PATH’s engagement in TB Control Programming

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Director TB–HIV
PATH – India Country Program
PATH is a global team of innovators working to eliminate health inequities so people, communities, and economies can thrive.
Our vision for TB elimination

Enable countries to meet the End TB Strategy goals by finding missing cases, reducing the inequity in treatment outcomes, and boosting LTBI detection and prevention.

Key strategies include:

- **re-defining service delivery** utilizing existing tools and technologies
- **building public private partnerships** to address LTBI detection and TPT, case finding, diagnosis, and treatment especially in urban centers and for DR-TB
- **accelerating integration** of TB within HIV, diabetes, and malnutrition interventions and leverage joint funding to grow regional and technical expertise in these areas
- **introducing innovative diagnostic and treatment measures** in TB control programs
- improving quality of patient management, data collection and analysis through **strengthened ICT and digital platforms** for strategic decision-making and program targeting
- **ensuring a gendered-approach** and focus on populations that are at greater overall vulnerability to poor TB and health outcomes
Introduction: Why Private Sector Engagement

India has the one of the largest private healthcare sectors in the world.

- 72% of healthcare expenditure is out of pocket\(^1\)
- Mean costs incurred by patients with pulmonary tuberculosis - $562.66 \((\sim 193\% \text{ of the estimated monthly income of a manual laborer})\)^2

National Sample Survey, 2015

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Percentage of Spells of ailment treated by level of care, by sex and urban/rural</th>
<th>Percentage of Spells of ailment treated by sex and urban/rural</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male (1)</td>
<td>Female (2)</td>
</tr>
<tr>
<td>IRC, FTC &amp; others*</td>
<td>10.6</td>
<td>12.3</td>
</tr>
<tr>
<td>Public hospital</td>
<td>15.9</td>
<td>17.5</td>
</tr>
<tr>
<td>Private doctors/Gin Eye</td>
<td>52.7</td>
<td>48.9</td>
</tr>
<tr>
<td>Private hospital</td>
<td>20.8</td>
<td>21.3</td>
</tr>
</tbody>
</table>

* includes AMC, ASBL, AHPI dispensary, CMC, NWI


Global TB Report 2018

Patient pathways
Approach and strategies for engaging private sector

Government is the *enabler* of the TB service, not the sole provider

- Gazette order for mandatory notification of TB
- Use of Schedule H1 regulatory provisions
- Free diagnostics and drugs
- Incentives of Rs. 1000 to private providers, for notification and reporting treatment outcome
- Financial support for patients nutrition (monthly Rs 500)
- Public private support agency (PPSA)
- ICT support through call centre, adherence tools, NIKSHAY
PPIA - Service delivery model
UATBC Concurrent Assessment 2016

UATBC core recommendation is to scale-up the interventions in order to optimize the benefits accrued from these approaches.

Strategies used in PPIA intervention should be incorporated into existing RNTCP guidelines for engaging the private sector.

Assessment report recommended to:

- Expand access to free, high sensitive diagnostic tests through public or private supported by RNTCP.
- Public health action.
- Enable and expand ICT systems.
- Reduce Out of pocket expenditure.
- Build capacities of the program to manage contracts.
### Average recurring cost per case at full scale

<table>
<thead>
<tr>
<th></th>
<th>Patna</th>
<th>Mumbai</th>
<th>Mehsana</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Office Staff</strong></td>
<td>4.67</td>
<td>7.11</td>
<td>0.10</td>
</tr>
<tr>
<td><strong>ICT</strong></td>
<td>9.64</td>
<td>11.75</td>
<td>15.32</td>
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<tr>
<td><strong>Field Staff</strong></td>
<td>12.06</td>
<td>12.68</td>
<td>0.00</td>
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<tr>
<td><strong>Incentives</strong></td>
<td>0.26</td>
<td>0.00</td>
<td>0.89</td>
</tr>
<tr>
<td><strong>Others</strong></td>
<td>1.44</td>
<td>2.48</td>
<td>4.49</td>
</tr>
<tr>
<td><strong>Diagnostics</strong></td>
<td>20.39</td>
<td>32.34</td>
<td>0.00</td>
</tr>
<tr>
<td><strong>Drugs</strong></td>
<td>37.31</td>
<td>34.78</td>
<td>29.52</td>
</tr>
<tr>
<td><strong>Total Cost</strong></td>
<td>91.16</td>
<td>101.35</td>
<td>50.32</td>
</tr>
</tbody>
</table>

Recall: Cost per case in public sector is $110
Costs go down with volumes/coverage

![Graph showing cost per case (USD) vs. population coverage ratio for Patna, Mumbai, and Mehsana.](image)

- Patna
  - Actual average cost per case
  - Projected average cost per case

- Mumbai
  - Actual average cost per case
  - Projected average cost per case

- Mehsana
  - Actual average cost per case
  - Projected average cost per case
NATIONAL STRATEGIC PLAN (NSP) TO ELIMINATE TB IN INDIA (2017-25)

Accelerating towards a TB free India

India TB programme caring for 1.5 million TB Cases in 2016

Caring for 3.5 million TB Cases by 2020
Joint Effort for Elimination of Tuberculosis

Aim:
Intensive engagement with the private sector to achieve universal access to quality diagnosis and treatment for TB and help the nation in achieving its NSP targets of TB elimination (28 / 4.8 / 18)

Objective:
1. Develop an insight into private sector by conducting mapping & prioritization of private sector healthcare providers
2. Facilitate nationwide access to RNTCP approved affordable TB diagnostics for patients seeking care in the private sector through public and private lab network for increased notifications and quality diagnosis
3. Facilitate nationwide access to early, appropriate and free treatment initiation, public health actions and adherence support systems for patients seeking care in the private sector
The services will be delivered through establishment of Patient Provider Support Agency (PPSA) and Technical Support in PPSA lite districts

**PPSA**

- **49 cities** with >800,000 population across 15 states
- Coverage includes urban and rural peripheral areas around the PPSA geographies
- Activities in PPSA districts:
  - Mapping of private practitioners and identification of TB champions
  - Continuous engagement of private sector providers through in clinic visits and CMEs
  - Linkages to government provided CB NAAT testing and FDC’s for all patients seeking care in the private sector
  - TB adherence support
  - TB notifications from engaged providers

**PPSA lite**

- **406 cities** with population ranging between 200,000 to 800,000 in 22 states
- City Officers in PPSA lite districts/cities will support –
  - Mapping of private practitioners and identification of TB champions
  - Facilitate private sector provider engagement through CMEs
  - Capacity building of RNTCP staff to undertake private sector engagement
  - Provide program monitoring support and facilitate reviews
Key Activities:

- Mapping and Prioritization of private sector providers
- Ensuring nationwide access to WHO approved quality TB diagnostics to patients seeking care in the private sector
- Enabling early, appropriate and free treatment initiation, public health actions and adherence support systems

Expected Impact:

- 1.6 million notifications over 3 years
- To report successful treatment outcomes
- Setup effective and sustainable PPM strategy pan India
The PPSA operating model mirrors the Mumbai PPIA, although commodities and incentives will be sourced from the government.
JEET Partners and coverage

- William J Clinton Foundation (WJCF)
- Centre for Health, Research and innovation (CHRI)
- Foundation for Innovative New Diagnostics (FIND)

Doctors to be covered: 15,000
Lives to be impacted: 3,500,000

- 3 Years
- 23 States
- 406 Cities
- 2500+ Program Staff
Progress so far

JEET Notification Progress

National TB Notifications

Public

Private

Total

Target

Achieved

2017

2018
India notification progress

**Notifications (Private) 2012-2018**

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<tr>
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<td></td>
<td></td>
<td>390,154</td>
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<td></td>
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<td>433,715</td>
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<thead>
<tr>
<th>NSP 2017-2025</th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
<th>2021</th>
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<tbody>
<tr>
<td>Patients notified by private sector (target)</td>
<td>1.5 M</td>
<td>1.8 M</td>
<td>2 M</td>
<td>2 M</td>
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<tr>
<td>Treatment success rate among notified DSTB (target)</td>
<td>-</td>
<td>-</td>
<td>90%</td>
<td>-</td>
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<tr>
<td>JEET private sector notification target</td>
<td>0.14 M</td>
<td>0.46 M</td>
<td>0.78 M</td>
<td>0.22M*</td>
</tr>
<tr>
<td>JEET treatment success rate target</td>
<td>70%</td>
<td>70%</td>
<td>70%</td>
<td>70%</td>
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Challenges and mitigation plan

Challenges

1. Free CB-NAAT testing for eligible presumptive TB patients & timely reporting
2. Free FDC for private sector patients
3. Timely incentive disbursals to beneficiaries
4. Local NTP acceptance
5. Non JEET geography private sector engagement
6. Adherence support in light intervention area

Mitigation Strategy

1. Timely forecasts of commodities and remedial measures.
2. Manpower and working hours optimization to reduce TAT
3. Leverage alternate resources (LT schemes/ PPM DST schemes/ IPAQT labs)
4. Vouchered drugs from private pharmacy
5. Leveraging Contact Centre
6. Contracting more PPSA through domestic resources
Thank you