

Public Private Patnership To End Tuberculosis

Ms.T.Nanthini¹, Prof. Dr. (Mrs).Karaline Karunagari²,

¹*Ph.D(Nursing), Associate Professor in Nursing, CON, MTPG&RIHS*

²*Principal, RMCON, Annamalai University, Chidambaram*

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Abstract

Tuberculosis is caused by Mycobacterium tuberculosis that most often affect the lungs and it is completely curable, preventable one. Globally in 2015, the world had an estimated 10.4 million new tuberculosis cases. The overall success rate of tuberculosis treatment in the WHO South-East Asia Region stood at 79% in 2015, the lowest in the last five years, largely because, India's private sector healthcare system accounting for a large proportion of tuberculosis patients did not report to the National tuberculosis Programme. So every effort is being made to engage the private sector in India and improve the quality of care provided by private practitioners. Public private partnerships play very effective role in eliminating tuberculosis. By implementing this we will get hand full of cases and there is no chance for missing cases and will enhance to reduce the tuberculosis mortality and prevention of Drug Resistant Tuberculosis.

Key words: Tuberculosis, Public-Private partnership.

I. Introduction

Tuberculosis is caused by Mycobacterium tuberculosis that most often affect the lungs and it is completely curable, preventable one. When people with pulmonary tuberculosis cough, sneeze or spit, they propel the tuberculosis germs into the air. Tuberculosis is spread from person to person through the air. A person needs to inhale only a few of these germs to become infected. About one-third of the world's population has latent tuberculosis, which means people have been infected by tuberculosis bacteria but are not yet ill with the disease and cannot transmit the disease¹.

People infected with Tuberculosis bacteria have a 10% lifetime risk of falling ill with Tuberculosis. When a person develops active tuberculosis disease, the symptoms (cough, fever, night sweats, weight loss etc.) may be mild for many months. This can lead to delays in seeking care, and results in transmission of the bacteria to others. People with active Tuberculosis can infect 10-15 other people through close contact over the course of a year².

Globally in 2015, the world had an estimated 10.4 million new tuberculosis cases. Over half of these were among men (5.9 million), and women constituted over a third (3.5 million). Ten percent of cases were among children. The global tuberculosis estimate has seen a considerable upward revision in recent years, mainly a result of new surveillance, and estimates being revised in India². The overall success rate of tuberculosis treatment in the WHO South-East Asia Region stood at 79% in 2015, the lowest in the last five years, largely because, India's private sector healthcare system accounting for a large proportion of tuberculosis patients did not report to the National tuberculosis Programme. Of the recorded 2.7 million tuberculosis cases in the SEA Region, pulmonary tuberculosis and relapse cases accounted for 2.14 million. Besides the high rate of relapse, the emergence of drug-resistant tuberculosis poses a major challenge to ending TB with traditional therapeutics³.

Private Sector Care For Tuberculosis

The private sector in India, has unfortunately, been a source of mismanagement of tuberculosis and hence of drug resistance. This includes the use of incorrect diagnostics (e.g. serological tests), incorrect regimes and a lack of supervision to ensure all tuberculosis patients complete their tuberculosis treatment. So every effort is being made to engage the private sector in India and improve the quality of care provided by private practitioners⁴. There are many reasons why people in India seek care from the private sector. These include:

- poor knowledge about tuberculosis
- poor knowledge about easy accessibility of services available under the national programme
- the convenience of services
- a desire for confidentiality
- a desire for personalized care.

“Many people are unaware that all the medicines needed to treat tuberculosis patients are available free of cost at Indian government hospitals. Most people tend to spend huge amounts in private hospitals.”⁵

Free tuberculosis Treatment for Patients in Private Sector

In 2014 the Ministry of Health and Family Welfare started a pilot project in Mumbai to provide patients in the private sector with free treatment. Since the scheme started in August 2014 some 10,675 new patients have registered under the scheme of which 656 are patients with multi drug resistant TB. Under this scheme, called the Private Practitioner Agency (PPIA), If a patient goes to a doctor who is registered with the PPIA and they are diagnosed with TB, then the doctor issues them vouchers for X-ray and medicines. The chemists and labs provide free medication or diagnostic tests when the patient produces the voucher. The government then reimburses the chemists and labs. Under the program a patient only has to pay the private doctor's consultation fee.

One drawback of the scheme however, is that it only caters for first line tuberculosis treatment. Multi drug resistant tuberculosis patients still have to register under RNTCP in order to get free treatment. As tuberculosis treatment takes a long time it has been realised that free medicines are necessary if people are not going to abandon their treatment.

The scheme has been so successful in Mumbai that it has already been started in Nagpur and it is going to be started in a number of other cities as well.⁶

Effective engagement of all health care providers (private practitioners, chemists, laboratories, NGOs, AYUSH) at a scale commensurate to their presence is crucial to achieve Universal Access to TB Care. Majority of times, these providers are first contact for care of patients. Since the inception of RNTCP, multiple prior interventions through various strategies have been deployed to engage NGOs and Private Providers for tuberculosis control efforts⁷.

Engagement of Private Practitioners

As per G.O. issued by Central tuberculosis Division, MOHFW, GOI It is mandatory to notify any form of Tuberculosis disease, more than 1,13,961 private health establishments are registered under NIKSHAY till December 2016. Among them, 70,146 are private practitioners/clinics (single), 34,105 hospitals/clinics/nursing homes (multi) are and 9,710 are laboratories. In 2016, 16,282 facilities registered and 3,30,186 TB patients were notified from private health establishments⁴.

Universal Access to TB Care (intervention to engage private providers)

To engage private sector providers, a package of interventions have been implemented in the project Universal Access to tuberculosis care (UATBC). The intervention are aimed at improving tuberculosis notifications by offering information and communication technology (ICT) support that is convenient to providers, free tuberculosis drugs for notified tuberculosis patients, (free/subsidized diagnostic services in Patna and Mumbai) and extending public health services including adherence support to treatment outcome for patients diagnosed and treated in the private sector.

Engagement of NGOs/Private Practitioners through Partnership Options

National Guidelines on Partnership provides 22 different partnership options for engagement of NGOs and Private Practitioners. These engagements are carried out at the State level and district level. Through these efforts, ~1900 collaborations were made with NGOs.

Partner support

In addition to programme activities, various development partners and civil society organizations help the programme in delivering tuberculosis care services effectively. Details of activities conducted by these partners engaged at central level as

1. **Foundation for Innovative New Diagnostics (FIND):** FIND is the technical and implementing partner, supporting the laboratory network for Drug Resistant-Tuberculosis services under RNTCP.
2. **Accelerating access to quality TB Diagnosis for Paediatric Patients** (supported by USAID): Accurate and timely diagnosis of Paediatric tuberculosis continues to remain an impediment in management of tuberculosis in children
3. **The Clinton Health Access Initiative (CHAI):** Clinton Health Access Initiative (CHAI) is supporting the RNTCP in increasing patient access to quality drugs and diagnostics in both public and private sector.
4. **World Vision India:** World Vision as one of the Principal Recipient of GFATM (Global Fund for AIDS, TB, Malaria) launched Project Axshya with support Round 9 Grant and Central tuberculosis Division in April 2010 in 74 districts in 8 states (Andhra Pradesh, Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Odisha, Telangana

and West Bengal) of India as an initiative to engage the vulnerable communities in tuberculosis care and treatment.

5. The International Union Against Tuberculosis and Lung Diseases: Project Axshya (supported by the Global Fund Grant) Project Axshya is a civil society initiative that supports Government of India's Revised National Tuberculosis Control Programme (RNTCP) to expand its reach, visibility, and effectiveness.

6. Tata Institute of Social Sciences (TISS): TISS is providing impetus to the outcomes of the Drug Resistant TB cases to join and participate in RNTCP by using the strategies developed for this purpose by the program, for patients suffering from drug resistant tuberculosis. This is occurring by providing counselling services to the Drug Resistant-Tuberculosis patients and their families, linking them to social protection schemes for improving the treatment outcomes in drug resistant TB cases registered under the program.

7. Tibetan Voluntary Health Association (TVHA): Active Case Finding in Tibetan population of the Country (supported by The Global Fund Grant) The Department of Health (DOH), one of the seven departments of Central Tibetan Administration (CTA) is registered in the name of Tibetan Voluntary Health Association (TVHA) under the Indian Society Registration Act XXI 1860. It is working as a registered charitable organization catering to the basic health care needs of Tibetan people living in India and Nepal.

8. Indian Council For Medical Research (ICMR): The Indian Council of Medical Research (ICMR) under the Department of Health Research/Ministry of Health & family Welfare/Government of India, in collaboration with Central Tuberculosis Division (CTD)/Department of Health & Family Welfare/MOHFW/GOI has undertaken this project in certain defined hard to reach and tribal areas spread over a few districts of the central, western and eastern parts of India.

9. PATH: PATH is supporting Public Private Interface Agency in Mumbai for Universal Access to TB care (UATBC) interventions. In addition, the organization facilitated the early diagnosis of HIV by providing tuberculosis patients with a free Rapid Diagnostic Test for HIV at private facilities in Mumbai. This initiative was funded by USAID under Challenge tuberculosis Initiative.

These intervention supports collaboration between the private and public sectors. Through trained link counselors, tuberculosis patients screened positive from private laboratories, are confirmed at the nearest Integrated Counselling and Testing center (ICTC) and linked for treatment to Anti-Retroviral Treatment centers (ART). Free tuberculosis treatment and adherence support is provided to all the TB/HIV patients for the duration of tuberculosis treatment.

Medical Colleges Involvement

Under RNTCP, the Medical Colleges play important roles by constituting State Task Force which bridges the RNTCP and Medical Colleges. This State Task Force will help in service delivery, advocacy, training and operational research. With advancement in tuberculosis care, the medical colleges are supporting case management of drug resistant tuberculosis patients, pharmacovigilance and private sector engagement⁷.

II. Conclusion

Public- private partnerships plays very effective role to eliminate tuberculosis. By implementing this we will get hand full of cases and there is no chance for missing cases and will enhance to reduce the tuberculosis mortality and prevention of Drug Resistant Tuberculosis.

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