Editorial

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Stop TB — Partnership is the Key

Tuberculosis control has always been a serious challenge anywhere. First countrywide report of the epidemiological burden in India came from National Sample Survey (NSS) 1955-58. The survey confirmed the impression of high prevalence of tuberculosis with widely separated infection and disease rates, comparatively low mortality and morbidity rates, chronic disease more in elderly and lack of significant difference between urban and rural population. However, NSS had to make certain compromises on grounds of practicability and feasibility to get estimates for India as a whole as access and reach were not uniform all over the country. Pockets of extremely high morbidity were not considered separately.

The core challenge appeared to be delayed diagnosis and inadequate treatment. As per records, patients seeking care in the public sector had a better chance of treatment than from private providers but still 1/3rd were lost between care-seeking and successful cure. National TB Programme of India (NTP) was instituted in 1962 for this measure. NTP was originally designed for domiciliary treatment, using self administered standard drug regimen. Unfortunately the notion that time that patients with tuberculosis do not need to be hospitalized got wide acceptance and practice but the equally important finding of the need for supervised treatment was largely overlooked. NTP got marred by overreliance on chest X-ray for diagnosis at the cost of sputum smear and more stress on diagnosis rather than cure. This was compounded by inadequate funding and weak organizational support. A programme review after 30 years in 1992 revealed that only 30% of patients were being diagnosed and of these, only 30% completed treatment successfully. Revised National Tuberculosis Control Program (RNTCP) pilot project was the result, commissioned in 1993 and launched in 1997 adopting the internationally recommended Directly Observed Short Course (DOTS) strategy as the most systemic and cost effective approach to combat tuberculosis. The essential components were: political and administrative commitment to ensure the provision of organized and comprehensive TB control services; reliable and early diagnosis through smear microscopy of self-reporting chest symptomatic in the general health services; an uninterrupted supply of good quality anti-TB drugs; effective and patient-friendly treatment with Short Course Chemotherapy (SCC) given under direct observation; and accountability through proper recording and reporting. The objective of RNTCP were to achieve at least 85% cure rate among the new smear positive cases initiated on treatment and thereafter a case detection rate of at least 70% of such cases. RNTCP was scaled-up in 1998 and by 2004 more than 80% of country populations were covered. Entire country got covered by RNTCP by 2006 paving the way for the next step, Stop TB Strategy in 2006.

STOP TB Strategy 2006 :

While RNTCP was gathering momentum, the menace of HIV and drug resistant TB also assumed epidemiological proportions. In 2006, WHO introduced a six-point Stop TB Strategy building on the success of DOTS, but also incorporating new challenges and in particular HIV-related TB and MDR-TB. The Stop TB Partnership launched the Second Global Plan to Stop TB, 2006-2015 providing a roadmap and budget to reach the Millennium Development Goals (MDGs) and related Stop TB Partnership targets for TB control by 2015.

STOP TB strategy had additional six components. (1) Pursue high-quality DOTS expansion and enhancement. (2) Ad-

dress TB/HIV, MDR-TB, and the needs of poor and vulnerable populations. (3) Contribute to health system strengthening based on primary health care. (4) Engage all care providers. (5) Empower people with TB, and communities through partnership. (6) Enable and promote research.

Public Private Mix (PPM) :

Even before the study of Uplekar in 1991 it was evident that significant proportions of the tuberculosis patients in India are managed by the private sector and RNTCP must involve the private health sector in general and private practitioners in particular in TB care and control. The Stop TB concept initiated a comprehensive approach to involve all relevant health-care providers in DOTS and ensure that they apply international standards for TB care. These included 'Private-for-profit qualified clinical providers' and 'Non Governmental Organization qualified clinical providers'. The PPM DOTS concept was expanded to encompass engagement with a range of providers, including some semi-qualified providers, traditional providers and public and private hospitals.

National Strategic Plan for Tuberculosis Control, 2012–2017 :

The central theme of this plan was the goal of universal access to quality TB diagnosis and treatment for all TB patients in the community. This entailed sustaining the achievements till date, finding unreached TB cases before they can transmit infection, and treating all of them more effectively, preventing the emergence of MDR-TB. The dossier laid out the next 5 year plan towards achievement of a "TB free India" considering the issues and challenges ahead and outlining the framework for tackling each of these. Integration of the private sector with RNTCP was deemed crucial for fight against TB. During 2012-17 RNTCP targeted to encompass, accept and improve TB care provided by the private sector at the national and state level. Involving private practitioners (PPs) through RNTCP- Indian Medical Association public-private mix (RNTCP-IMA PPM) project was a great step towards this direction. A Government order issued by the Government of India in May 2012 mandated all health care providers to notify every TB case and / or treated, to local authorities. To support TB notification and strengthen TB surveillance in general, a case based web based TB notification system NIKSHAY was established to provide platform for notification from both public and private sectors.

National Strategic Plan for Tuberculosis Elimination 2017–2025 :

India is now poised to address TB better than ever before. With advanced and effective interventions and technologies the National Strategic Plan 2017–25 (NSP) aims for TB elimination in India. The requirements for moving towards TB elimination have been integrated into the four strategic pillars of "Detect – Treat – Prevent – Build" (DTPB). DETECT: Find all DS-TB and DR-TB cases with an emphasis on reaching TB patients seeking care from private providers and undiagnosed TB in high-risk populations. TREAT : Find all DS-TB and DR-TB cases with an emphasis on reaching TB patients seeking care from private providers and undiagnosed TB in high-risk populations. PREVENT: Prevent the emergence of TB in susceptible populations. BUILD: Build and strengthen enabling policies, empowered institutions and human resources with enhanced capacities.

The National Stop TB Partnership :

Tuberculosis elimination is a daunting task and needs integrated effort from all the stakeholders. The National Stop TB Partnership in India is a consortium of civil society representatives and NGOs working with the Government for increased visibility and community ownership of the national TB program and to provide a platform for all to work together. Partnership of RNTCP with Indian Medical Association (IMA) is of paramount importance in this effort. IMA End TB Initiative 2018 project would provide impetus to private doctors with awareness campaign, training, streamlining TB treatment and reporting in all the states and Union territories of India.

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