

Report of the Eighth National Task Force workshop for enhancing the involvement of Medical Colleges under RNTCP held on 30th and 31st October, 2009 at AIIMS

The Eighth National Task Force Workshop, for enhancing the involvement of medical colleges under the Revised National TB Control Programme was jointly organized by AIIMS and CTD with financial and technical support of WHO-India. This meeting was held at the Director's Board Room of the All India Institute of Medical Science on 30th and 31st October, 2009.

The invitees for this NTF workshop were as follows

1. The ZTF Chairpersons of the 5 zones
2. The Zonal OR Committee Chairpersons of the 5 zones
3. The ZTF Member Secretaries and Zonal OR Committee Member Secretaries
4. STF chairpersons of all the states
5. One representative from each of the 7 nodal centres (AIIMS-Delhi, PGI Chandigarh, SMS-Jaipur, LTMC-Mumbai, CMC-Vellore, RG Kar Medical College-Kolkotta and Guwahati Medical College)
6. State HQ consultants who are coordinating with the ZTF Chairpersons and Member Secretaries (HQ consultants of Andhra Pradesh, Manipur, Orissa, Punjab and Madhya Pradesh).
7. State HQ consultants who are coordinating with the Zonal OR Committee Chairpersons and Member Secretaries (HQ consultants of Andhra Pradesh, Jharkhand, Rajasthan, Punjab, Chandigarh and Tripura)

The detailed list of participants is given as annexure 1.

The objectives of the meeting were as follows:

1. Review the progress in involvement of medical colleges vis a vis recommendations of the 2008 workshop
2. Share experiences, identify bottlenecks and provide suggestions for future
3. To share RNTCP response plan to MDR, XDR TB and TB-HIV
4. To develop an action plan with monitoring indicators for the next 1 year

The detailed agenda for the workshop is given as annexure 2.

Proceedings of Day 1: 30th October 2009

The workshop began with an inauguration session. Dr RS Shukla, Joint Secretary, MoHFW, GoI, New Delhi; Dr Prasanna Raj, Joint Secretary, Medical Council of India, New Delhi; Dr S K Sharma, NTF Chairman, Professor, Dept. of Medicine, AIIMS, New Delhi; Dr LS Chauhan, DDG TB, Central TB Division, New Delhi were the Chief Guests for the inaugural session.

Dr. SK Sharma, NTF Chairman, welcomed all the participants to the workshop. He appreciated the commitment showed by the STF/ZTF by participating in the workshop in spite of the short notice. He expressed that after the formation and streamlining of the task forces more than 267 medical colleges are involved in RNTCP in India which is a unique example. He appreciated the support received from Dr LS Chauhan, DDG TB and his dedicated team at CTD in streamlining this mechanism by taking crucial and timely decisions as well as facilitating actions on the recommendations of various NTF meetings during his tenure. Most of the medical colleges have a DMC cum DOT Centre, RNTCP is now an integral part of UG/PG teaching curriculum and the STF members are participating in the State level Internal Evaluations. He stressed that much is required to be done in MDR TB, TB-HIV, OR and diagnosis of EP TB. Besides this medical colleges have a vital role to play in accreditation of C&DST labs thereby assisting RNTCP in expediting the scale up of DOTS Plus services in India. As on date, 2/14 accredited labs are from medical colleges viz. CMC Vellore and SMS Jaipur. He informed that the National Airborne Infection Control Committee (NAICC) has developed draft guidelines on airborne infection control in health care and other settings that were further improved in 2 NAICC meetings held this year. Also, a national capacity building workshop on AIC was held last week at LRSI for members of NAICC and from West Bengal and Gujarat state where these guidelines would be pilot tested. The guidelines would be disseminated once these are finalized. He also expressed that 2 OR workshops were held at the national level since the last NTF meeting. He informed that 2 / 7 sites involved in the national TB prevalence project have submitted their data and the prevalence was found to be around 1 / 1000 population at AIIMS based on bacteriological and not radiographic evidence. He mentioned that the 2nd

ARTI survey has initiated in the country. CTD took the initiative of organizing a meeting with DCGI and Drug controllers of various states in July 2009 to rationalize the use of anti-TB drugs. IMA has written to all MCI and appealed to all IMA branches to promote rational use of anti-TB drugs. While concluding his address, he requested the participants to actively engage in fruitful discussions over the next 2 days.

Dr LS Chauhan (DDG-TB) was the next to address the gathering. He appreciated that the annual task force meetings at zonal and national level have become a regular feature since 2002 and this was the 8th NTF meeting. He congratulated the task forces and expressed that a long distance was covered in involvement of Medical Colleges in RNTCP, however, there is still much more to be done to reach the destination i.e. a situation where TB ceases to remain a major public health problem. This calls for stronger commitment for at least 2 – 3 decades to come. New drugs and vaccines may perhaps come with a promise to reduce this period. He emphasized that it is time to think beyond the 70 / 85 targets and ensure that every single TB case in the community is diagnosed and cured of TB under DOTS. The focus has to be on DOTS to prevent MDR TB. Medical Colleges must advocate DOTS across all fraternity of doctors. They have to play a crucial role in preventing MDR TB as clinical management and follow up of MDRTB is very difficult. Also medical colleges with existing laboratories must be encouraged to take up the accreditation process under RNTCP to assist the programme in expansion of the laboratory network. He requested the group to deliberate further over the next 2 days and give specific recommendation on further strengthening the medical college involvement and quality of services under RNTCP.

Dr Prasanna Raj, Joint Secretary, Medical Council of India addressed the participants by sharing his confidence in the sustainability of the programme by virtue of the strong sustainable leadership and appreciated that medical college play a vital role in this prestigious programme. He expressed that the tools to control TB are available but the human will is lacking. Better coordination, rational use of anti-TB drugs and decadal dedication is required for the success of the programme. He emphasized that if diagnosed TB patients are not cured, it is a system failure. He appealed to ensure that all medical colleges advocate to every practitioner to follow DOTS and ensure that no other regimen crops up. He expressed that MCI is willing to play a facilitators role to strengthen medical college involvement in the control of this disease.

Dr RS Shukla, Joint Secretary, MoHFW (GoI), in his inaugural address, expressed his pleasure to be a part of the NTF Workshop – 2009. He expressed that the TB control programme in India is the most impressive one and popular abroad. He congratulated all and expressed that the credit goes to the medical colleges, health department, NGOs and private partners involved in the programme. Although the country has achieved 72% case detection and 85% cure rate, this has to be disaggregated into states, districts and TB units to identify the underperforming areas and issues for corrective actions. All efforts should be made to ensure that local epidemics do not occur due to underperforming areas from the perspective of epidemiological, social and equitability issues. As the programme is improving, the unfavorable outcomes like deaths, defaults and failures should decline. Moreover, for those who have achieved the benchmark of 70/85, the bar should be raised to 80/90 benchmark and the task forces should collectively devise strategies to achieve these. The lessons learnt for good performing areas should be disseminated to the other underperforming areas. Prevalence studies and ARTI surveys would tell us where we are and how far we need to go. He expressed his concern that emphasis on MDR TB should not make the DOTS services complacent and reiterated that good DOTS services are important to prevent MDR TB. Global community looks up to India and China to control MDR TB. India is evaluating new tools like liquid culture and LPA systems to reduce the time for diagnosis of MDR TB. These are great technological opportunities. He expressed that the strong political leadership and commitment of India is evident from the fact that TB programme funding is not affected despite of recession. He expressed that the contribution of NTF, STF and medical colleges is commendable; however, they can get a greater impact through advocacy with all practitioners thereby increasing the reach of RNTCP. He expressed his concern over the challenge that the difference in concepts in medical colleges and other practitioners need to be resolved within the medical community and patients should not suffer. He highlighted that RNTCP is a model programme with clear guidelines, processes, quality assurance, recording and reporting mechanisms that other programmes look upon to. He expressed good wishes for the success of this NTF workshop.

The inaugural session concluded with a vote of thanks by Dr Pranay Sinha (AIIMS, New Delhi).

Dr L S Chauhan (DDG-TB) made a brief presentation on the action taken report based on recommendations made during the NTF meeting of 2008.

This was followed by the presentation of the annual reports by the ZTF chairpersons of all the zones. Dr Prasanna Raj (Deputy Secretary-MCI), Dr SK Sharma (Chairman, NTF) and Dr LS Chauhan (DDG-TB) chaired the session. A brief overview of the status is as shown below.

Out of 286 medical colleges as on 30th October, 2009, 273 medical colleges have been involved (formation of core committee, establishment of DMC and DOT center). The zone wise involvement status is as follows:

| Name of the Zone | Total No. of Medical colleges (MCs) | No. of MCs with core committees / DMC + DOT Centers |
|------------------|-------------------------------------|---|
| North | 47 | 48 |
| South | 127 | 119 |
| East | 30 | 30 |
| West | 74 | 68 |
| North East | 8 | 8 |
| Total | 286 | 273 |

In these medical colleges for the period 1st July, 2008 to 30th June, 2009, 85457 smear positive TB cases were diagnosed from 573976 TB suspects examined for diagnosis.

79,020 sputum smear positive TB cases, 45,666* sputum smear negative TB cases and 71531* extra-pulmonary TB cases have been diagnosed and either put on RNTCP treatment within the medical colleges or referred for treatment outside the medical college to the DOT center that is convenient to the patient.

| Type of Patients | No. of patients put of DOT in Medical Colleges | No. of smear positive patients referred for treatment | Total |
|------------------|--|---|----------------|
| Smear Positive | 18309 | 60711 | 79020 |
| Smear Negative | 11109* | 34557 | 45666* |
| Extra-Pulmonary | 12104* | 59427 | 71531* |
| Total | 41522* | 154695 | 196217* |

(*data of West Zone incomplete)

The innovations and pilots undertaken by various STF and ZTF presented by the ZTF Chairpersons are summarized in the table below:

Innovations and Pilots undertaken by various Medical Colleges, STF and ZTF

| ZTF | STF | Innovations / Pilots |
|-----------------|-------|--|
| North East Zone | Assam | – Stamped Post Card introduced for feedback of referred/transferred out patient |
| | | – Medical College faculty involved as resource person in CMEs in other districts |
| | | – Involvement of Medical College faculty members in public meetings, electronic media, radio like phone in programme, discussions, awareness programmes amongst general public |

| | | |
|---|---------------|--|
| | | – Involvement of faculty members as master trainer in MIFA (Managing Information For Action) training |
| West Zone | Gujarat | – Sensitization workshop for pediatricians held in Jan 09 |
| | | – 1 st DOTS-Plus site started at BJMC (catering 10 district) |
| | | – 2 nd DOTS-Plus site being started at GMC, Vadodara |
| | | – National DOTS Plus training 6 batches held at BJMC |
| | | – State DOT Directory made available at all medical colleges |
| West Zone | Rajasthan | – Line Probe Assay (LPA) at Department of Microbiology, SMS Medical College, Jaipur |
| West Zone | MP | – Use of Medical college faculty in training/ sensitization of district Medical Officers and Private Practitioners in Pediatric PWBs. |
| West Zone | Maharashtra | – JN Medical college, Wardha planned and organized training of two batches of MO-PHCs at the Medical college in coordination with DTC |
| | | – As an incentive, Rs.5000 offered for organization of World TB day to medical colleges participating in STF workshop |
| | | – Regional workshop of Medical Colleges are planned |
| | | – Planned to compile the list of thesis topics/abstracts/results approved by RNTCP and share with all the colleges |
| West Zone | | – Laboratory facility for culture and sensitivity facilities and DOTS plus site being established in the medical college. |
| East Zone | Orissa | – Inter district Coordination meeting to improve feedback |
| | | – Unit wise monitoring of Indoor patients in all wards |
| East Zone | Chattisgarh | – Interns posted in PSM Dept. in all medical colleges |
| East Zone | Bihar | – The remunerations of contractual medical officers has been raised and brought at par with state health services contractual medical officers. The difference of pay is being paid by the NRHM. |
| East Zone | West Bengal | – School students were involved in every medical colleges in Kolkata and they walked for TB and interacted with patients taking DOTS and performed cultural programme |
| | | – Kolkata Door Darshan has started giving importance to RNTCP and TB |
| | | – 2nd ART Center has been started in RG Kar Medical College |
| North Zone | Uttar Pradesh | – Intermediate reference laboratory (IRL) in CSMMU is monitoring the sputum Quality control of the 35 districts of eastern UP |
| | | – CSMMU (Dept. of Pulmonary Medicine) is the first DOTS PLUS site for the treatment of the MDR cases in UP |
| | | – Advocacy & CMEs for the private practitioners by Medical college teachers/Professors-specially for MDR/DOTS Plus |
| | | – HIV-TB monitoring cell to be formed in the medical colleges |
| | | – Feedback sent back to the referring departments. |
| | | – STF meeting in rotation in different medical colleges |
| | | – Monitoring of the medical colleges by the STF chairperson |
| | | – PVT. Medical colleges are signed under NGO DMC scheme. |
| – Rath yatra for public awareness about TB on World TB Day 09 | | |
| North Zone | Uttarakhand | – IEC material designed and provided to every patient for patient education about DOTS and precautions to prevent cross-infection. |
| | | – Sputum collection centers developed in remote and hilly areas (where there is no easy access to DMC's and pt. has walk for long distances) to facilitate sputum collection in symptomatic patients for early diagnosis. Specially designed sputum collection boxes were used to carry containers to the nearest DMC's. |
| North Zone | J&K | – Electronic Scrolls with messages kept in Medical Colleges |

| | |
|------------|---|
| South Zone | – Interns are posted at RNTCP cell of Medical college for fifteen days during community medicine postings |
| | – Department of Microbiology to supervise the EQA activities in the Medical College DMC |
| | – “RNTCP essay writing/quiz” in all Medical Colleges |
| | – Involvement of Medical College Faculty in RNTCP key staff review meetings |

Some of the constraints, suggestion that were presented by the ZTF Chairpersons of 5 zones and the NTF recommendations for the same are as follows:

| Constraints / Suggestions | Recommendations /Actions |
|--|--|
| Frequent turnover of contractual staff experienced by many medical colleges due to insufficient salary. | Revisions have been made in the RNTCP Financial Guidelines including the remuneration of the contractual staff at the Medical Colleges. These have been communicated to all states as soon as Cabinet approval was obtained. |
| Inadequate budget provision from states to medical colleges for conducting various activities like arranging CMEs etc. | A letter would be sent from CTD to all STOs to call for action plans from various medical colleges in the state with copy to STF and ZTF with budgets as per the state PIP for the financial year, release funds to the medical colleges accordingly and request for the SOE from Medical Colleges within 15 days of the activity. This pattern should be followed on 6 monthly bases and reviewed at the bi-annual STO Consultants meeting. State Task Forces and State TB Cells should ensure that the funds available for sponsorship of plenary session on RNTCP in seminars / CME / Workshops up to Rs. 5,000/- once annually for a medical college are effectively utilized. |
| Additional LT may be provided to medical colleges where workload > 40 patients. | With reference to the NTF recommendations of 2006, It is reiterated that based on workload, Medical Colleges with existing STLS posts sanctioned could be replaced by positions for a second Lab Technician in Medical Colleges so that a trained resource is not lost. States may consider relocation of STLSs post from Medical Colleges with low workload to function as 2nd LT in Medical Colleges with high workload in the state. |
| Frequent Changes of Nodal Officers of Medical Colleges affects smooth coordination of RNTCP activities. | A letter would be sent to DMER of all states from CTD requesting to direct all medical colleges with copy to Deans, STF, ZTF Chairpersons and STO to avoid frequent change of Nodal Officers and as far as possible nominate the same person for participation at the task force meetings at various levels. |
| Initiation of DOTS plus site at GMCH, Chandigarh under Plan – B till accreditation of DST Lab at GMCH, Chandigarh | Initiation of DOTS Plus Site at GMCH, Chandigarh is being planned and it will be done shortly. |
| STO to be empowered to approve more than 1 thesis per medical college till it does not exceed total number of medical colleges in the state. | States can exercise the flexibility of approving more than 1 thesis topic per medical college till the number of thesis does not exceed the total number of Medical Colleges in the state. |
| Zonal OR Committee to meet twice in a year – once during ZTF workshop and after 6 months. | Zonal OR Committee meetings would be held twice in a year, once during the ZTF Workshop and 2nd after 6 months. Efforts should be made to discuss these proposals over email and if large numbers of proposals (> 10) are pending then an additional meeting of the Zonal OR Committee |

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|--|--|
| More OR Committee meetings may be held if large number of proposals are pending | may be held. |
| Organizing Zonal OR Workshop for capacity building, at least once in a year | CTD would arrange OR Workshops for capacity building and proposal development where members from the Zonal OR Committees and ZTF would be invited to participate from various zones. |
| Revised STF reporting formats are not in use at various medical colleges due to lack of clear guidelines. | A letter would be sent fro CTD to all STF, ZTF and STOs with a copy of the revised quarterly reporting formats for medical colleges, STF and ZTF. These revised formats should be used with effect from 3rd quarter 2009 to enable compilation of the annual report for the ZTF and NTF 2010. The revised formats would also be hosted on the website www.tbcindia.org/documents . |
| Concise modules is required for Sensitization of faculty members | The RNTCP Module for Private Practitioners can be utilized for training of interested faculty members. All STOs to forward the modules to all STF, ZTF Chairperson concerned and the WHO RNTCP Consultants to facilitate the state in dissemination of these concise modules to Medical Colleges. |
| National level training of the trainers of medical college during vacation time | Special RNTCP training batches would be arranged by CTD at national level during vacation time to accommodate interested faculty members from medical colleges. Nominations of interested faculty from medical colleges would be invited from the states to participate in these trainings. |
| Some STF Chairman reported that travel / participation in RNTCP activities are not treated as official duties. | A letter has already been sent in the past to DMER on the subject. A letter would be sent from CTD to the DMER under intimation of MCI to direct the medical colleges reinforcing to treat travel / participation of STF and ZTF Chairman and nodal officers for RNTCP activities as official duties. |
| TA/DA for STF and ZTF meetings need to be revised. Clear guidelines regarding TA/DA and provision of budget may be considered. | Revisions have been made in the RNTCP Financial Guidelines that TA/DA would be as per approved norms under NRHM. This would be applicable for travels undertaken by the STF / ZTF / NTF Chairpersons to participate at meetings and conduct supervisory visits. These have been communicated to all states as soon as Cabinet approval was obtained. |
| Request DEO, Computer, printer, internet for STF of large states and ZTF | DEO and Computer (with peripherals and internet) may be provided to the ZTF as per the approved PIP. |

It was informed, that the STF and ZTF undertake adequate measures with the assistance of respective STOs and DTOs in getting the un-involved medical colleges under the programme. This matter will be taken up by CTD with the MCI and explore the possibilities of MCI ensuring that the medical colleges participate in all national health programme.

Regarding delay/non-release of funds and problems with co-ordination between the STF by the STOs of the respective state, it was informed that the STFs must plan all activities and submit an action plan well in advance. Even after this, if there are any delays on the part of the STOs, then the same may be brought to the notice of the CTD.

The presentations of the ZTF reports was followed by a presentation on Airborne Infection Control guidelines and the next steps Dr Puneet Dewan, MO-TB, WHO – SEARO. Dr Prasanna Raj appreciated the initiative taken by the programme and requested that the final guidelines be shared with MCI for integration in the existing MCI guidelines for Medical College.

The presentation on the annual reports was followed by group work on the following topics:

Group-1: Promotion of rational use of anti-TB drugs in India

Group-2: Mainstreaming programmatic management of DR-TB patients in medical colleges

Group-3: Making TB a nationally notifiable disease

Group-4: Review of Zonal OR Committee Meeting Recommendations

The recommendation from the group work was finalized by the end of Day 1.

Proceedings of Day 2: 31st October 2009

Dr Fraser Wares, MO-TB, WHO India made a brief presentation on the Proposed change in the nomenclature of categories of treatment regimens - suggested moving away from the categorization currently used (Cat I,II,III) to 'new' and 'previously treated' and the implications of the same for the endorsement by the NTF.

This was followed by the presentation of recommendations of the group work by each of the groups. Dr Prasanna Raj (Deputy Secretary-MCI), Dr SK Sharma (Chairman, NTF), Dr D Behera (Director LRSI) and Dr LS Chauhan (DDG-TB) chaired the session. The detailed recommendations have been given in Part-1 of Annexure-3.

This was followed by the concluding session. Dr Vinay Gulati, Associate Professor, Dept. of Medicine, AIIMS delivered the vote of thanks and expressed his gratitude to the chief guests for making it convenient to come to the workshop and also thanked all the participants for their support to the programme and for their contribution to the proceedings of the workshop. He expressed his appreciation to Dr SK Sharma and his team from AIIMS for the excellent arrangements that were made for the workshop.

The luncheon meeting of the members of the National Task Force was held during the lunch time of Day-2. The minutes of the meeting has been given in Part-2 of Annexure-3

List of Participants at the National Task Force Workshop – 2009:

1. Dr RS Shukla, Joint Secretary, MoHFW, GoI, New Delhi
2. Dr Prasanna Raj, Joint Secretary, Medical Council of India, New Delhi
3. Dr S K Sharma, NTF Chairman, Professor, Dept. of Medicine, AIIMS, New Delhi
4. Dr LS Chauhan, DDG TB, Central TB Division, New Delhi
5. Dr P Kumar, Director NTI, Bangalore
6. Dr D Behera, Director LRSI, New Delhi
7. Dr Puneet Dewan, MO (TB), WHO-SEARO, New Delhi
8. Dr Ranjani Ramachandran, MO (TB Labs), WHO-SEARO, New Delhi
9. Dr Fraser Wares, MO (TB), WHO-India, New Delhi
10. Dr S Sahu, NPO (TB), WHO-India, New Delhi
11. Dr Rohit Sarin, LRS Institute, New Delhi
12. Dr Rupak Singla, LRS Institute, New Delhi
13. Dr RL Ichhpujani, Central TB Division, New Delhi
14. Dr K Sachdeva, CMO, Central TB Division, New Delhi
15. Dr P Saxena, CMO, Central TB Division, New Delhi
16. Dr Devesh Gupta, CMO, Central TB Division, New Delhi
17. Dr VP Kalra, Ex-CMO, Central TB Division, New Delhi
18. Dr Jai Kishan, ZTF Chairperson, (North Zone), GMC, Patiala, Punjab
19. Dr K Venu, ZTF Chairperson, (South Zone), Andhra Pradesh
20. Dr DP Dash, ZTF Chairperson, (East Zone), SLB Medical College, Cuttack, Orissa
21. Dr SS Khushwa, ZTF Chairperson, (West Zone), Madhya Pradesh
22. Dr N. Tombi Singh, ZTF Chairperson (North-East Zone), RIMS Imphal, Manipur
23. Dr Alladi Mohan, Zonal OR Committee Chairperson (South Zone), SVIMS Tirupathi, Andhra Pradesh
24. Dr NK Jain, Zonal OR Committee Chairperson (West Zone), Rajasthan
25. Dr KR John, RNTCP In-charge, CMC Hospital, Vellore, Tamil Nadu
26. Dr RP Vashist, State TB Officer, New Delhi
27. Dr KN Gupta, State TB Officer, Rajasthan
28. Dr Anil Garg, State TB Officer, Chandigarh
29. Dr O. Manihar Singh, State TB Officer, Manipur
30. Dr PK Shridhar, State TB Officer, Punjab
31. Dr BN Chauhan, State TB Officer, Madhya Pradesh
32. Dr G KeshavChander, State TB Officer, Andhra Pradesh
33. Dr Manpreet Chhatwal, Dy. State TB Officer, Punjab
34. Dr KC Sarma, MO, State TB Cell, Assam
35. Dr AT Leuva, STF Chairperson, GMC Baroda, Gujarat
36. Dr Radha Munje, STF Chairperson, IGGMC, Nagpur, Maharashtra
37. Dr Thomas Methew, STF Chairperson, Medical College TVM, Kerala
38. Dr SL Jethani, STF Chairperson, Himachal Pradesh
39. Dr AM Mesquita, STF Chairperson, Goa Medical College, Goa
40. Dr B Laskar, STF Chairperson, Assam Medical College, Assam
41. Dr Anil Purty, STF Chairperson, PIMS, Puducherry
42. Dr Nandini Sharma, STF Chairperson, MAMC, New Delhi
43. Dr S Kayshap, STF Chairperson, IGMCI, Shimla, Himachal Pradesh
44. Dr C. Nagraja, Professor of Pulmonary Medicine, BMCRI
45. Dr AC Phukan, Professor, Microbiology Dept., NEIGRIHMS, Shilong, Meghalaya
46. Dr AK Bhardaj, Professor, Com. Med., Dr RPGR Medical College, Himachal Pradesh
47. Dr AK Janmeja, Professor, GMCH, Chandigarh
48. Dr S Baruah, Associate Professor, Dept. of Medicine, Gawhati MC, Assam
49. Dr RS Kushwaha, Associate Professor, Dept. of Pulmonary Medicine, C&M Medical University, Lucknow, Uttar Pradesh

50. Dr AL Da Costa, STF Member, Goa Medical College, Goa
51. Dr Harmeet S Dhooria, STF Member, Punjab
52. Dr Preetal Vaidyalla, STF Member, Bangalore, Karnataka
53. Dr Sanjeev Nair, State Coordinator – STF, Kerala
54. Dr Jaydip Dep, Associate Professor, RG Kar Medical College, Kolkata, West Bengal
55. Dr Vinod Kumar, Associate Professor, Madras Medical College, Tamil Nadu
56. Dr Santosha, Technical Advisor, Hyderabad, Andhra Pradesh
57. Dr Sarabjit Chadha, WHO Consultant, Central TB Division, New Delhi
58. Dr S Srinath, IUATLD Consultant, Central TB Division, New Delhi
59. Dr Geetanjali Sharma, WHO Consultant, Central TB Division, New Delhi
60. Dr A Sreenivas, WHO Consultant, Central TB Division, New Delhi
61. Dr Shruti Sehgal, WHO Consultant, Central TB Division, New Delhi
62. Dr Saroj Dhingra, WHO Consultant, Central TB Division, New Delhi
63. Ms Kamaldeep Kaur, WHO Consultant, Central TB Division, New Delhi
64. Dr Malik Parmar, WHO Consultant, Central TB Division, New Delhi
65. Dr Raveendra HR Reddy, Medical Consultant, WHO-RNTCP (TAP), Karnataka
66. Dr Sanjay Sinha, Medical Consultant, WHO-RNTCP (TAP), Rajasthan
67. Dr Avi Bansal, Medical Consultant, WHO-RNTCP (TAP), Madhya Pradesh
68. Dr Pankaj Mishra, Medical Consultant, WHO-RNTCP (TAP), Jharkhand
69. Dr Palash Talukdar, Medical Consultant, WHO-RNTCP (TAP), North East
70. Dr Soumya Sarkar, Medical Consultant, WHO-RNTCP (TAP), Orissa
71. Dr Priyanka Agarwal, Medical Consultant, WHO-RNTCP (TAP), Punjab
72. Dr BN Sharath, Medical Consultant, WHO-RNTCP (TAP), Andhra Pradesh
73. Dr Pranay Sinha, CMO, AIIMS, New Delhi
74. Dr Vinay Gulati, Associate Professor, Dept. of Medicine, AIIMS, New Delhi
75. Dr Neena Sinha, ACO, AIIMS, New Delhi
76. Dr Deepak Gupta, Medical Officer - RNTCP, AIIMS, New Delhi
77. Dr Krishna Mohan, Dept. of Medicine, AIIMS, New Delhi
78. Dr Suresh, SR, Medicine Department, AIIMS, New Delhi
79. Dr Ravindhar Kumar, SR, Medicine Department, AIIMS, New Delhi
80. Dr Vivek, JR, Medicine Department, AIIMS, New Delhi
81. Dr Vaibhav Choudhary, JR, Medicine Department, AIIMS, New Delhi
82. Dr Anjam Mukherjee, JR, Medicine Department, AIIMS, New Delhi
83. Dr JS Rathod, Ph.D. Student, Medicine Department, AIIMS, New Delhi
84. Dr Narendra Kumar, Ph.D. Student, Medicine Department, AIIMS, New Delhi
85. Dr Naveen, Ph.D. Student, Medicine Department, AIIMS, New Delhi
86. Dr Sanjay Ranjan, AIIMS, New Delhi
87. Ms Veena Dawar, AIIMS, New Delhi
88. Mr Yatander Singh, AIIMS, New Delhi

**Workshop of the National Task Force for the involvement of Medical Colleges in the RNTCP
– 30th-31st October 2009**

Programme

| Day 1: 30th October, 2009 | | |
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| 9:00 AM – 9:30 AM | Registration | |
| 9:30 AM – 10:15 AM | Inaugural Session <ul style="list-style-type: none"> – Welcome address – Dr SK Sharma – Address by Dr LS Chauhan, DDG TB – Address by Dr RS Shukla, Joint Secretary, GOI – Vote of Thanks – AIIMS | |
| 10:15 AM – 10:30 AM | Tea | |
| 10:30 AM – 10:45 AM | Action Taken on Recommendations of NTF 2008 | Dr LS Chauhan, DDG TB |
| | Medical colleges involvement in the RNTCP: Reports from the Zonal Task Forces on performance and achievements Chairpersons: Dr SK Sharma and Dr LS Chauhan | |
| 10:45 AM - 11:05 AM | North Zone | Dr Jai Kishan, Chairman ZTF (North) |
| 11:05 AM - 11:25 AM | East Zone | Dr D P Dash, Chairman, ZTF (East) |
| 11:25 AM - 11:45 AM | South Zone | Dr K Venu, Chairman, ZTF (South) |
| 11:45 AM - 12:05 PM | West Zone | Dr S S Khushwa, Chairman, ZTF (West) |
| 12:05 PM – 12:25 PM | North East Zone | Dr N Tombi Singh, Chairman, ZTF (North-East) |
| 12:25 PM – 12:45 PM | Discussion on ZTF reports | |
| 12:45 PM - 1:30 PM | Airborne Infection Control guidelines and next steps | Dr Puneet Dewan, MO-TB, WHO SEARO |
| 1:30 PM - 2:30 PM | Lunch | |
| 2:30 PM – 3.30 PM | Group work | All Participants |
| 3.30 PM – 3:45 PM | Tea | |
| 3:45 PM – 4:45 PM | Group work (contd.) | |
| 4.45 PM – 5:30 PM | Finalization of the group work | |
| 5.30 PM | Conclude for the day | |
| The topics for the group work <ol style="list-style-type: none"> 1. Promotion of rational use of anti-TB drugs in India – potential role of medical colleges, CTD, professional associations, MCI, Pharmaceutical industry and the Parliament. 2. Mainstreaming programmatic management of DR-TB patients in medical colleges – what is needed in academics, practical training, infection control, laboratory services, etc. 3. Making TB a nationally notifiable disease – options available and guidance to CTD on the next steps | | |

(need to involve public health faculty in this)

4. National OR committee meeting

- Are medical colleges effectively addressing operational research questions that will help TB control in India
- Review of research questions addressed so far, comparison with national OR agenda, and guidance for future.
- OR- Mechanisms for monitoring of OR by the Zonal OR Committee

Day 2: 31st October, 2009

| | | |
|---------------------|--|-----------------------------------|
| 9:30 AM - 10:15 AM | Proposed change in the nomenclature of categories of treatment regimens - suggested moving away from the categorization currently used (Cat I,II,III) to 'new' and 'previously treated' | Dr Fraser Wares, MO-TB, WHO India |
| 10:15 AM - 11:15 AM | <ul style="list-style-type: none"> • Success Stories • OR findings presentation | |
| 11:15 AM – 11:30AM | <i>Tea</i> | |
| 11:30 AM – 12:30 PM | Presentation of group work & Discussion | |
| 12:30 PM – 1:30 PM | Formulation of Action Plans for ZTFs in zone-wise groups, Finalization and presentation of Action Plans for ZTFs | |
| 1:30 PM – 2:30 PM | <i>Lunch (Luncheon Meeting of NTF Members)</i> | |
| 2.30 PM – 3:15 PM | Presentation on key NTF recommendations, Group reports and action plans | |
| 3:15 PM – 3:30 PM | <i>Tea</i> | |
| 3:30 PM – 4:00 PM | Concluding session | |
| 4:00 PM | Vote of thanks | |

Part-I: Recommendations of Group Work at NTF Workshop – 2009**Ia. Group I: Promotion of rational use of anti-TB drugs in India****Potential role of Medical Colleges:**

- Mandatory Training/Sensitization of all Faculty Members of all clinical and para-clinical, residents, interns, para-medical staff etc.
 - At-least Once a year
- Include the technical guidelines from CTD in the teaching curriculum preferably in Medicine or TB & Chest.
- Use of ATT should be done with extreme caution following standardized diagnostic criteria avoiding empirical use
- Regular and Mandatory Core committee meetings with the participation of maximum disciplines to be ensured. Rational use of anti-TB therapy to be on the agenda in every meeting.
- Undertake OR on the Promotion of rational use of anti-TB drugs in India.
- Medical colleges to refer suspected MDR patients to DOTS Plus site start SLD only with evidence on MDR from accredited lab
- If no accredited lab and DOTS Plus site follow Chennai statement
- Medical college should not procure Anti TB drugs and same should not be dispensed and sold in the premises of college
- Regular and Mandatory Core committee meetings with the participation of maximum disciplines to be ensured and include all relevant Department Heads in Core Committee, including Principal, M.S, Nursing superintendents. Rational use of anti-TB therapy to be on the agenda in every meeting.
- Ensure rotation of PG students of clinical specialties in DOTS center for 7 days
- Internal assessments at various levels should include evaluation of the knowledge of RNTCP

Potential role of CTD:

- CTD should promote rational use of 1st line and 2nd line anti-TB drugs.
- CTD to write to DCGI to ensure that anti-TB drugs are not available over the counter being schedule H drugs.
- CTD should bring all professional bodies on a platform and issue a consensus statement on the diagnostic and treatment modalities for TB and EP-TB.
- OR should be promoted to support the same.
- CTD may advocate to the pharmaceuticals that – “DOTS is sure cure for TB” (like “smoking is injurious to health”) may be printed on the products while promoting ATT
- No reimbursements for prescription for ATT in government sector.
- Already available book “RNTCP technical and operational guideline” to be distributed 10 copies to each Medical College.
- Consensus should be reached and circulated in diagnosis of EP TB in HIV positive cases.

Potential role of Pharmaceutical industry:

- Non scientific propaganda should be discouraged through professional/legal bodies.
- Pharmacies should strictly adhere to Schedule H regulation to sell Anti Tuberculosis drugs.

Potential Role of DCGI:

- DCGI to ensure proper observance of Schedule H drugs by dispensing chemists.

Potential Role of MCI:

- Curriculum should include fixed lectures/hours of RNTCP teaching in all levels of medical education
- There should be rotation of residents from Medicine and allied subjects in the Department of TB & Chest. (to be incorporated in logbook) Ensure rotation of clinical PG students in DOTS Center.
- Mandatory Question/short notes on RNTCP in UG & PG exams.

- DMC & DOTS Centre in a Medical College should be made a mandatory requirement for MCI recognition
- Compulsory internship in Medical College DMC cum DOT centre for 2 weeks.

Potential Role of Professional Associations:

- Advocacy among members to prescribe DOTS for management of TB
- IMA, IAP, API, FOGSI – to organize Seminars/CME/conference on diagnosis & management of pulmonary & extra-pulmonary TB including problematic cases
- To invite RNTCP trained faculty/person as speaker in all forums
- Regular publications in peer reviewed journals (JIMA, JAPI) based on guidelines of RNTCP.
- Discourage irrational use of fluoroquinolones as an antibiotic and 1st & 2nd line ATT

Ib. Group II: Mainstreaming programmatic management of DR-TB patients in medical colleges

Mainstreaming:

- Sensitization of the administrators /stakeholders of the organization/institute /university etc. for awareness of the issue and strong administrative commitment
- Formation of DOTS Plus committee and DOTS Plus site committee.
- Strengthening of the existing core committee co opting DOTS Plus committee members.
- Development of requisite infrastructure.

Academics:

- Responsibility at the level of concerned Depts., Institute/MCI
- Uniform advocacy for incorporation of the subject into the teaching curriculum through MCI(additional 1hour for teaching on DR TB)
- Development of the clinical setup& laboratory in the subject.
- Students (UG &PG) / internees exposed to lab services.
- “Chennai Consensus Statement” guidelines to be disseminated by workshops/seminars etc inside/outside medical college.

Practical Training:

- Awareness (physical visits) about layouts of labs and DOTS plus site for core committee group members and DOTS plus committee members.
- Training of paramedics/nurses/technicians/MOs
- Microbiology PGs to be posted to DOTS Plus lab for 3 months.
- PGs from medicine/ pediatrics/TB Chest & PSM to be sensitized.

Infection control:

- Every institute should have infection control committee and Infection control plan
- Administrative control: cough hygiene
- Spacing (3-4 ft) of beds in DOTS plus ward and adequate ventilation
- Space for sputum collection in medical college
- Dissemination of national airborne infection control guidelines
- Challenges in extreme weather condition
- ACSM activity
- Bio-medical waste management.
- Strict avoidance of putting patients on the floor.
- Provision of personal protective equipments as per national guidelines

Laboratory services:

- Upgrading of the present microbiology dept for accreditation purpose as per the RNTCP Guidance document for accreditation of C&DST Labs.
- AFB C& DST lab in all medical colleges to be included as a pre requisite for MCI inspection for microbiology and TB Chest PG courses recognition during MCI inspection.

- Increase the number of PG seats in microbiology considering lack of microbiologist.
- Formation of lab safety committee
- SOPS to be developed and displaying of the flowcharts in the working place
- All personnel should be screened for the job along with induction training
- Bio medical waste managements to be done
- Personal protective equipments for lab staffs
- Pre-placement examination
- Health education for all workers
- Active screening

Others:

- Adequate trained staffs appointment on long term basis,
- Ensuring uninterrupted supply of consumables, medicines other logistics.
- MDR TB activities of referrals, case findings. Treatment etc to be generated and reported by all medical colleges
- Medical colleges to carry out DR surveillance in collaboration with reference lab(IRL/NRL)
- ACSM activities in local languages in major focal points

Summary:

- Strong administrative commitment at institutional level for sustainability
- Incorporation of DR TB in teaching programme and examination and posting curriculum with uniformity through MCI
- Identification of thrust areas for bio medical research activities
- Efficient infection control mechanism following standard protocols and modular training
- Development of dedicated laboratory with committed staffs for providing reliable laboratory services
- Adequate trained human resource development.
- Updating of the technical knowledge and attitude of the health care workers.
- Dissemination of the information to the beneficiaries, other health care providers.

Ic. Group III: Making TB a nationally notifiable disease

For making TB a nationally notifiable disease, there was general lack of consensus in-spite of deliberations. Hence, this needs to be further debated in future at a larger forum. In the meantime, it was decided to conduct greater advocacy with all providers and professional associations to notify the TB cases to the district officials.

Advocacy for notification:

- With whom?
 - Advocacy with professional bodies like the IMA and other professional bodies of Medical Fraternity including the Chemists association
 - Advocacy at the social and administrative levels (PRIs, social activists, Politicians, NGOs etc.)
 - Advocacy with health Department
 - Advocacy with patients
- How?
 - Identification of groups as mentioned above
 - Meetings, seminars, during CMEs
 - Patient provider meeting
 - Print and electronic media

Id. Group IV: Review of Zonal OR Committee Meeting Recommendations

TOR for the Group:

- Are medical colleges effectively addressing operational research questions that will help TB control in India?

- Review of research questions addressed so far, comparison with national OR agenda, and guidance for future.
- OR - Mechanisms for monitoring of OR by the Zonal OR Committee

Status of ‘OR Proposals’ in Medical Colleges:

| SN | Activity over the last one year | Number |
|----|--|--------|
| 1 | No of OR Proposals submitted | 48 |
| 2 | No of OR Proposals asked for re-submission | 15 |
| 3 | No of OR Proposals approved | 21 |

“The JMM observed that there were not many examples to suggest that the states were using OR to evaluate solutions to local programme challenges. The capacity to carry out OR was limited to a few national institutes and medical colleges. Practically no OR was being carried out at state level where funds remained underutilized.” - *Report of JMM RNTCP (India) 2009 page 125*

Constraints:

- Lack of awareness regarding OR/research methodology
- Poor designing of research protocol
- Standard National OR guidelines not followed
- Only few medical colleges are submitting OR proposals
- Irregular frequency of Meetings of
 - Core Committee of different Medical Colleges
 - State Task Force
 - State OR Committee
 - Zonal OR Committee
- The minutes of meetings are not circulated to all concerned
- Communication gap/delay between State OR Committee and Zonal OR Committee
- Inordinate delay between submission - approval – funding (? 2 yrs)
- No IEC, Research section in peripheral medical colleges

Recommendations:

- OR Sensitization- In STF meetings/ Med College
- OR Workshop to be organized by CTD and participants from State and Zonal OR Committees to be invited on rotation basis to these workshops.
- Follow up/ Review of OR proposals at STF level
- Strengthen State OR committees
- Disseminate generic OR protocols - 2009 Guidelines
- Multi-centric studies- MC to get involved

Part-II: Minutes of the National Task Force meeting 2009

Date: 31st October, 2009 (1:30-2:30 PM)

Venue: Director's Board Room, AIIMS

Prof S K Sharma welcomed all the participants and appreciated the zonal and state task force members for the commendable progress made in the involvement of medical colleges in the country. The following agenda items were discussed during the meeting:

1. Deliberation and endorsement of proposed revision of RNTCP treatment regimen and nomenclature:

The proposed change in the regimen and nomenclature from the existing categories (CAT I, II & III) of RNTCP treatment regimens to 'new' and 'previously treated' was discussed and accepted by the National Task Force. It was expressed that this change was long overdue and will make the RNTCP regimens more acceptable to clinicians in the country. NTF welcomed this change and requested CTD to share the final draft of the revised guidelines. However, it was cautioned that the proposed change had implications in terms of revision of training modules and utilization of existing stock of category III drugs. This would therefore require meticulous planning and execution by the CTD.

2. Follow up from the writing group for drafting a manuscript/Report on "Status of involvement of medical colleges under RNTCP":

During the last NTF, a writing group was constituted for drafting a manuscript on the "Status of involvement of Medical Colleges under RNTCP". It was decided that the writing group under the chairmanship of Dr. Alladi Mohan would come up with the draft manuscript within the next 3 months. This may be followed by a meeting of the writing group, if required and could be clubbed with the ZTF meeting of South Zone.

3. Rolling out the pilot of the National Guidelines on Airborne Infection Control in health care and other settings in India:

The members were informed that based on the NTF – 2008 recommendations the National Airborne Infection Control Committee (NAICC) had prepared draft guidelines on Airborne Infection Control in health care and other settings. These would be finalized by November 2009. The members were further informed that the States of West Bengal and Gujarat would pilot these guidelines in a variety of health care facilities, including a few medical colleges, as per a standardized protocol that would be developed by December '09. The pilot would be for a period of 1 year and the interim results from mid term assessments may be shared during the ZTF and NTF meetings in 2010, while the final post assessment results will be presented in 2011.

4. Promoting involvement of Medical Colleges for implementing MDR-TB diagnostic and treatment services under RNTCP

a. Culture and DST services

The national task force expressed its commitment to promote involvement of existing medical college Mycobacteriology culture and DST laboratories under RNTCP. These laboratories, on accreditation as per the defined protocol, will increase the capacity of the laboratory network being established by RNTCP.

b. Serving as DOTS-Plus sites

The National Task Force also strongly recommended the participation of Medical Colleges as DOTS-Plus sites under RNTCP. It was suggested that the STF should be an integral part of the planning for initiation and expansion of the DOTS-Plus services in the State. Medical Colleges with adequate facilities for management of MDR-TB patients should be encouraged to serve as DOTS-Plus sites for which they will be required to designate a well ventilated ward with a capacity of 10-15 beds that can be upgraded to align with the National Guidelines on Airborne Infection Control.

5. Operational Research:

a. Streamlining of OR activities

The national task force endorsed that the Zonal OR Committee meetings need to be further strengthened and it should be ensured that these meetings are held on a regular basis. The revised OR guidelines and agenda need

to be widely disseminated to all medical colleges and they should be encouraged to take up OR as per the revised RNTCP OR agenda.

b. Priority areas for OR

The national task force endorsed that the revised priority areas for OR under that strengthening and regularizing the Zonal OR Committee meetings with budgetary provisions if required.

Currently, the protocol development of the following 2 priority RNTCP operational research topics has been undertaken:

- i. A prospective multi-centric cohort study to assess risk factors for unfavorable treatment outcomes including relapse among smear positive pulmonary TB patients treated with CAT I regimen for new cases under RNTCP in India.
- ii. The programme is currently in the process of scaling up the DOTS Plus services in the country in a phased manner and one of the key constraints in the delivery of treatment services is the long duration of treatment (24-27 months) which leads to high default and morbidity. Hence, the programme intends to undertake an operational research on reducing the duration of treatment for MDR TB in collaboration with TRC Chennai.

Also, operational research needs to be commissioned via CTD as priority topics in 2010 on the following initiatives:

- i. Pilot testing and assessing the feasibility of implementation of Practical Approach to Lung Health in Kerala State.
- ii. Pilot testing and assessing the feasibility of implementation of National Guidelines on Airborne Infection Control in health care and other settings in West Bengal and Gujarat.

6. Promoting RNTCP in respective professional associations:

Though RNTCP is successfully implemented across the country, the professional consensus for the treatment of extra-pulmonary TB cases is still not complete. Since all members of NTF are members of various professional associations, it was requested that they promote RNTCP in these professional associations. CTD will provide necessary support for all such advocacy in the professional associations.

7. Streamlining reporting from Medical Colleges:

It was decided that the formal communication may be sent to the ZTF, STF, STOs, DTOs and Medical Colleges to implement the revised medical college quarterly reporting formats from Q3 2009 onwards. It was also agreed upon that all STFs should be intimated to organize a workshop for Nodal Officers and support staff at DMC cum DOT Centre to clarify the correct method of preparing the revised quarterly reports.

8. Requirement of Medical Officers at Private Medical Colleges:

During deliberations on performance of various ZTFs, it was observed that many medical colleges do not have a sanctioned post of Medical Officer for the DMC cum DOT centre. There was a request made by the ZTF and STF Chairpersons to allow sanctioning of MO at the Medical Colleges that need this human resource. It was recommended that the medical colleges with adequate workload, who genuinely need a Medical Officer, should send the proposal for provision of MO with adequate justification through State TB Cell to CTD. In low burden medical colleges, TBHV should be instructed to assist STF member of the concerned Medical College in preparing the report. This needs to be communicated to STOs and DTOs. The proposals from medical colleges should be sorted out at STF level in consultation with State TB Cell and only complex cases to be referred for further guidance to CTD.