

personnel will thus possess the skills to train the whole PHI staff working in general health institutions, for conducting TB work.

Monitoring of the DTPs will be reinforced with supervision and corrective actions in order to get the feed back on DTP reporting and improvements in the programme. NTI would be strengthening by providing extra staff and funds for it.

5.4. Introspection

Perhaps a universal tendency of any problem is to escalate. The government now faces another, perhaps bigger impediment. India's ever increasing population is aging. It is among the aged that TB is rampant. There will be a corresponding increase in the number of cases. Additional threats are imposed by HIV and MDR-TB. Its socio-economic milieu is changing. It is much more mobile than before. Not much is being done to increase the efficiency levels of the GHS with which the NTP is linked. These will have their own

repercussions on the programme and people's perceptions. This was seen in the early 60s, when the classic sociology studies were conducted by NTI. Efforts have been made by NTI to highlight these issues to the higher authorities. Strangely, even the problems with the knowledgeable continue as before or sometimes problems are so vast that if any improvement does occur it is neither perceptible nor measurable. Population explosion continue to retard not only TB control but other development activities too.

When NTP was introduced, it was hailed as the biggest scientific intervention meant for a country like India with limited resources. It earned the respect of the whole world as the first major effort amalgamating preventive aspects of medicine with peoples perspectives. Even though shortcomings hindered its efficiency, a better programme could not have evolved under the given situation. India is better placed than most countries as it has a sound health infrastructure with which the NTP is integrated.

In the past 36 years, the NTP has been implemented in most parts of our country and a large number of key personnel have been trained in TB control. The slow gait of this giant work force needs only to be accelerated. Perhaps, this fact alone would render the future TB fight in India easier. Equally important is huge private health sector, which treats nearly 50% of the TB cases. They along with NGOs have to work in coordination with government health sector. It is not an easy task to network them. With regard to the RNTCP, its main thrust has been strengthening the GHS infrastructure. Its formulation might imply that the NTP could not be revised. This is not true as in the words of Dr Chakraborty, former Additional Director: *The NTP is not after all scripted in unalterable terms.* The NTI at no time thought that the programme once formulated was sacrosanct and unchangeable. It continued its operations research, remained devoted to correcting the programme as and when required, based on objective analysis. However, it was not easy to introduce changes continually

because of inherent implications, mostly administrative in nature. It is true that the NTP did not sustain the levels of efficiency expected due to apathy and perhaps ignorance that prevailed outside the programme's ambit. The RNTCP itself was an outcome of such introspection. However, the RNTCP currently covers less than 20% of the country. As it is a phased programme the NTI and both DGHS & Ministry of Health & Family Welfare believe that it will be necessary to strengthen and revitalise the NTP simultaneously. At this juncture consolidation rather than diversification is the real need.

Despite going a lull for almost a decade, the NTI did not cease to adapt. It was clear that its role has to relate to the TB situation in the country.

It has now been shaken out of its lethargy to implement the TB control programme with redoubled force. The NTI is entering the millenium with the knowledge that the battle is not over but with the confidence that it is in a position to tackle the situation.

*Group Photo of Bacteriology Staff with trainees of 71st Batch
16 January to 24 March 1995*



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