RNTCP

Minutes of National Meeting of the Health Secretaries

26-27 November 2005, Neemrana Hotel, Delhi-Jaipur Highway

A national level meeting of the Health Secretaries of the states and union territories was organized by the Central TB Division, Ministry of Health and Family Welfare (MOHFW), GOI in collaboration with World Health Organization on 26th and 27th November 05

The meeting had the following objectives:

- To communicate to the States the achievement and lessons learnt in RNTCP Phase-I, especially pertaining to infrastructure, human resource, planning, budgeting and expenditure.
- To communicate to the States the plans for RNTCP Phase-II
- To obtain commitment from States for:
    - Adequate staffing and infrastructure for:
        - State TB cell
        - State TB Demonstration and Training centres (STDCs) / Intermediate Reference Laboratory (IRL)
        - State TB Drug Stores
        - DTCs, TUs, DMCs
    - Stopping anti-TB drug procurement and full involvement of medical colleges in RNTCP
    - Active involvement of CMO, MOs, ANMs/MPWs
    - Implementing the RNTCP monitoring strategy
    - Involvement of other health sectors
- Clarifications about the functional autonomy of the RNTCP within the context of NRHM
- Agreement on the Letter of Undertaking for the RNTCP Phase II project

The meeting was attended by Shri PK Hota, Secretary Health, MOFHW, GOI; Shri Deepak Gupta, Additional Secretary Health, MOHFW, GOI; Ms Rita Teaotia, Joint Secretary Health, MOHFW, GOI; Dr S Habayeb, WHO Representative to India; Dr LS Chauhan Deputy Director General–TB, MOHFW, GOI; Health Secretaries/ representatives from the states, State TB Officers, officers from CTD and WHO. (List of participants as per Annex A)

Proceedings on 26th Nov 2005

Dr LS Chauhan welcomed all the participants and stated that under RNTCP which has now completed 8 years, the country has made significant progress for which the states need to be congratulated. However, there is a need to consolidate and sustain the achievements for 2-3 decades to have an impact on epidemiology of TB and thereby achieve the ultimate objective of TB control. For this prolonged battle towards TB control, the highest level of commitment from the states is required.

Ms Rita Teaotia congratulated all the participants for their efforts in the programme. She stated that the RNTCP Phase I has proved that TB can be controlled with available technology at a reasonable cost by optimization of resources even in areas with inadequate public health infrastructure. However, sustainability, equity and filling up the gaps which emerged from the experiences of RNTCP Phase I are important challenges facing the programme. She urged the State Health Secretaries to provide their utmost attention and leadership to the programme so that the country can achieve the global TB control targets.

Dr S Habayeb complimented India for the rapid expansion of DOTS in the country and the programme performance. Quoting the World Health Assembly resolutions on TB

control, he stated that WHO would continue to provide intensive technical support to member countries to pursue quality DOTS expansion and enhancement and to address emerging issues like MDR-TB, TB-HIV, health system strengthening and involvement of all health care providers. He mentioned that the patient wise boxes and the electronic reporting system are the important contributions from India to the global TB control efforts. He further assured GOI to provide technical support through the network of WHO Consultants for the next five years. WHO would also support the programme in India by procuring anti-TB drugs amounting to for 500 million population through GDF with the support of DFID.

He also stated that the human resource development is an important issue and the country should follow the recommendations provided by the Joint Monitoring Mission, 2003. He observed that this meeting would provide the opportunity to share views and enhance partnerships to fight TB.

Dr LS Chauhan then presented the achievements of RNTCP Phase I and sensitized the participants about the TB control activities under RNTCP in India.

Ms Rita Teaotia then made a presentation on the lessons learnt in RNTCP Phase I. Although the country has taken rapid steps in implementation of the programme, there has been a delay in achieving complete nation wide coverage under DOTS due to delays in preparatory activities in Bihar (18 districts) and Uttar Pradesh (6 districts). She stated that the preparatory activities prior to implementation of RNTCP are minimal and simple and the delays are more due to administrative will rather than genuine technical constraints. Expressing serious concern over the recent developments in the state of Bihar to go ahead with implementation of the program by 15th December irrespective of completion of preparatory activities and appraisal by the central team, she urged the state to seriously reconsider its decision in the interest of the programme.

She observed that intensive monitoring and supervision of all aspects of the programme at every level is a must for the success of the programme. She further stated that RNTCP has involved 1842 NGOs, 10714 PPs, ~100 corporate hospitals till date and much more needs to be done to strengthen partnerships with other sectors. It was emphasized that a strong public sector is a pre requisite for partnership with other sectors and for the overall success of the programme.

This was followed by the state presentations of West Bengal, Uttar Pradesh and Rajasthan. The presentations focused on the state profile, human resource at state TB cell, STDC/ IRL and its functioning, district level human resource, monitoring and supervision at the state level, drugs/ logistics / finance, inter-sectoral involvement, achievements and constraints/ suggested solutions.

Mr. Deepak Gupta (AS-DG) stated that West Bengal is a good example of political and administrative commitment with the current Health Minster and the current Health Secretary extending their full cooperation and support to the programme. He commented that this made a significant difference to the TB programme in the state. Similarly, he appreciated the efforts of Commissioner Health Gujarat for his intensive monitoring of the programme on a regular basis with the district officials

Health Secretary of Uttar Pradesh during her presentation committed to GOI for:

- Full coverage of RNTCP in the state by 31st Dec 05
- Fill up vacant posts at STDC by 31st Dec 05 and make it functional by 31st March 06 instead of 30th June 06
- Involvement of all medical colleges in the state by 31st Dec 05
- Involvement of all 4 Railway Hospitals in Uttar Pradesh by 31st Dec 05
- State drugs store from Meerut to be shifted to Agra

- Submission of all Audit Reports and Utilization Certificates -15th Dec 05

AS (DG) in his observations on the presentation of Uttar Pradesh stated that financial management in the state was very poor and State TB Cell should work hard to ensure round the year availability of funds, at least under contractual and laboratory consumables heads.

While replying to the request from Uttar Pradesh for advance release of funds for 1 quarter, AS (DG) stressed that the CTD releases funds each year in two installments i.e. every 6 months. First release in April-May of the year after receipt of SOEs of the previous quarter and second release in the month of October- November after receipt of Audit reports and Utilization certificates from the states. The funds are released as a lump sum to the state, which are to be released to the districts head wise, keeping in view the trends of expenditure in the districts and balance under different heads. It was also clarified to the states that they have been authorized for 100% reallocation from one head to another, to ensure that unutilized funds do not accumulate under any head and to avoid unutilized balances in the state.

DDG(TB) in the last session of Day 1, made a presentation on Phase II of RNTCP. In his presentation he stressed the need to continue all activities under Phase I, improve quality of services by giving more emphasis on case finding and case holding, quality of DOTS implementation, drug and logistic management, supervision and monitoring, TB-HIV coordination, involvement of Medical colleges and other sectors, etc. Newer activities like the External Quality assurance (EQA) for sputum microscopy and DOTS Plus for MDR TB, need establishment and strengthening of Intermediate Reference Laboratory (IRL) as an essential prerequisite for which the states were requested to ensure full commitment.

Proceedings on 27th Nov 2005

On 27th Morning, a special session on the issues related to Avian Influenza and actions to be taken by the State Governments was scheduled. A presentation was made by Ms Upma Chawdhry, Joint Secretary DAFD, GOI on “Avian influenza: an animal health perspective”. This was followed by another presentation on Avian Flu by Mr. Vineet Chawdry Joint Secretary (MOHFW-GOI). This was followed by extensive interactive session on the subject.

Thereafter, AS (DG) made a presentation on “RNTCP: How to do better - State level issues / problems”. Highlighting on the scourge of TB in the country, AS (DG) mentioned that RNTCP has become one of the biggest public health successes in India because of meeting a very big management challenge. He attributed the success to good planning, good technical systems, assured funding, uninterrupted drug supply and constant monitoring at all levels.

He highlighted the need for strong administrative commitment and gave examples of how leadership at the state level led to positive changes in the programme. He requested Health Secretaries to review the programme as per the monitoring strategy circulated which gives checklists of monitoring to be done by all personnel at different levels. He gave the example of monitoring done by Gujarat Commissioner and his detailed letters to every district every quarter. The monitoring should include TU/MC wise analysis (presentations showed wide disparity in performance between TUs and MCs within district).

He emphasized the need to specially monitor under performing districts especially with the highest populations, focus on urban slums and the tribal districts as well as SC and minority parts. He showed how this and the inter-sectoral collaboration has improved the

detection rate and emphasized the need to ensure participation of general health institutions. He also stressed that all medical colleges should be fully involved and that no state should purchase anti-TB drugs for any of its institutions. It was, particularly, important to make all microscopy centres as per population norms and ensure that all are actually functional and to make sure that the PHCs in rural areas work a proper referral system.

He emphasized that performance is directly proportional to the quality of management (which includes field inspections, reviews, tours monitoring etc.). With a little interest and direction at the level of the Health Secretaries, and the Collectors and CMOs in the field, we should be able to reach a detection rate well over 70% in every district which is badly needed apart from maintaining a good cure rate.

This was followed by presentations by the Health Secretaries from Madhya Pradesh, Tamil Nadu, Arunachal Pradesh and Gujarat. Several issues discussed during state presentations and resolutions made are summarized below.

Shri PK Hota, Secretary Health and Family Welfare, GOI, urged all the state Health Secretaries to treat RNTCP as an important national health programme, work towards strengthening of the health systems in the states and share good practices with others.

Later the Letter of Undertaking (LoU) to be signed by State Governments, under the World Bank assisted RNTCP Phase II was discussed in detail. The copy of the LoU was handed over to the states and the states were requested to submit the signed copies of LoU by 31st December 2005.

The following resolutions were made in this meeting:

Human resource related issues:

- All states must ensure a State TB Cell with staffing and resources as per the guidelines issued by the GoI and assign an officer of the state health system of the rank of Joint Director or above as full time State TB Officer to head the State TB Cell; make efforts to ensure that the State TB Officer has training/ experience in Public Health, and remains in the post of State TB Officer for a period of at least three years ordinarily; and ensure at all times adequate staffing support in the State TB Cell as Deputy STO (for states with population above 50 million), Second Medical Officer, Senior Accountant, IEC Officer, Data Entry Operator and Secretarial Assistant.
- All states must ensure that full time District Tuberculosis Officers are posted in all districts of the state and ensure that ordinarily the District TB Officers remain in their post for a minimum of three years and that District TB Officers are trained in or have prior experience in Public Health.
- All states must ensure that necessary trained manpower including STS, STLS, LT etc as per program guidelines is made available at all times. They should further ensure that the STS and STLS should work only for RNTCP and should not be involved in other work.
- All states should monitor the vacancy position of the laboratory technicians in each district and ensure filling up of the contractual posts sanctioned to each state. They should also ensure that DMCs with high workload have a full time LT available.
- Ensure that all peripheral Health Workers are involved in RNTCP activities in their area

STDC strengthening:

- States should identify and maintain the State TB Training and Demonstration Centre (STDC) or Intermediate Reference Laboratory (IRL) with a training unit and a monitoring unit in the state; post a full time Microbiologist, epidemiologist, statistician and at least three lab technicians at the STDC/ equivalent institution(s). STDC/

equivalent institution(s) is required to undertake functions of training, monitoring and external quality assurance of sputum microscopy in close co-ordination with the State TB Cell.

Policy related issues:

- Current policy of providing DOT through any person other than family member who is acceptable and accessible to the patients and accountable to the health system, would be continued.
- The current RNTCP norm of establishing one Designated Microscopy Centre (DMC) per every one lakh population (relaxed to 50,000 in tribal, hilly, desert areas) is as per the expected case load in the community and based on epidemiology of TB in the country. Increasing the DMCs beyond this norm may be detrimental to the programme. PHIs which are considered for establishment of DMC must meet the norms of DMCs laid down by GoI i.e. new adult OPD of >60 per day, availability of full time RNTCP trained Laboratory Technician, functional binocular microscope and civil works of the laboratory as per RNTCP guidelines. Every DMC has to be supervised as per the revised guidelines on quality assurance of sputum microscopy. All states need to review the organization of DMC network in their state to ensure that these norms are adhered to. Expansion of Designated Microscopy Centre (DMC) network may be considered by the states of Tamil Nadu, Gujarat and Karnataka only when these criteria are satisfied.
- States where private practice is allowed by government doctors must ensure that the doctors follow DOTS and treat all TB patients under RNTCP.

Supervision and monitoring related issues:

- The following were mentioned as key roles of Health Secretary of the states/UTs to strengthen the programme in the states:
  - Review the program as per monitoring strategy
  - Review the program every month with STO and WHO consultants
  - Monitor under-performing districts especially with higher populations, urban slums, tribal districts, SC/minority pockets
  - Monitor vacancy status and training of key RNTCP staff
  - Issue necessary instructions to DMs to review the programme in their districts
  - Issue necessary instructions to CMOs and general health staff for following RNTCP guidelines
  - Monitor involvement of Medical Colleges and other big hospitals
  - Review involvement of other sectors
  - Review the finances under RNTCP so that funds are made available to the districts on time
  - Monitor whether IEC activities in state are adequate
- Strategy document on supervision and monitoring under RNTCP has laid down the tools, indicators and mechanisms for monitoring the performance of RNTCP at various levels (sub-district, district, state and national). Supervisory protocol laid down in this document should be followed by all supervisors

Sputum microscopy related issues:

- In resource limited states, sputum microscopists (such as BCG vaccinators, Lab Attendants, etc) may be identified and trained so as to carry out sputum microscopy where full time LTs are not available in the DMCs.
- Regarding difficulty in access to DMCs in hard to reach areas, it was suggested to open sputum collection centres and transport the sputum specimens to the nearby DMCs.

Drugs and equipment related issues:

- States are to utilize drugs supplied by the RNTCP and does not make its own purchases of these anti-tubercular drugs, and should ensure that all TB patients are prescribed RNTCP drugs and regimens
- States should maintain a State Drug Store for RNTCP and manage the logistics involved in the supply and distribution of drugs.
- States have expressed the difficulty in hiring the prescribed agency for AMC of BMs and have requested CTD to pressurize the companies to follow up with the states or help in finding alternative solutions.

Finance and Action plans related issues:

- Under NRHM, State/District TB Control Societies may be merged with the State/ District Health Societies. However, RNTCP would continue to have a separate bank account and it would be better if the programme officers (State and District TB Officers) responsible for implementation of the programme are made responsible for the financial management also.
- State and districts would implement the project activities based on the annual action plan prepared as per guidelines of the programme.
- Ensure timely fund flow to the districts so that all districts have sufficient funds at all times and there are no delays in program activities including payment of salaries to contractual staff.
- It was decided that the salary recommended for RNTCP contractual staff under World Bank areas will be applicable to other areas also.

TB Hospitals and Medical College related issues:

- TB Sanatoria may be converted to General hospitals considering the lower utilization of these hospitals based on the current policy of domiciliary TB care in India.
- Medical teaching institutions of the state should teach and practice the RNTCP strategy for TB control with greater focus on active functioning of the State Task Force, greater coordination with Director/ Secretary Medical Education, participation of all departments of medical colleges and not just TB-Chest departments.

Involvement of other sectors:

- States and cities with large urban slum population must focus on increasing the access to RNTCP services amongst these marginalized groups. The districts should do an ABC analysis to identify and prioritize the involvement of Private practitioners and NGOs in the programme.
- Regarding concerns about NGO schemes not being attractive for NGOs to participate, JS (RT) stressed that a conscious effort must be made to change the concept of participation as merging of resources rather than provision of resources.
- Gujarat Commissioner was requested to resend the proposal for revision of funds release to NGOs under Scheme 5 for reconsideration.

TB HIV Coordination related issues:

- TB-HIV coordination should be strengthened in all the 14 states implementing the TB-HIV action plan by establishing State and District Coordination Committee and ensuring their full functioning
- Secretary Health and Family Welfare, GoI clarified that as per policy, no routine testing of TB patients for HIV should be carried out in the country. However, the present policy of referring TB patients with known high risk behavior or other suggestive opportunistic infections would continue to be referred to VCTCs for counseling and testing, till the policy is reviewed further.

IEC related issues:

- States should ensure that the IEC action plans are prepared and executed at state and district level as per RNTCP IEC strategy.

Annex A

List of Participants in Neemrana meeting

1	P K Hota, Secretary (Health), New Delhi
2	Deepak Gupta, Addl. Secretary Health, New Delhi
3	Rita Teotia, Joint Secretary, New Delhi
4	DR. S. Hababyeb, WR India
5	Upma Choudhary, Joint Secretary, DAFD, GOI
6	Vineet Chawdhry, joint Secretary, GOI
7	Nita Choudhary, Principal Secretary Health, Uttar Pradesh
8	Dr. Thangaraj, Principal Secretary, Karnataka
9	Harinder Hira, Principal Secretary Health, Himachal Pradesh
10	Dr. I V Subbarai, Principal Secretary Health, Andhra Pradesh
11	Urvashi Gulati, Principal Secretary Health, Haryana
12	Pravin Srivastava, Principal Secretary & Resident Commissioner, Tripura
13	Dr. D K Subba, Secretary Health & FW, Sikkim
14	Madan Mohan Upadhyay, Secretary, Madhya Pradesh
15	Rajiv Bansal, Commissioner & Secretary, Nagaland
16	S K Das, Principal Secretary Health, Uttaranchal
17	Tilak R Sarangal, Secretary Health & FW, Punjab
18	Dr. V S Singh, Secretary Health, Maharashtra
19	Vanhela Pachuau, Principal Secretary Health & FW, Mizoram
20	Amar Jit Singh, Commissioner Health, Gujarat
21	Anshu Prakash, Commissioner and Secretary Health & FW, Arunachal Pradesh
22	Dr. Vishwas Mehta, Secretary Health & FW, Kerala
23	L P Gonmei, Commissioner (Health), Manipur
24	Supriya Sahu, Additional Secretary Health, Tamil Nadu
25	Leena Johri, Special Secretary, Uttar Pradesh
26	S Suresh Kumar, Spl. Secretary Health & FW, West Bengal

Director Health Services and State TB Officers

27 Dr. M C Mahanta, Director of Health Services, Meghalaya

28 Dr. (Mrs.) Inderjit Kaur Walia, Director Health Services, Chandigarh

29 Dr. D K Raman, Addl. Director Health, Bihar

30 Dr. D K Sen, Director Health Services, Chhattisgarh

31 S U Ahangar, Joint Director Health & Med. Education, J&K

32 Dr. D K Makwana, DTO Daman, Daman & Diu

33 Dr. H C Prasad, State TB Officer, Uttar Pradesh

34 Dr. Pawan Bansal, STO, Chandigarh

35 Dr. S P Burma, STO A & N Island

36 Dr. M K Jeevan, Addl. Director & STO, Kerala

37 Dr. Neena Shandil, Dy. DHS, STO, Himachal Pradesh

38 Dr. P K Shridhar, STO, Chandigarh

39 Dr. M L Jain, Ad. DMHS (RH), Rajasthan

40 Dr. Rohitasw Yadav, D.D (TB), STO, Haryana

41 Dr. N N Sonowal, Jt. D.H.S (TB) cum STO, Assam

42 Dr. K V Raman, STO, Pondicherry

43 Dr. I Subburam, STO, Chennai

44 Dr. B Sai Babu, STO, Andhra Pradesh

45 Dr. B S Sharva, STO, Chhattisgarh

46 Dr. P M Deb, STO, West Bengal

47 Dr. Sanghvi A S, Director STDC, Gujarat

48 Dr. Bamin Tada, STO, Arunachal Pradesh

49 Dr. B K Patel, Deputy Director, Commissionarate of Health, Gujarat

50 Dr. K N Sahad, STO, Bihar

51 Dr. D R Hire Goudar, STO, Karnataka

52 R P Vashist, STO, Delhi

53 Dr. John Sewejesie, STO, Nagaland

54 Dr. J J D Pradhan, Addl. Director cum STO, Sikkim

55 Dr. D K Jain, STO, Rajasthan

56 Dr. G Binod Kumar Sharma, STO, Manipur

57 Dr. A P Mangain, STO, Uttaranchal

58 Dr. Sahana Mohapatra, STO, Orissa

59 Dr. K L Sahu, Joint Director & STO, Madhya Pradesh

60 Dr. N D Sahay, State TB Officer, Jharkhand

61 Dr. V R Muralidharan, STO, Goa

62 Dr. Faionq Ahmad Tak, STO, J&K

63 Dr. P Chyne, STO, Meghalaya

64 Dr.Vanlalhruaii, STO, Mizoram

Central TB Division including RNTCP Consultants

65 Dr. L S Chauhan, Dy. Director General (TB), New Delhi

66 Dr. P Saxena, CMO(TB), New Delhi

67 Dr. Teja Ram, CMO (TB), New Delhi

68 Dr. P P Mandal, CMO(TB), New Delhi

69 Dr. Yamuna Mundade, WHO Consultant, CTD

70 Dr. Tarak Shah, WHO Consultant, CTD

71 Dr. Jamie Tonsing, WHO Consultant, CTD

72 Dr. Shruti Sehgal, WHO Consultant, CTD

73 Dr. Reuben Swamickan, WHO Consultant, CTD

74 Dr. Neeraj Raizada, WHO Consultant, CTD

75 Dr. Somil Nagpal, WHO Consultant, CTD

76 Dr. S.N. Rai, WHO Consultant, CTD

77 Mr. Leslie Menezes, Finance Consultant, CTD

78 Dr. P. Sai Kumar, WHO Consultant, CTD

79 Dr. Saroj Dhingra, WHO Consultant, CTD

80 Ms. Kavita Nair, Strategic Alliance, CTD

81 Mr. Sanjay Kumar, Network Coordiantor, CTD

WHO India Staff

82 Dr. Fraser Wares, WHO India

83 Dr. S. Sahu, NPO (TB), WHO India

84 Dr. Lal, NPO, (PPM-TB), WHO India