Revised National TB Control Programme (RNTCP) is implemented in Puducherry UT on 20th February 2004.

The goal of RNTCP is to decrease mortality and morbidity due to TB and cut transmission of infection until TB ceases to be a major public health problem. The goal is achieved through the objectives.

ACHIEVEMENTS IN PUDUCHERRY:

- Cure rate of NSP was 69% in 2004 when we implemented the RNTCP. Cure rate improved year by year and it is 90% in 2016. (cure rate of NSP for the period of 2017 will be reported at the end of 2018).

- Moreover the defaulter (i.e. discontinuing the treatment before the completion) rate of newly detected infectious cases has come down from 18% to 2.06%.

- Success rate of new cases during 2016 is 93%. (Success rate of new cases for the period of 2017 will be reported at the end of 2018).

- Success rate of retreatment cases during 2016 is 72%. (Success rate of retreatment cases for the period of 2017 will be reported at the end of 2018).

- Total number of MDR cases diagnosed during 2017 is 15.

- Out of the 1346 TB cases registered during 2017, 1336 (99.3%) cases are tested for HIV; and out of this number known to be HIV infected are 36 (2.69%).

- Out of the 1346 TB cases registered during 2017, 1341 (99.6%) cases are screened for Diabetes mellitus; and out of this number known to be diabetics are 314 (23.42%).
### RNTCP PERFORMANCE (2010-2017)

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Total Case detection Nos.</td>
<td></td>
<td>1437</td>
<td>1568</td>
<td>1429</td>
<td>1458</td>
<td>1409</td>
<td>1288</td>
<td>1412</td>
<td>1346</td>
</tr>
<tr>
<td>2</td>
<td>Cure Rate of New Smear Positive case %</td>
<td></td>
<td>83</td>
<td>85</td>
<td>83</td>
<td>86</td>
<td>88</td>
<td>88</td>
<td>90</td>
<td>*</td>
</tr>
<tr>
<td>3</td>
<td>Success rate of new cases %</td>
<td></td>
<td></td>
<td>NOT APPLICABLE</td>
<td></td>
<td>92</td>
<td>92</td>
<td>93</td>
<td>*</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Defaulter Rate of NSP %</td>
<td></td>
<td>5</td>
<td>5.55</td>
<td>4.51</td>
<td>4.51</td>
<td>3.62</td>
<td>3.73</td>
<td>3.22</td>
<td>*</td>
</tr>
<tr>
<td>5</td>
<td>Death Rate of NSP %</td>
<td></td>
<td>5</td>
<td>5.55</td>
<td>6</td>
<td>4.51</td>
<td>4.25</td>
<td>4.06</td>
<td>3.83</td>
<td>*</td>
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</tbody>
</table>

* - will be reported at the end of 2018

**Target proposed for 2018-19:-**

1. To increase case deduction from 1346 to 2165 cases.
2. To maintain the success rate new cases more than 90%.
3. To maintain the defaulter rate to less than 5%.
4. To increase TB co-morbidity coordination.
NEWER INITIATIVES UNDER RNTCP

Govt. of India envisages TB control as one of the key development priorities and has committed to end TB by year 2025 as articulated in National Health Policy 2017. Ministry of Health & Family Welfare has developed its National Strategic Plan (NSP) 2017-2025 for TB elimination to be achieved by 2025, five years well ahead of Sustainable Development Goals target and ten years before WHO target of elimination of TB by year 2035. National Strategic Plan 2017-2025 has strengthened RNTCP by introducing newer initiatives viz.,

1. DIRECT BENEFICIARY TRANSFER (DBT)
2. UNIVERSAL DST
3. MOBILE MEDICAL VAN-ACTIVE CASE FINDING
4. TABLET COMPUTERS-REAL TIME ENTRY -NIKSHAY ID TO TB SUSPECTS
5. DRUGS AND VACCINES DISTRIBUTION MANAGEMENT SYSTEM (DVDMS)
6. INVOLVEMENT OF CHEMIST/DRUGIST
7. INVOLVEMENT OF PRIVATE PRACTIONERS
8. MDR TB –SHORTER REGIMEN AND BEDAQUILINE

1. DBT

Ministry of Health and Family Welfare has announced the scheme for incentives for nutritional support to TB patients. This scheme is called ‘NikshayPoshanYojana’. Under this scheme, all TB patients notified on or after 1st April 2018 including all existing TB patients under treatment are eligible for incentive of Rs.500/- per month.

2. UNIVERSAL DST

RNTCP has approved the policy and implemented Universal Drug Susceptibility Test. According to this plan, all the notified TB patients are investigated at diagnosis for drug resistance of minimum Rifampicin/INH by CBNAAT/LPA at IRL, Gorimedu.

3. MOBILE MEDICAL VAN-ACTIVE CASE FINDING:

The mobile medical van with CBNAAT facility supplied by CTD to Puducherry UT is used for Active Case Finding for rural and key population in the society including contacts of TB, miners, refugees, migrants and prison inmates.
4. TABLET COMPUTERS-REAL TIME ENTRY -NIKSHAY ID TO TB SUSPECTS

For the purpose of real time entry of NIKSHAY, CTD supplied 50 tablet computers to Puducherry UT. The tablet computers are handed over to the STSs, DMC LTs, TBHVs and Pharmacists.

5. DRUGS AND VACCINES DISTRIBUTION MANAGEMENT SYSTEM (DVDMS)

It is a web based supply chain management application deals with the management of stock of various Anti-TB drugs and lab items required by various State-Drug Stores of State, District Drug Stores and their TB Units and Primary Health Institute (PHI) to distribute drugs to patient throughout the nation.

This software helps to determine the drug position, expiry details routine/ADR requirements, patient-wise consumption of all states/at all levels on a real time basis.

DVDMS helps in determine the needs of various sub-stores such that all the required drugs are constantly issued by SDSs to it’s sub-stores without delay.

6. INVOLVEMENT OF CHEMIST/DRUGIST

Because of the repeated meeting with drug wholesale dealers and retailers association along with Drug licensing authority as instructed by Commissioner cum Secretary to Government (Health), now they are informing the Government health authority (State TB Cell) regarding the movement of Anti-TB drugs in UT.

7. INVOLVEMENT OF PRIVATE PRACTITIONERS

All the private practitioners of UT are sensitized regarding the TB notification, guidelines and the management of TB suspects/patients by one to one contact. For this purpose RNTCP field teams are formed.

8. MDR TB –SHORTER REGIMEN AND BEDAQUILINE

The newer standardized shorter MDR TB regimen is initiated for patients in whom the diagnosis of MDR/RT TB has been confirmed by molecular or phenotypic DST method and or found to be sensitive to both Fluoroquinolone and Second Line Injectable.

A newer class of bactericidal drug Bedaquiline is included in the conventional treatment of MDR TB is initiated.