



नैरिश्चय पत्रिका

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TB Division

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A (i) MESSAGE FROM SECRETARY (MOHFW, GOI)

“I am delighted to join you all on this occasion of “NIKSHAY PATRIKA” launch. We all know that India today has the largest number of TB patients and it is emerging as a major threat. India accounts for more than a quarter of the global burden of TB patients, and more than a third of annual deaths. But let me assure you, we are committed to Government’s resolve to defeat TB by 2025. We can do this by involving public and private sectors, policy makers, NGOs, Civil Society Organizations, TB patients and affected communities who have been an integral part of our journey.

(ii) MESSAGE FROM DIRECTOR GENERAL OF HEALTH SERVICES (MOHFW, GOI)

“I reaffirm that India is in a strong position to eliminate TB by 2025, which is visible from the highest level commitment in the country. We have taken all inputs from various stakeholders in the recently developed National Strategic Plan for TB Elimination 2017-2025. However, our plan appears to be ambitious but without reaching to all TB patients in the country, we cannot address issues around their care. Complete surveillance is a key to control of infectious disease like TB. I hope NIKSHAY PATRIKA will go a long way in bringing true stories from field and identifying TB Champions in fight against TB”.



(iii) MESSAGE FROM ADDITIONAL SECRETARY & MISSION DIRECTOR (NATIONAL HEALTH MISSION, MOHFW, GOI)

“We are determined to eliminate TB in India much ahead of SDG target and to achieve this, we need more and more innovative tools to reach every single TB suspect. We wish to ensure good systematic implementation quality assured diagnosis and free treatment of TB patients across the country both in public and private sectors. FDC daily regimen, access to gene expert machines in all districts to improve diagnosis of TB, drug resistant TB and better drugs should help in improved early case detection and success in treatment. I take this opportunity to emphasis on the following areas to focus more on to achieve the TB elimination goal. These include a. private sector engagement, implementation of Schedule H1, initial lost to follow-up, screening for all co-morbidities, Drug-Resistance TB, contact tracing etc. I congratulate CTD on the launch of NIKSHAY PATRIKA and I hope this newsletter will play a catalyst role in disseminating information regarding progress toward TB elimination.”



(iv) MESSAGE FROM ECONOMIC ADVISER (MOHFW, GOI)

“I am pleased to learn about NIKSHAY PATRIKA from Central TB Division of Ministry of Health & Family Welfare. I trust this will bring all stakeholders together to share their experiences in achieving the TB Elimination Goal. Let me reiterate that patients have to be at the centre for any strategy to reach them, to support them for completion of care, to prevent any catastrophe to his/her social life. Government of India is committed to bring down Catastrophic Costs to TB Affected families to Zero as one of the top three key indicators of National Strategic Plan (2017-2025). I believe bold leadership and vision from the highest political level, and rapid alignment of key partners and stakeholders to support the country has accelerated actions in India to Eliminate Tuberculosis”.





Editorial



Dear Readers,

“We have come a long way since 1962 when National TB Programme (NTP) was in place and in 1997 NTP modified as Revised National TB Control Programme, which achieved the nationwide coverage in 2006. The RNTCP is being implemented with decentralized services of TB diagnosis through more than 13,000 designated microscopy centres and free treatment available in every village in the country through more than 4 lakh DOT centres. The Country has achieved many milestones including Millennium Development Goals related to TB. Government of India has made significant efforts in the recent past to combat TB through expansion of rapid diagnostic

molecular facilities across the country, roll out of daily regimen in the form of fixed dose combination in the entire country, provided single window services for TB-HIV, implemented innovative PPM interventions, introduced newer drugs like BDQ and carried out active TB case finding which encouraged us like never before.

However, it is well known that India has a large presence of private healthcare providers to whom more than 50% TB patients are estimated to seek TB care. To achieve TB control in India, it is therefore essential to have effective engagement of the private sector at a scale commensurate with their dominant presence in the field of healthcare. On the other side determinants of TB are beyond health like nutrition, poor housing, indoor air pollution, overcrowding, smoking and poverty etc., these function keep on driving the TB epidemic. While recognizing the importance of solving these key challenges RNTCP has formulated National Strategic Plan (NSP 2017-25) with the goal to eliminate TB by 2025, much ahead than Sustainable Development Goal as per the direction of Hon'ble Prime Minister.

I congratulate the team of Central TB Division for coming-up with fortnightly NIKSHAY Patrika which will encapsulate latest development from the field of TB control in India and I appeal one and all to extend your support for TB elimination by 2025.

I hope with our collective efforts we will fight against TB and prevent human suffering”.

HIGHLIGHTS OF THIS ISSUE:

Patient Corner



Global Ministerial Conference



National Strategic Plan



Daily Regimen (FDC)



Active Case Finding



TB Diagnostic Network of India



Monitoring & Evaluation



Media Campaign



TB Eliminator



Photo Gallery

B. PATIENT CORNER

COMMUNITY VOICES



Before Treatment
Weight 9Kg
Haemoglobin 5.6 gm

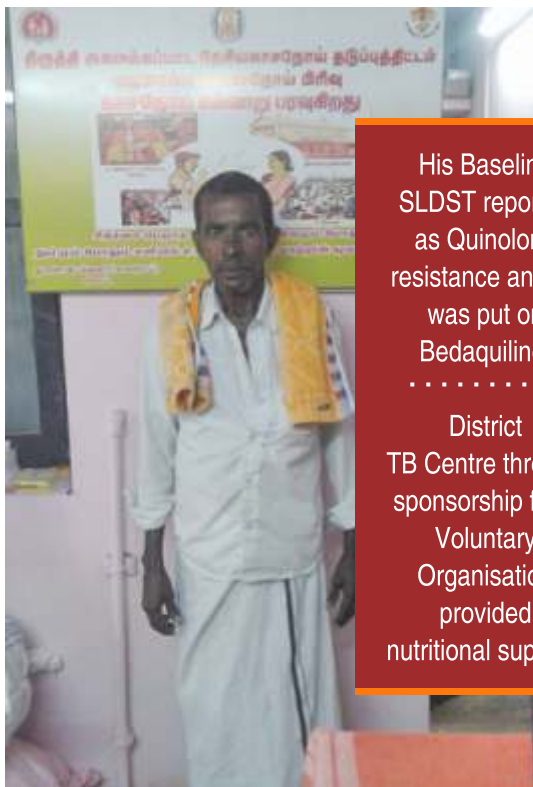
After Treatment
Weight 13Kg
Haemoglobin 10 gm

Priya (name changed) a 13 year old girl residing at Panch Pipala, Taluka – Jetpur, district Rajkot had to quit playing and studying from sometime as she began to have continuous fever and loss of weight. Her condition worsened so much bad that she was admitted in hospital for three days. She was detected with MDR TB in Culture report on May 11th 2017, at District TB Centre and put on treatment of Cat-IV.

The news was a nightmare for Priya's parents but after 2-3 counselling sessions they felt much relieved and did continue Priya's medicine dealing positively with side effect of the medication. Also, the District TB officer along with health professionals provided her nutritional food and supplements. Priya's general condition improved after she under went the treatment for 13 months. She was bed ridden at the time of hospitalization and now she has joined school and enjoys playing with her friends.



Tuberculosis(TB) is one of the most ancient diseases of mankind, with molecular evidence going back to over 17,000 years. In spite of newer modalities for diagnosis and treatment of TB, unfortunately, people are still suffering, and worldwide it is among the top 10 killer infectious diseases, second only to HIV. But by the positive efforts by each one of us many lives like Priya can be saved.



His Baseline SLDST reported as Quinolone resistance and he was put on Bedaquiline.
.....
District TB Centre through sponsorship from Voluntary Organisation provided nutritional support.

BDQ TURNS TO BBQ

(Bedaquiline Brings Quality of life):

"I didn't want to meet any doctor when I first heard I am having TB" says Mr. Subhabrata, (name changed) aged 55 Yrs. He served as a temple priest in Attayampatti. His story will put you in strange but at the end you will certainly feel happy about it.

"I was confirmed TB Case in 2015 and started CAT I Anti TB Treatment (ATT) on 29th June 2015. Sometimes I felt panic taking so much of medicines so quiet often I used to interrupt Anti TB Treatment (ATT) after little relief. But that was my mistake because in the beginning of 2016; I returned back and was on CAT-II ATT. I did not complete full course of the treatment despite repeated counselling. So I was reported as MDR TB on 20th January 2016 and initiated treatment at District TB Centre, Salem.

I was motivated by District PMDT Coordinator and referred to the DTC MO. I was counselled by the entire team but was still not very convinced I went on irregular treatment. But neither the health professionals nor the family lost hope on me. I regained confidence to live and my weight increased from 30 kg to 42 kgs. I realized the importance of treatment adherence and started to

support other MDR TB patients during patient provider meeting.

Now I realize what doctors do, day in and day out to save lives of people like us. I am really thankful to everyone for their enormous dedication”. BDQ regimen is successfully completed and is in continuation with good clinical improvement.

So this was the story from Mr. Subhabrata. I was so overwhelmed by the change I saw in him and there are many stories like him which may create wonder for the TB patients who have left the hope to live.

BDQ regimen is successfully completed and is in continuation with good clinical improvement.

THANKS TO RNTCP: AN INFANT & MOTHER

In the month of October, 2016 a mother came to Sivsagar district (Assam) tuberculosis centre having history of chronic cough for more than two months. Her sputum smear examination result was **3+ positive** so she started treatment.

The weight of 3 month old baby was alarmingly low at 2.6 kg. Baby was referred to paediatrician at Civil Hospital. Paediatrician **diagnosed the baby as clinical Tuberculosis** and was put on treatment. After one and half month treatment, the baby is gaining weight and is healthier than ever.

Now, three months later, new mother is much more alert and can't stop smiling to see her child healthy and fine.



C. FIRST WHO GLOBAL MINISTERIAL CONFERENCE MOSCOW, NOVEMBER 2017

The WHO Global Ministerial Conference “Ending TB in the Sustainable Development Era: A Multisectoral Response” was organized in Moscow, Russian Federation at the World Trade Centre on 16 and 17 November 2017 with an objective to accelerate country implementation of the WHO End TB Strategy in order to reach the End TB targets set by the World Health Assembly and the United Nations (UN) Sustainable Development Goals (SDGs). India's delegation was led by Mr J P Nadda Minister HFW, Additional Secretary Mr Manoj Jhalani and WHO Representative to India attended the meeting. India's movement in TB was well appreciated in the meeting; Mr Nadda presented the National Strategic Plan to end TB in

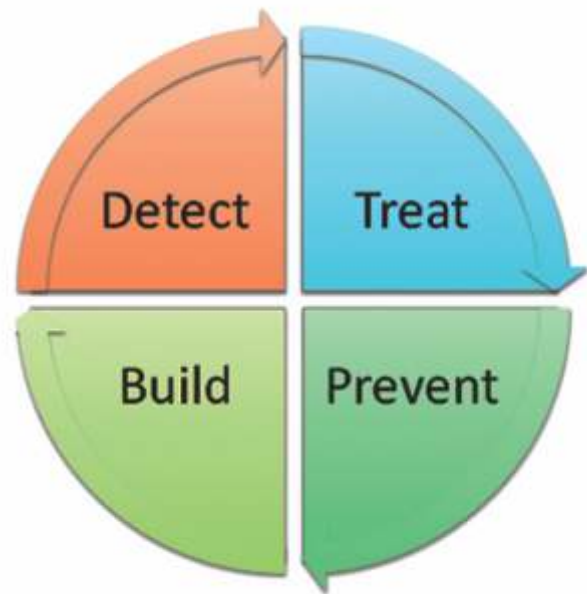


India and the thrust given for TB research in India through the TB research consortium in two panel discussions. Add Secretary answered on sustainable financing for TB in India by NHM funding and stressed on transparent financial transactions through the public finance management system (PFMS). WR made a key note address in the side meeting organized by Government of India, WHO and Parliamentarians forum for TB control in India. President of Russia, Vladimir addressed the participants and this meeting triggered the right pitch for high end political commitments for ending TB.

D. NATIONAL STRATEGIC PLAN (2017-25)

Government of India has aimed to eliminate TB by 2025. The Ministry of Health & Family Welfare has prepared the National Strategic Plan (NSP) for Tuberculosis Elimination (2017-2025). The NSP builds on the success and learnings of the twelfth five year plan and encapsulate the bold and innovative steps required to eliminate TB in India. It proposes bold strategies with commensurate resources to rapidly decline TB incidence and mortality in India by 2025, five years ahead of the global End TB targets and Sustainable Development Goals. The requirements for moving towards TB elimination have been integrated into the four strategic pillars of “Detect – Treat – Prevent – Build”.

The NSP 2017-2025 is a three year costed plan and an eight year strategy document. It provides goals and strategies for the country's response to the disease during the period 2017-2025 and aims to direct the attention of all stakeholders to the most important interventions or activities that will bring about



significant changes in the incidence, prevalence and mortality of TB.

Key activities include active TB case finding, use of newer and shorter regimen, private sector engagement, financial/ nutritional support to TB patients, IT enabled surveillance, preventive and awareness measures. The programme aims to notify 35 lakh TB patients in a year and achieve SDG targets by 2025.

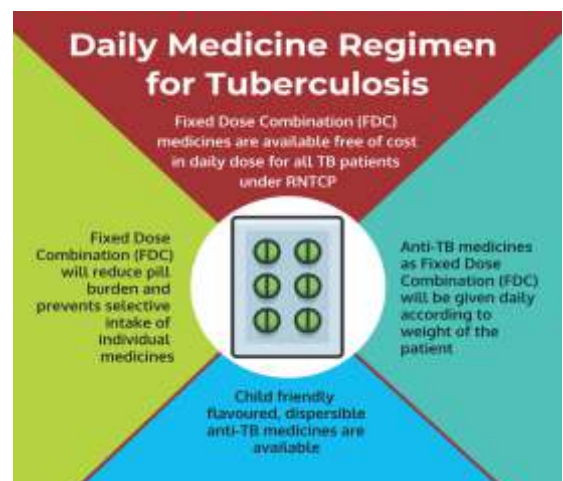
Year wise Target to Notify TB patients	
Final Year	TB patients
2016	1.7 million
2018	3.0 million
2020	3.6 million

E. DAILY REGIMEN (FDC) UNDER RNTCP

The Revised National TB Control Programme (RNTCP) has been providing the thrice weekly regimen for the treatment of tuberculosis (TB). The Ministry of Health & Family Welfare, Government of India has decided to change the Treatment Strategy for TB patients from thrice weekly to daily drug regimen using fixed dose combinations (FDC) for treatment. This change will bring transformation in the approach and the intensity to deal with this disease which accounts for about 4.23 lakh deaths every year.

Features of daily regimen are:

- The drugs will be now taken daily.
- The dose of drugs will be determined according to body weight.
- Fixed Dose Combination (FDC) tablets will be used, which will reduce pill burden.
- Treatment regimen is expected to improve treatment compliance.
- For children, child friendly formulations as tablets are dispersible.
- Use of Information Technology (IT) enabled treatment adherence support system



Regimen is acceptable to all health care providers including private practitioners

Table: 1 Daily Dosage Schedule for Adults

Weight Category	Number of tablets to be consumed		Inj. Streptomycin
	Intensive Phase		
	HRZE		
	75/150/400/275 mg per tab		75/150/275 mg per tab
			gm
25-39 kg	2		2
40-54 kg	3		3
55-69 kg	4		4
≥70	5		5

Table: 2 Doses duration of Daily weight band wise Fixed Dose Combination (FDC)

Type of TB Cases	Dosage in Intensive Phase	Dosage in Continuation Phase
New	2 Months	4 Months
Previously treated	3 Months	5 Months

The Daily Regimen for TB treatment has already been initiated for HIV-TB patients, across the country last year. For all TB patients, it was started in five states Bihar, Himachal Pradesh, Kerala, Maharashtra, and Sikkim from February 2017. Now, it has been expanded in the entire country since October 2017.

Change of treatment regimen to daily gives a big opportunity to increase access to the free anti-TB drugs provided from the programme to TB patients who seek care in private sector.

F. ACTIVE CASE FINDING (ACF)

India has ended polio and Central TB Division (CTD) aims to use similar intensified efforts to end TB. The major challenges for TB control in India are many; but the first priority is being given to “Reaching the unreached” which includes access of care for some vulnerable populations such as Tribal, people in Urban slums, Old Age homes, Prisoners, Construction Site workers, Homeless, Orphanages, Street Children, Asylums, Tea Garden and mine workers etc. Nearly half of the TB



ACF IN MAHARASHTRA



ACF IN TAMIL NADU



ACF IN RAJASTHAN



ACF IN BIHAR

patients in the country are taking treatment in private sector, most of them are beyond the radar of the national TB control programme so, early diagnosis of all patients and putting them on right treatment is crucial.

ACF is basically a provider initiated activity with the primary objective of detecting TB cases early by active case finding in targeted groups and to initiate treatment promptly. It target people who anyway have sought health care with or without symptoms or signs of TB and also people who do not seek care.

CTD has already completed two such campaigns covering 257 districts and screened over 30 million vulnerable populations and detected over 15000 additional TB cases. CTD has started the IIIrd phase of campaign in December 2017. These 15000 newly diagnosed cases were not seeking medical care neither from public nor the private sector and the programme not only brought them into the net but made a dent in breaking the transmission and potentially prevented many new infections from these cases and reduced burden in monetary terms as well.

G. JOINT INTERNATIONAL ASSESSMENT OF THE TUBERCULOSIS DIAGNOSTIC NETWORK OF INDIA (OCTOBER 30 – NOVEMBER 10, 2017)

Joint International Assessment of the Tuberculosis Diagnostic Network of India was conducted by an experienced group of National and International experts with support of USAID. The key objective of the assessment was to evaluate the current practice, algorithm and propose evidence-based short and medium term interventions to improve access, capacity and quality of the TB diagnostic network to increase detection of TB and MDR-TB.

The key focus areas were:

- Overall placement, quantity and utilization of appropriate diagnostic technologies
- Laboratory infrastructure and appropriate biosafety measures
- Equipment validation and maintenance
- Specimen transport and referral mechanisms
- Management of laboratory commodities and supplies
- Laboratory/diagnostic network information and data management systems
- Laboratory quality management systems
- Adequately trained staff throughout the network
- Supervision, monitoring and quality assurance



Major recommendations of RNTCP's Lab Diagnostic Network assessment:

- Develop state-specific performance improvement plans in order to enable well-functioning states to move quickly and lagging states to catch up.
- Translate PPM policy into implementable activities by developing and implementing specific guidelines to engage private providers and laboratories, along with monitoring of key indicators to measure process and impact
- Fill-up the current vacant positions and build a sustainable HR strategy with adequate numbers of staff at all levels working under appropriate remuneration and in safe facilities and working conditions
- Strengthening of specimen referral systems and fill gaps observed in specimen transportation
- Deploy electronic data systems across all levels to ensure that the system is user-friendly and allows people to do their jobs better and more efficiently
- Build capacity of NRLs and IRLs to be quality champions within the network and re-energize regular supportive supervision and EQA to lower levels with frequent monitoring and evaluation of the effectiveness and impact of supervision

H. MONITORING AND EVALUATION (M&E)



Monitoring and Evaluation (M&E) is about collecting, storing, analyzing and finally transforming data into strategic information so it can be used to make informed decisions for program management, policy formulation, and advocacy, to ensure universal access to quality care for all TB patients.

Under RNTCP as a part of supervision and strategy, the Central level evaluations is to review the programme performance in selected districts of the state and it helps to review and monitor the overall programme performance of the state. The Central Internal Evaluation (CIE) envisages the programmatic challenges and address support actions for improving quality of RNTCP implementation.



To achieve the goal of eliminating TB by 2025, CTD prioritized the central level monitoring and evaluation of the programme. As per the strategy of eliminating TB by 2025 CIE for 4 States i.e Andhra Pradesh, Karnataka and Madhya Pradesh and West Bengal was conducted in September, October and November 2017 and West Bengal in January 2018 respectively further evaluation of Uttar Pradesh is planned in late January 2018.

During field visits of CIE in the selected districts and health institutes the salient observations and recommendations of the team members were briefed to the Principal Secretary, Health and District Magistrate of the respective districts for compliance and necessary actions are being initiated.

To facilitate TB notification, the programme has developed a case-based-web-based TB surveillance system, patient identification system – NIKSHAY. NIKSHAY facilitates real time tracking of patient eligibility for Direct Benefit Transfer (DBT) and ensure quick activation of DBT linkages to patient accounts and the payments are done through Public Financial Management System (PFMS). This also provides a platform for notification of TB patients from both public and private sector providers and overall monitoring the programme at all levels.

I. MEDIA CAMPAIGN IN 2017

TV spots on adherence, symptoms and ACF went on Doordarshan and satellite channels in Hindi and seven other regional languages. (Bengali, Gujarati, Kannada, Marathi, Malayalam, Tamil, Telugu)



Radio campaign started with AIR and successfully went on FM and community radio to catering larger number of audiences.

Digital media campaign was launched in 17 states with a good number of 3900 theatres with 4 shows each day in each theatre.

(Arunachal Pradesh, Assam, Bihar, Chandigarh, Delhi, Haryana, Jharkhand, Madhya Pradesh, Maharashtra, Manipur, Meghalaya, Nagaland, Rajasthan, Punjab, Sikkim, Tripura, Uttar Pradesh).



Social Media Campaign through Twitter, Whatsapp and Facebook:



RNTCP has made massive efforts in generating awareness regarding TB through conventional medium of media along with social media. DDG-TB Twitter and Facebook account have been created in August 2017. India's most loved RJ "Khurafaati Nitin" and India's most prominent educator and mathematician Super_30 "Mr. Anand Kumar" has been launched officially from the tweeter handle of DDG TB.



Awareness activities in Assam: Reaching the Unreached through Boat Clinic

Boat Clinics are regarded as lifeline for people living in river rine areas Brahmaputra river of Assam including people of Majuli which is one of biggest river island of Assam. The boat clinics provide health facilities for the untouched patients living in the difficult areas.

Jorhat District TB cell has taken an initiative by participation with "Boat Clinic" to reach the untouched patients of various tiny satellite river islands surrounding the Majuli river island. DTC team use to stay day and night in the Boat Clinic and collect sputum samples of Presumptive TB cases.



Sensitization workshop on TB incorporated with Police Training in Junagadh

An awareness workshop on TB in association with District TB Centre - Junagadh at Training Institutes of Police, held on January 18th, 2017. 2000 police trainees along with police officers and officers from Municipal Corporation have attended the workshop.



J. TB ELIMINATOR

Under Revised National TB Control Programme, its workforce at all level is at the core and plays a pivotal role in elimination of TB by delivering TB care services.

This first issue of newsletter features one of those foot soldiers of RNTCP who took every work, newer interventions as patient service responsibility and put down foundation of its success. Mr B. D. Sagar served with District TB Centre, Mehsana as Senior TB Treatment Supervisor.

Mr Sagar created lot of awareness on TB care and services through effective outreach activities in the community. He uses to apply basic principles to identify new TB patient, treatment support, expanding services beyond Direct Observation of Treatment, mobilizes resources from the community for nutritional and financial support and encouraged every TB patient to complete the treatment.

Working with all health workers and stakeholders in his TB Unit with synergy and harmony was the key to his success in delivering TB care effectively.

Mr Sagar has expanded care for TB patients from public to private sector, intensively, when Universal Access to TB Care PPM interventions began in Mehsana district. Mr Sagar had established the relationship with private doctors and chemists and led the foundation of successful private sector engagement and the district could achieve almost universal coverage for TB services in the district.

The Story of Mr B. D. Sagar blazed the trail. Many such TB Eliminators are working for TB patients who have made the Government effort to curtail this disease. We appreciate and salute efforts of such TB eliminators and will keep highlighting their stories in subsequent issues.



PHOTO GALLERY (MEETINGS)



Centre-State Summit for TB Elimination through effective partnerships with Private Sector at Nagpur on (July 28th -29th 2017).



National RNTCP Review Meeting on (12-14 September 2017) at Chandigarh

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