

NATIONAL CONSULTATIVE MEETING

**Theme: Civil Society contribution to RNTCP planning Phase III
New Delhi, 6th - 7th January 2011.**

**Working Paper – PPM
Dr. S. N. Misra**





Problem Statement- Why PPM ??

- 70% of Health Care in India is through private sector
- 1st point of contact for a majority of illnesses
- Universal Access not possible without this sector
- Evidence of unregulated prescription leading to resistance
- Tremendous potential if effectively utilized



Private Sector includes....

- Practitioners of Allopathic Medicine
- Practitioners of AYUSH
- Non-formal Private Practitioners
- Pharmacists

- Practice includes-
 - Large Tertiary Hospitals
 - Small Nursing Homes and Multi-specialty clinics
 - Stand alone clinics and pharmacies

“Each category and their clientele have unique practice patterns”



Challenges & Recommendations....

PPM	Challenges	Recommendation	Proposed Action by Civil Society
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
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 Facilitate broad based community mobilisation around drug issues, including incorrect regimens, counterfeit, non Q/A products etc

PPM	Challenges	Recommendation	Proposed Action by Civil Society
3.1	Incorrect regimes for TB treatment by private providers.	Sensitization and advocacy Legislation for selling TB drugs over the counter	IMA, Pharmacist and other associations to take the lead on orientation, sensitization, etc on RNTCP guidelines. Advocate with elected representatives/parliamentarians for legislation.
3.2	Over the counter prescription of TB treatment by pharmacist and unlicensed service providers.		

Suggestion Discussion.....

- **i) Studies**
 - 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
- **ii) New initiatives**
 - Strengthening of training programs with innovations (incentives such as voucher reimbursements, CME credits etc)
 - Branding of Good Private service provider
 - Involvement of the non-formal preferred provider
- **iii) Media and activism**
- **iv) Legislation & reporting**

Search for the Elusive “Magic Bullet”

“Out of Box” thoughts !



Group Members:

- Dr. Ramnik Ahuja (CII)
- Dr. P.C. Bhatnagar (VHAI)
- Dr. S. N. Misra (Futures group)
- Technical Advisor: Dr. Geetanjali Sharma



Acknowledgement:

- Steering Committee Members
- GFATM Round 9 Team
- The Civil Society Partnership
- The Union
- Central TB Division
- WHO
- Partnership Secretariat