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HIV/TB Agency, Information and Services Activity

Role of Private Providers in TB Service provision in Mumbai

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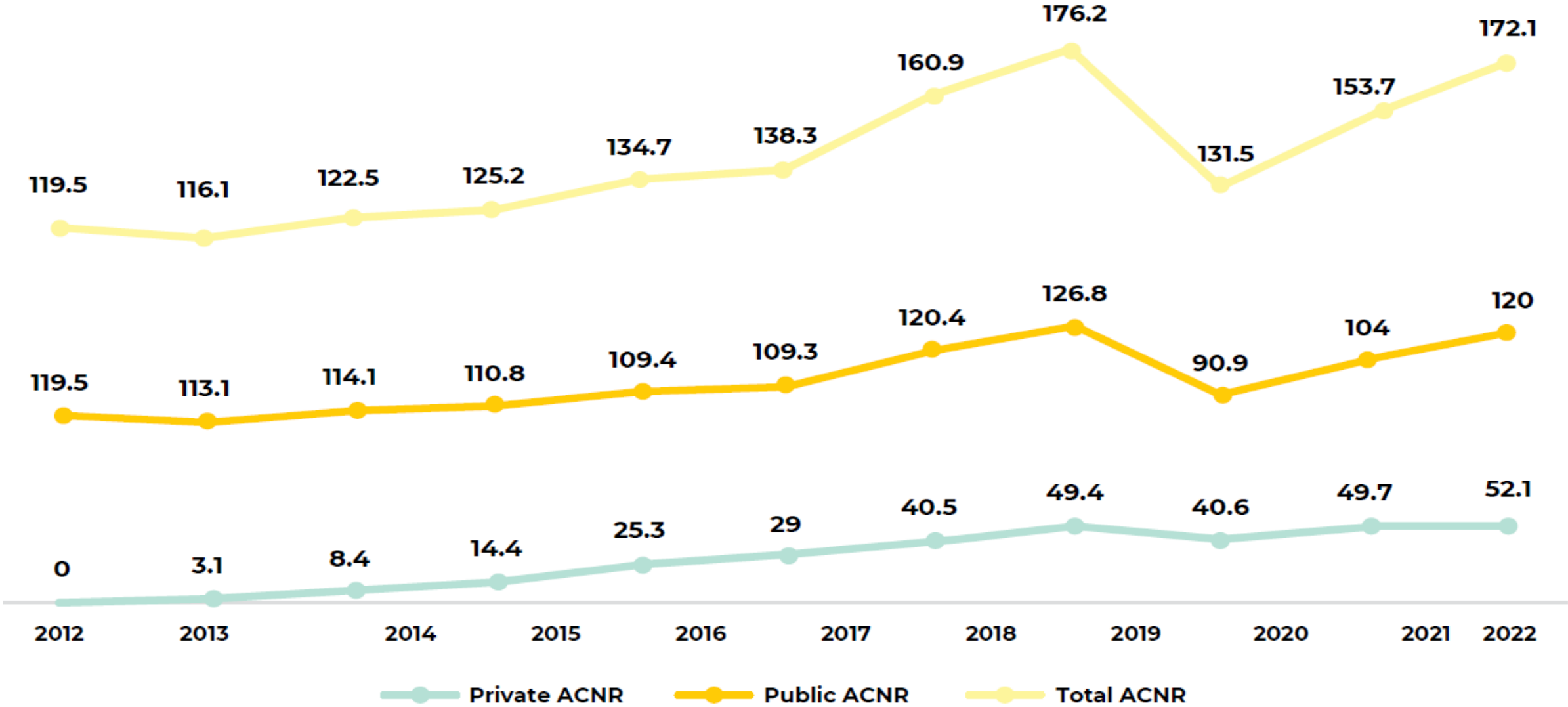
29th FEB 2024



Outline of the presentation

- TB annual notifications & Private sector contributions
- Rationale for PSE
- Main funding sources
- PPIA / PPSA Journey & Service delivery models PPSA
- Types of different providers (Profit /Non-profit)
- Enabling factors for Private providers
- Strength & weakness
- Key learning insights
- Acknowledgements

Annualized case notification rate 2021-2022 (India)



Mumbai At a Glance (2021)



Population: 12.5 Million
Area: 437 Sq.km.
Population Density: 28542/
Sq.km.
(India-464/Sq.km)
Slum- 52%

Indicator	India	Mumbai
TB Notification rate	153*	473*
RR/MDRTB Notification rate	3.4*	48*
% UDST	55%	83.6%
% with Known HIV status	95%	95.7%
Success Rate DSTB (2020)	83%	78%
Success Rate MDR/RRTB	56%	50%

**Rate :per 100,000 population*

Rationale for Private Sector Engagement

- ❑ Private sector caters to 60-70% of the population
- ❑ Standardizing private sector improves the quality of diagnosis, treatment and patient care
- ❑ Improving access to good quality, free Govt. services
- ❑ Improved notification by increased case detection
- ❑ Achieve the targets for End TB Strategy
- ❑ Decrease the out of pocket expenditure of patients

Source of Funding

- Government funding
- Institutional funding (external Donor funding)
- Domestic contribution (Industrialists/local entrepreneur)

PPIA-PPSA Journey under RNTCP

Pilot -Scale up- Integration

PPIA(Public Private Interface Agency) was 1st time intervention in Pvt Sector for TB from 2014 to 2017

PPIA Donor Funded project to PPSA Govt. Funded – Integration process in 2017 till now (project undertaken by MCGM under NUHM budget) .

Private Provider Support Agency(PPSA) is an interface agency to engage the private sector ,and as a package covers an entire spectrum of end to end management of TB suspects & patients along with public health action, linkages of services and treatment support) .

MUMBAI PPSA ...Private sector Engagement



PPIA (2014 to '17)

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

PPSA (Aug '19 –Mar 23)..

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



PPSA

(2018 –July '19)

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

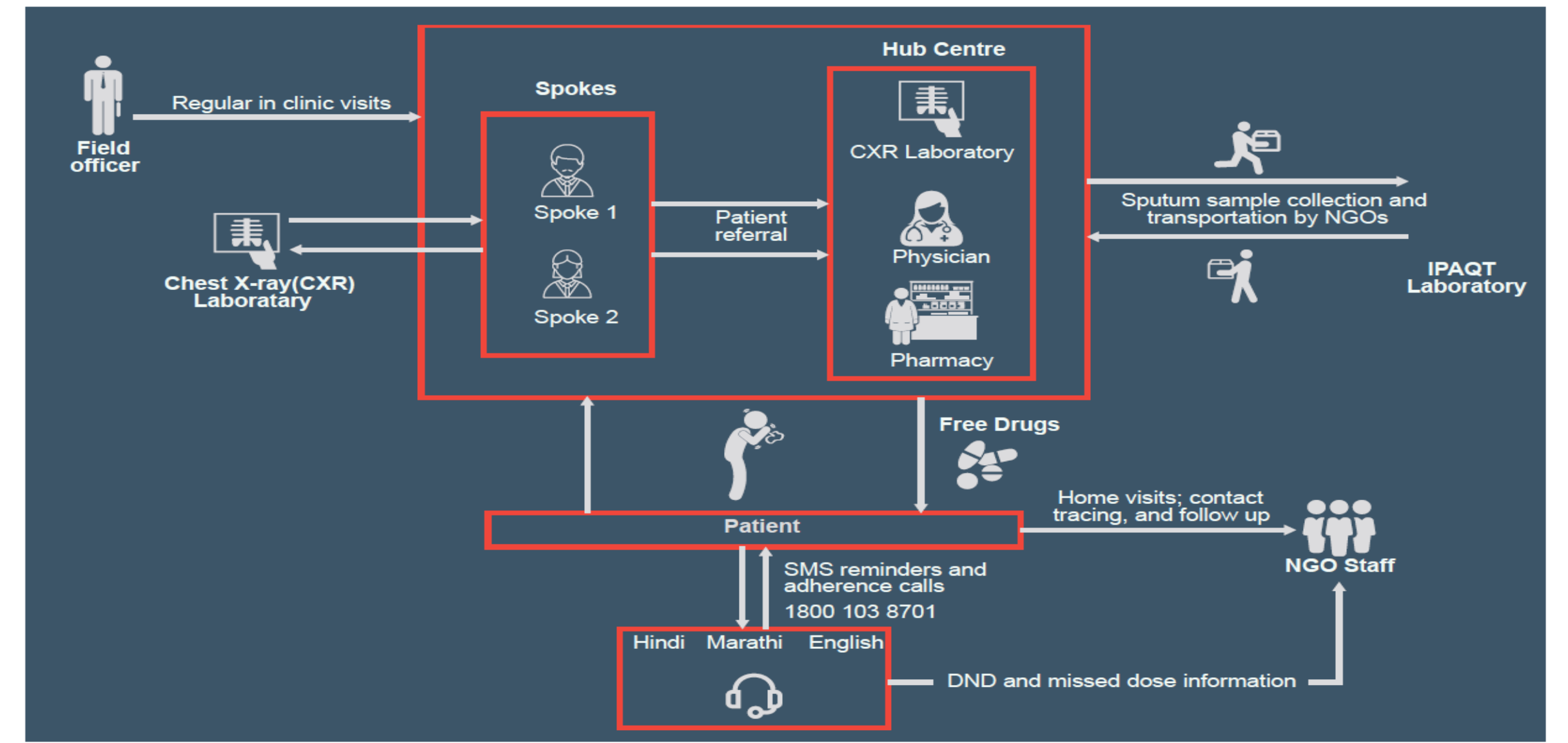
PPSA

(April 2023 ...)

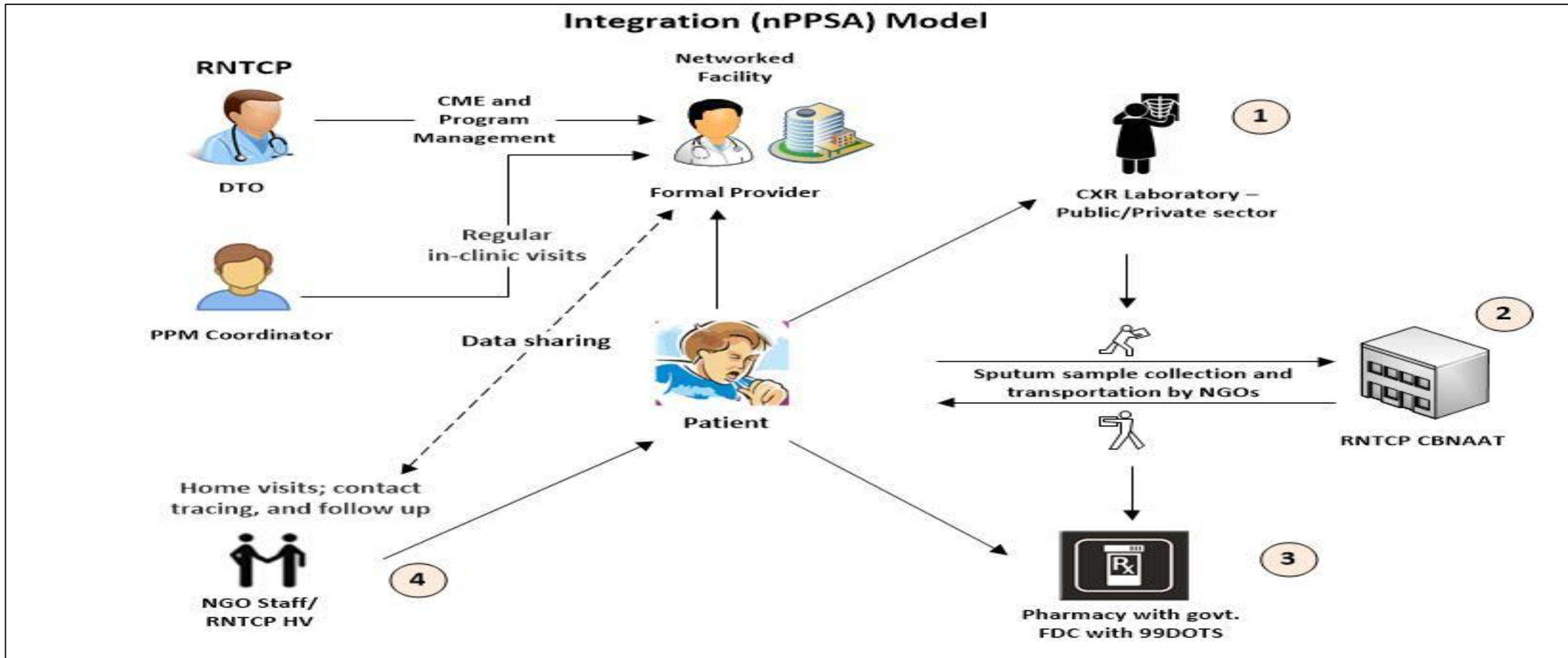
- Added TPT Mx
- MJK, ALRERT, DFY, GURUKRUPA

Sr.No	NGO	No. of Districts (Cluster-24)
1	Maharashtra Jan Vikas Kendra (MJK)	13
2	Doctors For You (DFY)	4
3	Alert India	3
4	Gurukrupa	4

Public Private Interface Agency (PPIA) Service Delivery Model



Patient Provider Support Agency (PPSA) Service Delivery Model



1. Presumptive TB case referred to public sector or private sector (through schemes or self paid) for X-Ray
2. Presumptive TB cases with positive X-Ray referred to public sector CBNAAT
3. Diagnosed TB cases put on treatment with FDCs prescription by formal provider
4. Treatment adherence of patients put on treatment through contracted NGOs or public sector health visitors

Integration Design

Program Services	PATH-PPIA	MCGM-PPSA
Private sector engagement with doctors	Field Officers (FO)	PPM Coordinators (PPM-C)
Engagement MoUs with CXR labs and chemists	FO PPIA NGO	PPM-C PPSA NGO
Hub management	PPIA NGO	PPSA NGO
Sputum Collection and Transportation	PPIA NGO	PPSA NGO STAFF Resources through “Sputum collection and transportation” scheme
CBNAAT testing	PATH reimbursement to IPAQT laboratories	Public sector laboratories with additional Lab technicians through “LT” scheme
Notification and Data Management	PPIA	PPSA NGO District TB Officers
Treatment adherence support	PPIA NGO	PPSA NGO
Drugs	PATH reimbursement to Private chemists	FDCs dispensed through private pharmacists under Innovation

Types of PCPs

- Private hospitals :Clinicians (Hub& Spokes approach)
- Charitable /Trust hospitals (CoEs)
- GP Clinics
- Informal Providers
- CXR/Lab facilities
- Pharmacies /Chemists/Druggist

Motivational Factors for PSE

- Providing necessary services for TB Patients (Quality care)
- Comprehensive service package for TB diagnosis & treatment
- Updating knowledge and skills for care providers (Accreditation)
- Attractable & Reasonable amount of incentives to care providers
(Incentives Schemes)

Strength

1. Strong leadership and commitment at CTO, MCGM & State office/NHM
2. National (and international) appreciation and conviction of PPSA model
3. Prior Experience of the NGOs has helped to maintain notification and sustain the project from PPIA till date.
4. Funding from different sources
5. Engagement of informal providers and strong network with lab&CXR facilities

Weakness

1. Private sector apprehension to a small extent still persists
2. No separate specialized HR to handle such a huge project in CTO office
3. Supply chain management of drugs
4. Financial constraints due to insufficient budgeting & delay of funds
5. Little friction between NGOs & Doctors because of limited resources, TPT initiation, access to newer drugs etc.
6. Always working in progress : updating protocols , changing SOPs, new documentation formats

Key Learning Insights

- Government commitment for PSE & flexibility to decentralization
- Government funding to Private sector & domestic fundings ie. local donors
- Decentralized drug procurement through intermediary NGO
- Engagement of different types of PCPs : Informal providers, GPs, CXR/lab facilities, chemists ...
- Strong network with lab, CXR facilities and Pharmacies/Chemists/Druggist
- Enablers to PCPs engaged in PPM settings
 - Attractive incentives schemes /Accreditation or CME points for private providers
- Application of strong digital platform for proper recording & reporting
- Facilitation for modified payment mechanism for Private facilities eg. Lab, CXR facilities

Take home tips

- ❑ Gov commitment ,stewardship,Decentralizations & funding sources
- ❑ Piloting – Scale up – Integration process (Donor funded to Gov. funded)
- ❑ Engagement of different types of PCPs
- ❑ Leveraging enablers and incentives
- ❑ Application of uniform digital platform

Acknowledgement

- USAID /AIS/CPI for initiation & funding support
- PATH India /Myanmar team for facilitation & technical support
- Mumbai CTO and respective DTOs/Staff for sharing experience and arrangement for on-site field visits
- Qure ai team for sharing experience.
- Others

Photo Documentation During PSE trip to Mumbai, India



“Yes! We can end TB”.

Thank you