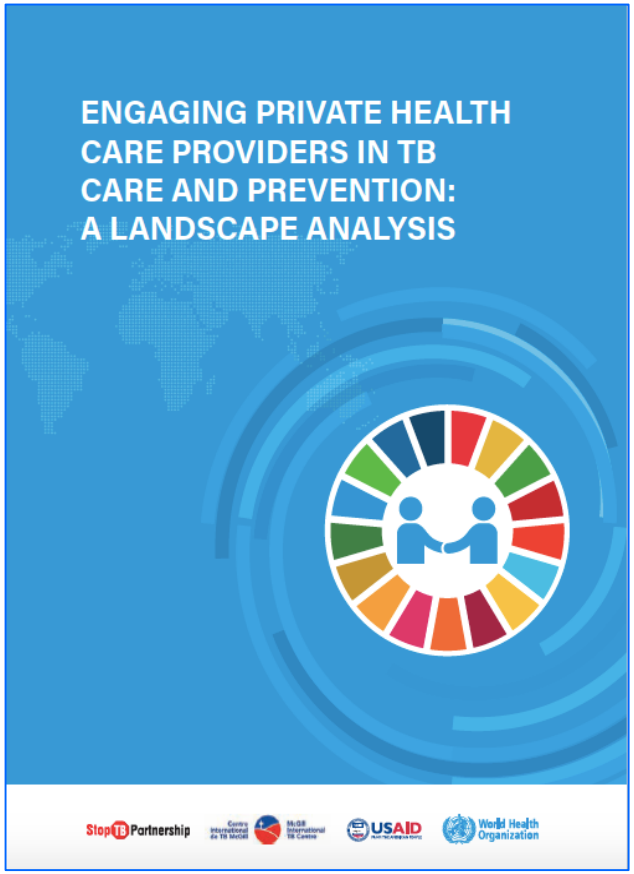
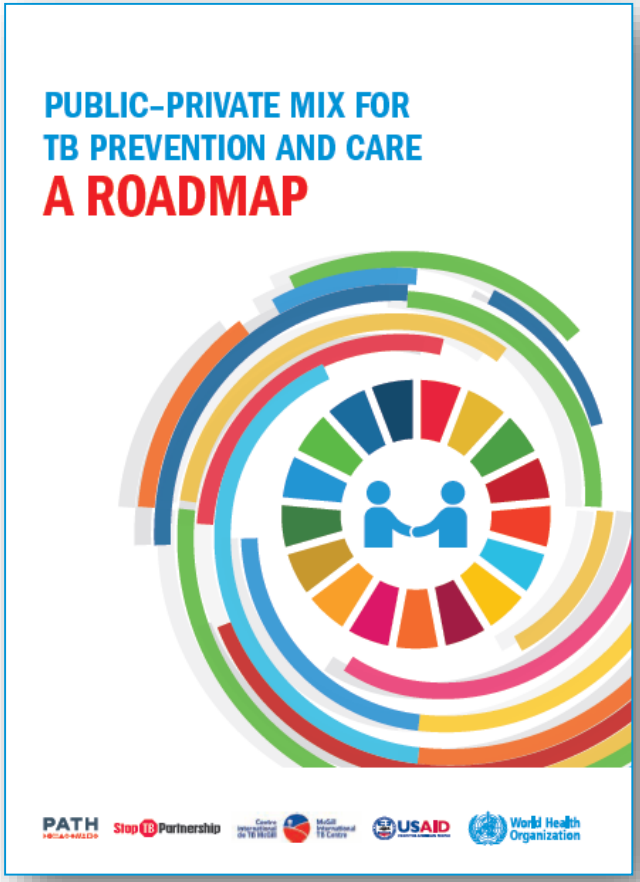
Private sector landscape, need for quality care and resource mobilization

Dr Madhu Pai, Chair, PPM Working Group
Hannah Monica Dias, World Health Organization


ENGAGING PRIVATE HEALTH CARE PROVIDERS IN TB CARE AND PREVENTION: A LANDSCAPE ANALYSIS
Stop TB Partnership
USAID
World Health Organization


PUBLIC–PRIVATE MIX FOR TB PREVENTION AND CARE
A ROADMAP
PATH
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PRIVATE HEALTHCARE DOMINATES IN MANY HIGH-BURDEN COUNTRIES

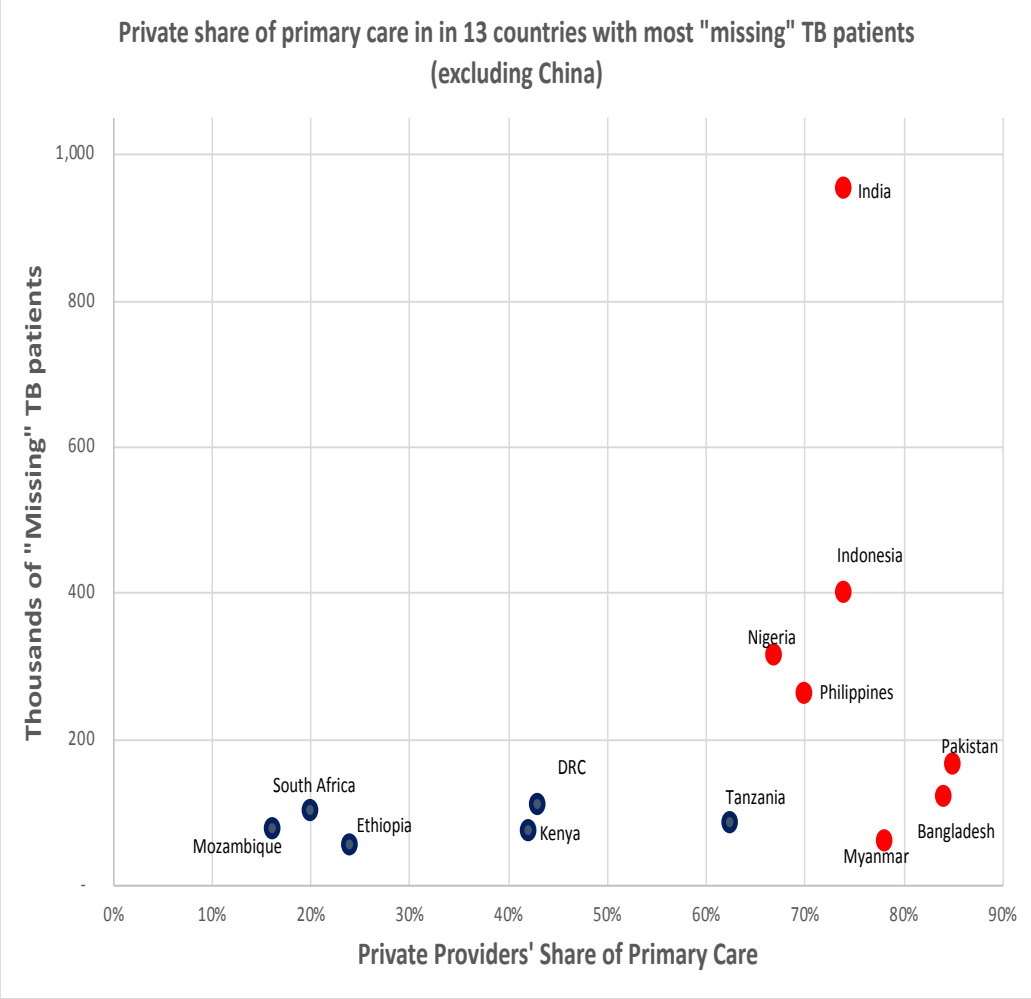
In **7** countries

with **62%** of the total missing cases,

private providers account for **65%-85%** of initial care-seeking,

yet they contributed just **19%** of TB notifications,

equivalent to just **12%** of estimated incidence.



RECENT TRENDS

Continued relatively strong performance in Bangladesh

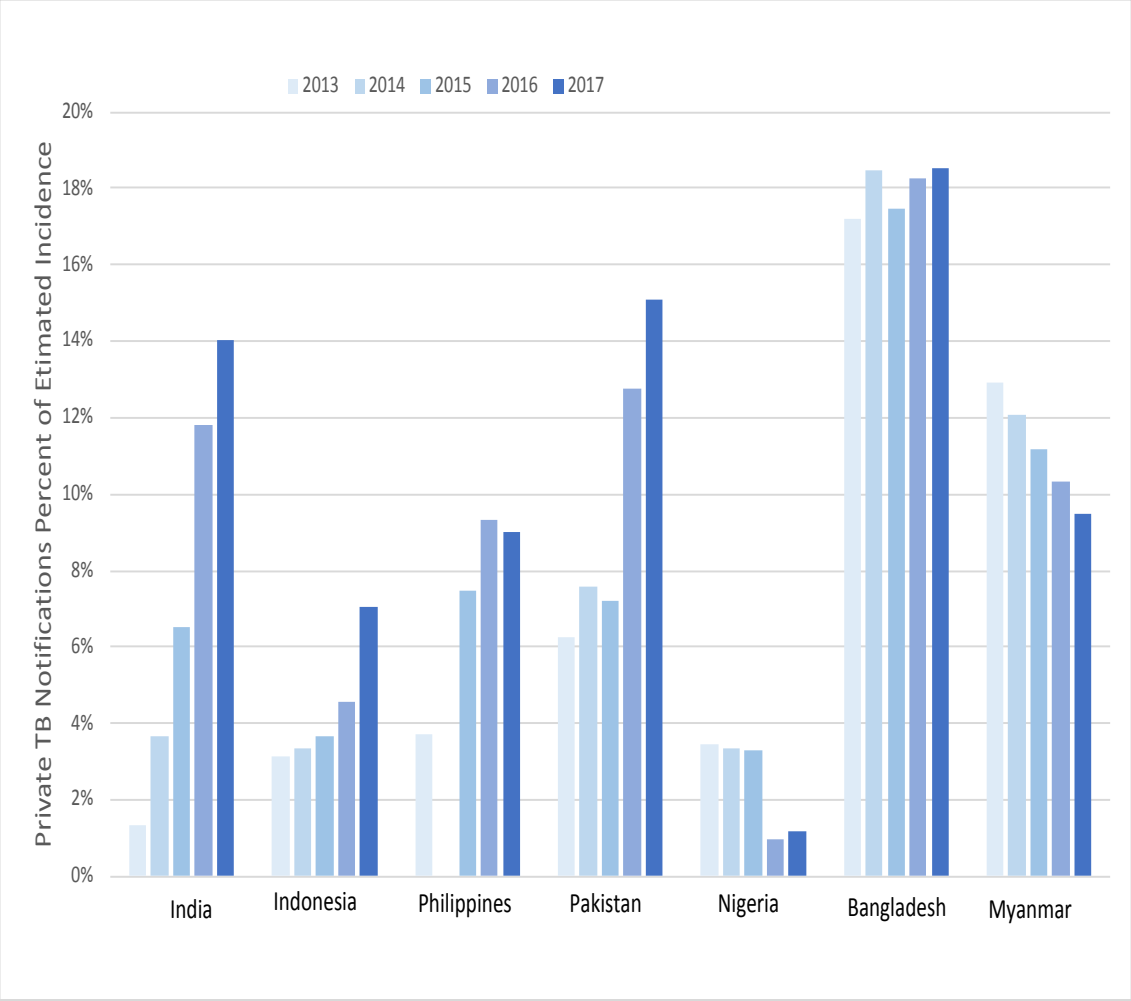
Recent gains in India, Philippines, Pakistan, Indonesia

Increases in private for-profit notifications represent **59%** of total increase in notifications in these 7 countries 2013-17

But it has been driven mainly by **India**, with mixed results in other countries

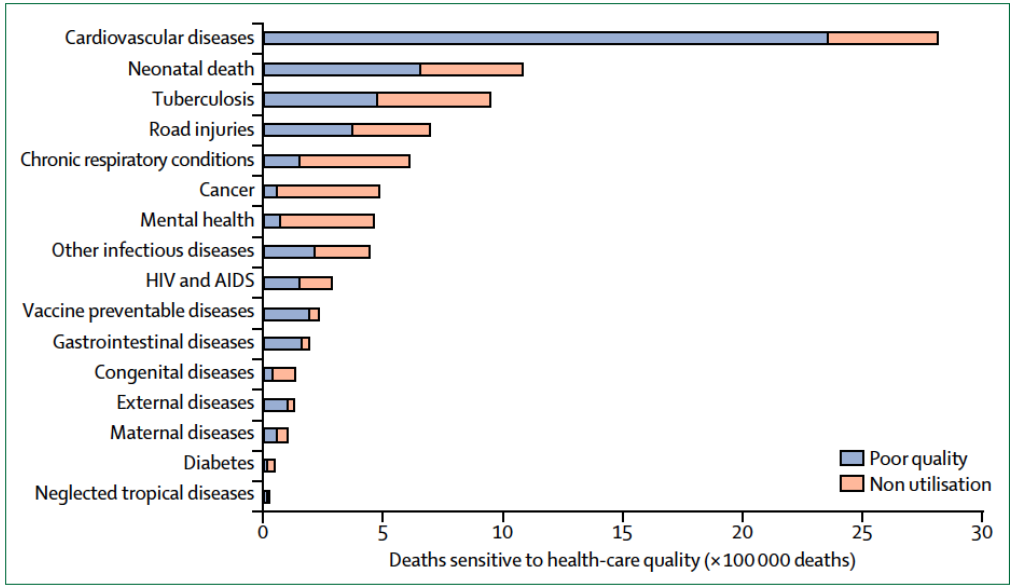
Continued low contributions in Nigeria

Private for-profit notifications as a percent of estimated incidence, by year 2012-2017



Lancet Commission on HQSS

"Poor-quality care is now a bigger barrier to reducing mortality than insufficient access."



Of the 946,003 TB deaths amenable to healthcare, HQSS Commission estimated that 50% is due to poor quality TB care

Simulated patient studies in 4 countries: India, China, Kenya & South Africa

Use of standardised patients to assess quality of tuberculosis care: a pilot, cross-sectional study

Jishnu Das, Ada Kwan, Benjamin Daniels, Srinath Satyanarayana, Ramnath Subbaraman, Sofi Bergkvist, Ranendra K Das, Veena Das, Madhukar Pai

Use of standardised patients to assess antibiotic dispensing for tuberculosis by pharmacies in urban India: a cross-sectional study

Srinath Satyanarayana, Ada Kwan, Benjamin Daniels, Ramnath Subbaraman, Andrew McDowell, Sofi Bergkvist, Ranendra K Das, Veena Das, Jishnu Das*, Madhukar Pai*

PLOS MEDICINE

RESEARCH ARTICLE

Variations in the quality of tuberculosis care in urban India: A cross-sectional, standardized patient study in two cities

Ada Kwan[1,2*‡], Benjamin Daniels[1*‡], Vaibhav Saria[3], Srinath Satyanarayana[4], Ramnath Subbaraman[5], Andrew McDowell[6], Sofi Bergkvist[7], Ranendra K. Das[3], Veena Das[8], Jishnu Das[1,9*], Madhukar Pai[10,11*]

Research

BMJ Global Health

Use of standardised patients to assess quality of healthcare in Nairobi, Kenya: a pilot, cross-sectional study with international comparisons

Benjamin Daniels,[1] Amy Dolinger,[1] Guadalupe Bedoya,[1] Khama Rogo,[2] Ana Goicoechea,[3] Jorge Coarasa,[2] Francis Wafula,[2,4] Njeri Mwaura,[2] Redemptar Kimeu,[5] Jishnu Das[1,6]

International Journal of Environmental Research and Public Health

MDPI

Article

Measuring Quality Gaps in TB Screening in South Africa Using Standardised Patient Analysis

Carmen S. Christian [1,2,*], Ulf-G. Gerdtham [3,4], Dumisani Hompashe [2,5], Anja Smith [2] and Ronelle Burger [2]

PLOS MEDICINE

RESEARCH ARTICLE

Tuberculosis detection and the challenges of integrated care in rural China: A cross-sectional standardized patient study

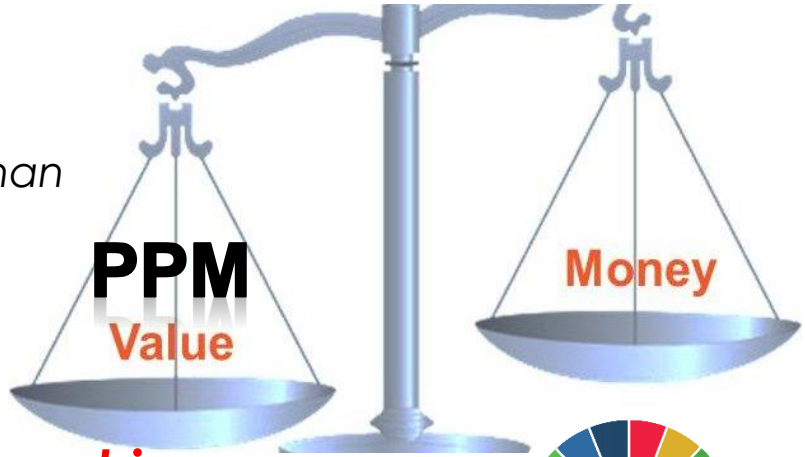
Sean Sylvia[1], Hao Xue[2], Chengchao Zhou[3]*, Yaojiang Shi[2], Hongmei Yi[4], Huan Zhou[5], Scott Rozelle[6], Madhukar Pai[7], Jishnu Das[8]

Results: SP with suspected TB

Setting - Sector	% Correctly Managed	% Referred
Delhi, India – *private sector*	21%	10%
Mumbai, India – *private sector*	37%	15%
Patna, India – *private sector*	33%	10%
Nairobi, Kenya – *public & private*	33 – 40% Public: 79% asked for sputum test Private: 36% asked for sputum test	4% - 10%
Rural China (3 provinces) - *public*	28%, village clinics 38%, township centers 90%, county hospitals	28%, village clinics 18%, township centers 5%, county hospitals
South Africa – *public* **(Western & Eastern Cape)**	43% got TB and HIV tests 84% got sputum TB tests	
South Africa – *private* **(KZN)**	28%	20%

Investing in PPM is good value for money

- Interventions to combat TB have been recognized as highly cost-effective, with a return of $43 on every investment dollar
- ***Patient perspective:***
  - *PPM models save money for TB patients who would otherwise access services from unengaged providers by facilitating referral to free NTP services or enabling privately-managed patients to benefit from programme procured drugs, diagnostics and social support.*
  - *Savings in time, and potentially lost employment, as a result of easier access and more convenient hours of operation.*
- ***Programme perspective***
  - *Studies suggest that programme costs per patient successfully treated under PPM models may be substantially lower than for standard NTP services as a result of leveraging time and facilities of non-NTP providers*
- ***Urgent need to develop investment case for PPM and resource gaps in countries***



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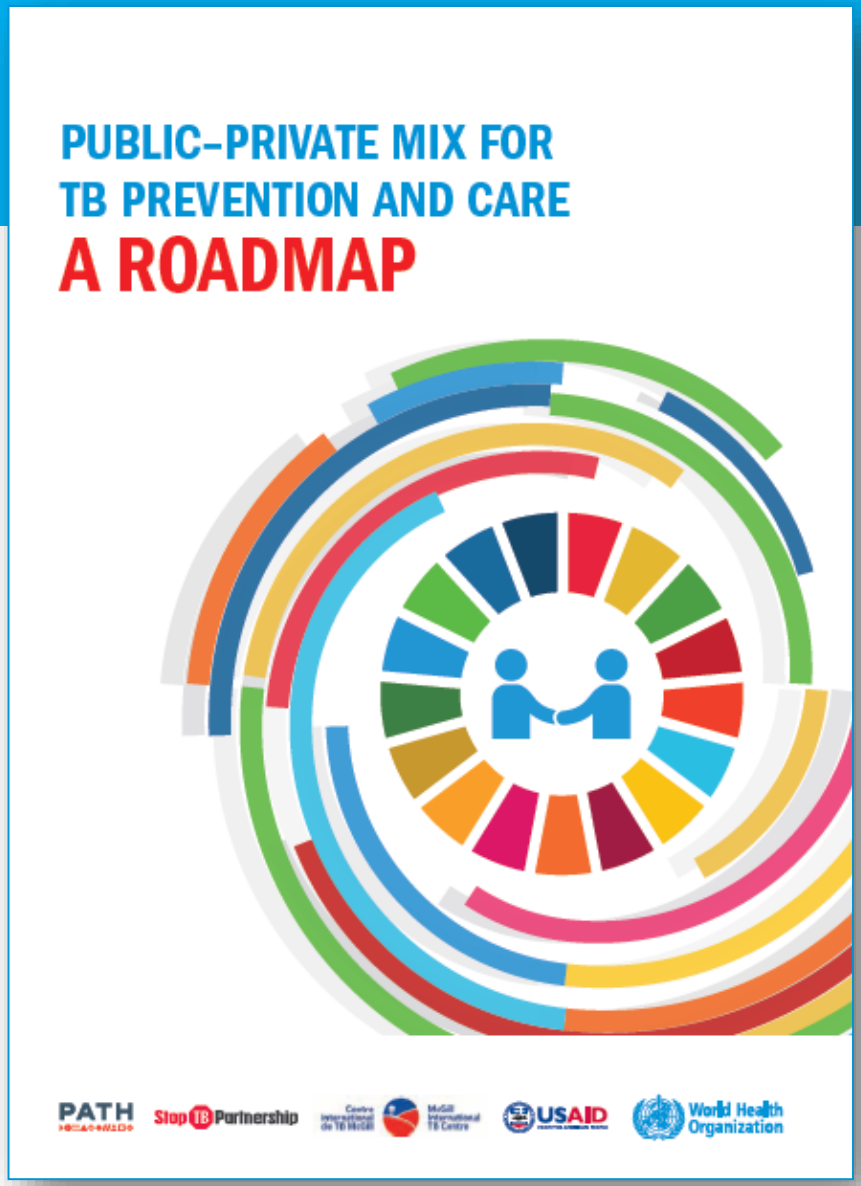
PPM for TB Prevention and Care

A ROADMAP



Why do we need a PPM Roadmap?

- Gaps in care
- WHO policies and guidelines but slow uptake
- Lack of political commitment and advocacy
- Lack of prioritization
- Numerous pilots very few taken to scale

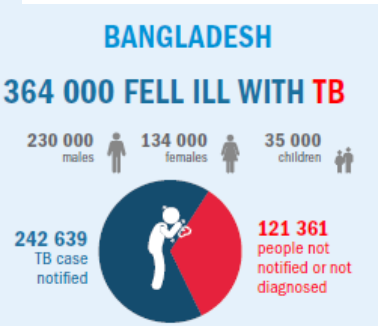
Why Now? Emerging Opportunities

- **Renewed high-level attention** towards closing the gaps in care, could facilitate a major increase in private provider engagement for TB in the coming years: UNHLM, Find.Treat.All & Strategic Initiatives
- **Positive and promising examples** can set an example for other countries inspiring them to be more ambitious. E.g. India, Pakistan, etc. featured in the landscape analysis
- **New digital technologies** facilitate the engagement of all providers by transitioning from paper-based data to digital, case-based registration systems.
- **Access to new and improved diagnostic and treatment tools,** such as digital chest x-ray, Xpert and shorter MDR-TB regimens, has increased the value of collaboration to independent providers
- **Social health insurance schemes** in some countries are approaching full population coverage and will provide an opportunity to drive access to quality TB care amongst all providers.

Focusing on countries where PPM can make a difference

Country	Population (thousands)	TB incidence rate	TB incidence (thousands)	MDR incidence (thousands)	Notifications, new and relapse (thousands)	Treatment coverage rate	Missing cases (thousands)
India	1340	204	2740	135	1787	65%	953
Indonesia	264	319	842	23	442	53%	400
Nigeria	190	219	418	24	102	24%	316
Philippines	105	554	581	27	317	55%	264
Pakistan	197	267	525	27	359	68%	166
Bangladesh	165	221	364	8	243	67%	121
China	1410	63	889	73	773	87%	116
Democratic Republic of Congo	81	322	262	8	150	57%	112
South Africa	57	567	322	14	220	68%	102
Tanzania	57	269	154	2	68	44%	86
Kenya	50	319	158	3	84	53%	74
Myanmar	53	358	191	14	130	68%	61
Ethiopia	105	164	172	6	117	68%	55
Angola	50	319	158	3	84	53%	74
Thailand	69	156	108	2	36	58%	26

THE BIG SEVEN



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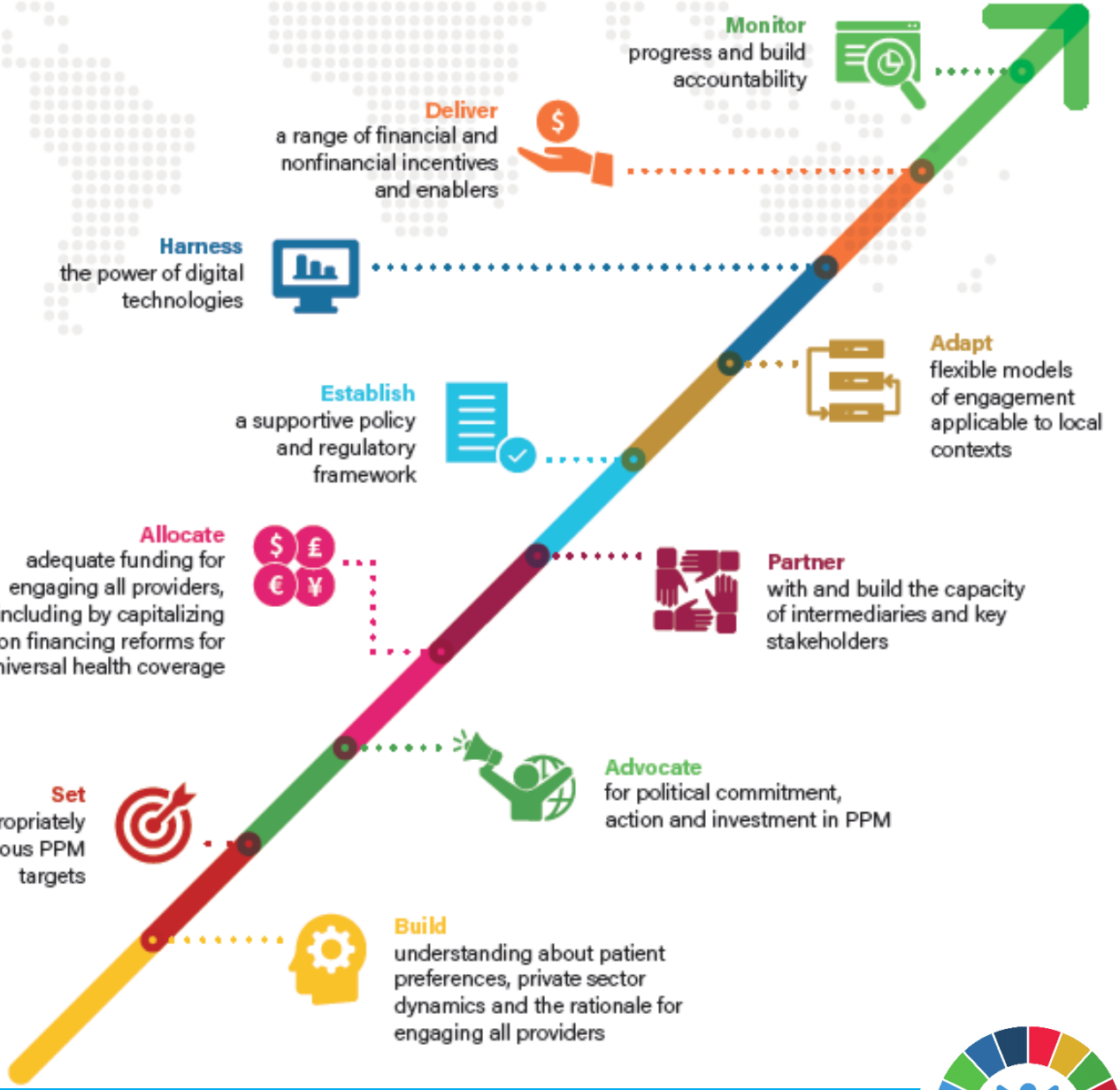
END TB

PPM ROADMAP

10 key priorities for action



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PPM ROADMAP

1. ***Build understanding about patient preferences and the rationale for engaging all care providers***
   - Strong evidence base critical to transform mindsets as well as secure high-level commitment and investment e.g. patient pathway analyses, atterns of provider behaviours and drug sales
   - The information will also enable programmes to prioritize types of providers for engagement.

2. ***Set appropriately ambitious targets***
   - Develop and set high-profile targets to scale up the engagement of private providers in partnership with relevant stakeholders.
   - Essential to promote accountability and unite diverse stakeholders in a common effort.
   - Meaningful indicators including on effective coverage, quality of care and financial protection.

PPM ROADMAP

3. **Advocate for political commitment, action and investment**
   - Build high-level commitment to "business unusual" approaches
   - Create an environment in which all health care providers are motivated to provide quality-assured TB care in partnership with NTPs
   - Increase population-level demand for accredited TB care and associated support services from all providers- engage with communities and civil society.

4. **Ensure adequate funding for private provider engagement, including by capitalizing on financing reforms for Universal Health Coverage**
   - Prioritization of private provider engagement must be reflected in budget allocations and expenditure.
   - In countries where non-NTP providers play a major role in health care, PPM can no longer be treated as an optional extra
   - UHC/SHI opportunities

PPM ROADMAP

5. Partner with intermediaries and key stakeholders

- Overburdened NTPs
- Intermediary agencies could bridge the gap, success stories

6. Establish a supportive policy and regulatory framework

- Tool to drive engagement
- Enforcement challenges but digital technologies can help operationalization

7. Adapt flexible models of engagement applicable to local contexts

- No single implementation model
- Flexible and outputs focused

8. Harness the power of digital technologies

- Recording and reporting
- Treatment support

9. Deliver a range of financial and non-financial incentives and enablers

- Trust and keeping promises
- Non-financial incentives may be more powerful
- Providers should be compensated commensurate to their work

10. Monitor progress and build accountability

- Justify continued financial support for PPM activities
- Build accountability, as well as fine-tune PPM operations and target resources effectively.
- WHO will work with NTPs and their partners in a limited number of priority countries– to agree on a set of indicators that can be used to monitor both effort and progress in engaging all providers, and to make up-to-date data readily accessible on a tailored web platform.

Timeline and targets

Financing

- Further increases in Global Fund grant allocations to PPM
- Data available on resource allocation for PPM in priority countries

Coverage

- NTPs in priority countries have improved the understanding of patient pathways and the role of all providers

Outcomes / targets

- 13 Strategic Initiative countries achieve target of detecting 1.5 million additional TB cases
- Priority countries agree on enhanced PPM dashboard and targets

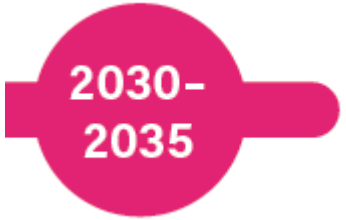
Monitoring / evaluation

- PPM priority countries analyse data on outcomes by type of notifying provider
- Composite indicator of alignment of TB services with health systems developed and tested

Outcomes / targets

- 30 high TB burden countries reach 90% treatment coverage target of the End TB Strategy and Find.Treat.All.#EndTB Initiative

Timeline and targets



Financing

- Global Fund grant budgets reflect the role of different provider types in each country
- NTP resource allocations reflect primary care-seeking preferences of the population

Coverage

- Most relevant non-state providers systematically engaged for TB at scale in 50% of priority countries

Outcomes / targets

- Dashboard in use, and significant progress on reaching targets in priority countries

Monitoring / evaluation

- Data on outcomes by type of notifying provider systematically integrated in global and national TB monitoring reports. Expanded section on PPM in WHO Global TB report
- Composite indicator of alignment of TB services with mixed health system in use by PPM priority countries

Financing

- All funding for TB service delivery in high-burden countries reflects the role of different provider types in care-seeking

Coverage

- All high-burden countries analyse data on effective coverage by type of provider responsible for referring, notifying and treating TB patients
- Most relevant non-state providers systematically engaged for TB at scale in 100% of priority countries

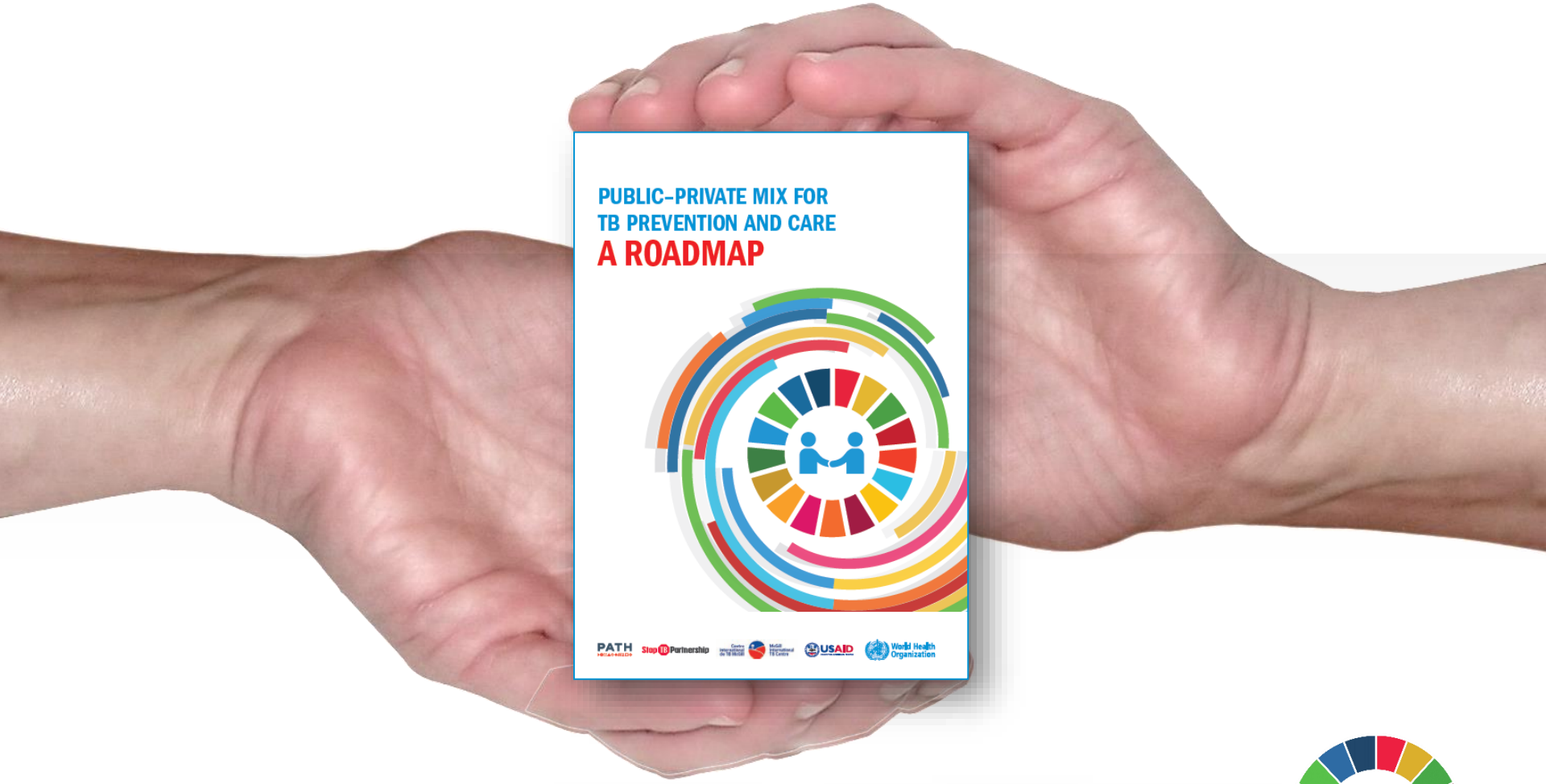
Outcomes / targets

- All TB patients managed according to national protocols, with financial protection, regardless of where they seek care
- Dashboard in use, and further progress on reaching targets in priority countries

Monitoring / evaluation

- Full alignment of TB services with primary care-seeking behaviour of the population

USING THE ROADMAP TO DRIVE ACTION



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