

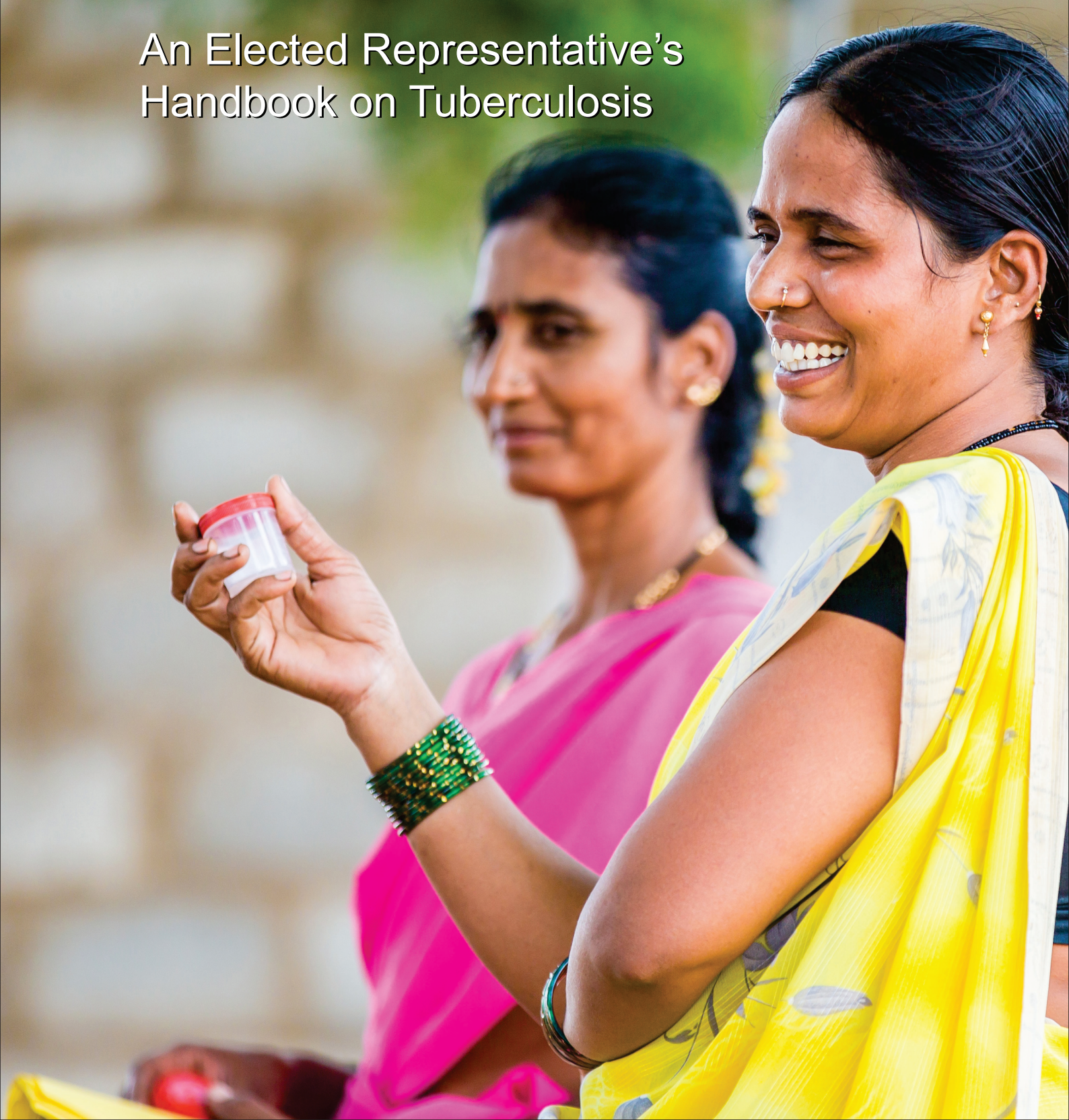


सत्यमेव जयते  
Ministry of Health & Family Welfare  
Government of India



# TB Harega, Desh Jeetega!

An Elected Representative's  
Handbook on Tuberculosis



## Abbreviations

- CBNAAT – Cartridge Based Nucleic Acid Amplification Test
- CSO – Civil Society Organization
- DBT – Direct Benefit Transfer
- DISHA – District Development Coordination and Monitoring Committee
- DTC – District Tuberculosis Centre
- IEC – Information Education and Communication
- IRL - Intermediate Reference Lab
- LT – Laboratory Technician
- MLA – Member of Legislative Assemblies
- MLC – Member of the Legislative Council
- MP – Member of Parliament
- NSP – National Strategic Plan
- PDS – Public Distribution System
- PRI – Panchayati Raj Institution
- RNTCP – Revised National Tuberculosis Control Programme
- SDG – Sustainable Development Goal
- TB – Tuberculosis
- ULB – Urban Local Bodies





## Background

TB is a major public health problem. India shares a large proportion of its burden. As per global TB report The estimated incidence of TB in India has reduced from 289 per lakh population in the year 2000 to 204 per lakh population in year 2017 . India has 27.4 lakh estimated annual new TB cases, which is the highest in terms of absolute numbers. However, in terms of incidence of TB per lakh population, India ranks 35th in the world.

Government of India has committed to end TB in India by the year 2025, five years ahead of Sustainable Development goals target of 2030. The government has rolled out a bold initiative to address this ambitious target and has developed & adopted National Strategic Plan (NSP) 2017-25 as roadmap to achieve End TB. Under the NSP many new initiatives have been added and several ongoing initiatives have been strengthened.

There has been a significant achievement in the Revised National TB Control Program, as a result TB cases have steadily declining.

Year	Decline in Incidence Rate 1990-2015	Decline in Mortality Rate
1990-2015	1.3%	2.4%
2016	2.8%	5.9%
2017	3.3%	3.1%



\* Global TB Report 2018

However, there is still need for further acceleration to achieve the target of Ending TB in India.



## Engagement of Elected Representatives (MPs, MLC and MLAs)

- The issue of tuberculosis is one that needs urgent attention of elected representatives at all levels. The engagement of esteemed Members of Parliament/Legislative Assemblies, at the state level, has great potential to positively affect policies on TB. Elected Representatives being a deep understanding of the demography along with a sound grasp of the available resources and existing gaps within the health system.
  - Engagement of Members of Parliament/Legislative Assemblies can help to identify and scale up a lot of positive innovations on tuberculosis detection and care.
  - The Involvement of esteemed Members of Parliament/Legislative Assemblies can help to streamline the efforts of the State/District health functionaries, Civil Society Organizations (CSOs)
- and other stakeholders towards focused interventions for TB control. The Elected representatives can also help to secure additional financial resources for states and districts.
- Members of Parliament/Legislative Assemblies can help reach out to media to spread positive messages on TB they may also build a stronger network of influencers for TB programme.
  - Visit by elected representative to their constituencies and meeting with health workers, community leaders and beneficiaries will gain insight into challenges faced by the patients, field staff and people at large. The elected representatives can also nurture local community leadership to improve access to health care and create patient support system.



## Role of Members of Parliament/Legislative Assemblies

### ENGAGE



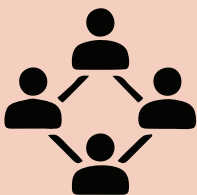
- Conduct Bi-annual review meetings on TB and health to identify gaps in human resource, treatment, diagnosis and service in their constituencies.
- TB services availability and beneficiaries should be included as an agenda during the District Development coordination and Monitoring committee meetings (DISHA).
- The key performance indicators related to TB related services of the district needs to be reviewed during every meeting that is held with the District administration.
- Convey Town hall meetings to facilitate dialogue between the Revised National Tuberculosis Control Programme (RNTCP) Health officials and Community members towards a TB-free district and state.

### DISCUSS



- Making everyone aware about the identification of Tuberculosis (TB) symptoms and the availability of TB care services through the Jan Sabha
- Talk about the need and commitment for fighting TB in all the public speeches and similar fora.
- Lead the initiative taken by District TB Forums

### SUPPORT

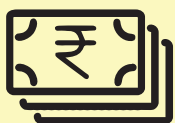


- As part of empowering the community, TB champions to be involved in all health related functions organized by the district administration under the chairmanship of the Hon'ble Members of Parliament which may echo the achievement of the district TB control activities and may create a positive environment for the TB patients.
- Facilitate engagement with doctors in the private sector for TB care.
- Support TB champions in your area and support them to maximize their efforts.



## Key Action Points

### MOBILIZE RESOURCES



- Arrange more resources for plugging gaps through MLA/MP LAD fund TB in your constituency.
- Inter sectoral coordination needs to be achieved between the different departments like Integrated Child Development Services (ICDS), Panchayati Raj Institution (PRI), Public Distribution System (PDS), Banks, Postal department in providing the different services to TB patients.

### RAISE AWARENESS



- Through intensive Information Education and Communication (IEC) activities, the free services including the incentives to the patients and persons actively involved in TB control activities need to be publicized. Intense media engagement for behaviour change and improved health seeking behaviour of general public done through running the media campaign on television, radio and outdoor for increasing awareness to ensure early detection and reduce stigma about TB. Special campaign drive may plan in high burden district.
- Special focus to actively involve the Panchayat members as messengers of TB services. Suggest every Panchayat to do the massive media campaign through organising Nukkad Natak, Wall writing, playing of already developed radio spots through public address system at local bazaar, Posters, disseminating TB messages through folk media artist at local level etc. may plan to make their village TB-Free.
- Observe World TB Day (24th March) events at the constituency level and increase awareness about the RNTCP and availability of high- quality free TB services.
- Spread positive messages on TB on your social media handles.



## Some basic facts about TB

### TB disease

TB is an infectious disease caused by a germ called 'Mycobacterium Tuberculosis'. TB mostly affects the lungs (causing pulmonary TB) but can also affect other organs. When TB affects any organ other than the lungs, it is called extra-pulmonary TB.

TB spreads through air. When someone with pulmonary TB coughs, spits or sneezes, droplets of mucous carrying TB germs may be expelled into the air. Anyone who inhales these droplets can be infected and may develop active TB. It can affect people belonging to any age group or economic strata.

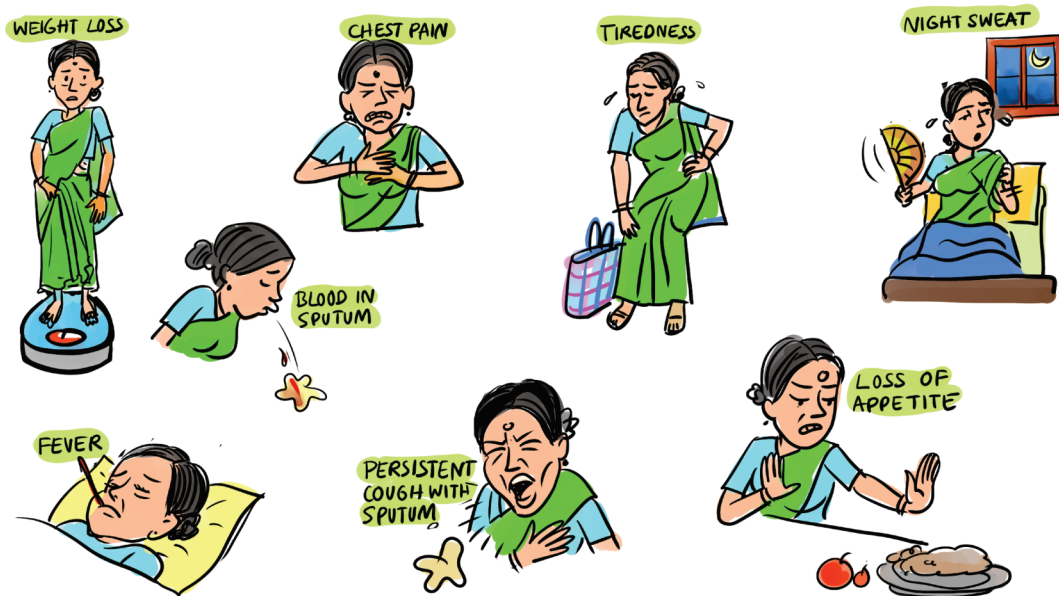
A person with TB infection usually develops TB disease when his or her immunity is lowered. Poor nutrition,

diabetes and HIV are some of the risk factors for TB, as they all lower a person's immunity. Smoking tobacco and vaping are also risk factors as these weaken the lungs.

Since TB spreads through air, the most important measure to control the spread of the disease is for someone with TB to cover his/her mouth with a handkerchief or a cloth while coughing or sneezing. Moreover, once a person with TB starts treatment, s/he becomes non-infectious within a few weeks. Taking the right medicines – in right combination and right dosage – is crucial.

TB only spreads through air. It does not spread by sharing utensils or food and water or through touch.

## Symptoms and diagnosis



### Diagnosis

Pulmonary TB is diagnosed by testing the sputum sample (phlegm that is coughed out) by microscopy, any rapid molecular tests such as Cartridge Based Nucleic Acid Amplification Testing (CBNAAT, shown in picture) and by sputum culture. Extra-pulmonary TB is usually diagnosed by X Rays and clinical diagnosis of examining the affected organ or site, eg. lymph node.



## Treatment

TB is a curable disease if it is diagnosed timely and takes complete treatment as per guidelines.

Early diagnosis, complete and appropriate treatment is keys to successfully combating TB. Under the Revised National TB Control Programme (RNTCP), the Government of India provides every citizen free diagnosis, free drugs and free treatment for TB in Government Health facilities. Diagnosis and all TB medicines are also available free of cost at private health facilities.

TB is treated with a combination of drugs (Isoniazid, Rifampicin, Ethambutol and Pyrazinamide). These drugs

are available under the RNTCP as fixed dose combination (FDC).

The regular intake of anti TB medicine and completion of full TB treatment course is necessary for curing TB. The 'Treatment Supporter' is someone who has taken on the responsibility of ensuring that the patient takes the medicines on time. Anyone can become a Treatment Supporter to someone in the neighbourhood. In some cases, family members also act as Treatment Supporters.

The duration of treatment of TB is 6 to 8 months. Some extra-pulmonary forms of TB need to be treated up to one year. TB treatment is available free of cost at all government centres



## Drug-resistant TB

Drug resistance means that the some TB medicines are not able to kill the TB bacteria in a person. The bacteria have become resistant to some specific drugs, which are therefore no longer effective.

Drug- Resistant TB (DR-TB) is diagnosed by testing the sputum samples for culture and drug sensitivity. However, it takes anywhere from three to six weeks to get results from culture sensitivity tests (which involves growing the TB bacteria from the sputum in a laboratory and testing the bacteria's resistance to anti-TB drugs). In

recent years, Cartridge Based Nucleic Acid Amplification Test (CBNAAT) test has been used to diagnose TB and identify resistance to an important TB medicine (Rifampicin) within two hours. Another technology known as Line Probe Assay (LPA) diagnoses drug resistant TB in 72 hours. All diagnosis tests are available free of cost by the Government.

Drug- Resistant TB (DR-TB) is curable although the treatment period is considerably longer and may vary from 9 months to two years.

## TB in India

The Indian government has a National TB programme since 1962; however, after reviewing its effectiveness, the Revised National TB Control Programme (RNTCP) was rolled out in phases from 1998. Through the RNTCP, the government provides high-quality free diagnosis, free drugs and free treatment throughout the country.

### National Strategic Plan:

In line with the goal of ending TB by 2025, the government has rolled out the National Strategic Plan (NSP) for TB elimination (2017–25). The NSP, which is an eight-year strategy document serves as a framework to guide the activities of all stakeholders, including the National and State Governments, development partners, civil society organizations, International agencies, research institutions, private sector, and others whose work would be relevant to Ending TB in India.

### Nutrition Support:

In April 2018, the government initiated the Nikshay Poshan Yojana – a scheme for nutrition support to TB patients. The scheme provides a financial incentive of Rs. 500 to each notified TB patient through Direct Benefits Transfer for the duration for which the patient is on treatment. All TB patients notified and registered on the Nikshay portal on or after April 1, 2018 and existing TB patients on treatment are eligible to avail of

this benefit.

### Mandatory notification of TB patients-

The government issued a gazette notification making it mandatory for doctors, health practitioners and pharmacists to report cases of TB to National TB Programme. Non-compliance of this order could face a jail term of up to two years under sections 269 and 270 of the Indian Penal Code (IPC).

### Social Impacts of TB -

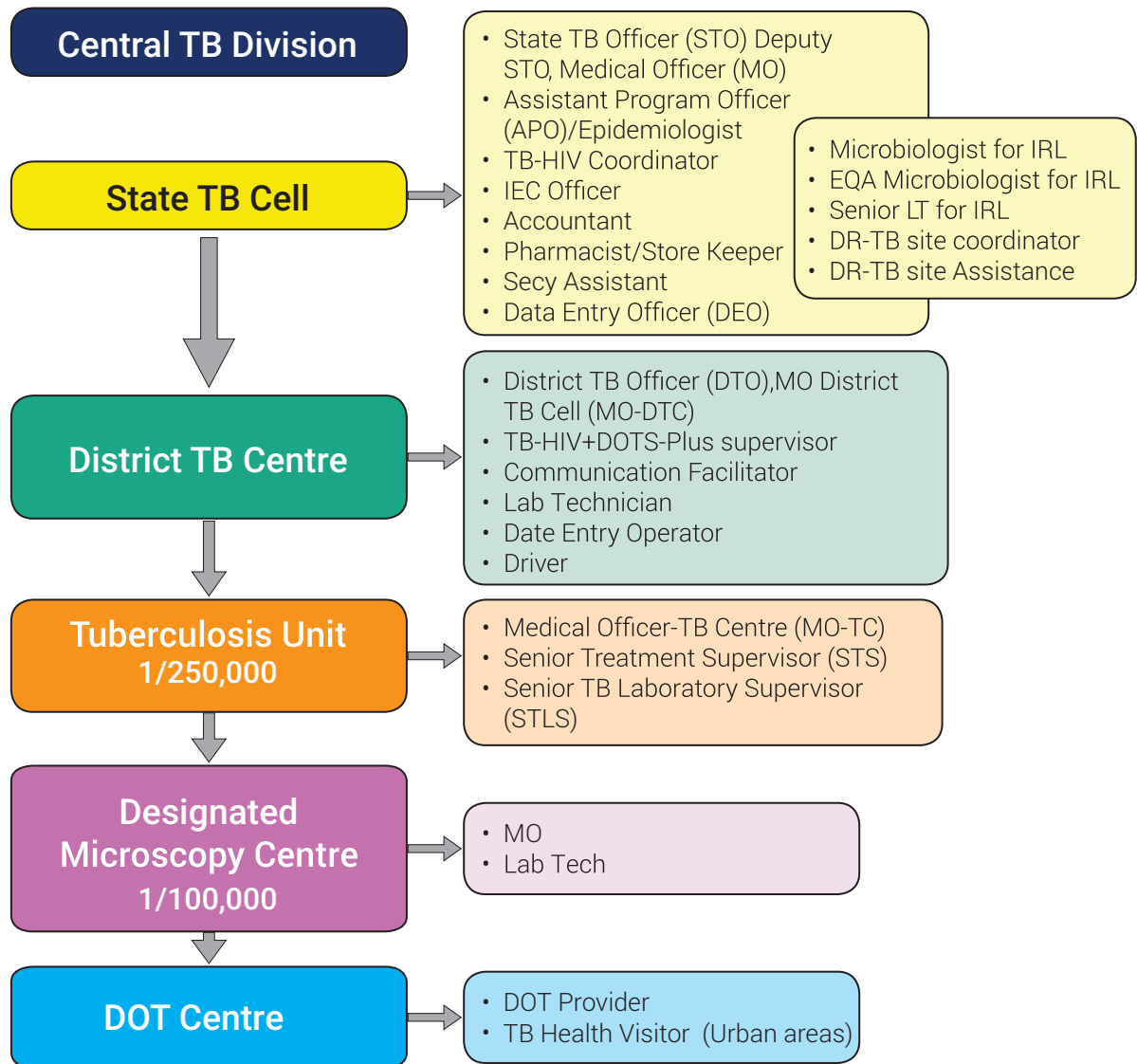
Apart from the physical symptoms, TB also has an effect on the earning capacity of an individual and patients are often not able to support their family. In many cases, stigma could mean that TB patients are ostracized by their employers or families. TB affects those in the productive age group and may lead to loss in income for the family.

### TB and Stigma

TB patients face the risk of being isolated in society and even within family as TB continues to be associated with various age-old myths and misconceptions that worsen the stigma. For instance, many people believe that TB is hereditary which is not correct, TB is not a hereditary disease.



## RNTCP Structure



## Mobile Van with Digital X- Ray and Microscopy



TB is usually diagnosed by Microscopy and or X-ray but it can also be diagnosed by using Cartridge Based Nucleic Acid Amplification (CBNAAT) machine which can give result within two hours not only for diagnosing the disease but also for rifampicin resistance. The government has deployed 80 mobile van which can go to remote and hilly areas. This van is equipped with advanced facilities.

## Active case finding in vulnerable populations

In order to detect TB cases early in targeted groups, active case finding or intensive case finding are conducted. They focus on clinically, socially or economically vulnerable groups. After micro-planning, health staffs visit households, screening for symptoms of TB and collecting sputum for diagnosis of TB. The grouping of vulnerable populations is as below:

### Vulnerable populations to be considered for active case search

Clinical	Social	Geographical
Clients attending HIV Care Settings	Prisoners	Urban Slums
Substance abuse including smokers	Occupations with risk of developing TB	Hard to reach areas
Co-morbidities Like Diabetes Mellitus, Malignancies, patients on dialysis and on long term immunosuppressant therapy	People in Congregated Settings-night Shelters, De-addiction centres, Old age homes	Indigenous and tribal populatins
Health Care Workers		
Household & Workplace Contacts		
Patients with Past History of TB		
Malnourished		
Antenatal mothers attending antenatal clinics/MCH clinics		



### Facilities provided by the Government for general public and TB patients:

- Diagnosis of TB with advanced technologies free of cost.
- Free-of-Cost treatment of all forms of TB.
- TB patients notified to RNTCP get **Rs 500** per month through Direct Benefit Transfer in their bank account. This is applicable to patients registered on or after 1st April 2018. It is required to provide bank account number for transfer of amount.
- Travel support of **Rs 750/-** to TB patients belonging to Scheduled Tribal Areas.

### Financial Incentives for treatment supporters:

- New Case for Private Providers - **Rs. 500** for notification and **Rs. 500** for treatment completion (**total Rs. 1000**).
- Incentives for Treatment Supporter –
  - a.) **Rs. 500** for notification and **Rs. 500** for treatment completion (**total Rs. 1000**).
  - b.) Multi-drug Resistant/Rifampicin Resistant TB - **Rs. 2000** at the end of intensive phase and **Rs. 3000** at completion of treatment.

### Deploy a National Surveillance:

- NIKSHAY a case based, web enabled TB programme management system. ICT enabled TB surveillance & monitoring system.
  - ✓ Direct Benefit Transfer
  - ✓ Patient Tracking
  - ✓ Provider Engagement
  - ✓ Digital Transmission of Result
  - ✓ Drugs distribution and management system through NIKSHAY Aushadhi
- Call centre for citizen information, patients support, public and private sector health care providers engagement
- IT enabled adherence mechanisms and SMS reminders.

## Summary

Ending TB in India by 2025 is a challenging task, yet achievable. It can be achieved if various stakeholders come together and join hands. Esteemed Member of Parliaments/Legislative Assemblies has linkages from grassroots level to the top level and can play a pivotal role in Ending TB.



# Jan Andolan for “TB Harega Desh Jeetega Campaign”





# TB Harega, Desh Jeetega!



For more details, contact:  
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