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Government of India
Ministry of Health & Family Welfare
Room No. 532-C, Nirman Bhawan,
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DO-Z-28015/284/2020-TB

Date: 1st May, 2021

Dear Madam/Sir,

The recent COVID-19 pandemic and huge surge of cases has posed unprecedented challenges for the health system in general and particularly for the National Tuberculosis Elimination Programme (NTEP). We are aware of the fact that our program staffs are inundated with a plethora of service demands in the wake of the ongoing pandemic. However, it is equally important to be cognizant of the situation of the TB program and pro-actively curb any deterioration in the targets set for NTEP, to reduce overall morbidity and mortality. It is requested that this advisory be read along with the advisory issued by MoHFW on 14th April 2020, titled as "Guidance note for enabling Delivery of Essential Health Services during the COVID-19 Outbreak". The current advisory aims to reiterate the salient and pertinent points of the advisory mentioned vide supra, in the context of the current status of the NTEP as under:

- Delivery of DOTS to TB patients, through close to the community people like ASHAs/ANMs/Health Volunteers to be ensured, with minimum or no travel.
- Routine screening for presumptive TB cases to continue at primary level facilities with diagnostic services to be provided uninterrupted at designated facilities as per advisories issued by National Tuberculosis Elimination Programme.
- Screening for new onset fever/cough/breathlessness and risk communication on COVID.

To meet these services following may be considered accordingly to the local circumstances:

1. Mapping of all existing Heath Facilities (city/ district/ block-wise) in the public, not for profit and private sectors to be undertaken.
2. States could also involve not-for profit/private sector in the provision of non-COVID essential services, particularly for secondary and tertiary care, where public sector capacity needs to be supplemented. Utilization of not-for profit/private sector facilities would be based on number and spread of COVID 19 positive cases in the area. States could develop a phased engagement with the not for profit and private sector if existing public health facilities are converted into Fever Clinic/COVID Care Centre(CCC)/ Dedicated COVID Health Centre (DCHC) and there is a shortfall in government health facilities. States already have PMJAY empanelled hospitals. It should be ensured that they function and continue to provide essential medical services.

3. Mobile Medical Units (MMUs) could be utilized for delivery of services, especially follow up care duly following physical distance norms and appropriate protection measures for the health workforce.

4. Suspected COVID patients and other patients requiring ambulatory care, should be encouraged to utilize tele-platforms to determine the need to visit a Health Facility/ Hospital/ Fever Centre. This will avoid overcrowding of hospitals and prevent transmission of SARS-CoV-2 virus during travel or in Health Facilities. Other mechanisms to minimize patient provider encounters, include self-monitoring through Mobile Apps (TB Aarogya Sathi / Aarogya Setu etc.), use of helpline, web-applications, video-calls, tele-medicine etc.

The suggested approach for tele-medicine may include the following:

- Patients needing services for minor ailments would be encouraged to contact the MPW (M or F) via telephone, who would assess the situation and enable tele-consultation with a Medical Officer.

- All SHC/PHCs, including HWCs particularly in affected areas may be linked with a Telemedicine Hub via telephone/video call to facilitate consultation between the patient and the provider, which will be guided by MoHFW Telemedicine Guidelines

- Private-for-profit and not-for-profit providers can also be engaged to provide these services particularly where a tele-medicine hub in government facilities does not exist. In such cases, the MoHFW Telemedicine guidelines on prescription generation will apply. Such providers should prescribe generic medicines.

- Investigations and medicines prescribed (particularly from within the Essential Medicine List and Essential Diagnostic List of the state) should be provided free of cost to all the patients seeking government facilitated care.

5. Where feasible, those due for any of these services, would be asked to come to peripheral facilities (SHCs/ PHCs/UPHCs, including HWCs/ Urban Health Posts) on particular dates/times, decided at local levels and informed telephonically or through ASHAs.

6. Home-visits by ASHAs should be optimized to provide follow up care to all beneficiaries in a particular household/hamlet/mohalla during one visit and avoid making repetitive visits to the same house/mohalla. Primary healthcare team at SHC, including HWC must be encouraged to follow up with patients on treatment for TB

7. All health care workers including frontline workers are to be trained in standard protocols for Infection Prevention Control and should adhere to advisories for infection prevention, personal protection and physical distancing norms, for facility level care, outreach visits or home-based care. Adequate and appropriate personal protective equipment (masks, gloves and other equipment) should be provided to health workers so that they can adhere to these advisories and protect themselves at all facilities. This should also apply to health care workers in those private and not-for profit sector facilities that have been requisitioned/ mobilized to provide services.

8. Patients on treatment for TB, would be provided up-to 2-3 months' medicine supplies at a time as prescribed by medical officers. The medicines may be delivered at home through frontline workers/volunteers during the period of the lockdown/restricted

movement, provided patients are stable. Patients may be advised to contact MPW/CHO where available or PHC-MO in case of any complications.

9. In order to ensure uninterrupted supply of medicines, consumables and rapid diagnostic kits, alternate models may be explored. One option could be hiring of local youth by the district / block nodal officers as runners to pick up medicines from district drug ware-houses, CHCs or PHCs (as per the local context) and supply them to SHCs/ASHAs. The movement of such individuals during the period of restricted movement should be facilitated through ID cards and appropriate intimation to local. Authorities should ensure that their movement between facilities is not hampered. Appropriate protective equipment (masks etc.) may be provided to runners.

10. Incentives given to the beneficiaries under the existing schemes (NPY,Tribal Support, Treatment Supporter, Private-Provider Incentive) may be prioritized at least for beneficiaries for whom validated bank accounts are available

The States/UTs are requested to take into account local circumstances and strategize the delivery of NTEP services. Central TB Division would be more than happy to discuss any case specific issues to support the State/UT in achieving the NTEP targets.

The current State/UT wise status of TB notifications both in Public and Private with comparative analysis between March and April, 2021 are attached as Annexure-1 for your reference and kind perusal.

All the States/UTs are requested to strategically plan and expedite measures to improve performance across key indicators of the NTEP.

With best regards,

(Dr. Sudarsan Mandal)

(DDG-TB)

Enclo: Annexure-1

To,

MD (NHM) – All States/UTs

Copy to:

1) STO – All States/UTs
2) NPO-WHO Country office
3) WHO-NTEP Consultants
4) Sr.PPS to AS & DG (NTEP)

ANNEXURE 1

States	TB-Patient Notification-March 2021			TB-Patient Notification-April 2021			Percentage Reduction in Notification compared with March 2021		
States	TB-Patient Notification - PRIVATE	TB-Patient Notification - PUBLIC	TB-Patient Notification - TOTAL	TB-Patient Notification - PRIVATE	TB-Patient Notification - PUBLIC	TB-Patient Notification - TOTAL	Percentage Reduction Private	Percentage Reduction Public	Percentage Reduction Total
Dadra And Nagar Haveli And Daman And Diu	4	111	115	2	22	24	50	80	79
Chhattisgarh	557	2,041	2,598	71	770	841	87	62	68
Gujarat	4,754	8,426	13,180	1,882	3,859	5,741	60	54	56
Uttar Pradesh	11,924	29,111	41,035	5,074	12,885	17,959	57	56	56
Madhya Pradesh	4,995	9,495	14,490	2,850	3,731	6,581	43	61	55
Jharkhand	1,692	3,122	4,814	969	1,339	2,308	43	57	52
Delhi	3,591	5,889	9,480	1,806	3,016	4,822	50	49	49
Nagaland	76	296	372	17	182	199	78	39	47
Maharashtra	6,646	8,460	15,106	3,700	4,511	8,211	44	47	46
Telangana	1,734	3,802	5,536	764	2,236	3,000	56	41	46
Uttarakhand	459	1,693	2,152	253	915	1,168	45	46	46
Assam	608	2,962	3,570	298	1,672	1,970	51	44	45
Mizoram	16	195	211	9	107	116	44	45	45
Bihar	7,385	5,585	12,970	4,275	2,973	7,248	42	47	44
Karnataka	1,575	5,012	6,587	806	3,006	3,812	49	40	42
Ladakh	0	31	31	0	18	18	0	42	42
Chandigarh	44	412	456	31	240	271	30	42	41
Meghalaya	81	403	484	35	252	287	57	37	41

States	TB-Patient Notification-March 2021			TB-Patient Notification-April 2021			Percentage Reduction in Notification compared with March 2021		
States	TB-Patient Notification - PRIVATE	TB-Patient Notification - PUBLIC	TB-Patient Notification - TOTAL	TB-Patient Notification - PRIVATE	TB-Patient Notification - PUBLIC	TB-Patient Notification - TOTAL	Percentage Reduction Private	Percentage Reduction Public	Percentage Reduction Total
Rajasthan	4,331	9,543	13,874	2,477	5,668	8,145	43	41	41
West Bengal	1,998	7,235	9,233	1,130	4,526	5,656	43	37	39
Tamil Nadu	1,571	6,571	8,142	836	4,245	5,081	47	35	38
Goa	22	149	171	7	102	109	68	32	36
Jammu & Kashmir	140	989	1,129	78	670	748	44	32	34
Andaman & Nicobar Islands	0	40	40	0	27	27	0	33	33
Haryana	2,256	4,711	6,967	1,522	3,184	4,706	33	32	32
Kerala	520	1,426	1,946	330	991	1,321	37	31	32
Puducherry	1	393	394	2	264	266	-100	33	32
Punjab	1,061	3,589	4,650	820	2,324	3,144	23	35	32
Andhra Pradesh	2,112	5,862	7,974	1,537	3,957	5,494	27	32	31
Odisha	604	4,163	4,767	350	2,955	3,305	42	29	31
Sikkim	10	138	148	2	102	104	80	26	30
Himachal Pradesh	105	1,233	1,338	101	851	952	4	31	29
Tripura	11	245	256	6	181	187	45	26	27
Manipur	55	105	160	19	112	131	65	-7	18
Arunachal Pradesh	0	245	245	0	217	217	0	11	11
India-Total	60,938	1,33,683	1,94,621	32,059	72,110	1,04,169	47	46	46

Comparative Analysis of Notification between March 2021 and April 2021 with Percentage Reduction