



## JEET

### A winning example of private sector engagement in TB treatment

The private sector in India accounts for more than two-thirds of initial care-seeking for TB symptoms. As highlighted in the National Strategic Plan (NSP), the current scale of private sector engagement is insufficient relative to its size and

contribution to TB care. Engaging private sector effectively is crucial in achieving universal access to quality diagnosis and treatment for TB. There are gaps across the patient care cascade which have made it difficult for India's National TB Programme to effectively engage with the private sector as evidenced by limited uptake of RNTCP PPM schemes. The Programme has worked around these challenges by mandating TB notification, developing guidelines for private sector engagement, provisioning PPM coordinators at district level, prioritising and increasing fund allocation for private sector under NSP, including provisioning of Direct Benefit Transfer (DBT). However, gaps remain and in order to meet the ambitious NSP targets, intensified continuous engagement with private sector is required.

### JEET's multipronged approach designed for impact and sustainable outcomes

Against this backdrop, the project "Joint Effort for Elimination of TB" (JEET) was envisaged in the year 2018. The key objective being to set up effective and sustainable structures to strengthen existing systems and seamlessly extend quality TB care to patients seeking treatment and support in the private sector. Building upon joint successes and learnings of partner organisations in the consortium (William J Clinton Foundation (WJCF), Centre for Health Research and Innovation (CHRI) and Foundation for Innovative New Diagnostics (FIND), the project addresses inefficiencies in every step of the patient care cascade along with building its management capacity.



*JEET is perfectly aligned to the NSP vision of "going where the patients goes". Towards this end, it very effectively engages with the RNTCP network at the national, state and district levels. The impact of this partnership is already bringing dramatic results and will further contribute to improved outcomes in diagnosis and treatment.*



# Introduction of Bedaquiline Regimen in the Private Sector

## *A Successful Public Private Partnership Initiative*

The endeavour to constantly improve and upgrade treatment outcomes for drug resistant TB cases has received a shot in the arm. For the first time in decades a number of new drugs including Bedaquiline are now available. After a successful pilot at six sites, Bedaquiline containing regimen was extended to all states in India in 2018. As per the TB India report 2018, as many as 2827 patients have been initiated on this regimen in 2018.

## **Availability and access for private and public patients alike**

Since 2018, Bedaquiline has been made available across the country through a network of DR-TB treatment centres for managing eligible drug resistant TB patients. Being under controlled access, to prevent misuse and avoid resistance, Bedaquiline is not open for prescription in the private sector. Patients from the private sector can be referred to the programme for accessing Bedaquiline. However, considering that not all TB patients seeking care in the private sector would be willing to take treatment in the public sector the programme is encouraging private sector hospitals with requisite facilities to evaluate and monitor the drug resistant TB patients to be part of the DR-TB treatment network. All the drugs including Bedaquiline and tests are provided free of cost for the patients being treated at the engaged private facilities. Project JEET is supporting this initiative by disseminating information about the initiative to the private hospitals and linking them with the district and state TB programme for engagement.

**“Hope emerges when we work together to treat TB. Making drugs like Bedaquiline available to both public and private sector patients free of cost and with the same level of ease and convenience is a big step forward in the fight to eradicate TB.”**

Satabdi Dey, Operations Lead, PPSA

## **Beneficiaries in West Bengal receive the recommended Bedaquiline regimen**

Introduction of Bedaquiline Regimen in the private sector has been extremely heartening. In West Bengal, JEET staff with support from RNTCP facilitated supply of Bedaquiline containing regimen to five private sector patients as they were hesitant to visit the public facility. Fulfilling eligibility criteria and as per PMDT guidelines, they were tested (HIV negative, Pulmonary Tuberculosis, Rifampicin resistant) and then initiated on Bedaquiline containing regimen. They fulfilled the inclusion criteria as laid down in the national guidelines. Only one of them was diabetic and neither had uncontrolled cardiac arrhythmia nor indulged in drug/ alcohol use. One of them was a physician while two were non-pregnant females not on effective hormonal birth control methods and willing to continue practicing birth control methods throughout the treatment period.

Under this initiative, a corporate hospital in Kolkata, West Bengal has been engaged and five patients have been initiated on Bedaquiline regimen as per the weight band prescribed hastening access to timely and accurate diagnosis. One has been linked to RNTCP, and the remaining four are under private care in referring facility to be followed up for sputum smear treatment, culture conversion, adverse events during treatment. This is indeed a milestone in the TB-MDR treatment process. This successful initiative was possible with efforts from private facility, district TB cell and JEET's PPSA team.

## **“Stigma no longer a bottleneck, adherence and counselling of patients is”**

### **Dr Aleem-u-din**

*Dr. Aleem-u-din is a pulmonologist at Asra Hospital in Hyderabad and has been practicing for over a decade. He did his MBBS and MD from Deccan College of Medical Sciences, Hyderabad and has been closely associated with the JEET programme. In an exclusive interview, he shares his experience with the project over the last year.*

### **Q: How is the average patient dealt with on any given day at the hospital?**

Our current OPD load is 80-90 patients a day with 30-50 positive cases a month. Patients are attended

to at Asra Hospital and my evening clinic. Largely all presumptive TB cases identified clinically are confirmed by microbiological methods. The issue of loss to follow up in treatment remains a challenge always. For improvement on adherence, dedicated programmes like

JEET are required. No patient wants to remain sick. If the message goes out strongly that treatment is the only way to resume normal life, there is no reason this won't be considered sacrosanct.

**Q: Has there been any significant change in how you and your team handle patients?**

The project has made it easier for us to undertake sample collection and transportation. This is allowing us to refer most cases for CBNAAT (Xpert MTB/Rif) in parentheses testing and support for notification. JEET has facilitated more effective participation of private providers with greater support in sample collection, adherence and timely case notification. We need to step this up with counselling for multiple conditions including drug reactions. This can come through the RNTCP programme too. Word-of-mouth is the best way to get patients to the facility. We must attend to every potential case with utmost care, sensitivity and seriousness.

**Q: How can TB Champions advocate timely diagnosis and treatment and increase referrals?**

Influential providers play a critical role as connectors and influencers, especially with those unfamiliar with the programme and get them to avail services provided like SCT and support for treatment adherence. Personalised attention, listening empathetically and appreciating positive actions will motivate them, reaffirming key messages and drawing attention to issues of concern.



**Q: Have you seen any notable change in how TB patients are generally dealt with in the public health system?**

I would give lot of credit to patients who have made a turnaround in how they perceive the disease, how their families treat them and the ease with which they

get back to normal lives post treatment. With revised regimen, Adverse Drug Reaction (ADR) is lesser, hence chances of patients giving up treatment fewer. Initiatives like JEET have made a dent in how patients and their families look at TB. This must be sustained beyond 2021 and practitioners continue to get support so that referrals for CBNAAT testing can increase, there is adherence to timely notification, support for treatment adherence and facilitation of nutritional incentives of patients.

**Q: Is there still any stigma associated with affirmative diagnosis?**

There is a sea change in attitudes and perceptions. Thanks to information sharing, there is normalisation as patients are counselled on what to do once diagnosed for TB. They know the importance of completing treatment and how it will put them on the road to 100% recovery. Reservations if any are handled by the consulting physician. Any stigma associated with the disease is clearly a thing of the past. What is needed is improved counselling across the board and greater emphasis on follow-up to ensure patients adhere to treatment.

**Q: How can we build on the work done so far in our fight against TB?**

While we have made good progress in certain pockets, this has to be more universal. All patients coming into a public health facility want to minimise their out-of-pocket expenditure. Any miscommunication or bad experience can lead to losing the patient and seeing him not take treatment seriously, turning into a potential MDR case. Effective collaboration between programme officials and private practitioners will bridge this gap. We are planning to do an operational research on attitudes and behaviours of programme staff to get better understanding of how patients are treated at DMC level. We must learn from the example of JEET and sensitise more doctors and nursing staff through a pipeline of ongoing sensitisation programmes at the level of community and practitioners.

**“ We must learn from the example of JEET which has provided trained and dedicated staff to facilitate linkages for free diagnosis and drugs and bring in more hospitals, doctors and nursing staff through a pipeline of ongoing sensitisation programmes at the level of community and practitioners. ”**

## Encouraging progress on key indicators for TB testing

The JEET team along with other partners of FIND has strived to make progress on notifications, testing of samples, contact tracing and treatment adherence through the different strategies that it has adopted. The table below gives a snapshot.



	Notifications		Samples Transported	Functional Hubs	
	PPSA	nPPSA	# of samples	Total functional hubs	
<b>CHRI</b>	<b>State</b>				
	UP	44,542	9,372	9,507	214
	Maharashtra	8,063	10,735	6,929	195
	Assam	444	664	748	10
	Jharkhand	-	1,852	-	-
	Chhattisgarh	-	2,323	-	-
	Odisha	-	675	-	-
	Kerala	-	748	-	-
	Goa	-	39	-	-
	Uttarakhand	-	1,198	-	-
J&K	-	65	-	-	
<b>Total</b>	<b>53,049</b>	<b>27,671</b>	<b>17,184</b>	<b>419</b>	
<b>CHAI</b>	Gujarat	6,681	7,946	2,354	112
	Madhya Pradesh	3,700	7,168	1,838	60
	Tamil Nadu	505	3,966	144	-
	Bihar	2,731	9,348	1,405	17
	Delhi NCR	8,238	-	1,383	124
	Rajasthan	4,051	7,487	1,082	36
	Haryana	-	3,643	-	-
	<b>Total</b>	<b>25,906</b>	<b>39,558</b>	<b>8,206</b>	<b>349</b>
<b>FIND</b>	Andhra Pradesh	2,094	5,522	1,168	21
	Karnataka	4,758	2,050	2,059	48
	Punjab	5,697	1,118	2,335	28
	Telangana	5,048	3,463	2,730	56
	West Bengal	3,869	3,077	1,901	55
	Himachal Pradesh	-	249	-	-
<b>Total</b>	<b>21,466</b>	<b>15,480</b>	<b>10,193</b>	<b>208</b>	

## Major activities: April-September, 2019

JEET's calendar of activities were well planned and executed through the six-month period of April to September, 2019. Review and coordination meetings helped the planning teams to fine tune key decisions and outline frameworks and next steps for implementation across each of the project locations. Country visits were organised for the Global Fund team providing insights into the roll-out at the ground level. Refresher trainings were conducted as per the schedule that was finalised. Each of these activities contributed to a smooth conversion of plans into action.

Month	Event	Date	Organiser
Apr-19	Bi-annual Review	11-12 Apr-19	CHAI
Apr-19	PR Coordination Meeting	15 Apr-19	FIND
May-19	PR Coordination Meeting	2 May-19	CHRI
May-19	RNTCP Regional Bi-annual Review Meeting - North East Region	17 May-19	CHRI
May-19	Bi-annual Review of JEET - PR Partners and CTB Division	28 May-19	All Partners
Jun-19	The Global Fund Country Visit	Jun-19	All Partners
Jul-19	Regional Refresher Training (South Zone)	17-18 Jul-19	FIND
Jul-19	SR Review Meeting	26-31 Jul-19	CHRI
Aug-19	Nikshay Training of PR Partners	2 Aug-19	CHAI
Aug-19	PR Coordination Meeting	6 Aug-19	CHRI
Aug-19	SR Review Meeting	22-23 Aug-19	FIND
Sep-19	Regional Refresher Training (North Zone)	03-05 Sep-19	FIND