

Public-private mix for TB control

Indian chemists join national efforts to find and treat more cases of TB

THE IMPORTANCE OF PUBLIC-PRIVATE MIX

Involving private chemists in tuberculosis (TB) case detection and in efforts to promote standardized TB treatment is critical to ensuring the continued success of India's Revised National TB Control Program (RNTCP) and its goal of universal access to quality TB care. Because of their broad engagement with the public, chemists offer a key private-sector entry point for bringing clients into the RNTCP's diagnosis, treatment, and care system. Educating and engaging chemists around TB can contribute to their knowledge about the correct drug regimens needed for TB and can help to ensure that people with the disease are diagnosed faster in the communities where they live and receive treatment in line with national guidelines and standards.

APPROACH

With support from the US Agency for International Development, PATH supported a public-private mix (PPM) pilot project in the state of Andhra Pradesh. The project was carried out in association with the State TB Office, the Prakasham District TB Control Office, and the Chemists and Druggists Association of Ongole town in the Prakasham District.

The pilot aimed to:

- Actively involve private chemists in identifying those presumed to have TB and refer them to government Designated Microscopy Centers (DMCs) for diagnosis and treatment.
- Train participating chemists to promote community-level awareness about TB prevention.
- Reduce the sale of TB drugs without a prescription.

IMPLEMENTATION

PATH had previously established a PPM project to increase TB case detection in Cambodia. To engage stakeholders in India, PATH coordinated a learning visit to the

Cambodia project by the Andhra Pradesh Officer for Information, Education, and Communication. During a stakeholder meeting with the chair of the State TB Society, the Secretary of Health, the State TB Officer, and local partners, a decision was made to initiate a PPM pilot project in the district of Prakasham, modeled on the one seen in Cambodia. Three DMCs and 164 private chemist shops in the Ongole TB Unit were invited to participate.



PATH/Cabe Blumczyk

During sensitization activities and the standardized training, chemists were trained to identify and refer clients with TB symptoms to DMCs and to reinforce TB prevention messages and educate clients about the importance of well-managed TB treatment.

Pilot activities were monitored according to a monitoring and evaluation plan, while on-site visits provided support to chemists and assessed progress. After the pilot was concluded, PATH did an assessment to document achievements, best practices, programmatic insights, challenges, and lessons learned. The assessment and plans for future PPM pilots in Andhra Pradesh were shared at a stakeholder dissemination workshop.

Because all activities were carried out in close collaboration with the RNTCP and the Chemists and

Druggists' Association, PATH was able to transition the pilot project to local RNTCP authorities after supporting local program partners to plan for future implementation and monitoring. PATH also conducted advocacy to encourage the implementation of the model in other districts.

RESULTS

The PPM pilot achieved several important milestones with positive implications for TB control in India as well as Andhra Pradesh. The project:

- Contributed to RNTCP policies of universal access and integrating private-sector providers with national TB program standards and goals.
- Established a comprehensive and practical referral system to streamline referrals between the private pharmacists and public sectors in line with national guidance.
- Gathered important programmatic data regarding on-the-ground conditions, the incentives needed to engage private chemists in national TB efforts, and mechanisms for encouragement and feedback.

As one chemist proudly stated, "PATH has expanded my knowledge and skills on how to identify TB symptoms and how to use the referral mechanism...Recently, a client returned and praised my referral."

The pilot's measurable improvements include:

- Project sites examined 2,082 persons presumed to have TB, of which 104 (5 percent) were referred directly by chemists participating in the pilot.
- Two percent of the sputum smear-positive TB cases diagnosed in project areas came from the pilot. This contribution is similar to that seen in comparable initiatives in other countries.
- The Director General of Drugs and Copyrights for the Drug Control Administration of Andhra Pradesh issued a circular emphasizing the importance of

private chemists' involvement in expanding TB control services. He also directed drug inspectors to monitor the sale of TB drugs without a valid prescription and directed medical shops to maintain records and to report to the Drug Control Administration.

- The state TB office now has plans to expand the PPM model in other parts of Andhra Pradesh, with support from technical partners.

LESSONS LEARNED/WAY FORWARD

The pilot's implementation was collaborative and well-documented, contributing to both its success and future activities. The most important finding is that chemists have the potential to contribute significantly to national TB programs. The vast majority of clients (76 percent) interviewed during the pilot listed a chemist as their first preference for DOTS provision.

A number of important programmatic lessons should be considered for future PPM projects:

- Successful implementation of a PPM requires intensive engagement of providers in the initial stages and ongoing support and recognition to maintain performance.
- PPM interventions should be tailored to the education level of those providing services.
- While the pilot indicated that chemists could make a notable contribution, a greater understanding of treatment-seeking behavior is required to determine whether the involvement of chemists will be beneficial in a particular site.

The pilot also found that chemists are often motivated to participate without financial compensation—those involved in the pilot unanimously agreed that they had a responsibility to identify and refer people suspected of TB. This willingness to contribute to India's TB control efforts, combined with well-designed PPMs, holds promise for more rapid diagnosis and treatment of people with TB.



www.path.org

PATH is an international organization that drives transformative innovation to save lives and improve health, especially among women and children. We accelerate innovation across five platforms—vaccines, drugs, diagnostics, devices, and system and service innovations—that harness our entrepreneurial insight, scientific and public health expertise, and passion for health equity. By mobilizing partners around the world, we take innovation to scale, working alongside countries primarily in Africa and Asia to tackle their greatest health needs. Together, we deliver measurable results that disrupt the cycle of poor health.

STREET ADDRESS
2201 Westlake Avenue
Suite 200
Seattle, WA 98121 USA

MAILING ADDRESS
PO Box 900922
Seattle, WA 98109 USA