

# **CIVIL SOCIETY PERSPECTIVE OF TB CARE AND CONTROL IN INDIA: CHALLENGES & SOLUTIONS**

Steering Committee Meeting

1<sup>st</sup> November 2010



## Recommendations into the RNTCP Phase 3 planning The Process.....

- 3 Working Groups set up among the Steering Committee Members
  - Service Delivery
  - ACSM
  - PPM
- Groups met twice during the past one month
- All Groups met jointly on... to finalise the draft



# Problem Statement

- India bears 21% of the global burden of incident TB cases
- Highest estimated incidence of Multi Drug Resistant-TB cases (MDR-TB) (131,000 out of global incidence of about 500,000)
- Extensively Drug Resistant TB (XDR-TB) has also been reported from India.
- High HIV prevalence among TB patients (reported to be 4.85 %)



# Problem Statement

- Service Delivery
  - services to the community which had been not reached so far
  - TB case detection in the HIV high risk groups is challenging because of their marginalized status and poor access to TB services
  - migration is one of the key reasons of drug defaulter in RNTCP.
  - MDR TB



- ACSM need to meet four important TB Control challenges:
  - 1) Mobilizing political commitment and resources for TB.
  - 2) Improving case detection and treatment adherence
  - 3) Combating stigma
  - 4) Empowering people affected by TB and their communities



- PPM
  - 70% of health care in India being provided by the private sector
  - Limited involvement of the informal sector
  - Questionable Drug Prescriptions
  - Low uptake of PPM schemes



# Recomendations

- Basic DOTS
  - Strengthen supervision
  - Enhance case detection
  - Electronic database
  - NGO schemes
- TB/HIV
  - Better coordination
  - Community DOTS and Home based care to work in synergy



- TB & Migration
  - Involvement of Migrant Workers union
  - Mapping of unorganized workers
  - National Strategy on Migration
  - Involvement of small and medium sized factories for Work place interventions
- MDR TB
  - Expansion of DST labs
  - Training of front line workers on early recognition of potential drug resistance
  - Improved Infection Control Measures
  - Monitoring and Information systems





**ACSM-** Engaging policymakers, government officials at national and state level, all stakeholders in health care delivery, religious leaders, community leaders, patients and their families through strategic communication in bringing about behavioural and social change

- Develop and implement tools for assessing needs, planning, training, research and evaluation
- Integrate qualitative and quantitative data on ACSM's contribution to TB control which could be an evidence base for ACSM for TB
- Ensure adequate staffing and capacity tailored to specific needs
- National level ACSM reviews in order to help country define challenges and identify ways forward
- Ensure that the findings from the research (OR) helps the program to come up with a clear cut strategy for the under- served.
- Streamlining the process of induction of NGOs into the program with clear guidelines and signed MOUs.



- PPM

- Further Studies & Information

- Treatment seeking behavior of the urban poor
    - Reasons for the successful implementation of PPM schemes in some areas and low uptake in others.
    - Understanding practice patterns of the non-formal service provider
    - Prescription audit in certain areas for prioritizing PPM

- Pilot Programs

- Strengthening of training programs with innovations (incentives such as vouchers reimbursements, CME credits etc)
    - Branding of Good Private service provider
    - Involvement of the non-formal preferred provider



Thank you