Press Release

Eastern region meet to enhance India’s battle against Tuberculosis

The Partnership for TB Care and Control in India – a partnership of representatives from different sectors (non-governmental organisations, the private sector, communities and the government) aimed at enhancing the much needed involvement of all stakeholders in India’s gigantic battle against tuberculosis (TB) – met on 17-18 February 2011 at Patna for the Eastern region. The regional consultative meeting is being organised for the states of Bihar, Chhattisgarh, Jharkhand, Orissa and West Bengal.

The event was organised by the Partnership’s Secretariat in collaboration with Adventist Development and Relief Agency (ADRA) and MAMTA Health Institute for Mother and Child at Hotel City Center, Patna and participants discussed the challenges of implementing the TB programme in the field, possible solutions, and actions from the civil society to implement these solutions. Dr. Vinod Mishra, Director, State Tuberculosis Demonstration Centre (STDC) Bihar is happy that “such a meeting of all sectors working against TB is being held”. He believes that a similar platform should be held if not monthly but bi monthly in the state so each sector can collaborate and contribute to strengthening the RNTCP efforts.

The numbers of participants were 45 with representations of partners from the states of Bihar, Chhattisgarh, Jharkhand, Orissa and West Bengal, WHO consultants, and from the Bihar TB cell, to mention a few. Participants were divided into groups to discuss challenges in three critical areas - Service Delivery; Advocacy Communication and Social Mobilisation (ACSM); and Public-Private Mix (PPM).

The group on Service Delivery looked at the best ways of reaching vulnerable populations and underserved areas and active case finding for universal access to TB services. The ACSM group deliberated on the challenge of political will varying from state to state. It also discussed the sub-optimal recognition and acceptance of Civil Society Organisations (CSOs) by the local government. The PPM group discussed reasons for the low uptakes of existing PPM schemes by private providers; and the sub optimal involvement of non-formal (non-allopathic) service providers.

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