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**Market-based
Partnerships for Health**

Tuberculosis Care and Support through the Private Sector in India

**Market-based
Partnerships for Health
and the Way Forward**

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Outline

USAID|India initiative to enable participation of private healthcare providers in the **Revised National Tuberculosis Control Program (RNTCP)** in India

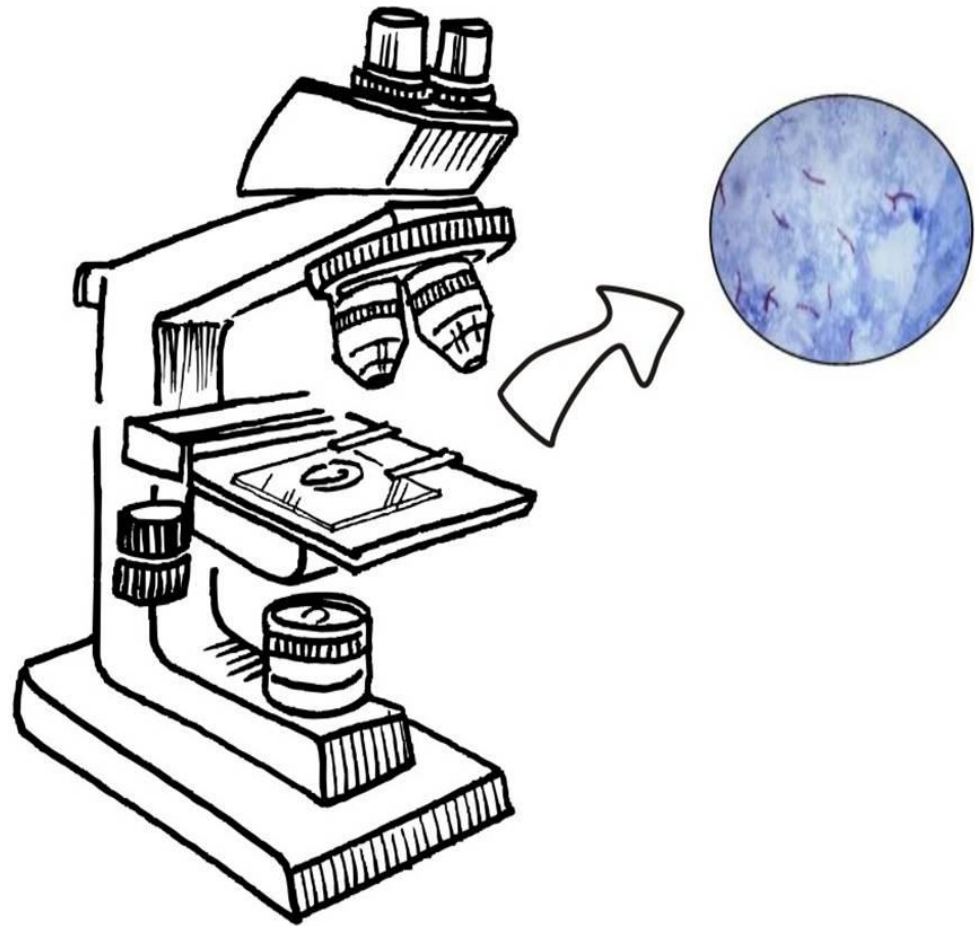
Presentation Outline

- [Market-based Partnerships for Health \(MBPH; TB Initiative\)](#)
 - [Background and MBPH coverage](#)
 - [MBPH: TB model](#)
 - [MBPH: Program results](#)
 - [MBPH: Lessons learned](#)
- [Opportunities for TB care and support in India](#)

Illustrations: Ananth Shankar
Photographs: Oommen George



Background & Coverage



Need for Engagement of Private Sector in RNTCP

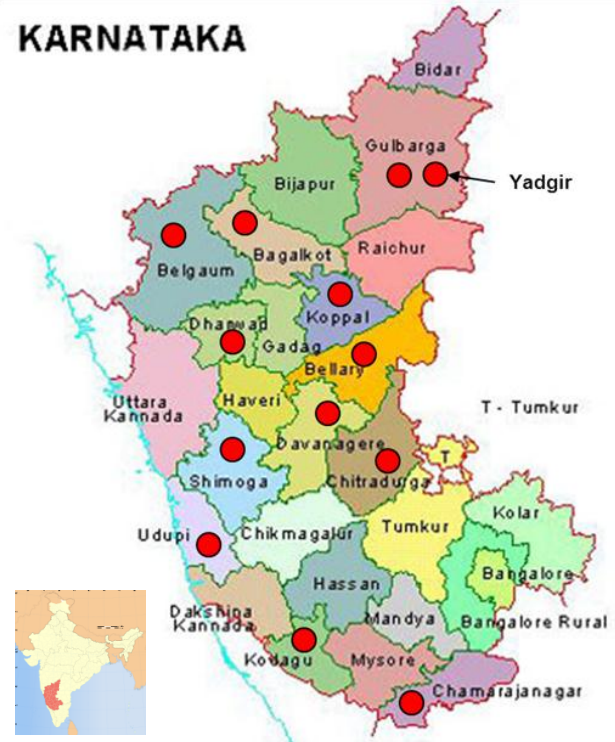
- Private practitioners are preferred by most 1st time health consumers
 - ➔ This sector cannot, & must not, be ignored
- Most TB patients ‘shop’ with several healthcare providers
 - ➔ Delay in effective treatment & increased risk of drug resistance
- Very few private healthcare providers follow national or international standards of TB care
 - ➔ Increased cost, morbidity, mortality & risk of drug resistance



Geographical Coverage: 2 States – UP & Karnataka



13 districts; 69 towns
Population – 800,000
Implemented by **Population Services International (PSI) & Karnataka Health Promotion Trust (KHPT)**



7 districts; 7 towns
Population – 600,000
Implemented by **MedicaSynergie Pvt. Ltd. (MSPL)**

Target Groups



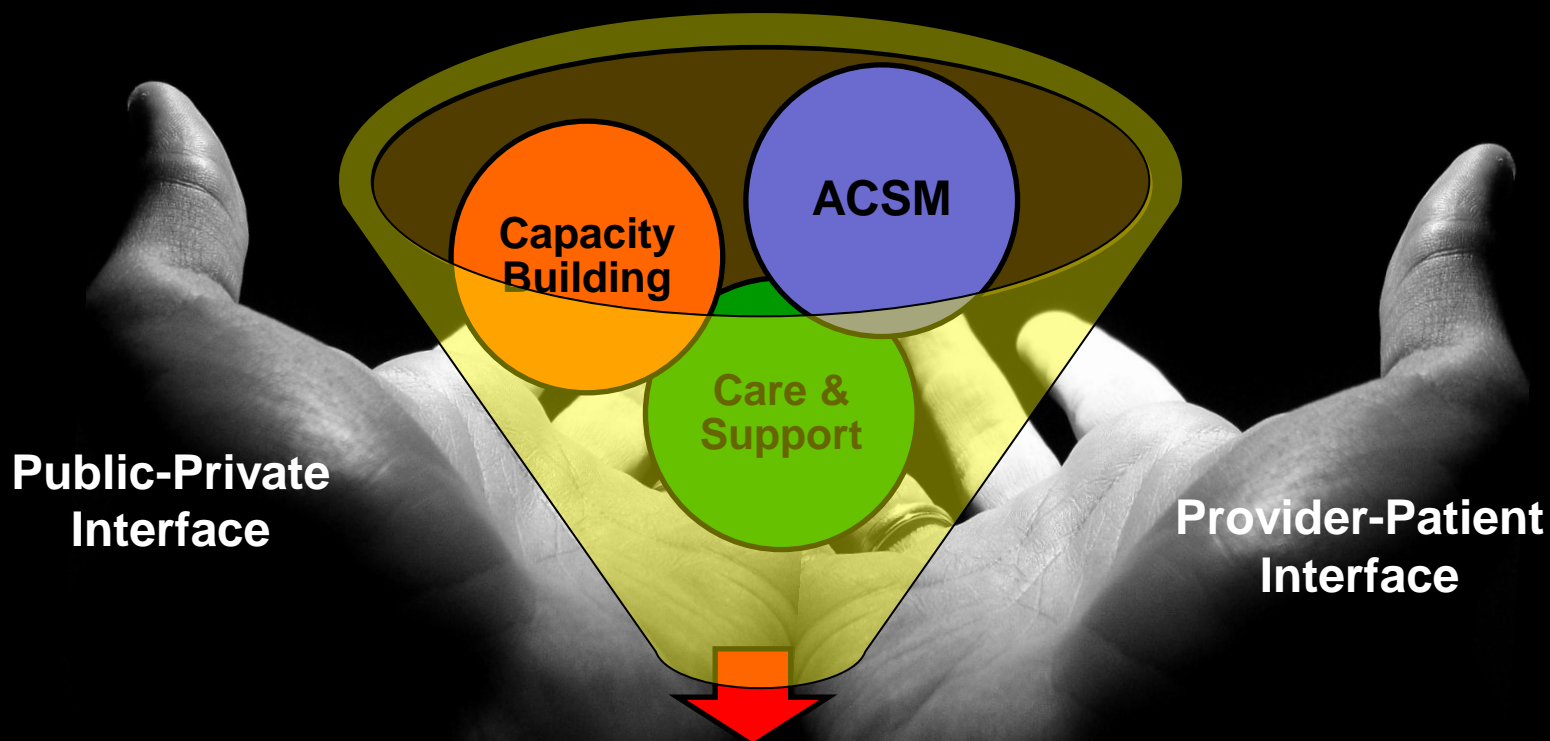
Consumer:
Urban slum populations

Provider:
Private providers catering to
urban slum populations



The MBPH-TB Model

The (Demonstration) Model

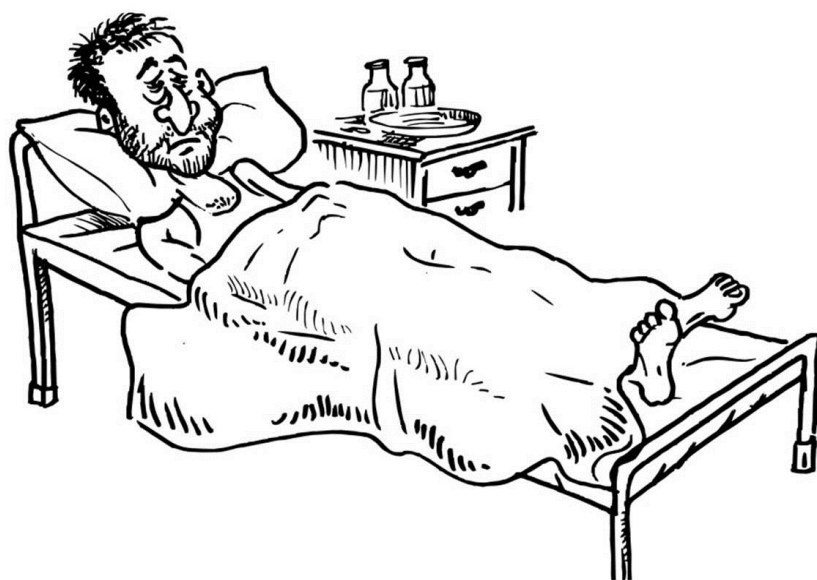


1. Increased & early **case finding**
2. improved **treatment compliance**

National Support for Local Implementation

- Model design, program planning, strategy development
- Research – baseline consumer and provider, ‘delay’ study
- MIS – web-based, client-specific (first time in India for TB)
- Capacity building tools & methodology
- Technical assistance, supervision and monitoring
- Program evaluation (by USAID)

Program Results: Uttar Pradesh



- Public-private relationships could not be built
- Only outputs
(outcomes reported could not be validated without public sector support)



Program Results (Karnataka State)





Target Groups Reached (April-11 to Feb-12)



A networked homeopath in Karnataka, who is also a DOT provider

Not counted in total

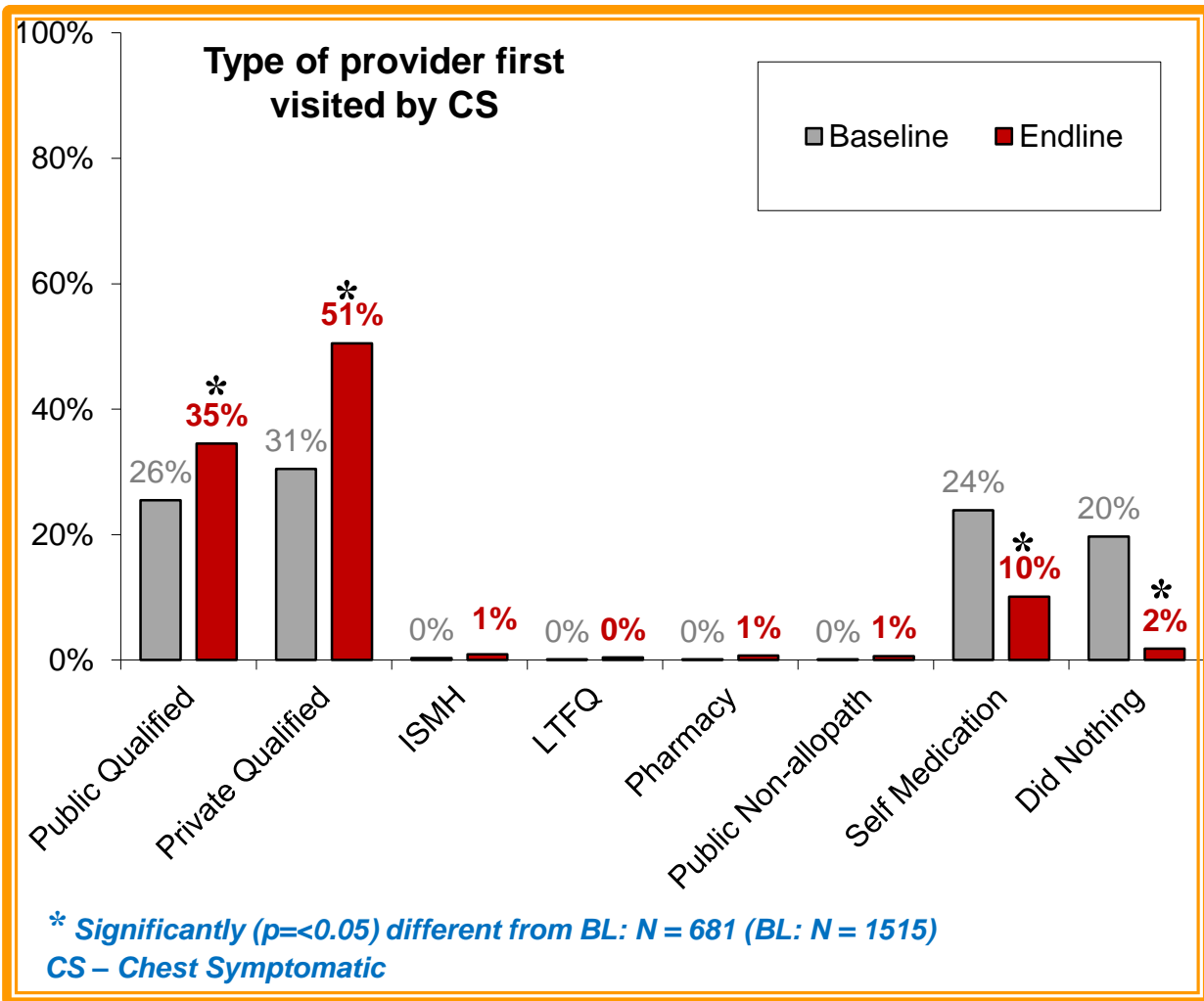
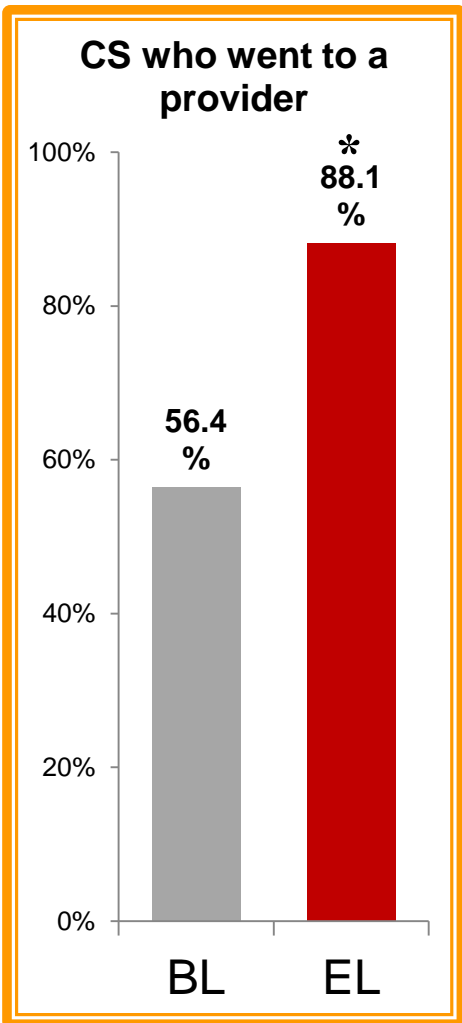
Providers Engaged	No.
Allopaths Sensitized (Allopaths Trained)	616 #(333)
ISMH Sensitized	258
LTFQ Sensitized	57
Chemist Sensitized	560
Total Sensitized/Trained	1,491
Allopaths networked	291
ISMH networked	170
LTFQ networked	28
Chemists networked	0
Total Networked	489
Communication: Total Person Contacts	538,599



Interpersonal communication (above) & a community awareness meeting (below) in Karnataka

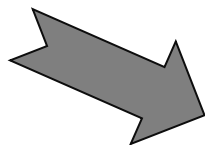


Key Consumer End-line (EL) over Base-line (BL) Findings





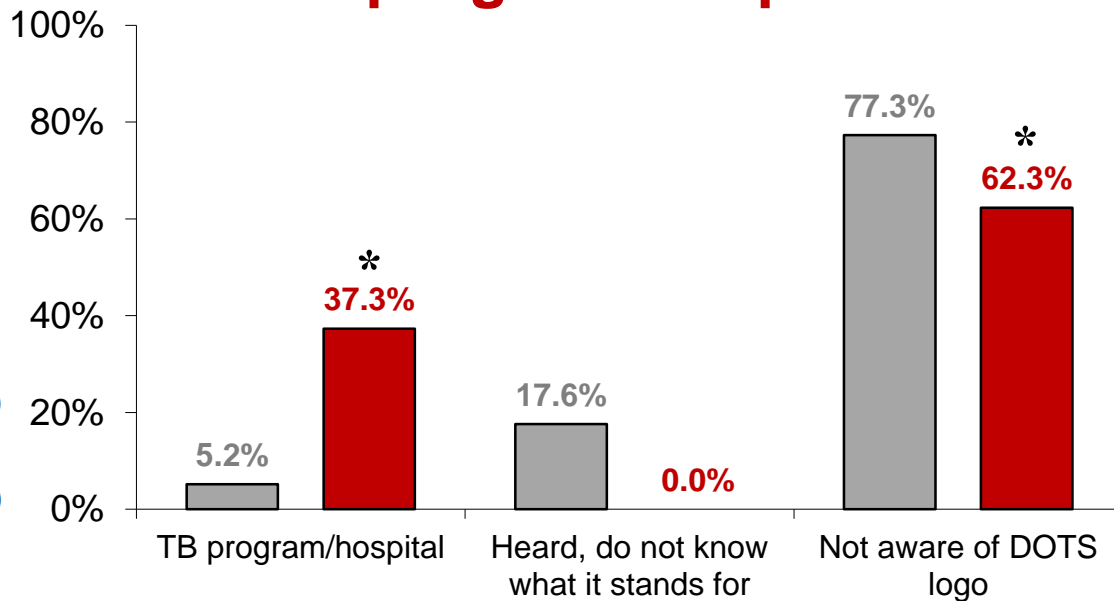
Consumer Awareness of RNTCP Logo (at EL over BL)



Significant increase (at EL) in proportion of CS who identified logo with TB program/hospital

**Significantly ($p < 0.05$) different from BL*

N: EL = 681; BL = 1515

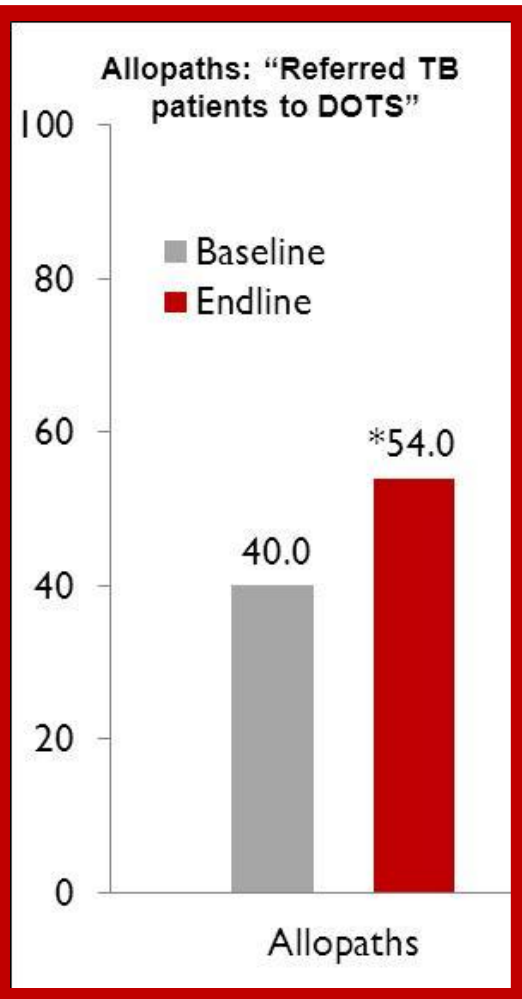


Summary of Consumer EL Findings over BL

Indicators	BL- EL
Visited a qualified provider when noticed persistent cough	↑
Perceived quality of care	↑
Self efficacy of visiting qualified provider	↑
Positive attitude towards visiting qualified provider	▬
Stigma against TB	↓
Correct knowledge of TB	▬
Knowledge about the RNTCP logo	↑



End-line Provider Survey Findings

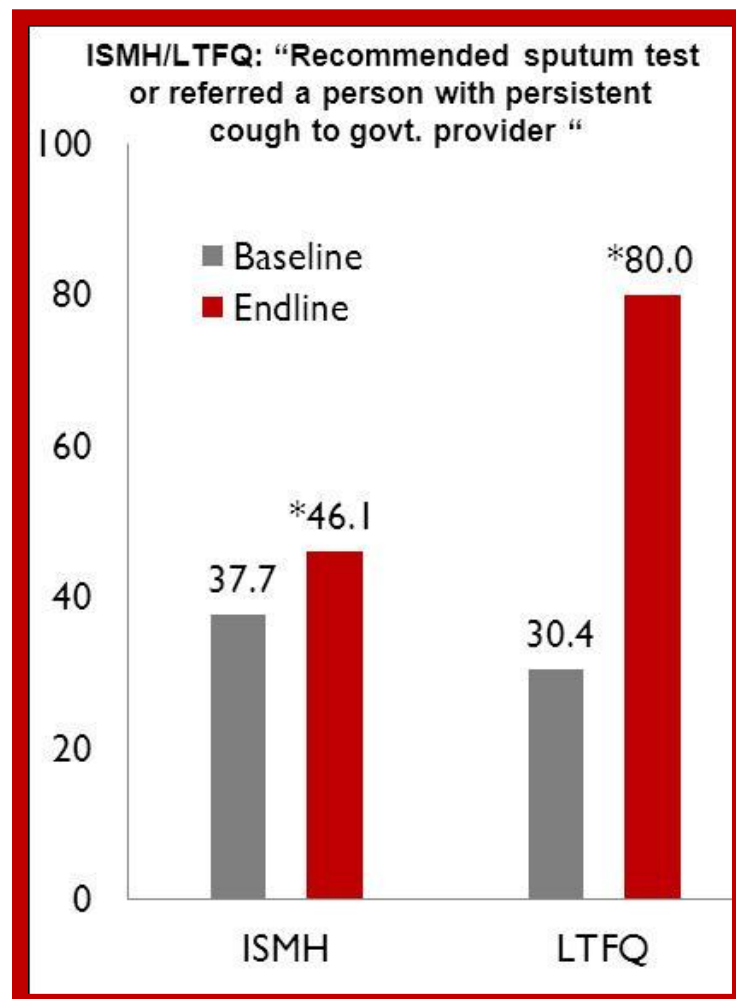


**N: CS (BL: 1515, EL: 681);
Allopaths (BL: 255,
EL:144);
ISMH (BL= 193, EL= 127);
LTFQ (BL:70, EL:25)**

CS: Chest Symptomatics

BL: Baseline, EL: Endline

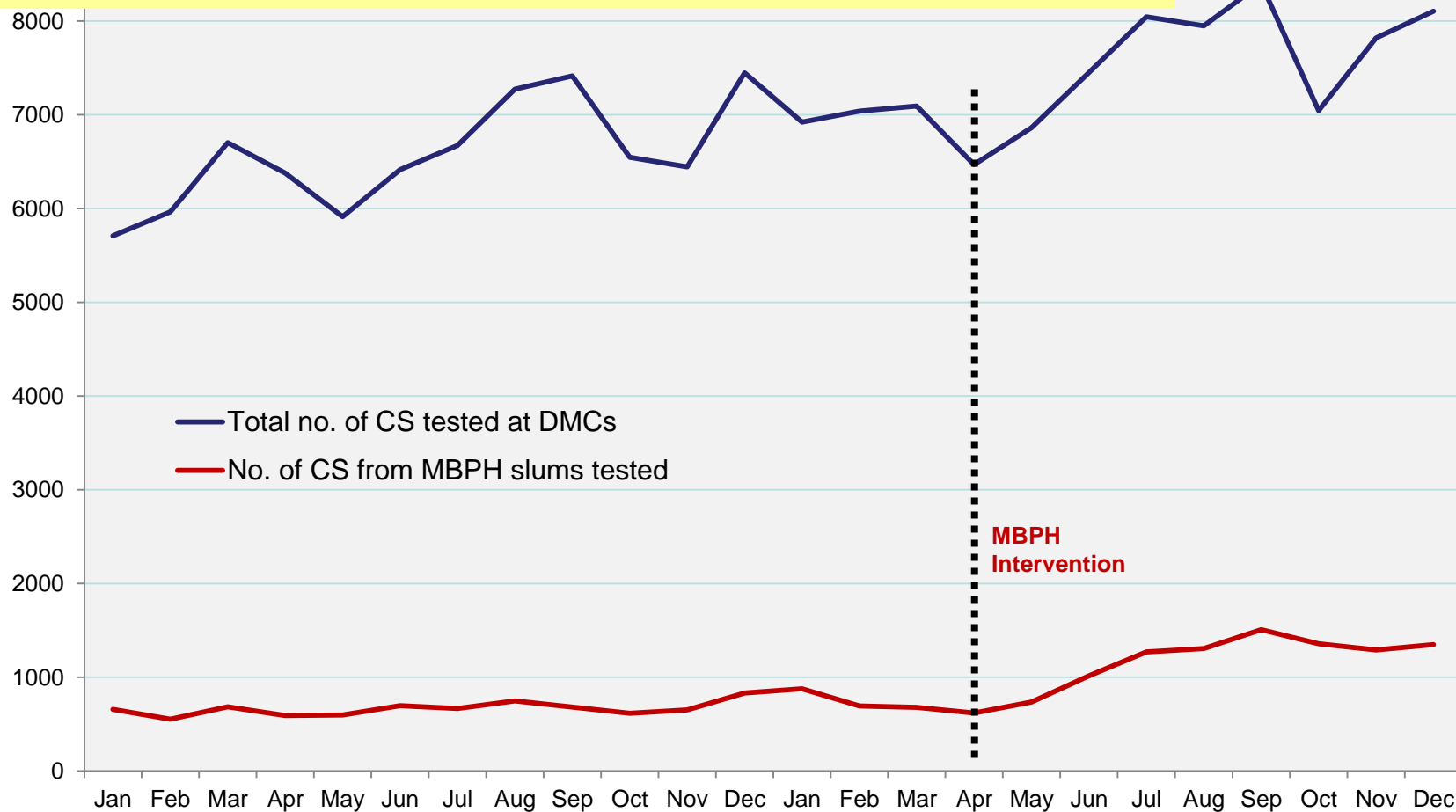
*** Significantly ($p \leq 0.05$)
different from baseline**



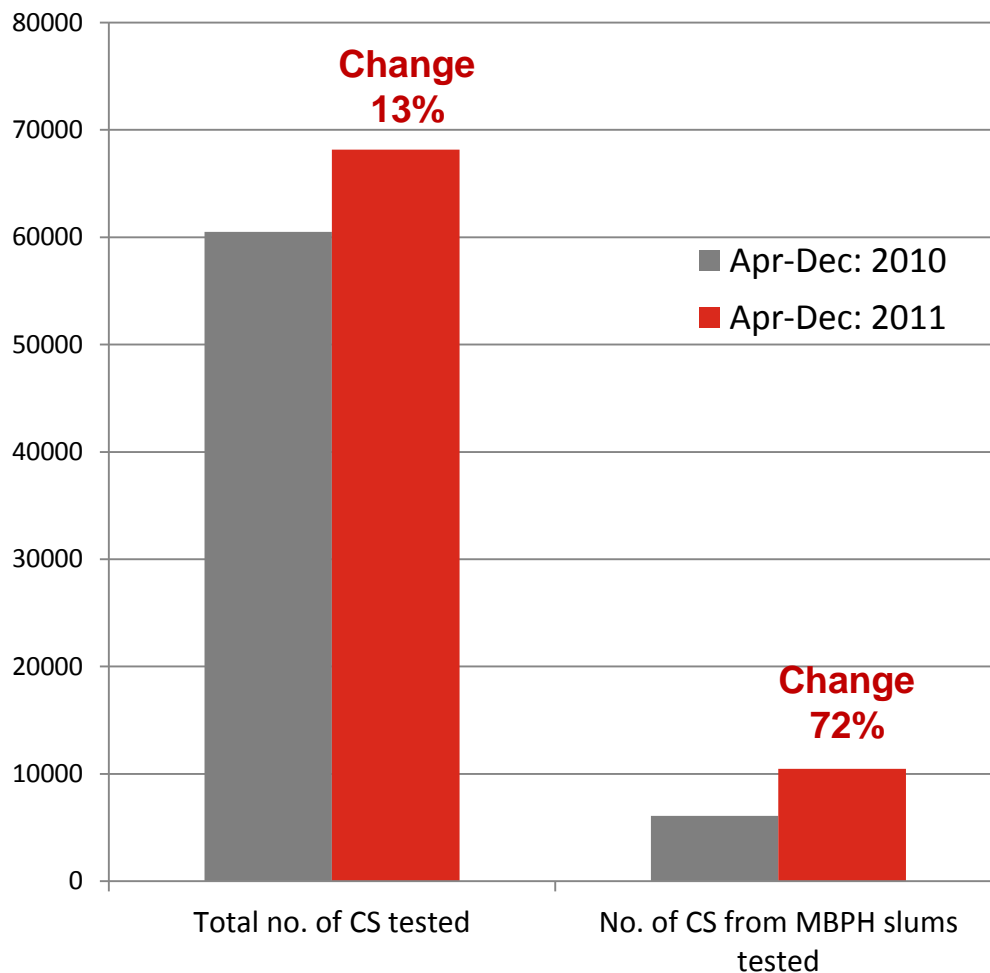


Sputum Microscopy Trends (Jan-10 to Dec-11)

Trend showing numbers of CS tested each month at DMCs from Jan-2010 to Dec-2011: Data source: RNTCP Lab registers of all 75 DMC engaged by MBPH



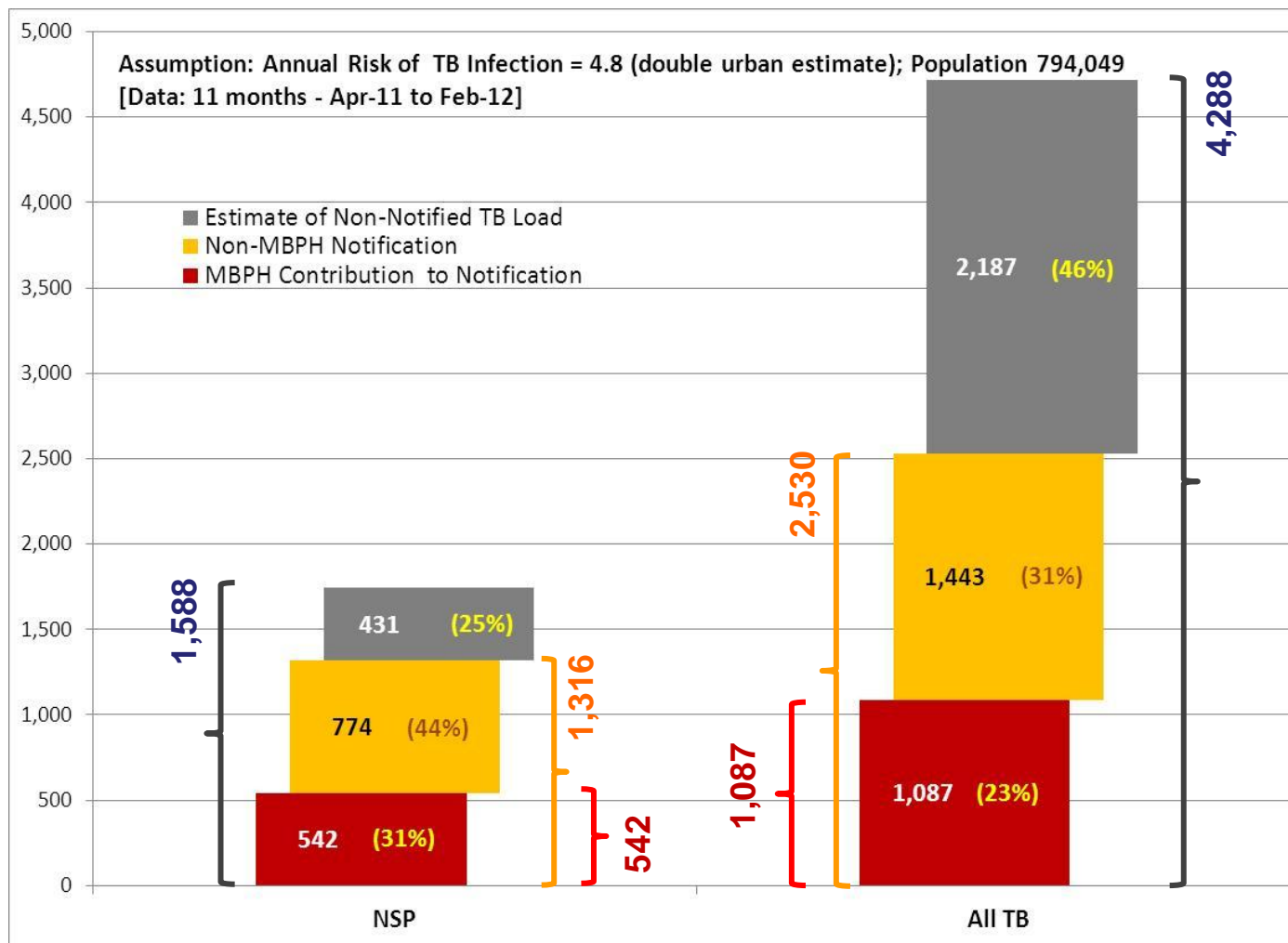
Impact of MBPH on Sputum Microscopy



Comparison of numbers of CS tested at DMCs – total & from MBPH slums – during Apr-Dec 2010 & 2011

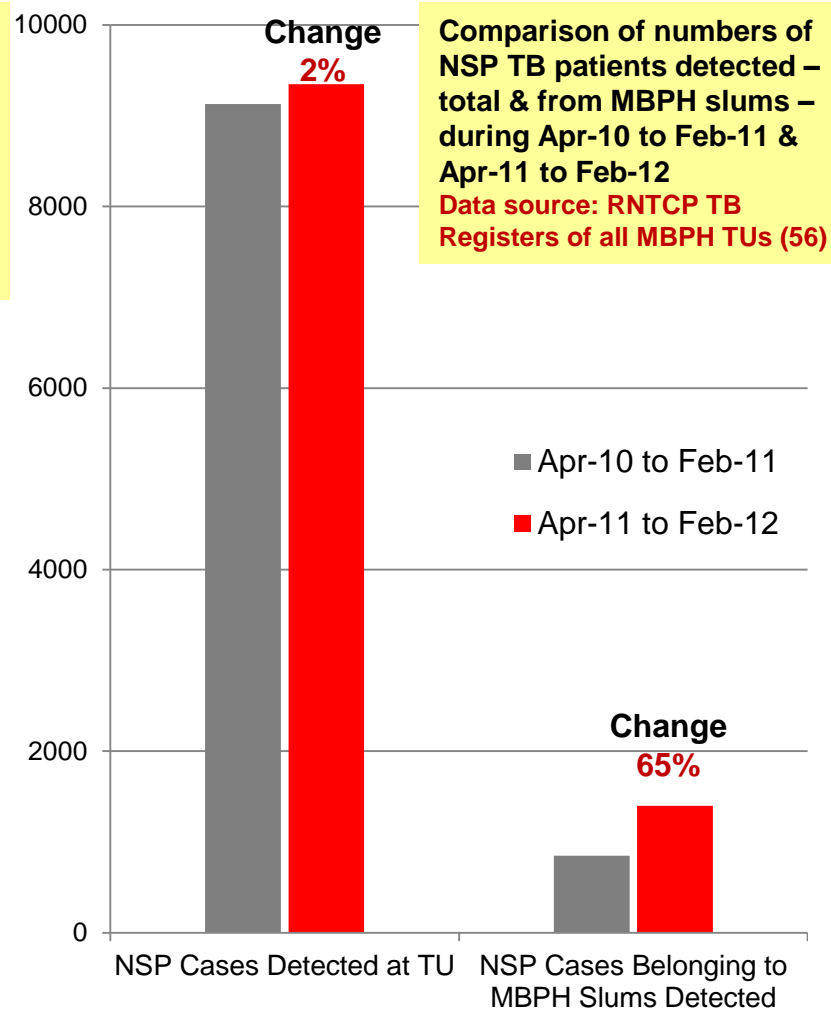
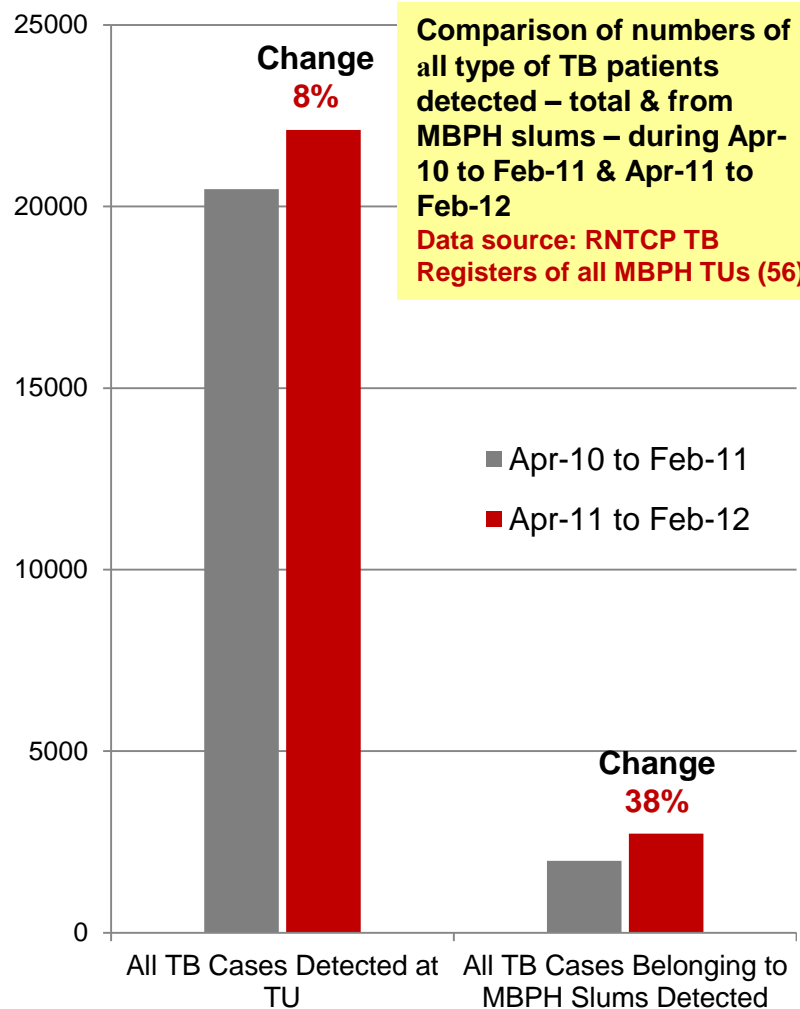
Data source: RNTCP Lab Registers of all 75 DMC engaged by MBPH

Contribution to TB Detection from Intervention Slums



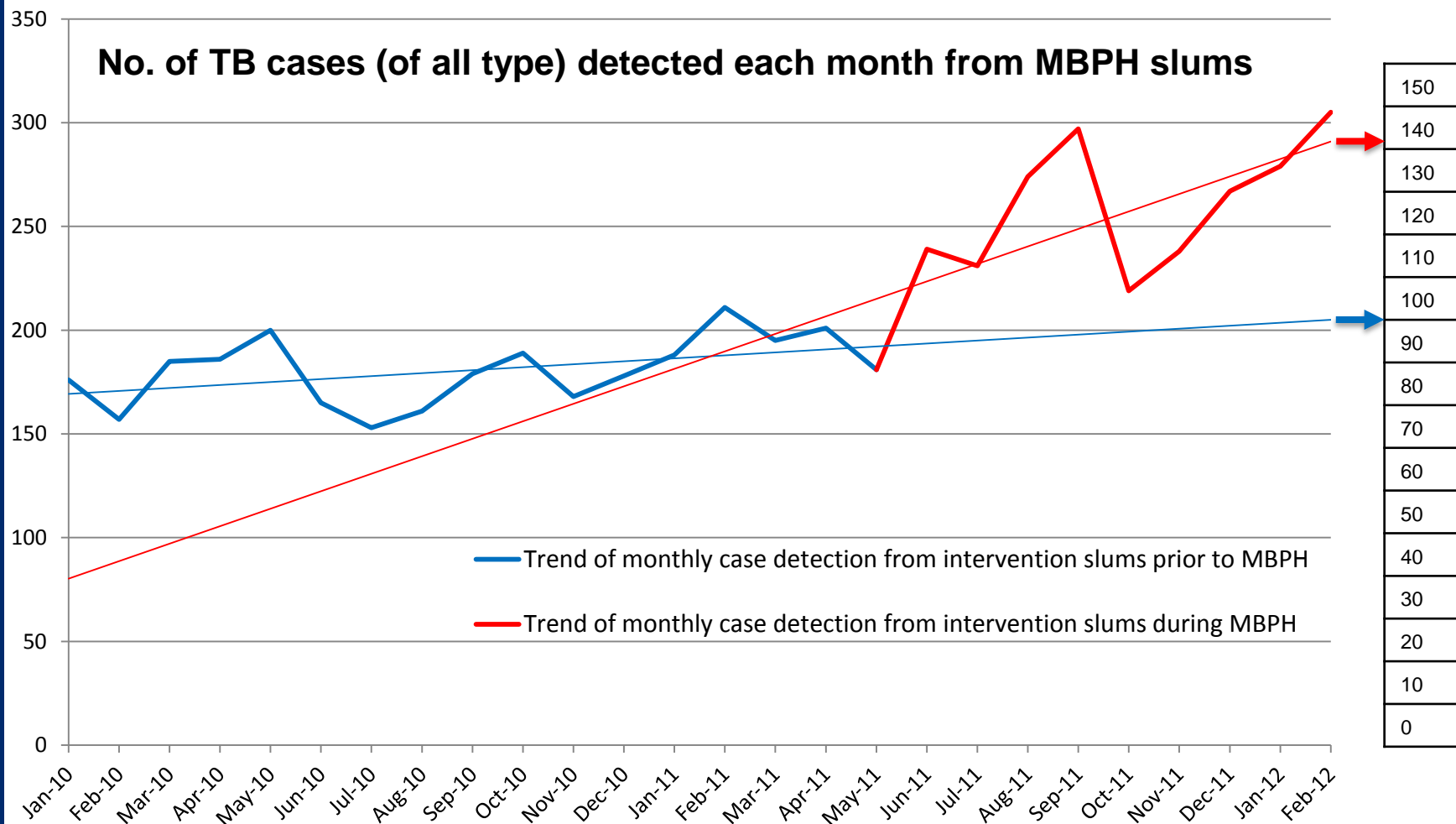


Impact of MBPH on case Detection





Case Detection Trend – Before & After Intervention





Lessons Learned

Lessons from Uttar Pradesh

- A public-private partnership model cannot work when public sector involvement is weak, absent or counter-productive
- A private-private partnership may be considered in such states. However, this is likely to require:
 - Outsourcing of all services to private sector players
 - Re-creation of infrastructure, HR, MIS, supply & logistics
 - Long-term government or donor support at national level
 - Higher cost of procurement of private services

Factors Contributing to Results in Karnataka (1)

- Integration with the national program
 - Avoids confusion among consumers
 - Enhances national efforts
- Public sector commitment & support
 - Synergy (“1 + 1 = 3”)
- The model was robust & comprehensive
 - Meaningful for TB patients/families

Factors Contributing to Results in Karnataka (2)

- Inclusion of health consumer & provider communities, rather than of individual; reasonable scale
 - ➔ Fewer transactions, greater efficiency
- Inclusion of all type of private providers (allopaths, ISMH, LTFQ & chemists) using innovative tools to build capacity
 - ➔ High contribution/referral from non-allopath providers
- **‘Interface’** (public-private & provider-patient)
 - ➔ Enables bridging of serious gaps in healthcare access and service delivery

Next Steps?



Context: RNTCP National Strategic Plan (2012-17)

Goal: Universal Access to quality TB diagnosis and treatment for all TB patients in the community

Priorities:

- Ensure early and improved diagnosis of all TB patients
- Improve patient-friendly access to high-quality treatment for all diagnosed cases of TB
- Re-engineer and optimize programme systems
- Enhancing supervision, monitoring, surveillance and programme operations

Taking MBPH Conclusions Forward

- Continue demonstration – with improvements
 - Making care & support worthwhile for private providers
 - Progressive reductions in cost/client
- Advocate for NGO interface for TB-PPM ✓
- Advocate for comprehensive services ✓

**The next generation
may receive the
highest standards
of care & support
from healthcare
providers of their
choice**



... with our assistance