Leveraging Fixed Amount Awards: Strengthening Health Systems to Provide Equitable Differentiated TB Care in India

Mr. Venkatesh Roddawar, Dr. Yogesh Patel; Ms. Chandramaulika R, and Dr. Asif Shafie – JSI Research & Training Institute, Inc., TB Implementation Framework Agreement (TIFA)

Question 2: What are effective and sustainable mechanisms or processes to integrate local, community, sub-national, national, and regional voices, priorities, and contributions into health system strengthening efforts?

Activity Description

- **Context**
  - Strengthening health care delivery, especially in primary health care centers, is critical to improving health and well-being. However, disparities in health outcomes persist, particularly in rural and underserved areas.
- **Activity Description**
  - This initiative has leveraged existing resources, standardized referral pathways, promoted innovations, facilitated knowledge exchange, and guided policy development and scale-up efforts. The use of TB commitment grants has led to various models of demonstrating potential to strengthen health system ability to improve TB outcomes.
- **Facilitators**
  - TB commitment grants have leveraged the public-private partnership model to address existing resources.
  - Resource optimization: This activity used existing resources within the health system to strengthen service delivery.
- **Evidence**
  - The three 12-month TB commitment grants allowed the CTD to gather insights from 112 state TB programs, the three TIFA grantees, and partners such as WHO and the National Institute of Epidemiology. The workshop facilitated strategic thinking and solutions. Their tools for risk assessment, identification of high-risk people with TB, and referral guidance including the TB Triage app will support NTEP to overcome health system constraints to delivering differentiated care.
  - Although the Indian health system aims to have one primary health center for every 20,000–30,000 people and one sub-district hospital for every 100,000 people, in reality, states are referred to secondary or tertiary facilities for their conditions, thereby increasing the chances of successful TB treatment.
  - It is difficult to document the outcomes of referrals because there is no dedicated referral tracking and feedback system.

Facilitators

- **Political commitment and support**: The NTP/JSI models, with the technical support of WHO, led the training and adoption of differentiated care through TB commitment grants.
- **Technical assistance**: JSI, in collaboration with the NTP, designed and implemented the TB commitment grants program to address existing resources.

Challenges

- **Lessons Learned**
  - **Lessons Learned**
    - **National stewardship**: The National TB 1974 implementation program failed to address the differentiated care model. It was a classical project-oriented, guided the creation of models, and included such co-creation with grantees and stakeholders.
    - **Facilitation of cascades through strategic planning**: The three 12-month TB commitment grants helped to gather evidence of strategies that can be scaled up and identified areas needing improvement. Never before have so many grantee partners been involved in such a collaborative approach.
    - **Resource optimization**: Critical implementation of interventions relies on the optimal use of available resources. Providing timely support to link facilities during the implementation phase is essential to achieving project milestones.
    - **Local contextualization**: Adapting interventions to the local context and processes is essential. It is important to Harness existing resources and knowledge exchange by increasing awareness from different models implemented by states and implementing partners.
    - **Resource mobilization**: Strengthening diagnostic infrastructure is crucial to building and maintaining systems in provinces with high TB morbidity and mortality.
    - **Retention and follow-up**: In the model facilitated referral is key to success. Identifying high TB prevalence points and offering them for intervention should be the starting point of the differentiated care cascade. Follow-up by CTD, immediately after the health facility implementation, is key to integration.

- **Interim results**: While a gradient model was still in the planning phase, interim results revealed progress toward the mitigation of gaps observed in the differentiated care approach. Follow-up care allows patients to maintain contact and follow through on their care.

- **Lessons Learned**
  - **Lessons Learned**
    - **Lessons Learned**
      - **Lessons Learned**
        - **Lessons Learned**
          - **Lessons Learned**
            - **Lessons Learned**