THE NEW ROLE OF DISTRICT TUBERCULOSIS ASSOCIATIONS IN THE NATIONAL TUBERCULOSIS PROGRAMME*

By

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Tuberculosis Problem

Tuberculosis is a major public health problem in our country not only because considerable number have got the disease, but also because it causes considerable suffering to the individual, his family and the community as whole on account of serious social and economic consequences. Cases of pulmonary tuberculosis are evenly spread, and practically there is no difference between cities, towns and villages. It is estimated that there are between 4000 - 5000 infectious (sputum positive) cases, at any point of time, in an average Indian district. Since majority of our people live in villages, most of the cases are also to be found there. It is further estimated that more than half of them seek medical aid for relief of their suffering.

Tuberculosis has been with us for thousands of years. The early efforts to deal with it were made by Christian missions, voluntary organisations philanthropic societies, individuals, and the government soon after the year 1900. The tuberculosis sanatoria and clinics established since then have functioned, and continue to function, more or less in isolation and according to different approaches and standards of work. It is now realised that no single organisation or agency including the government can tackle this immense problem efficiently without the whole hearted and willing cooperation of the people.

Partners in Tuberculosis Control

The partners in the National Tuberculosis Programme (NTP) are the Governments (Central and State), the medical Profession (programme personnel and general practitioners) and the general public. The partners should work closely and attempt as a team to develop and implement the NTP. It is, therefore, necessary to distribute the burden and share the responsibilities between the partners.

Protection of the health of the community is a responsibility of the government, more so in a welfare state. The responsibilities of the Central Government under the NTP are:

*Presented at the Annual General Meeting of the Tuberculosis Association of Tamil Nadu held at Salem.*
planning and partly financing, laying down general directions, policies and priorities, training programme workers and procuring essential supplies like vehicles, x-ray and laboratory equipments, through the international organisations. The actual execution and implementation of the NTP in the states is the responsibility of the State Governments, who provide the necessary staff and other facilities including an adequate building.

District Tuberculosis Programme

The Government of India taking into consideration the alarming tuberculosis problem in the country and realising the necessity to control it to an extent that it ceases to remain a public health problem conceived the District Tuberculosis Programme (DTP) which is the basic unit of the NTP. The objectives that the DTP aims to achieve are:

i. to prevent by BCG vaccination, the susceptible population from getting infection and disease,

ii. to satisfy the 'felt need' of the community for alleviation of human suffering caused by tuberculosis, and

iii. to tackle in an efficient and organised manner the nucleus of the problem first, namely the infectious case constantly spreading the disease.

In a nutshell the essential feature of DTP is decentralisation of case-finding and treatment activities and to carry them out from the existing general health institutions within each district. BCG vaccination is carried out methodically and systematically by a team of technicians to cover the entire susceptible population in the district. The DTP thus provides direct services of case-finding of treatment and of BCG vaccination to the community.

The medical profession constitutes two broad groups namely, the programme personnel who are directly engaged in the execution and implementation of the programme; and the general practitioners who constitute the majority of the medical profession. The latter's role under the DTP is mostly cooperative. It is necessary to establish close contacts and maintain good relations with this group since it can play an important part in the effective implementation of the DTP. The medical personnel in the programme are supported by para-medical personnel whose cooperation is also necessary for the success of the DTP.
Public participation through District Tuberculosis Associations

The general public is another partner whose cooperation and understanding are indispensable for successful implementation of any programme or scheme which is meant for the benefit of the community. It is known that people are prepared to spend their spare times, energy and money for alleviating suffering in the community of which they are members. It is necessary to take advantage of this innate desire of the people to help their fellowmen and provide them with an opportunity to fulfil their urge for social service through voluntary organisations like the District Tuberculosis Associations (DTA). The large number of middle aged and elderly retired people specially the female members of the population constitute a big reservoir of human energy and sympathy which can become a great force in support of DTP, and can be channelled through the DTA. The DTA represents, the basic organisational unit of the Tuberculosis Association of India (TAI). The State Tuberculosis Associations stimulate and assist in the formation of these local basic units and coordinate their activities. Since tuberculosis patients can be found in almost every village of the district, sub-units of the DTA should extend upto the most peripheral level and operate from there. It is necessary to enlist the cooperation and support of suitable contact-men in almost every village of the district.

The DTAs can function freely as voluntary bodies provided they are financially independent. Raising of adequate funds through the sale of TB seals, donations and membership fees etc is, therefore, one of their most important activity. The DTA should represent all sections of the community interested in tackling the problem of tuberculosis. Nonmedical citizens of the community should play an important part in its organisation and effective functioning.

The New Role

The TAI and its affiliated branches in the states and districts have contributed considerably towards tackling the problem of tuberculosis by establishing sanatoria, tuberculosis demonstration and training centres, tuberculosis wards and Clinics, rehabilitation centres etc. Under the circumstances existing at that time, it was considered the right approach; but now it is accepted as a matter of principle that voluntary tuberculosis associations should not undertake permanent service programmes as this is the responsibility of the governments. Moreover, voluntary tuberculosis associations have neither the resources nor the organisation to establish and maintain institutions or a nationwide programme. The DTAs can and should contribute to the success of the NTP, at the level of contact, with the DTP, by functioning as channels through which the general public can support and assist in the various activities of DTP.

Disseminating information about tuberculosis and its control among the people is an important contribution which DTAs have to offer to the DTPs. It may not appear to be a spectacular activity but is of essential value.
Intensive health education should remain a constant activity of the DTAs, because it helps in building up public interest and creating favourable opinion towards the programme. These efforts in health education should be directed towards all sections of the community like the general public, the administrators the politicians, the patients and their families, and the general practioners etc. All available media of communications may be used like printed matter, audio-visual aids like radio, television and films and oral instructions etc depending upon the literacy level of the group to be reached. Suitable persons in the community should be given the necessary training to carry out persons this task. The community should be informed about the existence of services provided by the DTP. The Importance and necessity of finding infectious cases of pulmonary tuberculosis from the point of view of controlling tuberculosis in the community; the importance of their regular and continuous treatment with powerful anti-tuberculosis drugs for successful cure; the possibility of developing resistance and consequent failure as a result of insufficient treatment; and the protective value of BCG vaccination are some of the important aspects of the DTP regarding which the community should be informed. It is necessary to remove misconceptions and outdated ideas from the necessary to remove from the minds of the people and replace them with new ideas on contemporary approach to tuberculosis control.

The DTAs can support the DTP in its various field activities like case detection, domiciliary treatment and BCG vaccination. An efficient treatment organisation is absolutely essential in order to ensure complete and effective treatment of patients diagnosed under the DTP. The DTAs can play a crucial part by organising supervision of treatment under the DTP. It is common experience that large numbers of patients do not collect drugs regularly and such defaulters can be retrieved by visiting them in their homes. The DTAs can recruit volunteers from within the community who can assist in retrieving defaulters. These volunteers can also be utilised for educating the illiterate section of the community where face to face communication is likely to be most effective. Adequate case detection, treatment completion and BCG vaccination coverage can be ensured by proper education and motivation of the eligible population.

It is the responsibility of the Central and State Governments, to meet the requirements of the DTPs adequately in respect of anti-TB drugs, X-ray films, cards and forms, chemicals and stains, and microscopes etc but the DTAs can assist the DTPs by filling in gaps and supply some of the items as and when required according to the availability of funds.

Tuberculosis requires prolonged treatment and may even lead to permanent disability in few patients. Moreover, it has economic consequences for the patient and his family. The DTAs can provide them social and financial relief to a limited extent. At present most of the patients who are treated properly recover completely and do not need rehabilitation or re-employment assistance. Hence such schemes have practically no utility under the NTP and DTAs should not divert their meagre resources in that direction.

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The role of DTAs is complimentary to the DTP and not competitive with the DTP. The aim of DTAs should be to aid in providing adequate service to the community, both in quantity and quality. Given the whole-hearted cooperation between the partners, there is a reasonable hope that the tuberculosis problem in India could be controlled in the foreseeable future. When that stage is reached the voluntary tuberculosis associations would enter the broader field of respiratory diseases or health education in general.