

# ENGAGING PUBLIC SECTOR AYUSH PRACTITIONERS TO INCREASE REFERRAL OF PRESUMPTIVE TB CASES FOR EARLY TUBERCULOSIS CASE DETECTION IN SHIMLA AND KANGRA DISTRICTS OF HIMACHAL PRADESH, INDIA

#### **EXECUTIVE SUMMARY**

Engaging AYUSH who are often the first and preferred point of contact for a substantial proportion of people with symptoms consistent with TB could lead to early TB diagnosis. This study was conducted among AYUSH practitioners in two districts of Himachal Pradesh, to facilitate the referral of presumptive TB cases to improve early TB case detection. Study findings reported high acceptability of involvement from AYUSH in TB control program. The number of TB case referrals from AYUSH to TB clinics was pretty encouraging. Involvement of AYUSH in TB control program could be promising.



AYUSH-A traditional Systems of Medicines. Source: Press Information Bureau (PIB)

# **BACKGROUND**

Tuberculosis (TB) is a major public health problem with global incidence of 9.6 million in 2014, of which, about three million TB cases were either not diagnosed, not treated, or not reported to national TB programs. These missing cases result to increased transmission, morbidity and mortality. In the state, the case detection performance has plateaued at 14000 against expected level of 18500 cases annually.

Many presumptive TB patients consult a parallel AYUSH (Ayurveda, Yunani, Sidhha and Homeopathy) health care delivery system, which is socioculturally more acceptable and accessible and often acts as a first point of contact. However, AYUSH is not engaged formally in Revised National Tuberculosis Control Program (RNTCP) to follow the Standards for TB care in Himachal Pradesh. To achieve the targets

as envisaged in Universal Access to TB care, there is a need for an engagement of key stakeholders such as public sector AYUSH practitioners to increase referral of presumptive TB cases for an early case detection in Himachal Pradesh.

The present study was conducted in Kangra and Shimla districts of Himachal Pradesh (covering one third of the state population) with the objectives to engage public sector AYUSH practitioners to increase referral of presumptive TB cases for early TB case detection in Himachal Pradesh and to compare the (proportional) change in referral and case notification rate of presumptive TB cases before and after an interventional package, which includes capacity building, facilitation and linkages of AYUSH facilities with RNTCP institutions.





# AIM OF THE PRESENT POLICY BRIEF

This policy brief inform about a study conducted among AYUSH practitioners for referral of presumptive TB cases to increase case detection and their potential involvement in TB control program.

#### **OBJECTIVES OF THE STUDY**

- To engage public sector AYUSH practitioners to increase referral of presumptive TB cases for early TB case detection in two districts of Himachal Pradesh.
- To compare the (proportional) change in referral and case notification rate of presumptive TB cases before and after intervention.

## **GAP ANALYSIS**

In Himachal Pradesh, there is an Ayurveda Medical College (AMC) and 934 AYUSH practitioners in public sector. The AMC referred 318 presumptive TB patients for sputum in 2015, of which 54 were found sputum positive. Besides, a pilot study in one of the districts engaging public AYUSH practitioners yielded a four-fold rise in referral of presumptive TB cases after few interventions, as compared to corresponding quarter of previous year. Similarly, positive response from students was seen through linkages of university hospitals in China. Considering the key role of this important stakeholder in the TB control program, to achieve the target of universal access, it is proposed to test these interventions in a larger setup to demonstrate a significant impact by engaging AYUSH practitioners.

## **KEY FINDINGS**

- → Acceptability to be involved in the TB control programme was found high among AYUSH practitioners .
- → Intervention through sustained sensitization of AYUSH practitioners on TB is key and can help promote referrals of presumptive TB cases.
- → Referral of presumptive TB cases from AYUSH to the TB clinics in 1 year was 1492 cases.
- → Among those referred, sputum positive cases detected was encouraging— SPR (Sputum Positive Rate) was 16% to 18%.

#### **POLICY RECOMMENDATIONS**

- → Engaging AYUSH practitioners have potential in increasing TB case detection rates and in facilitating early treatment initiation and could be a step forward towards universal access.
- → RNTCP could consider the mainstreaming of AYUSH in the TB control program.







## **KEY REFERENCES**

- → RNTCP Quarterly programme management reports Himachal Pradesh 2010-2015
- → Gautham M, Binnendijk E, Koren R etal. First we go to the small doctor': First contact for curative health care sought by rural communities in Andhra Pradesh & Orissa, India Indian J Med Res. 2011 Nov; 134(5): 627–638.
- → Shamin H, Vidyasagar, Shalini S. Health care seeking behavior of cough symptomatics (pulmonary Tubserculos suspects) attending medicine outpatient department of a tertiary care Hospital of Jharkahand.
- → Thakur R, Murhekar M. Delay in diagnosis and treatment among TB patients registered under RNTCP Mandi, Himachal Pradesh, India, 2010. Indian J Tuberc 2013; 60: 37 45

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#### FOR MORE INFORMATION, PLEASE CONTACT:

Study PI: Dr. Rakesh Roashan Bhardwaj

Directorate of Health Safety & Regulation,

Himachal Pradesh **■** 91-9418485259

Overall co-ordinator (NIRT): Dr. Beena E. Thomas

Scientist 'E',

Social and Behavioural Research,

ICMR-NIRT,

Chennai, Tamil Nadu **1** 91-44-2836 9525

■ beenathomas@nirt.res.in
beenaelli09@gmail.com

(ICMR): Dr. Manjula Singh, Scientist 'E',

**Epidemiology and Communicable** 

diseases, ICMR, Delhi **2**011-26589699;