Key note address on Medical Colleges and TB Control: Current status, policies, potential collaborations and perspectives

by

Dr S.P. Agarwal,

Director General of Health Services,
Govt. of India, New Delhi

TB and its control are vitally important to the health of this country. The NTP was reviewed by a team of national and international experts in 1992. The team concluded that the earlier programme failed to make an epidemiological impact as the stress was on case finding and the outcome of patients put on treatment was not systematically monitored. Low priority to the programme, lack of regular supply of drugs, and undue stress on radiography rather than sputum microscopy were identified as major problems, amongst several others. The RNTCP, which is based on the DOTS strategy, was designed to overcome these shortcomings. The RNTCP was pilot tested in 1993 and currently over 425 million of the population in 188 districts is covered under the programme. Cohort analysis of the patients put on treatment in the latest quarter has shown an average success rate of 83% and 3 month sputum conversion rate of 88%. Quality of diagnosis has remained excellent.

I am sure that all of you are familiar with the classic studies showing the relative sensitivity and specificity of sputum microscopy and chest X-ray. By now I hope you have ensured that each and every patient in the OPD of your institution is asked if they have cough for 3 weeks, and, if they do, that they undergo 3 sputum examinations. We all learn about the cough reflex in medical school. We should be promoting and establishing a "sputum reflex" in our doctors – 3 weeks cough, 3 sputum examinations. We should be establishing a culture of sputum smear examinations.

A key thrust area of the programme for its continued success is to involve all large providers of care. In this direction, GOI has undertaken several initiatives to solicit the involvement of medical colleges. Sensitization of medical college professors, direct interaction with medical colleges by local programme managers and consultants, several communications from TB division as well as personalized letters from me have been undertaken. In March 2001, I personally wrote to the Deans of more than 100 medical colleges urging their full participation in the RNTCP. A National Consensus Conference was held in 1997, which was attended by a large number of leading medical colleges from all over India and included the active participation of Sir John Crofton. The conference passed a resolution that ".... phased and effective implementation of RNTCP is the best strategy and perhaps the only chance of controlling TB in India during this generation".

There is now a growing professional consensus among public health and medical opinion leaders alike that the recommended approach is appropriate and feasible. In fact, although this was still very much in question just a few years ago, given the remarkable success of recent years, there can no longer be any doubt. The RNTCP is not only practicable on a mass scale in India, but, much more remarkably, it is actually being practiced on a mass scale! The challenges now are to correct any weak areas, and to continue to expand coverage so that the entire country can be covered.

Many medical colleges are now participating in the programme as TUs, MCs, treatment observation centres, etc. In fact, I am very pleased to note that, following my letter of March 2001, there are now more than 30 medical colleges which are providing RNTCP services. I am sure that each and every of your institutions, if it is not already providing care, will begin doing so soon.

To co-ordinate the activities of RNTCP in medical colleges, GOI is providing supportive staff on contractual basis wherever required, as well as commodity assistance for laboratory and treatment services. On the part of the colleges, we request that diagnosis and treatment of TB be standardized. The recommended diagnostic algorithm and

treatment categorization should be followed. Professors may not only teach the principles of DOTS but set examples by practicing it.

Besides implementing the programme, medical colleges have other important roles in TB control. We all know the great respect and trust which professors enjoy from peers as well as the community. To continue to merit this high regard, it is essential that you are actively involved in the programme. Possible areas for collaboration with the National Programme could be in areas of advocacy, operational research, as a training center, quality control of drugs and sputum microscopy, conducting appraisals as well as supervision and monitoring of the programme.

I also want to address the issue of HIV and TB. Medical colleges have a critical linkage role to play. You as opinion leaders can emphasize the importance of TB and the urgency of improvement in services in the light of the dual threats of HIV and multidrug-resistance. You can participate in the RNTCP in your medical college practice and in your teaching. If HIV is not controlled, then TB will inevitably increase. You can teach about HIV and AIDS, and be especially active in ensuring rational and safe use of blood and injections. Medical colleges will operate voluntary counseling and testing centres – these are pivotal places, for both HIV prevention and for effective co-ordination between AIDS and TB control programmes.

Perhaps as an outcome of this workshop, few medical colleges could be identified as nodal centres and an expert working group formed to carry forward the recommendations of the participants. I would particularly stress on the two areas of co-ordination i.e. service delivery and training of undergraduates.

It is hoped that this workshop would further facilitate the partnership between the medical colleges and the RNTCP. This will not only ensure improved training and education in TB for the staff, but also improved and better co-ordinated services for the patients. I hope that this Workshop will go a long way towards implementing the potential of medical colleges in promoting and improving TB control in our country.