

REVISED NATIONAL
TUBERCULOSIS CONTROL
PROGRAM(RNTCP)

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- In the year 1992, Govt. of India, WHO and World Bank together reviewed the National Tuberculosis Program (NTP). After the revision it is referred to “Revised National Tuberculosis Program (RNTCP). RNTCP is based upon Internationally recommended directly Observed treatment short-course (DOTS). Strategy was launched in 1997. Full National coverage by 2006. Under the program diagnosis and treatment facilities are provided free of cost to all TB patients at CHC, PHC, All Government Hospitals, DOT centers have been established near to residence of patients to extent possible services.

Goals of the programme

- To decrease mortality and morbidity due to TB and cut transmission of infection Until/TB ceases to be a major Public Health Program in India.

Objectives

- To reduce incidence of mortality and morbidity due to TB.
- To prevent further emergence of drug resistance and effectively manage drug resistant, TB cases.
- To improve outcomes among HIV infected TB patients.
- To involve private sector on a scale commensurate with their dominant presence in healthcare services.
- To further decentralize and align basic RNTCP management units with NRHM block level units within general health System for effective Supervision and monitoring.

- **Program of RNTCP**
 - Basic TB Cases Finding and Treatment Services
 - TB HIV Coordination
 - Ban on Commercial Serology Tests for TB Diagnosis
 - TB Notification
 - Partnerships

INTEGRATED DISEASE SURVEILLANCE PROGRAM (IDSP)

- Started in 2004 with World bank assistance and for period upto March 2010. It is both State and Central Governments program. Main aim is to early detect and monitor diseases for enabling efficient policy decisions. All states, Union territories, and District headquarters of India have established surveillance Units. The project was undertaken to meet the World Health Organization guidelines for South East Asian countries on disease surveillance to track the outbreak of diseases and its potential trans boundary threats. Surveillance Units have been set up in every state. Data from Medical Colleges, Health Centers, hospitals, Labs, etc. is being Utilize for the purpose of tracking and reporting of disease.

- **Program Components**

- Integration and decentralization of surveillance activities through establishment of surveillance units at center, state and district level.
- Human resource development through training of state surveillance officers, districts surveillance officers, RRTs and other medical and paramedical staff.
- Use of information communication technology for collection, collation, compilation, analysis and dissemination of data.
- Strengthening of Public Health Laboratories.
- Inter Sectoral Co-ordination for Zoonotic diseases.

Thank you