Catalysing Private Healthcare to Accelerate TB Notification in Uttar Pradesh

Abbreviations

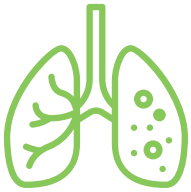
AYUSH	Ayurveda, Yoga and Naturopathy Unani, Siddha and Homeopathy
CME	Continuing Medical Education
CMO	Chief Medical Officer
DBT	Direct Benefit Transfer
DFY	Doctors For You
DTC	District Tuberculosis Center
DTO	District Tuberculosis officer
EPTB	Extra Pulmonary Tuberculosis
GoI	Government of India
HLFPPT	Hindustan Latex and Family Planning Promotion Trust
Hb	Hemoglobin
HIV	Human Immunodeficiency Virus
IHAT	India Health Action Trust
JEET	Joint Efforts to Eliminate Tuberculosis
NGO	Non Government Organization
NHM	National Health Mission
NTEP	National Tuberculosis Elimination Programme
NTSU	National Technical Support Unit
PHIs	Peripheral Health Institutions
PPS	Positive Pay System
PPM	Public Private Mix
PPSA	Patient Provider Service Agency
STC	State Tuberculosis Cell
STS	Senior Treatment Supervisor
STSU	State Technical Support Unit
TB	Tuberculosis
TBHV	Tuberculosis Health Visitor
UP	Uttar Pradesh
WHO	Word Health Organization

Background

Uttar Pradesh (UP) has witnessed an increasing trend in private sector contribution to Tuberculosis (TB) notifications from 14% in 2016 to about 40% of total TB case notifications in 2021. The target for the private sector in 2022 was 1.86 lakh new TB notifications. The distribution of private sector is diverse and 36 of the 75 districts in UP contribute close to 80% of private sector patients. On an average, each of these 36 districts has a target of 4256 TB patients, and in the remaining 39 districts, on an average, each district has a target of 841 TB cases.

Overall, seven of 29 states in India accounted for more than 70% of national-level TB treatment volumes, including UP, Maharashtra and Bihar. UP while having the greatest share of national-level, private sector treatment, is also amongst the states where the private sector has the greatest 'market share', along with Bihar and Delhi[1]. Thus, effective engagement with the private sector for TB Elimination is of paramount importance. The National Strategic Plan for TB Elimination in India (2017-25) clearly emphasizes the need for private sector engagement.

In 2021, the Government of India (GoI) in collaboration with the World Bank, initiated TB State Technical Support Units (TB STSU) in nine high TB burden states, to strategically enhance the government's engagement with the private sector, strengthen the health systems for TB detection, treatment and prevention and improve multi-sectoral engagement for TB, among other functions. India Health Action Trust (IHAT) was awarded the TB STSU in UP in December 2021, which has been fully functional since March 2022.



Private Sector contributed to

40%

of total TB case notifications in 2021

[1] Tuberculosis treatment in the private healthcare sector in India: an analysis of recent trends and volumes using drug sales data, 2019, doi: https://doi.org/10.1186/s12879-019-4169-y

Need to Accelerate Private Sector Notification

Patient Provider Support Agency (PPSA) is a domestically funded state-owned initiative to strengthen private sector engagement at the district and block level, especially in urban locations. The Program Implementation Plan in UP had approved PPSA for 36 districts. However, as of March 2022, when the STSU came on board, no NGO had been onboarded. In May 2022, two NGO partners, viz., Hindustan Latex and Family Planning Promotion Trust (HLFPPT) and Doctors for You (DFY), were on-boarded to engage with private sector facilities for enhanced TB outputs in 20 districts that were divided into two clusters of 10 districts each. These 20 districts contribute close to 27% of the private sector target. PPSA partners initiated their private sector engagement activities in May, and this resulted in an increase in the notification of TB cases from the private sector in most of these districts. However, 16 other districts that were previously under the Global Fund Joint Efforts to Eliminate TB (JEET), were yet to on-board PPSA. These districts account for 55% of private sector notification targets. In the absence of PPSA, the monthly notification rate in these 16 districts was showing a declining trend since June 2022. The STSU team members in addition to facilitating induction training, review meetings and mentoring visits to the 20 PPSA districts, made intensive visits and to the 16 previously JEET districts. The visits revealed that strategic and specific actions were required in order to accelerate private sector TB notification in these 16 districts in the absence of PPSA.

The process is described below.

Key Exploratory Activities

The STSU team with the support from NTSU, conducted a trend analysis of TB notification numbers in private health facilities for the previous 3-5 years within these 16 districts. It was found that many of the private health facilities that had previously notified TB cases, had significantly reduced notification numbers in 2022. The facilities were line-listed in descending order of probable TB numbers missed from notification, TB Unit wise. STSU team members visited these facilities, interacted with the doctors and reviewed registers and records in the medical record departments and attached pharmacies. The following were the key observations:

After the withdrawal of a previous government support JEET project which focussed on private sector engagement there was a gap in collecting these details on a regular basis which also lead to delayed updates on Ni-kshay Portal.

Extra-pulmonary TB (EPTB) patients were not being notified in Ni-kshay.

Few doctors reported that they had not received DBT payments, and this hindered them from hiring or delegating the TB notification to someone within their hospital.

In bigger hospitals, the Schedule H1 pharmacy data for TB drugs dispensation also revealed a number of TB patients who were missing from the Ni-kshay notification.

Key Response

1

Evidence based Planning: The STSU discussed this issue of decreased TB notification by private health facilities, with the State TB Cell (STC) and WHO consultants. In October 2022, five different strategies to increase private sector notification were proposed:

i. Line-listing of the priority doctors/health care institutions and attaching STS/TBHV to each of them.

ii. Call Centre to call the facilities/doctors and enquire about missing TB notifications.

iii. Data-entry operators to be mobilized from NHM or hired by STSU in districts with high numbers of patients entered in registers, but not yet notified on Nikshay.

iv. Extract missing TB patient information from H1 schedule registers and notify the same

v. Organize CME for private doctors.

In response to this, the STC issued a letter on 11th November 2022 to plan and implement an active case notification campaign to increase private sector TB notification.

2

Prioritisation of Districts: High TB burden districts (> 2500 annual target and no PPSA) where the private sector had notified less than 55% of the target were prioritised for STSU's field visits. During visits, STSU members accessed the district-level data and divided the list TU-wise. This was shown to the District TB Officer and NTEP staff. A process of District level micro-planning was then instituted within 16 High Burden districts (List attached in Annexure 1). The microplanning process included actions at the District TB Cell and within selected high-volume private health facilities.

3

District-level Microplanning at DTC:

i. Developed a comparison sheet of facility wise private sector notifications from previous years with that of current year.

ii. Identified gap between the years, followed by verifying present status of these facilities and then planning meetings with officials from facilities to address the gaps.

iii. Searched for TB patients information from old records, verified the patients with NTEP Staff, and segregated them TU wise and then notifying them (missing patients).

iv. Compared the number of TB cases notified previously with notification during 2022 and calculated the difference.

v. Organised this list by the name of the TB Unit.

vi. Mapped NTEP staff with Private sector facilities.

vii. Entered the names of TB Health Visitors, PPM coordinators and STS and assigned each of them to these high volume private health facilities.

viii. Instructed PPM coordinators, STS and TBHV to:

   a. Periodically visit these facilities in a campaign mode to retrieve the TB patients' information and ensure they are entered into NI-KSHAY for notification. The frequency of visits was based on a potential number of TB Notifications from Private Practitioners/ Facilities with more focus on facilities having higher potential for giving notifications. For Ex: Higher Potential for notification: to visit daily/tri-weekly; medium to lower potential for notification: visit twice a week/once a week. The frequency of visit was based on expected numbers for TB notifications, ex., higher numbers daily/tri-weekly visits, lesser numbers once/twice a week. The patient data could be retrieved by photographic images from the TB register and directly entered during the site visit into the Ni-kshay portal or subsequently by the person or a Data Entry Officer.

b. Visit chemists/Labs (bigger hospital) and collect the H1 Schedule drug data. Validate whether the patients who have received Anti-TB drugs have been notified in Ni-kshay. If not notified, contact the patients/relatives using the H1 schedule, take consent, and collect patient details for entry in Ni-kshay.

c. The DTO and Chief Medical Officer (CMO) in all these districts issued orders that clearly directed all the TB HV and STS to work as per the micro-plan on the private sector notification in campaign mode. The CMO's involvement enabled the use of district level data-entry operators wherever necessary.

d. A day-wise reporting format was provided, where TB HV and STS reported the number of cases retrieved and notified in Ni-kshay to the STSU and DTO. STSU tracked daily numbers, and weekly trends and regularly informed NTEP staff at state and district level of the progress. They also received and responded to queries and concerns from the NTEP or private health facility staff.

Actions at the level of the private health facility

During follow-up visits, STSU team members and local NTEP staff met the hospital authorities and explained to them the need and mechanisms to capture all back-dated (diagnosed/initiated on treatment in 2022) as well as current TB patients in the Ni-kshay portal. The need to capture Extra Pulmonary TB (EPTB) for entry into Ni-kshay was emphasised in some settings.

STSU team along with the local Senior Treatment Supervisor (STS) or other District TB staff trained one of the hospital staff to complete the notification in Ni-kshay.

Impact

Implementation of the microplanning activities started on 20th October 2022. The private sector notification in the 16 districts increased from 58% achievement of annualised target in October 2022 prior to the campaign, to 80% as on 31st December 2022. During the same period, the private sector notification in 20 existing PPSA districts increased from 54% to 76% and in non-PPSA districts from 62% to 84%. Non–PPSA district target of private sector notification is less as compared to 16 high burden districts and 20 existing PPSA districts.

The overall private sector notification in UP increased from 107934 as of 19th October 2022 to 148090 as on 31st December 2022, an increase of about 39536 TB notifications. About 40% of these were TB patients diagnosed earlier but not notified in a timely manner.

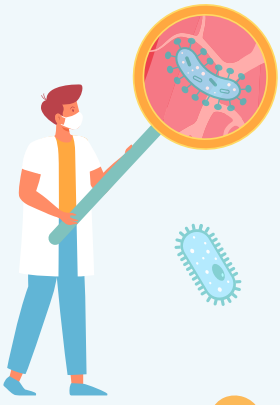
80%
achievement of annualised target of private sector notification in 16 districts

Key Learnings

i. The microplanning process implemented in campaign mode led to effective coordination between the district's NTEP staff and staff from the private health facility. This resulted in collection of previously diagnosed non-notified and newly diagnosed TB patients for entry into Ni-kshay portal. This process is useful for capturing missing TB notifications. This process is also helped in increasing accountability of all program staff through judicious distribution of private health facilities amongst them leading to better notifications from these facilities due to better engagement of NTEP staff.

ii. Planning, implementing and monitoring private sector TB notification is an intensive exercise and must be operationalised at State, District and TB Unit levels. The Ni-kshay platform enables in-depth analysis at state, district, TU and Health facility levels. This analysis and consequent actions can help to develop and refine robust plans to better engage with the private sector.

iii. A coordinated response from public sector NTEP staff and district administration (CMO) with private sector health facilities will contribute to the increasing scale and sustainability of the End TB strategy.

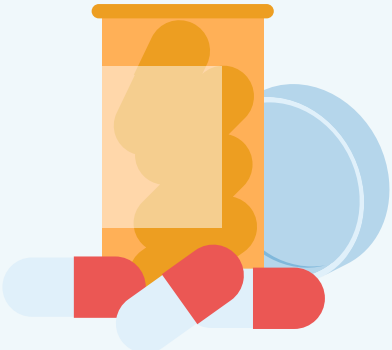


iv. Microplanning focused on high priority health care facilities enables district-level NTEP staff to accelerate their outreach activity to find the missing TB cases. The same activity can be replicated by PPSA workers as well for expediting results in their districts.

v. Collecting, analysing and acting upon data collected from pharmacists reporting on the H1 schedule (mandatory to be maintained by Pharmacist) can help to mop up missing TB notifications, especially in urban areas.

vi. In order to achieve End TB goals of identifying and treating all people with TB, it will be important for PPSA, when on-boarded, to engage with all levels of health care facilities that are detecting and treating TB, as about 50% of TB patients are distributed across low-volume private health facilities, even in high priority districts. The analysis of volumes and trends in health facility contribution to Ni-kshay notification can enable planning for rational delegation of PPSA human resources as hub agents.

The hub agents can also reach out to spoke facilities to improve notification. Moreover, the hub and spoke identification can help to create route maps for specimen collection, transportation and testing.



vii. PPSAs are focused mostly in urban areas. In UP, the TB prevalence is higher in rural than urban areas. Strategies for engaging with AYUSH practitioners and involving Community Health Officers and Health and Wellness Centres in TB Elimination activities are additional areas of focus for enhancing TB notification across the state.

Annexure 1

Diagnosing Facility District - AGRA

Table 1: Comparative Analysis of Private Providers in 2021 and 2022 (Illustrative)

Diagnosing Facility TBU	Diagnosing Facility PHI	1 Jan-31 Dec 2021	1st January 2022 to 7th November 2022	Gain/Loss
AGRA EAST	Private Health Facility 1	430	142	- 288
AGRA CENTRAL	Private Health Facility 2	398	332	- 66
MALPURA	Private Health Facility 3	370	131	- 239
AGRA SOUTH	Private Health Facility 4	297	225	- 72
AGRA CENTRAL	Private Health Facility 5	261	205	- 56
AGRA CENTRAL	Private Health Facility 6	258	178	- 80
AGRA EAST	Private Health Facility 7	237	21	- 216
AGRA SOUTH	Private Health Facility 8	236	61	- 175
AGRA EAST	Private Health Facility 9	189	139	-50
PEELI POKHAR	Private Health Facility 10	170	204	34
AGRA CENTRAL	Private Health Facility 11	158	93	- 65
AGRA CENTRAL	Private health facility 12	157	1	- 156
AGRA SOUTH	Private Health Facility 13	151	1	- 150
AGRA NORTH	Private Health Faciity 14	119	0	- 119
ANWALKHERA	Private Health Facility 15	107	57	- 50
		3538	**1790**	**-1748**

Close to **40%** notification of TB patients were reduced this year as compared to last year 2022

Similar kind of comparative analysis were carried out in other high burden and Micro-plans were carried out in other high burden Districts.

Table 2: Assigning the NTEP staff (Illustrative)

Diagnosing Facility PHI	Notification 2021 (Jan to Dec)	Notification 2022 (Jan to Oct)	Gain/Loss	Assigned NTEP Staff	No of Cases collected and Notified
PHF 1	430	142	- 288	STS	5+
PHF 2	103	21	- 216	STS	3+
PHF 3	236	61	-175	STS	4+
PHF 4	189	139	- 50	TBHV	2+
PHF 5	158	93	- 93	STS	3+

Table 3: Result of Microplanning (Illustrative)

Diagnosing Facility TU	Diagnosing Facility Private Private Health Facility: PHF	2021	Notification as on 7th November 2022	Gain/ Loss	Notification as on 31st Dec 2022	No of TB Cases added
AGRA EAST	PHF 1	430	142	- 288	523	381
AGRA CENTRAL	PHF 2	398	332	- 66	407	75
MALPURA	PHF 3	370	131	- 239	185	54
AGRA SOUTH	PHF 4	297	225	- 72	253	28
AGRA CENTRAL	PHF 5	261	205	- 56	276	71
AGRA CENTRAL	PHF 6	258	178	- 80	222	44
AGRA EAST	PHF 7	237	21	- 216	254	233

Diagnosing Facility TU	Diagnosing Facility Private Private Health Facility: PHF	2021	Notification as on 7th November 2022	Gain/ Loss	Notification as on 31st Dec 2022	No of TB Cases added
AGRA SOUTH	PHF 8	236	61	-175	165	104
AGRA EAST	PHF 9	189	139	- 50	160	21
PEELI POKHAR	PHF 10	170	204	34	243	39
AGRA CENTRAL	PHF 11	158	93	- 65	110	17
AGRA CENTRAL	PHF 12	157	1	-156	318	317
AGRA SOUTH	PHF 13	151	1	-150	109	108
AGRA NORTH	PHF 14	119	0	-119	88	88
ANWALKHERA	PHF 15	107	57	- 50	64	7
		3538	**1790**		**3377**	**1587**

This microplanning exercise resulted in improving total notification from 58% (October 2022) to 80% (December 22), against the annualised target. In three months close to 40000 individuals with active TB cases were notified. Among them close to 8285 individuals could have been potentially left out from the health system, resulting in them not getting benefits of government schemes and Public Health Actions under the National TB Elimination Program. Graph 1 below depicts the gap between the number of patients notified in Nikshay as per data downloaded in August 2022 and in December 2022, indicating the difference in notification numbers before and after the usage of microplanning in NTEP.

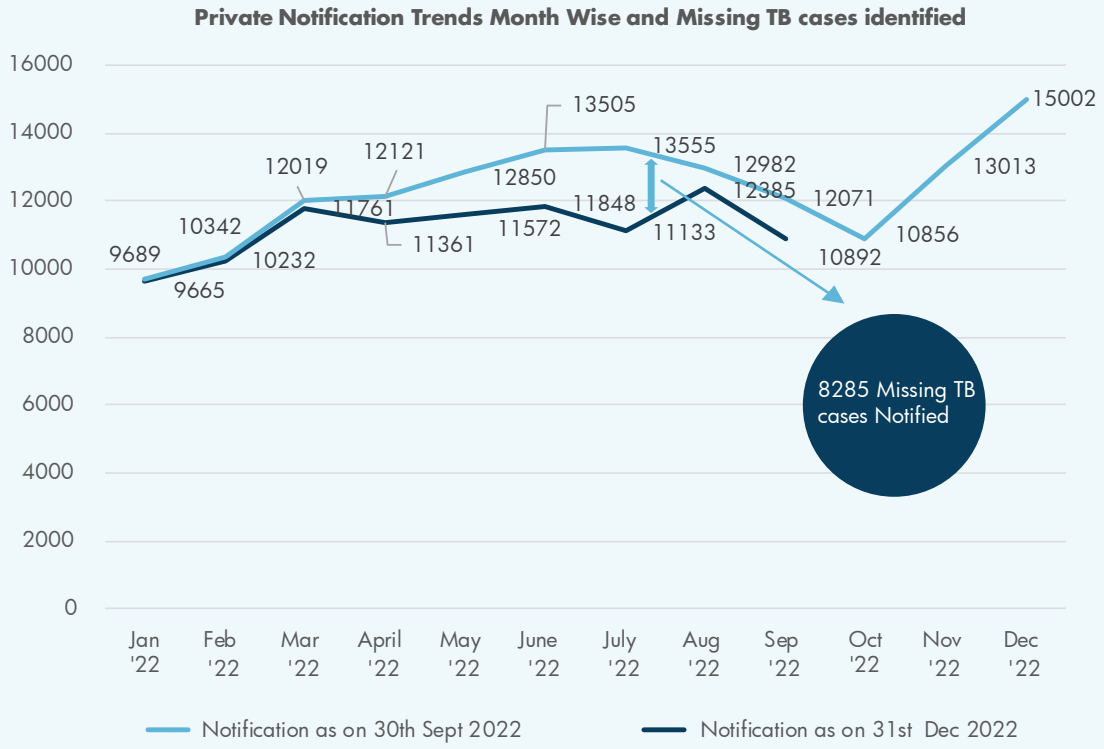


Table 4: Comparative Analysis of Notification in High Burden Districts

Notification Progress 19th October (STSU Review as per India TB Report 2023)

District	Private Sector Target	Notification as on 19th October	Percentage against the Yearly Target	Notification as 31st Dec 2023	Percentage against the Yearly Target	Number of Cases Added	% increase
AGRA	12000	6504	54	9684	81	3180	27
ALIGARH	5500	3583	65	5138	92	1455	27
BAREILLY	7200	5290	73	6264	87	974	14
GAUTAM BUDDHA NAGAR	3400	1542	45	2436	72	894	27
GHAZIABAD	5700	2775	49	4018	70	1243	21
GORAKHPUR	5000	4267	85	5199	104	932	19
JAUNPUR	2500	876	35	1423	53	447	18
JHANSI	4200	2384	57	3495	83	1111	26
KANPUR NAGAR	11000	5841	53	8248	74	2307	21
LUCKNOW	9000	4291	48	5539	62	1248	14
MATHURA	9500	6898	73	8320	88	1422	15
MEERUT	5000	2654	53	3991	75	1117	22
MORADABAD	6000	3401	57	4763	79	1362	22
PRAYAGRAJ	6200	3266	53	5129	83	1863	30
SITAPUR	5000	2773	55	3959	79	1186	24
VARANASI	6000	3930	65	5263	86	1233	21
High Burden Districts (16)	**103200**	**60275**	**58**	**82869**	**80**	**21974**	**22**
PPSA Districts (20)	**50000**	**27192**	**54**	**37789**	**76**	**10597**	**21**
Non PPSA (39)	**32800**	**20467**	**62**	**27432**	**84**	**6965**	**21**
Overall Total	**186000**	**107934**	**58**	**148090**	**80**	**39536**	**22**

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