

Monitoring, Learning and Evaluation for the China-Gates Project Phase III: Implementation of Comprehensive Models of TB Care and Control in China



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Background

- China is among the 30 countries with highest burden of tuberculosis (TB) and multidrug-resistant TB (MDR-TB), with an estimated 1 million new cases of TB and 63,000 new MDR-TB every year.
- The Chinese Government is committed to improve TB care and control, and plans to introduce and expand the new comprehensive model of TB control in the three provinces.

Study Focus

TB care system strengthening, the financing for TB treatment, TB human resources

Status

Active

Study Sites

Zhejiang province, Jilin province, Ningxia Hui Autonomous Region

Duration

July, 2016– June, 2019

Principal Investigator

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Investigators (listed alphabetically)

- Dr. Henry Lucas, research fellow at the UK Institute of Development Studies
- Dr. Qian Long, assistant professor at Global Health Research Center, Duke Kunshan University
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- Dr. Xiaoyun Liu, professor at Peking University

Main collaborators

- China CDC
- Center of Health and Statistics Information, National Health Commission
- Peking University

Funder

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Aims

This project aims to produce robust evidence to support the implementation of a new TB control and comprehensive service delivery model in China. Specific objectives are:

- 1) To evaluate the implementation of the Comprehensive Model for TB Care & Control, identifying both good and bad practice, determining underlying causes, formulating strategies to maximize effectiveness, and assessing the feasibility of scale-up.
- 2) To assess the implementation of innovative financing models of TB care, focusing on changes in health insurance, financial subsidy policies and the use of the case-based payment approach, and evaluating their implications.
- 3) Using experiences learned in the project counties to develop strategies for program implementation and financing nationwide and provide new knowledge to improve global TB control.

Study Design

Performance Based Monitoring (PBM) will be conducted using a compiled database of information from multiple sources (medical records, health insurance and TB register data) to track changes and identify trends in both key performance indicators of TB care and control and a range of contextual variables across all project counties (n=172), through Interrupted Time Series (ITS) analysis.

In-depth evaluation will be conducted in the 6 sample prefectures using both quantitative and qualitative methods to understand the implementation process, examine more KPIs in TB care and explore the underlying reasons of changes in KPI after intervention.



Impact

- This study will provide evidence to inform activities and policies for improving TB and MDR-TB control and treatment and reducing financial burden placed on patients in China.
- The study will illustrate an example of policy dialogue for evidence-informed decision making, which will be valuable for other countries with health systems under transition.