

# Closing the gaps in TB Care Cascade

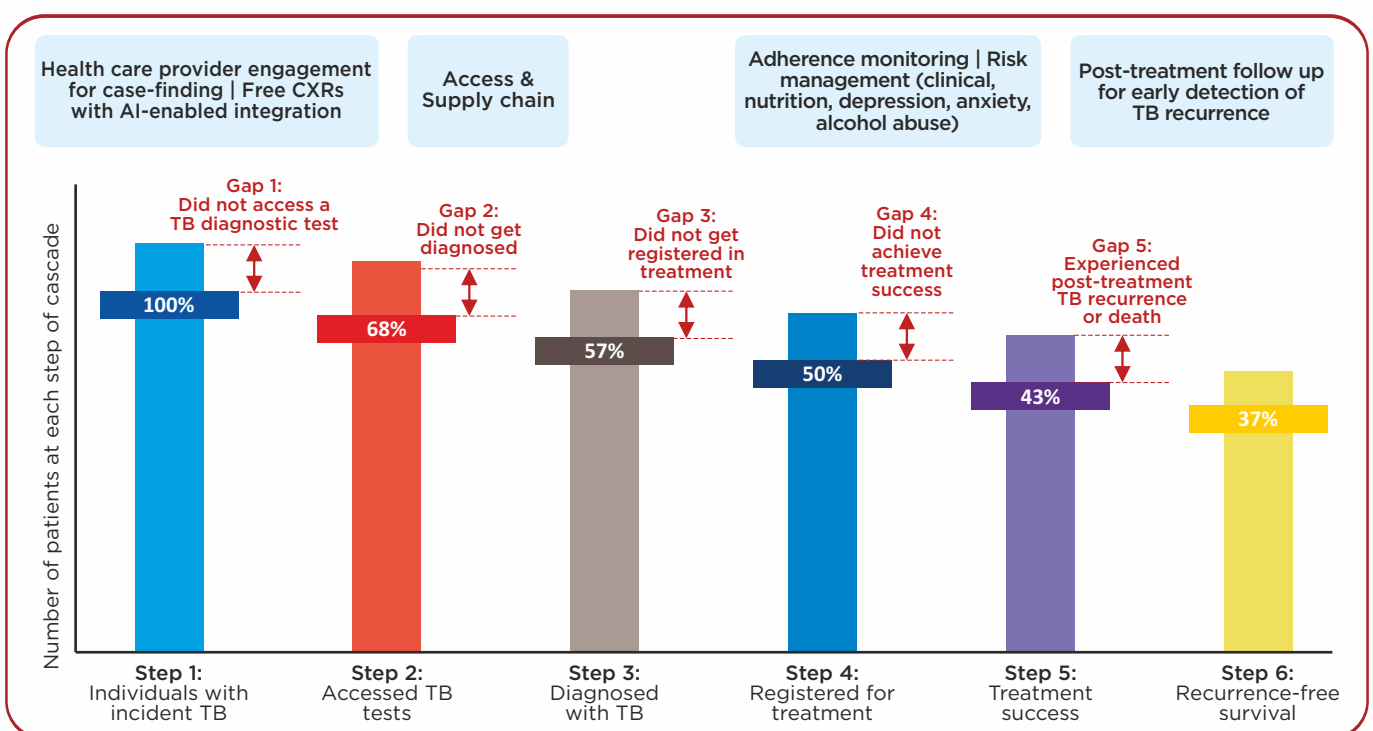
Demonstrating interventions to close the prevalent systemic gaps and strengthen government health systems in their ability to effectively monitor and respond to the TB care cascade

## BACKGROUND

Tuberculosis is still a leading cause of death in India and reduction of TB mortality is one of the goals under the National Strategic Plan for TB (2017-25). Under the SDGs and End TB Strategy, the goal has been set to reduce TB mortality rate to 90% of the 2015 baseline by 2030.

“Closing the gaps in TB care cascade” (CGC) is a four-year (2020-2024) project funded by United States Agency for International Development (USAID). The “TB care cascade” visualizes and evaluates various

stages of gaps in TB care delivery. The gaps comprise of sequential patient losses in the ability to access TB diagnostic tests, receive an accurate diagnosis, register for appropriate TB treatment, adhere to daily medication, and remain TB-free post-treatment. Cascade gaps vary by local TB epidemiology, the strength of local health systems, and by sub-populations due to differential access to services experienced by key population.



## GOAL AND OBJECTIVES

The overarching goal of the project is to enable district health systems to integrate risk factors into the overall health system, and demonstrate the assessment and management of risk factors across the TB care cascade. Specific objectives and key result areas include:

- Improve visibility of care cascade leakages across the various stages of patient engagement with the health system
- Scale-up of multi-component and targeted interventions to address dropouts in care cascade; demonstrate patient and population-level impact
- Optimize workflows to coordinate the care cascade; motivate, engage other general health staff and build district capacity to continuously monitor and drive quality improvement initiative

The project started in 2020 from two districts each of Jharkhand (Ranchi & East Singhbhum) and Gujarat (Gandhinagar and Surat) and has now been scaled up to the entire state. Based on the success of the CGC interventions in Gujarat and Jharkhand, five additional states (Bihar, Sikkim, Uttar Pradesh, Punjab and Himachal Pradesh) are now being supported by WHP for the scale-up of CGC activities. The project is providing technical support to the states for training of human resources, roll-out of differentiated TB care, post treatment follow-up, integration of mental health services and generate evidence from monitoring of activities aimed at closing the gaps in the TB journey.

## METHODOLOGY FRAMEWORK

The project follows an Interdisciplinary approach to address the gaps in TB care and overcome the challenges in detection, treatment, and patient support. By demonstrating and scale-up of innovative models it aims to foster comprehensive, patient-centred strategies that enhance outcomes and reduce the global burden of tuberculosis.




## PROJECT ACTIVITIES



**Identify “missing” cases**

- Engagement of informal providers
- AI-enabled Chest X-ray (i-SMART)
- Hotspot and vulnerability mapping
- Contact tracing



**Improve treatment outcomes**

- Adherence Monitoring
- Differentiated Care Management (DCM)
- Post-treatment follow-up (PTFU)
- Verbal Autopsy



**Strengthen health systems**

- Patient-centric approach
- Patient triage & linkage to services
- Optimized management capacity of healthcare staffs
- Digital learning platforms

## LIVES IMPACTED

**23,035** beneficiaries availed free X-ray facility in Gujarat and Jharkhand

**21,880** TB patients provided Mental Health support services and were screened using PHQ-4, PHQ-2 and BPRS.

**10,743** patients screened for Substance Use Disorders (SUDs)

**34,453** patients of 6th, 12th, 18th, and 24th month cohort patients were assessed for recurrence post successful TB treatment

**16,197** TB patients with successful outcome enrolled for Post-Treatment Follow-Up (PTFU) phase 2 and these patients were followed up at 6th, 12th, 18th and 24th month post their treatment completion

**85,304** TB patients covered under Differentiated Care Management (DCM) across 7 states

**2,740** TB patients were approached during treatment completion and **1,044** sputum samples were collected for culture test under End Treatment Assessment (ETA)

**1,310** TB patients were approached during treatment completion and **676** sputum samples were collected for culture test under Cohort monitoring

**242** Verbal Autopsies (VA) conducted to understand the underlying cause of deaths

## KEY OUTCOMES

- Demonstrated and optimized models of improving quality of interventions with SOPs to guide scaling up of models
- Strengthened capacity of district NTEP health systems to actively monitor the care cascade and prioritize interventions in a QI framework
- Established Technical Support Unit (TSU) in focused states to scale up care cascade monitoring for state-level impact
- Digital training & counseling modules with a human-centered design and integration of relevant workflows to enhance NIKSHAY components developed
- Improved quality and equity of care along the entire patient pathway



## ABOUT WHP

World Health Partners (WHP) is a non-profit Indian society that sets up programs to bring sustainable healthcare within easy access to underserved and vulnerable communities. It innovatively harnesses already available resources more efficiently by using evidence-based management and technological solutions. WHP is best known for its programs focused on early detection and treatment of tuberculosis in urban and rural settings supported by community-based activities to ensure prevention. The organization uses all available resources - both in the public and private sectors to ensure that people living in any part of the country will have access to high-quality treatment.

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