gone. Galileo, Newton and Einstein are some examples.

4.4. Monitoring of the programme

As stated earlier it is not possible to measure disease burden accurately through monitoring. However, it is an important tool to evaluate the performance of the units of the DTPs in an ongoing manner and take corrective action simultaneously. This would improve the programme efficiency on a regular basis. Till 1978 monitoring of the programme was done by northern and southern regional centres and from then by NTI only.

In an appraisal paper presented in the 49th National Conference on TB and Chest Diseases held at Pondicherry in 1994, L Suryanarayana and others reported: *"DTPs numbering 390 registered by DGHS, are covered under monitoring. The percentage of DTPs implemented accounts for 81% of the total districts and 64% of such DTPs have been covered under SCC. As far as PHIs are concerned, 56% of the available health institutions have been implemented. Reporting efficiencies of the DTPs and the PHIs are 78% and 70% respectively. Only 41% of the PHIs have been supervised by the respective DTCs (i.e.,at least once in a quarter). The smear positivity rates are 12.3% and 4.8% at DTCs and PHIs respectively. As far as case detection efficiency of smear positive cases is concerned, DTCs have achieved an efficiency of 71% and PHIs 36%. Quality of X-ray reading and smear microscopy, as reflected by smear confirmation rates, among the pulmonary cases diagnosed are 20% and 24% respectively. Treatment completion rates derived from the annual cohort analysis reports are 34% for standard regimens, 44% for SCC regimen A and 52% for regimen B. Out of 276 DTCs reporting on the availability of trained man power and equipment, trained DTOs are posted in 56%, XTs in 60%, LTs in 73%, TOs in 73% and SAs in 46% of the DTCs"*[109]. The above observations were made to impress upon the senior TB workers and administrators the shortfalls in the functioning of the NTP so as to take timely corrective actions to improve the efficiency of the programme.

However, as Stefan Grzybowski puts it: *poor chemotherapy prevents deaths but often keeps a large number of chronic excretors alive... . India could be considered a low incidence but high prevalence country, the high prevalence being due to large numbers of treatment cases, chronic and relapse cases produced by ineffective treatment programmes... . Were it not for Human Immunodeficiency Virus (HIV) infection, the future would look fairly bright provided that special programmes to find and cure chronic bacillary cases are established. HIV infection has indeed a very profound effect for TB. The epidemiological impact of HIV infection comprises i) increased risk of infection, ii) increased risk of disease among the infected, and iii) increased fatality among the diseased....By the year 2006, the incidence of TB in the 15-49 years of age group will rise threefold which means that it will be double in the population... . I hope by that time India will be prepared to meet this grave new challenge*[110].

4.5. Work on the training front

From the outset, the NTI gave priority not only to the training of DTC key personnel but the quality, duration and content of the training activities were constantly reviewed

Dr B Shankaran, DGHS with Dr A Banerji Director (Standing to his left) inaugurating the new training block on 16.9.1980