Group Presentation: PPM

Chairman: Dr. Shyama Nagarajan – The World Bank

Technical Advisor: Dr. S.N. Mishra – Futures Group

Dr. Shruti Sehgal - CTD

Dr. Puneet Deewan – WHO India

Rapporteur: Mr. Shivakumar Shrestha

Time Keeper: Mr. Christo Mathews – GHA

Presenter: Dr. J. Subbanna – LEPRA India BPHRC

Members: Dr. Nalini Krishnan – REACH

Dr. Shibu Vijayan – WHO Consultant,

Dr. Ramnik Ahuja– CII

Dr. George Oommen – ABT Associates

Dr. Himanshu Gupte, INTER AIDE

Ms. Sunita Prasad – Eli Lilly

Ms. Roopali – CII

Ms. Sukriti Chauhan - GHS

Challenges	Issues	Discussion points	Recommendation	Remarks
Challenges no 1: Low uptake of the existing PPM schemes by private providers	Issue1: low awareness on RNTCP schemes and operationalisation of schemes at state and district level	The Revised NGOs and PP schemes were implemented in year 2008 after national consultations. The dissemination regarding the revision of NGO & PP schemes was not extensively rolled out. By end of 2010, there are various partners enrolled into these schemes which were not up to the expectations. The group deliberated that along with partner's enrollment under various schemes, it is advisable to look at grant disbursement accordingly every year. The present schemes guidelines (write up) is not user friendly.	1. An independent body organization will be hired to carry out the study to analyze the situations and reasons for poor uptake of RNTCP schemes and look out for the enablers. i. OR/AND 2. Compile information from the existing civil society partners from different states i. OR/AND 3. Permission to take up OR studies by the Social Sciences / PhD students 4. Civil society organization will support in development of operational manual for RNTCP schemes, to facilitate the approval of schemes, provide M&E and supportive supervision and grant release from DTCS 5. Civil society/professional bodies/agencies will orient and sensitize PPs and NGOs/	A

			CBOs on the PP and NGO schemes to the potential partners 6. **A new initiative to be introduced by RNTCP for the Civil Societies to do the above tasks** 7. Identify and involve the senior Chest Physicians from the Corporate and Govt Hospitals as Brand Ambassadors/Mentors to address the local private practitioners 8. Voucher schemes (cash incentives through third party??) for treatment and also diagnosis (based on operational feasibility) can be piloted to promote universal access to diagnosis and treatment. There are possibilities of linking the schemes with Unique Identification (UID) for BPL populations under RSBY scheme as a pilot. Based on the experience it can be	

			scaled up to the APL. 9. Tax holidays for registered providers (eg. Hospitals, nursing homes etc.) 10. Using involvement of PPs on diagnosis as entry strategy to built the partnership with PPs for referrals and treatment of TB cases 11. Explore possibility of rapid diagnosis for TB cases at the level of private providers at negotiated prices to support RNTCP by end of RNTCP Phase III implementation	
	Issue 2: Participation of Civil Society organization /professional bodies/agencies in planning stage of preparing PIP	Though the budget is available, the release of grant from District Health society is delayed due to various reasons. Often the NGO and PP schemes don't get implemented due to lack of budget in PIP for the year (period).	1. District Health society will involve Civil Society Organization in planning stage and preparation of PIP during the later stage of the financial year. 2. CTD and STBCS should monitor the update grant release and expenditures at regular intervals (should be an indicator at district level)	A

		The approval of PIP budget by the finance department is based on expenditure made (burn rate) of the previous year.		
Challenge 2: less involvement of the non formal service providers (non allopathic) in urban areas	Issue: no incentive (cash and kind) for the PPs	There could be incentives for private providers (non formal) for their contribution to RNTCP	1. Using celebrities to endorse the provider and certificates as recognition to their contribution. 2. Approved logo from RNTCP for providers post Audit, branding strategy for visibility and recognition to the non formal providers for referrals and DTO provision. 3. Sensitization, Periodic supportive supervision, conduct workshops, & Reporting (basic checklist) compliance	A
Challenge 3: Incorrect regimes for TB treatment by Private Providers and over the counter (OTC)		Easy availability of Anti TB drugs over the counter is leading to irrational use of drugs without prescription which increases the risk of drug resistant TB	1. Regulations of OTC sales of Anti TB drugs (scheduled list of Drugs) 2. Awareness among consumers forum (Jago Grahak) through civil society/ professional bodies implementing ACSM 3. Advocacy with drug controller of	A

prescriptions of TB Treatment by Pharmacists and unlicensed service provider.		Recently NACO has successfully stop/regulated the OTC sales of ARV drugs with regulations.	India with support from CTD and other stakeholders to regulate the Anti TB drug sales only through prescriptions	
Other challenges				
Notification of diagnosed TB Cases In the private sec tor		NACO has introduced (through Supreme Court directive) the compulsory reporting of HIV/AIDS cases being treated by the private sector	1. Mapping of health care and providers to monitor the diagnosed cases of TB either through emails or hard copy reports and also call up to Toll free helpline to report 2. Toll free helpline for counseling, service information to clients and redressal mechanisms 3. Civil Society can empower communities to demand and seek best quality services in diagnosis and treatment of TB. 4. Group SMS to be sent to district level for notification of case 5. Regulation to providers to notify all TB cases	

INPUTS/SUGGESTIONS FROM THE WIDER PARTICIPANTS - NATIONAL CONSULTATIVE MEETING 7TH JANUARY 2011.

1. Dr Sachdeva - the group recommendations are practical and do able. He emphasized on private to private and public to public models which are realistic and scale able to meet the phase - III targets. Hence needs further deliberations in this regard – Action from civil society
2. Dr Satish - feedback from the field staff is that they are asked in the mornings to sensitize and mobilize the non-medical private practitioners to refer the clients to public for various national programmes and in the evenings are asked to target them to close their unethical practices. Hence there should be clarity with regard to uniform policy from Govt. in this regard. – Action from Governmen
3. Dr Rajbir - is there specific guidelines for RMPs? – Action from Government
4. Dr Nalini - suggestion to introduce vouchers to the clients of private practitioners and private labs and for PPs, who partner with RNTCP- Action from Government.
5. Dr Hemachandran - no private practitioner is present in developing this recommendations hence a separate dialogue to obtain their perspectives to strengthen the existing PP schemes will be meaningful- Action from civil society.
6. Dr. Roopali -corporate sector /health facilities do not seem to find a place in the definition of PPM. RNTCP and WHO have been looking up to harnessing the skills of the corporate in program implementation especially their health facilities as DMCs / TUs (Precedent has been set by CII and its member companies). Action from civil society.