Dear Editor:

National Tuberculosis Elimination Programme (NTEP) is a Centrally Sponsored Scheme being implemented under the aegis of the National Health Mission with resource sharing between the State Governments and the Central Government. The Government of India has committed to achieving the SDG goal of eliminating tuberculosis (TB) in the country by 2025, five years ahead of the Global Target. In light of this ambitious target and to accelerate momentum towards the ultimate goal, an appropriate and representative change in the name of the programme was imperative, and it was decided to rename the Revised National Tuberculosis Control Program (RNTCP) as NTEP [1].

Also, to invigorate the fight against TB in alignment with the ambitious target, policy reforms were made and newer initiatives were launched[2,3]. The newer diagnostic and treatment protocol under NTEP recommends the Universal Drug Susceptibility Test (U-DST) using the Cartridge Based Nucleic Acid Amplification Test (CBNAAT) for all notified cases of TB. Additionally, DST is also recommended for fluoroquinolones and second-line injectable drugs among those patients with rifampicin resistance. An indigenously developed and extensively tested diagnostic alternative to CBNAAT called as True NAAT has been validated and recommended by the Indian Council of Medical Research (ICMR) for its use in TB diagnosis and the detection of rifampicin resistance [2].

Also, nationwide expansion of the Bedaquiline regimen took place along with the initiation of active case finding by implementing systematic screening for TB in selected high-risk groups. The national program also has been rolling towards an injection-free regimen. Nikshay Poshan Yojana was launched for providing nutritional support to all TB patients in the form of monetary incentives via Direct Benefit Transfer (DBT). Also, came into place are the provision of incentives for private practitioners, health care providers and health workers. Inter-sectoral coordination was shaped by other parallel national programmes such as the National Program for Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS), National Tobacco Control Program (NTCP) and National Urban Health Mission (NUHM) among many others to jointly fight against TB and other related factors [1].

The updated version of Nikshay 2.0 built on state-of-the-art Management Information System (MIS) was launched. Also, developed and launched was the software application named Nikshay Aushadhi which aimed at easing the information management for the supply chain of drugs from the central level of procurement, stock maintenance and distribution to the end-user i.e. TB patient. Various multi-media campaigns were also launched utilising robust information and technology services and platforms [2].

The launch of the “TB Harega Desh Jeetega” Campaign re-emphasised the highest level of commitment toward TB elimination. Newer counselling delivery mechanisms for DR-TB patients were developed based on the social structural approach to disease prevention and control under the Saksham Pravah Project by the Tata Institute of Social Sciences (TISS).
Currently under this project launched in a phased manner in Mumbai, Maharashtra, Gujarat, Karnataka and Rajasthan, counselling services spanning across psycho-social factors are being provided to DR-TB patients and their caregivers [3]. With the challenges, the COVID-19 pandemic brought in, the sustained efforts to end TB remain in an optimistic direction, which can make India a potential global leader in TB control.

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References


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