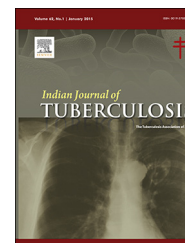


Available online at [www.sciencedirect.com](http://www.sciencedirect.com)

ScienceDirect

journal homepage: <http://www.journals.elsevier.com/indian-journal-of-tuberculosis/>

## Review Article

# Accelerating TB notification from the private health sector in Delhi, India

Debashish Kundu<sup>a,\*</sup>, Kamal Chopra<sup>b</sup>, Ashwani Khanna<sup>c</sup>, Neeti Babbar<sup>d</sup>, T.J. Padmini<sup>e</sup>

<sup>a</sup> RNTCP Medical Consultant, Delhi, India

<sup>b</sup> Director, New Delhi TB Centre, India

<sup>c</sup> State TB Officer, Delhi State, India

<sup>d</sup> Assistance Programme Officer, Delhi State TB Programme, India

<sup>e</sup> Medical Officer, Delhi State TB Programme, India

## ARTICLE INFO

## Article history:

Received 28 August 2015

Accepted 29 February 2016

Available online 29 April 2016

## Keywords:

Tuberculosis

TB notification

Nikshay

ICT

Private sector

RNTCP

India

Operational research

## ABSTRACT

**Introduction:** In India, almost half of all patients with tuberculosis (TB) seek care in the private sector as the first point of care. The national programme is unable to support such TB patients and facilitate effective treatment, as there is no information on TB and Multi or Extensively Drug Resistant TB (M/XDR-TB) diagnosis and treatment in private sector.

**Objective:** To improve this situation, Government of India declared TB a notifiable disease for establishing TB surveillance system, to extend supportive mechanism for TB treatment adherence and standardised practices in the private sector. But TB notification from the private sector is a challenge and still a lot needs to be done to accelerate TB notification.

**Methods:** Delhi State TB Control Programme had taken initiatives for improving notification of TB cases from the private sector in 2014. Key steps taken were to constitute a state level TB notification committee to oversee the progress of TB notification efforts in the state and direct 'one to one' sensitisation of private practitioners (PPs) (in single PP's clinic, corporate hospitals and laboratories) by the state notification teams with the help of available tools for sensitising the PP on TB notification – TB Notification Government Order, Guidance Tool for TB Notification and Standards of TB Care in India.

**Results:** As a result of focussed state level interventions, without much external support, there was an accelerated notification of TB cases from the private sector. TB notification cases from the private sector rose from 341 (in 2013) to 4049 (by the end of March 2015).

**Conclusion:** Active state level initiatives have led to increase in TB case notification.

© 2016 Tuberculosis Association of India. Published by Elsevier B.V. All rights reserved.

## 1. Introduction

India accounts for the highest tuberculosis (TB) burden in the world. An estimated 2.2 million TB cases (incidence, includes HIV-TB) were reported in 2014.<sup>1</sup> It is estimated that private

health sector in India manages 40% of TB cases and nearly half of self-reported TB patients were missed by TB notification system.<sup>2</sup> Notification is one of the earliest measures taken in health practice, especially done for communicable and other acute diseases where an individual case may be the indication that a disease outbreak is occurring.<sup>3</sup>

\* Corresponding author at: D-776, First Floor, C.R. Park, New Delhi 110019, India. Tel.: +91 9910397654.

E-mail address: [debashishkundu@yahoo.com](mailto:debashishkundu@yahoo.com) (D. Kundu).

<http://dx.doi.org/10.1016/j.ijtb.2016.02.002>

0019-5707/© 2016 Tuberculosis Association of India. Published by Elsevier B.V. All rights reserved.

Non-standardised practises in the private sector and lack of supervision for ensuring treatment adherence have increased treatment interruptions and subsequent drug resistance among TB symptomatic in the country. In India, 71,000 multidrug-resistant TB (MDR-TB) cases are estimated to emerge annually among notified pulmonary TB cases,<sup>1</sup> while a similar volume of cases are expected to be managed by the private sector but remain un-notified. In order to curb all non-standardised practices, Government of India declared TB as a notifiable disease on 7th May 2012.<sup>4</sup> Notification gives an opportunity to support private sector for better practices with reference to Standards TB Care in India (STCI) which include helping the patients to get right diagnosis, treatment, follow-up, contact tracing chemoprophylaxis and facilitates social support systems.<sup>5</sup> The Revised National Tuberculosis Control Programme (RNTCP) has introduced a web-based case-based online reporting platform called 'Nikshay' which enables notification of TB cases from either public or private sector using ICT applications – (a) 'Nikshay' (Case-Based Web Online application) itself, (b) convenient web-login or (c) mobile apps for the purpose of direct notification of TB cases in 'Nikshay' TB notification portal (<http://nikshay.gov.in/HFUSER/HFLogin.aspx>).

However, weak notification of TB cases from the private practitioners (PPs) in 'Nikshay' web-portal due to inadequate measures for effective private health sector engagement is a key challenge. Until December 2013, in Delhi state, only 583 health facilities were registered in 'Nikshay', of which 564 were registered from five out of 25 chest clinics only. These health facilities in Delhi notified only 320 patients. In Delhi, number of TB cases notified by private sector per 100,000 population is 9.5, which is very less in comparison to private TB notification from other states like Maharashtra (17.4) and Gujarat (24.7).<sup>6</sup>

Previous studies have looked into the causes of delay and programmatic challenges related to knowledge assessment and gaps of private health care providers on notification.<sup>7-9</sup> But there is limited information on the utility of existing TB notification mechanisms through ICT-based applications for improving TB notification.

Therefore, to accelerate TB notification from the private health sector, we did an intensified TB notification drive in the year 2014 with objectives to improve private health facility establishment (HFE) registration in 'Nikshay', to sensitise health care providers in the private sector about TB being a notifiable disease and to establish mechanisms for notification of TB cases. This study describes initial experience in accelerating TB notification from the private providers using various ICT-based applications in Delhi, India.

## 2. Methodology

### 2.1. Study design and period

Descriptive study from 1st January 2014 to 31st March 2015.

### 2.2. Study setting

In Delhi, a predominantly urban state, RNTCP is currently being implemented in a flexible mode through the State TB Control Department, headed by a State TB Officer, 11 Revenue

Districts and 25 Chest Clinics covering an estimated projected population of 176 Lakhs. The TB infrastructure in the state has been aligned with National Health Mission (NHM) since April 2013. In this alignment, at administrative unit level, there is appropriate representation of key stakeholders like the Delhi Government, Municipal Corporation of Delhi, New Delhi Municipal Council and autonomous NGOs under the Integrated District Health Society (IDHS) umbrella of NHM. At the implementation level, there is decentralised service delivery with equal participation of all stakeholders, thus making everyone responsible for development. The private sector in Delhi is diversified and complex in nature, having large number of single clinics, secondary and tertiary hospitals, corporate hospitals and private laboratories.

In 2014 year, Delhi State TB Control Programme took special initiatives for accelerating notification of TB cases. A state level TB notification committee was constituted to oversee and plan the notification process with the Director, State Training and Demonstration Centre (STDC) as the chairperson of the committee, under the overall supervision of the State TB Officer of Delhi. The State TB Notification Committee constituted of medical officers from the state TB control office, selected district TB officers, representatives from the STDC and a RNTCP Medical Consultant. Two-pronged strategy for improving private and public sector TB notification was adopted.

In the private sector, key PPs were identified randomly from the line lists of private health establishments in the districts based on the general outpatient department (OPD) load. The identified PPs were directly 'one to one' sensitised by state level TB notification teams for providing options on TB notification modalities using ICT based applications – 'Nikshay' (Case-Based Web Online application) and convenient web-login or mobile apps for the purpose of direct notification of TB cases in 'Nikshay' TB notification portal. PPs were sensitised with the help of available tools for sensitising the PP on TB notification – TB Notification Government Order, Guidance Tool for TB Notification and Standards of TB Care in India. Those PPs who could not directly notify TB cases using web-login were actively supported by the field staff (TB health visitors or TBHVs and field staff of IPAQT laboratory network) for collection of data on TB notification in the standard TB notification format and getting it entered in 'Nikshay' by the district data entry operators (DEOs). State TB Notification Committee convened total 10 focussed meetings with all stakeholders for strengthening TB notification in the state. A live online demonstration on direct TB notification using web-login, by generating username and password through establishing linkages with the district nodal officer for TB notification, was given by the RNTCP Medical Consultant to PPs, wherever it was possible. All queries by the private providers on TB notification modalities were addressed by the State TB Notification Committee during the sensitisation visit itself. Besides, active collaboration with the interface agencies like Delhi Medical Association (DMA) for placing TB notification advertisements periodically in their news bulletin and Initiative for Promoting Affordable Quality TB Tests (IPAQT) to facilitate notification from the IPAQT partner laboratories were established.

For improving notification from the public sector besides registration of RNTCP TB cases in 'Nikshay', a state level policy

Download English Version:

<https://daneshyari.com/en/article/3403472>

Download Persian Version:

<https://daneshyari.com/article/3403472>

[Daneshyari.com](https://daneshyari.com)