



Differences between Practices of Private and Public Sector in Managing TB

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Introduction

India has forever been the observer of unprecedented amount of TB cases with 21,35,830 cases being diagnosed in 2021

Private sector has contributed significantly, managing 32.8% of all TB cases in 2021

This has led to inception of National Tuberculosis Elimination Program whose one of the major aim is to bring together the large and robust public and private health sector together.

NIKSHAY

India, along with many other countries, has given a lot of emphasis on TB notification and hence made it mandatory for its notification in both public and private setting

Microbiological confirmation includes all the tests in which Mycobacterium is isolated which includes CBNAAT, Microscopy, Trunat, other Nucleic acid amplification technology, Line Probe Assay, and culture

A subset of microbiological confirmation is the drug sensitivity testing , that comprises the tests in which resistance patterns against one or more drugs are checked

Patients are diagnosed with many diagnostic modalities as TB presentation differ significantly based on anatomical location



Results

- Figure 1 shows the trends of TB and its sub form's notification by the health sectors
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Diagnostic Differences

Figure 2 Bars show the absolute contribution of both sectors in total notification, microbiological confirmation, and drug sensitivity testing

Figure 3 Trends in usage of different modalities for TB diagnosis



Pulmonary TB vs Extrapulmonary TB

- Figure 4 Relative proportion and percentage of usage of different tests, based on health sector and on the basis of type TB
- Table: Differences in usage of diagnostic tests by private and public practice



Discussion

This study looks at the differences in the practices of private and public sector for TB

The partnership between the two sectors has been one of the central areas of effort by NTEP and knowing these differences is important for making this partnership work

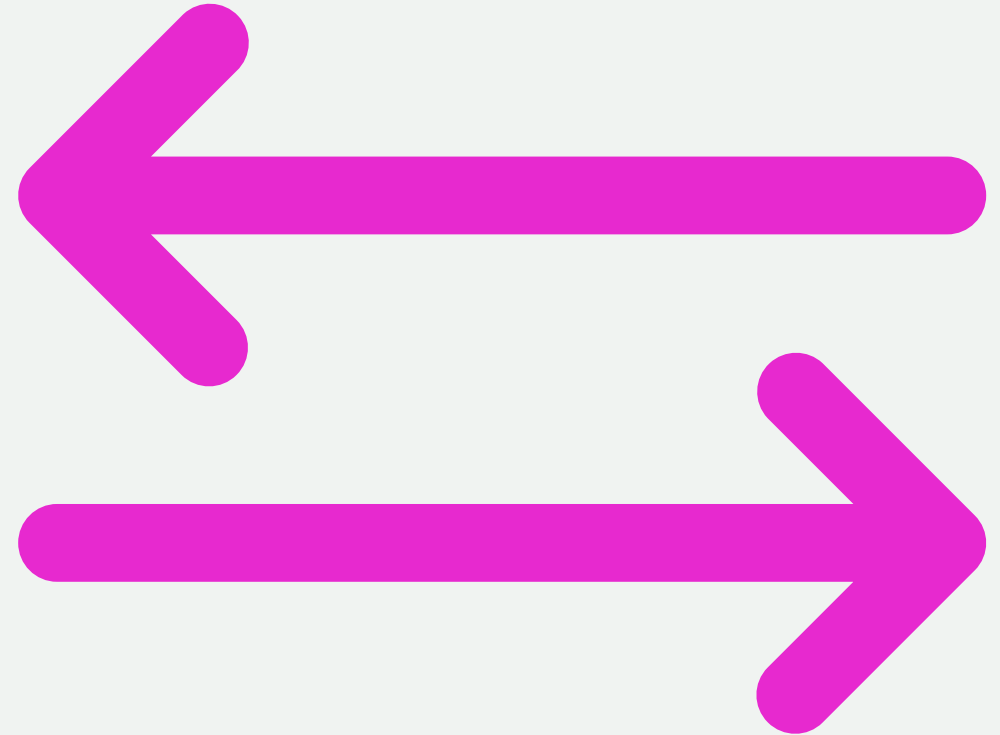
Notification

Low notification has been one of the major role players in slowing the progress against TB

Although, there is promise, as within the last two years, there has been almost a doubling in the notification percentage by the private sector to almost 22%. But all this happened during the time of COVID pandemic which has caused disruption in almost every walk of life and indeed has set back the work against TB

Notification

- This explains the doubling but raises another question, are these changes temporary and the sharp increase in notification is due to disruption of harmony in the flow of patients between public and private sectors or is this a long lasting, genuine increase in notification, maybe as a result of the multiple meetings, that were held by the district health authorities at the end of 2020 and through 2021 , emphasizing the importance of collective effort and need of notification by PPs?





EPTB

- The prevalence of EPTB cases in Haryana was 33% in
- EPTB cases formed 50% of all cases in private setting and 24% in public setting in
- It is also pertinent to remember that these are the notified cases, so it can also be the case that slowly and gradually as more PPs are contributing to the notification process, the trends we see are not changes in the practice, but the notification system slowly reaching the equilibrium or the real metrics of the private sector

Diagnostic Discrepancies

CXR was used for diagnosis in almost 40% of the PTB cases

Although 54.6% of the private's PTB cases were microbiologically confirmed, out of these 34.3% were AFB, which though better than CXR, is still non-standard

Low utilization of government resources by PPs could also be as a result of fear of losing their TB patients to public sector as patients of TB are alluring to for-profit organizations as anti-tubercular treatment have a long course, necessitates continued follow ups with additional medications for coping up with adverse effects

Trends in diagnostic modalities

Although both the sectors had less than ideal DST rates and do require a lot of work to be done, the trajectories both the sectors are headed are quite different

For public sector, in the past years, there has been a decrease in usage of CXR, AFB and other methods as diagnostic modalities

This decrease was reflected in the increase in DST adoption, leading to around 20% increase in DST rates

A case against “other” diagnostic modalities

Implementation of NIKSHAY has been a turning point in the battle against TB and has led to increased number notified cases across both sectors

This implementation has been robust, considering hundreds of parameters, leading to lower number of cases being missed

It will also be beneficial in understanding EPTB diagnostic practices, in which ‘Other’ forms the bulk of EPTB diagnosis

Views of the Private Sector

Non-standard practice was observed to be frequent in the private sector in comparison to public sector

It reported that implementation of new and revised TB guidelines are not being implemented at the field level and wasn't being made available to PPs and other health workers

Other problems like lower registration number of PPs with NIKSHAY, incomplete knowledge regarding notification and them not finding TB notification necessary have also been observed

This study demonstrates that how both the sectors have different hurdles

Public sector's EPTB management and DST in this subset needs improvement

NIKSHAY faces a great deal of hurdles in unbiased and error-free data entry

Views of the Private Sector

- Private practitioners has been shown to have low awareness of the newer electronic notification methods which might lead to decreased entry into database



Conclusion

This study doesn't aim to vilify the private practice in fact, with the private sector catering to such a large portion of the population it is impossible to make head way against TB

They should be invigorated with the new wealth of knowledge and services amassed against TB

Building trust, accountability, not with force or fear but with a collective goal to rid India of TB is the only way through