

# नौशय पत्रिका

Quarterly publication of  
Central TB Division

Issue III : April - June 2020

Volume : II

## In This Issue

Topic	Page No.	Topic	Page No.
• Stigma: The Invisible Barrier	3	• Capacity Building Workshop for TB Champions in Haryana	12
• India TB Report 2020 Released	5	• World Bank Virtual Implementation Support Mission for PTETB	13
• Realtime monitoring of DR-TB	8	• Anti-TB Drugs Supply During COVID Pandemic	14
• Education Is the Premise for Positive Behaviour Change	9	• Ensuring uninterrupted Drug Supply & Lab Linkages Amidst Lockdown	14
• National TB Call Centre	10	• State TB Cell Health and Family Welfare Department Government of West Bengal	16
• 1 <sup>st</sup> National Level Community Engagement Meeting	11		





**Dear Readers,**

TB occurs in every part of the world. In 2018, the largest number of new TB cases occurred in the South-East Asian region, with 44% of new cases, followed by the African region, with 24% of new cases and the Western Pacific with 18%. In 2018, 87% of new TB cases occurred in the 30 high TB burden countries. Eight countries accounted for two-thirds of the new TB cases: India, China, Indonesia, Philippines, Pakistan, Nigeria, Bangladesh and South Africa.

India accounts for one fourth of the global TB burden. The Health Ministry has reiterated its commitment to eliminate TB in the country by 2025. Accordingly, in tune with the ambitious objectives Revised National Tuberculosis Control Program (RNTCP) has been renamed to National Tuberculosis Elimination Program (NTEP).

To fulfill the dream of “TB free India” twelve states have already affirmed to achieve the target of TB elimination from their respective states by 2025 in line with the national goal laid out by Honorable Prime Minister Shri Narendra Modi. Other states are also being encouraged to commit to these goals. The TB programme has made rapid strides in the country. We could reach 24 lakh, TB patients, as against an estimated 26.90 lakh patients in the country.

The gap in “Missing cases” under the programme has reduced from 10 lakhs to less than 3 lakhs last year. This reduction in gap is due to sustained efforts of the programme for extending its reach which resulted in increase in case notifications by 50% as compared to 2015 levels. At the same time, there has been a decline in the incidence of about 8.3% since 2015. Molecular Diagnostic Testing facilities for DRTB have seen a massive increase from 123 machines (2015) to 1545 machines (2019). The programme is targeting to have at least one Molecular Diagnostic testing in each block in the next two years and aims to take the number of machines to a at least one at each block level (~6500). The programme is also moving towards injection free all oral regimen for MDR TB with new anti-TB drugs Bedaquiline and Delamanid.

Considerable progress has been made on the community engagement front. 700 district-level TB forum has been formed. 1500 TB Champions have been chosen to have two TB Champions at every block level.

Coordination at the multi-sectoral level is showing positive results. MoU has already been signed on behalf of Railways, Defense and Ayush ministry. Efforts are on to onboard other ministries and would be done shortly. The vision to end TB by 2025 can become a reality provided all stakeholders act in unison, continue to build momentum, invest, and innovate and harmonize the efforts through concerted action.

This special issue of Nikshaya Patrika has a special focus on the India TB Report release and other informative updates from the programme. Hope you will enjoy reading this as much as we enjoyed putting it together.

**Dr KS Sachdeva**  
(DDG, Central TB Division)

  
**Editorial**



## STIGMA: The Invisible Barrier for Elimination of Tuberculosis

Dr Sudarsan Mandal

The difference in behavioural patterns arising from myths and misconceptions may negate carefully planned and well-intentioned public health endeavours like National TB Elimination programme (NTEP).

Tuberculosis (TB) related stigma is an established phenomenon with various factors interplaying at individual, family, community, and societal levels.

Stigma is associated with feelings of shame, hopelessness, and reluctance to ask for help. It often leads to bullying, physical tortures and violence. Fear of infection and sufferings is the most common cause of TB stigma. Stigma in TB has serious socioeconomic consequences, particularly for women. Stigma is a powerful social process of devaluing people or groups and discrimination which follows it. Discrimination is the unfair and unjust treatment of an individual based on that socially identified status. Stigma thus manifests its role in shaping health-seeking behaviour of an individual who may get demotivated to seek care and thus may contribute to suboptimal TB care.

Myth-misinformation increase stigma- discrimination further.

According to WHO "About one-fourth of the world's population is estimated to be infected with TB and about 5-10% of those infected develop active TB disease in their lifetime." India has the highest burden of TB in the world. Each day, over 4000 people die of TB in the world. In India, more than 1150 people lose their lives daily due to this killer disease.

"We must eradicate it if we are to fulfil our vision of a world without TB by 2030" **Stop TB Partnership.**

Stigma is a process that begins when a particular trait or characteristic of an individual is identified as being undesirable or disvalued [1]. The stigmatized individual often internalizes this sense of disvalue and adopts a set of self-regarding attitudes of shame, disgust, and guilt [2]. The concept of stigma was first introduced by Goffman in 1963 and was described as a trait that lowers an individual from a usual person to a tainted one [2]. Stigma negatively impacts public health efforts for early diagnosis and treatment [1].

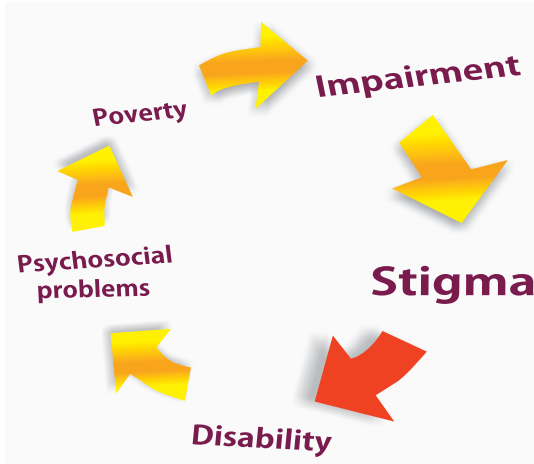
Tuberculosis apart from being one of the world's major killer diseases is very much a social disease also. TB Patients put on several months-long multidrug

antibiotic therapies not only have to deal with drug side-effects but often have to face the associated stigma from their families, friends, colleagues, and society. They fear getting infected and therefore ostracize the TB patient. Negative stigma effect may influence the healthcare-seeking behaviour of the TB patient. If there is no social support, this stigma may eventually lead the patients to stop taking treatment.



Outdoor creative to reduce stigma developed by Central TB Division

Other reasons for Tuberculosis-Stigma is its association with poverty, hunger, low socioeconomic status, HIV, homelessness, history of prison/refugee status, drug-alcohol misuse, and slum populations. So, stigma and discrimination may result in late presentation or non-reporting of the patient to the health system which may ultimately reduce the TB notifications. These missing TB cases not only suffer from consequences of the disease, but they continue to transmit infection in the community to increase the disease burden further. Associated mental health problems, including depression and anxiety, also affect TB treatment adherence.



The adverse social consequences of TB may include the following: stigmatization and social isolation, interruption of studies, loss of employment, or divorce. Often, the negative consequences extend to the family of persons ill with TB [3].

Even in 2020, some people in our country still believe that Tuberculosis is due to TB patients' past sins. Stigma is sometimes deeply rooted in our society though it may vary from culture to culture. People who are discriminated against may be isolated socially, particularly in smaller communities – even entire families may be shunned. Nearly 3 lakh children are forced to leave school in India every year because their parents have TB [4]. More than 100000 women are stigmatised and rejected by their families each year due to TB. This leads to many children to become orphans [4].



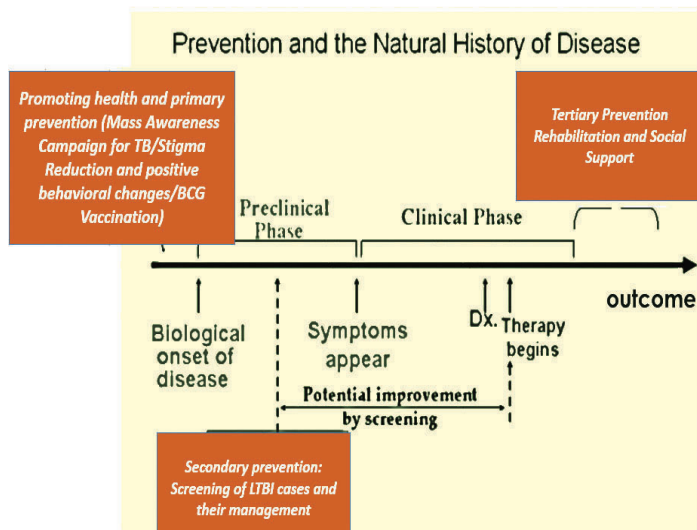
Outdoor creative to reduce stigma developed by  
Central TB Division

The slogan of World TB Day 2020 is- "It's TIME". It's time for people to be more aware of tuberculosis and it's time to stand against stigma. "TB Harega Desh Jeetega Campaign" was launched by the Hon'ble Health Minister Dr Harsh Vardhan on 25th September 2019 showcasing the highest level of commitment and implementation towards the awareness campaign of TB and making it a mass awareness campaign. Stigma - discrimination reduction has become the focus area of this campaign. Some of the key messages for stigma reduction are:

- i) Tuberculosis is a bacterial infection spread by airborne droplets from TB patients. If a person comes in contact with a known TB patient at a close distance for a long period of exposure (typically eight hours or more) then that person is at risk of contracting the disease.
- ii) TB is a treatable and curable disease. With timely, appropriate, and complete treatment TB is cured.
- iii) TB diagnosis and treatment are available free of cost at public and private health facilities.
- iv) While coughing or sneezing; one should cover the mouth & nose with bent elbow or handkerchief/tissue paper as "Basic cough etiquette". This is an important step to prevent the spread of TB.
- v) If you have had cough for more than two weeks; consult your doctor.
- vi) It is time to stand against stigma and discrimination associated with TB.
- vii) If one has any query or need help related to TB, then one may call "Nikshay Sampark" toll-free Helpline number 1800-11-6666.

These IEC- strategies should be implemented both at the individual and the community level. What is required is a patient-centric approach. This starts with the patient- counselling (interpersonal communication) to empower affected persons to assist in the development and implementation of stigma-reduction programmes at other levels.





Stigma was significantly associated with lack of knowledge about TB. We, the health professionals have to discourage any type of stigma and unhealthy practices. This can be achieved by intensive health education through an awareness campaign using all

media platforms to promote the adoption of scientific methods and healthy practices. Health managers of the country will have to take up new interventions and mount aggressive awareness campaign for TB and to end associated stigma & discrimination to achieve TB elimination targets of 2025.

*References:*

1. Link, B, Phelan, J. Conceptualizing stigma. *Annu Rev Sociol* 2001; 27:363–85. Google Scholar | Crossref | ISI
2. Goffman, E. *Stigma: Notes on the management of spoiled identity*. Garden City (NY): Anchor Books; 1963.
3. KNCV Tuberculosis Foundation; *Zero Discrimination: International Meeting on How to Get to Zero TB Stigma-Are TB stigmas susceptible to intervention?* Published on 2<sup>nd</sup> June, 2016
4. AH Suryakantha, *Community Medicine with Recent Advances*, 5th Edition (2019) Chapter 20: Epidemiology; 315

**Dr. Sudarsan Mandal**

**Addl. DDG, Central TB Division, MoHFW**

## INDIA TB REPORT 2020 RELEASED Country Sees Remarkable Progress in Finding, Treating TB Cases

**VV Sundar**



The 20<sup>th</sup> edition of India TB Report was released on 24<sup>th</sup> June 2020 on Nikshaya Diwas by Dr Harsh Vardhan, Honorable Minister of Health and Family Welfare and Mr Ashwini Kumar Choubey, Honorable Minister of State for Health and Family Welfare in the presence of senior ministry officials, partner organizations, state and union territory teams. The first India TB Report was released way back in 2001. This year's event would go down in the history for being held virtually amid a national pandemic with participants joining

online through a web link connecting all states, UTs along with various partner organizations and social sector organizations.

Delivering the welcome note, Ms Aarti Ahuja, Addl Sec & DG (NTEP) in her address cited about the ambitious targets being pursued by the MoHFW to eliminate TB from the country. The National Strategic Plan (2017-25) lays out the blueprint for pursuing the goals. Ms Ahuja said that in the current situation, complexities have increased due to COVID-19 pandemic. However, it has also provided an opportunity to measure and assimilate new learnings. The India TB Report is a valuable milestone and provides evidence for further policy making, she said. Ms Ahuja also congratulated the states that have won in the national ranking for best performing states and UTs and said that it is a testimony of the hard work put in by all the colleagues.

It was followed by a joint release of India TB Report 2020, Joint Monitoring Mission (JMM) Report, DBT Manual, Nikshaya Patrika, and Training Modules

for Programme Managers & Medical Officers. Subsequently, the much-awaited award distribution ceremony commenced.



MoHFW has created a competitive environment for all the States and UTs to achieve the set programme goals, objectives, and targets. The salient feature of this year is that for the first time Central TB Division (CTD) introduced a quarterly ranking on TB elimination efforts by all the states and UTs. TB notification, Treatment Success Rate, Treatment linkage of drug-resistant TB patients, HIV testing of TB patients, Nutritional assistance to TB patients in the form of Nikshay Poshan Yojana (DBT), Universal Drug Susceptibility Testing coverage among notified TB patients, TB preventive therapy (TPT) coverage and financial expenditure are included in the assessment criteria.

In the category of “Fifty lakhs and above population” - Gujarat, Andhra Pradesh and Himachal Pradesh received the awards as the best performers. Dr Harsh Vardhan, Honorable Health Minister exhibited the certificates to the winning teams, who joined the proceedings through a web link from their respective state capitals. Dr Harsh Vardhan on a lighter note assured the teams that he will keep the winning state’s certificates in safe custody until sent to them, triggering a peal of uproarious laughter in the room and among the participants.



Next, the citations for “Under fifty lakh population” category were announced. Mr. Ashwini Kumar Choubey, MoS, MoHFW, displayed the certificates awarded to Tripura and Nagaland ranked as the best performers to the respective teams. The award in the Union Territory category went to Dadra, Nagar Haveli, Daman & Diu. Mr Ashwini Kumar Choubey conveyed his appreciation and congratulated the winners.

Addressing the gathering, Mr. Choubey delivered a brief speech enlisting the achievements. He said, “Under the inspiring leadership of the Honorable Prime Minister, Sri Narendra Modi, the programme targets has seen a complete overhaul and have been transformed into bold and extraordinarily ambitious goals for TB elimination in the country by 2025, five years ahead of the global SDG targets.” He said that this has resulted in scaling up of the programme initiatives and bringing in quality, establishing a wider support network system for TB care in the country. He added that 533 Crore were spent by the government to provide financial support to TB patients. He commended the encouraging participation of the private sector and said it is a welcome contribution to the programme. Mr. Choubey expressed satisfaction on the significant achievements in TB notification this year as compared to the previous year. In his closing remarks, he urged the programme team to work towards fulfilling the dreams of PM Narendra Modi of a TB Free India and for a resounding success of “TB Harega Desh Jeetega” campaign.

Taking over the proceedings further, Dr K S Sachdeva, Deputy Director General & Head, Central TB Division, MoHFW in his presentation shared a bullish assessment of the programme and its achievements in the last one year. He said, “to fulfil the dream of “TB free India” twelve states have already affirmed to achieve the target of TB elimination from their respective states by 2025 in line with the national goal as laid out by Honorable Prime Minister Narendra Modi”. He added that other states are also being encouraged to commit to these goals. Dr Sachdeva said that the programme has made rapid strides in the country. “We could reach 24 lakh TB patients, as against an estimated 26.90 lakh patients in the country. Missing cases has therefore reduced from 10 lakhs to less than 3 lakhs last year. At the same time, there has been a decline in the incidence rate of about 8.3% since 2015. TB case detection has increased by 12%. We are reaching an additional 8.1 lakh additional cases now onwards” revealed Dr Sachdeva. He further informed that Molecular Diagnostic Testing for DR-TB has seen a massive increase from 123 machines (2015) to 1545



machines (2019). The programme is targeting one Molecular Diagnostic testing in each block in the next two years and aims to take the number of machines to a total of 6500. The programme is using Bedaquiline and Delamanid, TB treatment now is injection free and oral doses are being administered across the country”, he added. He highlighted that considerable progress has been made on the community engagement front. 700 district level TB forums have been formed. 1500 TB Champions have been chosen with two TB Champions deputed at every block level. Assuring of further scale-up, Dr Sachdeva said that coordination at the multi-sectoral level is showing positive results. MoU has already been signed on behalf of Railways, Defence and Ayush ministries. Efforts are on to on board other ministries and would be done shortly. Dr Sachdeva congratulated the leadership of Dr Harsh Vardhan for the significant achievements and for steering the TB elimination programme in the country.

The highlight of the event was the keynote address delivered by Dr Harsh Vardhan, Minister of Health & Family Welfare. In his opening remarks, he said the war against Coronavirus is a day and night effort. Reminiscing the past, under normal conditions, India TB Report is marked at a national scale. A large event of 2000 people gathering was planned on 24<sup>th</sup> March at Talkatora Stadium but due to unprecedented situation arising due to Covid-19 pandemic, the plans had to be shelved keeping in view the restrictions imposed on the mass gathering.

He further added, even at the height of Covid-19 pandemic in every single meeting – we have not let TB slide away or get overlooked, from our priorities. The health minister of states and senior state health officials were constantly reminded about tracking the status of TB patients in their respective states and cautioned that the attention should not be deflected from TB patients under any circumstances. He said that TB elimination is a very ambitious programme and it is a dream of Prime Minister, Sri Narendra Modi and that the programme will spare no effort to fulfill this goal. The World is preparing to end TB by 2030 whereas India is ambitiously aiming to end TB five years ahead of it, by 2025. Healthy competition among states was designed to race ahead towards the elimination of TB in the country, every quarter we analyzed the performance of the states and informed them, he added. He appreciated Mr Sanjeeva Kumar, Ex- Spl Secretary, Ministry of Health and Family Welfare for his contributions when he was heading the team previously.

Dr Harsh Vardhan mentioned that as soon as he took over the reins of the health ministry – the first thing he did was to call on all the states. Only 300 districts had TB Forums and the rest did not have. He set an ambitious goal for the team to form TB Forums in all the districts across the country and achieve 100 per cent coverage within 100 days, which he said with great amount of satisfaction, was duly achieved. He underlined that effective steps are being taken at the grassroots level towards TB eradication. He cited the example of the launch of the first DOTS Centre in Delhi (1997), which he inaugurated as the then Delhi State Health Minister. Within a few years, by 2006 the entire country was successfully covered with DOTS programme emphasizing the grass roots reach. He noted that it is unprecedented for a country like ours that all the TB patients are being registered and notified online. PM Modi’s dream towards Digital India movement has made it a success.

He congratulated the team for the release of all the reports and urged all the stakeholders to read them thoroughly and find action points to make the delivery system efficient and firm up at the organization and individual level. Only then it would be a useful exercise, he remarked. He also highlighted that the programme has achieved a considerable increase in notifications as compared to last year. “It is very significant to note that 24.04 Lakh patients were notified in 2019 and it is a 14% increase from the previous year. Today we have reduced the gap between the missing cases from 10 Lakhs to 2.9 lakhs. With some effort we could achieve this and with TB Harega Desh Jeetega campaign it is very much possible that we can find the other missing cases successfully much ahead and by 2025 we can eliminate TB.” Dr Harsh Vardhan congratulated the private sector for their participation and the encouraging role played by Indian Medical Association (IMA) to contribute towards the goal and acknowledged their efforts. He touched upon wider access being provided to Molecular Diagnostic Testing machines to all districts, HIV testing of TB patients and emphasis on compliance of treatment.

Contrary to the world’s perception, India eliminated smallpox and polio from the country, he remarked. He asked everyone to pledge and dedicate towards the goal of eliminating TB from the country much ahead of the schedule. He hoped the release of latest India TB Report will provide a renewed energy and vigor to the programme.

In the concluding session, Dr Sudarsan Mandal, Addl Dy. Director General, Central TB Division, MoHFW

extended his vote of thanks to all the dignitaries and participants. Dr Mandal remarked that attitude makes a big difference. He stressed that people's attitudes and behavior towards Tuberculosis is the main thing. He said that enough deliberations have been made by all the speakers and their message will have a positive cascading effect with the teams across the country. Dr Mandal conveyed gratitude on behalf of the entire programme and thanked Dr Harsh Vardhan, Honorable Health Minister for his presence and gentle words and for being a source of inspiration and constant guidance. He recapitulated the salient points made by the Health Minister succinctly for the benefit of the audience. Dr Mandal conveyed his deep sense of appreciation to the special guest Minister

of State Sri Ashwini Kumar Choubey, Ms Preeti Sudan, Secretary (Health), Mr Rajesh Bhushan, OSD (Health), Dr Rajeev Garg, DGHS, Dr Dharmendra Singh Gangwar, Addl Sec & Finance Advisor, Ms Aarti Ahuja, Addl Sec & DG (NTEP), Dr KS Sachdeva, DDG(CTD), Dr Vinod K Paul, Member (NitiAyog), Dr Balaram Bhargava, Secretary (DHR), Dr AM Khan, DG (ICMR), Prof Randeep Gulleria, Director (AIIMS), NGOs and partner organisations including WHO, USAID, BMGF, The Union, FIND, Alliance India, GCTA, SAT, Everwell Health Solutions, REACH and the state teams and the entire CTD staff.

VV Sundar is WHO - NTEP National Consultant (Communications) at the Central TB Division, MoHFW, GoI

## Realtime Monitoring of DR-TB Cases Made Possible now

Dr Yogesh Patel

After the successful establishment of RNTCP services in India (in 2006) Programmatic Management of Drug-Resistant TB (PMDT) services were introduced in the year 2007 and complete national coverage was achieved by 2013.

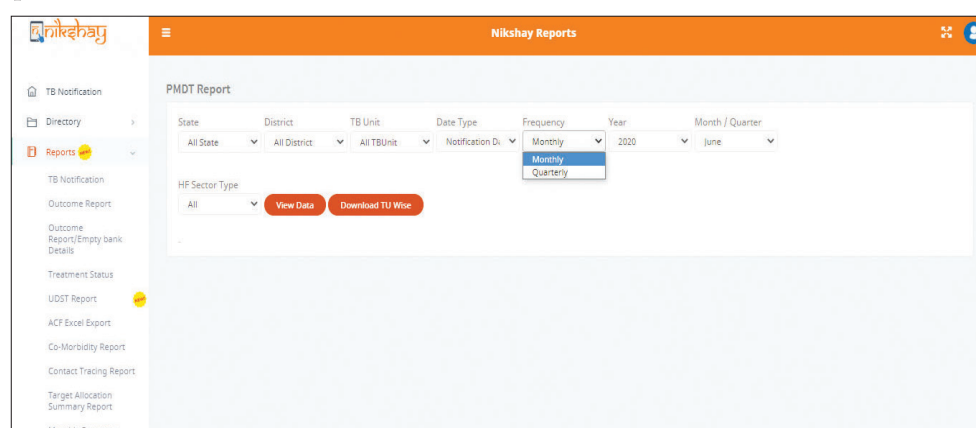
As global & national evidence grew; based of state/national drug resistance surveillance findings; technical expert deliberations; national experiences and as per WHO's end TB strategy, PMDT guidelines were revised in 2010, 2012, 2017 and 2019 which addressed the issue of diagnosis, treatment, management of Drug-Resistant TB (DR-TB) in a holistic manner.

Traditionally, till the end of 2017, PMDT quarterly report was compiled manually from nodal DR-TB centres. The information gathered was aggregated patient numbers only. However, patient wise data for DR-TB data were unavailable. Since 2018 aggregated DR-TB reports were compiled at the state level instead of DR-TB centres.

In the latest (2019) guideline; revised recording and reporting formats were introduced to capture the additional information required regarding DR-TB. PMDT quarterly reporting

was further decentralised to the district level along with Nikshay integration. Nikshay is an online portal and acts as a primary Management Information System (MIS) for National TB Elimination Program (NTEP) that evolved exponentially and added many additional services and incorporated this important component of patient wise information of DR-TB patients. Moreover, the platform was built in such a way that it helps in identifying gaps in the care-cascade of TB/ DR-TB patients. Provision to capture information at the source level enables a programme manager to monitor the programme (and related indicators) on a real-time basis. Since the Nikshay version 2 was launched in September 2018, additional features to make it more compatible with the flow of DR-TB patient information were incorporated.

Figure: PMDT reports in Nikshay report section





Programme Managers can now follow up DR-TB cohorts more effectively as Nikshay 2.0 can generate quarterly reports for DR-TB patients as well. Three out of four quarterly PMDT reports (i.e. Case holding, interim and final treatment outcome reports) are currently available in Nikshay. This has helped the programme to monitor the completeness of entry for the DR- TB patients. An analysis was carried out to assess the completeness of DR-TB patients updates in Nikshay Vs manually compiled Quarterly PMDT report (since 1Q-2018). Considering current achievement and to address the issue of missing/incorrect entries of the manual reporting carried out previously, Central TB Division has decided to switch over to the Nikshay based reporting system.

Nikshay based reporting allows the user to view the patient wise information at various levels and pre-defined reports provide the aggregate status of various indicators in respective areas. Guidance has been prepared and shared with the users to understand the user-interface available in Nikshay and to build their capacity to use this online platform Nikshay more effectively for the monitoring purpose.

Significant improvement is expected in the coming days in the quality of DR-TB services as the Nikshay based monitoring is made available in real-time basis at various user levels.

**Dr Yogesh Patel is WHO - NTEP National Consultant (DRTB) at Central TB Division, MoHFW, GoI**

## Education Is the Premise for Positive Behaviour Change

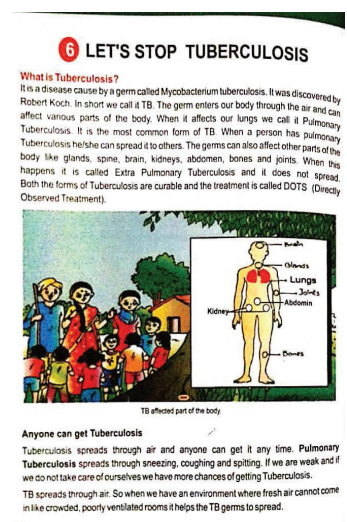
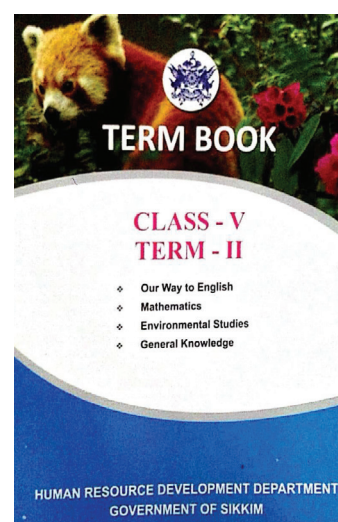
**NTEP Team, Sikkim**

Advocacy Communication and Social Mobilization (ACSM) forms an integral part of National TB Elimination Programme (NTEP) and has been a great tool in minimising myths and misconceptions associated with TB. ACSM, if conceived and implemented correctly may give a long-term positive outcome. One of the objectives of effective ACSM is to communicate and disseminate health messages that can inform, educate, and bring about a behavioural change in the target population towards adopting a healthier lifestyle. To achieve the said objective of ACSM, the National TB Elimination Programme (NTEP) wing of Health and Family Welfare Department, Government of Sikkim adopted an innovative way of dissemination of TB associated messages among school children to induce correct information on TB and spread awareness about DOs and DON'Ts about the disease among the young budding minds.

In this context, a comprehensive chapter was drafted by NTEP using the ACSM materials on TB that was available on CTD website. A meeting was organized between NTEP programme managers and Director, Textbook Section, Education Department, Government of Sikkim to discuss the content of the chapter, language, type of pictures to be printed and the target group. Finally, government approval was obtained and a chapter on TB in Environmental Studies

(EVS) subject for Class V students was introduced. The chapter is titled '**Let's Stop Tuberculosis**' emphasizing on the need for collective efforts to end TB in the state of Sikkim. It covers all the important aspect of TB ranging from its sign and symptoms to treatment options available as per the latest available guidelines.

Every effort has been put forward to make the chapter easy to comprehend and simpler for the students. Time to time update is also being done so that the latest information about TB is percolated. NTEP-Sikkim is also planning to implement this for students of higher classes and colleges in this year itself.



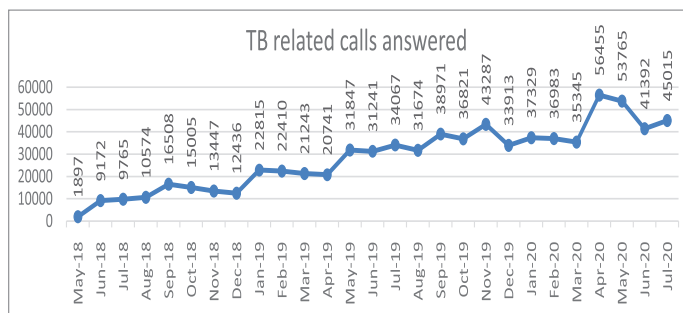
## National TB Call Centre : Swift Response to support through COVID-19 Crisis

Dr Nishanth Kumar, Manoj Kumar & Anand Mishra

The National TB Call Centre “Nikshay Sampark” is a toll-free number (1800-11-6666) established in May 2018 and is operated by Central TB Division, MoHFW providing information on TB and treatment services. The call centre operates from two locations in the country (Noida & Mumbai, and functions on all days from 7am-11pm and the team is trained to cater to in 14 languages).

The call centre offers information on TB, diagnostic protocols, follow-up examination, TB service-related grievance management, counselling, and adherence.

Since May-2018 to June 2020 National TB Call Centre has responded to **7.6 Lakh calls** related to TB & Hepatitis and **15.76 Lakh calls** have been made for counselling TB patients.



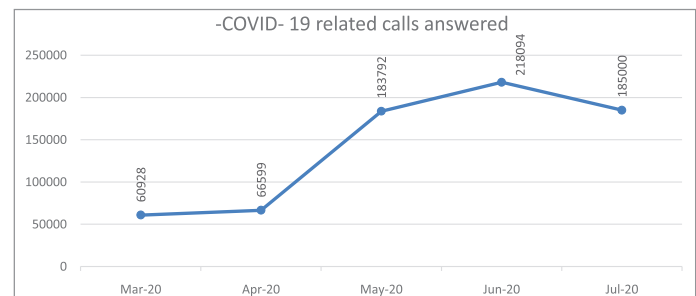
National TB Call Center started supporting COVID-19 Toll-free number 1075 since 16<sup>th</sup> March 2020 and providing information related to COVID-19 diagnosis, signs and symptoms, prevention, eligibility for testing, test centers availability, Arogyasetu app and other related queries. Notably, National TB Call Center

responded to **7.14 Lakh** COVID-19 related calls in the past 4.5 months (135 days).

National TB Call Centre immensely helped in supporting & spreading of national awareness about COVID-19 and prevention guidelines. Despite all the odds during lockdown situation, the call centre agents operated from home and made all out efforts to help in the COVID-19 response.

The call centre agents are instructed to provide (to the Callers) all COVID-19 related guidelines of the Union Health Ministry, National Center for Disease Control (NCDC) and Indian Council of Medical Research (ICMR).

National TB Call Centre received up to 10,000 COVID-19 related calls as the highest spike in a single day in the last week of June 2020. On an average the team handles at least 7,000 phone calls on any given day. COVID related queries included: information on COVID-19 diagnostic facility center, precautionary measures, information on COVID designated hospitals, lockdown updates, travel related information, food and other essential supply, information on government guidelines/advisories etc.



Dr Nishant Kumar is DADG (TB) at Central TB Division, MoHFW, GoI. Manoj Kumar & Anand Mishra works as WHO - National Consultant (Call Center Operations) at Central TB Division, MoHFW, GoI.



## 1<sup>st</sup> National Level Community Engagement Meeting Held

Ms. Sophia Khumukcham & Sumitha Chalil

Community Engagement (CE) is one of the important strategies under the National Tuberculosis Elimination Programme (NTEP). During the End TB Summit on 13<sup>th</sup> March 2018, the Hon'ble Prime Minister had already emphasised the role of TB Survivors in ending TB. The Hon'ble Union Minister for Health & Family Welfare gave a clarion call to make *TB Harega Desh Jeetega* Campaign as a public movement.

As an initial step, nodal officers from the States/UTs have been identified who would be responsible for implementing (CE) in their respective states. An interactive online meeting was held on 7<sup>th</sup> July 2020 with the State TB Officers, identified nodal officers, WHO consultants and CTD. The meeting was led by Dr Nishant Kumar, DADG (TB). Along with the introduction of the officers, the status update of each state was also discussed during the meeting. States like Assam, Himachal Pradesh, Karnataka, and Telangana also presented their initiatives and activities undertaken under community engagement. Some initiatives from the presentations are being highlighted below:

**Assam:** Constitution of a network of TB Champions in Assam and intervention amongst tea garden workers

**Himachal Pradesh:** Setting up of TB Free Gram Panchayats with the involvement of TB survivors

**Karnataka:** Encouraging self-referral of presumptive TB and linkages to social protection and bringing about a reduction in stigma through the involvement of TB Champions

**Telangana:** Capacity building of state and district TB forums complemented further by Panchayati level TB clubs through the

constitution of DISHA- 'TB' (Directed Initiative on Sustainable Health Action- TB) operating at the grassroots level in the selected villages of Telangana.

Following the presentations, the next course of action was also shared during the meeting. It was agreed upon to have regular review meetings to share the progress and address the challenges, (if any) faced by the states.



Interaction with TB Champion during TB -Club meeting by MD- NHM, Telangana



DISHA Team of the districts, Telangana

Sophia Khumukcham & Sumitha Chalil work as WHO - NTEP National Consultant (Community Engagement) at Central TB Division, MoHFW, GoI.

## Capacity Building Workshop Held for TB Champions in Haryana

Dr Nishant Kumar

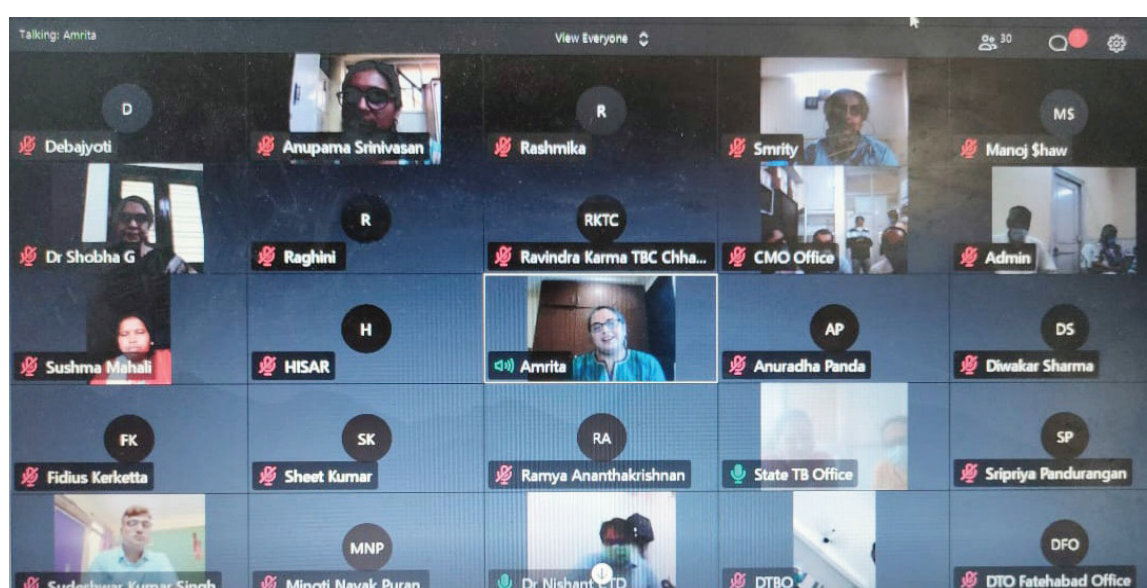
A virtual two-day capacity building workshop was held in two batches on 16-17 and the other on 23-24 June 2020. The training was a collaborative effort of State TB Cell (STC), Haryana, Central TB Division and REACH. The training was based on the theme - 'From TB survivors to TB Champions' as per the curriculum published by CTD.

44 TB survivors from 22 districts of Haryana gathered at their respective District TB Cells to participate in the workshop. With this effort, Haryana, now has two trained "TB Champions" in every district of the state.

Speaking during the inaugural session, Dr Nishant Kumar, Deputy Director, Central TB Division, Ministry of Health and Family Welfare appreciated the Haryana STC for taking this initiative and invited the TB Champions to actively participate in India's TB mitigation response at various levels. He also expressed his appreciation of STC, Haryana and REACH's efforts to engage TB survivors and take the TB Champion movement to more states. Mr Ravindra Karma, TB Champion from Dantewada (Chhattisgarh) as a resource person shared his journey from a similar capacity-building workshop that he had participated two years ago, and his continuing efforts to improve TB -awareness in his community.

Ms. Amrita Goswami of USAID and Dr. Ramya Ananthakrishnan of REACH also participated in the inaugural session.

The participants learnt the basic information of TB and about the structure and functioning of the NTEP at various levels. They participated in an interactive storytelling session, discussed the TB Care Cascade, learnt about the role of a TB Champion and the potential of survivor-led networks. Several active TB Champions from Bihar, Jharkhand, Assam, and Chhattisgarh participated as resource persons and shared their experiences over the last two years. During the final valedictory session, Dr. Sushma Arora, Deputy Director, Haryana NTEP spoke of the stigma and discrimination that TB patients have to face, and expressed her hopes that the trained TB Champions would work with the NTEP to reduce stigma and discrimination in their respective communities, and also motivate people with TB to come forward and speak boldly. She also assured the TB Champions that they would be eligible to avail incentives to support their efforts. The State TB Cell has formed a WhatsApp group of all trained TB Champions and shall use this to ensure their continued engagement as well as sharing, and cross-learning and effective interaction with each other.



Dr Nishant Kumar, DADG (TB), CTD interacting with the TB Champions

Dr Nishant Kumar is DADG (TB) at Central TB Division, MoHFW, GoI.

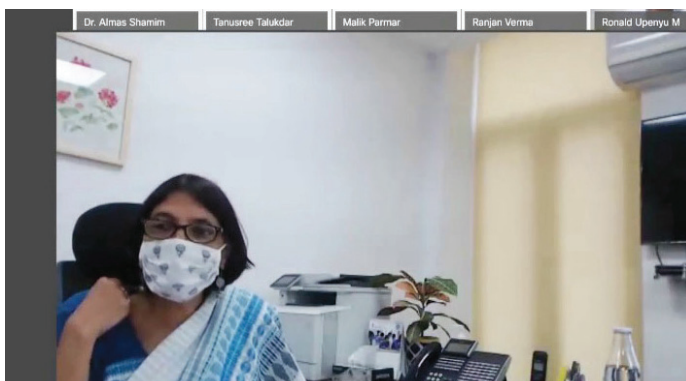


## World Bank Virtual Implementation Support Mission for PTETB

Dr Sanjay Kumar Mattoo &  
Dr Deepak Balasubramanian

Central TB Division (CTD), MoHFW is implementing the World Bank (WB) funded “Program Towards Elimination of Tuberculosis (PTETB)” 2019-24 to support the implementation of innovative activities under GOI’s ambitious National Strategic Plan (NSP 2017-25) for Tuberculosis (TB). The project is being implemented in the nine high burden States – Assam, Bihar, Karnataka, Madhya Pradesh, Maharashtra, Rajasthan, Tamil Nadu, Uttar Pradesh, and West Bengal - which accounts for 65% of the total TB burden in the country. A virtual implementation support mission to review progress in activities under the project was carried out by a team from World Bank and Bill and Melinda Gates Foundation (BMGF) comprising of experts across health, financial management, DBT, procurement, social and environmental protection. The four Result Areas under the project include: Scaling up Private Provider Engagement; Rolling-out TB Patient Management and Support Interventions; Strengthening Detection, Treatment and Monitoring of Drug-Resistant TB; and Strengthening NTEP

Institutional Capacity and Information Systems. The agenda of the mission included a review of progress across four Results Areas, program action plan, fiduciary, financial and agree on areas for Bank technical assistance. The Mission began with a two-day kick-off meeting on 22<sup>nd</sup> June 2020 and involved detailed deliberations with CTD officials and consultants on respective thematic areas and concluded with a debriefing meeting with Additional Secretary & Director General (NTEP) on 26<sup>th</sup> June 2020. The mission observed that CTD achieved all prior results for Year 1 and is on course to achieve 7 out of 9 DLIs for Year 1. The Bank also appreciated the issuance of comprehensive advisory and guidance notes to ensure continued TB service delivery. The Bank noted the need to expand active case finding and service delivery through the public sector, NGOs, and private sector to compensate for missed notifications and treatment interruptions during the lockdown and reduce mortality from TB due to co-infection.



Dr Sanjay Kumar Mattoo is Jt Dir (Sr CMO-NFSG), Central TB Division, MoHFW, GoI. Dr Deepak Balasubramanian is WHO - NTEP National Consultant (TB-Comorbidities), Central TB Division.

## Going All Out to Ensure Anti-TB Drugs Supply to All Patients During COVID Pandemic

Dr Sanjay Kumar Mattoo

During COVID lockdown period, it was crucial to ensure the availability of anti-TB drugs for every TB patient across the country.

Though Maharashtra & Gujarat have the largest number of drug manufacturing units, these PSUs also had to comply with the lockdown restrictions. The Procurement and Supply Chain Management (PSM) team obtained special permissions that allowed manufacturers to continue their manufacturing activities, in the interest of patient care.

A special team under the leadership of Shri Sudhansh Pant, Joint Secretary, Ministry of Chemicals and Fertilizers, was formed in the ministry. to take care of all exigencies related to PSM. Adequate drug supplies were restored by enabling transportation and storage facilities.

To support all exigencies, the PSM team coordinated with district and state leadership ensuring uninterrupted supply and availability of all anti-TB drugs, during the lockdown period.

Telephone numbers of the PSM team were posted on the NTEP website. Several calls were attended by the PSM team members. Telephonic messages and calls were also coordinated with patients and/or their attendants for ensuring continued drug supplies.

Bedaquiline is one of the major drugs in the treatment of DR-TB. India had received 20,000 Patient Courses of BDQ as donation, which is currently being used for the treatment of DRTB patients. For the first time, 61,520 patient courses of BDQ are also being procured by the GOI, through GDF, using The Global Fund grant saving after reprogramming for the next procurement cycle. Delivery of these drugs will commence from Mid Aug 2020 in various schedule there by enabling the continuous supply of this vital drug.

The Quarterly Report on Drug Logistics (QRDL) submission rate from the states was at 89%, the highest since the implementation of the QRDL module, about a year ago. This was possible due to continuous real-time monitoring, and addressing all issues related to Nikshay Aushadhi with the support of the IT cell.

Throughout the lockdown, TB patients were provided with an uninterrupted supply of anti-TB drugs, helping them to complete their full course of treatment to fulfil TB elimination targets of NTEP.

Dr Sanjay Kumar Mattoo is Jt Dir (Sr CMO-NFSG), Central TB Division, MoHFW, GoI.

## Ensuring uninterrupted Drug Supply & Lab Linkages Amidst Lockdown

NTEP Team, Telangana

The DO letter from Central TB division (CTD) received on 25.03.2020, directs to provide uninterrupted TB services to all TB patients, especially the lab services as well as the treatment services.

States were strongly recommended to provide every patient on treatment with one month's advance supply of ATT drugs, preferably to the doorstep of individual patient household. In an effort to facilitate the Telangana State adopted the following measures

1. A communication to all districts from STO to provide uninterrupted TB services was sent.
2. Complete line list of First line and second line drug stock was obtained from Nikshay Aushadhi. Similarly, Drug requirement forecasting was done for supplying drugs to the districts.
3. Stock of CBNAAT cartridges in the district was taken in order to plan the additional requirement of cartridges to be provided.

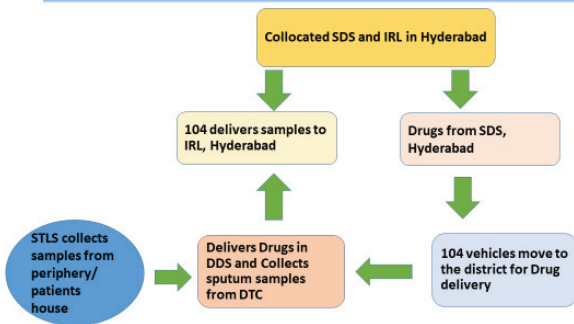
4. Line list of lab consumables in IRL for LPA and LC was ensured to be in place.
5. DTOs of Greater Hyderabad Municipal Corporation (GHMC) which includes 3 districts Hyderabad, Rangareddy and Medchal ensured to deliver the samples for CBNAAT testing and LPA testing in their own vehicle.

In due course of time a decision was taken by the state to utilize 104 vehicles for drug delivery and sample collection and transportation. In order to ensure the successful implementation of the plan -

1. A route map was prepared by the state team for drug delivery and sample collection in the districts.
2. All STLS in the districts were instructed to collect samples from periphery and send the samples to IRL in the same vehicle through which drugs were being delivered.



**Drug Supply and Sample Transportation Mechanism**



3. All 33 districts were covered in the route map date wise. Even before the State/ Center imposed the lock down, the State office proactively prepared a roster of drug mobilization from State HQ Hyderabad to respective 33 District HQs. This activity was completed over a span of 2 weeks [8<sup>th</sup> March- 24<sup>th</sup> March 2020].

Once the drugs arrived at District HQ, the corresponding STS/TB HV mobilized the drug to further PHIs and up to Patient household as appropriate.

As of 5th May 2020, status of 1 month advance ATT drug supply to Patient Doorstep		
Number of TUs	Number of Patients where door step delivery done	Proportion of total running cases covered with door step drug delivery
104 TUs	19344	91-100%
31 TUs	5044	76-90%
15 TUs	1506	51-75%
10 TUs	1857	31-50%
4 TUs	853	21-30%
6 TUs	637	10-20%

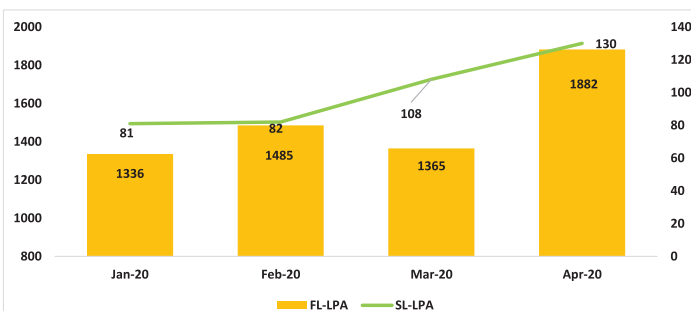
Total Number of running cases as per Nikshay as on 5<sup>th</sup> May 2020= 40,147

Total number of current cases, given 1 month advance ATT at door step = 29241

% of Total patients on treatment who availed 1 month advance drug delivery at doorstep= 73% [ 29, 241/40,147]

**Efforts are underway to reach 100% in Public sector.**

**Impact of pro-active planning and execution for boosting lab linkages in lock down:**



- Following the above Drug and Sputum transportation mechanism IRL, Hyderabad received 2616 cases during the lockdown period from 22<sup>nd</sup> March to 30<sup>th</sup> April 2020. The district wise samples received for various testes are mentioned in the table below

District Wise samples received in IRL,Hyderabad					
FROM 22-03-2020 TO 30-04-2020					
Name of District	FLLPA	SLLPA	FOLLOW-UP	Rejected cases	Total
Adilabad	2	0	0	0	2
Komarambheem Asifabad	28	0	0	0	28
Mancherial	1	0	0	0	1
Nirmal	44	3	10	0	57
Badrachalam	155	11	8	0	174
Hyderabad	157	10	29	4	200
Karimangar	65	2	15	0	82
Peddapalli	83	6	18	0	107
Siricilla Rajanna	22	2	11	0	35
Jagityal	37	5	43	5	90
Mahabubnagar	93	6	13	8	120
Jogulamba Gadwal	30	3	7	3	43
Wanaparthy	69	5	9	4	87
Nakrurnool	39	4	1	1	45
Khammam	92	7	19	0	118
Nalgonda	99	6	12	5	122
Suryapet	81	6	36	2	125
Yadadri bhongir	28	0	9	3	40
Nizamabad	60	1	20	3	84
Kamareddy	36	4	5	0	45
Rangareddy	169	16	30	6	221
Medchal	68	6	23	0	97
Vikarabad	22	2	15	10	49
Sangareddy	115	6	10	0	131
Siddipet	41	1	3	7	52
Medak	37	0	2	0	39
Warangal Urban	77	8	21	5	111
Warangal Rural	84	7	0	0	91
Janagaon	40	2	12	0	54
Jayashankar bhupa	74	3	2	0	79
Mehboobabad	16	0	9	0	25
Mulugu	4	0	0	0	4
Narayanpet	42	2	0	3	47
Others	6	1	2	2	11
<b>TOTAL</b>	<b>2016</b>	<b>135</b>	<b>394</b>	<b>71</b>	<b>2616</b>

## **State TB Cell Health and Family Welfare Department Government of West Bengal**

### **West Bengal Cares for persons with TB during Covid-19 pandemic**

NTEP Team, West Bengal

#### **Background**

COVID 19 pandemic is an unprecedented public health emergency that calls for strict containment and mitigation strategies to stop transmission of the virus and reduce burden on the health system. Unlike any other public health emergency, the mitigation strategies like restrictions on movement and social distancing leads to disruption in routine health care delivery. Repurposing the TB Health workforce towards combating the new disease is another challenging situation for the TB program.

West Bengal foresaw a need for having strategies in place to hold the reign of TB services ever since the 1<sup>st</sup> case of COVID 19 was diagnosed on 18<sup>th</sup> March in the state .It was predicted that services would be affected greatly from April onwards.

#### **Five commitments led to the efforts made-**

- Providing uninterrupted services to already Notified TBpatients
- Keeping NTEP health workforcemotivated
- Fortnightly monitoring various service deliveries related to the diagnosis and care continuum of TB patients and reflection of the same to Nikshay / Aushadhi
- Increasing TB casedetection
- Planning beyondLockdowns

Here is an attempt to describe the efforts in two phases. Necessary advisories are being issued, coupled with Video conferences explaining them and taking stock.

#### **2. Phase 1: End of March to end of May**

- Commitment 1- Providing uninterrupted services to already Notified TBpatients
  - Drug requirement forecasting and taking necessary steps to fill up gaps
  - Home delivery of ATD from PHI till 15<sup>th</sup> May at first, then extending it to 15<sup>th</sup> June or till Outcome is due whichever is earlier-
    - In order that vulnerable TB patients with compromised lung status do not have to venture out of their homes to prevent co-infection with SARS CoV-2

- Prevent difficulties to travel during lockdown
- Phone calling every patient at least once in 10 days to counsel and ensure adherence
- Usage of IT technology (99 DOTs sleeves) wherever possible
- State ensured all PHI OPDs, DMCs, CBNAAT sites and C&DST laboratories remain functional, by restricting leave and arranging conveyance for staff-
  - Prevent delay in initiation of already diagnosed TB patients, managing Adverse Drug reactions and ensuring follow up tests
  - Medicines could be provided to patients who had initiated TB treatment elsewhere (throughout the country) but were stranded due to lockdown at their residence in state.
  - Ensured availability of medicines through quick transportation of ATD from State / District Drug stores to each and every decentralized drug depot
- Advisory sent to districts on testing of Priority samples as mentioned below-
  - Samples of Presumptive DS and DR TB for diagnosis (special look out for PLHIV, Paediatric and Extra pulmonary samples)
  - Follow up sample—
    - a. DS TB- End treatment follow up
    - b. H Mono Poly- Smear at the end of 4th month and end of treatment. If any smear is positive send for NAAT and CDST as per guidelines.
    - c. Shorter Regimen: Smear at the end of 4th month and end of treatment. If found positive at 4th month and IP is extended, then smear at end 6th month. If any of the smears are positive send for CDST as per guidelines.
    - d. All oral longer Regimen (MDR and additional resistance): Culture at the end of 4th month. If culture

All other investigations for DR TB patients will be done as per guidelines, if patients can attend the PHI. Districts has to make all out arrangements for collection and transportation of the priority samples



from TB patients using NTEP 2 / 4 wheelers, any Govt or Private vehicles as feasible. In addition, samples may be carried to CBNAAT / CDST labs along with samples from suspect Covid 19 patient.

**Districts responded to the above in the following ways—**

1. Vehicles hired at available market rates to carry sputum samples from home / PHI to DMC / CBNAAT sites and to CDST labs. Postal system that was never used before was used by 2 districts. NGOs and other transporters were provided enhanced payments in some instances.
2. Contrary to pre-COVID directives it was seen that fixing days for sample collection and transportation for any particular TB Unit was quite feasible and cost effective during the lock down phase.
3. 93% TB patients could be provided with a month's TB medicines at their homes. Average delay between diagnosis and treatment initiation was seen to be 6, 4 and 2.5 days respectively in March, April, and May.
4. Ensuring delivery of ATD to Quarantined / Isolated TB patients



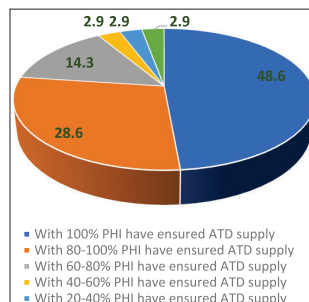
Provision of Ration for TB patients during Lockdown

7. Strengthening of follow up and UDST – Though the total examined cases in DMC dropped down to a major extent, the follow up care provided in April 2020 was quite commendable. On an average 11000 follow up samples are tested monthly in state and the figure for April 2020 was 10073, a decrease of mere 8%.

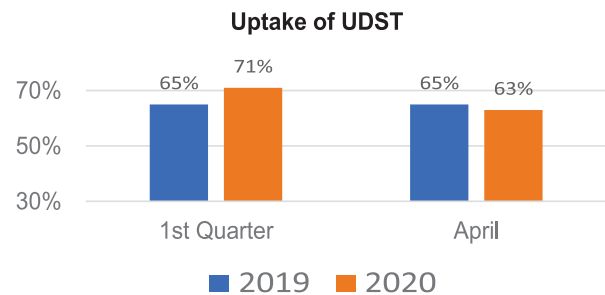
Delay in testing samples at CBNAAT site was reduced to 2.7 days in May from 12.6 days in February 2020



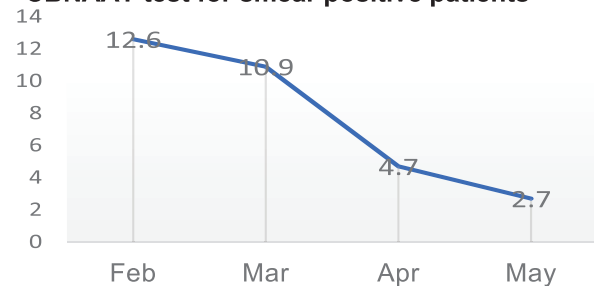
Home Delivery of ATD



% of TB Unit that ensured drug supply to patients



**Trend of delay in days from Microscopy to CBNAAT test for smear positive patients**



5. First 2 weeks of Lockdown was utilised by staff to update PHI profiles in Nikshay

**Message from State TB Cell—**

MAINTAIN RECORDS. ENTER DATA IN NIKSHAY WITHIN 24 HOURS OF EVENT. USE ANY DEVICE- SMART PHONES, TABS AND INSTITUTIONAL COMPUTERS AND LAPTOPS

6. Leveraging alternative resources for TB patients-- Nutritional support was arranged in several blocks through Panchayat and BDOs. Ensuring daily injection for DRTB patients involving rural health practitioners, collection of follow up samples from DRTB patients engaging community volunteers

**➤ Commitment 2: Keeping NTEP health workforce motivated**

By May end almost all NTEP staff were engaged either fully or partially in a variety of COVID activities.

- State TB Cell made sure that all NTEP health workforce get trained on basics of the new disease to allay fear among them.

- Made arrangements so that all get the appropriate PPE that is required.
- An arrangement was made that staff worked on alternate 7 days.



NTEP staff at Registration counter for Migrants and during Containment activities

- Conducting visits and holding District wise VCs with the entire NTEP staff from state level to know their work routine, their concerns and apprehensions and solving their problems with District Chief Medical Officers
- Using social media platform to disseminate important messages among all NTEP staff



Supervisory visits by State TB Officer and NTEP Consultants along with COVID activities



From COVID Control Room duties to training on IPC- All efforts are a team work



Conducting VC Review and sensitising on TB and COVID with NTEP staff

- **Commitment 3- Fortnightly monitoring various service deliveries related to the diagnosis and care continuum of TB patients and reflection of the same to Nikshay / Aushadhi**

- To understand accessibility of diagnostic services, fortnightly data was collected from each DMCs and CBNAAT sites. Analysis was done and shared with districts so that there is vigilance.

As expected, there was no reduction in microscopy or CBNAAT services between Jan to March 2020, as compared to the same months in 2019. In the first fortnight of April it was seen that microscopy services were reduced by 64% to what it was in April 2019 and that of CBNAAT uptake by 57%

As a ray of hope we found that uptake of services (DMC and CBNAAT) increased in the 2nd fortnight of April for few districts after quick review and issue of advisories from State TB Cell. However, it again received a setback when more and more lab technicians and NTEP staff got repurposed for sample collection and organizational services due to the homecoming of migrants from different parts of India to the state. And in mid-May, it was seen that microscopy services were reduced by 67% to what it was in May 2019.

Notification in April 2020 was only 40% of what was in April 2019. UDST stood at 63% and DBT at 7% in April 2020.

As if COVID was not enough, Kolkata and 4 Southern districts got battered with Super Cyclone Amphan on 20th May with wind speed 130 to 190 km/hour, leaving behind a trail of devastation not seen in living memory. Millions of people got displaced and are placed in cyclone shelters where social distancing is far from possible. Even after 7 days, parts of Kolkata, a prime Metro City in India, were still without electricity.

### 3. Phase 2: End of May to July

#### ➤ Commitment 4- Increasing TB Case detection

The above findings prompted state to take up the "NOW or NEVER" policy for increasing TB case detection.

- Club Presumptive TB Screening with H-T-H surveillance for COVID collaborating with IDSP
- Awareness regarding ways to prevent TB transmission in community along with COVID IEC campaigns
- At least 1 CBNAAT site in each district is being fitted with a Bio Safety Cabinet (BSC) Class II A2, so that apprehensions of Lab personnel are allayed while testing samples of presumptive TB patients
- At least 2 rounds of TB testing to be done at CBNAAT sites doing COVID testing
- One round of Active Case Search program in Green Zones in June



- Collection of Priority samples and arrangements for transportation by any means
- Vacancies to be filled up at the earliest.
- Deploying Non NTEP LT for Tru Nat testing of COVID samples
- To protect staff, Tru Nat labs are also being placed at sites that have the above BSC facilities

State launched the Integrated TB and COVID Screening Plan on 23rd May in the entire state by issuing guidelines on the same. The Director of Health Services reviewed the program on 27th May and trained the Chief Medical Officers, District Nodal persons for COVID and NTEP program managers. Secretary Health appealed to all Districts that NTEP staff if re-purposed for the current pandemic, should be done judiciously and not at the cost of TB program.

**Local newspaper- Coverage on Integrated TB and COVID Screening activities**



**Integrated TB and COVID Screening Plan, devised in collaboration with IDSP has 3 components-**

- Searching for TB cases in community during H-t-H activities
- Searching for TB cases in Fever clinics, Quarantine and Isolation centers
- Searching for TB cases at all Levels of COVID Hospitals

Samples for testing TB taken from presumptive COVID / COVID + patients would be tested in CBNAAT sites that have BSC class II A2. Samples from patients without COVID symptoms (especially for UDST) are being done at sites without BSC with proper PPE for lab personnel.

2 columns were added to the formats that are being used by ASHA and other volunteers for H-t-H activities for searching cases of ILI and SARI in the community. Reporting formats have been devised to catch data regarding uptake of services from Microscopy and CBNAAT centers.

**IEC materials on TB and Combined TB and COVID**



District Program Managers along with NTEP Consultants watching with rapt attention the call for 'Now or Never' policy and Integrated TB and COVID Screening Plan by Secretary and Director of Health Services



**➤ Commitment 5- Planning beyond Lockdowns**

- Triage and segregation for Fever and Cough to be practised at ALL Health institutions throughout the year
- Provide 2 cloth mask to any coughing persons attending OPD and Audio / visual aids in triage area for IEC
- Defunct Xray machines to be repaired, Non-Functional Microscopy centers to be made functional
- Sustained Massive IEC campaigns in community and Local governing bodies
- Identify a person in each Panchayat / village who can be reached by community for providing guidance to presumptive TB and TB patients- Akshay Sathi
- Start TB surveillance among Health staff systematically

**It is important to:**

- Stand in solidarity and with resilience in the fight against these two respiratory diseases: TB and COVID-19
- Understand isolation, stigma, and challenges people face in epidemics, and stand with vulnerable groups fighting COVID-19
- Recognize that people with TB are vulnerable to COVID-19, and ensure access to TB prevention, diagnosis and treatment
- Support health workers and heroes fighting TB and COVID-19



## PHOTO GALLERY



# आयुर्वेदिक स्वास्थ्य केंद्रों में भी होगी टीबी रोग की जांच

रोगियों की पहचान के लिए लेंगे सैंपल, विभाग दे रहा है आयुर्वेदिक फार्मासिस्ट को प्रशिक्षण

हरिश चंद्र

धर्मशाला। वर्ष 2022 तक हिमाचल को टीबी रोग मुक्त बनाने के लिए अब आयुर्वेदिक विभाग भी सक्रिय भूमिका निभाएगा। अब सूबे के सभी आयुर्वेदिक स्वास्थ्य केंद्रों में भी संभावित टीबी रोगियों के बलगम के सैंपल लिए जाएंगे। उसके बाद बलगम सैंपलों को जांच के लिए

### शुरुआत में ही मरीज की पहचान करने की पहल

निकट के स्वास्थ्य विभाग के जांच केंद्र पर भेजा जाएगा, ताकि शुरुआत में ही टीबी रोग की मरीज में पहचान हो सके।

स्वास्थ्य विभाग प्रदेश के सभी आयुर्वेदिक फार्मासिस्टों को बलगम के सैंपल लेने के बारे में प्रशिक्षण दे

रहा है। इसके बाद जल्द ही संभावित टीबी रोगियों की बलगम के सैंपल आयुर्वेदिक स्वास्थ्य केंद्रों में लेने की प्रक्रिया शुरू होगी। स्वास्थ्य विभाग सूबे के सभी लोगों में आयुर्वेदिक विभाग के फार्मासिस्टों के लिए प्रशिक्षण

कार्यशालाओं को आयोजन कर रहा है। इसमें दोनों विभागों के अधिकारी विशेष रूप से उपस्थिति दर्ज करवा रहे हैं। उधर, जिला क्षय रोग कार्यक्रम अधिकारी डॉ. आरके सूद ने कहा कि आयुर्वेदिक स्वास्थ्य केंद्रों में भी अब बलगम के सैंपल लिए जाएंगे। आयुर्वेदिक फार्मासिस्टों को इसके बारे में प्रशिक्षण दिया जा रहा है।



चित्तौड़गढ़। कार्यक्रम में जानकारी देते जिला क्षय रोग अधिकारी।

### निजी चिकित्सा संस्थानों की कार्यशाला

चित्तौड़गढ़। संशोधित क्षय नियंत्रण कार्यक्रम के अन्तर्गत इण्डियन मेडिकल एसोसिएशन एवं विलियम जे. क्लॉन्टन फाउण्डेशन के संयुक्त तत्वावधान में शहर के निजी चिकित्सक एवं निजी अस्पतालों की कार्यशाला का आयोजन होटल मीरा में किया गया। जिला क्षय रोग अधिकारी डॉ. राकेश भटनागर ने कार्यक्रम में हुए बदलावों एवं सरकारी रोगियों की तरह ही निजी क्षेत्र से इलाज ले रहे टीबी रोगियों को मिलने वाली सरकारी सुविधाओं एवं लाभ के बारे में जानकारी दी। मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी ने कहा कि प्रत्येक टीबी रोगी का नोटिफिकेशन किया जाना आवश्यक है एवं इसकी जानकारी स्वास्थ्य विभाग को दी जानी अनिवार्य है। इंडियन मेडिकल एसोसिएशन के अध्यक्ष डॉ. एच.एस. मोगरा एवं सचिव डॉ. पुरुषोत्तम मीणा, डॉ. मधुप बक्षी, डॉ. जे. एल. पुंगलिया, डॉ. आर. डी. भट्ट, डॉ. महेश व्यास, डॉ. लोकेश जैन, डॉ. महेंद्र बालोत, डॉ. संजय पारीक, डॉ. नवीन धाकड आदि मौजूद थे

## टीबी के खात्मे के लिए निजी डॉक्टरों की मदद लेगा विभाग

स्वास्थ्य विभाग 16 से 30 नवंबर तक चलाएगा टीबी मुक्त पखवाड़ा

धर्मशाला। सूबे को टीबी मुक्त करने के लिए स्वास्थ्य विभाग निजी चिकित्सकों की सहायता भी लेगा। स्वास्थ्य विभाग के 16 नवंबर से शुरू हो रहे टीबी मुक्त हिमाचल अभियान के साथ निजी क्षेत्र में सेवारत रहे चिकित्सकों को भी जोड़ा जाएगा। टीबी मुक्त हिमाचल अभियान (एक्टिव केस फाईंडिंग राउंड-2) को लेकर जिला स्तरीय कार्यशाला मुख्य चिकित्सा अधिकारी डॉ. गुरदर्शन गुप्ता की अध्यक्षता में हुई। मुख्य चिकित्सा अधिकारी डॉ. गुरदर्शन गुप्ता ने बताया कि 16 से 30 नवंबर तक टीबी मुक्त हिमाचल अभियान पखवाड़ा होगा। इसमें जिला के लगभग डेढ़ लाख अति जोखिमपूर्ण आबादी को चिह्नित करके घर-घर स्वास्थ्य कार्यकर्ताओं, आशा वर्कर को टीमें मरीजों की पहचान और इलाज का विशेष अभियान चलाएंगे। इसके अलावा जिला अस्पताल, मेडिकल कॉलेज,

घर-घर जाएंगे स्वास्थ्य कार्यकर्ता, आशा वर्कर

मिचल अस्पताल, पपरोला आयुर्वेदिक कॉलेज में आने वाले सभी खांसी के मरीजों की विशेष जांच की सुविधा दी जाएगी। इसके अलावा आयुर्वेदिक अस्पतालों में सभी खांसी के मरीजों की जांच भी होगी। अभियान के तहत 2018 के बाद इलाज करने वाले टीबी रोगी और उनके संपर्क में रहने वाले व्यक्ति, दुर्गम क्षेत्रों के निवासी, कैदी, अनाथालय और वृद्धाश्रम में रहने वाले व्यक्ति, खानबंदी, कारखानों, निर्माण कार्य, क्रसर में काम करने वाले व्यक्ति, झुग्गी-झोंपड़ी में रहने वाले, कुपोषित व्यक्ति, शूगर के मरीज, एचआईवी प्रभावित व्यक्ति से संपर्क किया जाएगा। सभी चिकित्सा अधिकारियों को इन मरीजों को चिह्नित करने के दिशा-निर्देश जारी

किए गए हैं। जिला कार्यक्रम अधिकारी डॉ. आरके सूद ने बताया कि पंचायत स्तर पर प्रधान, उपप्रधान, सचिव और वार्ड सदस्यों को स्वास्थ्य विभाग की टीमों अभियान के बारे में अवगत करवाएंगे। टीबी अस्पताल धर्मपुर के विशेषज्ञ डॉ. सतीश पुंडीर ने कहा कि विश्व टीबी दिवस पर सर्वश्रेष्ठ कार्य करने वाली टीमों, उल्लेखनीय कार्य करने वाले लैब टेक्नीशियन और अधिकारियों को विशेष तौर पर सम्मानित किया जाएगा। कार्यशाला में जिला आयुर्वेदिक अधिकारी धर्मशाला डॉ. बरवाल, नोडल अधिकारी एआरटी केंद्र टांडा डॉ. जीडी शर्मा, जिला कार्यक्रम अधिकारी डॉ. गुरमीत कटोच, डॉ. राहुल गुप्ता और आयुर्वेदिक अस्पताल पपरोला के नोडल अधिकारी डॉ. वीरेंद्र कौल सहित विभिन्न स्वास्थ्य खंडों के चिकित्सा अधिकारी मौजूद रहे। व्यूरो