

Chapter 1

INTRODUCTION

India has a highest number of tuberculosis cases among the top ten country of the world. It accounts nearly 30% of all tuberculosis cases in world. Unless urgent action is taken, more than 15 millions people – more than 4 millions of them in India alone – will die from tuberculosis in the next decade. With all technical knowledge for early diagnosis and effective treatment, this is a colossal waste of human lives.

National Tuberculosis programme (NTP) of India was established in 1962 and provided a system of 446 district tuberculosis centers, 330 TB clinics, and more than 47000 hospital beds – for tuberculosis control throughout the country (NTI 1997). In 1992, national and international experts made a review of the National Tuberculosis Programme of India. They inferred that the Programme had not the desired impacts on tuberculosis in India. The review noted inadequate budgets, a lack of coverage in some part of country, shortage of essential drugs, poor quality of sputum microscopy, over dependence on X-ray diagnosis, and focuses on case detection rather than cure. The review committee suggested a new tuberculosis control strategy based on World Health Organization (WHO) recommendations, to combat the disease.

A Revised National Tuberculosis Control Programme (RNTCP), based on WHO strategy was implemented in 1993. The RNTCP was pilot tested in population of 2.35 million in 13 states of India. The rural model of RNTCP was first implemented at Mehsana district. In this area the diagnostic practice improved, and cure rate also achieved more than doubled as compared to non-RNTCP area. More than five years have been completed since the programme started. So this study aimed to review that strategy of tuberculosis control in pilot project area of district Mehsana.