PPM	Challenges	Recommendation	Action by Civil Society	Votes (5)
1.	Low uptake of the existing PPM schemes by private providers.	Study to understand the reasons why, in comparison to present active schemes. Piloting new schemes (vouchers, branding,etc)	Members can take up the study and provide the results for improving the uptake of the schemes.	**A (4/ 5)**
2.	Less Involvement of the non formal service providers (non allopathic) in urban areas.	Regular interaction with all non formal PPs and link to tangible outcomes.	Sensitization, supportive supervision and monitoring by CSOs.	**A (3/5) B (1/5)** Acknowledge the contribution, - Award.(Eli Lily)
3.	Incorrect regimes for TB treatment by private providers. Over the counter prescription of TB treatment by pharmacist and unlicensed service providers.	Sensitization and advocacy Legislation for selling TB drugs over the counter Facilitate broad based community mobilisation around drug issues, including incorrect regimes, counterfeit, non-QA products, etc., as part of a general anti-biotic drug resistance campaign. (WCC)	IMA, Pharmacist and other associations to take the lead on orientation, sensitization, etc on RNTCP guidelines. Advocate with elected representatives/parliamentarians for legislation. Facilitate broad based community mobilisation around drug issues, including incorrect regimes, counterfeit, non-QA products , etc ., as part of a general anti-biotic drug resistance campaign.(WCC)	**A(2/5) B (3/5)** Petition Govt; seek clarity from Dept. of Pharma.(Eli Lily)

<u>Suggestions from Dr. Mukund Uplekar:</u>

The Schemes:
1. Which of the old and the revised schemes have worked (if any, with regards to number signed and cases detected)? Can only the schemes that work be retained or further refined?
2. Do private providers collaborate more productively outside rather than within the formal schemes? If so, if and how can this aspect be strengthened?

3. Can formal schemes be restricted to institutions only (and individual practitioners asked to link themselves to supported institutions to access quality diagnosis, free drugs and incentives?

Other approaches:
4. Can RNTCP outsource PPM? To whom?
5. If and what non-financial incentives could work in engaging individual providers in scaling up PPM? (they did in almost all pilots!!)
6. Some highly successful social franchising projects for DOTS are being implemented by CSOs in the neighbouring countries. Would it not work in India?

More CSOs doing PPM:
7. Can CSOs currently implementing DOTS also implement PPM (NGO-PP Mix) in their areas?
8. Can CSOs, wherever available, act as PPM intermediary organizations?

Strengthening capacity of the RNTCP (and IMA) to implement PPM
9. What human resources are required at different levels for the RNTCP to effectively scale up PPM interventions?
10. Can CSOs help strengthen the capacity of RNTCP/public sector to implement PPM?
11. Can CSOs help strengthen the capacity of IMA to implement PPM?

Irrational drug use:
12. Can CSOs use media and activists to spread awareness about misuse of anti-TB medicines and TB mismanagement in the private sector?
13. Can CSOs educate communities to minimise misuse of anti-TB medicines?
14. Can CSOs engage pharmacies for rational use of anti-TB medicines and other relevant tasks?