

Team 15 – TADA India: Tuberculosis and Diabetes Assistance in India Executive Summary

Mission Statement: Our mission is to mobilize resources and education to reach community members alongside empowering district-level TB-DM care as outlined in the National Framework.

Proposed Intervention: Resources and education from TADA → healthcare workers → community leaders → community members

TADA overview:

The main objective is to bridge knowledge gaps among healthcare workers that will gradually reach community members to destigmatize healthcare, improve testing procedures, streamline TB-DM support, and strengthen data systems.

- To begin these efforts, TCCs will survey districts to gauge healthcare system strengths and weaknesses and establish trust within the community
- Goal of TCCs: a district-level management organize horizontal-vertical integration improvements for TB-DM care, emphasizing and ensure streamlined clinical care for all patients
- We will partner with private and public healthcare facilities across six districts to educate workers with comprehensive TB-DM education made possible through the adoption of a previously successful World Diabetes Foundation project
 - o Accurate and cost-effective technologies Nikshay and Qure.ai will be integrated
 - o Healthcare facilities and workers will be incentivized through grant programs and paid phlebotomy and x-ray technician certification
- Trained healthcare workers will conduct free TB-DM screenings at community centers (i.e., places of worship, schools, chemist shops) where they simultaneously provide care for and raise TB-DM awareness among community leaders and members
- Educated community leaders become trust brokers to spread TB-DM education and resources within their communities, encouraging a positive culture of care and destigmatization

End Goals by 2030: Raise TB-DM education and awareness among healthcare workers and community members by 50%, decrease TB morbidity rate by 10% to stay on track with pre-COVID benchmark, conduct 215k screenings total and see a respective +3.6 urban prevalence of DM and +1.5% rural prevalence in DM as we integrate bidirectional care

Sustainability and Scalability: Three rural and three urban districts in Odisha model an accurate representation of a diversity of Indian states' ability to build TB-DM infrastructure at the district level. By building a robust network of TB-DM trained healthcare professionals across public and private sectors who engage stakeholders down to the community level, we lay a sustainable foundation for integrated care. As a new standard of care and culture emerges, gaps are filled, and dependence on TADA diminishes. A District Coordination Committee, as outlined in the Joint Framework, will then have the capacity for establishment.

- 135 phlebotomists and 135 x-ray technicians will continue to fill a shortage after 2030
- Incentive grants will be used to strengthen healthcare systems and build capacity
- Healthcare workers and community members are lifetime TB-DM advocates and educators

Logistics: Please see the appendix slides for a detailed explanation of phase implementation and budget breakdown, including personnel, testing equipment, partnership with other partners, and grants.