

Puttaswamy, Honourable Minister for Health, Mysore State. The Indian Chapter was a continuation course after Prague. The four week premier course was attended by 15 fellows and four observers who came from 14 different countries of the world⁴⁸.

3.2. Knowledge as a source of growth

Despite all these developments, problems persisted. The administrative structure, procedures, supply lines, and service conditions of workers constituted the base of the iceberg of programme difficulties. Compared to these, technical problems paled into insignificance.

In 1967, in an important paper, on the District TB Control Programme in concept and outline, Dr Nagpaul elaborated the major constraints: *There may be many possible ways of tackling TB in our vast country. But with the resources we have and the disadvantages shackling us what else could we do but to approach the problem rationally and scientifically, carefully considering to use the*

*facilities that we have disturbing little of? The minimum intervention of the programme perhaps embodies a vital force in breaking the chain of transmission because it seeks to identify the sputum positive TB cases and treat them first on priority. All this requires systematic yet simple work to be done by the concerned and learned and not subjected to individual innovation however ingenious. These ingenuities must wait till this first necessary step is taken by everyone all over India*⁴⁹.

The realisation slowly grew that there were several obstacles to the smooth flow of knowledge. The authorities who run the state and those who influence the flow of medical information may not have understood the NTP and the immense benefits it would render. After great deal of deliberations, a proposal to invite the DHS of states to acquaint them of the NTP methodology was deemed necessary. For specialists, a reorientation and briefing course was also instituted which attracted eminent personalities from India and abroad. A proposal was mooted to offer special courses to

epidemiologists, bacteriologists, PHNs, statisticians and senior technicians. Ten day seminars were arranged for senior health administrators, professors of medical colleges and the other key persons to focus on the NTP. Guest lectures by eminent doctors, like Frimodt Moller, KL Hitze, K Toman, NL Bordia and others, were arranged to increase the involvement. Soon these courses became very popular and were well attended. The benefit of such courses was not measured. Yet, they did produce a positive influence on the programme as is evident from a letter from Dr TB Master, Prof. and HOD of TB and Chest Diseases, Grant Medical College, Mumbai: *"I have been very impressed by the work being carried out, particularly from the point of research, in the very vast field of epidemiology. The group of doctors working there are very sincere, conscientious and dedicated; some of them are also of international repute. It is sad to learn that advantage is not taken of the work at this Institute and also of the knowledge imparted by the workers there. The Seminar is a great success. Knowledge is propagated*

*to the delegates without any reservation. In conclusion, I do not hesitate to say that my thoughts and ideas have become clearer and wider. I wish more people working in the field at different levels attend such seminars and apply the knowledge gained in practice during their daily work"*⁵⁰.

3.3. Development of State TB Centre

The second aspect of energising the state governments proved to be much more daunting. The states had a number of things to provide on a regular basis such as infrastructure, DTP personnel, other supportive staff, equipment and drugs. The state itself should provide the vital leadership in implementing the NTP and keep it functioning efficiently. It should interact with the GOI and the NTI for the necessary support and technical guidance. Not only is India a big country, different states have different socio-economic settings. Local compulsions forced each state to develop its own administrative procedures. Differences in language and customs pose problems, which are