



सत्यमेव जयते

GUIDANCE
DOCUMENT ON

NTEP - AYUSH

Collaborative
activities to end TB



Ministry of Health
& Family Welfare
Government of India

Ministry of AYUSH
Government of India

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01

INTRODUCTION & BACKGROUND

India accounts for a quarter of the Global TB burden with an estimated 27 lakh new cases in the year 2019. TB elimination has been accorded high priority by the Ministry of Health and Family Welfare, Government of India. India has taken decisive steps for ending TB in the country by 2025. The National TB Elimination program has been progressively strengthened to address the requirements at the field level. The spread of human immunodeficiency virus (HIV) during the last two decades, emergence of various forms of Drug Resistant TB (DR-TB), and a vast, fragmented private sector continue to pose challenges in effectively Ending TB. Several initiatives have been launched at the national level such as: mandatory notification of TB cases (2012), development of Standard for TB Care in India (STCI)(2014), comprehensive, web-based, case-based surveillance system for TB – NIKSHAY, use of rapid molecular diagnostics like CBNAAT and TruNAT, successful innovations in private sector engagement for TB care- Universal Access to TB Care (UATBC), Patient Provider Support Agencies(PPSA) for effective private sector engagement and widely appreciated collaboration to address TB and HIV comorbidity.

A considerable progress has been made in addressing Drug Resistant TB with focus on Drug Susceptibility Testing (DST) guided treatment including decentralized molecular diagnostics and decentralized treatment at district level, introduction of newer drugs (like bedaquiline, delamanid). Pediatric TB, nutritional support through Nikshay Poshan Yojana (NPY) by Direct Benefit Transfer (DBT), active case finding, intensified case finding and urban TB control models have been made and a major progress has also been achieved in advocacy and communication areas evident in the form of National TB Summit, TB Harega Desh Jeetega campaign and involvement of TB affected communities at every level in decision making through National, State and district level TB forum.

In our fight against TB, the Hon'ble Prime Minister has set a bold target of a 'TB- free India by 2025', five years ahead of the global target of 2030. The Government of India rolled out India's National Strategic Plan (NSP) 2017-2025 to realize this vision of making India TB Free through new strategies and innovations such as reaching out to the unreached, engaging private providers, providing free diagnostics and treatment to all TB patients including those seeking care from private sector. Engaging providers from all sectors and different branches of medicine has also been described as one of the key strategies to fight TB. With the focus of India's TB Programme shifting from just controlling the disease to adopting multi-pronged strategies to end TB in the country, the Programme has been renamed the National TB Elimination Programme (NTEP) from 1st Jan 2020.



India accounts for a quarter of the **Global TB** burden with an **estimated 27 lakh new cases** in the year **2019**

1.1 END TB STRATEGY

Ending the TB epidemic is a Sustainable Development Goal (SDG) target that requires implementing a mix of biomedical, public health and socioeconomic interventions along with research and innovation. The End TB Strategy encompasses a package of interventions that can be fully adapted at country level. It has ten components organized under three pillars and four underlying principles. Implementing the pillars and components of the End TB Strategy while adhering to its underlying principles requires intensified action from and beyond the ministries of health, in close collaboration with all stakeholders including other ministries, communities, civil society and the private sector. (<https://www.who.int/tb/strategy/end-tb/en/>)

1.2 NATIONAL AYUSH MISSION (NAM)

National AYUSH Mission (NAM) was launched in 2014. The National AYUSH Mission is a centrally sponsored scheme for promotion of Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homeopathy (AYUSH) medical systems. The objectives of the NAM include following:

- ▶ To provide cost effective AYUSH medical services, with a universal access through upgrading AYUSH Hospitals and Dispensaries, co-location of AYUSH facilities at Primary Health Centres (PHCs), Community Health Centres (CHCs) and District Hospitals (DHs).
- ▶ To strengthen institutional capacity at the state level through upgrading AYUSH educational institutions, State Govt. ASU&H Pharmacies, Drug Testing Laboratories and ASU & H enforcement mechanism.
- ▶ Support cultivation of medicinal plants by adopting Good Agricultural Practices (GAPs) to provide sustained supply of quality raw-materials and support certification mechanism for quality standards, Good Agricultural/Collection/Storage Practices.
- ▶ Support setting up of clusters through convergence of cultivation, warehousing, value addition and marketing and development of infrastructure for entrepreneurs.
- ▶ The Ministry of AYUSH has now committed to establishing 12500 Health and Wellness Centers as AYUSH Health and Wellness Centers under Ayushman Bharat in a phased manner by 2023-24. In addition, proposal of 19 Ayurveda, Siddha & Unani and 14 Yoga & Naturopathy treatment packages has been forwarded to National Health Authority (NHA) for inclusion under the PMJAY.



TB elimination has been accorded high priority by the Ministry of Health and Family Welfare, Government of India. India has taken decisive steps for ending TB in the country by 2025

02

OBJECTIVES

01



Development of linkages and integration of TB care services under the health infrastructure and institutional network affiliated with the Ministry of AYUSH.

02



Awareness generation, systematic training and sensitization among various communities including AYUSH service providers about NTEP guidelines, TB diagnosis and treatment and recent policy changes and initiatives.

03



Orientation and sensitization of final year undergraduate student, interns, post-graduate students, faculty of AYUSH on TB prevention, diagnostics and treatment through modular lectures, e-platform and inclusion in the CME programs.

04



Capacity building of in-service and private AYUSH practitioners through modular trainings and CMEs for early diagnosis of TB, improving referral of patients and their engagement as community DOTS providers/ treatment supporters and involvement in the implementation of National TB Elimination Program (NTEP).

05



Promote adjuvant use and undertake research collaboration about evidence based AYUSH interventions for TB prevention, control and management; and

06



Facilitate development of TB-free workplaces by adoption of inclusive workplace policies and best practices at AYUSH institutions, offices, health facilities etc.



RATIONALE AND COLLABORATION

AYUSH providers are an important provider group in the care cascade of various health conditions. The AYUSH providers in India are among the first point of care in several part of the country. Leveraging this network of providers, an efficient symptom identification and referral system may be established to enable early diagnosis. This guidance note has been developed, to enhance the collaboration between National TB Elimination Programme (NTEP) and AYUSH Mission to meet the objective of ending TB by 2025.

3.1 COLLABORATIVE FRAMEWORK

So far, the program has engaged with AYUSH providers largely for referral of presumptive TB cases and provision of treatment support as treatment supporter. In July 2019, the Ministry of AYUSH and Central TB Division signed a MoU with an objective to forge convergence at policy planning and programme implementation levels across both the ministries for inter-sectoral and accelerated response towards a TB Free India. Accordingly, a Technical Working Group (TWG) on AYUSH and NTEP Collaboration has been formed.

3.1.1. AREAS OF COLLABORATION

3.1.1.1. At Service delivery level in Public Health System

- ▶ **Screening for TB:** All AYUSH Medical Officers posted through NHM at health centers as well as in other programs (such as the RBSK) and those posted through Ministry of AYUSH at dispensaries and AYUSH hospitals are encouraged to actively screen for presumptive TB cases and refer presumptive TB cases to nearest NTEP diagnostic health facility (DMC/ NAAT site) for TB testing as per programme policy. This includes the Community Health Officers (CHOs) who have been appointed at the Health & Wellness Centres (HWCs) under Ayushman Bharat.
- ▶ **Counseling:** States may consider linking TB clinics/ chest clinics with AYUSH providers at co-located facilities for effective counselling of TB patients (for nutrition, de-addiction and treatment adherence counselling) at AYUSH clinics post examination/ consultation.
- ▶ **Contact Tracing:** Coverage of contact tracing and long-term follow-up are an important activity for TB control. AYUSH providers network can be leveraged for long term follow up, every 6 monthly upto 2 years post- treatment completion and contact tracing for identification of more TB cases in the community. Appropriate linkage of contact tracing



In July 2019, the **Ministry of AYUSH and Central TB Division** signed a **MoU** with an objective to forge convergence at policy planning and programme implementation levels across both the ministries for inter-sectoral and accelerated response **towards a TB Free India.**

with TB and Latent TB Infection (LTBI) management as per programme guidelines, can also be ensured.

- ▶ **Treatment Adherence:** AYUSH Providers are advised to ensure that all TB patients seeking care at facilities linked to National AYUSH Mission and under AYUSH department in State, are linked with National TB Elimination Program and personnel posted there for actively supporting treatment adherence including that in LTBI management.
- ▶ **Preventing Loss to follow-up:** Any loss to follow-up (LTFU) need be brought to the notice of NTEP program.
- ▶ **Patient Follow-up:** AYUSH providers will be provided with line-list of all under care TB patients in their areas and will be encouraged to maintain a regular contact with the patients there by motivating them to complete treatment and ensuring post treatment follow up (at 6 months, 12 months, 18 months, and 24 months post treatment completion).
- ▶ **Linkages** must be developed between the key programme staff and the AYUSH providers under the guidance of the Block/ Taluk of Medical officer in an urban setup. MO-TC to ensure that public health action such as nutritional support, co-morbidity testing for HIV, Diabetes, etc are provided to all TB patients.
- ▶ **Community engagement:** The AYUSH MOs and CHOs will work closely with TB Champions at the Block/TU and sub-centre levels respectively to coordinate TB advocacy and sensitization in their respective geographies.
- ▶ **aDSM (Active Drug Safety Monitoring and Management):** During the follow up visits, AYUSH practitioners may actively look out for common side effects associated with anti-TB medication, and counsel or refer the patients as per need. This early detection and management of side effects will help the programme in retaining patients on treatment and help improve successful treatment outcomes.

AYUSH Health Centers and Hospitals may be encouraged and provided with necessary technical know-how & technical support from NTEP to establish DMC and/or CBNAAT/Truenat facilities wherever feasible.

3.1.1.2. AYUSH College Level

- ▶ **Screening for TB:** All AYUSH teaching facilities should establish system for identification of symptomatic patients from both outpatient and Inpatient departments and ensure referral linkages with NTEP program.
- ▶ **Treatment Adherence:** Teaching Institutes are advised to ensure that all TB patients seeking care at facilities linked with National TB Elimination Program and personnel posted there for actively supporting the adherence including that in LTBI management.
- ▶ **Preventing Loss to follow-up:** Any loss to follow-up (LTFU) need be brought to the notice of NTEP program.
- ▶ **aDSM (Active Drug Safety Monitoring and Management):** During the follow up visits, institutes may actively look out for common side effects



AYUSH teaching institutes are advised to orient their interns about NTEP. **15 days orientation Training of all interns of AYUSH systems should be made mandatory**

associated with anti-TB medication, and counsel or refer the patients as per need. This early detection and management of side effects will help the programme in retaining patients on treatment and help improve successful treatment outcomes.

- ▶ **Orientation of interns:** AYUSH teaching institutes are advised to orient their interns about NTEP. A 15 days orientation Training of all interns of AYUSH systems should be made mandatory. Training Module for which will be made available by NTEP.

3.1.1.3. Private sector from district & below level

- ▶ Respective State AYUSH officers will reach out to State AYUSH councils and involve AYUSH providers in NTEP and the communications regarding involvement in TB related activities will be conveyed to private sector providers through CMEs and other appropriate mass-messaging platforms.
- ▶ The councils are encouraged to discuss progress on these with private sector AYUSH providers and review the same along with the State and District TB Programme Managers.
- ▶ **Screening for TB:** A system should be establish for all AYUSH private facilities for identification and referral of symptomatic patients to the nearest NTEP facility.
- ▶ **Treatment Adherence:** Private facilities are advised to ensure that all TB patients seeking care at respective facilities are actively supporting the adherence of treatment including that in LTBI management.
- ▶ **Preventing Loss to follow-up:** Any loss to follow-up (LTFU) need be brought to the notice of NTEP program.
- ▶ **aDSM (Active Drug Safety Monitoring and Management):** During the follow up visits, private facilities may actively look out for common side effects associated with anti-TB medication, and counsel or refer the patients as per need. This early detection and management of side effects will help the programme in retaining patients on treatment and help improve successful treatment outcomes.

04

OPERATIONAL GUIDELINES FOR IMPLEMENTATION

4.1 FORMATION OF A TECHNICAL WORKING GROUP (TWG) AT NATIONAL AND STATE LEVELS

- ▶ The TWG on NTEP-AYUSH Collaboration at the National level will meet periodically, to ensure policy level alignments through discussions and deliberations by experts from both Ministries. Several short-term measures, as specified in the next section, will be implemented across all levels to help shape policy measures in mid and long term.
- ▶ For better implementation of these initiatives States are encouraged to add State TB officers in State level Executive Committee of State AYUSH Mission. All State Programme Officers should establish mechanisms to ensure that the above-mentioned key activities are prioritized as per program needs.
- ▶ In district Task Force of NTEP, representatives from AYUSH teaching institutes & district AYUSH officer should be included.



The TWG on NTEP-AYUSH Collaboration at the National level will meet periodically, **to ensure policy level alignments through discussions and deliberations** by experts from both Ministries

05

SUPPORT EXTENDED TO AYUSH PRACTITIONERS BY NTEP



Private AYUSH providers would be eligible for Informant incentive of Rs. 500 per patient detected with TB on referral to a government health facility by said informant.



Treatment Supporter Honorarium of Rs. 1000 per DSTB patient and Rs. 5000 per DRTB patient would be paid, if a private practitioner has served as 'Treatment Supporter' for TB patients.

- ▶ A mechanism should be in place to have periodic review of the progress made and to develop the desired action plan and take corrective measures accordingly, at all levels, viz. National, State and District.
- ▶ There may be provision of Quarterly Review Meetings at National level in first year and then remaining meetings may be held Bi-Annually between Central TB Division and Nodal Officer, Ministry of AYUSH OR in the form of Technical Working Group (TWG) on Collaboration b/w Central TB Division and Ministry of AYUSH.
- ▶ There may be provision of Quarterly Review Meetings at State level between State TB Officer and State AYUSH Commissioner/Nodal Officer NTEP & AYUSH collaborative activities and the updates may be sent to the Central TB Division by the STOs.
- ▶ There may be provision of Quarterly Review Meetings at District level between District TB Officer and District AYUSH Commissioner/ Nodal Officer. Updates in this regard may be sent to the State TB Officer (STO).
- ▶ All the required reporting and recording formats to be made available at all AYUSH facilities

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