REPORT NO.

161

PARLIAMENT OF INDIA
RAJYA SABHA

DEPARTMENT-RELATED PARLIAMENTARY STANDING COMMITTEE ON HEALTH AND FAMILY WELFARE

ONE HUNDRED SIXTY FIRST REPORT

ON

ACTION TAKEN BY THE GOVERNMENT ON THE RECOMMENDATIONS/ OBSERVATIONS CONTAINED IN THE 149TH REPORT ON IMPLEMENTATION OF PRADHAN MANTRI TB MUKT BHARAT ABHIYAN

(Presented to the Rajya Sabha on 20th December, 2024)
(Laid on the Table of Lok Sabha on 4th February, 2025)

Rajya Sabha Secretariat, New Delhi
December 2024/ Agrahayana, 1946 (Saka)

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**To be appended at later stage*

COMPOSITION OF THE COMMITTEE
(2024-25)

1. **Prof. Ram Gopal Yadav - Chairman**

RAJYA SABHA

2. Shri Sanjeev Arora
3. Shri Rajib Bhattacharjee
4. Dr. Ajeet Madhavrao Gopchade
5. Dr. Sikander Kumar
6. Shri Shambhu Sharan Patel
7. Shri B. Parthasaradhi Reddy
8. Shri Ashok Singh
9. Shri Rameswar Teli
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LOK SABHA

11. Shri Ramvir Singh Bidhuri
12. Dr. Vinod Kumar Bind
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15. Shri Sanjay Uttamrao Deshmukh
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17. Dr. Dharamvira Gandhi
18. Dr. Kadiyam Kavya
19. Dr. Prabha Mallikarjun
20. Dr. C. N. Manjunath
21. Shri Balya Mama Suresh Gopinath Mhatre
22. Dr. Rajesh Mishra
23. Shrimati Aparajita Sarangi
24. Dr. Sharmila Sarkar
25. Dr. Hemant Vishnu Savara
26. Dr. Byreddy Shabari
27. Dr. Mahesh Sharma
28. Dr. Rani Srikumar
29. Shri Parimal Suklabaidya
30. Dr. Alok Kumar Suman
31. Mrs. Ruchi Vira

SECRETARIAT

1.	Shri Sumant Narain	Joint Secretary
2.	Shri Shashi Bhushan	Joint Secretary
3.	Dr. Saket Kumar	Deputy Secretary
4.	Smt. Renu Sreekanth	Under Secretary
5.	Shri Roshan Lal	Assistant Committee Officer

PREFACE

I, the Chairman of the Department-related Parliamentary Standing Committee on Health and Family Welfare, having been authorized by the Committee to present the Report on its behalf, present this 161st Report of the Committee on Action Taken by the Government on the Recommendations/ Observations contained in the 149th Report on Implementation of Pradhan Mantri TB Mukt Bharat Abhiyan.

2. The One Hundred Forty-ninth Report of the Department-related Parliamentary Standing Committee on Health and Family Welfare was presented to the Rajya Sabha and laid on the Table of the Lok Sabha on 21st September 2023. The Action Taken Notes of the Government on the recommendations contained in the Report were received from the Departments in the Months of February and April 2024.

3. The Committee made a total of **49** recommendations in the 149th Report, out of which **29** recommendations have been accepted by the Government and have been categorized under **Chapter- I**. There are **11** recommendations, which the Committee does not desire to pursue in view of the Government's replies that have been categorized under **Chapter II**. There are **08** recommendations/ observations, in respect of which replies of the Government, have not been accepted by the Committee and the Committee has made further recommendations thereon and have been categorized under **Chapter III**. While **01** recommendation/observation in respect of which final reply of the Government has not been received, has been categorized under **Chapter-IV**.

4. The Committee, in its meeting held on the 18th December, 2024 considered the Draft Report and adopted the same.

NEW DELHI
December, 2024
Agrahayana, 1946 (Saka)

PROF. RAM GOPAL YADAV
CHAIRMAN
Department-related Parliamentary Standing Committee on Health and Family Welfare

ACRONYMS

ABDM	- Ayushman Bharat Digital Mission
AB-PMJAY	- Ayushman Bharat- Pradhan Mantri Jan Arogya Yojana
ACF	- Active Case Finding
ASHA	- Accredited Social Health Activist
BCG	- Bacillus Calmette-Guerin
BEST	- Brihanmumbai Electric Supply and Transport
BWM	- Biomedical Waste Management
C&DST	- Culture and Drug Susceptibility Testing
CBNAAT	- Cartridge-Based Nucleic Acid Amplification Testing
CSR	- Corporate Social Responsibility
CTD	- Central TB Division
CVDs	- Cardiovascular Diseases
DBT	- Direct Benefit Transfer
DOTS	- Directly Observed Treatment Short-course
DTOs	- District TB Officers
EQA	- External Quality Assurance
FDCs	- Fixed Dose Combinations
FHIR	- Fast Healthcare Interoperability Resources
FHIR	- Fast Healthcare Interoperability Resources
GFR	- General Financial Rules
ICF	- Intensified Case Finding
ICMR	- Indian Council of Medical Research
ICT	- Information and communication Technology
IEC	- Information Education and Communication
IIPH	- Indian Institute of Public Health (IIPH)
MDR	- Multi-Drug Resistant
MoUs	- Memorandum of Understandings
MTS	- Modernised training system
NAAT	- Nucleic Acid Amplification Test
NHM	- National Health Mission
NITRD	- National Institute of Tuberculosis and Respiratory Diseases
NPCC	- National Programme Coordination Committee
NP-NCD	- National Programme for Prevention and Control of Non-communicable Diseases
NPY	- Ni-kshay Poshan Yojana
NRL	- National Reference Laboratory
NTEP	- National TB Elimination Programme
OOPE	- Out of pocket expenditure
PDSA	- Plan-Do-Study-Act
PHCs	- Primary Health Centres
PIPs	- Programme Implementation Plans (PIPs)
PMTBMBA	- Pradhan Mantri TB Mukt Bharat Abhiyaan

PPSA	- Patient Provider Support Agency
PTBER	- Presumptive TB Examination Rates
RBSK	- Rashtriya Bal Swasthya Karyakram
RKSK	- Rashtriya Kishor Swasthya Karyakram
ROP	- Record of Proceedings
SDG	- Sustainable Development Goal
STOs	- State TB Officers
TB	- Tuberculosis
TWG	- Technical Working Group
UDST	- Universal Drug Susceptibility Testing
USAID	- United States Agency for International Development
WHO	- World Health Organization
XDR	- Extensively Drug Resistant

REPORT

The Report of the Committee deals with the Action Taken by the Government on the Recommendations/ Observations contained in the 149th Report on Implementation of Pradhan Mantri TB Mukt Bharat Abhiyan.

2. Action Taken Notes have been received from the Department of Health and Family Welfare and the Ministry of Ayush in respect of the recommendations contained in the Report. They have been categorized as follows:

(i) Recommendations/Observations which have been accepted by the Government: **1.6, 1.12, 1.22, 1.23, 1.37, 1.45, 1.46, 2.13, 2.14, 2.15, 2.16, 2.17, 2.21, 2.24, 3.31, 3.32, 3.33, 4.5, 4.6, 4.7, 4.10, 4.13, 4.14, 4.16, 4.17, 4.21, 4.22, 4.24 and 4.26.**

Total–29 (Chapter I)

(ii) Recommendations/Observations which the Committee does not desire to pursue in view of the Government's replies: **3.17, 3.21, 3.22, 3.23, 3.24, 3.25, 3.26, 3.4, 3.9, 4.19, and 4.20.**

Total–11 (Chapter II)

(iii) Recommendations/Observations in respect of which replies of the Government have not been accepted by the Committee: **1.28, 1.29, 3.13, 3.18, 4.3, 4.4, 4.23 and 4.25.**

Total–08 (Chapter III)

(iv) Recommendations/Observations in respect of which final replies of the Government are still awaited: **4.8.**

Total–01 (Chapter-IV)

3. The details of the ATNs are discussed in various Chapters in the succeeding part of the Report.

CHAPTER I

RECOMMENDATIONS/OBSERVATIONS THAT HAVE BEEN ACCEPTED BY THE GOVERNMENT

1.1 TB BURDEN IN INDIA

Recommendations/Observations

1.1.1 The Committee appreciates the Government's effort in achieving the status of being the first country to have an in-country model of estimation that gives accurate estimates of TB incidence and mortality across the country months before the annual WHO estimates released in October. The Committee feels that such state-specific TB burden data will help estimate the actual burden of TB cases on a real-time basis in all districts, which would help in need-based review and revision of the policies and strategies for TB elimination.

(Para 1.6 of the Report)

Action Taken

1.1.2 The government released the India TB Report – 2023 on 24th March 2023, which presented the TB burden estimates for India, thereby becoming the only country in the world to estimate its own TB incidence and mortality through a mathematical modelling exercise. The technical team in India were able to do so due to the availability of granular data collected through the National TB Prevalence Survey (the world's largest such survey), drug sale data from the private sector, Registrar General of India reported mortality data in the Sample Registration Survey reports, among several other sources. These estimates of incidence and mortality during the Sustainable Development Goal (SDG) period 2015-2022 were published by the Central TB Division in March 2023 in the Indian Journal of Community Medicine (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10353668/).

1.1.3 The programme is already developing the mathematical model to provide State level estimates which can help strategize and prioritize high burden geographies for programme interventions. In addition, the programme implements Sub-national Certification for TB Free State/Districts to measure progress towards SDGs at State & District level. This exercise helps the programme to measure State / District level burden. Based on this newer evidence presented, the World Health Organization (WHO) has made a downward revision of the TB mortality rates from 4.94 lakhs in 2021 to 3.31 lakhs in 2022, a reduction of over 34%.

1.1.4 According to the Global TB Report by the WHO, India has seen a decline of 16% in TB incidence (new cases emerging each year) and a 18% reduction in mortality due to TB, since 2015. The incidence rate in India has fallen from 237 per 100,000 population in 2015 to 199 per 100,000 population in 2022. During the same period, the global TB incidence has shown a decline of 9% and mortality by 18%.

1.2 AGE GROUP AND TB DISEASE

Recommendations/Observations

1.2.1 From the data provided by the Ministry, it is observed that over the last five years, TB disease has been more commonly seen in the Indian population with age groups of 15-24 years and 25-34 years than in other age groups. The Committee feels that people in these age groups are in a critical phase of life. People aged 15-24 have more tendencies to move out of their homes to pursue higher education, facing adolescence-related problems and increased vulnerability towards lifestyle-related health problems. People aged 25-34 years are busy earning and supporting their families. These phases are productive adulthood with significant stress and vulnerability towards health problems. With the growing tide of lifestyle-associated non-communicable disease burden, it is evident that poor health behaviours and unhealthy lifestyles make people more likely to have lower immunity and increased susceptibility to acquiring TB infections. The Committee believes that as the health of the young population is central to the nation's health, a robust population-based approach should be worked out to address their socio-economic conditions, healthy lifestyle and preventive strategies to have a holistic approach to the TB elimination drive.

(Para 1.12 of the report)

Action Taken

1.2.2 Government has taken the following proactive measures with a holistic approach to TB elimination:

(i) To address the growing challenge of lifestyle-associated non-communicable disease burden, the Government is implementing National Programme for Prevention and Control of Non-communicable Diseases (NP-NCD) across the country with key strategies as under:

- Health promotion through behavior changes with involvement of community, civil society, community-based organizations, media etc.
- Outreach Camps for screening at all levels in the health care delivery system from sub-centre and above for early detection of diabetes, hypertension and common cancers.
- Management of chronic non-communicable diseases, especially Cancer, Diabetes, CVDs and Stroke through early diagnosis, treatment and follow up through the setting up of NCD clinics.
- Build capacity at various levels of health care for prevention, early diagnosis, treatment, IEC/BCC, operational research and rehabilitation.
- Provide support for diagnosis and cost-effective treatment at primary, secondary and tertiary levels of health care.
- Provide support for development of databases of NCDs through a robust Surveillance System and to monitor NCD morbidity, mortality and risk factors.

(ii) In order to ensure holistic development of adolescent population, the Ministry of Health and Family Welfare implements Rashtriya Kishor Swasthya Karyakram (RKSK). Under this a core package of services includes preventive, promotive, curative and

counselling services, routine check-ups at primary, secondary and tertiary levels of care is provided regularly to adolescents, married and unmarried, girls and boys during the clinic sessions.

(iii) Recognizing the importance of the role of schools in helping students establish lifelong healthy behaviours, the Government implements the School Health & Wellness Programme wherein school-based health promotion activities have been incorporated as a part of the Health and Wellness component of the Ayushman Arogya Mandir. This initiative is being implemented in government and government aided schools across the country. The key objectives of this initiative are as under:

- provide age-appropriate information about health and nutrition to the children in schools.
- promote healthy behaviours among the children that they will inculcate for life.
- detect and treat diseases early in children and adolescents including identification of malnourished and anaemic children with appropriate referrals to PHCs and hospitals.
- promote use of safe drinking water in schools
- promote safe menstrual hygiene practices by girls
- promote yoga and meditation
- encourage research on health, wellness and nutrition for children.

(iv) In addition, the Government implements Rashtriya Bal Swasthya Karyakram (RBSK) to improve the overall quality of life of children and provide comprehensive care to all the children in the community. This program involves screening of children from birth to 18 years of age for four Ds- Defects at birth, Diseases, Deficiencies and Development delays, spanning 32 common health conditions including TB for early detection and free treatment and management, including surgeries at tertiary level. Children diagnosed with identified health conditions are provided early intervention services and follow-up care at the district level. District Early Intervention Centres, with multitude of services offering developmentally supportive care are made operational at the district level for follow-up management of referred and treated cases. These units also link these children with tertiary level health services, in case surgical management is required.

(v) Through more than 1.6 lakh Ayushman Arogya Mandir, the government is providing comprehensive primary healthcare services. Under this the facilities have dedicated a day every month called as “Ni-kshay Diwas” to raise awareness, screen vulnerable population and provide saturation of services for persons affected with TB. The Arogya Mandir promote healthy lifestyle and conduct wellness sessions where TB patients and their families are encouraged to participate.

(vi) In addition, to reduce the out-of-pocket expenditure, the Government provides Rs 500/month for every TB patient through DBT to fulfil his nutritional requirements during the treatment period.

(vii) Since 9th Sept 2022, the Government has launched the Pradhan Mantri TB Mukt Bharat Abhiyan by encouraging fellow citizens, NGOs and corporates to become Ni-kshay Mitra and adopt TB patients and provide additional nutritional, vocational and diagnostic support.

(viii) The Government has also introduced the "Family Care Giver" model which identifies a family member to become a "Nikshay Saathi" and provide social, psychological support to the TB patients by helping them through the course of TB treatment.

(ix) To strengthen prevention of TB, the government has expanded TB Preventive Treatment to adolescent and adult household contacts. With the support of the State/UT government's, the programme is implementing large scale IEC activities to improve health seeking behaviour of the population and sustain community prevention activities.

1.3 PAEDIATRIC TB NOTIFICATION

Recommendations/Observations

1.3.1 The Committee believes that malnourishment is commonly seen among the paediatric population, and it is one of the major reasons and risk factors for acquiring TB disease in children. Therefore, the Committee feels that efforts should be made to fill the gaps in nutrition for this vulnerable population. Community involvement in ensuring the provision of proper nutrition among children should be considered in this regard.

(Para 1.22 of the report)

1.3.2 The Committee believes that creating awareness of the disease and its management among the young population would eventually decrease TB incidence. The Committee appreciates the integration of TB control activities with child health programs to increase awareness about TB among children and would like to impress upon the government to monitor these programs regularly to identify the implementation challenges and take corrective measures immediately. For this purpose, a robust health delivery system with adequate human resources should be made functional on mission mode, and proper incentives may be given to these frontline workers who are required to go into the fields to track and trace TB cases in remote areas. In addition, collaborations with relevant health sectors may be done to tackle the challenges faced in detecting, treating, and preventing paediatric TB.

(Para 1.23 of the report)

Action Taken

1.3.3 Under nutrition is a known risk factor for developing TB disease and malnutrition in paediatric population. To address these issues, the following actions have been taken under the National TB Elimination Programme (NTEP):

- The Government provides Rs 500/month for every TB patient through DBT to fulfil his nutritional requirements for the treatment duration

- Through the Pradhan Mantri TB Mukt Bharat Abhiyan, Ni-kshay Mitras have come forward to adopt consenting TB patients and provide additional nutritional support.
- NTEP also collaborated with the Rashtriya Bal Swasthya Karyakram (RBSK), Rashtriya Kishor Swasthya Karyakram (RKSK) and Nutritional Rehabilitation Centres under National Health Mission (NHM) for early screening, diagnosis and treatment of paediatric TB.
- In addition, the NTEP through community & civil society organisations has developed a network of TB Champions who proactively work with the community to link TB patients to social protection schemes.
- Through the TB Free Gram Panchayat initiative, in collaboration with the M/o Panchayati Raj, the programme is focusing on providing nutritional support to all TB patients in the villages which includes paediatric TB cases.
- Under NTEP, incentives are provided to frontline healthcare workers like ASHAs / community volunteers, etc. for identifying presumptive TB cases and getting them screened. Also, periodic active case finding is implemented across the country.
- In addition, to effectively address TB response, State & District TB Cells have been established with dedicated programme management and. Service delivery human resources. The TB screening and treatment services have been decentralized to the Ayushman Arogya Mandir levels with a robust referral mechanism to provide secondary & tertiary care services wherever required. The human resources under NHM follows a health system approach and adequate service delivery staff have been provisioned based on workload. To effectively address the patients seeking care in the private sector, innovative models have been established with interface agencies to provide linkages to private sector patients for free drugs and diagnostics.

1.3.4 For strengthening paediatric screening, diagnosis and treatment, the following activities have been implemented:

- Capacity building of NTEP field functionaries and paediatricians in collaboration with Indian Academy of Paediatricians has been conducted.
- Collaborative framework with the child health division has been developed and orientation of all State/UT has been conducted on the same.
- Demonstration models of interventions to strengthen paediatric TB diagnosis in public / private sectors has been developed in identified States and the best practices shared with all State/UTs.
- Regular monitoring of the State/UTs is done to review, identify gaps and develop strategies for improving paediatric TB case notification.

1.4 SUSTAINABLE DEVELOPMENT GOALS (SDGs) FOR TB CONTROL AND ELIMINATION

Recommendations/Observations

1.4.1 The Committee commends the Government for its significant efforts in combating tuberculosis, as recognised in the above-mentioned report. Such progress is a testament to

India's dedication and effectiveness in tackling this public health challenge, and it sets a positive example for the global community in the fight against tuberculosis.

(Para 1.37 of the report)

Action Taken

1.4.2 The government acknowledges and appreciates the observations and support of the Committee and conveys its commitment to achieving SDGs related to elimination of TB by 2025 - five years ahead of the global target. India has seen a decline of 16% in TB incidence (new cases emerging each year) and a 18% reduction in mortality due to TB, since 2015 (Global TB Report 2023). The incidence rate in India has fallen from 237 per 100,000 population in 2015 to 199 per 100,000 population in 2022. During the same period, the global TB incidence has shown a decline of 9% and mortality by 18%.

1.5 FINANCIAL IMPACT ON TB PATIENTS

Recommendations/Observations

1.5.1 The Committee observes that the most commonly affected age group with TB disease is the one who is the earning member of the family. It is also observed that all the steps under NTEP are patient-centric and focus on their diagnosis and treatment. The Committee is of the view that taking care of TB patients in a family takes a toll on the physical, mental and financial health of all family members as they have to accompany the patient to &fro clinics or hospitals for treatment purposes. In this scenario, both the patient as well as the family loses income/wages, which impacts their health as well as socioeconomic status to a great extent. Therefore, the Committee recommends the Government that it is imperative to conduct a survey on the financial impact of TB in India which would give a realistic picture of socio-economic status as well as the financial burden of TB disease on a family. Such surveys can also be combined with other health surveys on a national level so as to assess the catastrophic costs related to TB disease. The Government may also explore the avenues to integrate such surveys with Ni-kshay portal.

(Para 1.45 of the report)

1.5.2 The Committee is of the opinion that a survey on financial impact of TB disease would help to evaluate the impact of existing measures taken under NTEP to reduce catastrophic costs on TB patients & their families and would help the Government to review the policies strategically and to implement evidence-based interventions as per the district or state-specific requirements. Such survey would also address the Socio-economic determinants of TB disease at an early stage and would aid in tracking the progress towards the goal of achieving zero catastrophic costs due to TB.

(Para 1.46 of the report)

Action Taken

1.5.3 TB is known to affect the productive age group and under the NTEP in 2023 (Jan-Dec) about 41% of the TB cases were reported in the age group of 15-34 years. To reduce the

out-of-pocket expenditure, the Government provides Rs 500/month to every TB patient through DBT for nutritional support during the course of treatment. The Pradhan Mantri TB Mukt Bharat Abhiyan encourages fellow citizens, NGOs and corporates to become Ni-kshay Mitra and adopt TB patients and provide additional nutritional, vocational and diagnostic support. This initiative has seen a tremendous response with over 1.4 lakh Ni-kshayMitras coming forward to adopt over 98% of the consenting patients. A third-party assessment of this initiative has shown that the Ni-kshay Mitra Abhiyan has contributed to significant reduction in out-of-pocket expenditure (OOPE) and was able to reduce adverse outcomes among adopted TB patients by half.

1.5.4 The government notes the recommendation of the Committee to conduct a survey for assessing the financial burden of TB on patients and their families. Under NTEP annual surveys are conducted in the State/Districts as part of the "Sub-national certification for TB Free State/Districts" and during these surveys, information on out-of-pocket expenditure has been included. The National TB Prevalence Survey conducted by ICMR, financial burden on TB patients has been assessed.

1.6 PRADHAN MANTRI TB MUKT BHARAT ABHIYAN (PMTBMBA) AND ITS SIGNIFICANCE IN TB ELIMINATION

Recommendations/Observations

1.6.1 The Committee appreciates the immense potential of the Ni-kshay Mitra Initiative in enhancing TB control efforts in India and alleviating the socio-economic burden of TB disease. By actively involving communities in the fight against TB, this initiative has demonstrated the power of collective action in addressing the challenges posed by the disease. As regards the adoption of TB patients under PMTBMBA, the Committee is of the opinion that to eradicate TB by 2025, the Ni-kshay adoption model cannot be considered as the mainstay to fight against TB. The Committee further expresses its concerns over a sense of complacency within the Ministry and the Government organization responsible for implementing the TB elimination programme due to shift in their responsibility to non-governmental organizations which eventually may impede the overall progress. Therefore, the Committee suggests the Government establish a robust selection process for Ni- kshay Mitra and implement effective monitoring mechanisms to ensure their diligent fulfilment of responsibilities.

(Para 2.13 of the report)

1.6.2 Further, the Committee also suggests organising some orientation programmes for Ni-kshay Mitras to acquaint them about TB disease and its management. The close connection between nutrition and TB further reinforced the significance of this program, as it not only strengthens the immune system of TB patient to fight against disease, it also facilitates community engagement making the TB elimination program a vital part of community-driven efforts.

(Para 2.14 of the report)

1.6.3 In order to ensure the proper utilisation of assistance extended by Ni-kshayMitras, the Committee is of the view that Government should introduce a monitoring mechanism to track the attitude and behaviour of the patients towards the Ni-kshay Mitras, and to provide them appropriate counselling, if required.

(Para 2.15 of the report)

1.6.4 The Committee feels that the global resources and guidelines would lead to more effective implementation of PMTBMBA and achieving universal health coverage. Moreover, community involvement in TB control efforts, fostering awareness, understanding of TB prevention, care-seeking behaviour, and adherence to treatment are imperative steps to manage TB disease. Therefore, the Committee suggests that under PMTBMBA program, political commitment at all levels of governance through regular meetings, discussions, and engagements with key stakeholders, including policymakers, health ministers, and government officials should be strengthened.

(Para 2.16 of the report)

Action Taken

1.6.5 An Independent Assessment by Indian Institute of Public Health (IIPH), Gandhinagar during Sept 22 – May 2023 which included secondary data & desk research of countrywide data from Ni-kshay. 26 lakh TB patient's cohort data was analysed by IIPH, Gandhinagar. Field Survey was conducted in 7 States, 15 districts from Madhya Pradesh, Uttar Pradesh, Bihar, Gujarat, Karnataka, Andhra Pradesh and Meghalaya. This included interviews with 900+ TB Patients, 120+ Ni-kshay Mitra and 51+ Health Care Professionals. Some of the key findings from the assessment are as under:

- >90% interviewed patients reported reduction in out-of-pocket expenditure and were satisfied by the additional support.
- TB patients with a Ni-kshay Mitra have a 95% successful treatment outcome, relative to 90% for those without one; suggesting a 5-point improvement* which was statistically significant.
- Weight gain was 4.2 kg among TB patients with a Ni-kshay Mitra as compared to 3.8 kg among those who did not have one.
- Higher number of health facility visits resulted in increased follow up & treatment adherence
- Higher impact observed among vulnerable population groups Pregnant/lactating women (18%) Migrants (48%) and urban slums (15%)

1.6.6 The assessment report has also highlighted certain issues/challenges for which recommendations were made as under:

a) Improving uptake of the initiative
   - Focus on corporates / institutes

- Targeted Communication Strategy along with political will and advocacy
- Dedicated teams to support the States for Ni-kshay Mitra mobilization
- Engage private sector / NGOs as delivery partners
- Improve digital platform

b) Improving Service delivery
- Standardizing nutrition kit at district level and increase awareness of Ni-kshay Mitra on standardized nutrition kits
- Facilitation for mobilizing vocational support as per needs of patients
- Kit distribution at Ayushman Arogya Mandir. Levels
- Involve TB champions, self help groups (SHGs0, local volunteers, etc

c) Improving Benefit uptake
- All patients irrespective of socio-economic status, geography access to be supported
- Intensified support for vulnerable population
- Community based support complemented by health care nutrition management

1.6.7 The actionable recommendations of the independent assessment have been incorporated in the strategy for further strengthening the Pradhan Mantri TB Mukt Bharat Abhiyan initiative.

1.6.8 The Ni-kshay Mitras are voluntary at present with no specific selection process. Anybody in the society from an individual to elected representative, NGOs, civil society organisations, institutions, corporates, etc are encouraged to become a Ni-kshay Mitra. The programme monitors the fulfilment of responsibilities by a Ni-kshay Mitra through Ni-kshay portal and periodic reviews at national, state & district levels. The patients are given an opportunity to provide their consent for being adopted by a Ni-kshay Mitra, however the attitude and behaviour of patients with Ni-kshay Mitra is not done at present. The recommendations of the Committee in this aspect are noted for actions.

1.6.9 Orientation & sensitization meetings for engaging potential Ni-kshay Mitras are being held regularly at Central and State levels. Eg: SBI Foundation, Steel Association of India, Ministry of Skill development, Laadli foundation NGO, Jindal steel, FICCI, ASSOCHAM, etc. Through these meetings the potential Ni-kshay Mitra are sensitized on the objectives of the initiative and the mechanisms for registering themselves in the Ni-kshay portal, the guidance on food baskets and the potential outcome of their support. Regular acknowledgement and felicitation of Ni-kshay Mitras is conducted by all State/UTs during Ayushman Bhavah campaign across the country and various other appropriate forums at State/district level to not only recognize their contribution, but also to motivate other fellow citizens, organisations & corporates to come forward and become a Ni-kshay Mitra. SMS is being sent to Ni-kshay Mitras at the first month welcoming & thanking them for becoming a Ni-kshay Mitra and second last month of distribution for encouraging them to extend/continue their contribution after their period of their existing commitment.

1.6.10 Active IEC regarding the initiative is conducted through various social media platforms to acknowledge/recognize the commitments of Ni-kshay Mitra and motivate others to also become a Ni-kshay Mitra. Advocacy meetings with administrative heads at the State and district level are regularly being conducted to monitor progress and ensure effective implementation of PMTBMBA activities. This opportunity is also used to assess the challenges being faced in implementation of the programme and provide real time solutions. Field Visit by Central teams to provide supportive supervision for PMTBMBA activities in the low performing States is also conducted. A dedicated web portal Ni-kshay 2.0 is available to monitor the progress of PMTBMBA and Ni-kshay also provides analytical features to track updates on progress of PMTBMBA key indicators at national, state and district levels.

Recommendations/Observations

1.6.11 In addition, the Committee also suggests the Government to strengthen the health system's capacity and invest in research collaborations to advance the development of new diagnostics, drugs, and vaccines. As the Government is working in mission mode, the Committee recommends that robust monitoring and evaluation mechanisms should also be put in place to track progress towards TB elimination goals.

(Para 2.17 of the report)

Action Taken

1.6.12 Indian Council for Medical Research under the Department of Health Research has established an India TB Research Consortium for working on Research & Development on TB drugs, diagnostics, vaccines and implementation research. Under the National TB Elimination Programme (NTEP), a task force of medical colleges has been established to support programme implementation and operational research. Under NTEP a robust mechanism for internal and external monitoring and evaluation is in place. In addition, Common Review Mission (CRM) are conducted annually under the National Health Mission (NHM) through which multi-disciplinary teams are deployed which reviews all national programmes including NTEP. The government conducts annual surveys in the State/Districts as part of the "Sub-national certification for TB Free State/Districts" and during which decline in TB incidence at State/District levels is measured against the SDG baselines.

1.7 COORDINATION AND COLLABORATION BETWEEN GOVERNMENT AND PRIVATE STAKEHOLDERS

Recommendations/Observations

1.7.1 The Committee appreciates the success of PMTBMBA's Ni-kshay initiatives and suggests that to foster greater cooperation between Government and private stakeholders, the Government may consider developing a comprehensive policy framework emphasising shared goals and mutual accountability & establishing formal and structured public- private partnerships that will enhance to bring together representatives from both Government and private sectors for an open dialogue and would create avenues for pooling resources, joint funding and co-investments in research and development efforts.

(Para 2.21 of the report)

Action Taken

1.7.2 The recommendation of the Committee is duly acknowledged. The government implements a robust National Strategic Plan 2017-25 which envisions and articulates the role of all relevant stakeholders both within and outside the government for joining hands for a common goal to End TB by 2025. The NTEP has a strong partnership developed with the private sector including corporates, PSUs & industry which are contributing to achieving the national goals. Development partners like WHO, USAID, World Bank, Global Fund, etc are also supporting the implementation of NTEP with additional resources and which are aligned with the National Strategic Plan 2017-25.

1.8 BUDGET ALLOCATION FOR TB MANAGEMENT AT CENTRAL AND STATE LEVEL

Recommendations/Observations

1.8.1 The Committee is of the opinion that varied vulnerabilities exist across regions and cities. Risk factors responsible for developing TB disease and reasons for increasing TB burden in different areas, like the rural-urban divide, may differ. Therefore, the same policy may not be effectively applied in all regions. In order to have a need-based assessment and cater to the region-specific requirements of TB management, the Committee suggests that further decentralization of funds to the states may be considered, with the Centre providing clear guidelines, guidance, and program monitoring. This should be harmonised with de-centralised policy making and tailored strategies suited to regions, cities, and rural areas, with targeted initiatives. By doing so, the states would be better equipped to address their region-specific challenges and need based requirements related to TB within their respective territories.

(Para 2.24 of the report)

Action Taken

1.8.2 The NTEP is being implemented across the country under the aegis of the National Health Mission and its framework. The NHM framework gives the flexibility to allocate resources based on disease burden and population diversity. The State Programme Implementation Plans (PIPs) are prepared by consolidating the District PIPs. These proposals are then appraised by the National Programme Coordination Committee (NPCC) wherein the respective programme divisions across all national health programmes discuss the key priority areas, the proposals, its justifications, etc and after discussions, the Record of Proceedings (ROP) along with physical & financial targets are issued to the States. The State specific innovative approaches (including for TB) as per local needs & context are discussed and accepted for funding during these NPCC meetings. The existing guidelines for NHM already provides clear guidelines for NTEP and its related program monitoring. The State/UTs have been allocated resources as per their need and the interventions are tailored to regions, cities and rural areas. The funds allocated under NTEP for 2019-20, 2020-21, 2021-22, 2022-23 and 2023-24 are Rs 3333.21 Cr, 3109.93 Cr, 3409.94 Cr, 2656.83 Cr and 2978.26 Cr respectively.

1.9 ROLE OF NUTRITION IN TB TREATMENT AND MANAGEMENT

Recommendations/Observations

1.9.1 In view of the above, the Committee emphasise the implementation of guidelines of the National TB elimination program for nutritional care and support of patients with TB in India. Nutritional assessment should be made mandatory for TB patients and their family members.

(Para 3.31 of the report)

1.9.2 The Committee suggests that a community-based model of nutritional care and the utilisation of Corporate Social Responsibility under PMTBMBA should be strategically promoted. The Government needs to explore strategies to expand the role of nutritional counselling and dietary diversity and provide an adequate diet based on calorie, protein and micronutrient requirements tailored to TB patients' ideal body weight. Nutritional counselling may also play a significant role in raising awareness among community supporters and volunteers, ensuring that patients receive optimal nutritional support, specifically in terms of protein and micronutrient requirements, balanced diet, clarification of misconceptions related to supplements/tonics and promoting food hygiene and healthy cooking practices.

(Para 3.32 of the report)

1.9.3 The Committee further suggests that on a large scale, the Government must take action-oriented steps to provide nutritional support to undernourished people who are at a much higher risk of developing active TB. For this purpose, the Government must diversify the diet provided under various social protection schemes like the Food Security Scheme, Mid-day Meal, etc., to ensure adequate calorie, protein and micronutrient requirements are fulfilled in the meals. An integrated programme with food kit distribution or through the public distribution systems may be considered to tackle malnutrition problems and reduce the risk of developing TB disease. Also, post-treatment follow-up of patients, including their nutritional status, should be ensured after completion of treatment.

(Para 3.33 of the report)

Action Taken

1.9.4 The suggestions from the Committee are well noted. Nutrition is an important social determinant for Tuberculosis, and it exhibits a bi-directional relationship with TB. The Government introduced Ni-kshay Poshan Yojana (NPY) in April 2018 for providing Rs 500/month through DBT to support nutrition of TB patients for the entire duration of treatment. Since inception till December 2023, cumulatively Rs 2617.44 Cr have been disbursed to 95.93 lakh eligible beneficiaries. Nutritional assessment is a key component of the programme implementation.

1.9.5 Pradhan Mantri TB Mukt Bharat Abhiyan (PMTBMBA) was launched by the Ministry on 9th September 2022 for community support to TB patients with the objective to provide people with TB with additional nutritional, diagnostic and vocational support. Ni-kshay 2.0 portal has been developed and made available in public domain for facilitating the

community to register as Ni-kshay Mitra. Nutritional food baskets have been developed by National Institute for Nutrition, Hyderabad an ICMR Institute on the nutritional requirements for TB patients which articulates the nutritional requirements in terms of protein, carbohydrates, vitamins, minerals, etc. Guidance document for implementing PMTBMBA has been developed and disseminated to all State/UTs for implementation. Periodic reviews are done to monitor the progress of the initiative at National and State/UT levels. To address the issue of under-nutrition at the population level, the programme is working with the line ministries as part of inter-ministerial collaboration.

1.10 ONGOING RESEARCH INITIATIVES AND STUDIES RELATED TO TB IN INDIA

Recommendations/Observations

1.10.1 TB vaccine research is underway. The Committee recommends the Government prioritise the clinical trials of all TB vaccine candidates to assess their efficacy in various community settings and for different target groups. For this purpose, the government should mobilise the funds to facilitate these clinical trials so that these vaccine platforms can be scaled up rapidly.

(Para 4.5 of the report)

1.10.2 As regards the BCG vaccine, it is noted that it does not provide adequate protection to adolescents and adults who are at high risk of developing TB disease. In view thereof, the Committee suggests expediting the research programme to study the effectiveness of re-vaccination of BCG and based on the result, to consider introducing a booster dose of recombinant BCG vaccine in the universal immunisation programme. This could be an effective and cheaper option to control TB.

(Para 4.6 of the report)

Action Taken

1.10.3 ICMR is conducting clinical trials on newer potential vaccine candidates to assess their efficacy in various community settings and for difference target groups. Adequate resources have been provisioned within ICMR and NTEP for supporting such clinical trials. In addition, a study has been approved by the Central Ethics Committee for Human Research of ICMR for Adult BCG vaccination across the country under programmatic settings. 24 State/UTs have consented for the study for which intervention & control districts have been identified. National Level Trainings have been completed and States level trainings are under implementation. This study is designed to generate evidence and guide the programme for introducing Adult BCG vaccination in the universal immunisation programme.

Recommendations/Observations

1.10.4 The Committee suggests the Government procure the indigenously developed Truenat diagnostic machine in bulk and supply the same at the minimum block levels across the country as quickly as possible, which may be extended to primary health centres also. This

would aid in the earliest realisation of upfront molecular testing across the country, which curbs the missing TB cases and simplifies the detection of drug- resistant TB cases.

(Para 4.7 of the report)

Action Taken

1.10.5 The programme has rapidly scaled up the availability of molecular diagnostics across the country covering all districts. Procurement procedures and systems have been established to ensure regular and uninterrupted supplies for all consumables required for TB screening and diagnosis. In addition, adequate resources have been provisioned with the State/UT governments for local procurement in emergent situations. Ni-kshay Aushadi has been developed to closely monitor the supply chain distribution and consumption of drugs & diagnostics on a regular basis.

1.11 ROLE OF AYUSH SYSTEMS OF MEDICINES IN TB MANAGEMENT

Recommendations/Observations

1.11.1 The Committee feels that the Ayush system of medicines can play a significant role in supporting, educating, guiding and referring TB patients for diagnosis and treatment, especially in remote areas. They can facilitate an outreach of National TB Elimination programme to remote areas. They can play a critical role in counselling the patients regarding nutrition and preventive care as well as importance of treatment adherence to complete the course of treatment, regular monitoring and post-treatment recovery. Therefore, the Committee impresses upon the Government to promote the integration of the Ayush practitioners in TB management programmes. Further, the research in the traditional system of medicines should be encouraged promoting the inclusion of evidence- based practices in the conventional TB care. The success stories of TB treatment in the Ayush system of medicines should be authenticated and publicised for the information of masses.

(Para 4.10 of the report)

Action Taken informed by the Ministry of Health & Family Welfare

1.11.2 The programme has established an MoU with the M/o Ayush for collaboration in the National TB Elimination Programme. Multiple research studies are underway on studying the Ayush systems of medicine and their role in management of TB patients. Based on the recommendations of ICMR, the National Technical Expert Group under the programme recommends any new drugs for management of TB.

Action Taken informed by the Ministry of Ayush

1.11.3 Ministry of Ayush is implementing the Centrally Sponsored Scheme of National Ayush Mission through State/UT Governments for development and promotion of Ayush system in the country. Under NAM, Ministry of Ayush is supporting the efforts of States/UTs for development of infrastructure of Ayush health facilities, supply of Ayush medicines, BCC/IEC activities for providing treatment of different types of communicable/non-communicable diseases including TB by different ways of Ayush interventions and orientation about referral mechanism for different diseases including TB. State/UT

Government would be requested to conduct awareness activities for prevention of TB and also early referral of cases to designated centre for appropriate treatment.

1.11.4 Ministry of Ayush signed a MoU with Central TB division of the Ministry of Health and Family Welfare on 4thJuly, 2019. Two meetings between Ministry of Ayush and Central TB division of the Ministry of Health and Family Welfare (MoHFW) has been done. A revision in the composition of Technical Working Group (TWG) is under process. Development of a specific Yoga protocol for TB is under process. A proposal to organize training for 180 Medical Officers of AYUSH stream at National Institute of Tuberculosis and Respiratory Diseases (NITRD), Delhi, is under process. MoU was signed between MoA and DBT on dated 25thMay, 2022. As per MoU under heading "area of cooperation" both have to mutually undertake Biotechnological R&D and Ayush Interventions to improve quality of life as well as life span (Vayahsthaapana Rasayana) and bring down the associated morbidity pertaining to chronic diseases such as diabetes, obesity, cardiovascular disease, osteoarthritis, cachexia, pain management and infectious diseases for example TB for evidence based Biotechnological interventions in Ayush sector.

1.12 BIO-MEDICAL WASTE MANAGEMENT IN TB HEALTH CENTRES

Recommendations/Observations

1.12.1 In view of the health hazards of biomedical waste in TB healthcare centres, the Committee is of the view that de-contamination of biomedical waste is critical in preventing the transmission of TB disease. As in active TB cases, sputum collection is done to diagnose TB disease; it is important to handle and dispose of infected sputum as soon as possible. However, the current practices of disposing of infected biomedical waste have limitations. The Committee is aware that even after biomedical waste treatment of TB bacteria, it should not go live in the environment as it can pose health hazards due to its drug-resistant nature. In view of this, the Committee recommends that the treatment and proper disposal of biomedical waste is of immense importance and is crucial in controlling the increasing burden of drug-resistant TB cases. The Committee suggests that the Government should monitor compliance towards existing BWM practices at TB health centres and ensure that there are requisite equipment, kits and human resources involved in biomedical waste treatment at all TB healthcare centres.

(Para 4.13 of the report)

1.12.2 Further, the Committee believes that research should be conducted to develop safer and better disinfection methods to manage BWM that can ensure the safety of people and the environment.

(Para 4.14 of the report)

Action Taken

1.12.3 Guidelines for bio-medical waste management in all settings implementing NTEP has been developed and issued to the States. These guidelines articulate the SOPs for sputum collection, specimen processing in the laboratories and their safe disposal as per the current bio-medical waste management rules. Trainings are regularly conducted on recommended SOPs as part of routine cadre specific trainings. The programme monitors implementation of

bio-medical waste management through field visits by national, state & district level functionaries and internal & external periodic evaluations. Adequate provisions are made in the annual PIPs for biomedical waste treatment at all TB healthcare centres.

1.13 BEST PRACTICES FOR TB CONTROL IN VARIOUS STATES OF INDIA

Recommendations/Observations

1.13.1 The Committee is of the view that the above-mentioned practices, which have been designed in response to specific problems in various geographies to address health system-related challenges, may be emulated in other parts of the country as well. The Committee feels that the involvement of Neighbourhood Groups and Self-help Groups in TB control activities, as undertaken in Kerala, may also be pioneered in other states with the active participation of women to reduce the stigma associated with TB disease. The Committee also recommends that an integrated approach through workplace policies similar to the employer-led model of BEST, Mumbai, must be encouraged in all public and private organisations. This approach was also adopted during the COVID-19 pandemic in several organisations nationwide. It will lead to earlier diagnosis and curb the transmission of TB.

(Para 4.16 of the report)

Action Taken

1.13.2 The observations of the Committee are appreciated. The programme regularly identifies best practices like in Kerala & Mumbai and has disseminated the same to all States for adoption as per their local feasibility. The NTEP has established an MoU with M/o Labour and Employment. Workplace policies have also been issued to all State/UTs for adoption at the local level. The best practices are also identified and disseminated to all State/UTs for adoption as per their local feasibility.

Recommendations/Observations

1.13.3 The Committee believes that the Government may envisage comprehensive utilisation of new technologies like drones to aid the transportation of samples and drugs between the primary health centres and district hospitals in rugged and hilly terrains. The Committee further suggests that the concept of FAST centres as a single window system, as undertaken in Tamil Nadu, may be implemented across the country.

(Para 4.17 of the report)

Action Taken

1.13.4 Under the NTEP, Drones have been utilized by some State/UTs with difficult to reach areas / hilly terrain like in Himachal Pradesh, Uttarakhand, some of the NE States, etc. These drones are utilized for sample collection & transportation as well as supply of drugs. For private sector engagement multiple models are implemented across the country. FAST is implemented in Tamil Nadu, STEPS model in Kerala, Karnataka, PPIS model in Rajasthan and PPSA model in several States. The programme has held and experience sharing workshop with all States to learn from each other and the different models for private sector engagement based on the local context and feasibility of implementation.

1.14 WAY FORWARD

Recommendations/Observations

1.14.1 The Committee also recommends that all clinical data on the Ni-kshay portal be recorded in standard form and connected through telemedicine so that each patient can be viewed and managed by any health service provider in the country. Further, theCommittee proposes regular use of telemedicine and meeting apps like Zoom or Google Meet for real-time monitoring and follow-up of patients after treatment.

(Para 4.21 of the report)

Action Taken

1.14.2 NTEP implements Ni-kshay, a case-based web based application. The data on Ni-kshay adheres to the FHIR (Fast Healthcare Interoperability Resources) data standard as mandated by the National Health Authority under Ayushman Bharat Digital Mission (ABDM). This helps in interoperability between different digital health portals including E-Sanjeevani portal which is the Tele-medicine initiative by the MoHFW and with the consent of the patient, these details can be viewed by any health service provider across the country.

Recommendations/Observations

1.14.3 During interaction with the stakeholders, the Committee noted that malnutrition is significantly related to TB and is one of the main problems for TB infection. India ranks 107 out of 121 countries in the Global Hunger Index, 2022. Malnutrition is reported more than the national average in many States. The Committee believes that addressing malnutrition should be of immense importance to win the battle against TB. Therefore, the Committee suggests that food and nutrition-related programmes should be strengthened and integrated with the PMTBMBA programme through the public distribution system and another system, as medicines alone might be insufficient without proper nutrition, and both must be integrated.

(Para 4.22 of the report)

Action Taken

1.14.4 The government appreciates the suggestions from the committee and state as follows:

- Nutrition is an important social determinant for Tuberculosis and it exhibits a bi-directional relationship with TB.
- The Government introduced Ni-kshayPoshan Yojana (NPY) in April 2018 for providing Rs 500/month through DBT to support nutrition of TB patients for the entire duration of treatment. Since inception till December 2023, cumulatively Rs 2617.44 Cr have been disbursed to 95.93 lakh eligible beneficiaries.
- Pradhan Mantri TB Mukt Bharat Abhiyan (PMTBMBA) was launched by the Ministry on 9th September 2022 for community support to TB patients with the objective to provide people with TB with additional nutritional, diagnostic and vocational support.
- Ni-kshay 2.0 portal has been developed and made available in public domain for facilitating the community to register as Ni-kshay Mitra.

- Nutritional food baskets have been developed by National Institute for Nutrition, Hyderabad an ICMR Institute on the nutritional requirements for TB patients which articulates the nutritional requirements in terms of protein, carbohydrates, vitamins, minerals, etc.
- Guidance document for implementing PMTBMBA has been developed and disseminated to all State/UTs for implementation. Periodic reviews are done to monitor the progress of the initiative at National and State/UT levels.
- To address the issue of under-nutrition at the population level, the programme is working with the line ministries as part of inter-ministerial collaboration.

Recommendations/Observations

1.14.5 The effective engagement of State Governments is critical for successfully implementing centrally sponsored programmes. The Committee believes that State Governments should pull up their socks to participate in PMTBMBA on mission mode to achieve the target of ending TB by 2025.

(Para 4.24 of the report)

Action Taken

1.14.6 The implementation of Pradhan Mantri TB Mukt Bharat Abhiyaan has shown tremendous participation by all the State/UTs. The National TB Elimination Programme at the central level has designated an Officer to monitor the implementation and address challenges with the State/Districts. The Central TB Division (CTD) is monitoring the progress of implementation of the PMTBMBA initiative as under:

(i) At National Level:

- Periodic (virtual) reviews of the programme at the National level with the States and districts
- Field visits by officials/consultants from CTD to the poor performing States and provide supportive supervision and address local challenges
- Advocacy meetings at the National & State level with business associations, line ministries, corporates, NGOs, etc to encourage them to adopt consented TB patients in States/Districts

(ii) At State level:

- State TB Officer regularly reviews the district wise progress of PMTBMBA
- The office of Hon'ble Governor also promotes and monitor the progress of implementation of PMTBMBA in the respective State/UT
- Regional and State level WHO/other consultants provide technical support to the State/UTs
- Implementing Partners and other NGOs provide need-based support in food basket distribution in coordination with STO

(iii) At District level:

- The district implementation led by the District Magistrate/Collector monitors progress periodically.

- The District TB Officer implements, monitors and reviews the progress at sub-district levels and ensures the linkage of Ni-Kshay Mitra to the consented TB Patients

Recommendations/Observations

1.14.7 The Committee recommends a special emphasis on PMTBMBA under Ayushman Bharat PMJAY through dedicated deployment of staff and allocation of budget for PMTBMBA under Ayushman Bharat. Ni-kshay portal may also be integrated with Ayushman Bharat Digital Mission. This integration would create a synergetic approach towards addressing the health care needs of the population, especially in the context of TB elimination. By leveraging the resources and benefits of both initiatives, a more comprehensive and efficient response to TB would be achieved, enhancing the overall impact of the efforts to eliminate TB from the country.

(Para 4.26 of the report)

Action Taken

1.14.8 The recommendation of the Committee is well noted. Ayushman Bharat Jan Arogya Yojana provides 5 lakh cover for health insurance to eligible beneficiaries to cover procedures / surgeries / admission to hospitals. States have expanded the scope of services and coverage of population with additional budget from State resources. Persons with TB who are eligible are linked to AB-PMJAY for availing benefits for identified procedures / in-patient care as required on case to case basis.

1.14.9 The Ni-kshay portal integration with Ayushman Bharat Digital Mission (ABDM) is currently being developed. The data on Ni-kshay adheres to the FHIR (Fast Healthcare Interoperability Resources) data standard as mandated by Ayushman Bharat Digital Mission (ABDM) which helps in interoperability between different digital health portals thereby potentially providing comprehensive health care across various national health programmes.

CHAPTER–II

RECOMMENDATIONS/OBSERVATIONS ON WHICH THE COMMITTEE DOES NOT DESIRE TO PURSUE IN VIEW OF THE GOVERNMENT'S REPLIES

2.1 ADEQUACY OF HEALTHCARE INFRASTRUCTURE AND MANPOWER TO SUPPORT PMTBMBA

Recommendations/Observations

2.1.1 The Committee believes that the Government's health expenditure needs to be increased on the lines of the recommendations of the Fifteenth Finance Commission. Apart from increased public health expenditure, the efficient utilisation of available funds should also be emphasised to improve the quality and access of healthcare infrastructure. The active collaboration with private stakeholders may also help in strengthening the infrastructure significantly. The Committee further suggests that the Government should also consider the possibility of utilising private and public pharmacies as potential DOTS centres to improve the accessibility of TB drugs.

(Para 3.17 of the report)

Action Taken

2.1.2 The government has increased its allocation from 640 Cr in 2014-15 to 2978.26 Cr in 2023-24 for the TB programme and regular monitoring is done to ensure optimum utilization for available resources. Private sector collaboration by leveraging CSR resources is done at the State and District level for boosting the infrastructure. To increase accessibility of drugs more than 4 lakh DOTS centres are operational at the community level. Under the programme pharmacies are being used as DOTS centres wherever required and as per the patient's convenience.

Recommendations/Observations

2.1.3 The Committee believes that STOs and DTOs, who are the backbone of implementing the TB program at the grassroots level efficiently, may be provided intensive executive training to perform administrative and managerial duties efficiently. The Committee was also given to note that PDSA or Plan-Do-Study-Act, which is a four-stage problem-solving model used for improving a process or carrying out change, may be encouraged by the Government to be implemented by DTOs in their strategies and implementation of TB program. Apart from the skill training programs, they are also required to be sensitised towards the program's objectives and to encourage significant involvement of non-government resources like NGOs in the fight against TB, which will also fill the gap due to lack of manpower.

(Para 3.21 of the report)

Action Taken

2.1.4 Capacity building is among the core principles of NTEP, and regular induction and refresher trainings are provided through National Institutes and State Training and Demonstration Centres. Cadre specific and thematic training modules have been developed covering all aspects of the programme. Plan-Do-Study-Act (PDSA model) has been a new training methodology deployed by the programme in last 2 years, which has been highly

appreciated by the State and District level programme managers. The Partnership Guidance document has been developed in 2019 to involve non-government resources like NGOs in the fight against TB.

Recommendations/Observations

2.1.5 Keeping in view the fact that health is a State subject, the Committee feels that the Union Government needs to impress on the State Governments to put a greater level of priority on TB and to come up with a policy to address shortfalls in the human resources for the State Health Sector. The role of allied staff is critical for activities like sputum collection and follow-up in treatment, and hence, their shortage should also be addressed. The Committee emphasises that all vacant posts may be filled at the earliest.

(Para 3.22 of the report)

Action Taken

2.1.6 The NTEP is being implemented in a mission mode under the National Health Mission. The programme actively engages with the State Governments to prioritize TB programme. During NPCC meeting annually, the State specific plans are discussed and financial approvals accorded, TB is one of the highest priority programmes in which key performance indicators are reviewed and discussed. The Ministry highlights the gaps, challenges and best practices during these meetings. Subsequently, regular reviews of the State Governments are conducted at the highest level in the MoHFW to reinforce and impress upon the State to achieve national. The programme regularly monitors the vacancy status in the States against the vacant sanctioned posts and impresses upon the States to ensure filling up all the vacant posts.

Recommendations/Observations

2.1.7 The Government should also consider training programs and bridge courses for ASHA workers, treatment supporters, counsellors, caregivers under the Family Care Model, other allied health workers and community volunteers about the TB disease to increase management awareness about the disease and its progression and treatment options.

(Para 3.23 of the report)

Action Taken

2.1.8 Cadre specific training programmes are implemented under the NTEP through National Institutes and State Training & Demonstration Centres. Modernised training system (MTS) which is an updated system for capacity building in NTEP combining traditional and modern techniques of creating and delivery of training content has been developed. Seven cadre wise NTEP courses including Community Health Officer, pharmacists, Senior Treatment Supervisor, health volunteer and treatment supporter, Senior TB Laboratory Supervisor, Lab technicians, district program managers have been rolled out across the country. Since 2021-22 to date, 4547 persons have been trained using Modernised training system (MTS) across 19 States & 4 UTs under these cadres. A newer training module for Family Care Giver Model has also been developed and the frontline cadres like ASHAs, treatment supporters etc are being trained on the same. These trainings are expected to

capacitate the front-line cadres in better management of the cases and improving treatment outcomes.

Recommendations/Observations

2.1.9 The Committee was given a note that the salary structures of human resourcesinvolved in the TB elimination program are not on par with other contractual healthcare staff appointed as part of the National Health Mission (NHM). This leads to lower motivation of staff and internal friction amongst the staff. The Committee suggests that the rationalisation of the salary of the healthcare workforce under the TB program at par with other healthcare staff appointed under NHM may be done at the earliest, and all contractual NTEP manpower may be regularised. The Government also needs to take positive measures such as special allowances, availability of accommodation, etc., to incentivise professional clinical and non- clinical staff to get posted to rural/ hilly areas.

(Para 3.24 of the report)

Action Taken

2.1.10 The National Health Mission implements a "Health System's Approach" for human resource for health irrespective of the national programme. All service delivery staff are integrated at the facility level and provide services for all national programmes. Guidance has been given to all State/UTs for rationalisation of the salary of the health workforce and necessary additional resources are provided under NHM for the same. So far, 18 states have carried out salary rationalization of NHM staff (Andhra Pradesh, Arunachal Pradesh, Bihar, Chhattisgarh, Himachal Pradesh, Karnataka, Kerala, Madhya Pradesh, Maharashtra, Manipur, Meghalaya, Odisha, Tripura, J&K, Ladakh, West Bengal, Tamil Nadu, Gujarat). The regularisation of contractual NTEP manpower under NHM and for the matter of fact for all national health programmes is a "State Subject". State/UTs wherever applicable, have also provisioned for additional incentives / allowances for posting of medical and para-medical staff in hilly/tribal/difficult to reach areas as per State/UT specific context. Such proposals are recommended under NHM.

Recommendations/Observations

2.1.11 The Committee has also been apprised during its interaction with stakeholders that many complications during and following the treatment of TB require thoracic surgical interventions, the facilities for which are grossly insufficient in the country. In view thereof, the Committee feels that the Government must take urgent steps for the recruitment of specialists to address the shortage of specialists in health facilities.

(Para 3.25 of the report)

Action Taken

2.1.12 Surgical / Specialised interventions for managing complicated cases of TB are made available at select centres across the country. Under NTEP, the infrastructure and human

resource including specialists are approved in the PIPs based on State/UT proposals every year.

2.2 MAJOR CHALLENGES IN TREATMENT AND TACKLING OF TB

Recommendations/Observations

2.2.1 ***Social stigma****: - The stigma associated with the disease is a significant barrier to its management. The negative perceptions and misconceptions surrounding TB often lead to discrimination, isolation, and reluctance to seek treatment. Stigma also discourages individuals from getting tested or adhering to treatment, ultimately impeding efforts to control the spread of TB disease. The Committee feels that stigma reduction is among the most important aspects that can provide an enabling environment for people with TB to seek care and complete their treatment. Addressing this stigma through targeted advocacy, communication and social mobilisation activities; structured sensitisation programmes specifically for rural areas; publicising success stories of TB survivors and community engagement are crucial for effective TB control programs. The Committee recommends that the Government should consider screening and active case finding should be called Lung Health Screen and not TB screening to reduce stigma.*

(Para 3.26 of the report)

Action Taken

2.2.2 Stigma at the community level is a persistent challenge being faced by the programme. The Ayushman Arogya Mandir centres are actively involved in providing TB services. These centres have dedicated a day every month "Ni-kshay Diwas" focused on providing TB care for all existing TB patients, IEC & awareness activities in the community and screening of vulnerable activities through community outreach. The programme has established a strong community engagement programme by identifying TB survivors and building their capacity to become TB Champions (Ni-kshay Saathi). These TB champions act as peer counsellors and programme advocates for community awareness and addressing stigma related to TB in the society. "TB Harega, DeshJeetega Campaign" was initiated by the Government of India in 2018-19 to accelerate the progress towards elimination of Tuberculosis (TB) from the country. The campaign aimed to raise awareness about the disease, increase access to diagnostic and treatment services, and engage communities and stakeholders to achieve the national goals. All State/UTs are provided with adequate resources to do targeted IEC campaigns specific to local context. In addition, the programme conducts awareness campaigns during Ayushman Bhavah and Viksit Bharat Sankalp Yatra.

2.3 SCREENING, EARLY DETECTION AND NOTIFICATION OF TB CASES

Recommendations/Observations

2.3.1 The Committee observes that early detection is crucial, requiring screening of vulnerable populations to break the transmission chain. The Committee was apprised that lack of control of TB transmission, particularly in the poor & slum areas, is leading to the infection ratio, i.e., the number of individuals infected by a TB patient, greater than or equal to one and lack of testing with X-ray & CBNAAT are delaying the TB cases detection. The

Committee believes that the efforts to screen & detect TB at early stages should be made on a war footing. Keeping in view the large population of India and the target of achieving TB elimination by 2025, the Committee suggests that there is a need to significantly increase the rate of TB case finding by making efforts as follows:

i. Aggressive use of X-ray for faster & confirming TB diagnosis: *- The National TB Prevalence Survey 2021 shows that out of 100 TB cases, clinical assessment picks up only 62 cases while X-ray picks up 95 cases. Also, among those diagnosed during the survey, more than 50% did not have typical signs or symptoms suggestive of TB but had an abnormality in the chest X-ray, which led to their TB diagnosis. Hence, dependence on clinical assessment based on symptoms alone and the non-availability of X-ray diagnostic facilities led to about 33% of missed cases. Therefore, the Committee would like to suggest that the Government ensure that X- ray facilities are available at all public healthcare facilities. Further, to speed up the early detection of TB cases, deploying Artificial intelligence-enabled portable and hand-held X-ray units for screening at district as well as block levels should be considered. Also, the provision of hand-held X-ray machines at registered private centres at discounted rates may also be considered.*

ii. Scaling up molecular laboratories to block levels: *- The Committee has been informed that in the year 2022, the percentage of PTBER-NAAT examinations where molecular diagnostic tests were conducted as the first test of diagnosis was 23% of the total PTBER tests conducted including microscopy. National TB Prevalence Survey shows that among one lakh people, microscopy picks up 152 TB patients while molecular tests pick up 285. Hence, considering the efficiency of molecular diagnostics is much higher than microscopy, further decentralisation of rapid molecular diagnostics, ensuring optimal utilisation of NAAT capacity to peripheral levels, at least the Block levels, will lead to a significant decrease in missed TB cases per lakh population and curb ongoing transmission of the disease.*

iii. Holistic implementation of intensified case finding in OPDs of all healthcare facilities*: - This involves systematic screening of all people seeking care in a health facility or a clinic for identification of people at risk for TB. Bi- directional screening of patients visiting the hospitals for diseases like diabetes must be brought into wide practice, which includes simultaneous diagnosis for TB along with other ailments.*

iv. Contact Tracing: *- In the National TB Prevalence Survey 2021, it was observed that up to 64% of those with presumptive TB symptoms or signs in the general population did not seek care. The Committee is of the view that there is a requirement for systematic planning and implementation of active case-finding campaigns among vulnerable populations in community settings more aggressively to minimise the delays in the detection and treatment of TB cases. The Government may also consider incentivising anybody in the community for a case referred to and diagnosed as TB.*

v. Involvement of the private sector: *- The National Strategic Plan envisioned obtaining 56% of the total notifications from the private sector by 2021, but the country has reached only 32%. Effective engagement of the private sector on a scale commensurate with their dominant presence in the Indian healthcare system is crucial to achieving the TB elimination target. The Committee is of the view that there is a need for systematic assessment and a proper strategy to promote engagement of the private sector. Various methods like expediting the payment of incentives and any treatment cost to the private sector, making the Ni-kshay portal more user-friendly for ease of reporting & capacity building programme in Information and communication Technology (ICT) for private providers. Apart from this, there should be a robust monitoring mechanism in place to ensure the accountability of private players to create a sustainable public private partnership in TB elimination.*

vi. Increase in awareness program: *- The Committee is of the view that the health- seeking behaviour of the population is also a challenge in the TB elimination drive that leads to missed cases. This can be overcome by aggressively targeted IEC campaigns in the community to raise awareness and improve health-seeking behaviour.*

vii. Region-specific detection pattern: *- The causes for the spread of TB can vary across different regions due to a combination of social, economic, healthcare, and geographical factors. The detection and case-finding pattern, along with control measures, should be well strategized with an understanding of the differences.*

(Para 3.4 of the report)

Action Taken

2.3.2 The government acknowledges the observations of the Committee. The NTEP has been implementing active case finding campaigns in vulnerable and high-risk population since 2018. More than 22 Crore population screened for TB symptoms in 2022 which yielded about 50,000 additional TB cases (India TB Report 2023). Through more than 1.6 lakh Ayushman Arogya Mandir, the government is providing comprehensive primary healthcare services. These centres have dedicated a day every month called as "Ni-kshay Diwas" to raise awareness, screen vulnerable population and provide saturation of services for persons affected with TB. The presumptive TB testing rate is a key performance indicator being monitored at all levels under NTEP. The presumptive TB testing rate at the national level has improved from 500/lakh population in 2015 to over 1200/lakh population in 2022.

2.3.3 **Use of X-ray under NTEP**: The availability of X-rays in public health institutions is ensured through the "Free Diagnostics Initiative" under NHM. In addition, the X-ray sites are linked with tele-radiology to ensure timely reporting of X-rays at sub-district levels. Wherever required in-sourcing of X-ray services from the private sector is already implemented by the States at district & block levels. The ultra-portable hand-held X-rays have already been introduced in some State/UTs and all States have been encouraged to propose further additional requirements in their annual plans. To enhance the State/Districts capacity,

398 digital x-ray machines with CR system have already been provided by the Centre to the District TB Centres.

2.3.4 **Scaling up of Molecular Diagnostic Laboratories**: The NTEP has scaled up the availability of Nucleic Acid Amplification Tests (NAAT) - molecular diagnostic machines The number of NAAT machines across the country has increased from 80 in 2015 to 6197 in 2023. With the operationalization of these laboratories, NTEP has been able to saturate all districts with molecular diagnostic laboratories. Further expansion to saturate block levels is envisaged and ongoing. With the existing laboratories, the NTEP has established a robust sample collection & transportation mechanism, that ensures all blocks are linked to molecular diagnostic laboratories.

2.3.5 **Intensified Case Finding (ICF)**: ICF is an integral part of NTEP's case finding strategy wherein all priority OPDs like HIV, NCDs, Tobacco Cessation Centres, Dialysis, etc have established a strong cross referral mechanism with TB laboratories for screening among beneficiaries.

2.3.6 **Contact Tracing**: The policy for contact tracing, ruling out of active TB and TB Preventive treatment has been expanded to all age group in contact of pulmonary TB in 2021. Active Case Finding (ACF0 is being implemented for the vulnerable populations since 2018. Based on the National TB Prevalence Survey, priority groups (household contacts, past history of TB, elderly, diabetics, tobacco users and individuals with low BMI) which account for over 80% of the new cases. These priority vulnerable groups are line listed at AB-HWC levels and actively screened on a periodic basis during Ni-kshay Diwas for early detection of TB. Also, these groups are being targeted for TB prevention activities. Under NTEP Rs 500/- as an incentive is already provisioned for informants (who could be anybody in the community). This incentive is provided to informants, if they refer a presumptive TB case and which gets confirmed as TB.

2.3.7 **Private Sector Involvement**: With a focused and targeted engagement with the private sector through interventions like Patient Provider Support Agency (PPSA), gazette notification for mandatory notification of TB cases, incentives for notification of cases and collaborations with professional bodies like IMA, IAP, FOGSI, etc., there has been an increase in private sector notification by more than 7 times over the past 8 years. In 2022, the country was able to notify 7.33 lakh TB cases (highest ever) respectively accounting for 30% of total notifications. In 2023, till Nov 2023, 7.3 lakh patients were notified from the private sector which contributed to 32% of total notifications. While NTEP took steps to engage the private sector before 2013-14 as well, these achieved limited success. Between 2013 to 2017, the Government with support of development partners implemented pilot projects in Mumbai and Patna, that demonstrated role of interface agencies called Public–Private Interface Agencies (PPIAs) in engaging the private providers. Subsequently, these pilots were scaled up, in the form of Patient Provider Support Agency (PPSA) across other geographies in the country. The Ministry has approved PPSAs in 385 districts of which an interface agency has been onboarded in 236 districts (2023). These interventions have been assessed from time to time and based on the learning's further scale up is planned. The Ni-kshay portal has evolved

itself over time and has developed a user-friendly interface for the private sector to notify and manage cases. In addition, there is a dashboard for monitoring the private sector performance at national, state and district levels.

2.3.8 **Awareness Programmes**: Under NTEP, the government has implemented an aggressive IEC strategy in collaboration with the support of State/UT governments. "TB Harega, Desh Jeetega Campaign" was initiated by the Government of India in 2018-19 to accelerate the progress towards elimination of Tuberculosis (TB) from the country. The campaign aimed to raise awareness about the disease, increase access to diagnostic and treatment services, and engage communities and stakeholders to achieve the national goals. All State/UTs are provided with adequate resources to do targeted IEC campaigns specific to local context. In addition, the programme conducts awareness campaigns during Ayushman Bhavah and Viksit Sankalp Bharat Yatra. Under Ayushman Bhavah about 2.1 Cr individuals were screened for TB while under Viksit Bharat Sankalp Yatra, 3.38 Cr individuals were screened for TB.

2.4 DIAGNOSTIC FACILITIES FOR TB DETECTION

Recommendations/Observations

2.4.1 The Committee believes that further improvement in the availability and affordability of TB diagnostic facilities in India and upgrading the existing ones is critical for the success of PMTBMBA as well as achieving the global target for TB elimination by 2025. In this respect, the Committee would like to suggest the following way-forward measures: -

*i) **Implementation of stringent quality measures** by strengthening and scaling up External Quality Assurance (EQA) for public and private laboratories through an in-built routine quality assurance system for all diagnostic tests offered. Systematic monitoring and coverage expansion of post-EQA follow-up may be emphasised to verify the implementation of corrective action.*

*ii) **NABL accreditation** plays a critical role in assessing and monitoring the quality and standards of diagnostic facilities available at laboratories. It also enhances the confidence of patients in accepting the testing reports. The activities towards obtaining NABL accreditation for laboratories may be expedited.*

*iii) **More investment in innovative diagnostic technologies** that offer accurate and rapid results like GeneXpert and Truenat. Increased procurement of mobile diagnostic units with NAAT and hand-held X-rays for reaching out to remote or rural areas and other vulnerable areas. This would make it easier for people to access diagnostic services without travelling long distances and promoting active case- finding campaigns.*

*iv) **Recruitment of healthcare workers and technicians for optimal utilisation of diagnostic resources** available in health centres and laboratories. Capacity building and training of healthcare workers, technicians, and laboratory staff in the latest*

diagnostic technologies like Truenat, C&DST and equipment maintenance may be given significance.

v) ***Incollaboration with NGOs and leveraging community engagement****, we need to run extensive awareness campaigns to educate people about the importance of early diagnosis of TB and addressing the stigma associated with TB.*

(Para 3.9 of the report)

Action Taken

2.4.2 Policy of NTEP is to provide quality assured diagnostics both in public as well as private sector through an in-built routine quality assurance system at NRLs for all diagnostic tests offered. EQA for the NRLs is conducted through WHO Supra-National Reference Laboratory (SNRL), NIRT, Chennai and the coordinating WHO SNRL network, Antwerp, Belgium. NTEP in coordination with NRL- NTI, Bangalore is conducting EQA for rapid NAAT technology. Complete coverage of CBNAAT was achieved in 2022. EQA for Truenat was initiated with 841 machines in 2022 and to be expanded to 2000 machines in 2023. Post-EQA, visits were carried out by the NRL and IRL for intervention. Nineteen laboratories obtained NABL accreditation. Further, 13 laboratories are in advanced stages in NABL accreditation, and 15 laboratories have initiated their activities. Expansion of diagnostic network both for molecular diagnostics and for hand-held X-rays is ongoing. Human resources for peripheral sites (Microscopy centre & NAAT facilities) and CDST laboratories are supported through NHM via the PIP mechanism. Based on workload, an option for increasing HR is made available. The programme has established a strong community engagement programme by identifying TB survivors and building their capacity to become TB Champions (Ni-kshay Saathi). These TB champions act as peer counsellors and programme advocates for community awareness and addressing stigma related to TB in the society.

2.5 WAY FORWARD

Recommendations/Observations

2.5.1 The Committee is of the view that on the lines of the above-mentioned successful programmes, the TB elimination programme can be strengthened regarding surveillance of TB cases. As the Ni-kshay portal has the potential for continuous surveillance and monitoring of each TB patient from detection to completion of treatment, it can be used to contact and track TB patients for early detection and treatment follow-up. In view thereof, the Committee suggests making the Ni-kshay portal more user-friendly and a one-stop platform for TB data collection. Other technological interventions like mobile applications for continuous monitoring of TB patients, district-wise vulnerability mapping, and active case finding may also be developed by leveraging digital tools to strengthen the surveillance of TB cases.

(Para 4.19 of the report)

Action Taken

2.5.2 The National TB Elimination programme uses Ni-kshay, a case-based web based application wherein all TB patients (public & private sectors) are notified and tracked. The portal works as a one-stop platform for the programme and is enabled to track individuals right from presumptive screening, diagnosis, treatment to post treatment follow up. The Ni-kshay application has been evolving over time with addition of new features and making it user friendly. All the modules in Ni-kshay are available for the health staff to do real-time recording of data both on web version as well as the mobile application. The Programme Division is currently in the process of devising concepts for integrating the mapping of individual vulnerabilities as well as active case finding as part of the Ni-kshay portal.

Recommendations/Observations

2.5.3 The Committee emphasises that the Government should make efforts to bring inter-sectoral convergence for strengthening the community effort in PMTBMBA on similar lines. As part of endeavours to improve detection, integrating an active case-finding drive for TB with the existing house-to-house survey conducted by ASHA workers twice a year for the immunisation programme can be considered. Conducting household visits is essential to achieve a complete detection of TB cases. All individuals suspected of having TB, whether symptomatic or asymptomatic, should be brought to clinics or diagnostic laboratories for testing, ensuring thorough screening for TB positivity, particularly in high- risk areas like slum areas and densely populated areas.

(Para 4.20 of the report)

Action Taken

2.5.4 The recommendations of the Committee for inter-sectoral convergence is well noted.

- The NTEP has proactively identified priority line ministries with a view to ensure inter-sectoral convergence for TB elimination. Memorandum of Understandings (MoUs) have been signed with M/o Railways, M/o Defence, M/o Labour & Employment, M/o Panchayati Raj, M/o Ayush, etc. to take the converged effort forward.
- The NTEP has been implementing active case finding campaigns in vulnerable and high-risk population since 2018. More than 22 Crore population were screened for TB symptoms in 2022 which yielded about 50,000 additional TB cases (India TB Report 2023). These Active Case Finding (ACF) rounds are focused on vulnerable populations like urban slums, vulnerable workplace settings, prisons, etc.
- Through more than 1.6 lakh Ayushman Arogya Mandir, the government is providing comprehensive primary healthcare services. These centres have dedicated a day every month called as “Ni-kshay Diwas” to raise awareness, screen vulnerable population and provide saturation of services for persons affected with TB.
- The presumptive TB testing rate is a key performance indicator being monitored at all levels under NTEP. The presumptive TB testing rate at the national level has improved from 500/lakh population in 2015 to over 1,200/lakh population in 2022.

CHAPTER III

RECOMMENDATIONS/OBSERVATIONS IN RESPECT OF WHICH REPLIES OF THE GOVERNMENT HAVE NOT BEEN ACCEPTED BY THE COMMITTEE

3.1 DRUG RESISTANT TB CASES

Recommendations/Observations

3.1.1 In view of the alarming rise in Drug-resistant TB cases, the Committee suggests to the Government that efforts should be made to decentralise healthcare delivery of DR-TB & MDR-TB services, thus providing easy access to rapid molecular diagnostics of TB upfront, including remote areas or to high-risk patients across the country.

(Para 1.28 of the report)

3.1.2 Also, the Committee believes that for such cases, an integrated health system approach for service delivery, including counselling in the general health system, should be implemented for early diagnosis and timely initiation of treatment. Further, the Committee suggests that a robust and exclusive surveillance system for drug-resistant TB cases should be put in place to track the patients and monitor their adherence to the prescribed treatment.

(Para 1.29 of the report)

Action Taken

3.1.3 The Government has extended the following efforts for efficient service delivery through an integrated health system approach:

- Availability of molecular diagnostics has been scaled up to 6196 Nucleic Acid Amplification Test (NAAT) machines covering all districts in the country. In addition, 91 Line Probe Assay labs and 69 liquid culture testing laboratories have been established in the country for diagnosis of MDR-TB and XDR-TB.

- Universal Drug Susceptibility Testing (UDST) is implemented under the NTEP to ensure every diagnosed TB patient is tested to rule out drug resistance before or at the time of treatment initiation itself.
- Newer drugs like Bedaquiline and Delamanid have been made available for management of DRTB.

- Decentralized DR TB treatment services are offered through 162 Nodal DR-TB Centres and 792 District DR TB centres across the country.

- All DR-TB cases are tracked through Ni-kshay Portal for ensuring their treatment adherence and successful treatment outcomes

3.1.4 The incidence of TB in India has reduced by 16% from 237/lakh population in 2015 to 199/lakh population in 2022. At the same time, the estimates of DRTB in India has reduced by 20% from 1.4 lakh in 2015 to 1.1 lakh in 2022 (Global TB Report 2023).

Further Recommendation

3.1.5 The Committee notes that despite these measures, India remains the largest contributor to global TB incidence, approximately one-fourth of the global TB cases. Further, the Ministry stated that there are estimates of 1.1 lakh Drug-resistant TB cases in India in 2022. As per the Ministry of Health and Family Welfare's guidelines for Programmatic management of Drug-resistant TB in India, the management of Drug-resistant TB is complex. The weak TB services lead to delay in detection and effective treatment of Drug-resistant TB.

3.1.6 Given such high burden of TB and drug-resistant TB cases, the Committee feels that the availability of molecular diagnostic facilities including NAAT need to be scaled up further across the country to increase the proportion of TB patients being screened for the presence of drug resistance. The expansion of molecular diagnostics including the NAAT ensures upfront access to rapid molecular diagnostics of TB across the country. Regarding the availability of drugs for drug-resistant TB, the Committee urges the Government to ensure a consistent supply of newer and short regimen drugs nationwide. This is essential to ensure uninterrupted treatment of drug-resistant TB and adherence to the prescribed treatment.

3.2 AFFORDABLE AND QUALITY TB TREATMENT AND AVAILABILITY OF MEDICATIONS

Recommendations/Observations

3.2.1 The Committee appreciates the efforts made by the Government in improving TB treatment and making the treatment and the medicines more affordable and accessible. However, the Committee is of the view that there is a wide scope for improvement to realise the target by 2025 and makes the following suggestions based on its observations:

i. The Committee noted that even some of the tertiary hospitals in major cities of the country lack dedicated TB wards and treatment facilities with adequate capacity, whereas some hospitals have TB treatment facilities but have an acute shortage of skilled manpower. The Committee suggests that a network of dedicated TB clinics and centres equipped with necessary diagnostic and treatment facilities with adequate manpower is required to be expanded to all healthcare facilities from tertiary and primary health centres, covering remote locations. Further, the Committee suggests that resources available under the Ayushman Bharat- Health and Wellness Centres scheme should be leveraged effectively to enhance the reach and efficacy of TB treatment services, especially in underserved areas.

ii. Apart from improving early TB diagnosis and availability of TB treatment, there is a significant need to improve the acceptability of TB treatment. Therefore, the Government should invest more in nationwide public awareness campaigns in collaboration with private healthcare providers, NGOs and other stakeholders to educate the public about

available treatment options, the importance of completing the full treatment course, and dispel myths and misconceptions. The counsellors and psychologists should be roped in the PMTBMBA program in a big way to provide adequate social and emotional support to all TB patients

iii. In order to make the TB elimination program successful, there is a need to establish a continuous and robust data collection and monitoring system, which would help in identifying areas of improvement and allocation of resources effectively on a regular basis. This would also ensure that quality standards and treatment protocols are followed by all providers.

iv. To improve adherence to TB treatment, the Committee suggests that a daily fixed-dose regimen under a directly observed treatment short course should be rolled out throughout the country on mission mode. Further, much-needed support, including more fund allocation, is to be given to support research and trials to expedite the introduction of newer anti-TB drugs providing less toxic and short-duration treatment.

v. In view of higher prices of anti-TB drugs, the Committee suggests that the Government may collaborate with pharmaceutical companies to negotiate prices for TB drugs through bulk purchasing or licensing agreements. It has come to the notice of the Committee that some of the drugs which are used for treating Drug-Resistant TB are still not available to private practitioners. In view thereof, it is also required to establish an arrangement with fixed accountability to maintain a regular supply of quality TB medications to all parts of the country. Moreover, the government may encourage the domestic production of generic TB drugs with infrastructural support, streamlined regulatory processes, and tax incentives to reduce dependency on imported medicines.

vi. The Health Sector of the country has benefited substantially from Corporate Social Responsibility, but the same is lacking in organisation and direction to enhance the benefit of a specific program. The formulation of policies and systematic efforts are required to be made to leverage Corporate Social Responsibility activities with targeted utilisation enhancing affordability and accessibility of TB treatment and drugs.

vii. The effective utilisation of telemedicine and e-health platforms is required to be promoted by developing user-friendly and easy-to operate applications to connect patients with experienced doctors for remote consultations and diagnosis. This can reduce the need for physical visits to diagnostic centres. Moreover, such applications can also be used to provide information about TB and offer medication reminders.

viii. The Committee was informed that it was noticed during the National TB Prevalence Survey, 2021 that a substantial portion of people with TB do not seek care and remain undetected to the system. The community avoids the treatment for various reasons, including the stigma associated with the disease, which hinders the successful implementation of the TB elimination program. Therefore, TB Prevention Treatment is a great initiative to remove the stigma and make PMTBMBA more effective, especially on

the preventive side. TB Prevention Treatment covering all age groups is required to be executed extensively across the country by reaching out to communities and asking people, even at the infection level, to come and start treatment.

(Para 3.13 of the report)

Action Taken

3.2.2 The comments from the Committee are highly appreciated. Under NTEP, free screening, free drugs and free diagnostics are provided free of cost to all TB patients including those seeking care in the private. The health system is continuously supported to further expand the in-patient care required for TB patients both for drug sensitive and drug-resistant TB. DR-TB centres have been established in all districts with beds wherever required for admission of TB patients. The Ayushman Arogya Mandir centres are actively involved in providing TB services. These centres have dedicated a day every month "Ni-kshay Diwas" focused on providing TB care for all existing TB patients, IEC & awareness activities in the community and screening of vulnerable activities through community outreach. The programme has established a strong community engagement programme by identifying TB survivors and building their capacity to become TB Champions (Ni-kshay Saathi). These TB champions act as peer counsellors and programme advocates for community awareness and addressing stigma related to TB in the society.

3.2.3 "TB Harega, Desh Jeetega Campaign" was initiated by the Government of India in 2018-19 to accelerate the progress towards elimination of Tuberculosis (TB) from the country. The campaign aimed to raise awareness about the disease, increase access to diagnostic and treatment services, and engage communities and stakeholders to achieve the national goals. All State/UTs are provided with adequate resources to do targeted IEC campaigns specific to local context. In addition, the programme conducts awareness campaigns during Ayushman Bhavah and Viksit Sankalp Bharat Yatra.

3.2.4 For a robust data collection and monitoring system, Ni-kshay web portal has been created to track each TB patient notified throughout the entire cascade of care and post treatment follow up. To improve treatment adherence fixed dose combinations (FDCs) have been introduced under NTEP since 2018 and adherence is monitored through DOTS. In addition, patient friendly digital adherence solutions are implemented to monitor treatment adherence.

3.2.5 The Department of Health Research and Indian Council for Medical Research has established an India TB Research Consortium for working on Research & Development on TB drugs, diagnostics, vaccines and implementation research. Under the National TB Elimination Programme (NTEP), a task force of medical colleges has been established to support programme implementation and operational research.

3.2.6 The ministry continuously engages with the pharmaceutical companies to ensure price reduction and the principles of GFR are followed for all public procurements under NTEP.

The Ministry has always encouraged domestic pharmaceutical industry for manufacturing Anti TB Drugs. For ensuring access to DR-TB drugs to the patients seeking care in the private sector, the programme has laid down SOPs for the State and Districts by which private sector can engage with the programme for easy access to the newer drugs free of cost.

3.2.7 The NTEP has developed strong linkages with the corporate sector and business associations for increasingly leverage the CSR resources for programme related activities. The State governments also engage with corporates and industries at the local level for leveraging additional resources. Through the Ayushman Arogya Mandir, tele-medicine services are provided for all patients who require it thereby increasing access to specialists and reduction in out-of-pocket expenditure. The Arogya Saathi App which is the citizen facing application of Ni-kshay has been developed to provide information about TB and offer medication reminders as well as self-report the treatment adherence. The NTEP has expanded its preventive treatment policy to cover all household contacts and vulnerable population. More than 13 lakh contacts and PLHIVs were started to TPT in 2022. The State & Districts implement targeted IEC activities to increase patient and public awareness and the need for prevention activities at the community level including TB preventive treatment for the eligible population.

Further Recommendation

3.2.8 The Committee recognises the Ministry of Health's efforts but highlights the vast task ahead and the limited time to reach the End TB target. Improvements needed include dedicated TB wards in all hospitals, regular reviews, strict monitoring, adequate treatment facilities, skilled manpower, and clear accountability for a steady supply of quality TB medications. The government should also support domestic production of generic TB drugs to reduce dependency on imports and enhance healthcare sustainability.

3.2.9 The Committee recommends increasing funds for TB research and clinical trials and urges the Government to align Corporate Social Responsibility funds with health sector guidelines for better TB treatment utilization. The 2021 National TB Prevalence Survey found that many TB patients do not seek care and remain undetected. Further, the Ministry, in its reply at Para 1.5.3 of this Report, stated that TB is known to affect the productive age group and under the NTEP in 2023 (Jan-Dec) about 41% of the TB cases were reported in the age group of 15-34 years. Thus, the Committee urges more effective promotion and implementation of TB Prevention Treatment across all age groups, prioritizing those aged 15-34 who are disproportionately affected.

3.3 ADEQUACY OF HEALTHCARE INFRASTRUCTURE AND MANPOWER TO SUPPORT PMTBMBA

Recommendations/Observations

3.3.1 During the meeting held with stakeholders, the Committee was apprised of the problems faced at health facilities for TB diagnosis. It was submitted that the diagnosis of TB

sometimes gets delayed in various peripheral centres as well as in tertiary institutes because of a lack of availability of necessary reagents and kits, as there are delays in procurement at various levels. The Committee is of the view that such administrative delays in the procurement of requisite resources would weaken the momentum of TB care services and would lead to the active spread of TB disease. Therefore, the Committee suggests that there should be an uninterrupted supply of CBNAAT & Truenat cartridges and other functional diagnostic equipment at every healthcare centre. For this purpose, the Government may take steps to streamline the procurement procedures and to make a robust mechanism for reporting and monitoring of the availability of cartridges stock and other equipment. Further, the Government should engage with manufacturers and suppliers to ensure a regular supply of quality kits and equipment. Local manufacturing may be promoted with necessary tax rebates and subsidies.

(Para 3.18 of the report)

Action Taken

3.3.2 The programme has rapidly scaled up the availability of molecular diagnostics across the country covering all districts. Procurement procedures and systems have been established to ensure regular and uninterrupted supplies for all consumables required for TB screening and diagnosis. In addition, adequate resources have been provisioned with the State/UT governments for local procurement in emergent situations. Ni-kshay Aushadi has been developed to closely monitor the supply chain distribution and consumption of drugs & diagnostics on a regular basis. Further local manufacturing is integral part of the government policies as per extant government rules following relevant provisions of GFR.

Further Recommendation

3.3.3 The Committee identified administrative delays in procuring necessary reagents and kits, leading to shortages. It stressed the importance of maintaining a steady supply of diagnostic equipment like CBNAAT and Truenat cartridges for early TB diagnosis. The Ministry reported the development of the Ni-kshay Aushadhi platform to monitor drug and diagnostic supplies. However, the Committee urges streamlined procurement procedures for consistent supplies. Additionally, promoting local manufacturing with special incentives can enhance domestic production capacities and ensure reliable supply chains for essential healthcare products.

3.4 ONGOING RESEARCH INITIATIVES AND STUDIES RELATED TO TB IN INDIA

Recommendations/Observations

3.4.1 The Committee is of the view that research and innovation in TB elimination programs are core components that would re-define the diagnostic and treatment measures to transform the TB response efforts and develop novel approaches that not only benefit India in reducing TB burden but can lead the way for other countries to follow. Keeping in view the

challenges being faced in TB control, the Committee would like to suggest developing a diagnostic method that is very simple to use and less time-consuming that frontline workers can use to get results within minutes at minimal costs. Such diagnostic methods would add new dimensions to the diagnostic services, which are affordable and easily accessible to patients.

(Para 4.3 of the report)

3.4.2 Another priority for research in TB is the development and validation of new drugs that are critical for strengthening the treatment regimens in terms of short duration and less toxicity to TB patients. It is also noted that evidence on certain drug regimens for Latent TB infection, drug-susceptible & drug-resistant TB infections is clear; however, these regimens are still not scaled up. The Committee would request the government to expedite the process and bring these drug regimens to treat TB cases.

(Para 4.4 of the report)

Action Taken

3.4.3 The Department of Health Research and Indian Council for Medical Research has established an India TB Research Consortium for working on Research & Development on TB drugs, diagnostics, vaccines and implementation research. The ICMR has constituted a committee of experts for identifying innovations for conducting feasibility studies based on the readiness of the products. Under the National TB Elimination Programme (NTEP), a task force of medical colleges has been established to support programme implementation and operational research. Newer diagnostic methods as and when recommended by the ICMR are incorporated into the programme guidelines based on feasibility of adoption and scalability. The newer drugs / drug regimen as recommended by the ICMR are under procurement for rapid scale up across the country.

Further Recommendation

3.4.4 Research and innovation within TB elimination programs play a pivotal role in revolutionising TB response efforts. This includes the development of simpler, more affordable, and less time-consuming diagnostic methods, as well as the creation of shorter duration and less toxic medications. To enhance these efforts, the Committee recommends a strategic approach to the research work conducted by organisations such as the Indian Council of Medical Research (ICMR) and the India TB Research Consortium. This involves meticulous planning and monitoring of research activities, along with increased funding and autonomy for these organizations. Accountability should be result-oriented, with clear timelines set for achieving objectives. Further, the colleges and universities should be actively engaged in TB research work. Any delays in adopting newer diagnostic methods and drug regimens must be promptly reviewed and addressed to expedite procurement and implementation.

3.4.5 The Government of India has approved the BPaLM regimen for MDR-TB, comprising Bedaquiline, Pretomanid, Linezolid, and Moxifloxacin. As per research reports*, this treatment has shown promising results and proven to be safer, more effective, and faster, curing drug-resistant TB in six months compared to the traditional 20-month regimen. The roll-out of this regimen is crucial for achieving WHO's TB elimination goals. The Committee, therefore, urges the Government to ensure its timely implementation nationwide in consultation with States/UTs.

3.5 WAY FORWARD

Recommendations/Observations

3.5.1 The Committee suggests that across the country, there are about 5,000 to 6,000 public representatives. If they collaborate with officers and NGOs, each representative could support around a hundred cases, which is feasible. Public representatives like MPs and MLAs can be encouraged to utilise their grants or funds for PMTBMBA in their constituency or state to provide medicinesandnutritiousfood.AlongsidetheexistingutilisationofCSRfunds, this could significantly expand support under PMTBMBA to cover all TB patients nationwide. Further, the Committee believes that another area requiring the attention of the Government is efficient resource management and its effective channelisation, which can motivate representatives at all levels to assist TB patients.

(Para 4.23 of the report)

Action Taken

3.5.2 Since the launch of PMTBMBA, the Ni-kshay Mitra initiative, more than 1.56 lakh Ni-kshay Mitras (donors) have come forward and committed to support over 10 lakh TB patients and have distributed more than 15 lakh nutrition baskets across the country. There has been commitment by the highest level of political leadership in the States with Hon'ble Governors of many State/UTs, Hon'ble Union Ministers, Ministers of State, Chief Ministers, State Health Ministers of many State/UTs, MPs/MLAs coming forward to adopt TB patients. Many young children/students have come forward to register as Ni-kshay Mitras and are supporting TB patients from their own pocket money. In addition, Business Associations, PSUs like FICCI, ASSOCHAM, CII, IOCL, Coal India are also Ni-kshay Mitras. 21 State Branches of Red Cross Societies adopted over 13,000 patients and 122 Universities/Colleges of 10 States have adopted over 3500 patients.

3.5.3 The NTEP is working towards sustaining the momentum gained and ensuring the actual service delivery at the field level:

- D.O. letter issued from Hon'ble HFM to all Hon'ble MPs to come forward and register as Ni-kshay Mitras

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**https://www.who.int/teams/global-tuberculosis-programme/tb-reports/global-tuberculosis-report-2023/featured-topics/new-treatment-tb?form=MG0AV3*

- DO Letter from the Ministry of Health and Family Welfare has been sent to Additional Chief Secretary/ Principal Secretary/Secretary (H) of all States/UTs regarding active participation in the implementation of PMTBMBA.
- Cabinet Secretary had written a letter to all Secretaries of Government of India in order to encourage participation of various Officers/ Staff Associations in Ministries / Departments of Govt. of India in PMTBMBA initiative by adopting TB Patients. The Secretary (H&FW) has written to all States and UTs and requested their active participation.
- Functional HR arrangement ensured in the office of Hon'ble Governor/Lt Governors, consisting of a medical officer and a support staff, to monitor and accelerate PMTBMBA initiative efforts made in 29 State/UTs.
- The ministry regularly reviews the State/UTs to assess progress and guide the State/UTs for effective implementation

Further Recommendation

3.5.4 The Committee noted the efforts of the Government in engaging public representatives through the Ni-kshay Mitra initiative to provide medicines and nutritious foods to TB patients. The Committee advocates for further encouragement of public representatives to join as Ni-kshay Mitras and utilise their grants/funds to assist TB patients, for instance a certain amount from Local Area Development Scheme can be utilized for the purpose.

3.5.5 The Ministry further stated that since the launch of PMTBMBA, more than 1.56 lakh Ni-kshay Mitras (donors) have come forward, distributing more than 15 lakh nutrition baskets across the country. However, taking into consideration, the incidence rate of 196 patients per one lakh population in 2022 and the overall TB burden in India, the Committee suggests that the adoption rate of Ni-kshay Mitra initiative should be stimulated and widened.

3.5.6 Additionally, the Committee emphasises the need for efficient resource management and effective channelisation to ensure the success of the Ni-kshay Mitra initiative. The Committee urges the Ministry to provide updates on measures taken to establish and monitor such resource management for optimal fund utilisation.

Recommendations/Observations

3.5.7 The Committee believes that the success of the programme is dependent upon patients completing their treatment in its entirety, which sometimes does not happen. Apart from steps like impressing the patient to complete treatment, the patient must also be assured of not losing their employment during the treatment period. The Committee suggests the Government address the problems related to loss of wage/employment. The Government may also consider the training of patients who completed their treatment to develop vocational skills through CSR funds.

(Para 4.25 of the report)

Action Taken

3.5.8 The government welcomes the suggestions of the Committee regarding vocational training for TB patients to help them sustain their livelihood during and after treatment. The NTEP has established a strong community engagement strategy not only to support the patients and their families in completing their treatment, but also to address stigma & discrimination at community levels. TB survivors are identified and trained to become TB champions / TB Vijeta, who then act as peer counsellors and community advocates. The NTEP in collaboration with M/o Labour & Employment has issued guidelines to the State/UTs for working with industries / employers for creating an enabling environment for TB patients at the workplace. Also, these guidelines encourage the industries/employers to adopt TB Free Workplace policies. Vocational rehabilitation is an important aspect on which the State/Districts work upon while linking TB patient or their families with existing social protection schemes at the local levels, identifying TB survivors for skill building and linking for vocational training / rehabilitation institutes of line ministries.

Further Recommendation

3.5.9 The Committee acknowledges the Government's efforts to address employment loss for TB patients and train recovered patients using CSR funds. However, to ensure treatment completion, it is crucial to prevent wage loss during treatment. The Committee recommends developing targeted vocational training programs for recovered TB patients in collaboration with the Ministries of Labour & Employment and Skill Development. This could include employer incentives where feasible.

3.5.10 The Committee would like to be apprised of the action taken by the Government in this direction and further recommends the Ministry to submit a status report detailing its efforts to safeguard TB patients' employment and facilitate their vocational recovery.

CHAPTER–IV

RECOMMENDATIONS/OBSERVATIONS IN RESPECT OF WHICH FINAL REPLIES OF THE GOVERNMENT HAVE NOT BEEN RECEIVED

4.1 BEST PRACTICES FOR TB CONTROL IN VARIOUS STATES OF INDIA

Recommendations/Observations

4.1.1 The Committee believes that newly developed skin tests may be utilised extensively for TB preventive treatment and conducted for close contact with TB patients & risk groups like diabetes, alcoholics, etc. The validation of this test for children less than 18 years old may be expedited so that the TB preventive treatment may be given at the infection level itself.

(Para 4.8 of the report)

Action Taken

4.1.2 Newly developed skin text has been validated by ICMR and approved for use in India by the regulatory authority. The same is already under procurement under the programme. The validation of this test for children less than 18 years old has been completed and recommended by ICMR. The same is yet to be approved by the regulatory authorities.

RECOMMENDATIONS/OBSERVATIONS - AT A GLANCE

DRUG RESISTANT TB CASES

The Committee notes that despite these measures, India remains the largest contributor to global TB incidence, approximately one-fourth of the global TB cases. Further, the Ministry stated that there are estimates of 1.1 lakh Drug-resistant TB cases in India in 2022. As per the Ministry of Health and Family Welfare's guidelines for Programmatic management of Drug-resistant TB in India, the management of Drug-resistant TB is complex. The weak TB services lead to delay in detection and effective treatment of Drug-resistant TB.

(Para 3.1.5 of the ATR)

Given such high burden of TB and drug-resistant TB cases, the Committee feels that the availability of molecular diagnostic facilities including NAAT need to be scaled up further across the country to increase the proportion of TB patients being screened for the presence of drug resistance. The expansion of molecular diagnostics including the NAAT ensures upfront access to rapid molecular diagnostics of TB across the country. Regarding the availability of drugs for drug-resistant TB, the Committee urges the Government to ensure a consistent supply of newer and short regimen drugs nationwide. This is essential to ensure uninterrupted treatment of drug-resistant TB and adherence to the prescribed treatment.

(Para 3.1.6 of the ATR)

AFFORDABLE AND QUALITY TB TREATMENT AND AVAILABILITY OF MEDICATIONS

The Committee recognises the Ministry of Health's efforts but highlights the vast task ahead and the limited time to reach the End TB target. Improvements needed include dedicated TB wards in all hospitals, regular reviews, strict monitoring, adequate treatment facilities, skilled manpower, and clear accountability for a steady supply of quality TB medications. The government should also support domestic production of generic TB drugs to reduce dependency on imports and enhance healthcare sustainability.

(Para 3.2.8 of the ATR)

The Committee recommends increasing funds for TB research and clinical trials and urges the Government to align Corporate Social Responsibility funds with health sector guidelines for better TB treatment utilization. The 2021 National TB Prevalence Survey found that many TB patients do not seek care and remain undetected. Further, the Ministry, in its reply at Para 1.5.3 of this Report, stated that TB is known to affect

the productive age group and under the NTEP in 2023 (Jan-Dec) about 41% of the TB cases were reported in the age group of 15-34 years. Thus, the Committee urges more effective promotion and implementation of TB Prevention Treatment across all age groups, prioritizing those aged 15-34 who are disproportionately affected.

(Para 3.2.9 of the ATR)

ADEQUACY OF HEALTHCARE INFRASTRUCTURE AND MANPOWER TO SUPPORT PMTBMBA

The Committee identified administrative delays in procuring necessary reagents and kits, leading to shortages. It stressed the importance of maintaining a steady supply of diagnostic equipment like CBNAAT and Truenat cartridges for early TB diagnosis. The Ministry reported the development of the Ni-kshay Aushadhi platform to monitor drug and diagnostic supplies. However, the Committee urges streamlined procurement procedures for consistent supplies. Additionally, promoting local manufacturing with special incentives can enhance domestic production capacities and ensure reliable supply chains for essential healthcare products.

(Para 3.3.3 of the ATR)

ONGOING RESEARCH INITIATIVES AND STUDIES RELATED TO TB IN INDIA

Research and innovation within TB elimination programs play a pivotal role in revolutionising TB response efforts. This includes the development of simpler, more affordable, and less time-consuming diagnostic methods, as well as the creation of shorter duration and less toxic medications. To enhance these efforts, the Committee recommends a strategic approach to the research work conducted by organisations such as the Indian Council of Medical Research (ICMR) and the India TB Research Consortium. This involves meticulous planning and monitoring of research activities, along with increased funding and autonomy for these organizations. Accountability should be result-oriented, with clear timelines set for achieving objectives. Further, the colleges and universities should be actively engaged in TB research work. Any delays in adopting newer diagnostic methods and drug regimens must be promptly reviewed and addressed to expedite procurement and implementation.

(Para 3.4.4 of the ATR)

The Government of India has approved the BPaLM regimen for MDR-TB, comprising Bedaquiline, Pretomanid, Linezolid, and Moxifloxacin. As per research reports*, this treatment has shown promising results and proven to be safer, more effective, and faster, curing drug-resistant TB in six months compared to the traditional 20-month regimen. The roll-out of this regimen is crucial for achieving WHO's TB elimination goals. The Committee, therefore, urges the Government to ensure its timely implementation nationwide in consultation with States/UTs.

(Para 3.4.5 of the ATR)

WAY FORWARD

The Committee noted the efforts of the Government in engaging public representatives through the Ni-kshay Mitra initiative to provide medicines and nutritious foods to TB patients. The Committee advocates for further encouragement of public representatives to join as Ni-kshay Mitras and utilise their grants/funds to assist TB patients, for instance a certain amount from Local Area Development Scheme can be utilized for the purpose.

(Para 3.5.4 of the ATR)

The Ministry further stated that since the launch of PMTBMBA, more than 1.56 lakh Ni-kshay Mitras (donors) have come forward, distributing more than 15 lakh nutrition baskets across the country. However, taking into consideration, the incidence rate of 196 patients per one lakh population in 2022 and the overall TB burden in India, the Committee suggests that the adoption rate of Ni-kshay Mitra initiative should be stimulated and widened.

(Para 3.5.5 of the ATR)

Additionally, the Committee emphasises the need for efficient resource management and effective channelisation to ensure the success of the Ni-kshay Mitra initiative. The Committee urges the Ministry to provide updates on measures taken to establish and monitor such resource management for optimal fund utilisation.

(Para 3.5.6 of the ATR)

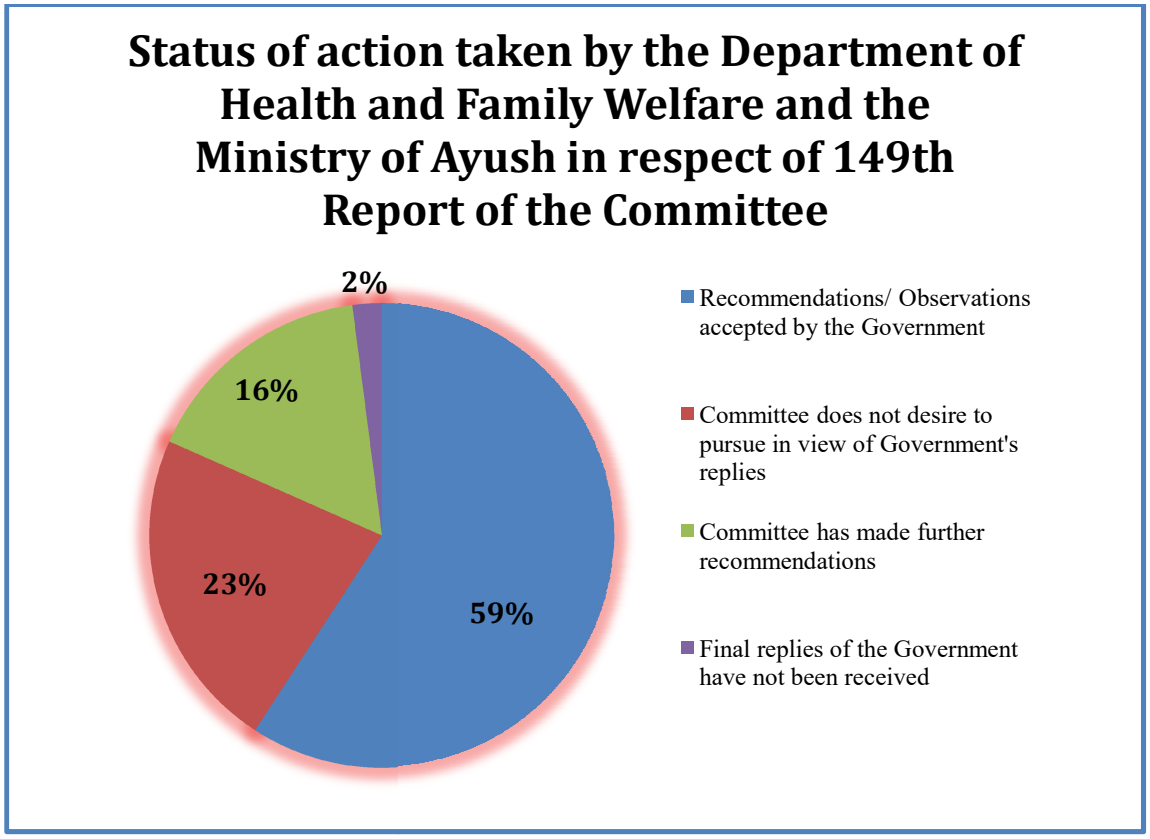
The Committee acknowledges the Government's efforts to address employment loss for TB patients and train recovered patients using CSR funds. However, to ensure treatment completion, it is crucial to prevent wage loss during treatment. The Committee recommends developing targeted vocational training programs for recovered TB patients in collaboration with the Ministries of Labour & Employment and Skill Development. This could include employer incentives where feasible.

(Para 3.5.9 of the ATR)

The Committee would like to be apprised of the action taken by the Government in this direction and further recommends the Ministry to submit a status report detailing its efforts to safeguard TB patients' employment and facilitate their vocational recovery.

(Para 3.5.10 of the ATR)

A pie-chart depicting the status of action taken by the Department of Health and Family Welfare and the Ministry of Ayush on the 149th Report has been given hereunder:



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