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

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# **ABBREVIATIONS**



## **ABBREVIATIONS**

AYUSH	Ayurveda, Yoga, Unani, Siddha, Homeopathy, Naturopathy
BCG	Bacille Calmette-Guerin
CBNAAT	Cartridge-based Nucleic Acid Amplification Test
CGHS	Central Government Health Scheme
CHC	Community Health Centre
CTD	Central TB Division
DOT	Directly Observed Treatment
DOTS	Directly Observed Treatment, Short-course
DRC	Democratic Republic of Congo
EECA	Eastern Europe and Central Asia
EFR	Enhanced Financial Reporting System
ESI	Employees State Insurance
HIV	Human Immunodeficiency Virus
IMA	Indian Medical Association
IMPACT	Indian Medical Professional Associations' Coalition against TB
ISTC	International Standards for TB Care
LAC	Latin America and the Caribbean
LTBI	Latent TB Infection
MDG	Millennium Development Goals
MDR-TB	Multidrug-resistant Tb
MoH	Ministry of Health
NAAT	Nucleic Acid Amplification Test

NCD	Non-Communicable Disease
NGO	Non-Governmental Organization
NSP	new smear-positive
NTP	National TB control Programme
OAEs	Own-Account-Enterprises
PHC	Primary Health Centers
PMDT	Programmatic Management of Drug-resistant TB
PPIA	Public-Private Interface Agency
PPM	Public-Private Mix
PTB	Pulmonary TB
RNTCP	Revised National Tuberculosis Control programme
SC	Sub Centre
SDG	Sustainable Development Goal
STCI	Standards for TB Care in India
TB	Tuberculosis
TOG	Technical and Operational Guidelines
UHC	Universal Health Care
UNOPS	United Nations Office for Project Services
US\$	United States Dollars
WCA	West and Central Africa
WHO	World Health organization
XDR-TB	Extensively Drug-Resistant TB



A private practitioner of Unani (Perso-Arabic traditional medicine as practiced in Mughal India and in Muslim culture in South Asia and modern day Central Asia) in Jaipur city of Rajasthan, India who became a treatment supervisor for patients in his neighborhood. While he practised Unani in his clinic, he referred presumptive TB patients to the health care facilities that provided services under the Revised National TB programme of India. He was trained by the Revised National TB Control Programme of India in identifying and referring presumptive TB patients, supervising drug consumption by TB patients until their last dose and ensuring their follow up test done in time until their treatment outcome is reported.

*But I have promises to keep,  
And miles to go before I sleep,  
And miles to go before I sleep....*





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## **Curriculum vitae**

Lal Sadasivan Sreemathy was born on 30<sup>th</sup> July 1962 in Thiruvananthapuram district in Kerala State of India. He currently works as Director, Infectious Diseases – TB Portfolio of FHI 360, a nonprofit human development organization based in North Carolina, USA. In his current position, Lal leads the global TB portfolio of FHI 360 by providing senior technical guidance and oversight to global as well as country-based programs implemented in various countries.

Lal is basically trained as a physician and he took his medical degree (MBBS) from The Government Medical College, Thiruvananthapuram, India in 1990. Lal has also done Master of Public Health (MPH) from the Sree Chitra Tirunal Institute for Medical Sciences and Technology, Thiruvananthapuram, India in 1998 and Master of Business Administration (MBA) from the Indira Gandhi National Open University, New Delhi, India in 2010.

After completing his medical degree, Lal started his career as a practicing physician in 1990 and he continued it until 1997 when he secured admission to the MPH course. In the beginning of this period of seven years, he attended additional training in surgery and psychiatry after which he worked as Project Officer of a non-governmental organization. From 1994, Lal worked as a family doctor in his own private clinic. From 1996 to '97, Lal worked as an assistant surgeon in government hospitals where he had the opportunity to treat TB patients under the pilots or early phases of the Revised National TB Control Programme (RNTCP) of India based on the WHO-recommended DOTS strategy. In 1997, Lal joined MPH course which he completed in 1998.

In 1999, Lal was recruited as a TB Medical Consultant of the World Health Organization (WHO), based in South India, to provide technical assistance and supervision to the implementation of RNTCP. In this job, Lal developed some of the very early and successful models of TB - public-private mix (PPM) projects in India. After four years in this job, in 2003, Lal was selected as the National Professional Officer of the WHO, based in New Delhi, to lead the national scale up of TB - PPM in India. In this job, Lal led the engagement of private and other public sector health providers that were not collaborating with the RNTCP. He also led major economic evaluations of PPM in India. Using the data and the lessons

learnt from these initiatives, Lal has authored/coauthored various scientific articles on PPM in India. In 2007, Lal was recruited by WHO as an international officer (Technical Officer -TB and HIV) in East Timor. In this job, he led the development of the national guidelines on TB and TB/HIV and the program for management of multidrug-resistant TB patients. In 2008, Lal was recruited by The Global Fund, Geneva, where he worked in different capacities at senior manager level until 2013. While in this job, Lal published scientific papers on The global Fund assistance for PPM activities as well as TB care in prisons. In 2013, Lal moved to the USA after accepting the role as TB Technical Director of PATH.

From 2004 onwards, Lal has been a member of the WHO-led Working Group on TB-PPM and currently he is co -Vice Chair of the group. Lal also serves as a member of the Pediatric TB Working Group. From 2017, Lal is a member of the Technical Review Panel of The Global Fund and he also serves as a member of the WHO-led Digital Health Task Force. Lal has authored/coauthored several scientific articles in international peer-reviewed journals.

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