

# Transitioning to daily regimen

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# Highlights

Type of TB Case	Treatment regimen in IP	Treatment regimen CP
New	2HRZE	4HRE
Previously treated	2HRZES + 1HRZE	5HRE

- Inj. Streptomycin to be added in IP for 8 weeks in the regimen for previously treated TB patients.

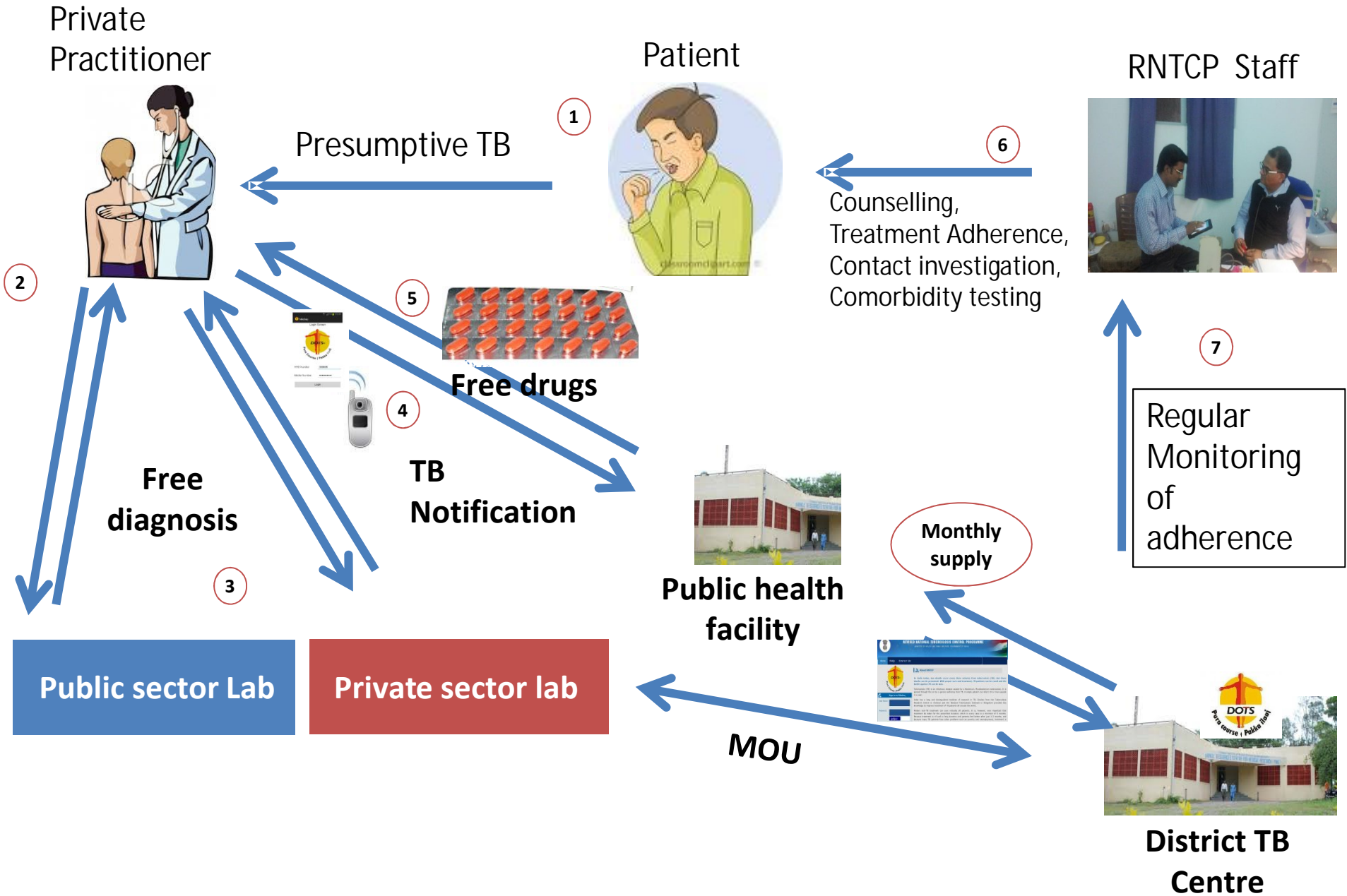
# Daily Dosage Schedule for Adults (Fixed dose combination)

Weight category	Number of tablets		Inj. Streptomycin*
	Intensive phase	Continuation phase	
	HRZE	HRE	
	75/150/400/275 mg	75/150/275 mg	gm
<b>25-39 kg</b>	<b>2</b>	<b>2</b>	0.5 gm
<b>40-54 kg</b>	<b>3</b>	<b>3</b>	0.75 gm
<b>55-69 kg</b>	<b>4</b>	<b>4</b>	1 gm
<b>≥70</b>	<b>5</b>	<b>5</b>	1 gm

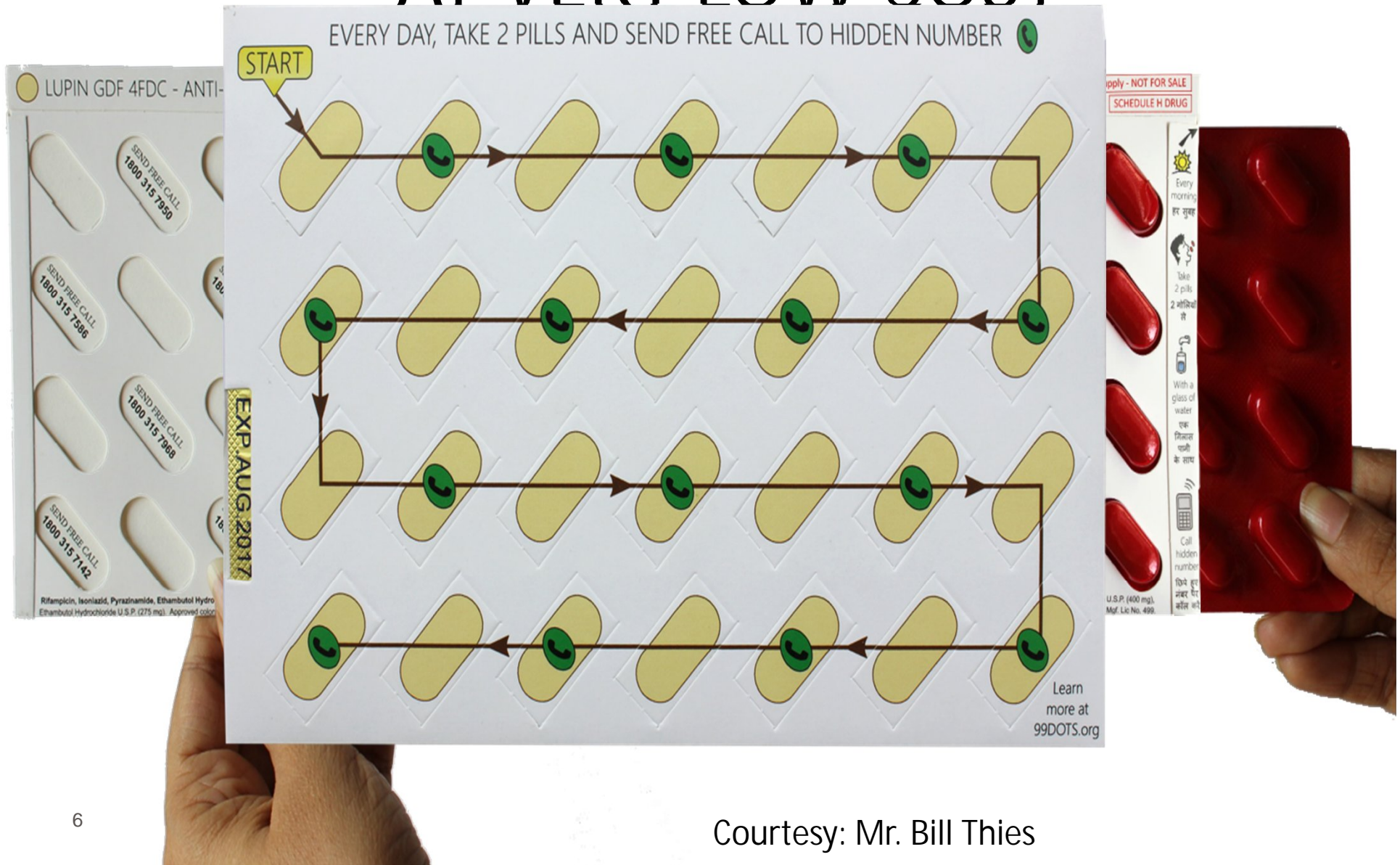
# Doses in RNTCP Daily Regimen

Type of TB Case	Doses in IP	Doses in CP
New	56 doses (8 weeks x 7 days/week) or 28*2	112 doses(16 weeks x 7 days/week) or 28*4
Previously treated	84 doses (12 weeks x 7 days/week) or 28*3	140 doses(20 weeks x 7 days/week) or 28*5

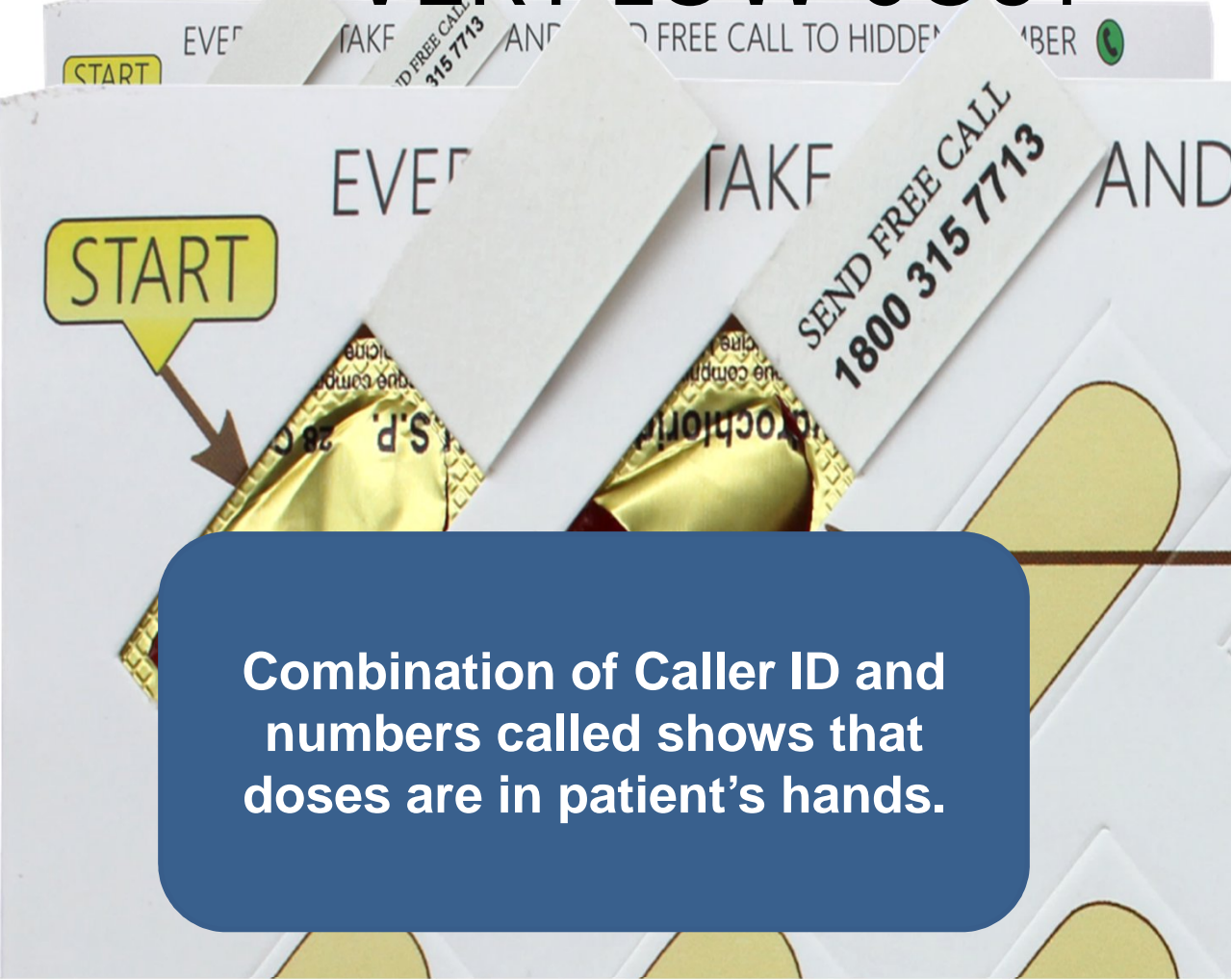
# Model for engaging private sector



# 99DOTS: ACCURATE MONITORING AT VERY LOW COST



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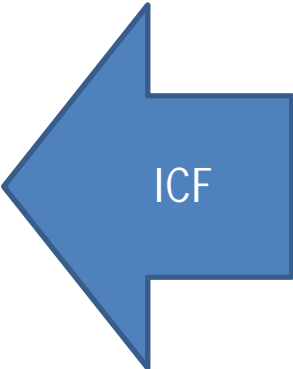


# **Patient Centric Systems for TB Care**



**Public sector**

- Advocacy
- Training
- Standard protocol



**Presumptive TB identification**



**Private sector**

Use of STCI

**Public sector**

- Quality Assurance System
- Training
- Monitoring



**Private sector**

- Use of STCI
- Certification of lab
- Partnership options
- Free diagnostics

**Public sector**

- Access to drugs
- Adherence support
- Use of ICT
- Comorbidity management

Supervision

**Treatment**

Treatment Adherence

**Private sector**

- Use of STCI
- Partnership options
- Social support linkages
- Access to free drugs

**Public sector**

- RX completion
- Post treatment follow up

RX support systems

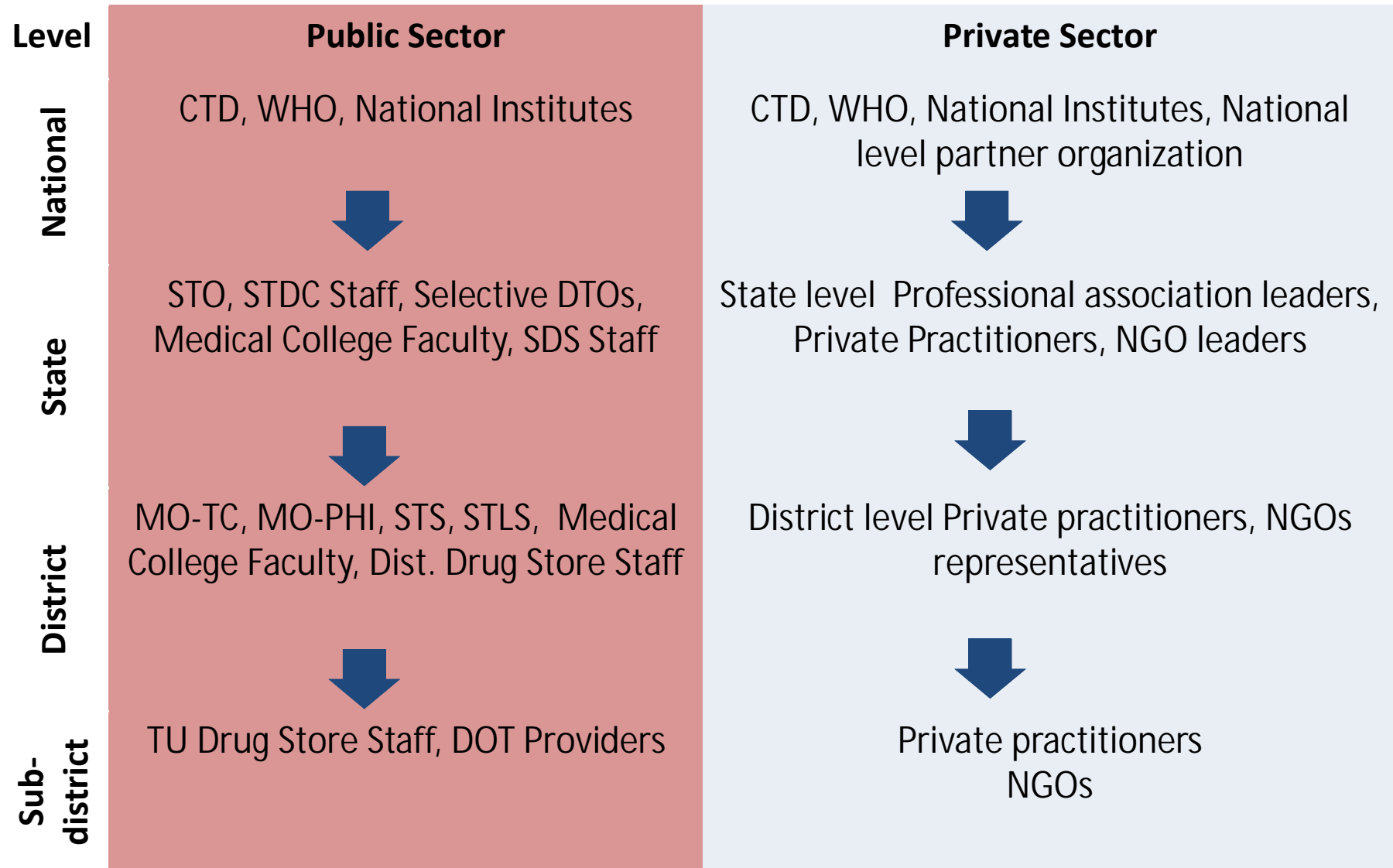
**Follow up**

RX completion

**Private sector**

- Ensure RX completion
- Partnership options

# Training cascade

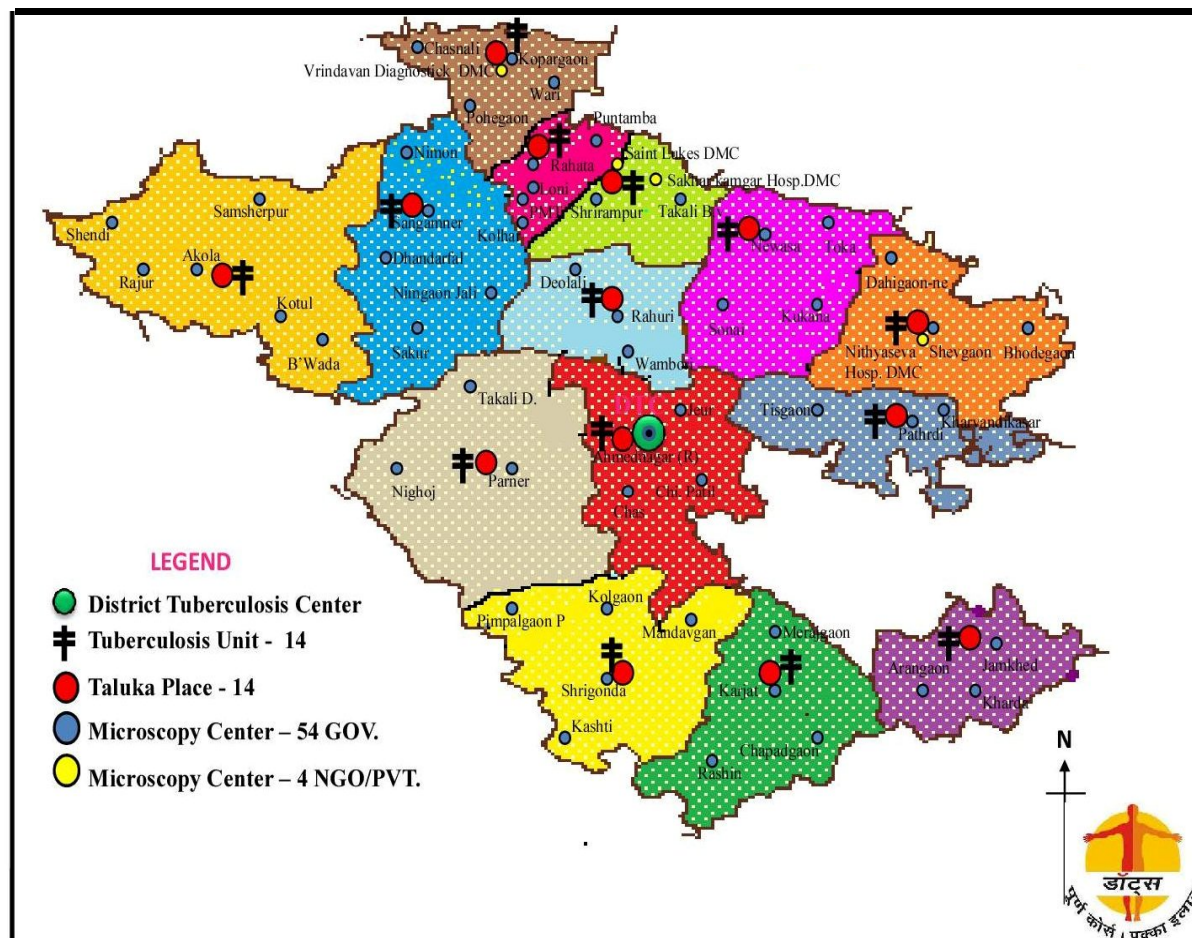


# Steps for engaging private practitioners & hospitals

- Line – listing of Private practitioners
- Prioritization of providers
- Sensitization
- Linking with quality diagnostics
- Facilitating notification
- Extending drugs from RNTCP facility to private sector patients
- Support for counseling & adherence
- Contact tracing & chemoprophylaxis
- Support for FU examination
- Support for DST for eligible
- Linking for HIV testing
- Ensuring treatment outcome

# **Model District Action Plan**

# Ahmednagar District Profile



Total Population	44,13,116
Urban Population	6,61,968
Rural Population	34,26,579
Tribal Population	3,24,570
Number of blocks	14
Number of villages	1,584

Number of medical colleges	01
Number of district hospitals	01
Number of CHCs	25
Number of PHCs	96
Number of Subcentres	555
Number of PHIs	123
Number of DOT Centres	884



# Human resource

Medical college faculty	95
District level officers	15
MO-TCs	14
Medical Officers	298
MPHS, SI, LHV	96
ANM, MPW	1230
ASHA	3061
AWW	5633

District TB-HIV & DOTS Plus coordinator, District PPM coordinator	3
STS	14
STLS	14
TBHV's	6
LTs	54
Other community volunteer	286
Data Entry Operators (including NRHM and general health system)	23

# Private health facilities

Laboratories	57
Single clinics of PPs	931
Multi-Nursing homes, hospitals	529

# Private practitioners

	No. in District	No line-listed	No. treating TB	No involved
<b>Specialists</b>				
<b>Chest Physicians</b>	72	52	52	37
<b>MD Medicine</b>	119	89	69	41
<b>Paediatricians</b>	189	149	35	19
<b>Other specialist</b>	339	239	46	14
<b>MBBS</b>	1530	931	640	428
<b>AYUSH</b>	2546	1023	0	829

# Training activities

	No of trainees	Batches required	Level of training	Jan	Feb	Mar
District level master trainers	20	1	State	1	0	0
Medical College faculty	95	2	State / District	0	2	0
District level officers	15	1	State	1	0	0
Medical Officers	298	15	District	5	5	5
MPHS, SI, LHV	96	3	District	0	2	1
ANM, MPW	1230	28	Block	0	14	14
ASHA	3061	60	Block		30	30
AWW	5633	60	Block	0	30	30
Other community volunteer	286	3	Block	0	0	3
Data Entry Operators (including NRHM and general health system)	23	1	State / District	0	1	0
District TB-HIV & DOTS Plus coordinator, District PPM coordinator	3	1	State	1	0	0
STS	14	1	State	1	0	0
STLS	14	1	State	1	0	0
TBHV's	6	1	District	1	0	0
LTs	54	2	District	0	1	1

# Training activities

	No of trainees	Batches required	Level of training	Jan	Feb	Mar
<b>Specialists</b>						
<b>Chest Physicians</b>	52	2	District	0	2	0
<b>MD Medicine</b>	89	2	District	0	2	0
<b>Paediatricians</b>	149	3	District	0	1	2
<b>Other specialist</b>	239	3	District	0	1	2
<b>MBBS</b>	931	9	District	0	4	5
<b>AYUSH</b>	829	8	District	0	4	4

# Task Force for private sector engagement

## Formation of Task Force for TB control

**Members:** Professional Associations, NGO, Partners, Medical College faculty, District TB Officers,

**Tasks:**

- **Sensitize and train** private practitioners
- **Monitoring** by professional peer support group
- **Advocacy**

# Engagement framework

Line listing & Prioritization of providers		Provider mapping		Training and Sensitization	
Organization	Area	Organization	Area	Organization	Area
IMA	Mumbai	IMS Health	All 5 states	UNION	All 5 states
CBCI-CARD				World Vision	
VHAI				PATH	Mumbai
ADRA India					
CARE India					
GLRA					
LEPRA					
CHAI					
CMAI					
EHA					
MAMTA					
TB Alert					
RK Mission					
PTCC					
PATH					

# Engagement framework

Development of Training and Communication tool kit	Notification Adherence support Helpdesk Cell at CTD MIS	Extend IPAQT Notification	List of members Communication to members through journals and bulletins
Organization	Organization	Organization	Organization
PSI Lily India Partnership GHS	BMGF	CHAI	IMA IAP ICS Association of Physicians of India National College of Chest Physician



Thanks