



USAID
FROM THE AMERICAN PEOPLE



HIV/TB Agency, Information and Services Activity

Engagement, Payment Mechanism and task shifting for TB service provision in Mumbai

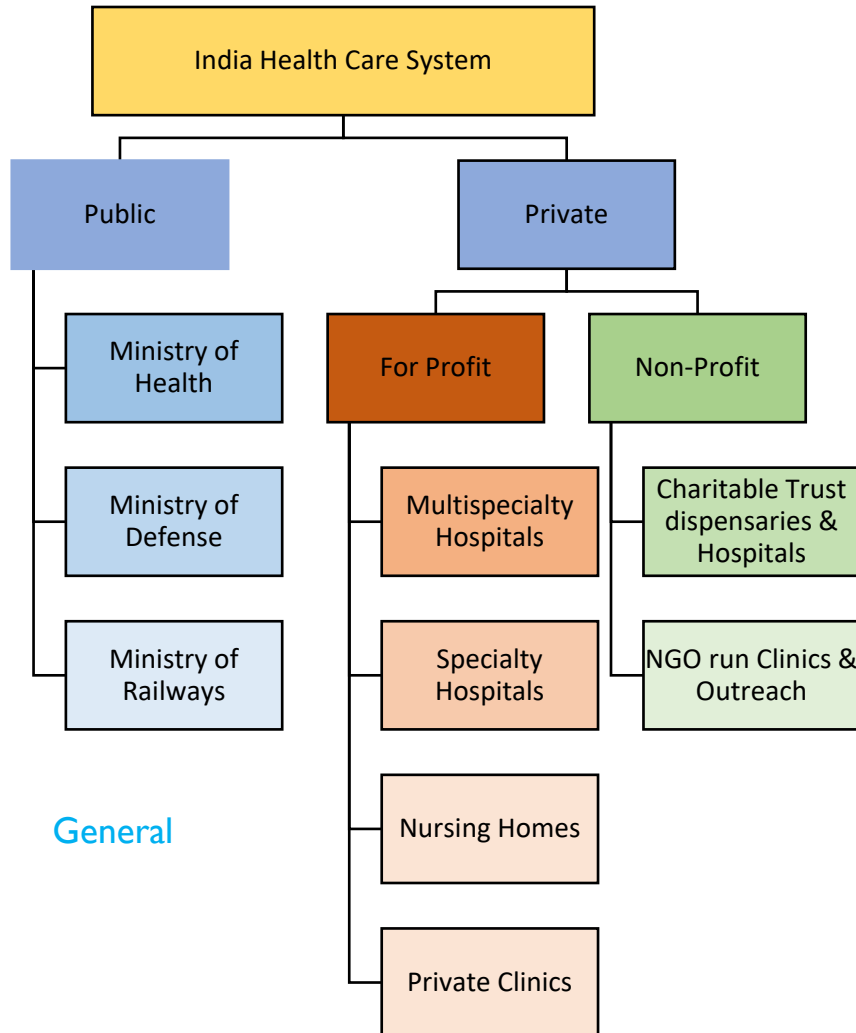
Dr. Aung Thu



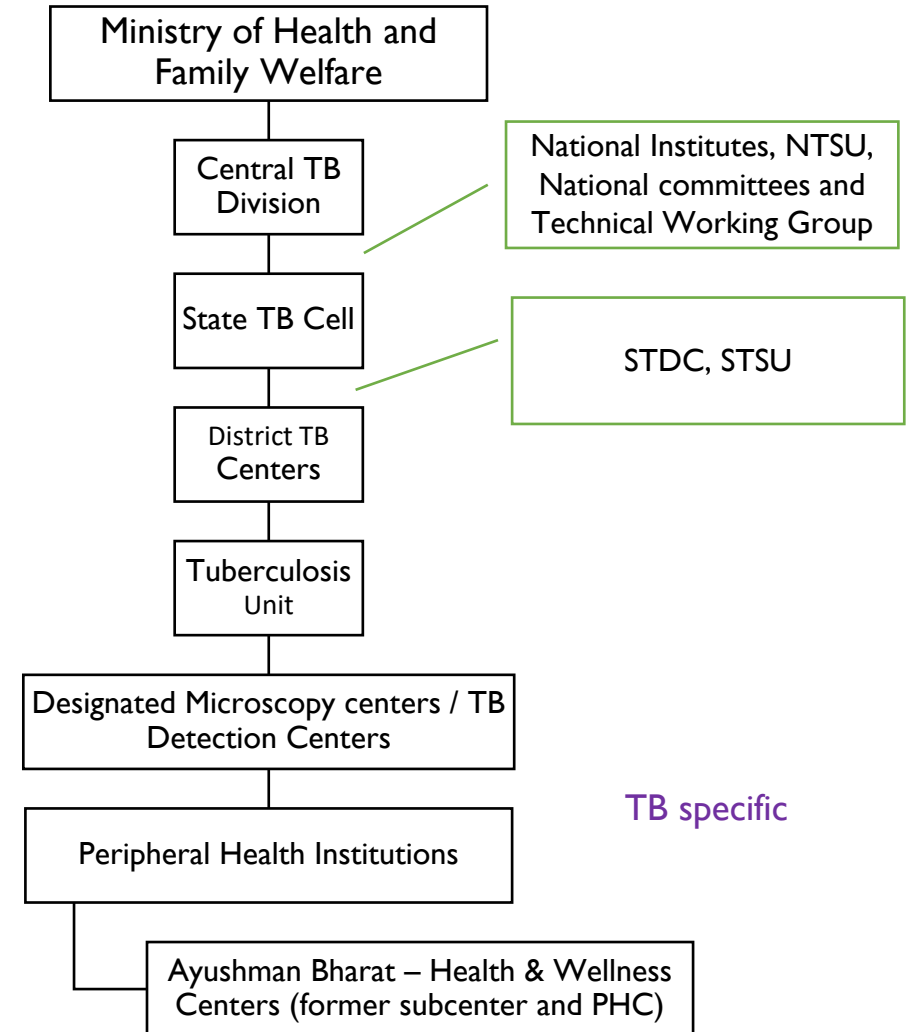
Outline

- Health care System of India
- Programmatic Action of TB Elimination in India
- Evolution of Public-Private Mix (PPM) Models
- Monitoring of PSE
- Payment Mechanism in PSE
- Role of Private Sector (Task shifting)

Health Care System of India



General



TB specific

Key steps by India government action for TB Elimination

- Mandatory notification from private providers (2012)
- The use of serological tests banned (2012)
- Anti-TB drugs declared Schedule HI (2013)
- Standard of TB Care in India published (2014)
- Laboratories mandated to notify TB patients (2015)
- Gazette for Mandatory TB Notification (2018)
- Cash based nutrition support (2018)

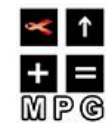


USAID
FROM THE AMERICAN PEOPLE



HIV/TB Agency, Information and Services Activity

Engagement



TB Control in India: The Need for Public-Private Engagement

- ❖ Private sector as initial TB care provider for many patients.
- ❖ Persistent TB burden highlights the need for enhanced public-private engagement.
- ❖ Nearly one million patients go “undiagnosed” or “missing.”
- ❖ National Strategic Plan underlines public-private partnerships as key to TB elimination.

Evolution of Public-Private Mix (PPM) Models

- Early PSE efforts (since 1995) focused on referrals, DOTS, and training with mixed results.
- Subsidies for patients on diagnostics and treatment to reduce out-of-pocket costs.
- 2014 marked success with the Private-Provider Interface Agency (PPIA) model in Mumbai, Patna, and Mehsana, improving diagnosis and treatment alignment with STCI.

Domain of Engagement and Strategies

Policy and Dialogue

- National Health Policy 2017
- National Strategic Plan for TB Elimination 2017-2025
- Standard of TB Care in India (STCI)

Funding Mechanism

- National Partnership Guideline (2019)
- Pradhan Mantri Jan Arogya Yojana (PM-JAY) **health insurance**
- Subsidy

Information Exchange

- Ni-kshay (2012)
- Incentive for TB notification and outcome reporting (2019)
- Ni-kshay Sampark (2018) **call center**

Strategy Component	Introduced
Mandatory Notification	2012
Implementation of Nikshay, a digital case-based data system for notification, patient management, program management	2012
Enforcement of Schedule H1 that calls for restriction of TB drug sales and reporting of prescriptions	2014
Deployment of district PPM coordinators	2015
Program diagnostics for private patients	2017
Program drugs for private patients	2017
Treatment support for privately notified patients	2017
Nutritional cash benefits of INR 500 per month via Nikshay Poshan Yojana for all TB patients, including those in the private center	2018
Call Center	2015 (UATBC) 2018 (GOI)
Direct Benefit Transfer to private providers at INR 500 per notification and INR 500 per treatment completion	2019
Contracting NGO (intermediary PPSA)	2019 (GOI's funds)

Public Provision of Services

- Free drugs and diagnostics (2017)
- Nikshay Poshan Yojana (2018)
- Support in contact investigations, treatment adherence, and preventive therapy (2017)
- Training and capacity building

Regulatory Measures

- Mandatory TB notification (2012)
- Enforcement of Schedule H1 regulation (2014)
- Price ceiling of anti-TB drugs

Pilot to Scale-Up: Journey of Private Sector Model in TB

2013

2017-18

2017-18

2019-20

PPIA Pilot – Mumbai
Funding - BMGF

Transition to Local
Government in
Mumbai

Scale-up via
Global Fund

Institutionalization
via domestic
funding

Learnings adapted
in multiple
countries and
health areas

CHALLENGE

In India, private health care providers manage an estimated 1.1 million "missing"—diagnosed but unreported—TB cases.

SOLUTION

PATH partnered with private providers to radically improve patient outcomes and government data.

EXPECTED IMPACT OVER 3 YEARS



15,000
Doctors to be
covered



3,500,000
Lives to be
impacted



2,500
Programme
staff



406
Cities across 23
states



PRESS RELEASE | JUNE 27, 2019

US\$ 400 million World Bank Loan to Help Treat and Eliminate Tuberculosis in India

With scale-up of private sector engagement & mandatory notification, the coverage of private sector notification has increased over **7 times since 2014** and accounts for over 30% of total notification as on date.

Mumbai specific enablers

Upfront NAAT all Presumptive TB Cases (2019 -2023)

QR Code Pilot for TAT for sample transportation

MUMBAI Private Sector Engagement journey

PPPIA*

(2014 to 2017)

- BMGF (PATH)
- Xray, NAAT in Pvt, & Drugs Reimbursed

PPSA*

(Sep 2019 – Mar 2023)

- Added Public Health Actions
- MJK, ALERT INDIA & DFY

PPSA*

(Feb 2018 – Aug 2019)

- NAAT, Xray * FDC Govt
- MJK & ALERT INDIA

PPSA*

(April 2023 to till date)

- Added TPT Mx
- MJK, ALERT, DFY, GURUKRUPA

AI for Xray at Peripheral Hospitals (Pilot Completed)

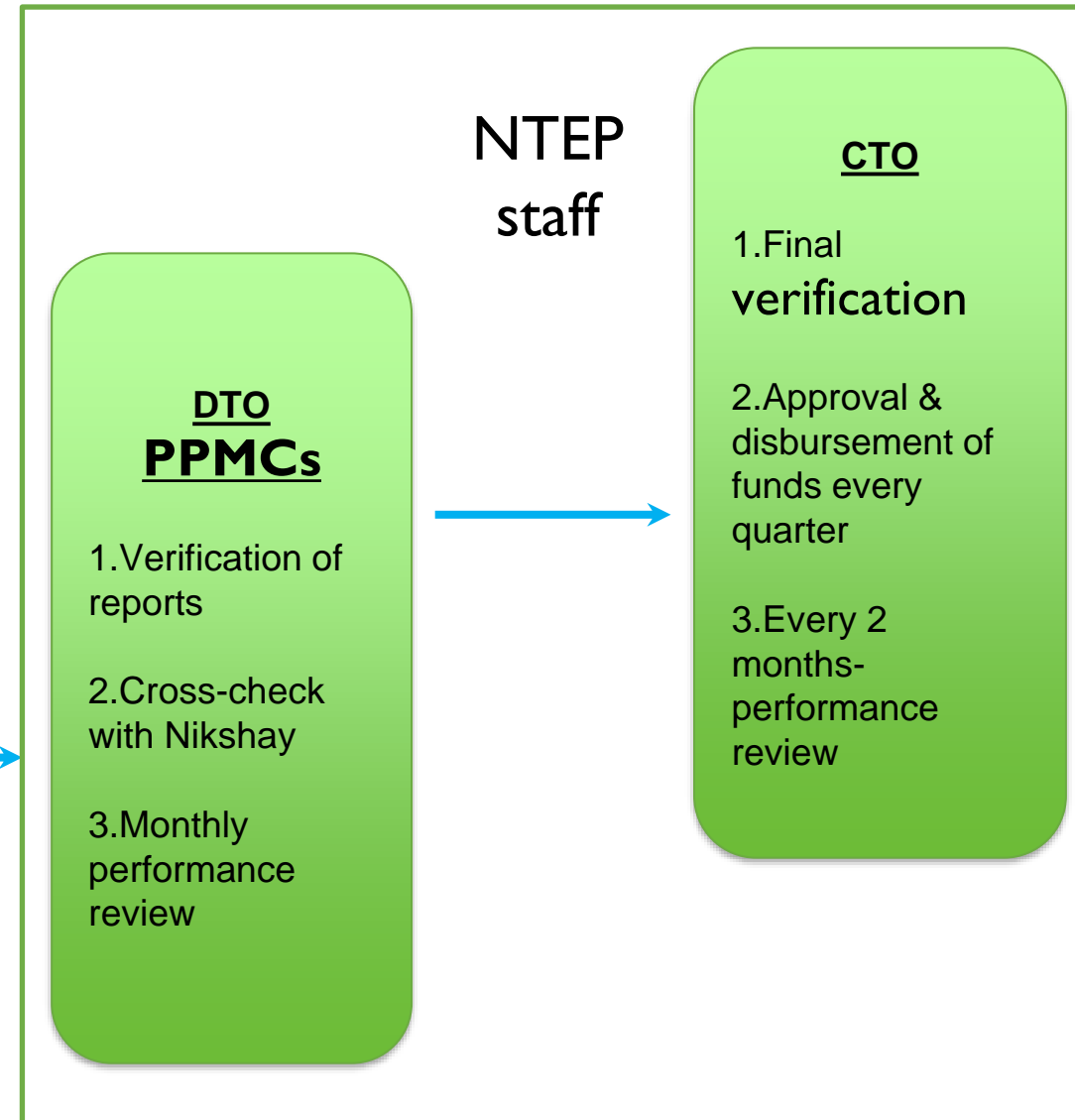
Centre of Excellence (Pediatric and adult) Wadia Hospital & JJ Hospital

PPSA since 2018 and TPT rolled out in private sector through PPSA

Pulmonary Rehabilitation Centre through CSR

Monitoring of PPSA

- ❑ Central TB Division and WHO conduct joint assessments to refine strategies.
- ❑ National Technical Working Group on Private Sector Engagement ensures regular review and systematic evaluation of PSE strategies.
- ❑ Continuous improvement of PPM models to meet the NSP goals for TB elimination.



Mumbai Vs. Myanmar

	MUMBAI	MYANMAR
Engagement	A third-party NGO for engagement	Through an INGO - professional body
Provider Types	Includes private hospitals and a range of formal and informal providers	Includes public/private hospitals and drug sellers
Engagement Methods	Through clinic visits and CME (Continuing Medical Education), alongside CoE (Centers of Excellence) for adults and pediatrics	Uses clinic visits and CME
Services	Both systems focus on a spectrum of services from referral to treatment, including diagnosis and adherence counseling. They link to national counterparts for diagnostics, medication, and reporting, but use different platforms—Mumbai uses Nikshay, while Myanmar uses DHIS through non-profit NGOs.	



USAID
FROM THE AMERICAN PEOPLE



HIV/TB Agency, Information and Services Activity

Payment Mechanism



Primary Funding for India NTEP

Mainly Domestic

- Pooling from Central Gov Fund, Local Gov Fund and CSR

Fund Flow/Disbursement mechanism (Payment Mechanism)

(I) Service Providers

1. Physician/ Trust Based Dispensary and Hospital (Incentive Based)
2. X-ray Lab (Voucher system)
3. Dx Lab (Voucher system)
4. Chemist/Druggist
5. Informant

(II) Patient

- Cash based nutrition support till end of treatment (Nikshay Poshan Yojana) bank transfer

(III) 3rd Party Agency (Performance or output-based payment mechanism)

Patient Provider Support Agency (PPSA) can shift the task

	Shifting to Private Sector (Mumbai)
Reach	Seeking Points - Private Providers (both formal and informal) Private Dx Centers (CXR, NAAT, Smear) Lab Mandate to notify TB Linkage (Navigator) private for DSTB Ni-kshay Digital Intervention
Cure	Case Mx by Private Providers also include informal Cash based nutrition support to all TB pts Anti-TB can only be dispensed at registered providers Multimodal adherence Ni-kshay Digital Intervention
Prevent	CI by agencies, TPT eligibility at Private Sector
Sustain	Contracting models Ni-kshay Digital Intervention
Innovate	Collaborative Research, Centre of Excellence (CoE)



HIV/TB Agency, Information and Services Activity

THANK YOU.