Revised National TB Control Program

TB is a major Public health, social and economic problem in our country. TB is a leading health concern all over the world particularly in India because 1/3rd TB patients belong to India globally. TB is prevalent in world since ages and its treatment is being revised with latest advances in medical sciences.

National TB Control Program (NTCP) was initiated in 1962 as a decentralized program in India. NTCP was analyzed in 1992. In the year 1993, WHO declared TB as a global emergency. A new program was evolved, which was named as RNTCP (Revised National TB Control Program). India adopted RNTCP in the year 1993.

In Punjab state RNTCP was implemented in a phased manner in the year 2001 starting with district Patiala, which was selected as a pilot district. Since Dec 2004, the whole state of Punjab has been covered under RNTCP.

The RNTCP is an application of the WHO-recommended Strategy the Directly Observed Treatment, Short-course- Chemotherapy (DOTS) to control Tuberculosis. Under this revised strategy, the main diagnostic tool is sputum microscopy instead of chest X-ray.

Organizational Setup:

A) HQ: State Health Society Pb-RNTCP.
   1. Chairman: PSHFW
   2. Vice-Chairman: MD-NRHM
   3. Member Secretary: DHS
   4. Member: SPO-RNTCP
   5. Member: SPO-RNTCP, MO-SHS
   6. MO TB –HIV Coordinator (Vacant)
   7. State IEC Officer
   8. State Accounts Officer
   9. Pharmacist/Storekeeper
   10. Secretarial Assistant
   11. State Data Entry Operator

B) District: District Health Societies RNTCP.
   1. Chairman: Deputy Commissioner
   2. Vice Chairman: Civil Surgeon
   3. Member Secretary: DTO
   4. MO-TC
   5. STS
   6. STLS
   7. TB-HV
   8. Data Entry Operator

C) Infrastructure at Distt, Level
   • District Health Society, Pb –RNTCP
   • No. TB Units- 57
   • No. of designated of Microscopy Centers- 289
   • DOT Centers- 10936
The Year wise performance of RNTCP is as shown below:

<table>
<thead>
<tr>
<th>Year</th>
<th>suspects examined per Lac per quarter</th>
<th>Total TB cases put on DOT</th>
<th>Annualized total case detection rate</th>
<th>Annualized new smear positive case detection rate (%)</th>
<th>3 month conversion rate of NSP patients (&gt;90%)</th>
<th>Cure rate of NSP patients (&gt;85%)</th>
<th>Success rate of NSP patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>140</td>
<td>30764</td>
<td>118</td>
<td>46 (48%)</td>
<td>81%</td>
<td>81%</td>
<td>84%</td>
</tr>
<tr>
<td>2006</td>
<td>149</td>
<td>34538</td>
<td>133</td>
<td>52 (55%)</td>
<td>87%</td>
<td>84%</td>
<td>86%</td>
</tr>
<tr>
<td>2007</td>
<td>146</td>
<td>35875</td>
<td>136</td>
<td>53 (56%)</td>
<td>88%</td>
<td>83%</td>
<td>85%</td>
</tr>
<tr>
<td>2008</td>
<td>154</td>
<td>38456</td>
<td>143</td>
<td>58 (61%)</td>
<td>85%</td>
<td>84%</td>
<td>87%</td>
</tr>
<tr>
<td>2009</td>
<td>169</td>
<td>38650</td>
<td>145</td>
<td>60 (63%)</td>
<td>89%</td>
<td>84%</td>
<td>87%</td>
</tr>
<tr>
<td>31-03-2010</td>
<td>189</td>
<td>9609</td>
<td>140</td>
<td>62 (65%)</td>
<td>90%</td>
<td>86%</td>
<td>87%</td>
</tr>
</tbody>
</table>

Thus after reviewing the performance indicators of previous years, it may be concluded that the achievements have been on the rising trend and now the Punjab State has achieved the RNTCP Objective of Cure Rate (85%) in 1st Qtr 2010 (86%). The success stories regarding the effective implementation of RNTCP in the state of Punjab are being published in the Year book TB India since 2007 released by Central TB Division, New Delhi.

**Revised National TB Control Programme (RNTCP) : Funds position from April,2005 to March,2010**

<table>
<thead>
<tr>
<th>Year</th>
<th>Funds Approved by GOI for RNTCP</th>
<th>Opening Balance</th>
<th>Funds released by GOI for RNTCP</th>
<th>Loan from NLEP</th>
<th>Interest &amp; Misc Receipts</th>
<th>Total Funds available</th>
<th>Funds utilized</th>
<th>Advance</th>
<th>Closing balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005-06</td>
<td>372.35 lacs</td>
<td>10082855</td>
<td>15000000</td>
<td></td>
<td></td>
<td>675044</td>
<td>25757899</td>
<td>21639185</td>
<td>4118714</td>
</tr>
<tr>
<td>2006-07</td>
<td>430.05 lacs</td>
<td>4118714</td>
<td>35000000</td>
<td></td>
<td></td>
<td>305739</td>
<td>39424453</td>
<td>30489623</td>
<td>8934630</td>
</tr>
<tr>
<td>2007-08</td>
<td>531.15 lacs</td>
<td>8934630</td>
<td>36500000</td>
<td></td>
<td></td>
<td>285462</td>
<td>45720092</td>
<td>36722324</td>
<td>8997768</td>
</tr>
<tr>
<td>2008-09</td>
<td>522.16 lacs</td>
<td>8997768</td>
<td>43200000</td>
<td></td>
<td></td>
<td>546593</td>
<td>54244361</td>
<td>44073664</td>
<td>31626</td>
</tr>
<tr>
<td>2009-10</td>
<td>616.30 lacs</td>
<td>8662870</td>
<td>47200000</td>
<td></td>
<td></td>
<td>375619</td>
<td>56238489</td>
<td>41609816</td>
<td>1070</td>
</tr>
</tbody>
</table>

Closing Balance with State=45,14,199
Closing Balance with 20 districts=9914474

NOTE: Every Year our 1st Installment of Grant is released by CTD in the month of May so Society has to keep 2 months Expenditure with them.
Trends in Annualized NSP Case Detection Rate (67-95 cases/lac/yr)
Trends in Cure Rate of NSP Patients (>85%)

Other Features of the Programme:-

A) SUPPLY OF MEDICINES:
- State Drug Store is established as per guidelines.
- Free Anti-TB drugs are being received from Govt. Medical Store Depots (GMSDs) on quarterly basis against release orders by the Central TB Division (CTD), New Delhi.
- Medicines from state are being supplied to districts quarterly on the basis of their quarterly consumption and balance at district stores.
- District Societies further distribute the medicines to peripheries as per requirement.

B) Scaling of Manpower:
Initialy in Punjab state only 20% of the regular LTs were allowed to be recruited under RNTCP but with consistent efforts of the department, the state was allowed to recruit 50% of the regular LTs on Contractual basis.
C) Facilities to MDR Patients:

Presently no lab is designated for MDR suspects but up till now MDR suspects are being referred to IRL at Delhi. In future an intermediate reference laboratory for Culture Sensitivity test is going to be established at TB hospital, Patiala for the diagnosis and treatment MDR-TB cases. The civil works are complete and equipments will be installed by the year 2010. Prior to the establishment of intermediate reference laboratory at Patiala, C&D DST facility is proposed to be provided through the microbiology department of medical colleges in the state. For the involvement of Medical Colleges under RNTCP Multi disciplinary Core Committee has been constituted in all the medical colleges. The meetings are being held quarterly. The last State Task force meeting was held at Ludhiana in Feb 2010.

D) Global Funding for AIDS, TB & Malaria:

Under GFATM project of Govt. of India, IMA Punjab, has initiated the Public Private partnership project between IMA, Punjab and RNTCP, Pb to assist in achieving the goal to bring down the burden of TB in Punjab till it ceases to be a public health problem. Under this project one objective will be sensitization of the members of IMA about DOTS regimen and its effect vice versa daily regimen.

This project will provide impetus to the private health care sector to join and participate in RNTCP by using the DOTS strategy for patients suffering from TB.

Every year state level Function is organized on World TB Day and activities like Awareness Rallies, Magic Shows are organized and best Distt. for good performance under RNTCP, best DTOs and other good performing staff members under RNTCP from different districts of the state are awarded in the function.

E) TB-HIV Co-ordination:

TB-HIV Intensified package has been launched in Punjab state in April 2010 under which the TB patients will be offered free HIV testing at the ICTC centres of PSACS. Patients who are found to be HIV positive will be given CPT (Cotrimoxazole Preventive Treatment) and also referred to ART Centre for further evaluation.

F) DOTS Plus:

DOTS Plus action plan of Punjab State has been submitted to CTD, New Delhi. DOTS Plus Committee is being constituted and DOTS plus Site has been identified as TB Hospital, Patiala.

G) Other Sector Involvement:

MOU have been signed with Operation ASHA under Slum Area scheme has been implemented in districts namely Amritsar & Ludhiana.

H) ACSM ACTIVITIES:

For generating more awareness regarding TB in the periphery at the district level Community Volunteers are being given training regarding DOTS with the help of State Red Cross Society, Pb. Various ACSM activities like Community Meetings, Awareness camps and Magic Shows are organized in all the districts across the state for creating awareness. Patient Provider Meetings are also organized to make patient compliance towards the treatment. Trainings of Asha Workers have been completed in state of Punjab.
**Few Success stories published in TB India 2009**

**SUCCESS STORIES:**

1. **RMP OF SLUM AREA GAVE DOTS TO 96 PATIENTS**

   Subash Kalohtra is RMP working in slum area in Indra Colony Amritsar. He has been DOTS Provider in RNTCP Revised National Tuberculosis Control Programme since -2003. He also supports the organizing of Community Meetings, Magic Shows in his area for advocacy of Tuberculosis & he has given DOTS to 96 patients till now in his clinic. He was honored by Honorable Health Minister Prof. Laxmi Kanta Chawla.
2. Screening of RNTCP CD:

To create awareness among general public in rural areas and to increase the detection rate in the district Rupnagar, a new initiative has been taken by the District Health Society, Rupnagar. A van equipped with TV set and CD player has been supplied by the District Health Society to go to remote areas to create awareness about TB. This activity is being supervised by either STS or TBHV or MPHW of the area. So far 426 villages have been covered by the team which is headed by MEIO. The remaining villages will be covered in the near future. This IEC activity is proving very useful as the self-referral have increased.

3. Religious leaders Extend Support for Spreading Awareness about TB:

The Gurudwaras in Malupota (Distt. Shahid Bhagat Singh Nagar) and 15 other in Roopnagar have used miking to spread awareness about TB in addition to regular activities. This has resulted in an increase in self-referrals and case detection.

Sh. Darshan Singh, who has been working as granthi in the gurudwara in Malupota for the last 26 years, has extended support by making announcements from the gurudwara for the last two years, asking the patients with history of cough for more than three weeks to go for the free investigation of sputum for detection of TB and free treatment of TB in the village itself under supervision of DOTS provider (Aanganwari Worker). Due to his efforts, so far 14 patients have been diagnosed

H) Future Plans

- Implementation of Effective State Annual Action Plan (SAAP) for 2010-11 highlighting OR Project, Slum Area Interventions, C & DST Lab, Facility and Partnership Initiatives
- Establishment of DOTS Plus site for MDR-TB patients at STDC Patiala.
- Promoting of OR Projects for Involvement of PP’s in RNTCP under the Chairmanship of State Task Force.
- Study of Retreatment Cases in Amritsar & Jalandhar in coordination with Punjab State Red Cross Society in accordance with CTD-New Delhi.
- Strengthening of Referral & Feedback Mechanism