Recommendations on Suraj Kund Workshop
dt 11-12 Sep 1991.

NO Z-16023/2/91-TB

D G H S New Delhi

1. National TB control Programme

No need to change integrated nature of NTP, keeping in view of the modest success already achieved and the rising acceptance of the fact that there is no alternative to integration. Instead, both short and long term steps should be taken to expand areas of integration & strengthen integrated activities, starting from the dist. level because at present integration is functional, largerly at the periphery.

2. Case finaling (CF) :

After reviewing the contribution made by Multi Purpose Workers (MPW) at the Primary Health centres (PHC) level, specially in case finding, the group recommended that the initial programme of male MPWS undertaking this activity should be continued. However, it was felt that strengthening the laboratory components at the PHC level is essential to make this con ribution more meaninful. Therefore, immediate steps are needed to take up the training activity for rural Lab Technicians (LI-s) in order to strengthen the laboratory servies at PHC level.

The group unanimously recommended that the case finding as a whole needs to be stepped up. However the strategy for urban and meterpolitan cities have to be different from the rural areas. Within cities the focus has to be on slums, bustis and new settlements in outlying areas.

In order that the CF & later case holding in the cities to be successful, it is importive that all the General Hospitals, dispensaries & other institutions work in an organised & co-ordinately manner, so that the TB services can be rendered efficiently. In addition, voluntary organisations can be organised to devote particular attention to the slums, bastis and out lying settlements as a part of co-ordinating the Programme. It was mentioned that the Govt. has a scheme of establishing community health centres (CHC-s) with adequate staff & other facilities. These CHC could assist in augmenting CF with the use of x-rays and should be more conveniently situated between the DTCs & PHCs. However, till these are in place, CHCs for stepping up CF cannot be the matter of any recommendation.

3. Case Holding (CH) :

The crucial importance of adequate availability of Anti-TB drugs for making tratement & CH meaningful, it was recommended that steps should be taken to ensure adequate supplies of drugs not only in DTCs but also in the PHCs.

The number of drug regimens in the National Chamotharepy policy was reduced to a minimum in order to avoid confusion. The group recommended for adoption of the following drug regimen.

Conventional Thearapy (when SCC is not introduced).

- 2 SHT/10 HT - for SP +ve & seriously ill patient
  (S-0.75 gm, H-300 mg, T-150 mg daily)
- 12 HT for smear Neg - but radiologically Pos.

If the pt cannot tolerate T then 'T' to be replaced by 'E'

SCC

1. 2 EHRZ/6 HT
2. $2EHRZ/4H_2R_2$ (Bi weekly)

(H-600 - 700 mg with Vit B 10 mg, R-600 mg)
Bi weekly in contmation phase

(If the pt cannot tolerate 'T' be replaced by 'E')

(H-TNH, S-Sheptomycin, T-Thiacetazone, R-Rifampicin, Z-Pyrazinamide, E-Ethambutol).

The group underlined the fact that the intention is to introduce SCC all over the country as soon as possible. The conventional regimen will be used till such time the SCC covers the entire country.

It was further recommended that all SP + cases could be given SCC. The SP Neg pts should be given conventional regimen.

Case holding capacity needs considerable strengthening. For this purpose operational studies are needed, specially focussing on drug distribution & taking drug defaulter action. It was also felt that in this area the NGO's can play an important role.

...3..

4. Management of the programme :

The importance of supervision & Monitoring was stressed. It was pointed out that these two have to be done at all levels. At present, programme - monitoring is being done by NTI, Bangalore from the quarterly reports received from the states. This could be continued. But in addition, states have to take up this responsibility, leading to the establishment of strong monitoring cell in each state, which can be a part of Monitoring section for all the Health Programmes. It was recommended that NTI should explore the need to train staff in supervision as well as in monitoring. To strengthen central monitoring and supervision, Regional Health Offices (RHOs) may be involved to improve supervision & monitoring at regional level.

5. Training

The training activities at the NTI, Bangalore must be continued and modified in the light of the various recommendations being made. However, to reduce the training load of a big country like India, it was strongly recommended that state TB. Demonstration centre, should take up the re-training & re-orientation of their personnel.

6. Health Education (HE)

The importance of Health Education was realised by every one. It was also agreed that the responsibility of HE at the district level has to be co-ordinated and discharged in collaboration with H.E bureau, village officials, voluntary organisation, & School Health Education authority etc. US aided Health project was undertaken by TB Association of India, recently in 250 dist. in the country. Based on this experience it was recommended that pattern of work adopted therein needs some modification. The remaining dist. in the country can be implemented in collaboration with the agencies concerned, according to the modified pattern. In this connection, better use of electronic media was suggested.

7. Repeat survey : Noting that the available data on prevalence and incidence in the country are quite old it was stressed that the data has become irrelevant. The group realised that the need for up-to-date data will be felt more strongly as time passes. The possibility of conducting a nation wide survey of simpler kind is being explored by some research institutions & NTI, Bangalore. When the methodology become suitable, the question of repeating nation wide survey can be re-examined.

8. Target setting : In view of the experience gained due to targets especially the C.F since 1952, the group strongly recommended that the practice of target setting should be continued with some modification, if it becomes necessary.

9. Voluntary Organisation (VOS) : It was strongly felt that the time had come for VOS to become partners with the Govt. in running the NTP successfully. Besides Health Education, they could greatly help in C.F., especially in the city slums and CH by establishing the Drug Distribution Centres, from where the patients could collect drugs at the most convenient time. It was also recognised that besides the TB Association of India (TAI) and its affiliate state organisations, there are other voluntary agencies which are doing anti TB work. The responsibility for bringing the other small VOS under the umbrella of NGOs should be taken by TAI. The processes of establishing close communication, collaboration and co-ordination with NGOs should be taken up as soon as possible.