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Tuberculosis in India

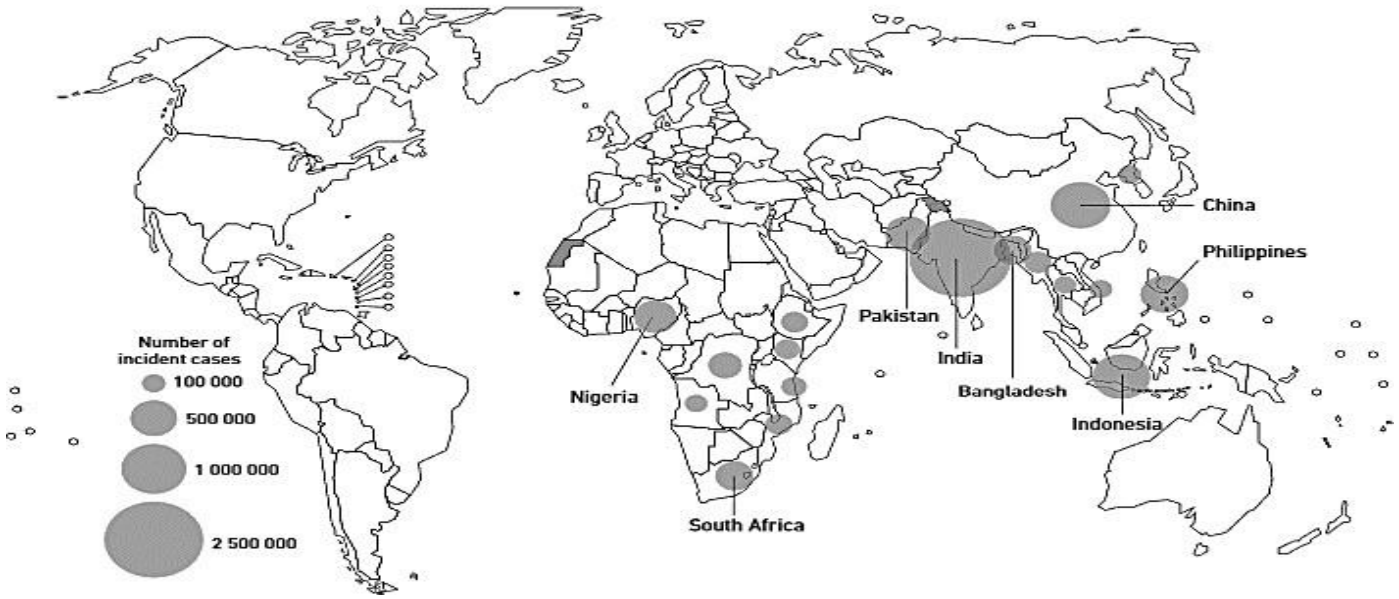
Identifying the Human Resource Gap

I. Global Context

Tuberculosis (TB) is one of the top ten causes of death and the leading cause from a single infectious agent (above HIV/AIDS). Millions of people continue to fall sick with tuberculosis each year. In 2017, tuberculosis caused an estimated 1.4 million deaths. According to World Health Organisation (WHO), 10 million people developed tuberculosis in 2017.

About 1.7 billion people, 23% of the world's population are estimated to have a latent tuberculosis infection and are at the risk of developing active tuberculosis disease during their lifetime. While tuberculosis cases can be found in all most every country of the world, it does not affect them equally. According to WHO report, twenty-two high burden countries carry 80% of tuberculosis. Brazil, India, Cambodia, Kenya, Russia, South Africa etc. have high incidence rates which could be linked to high population densities, poverty rates and lack of health care infrastructure.

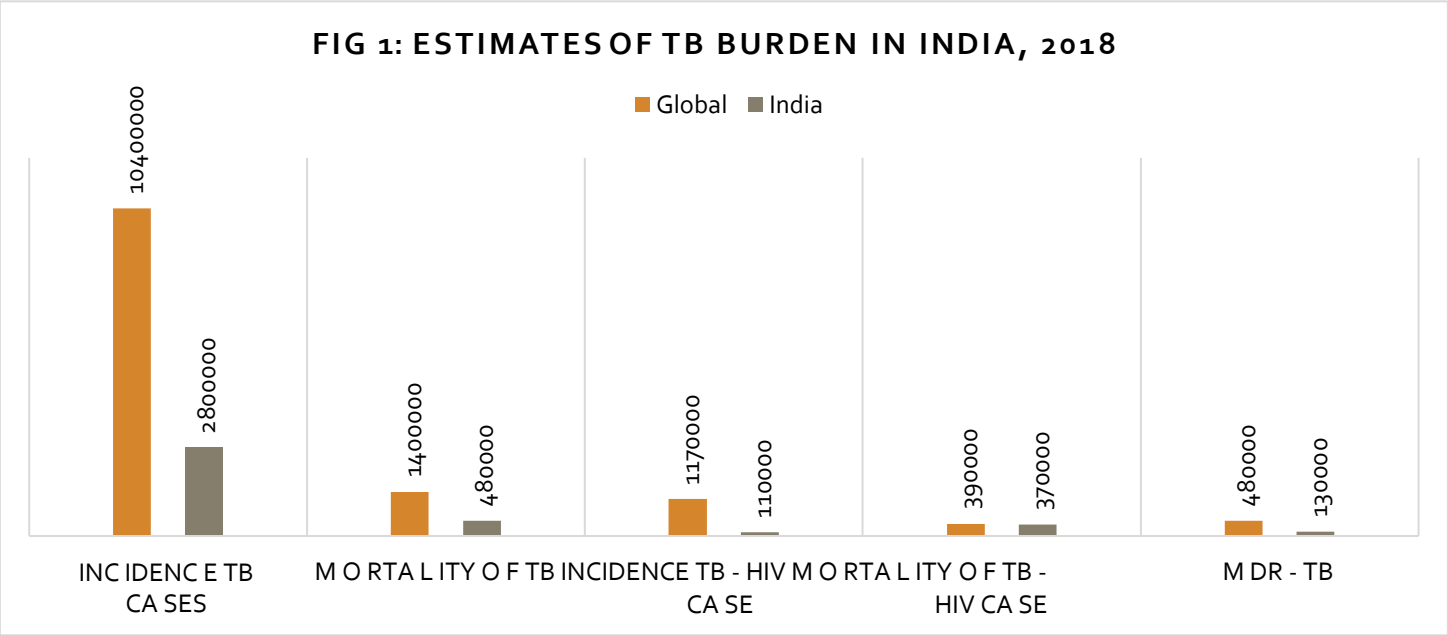
Estimated TB incidence in 2017, for countries with at least 100 000 incident cases



Source: Global Tuberculosis Report, 2018

II. Country Context

India is one of the fastest growing economies in the world and improving several dimensions of human development. Despite substantial improvements in the health outcomes, India still faces challenges in health care access, quality and utilization.



Source: Data based on Global Tuberculosis Report, 2018 (Author's Visualization)

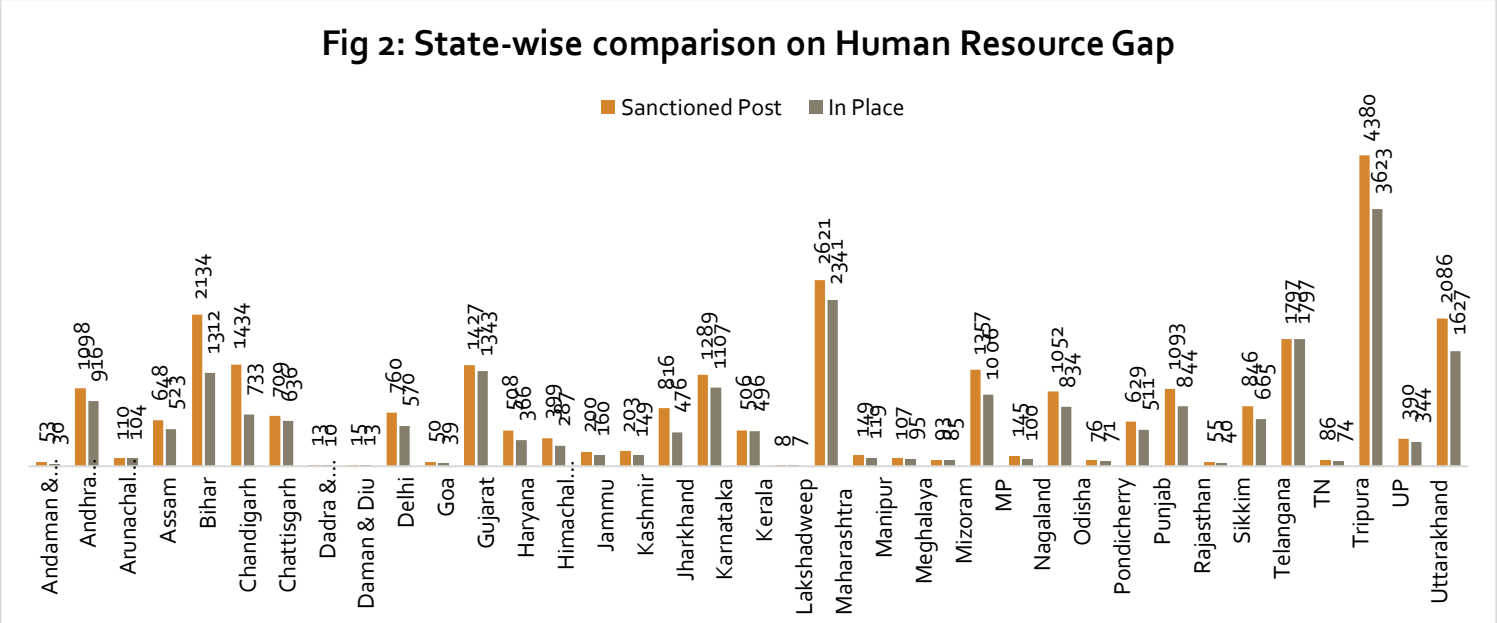
Tuberculosis is a persisting communicable disease challenge for India. According to a study conducted by WHO, TB kills approximately 480,000 people every year in the country. India contributes to 27% of the global TB burden and the proportion has remained constant for more than 20 years.

III. Human Resource Challenge to END-TB Campaign

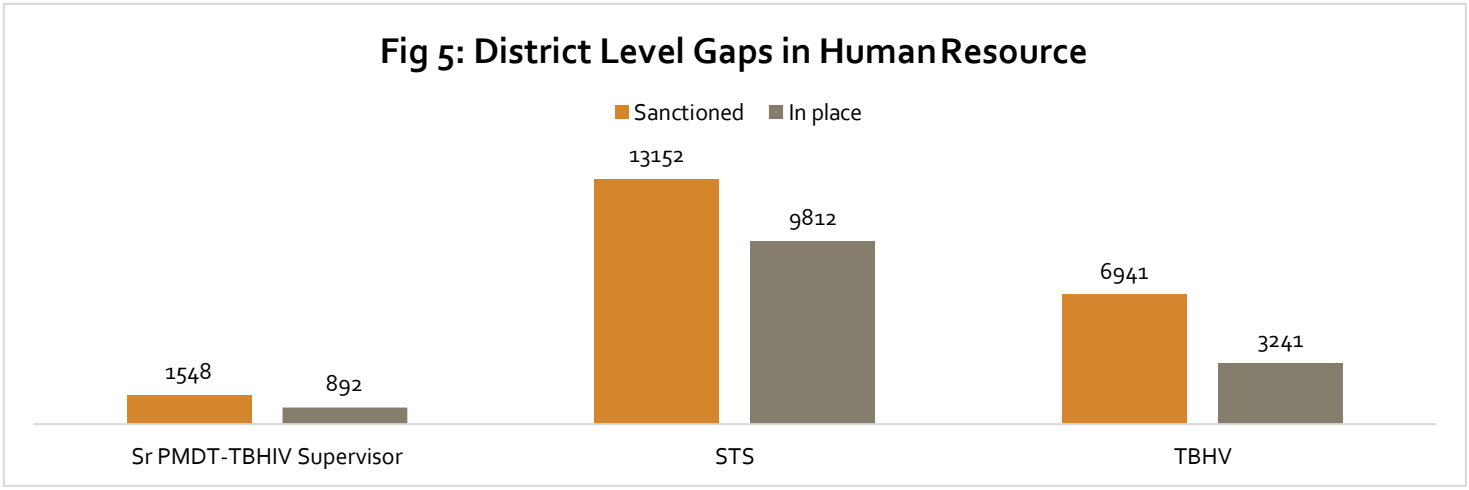
The Delhi End Tuberculosis (End-TB) summit held in March 2018, was a watershed moment in the history of the disease. Prime Minister Shri Narendra Modi affirmed a national commitment to rid India of tuberculosis by 2025 which serves as a direct attention to TB serves to underscore India's determination to eradicate it.

The TB crisis is symptomatic of the general challenges in our health system. Prevention, successful diagnosis, and treatment of diseases are dependent upon an efficient and comprehensive system that ensures environmental improvement and that no person is missed when attention and care are needed.

For accomplishing the 2025 target needs the full support of a robust public health system. For this, we need to address existing gaps. The major challenge is the human resource in healthcare to achieve health targets.



Source: Data based on India TB Report, 2018 (Author's Visualization)

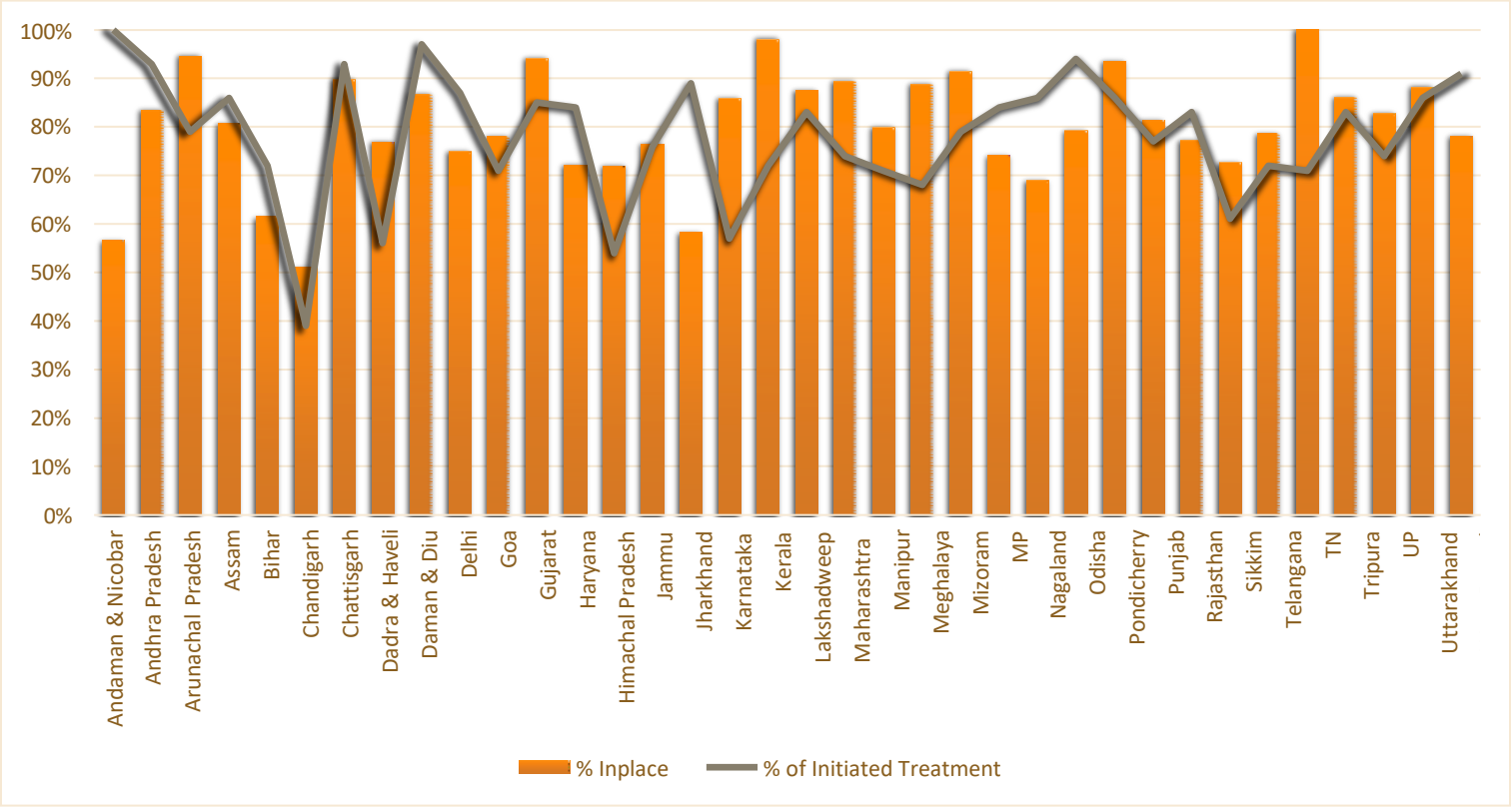


Source: Data based on India TB Report, 2018 (Author's Visualization)

In spite of the significant achievements in technological interventions for tackling tuberculosis, it is realized that the power of existing interventions is not matched by the power of health systems to deliver them to those in greatest need, in a comprehensive way, and on an adequate scale. Although integration between the health systems and Revised National Tuberculosis Control Program (RNTCP) has been achieved in the provision of services, it is limited in other operational areas such as administration, financial management and monitoring and supervision. This has affected the quality of programme implementation because of the multiple administrative, financial and operational functions to be carried out by field level staff.

Following decentralization of especially Tuberculosis Units (alignment with NHM blocks), recruitment of contractual positions against newly created blocks have been greatly delayed in 12th Five Year Plan. Over 20% of the contractual staff positions have been vacant and to even upto 40% in certain states (Bihar, Jharkhand etc.).

The programme management structure at both the state and district levels continue to burden the programme managers with administrative functions leaving them with little or no time for supervisory and monitoring activities.



Source: Data based on India TB Report, 2018 (Author's Visualization)

Tuberculosis (TB) killed more people per 100,000 in Uttar Pradesh (58) than any other state in India. The second highest death rate from TB was in Assam where 43 people per 100,000 died of TB, followed by Gujarat (42 per 100,0000) and Rajasthan (41 per 100,000), the new data show. The lowest death rates were in the states of Kerala (8), Goa (11) and Tripura (16).

Mostly poorer states-Bihar, Jharkhand, Madhya Pradesh, Odisha, Rajasthan, Uttar Pradesh, Uttarakhand, Assam--had a higher death rate than the country average (33 per 100,000). The only exception is Gujarat. From the above the graph, it can be observed that states like Kerala and Tamilnadu have high low death rates as the states have less human resource gaps whereas states like Bihar and Jharkhand have higher death rates due to huge gaps in human resources.

IV. Recommendations

Qualified Human Resource is the biggest asset to the RNTCP, and it is becoming more complex and demanding, with multiple new tasks for MDR-TB management and TB-HIV care. An adequately staffed, trained, and motivated health workforce is required to achieve the ambitious TB control objective of ending TB. The goal of RNTCP's HRD strategy should be to optimally utilize available health system staff to deliver quality TB services, and to strengthen the supervisory and managerial capacity of programme staff overseeing these services. RNTCP should be aligned more effectively with health system under NHM to leverage field supervisory staff more effectively and increase capacity building of the staff to equip them to handle multiple tasks of TB care, DR-TB and TB-HIV.

V. Short Cases on Tuberculosis Awareness

A. Leveraging social platforms to increase monitoring, Assam

The Revised National Tuberculosis Control Program (RNTCP) in Jorhat, Assam has been using social media platforms such as WhatsApp for communication purposes related to health. RNTCP has created a WhatsApp group named *"Let us fight against TB"* for the purpose of supervision and monitoring of Tuberculosis. This group helps in communicating messages regarding field level activities to District Magistrate (Deputy Commissioner), State TB officer and WHO consultants and fosters group spirit and a feeling of communion within the members of Jorhat District TB Cell. The administrative heads and seniors help in spreading encouragement and motivation among the supervisory staffs such as STS, STLS including LT. The DTO who is the admin of the group has also asked staff to upload photographs and important information in order to ensure monitoring of the on-field activities. The district has also started a Random Active Case Detection program in a few high-risk tribal villages and Tea Garden areas of the district. The use of WhatsApp groups has made communication much easier in many districts like Sivsagar, Kokrajhar, Lakhimpur etc. During the review meeting, STO Assam encouraged all DTOs to use this ICT tool for communicating messages related to TB in order to save lives.

B. Contribution of TB counselling towards de-addiction, Arunachal Pradesh

Hangsik Kungkho from Laktong Village, Changlang, Arunachal Pradesh was diagnosed as new sputum positive and put on Cat-I. He was also found to be a chronic alcoholic and an opium addict. During his treatment he had happened to miss few doses. He was kept under constant supervision and vigilance by the staff and ASHA members of the village. This was followed by diagnosing the post-treatment sputum samples that was found to be negative and he was thus declared cured. However, after one year he again started developing signs & symptoms of TB. On being brought to the hospital, he was found to have relapsed and was suffering from sputum positive tuberculosis. This time, he was counselled several times for proper adherence to treatment and for opium and alcohol de-addiction. The STS staff took great efforts to give him regular medication and helped in building the patient's self-confidence. Today, he has been declared cured from TB and has also been

de-addicted from opium. This has been possible only through regular monitoring, supervision and counselling given to the patient by the staff.

C. Generating awareness against tobacco products, Tamil Nadu

Mrs. Shanthi from Kovilpatti, Thoothukudi district, Tamil Nadu runs a grocery store near her home. She was diagnosed with TB and started treatment in August 2017. She was regularly counselled by RNTCP personnel on the various ways in which someone can get infected with TB and how this infection progresses to a serious disease. This awareness about TB compelled her to make a choice that she might not have taken otherwise. Shanthi decided to stop selling any tobacco products in her grocery store. As per Shanthi, even though this move might incur losses in the sales, however it was impossible or her to turn a blind eye to the tobacco menace. She promised not to sell any kind of tobacco products thereafter for the welfare of general public.

D. CSR Engagement in awareness generation, Tamil Nadu

In Villupuram, Tamil Nadu, RNTCP has collaborated with a popular jewelry brand for combining the brand's advertisements with RNTCP messages. The DPPMC came up with this idea, and when he discussed it over with his DTO, he found it to be an effective way of reaching out to spread the messages to the community and received green signal to implement it. It took around 3 months to get an appointment with the branch head of the jewelry brand. The DPPMC along with his team developed a sample board with messages on TB along with logo of both RNTCP as well as the jewelry brand. The branch head found it impressive and readily agreed to sponsor such boards at every block PHC in Villupuram. The sample board was released at an event by the district Collector. Top officials of the brand from Trissur also attended the event and pledged their support to RNTCP in the End TB Strategy.