

NATIONAL CONSULTATIVE MEETING OF PARTNERSHIP FOR TB CARE AND CONTROL IN INDIA
Civil Society contribution to RNTCP planning Phase III”
Hotel Parkland Retreat, Main Chattarpur Mandir Road, Satbari, Delhi
6th-7th January 2011

REPORT

Background and objectives:

The “**Partnership for Tuberculosis Care and Control in India**” (the **Partnership**) brings together civil society across the country on a common platform to support and strengthen India’s national TB control efforts. It seeks to harness the strengths and expertise of partners in various technical and implementation areas, and to empower affected communities, in TB care and control. It consists of technical agencies, non-governmental organizations, community-based organizations, affected communities, the corporate sector, professional bodies and academia.

Developing a common understanding and agreement among the key stakeholders for involving partners in TB care and control is crucial to the Partnership’s strategy. The theme for this year’s National Partnership meeting is ‘Civil society contribution to RNTCP planning phase III’.

During the 4th Steering Committee meeting held at Qutub Hotel on the 10th September 2010 it was decided to form strategic groups from within the Steering committee. The strategic groups will work on 3 components i.e. ACSM, PPM and Service delivery. The members of each group would be in touch initially via emails and meet to work on compiling a working paper of the challenges faced by partners in each of the 3 components and provide recommendations and action by civil society for the RNTCP Phase III preparation. The recommendations will be then voted on by all partners and a more general discussion will be held at the National meeting resulting into a document combining all 3 component’s recommendations and action to be submitted to the Central TB Division (CTD) by the end of January 2011.

The International Union against Tuberculosis and Lung Disease (The Union) South East Asia Regional Office host the Secretariat of Partnership and provide technical support.

Objective of the meeting:

- To develop a common understanding and agreement among the key stakeholders for involving Partners in TB care and control at state and regional level.
- To come-up with recommendations from civil society and other partners for RNTCP Phase II planning

Outcomes:

Primary outcome;

- Issues related to civil society engagement identified and solutions to challenges explored
- A unified response on providing recommendations from civil society perspective into the RNTCP Phase III planning as invited by CTD.
- Strengthening of the relationship among all partners and building new connections
- A platform to meet technical agencies, donor organizations, external experts, etc.

Secondary outcome;



- New partners joining the Partnership increased.
- Share progress, cross-learning and experience in the Partnership over the last year.
- Provide opportunities for Partners to meet, develop networks and strengthen local, regional and national partnerships.
- Increasing communication between partners and the Secretariat
- Gaining ownership of the Partners of the Partnership

Organization:

The event was organized by the Secretariat of the 'Partnership', a coalition of civil society, private sector, technical and international organizations, formed in 2008 to support TB care and control in India. Please visit www.tbpartnershipindia.org for information on the Partnership.

Proceedings:

6th JANUARY: DAY 1.

- Dr. Darivianca Elliotte Laloo ,Partnership Secretariat welcomed Dr. P.C. Bhatnagar Chair of the Steering Committee, Dr. K. Sachdeva Chief Medical Officer, Central TB Division representing Dr. L.S.Chauhan,DDG (TB) CTD), Dr S. Sahu Chair Service Delivery group, Mr. Tushar Kanti Ray Chair ACSM group and Dr. Shyama Nagarajan Chair PPM group (representing Mr. Patrick Mullen ,World Bank) to the dais..
- Dr. P.C. Bhatnagar welcomed all participants and gave a brief introduction of the meeting and its objectives (Annex 3). He then requested Dr. Laloo to take the participants through 'The Process' of developing the paper that civil society is working on for recommendations into RNTCP Phase III planning.
- Dr.Laloo presented the journey of developing the paper and the future steps (Annex 4).
- Dr. Sachdeva apologized for the absence of Dr. Chauhan and emphasized on partnership being equal with complementary function and boundaries and no overlapping. He also presented on the universal access and invites civil society to find solutions to contribute towards achieving universal access (Annex 5).
- Following a tea break, Dr. P.V.Raganadhan Rao Chief Executive LEPR India (Annex 7) and Dr.Chakrapani Chatla, Program manager, CHAI (Annex 6) shared their organization's experience on issues of service delivery, their achievements and the challenges they came across in their work.
- Mr. Subodh Kumar ,Program Director ,World Vision shared about his organization's work (Annex 8) on ACSM, achievements and challenges identified followed by a small film on best practices which was developed for the NGOs working on the ACSM project funded by USAID.
- Dr. Nalini Krishnan from Resource group for Education and Advocacy for Community Health (REACH) presented their experience working through 8 PPM centers which acts as referral centers for private practitioners to refer their patients for DOTS (Annex 9) and Dr. Ramnik Ahuja from Confederation of Indian Industries (CII) shared their workplace initiatives for TB care and control.
- The working group from the Steering committee then presented the summary of recommendations which were shortlisted from the main background document for the 3 components. Dr. Abhijeet Sangma represented his group working on service delivery issues and shared the challenges, recommendations and action by civil society to the participants (Annex 10).
- Following lunch Dr. Vijay Edwards shared the ACSM group summary of recommendations and action (Annex 11)

- Subsequently Dr. S.N. Mishra concluded with his group presentation on PPM challenges, solutions and action (Annex 12).
- The participants were then divided into 3 groups to deliberate on the summary of challenges, recommendations and to come up with what action can be done by civil societies to meet these recommendations. The grouping was done based on the registration form that was distributed earlier regarding their preference into which group. Due to less participation into the PPM group a few members was moved from the ACSM group to the PPM group.
- The 3 groups then converge into 3 different rooms for discussions on the working recommendations.
- Dr. S.Sahu was chair of the Service delivery group; Mr. Tushar Kanti Ray chaired the ACSM group with participation of Case Gordon of World Care Council via skype and Dr.Shyama Nagaranjan led the team on PPM. There was very good participation and interactions in all three groups. Ample time was provided too for group discussions.
- Each group had assigned a rapporteur, a time keeper and a presenter for the next day and deliberated on the working paper summary by voting whether the challenges remain the same, made recommendations and what civil societies can contribute. Some groups added a few more issues which they felt needed to be addressed as well in RNTCP III.

7th JANUARY: DAY 2.

- Day 2 began with a recap of day 1 by Manpreet Kaur, Assistant Project Officer, Secretariat of The Partnership and welcomed Stephan Solat, Deputy Director, Office of Population, Health and Nutrition, USAID.
- The panel was called to the dais comprising of Dr.S.Sahu, Mr. Tushar Kanti Ray, and Dr.Raganadha Rao. The Chair for the first group (Service Delivery) presentation was Dr.K.Sachdeva.
- Mr.P.K.M.Swamy began the presentations of the service delivery group's deliberations with a few general recommendations that included questions on how will we ensure that the recommendations suggested by civil society be incorporated into RNTCP III. They feel that representation from the civil society partnership should be in the planning board of RNCTP III. Another view is that the roles of the government and civil societies need to be specified and agreed upon in taking these recommendations forward (Annex 13). He then went ahead to speak on issues like reaching certain special target population and including universal access, defaulters and migrants, and sputum collection areas in hilly areas and conflict areas. Others issues were active case finding, the low awareness of TB among People living with HIV (PLHIV) networks, and a few other additional issues.
- The Chair Dr. Sachdeva gave a few comments and suggestions and opened the floor for discussions. Comments and suggestions were given from the wider audiences which have been incorporated into the group presentation for considerations in the final document.
- Dr. Satish Kaipilyawar was requested to Chair the next panel for discussions on the ACSM group presentation. Dr.Daisy Lekharu shared the groups' deliberations (Annex 14). The group stressed on the varying degrees of political will from state to state hampering the implementation of TB care and control at state, district and local level, distribution channels of IEC materials, the recognition and acceptance of Civil Society Organisations by local government, Inadequate operational research and lack of documentation of innovation and good practices ,the lack of visibility of the network of cured TB patients ,role of media in social mobilisation and monitoring, evaluation and supportive supervision. The chair made a few comments and then opened the floor for discussions. The additional inputs have been included into the presentation.

- Dr. K. Hemachandran chaired the panel discussion on PPM. Dr. J. Subbanna presented the deliberations of the group working on PPM (Annex 15). Some of the issues discussed were low uptake of the existing PPM schemes by private providers, less involvement of the non formal service providers (non allopathic) in urban areas, incorrect regimes for TB treatment by Private Providers and over the counter (OTC) prescriptions of TB Treatment by Pharmacists and unlicensed service provider, and the notification of diagnosed TB Cases in the private sector. The Chair commented on the lack of private practitioners present in the meeting making it difficult to develop these recommendations. A separate dialogue is necessary to obtain their perspective to strengthen the existing PP schemes. He then opened the floor for discussions. The inputs were added to the group presentations.
- Mr.Solat made a few comments from his observation and asked how we can replicate successful efforts.Dr. Bhatnagar then moderated a session in which questions, comments, and suggestions were asked from all present on how we can strengthen the partnership and any suggestions for further improvement.
- The summary of the workshop was then made by Dr. Puneet Dewan (Annex 16).
- Dr. Vijay Edward closed the meeting with the presentation of the Vote of Thanks.

Thank you

