**RNTCP - National Tuberculosis Elimination Program (NTEP), National Strategic Plan (NSP)**

**Context:**

The Ministry of Health & Family Welfare has written to all States/UTs to ensure that all the facilities under the National TB Elimination Programme (NTEP) in the States and UTs remain fully functional in public interest and ensure that the diagnosis and treatment of TB patients go without any interruption notwithstanding the COVID-19 pandemic situation.

**RNTCP renamed**

At the start of 2020, the central government has renamed the RNTCP the National Tuberculosis Elimination Program (NTEP). The commitment is emphasised of the Union government achieving the sustainable development goal of ending TB by 2025, five years ahead of the global targets.

**The RNTCP in India**

The large scale implementation of the Indian government’s Revised National TB Control Program (RNTCP) (sometimes known as RNTCP 1) was started in 1997. The RNTCP was then expanded across India until the entire nation was covered by the RNTCP in March 2006. At this time the RNTCP also became known as RNTCP II. RNTCP II was designed to consolidate the gains achieved in RNTCP I, and to initiate services to address TB/HIV, MDR-TB and to extend RNTCP to the private sector.

RNTCP uses the World Health Organisation (WHO) recommended Directly Observed Treatment Short Course (DOTS) strategy and reaches over a billion people in 632 districts/reporting units. The RNTCP is responsible for carrying out the Government of India five year TB National Strategic Plans.

With the RNTCP both diagnosis and treatment of TB are free. There is also, at least in theory, no waiting period for patients seeking treatment and TB drugs.

**Objectives of RNTCP:**

- To achieve and maintain a TB treatment success rate of at least 85% among new sputum positive (NSP) patients.
- To achieve and maintain detection of at least 70% of the estimated new sputum positive people in the community.

New sputum positive patients are those people who have never received TB treatment before, or who have taken TB drugs for less than a month. They have also had a positive result to a sputum test, which diagnoses them as having TB.2

**National Strategic Plan (NSP) 2012 - 2017**

There have been a number of five year National Strategic Plans (NSP)s since the start of the RNTCP. The NSP 2012 - 2017 had the aim of achieving universal access to quality diagnosis and treatment. Before this there was little treatment available through the RNTCP for the
Treatment of drug resistant TB.

Complete geographical coverage for diagnostic and treatment services for multi-drug resistant TB was achieved in 2013. A total of 93,000 people with MDR TB were diagnosed and had been given treatment for drug resistant TB by 2015. Also, the National AIDS Control Organisation (NACO) had collaborated with the RNTCP and had made HIV-TB collaboration effective. Most TB patients registered by the RNTCP were receiving HIV screening and 90% of HIV positive TB patients were receiving antiretroviral treatment.

**Notification by the private sector**

A government order in May 2012 made it compulsory for health care providers to notify every TB case diagnosed. This was done with the aim of improving the collection of patient care information. It meant that in future all private doctors, caregivers and clinics treating a TB patient had to report every case of TB to the government.

**Banning of sero-diagnostic tests**

In June 2012 the GoI prohibited the import and sale of serodiagnostic tests for TB. It is now believed that this has saved countless people from having inaccurate results.

**Development of Nikshay**

The Central TB Division developed a case based and web based system called “Nikshay”. This helped with the reporting of all TB cases. It was scaled up nationally.

**Standards for TB Care in India**

The Standards for TB Care in India was also developed and it was published in 2014. The Standards describe what should be done, and the TB treatment and care that should be provided throughout India, including what should be provided in the private sector.

**Revised Technical & Operational Guidance**

- So in 2016 the RNTCP published revised technical and operational guidance. The new guidelines, the RNTCP Technical and Operational Guidelines for Tuberculosis Control in India 2016, did not replace the previous guidance (the Standards of TB Care in India), but they provide updated recommendations. They also make it absolutely clear that the guidance applies to the private sector as well as the public sector.
- The strategic vision of the RNTCP is to lay down guidelines and norms for TB care in the country. So the principle of the RNTCP is that they should extend public services to privately managed patients.
- Instead of the requirement being that patients receiving care from a private provider should be referred to the RNTCP. Now the aim was that the patient should be able to stay with the private provider but be able to receive RNTCP services.
- The decision was also made to introduce a daily TB treatment regimen. The new anti TB drug bedaquiline for the treatment of drug resistant TB was also to be made available initially in five states.
- For diagnosis the GoI set up more than 600 CB-NAAT laboratories, and enhanced their capacity with highly sensitive diagnostic services. CB-NAAT is the name given in India to
Cartridge Based Nucleic Acid Amplification tests such as Genexpert and TrueNat.

**India National Strategic Plan (NSP) for TB 2017 - 2025**

The Indian TB National Strategic Plan (NSP) 2017 - 2025 is the plan produced by the government of India (GoI) which sets out what the government believes is needed to eliminate TB in India. The NSP 2017 - 2025 describes the activities and interventions that the GoI believes will bring about significant change in the incidence, prevalence and mortality from TB. This is in addition to what is already going on in the country.

**Visions & Goals of the National Strategic Plan**

- The Vision is of a TB free India with zero deaths, disease and poverty due to tuberculosis
- The Goal is to achieve a rapid decline in the burden of TB, mortality and morbidity, while working towards the elimination of TB in India by 2025.

**Four strategic areas of Detect, Treat, Prevent & Build**

There is also across all four areas, an overarching theme of the Private Sector. Another overarching theme is that of Key Populations.

**Detect**

The aim is to detect all those people with drug sensitive TB as well as those with drug resistant TB. The emphasis is to be on reaching TB patients seeking care from private providers and also finding people with undiagnosed TB in “high risk” or key populations. This is to be done through:

- Scaling up free, high sensitivity TB diagnostic tests such as CBNAAT;
- Scaling up private provider engagement approaches;
- Universal testing for drug resistant TB;
- & Systematic screening of high risk populations.

**Diagnosis**

The Technical & Operational Guidelines for TB Control (TOG) describes how various tests should be used to diagnose anyone who has signs and symptoms suggesting that they might have TB. The tests to be used are sputum smear microscopy, chest X ray and the new CB-NAAT test. The CB-NAAT test is beginning to be made available throughout India. There is a diagram, or set of rules, which shows which tests should be used for different groups of people.

**Active case finding**

The main objective of active case finding (ACF) is to detect TB cases early and to initiate treatment promptly. The NSP emphasizes the need to shift from passive case finding, which is waiting for people to seek care, to ACF which involves seeking out people in targeted groups.

**Treat**

- Initiate and sustain all patients on appropriate anti-TB treatment wherever they seek care. Provide patient friendly systems and social support. This is to be done through:
- Preventing the loss of TB cases in the cascade of care by providing support systems. The
“cascade of care” means every step in the provision of treatment, from when it is first started, to the point at which the patient finishes their treatment and is cured of TB;

- Providing free TB drugs for all patients with TB;
- Provide daily TB drugs for all patients with TB and a rapid scale up of short course regimens for drug resistant TB. Provide treatment approaches guided by drug sensitivity testing.
- Providing patient friendly adherence monitoring and social support in order to sustain TB treatment;

**Nutritional support for patients with TB**

It has now been announced that patients with TB will receive R500 a month for food.

Under nutrition is a risk factor for TB in India. Under nutrition worsens the nutritional status, generating a vicious cycle which can lead to adverse outcomes during and after treatment for patients with active TB. This includes those with MDR-TB. So this payment is partially to ensure that patients with TB have adequate food. There is more about food and TB and nutrition & TB.

**Prevent**

Preventing the emergence of TB in susceptible populations. This is to be done through

- Scaling up air-borne infection control measures at health care facilities;
- Providing treatment for latent TB infection for the contacts of people with confirmed TB;
- & Addressing the social determinants of TB through an approach across different sectors.
  
  The social determinants of health are generally considered to be the conditions in which people live and work that affect their health.

**Build**

Build and strengthen relevant policies. Provide extra capacity for institutions and extra human resources capacity. This is to be done through:

- Translating high level political commitment into action;
- Restructuring the RNTCP and other institutional arrangements;
- Building supportive structures for surveillance, research and innovations. Providing a range of interventions based on the local situation;
- Scaling up technical assistance at national and state levels;
- & Preventing the duplication of partners’ activities