Revised National Tuberculosis Control Programme

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__Source__: National Health Portal & Ministry of Health and Family Welfare

Timeline of the TB programme in India

- **The National TB Programme (NTP) was launched by the Government of India in 1962 in the form of the District TB Centre model** involved with BCG vaccination and TB treatment.
- In 1978, BCG vaccination was shifted under the Expanded Programme on Immunisation. A joint review of NTP was done by the Government of India, the World Health Organization (WHO) and the Swedish International Development Agency (SIDA) in 1992 and some shortcomings were found in the programme.
- Around the same time in 1993, the **WHO declared TB as a global emergency, devised the directly observed treatment — short-course (DOTS)** and recommended to follow it by all countries.
- The Government of India revitalized NTP as the Revised National TB Control Programme (RNTCP) in the same year(1993).
- DOTS was officially launched as the RNTCP strategy in 1997 and by the end of 2005, the entire country was covered under the programme.
- During 2006–11, in its second phase RNTCP improved the quality and reach of services, and worked to reach global case detection and cure targets. These targets were achieved by 2007-08. Despite these achievements, undiagnosed and mistreated cases continued to drive the TB epidemic.
- During this period for the achievement of the long term

vision of a "**TB free India**", **National Strategic Plan for Tuberculosis Control 2012-2017 was documented with the goal of 'universal access to quality TB diagnosis and treatment for all TB patients in the community'.**

- Significant interventions and initiatives were taken during **NSP 2012-2017 in terms of mandatory notification of all TB cases**, integration of the programme with the general health services (National Health Mission), expansion of diagnostics services, programmatic management of drug-resistant TB (PMDT) service expansion, single-window service for TB-HIV cases, national drug resistance surveillance and revision of partnership guidelines.

- However, **to eliminate TB in India by 2025, five years ahead of the global target**, a framework to guide the activities of all stakeholders including the national and state governments, development partners, civil society organizations, international agencies, research institutions, private sector, and many others whose work is relevant to **TB elimination in India is formulated by RNTCP as National Strategic Plan for Tuberculosis Elimination 2017-2025.**

Key Highlights of the revised programme

Objectives of RNTCP

- To achieve and maintain a cure rate of at least 85% among newly detected infectious (new sputum smear positive) cases
- To achieve and maintain detection of at least 70% of such cases in the population.

Revised Strategy

- Augmentation of organizational support at the centre and state level.
- Use sputum testing as a primary method of diagnosis

- Standardized treatment regimen
- Ensuring regular, uninterrupted supply of drugs
- Emphasis on training, IEC, operational research & NGO involvement.
- Increased budget outlay

National strategic plan for tuberculosis elimination 2017-2025 and RNTCP

RNTCP has released a 'National strategic plan for tuberculosis 2017-2025' (NSP) for the control and elimination of TB in India by 2025. According to the NSP TB elimination has been integrated into the four strategic pillars of "**Detect – Treat – Prevent – Build" (DTPB).**

Vision, Goals, and Targets of NSP

The NSP 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 to attain the vision of a TB-free India.

Vision: TB-Free India with zero deaths, disease and poverty due to TB

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

Pillars of NSP: Explaining the DTPB approach of NSP 2017 -2025

DETECT	HOW DO THEY DO IT?

Find all DS-TB(drug-susceptible tuberculosis) and DRTB(Drug-resistant TB) cases with an emphasis on reaching TB patients seeking care from private providers and undiagnosed TB in high-risk populations	• Scale-up free, high sensitivity diagnostic tests and algorithms • Scale-up effective private provider engagement approaches • Universal testing for drug-resistant TB • Systematic screening of high-risk populations
T R E A T	HOW DO THEY DO IT?
Initiate and sustain all patients on appropriate anti-TB treatment wherever they seek care, with patient-friendly systems and social support.	• Prevent the loss of TB cases in the cascade of care with support systems • Free TB drugs for all TB cases • Universal daily regimen for TB cases and rapid scale-up of short-course regimens for drug-resistant TB and DST guided treatment approaches. • Patient-friendly adherence monitoring and social support to sustain TB treatment • Elimination of catastrophic costs by linking eligible TB patients with social welfare schemes including nutritional support
P R E V E N T	**HOW DO THEY DO IT?**

Prevent the emergence of TB in susceptible populations	• Scale up air-borne infection control measures at health care facilities • Testing and treatment for latent TB infection in contacts of bacteriologically-confirmed cases and in individuals at high risk of getting TB disease • Address social determinants of TB through intersectoral approach
B U I L D	**HOW DO THEY DO IT?**
Build and strengthen enabling policies, empowered institutions, human resources with enhanced capacities, and financial resources to match the plan.	• Translate high level political commitment to action through supportive policy and institutional structures: 1. National TB Elimination Board with 4 divisions instead of the current administrative set up at the national level and matching structures at state level 2. National TB Policy and Act • Restructure RNTCP management structure and implementation arrangement: Substantially augmented HR and HR reforms to include unified programme supervisory cadre (merger of STS/STLS/TBHV) and dedicated staff for TB surveillance network in the country • Scale up Technical Assistance at national and state levels. • Align and harmonize partners' activities with programme needs to prevent duplication

NIKSHAY and RNTCP

- NI-KSHAY-(Ni=End, Kshay=TB) is the web enabled patient management system for TB control under the Revised National Tuberculosis Programme (RNTCP). It is developed and maintained by the Central TB Division (CTD), Ministry of Health and Family Welfare, Government of India, in collaboration with the National Informatics Centre (NIC), and the World Health Organization Country office for India.
- Nikshay is used by health functionaries at various levels across the country both in the public and private sector, to register cases under their care, order various types of tests from Labs across the country, record treatment details, monitor treatment adherence and to transfer cases between care providers.
- It also functions as the National TB Surveillance System and enables reporting of various surveillance data to the Government of India.

Status of TB in India

In absolute numbers, India accounts for 27 percent of World TB Cases in 2017 as per the WHO's Global TB Report 2018. However, in terms of incidence of TB i.e., the number of cases per lakh population, India ranks 35th in the world.