

# National Programme for Tuberculosis Control and Chest Diseases, Ministry of Health, Sri Lanka

Dr A.K.S.B.De Alwis  
(M.D, MSC, (Com Med), MD (Med Admn),  
PGDEnM, MBA.  
Director NPTCCD, Ministry of Health Sri Lanka.

# What is Tuberculosis?

- It is an infection caused by the bacillus-  
*Mycobacterium tuberculosis* and  
occasionally by *Mycobacterium bovis* and  
*Mycobacterium africanum*. The infection  
mostly effect the lungs, but it can be in  
any other organ of the body.



# WHO declaration

In recognition of its public health importance,

TB was declared as a  
**GLOBAL EMERGENCY**

In 1993



# Why TB is important ?

Global, Regional and Country disease burden

- Globally, TB infects over 1/3 of the population.
- Eight mln new cases and two mln deaths per year.
- Nine per cent of female deaths in reproductive age.
- Mainly affects the people in economically active age.

# TB has link with poverty

- Ninety five per cent of patients in the world are from economically under developed countries and disadvantaged social groups in all societies

# South-East Asia

- Highest No of patients in the world- 35%
- India alone has 20% of global disease burden

# Sri Lanka

- Sri Lanka is not among high disease burden countries.

However,

Nearly 17,000 people(89/100,000) are estimated to have TB.

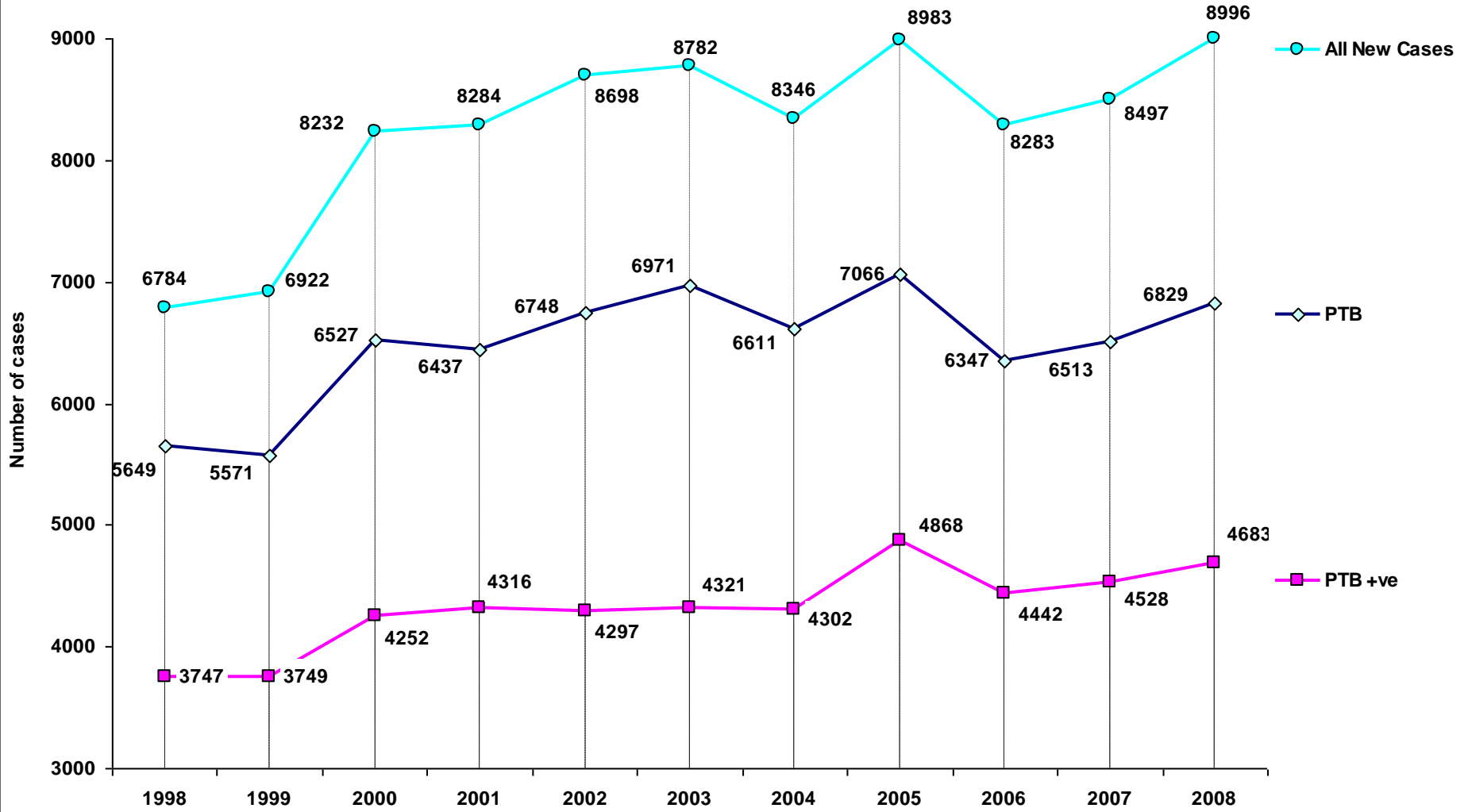
Every year around 11,000 new cases(60/100,000) are reported.

# Prevalence of TB in Sri Lanka

- In 1990, 31,000 (182/100,000)
- Incidence 61/100,000
- Around 5000 new cases(27/100,000) are sputum positive.
- During next 5 years, it is expected to have another 50,000 new cases.
- Most of them will be in active age.
- 15-34 years.
- Higher in males except in children
- Average age of patients is increasing.



### Incidence of Tuberculosis 1998 - 2008



# Case Detection 2007 -2008

	2008	2007	% Change	
<b>All</b>	<b>8996</b>	<b>8497</b>	<b>5.87</b>	<b>Increase</b>
SS + ve	4683	4528	3.42	Increase
<b>SS – ve</b>	<b>2146</b>	<b>1985</b>	<b>8.11</b>	<b>Increase</b>
EPTB	2167	1984	9.22	Increase
<b>SS +ve/ PTB</b>	<b>68.58</b>	<b>69.52</b>	<b>0.94</b>	<b>Decrease</b>
SS +ve/ All TB	52.06	53.29	1.23	Decrease

# Treatment Outcome 2007-2008

	<b>2007</b>	<b>2008</b>
<b>Cured</b>	<b>83.6%</b>	<b>83.3%</b>
Tr. Completed	2.5%	3.7%
<b>Tr. Success</b>	<b>86.1%</b>	<b>87.0%</b>
Died	4.9%	4.8%
<b>Failure</b>	<b>1.2%</b>	<b>1.2%</b>
Defaulted	7.1%	6.7%
<b>Transferred out</b>	<b>0.1%</b>	<b>0.0%</b>
Not Evaluated	0.6%	0.3%

# Deaths due to TB.

- In 1990-around 2770 deaths per year
- Currently around 1685 per year.
- If the TB control activities will remain as expected, 35,000 deaths could be saved in next ten years.

# TB and HIV

- Since 1993, sentinel survey for HIV among TB patients, 4 cases had been identified.
- It is estimated that one fifth of AIDS patients have TB.
- Active TB was identified among nine HIV patients

# Multi Drug Resistant TB(MDR TB)

- Resistant at least to Isoniazid and Rifampicin.
- In 2004, 12 cultures were identified as MDR TB from 887 samples.
- All failures are sent to Central Lab for culture.

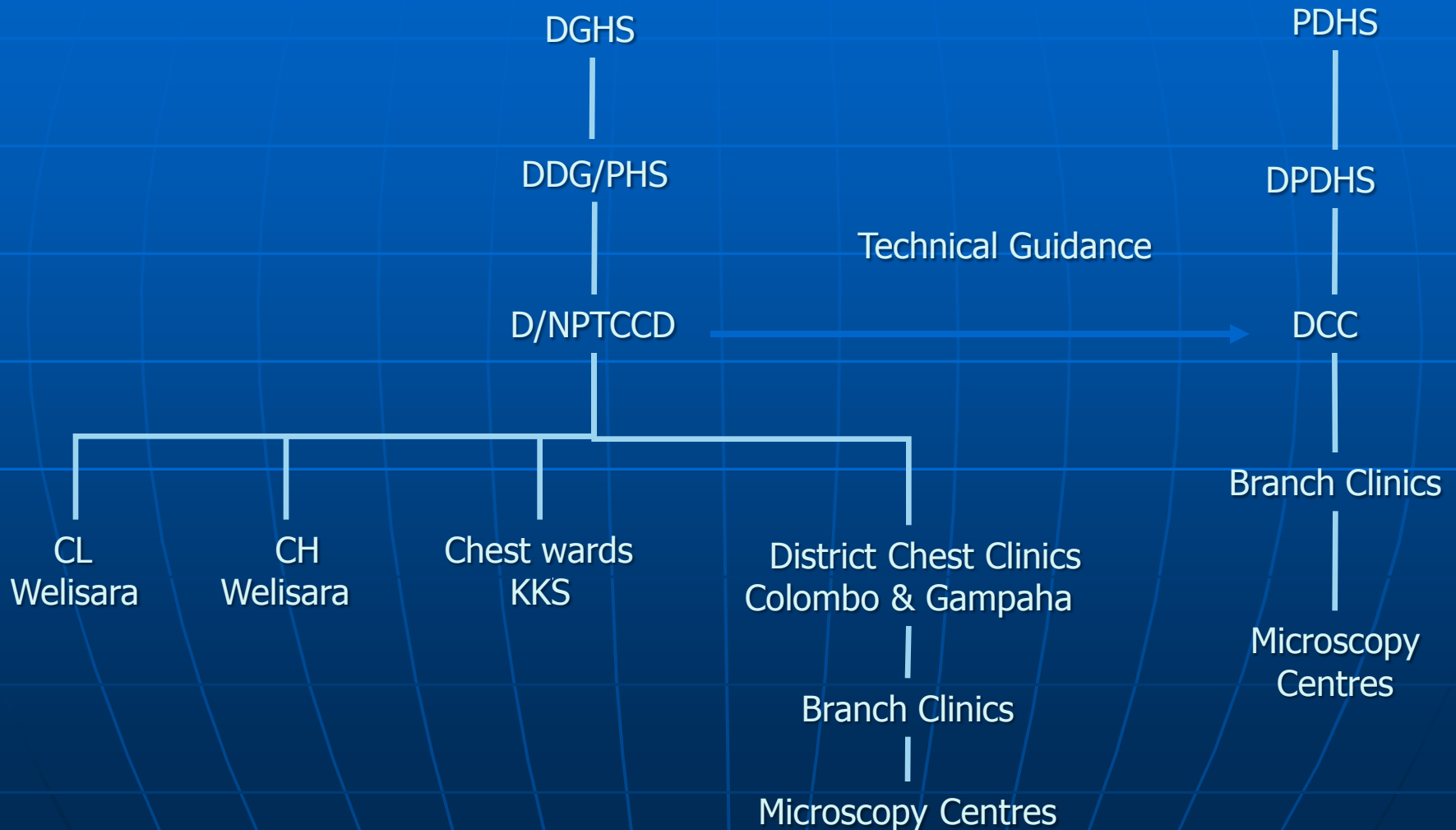
# History of TB control in SL

- TB control measures were first introduced in 1910.
- First Chest clinic was established in 1916.
- Anti TB campaign was established as a vertical programme in 1945. A net work of chest hospitals and nine provincial chest clinics.
- BCG immunization was introduced in 1945.
- TB control activities were integrated into in to general health system in 1970.

- **In 1989, with the introduction of 13<sup>th</sup> Amendment to the Constitution, administrative authority over District Chest Clinics were handed over to the newly created Provincial Departments of Health Services.**
- **Technical support from the Respiratory Disease Control Programme (RDCP).**
- **DOTS strategy was adopted in 1997.**
- **Administrative purview from DDG(MS) to DDG(PHS)**
- **In 2002 renamed as National Programme for Tuberculosis Control and Chest Diseases (NPTCCD)**
- **Currently DOTS is practiced in 22 out of 25 districts (from 2005)**



# Organizational structure of NPTCCD



# National Policy

- Treat all diagnosed TB patients according to the national guidelines
- Register all TB patients at District Chest Clinics
- Provide sputum microscopy and drugs free of charge to the all patients.
- DOT at least in the initial phase of the treatment
- .Notification of all diagnosed TB patients

# The Goal of NPTCCD

- To reduce morbidity, mortality and transmission of TB until it is no longer a public health problem in Sri Lanka

# Vision of NPTCCD

TB free Sri Lanka.

## Mission

To contribute to the socio economic development of the nation by committing ourselves to create a TB free Sri Lanka by formulation of policies, planning, coordinating and monitoring of all TB and chest disease activities in the country.

# Objectives of NPTCCD

- To ensure that every TB patient has access to effective diagnosis, treatment and cure.
- To interrupt the transmission of TB.
- To prevent the emergence of Drug resistance TB.
- To reduce the social economic toll caused by TB.
- To reduce the disease burden from other respiratory diseases to the health system of Sri Lanka.

# Main functions of NPTCCD.

The NPTCCD and the Director is responsible for all tuberculosis control activities in the country. This includes;

1. planning, organizing, coordination, monitoring and supervision.
2. Provide technical guidance
3. National and International coordination. (GFATM, WHO)
4. Providedrugs, manuals, printed material and other material and financial support.
5. Human resource development.
6. Provide laboratory support. etc

# District level

- District Chest Clinic and DTCCO is the nodal point for TB control in the district. He/she is administratively to the RDHS and technically to Director NPTCCD.
- Financial and material support by both centre and PDHS.

# Institutional level

Health care institutions in all levels take part in identifying, referring and some times in treatment.

MOOH and PHII are responsible for tracing of patients and contacts.

Any health care person or any other responsible person can be a DOT provider.

Every one in the society has a role to play and is responsible for TB control.





# Targets of NPTCCD

<b>Targets</b>	<b>1990</b>	<b>2006</b>	<b>2010</b>	<b>2015</b>
<b>DOTS Coverage</b>	NA	78.5%	86%	90%
<b>TSR</b>	NA	86.3%	>85%	>85%
<b>Incidence (Total)</b>	60/100,000	46.1/100000	42/100000	30/100000
<b>Mortality</b>	*10/1000	1.7/1000	2.2/1000	2.0/1000

# Targets of NPTCCD for 2010

To reach and thereafter to sustain the 2005 global targets-achieving

- 1.To cure at least 85% of the detected sputum smear positive pulmonary TB cases (treatment success )
- 2.To detect at least 70% of existing smear positive TB cases (case detection)

and, towards halting and reversing the incidence of TB as stated in the Millennium Development goals set for 2015

# TB related Millennium Development Goals

- Goal 6: to combat HIV/AIDS, malaria and other communicable diseases.
- Target 8: by 2015, to have halted and begun to reverse the incidence of HIV, malaria and other communicable diseases.
- Indicator 23: and deaths associated with TB
- Indicator 24: Proportion of smear-positive pulmonary TB cases detected and cured under DOTS

# Sri Lanka TB control strategic directions

1. Improve the access to quality DOTS services to enhance the case finding and further improve the treatment results

## **Key expected result;**

Broadened implementation of TB control policies, strategies and plans towards reaching the MDGs on expanded DOTS strategy.

2. Address the issues of TB/HIV and MDR-TB in a comprehensive way.

**Expected result;**

Development of policies and strategies and implementation of activities linked to those, to effectively address TB/HIV and multidrug-resistant TB

3. Promote the tuberculosis control programme as entry point to overall health systems strengthening.

**Expected result;**

Increased sustainability of the TB programme through promoting service delivery through a strengthened health system.

4. Promote a single national tuberculosis control programme implemented through all health care providers.

**Expected result;**

One national TB policy and strategy, accepted by all and implemented through all health care providers and supported by the community, under the stewardship of the government.



5. Tailored advocacy, communication and social mobilization to become inherent part of the tuberculosis control programme.

**Expected result;**

Adequate resources available for TB control in a sustained way to implement a programme of high quality with maximum participation of all relevant stakeholders.

6. Conduct operational research with a focus to further improve programme performance.

**Expected result;**

Performance of NPTCCD enhanced through adopting guiding principles, which result from locally undertaken operational research. Contributing to global TB control by providing opportunities to the global working groups on new diagnostic and new drugs for conducting trials with the new diagnostics and new drugs in a routine programme setting.

# Basic strategy for TB control

- The basic strategy is to identify and treat all TB cases until they are cured.
- The most effective step is to cure the infectious cases to break the chain of transmission.
- DOTS is the WHO accepted strategy adopted by NPTCCD for this purpose.

# What is DOTS?

Directly Observed Treatment .Short course.  
It has five components.

1. Government commitment to sustained TB control.
2. Case detection sputum microscopy of symptomatics.
3. Regular and uninterrupted supply of of good quality anti-TB drugs
4. Short Course chemotherapy under direct supervision.
5. Good recording and reporting mechanism to monitor treatment out come and the overall performance of the programme.

# DOTS Centre



# What we are hoping to achieve by 2015?

1. MDG targets achieved: The targets having halted and begun to reverse the incidence of TB by 2015.
2. Live saved: Over the next ten years, some 20,000 live will be saved. More than 100,000 will be treated for TB under the new WHO-recommended STOP TB Strategy, based on the DOTS

3. Country-wide access to quality of care: This aims to expand access to quality TB diagnosis and treatment for patients with all forms of TB, for patients of all age groups, for men and women equally and for the patients from all socio-economic groups.
4. Meaningful involvement of patients and communities: mechanism for better and productive involvement of patients and communities in relevant aspect of TB care and control.

5. Contribution to equal health and development: TB control will be reflected in development and political agenda of the country and with adequate investment and commitments, will be an integrated part of poverty reduction and health development programme in the country.



# Challenges and constrains.

## 1. Human resources

Specialist MOO

MOO

Paramedics

## **Other Issues**

Training of health personnel, Frequent transfers, non participation in training programmes. Management training computer literacy

## **Sustained funding**

Currently mainly by the GFATM, WHO, World Bank and GDF

Less priority from other sources.

## **Access to the services**

Rural areas.

Newly liberated areas.

Transport cost

## **Data management.**

Two sources; from DCC and hospitals separately

Private sector.

Inadequate HR for data handling, training, computer literacy and technical constrains.

Stigma

among health personnel and in society.

**Community participation**

Non health Dot provider, family and social support.

**Multidrug resistant TB**

Incomplete and non standard treatment methods

**Defaulting**

Problems in tracing of defaulters

**HIV/AIDS**

**Newly liberated areas**

Organization of services, expected work load

TB Cases Estimated  
11676

TB Cases Detected  
8996



**TB cases detected and  
registered by the  
Programme**

# Role of Media

- Awareness on TB, correct information
- Consider as a health priority.
- Strengthening of family and social support
- Minimize stigma
- Reduce defaulting
- Availability treatment and services
- Roles of responsibility of each member of the society.

# WHY?...

- I am a Journalist
- Convey the message to a vast population.
- Easy accessible
- Can talk to Brain and Heart
- Can make wonders with my pen
- Can change the Negative attitude about TB
- Print??.. Electronic???
- News.... Editorial.....Articles..etc
- **I WILSDP TB**





***Dr A.K.S.B.De Alwis***

***D/NPTCCD***