



Joint
Effort for
Elimination of
Tuberculosis

Newsletter

January 2020 - September 2020



Source: Ben Philips/FIND India

The onslaught of Severe Acute Respiratory Syndrome Corona Virus 2 (SARS-CoV-2), has disrupted healthcare services across the globe. As of December 2020, over 70 million people had been infected and over a million deaths were confirmed, worldwide¹. India which bears the second highest burden of the pandemic had reported over 10 million cases, and over 150,000 deaths, till December, 2020.²

Especially, disruptions in tuberculosis (TB) services have led to major setbacks in the global progress towards TB elimination. In 2019, TB - one of world's deadliest diseases - affected 10 million people, globally³. An estimated 1.2 million TB deaths among HIV-negative people and an additional 208,000 deaths among HIV-positive people, were reported. India,

bearing the highest burden of the disease was home to 2.7 million TB cases in 2019⁴. With COVID-19 derailing efforts to tackle TB, the interruption in health services will lead to significant morbidity and mortality and increase the risk of TB transmission, within affected households. In fact, India has already reported an approximate **60%** decline in TB notifications. A lower notification rate has critical implications. For one, it will increase the gap in the number of 'missing' diagnosed TB patients. Also, a looming gap in terms of number of people remaining undiagnosed with TB, leading to further transmission of infection and increased morbidity and mortality.

Amid this grim reality though, the Government of India (GoI) has undertaken extraordinary mitigation efforts,

¹ COVID-19 Dashboard by Centre for Systems Science and Engineering, Johns Hopkins University, Accessed on December 1, 2020. Source: <https://gisanddata.maps.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6>

² COVID-19 India, Accessed in January, 2021. Source: <https://www.covid19india.org/>

³ Key Facts, World Health Organisation, October 14, 2020. Source: <https://www.who.int/news-room/fact-sheets/detail/tuberculosis#:~:text=Worldwide%2C%20TB%20is%20one%20of,all%20countries%20and%20age%20groups.>

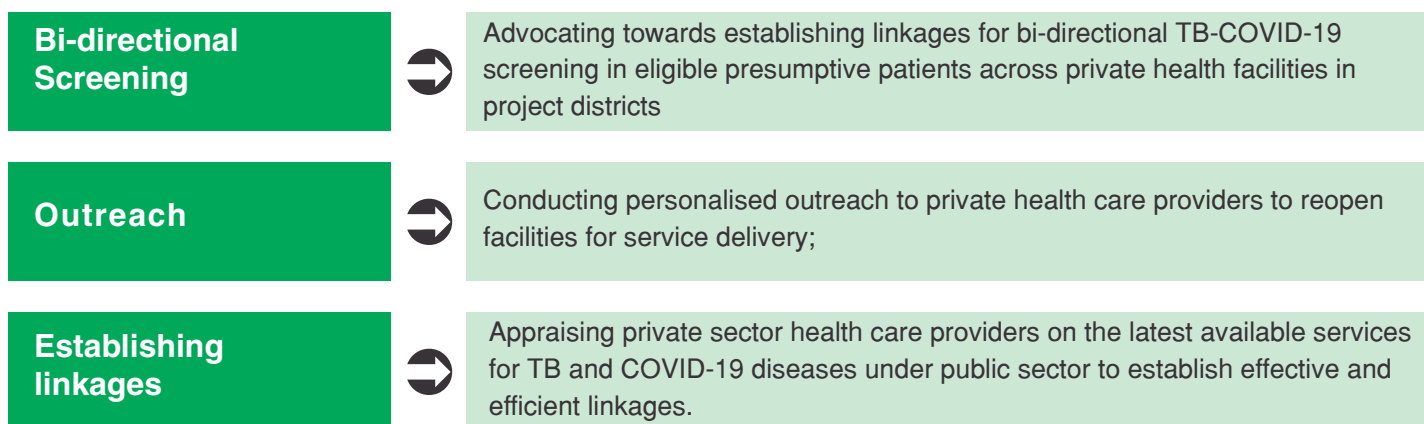
⁴ India TB Report 2019, Revised National TB Control Programme, Annual Report, Central TB Division, Ministry of Health and Family Welfare. Source: <https://tbcindia.gov.in/WriteReadData/India%20TB%20Report%202019.pdf>

targeted at driving the recovery of health system, capacity & minimizing disruptions of healthcare services under public sector. Under the able guidance of the Ministry of Health and Family Welfare (MoHFW), National TB Elimination Program (NTEP) has issued guidelines on bi-directional TB and COVID-19 screening. The directive comprises a rapid response plan to fast track strategies against disruptions caused by COVID-19. The plan has two objectives: a) to implement rapid response measures to normalise and expand coverage of TB services to pre-COVID-19 levels and beyond; and b) to revitalise

TB elimination efforts by adopting novel strategic interventions.

However, as India's private health care sector is largely un-organized; it is challenging to implement synergised efforts against COVID-19 and TB. Project **JEET** (Joint Effort for Elimination of Tuberculosis), in collaboration with NTEP and supported by The Global Fund, is engaging the private health sector to facilitate bi-directional screening of both TB and COVID-19 patients. Specifically, all project implementation agencies under Project JEET are supporting the following activities:

Advocacy and facilitation of case finding strategies:



All the strategies for bidirectional screening of both TB and COVID-19 are being advocated through one-to-one interactions and webinars with private sector providers. Till date, 164 webinars have been conducted across 19 states reaching 8200 providers. In fact, the number of TB notifications demonstrated a remarkable increase by 39% from Q1 to Q3, 2020. Through in-clinic visits and webinars, the field staff follows up with private sector providers, encouraging TB testing of patients presenting with symptoms of Influenza Like Illnesses (ILI).

Treatment Services

Efforts were made by NTEP and JEET to strengthen service linkages for diagnostic services and decentralised TB drug refills to nearest PHI/ chemists; link any private TB patient diagnosed with COVID-19 to the public sector or nearest healthcare facility of choice for continued treatment, thereby ensuring continuum of care.

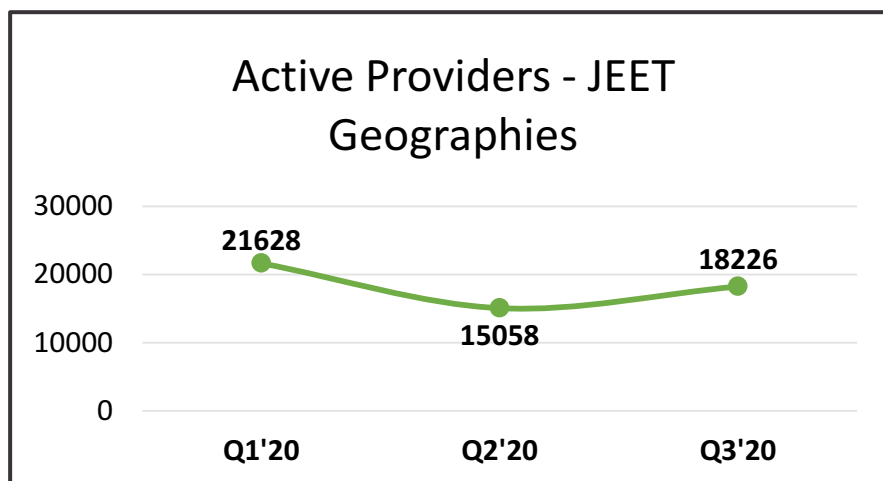
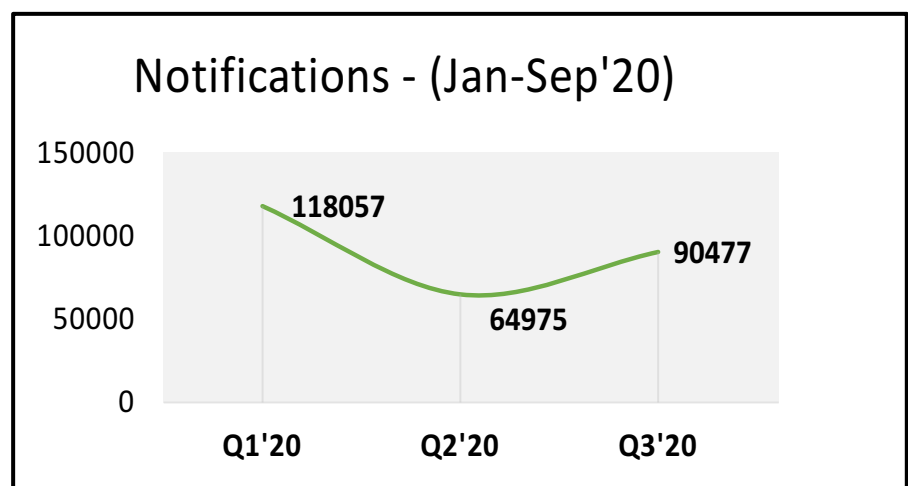
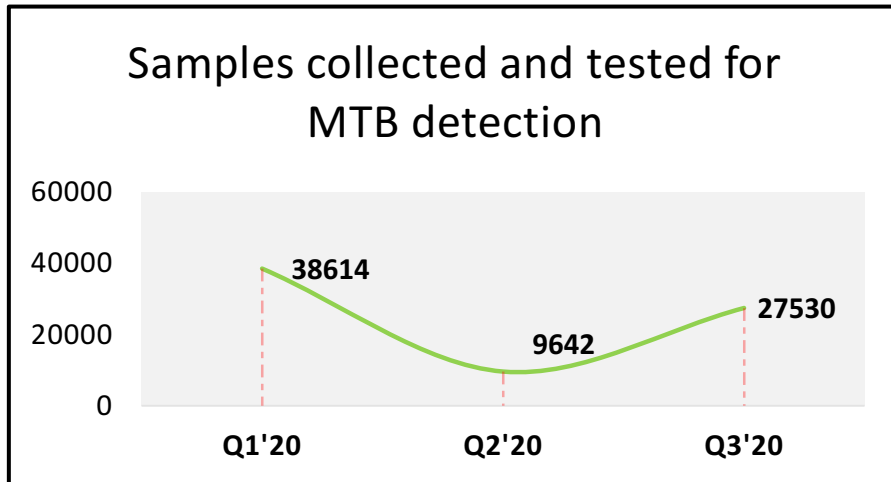
Patient support services

JEET resources are assisting NTEP to implement key strategies including tele-counselling of existing TB patients for treatment adherence and contact tracing. Trained staff screens household and other close contacts for TB symptoms and link them with diagnostic and treatment services. Patients are being educated on the role and importance of physical distancing, usage of masks, cough, and hand hygiene for prevention of both - TB and COVID-19. Project staff also facilitates door to door service delivery (sample collection, drug refills etc.), wherever required.

Direct Benefit Transfer (DBT)

The project team has also been facilitating bank account information, collection & data seeding on Nikshay for notified TB patients under "Nikshay Poshan Yojana"

Progress so far



Migrants, Lockdown and TB Treatment

The mass exodus of people across the country, is a stunning example of how the pandemic has impacted millions of lives. In these times, ensuring continued and seamless TB treatment, is not an easy feat and especially when it comes to India's migrant population. This is a story of how the JEET staff went beyond their line of duty to ensure that a TB patient gets his medicines, on time.

Rashid, 47, was resident of district Bareilly (Uttar Pradesh), but worked as a labourer in Ludhiana (Punjab). Through a telephonic follow up, Rashid's treatment coordinator (TC) found out that Rashid had missed three doses of his TB medicines. Due to the lockdown and shortage of cash and information about his TB medicines, Rashid was unable to procure medicines for himself.

The TC spoke with Rashid and after much persuasion got him to visit the government health centre in his vicinity. Subsequently, the TC himself

spoke to an ASHA worker at the facility, who assured that she will coordinate and arrange the medicines, if the situation persists. The staff further coordinated with the nearest TB Unit (TU) and helped provide the required medicines to Rashid.

The zeal of health staff be it an ASHA worker, JEET team member or National TB Elimination Program (NTEP) officials in Ludhiana district, specifically during the lockdown has been incredible. It has enabled many migrant workers to continue their TB treatments, even when all odds are stacked against serving humanity.

JEET Next steps (Oct 2020-Mar 2021)

The project now aims to prepare for its next phase of action. Going forward, JEET will be supporting states in the uptake of domestic Patient Provider Support Agencies (PPSAs), to sustain the efforts made in JEET geographies. Further, JEET has already concretised post lockdown measures, which include: strengthening contact tracing in project geographies; enhanced efforts to sensitise private sector health care providers through webinars/continued in-clinic visits, on latest services for TB & COVID- 19 under public sector, to ensure linkage and continuum of care; supported implementation of strategies like bi-directional screening of TB & COVID-19 to be strengthened in private sector; eligible patients to be linked to treatment services from dedicated facilities in PPSA cities; intensified coverage of pharmacies through drug distributors in PPSAs. Specifically, in FIND's context, the idea is to expand JEET's

coverage in six additional PPSA lite geographies.

Further, JEET also plans to undertake interventions to engage with private industries (mining, garment, steel, construction, bangles, chemicals etc), urban slums, orphanages and old age homes for enhanced TB screening.

Unprecedented times call for unprecedented measures. And bi-directional screening, which is being implemented to identify missing cases, is a step in the right direction. However, there exists an urgent need to establish and sustain systems that will ensure long-term abilities at better surveillance, prevention and care. The need to invest in technology to better capture the data relating to mortality and morbidity, as well as research and development focussed on evolving affordable solutions, has never been graver. It is time that India rethinks its approach for an inclusive future!

