

Summary of National Consultative Meeting of Partners

Delhi, 6 – 7th January

Meeting objectives (from day 1)

- Annual meeting of Partners to meet, share experience and information ,network and gain ownership of the Partnership.
- A platform to meet technical agencies, donor organizations, external experts,etc.
- A unified response on providing recommendations from civil society perspective into the RNTCP Phase III planning as requested by CTD. (Theme) [Agenda in folders]

RNTCP position

- Emphasis on *partnership*
- Ambitions for RNTCP3 articulated, and advice and recommendations from all partners sought
- Caveats
 - ‘Complementary function and boundaries’ – no overlap with government function
 - Beware unrealistic liabilities – money not infinite
 - Promote rights and responsibilities of communities and patients

Service delivery recommendations (1)

Suggested changes for core RNTCP structure

- Institutionalize 'mother NGO' concept
- Include/integrate TB activities into village health plan, converge with other programmes (NRHM, RCH)
- Engage with insurance schemes to ensure quality DOTS
- Extend RNTCP services to patients diagnosed and treated by private sector, including notifications (how?)
- Institutionalize opportunities for innovation and flexibility in the areas of changing diagnosis, treatment and care methods – (innovation fund?)

Service delivery recommendations (2)

- Regular training for health care staff bottom-up via CSO
- Periodic mapping of underserved areas/populations
- Improve schemes & incentives, involve CSO in revision (user-driven)
 - Outsource more TU's to CSO's
 - Special incentive for difficult areas for CSO
 - Improve counseling, with budget and deliverables via CSO
 - Transport and speedy delivery of samples
 - Include household contact tracing and examination in adherence scheme, with higher incentives
 - Promote Active case finding for high risk groups, e.g. by incentivizing DOTS providers scheme

Service delivery recommendations (3)

- Reduce default by incentivize homeless patients and CSO to ensure diagnosis, treatment and care
- Migrants: make special attention to this group in plan
- Work through intermediary NGO maintaining PLHIV networks
- Include TB initiatives as component in HIV-TI's

ACSM recommendations

- Political will
 - Result oriented advocacy
 - National: Elevate TB to high-level national public health priority with CSO advocacy at level of **PMO, HFM, Parliament, and State CM/HS**
 - ‘Pull’ an ambitious RNTCP3 up for approval, rather than subject it to big budgetary cuts in process.
 - State report card by partnership to CSO
 - Capacity building for CSO and programme on ACSM
- Engagement of CSO in IEC material development
 - Represent in RNTCP committees
 - RNTCP to engage CSOs to develop and produce IEC materials
- Inadequate OR/documentation
 - CSO’s to do more; Capacity building needed

ACSM recommendations (2)

- Low visibility of patients in the process
 - CSO to facilitate establishment and activities of TB patient associations
 - For planning/implementation of ACSM
 - For “greater involvement” of patients in TB (GIPT)
 - Establish patient-driven ACSM task force; CSO to help
 - Endorsement by RNTCP and partnerships of GIPT
- Media
 - Train media persons to increase awareness on TB and related issues
 - Coordinate parliamentarians forum inputs/requests with programme/TB control needs

ACSM recommendations (3)

- Need for M & E and supportive supervision
 - Capacity building of CSOs to handle M&E and related issues
 - CSO's to actively participate in supportive supervision in areas not reached by RNTCP
 - CSO to develop innovative monitoring mechanisms

PPM recommendations for RNTCP3

- Be ambitious / “do more”
 - Essential to achieving universal access
- Be smarter
 - Study/document what works, and improve or drop what doesn't work
 - Review and revise existing mechanisms
 - Target 1st point of care for patients (urban/rural split strategy)
- Be flexible and innovative
 - Create ‘enabling environment’ for providers of all types
 - Extend RNTCP services to patients diagnosed and treated in private sector
 - Reach patients seen by PP/pharmacists earlier through subsidizing high-quality diagnostics
 - Promote incentives for case-finding
 - Consider directly subsidizing and reduce patient treatment costs (vouchers)

Next steps – inputs from discussions/meeting to RNTCP3

- Meeting outputs to be organized and shared with CTD
- Additional consultations planned by RNTCP, all involving civil society representation
 - National Task Force for Medical Colleges, 19th–20th Jan (Hydbad)
 - TB-HIV evidence for scale-up, NARI 28th Jan (Pune)
 - PPM technical advisory group, Feb (Delhi)
- Writing groups being developed for parts of National Strategic Plan – to include CSO representation

Thanks