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

PRESENTED BY
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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
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 17th among 22 High Burden Countries (in terms of TB incidence rate)

Source: WHO Geneva; WHO Report 2008: Global Tuberculosis Control; Surveillance, Planning and Financing
Contribution of India to Global TB Control*

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
  - GoI 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
Achievements in line with the global targets

Since implementation

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

- 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.
Impact of RNTCP

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

- Pre-SCC treatment era
- SCC treatment era
- RNTCP era

Year

prevalence (per 100 000)
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

  - PGI, Chandigarh
  - AIIMS, New Delhi
  - JALMA, Agra
  - RMRCT, Jabalpur

  - Symptomatic screening + CXR + Sputum Smear + Culture

- Repeat ARTI and Disease prevalence surveys planned in 2015
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

  - **Prevalence**
    - 1990: ?
    - 2006: ?
    - 2015: ?
    - 1990 to 2006: 47% down

  - **Mortality**
    - 1990: ?
    - 2006: ?
    - 2015: ?
    - 1990 to 2006: 33% down

- **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

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

* 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

<table>
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<tr>
<th>Achievements till Sept 2008</th>
<th>No. of New sputum positive cases placed on DOTS</th>
<th>Total No. of TB cases registered for treatment under DOTS</th>
<th>Cure rate</th>
<th>DMCs established/supported</th>
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<tbody>
<tr>
<td></td>
<td>460,741*</td>
<td>1,113,804</td>
<td>85%</td>
<td>3,997</td>
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<tr>
<td>Targets as per GFATM Grant agreements</td>
<td>463,776</td>
<td>1,059,695</td>
<td>85%</td>
<td>3,892</td>
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India’s share ~5%

India’s Contribution ~12%
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)


- 23950 in 2005
- 60512 in 2006
- 91246 in 2007


- 29488 in 2005
- 59654 in 2006
- 91807 in 2007

<table>
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<tr>
<th>Year</th>
<th>HIV positive</th>
<th>HIV negative</th>
<th>Total</th>
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<tr>
<td>2005</td>
<td>6411 (21%)</td>
<td>23047</td>
<td>29488</td>
</tr>
<tr>
<td>2006</td>
<td>8785 (15%)</td>
<td>50869</td>
<td>59654</td>
</tr>
<tr>
<td>2007</td>
<td>10426 (12%)</td>
<td>71781</td>
<td>91807</td>
</tr>
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**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
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
    - Accreditating Medical College Labs
    - Involving private sector labs

- **New NGO/PP scheme introduced**
DOTS- sure cure for TB.

THANK YOU