



TUBERCULOSIS PROFILE



India has more new TB cases annually than any other country, ranking first among the 22 high-burden TB countries worldwide according to the *WHO Global TB Report 2006*. TB remains one of the leading infectious causes of mortality in India, resulting in 364,000 deaths annually. There were more than 1.8 million new TB cases in India in 2004, representing over one-fifth of all TB cases worldwide. The estimated incidence rate in 2004 was 168 per 100,000 people. India began a Revised National Tuberculosis Control Program (RNTCP) with Directly Observed Therapy, Short-Course (DOTS) implementation in 1997. According to WHO, DOTS was available to 84 percent of the population in 2004. India's challenge is to sustain and improve the quality of DOTS; to expand services to manage multidrug-resistant TB and TB linked to HIV/AIDS; to involve all care providers; and to demonstrate that DOTS is having an impact. DOTS coverage increased from 30 percent in 2000 to 84 percent in 2004, and the case detection rate increased from 41 percent to 72 percent during the same period.

Country population	1,087,123,789
Global rank out of 22 high-burden TB countries	1
Estimated number new of TB cases	1,824,395
Estimated TB incidence (all cases per 100,000 pop.)	168
DOTS population coverage (%)	84
Rate of new sputum smear-positive (SS+) cases (per 100,000 pop.)	45
DOTS case detection rate (new SS+) (%)	72
DOTS treatment success rate in 2003 (new SS+) (%)	86
Estimated adult TB cases HIV+ (%)	5.2
New TB multidrug-resistant cases (%)	2.4

Note: All data are for 2004 except where noted otherwise.
Source: Global Tuberculosis Control: WHO Report 2006.

USAID Approach and Key Activities

To address the TB epidemic, India rapidly expanded the RNTCP. Between 2000 and 2005, USAID funding for TB programming in India averaged \$3.5 million per year. USAID supports state-level strengthening in Haryana, Maharashtra, and Uttar Pradesh states, including the establishment of state capacity for training, monitoring, and laboratory support. At the state level, training of TB personnel includes diagnosis, treatment, and laboratory protocols. Capacity building of laboratory facilities includes enhanced capability for microbacterial culture and drug susceptibility testing. Nationally, USAID's program facilitates engagement of over 200 medical colleges through support to a national medical college task force and seven zonal medical college task forces. In addition, engagement of the private sector in the RNTCP is supported by USAID via the development and documentation of collaborative models. The medical colleges provide RNTCP services, incorporate DOTS in their academic curriculum, and conduct operations research.

USAID's assistance includes the following activities and interventions:

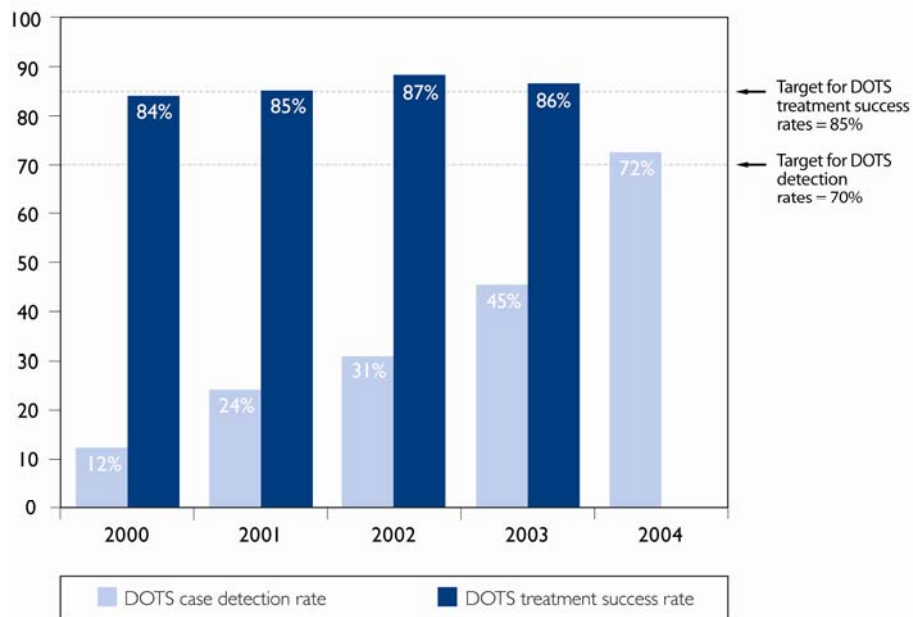
- Enhancing national-level planning, monitoring, and supervisory capacity
- Supporting instruction of health personnel in all aspects of DOTS, policy reform, and advocacy
- Strengthening TB surveillance
- Improving laboratory capacity and quality assurance for smear microscopy
- Improving TB drug management
- Implementing information, education, and communication activities in Haryana
- Providing microscopes, laboratory equipment and reagents, and vehicles to enable supervisors to monitor program activities in Haryana
- Enhancing private sector involvement in RNTCP
- Building capacity in TB-HIV/AIDS and related operations research
- Providing technical assistance to the TB Research Centre at Chennai, Tamil Nadu

USAID Program Achievements

USAID's program has contributed to substantial improvements in human and infrastructure capacity to implement DOTS. Achievements have included the following:

- Expanded DOTS implementation to cover 22 million people in the state of Haryana (each month, more than 2,000 TB patients were put on DOTS in Haryana, resulting in the prevention of approximately 400 deaths)
- Facilitated establishment of a functional state TB office and 19 district TB centers with district- and subdistrict-level drug stores
- Supported meetings of a national task force for medical colleges and seven zonal task forces
- Established over 200 microscopy centers in Haryana
- Supported applied and operational TB research through the Tuberculosis Research Center at Chennai, Tamil Nadu

Case Detection and Treatment Success Rates Under DOTS



Note: DOTS treatment success rate for 2004 will be reported in the 2007 Global Report.
Source: Global Tuberculosis Control: WHO Report 2006.

Partnerships

USAID partners in TB control include the Indian government's RNTCP, the Indian Clinical Epidemiology Network, the WHO Stop TB unit, and the Global TB Drug Facility. WHO leads the technical collaboration of external partners. In addition to USAID, other key donors include the World Bank, the Canadian International Development Agency, the U.K. Department for International Development, and the Global Fund to Fight AIDS, Tuberculosis and Malaria.