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SUCCESS OF DOTS IN INDIA

From 2000, the DOTS-based Revised National TB Control Programme (RNTCP) of India has expanded its coverage from 287 million to 975 million (February 2005) – an increase in coverage of almost 700 million in 5 years! Over 4 million patients have now been treated under RNTCP, with over 700,000 additional lives saved as a direct result of implementation of DOTS. In 2004, almost 1.2 million patients were initiated on treatment, with a case detection of 72%. Of these cases in 2004, 0.465 million were new smear positive pulmonary (NSP) cases, 0.38 million new smear negative pulmonary (NSN) cases and almost 0.15 million were extra-pulmonary (EP) cases.

Despite the rapid expansion, treatment success amongst the NSP cases remains high at 86% (in 2003 cohort). Of the NSN and EP cases, 87% and 92% respectively completed treatment successfully. Thus in 2004, RNTCP has achieved the global targets for NSP case detection and treatment outcome in an area covering 87% of the total population of the country. During 2005, the whole country will be implementing RNTCP.

RNTCP continues to engage with new partners and launch new initiatives. To date, over 5000 private practitioners, over 1000 NGOs, 100 corporate sector health units and over 200 medical colleges are involved in RNTCP. Collaborative activities between RNTCP and the HIV/AIDS programme, initially focused in the 6 high HIV seroprevalent states, have been expanded into another 8 states. New guidelines for the “Management of Paediatric TB” drawn up in close collaboration with the Indian Academy of Paediatricians, is being implemented across the programme. Drug resistance surveillance surveys are to be conducted in 4 states during the next 18 months, with a plan to establish a nationwide network of state level culture and drug sensitivity testing laboratories. Plans are also being developed to establish RNTCP DOTS Plus sites for the treatment of MDR-TB cases under RNTCP.

As the programme moves from a preparatory/expansion to a maintenance/consolidation mode, increasing focus is being given to the quality of TB services provided by RNTCP. From early 2005, the updated RNTCP protocol for external quality assessment for smear microscopy services is being implemented in 6 states and in a phased manner, will cover the whole programme by 2006. An RNTCP supervision and monitoring strategy has been developed in 2004, and this will be implemented throughout the programme during the first half of 2005.

The achievements made in 2004 will need to be maintained and improved upon over the next 10-15 years to achieve TB control in India. TB control in a country such as India, or for that matter in any high burden country, cannot be achieved in a few years, but only over a number of decades. Although agreeing that new diagnostic tools and drugs are urgently required, to say however that the DOTS strategy itself is failing is incorrect – **700,000 additional lives saved is not the result of a failing programme or strategy. We must be careful to clearly differentiate between the diagnostic tools and drugs that are available with us today from the control strategy itself.** Once new tools and drugs become available, these will easily be incorporated into the DOTS strategy and further strengthen the strategy. National TB Programmes should make the best use of the tools available today to control TB under the DOTS strategy. India has demonstrated how existing tools, including the sputum test, can effectively be used to successfully treat millions of TB patients. Research on new diagnostic tools and drugs is urgently needed, but results from such research will take time. Until the time that new diagnostic tools and drugs are available to TB control programmes, we need to make use of the best standard of care for TB available today - which is the DOTS strategy.