National Tuberculosis Elimination Programme (NTEP)

February 25, 2021

In News: Tuberculosis control programme renamed, to focus on
elimination

About National Strategic Plan for 2017- 25 for TB elimination in India

- The NSP 2017 2025 builds on the success and learnings of the last NSP and encapsulates the bold and innovative steps required to eliminate TB in India by 2030.
- It is crafted in line with other health sector strategies and global efforts, such as the draft National Health Policy 2015, World Health Organization's (WHO) End TB Strategy, and the Sustainable Development Goals (SDGs) of the United Nations (UN).

Vision: TB — Free India with zero deaths, disease and poverty due to tuberculosis.

Goal: To achieve a rapid decline in burden of TB, morbidity and mortality while working towards elimination of TB in India by 2025.

Strategic pillars

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 : Initiate and sustain all patients on appropriate anti TB treatment wherever they seek care, with

- patient friendly systems and social support.
- Prevent the emergence of TB in susceptible populations
- Build and strengthen enabling policies, empowered institutions and human resources with enhanced capacities.

Action list

For achieving the goals of the NSP 2017-2025, the following critical components of the programme will be addressed on priority. The next set of actions include:

- The Ministry of Health and Family Welfare (MoHFW) will evolve a scheme to address the patients seeking care in the private sector. The scheme will have suitable incentives for the private doctors and patients to report TB cases coupled with another scheme to provide free of cost medicines to TB patients going to a private doctor/institute.
- A robust, modern MIS system will be developed to monitor the newly diagnosed as well as existing cases of TB on delivery of the drug kit to the patient, compliance to treatment regimen etc. The MIS system will have suitable linkages with the private pharmacy on sale of anti-TB drugs thereby integrating those patients into the MIS.
- The availability of rapid molecular tests will be suitably augmented so that these diagnostic facilities are also made available for patients referred by any private doctor or institute.
- To improve the compliance of the TB patients to the treatment regimen, MoHFW will start customized SMS services to the individual patients on a regular basis reminding them about the time to consume the drugs.
- The MoHFW will establish mechanisms for facilitating nutritional support to the TB patients, including financial support through DBT mode.
- The MoHFW will work on a scheme to provide suitable incentives to the States doing well in RNTCP. The

- incentives will also be linked with performance in "Swachh Bharat Mission".
- TB Corpus Fund: To improve financial sustainability in the TB sector the programme will mobilise additional resources to accelerate TB control efforts, for which the 'Bharat Kshay Niyantran Pratishthan' (India TB Control Foundation) is proposed. Activities like nutrition support for TB patients, active case finding in prisons, slums, tribal areas, sputum collection and transport in difficult areas will be carried out.

What is Tuberculosis (TB)?

- Tuberculosis (TB) is caused by a bacterium called Mycobacterium tuberculosis.
- The bacteria usually attack the lungs, but TB bacteria can attack any part of the body such as the kidney, spine, and brain.
- It is a communicable disease which is spread from person to person through the air.
- According to the WHO, it is one of the top 10 leading causes of death worldwide.
- It is curable and preventable, however, bacteria have become resistant to various strains of antibiotic leading multiple drug-resistant TB which is difficult to treat.