

INDIA

Revised National TB Control Programme (RNTCP)

Workplace DOTS

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The presentation covers

- Background
- Processes of collaboration
- Current status, achievements and challenges
- Rapid assessment conducted by CII
- Next steps.....

Health care providers in India

Ministry of health	Other Ministries	Non-Government
<ul style="list-style-type: none">• Directorate of health (RNTCP, primary health care)• Directorate of Medical education (Medical Colleges)	<ul style="list-style-type: none">• Railways• Employees State Insurance• Mining• Coal• Steel• Ports• Prisons• Armed forces	<ul style="list-style-type: none">• NGOs• Private hospitals• Corporate industries• Private practitioners• Traditional practitioners

The workplace in India

- Ownership: public and private
- Size: estimated 400 million people at workplaces
 - Indian Railways alone has 1.6 million employees
- Health services
 - In-house health facilities ranging from small dispensaries to large hospitals with specialized care, with or without outreach
 - Obtained from the local health facilities under the Employees Health Insurance (ESI) scheme of the govt.
 - Reimbursement of health care costs (health care provided by private empanelled health facilities)
 - Variable practices in the unorganized sector

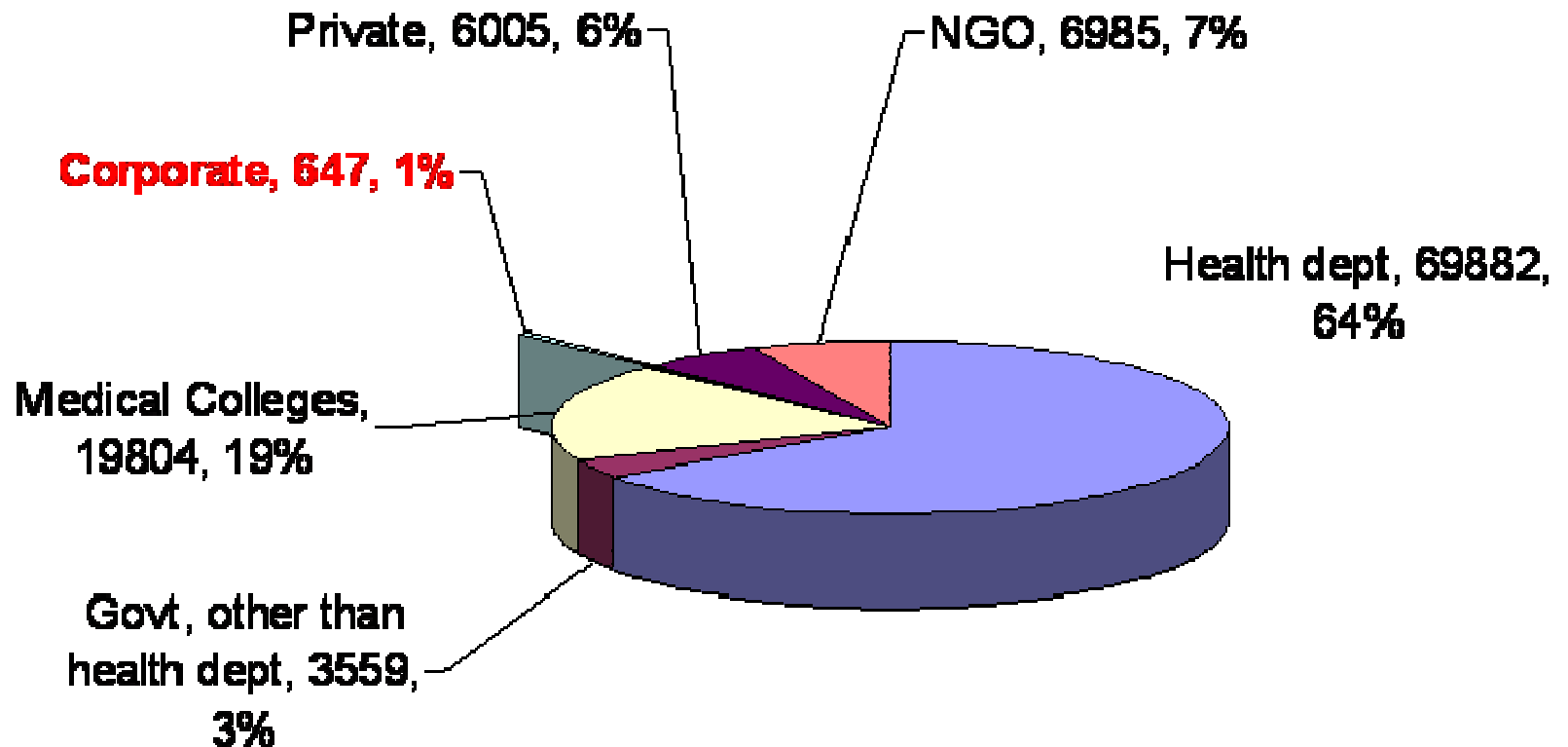
Workplace initiatives

- 1999-02: Start of the tea-garden model of collaboration
- 2003-04: Formal letters between ministries (health, railways, coal and mines, ports, ESI, etc)
- 2004: Launch of the WEF led India business alliance
- 2004: Start of the 14 city PPM surveillance system (includes corporate sector contribution)
- 2008: Revision of the schemes for private providers
- Current status:
 - 150 corporate sector agencies collaborating with RNTCP
 - Business associations partnering with RNTCP (e.g. CII, FICCI)
 - Repeated reviews at national level with ‘public sector undertakings’ (e.g. ESI, Railways etc.)

Very small proportion of TB case detection contributed by corporate sector

14 intensified PPM sites: Contribution to case detection 2005 to 2008

(n = 106882 S+ TB patients)



Advocacy used for workplace DOTS

- **Employer Benefits**

- Decreased absenteeism
- Increased productivity
- Increased morale at workplace

- **Employee/Family Benefits**

- No loss of wages
- No loss of workdays

- **Community/Nation Benefits**

- Reduction in prevalence of TB
- Reduction in morbidity and mortality of TB
- Reduction in transmission of the infection

Role of industries

Large health facility	Small health facility
<ul style="list-style-type: none">• Establish Microscopy cum DOT centre• Identify Medical Officer, Lab Technician and DOT provider• Get them trained• Ensure adherence to programme guidelines• Awareness generation	<ul style="list-style-type: none">• DOT centre• Identify DOT provider• Get the worker trained• Ensure adherence to programme guidelines• Awareness generation at work place

Role of local programme (RNTCP)

- Provide technical support and training
- Provide lab consumables, registers and patient cards for recording
- Supervision and quality assurance
- Provide free TB drugs in patient-wise boxes
- Monitor and report results monthly/ quarterly
- Share results for RNTCP web site/annual reports
- Provide material templates/ prototypes for awareness generation

Mechanisms of involvement

Tuberculosis Unit

- Coal India

Microscopy Centre

- Coal India
- Tea Industry
- Steel/Aluminium
Plants
- Cement Factories
- NTPC
- Petro-chemicals
Industries
- Bharat Heavy
Electricals

Treatment centre

- Jute Mills
- Sugar mills

Example-1: Bharat Heavy Electricals Ltd. (BHEL), Bhopal

Year	Out-patients (New adult)	Of them, TB suspects Identified & screened	Of them, total S+ TB diagnosed	Of the diagnosed, no. on DOT at factory hospital	Patients on DOT In other BHEL dispensaries
2000	15341	780	61	48	11
2001	18968	941	88	70	14
2002	17667	823	100	83	13
2003	20573	937	100	85	15
2004	19258	870	93	79	14
2005	20442	821	88	69	18
2006	25346	930	98	73	21
2007	25594	995	103	85	15
2008	24741	901	95	73	10
Total	187930	7998	826	665	131

Example-2: Reliance TB Control Centre, SURAT, Gujarat

Year	Sputum examined	Sputum positive	RNTCP registered patients on DOT at the Reliance centre*
2004	360	63	95
2005	473	71	77
2006	396	36	42
2007	288	21	11
2008	277	25	27
Total	1794	216	252

* Includes S+ and S- patients, and cases diagnosed elsewhere; Excludes cases diagnosed at the centre and referred out for treatment.

Example-3: Tea Gardens, Jalpaiguri, West Bengal

Year	New S+ TB in the district	New S+ TB in the tea estates	% contribution by tea estates
2005	3112	1390	44.6
2006	3018	1342	44.4
2007	3228	1457	45.1
2008	3392	1480	43.6

Example-3: Tea Gardens, Jalpaiguri, West Bengal

Year	New S+ TB in the district	New S+ TB in the tea estates	% contribution by tea estates
2005	3112	1390	44.6
2006	3018	1342	44.4
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Challenges

- Not all workplaces linked to RNTCP
- Even in those linked to RNTCP not all TB patients are treated under DOTS
- No regulatory mechanism for ensuring that workplaces have a TB care and control policy
- Multiple ministries, business associations involved
- Developing models of collaboration with the unorganized sector

Rapid assessment of status of 38 workplaces by Confederation of Indian Industries (CII)

- Tool used: modified WHO questionnaire
- Mailed to 120 companies; 38 responded
- Location of 38 companies: 7 from North, 8 from East, 14 from South and 9 from West
- Most from manufacturing sector; few (5) from services sector
- Large and medium scale
- 33 out of 38 were non-state owned companies

Objective:

- To assess the participation of industry in health activities especially related to TB & TB-HIV at workplace and beyond in the community

Health care provided by the 38 companies

(preliminary results)

General health care

- Different mechanisms for provision of health care:
 - 17(45%) companies provide treatment for illness at own clinic/hospital
 - 11(29%) companies utilize ESI health facilities, or pay health insurance premium
 - 7(18%) reimburse treatment obtained elsewhere

TB and HIV care

- 25(66%) reported having a comprehensive/selective workplace response to either TB alone (2), or HIV alone (7), or both (16)
- 17(45%) reported collaboration with national programme on TB and/or HIV
- 7(18%) delivered DOTS services via microscopy/DOT centre
 - In 2008, a total of 884 TB patients notified from these 7 sites

Next Steps ...

- Conduct in-depth studies sector-wise
- Develop models of collaboration for different types of workplaces and different mechanisms of health care provision used by companies
- Via business associations line-list, prioritize and link workplaces to national programme
 - Focus on labour intensive industries
 - Focus on occupational sectors related to dust exposure, e.g. mining, coal, construction, etc
- Develop mechanisms to involve workplaces in the ‘supply chain’ of large companies
- Develop innovative mechanisms for systematically linking the unorganized sector with the national programme