

## **Pharmacies in National TB Programme in India: A New Era**

### **Community Pharmacists partner with the National TB Programme: Historic Development in India**

TB continues to be a major public health problem accounting for substantial morbidity & mortality in the country. Early diagnosis & complete treatment of TB is the corner-stone of TB prevention & control strategy. Inappropriate diagnosis & irregular/incomplete treatment with anti-TB drugs may contribute to complications, disease spread & emergence of Drug resistant TB.

A great deal of concerted effort is still required if TB-related Millennium Development Goals are to be met by 2015 and the Stop TB Partnership's vision of a world free of TB is to be realized by the year 2050.

#### **Indian TB Situation:**

India is the country with highest Tuberculosis (TB) burden, accounting for one fifth of the global incidence of TB and is adding 1.8 million new TB cases annually. Social and economic burden of TB in India is very high and indirect cost to the society is estimated to be \$3 billion. The government has a Revised National Tuberculosis Control Programme (RNTCP) in which the internationally accepted DOTS (Directly Observed Treatment, Short course) strategy is used. DOTS involves free diagnosis of TB & free medications for complete treatment duration (minimum 6 to 8 months or longer) under direct supervision. The patient needs to visit TB clinic, thrice a week in first couple of months of treatment (intensive phase) & then once in a week during continuation phase. Thus in DOTS, it is ensured that patient adheres to the complete duration of treatment. This helps not only in cure but also reduces the chances of development of Drug Resistant TB. The entire country now has DOTS coverage.

Although the Government of India's Revised National Tuberculosis Control Programme (RNTCP) ultimately notifies and treats about 70% of all estimated incident TB cases, many of these notifications come after substantial diagnostic delay, and many patients are never notified. It is acknowledged that to achieve the programme objective of Universal access, the private sector must be engaged at a scale commensurate with the factual predominance in the health sector.

Under RNTCP quality assured, anti-TB drugs for the full course of treatment is provided to the patients through patient wise boxes. It is intended that a decentralized treatment is provided through a network of more than 6, 00,000 private pharmacies as DOT providers, to provide treatment to the patients as near to their home as possible.

RNTCP is further committed to ensure Universal Access to TB care and Control by partnering with potential partners like community pharmacist, considering their enormous potential.

#### **Community Pharmacy in India & TB Fact Card Project: Year 2005-06**

Community Pharmacists constitute an important and essential health work-force. In India, community pharmacists are the frontline health care providers and are often a first point of contact with the patients. There are 750,000 pharmacies in India & the pharmacies are more or less business oriented. The pharmacists are seen more as "drug sellers" than the "health professional". In spite of the large

presence, Indian Community pharmacists have not been involved in any National Health Programs including National TB Programme. They have been described as missing link in TB control. Indian Pharmaceutical Association initiated Systematic efforts to involve pharmacists in TB care and control since year 2005 with TB Fact Card Project in Mumbai. It was one of the first efforts to involve pharmacists in fight against TB with support from Commonwealth Pharmacists Association (CPA) & International Pharmaceutical Students' Federation (IPSF). The project focused on creating awareness about TB & monitoring of TB patients' treatment to improve adherence. Many of the participant pharmacists took interest & performed well. This gave some confidence to the project leaders that yes; the pharmacist-centric model can be developed for TB control.

This project gave opportunity to the organizers to look deeply into the TB related issues. From the RNTCP reports, it was clear that.

- **The highest priority should be to further improve the quality and reach of DOTS services in the country and**
- **The proportion of TB patients being treated outside the DOTS strategy needs to be minimized to reduce incidence of resistant TB .**

To achieve this, RNTCP has several public-private partnerships to expand the provision of DOTS. But the pharmacist's potential had remained untapped in this regard. It was realized that Pharmacies are in the suitable position to initiate DOT & make it widely available to the public. Pharmacies being so conveniently located in the community, open for long hours, pharmacist's medicine expertise & friendly relation with the customers make it perfect set up for DOT. The pharmacists, when trained, can create awareness about TB, help in early case detection/referral & can act as DOTS provider.

#### **DOTS TB Pharmacist Project: Year 2006 onwards**

Understanding of the urgent needs of RNTCP & the positive experience of Fact Card project was stimulating enough to work for this new venture. Different segments had to be mobilized & brought together for initiating this work. The first & foremost was to tap the minds of the pharmacists through their associations. Discussion with pharmacists revealed that some, if not all, are willing to take up such activity. Then Chemist associations were approached & they showed readiness.

The Government TB authorities were approached & the concept was explained. They welcomed the idea but again had some apprehensions about this model. After the follow up discussions, their support was ensured.

Next, Food & Drug Administration (FDA) was approached to get approvals for stocking Government's free medicines in the private pharmacies. Several rounds of discussions were held with the authorities. Finally permission to go ahead was given based on certain terms & conditions. After this groundwork, a RNTCP training was organized for willing pharmacists in Mumbai region & this half day training focused on case detection & DOTS protocols. It all started with training 10 pharmacists in 2006 & later 40 more pharmacists were trained in Year 2007-08. State TB authorities released authorization letter for trained participants & information was given to FDA.

Majority of the trained pharmacists started referring cases & were able to detect sputum positive TB cases. Pharmacists also started distributing TB information leaflets, which were placed in specially designed boxes in the pharmacies indicating TB symptoms & free treatment DOTS. Several of the pharmacists soon had TB patients on treatment with DOTS medicines & were monitoring the treatment. Patients felt quite comfortable & convenient to get treated at pharmacies. RNTCP field staff were in touch with these DOT Provider pharmacists & patients. This collaborative mechanism was working well for the patients. First time in the history such public-private partnership was getting established in organized manner with Indian pharmacies. The pharmacists were working with no financial incentives but their work was fetching them good recognition socially & professionally. Reports in the media also recognized the potential role they could play. In 2010, the project was scaled up by IPA with FIP, SEAR Pharm Forum and sponsorship from Lilly MDR TB Partnership.

At present, more than 330 pharmacists have been trained & are working for this social cause in Mumbai region & other parts of the state of Maharashtra. A special training tool kit has been developed by IPA along with a short documentary on pharmacists work. These tools are used during the training. IPA is now working with 8 City TB Corporations & this public-private partnership is established well. This is a good example of a sustainable model. Pharmacists are included by each Corporation in the DOTS directory of the Program. Now the trained pharmacists are known DOT providers in each of the Corporation & their efforts are facilitated by the other health workers even without project organizer's intervention.

#### **Advocacy for National Scale Up:**

One of the direct outcome of the intervention at the Project sites was the increase in case detection & increased outreach of DOTS services for the community. Encouraged with the success of this pharmacist model in Mumbai region & realizing the huge potential of pharmacists' contribution in TB care & control, it was felt that this model needs to be scaled up in the entire country. To achieve this, what was most needed was support of RNTCP. Strong advocacy initiatives were taken by IPA & SEAR Pharm Forum. The FIP-WHO Joint Statement on role of pharmacist in TB Care & Control, signed in September, 2011 at FIP Congress, in Hyderabad helped to strengthen these advocacy initiatives.

IPA organized a two days workshop "Pharmacies in RNTCP" with help of Central TB Division, Ministry of Health in Feb, 2012. The evidence of pharmacists' contribution was shared with the policy makers, the National TB Programme (NTP) managers. Documentary showing the experiences of pharmacists, patients, RNTCP Staff, supported with the data from the project sites was shown. Few DOT provider pharmacists, City TB Officers, WHO RNTCP Consultants, Chemist associations shared their experiences of last 2 years. IPA also presented the Road Map for the national scale up. Other NGOs such as PATH & REACH also shared their positive experiences of working with pharmacists. Overall, it became very clear that pharmacies in RNTCP will be very useful for improving universal access to TB care for the TB patients. The NTP managers announced that the pharmacists' potential has remained untapped & there is need for policy to include pharmacies in TB programme in entire country. IPA followed up consistently with the policy makers.

On April, 27th 2012, Central TB Division proposed and signed an MoU with IPA & All India Organization of Chemists & Druggists, SEARPharm Forum & Pharmacy Council of India for inclusion of pharmacies in RNTCP pan India. This is the historic development & milestone for pharmacy profession of India as it very first time the pharmacies are included in any such national health programme. It is recognition of the pharmacist as health care professional. The Central TB Division aptly announced that this MoU is for the human care & is a beginning of partnership between the Government & the pharmacists. Initially the model will be implemented in 3 states & then will be implemented in the entire country in phased manner. National Core Committee is being formed to periodically review the pharmacists' participation in RNTCP. The MoU clearly describes the role of each partner & the processes for implementation. International Organizations would be visiting Mumbai to study pharmacist's role & this model for TB care. The model will be evaluated for its replication in high TB burden countries.



*Signing of the MoU*

Capacity building and skill enhancement and continuous engagement, helped in reorienting the role of community pharmacist from drug vendors to a skillful human health resource. Moreover, focused persistent advocacy efforts influenced the national policy change. IPA's work served as "Agent of CHANGE" benefiting the TB patients as well as enhancing the image of the pharmacists.

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