

Partnerships

Synergistic efforts of all stakeholders involved in TB control in India are the key towards realising the goal of “Universal access to TB care and treatment for all”. Revised National TB Control Programme is working towards this goal with the basic philosophy that government is not the sole provider of services for TB and optimum efforts should be made to utilise the resources in the private sector. In this context an enabling environment should be created through regular interaction with partners involved in TB control and promoting innovative TB control initiatives at district, state and national level.

Definition

Partnership means an arrangement between any two or more entities; most often, government owned entity on one side and a private sector entity on the other, for the provision of public assets and/or public services, through investments being made and/or management being undertaken by the private sector entity, for a specified period of time.

Such arrangements may have options of receiving performance linked incentives that conform (or are benchmarked) to specified and pre-determined performance standards, measurable by the public entity or its representative.

This concept of partnership is much broader as compared to previous approaches of Public Private Mix (PPM) under RNTCP which entailed strategies that link all entities within the private and public sectors (including health providers in other governmental ministries) to the national TB programme for DOTS expansion¹.

Involvement of all health care providers is necessary to achieve Universal access to TB care.

Health care providers in India

Ministry of Health	Other Ministries	Non-Government
Directorate of Health (RNTCP, Primary health care)	Railways	NGO
Directorate of Medical Education (Medical Colleges)	Employees State Insurance (ESI)	Private hospitals
	Mining	Corporate industries
	Coal	Private practitioners
	Steel	Traditional practitioners (AYUSH)
	Ports	
	Prisons	
	Armed Forces	

There are large number of health facilities run by public sector other than Ministry of Health & Family Welfare under different ministries of centre / state governments as mentioned above. There are corporate sector companies in the public sector like Coal India, SAIL etc. which run their own set ups. Usually these facilities cater to a “captive population” who receive subsidized or free services from said facilities. Additionally ministries like defence, railways, home ministry etc. have their own medical services set up and they have been involved at various levels under the RNTCP. The program had already involved ESI, NTPC, Railways, CGHS, Coal, Prisons, Armed Forces, Mines and Port. Further there are also health services offered by ITBP, BSF, CRPF, Assam Rifles, CISF and Ministry of Home, apart from some local initiatives to involve these institutions.

There is integration of service delivery and reporting at the TU and district level with most of the partners delivering health care through their own set up.

RNTCP has formed the National Technical Working Group on Public Private Mix to provide a forum for dialogue, to ensure sustained attention on the issue, and guide innovation and learning. The group provides guidance on technical aspects such as the inclusion of all internationally accepted regimens, guidance on the scope and geographic distribution of initial projects, and policy requirements for improved PPM. Institutional mechanisms to support the States for effective contract management, hiring interface agencies to manage activities of engaging private sector and other partnership-strengthening functions need to be developed.

RNTCP has proactively sought the involvement of NGOs in TB control activities. Using the experiences gained from collaborations with NGOs and the private sector, the Central TB Division has brought out the National Guideline for Partnership 2014 for engagement with all stakeholders. However, RNTCP does not restrict to these guidelines alone and rather promote innovation for reaching the goal of universal access to TB care. One example is flexibility as mentioned below.

Flexibility in budget for Partnership

Under this approach the states have been provided greater flexibility whereby they can utilize 30% of their PPM budget for piloting new projects and innovations as per requirements of the state. The states have been given the flexibility for utilization of 10% of their PPM projects for capacity building and promotion of NGO-PP activities.

Process of Partnership

Before going into detail of each partnership option we need to understand the processes involved in partnership formation which is crucial for the work of PPM Coordinators and Program Managers at district and state level. The processes involved in partnership are:

- The PPP strategy is for reaching the unreached and also to reach patients even if they are accessing private / other sector as **RNTCP in this case would act as an enabler and not provider of services**
- Undertake assessment of gaps in health service delivery in RNTCP in different districts of your state. Identify the geographical and functional gaps. The identified gaps would form the basis for formation of partnership and this information may be displayed on your state website and office of STOs/DTOs.
- NGOs and other partners must be involved for supplementing capacities in some key areas where the formal health delivery system is unable to provide optimal services
- NGOs and other partners would be encouraged to work in unserved and underserved areas which would be areas in hilly, tribal, desert regions or peri-urban areas and slums. The State and the District Health Societies would have the flexibility to categorize unserved and underserved areas for focused attention
- Private sector health care services are more concentrated in urban and peri-urban areas and National Sample Surveys has consistently shown that vast majority of not only rich, but also poor population do seek care from private sector. Attempts should be made to develop partnerships with private sector, so that the goal of universal access can be achieved.
- The process of renewal of MOU would be on the basis of performance as per the review and quarterly reports submitted
- The updated list of approvals and collaborations must be maintained at the district and state level for all partnership options. The updated list has to be updated in Nikshay. The presence of these healthcare setups in the States/ districts needs to be prioritised and effective communication channels and reporting mechanisms set up at the district and State levels.

Partnership Options

The National Guideline for Partnership was developed in 2014 on how different stakeholders can supplement the efforts of the government for TB control in India. The National Guideline for partnership consists of four thematic areas:

1. Advocacy Communication and Social Mobilisation (ACSM)
2. Diagnosis and treatment
3. TB & Co-morbidities
4. Programme Management

Engagement of Professional Associations

Professional associations have a key role to play in TB control activities in India and any their engagement and active involvement is important for stewardship in private sector engagement. Organisations like IMA, Indian Academy of Paediatrics (IAP), Indian Nursing Association, Indian association of medical microbiologists, Indian Public Health Association etc. are key resources for dissemination of knowledge on diagnosis and treatment guidelines in RNTCP and Standards for TB Care in India.

Pharmacist / Chemists involvement:

RNTCP has signed MOU with Indian Pharmaceutical Association (IPA), All India Organisation of Chemists & Druggists (AIOCD), Pharmacy Council of India (PCI) and SEARPharm Forum representing World Health Organization (WHO) – International Pharmaceutical Federation (FIP) Forum of National Associations in South East Asia for engaging pharmacists in RNTCP for TB Care & Control in India. Pharmacists should be involved for early identification and referral of presumptive TB cases for diagnosis, treatment supporter for TB patients, increasing community awareness about TB and MDR-TB, patient education and counselling, promoting rational use of Anti-TB drugs and contributing to preventing the emergence of drug resistance

Laboratory involvement:

To reach all TB patients in India need to include dominant private sector and private laboratory is not an exception. Laboratories are engaged through partnership options under National guidelines of partnerships. Additionally, to facilitate use and access to affordable and accurate tests endorsed by the World Health Organization (WHO) and the Revised National TB Control Programme (RNTCP). One of such mechanism is Initiative for Promoting Affordable, Quality TB Test (IPAQT). Under this initiative, several private laboratories in India have agreed for not exceeding negotiated, ceiling prices to patients, notifying the government of the cases diagnosed, promoting the use of these tests and participating in external quality assurance (EQA) and in exchange, they would get reagents at significantly reduced prices. In exchange for offering lower prices, the manufacturers and distributors would receive greater and more predictable volumes from the previously untapped private market.

Involvement of Medical colleges in RNTCP

To widen access and improving the quality of TB services, involvement of medical colleges and their hospitals is of paramount importance.

The medical colleges in India have been involved under RNTCP in a structured task force mechanism of National, Zonal and State level task forces in addition to the medical college core committee. The main role of the NTF is to guide, provide leadership and advocacy for the RNTCP, recommend policy suggestion regarding medical colleges' involvement in the RNTCP, coordinate with the Central TB Division, and monitor the activities of the ZTF. ZTF facilitates the establishment & functioning of State Task Forces (STF), coordinates between the national and STF, as well as between medical colleges and the State/District TB Centres, and monitors the activities of STF.

STF facilitates establishment of Designated Microscopy Centres (DMCs) & Treatment Support Centre, as well as other activities, in all the medical colleges in the respective States. Core Committees, at the level of medical colleges facilitate inter-departmental coordination for programme implementation. Core committee meet every month. DMC and Treatment Support Centre are established in all government and private medical colleges and these are equipped with suitably trained additional manpower in the form of Medical Officer (MO), laboratory technician (LT) and TB health visitor (TBHV).

STF Workshops are held once a quarter in each State to review the activities of the previous quarter and dissemination of the updates under RNTCP to all medical colleges. Annual ZTF CMEs cum Workshops are held every year. This is an opportunity for reviewing the performance of STF & medical colleges and advocating the guidelines of RNTCP. Operational research is one of the important activities of Medical Colleges. To encourage young physicians RNTCP support postgraduate thesis on tuberculosis