MEMORANDUM OF UNDERSTANDING

between

The Central TB Division

Directorate General of Health Services,

and

Indian Pharmaceutical Association (IPA),
All India Organisation of Chemists & Druggists (AIOCD),
Pharmacy Council of India (PCI)
and

SEARPharm Forum













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This MEMORANDUM OF UNDERSTANDING (herein after referred to as "MOU"), is entered into between the Central TB Division (CTD), Directorate General of Health Services, (herein after referred to as "CTD," or the first Party to the MoU"), and Indian Pharmaceutical Association (herein after referred to as "IPA"), a professional body of pharmacists in India, All India Organisation of Chemists & Druggists (herein after referred to as "AIOCD") representing trade body of chemists and druggists, Pharmacy Council of India ((herein after referred to as "PCI") representing statutory body for regulating pharmacy education and SEARPharm Forum (herein after referred to as "SPF") representing Forum of World Health Organization (WHO-SEARO) — International Pharmaceutical Federation (FIP) and National Associations in South East Asia.

This agreement is made by and between the Parties to set out the policy of engaging retail pharmacies (community pharmacies) in Revised National Tuberculosis Control Programme (RNTCP).

NOW THEREFORE, THE PARTIES AGREE AS FOLLOWS:

1. OBJECTIVES OF THE COLLABORATION

The main objective of this MOU is to strengthen the Revised National Tuberculosis Control Programme (RNTCP) by engaging pharmacists in RNTCP for TB Care & Control in India.

The focus of Pharmacists involvement will be for early identification and referral of TB suspect for diagnosis, Directly Observed Treatment (DOT) provision for TB patients, increasing community awareness about TB and MDR-TB, patient education and counseling, promoting rational use of Anti-TB drugs and contributing to preventing the emergence of drug resistance & any other activity mutually agreed by the parties as per the local need.

Thus, collaborating parties, nationwide will undertake systematic efforts to involve pharmacists in RNTCP for TB care and control as a part of strengthening health systems in general and health work-force in particular.

2. RESPONSIBILITIES OF CTD, MINISTRY OF HEALTH AND FAMILY WELFARE

CTD hereby agrees to:

2.1) Policy Dissemination

- a) Promote and propagate the need for these collaborative actions stated below to all states TB programmes .CTD will ensure that the State TB programme will further take it to district TB programme & thus the entire RNTCP will be well communicated about this policy decision& necessary directives will be issued by CTD.
- b) Promote the need for engaging pharmacists in RNTCP to drug regulatory authorities .CTD will ensure that the State TB programmes take it to state drug regulatory authorities.
- c) CTD in consultation with IPA will formalize a National Plan and strategies to engage pharmacists in RNTCP.

2.2) Information Education and Communication (IEC)

a) CTD will issue necessary directives to the State and District TB Officers for printing TB Information Education and Communication (IEC) material jointly developed by CTD and IPA for display & use in pharmacies. b) CTD will create navigation button exclusively for sharing the training module, other documents and reports of Pharmacists and RNTCP on its website, www. tbcindia.nic.in.

2.3) Training

- a) CTD will review the existing training modules and teaching tools for Pharmacist training and develop a final module.
- b) State and District Health Societies through State TB officer and District TB officers, will impart training to pharmacists with the help of local chemist and druggist association.

2.4) Coordination

- a) CTD will coordinate with IPA, AIOCD, PCI and SEARPharm Forum to form a National Core Committee of RNTCP Pharmacy partnership.
- b) The National Coordination Committee will meet at least once in a quarter to begin with or as and when it is required apart from the regular quarterly meetings to review the progress of the partnership
- c) CTD will recommend to the States and Districts to form State as well as District level coordination committees.
- d) CTD will recommend the States and Districts to review the engagement partnership every quarter in the quarterly review meeting. A representative from the local chemists and druggists association will be invited to the quarterly review meetings.
- e) Representatives from IPA and AIOCD will be invited for the National Biannual RNTCP review.

2.5) Recording and Reporting

- a) CTD will recommend to the States and District to acknowledge the referrals from pharmacies and properly document in the Laboratory register. Necessary skills for filling the referral forms and necessary formats will be imparted by RNTCP during training.
- b) CTD will periodically report the contribution of pharmacists to referral and DOT

2.6) Monitoring and Supervision

- a) Central TB Division will develop monitoring indicators.
- b) Central TB Division, STOs, and DTOs will monitor & evaluate the status and progress of the engagement during regular field visits, regular review meetings and Central and State internal evaluations.
- c) Technical Evaluation Missions involving participants from CTD, IPA, Civil

Society partners, Health activists will be facilitated by CTD. Pharmacist contribution also will be appraised during External Evaluation Missions like Joint Monitoring Mission and Joint Donor Mission.

3. RESPONSIBILITIES OF IPA

IPA agrees:

- 3.1. To work in collaboration with RNTCP, AIOCD, PCI and SPF for facilitation of the process of engaging pharmacists at a national level.
- 3.2. Serve as a major technical support to RNTCP for pharmacists' engagement & will share the training & relevant material to CTD for adoption.
- 3.3. Will jointly develop TB IEC material with CTD for display in pharmacies.
- 3.4. To submit an annual report to CTD for publishing in the Annual TB reports.
- 3.5. To regularly attend Core Committee, meetings & review the pharmacists work & take necessary steps to solve problems, if any.
- 3.6. To provide maximum visibility to pharmacists work in conventions, bulletins, publications etc.

4. RESPONSIBILITIES OF AIOCD

AIOCD agrees to:

- 4.1) Promote the need for the above mentioned collaborative actions to all states association & will ensure that the State will further take it to district/local chemist and druggists association & thus all levels of chemist and druggists associations will be well communicated about this policy decision.
- 4.2) Identify State and District level nodal persons for coordinating with RNTCP at the respective levels.
- 4.3) Facilitate formation of State and District level coordination committees to support chemists and druggists engagement in RNTCP.
- 4.4) Share the list of pharmacists and pharmacy shop with local District/ Sub-district RNTCP functionaries.
- 4.5) Ensure help to RNTCP in nominations of pharmacists for training.

- 4.6) Ensure that the partnering pharmacists are functioning in accordance with the objective of the collaboration.
- 4.7) Ensure the nodal persons will regularly attend State/ District level Core Committee meetings and RNTCP quarterly review meetings and review the pharmacists work & take necessary steps to solve problems, if any.
- 4.8) Ensure reporting and recording as needed by RNTCP

5. RESPONSIBILITY OF PCI

- 5.1 Work on the relevant pre-service curriculum and training development for fulfilling the objectives of the collaboration in community and hospital settings.
- 5.2 Conduct continuing professional development program for in-service pharmacies fulfilling the objectives of the collaboration.

6. Responsibilities SEARPharm Forum-FIP-WHO forum of National Associations of Southeast Asia (SPF)

6.1 SPF will provide necessary external guidance and expertise to foster this partnership.

7. Expected Outcomes

- 7.1) Increase in TB suspects referrals from pharmacist.
- 7.2) Increase in number of Pharmacy shop DOT centers.

8. FINANCIAL ARRANGEMENTS

- 8.1) State and District Health Societies will bear the organizational costs for training.
- 8.2) Various possibilities for Non- financial incentives (apart from the regular excellence certificates) from RNTCP will be deliberated & recommended by National Core Committee to RNTCP.

- 8.3) Registered pharmacists associations can apply for relevant RNTCP schemes and are eligible for accepting funds available for the such schemes as per the RNTCP guideline. Approval of such schemes will remain with the local State/ District Health society.
- 8.4) The travel expenses for the IPA and AIOCD representatives for attending the coordination meetings and review meetings will be borne by respective associations.
- 8.5) The collaborators are free to seek financial assistance from outside RNTCP to facilitate the engagement of pharmacies in meeting the objectives of the collaboration.

9. Documentation and Reporting

9.1) Regular reporting about pharmacist's engagements will be compiled by IPA and share it with RNTCP for publishing it in the National Performance report. Annual report of the same will be submitted to CTD for publishing in the Annual TB reports.

10. Period of MoU

- 10.1) The MoU will be effective for one year from the date of signing.
- 10.2) Extension of MoU will be decided in consultation with the signatories and CTD.

Accepted on behalf of the

Directorate General of Health Services

Central TB Division

Accepted on behalf of

IPA AIOCD PCI SEARPharm Forum