



# ONE YEAR OF COVID-19



## Its Impact On Private Provider Engagement For TB

A Rapid Assessment Of  
Intermediary NGOs In Seven  
High TB Burden Countries





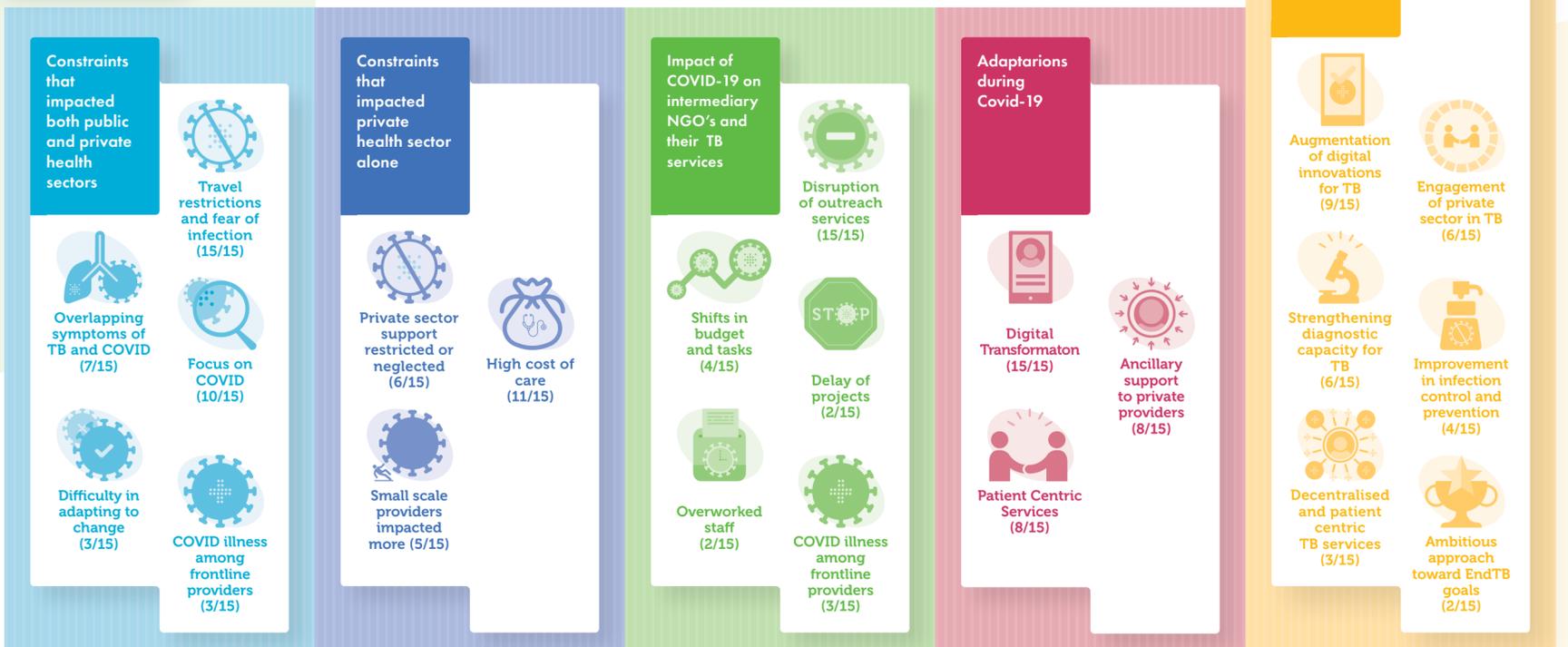
# INTRODUCTION

The COVID-19 pandemic has impacted health systems and health programs across the world. For tuberculosis (TB), it is predicted to set back progress by at least twelve years. Public private mix (PPM) is a collaborative approach to engage private providers in quality TB care. It has made a vital contribution to reach End TB targets with a ten-fold rise in TB notifications from private providers between 2012 and 2019. This is due in large part to the efforts of intermediary agencies, which aggregate demand from private providers. The COVID-19 pandemic has put these gains at risk over the past year. In this rapid assessment, representatives of 15 intermediary agencies from seven countries that are considered the highest priority for TB PPM (the Big Seven) share their views on the impact of COVID-19 on their programs, the private providers operating under their PPM schemes, and their private TB clients.



## ONE YEAR OF COVID-19

### AND ITS IMPACT ON PPM FOR TB





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## **IMPACT OF COVID 19 ON TB SERVICE DELIVERY IN THE PRIVATE HEALTHCARE SECTOR**

The private providers involved in TB service delivery faced several challenges during the pandemic in 2020 that impacted the entire cascade of TB care. In the initial months of the pandemic, when countries went into lockdowns and travel restrictions, there were disruptions in active case finding and contact tracing efforts, decrease in TB diagnostics, drop in TB notifications and shutting of private practices.

# 1.1 Constraints that impacted public and private health sectors



Travel Restrictions And Fear Of Infection

- In Bangladesh, some providers with icddr,b, stopped chest X-rays because staff were not allowed to leave their neighborhood
- In Nigeria, drug stock-outs were reported due to the impact of movement restriction on supply logistics.

The patient could not come to the health facility and the community health care worker could not go to the patient.

(IHVN, Nigeria)



Focus on COVID

- Some private hospitals in the Philippines were instructed to earmark between 20-60% of their beds and services for Covid-19 patients
- Drops in TB testing as Gene Xpert machines and lab technicians were repurposed for COVID diagnostics reported in all the big seven.

When COVID came, we suddenly realized that the demand for TB wasn't there. Even the providers we were engaging with, they started asking questions about COVID not TB.

(CHAI India)

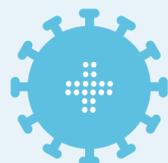


Overlapping symptoms of TB and COVID

- Patients, provider, lab technicians are reluctant to deal with cough symptoms for fear of COVID

Even though the patients had cough they were reluctant to visit a clinic because of stigma associated with both TB and COVID19.

(Mercy Corps, Pakistan)



COVID illness among frontline providers

- Reports of illness and deaths of frontline providers instilled fear in co-workers and results in caution and restrictions

In some instances, lab personnel who tested COVID samples ended up contracting the disease. This resulted in shutting down of the entire lab and as a consequence, TB testing was restricted too.

(PSI, Myanmar)



Difficulty in adapting to change

- Resistance among providers to use face mask
- Teleconsultations were an added pressure especially for senior clinicians

Government partners had little or no experience with virtual working.

(FHI 360, Philippines).

## 1.2 Constraints specific to private health sector



Private sector support restricted or neglected by public sector

- In Nigeria, the Gene Xpert cartridges and microscopy reagents were procured by national program mainly for the public sector.
- In Bangladesh, the government announced some incentives only for healthcare workers in the public sector.

Since the providers were not part of any government source, they were not provided with any training regarding how to manage the pandemic nor provided any PPE.

*(Greenstar, Pakistan).*



Small scale providers impacted more

- Smaller or rural practices including private pharmacists were unable to meet the infection control measures needed to stay open during the lock-down

The most affected were the private sector in the community – the private vendors, the community pharmacies – with small to medium scale enterprises. Some have lost their capital and had to completely shut down.

*(IHVN, Nigeria).*

## 1.3 High cost of care



Expenses for PPE

- a major cost for patients went into covering the expenses for personal protective equipment (PPE) and other infection prevention measures

Whatever services were available became more costly because of personal protective equipment being charged to the patient.

*(FHI 360, Indonesia)*



Additional tests

- Some private practitioners also insisted that patients take additional tests and/or a negative COVID-19 test before they can be seen for other ailments, raising the cost for TB testing.

Because of the heightened suspicion of COVID by providers, some patients had to go through more tests than necessary.

*(IHVN, Nigeria)*



Out-of-pocket vs insurance mismatch

- Even when patients had insurance coverage they still had to pay out of pocket in some instances, as their insurance schemes did not cover either COVID-19 expenses or COVID-19 specific health facilities.

Patients holding HMO (Health Maintenance Organization) cards also had to pay out of pocket.

*(FHI 360, Philippines)*



Recover supply-chain issues

- Though there was a fall in the number of patients presenting at private clinics, the cost to run the clinic (rent, electricity, etc.) either remained the same or was increased due to the additional costs incurred to ensure infection prevention and to meet the shortage of supplies.

The private sector experienced delays in getting access to commodities and supplies resulting in additional costs.

*(IHVN, Nigeria)*



Cover low patient turnover

- In-person consultations were charged more than virtual consultations

The clinics that used to see 20 patients an hour can now see only about 4 patients an hour, so they charge more per patient

*(FHI 360, Philippines)*



Indirect costs

- Patients also incurred indirect costs due to travelling long distance and purchasing products such as soap, hand sanitizer, and masks.

The cost of transportation was related to non-availability of the transportation making it very high and costly for the patient [to seek care.

*(Greenstar, Pakistan)*





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**Impact of COVID-19 on  
Intermediary NGOs**



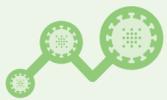


Disruption of field work and outreach activities

- Disruption of active case finding, treatment monitoring, medical camps, etc
- The field staff were also stigmatized as their neighbours and landlords were afraid of contracting COVID-19 and restricted them from going out of (or returning to) their house

Reinforcing relationships between field office staff and providers has been critically affected because of movement restrictions and lack of in-person contact.

(PATH, India)



Shifts in budget and tasks

- While face to face follow ups reduced, additional costs were incurred for communication, supporting private providers to meet their sudden needs and added tasks for staff

Since a lot of the work shifted to virtual mode... they (FHI's partners) ended up spending a lot of money on communicating with project staff.

(FHI 360, Philippines)

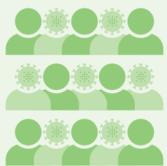


Overworked staff

- Post-lockdown, the regular programs have resumed and are trying to catch up.
- Additional tasks because of adaptations com on top of regular work

Sometimes, I am in calls all day.

(PSI, Myanmar)



COVID related morbidity and mortality

- Organizations lost staff during illness and in some cases due to deaths

Out of 150 field staff, 15-18 had COVID, but all recovered.

(Greenstar, Pakistan)



Delay of work

- Set backs for all organizations in the timelines of their regular work and in initiation of new projects

We had wanted to expand to new geographies, but recruitment and trainings were severely delayed.

(CHAI, India)



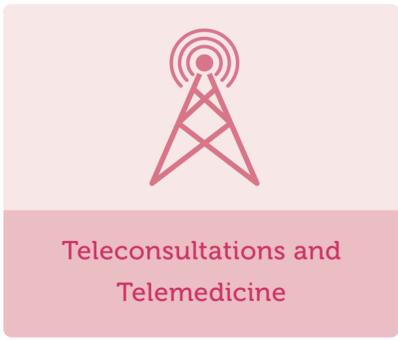
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## **INNOVATIVE ADAPTATIONS IN TB CARE THAT EMERGED DURING COVID 19**

In spite of the constraints that accompanied the COVID-19 pandemic, the private providers and intermediary agencies found ways to adapt to the new reality. The adaptations pertinent to the digital transformation and increase in patient-centric services were noted in the public sector too. Additionally, intermediaries provided ancillary support for private providers under their PPM initiatives.

# 3.1 Digital transformation during COVID and the commonly used platforms



- Telemedicine platforms
- Telephone consultation
- Whatsapp video calls

Telemedicine companies have mushroomed around this pandemic.

(icddr,b, Bangladesh)



- Regular phone calls and SMS reminders
- Refill reminders through call centers
- Digital adherence tools. e.g. 99 DOTS and Video DOT

We ensured to track the medicine refill dates of the patients so that we could communicate with them over the phone or using WhatsApp.

(CHAI, India)



- Facebook messenger
- Viber
- Google forms
- Phone calls
- Whatsapp video calls
- Zoom video calls

Before the pandemic, routine data on TB notification and TB treatment were collected in person and reviewed every quarter. This was replaced with online forms and messaging facilities like whatsapp and sms.

(Mercy Corps, Pakistan)



- AI based Chest X ray
- Digital X rays
- Online reports

Many centers did not have radiologists to see these x-ray reports, so BRAC introduced online systems during COVID.

(BRAC, Bangladesh)



- Integration of whatsapp calling in Nikshay (10)
- Mobile notification app in Philippines
- Web based procurement of diagnostic supplies through the Philippines Private Sector Diagnostics Consortium
- Scale up of TB Screening and Tracking for Accelerated Referral and Reporting (TB STARR) app in Kanos

Many community health workers have become empowered to use technology well, including TB survivors who are being trained to be TB champions.

(REACH, India)

## 3.2 Patient centric services



### Emphasis on infection prevention

- Smaller medical camps
- Infrastructure updates such as better ventilation, frequent sanitization and installation of infection prevention shields in consultation rooms
- Rotation of staff schedule
- Limit counselling and handover brochures instead

**Instead of larger medical camps with 60 to 70 patients at a time, smaller medical camps with 5 to 10 patients at a time were organized.**

*(Mercy Corps, Pakistan)*



### Relaxation of DOT guidelines

- Prescription of drugs for a longer duration at one time
- Skipped sputum microscopy and conducted Gene Xpert for rapid results

**Everyone was more comfortable with giving 1-2 months of medicine refills to patients, instead of daily DOTS.**

*(WHP, India)*



### Combined screening for TB and COVID

- Integration of COVID screening along with TB screening systems
- Bi-directional screening for TB and COVID in India, Bangladesh, and Indonesia
- Mobile X-ray vans to screen for TB and COVID e.g. Indus Hospital and Health Network and IRD Pakistan

**We pivoted our electronic data systems [in Pakistan] very quickly to capture Covid-19 screening data in addition to TB screening.**

*(IRD Global)*



### TB care at doorstep

- Delivery of medications to client's residence
- Sputum collection at client's residence

**As soon as the lockdown was declared, we had to ensure that the patients were adequately stocked with treatments.**

*(CHAI, India)*

## 3.3 Ancillary support to private providers



Supply of PPE, drugs, diagnostics and other health equipment

- Procurement of face masks, hand sanitizers and PPE kits for providers and patients.
- Distribution of GeneXpert cartridges, oxygen cylinders, pulse oximeters, etc.
- Arranged 'movement pass' for transport for vendors and others involved in transport logistics

One of the first things we did was ensure uninterrupted drug supply, as we cater to about 75% of the private sector patients in the city of Chennai.

(REACH, India)



New guidelines to continue TB services

- Guidelines and information notes from WHO to continue TB services.
- Updated guidelines from National TB programs
- Infection prevention guidelines from intermediaries

We (Mercy Corps) provided infection prevention guidelines so that the private providers can follow them and take necessary precaution for the well being of both the patient and the provider.

(Mercy Corps, Pakistan)



Create public awareness about the situation

- Updated communication strategies
- Created education materials
- Organized awareness campaigns

We worked with a media company to build social media campaigns around destigmatizing TB and COVID together.

(FHI 360, Philippines)



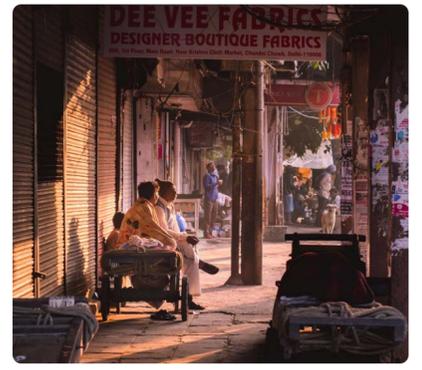
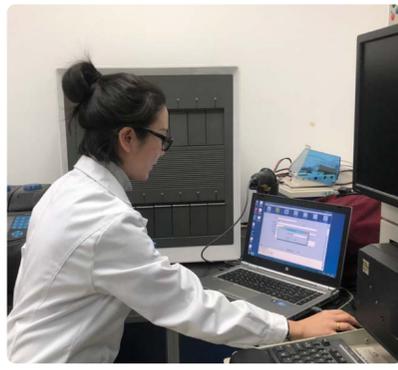


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## **OPPORTUNITIES FOR TB CARE BEYOND COVID-19**

The assessment has shown that the impact of COVID-19 has created many constraints to TB care programs and people affected by TB. However, the intermediaries also identified several opportunities that can pave the way for improving TB care and these are outlined in Box 1. To what extent, what scale and what level of prioritization these opportunities will be recommended will be based on national context and plans.



### Augmentation of the digital innovations for TB

- Digital advancements like utilization of internet tools to conduct virtual trainings and payment through mobile transfers are some opportunities that can be harnessed for the future. *(PSI, Myanmar)*
- Government's appetite and acceptance for all kinds of technology is now higher than ever before. So, we're hoping they will invest more in digital tools. *(FHI 360, Philippines)*



### Partnership between government and private sector in TB

- The true spirit of public and private mix was seen especially during the COVID19 pandemic. *(Mercy Corps, Pakistan)*
- The potential of the private health sector must be mobilized to provide TB services to patients in the community. *(Greenstar, Pakistan)*
- The informal private sector could also be enhanced and leveraged as an alternative for patients when they cannot access the formal private sector. *(SHOPS Plus, Nigeria)*



### Strengthening diagnostic capacity for TB

- The availability of these multiplex platforms like Truenat and CBNAAT will further help strengthen the TB services. *(FIND, India)*
- For the COVID pandemic we're seeing that results can be ready much faster. We need to have a point of care test for TB that generates results during the visit. *(IHVN, Nigeria)*



### Improvement in infection-control and prevention

- I think the good thing which has happened after COVID is that providers keep their premises very clean and ensure that patients wear a mask or cover their mouth and nose with a piece of cloth. *(CHAI, India)*
- Private providers need to be strengthened on infection prevention and emergency preparedness for any such sudden demands in the health system. *(Mercy Corps, Pakistan)*



### Decentralized and patient centric TB services

- Go towards patients and community with mobile x-ray and ensure that testing is done. *(Greenstar, Pakistan)*
- TB patients' care and follow up should become easier and patient-centric. *(IRD, Global)*



### Ambitious approach towards EndTB goals

- Contact screening for COVID has brought into focus that it is possible... I don't think there will be any more excuses saying contact screening for TB cannot be done, be it public sector or private sector. *(REACH, India)*.
- We were doing nearly ~80,000 COVID tests per day in Delhi alone with about half of them being RT-PCRs. If we are able to do this, why can't we do it for TB as well? *(FIND, India)*



## CONCLUSION

Although the pandemic is still evolving and some of these countries are in the next wave of the pandemic, the constraints seem to continue, the adaptations have not been scaled up and the opportunities have not yet been leveraged.

Without PPM the End TB goals cannot be reached. The call to take engagement of private providers to scale is not something new. The PPM Roadmap for Tuberculosis that was released in 2018 captured ten key actions that are required to scale up private sector engagement. The COVID-19 pandemic has only accelerated the need to prioritize those ten action items.

To urgently address the current crisis that COVID-19 is causing on TB programs, all stakeholders need to seize the momentum of change and reimagine TB care including all the innovations and adaptations to a more comprehensive approach with people at the centre.

