



Press Release

All sectors get involved in India's battle against tuberculosis

The Partnership for TB Care and Control in India meets to discuss recommendations for Phase III of the national TB programme

The Partnership for TB Care and Control in India – a partnership of representatives from different sectors (non-governmental organisations, the private sector, communities and the government) aimed at enhancing the much needed involvement of all stakeholders in India's gigantic battle against tuberculosis (TB) – met on 6-7 January 2011 to discuss recommendations for the Revised National TB Control Programme (RNTCP) Phase III plan.

The event was organised by the Partnership's Secretariat at Hotel Parkland Retreat, New Delhi, and participants discussed the challenges of implementing the TB programme in the field, possible solutions, and actions from the civil society to implement these solutions. Dr. Sachdeva, Chief Medical Officer, Central TB Division put forth a query "how can civil society contribute to the 30% of cases not registered in order to achieve universal access". Ambitions for RNTCP III were articulated and advice from all partners sought. The number of participants were 78 with representations from Central TB Division, USAID, WHO, Gates foundation, partners from the Partnership, Global Health Advocates, to mention a few. Participants were divided into groups to discuss challenges in three critical areas - Service Delivery; Advocacy Communication and Social Mobilisation (ACSM); and Public-Private Mix (PPM).

The group on service delivery looked at the best ways of reaching target populations, and discussed issues related to universal access to TB services; treatment default among migrants and the homeless; sputum collection for hilly areas and conflict-ridden areas; active case finding of TB patients; low awareness on TB among People Living with HIV (PLHIV) networks; and the lack of involvement of existing HIV Targeted intervention (HIV-TI) in TB control. The ACSM group deliberated on the challenge of political will varying from state to state which hampers the successful implementation of TB care and control at the state, district and local levels. It also discussed the sub-optimal engagement of Civil Society Organisations (CSOs) in the development and dissemination of Information, Education and Communication materials; inadequate operational research and documentation of innovations and good practices; sub-optimal promotion of the Patient's Charter and International Standards for Tuberculosis care (ISTC); the role of media in social mobilisation; monitoring and evaluation; and supportive supervision. The PPM group discussed reasons for the low uptakes of existing PPM schemes by private providers; inadequate involvement of non-formal (non-allopathic) service providers in urban areas; incorrect regimes for TB treatment by private providers; over-the-counter prescriptions by pharmacists and unlicensed service providers; and the issue of official notification of TB cases diagnosed in the private sector.

Participants will now further work on the recommendations and submit a document to the Central TB Division of the Government of India.

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