

## **Strengthening Tuberculosis Care in India**

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## Strengthening Tuberculosis Care in India: Public-Private Integration and Policy Innovations

Tuberculosis (**TB**) remains a **major public health challenge** in India, accounting for over 25% of the global burden. While public hospitals provide free **TB treatment**, they often lack a **patient-friendly environment**. In contrast, private hospitals offer better facilities but lack standardized treatment protocols, increasing the risk of drug-resistant **TB**. Addressing these gaps requires a well-structured Public-Private Partnership (PPP) to ensure accessible, quality-assured, and patient-friendly **TB care**.

**Challenges in Existing Healthcare System** 

- Public hospitals: Free treatment but perceived as inefficient and overcrowded.
- Private hospitals: Better facilities but inconsistent protocols and high costs.
- Drug-resistant TB (DR-TB): Restricted medicines available only in public hospitals.
- Lack of coordination: Patients switching between sectors disrupts treatment adherence.

Key Reforms to Strengthen TB Care

**Public-Private Integration** 

- A **PPP model** with **uniform treatment protocols** and **government-supervised drug distribution**.
- Private hospitals can provide **better patient experiences**, while the public sector ensures **treatment accountability**.

**Shorter and Effective Treatment Regimen** 

- Introduction of the **BPaLM regimen** reduces treatment duration from **24 months to 6 months**.
- Eliminates painful injectables, improving adherence and recovery rates.

**Strengthening Diagnosis and Accessibility** 

- Molecular tests (CBNAAT, TrueNat) ensure rapid, accurate TB detection.
- Ayushman Arogya Mandirs (AAMs) act as decentralized sputum collection centers, increasing rural access.

**Enhanced Nutritional and Financial Support** 

- Ni-kshay Poshan Yojana (NPY) support increased from ₹500 to ₹1,000 per month, aiding malnourished TB patients.
- Expansion of **social protection schemes** to **compensate wage loss** during treatment.

Community Engagement and Stigma Reduction

• **TB Champions (survivors)** share experiences, encouraging **early diagnosis and adherence**.

• Large-scale awareness campaigns can reduce stigma and misinformation.

**Integrating TB Care with General Health Services** 

• AI-enabled chest X-rays for early detection of TB and coexisting conditions like COPD.

• **Gender-responsive healthcare strategies** to address **access barriers** for women and vulnerable groups.

Conclusion

A comprehensive, patient-centered approach is essential to eliminate TB in India. Publicprivate integration, standardized treatment, stronger financial support, and communitydriven awareness will accelerate India's fight against TB and set a global benchmark in healthcare.

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