Article Summary and Takeaways for Implementers
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Introduction

India has more cases of tuberculosis (TB) than any other country in the world, and TB is the leading infectious killer in India. Under the Revised National Tuberculosis Control Programme (RNTCP), directly observed treatment – short course (DOTS) was accepted in 1993. Since then, knowledge of TB and the use of DOTS have improved, especially in the public sector. Previous studies suggest that the private sector, which treats 50% of TB patients in India and accounts for 80% of physicians and 75% of dispensaries, may not be providing adequate TB treatment. In 2002 a new program was started in order to train more private sector physicians in the RNTCP program and DOTS, which was known as the public-private mix for DOTS or PPM-DOTS. This cross-sectional study conducted in 2007 assesses the knowledge of public and private sector physicians in Lucknow, Uttar Pradesh, India, and it provides background information for this drive to improve physicians’ knowledge (485).

Key Findings:

- High TB prevalence in India has been attributed to improper diagnosis, treatment, poor adherence, increased travel and migration, MDR-TB, and HIV (484).
- In this study, the doctors’ knowledge was tested using the RNTCP guidelines as the standard.
- Of the 141 doctors surveyed, 73% of public sector and 43.5% of private sector doctors had received RNTCP training. 82% of public sector and 52% of private sector doctors reported that they were following DOTS methodology.
- MDR-TB: 95% of public sector, vs. only 56% of private sector doctors correctly identified that TB resistant to isoniazid and rifampicin should be considered MDR-TB.
- Among all physicians surveyed, only 51% could correctly identify all of the symptoms of TB.
- This study highlighted that many doctors have a superficial understanding of TB: for example, 92% of doctors knew that sputum samples were required for diagnosis, but only 54% knew the correct technique for collecting sputum (486).

Analysis:

- Public sector physicians had a 2.1 times better overall knowledge of TB than private sector physicians (488).
- Private sector physicians provide at least 50% of all TB treatment in India, so quality control and improved TB education for those physicians can improve care, and reduce transmission and drug resistance.
- RNTCP training should include more emphasis on adherence and drug resistance.
- Patient surveillance and record keeping must be improved nationwide.

Takeaways:

- All doctors should receive more TB education to expand and deepen their understanding of the disease and proper treatment.
- All doctors, especially private sector doctors, should receive additional RNTCP training and follow DOTS.
• Cooperation and knowledge-sharing between the public and private sector are necessary to combat TB, and the private sector in particular must improve physician education about the disease.

**Enrich the GHDonline Knowledge Base:** Start a discussion with

- Your experience working in the private sector, the public sector, or both.
- Your ideas about how to improve doctors’ knowledge of TB
- How can ghdonline help improve physician knowledge and disseminate best practices?

**Recommendations:** You may also be interested in the following resources

- TBC India: Directorate General of Health Services; Ministry of Health and Family Welfare. [RNTCP DOTS Plus Guidelines, January 2010](#).
- [Multi-drug resistant and Extensively drug resistant TB in India: Consensus statement on the problem, prevention, management and control.](#) From the consultative meeting of national experts organized by the TB Research Centre, ICMR, Govt. of India, on 14-15 September 2007, at Chennai. Stop TB Partnership.