



# नैऋतय पत्रिका

Quarterly publication of Central  
TB Division

Issue I: April 2018

Volume: 02

## A. Delhi End TB Summit (13<sup>th</sup> of March 2018 at Vigyan Bhawan)

Hon'ble Prime Minister Shri Narendra Modi's mission to End TB, by 2025 – 5 years in advance of the goals unanimously adopted by the UN General Assembly as part of the Sustainable Development Goals (SDGs). Delhi End TB Summit held on 13 March 2018 at New Delhi offered a unique opportunity to highlight the leadership and solidify the legacy of the Hon'ble Prime Minister of India in the historic push to eliminate TB from India realising the vision of TB Free World. It showcased the Govt. of India's resolve to End TB in India and also renewed India's commitment for its ambitious goal of Ending TB by 2025. The summit brought together all the key stakeholders including the civil society from Global, Regional, National, State and District level at one platform.



Prime Minister Narendra Modi, Minister of Health and Family Welfare, J.P. Nadda; Minister of State in the Ministry of Health and Family Welfare, Gol Ms Anupriya Patel; Health Minister of Indonesia, Nila Moeloek; Nigerian Minister of Health, Issac Adewole, Director-General of WHO, Dr Tedros Ghebreyesus; Regional Director of WHO South-East Asia Region, Dr Poonam Khetrapal Singh; Executive Director of the Stop TB Partnership Dr. Lucica Ditiu, and ED of the Global Fund, Peter Sands during the inaugural session of the Summit.

### MESSAGE FROM ADDITIONAL SECRETARY (MOHFW, GOI)



I present with great pleasure second volume of NIKSHAY PATRIKA. I hope you will find it informative, interesting and useful. We are taking bold steps to End TB by 2025. I request all partners, stakeholders and civil society to come together and join hands to eliminate TB from India. TB free India Campaign will take forward the activities of National Strategic Plan (NSP) for ending TB in Mission mode. The National Strategic Plan for TB elimination is backed by adequate funding to ensure every TB patient has access to quality diagnosis, treatment, and support by adopting multi-sectoral approach. I believe Nikshay Patrika plays an important role in dissemination of accurate and useful information among the TB Community.

### MESSAGE FROM JOINT SECRETARY (MOHFW, GOI)

I congratulate Central TB Division for bringing out NIKSHAY PATRIKA exclusively on Tuberculosis. This quarterly newsletter has covered recent progress and programme implementation in the last three months. "We need to learn from our strengths and weaknesses in TB control over the last decade as we step up our response to TB and drug-resistant TB. The programme has seen many new initiatives and policy changes which includes patients and providers incentives through Direct Benefit Transfer (DBT), revised guidelines for PMDT, Universal Drug Susceptibility Testing for all diagnosed TB Patients including notified patients from the private Sector, roll out of daily regimen for drug sensitive TB across all the State/UTs, introduction and expansion of newer drugs like Bedaquiline, Active Case Finding in vulnerable groups, and expansion of molecular diagnostic services. All these initiatives would lead to early case detection, treatment, adherence and better outcome to End TB.





## Editorial



Dear Readers,

It gives me great pleasure to present the second volume of NIKSHAY PATRIKA. This Newsletter provides an update on progress of TB control activities, information on new initiatives, recent development, greater understanding of the work under taken by Central TB Division, Ministry of Health and Family Welfare.

The country has taken up TB elimination on a mission mode. It is a matter of great pride for us that Hon'ble Prime Minister graced the End TB Summit. Hon'ble Prime Minister launched the TB-free India Campaign to take the activities under the National Strategic Plan towards Ending TB in a mission mode for achieving Sustainable Development Goal (SDG) by 2025, five years ahead of Global target. The Delhi End TB Summit and World TB Day highlighted our past achievements, present efforts, and future aspirations. We hope the commitment showed at all levels will give a fresh impetus to the programme and propel us in this fight towards elimination of TB from our country.

I congratulate the team of Central TB Division for the quarterly Nikshay Patrika which will encapsulate latest development from the field of TB control in India and I appeal one and all to extend your support for TB elimination by 2025.

**“Let us all pledge to make India TB-FREE by 2025”**

## HIGHLIGHTS OF THIS ISSUE:

Delhi End TB Summit



Patient Corner



World TB Day



Logistics Management  
through portal



Shorter MDR-TB  
Regimen



Mobile Vans for  
supporting ACF



Social Media  
Campaign



TB Eliminator



Photo Gallery



## B. PATIENT CORNER

I was diagnosed with TB. I would be lying if I said I wasn't terrified. I got anxious whether I could ever go back to my previous life. Even when I started to take medicines, I had no faith that I will be completely cured. The effects of TB were heavy on me for two reasons: myth and misconception. After a few months into the medication, I started to feel much better. My family and my friend were supportive. After two months, I resumed my studies and completed the medication without any gap for nine months. Using government facilities and with the help and support of my family, I was completely cured.

As a youth and on behalf of all the youngsters, I want to voice to Government of India that creating awareness alone is not enough but it is also necessary to eliminate myths and misconceptions associated with the disease. I am pointing this out because of my lack of awareness and misconceptions it happened to me. We have heard the proverb 'prevention is better than cure' since childhood. But, till now, no one has said that prevention is only possible when we are aware of a disease and its symptoms.



*"Everyone can fight TB and everyone can win"  
said by Shri. Suman Anand (Kshay Veer)*

I am a Social Worker born and brought up in middle class farmer family from Bihar, defeated TB from my lifetime recently. It is my great honour to share my experiences as Kshay Veer on the occasion of END TB Summit.

I was diagnosed Tuberculosis (TB) in 2010. The news was shocking for me. I lost my faith and started thinking of the future of my family. In this situation, the concerned hospital staffs and my friends boosted my morale and guided me time to time about this disease. After 2-3 counselling session; I was little convinced. After a few months into the medication, I started to feel much better.

My family and my friend were very supportive during the course of treatment.

Now I have decided to continue my professional life and formed a network of Kshay Veer for a TB Mukta Bihar. My plan to engage more such TB champions who would work towards awareness and advocacy for this cause. Stigma and misconceptions is the major obstacle to fight against TB.

## C. WORLD TB DAY EVENT

The Chief Guest Smt. Preeti Sudan Secretary (Health) MoHFW was inaugurated World TB Day at PGIMER auditorium of Ram Manohar Lohia Hospital, New Delhi on 24th March 2018. Dr. B D Athani, DGHS, Shri Sanjeeva Kumar, Additional Secretary (RNTCP & NACO), (MoHFW, GOI), Shri A. K. Jha, Economic Advisor, Ministry of Health & Family Welfare, Shri Vikas Sheel, Joint Secretary, Dr. Sunil D. Khaparde, DDG (TB), and other senior officers of the Health Ministry, Dr. Nicole Seguy, Team leader Communicable Disease, WHO and other development partners graced the occasion.





The Secretary (Health) highlighted need for community participation, involving civil societies and other stakeholders for combating TB to End TB by 2025. At the function, the Health Secretary released the TB INDIA 2018 Report and National Drug Resistance Survey Report. She also launched the Nikshay Aushadhi Portal and Shorter Regimen for Drug Resistant TB.

Smt. Preeti Sudan commended the Kshay Veer, Shri Suman, a graduate student who narrated his experience living with TB. The Health Secretary stated that early identification and complete treatment of TB is a key to achieving our goal of TB elimination.

We need many Kshay Veer like Suman to fight against this disease and spread positive message across the communities to burst the myths and misconceptions around TB.



## D. Drugs & Logistic Management through portal

Smt. Preeti Sudan, Secretary (Health), MoHFW formally has launched a Web Based Solution - NIKSHAY AUSHADHI' under the Revised National TB Control Programme. This solution will manage the inventory & supply chain management of Anti TB Drugs across the country.

To ensure nationwide coverage, the software has been installed at all vital locations in the states, districts, Government Medical Store Depots (GMSDs), Central Medical Services Society (CMSS) stores, State Drug Stores (SDS), District Drug Stores, Tuberculosis Unit (TU) and Peripheral Health Institutions (PHIs). Stock entries and day to day stock management have been started for receipts, drug release and other supply chain related activities. An IT Cell/helpdesk has been established by the Central TB Division exclusively for Nikshay Aushadhi, for all technical support and day to day queries from

users. A dynamic dashboard has also been developed in Nikshay Aushadhi for all decision makers, stakeholders and all level users. It will provide a holistic view of the inventory at National/State/District and sub-district level.

The Programme will interface 'Nikshay Aushadi' with 'Nikshay', enabling procurement agencies and suppliers utilize a barcode Interface and mobile applications which will be developed under the next phase of implementation.





## E. Shorter MDR-TB Regimen



Multi Drug-resistant tuberculosis (MDR-TB) is an important public health problem globally. As per the WHO Global report 2017, India is having an estimated 1/4th of global burden of MDR-TB.

Usually, the MDR-TB patient needs to take 24 to 27 months of treatment under conventional regimens with a different combination of second-line anti TB drugs. However, the treatment duration has been shortened to 9 to 11 months with introduction of shorter MDR-TB regimen. As per the studies carried out,

**Regimen-**  
 (4-6) Km Mfx<sup>h</sup> Eto  
 Cfz Z H<sup>h</sup> E / (5)  
 Mfx<sup>h</sup> Cfz Z E  
 Km=Kanamycin;  
 Mfx<sup>h</sup>=Moxifloxacin  
 high dose;  
 Eto=Ethionamide;  
 Cfz=Clofazimine;  
 Z=Pyrazinamide;  
 H<sup>h</sup> = high-dose  
 Isoniazid;  
 E=Ethambutol

shorter MDR-TB regimen have shown better results in terms of success rate even when there is additional resistance to other second line anti TB drugs. All pulmonary TB patients and extra pulmonary TB patients having plural effusion or lymph node TB are eligible for the regimen as per the revised guideline published for PMDT in India-2017. Recently, India has introduced the Shorter MDR-TB regimen on World TB Day 24th March, 2018 across the country. Many states have already introduced it at the State level. Entire country is expected to be covered in next couple of months.

## F. Mobile Van supporting Active Case Finding

Active case finding is a provider initiated activity to reach the unreached population. It is one of the efforts of reaching the unreached population. The strategy is based on the premise that many patients who fall ill with tuberculosis are not



Mobile van inaugurated in different states for Active Case Finding by Higher State Officials



diagnosed, not notified, or do not start treatment. The primary objective of ACF is detecting TB cases early by finding symptomatic people in targeted groups and initiating treatment promptly. Increased coverage can be achieved by focusing on clinically, socially and occupationally vulnerable groups.

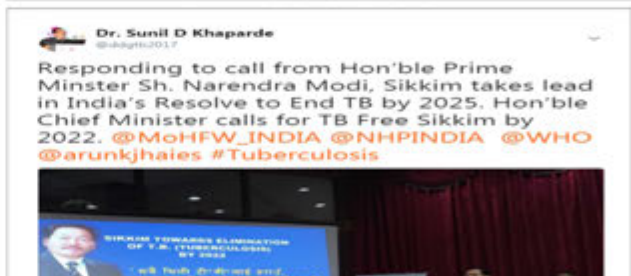
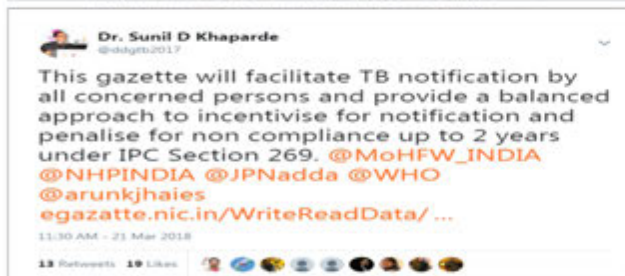
In order to augment the Active Case Finding in the States and also to take diagnostic modalities as near to the patient as possible, Mobile Vans have been procured under the programme. These vans, 45 in numbers, have already been dispatched to the States. The Vans are equipped with Cartridge Based Nucleic Acid Amplification Assay (CBNAAT) machines along with accompaniments like Refrigerator, AC, Generator, UPS, Printer etc. These Vans are manned by a trained Laboratory Technician, Driver and Cleaner.

Apart from undertaking the Active Case Finding in high risk population, these vans will also facilitate early diagnosis of MDR TB. These vans will travel on a predefined route plan and would target areas which are difficult to reach. Early diagnosis is expected to improve the "Standard of Care" in these deprived populations. The efforts are also expected to improve seeking of care, reduction in out of pocket expenditure of individual patients and curbing of the individual patients from being directed to multiple providers for treatment which results in huge economic burden to the patient and his family. The Mobile Vans have been operationalized at variable points of time and regular reporting of data has already been initiated.

## G.Social Media Campaign



Central TB Division has made massive effort in generating awareness regarding TB through social media. More than 185 tweets have been posted through DDG-TB twitter handle in last 7 months (from August 2017 to March 2018).





## H.TB Eliminator



Innovators in Health (IIH) are a non-profit organization working since 2010 with a population of 15 lakh in 5 blocks and 111 panchayats of Samastipur district in Bihar. IIH's main objective is to provide:

- Care and services to TB patients through a community-based program called Aahan.
- Main activities of Aahan are active case finding, screening of TB suspects, their diagnosis and treatment with the support of ASHAs, the RNTCP team, and the local people from community.
- Capacity building through training of ASHAs and local community people.

IIH has a patient-centric approach. It liaisons with the cooperative dairies in the area. The cooperative dairies have provided 500ml milk daily for the entire duration of the treatment to over 110 TB patients free of cost.

IIH is also working with private providers to provide quality services to TB patients. More than 18,000 people were identified for screening of Tuberculosis through ASHAs and field managers, out of which 6100 were found to be presumptive TB cases. Among these, 3160 were diagnosed with TB. IIH ensures treatment adherence for all its patients. The access to TB care has almost doubled in its catchment area.





**PHOTO GALLERY (MEETINGS)**



**Editor-in-Chief:** Shri Sanjeeva Kumar (AS & DG, MoHFW) | **Executive Editor:** Dr. Sunil D Khaparde (DDG-TB, MoHFW)  
**Editorial Advisor:** Shri Vikas Sheel (JS, MoHFW) | **Editorial Board:** Dr. Devesh Gupta, Dr. V. S. Salhotra, Dr. Raghuram Rao, Dr. Nishant Kumar, Dr. N. Somashekar (Director NTI), Dr. Rohit Sarin (Director NITRD), Dr. Kiran Rade | **Editorial Coordinator:** Richa Bharti, Neha Vats, Dr. Puja Ambule  
**Technical Support:** Dr. Bhavin Vadera, Dr. Tushar Nale, Dr. Sanjeev Saini, Dr. Yogesh Patel, Dr. Asif Shafie, WHO | **Design & Layout:** WHO and Richa Bharti