



Universiteit  
Leiden  
The Netherlands

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

Lal, S.S.

### **Citation**

Lal, S. S. (2019, May 2). *The role of private health sector engagement in TB control in India*. Retrieved from <https://hdl.handle.net/1887/72200>

Version: Not Applicable (or Unknown)

License: [Leiden University Non-exclusive license](#)

Downloaded from: <https://hdl.handle.net/1887/72200>

**Note:** To cite this publication please use the final published version (if applicable).

Cover Page



Universiteit Leiden



The handle <http://hdl.handle.net/1887/72200> holds various files of this Leiden University dissertation.

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

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

**Issue Date:** 2019-05-02

## PROPOSITIONS

### **The role of Private Health Sector Engagement in TB Control in India**

Sadasivan Sreemathy Lal

1. Effective collaboration between public and private health sector care providers is crucial to address the challenge of TB continuing as a major global public health problem. (This dissertation)
2. Majority of poor countries in the world have a large and growing private health sector that provides care to significant proportions of TB patients and in many such countries people prefer to first approach private health sector when they are sick. (This dissertation)
3. In India, increasingly weakening public sector and large, growing, diverse, disorganized and largely unregulated private sector are the major challenges to scale-up of public-private mix (PPM) in TB control. (This dissertation)
4. Pilot projects and intensified scale-up of PPM in TB control demonstrated increased TB case finding in India with acceptable rates of treatment outcomes. (This dissertation)
5. The most important barrier to a comprehensive collaboration between the India's national TB control programme and the Indian Medical Association is the absence of a formal agreement between the national TB control programme and the IMA with clear terms of reference and targets for performance, based on which the contribution of the collaboration could be monitored. (This dissertation)
6. While The Global Fund is the biggest international donor for TB control, allocation of the funds for engaging private health sector is inadequate. (This dissertation)
7. The quality of services provided by the private health sector is variable and often suboptimal especially when it comes to an infectious disease like TB that need long-term treatment and follow up using public health approaches. (This dissertation)
8. In countries that lack policies on mandatory notification and other measures to ensure reporting of cases detected by all care providers and large private health sectors, levels of underreporting of TB cases is generally high. (World Health Organization Global Tuberculosis Report, 2017)
9. Persisting inequalities by socioeconomic status, geography and gender compounded by high out-of-pocket expenditures, continue to challenge India's health system in responding to the needs of the most disadvantaged and poor people. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3093249/>)
10. During this challenging task to undertake this doctoral programme (especially due to geographical challenges resulting from my residence in the US, my field experience coming from India, and the extensive travel as part of my job), most important to me were Mahatma Gandhi's words "If I have the belief that I can do it, I shall surely acquire the capacity to do it even if I may not have it at the beginning."