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# Policy Brief

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## PRIVATE SECTOR ENGAGEMENT FOR TUBERCULOSIS ELIMINATION

India's Journey from Pilots to National Scale-Up (2012–2021)

February 2023

# ACKNOWLEDGMENTS

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## AUTHORS

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*This policy brief is produced by Ronald Upenyu Mutasa, A Venkat Raman, Anagha Khot, Manu Bhatia, György Béla Fritsche, Di Dong, Lung Vu, and Sapna Surendran. Leah Jones provided editing support. Kayleigh Ghot provided the layout and design of the document.*



# INTRODUCTION

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Over the last decade, the government of India (GOI) has intensified efforts to eliminate tuberculosis (TB) as a public health concern. The GOI has doubled down on designing, piloting, and scaling up evidence-based high impact innovations to accelerate progress toward national TB elimination targets. Strong political commitment and leadership, continuous learning and innovation, ample financing, and strategic policy reforms are essential components of a robust TB elimination strategy, and the GOI has been taking bold steps in these directions.

The National Strategic Plans (NSP) 2012–2017 and 2017–2025 set ambitious targets for TB control in India, recommending key policy reforms and out-of-the-box interventions, essentially reimagining the management of this public health crisis. In March 2018, Prime Minister Narendra Modi declared TB to be one of India’s top priorities and launched the “TB Free India campaign” that committed to eliminating TB as a public health concern by 2025.

The National Tuberculosis Elimination Program (NTEP) has had a long history of private sector engagement (PSE). Since 2012, in partnership with development partners, NTEP piloted, learned from, and eventually scaled innovative PSE models to strengthen service delivery for patients wherever they prefer to seek care. In 2019, the GOI, the

World Bank, and Global Fund partnered through an innovative financing mechanism (a loan) to support India in implementing and institutionalizing most innovative and high-impact PSE interventions at scale.

Over the last nine years, India has made progress in bringing PSE pilots to scale while shifting from external financing to domestic financing. However, there has been limited systematic documentation of this journey for the benefit of Indian and global audiences.

The World Bank’s responsibility for documenting and sharing good global public health practices motivates the documentation of India’s PSE journey for TB. It seeks to better understand India’s innovative transition from PSE pilots to national scale-up in the fight to eliminate TB. The documentation will give global visibility to this Indian innovation. This could provide high TB–burden countries with a menu of options for future work. The documentation aligns with the Lighthouse India Initiative, through which the Bank seeks to document lessons and evidence from India, and to participate in best practice and learning exchange with other countries to benefit India and the world.

# POLICY BRIEF OVERVIEW

This policy brief documents India's TB PSE journey from donor-funded pilots to national scale-up through domestic budgets (2012–2021). The policy brief synthesizes key policy reforms and implementation insights garnered from the process, and presents the way forward as the country moves to further deepen the design and implementation of PSE at scale.

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**India has the world's largest burden of TB, accounting for 26 percent of the global burden. The country's role in achieving global TB elimination goals cannot be overstated.** In 2021, a total of 1.9 million TB cases (new and relapse) were notified in India, causing approximately 493,000 deaths each year.

**Engaging private providers is one of the biggest challenges and greatest opportunities for improving TB control in India.** Nearly 80 percent of the patients have their first point of contact in the private sector. As per the National TB Prevalence Survey, 49 percent of patients seek care in the private sector. But patients struggle to navigate a fragmented, complex, and expensive private health care sector. This results in increased transmission because of delayed diagnosis and treatment; excess mortality and morbidity because of inappropriate treatment; increased drug resistance; and catastrophic expenditures disproportionately impacting the poorest households.

**Evidence from pilots in India suggests that PSE is an important strategy for TB control.** Studies have shown that investing in PSE is a cost-effective way to help improve case notification, treatment adherence, community awareness, outreach, and out-of-pocket expenses for patients.

**PSE for TB control in India started in 1995 but did not achieve the desired impact in terms of notifications and treatment outcomes.** From 1995 to 2011, PSE was primarily implemented in the form of "schemes" by the GOI in partnership with nongovernmental organizations (NGOs), for-profit private providers, and medical colleges. These schemes focused on referring the private sector patients to the public sector, advocating for Directly Observed Treatment Short Course (DOTS) regimen, undertaking microscopic testing on behalf of the program, advocacy and community mobilization, and staff training. These schemes yielded poor to mixed results.

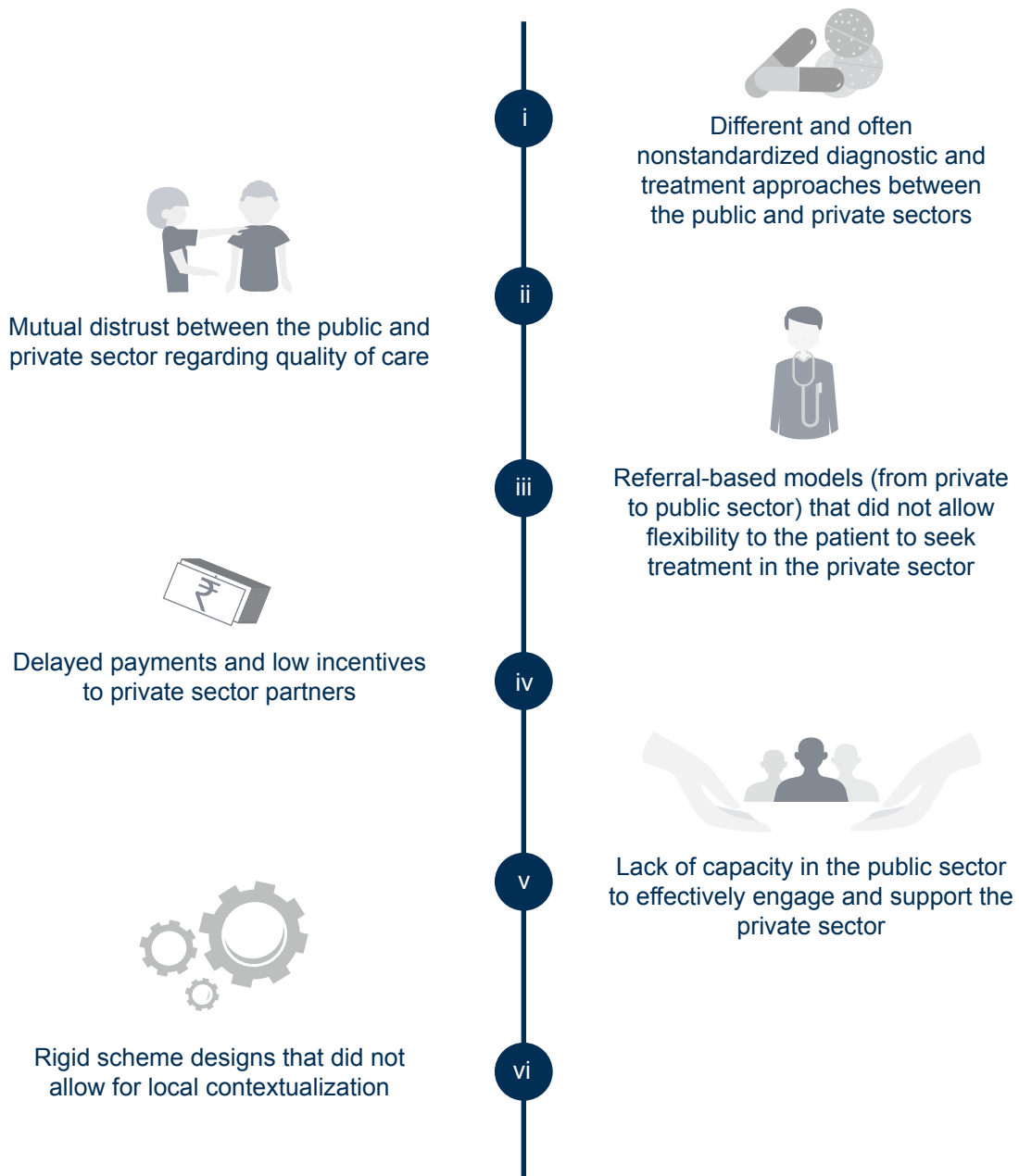
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## Key challenges to scaling up PSE

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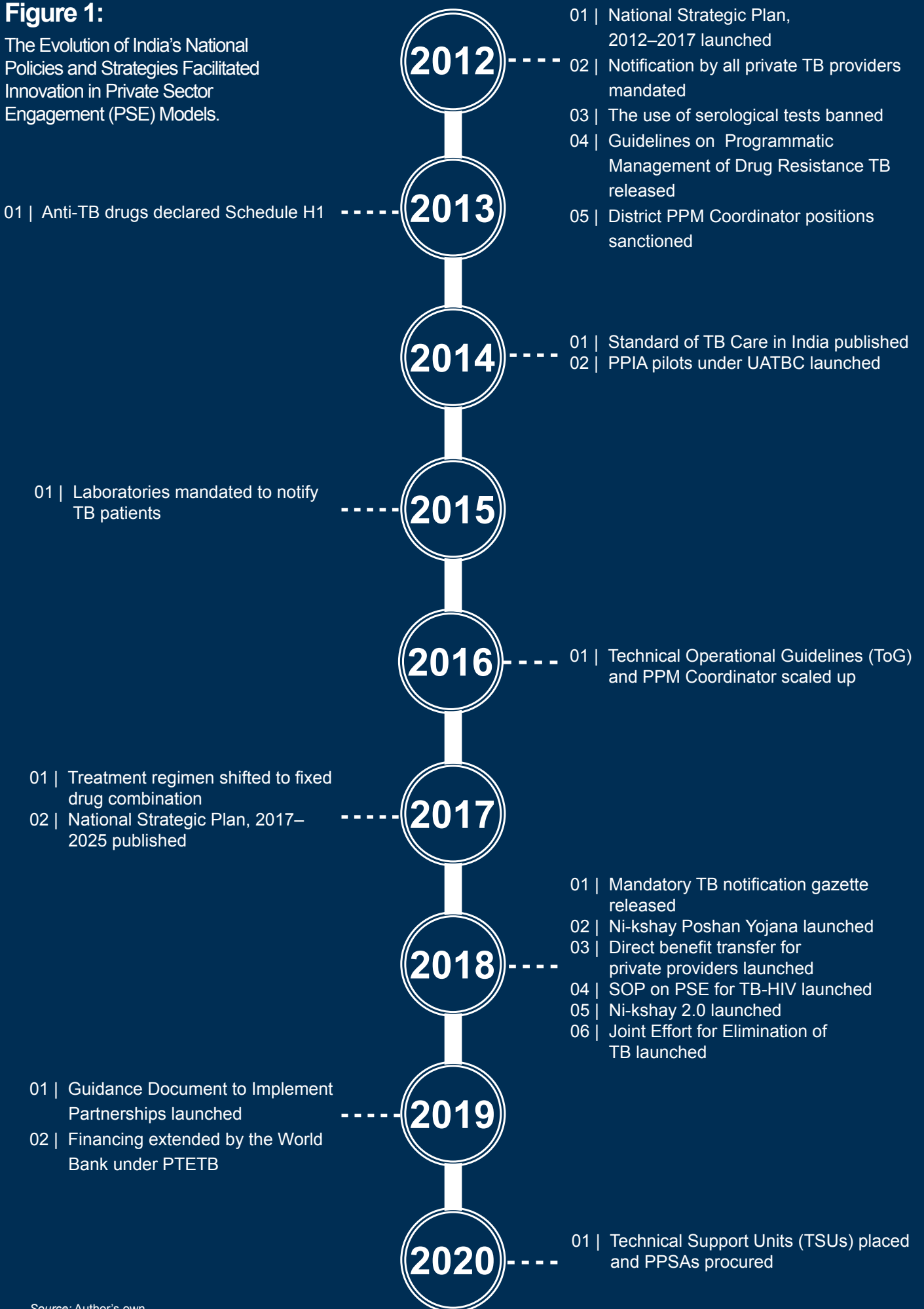


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From 2012, the GOI began exploring the benefits and challenges of alternative PSE approaches toward TB elimination in India. Figure 1, on page 6, highlights the key policy reforms, strategic shifts, and PSE innovations implemented from 2012 to 2020.

## Figure 1:

The Evolution of India's National Policies and Strategies Facilitated Innovation in Private Sector Engagement (PSE) Models.

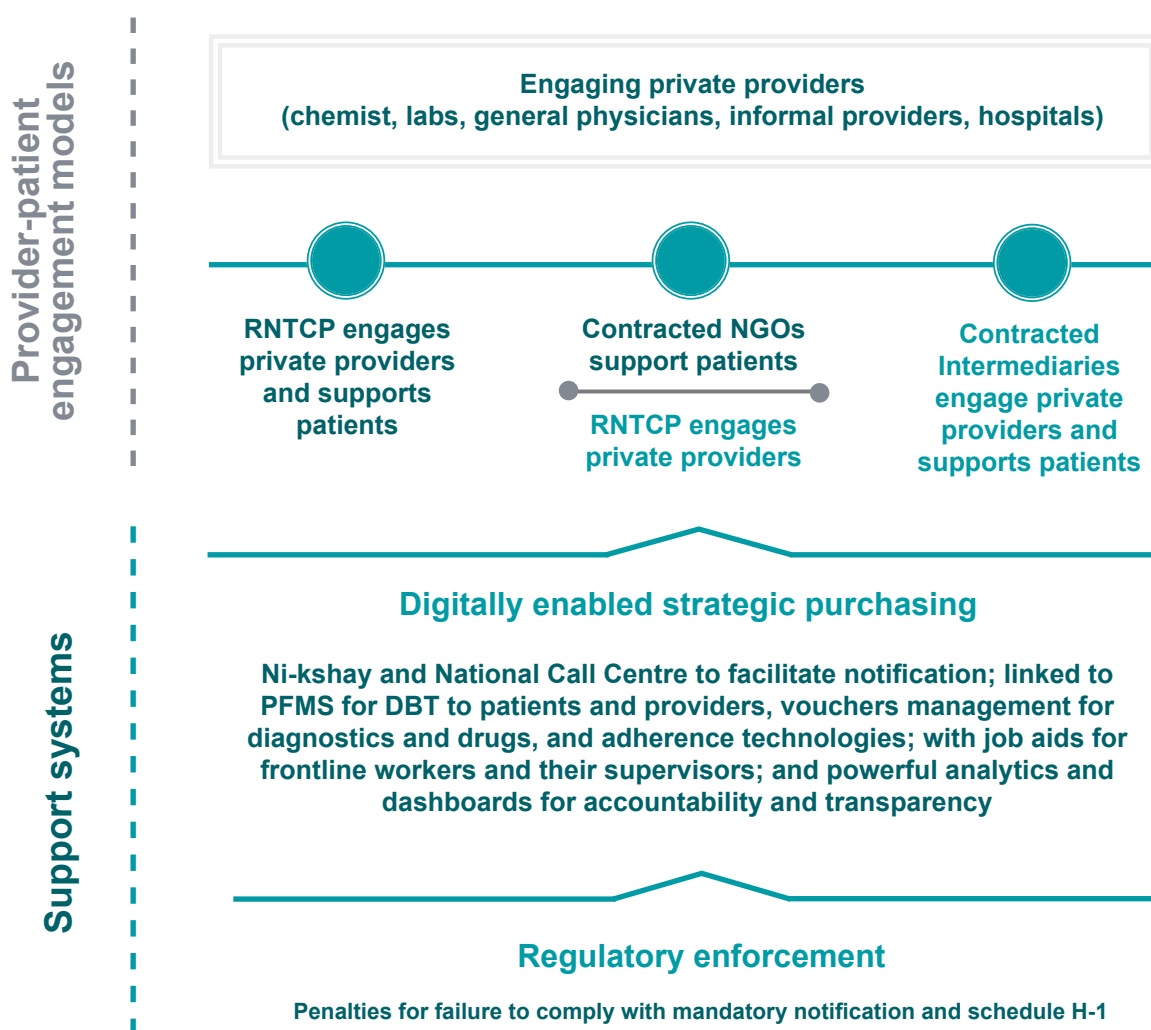


Source: Author's own.

PPM (Public-Private Mix), PPIA (Patient Provider Interface Agency), UATBC (Universal Access to Tuberculosis Care), SOP (standard operating procedure), PSE (public sector engagement), PTETB (Program Toward Elimination of Tuberculosis), TB-HIV (human immunodeficiency virus-tuberculosis), PPSA (Patient Provider Support Agency).

The NSP 2012–17 and 2017–25 reinforced the importance of PSE models to manage India’s TB burden. The NSP 2012–2017 called for universal access to quality TB diagnosis and treatment for all TB patients; and recommended earmarking 10 percent of the total budget toward PSE. An important addition was the hiring of intermediary agencies in states to manage private sector–focused activities. The NSP 2017–2025 transformed the way in which the GOI engaged private providers—taking a systematic and large-scale approach (Figure 2). Rather than compete with private providers, NTEP aimed to collaborate with them to deliver quality services to the entire population. Further, NTEP’s new strategy capitalized on advances in information and communications technology and on India’s drive toward digital financial inclusion.

Figure 2:  
Approaches to Engage and Strengthen PSE at Scale.



Source: World Bank 2018.  
RNTCP (Revised National TB Control Program), NGOs (Nongovernmental Organization), DBT (Direct Benefit Transfers), PFMS (Public Financial Management System).

**The Patient Provider Interface Agency (PPIA) (2014 to 2017) established proof of concept for an intermediary agency-based model to engage effectively with the private sector.** The model was piloted in three urban centers by the NTEP with support from development partners and financial aid from the Bill and Melinda Gates Foundation. The PPIA focused on mobilization of and engagement with all key private sector stakeholders, including physicians, pharmacists, and laboratories; notification of TB cases by the private sector; verification of adherence to the Standards of TB Care in India regimens; and deployment of digital technologies to manage treatment adherence. In 2016, a WHO-led evaluation of the model highlighted the significant impact of PPIA on key TB indicators including notifications, treatment outcomes, and microbiological confirmation in the private sector. Other studies conducted by external agencies highlighted the cost-effectiveness of the model, as well as the improved and shorter patient pathways.

**The success of PPIA encouraged the NTEP to scale up the model (now branded as Patient Provider Support Agency [PPSA]) to 457 districts.** As part of the Global Fund’s “Joint Effort Toward Elimination of TB (JEET)” program (2018–2020), PPSA was envisioned as a scale-up of the PPIA model. NTEP’s direct contribution to the PPSA was provision of access to free cartridge-based nucleic acid amplification test (CBNAAT) and anti-TB drugs. This program contributed to improving notifications, treatment success rate, and microbiological confirmations over a larger geography. The scale-up helped implementers understand the dynamics at play when expanding services to and for the private sector. PPSA scale-up offered two key insights: first, the model is most effective when contextualized and adapted to geographical needs; and second, participation and accountability of local NTEP staff is critical for PPSA sustainability.

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**The PPSA model is most effective when contextualized and adapted to geographical needs along with participation and accountability of local NTEP staff**

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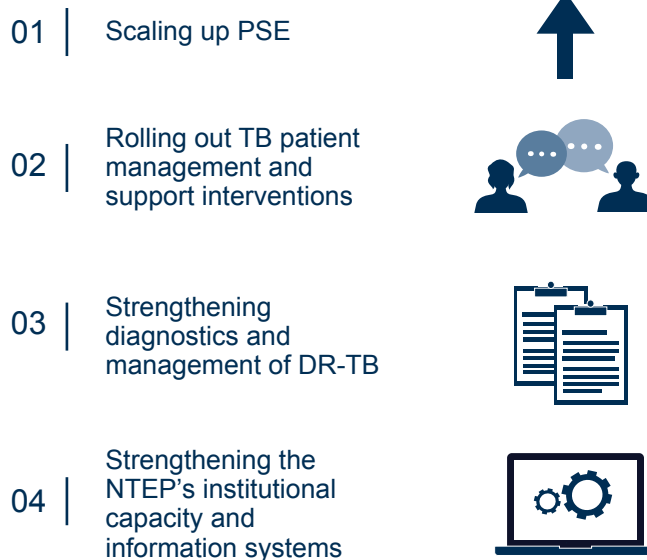


**In 2019, the GOI released the Guidance Document on Partnerships, which drew lessons from past experiences and ongoing PSE innovations.**

The document made a marked shift from a prescriptive, rigid, and top-down approach to flexible, contextually appropriate, and patient-centered approaches. The Guidance Document introduced principles of output-based contracting and aligned with India's 2017 General Financial Rules for procurement. It recommended using an interface agency to liaise with the private sector; offering a menu of options or services from which states can choose as per their needs and private sector market context; expanding contracting options to include other organizations as partners (not just NGOs); and integrating technology and fostering innovations in service delivery.

**Evidence and lessons from implementing PPSA at scale set the stage for domestic integration and scale-up.**

In 2019, the GOI shifted to direct financing of PSE programs through the domestic budget instead of relying on external grants and funding. The World Bank partnered with the GOI through the US\$400 million loan called the Program Toward Elimination of Tuberculosis (PTETB). This program systematically brings these PSE models to scale through government systems and the domestic budget. It uses a results-based financing model that strengthens mutual accountability for outputs and outcomes at national and subnational levels. The overall goal of the PTETB is to improve the coverage and quality of TB control interventions in the private and public sectors in select states of India. The program focuses on four result areas:



Based on the estimated TB burden and the gap between private notifications and the TB burden, the PTETB prioritized intervention activities in nine states: Uttar Pradesh, Maharashtra, Bihar, Rajasthan, Madhya Pradesh, Karnataka, West Bengal, Assam, and Tamil Nadu.



**While COVID-19 disrupted the transition of JEET-supported PPSAs to domestic budget, this is now garnering momentum. As of June 2022, NTEP has procured PPSAs for 203 districts across the country, majority of them (190) in the nine PTETB states.** The PPSAs have been procured in accordance with the 2019 Guidance Document on Partnerships that advocates for output-based contracting of agencies instead of the conventional input-based financing. The states have the flexibility to choose from a menu of services to contract private providers at scale, based on their local requirements. Additionally, the states receive expert advice on PSE, including strategic purchasing, managing Direct Benefit Transfers, developing systems, and other reforms through the national-level technical support unit (TSU) and nine state-level TSUs.

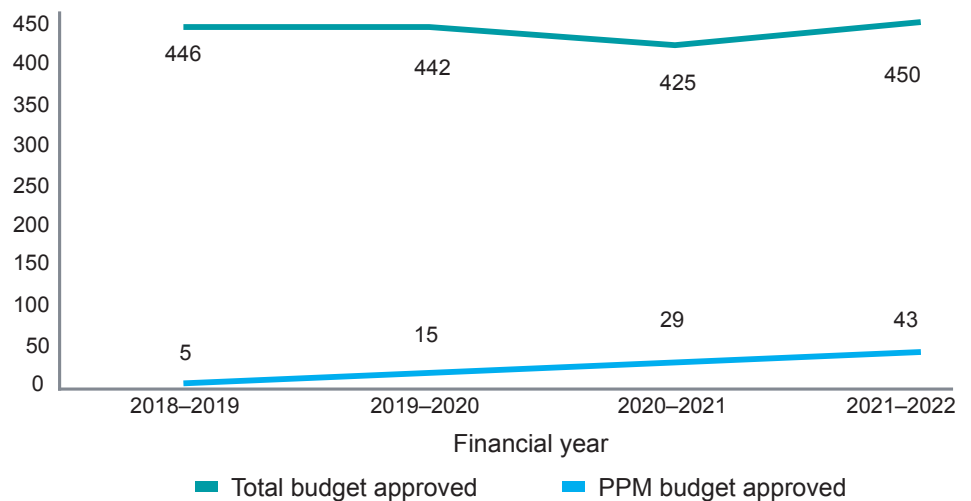
**While the administrative data suggest that the NTEP has made substantial progress implementing PSE at scale, there are areas that require attention.** Additional analysis of the impact of various PSE models is needed. Anecdotal evidence suggests that delayed cash flow payments (even up to six months) to PPSAs led to high attrition of PPSA staff and affected PPSA's role to engage private providers and undertake public health functions to support TB patients. Procurement challenges include—but are not limited to—NGO ability to design and bid for effective outcome-based payment contracts. These conditions are not conducive to building trust with private sector partners, nor motivating them toward effective performance. NGOs lack access to operating credit, given that it may take one to two years for cumulative payments to cover cumulative outlays.



Photo credit: PATH

**Over the years, GOI efforts on PSE, including domestic integration of PPSA, have been gaining momentum.** The NTEP’s commitment to expanding and strengthening PSE is evident from the increasing allocations to the annual PPM budget. Figure 3 shows that PPM allocations (which include NGO-PPM partnerships, PPSA, and private provider incentives), as a proportion of the overall TB budget have steadily increased from 1.15 percent in financial year (FY) 2018–2019 to 9.5 percent in FY 2021–2022.

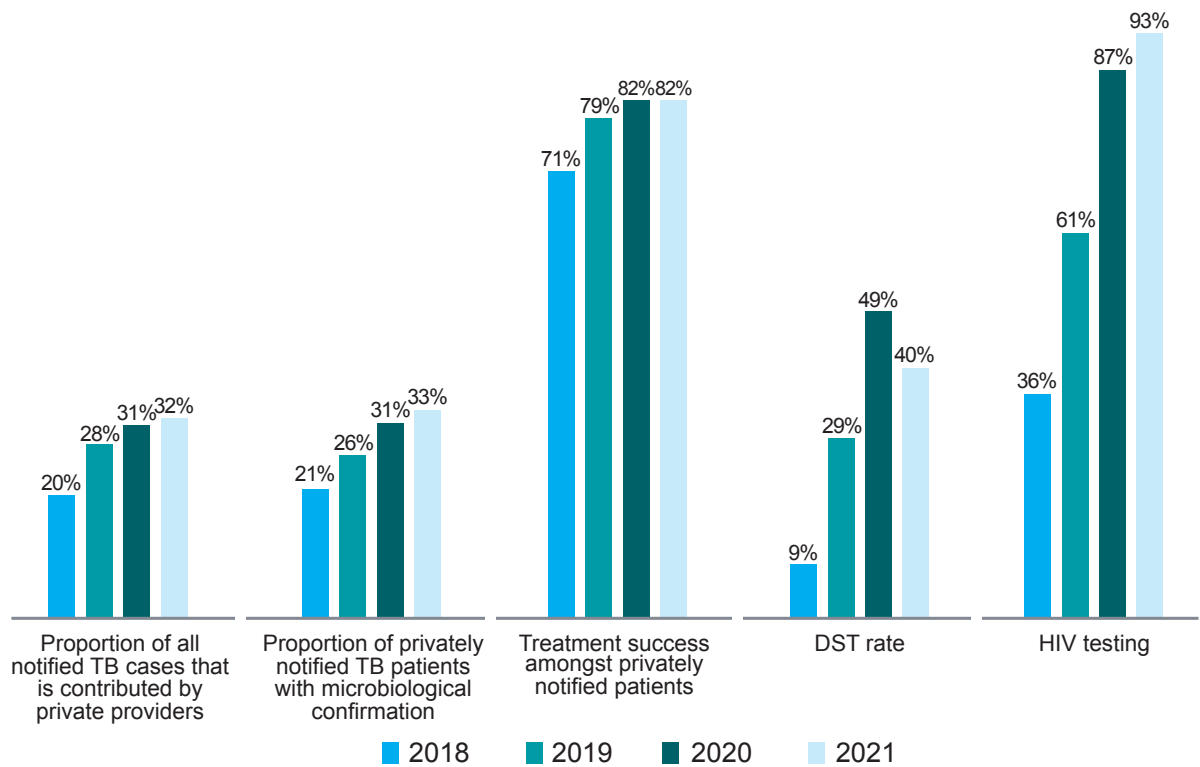
**Figure 3:**  
Proportion of Budget Allocated to PPM of the Total Budget (in USD Million).



Source: Central TB Division.

**As India embraces PSE at scale, trends related to key TB indicators show that policy reforms, innovative models, and other government efforts have had a positive impact.** Figure 4 highlights a steady improvement across TB indicators including an increase in the proportion of private sector notifications from 20 percent in 2018 to 32 percent in 2021. However, momentum is needed to achieve the 2025 target of 60 percent. The treatment success rate among privately notified patients has increased from 71 percent to 82 percent from 2018 to 2021, inching toward the 2025 target of 90 percent. HIV testing of TB patients has seen a significant jump from 36 percent in 2018 to 93 percent in 2021 moving toward universal coverage. The DST rate, although increasing, saw a slump in 2021, possibly due to reallocation of resources to COVID-19 testing during the period.

**Figure 4:**  
National-Level Trends of TB Indicators from 2018–2021.



Source: Central TB Division.

India’s TB program has laid the necessary foundations for eliminating TB, including systemic collaboration with the private sector. India’s engagement with private providers is a game changer, which many countries are closely following and learning from; however, recommendations have emerged.

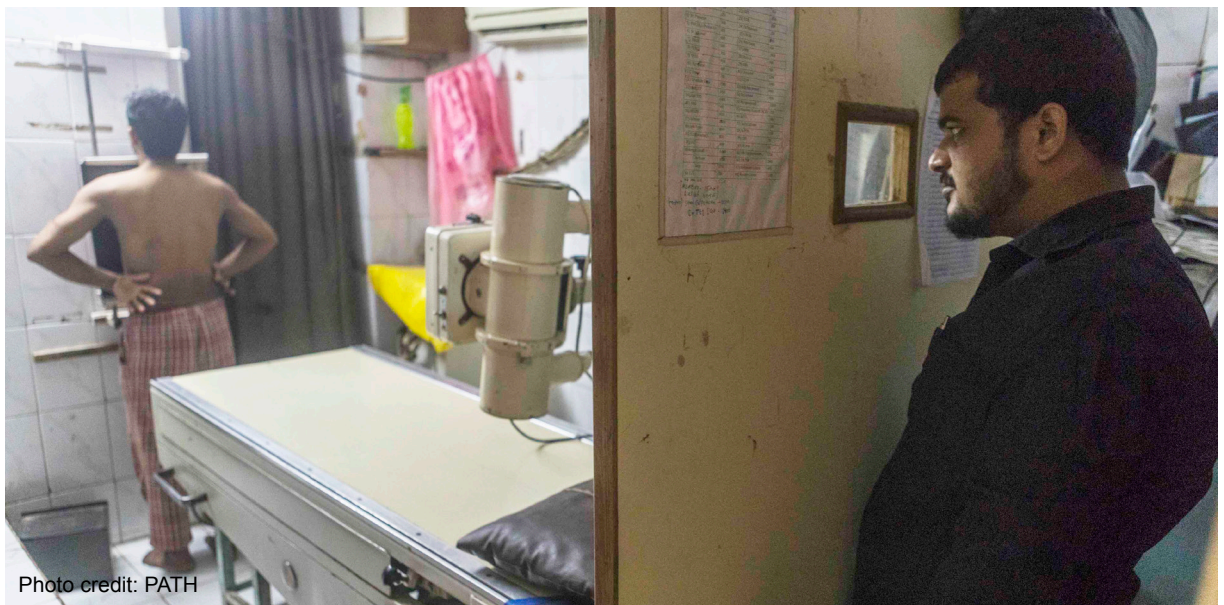


Photo credit: PATH

# WAY FORWARD

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Going forward, to further enhance the impact of PSE, the GOI needs to consider recommendations across three broad dimensions.

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## 01

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### **Strengthening the implementation of current strategy and contract management systems**

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#### **Sustain the (organizational) change management**

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The NTEP needs to foster a new work culture of working with the private sector in a collaborative mode by (a) identifying and nurturing change management champions within the program, who could act as catalysts for sustaining the change; and (b) developing a knowledge management strategy to encourage cross-learning and addressing apprehensions.

#### **Develop contract management system using a standardized IT-enabled platform**

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The NTEP should prioritize the development of a digital Contract Management System that is layered on Ni-kshay. The platform should allow faster verification and validation of claims submitted by service providers. And, in turn, trigger the timely release of payments and incentives.

#### **Establish a robust review and evaluation mechanism**

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Transitioning to new PSE strategies is still at the early stages of implementation, making it imperative to document early lessons. The NTEP may leverage the National Technical Working Group on Private Sector Engagement to review and systematically evaluate PSE strategies periodically.

## 02

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### Creating and sustaining enabling conditions

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#### Promote private sector interest and build a larger pool of private agencies for PPSA

To improve access to TB care services and achieve elimination goals, private sector in the TB program needs to encompass a broader array of service providers, such as health care start-ups, diagnostic labs, e-pharmacies, and corporate social responsibility wings of corporate houses. Creating opportunities for diverse service providers to collaborate could be another effective strategy for expanding the PSE model. The NTEP may consider consortium-based bids for PPSA and promote networking events, road shows, and workshops.



## 03

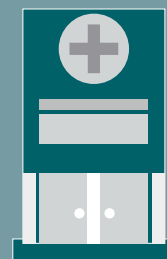
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### Planning for the future

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#### Explore at-scale strategic purchasing and linkages with social health insurance and Comprehensive Primary Health Care Systems

The NTEP may consider dialoguing with the National Health Authority to design a TB Care Package model for outpatient care (including diagnostics, drugs, and consultations for duration of treatment). This could be piloted and studied under the Ayushman Bharat–Pradhan Mantri Jan Arogya Yojana, which covers hospitalizations for low-income populations. This move could potentially reduce out-of-pocket expenditure as TB treatment spans anywhere from 6–9 months for Drug Sensitive patients and 18–24 months for Drug-Resistant patients. Additionally, the program may consider leveraging its Health and Wellness Centres program at the community level to increase the coverage of screening and follow-up treatment.





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