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# Revised National Tuberculosis Control Programme : India's Response to the Challenge of Tuberculosis

**PRESENTED BY**

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**Joint Secretary**

**Ministry of Health & Family Welfare**

**Government of India**

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# Outline of Presentation

**RNTCP – Status**

**Strategy, Innovations and Achievements**

**Impact and Progress towards MDGs**

**GFATM Rounds and RNTCP**

**TB/HIV Activities**

**DOTS-Plus – Vision, Status and Pan**

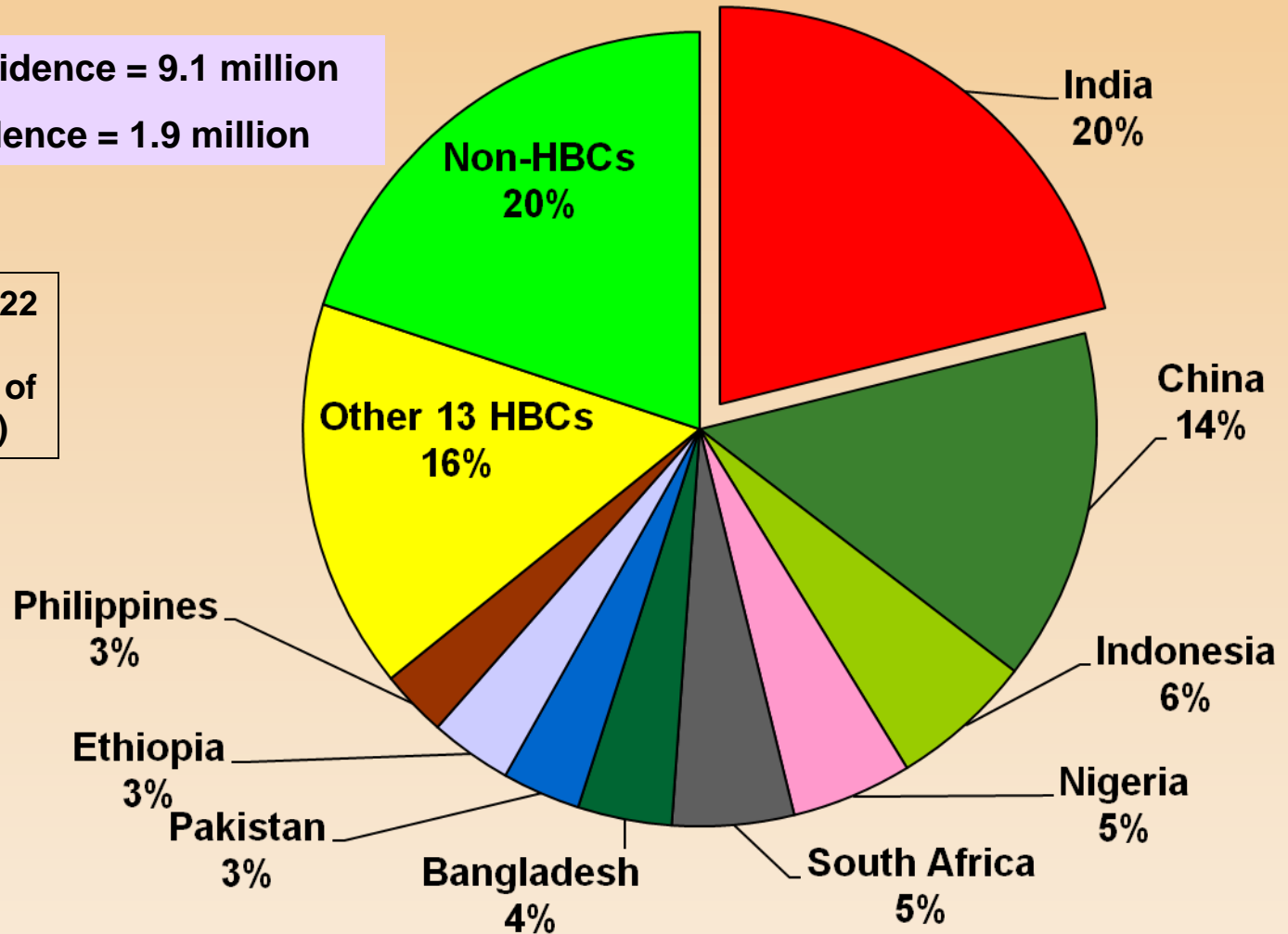
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# India is the Highest TB Burden Country Accounting for One Fifth of the Global TB Incidence

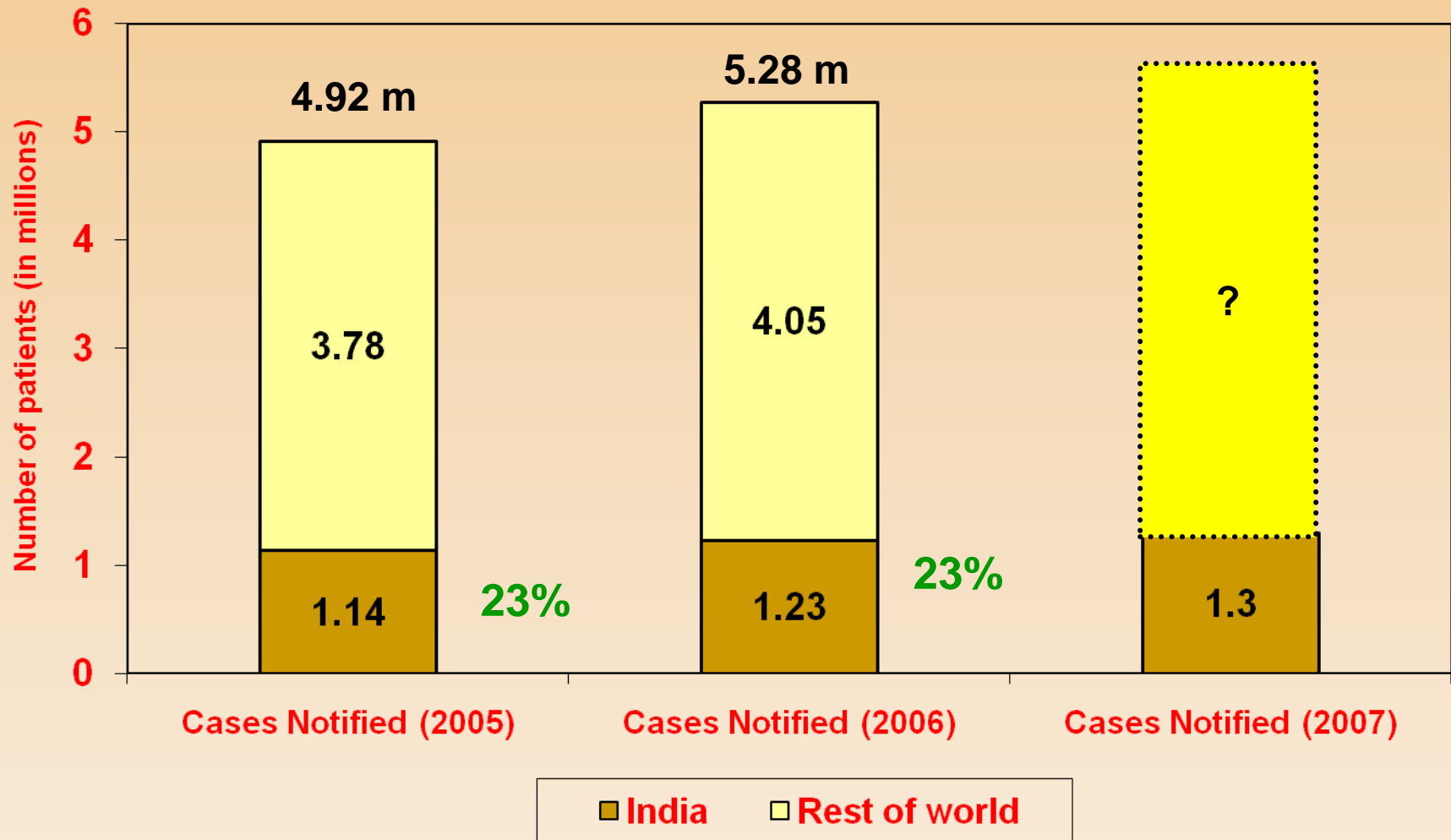
Global annual incidence = 9.1 million

India annual incidence = 1.9 million

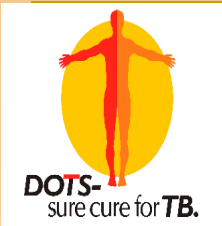
India is 17<sup>th</sup> among 22 High Burden Countries (in terms of TB incidence rate)



# Contribution of India to Global TB Control\*



\*WHO Global TB Report 2007 & 2008



# Revised National TB Control Programme (RNTCP)

- Launched in 1997 based on WHO DOTS Strategy
  - Entire country covered in March '06 through an unprecedented rapid expansion of DOTS
- Implemented as 100% centrally sponsored programme
  - Govt is committed to continue the support till TB ceases to be a public health problem in the country
- All components of the STOP TB Strategy-2006 are being implemented

The image shows the cover of the 'STOP TB Strategy' document. At the top left is the World Health Organization logo. To its right, the text 'World Health Organization' is written in a smaller font, followed by 'THE STOP TB STRATEGY' in large, bold, red letters. Below this, the document is divided into sections: 'VISION', 'GOAL', 'OBJECTIVES', and 'TARGETS', all in white text on a red background. The 'VISION' section states 'A WORLD FREE OF TB'. The 'GOAL' section states 'To dramatically reduce the global burden of TB by 2015 in line with the Millennium Development Goals and the Stop TB Partnership targets'. The 'OBJECTIVES' section lists five points: 'Achieve universal access to high-quality diagnosis and patient-centred treatment', 'Reduce the human suffering and socioeconomic burden associated with TB', 'Protect poor and vulnerable populations from TB, TB/HIV and multidrug-resistant TB', 'Support development of new tools and enable their timely and effective use', and 'Monitor and evaluate the impact of the strategy'. The 'TARGETS' section lists three main targets: 'MDG 6, Target 8: Halt and begin to reverse the incidence of TB by 2015', 'Targets linked to the MDGs and endorsed by Stop TB Partnership', and 'By 2005: detect at least 70% of new sputum smear-positive TB cases and cure at least 85% of these cases'. Below the 'TARGETS' section, the document lists 'COMPONENTS OF THE STOP TB STRATEGY' in six numbered points: 1. PURSUE HIGH-QUALITY DOTS EXPANSION AND ENHANCEMENT (with sub-points a-e), 2. ADDRESS TB/HIV, MDR-TB AND OTHER CHALLENGES (with sub-points), 3. CONTRIBUTE TO HEALTH SYSTEM STRENGTHENING (with sub-points), 4. ENGAGE ALL CARE PROVIDERS (with sub-points), 5. EMPOWER PEOPLE WITH TB, AND COMMUNITIES (with sub-points), and 6. ENABLE AND PROMOTE RESEARCH (with sub-points). At the bottom left, it says '© WHO 2006' and at the bottom right, it says 'Stop TB Partnership' with the logo.

**World Health Organization** **THE STOP TB STRATEGY**

**VISION** **A WORLD FREE OF TB**

**GOAL** To dramatically reduce the global burden of TB by 2015 in line with the Millennium Development Goals and the Stop TB Partnership targets

**OBJECTIVES**

- Achieve universal access to high-quality diagnosis and patient-centred treatment
- Reduce the human suffering and socioeconomic burden associated with TB
- Protect poor and vulnerable populations from TB, TB/HIV and multidrug-resistant TB
- Support development of new tools and enable their timely and effective use
- Monitor and evaluate the impact of the strategy

**TARGETS**

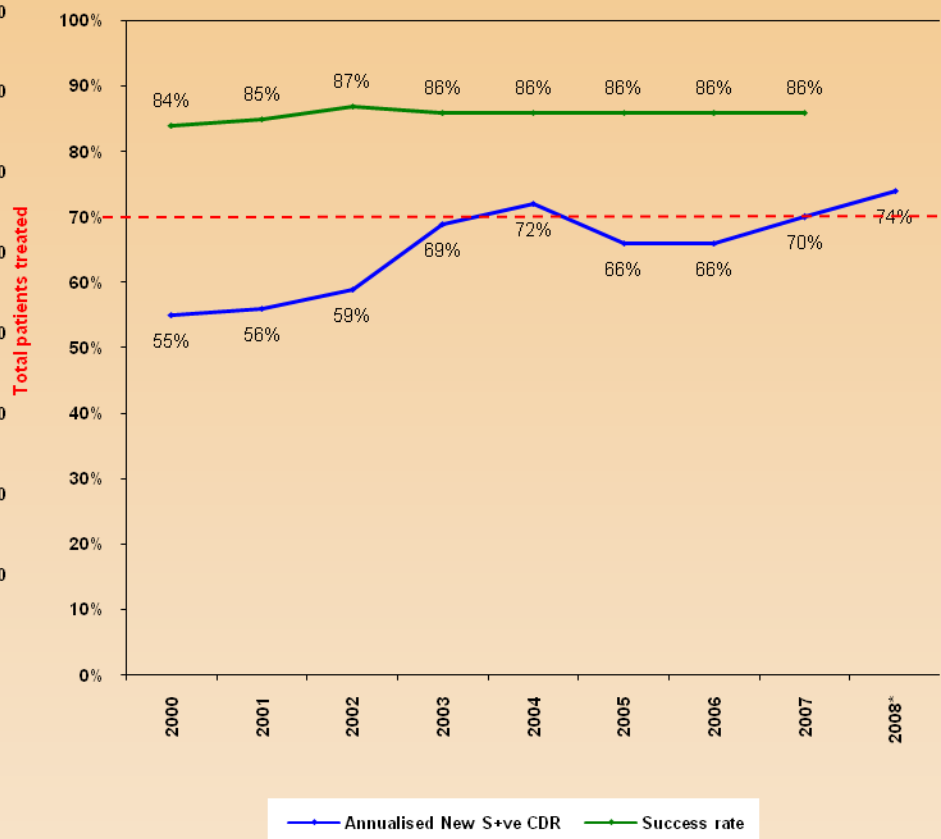
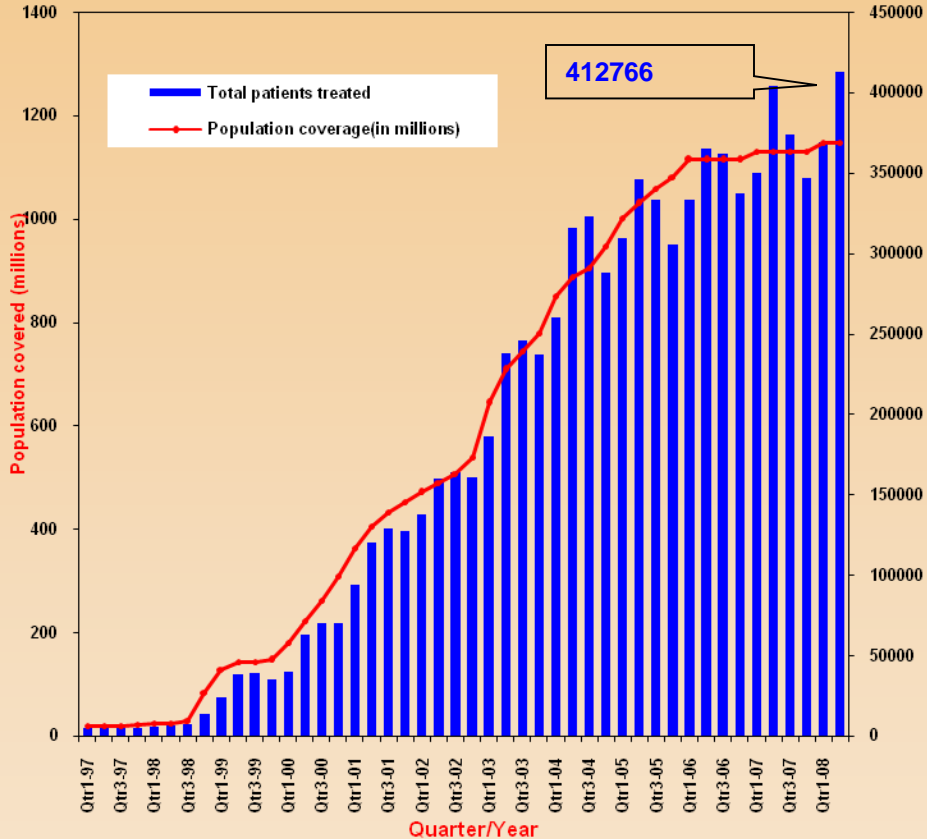
- MDG 6, Target 8: Halt and begin to reverse the incidence of TB by 2015
- Targets linked to the MDGs and endorsed by Stop TB Partnership:
  - By 2005: detect at least 70% of new sputum smear-positive TB cases and cure at least 85% of these cases
  - By 2015: reduce prevalence of and deaths due to TB by 50% relative to 1990
  - By 2050: eliminate TB as a public health problem (<1 case per million population)

**COMPONENTS OF THE STOP TB STRATEGY**

- 1 PURSUE HIGH-QUALITY DOTS EXPANSION AND ENHANCEMENT**
  - a. Political commitment with increased and sustained financing
  - b. Case detection through quality-assured bacteriology
  - c. Standardized treatment with supervision and patient support
  - d. An effective drug supply and management system
  - e. Monitoring and evaluation system, and impact measurement
- 2 ADDRESS TB/HIV, MDR-TB AND OTHER CHALLENGES**
  - Implement collaborative TB/HIV activities
  - Prevent and control multidrug-resistant TB
  - Address prisoners, refugees and other high-risk groups and special situations
- 3 CONTRIBUTE TO HEALTH SYSTEM STRENGTHENING**
  - Actively participate in efforts to improve system-wide policy, human resources, financing, management, service delivery, and information systems
  - Share innovations that strengthen systems, including the Practical Approach to Lung Health (PAL)
  - Adapt innovations from other fields
- 4 ENGAGE ALL CARE PROVIDERS**
  - Public-Public, and Public-Private Mix (PPM) approaches
  - International Standards for TB Care (ISTC)
- 5 EMPOWER PEOPLE WITH TB, AND COMMUNITIES**
  - Advocacy, communication and social mobilization
  - Community participation in TB care
  - Patients' Charter for Tuberculosis Care
- 6 ENABLE AND PROMOTE RESEARCH**
  - Programme-based operational research
  - Research to develop new diagnostics, drugs and vaccines

© WHO 2006 **Stop TB Partnership**

# Achievements Under RNTCP



Since implementation

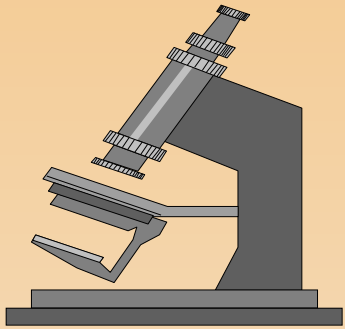
- > 40 million TB suspects examined
- > 9 million patients placed on treatment
- > 1.6 million lives saved (deaths averted)

Achievements in line with the global targets

# Innovations

- Creation of sub district level supervisory and monitoring unit “TB Unit”
- Patient-wise individual drug boxes for entire course of treatment
- Community involvement in DOTs – shopkeepers, teachers, postmen, cured patients, etc
- Continuous Internal Evaluation of districts
- Monitoring strategy document with checklists
- NGO & PP (Private Provider) schemes
- Task Force mechanism for involvement of Medical colleges
- Web based IEC/ ACSM resource centre

# Quality Diagnostic and Treatment Services



- ~12,500 decentralized designated microscopy centers established
- External Quality Assurance (EQA) system for sputum microscopy as per international guidelines
- Quality assured anti-TB drugs
- Patient friendly DOT services



# Network of Nearly 0.4 Million DOT providers:

Private doctor in Pune



Unani doctor in Jaipur



NGO Worker in Andhra



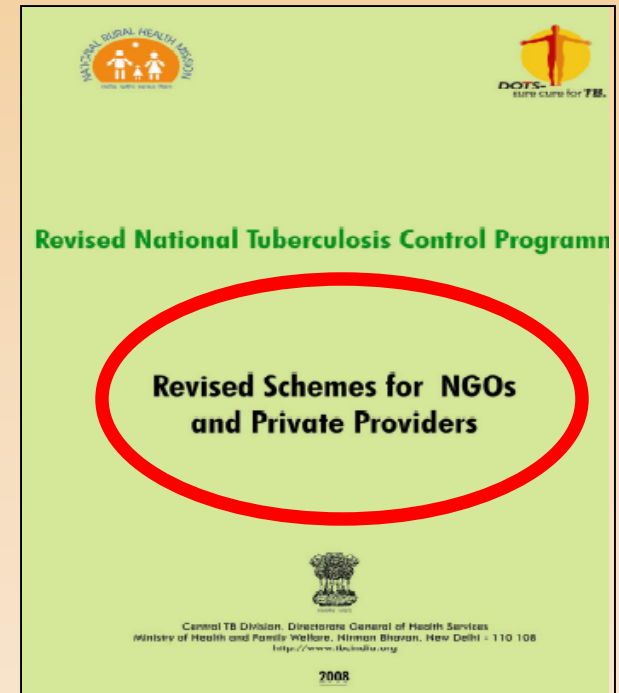
Homeo doctor in Pune



**Quality of DOT ensured through Supervision**

# Public Private Mix(PPM) Activities for Involvement of All Health Care Providers

- **Involvement of NGOs and Private Practitioners**
  - Schemes revised in 2008
  - Presently > 2500 NGOs, 17,000 PPs involved
- **Involvement of professional bodies like IMA, IAP**
- **Other Central government departments/PSUs**
  - CGHS, Railways, ESI, Mining, Shipping
- **Corporate sector**
  - ~150 Corporate Houses participating
- **Involvement of FBOs like CBCI**
- **Involvement of Medical Colleges**
  - Task Forces and Core Committees formed
  - 260 Medical colleges involved



# Well Defined IEC Strategy



**TBC India**  
Directorate General of Health Services  
Ministry of Health and Family Welfare

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## IEC Resource Centre

Information . Education . Communication

Initiative supported by DANTB, Danida

About the IEC Resource Centre

The IEC Resource Centre houses specifications and digital formats of representative TB-IEC material. It is a useful tool in information sharing that is crucial to strengthen IEC activities in TB control in India. Users (STOs, NGOs, RNTCP program staff, researchers, community-based organisations, and others) can enroll themselves in the Resource Centre and have access to the material specifications and format which they can modify and adapt to local conditions. A search facility has been provided to select material using a set of criteria. A user's manual is available in the web site to guide users.

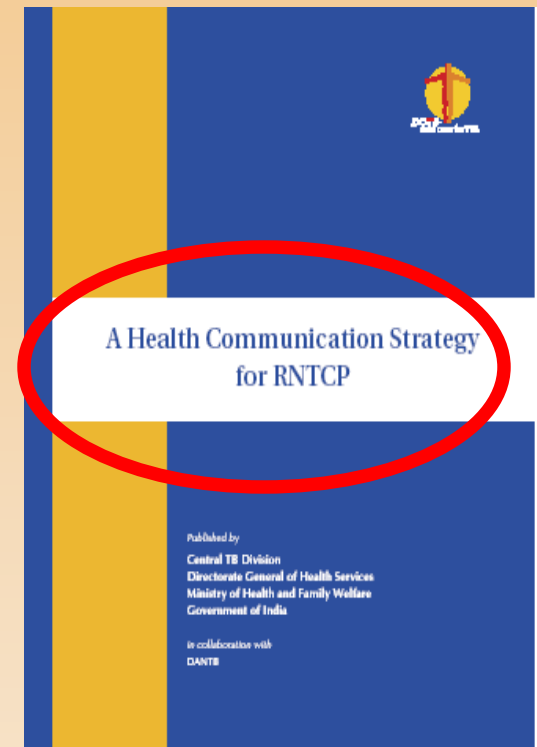
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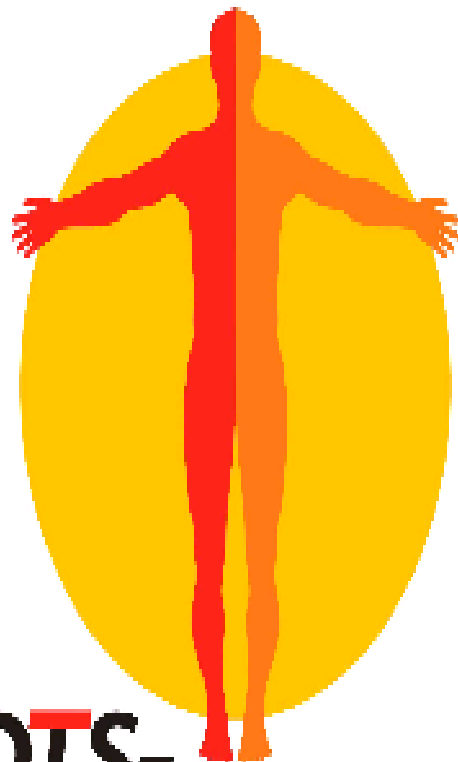


**A Health Communication Strategy for RNTCP**

Published by  
Central TB Division  
Directorate General of Health Services  
Ministry of Health and Family Welfare  
Government of India

In collaboration with  
DANTB

- **Web based resource centre**
- **Communication facilitators provided to support IEC at district level**
- **Ongoing capacity building of programme managers for planning and implementing need based IEC activities**

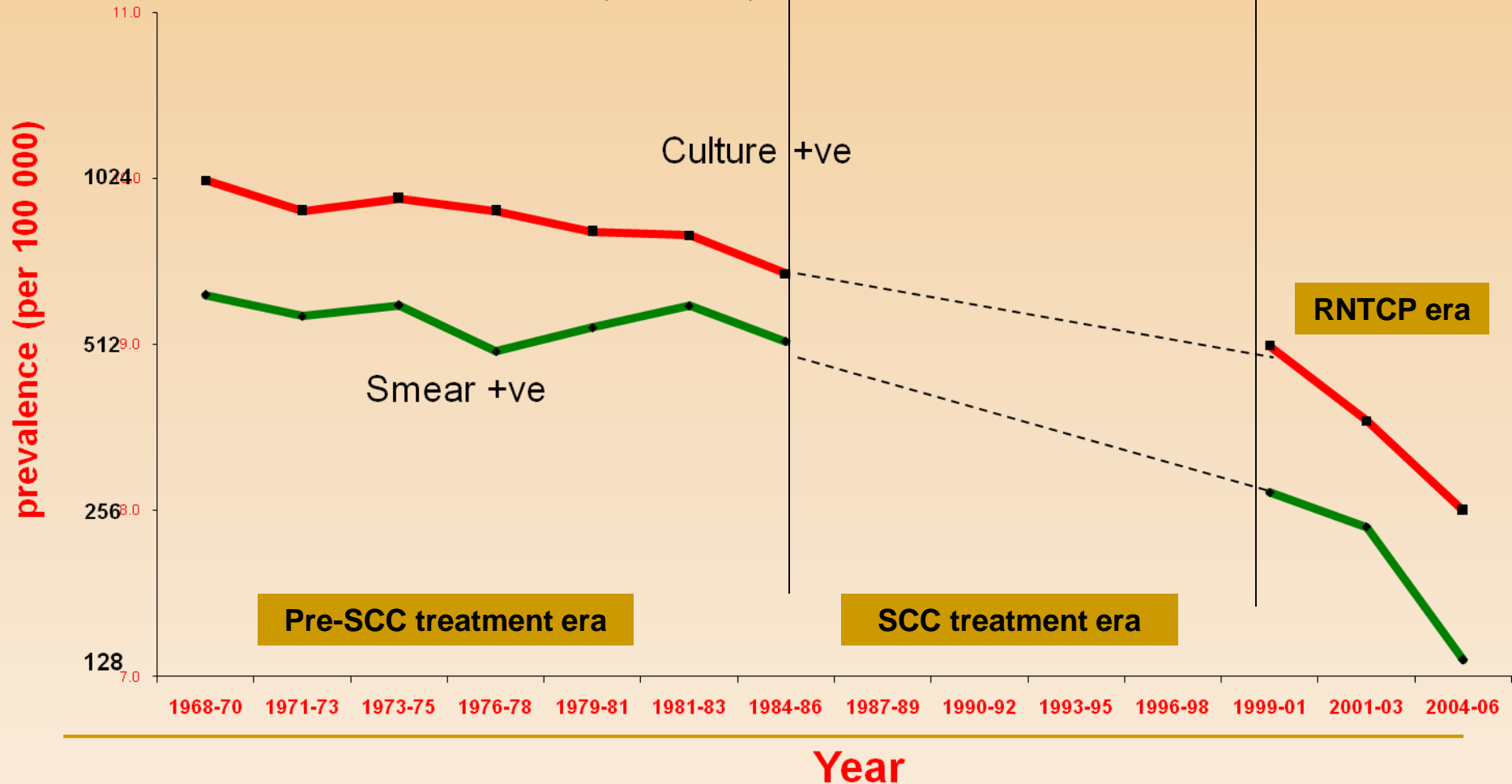


**DOTS-**  
sure cure for **TB.**

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sure cure  
for **TB.**

# Impact of RNTCP

Trends in prevalence of culture-positive and smear-positive tuberculosis in south India (5 Blocks), 1968-2006



# RNTCP: Assessment of Impact

## ■ Nation wide ARTI Survey – 2008-10

- Co-ordinated by NTI, Bangalore in association with
  - New Delhi TB Centre (North Zone)
  - MGIMS, Wardha (West Zone)
  - LRS Institute, New Delhi (East Zone)
  - CMC, Vellore (South Zone)

## ■ Disease prevalence Surveys – 2007-09

- TRC Chennai – MDP project
  - NTI, Bangalore
  - MGIMS, Wardha
- } Symptomatic screening + CXR + Sputum Smear + Culture
- 
- PGI, Chandigarh
  - AIIMS, New Delhi
  - JALMA, Agra
  - RMRCT, Jabalpur
- } Symptomatic screening + Sputum Smear + Culture

## ■ Repeat ARTI and Disease prevalence surveys planned in 2015

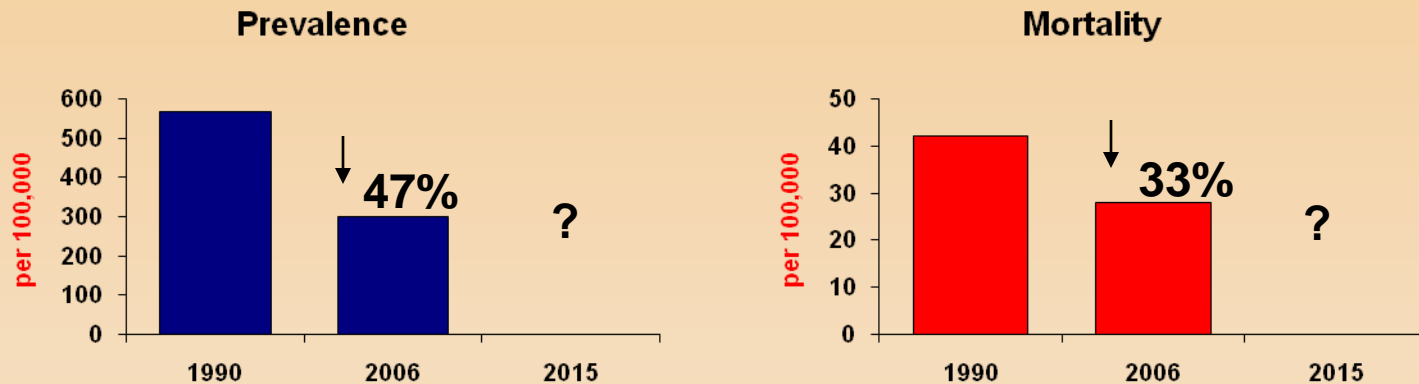
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# External Evaluations Undertaken

- **Joint Monitoring Mission (JMM) by WHO and other development partners in 2000, 2003 and 2006**
  - **Conclusions**
    - JMM 2000
      - RNTCP is succeeding and its results have been excellent
    - JMM 2003
      - Extra-ordinarily rapid expansion of the programme & highly economical
    - JMM 2006
      - Excellent system of recording & reporting with indicators for monitoring & evaluation; well integrated into general health system
  - **Future plan**
    - JMMs planned in 2009 and 2012
-

# Progress Towards Millennium Development Goals

- **Indicator 23:** between 1990 and 2015 to halve prevalence of TB disease and deaths due to TB



- **Indicator 24:** to detect 70% of new infectious cases and to successfully treat 85% of detected sputum positive patients
  - The global NSP case detection rate is 61% (2006) and treatment success rate is 85%
  - RNTCP consistently achieving global bench mark of 85% treatment success rate for NSP; and case detection rate 70% (2007)



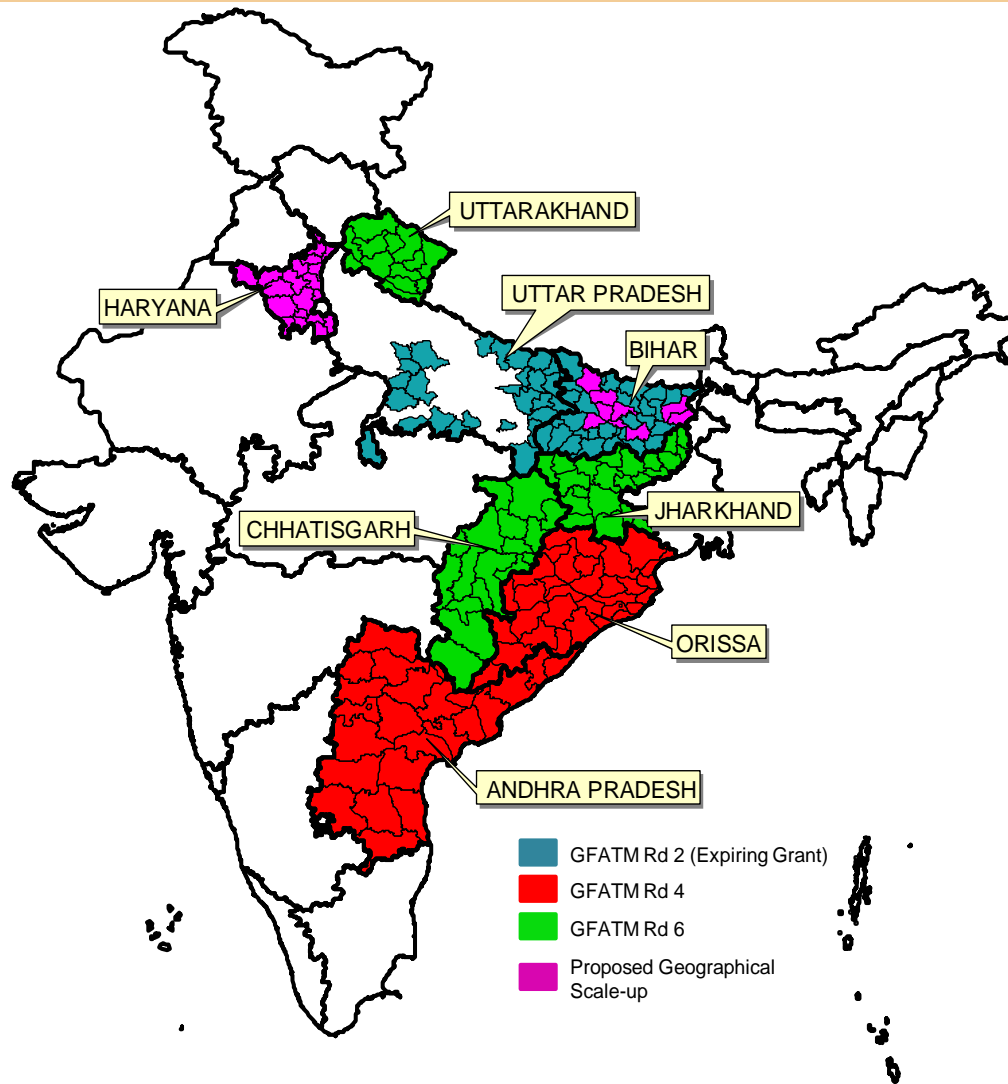
# Cost Effectiveness of Programme in India\*

- Total costs of TB control per capita is US \$ 0.1 (2007)
- Cost of first line drugs per patient treated in India is US \$ 14 compared to US \$ 30 (median) for HBCs
- India remains the country with the lowest cost per patient treated (US \$ 84) compared to US \$ 274 (median) for HBCs

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\*Source: WHO Report 2008, Global Tuberculosis Control; pg 71 &112; HBCs= High Burden Countries

# GFATM Funded States



# GFATM Funds

- **India has obtained GFATM funding in Rounds 1,2,4 and 6**
  - Round 1 project closed in Sep 2006
  - Other projects ongoing over different time frames
- **GFATM funding**
  - Total funds committed USD 89.905 m\*
  - Total funds received till Sept 08 USD 52.092 m
  - Total expenditure till Sept 08 USD 51.967 m

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\* *Out of this another \$ 16.073 m will be received and expended by Mar 09.  
The remaining 21.74 m will be incorporated in RCC*

# Role of GFATM in Future Plan of RNTCP

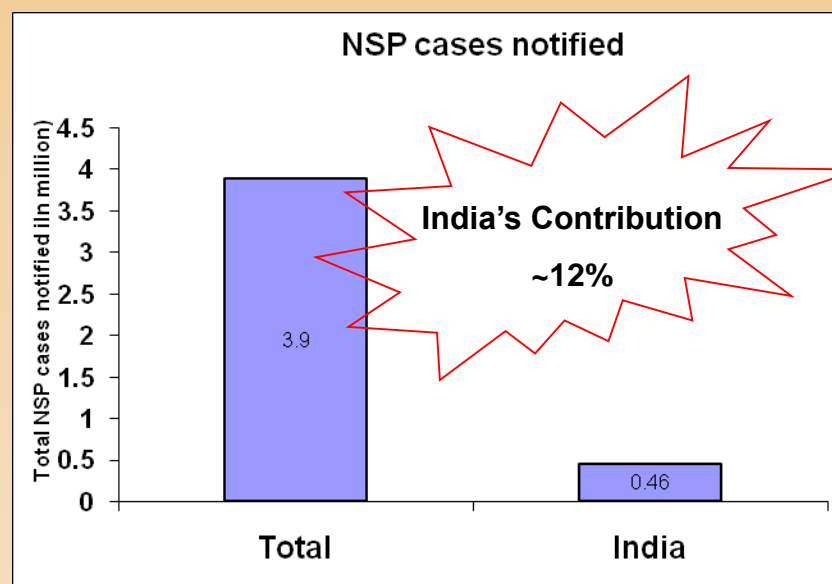
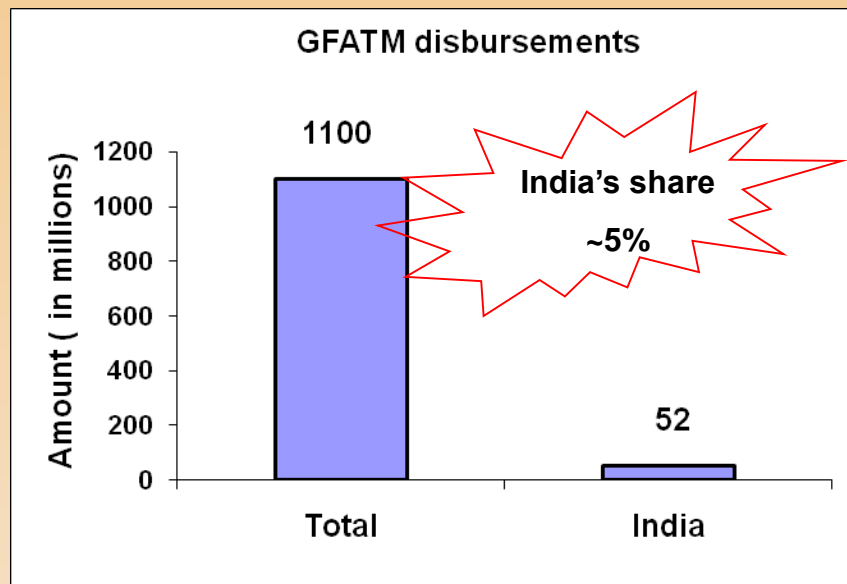
## ■ Key focus areas

- Increasing case detection
- Maintaining and improving the quality of services
- Improving the reach of services
  - Engage civil society & all care providers through ACSM
  - Strengthening PPM activities
- Addressing MDR-TB
  - Rapid Lab scale up
  - Treatment services

## ■ Modalities for additional support

- Increasing Government commitment
- Rolling Continuation Channel (RCC) under GFATM
- Application by Civil Society under future GFATM rounds for core support to the programme

# Results under Global Fund till Sep 2008

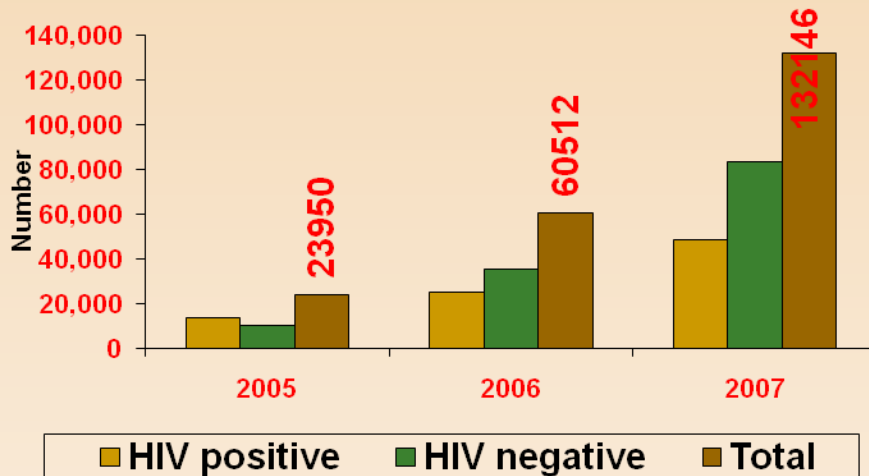


	<b>No. of New sputum positive cases placed on DOTS</b>	<b>Total No. of TB cases registered for treatment under DOTS</b>	<b>Cure rate</b>	<b>DMCs established/ supported</b>
<b>Achievements till Sept 2008</b>	460,741*	1,113,804	85%	3,997
<b>Targets as per GFATM Grant agreements</b>	463,776	1,059,695	85%	3,892

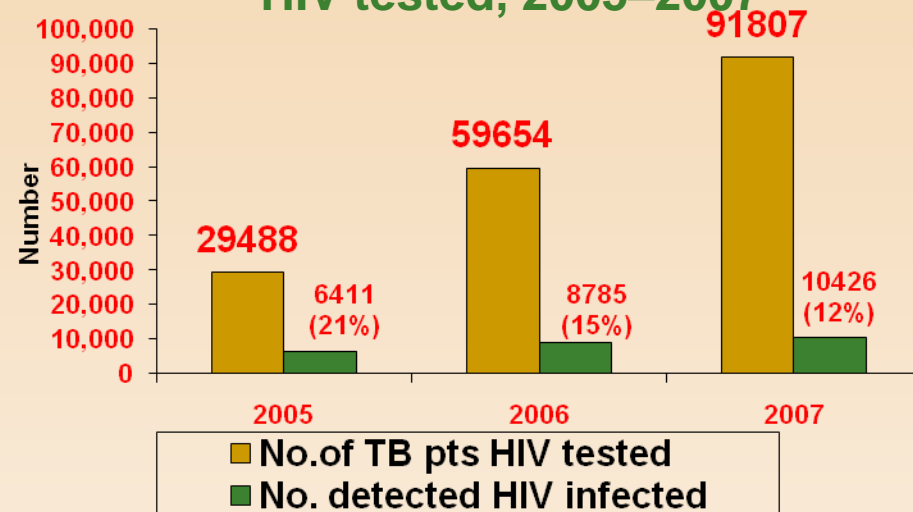
# TB-HIV: Accomplishments

- Developed and implemented mechanism for TB & HIV programme collaboration at *all levels* (National, State, District)
- Conducted surveillance and determined national burden of HIV in TB patients
- *Mainstreamed* TB-HIV activities as core responsibility of both programmes (training & monitoring)

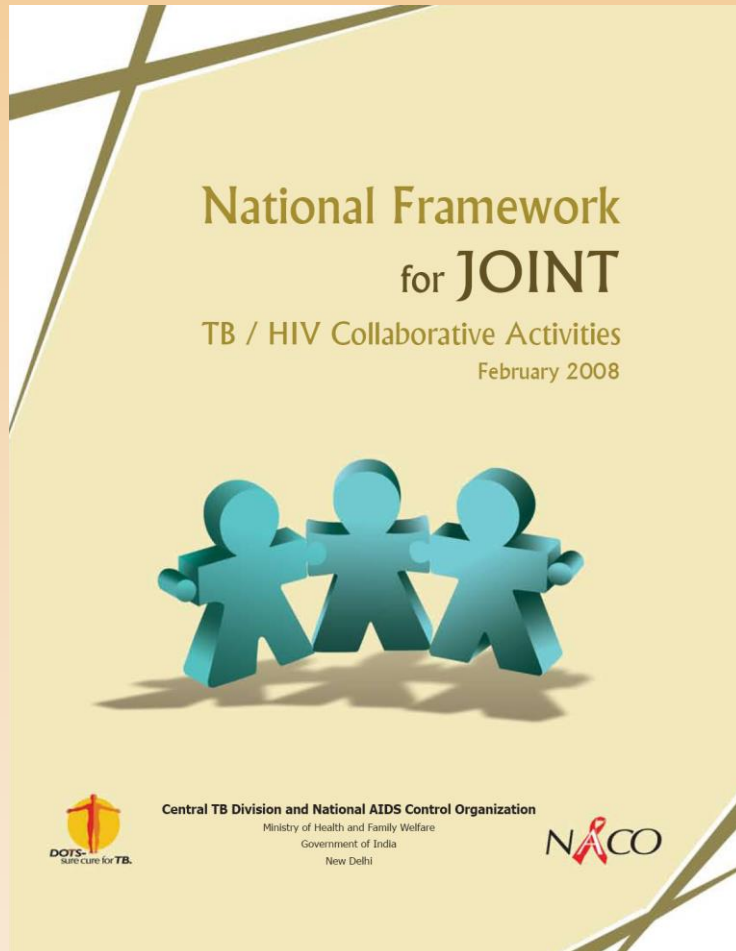
HIV→TB: VCT referrals of TB suspects, 2005–2007



TB→HIV: TB patients HIV-tested, 2005–2007



# TB-HIV: Current Policies (2008)



## ***TB/HIV activities in all States***

- Coordination & Training on TB/HIV
- Intensified Case Finding (ICF)
- Referral of *all* HIV- TB patients for HIV care and support (CPT & ART)
- Involve NGOs

## ***Activities in high-HIV states***

- Provider-initiated HIV counseling and testing for *all* TB patients
- Decentralized provision of Co-trimoxazole
- Expanded TB-HIV monitoring

## RNTCP- DOTS-Plus Vision

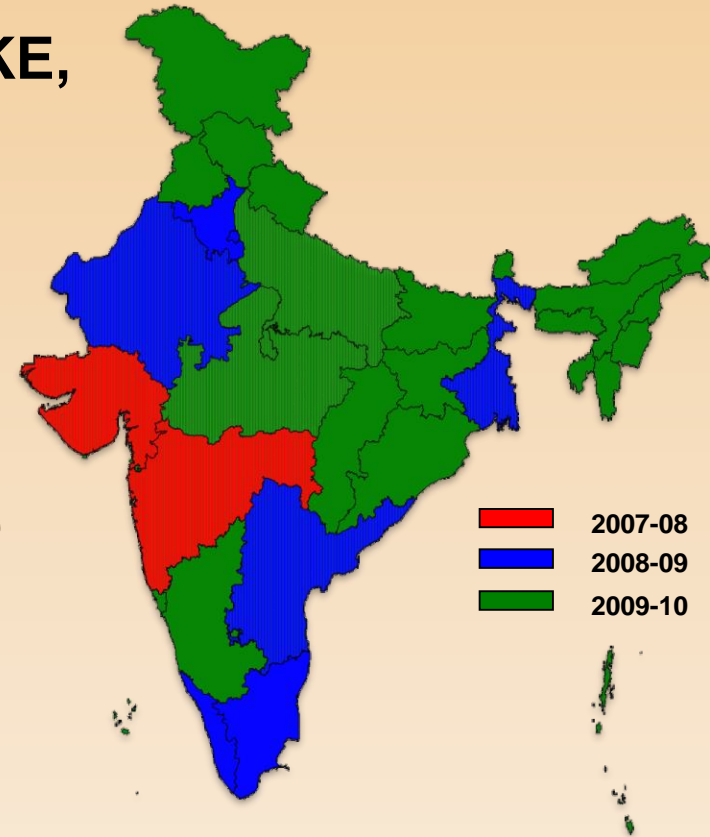
- By 2010 DOTS-Plus services available in all states
- By 2012, universal access under RNTCP to laboratory based quality assured MDR-TB diagnosis for all retreatment TB cases and new cases who have failed treatment
- By 2012, free and quality assured treatment to all MDR-TB cases diagnosed under RNTCP (~30,000 annually)
- By 2015, universal access to MDR diagnosis and treatment for all smear positive TB cases under RNTCP



# DOTS-Plus .... Status and Plan(1)

## □ Status

- 6 IRLs accredited (GJ, MH, DL, AP, KE, On Private Lab in AP)
- 3 states initiated treatment services (GJ, MH & AP)
- 4 states have initiated identification of MDR suspects (DL, HR, KE & WB)



# DOTS-Plus .... Status and Plan(2)

## □ Plan

### □ Diagnostic services

- 10 under accreditation process (2008-09)
- *Remaining 13 IRLs in 2009-10*

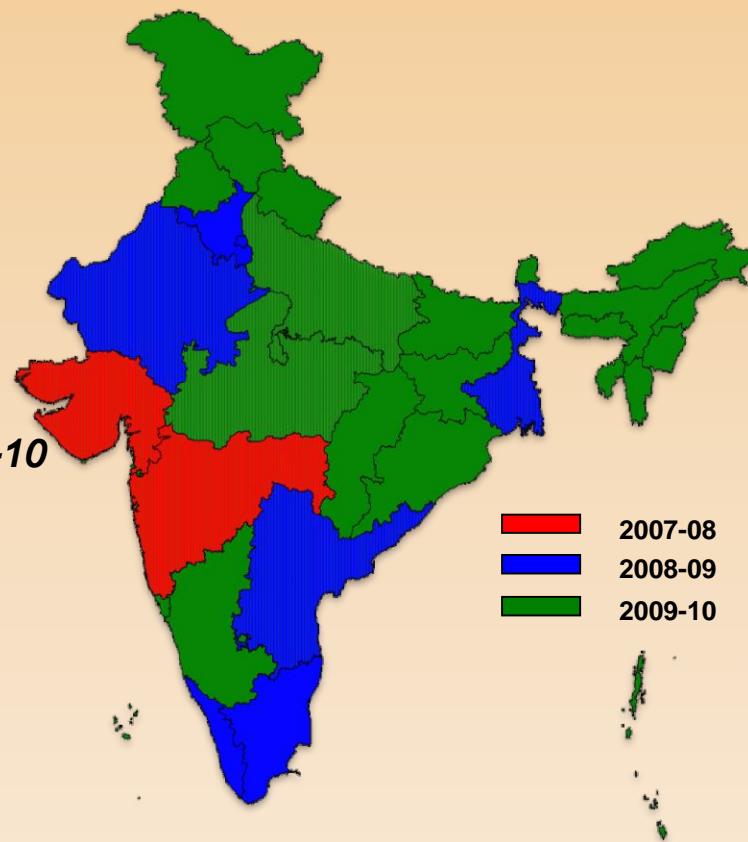
### □ Treatment services

- *All states to initiate treatment services in 2009-10*
- *Complete geographical coverage by 2012*

### □ Enhancement of lab capacity through

- *Additional infrastructure and HR for IRLs*
- *Adoption of newer rapid diagnostics*
- *Accrediting Medical College Labs*
- *Involving private sector labs*

### □ New NGO/PP scheme introduced



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sure cure

for TB.

**THANK YOU**