in Global Fund grant allocations to PPM
- Data available on resource allocation for PPM in priority countries

**Coverage**
- NTPs in priority countries have improved the understanding of patient pathways and the role of all providers

**Outcomes / targets**
- 13 Strategic Initiative countries achieve target of detecting 1.5 million additional TB cases
- Priority countries agree on enhanced PPM dashboard and targets

**Monitoring / evaluation**
- PPM priority countries analyse data on outcomes by type of notifying provider
- Composite indicator of alignment of TB services with health systems developed and tested

**Outcomes / targets**
- 30 high TB burden countries reach 90% treatment coverage target of the End TB Strategy and Find.Treat.All.#EndTB Initiative
**Timeline and targets**

### 2025

**Financing**
- Global Fund grant budgets reflect the role of different provider types in each country

**Coverage**
- Most relevant non-state providers systematically engaged for TB at scale in 50% of priority countries

**Outcomes / targets**
- Dashboard in use, and significant progress on reaching targets in priority countries

**Monitoring / evaluation**
- Data on outcomes by type of notifying provider systematically integrated in global and national TB monitoring reports. Expanded section on PPM in WHO Global TB report
- Composite indicator of alignment of TB services with mixed health system in use by PPM priority countries

### 2030-2035

**Financing**
- All funding for TB service delivery in high-burden countries reflects the role of different provider types in care-seeking

**Coverage**
- All high-burden countries analyse data on effective coverage by type of provider responsible for referring, notifying and treating TB patients
- Most relevant non-state providers systematically engaged for TB at scale in 100% of priority countries

**Outcomes / targets**
- All TB patients managed according to national protocols, with financial protection, regardless of where they seek care

**Monitoring / evaluation**
- Full alignment of TB services with primary care-seeking behaviour of the population
USING THE ROADMAP TO DRIVE ACTION

PUBLIC-PRIVATE MIX FOR TB PREVENTION AND CARE
A ROADMAP