Regional Consultative Meeting, Northeast Region

9-10 June 2017

Guwahati, Assam

Partnership for TB care and Control

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Report

Background and objectives:

The "Partnership for TB Care and Control (PTCC) brings together civil society across the country on a common platform to support and strengthen India's national TB control efforts. It seeks to harness the strengths and expertise of partners in various technical and implementation areas, and to empower affected communities, in TB care and control. It consists of technical agencies, non-governmental organizations, community-based organizations, affected communities, the corporate sector, professional bodies, media and academia. Developing a common understanding and agreement among the key stakeholders for involving partners in TB

About the Meeting:

Regional Consultative Meeting of Partner, northeast region organized on 9 to 10 June 2017 at Hotel Rajmahal, Guwahati, Assam. CSOs from various States of northeast Assam, Manipur, Meghalaya, Nagaland and Tripura were participated in the consultative meeting.

Outcome:

• Issues related to civil society engagement identified and solutions to challenges explored with action that civil society can take

• Develop a work plan for increased participation of civil societies in RNTCP at the state and district level.

• New partners joining the Partnership increased

• Increasing communication between partners and the Secretariat

• Gaining ownership of the Partners of the Partnership

Organization:

The event was organized by PTCC. The partners and organizations working in the states of Assam, Manipur, Meghalaya and Tripura were participated. Total 26 participants participated in the consultative meeting.

Proceedings:

9th June:

Inaugural session:

Dr. S. N. Misra, Chair PTCC welcomed the participants and requested the guests to come to the dais. The Chief Guest for the meeting Dr. N. J. Das was escorted by Ms. Sanchita. Dr. Das is the Director of Health Services cum State TB officer, Government of Assam. Other honoured guests were Dr. P. Bordolio, State IEC Officer, Assam and Dr. D. Deka, WHO-RNTCP consultant, northeast region.

Dr. S. N. Misra, presented the welcome address and the objective of these regional consultations and achievements from such meetings. He highlighted the increase in membership of the partnership and encourages the inclusion of more organizations. Highlighting the growth of PTCC to 226 members and observed that as such a strong body PTCC could make a tremendous impact on TB care and control and through the partners could achieve the mission of leading advocacy efforts for the rights of every individual affected by TB, facilitating universal access to quality services of TB care and control by engaging all sectors and all sections of the community. The guests were felicitated by Ms. Sanchita. This was followed by a round of self introduction of the participants. The guests shared a few words on the situation of the TB program in their state. Dr.Das began with a brief background of the health infrastructure in Assam and also other northeastern States. He also emphasized on the goal of Government of India to eliminate TB by 2025. To achieve this goal it should be collaborative effort of RNTCP and CSOs.

After the inaugural session Ms. Sanchita shared the participants, the folder containing the agenda, local travel claim, newsletter editions and the feedback forms. She then proceeded to give an introduction to the Partnership, structure, objectives, its progress and future plans. She shared about various activities of PTCC and its achievement and briefed the participants about the training of TB Advocates and how the TB Advocates are contributing towards TB elimination in their respective areas. She shared information about partners of PTCC form different states and their role as PTCC partner.

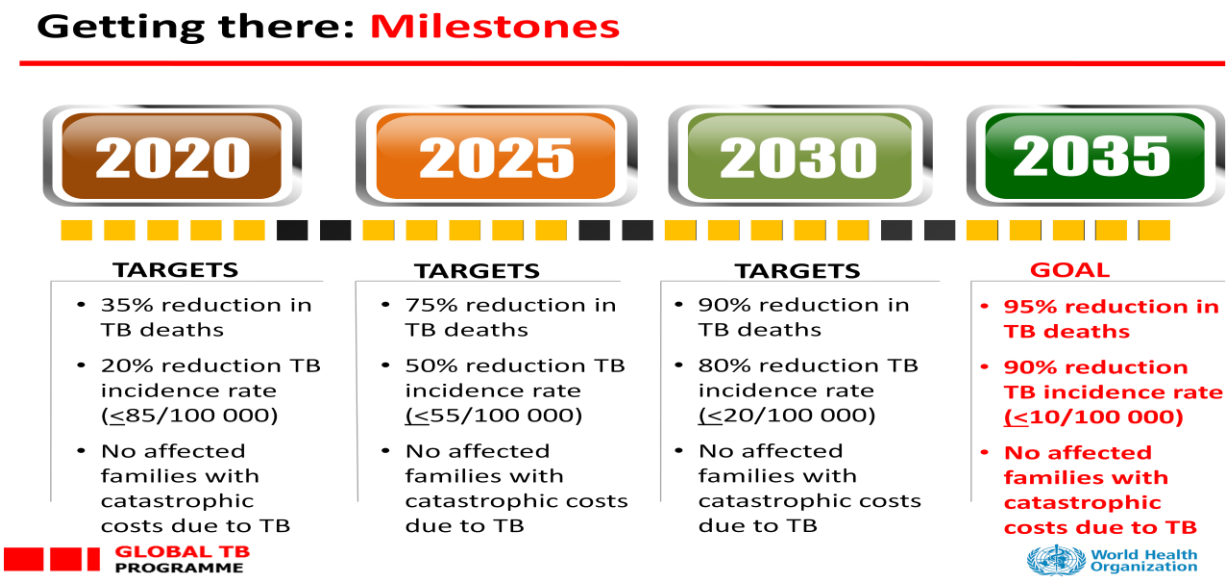
Recent Development in TB care and control:

The session was delivered by Dr. Deka, WHO-RNTCP consultant. He shared the details of recent development in Tuberculosis control and various programs of RNTCP. He explained about the TB scenario in India and also in Assam and other northeastern States. Dr. Deka discussed about the role of CSOs in addressing the challenges and gaps in the State and how collaborately CSOs can supplement the RNTCP programme and also updated the participants about the facts and figures of tuberculosis and the goal 2025.

He shared about the burden of TB in India:

- Incidence: 2.8 million new TB cases annually (Global TB report 2016)
    - 217 cases per 100,000 population
- Deaths: 4.78 lakhs deaths each year (Global TB report 2016)
    - 36 deaths per 100,000 population
- MDR-TB (Multidrug resistant-TB) in
    - MDR-TB among notified pulmonary TB patients 5.3%

- Prevalence of HIV infection is estimated to be 0.34% of the population, which translates to 2.31 million people living with HIV/AIDS (PLHIV)
- Affects predominantly economically productive age group leading to huge socio-economic impact



National Strategic plan 2012-2017:

Strategic vision of GoI for TB:

Vision: TB Free India by 2050

Mission:

Goal :

'To decrease mortality and morbidity due to Tuberculosis (TB) and stop transmission of infection until Tuberculosis (TB) ceases to be a major public health problem in India'.

Objectives:

- ❑ *To achieve 90% notification for all TB Cases*
- ❑ *To achieve 90% success rate for all new and 85% for re-treatment cases*

Challenges:

- Early Diagnosis (reducing patient and provider related delay)
- Diagnosing Extra-pulmonary & Smear Negative TB cases
- Reducing default in both New & Previously treated cases
- Engaging huge private sector in delivery of quality TB Care & control services

- Ensuring Notification from all Health Care Providers

- Irrational use & sale of anti-TB drugs and diagnostics outside the Programme
- National scale-up for diagnosis and treatment of MDR/XDR-TB
- Scale Up of TB-HIV collaborative activities and addressing other co-morbidities e.g. Diabetes, smoking etc
- Urban areas /slums: Weak Health infrastructure, migration
- Drugs and Regimens – quality, availability and standardization.

Diagnosis of TB and DR TB:

Microscopy, Culture and DST, Molecular Test, Clinical, CxR, Other imaging options, PPD (Pediatric)

Diagnostic tools:

Sputum smear microscopy, Culture, Rapid molecular diagnostic testing

He also shared about the CBNAAT machine. He also updated the numbers of CBNAAT machine installed in northeastern States.

- Designed to extract, amplify by rapid real-time PCR and identify targeted rpoB nucleic acid sequences in the TB genome
- In sputum & specimen from extra-pulmonary sites. only National level civil society coalition
- Provides accurate and rapid diagnosis of TB by detecting *M. tuberculosis* & Rifampicin (Rif) resistance conferring mutations

RNTCP current policy for use of CBNAAT machine:

He updated the participants about the use of current CBNAAT machine and its availability.

- Diagnosis of Rif Resistance in Presumptive MDR TB cases
- Prioritize CBNAAT to detect MTB in Presumptive TB cases among:

People living with HIV / AIDS, Paediatric cases, Extra Pulmonary TB, Private referral

Recommended vulnerable groups to be consider for ICF:

Recommended vulnerable groups to be considered for ICF

Clinical	Social	Geographical
Clients attending HIV Care Settings	Prisoners	Urban Slums
Substance abuse including smokers	Occupations with risk of developing TB	Hard to reach areas
Co-morbidities like Diabetes Mellitus, Malignancies, patients on dialysis and on long term immunosuppressant therapy	People in Congregated settings – night shelters, De-addiction centres, Old age homes	Indigenous and tribal populations
Health Care Workers		
Household & Workplace Contacts		
Patients with Past History of TB		
Malnourished		
Antenatal mothers attending antenatal clinics/MCH clinics		

Treatment:

What's new in treatment:

- RNTCP ToG – 2016: Is a reality, ToT done, e-modules development initiated, R&R specifications in final stages
- Daily FDC regimen: Prepared 5 states and pan India rollout in TB-HIV cases, drugs slated to arrive by Sep '16 end
- National Framework for TB HIV updated to address the 3 I's, IPT drugs slated to arrive by Sep '16 end
- Health Care Worker's Surveillance for TB released in Mar '16
- INDEX TB guidelines for EP-TB released on 10th August '16
- Bedaquiline guidelines rolled out in 5 states, a DSM in place and addendum 1 issues
- DST guided treatment
- Recent WHO PMDT Guidelines – 2016
    - Shorter MDR-TB Regimen, re-classification of SLD for conventional regimen…..
- On the horizon Nutrition Guidelines, Counselors, ICT adherence tools, DLM, Rifapentine……

Treatment regimen for drug sensitive case:

Dosage:

- Frequency of dosage : DAILY (7 day/week)
- Single daily dosage
- 4 weeks per month, i.e. 28 doses
- No extension of Intensive Phase

He also shared about bedaquiline

Bedaquiline (BDQ) is a new class of drug, diarylquinoline that specifically targets mycobacterial ATP synthase, an enzyme essential for the supply of energy to *Mycobacterium tuberculosis* and most other mycobacteria. It has Strong bactericidal and sterilizing activities against *M. tuberculosis* have been shown in pre-clinical, laboratory and animal experiments. The drug has a high volume of distribution, with extensive tissue distribution, highly bound to plasma proteins and hepatically metabolized. It has an extended half-life, which means that it is still present in the plasma up to 5.5 months post stopping BDQ. First TB patient put on BDQ at DR-TB centre Guwahati, Assam on 6th June 2016.

TB-HIV:

About TB-HIV co-infection.

Three 'I' to reduce the burden of TB among PLHIV.

- ICF: Intensified (TB) case finding (ICF) at ICTC, ART centres and LAC
- IC-AIC: Air-borne infection control measures for prevention of TB transmission at HIV care settings
- IPT: Implementation of Isoniazid preventive treatment (IPT) for all PLHIV (On ART + Pre-ART)
- Provision of ART for HIV infected TB patients

Dr. Deka also discussed about TB-Diabetes, TB-Tobacco,

Involvement of NTPC in TB control:

Four symptoms screening of active TB among tobacco users registered at the District TCC and NCD Clinic at CHC. Cessation Clinics to display material on cough hygiene and TB awareness, Counselling of T.B. patients for quitting tobacco. Ensure implementation of infection control guidelines in TCC and Tobacco training modules for teachers to include TB symptoms for increasing awareness among children and young adults.

<u>Partnership option: he also shared about the NGO PPP scheme.</u>

22 partnership options classified in to four thematic areas:

1. Advocacy communication and social mobilization
2. Diagnosis and treatment
3. TB and Co-morbidities
4. Program management

<u>National Guideline for partnership:</u>

National Guideline for Partnership

Option 1: Advocacy Communication Social Mobilization (ACSM) ACSM at Community level ACSM for Youth ACSM for PRI	**Option 3: TB and Comorbidities** Referral of TB-HIV patients TB-HIV interventions for High Risk Groups Paediatric TB
Option 2: Diagnosis and Treatment Designated Microscopy Centre Designated Microscopy cum Treatment Centre Culture & DST Services DR TB Centre Corporate Hospitals / Clinical involvement TB control in Urban Slums	**Option 4: Programme Management** Case Management and Reporting Sputum Collection and Sputum Transport Contract Tracing Chemoprophylaxis Adherence of TB cases Lab Technician Tuberculosis Unit Model Nodal Agency for Capacity Building Capacity Building for Operational Research Packing and Transportation of TB Drugs

He also shared about TB surveillance system, Nikshya in India.

Effects of Tobacco smoke:

Tobacco disturbs bronchial surface. It weakens immunity. 38% TB deaths associated with Tobacco. Prevalence of TB is 3 times as high among ever-smokers as compared to that among never-smoker. TB mortality 3-4 times as high among ever-smokers as compared to never-smoker. Smoking contributes to half the male deaths in 25-69 age groups in the country in India.

Involvement of NTCP in TB control:

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Dr. Misra thanked the State officials and WHO-RNTCP consultant for their participation. The session ended with question and answer by participants.

Presentation by CSOs on their Organization activity and experience sharing & State wise consultations:

After the tea break the session on experience sharing and presentation on CSOs activities began. In this session participants presented about their organisation details and their activities on health and TB control. Participants were from different organisations of States of Assam, Meghalaya, Manipur, Nagaland and Tripura. They shared about activities of their organisation and what they are doing at field level for TB control. They also presented various success stories of their TB control intervention program as, mobilising media, highlighting the District level issues by print media, nutrition support towards TB patients and counselling support. The session continued till post lunch session. Various activities highlighted by participants on TB control are:

- Awareness and sensitization programmes in community

- Sputum collection and transportation
- Referral and counselling
- Community meetings and mid media activities
- Advocacy with district officials
- Door to door visit, intensive outreach activity

Group Work:

State wise Consultations:

The Session was state group deliberations on challenges in States, prioritizing the issues, challenges and solutions by advocacy and plan of action that can be done through collaborative action with civil society. The groups were given 2 hours to deliberate on challenges and solutions and plan of action after which each state made a presentation of their deliberations. The presentations were presented in day 2.

The day 1 session ended with a group photograph.

Day 2:

Day 2 began with Mr. Imchawati giving a recap of Day 1 and the important discussions that had taken place during the day 1.

The presentations prepared on day 1 for deliberation were as follows:

Group Discussion and State presentation:

State: Manipur:

Participants presented about their State level challenges and possible advocacy intervention by State CSOs.

Sl no	Objective	Issues/ Challenges/ Gaps	Activities	Resources	Technical	Time Line
1	To address the challenges and issues faced during Testing and Treatment	1.Tranportation and communication (Since there is no means of any motorable road the volunteers went by foot which take more time any expenditure)	1. To engage more community volunteers from the concerned villages 2.To take support from ASHA, Anganwadi Workers etc	To contact District Program Officer (DPO,NHM) RNTCP	To Train more volunteers, ASHAs, Anganwadi Workers etc	within 1 month
		2.No Regular RNTCP Lab Technician	To address the issues and discuss with the	DPO , STO , DTO	Trainings	as soon as possible

		3. No nearby DMCs and DOT Centers in the interior villages in some districts. 4.Sortages of sputum container 5. No proper knowledge about CBNAAT, Daily Regeimen,99 DOTs	Concerned DTO And state TB officer with the DPO(NHM)			
2	To address the issues and challenges of stigma and Discriminatio n	1.Less participation by the communities 2.lack of awareness 3.Gaps with the stakeholders, local health service providers	1.Community meeting and mobilization 2.networking and linkages 3.Correct and proper notification	RNTCP and NGOs	Advocacy, meetings, training etc	within 1 month
3	To address the issues and challenges of proper notification	1. Lack of awareness and ignorant of the community 2. gaps with the medical and Para medicals	1. Awareness programs 2. correct and proper notification	RNTCP, CMOs, NGOs, Medical and Para medicals	Advocacy, meetings, training etc	as soon as possible
4	To address the issues and challenges of financial constrains	No proper nutrition , health and hygiene, health check up(Follow up)	1. Skill up gradation trainings for care givers and Patients 2. networking and linkages with social welfare department	1. Social welfare staff 2.NAVARD 3.RNTCP 4. NGOs	1 Advocacy workshop and Trainings. 2. Sustainable ways of support 3. Technical and financial support from NABARD and Other schemes	Within 3 months

State: Mizoram:

CSOs from Mizoram also presented their plan of action:

Objective	Challenges	Activity	Technical Resources	Time Line
To make community more aware about TB prevention, control and treatment	Lack of awareness and information from the service providers towards TB prevention and control	FGDs, awareness workshops, and seminars at village, block, district and State level. More visible IEC, BCC using media as a tool too.	RNTCP STO, DTO inputs	One year
To make testing easily accessible	Lack of more DMCs in PHCs and CHCs, lack of knowledge on CBNAAT machine and testing in DMCs.	Advocate with State Government and State TB Department for installation of	Inputs from PTCC to add in the national level	6 months
To make nutrition a choice and entitlement	Lack of proper nutrition programme for those tested positive	Advocacy with public representatives for fund allocation in providing nutrition supplement to economically poor patients	Regional partner consortium to collectively advocate with peoples representative	6 months
To make treatment less tedious	Absence of functional DOTS providers in the community due to irregular and low payment of incentive	Working in close coordination with RNTCP, CBOs, and NGOs to train community member where TB is rampant.	Trained linked resources for community members	1 year
To make transportation an easy option	Difficult terrain for transportation of sputum and low incentives	Advocate with peoples representatives to make transportation and road connectivity through seminars and meetings	WHO PTCC inputs to strengthen advocacy processes	6 months
To strengthen local advocators	Absence of community advocates	Organise TOT at the village level thus creating a focal person at the community.	PTCC, RNTCP inputs to aid trainings	1 year

State: Nagaland

Challenges	Needs	Recommendation
1. Stigma in the community 2. Poor communication/ transportation 3. Lack of awareness on Tuberculosis. 4. Lack of knowledge on available facilities among the community 5. Lack of funds to implement program. 6. Non availability of equipments and proper infrastructure 7. Negligence of staff including DTO and technicians in some districts 8. No common platform to gather and disseminate information	1. Installation of CBNAAT machine in districts 2. Moe DMCs and DOTs centre. 3. Nutritional support, financial support 4. Need of platform to gather information and dissemination. 5. Need to sensitize stakeholder 6. Need to sensitize local MP, MLAs for providing support to the nutrition support to TB patients.	1. Lobby with the stakeholders 2. Need to increase financial support 3. Organise awareness program 4. Conducting compulsory testing of TB symptomatic.

State: Assam:

Issue	Objective	Activity
Limited information sharing to NGOs and other community based organisations form the government departments	To organise block level and district level meetings with NGOs and CBOs.	Advocate for inclusion in the district health society meeting. Intensify awareness program in the community in coordination with field workers via media, street plays, posters, wall writings, and IEC materials. Resource directory development relating to TB services testing and treatment centre.
Reaching the unreached remote areas	To develop district specific strategy plan	Advocate with DTO for partnership development with NGOs, CBOs. Consultation with Village level health committee, ward member, women groups, CBOs Organise consultation meeting with peripheral health care workers- ASHA, Anganwadi workers, ANMs.
HIV-TB Coordination	To strengthen HIV-TB coordination mechanism at district level.	Advocacy meeting with nodal person for reinforcing regular meeting. Facilitative for PLHIV network also raise the issues. Strengthening the referral mechanism for accessing available services related to HIV and TB.

State: Tripura

Issue	Activity	Rationality	Recommendation
Lack of community participation	Community meetings Training of faith based leaders, PRI members and NGO members	More Community meeting to be organized for create a positive atmosphere about TB care & Control among the people specially in the inaccessible areas > Members of PRI ,FBO, NGO's involvement is important in the process so their capacity need to build as in most the cases community they are close to the community	In State level plan there should be training component of different stake holders i:e-FBOs, NGOs, PRIs beside the govt staff
Lack of coordination between RNTCP authority & NGOs	Coordination meetings with NGOs as regular basis by the govt authority	The progress and follow up process need to be shared for smooth implementation of the project	RNTCP must plan meeting with NGOs specially working in health issues from PHC to district level as well as state level
Bias in the selection process of NGO	Invite open tender by DTO with leading daily	Experienced and resourceful NGO can implement the schemes properly in the field to get better result	Selection of the suitable and experienced NGO for the schemes
People of inaccessible areas not getting the benefit	More activities in the Sub-Centers areas, Collaboration with NGOs, FBOs	Sub-Center in the inaccessible areas mainly catering the needs of the people should have infrastructure	> Mobile van service and DOTS extension in the Sub-Centers > Convergence other health workers of NGOs
Less media coverage, non-intensified IEC/BCC activity	For mass awareness print media to be used media not just on TB Day	People's awareness building must be strengthen	Awareness creation through news paper, Leaflet , more wall painting specially in rural areas
Diagnosis & Treatment services only depends on Govt	NGO must be part of the Diagnosis & Treatment	The early detection and door service is possible	Project like Akshya to be introduced

Dr Misra gave his feedback on action plan of participants he emphasized role of CSOs more in advocating for various challenges in the State in TB care and control. He also suggested to do advocacy with political leaders and to advocate during the election time by giving memorandum for certain issue, or to add on TB control in their election manifesto etc. he also shared that PTCC can provide some minimal fund for organizing any advocacy program at State level. At the end of the session Chair, PTCC requested all the participants to revise their work plan and send the revised one to PTCC Secretariat. He also answered to queries from participants. He also informed the benefits to become partner of PTCC as: By participating, a partner will benefit through:

- Opportunities to have its activities published in the Partnership newsletter
- Visibility on the Partnership website
- Invitations to working group meetings as per their area of work, various consultation meetings, and trainings
- Specific information and databases of regional or national relevance

After the group presentation session Ms. Sanchita shared about the process of partnering with PTCC, detailed about the submission of documents and also encouraged the participants to share success stories, news, events details to publish in the Partners Speak.

Administrative announcement:

Mr. Vinay discussed with the participants about the travel claim form, auto declaration form and about documents to be submitted for the travel claim by participants. He briefed the documents for bill submissions and other details on reimbursement.

Vote of Thanks:

Dr. Misra then thanked the participants, team of PTCC and the hotel for their hospitality. The meeting ended with encouragement to join the Partnership and to bring out the voice of civil society in the North East region.