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## **The role of private health sector engagement in TB control in India**

Lal, S.S.

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**Author:** Lal, S.S.

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# SUMMARY OF CHAPTERS



## **Chapter 1. Research problem and Research Question**

This chapter presents the research problem as well as research questions in the background of a brief overview of a few aspects such as TB as a global public health problem, global and country-level efforts to control TB, TB control issues in the public and private health sectors and public-private mix in TB control as a strategy.

The overarching research question in this thesis is “In what manner and under which conditions can the private sector be engaged in health care as to increase the chances of an effective End TB Strategy that will achieve its targets for 2035?” The specific sub questions that are discussed in detail in the following chapters are the following:

- How did the TB control program of India try to engage the private sector in TB control and what has been the effect of the early PPM pilot endeavors?
- How did India scale up the pilot projects on private sector engagement in TB control to national level and what has been the learning?
- What has been the role of the Indian Medical Association in the engagement of the private sector in TB control and what is its relevance? What are the lessons for India and other countries to learn from the unique endeavor of engagement of medical professional associations in TB control?
- What has been the landscape of funding from the Global Fund, the biggest international donor in TB control, for the engagement of the private sector in TB control?

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- Do prisons that house around 10 million detainees, among whom TB is a leading cause of morbidity and mortality, get adequate funding for TB control?

### **Chapter 2. Introduction**

This chapter provides a comprehensive picture of TB disease epidemiology, multidrug-resistant TB and other comorbidities of TB, especially HIV/TB. The chapter also discusses the social determinants of TB. The various modes of diagnosis, treatment and prevention of TB are discussed in this chapter. The chapter also touches upon the ongoing global TB control efforts and explains the problems faced due to the suboptimal engagement of the private health sector in TB control. The development and evolution of Public-Private Mix (PPM) approaches in TB and the challenges faced are also discussed in adequate detail. TB control situation of India which has the highest TB burden and managed by a health system with heavy presence of private health sector is discussed. Indian TB program's long history in the engagement of private sector and the development of innovative PPM models are presented as a case study.

**Chapter 3. Improving tuberculosis control through public-private collaboration in India: literature review** (article published in British Medical Journal).

This chapter reviews the characteristics of public-private mix projects in India and their effect on case notification and treatment outcomes for tuberculosis. The study analyzed data from 14 projects and found

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that PPM activities were associated with increased case notification, while maintaining acceptable treatment outcomes. The study recognizes that collaborations between public and private providers of health care hold considerable potential to improve tuberculosis control in India.

**Chapter 4. Intensified scale-up of public-private mix: a systems approach to tuberculosis care and control in India** (article published in International Journal of tuberculosis and Lung Disease). This chapter describes the processes and outcomes of the systems approach adopted in the intensified scale-up of PPM implemented by the India's National Tuberculosis Control Programme (NTP) covering 50 million population in 14 major cities. Intensified PPM resulted in a 12% increase in notification of new smear-positive pulmonary TB cases. Treatment success was above the 85% target for all sectors combined. The study concluded that the systems approach to the intensified PPM scale-up was productive, however, many challenges and barriers to scale-up of PPM in India remains.

**Chapter 5: Role of professional bodies in TB control: An untold story of the Indian Medical Association (IMA) in fighting TB**

The study tries to summarize the history of Indian Medical Association's approaches to the Revised National TB Control Programme (RNTCP) of India and the role IMA played in PPM in TB control of India. The study also analyzes the barriers in the IMA's journey in PPM including, reluctance and lack of experience on both

public and private sides, the ways and means through which these barriers have been addressed through the engagement of IMA, the level of success and the remaining challenges.

### **Chapter 6. Global Fund financing of public–private mix approaches for delivery of tuberculosis care** (article published in *Tropical Medicine and International Health*).

This chapter maps the extent and scope of PPM interventions in TB control programmes supported by the Global Fund. The study found that fifty-eight of 93 countries and multi-country recipients of Global Fund-supported TB grants had PPM activities in 2008. Engagement with ‘for-profit’ private sector was more prevalent in South Asia while involvement of prison health services has been common in Eastern Europe and central Asia. In China, India, Nigeria and the Philippines, PPM contributed to detecting more than 25% TB cases while maintaining high treatment success rates. The study concluded that in spite of evidence of cost-effectiveness, PPM constitutes only a modest part of overall TB control activities. Scaling up PPM across countries could contribute to expanding access to TB care, increasing case detection, improving treatment outcomes and help achieve the global TB control targets. This study threw more light on the TB control situation in prisons. The study found that while the share of the TB budget allocated to PPM in Eastern Europe & Central Asia, and Latin America & the Caribbean is lower than in other regions, both the regions had many grants for collaboration with prison health services, which were not always reported as PPM. The study

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recommended deeper analysis of PPM components of Global Fund proposals and of the performance of grants.

### **Chapter 7. Global Fund financing of tuberculosis services delivery in prisons** (article published in Journal of Infectious Diseases):

This chapter gives the review of The Global Fund grants database to identify TB and HIV/TB grants and activities that monitored the delivery of tuberculosis treatment and support activities in penitentiary settings. The study mapped the distribution and trend of number of countries with tuberculosis prison support by year, geographic region, tuberculosis or multidrug-resistant tuberculosis burden, and prison population rate. The study found that fifty-three of the 105 countries (50%) with Global Fund–supported tuberculosis programs delivered services within prison settings. Nearly two-thirds (64%) of these grants were implemented by governments, with the remaining by civil society and other partners. In terms of services, half (36 of 73) of grants provided diagnosis and treatment and an additional 27% provided screening and monitoring of tuberculosis for prisoners. The range of services tracked was limited in scope and scale, with 69% offering only 1 type of service and less than one-fifth offering 2 types of service.

### **Chapter 8. Discussion**

This chapter summarizes the analysis of the manner and the various conditions of private health sector engagement in view of the targets of the End TB Strategy of the World Health Organization (WHO), by drawing

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relevant findings from the previous chapters of this thesis. The chapter also discusses the chances of PPM, the need for PPM, scope for innovations and adaptations in PPM, cost effectiveness of PPM, the challenges faced by PPM, lessons learnt from India and other countries and finally what does it take the End TB Strategy to meet its milestones and targets. Multiple challenges and the complex situations make it difficult for the TB programme managers to organize systematic PPM activities. In order to achieve the concept of a TB-free world, WHO-projected interventions such as optimal use of current and emerging tools as well as introduction of new vaccine, new drugs for treating TB disease and latent TB infection, a point of care test for diagnosing TB and pursuing Universal Health Coverage and social protection are non-negotiable. In addition, newer strategies and innovative approaches that have demonstrated success in PPM interventions in India and elsewhere have to be replicated and expanded in relevant settings and countries. The chapter pronounces the need for NTPs to proactively engage the private sector in order to make standardized services to all TB patients.