



Ministry of Health and Family Welfare
Government of India



COMING TOGETHER TO END TB

MULTISECTORAL AND CORPORATE ENGAGEMENT LANDSCAPE OF INDIA 2023



The Union

International Union Against
Tuberculosis and Lung Disease



COMING TOGETHER TO
END TB

**MULTISECTORAL AND
CORPORATE ENGAGEMENT
LANDSCAPE OF INDIA
2023**



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Foreword

Apart from being a public health problem, TB is also associated with poor socio-economic development, marginalization and undernutrition. The actions required to tackle the socio-economic determinants of TB lie beyond the purview of the health sector alone, calling for a harmonized multisectoral response.

In the last couple of years, there has been paradigm shift in contribution by other sectors in the fight against TB. As a result of diversified approach by the National Program, several models of multi-stakeholder engagement have been successfully demonstrated across the country including inter-ministerial collaborations, engagement with Corporates, Public Sector Undertakings and Industry Associations.

This Compendium 'Coming Together to End TB: Multisectoral and Corporate Engagement Landscape in India: 2023' summarizes the intensive efforts of Central TB Division and its partners for collaboration across Ministries and Corporates, which are working tirelessly towards ending TB in our country. I am grateful for their commitment and contribution towards the vision of TB elimination.

In the past year, we have taken forward several inter-ministerial collaborations. One of the collaborations has been with the Ministry of Panchayati Raj to implement convergent actions towards TB-free Villages. This partnership is a critical step towards center-staging TB elimination through activities and budgets within Panchayati Raj Institutions. Similarly, there are several vulnerable groups in our population which are disproportionately affected by TB. Tribal population is one such group in which the vulnerability is further compounded by challenges in access to quality TB services. The Aashwasan Campaign, launched in January 2022 under the auspices of the Tribal TB Initiative, is about increasing awareness and accelerating early detection of TB cases through intensive screening in remote tribal areas.

Focused workplace interventions are critical in providing an opportunity to reach a large number of people in a supportive setting. Interventions at the workplace can help create awareness, reduce stigma and provide the necessary support to workers suffering from TB in completing the required TB treatment. Several Corporates and organizations have come forward to implement the TB-free Workplace Policy, creating a sea-change in the organization's approach to workplace well-being.

Finally, we recognize the role of the corporate sector as an important stakeholder in our TB elimination efforts. Under the Corporate TB Pledge, around 300 Corporates have taken the pledge to engage to eliminate TB.

I am confident that this Compendium will motivate other sectors to join our efforts in the elimination of TB from our country. Together, we can make a difference in the lives of millions of people affected by TB.

TB Harega, Desh Jeetega


Dr. Rajendra P. Joshi

Acknowledgements

The Compendium ‘Coming Together to End TB- Multisectoral and Corporate Engagement Landscape of India: 2023’ provides a platform for cross-learning among stakeholders, including non-health government departments and corporate organizations, by depicting best practices being implemented under multisectoral engagement. The sections of the Compendium have been designed in such a way that myriad perspectives of engagement, with diverse set of stakeholders, are portrayed for TB elimination.

This Compendium of multisectoral engagement has been prepared under the guidance of Central TB Division, Ministry of Health and Family Welfare, Government of India. We are grateful to Dr. Rajendra P. Joshi, Deputy Director General (TB), Dr. Alok Mathur, Additional Deputy Director General (TB), Dr. Sanjay K. Mattoo, Additional Deputy Director General (TB), Dr. Raghuram Rao, Assistant Director General (TB), and Dr. Nishant Kumar, Joint Director (TB) for providing technical direction and valuable inputs for the development of the Compendium.

The National Technical Support Unit for Partnerships has led the Compendium’s strategic vision along with insights from The Union’s iDEFEAT TB Project team. This documentation effort has been led by Dr. Neeraj Raizada, Team Lead – NTSU and his team, Dr. Neerja, Project Director – IOVIA, and Dr. Jyoti Jaju, Project Director, iDEFEAT TB Project, with support from Ms. Anisha Singh, Project Director, ACSM-NTSU and her team (supported by Bill & Melinda Gates Foundation).

The development of this Compendium would not have been possible without the stupendous support of State and District NTEP teams.

The zeal of various Ministries, Public Sector Undertakings and their subsidiary State departments to collaborate with us for ending TB by 2025 has also been commendable.

Last but not the least, the contribution of various Ministries, Public Sector Undertakings, Corporates and other organizations is appreciable in the development of this Compendium.

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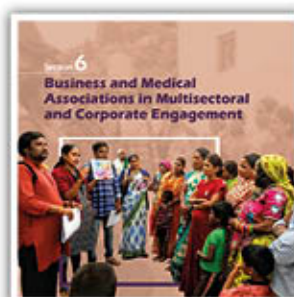
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List of Abbreviations

AB-HWC	Ayushman Bharat - Health and Wellness Center
ACSM	Advocacy, Communications and Social Mobilization
AHEI	Association of Hospitals of Eastern India
AHPI	Association of Healthcare Providers in India
AIMO	All India Manufacturer's Organisation
ASHA	Accredited Social Health Activist
ASSOCHAM	Associated Chambers of Commerce and Industry of India
BEST	Brihanmumbai Electricity Supply and Transport
BMI	Body Mass Index
CBNAAT	Cartridge Based Nucleic Acid Amplification Test
CBO	Community-based Organization
CCL	Central Coalfields Ltd.
CGHS	Central Government Health Scheme
CGPL	Coastal Gujarat Power Limited
CII	Confederation of Indian Industry
CKD	Chronic Kidney Disease
CPSE	Central Public Sector Enterprise
CSO	Civil Society Organization
CSR	Corporate Social Responsibility
CTD	Central TB Division
CTO	City Tuberculosis Officer
CTP	Corporate TB Pledge
DBT	Direct Benefit Transfer
DISH	Directorate of Industrial Safety and Health
DMC	Designated Microscopy Center
DOTS	Directly Observed Treatment Short Course

DR-TB	Drug-resistant Tuberculosis
DTC	District Tuberculosis Center
DTO	District Tuberculosis Officer
ECHS	Ex-Servicemen Contributory Health Scheme
ESIC	Employees' State Insurance Corporation
FBO	Faith-based Organization
FICCI	Federation of Indian Chambers of Commerce and Industry
FOKIA	Federation of Kutch Industries Associations
GAIL	Gas Authority of India Limited
GP	Gram Panchayat
GPAAA	Gram Panchayat Amrita Arogya Abhiyan
GPTF	Gram Panchayat Task Force
HR	Human Resource
IAOH	Indian Association of Occupational Health
ICDS	Integrated Child Development Scheme
ICT	Information and Communications Technology
IEC	Information, Education and Communication
IHPA	Informal Healthcare Providers Associations
IMA	Indian Medical Association
INGO	International Non-Governmental Organizations
IOCL	Indian Oil Corporation Limited
ITB	Informal Healthcare Providers Associations (IHPA) for TB-free Bengal
JBF	Jubilant Bhartia Foundation
KEM	King Edward Memorial Hospital
KHPT	Karnataka Health Promotion Trust
L&T	Larsen & Toubro
MDR	Multi-Drug Resistant
MGNREGA	Mahatma Gandhi National Rural Employment Guarantee Act
MLA	Member of Legislative Assembly
MoHFW	Ministry of Health and Family Welfare

MoU	Memorandum of Understanding
NAAT	Nucleic Acid Amplification Test
NCR	National Capital Region
NE	North East
NEC	North Eastern Council
NGO	Non-governmental Organization
NIMTF-TB	National Inter-Ministerial Task Force on Tuberculosis
NPY	Ni-Kshay Poshan Yojana
NRL	Numaligarh Refinery Limited
NSP	National Strategic Plan
NSS	National Service Scheme
NTEP	National TB Elimination Program
NTSU	National Technical Support Unit
ONGC	Oil And Natural Gas Corporation
PHDCCI	PHD Chamber of Commerce and Industry
PMDT	Programmatic Management of Drug-resistant Tuberculosis
PMTBMBA	Pradhan Mantri TB Mukd Bharat Abhiyaan
PPE	Personal Protective Equipment
PPM	Public–Private Mix
PPSA	Patient Provider Support Agency
P&RD	Panchayat and Rural Development
PRI	Panchayati Raj Institution
PSE	Public Sector Enterprise
PSU	Public Sector Undertaking
PVTG	Particularly Vulnerable Tribal Groups
RATIONS	Reducing Activation of TB Through Improvement of Nutritional Support
RBSK	Rashtriya Bal Swasthya Karyakram
REACH	Resource Group for Education and Advocacy for Community Health
RHAC	Rabha Hasong Autonomous Council
RKSK	Rashtriya Kishore Swasthya Karyakram

SC	Scheduled Caste
SDG	Sustainable Development Goals
SHG	Self-help Group
SME	Small and Medium Enterprises
SRD	S R Deka Group
ST	Scheduled Tribe
STC	State Tuberculosis Cell
STCI	Standards of TB Care in India
STO	State Tuberculosis Officer
STSU	State Technical Support Unit
TB	Tuberculosis
TB-PCR	Tuberculosis Polymerase Chain Reaction
TCI	Transport Corporation of India
TDD	Tribal Development Department
UT	Union Territory
VHSNC	Village Health, Sanitation and Nutrition Committee
VKNRL	Vivekananda Kendra Numaligarh Refinery Limited
WHO	World Health Organization

Executive Summary

India continues to have the highest burden of Tuberculosis (TB) and Drug-resistant Tuberculosis (DR-TB) in the world. According to Global TB Report 2022, an estimated 10.6 million people fell ill with TB globally in 2021 and India carries an estimated 28% of the global TB burden. The economic burden of TB in terms of loss of lives, income and workdays is also substantial. Tuberculosis is one of the biggest public health challenge and Government of India (GoI) is committed to End TB by 2025 through concerted efforts. TB as a disease is driven by a number of socio-economic factors, and ending TB requires a multisectoral and corporate sector engagement that includes active participation of various other Ministries, Departments, Public Sector Undertakings, Corporates, Non-governmental Organizations, etc.

World Health Organization's Moscow Declaration to End TB in November 2017 recognized the need for a multisectoral response to address all determinants of the TB epidemic and called upon all stakeholders and partners to support its implementation. This was reinforced in the resolution of the United Nations High-level Meeting (UNHLM) in October 2018 which reaffirmed that TB requires a comprehensive response that addresses the social and economic determinants of the epidemic through multisectoral engagement.

On the similar lines, a 'National Multisectoral Action Framework for TB-free India' was developed by Central TB Division, Ministry of Health and Family Welfare (MoHFW). This National Multisectoral Action Framework makes a strong case for transforming India's TB elimination efforts from a health sector struggle to a whole-of-society responsibility. It emphasizes complementarity and capitalizes on potential synergies to accelerate TB elimination.

The multisectoral and corporate collaboration aims to strengthen the national response against TB elimination through a "Whole of Government" approach and engagement of key corporate sectors to achieve the targets of ending TB by 2025. It has become an integral part of National TB Elimination Program (NTEP) to take convergent actions and reach out to the key population served by various Ministries, Public Sector Undertakings, civil society and other key stakeholders.

Important progress has been made in the multisectoral and corporate engagement response to eliminate TB because of the highest-level engagement and commitment. In India, the commitment to multisectoral response can be gauged by the fact that 'Multisectoral Action' is outlined as one of the key strategies in the National Strategic Plan (2017–2025) developed by the Ministry of Health and Family Welfare for the Elimination of TB in the country by 2025.

MoHFW has established an Inter-ministerial Committee for TB elimination with 25 Ministries. It has set its terms of reference and has the intention to create a joint operational working group. Memorandums of understanding (MoUs) have been signed with Ministries of Defence, Panchayati Raj, Railways, AYUSH, Labour and Employment, North Eastern Council, Tribal Affairs, Road Transport and Highways, and Department of Internal Security, for activities to be undertaken on TB elimination. Special initiatives have been launched with the Department of Postal services for sputum transportation, and the Ministry of Labour and Employment for TB-free workplaces.

Apart from these, several activities have been undertaken to engage various Public Sector Enterprises, Corporates, Business Associations and other key stakeholders for collaborative action on vulnerability reduction, integration of TB-related services in existing health infrastructure, and social protection for TB patients and affected families.

To galvanize corporates to work towards a shared vision of eliminating TB in India, MoHFW, Government of India, and USAID/India jointly launched the Corporate TB Pledge (CTP) initiative in April 2019.

This Compendium accentuates multisectoral and corporate engagement efforts and models of convergence with Ministries, Departments, Public Sector Undertakings and Corporates, and showcases their involvement in intensifying the fight against TB.

Introduction

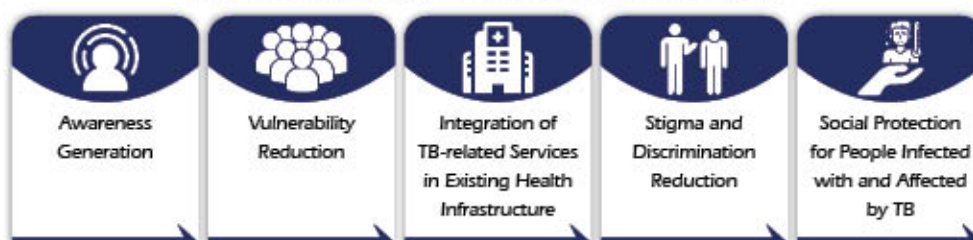
The National TB Elimination Program (NTEP) aims to end the tuberculosis (TB) epidemic in India by 2025, five years ahead of the global target of 2030. With this ambitious goal, NTEP has accelerated elimination efforts in the country, demonstrating significant success in establishing a robust public health infrastructure for TB elimination. In addition to promoting the use of free drugs, diagnostics, direct bank transfers and adherence support, NTEP has institutionalized a broad network of laboratories and a robust TB information management system called Ni-Kshay, and scaled up TB preventive therapy, to name just a few of the initiatives that are yielding positive outcomes.

The fact that TB determinants are vast and range from social to economic to environmental to biological has been universally acknowledged. For a sizable portion of India's TB-affected population, conditions like overcrowding in housing and workplaces, congregate settings, air pollution, malnutrition and food insecurity, smoking and alcohol abuse, HIV/AIDS and diabetes mellitus are everyday realities. TB also impedes progress on nearly all Sustainable Development Goals (SDGs) by disproportionately affecting the poor and vulnerable. Additionally, TB stigma and lack of awareness are strong barriers to health-seeking behavior and treatment adherence. Often, social exclusion and repression caused by stigma have an adverse impact on patients' mental health and well-being.

The National Strategic Plan (NSP) to detect TB cases recognizes the importance of multisectoral engagement as a strategic intervention to reach underserved populations and cater to their specific needs during and after the treatment for improved disease outcomes.

Multisectoral and corporate actions to address social and economic determinants of the disease, including overall poverty reduction and achieving universal health coverage, have become indispensable for convergence and action in key domains.

Key Domains for Convergence and Action



The NTEP recognizes multisectoral and corporate engagement as a key pillar for leveraging cooperation across stakeholders. Through multisectoral engagement, various states have successfully created platforms such as State TB Task Forces involving multiple Ministries and established Multisectoral Engagement Committees, while Corporate/Industrial Bodies and Civil Society Organizations (Rotary Club, for example) have converged to boost

multisectoral involvement for TB elimination. Furthermore, through proactive efforts of the states, memorandums of understanding (MoUs) signed at the national level have also translated into activities at the state/district and sub-district levels.

Representatives from health and non-health Ministries, Public Sector Undertakings (PSUs), Corporate Conglomerates, Associations, State TB Officers as well as various international and national Non-governmental Organizations (NGOs) can promote cross-learning and experience sharing. By coming together, the goal of ending TB can be achieved.

“



There are several aspects, such as social, economic and psychological, that are involved in the management of TB. I really appreciate the industries that have come forward and are contributing towards addressing this very important goal of eliminating TB. Many good things are happening; what we have to do is to scale up the good practices and learn from these examples.

— **Dr. Rajendra P Joshi,**
Deputy Director General (TB) Central TB Division, MoHFW, GoI

”

“

The health of a person cannot be seen in a standalone way or restricted to a compartment. Various departments and organizations have joined us to lend a helping hand and eliminate TB by 2025.



— **Dr. Alok Mathur,**
Addl. DDG, Central TB Division, MoHFW, GoI

Our main goal is to detect the infection as early as possible and further prevent it.

”

“

Sectors other than the health sector, including corporates, play a significant role in any health situation. Multisectoral engagement is one of the key pillars of the National TB



— **Dr. Sanjay K Mattoo,**
Addl DDG, Central TB Division, MoHFW, GoI

Elimination Program. One of the sectors' roles is awareness generation among the population, and even though it may look like a minor activity, its impact is substantial, particularly the stigma removal around TB.

”



Ni-Kshay 2.0 is a digital platform with three main objectives: providing additional patient support to improve treatment outcome of TB patients; augmenting community involvement in meeting India's commitment to end TB by 2025; and leveraging Corporate Social Responsibility (CSR) activities.

Till date, 71,201 Ni-kshay Mitras (donors) have registered and committed to support 9.57 lakh TB patients. Total 4.26 lakh food baskets have been distributed since its launch.

— **Dr. Raghuram Rao,**
ADG-TB, Central TB Division, MoHFW, GoI



I think each sector – whether it is the industry or the Government or the civil society – needs to ask itself, “What can I contribute to making sure we find all the TB cases, that patients get on regular treatment and get reliable supply of medications, and that patients are supported medically, financially, socially and psychologically during their course of treatment?”

Collectively, within India, there absolutely exist the resources – the human resources, technical and manufacturing know-how, and the financial capacity – to do what is required to eradicate TB.

— **Prof. Guy Marks,**
President and (interim) Executive Director



In India, what is so unique and what has allowed us to advance so progressively is that corporates have been able to pledge TB commitment because there is a policy in place at the national level that dictates this must be a part of their responsibility. But policies do not really come into effect until we capitalize on the political will. Here, the government has made incredible strides and emphasized the need for multisectoral partnerships in order to taken action.

— **Ms. Sangita Patel,**
Director – Health Office, USAID/India



While there is a national framework, getting it done at the state and district levels will be the way to go. Now the 'how' will be important, and it will take all of us to get there. SDGs 2030 are not just a government response; it is a societal and corporate response as well.

— **Dr. Po Lin Chan,**
Team Lead – Communicable Diseases, WHO India

We have to challenge ourselves to the limits, exchange our views, share our innovations, cross-learn from each other, and see how all of us can be a part of this journey and take the national program to its logical conclusion, which is ending TB and meeting the SDG targets.



— **Dr. K S Sachdeva,**
Regional Director,
The Union, South East Asia

The adoption of TB patients under PMTBMB is an important milestone because this will bring in the element of larger community involvement. Over the years, the industry and corporates have become part of the initiatives but this one takes it towards the community with the goal of making it a mass movement.



— **Mr. Nilesh Maheshwari,**
Senior Principal and
Head – Public Health,
South Asia, IQVIA



Advocacy and social mobilization is at the core of any public health intervention. It is also at the core of the multisectoral approach. Detailing out the what, when, why and how is crucial for other stakeholders to come in, participate and support the interventions. TB is much beyond health. There are so many other determinants that encompass the challenge around TB, and therefore the need for ACSM.

— **Dr Sameer Kumta,**
Country Lead, Bill and Melinda Gates Foundation

Section 1

Multisectoral Approach to End TB



Inter-ministerial Collaboration

The Government of India has set a target to End TB by 2025, five years ahead of Sustainable Development Goals (SDGs). The elimination of TB needs a collective and integrated response across different Ministries and a “Whole of Government” approach similar to the COVID-19 response. Since the disease is driven by several socio-economic factors (poverty, malnutrition, migration and occupational hazards, etc.), it calls for the convergence of various ministries to join hands together in the process of TB elimination and to create an environment of zero TB by undertaking preventive measures and by addressing the socio-economic determinants. Through inter-ministerial coordination, MoHFW aims to reach critical populations served by various Ministries such as workers, miners, migrants, tribal people, women and children, etc.

MoHFW has initiated discussions to collaborate with prioritized 23 Ministries of Government of India to strengthen the national response against TB. Many Ministries have been engaged at the national level either through signing of formal Memorandum of Understanding (MoU) or through the development of Joint Action Plan.



MoUs have been signed with the following Ministries.

S. No.	Name of Ministry	Date of Engagement
1	Ministry of AYUSH	4 July 2019
2	Ministry of Defence	4 July 2019
3	Ministry of Railways	4 July 2019
4	Ministry of Labour and Employment	25 September 2020
5	Ministry of Development of North Eastern Region	8 October 2020
6	Ministry of Tribal Affairs	26 March 2021
7	Ministry of Micro Small & Medium Enterprises	19 April 2022
8	Department of Internal Security, Ministry of Home Affairs	30 June 2022
9	Ministry of Panchayati Raj	8 July 2022
10	National Highways Authority of India, Ministry of Road Transport and Highways	10 October 2022
11	Ministry of Youth Affairs and Sports	27 December 2022

Interventions for Strengthening Partnership

- Exploration of opportunities for collaboration and engagement with new Ministries and their PSUs
- Regular follow-up with Ministries for signing of MoUs
- Formulation of Joint Working Groups where MoUs are already in place
- Development of Joint Action Plan for effective implementation of TB-related interventions
- Launch of a Jan Andolan Campaign by MoHFW under the auspices of TB Harega, Desh Jeetega with the goal of reaching the greatest number of people
- Review of collaborative activities with the respective Ministries/PSUs

Key Common Expectations from All Ministries Towards TB Elimination



Within the Ministry

- ◉ Implementing workplace policies including routine employee screening, ensuring diagnosis and treatment, providing sick leave, etc.
- ◉ Signing MoUs with Central TB Division (CTD), MoHFW on mutually agreed activities for better coordination
- ◉ Setting up a Joint Working Group with MoHFW towards finalization of specific activities and routine follow-ups
- ◉ Providing workers in occupationally hazardous positions with safety equipment such as personal protective equipment (PPE) kits and other items

Outside the Ministry

- ◉ Raising TB awareness, conducting activities through media channels and community intervention programs
- ◉ Assisting MoHFW in reaching a larger audience through various social media platforms, and promoting a Jan Andolan, stigma reduction and toll-free number messages on websites
- ◉ Guiding subordinate offices; adopting a village/block/town/district for TB elimination; contributing to research and development in diagnostics, drugs, vaccines, and other areas

In order to foster multisectoral cooperation and convergent actions, the Hon'ble Minister of Health and Family Welfare has written letters to the Hon'ble Union Ministers of 23 key Ministries and NITI Aayog. Additionally, discussions and one-on-one meetings have been held with a number of Ministries. Partnerships have been suggested for signing MoUs with all line Ministries, and draft MoUs have been shared.



National Conference on Multisectoral & Corporate Engagement towards TB Elimination in India

USAID The Union IQVIA TB Pledge World Health Organization

Date: 17th - 18th October, 2022
Venue: The Imperial, Janpath Lane, New Delhi

Panelist Name 1 Panelist Name 2 Panelist Name 3 Panelist Name 4 Panelist Name 5 Panelist Name 6 Panelist Name 7 Panelist Name 8 Panelist Name 9 Panelist Name 10

Major Activities with Various Ministries and MoUs Signed

M/o Panchayati Raj

- Training modules have been developed for sensitization of Gram Panchayats members for TB free Panchayats
- Gram Panchayats have been sensitized on TB elimination
- MoU signed on 8 July 2022



M/o Defence

- TB services have been expanded for ECHS clinics
- Lab consumables and newer drugs have been provided to army hospitals
- MoU signed on 4 July 2019

Department of Internal Security, M/o Home Affairs

- Training of Medical Officers from Military Hospitals is being planned
- Linkages of all Central Armed Police forces Hospitals in Ni-kshay has been initiated
- MoU signed on 30 June 2022



M/o Railways

- TB Services have been expanded to all railway clinics/hospitals
- More than 100 medical officers have been trained
- MoU signed on 4 July 2019

North Eastern Council (NEC), M/o Development of North Eastern Region

- Meeting has been held between CTD, North East (NE) states and NEC for collaboration
- Proposals are being prepared by NE states to leverage NEC support
- MoU signed on 8 October 2020



M/o Labour and Employment

- TB-free Workplace Policy has been developed and disseminated to States, Corporates and Industries for adoption of the same
- MoU signed on 25 September 2020

M/o AYUSH

- Policy Document has been disseminated
- Linkages of Ayush facilities for referral are being facilitated by State Governments
- MoU signed on 4 July 2019



M/o Tribal Affairs

- Tribal TB initiative has been launched to reduce the incidence of TB and deaths in tribal population
- Aashwasan campaign has been launched in villages to create awareness on TB and COVID-19 and for active case finding
- MoU signed on 26 March 2021

National Highway Authority of India, M/o Road Transport and Highways

- MoU signed on 10 October 2022
- Executive orders and Joint Action Plan are being prepared



M/o Micro, Small and Medium Enterprises

- MoU signed on 19 April 2022

M/o Youth Affairs and Sports

- MoU signed on 27 December 2022



Impact



Tribal Affairs: Tribal TB Initiative launched to reduce TB incidence and deaths in tribal population;
Aashwasan campaign launched in villages to create awareness on TB and COVID-19 and for active case finding



Railways: TB services expanded to all railway clinics/hospitals;
More than 100 medical officers trained



Defence: TB services expanded to Ex-Servicemen Contributory Health Scheme (ECHS) clinics;
Laboratory consumables as well as new drugs provided to army hospitals



Labour and Employment: TB-free Workplace Policy developed and disseminated to States, Corporates and Industries for adoption



Panchayati Raj: Training module being developed for sensitization of Gram Panchayat members on TB elimination and TB-free Panchayats



AYUSH: Policy document disseminated;
Linkages of Ayush facilities for referral being facilitated by State Governments



North Eastern Council: Meetings held between CTD, NE states and NEC for collaboration; proposal being prepared by NE states to leverage NEC support



National Highway Authority of India: MoU signed on 10 October 2022;
Executive orders and joint action plan being prepared



Department of Internal Security: Training of medical officers from military hospitals planned;
Linkage of Central Armed Police Force Hospitals in Ni-Kshay initiated

Learnings



Formation of an Inter-ministerial Task Force on Tuberculosis (NIMTF-TB) proposed by MoHPW for the involvement of all significant Ministries of GoI can lead to meaningful partnership and policy convergence. In addition, effective communication between Ministries must be maintained for accelerated action towards TB elimination.

Collaboration between North Eastern Council and Central TB Division towards TB Elimination in North Eastern Region

Strategic efforts have been made to strengthen the TB response in the North Eastern Region (NER) through coordinated efforts of the North Eastern Council (NEC), Ministry of Development of North Eastern Region (MoDoNER), Central TB Division (CTD), MoHFW and State TB Cells (STCs) of the North East (NE) States of the country.

CTD has formalized the partnership with North Eastern Council (NEC), MoDoNER by entering into an MoU that aims to forge convergence and integration for multisectoral and accelerated response towards TB-free NER. Subsequently, a Joint Action Plan has been prepared in consultation with NEC, MoDoNER and shared with NE states for implementation.

The support extended by NEC has been extremely useful for regional planning to address TB, inclusion of TB as one of the priorities among other major programme/development activities in the purview of NEC, and advocacy with State Governments in NER for strengthening multisectoral response with enhanced political and administrative commitments in NE states.

NEC has committed to extend support and add value to TB elimination efforts in the NER through outreach activities to the remotest areas, accelerating TB notification, providing nutritional support and extending socio-economic support as a holistic and integrated approach to achieve the overarching mission of TB Mukht Bharat.



Collaboration between Ministry of Panchayati Raj and Central TB Division, MoHFW towards TB Free Panchayats

CTD entered into a partnership with Ministry of Panchayati Raj (MoPR) on 8 July 2022 with an aim to converge at policy, programme and implementation levels across PRIs under the purview of MoPR for a multisectoral and accelerated response towards TB-free India. This partnership has been viewed with great importance for integrated and convergent actions towards 'TB-free village' and 'TB-free Panchayat'.

The TB-free Panchayat has been envisaged through this partnership by jointly implementing awareness generation and advocacy for TB-free villages and TB-free Panchayats; facilitating Gram Panchayat and Panchayat Samiti meetings to spread awareness on TB; facilitating environmental sanitation in villages through Village Health, Nutrition and Sanitation Committee (VHNSC); facilitating inclusion of TB-related activities in the Gram Panchayat Development Plans (GPDPs); and developing TB-related training materials for elected representatives of Panchayats. In the endeavor towards TB-free India and recognizing the roles of PRIs, a directive has been issued by Dr. Bijaya Kumar Behera, Economic Advisor, MoPR in September 2022 for a coordinated and holistic approach with an aim to make Panchayats and villages TB-free by 2025.

MoPR has further given direction for the inclusion of TB-related activities in the People's Plan Campaign '**Sabki Yojana Sabka Vikas**' known as **Panchayat Development Plan (PDPs)**. To expedite the momentum towards TB-free Panchayat, a virtual meeting was organized by CTD and MoPR in the last week of November 2022, which was attended by the entire NTEP staff and concerned nodal officers from MoPR in all States and UTs. More than

1,900 program staffs from across the country participated. Subsequently, several state- and district-level coordination and planning meetings are being organized for inclusion of TB-related activities in PDPs, Block and District Panchayat Development Plans, known as BDPs and DPDPs respectively.

A training module 'Orientation on Tuberculosis for Gram Panchayat' and a Workbook for Gram Panchayats have also been developed by CTD in consultation with MoPR and other development partners.



Tribal TB Initiative

Over the years, India's annual TB reports have highlighted that the tribal population has a higher prevalence of the disease. The Ministry of Health and Family Welfare and the Ministry of Tribal Affairs jointly announced the Tribal TB Initiative on 26 March 2021 to address this issue. The initiative is focused on enhancing partnerships between funders, governments and partners to improve primary health-care service delivery from a systems perspective; create a solid technology and information base; and assist the health-care workforce in tribal communities.

Key Objective



To reduce TB-related morbidity and mortality burden from the tribal population in India



Interventions



Fostering Community Engagement



Strengthening Health Systems



Advocating for Policy Changes Based on Research



Launching Aashwasan Campaign in Tribal Districts

Fostering Community Engagement

This involves engaging the community in designing, curating and planning the scale-up of behavior change models for reducing the burden of TB through partnership with various community-based organizations and representative groups.

Strengthening Health Systems

Health systems are being strengthened to improve notification rates, diagnosis, data-sharing and monitoring of the NTEP through interventions that increase diagnosis and treatment and by supporting technology-based interventions.

Advocating for Policy Changes Based on Research

This involves creating platforms for disseminating best practices and raising TB awareness among tribal communities.

Launching Aashwasan Campaign in Tribal Districts

The Aashwasan campaign was launched in January 2022 under the auspices of the Tribal TB Initiative. Its goal is to reach 10 million tribal people across 177 tribal districts in 100 days; increase awareness and accelerate early detection of TB cases; and also address issues raised by the COVID-19 pandemic. Key campaign activities included intensive screening in remote areas, special active case finding camps in weekly markets, sputum collection for TB testing and diagnosis during weekly markets, awareness programs for specific community groups such as faith leaders, traditional healers, indigenous youths, leaders and community influencers.



Impact



Geographic Coverage

Districts, Blocks

174 Tribal districts

1,122 Blocks (>25% tribal population/
hard-to-reach)

Villages

68,019 villages

Priority: Hard-to-reach, case-load, contact tracing,
vulnerable groups like Particularly Vulnerable
Tribal Groups (PVTGs)



Resources (In Addition to NTEP Staff, FLWs)

Trained Human Resource

2,240

Persons
at block
level

1,129 Community
mobilizers

1,111 Paramedical
workers

IEC Equipped Vehicles

657 Four-wheel vehicles

464 Two-wheel vehicles

Hired specifically for the campaign





Population Coverage

People Reached

9,10,78,505 Block population
1,66,77,804 People reached*

People Screened

1,03,84,538
Verbal screening for symptoms of TB



Presumptive Testing & Diagnosis

Presumptive TB, Sample Testing

3,82,251 (4%) Presumptive TB
2,80,259 (73%) Samples tested

Persons with Confirmed TB

8,375 (82%) Bacteriologically +ve
1,874 (18%) Clinically diagnosed (X-ray)
9,570 (93%) Treatment initiated



Advocacy, Communications and Social Mobilization for Ending TB

The health-care sector is shifting from passive case finding to an intensified search in health-care settings such as HIV clinics, diabetes clinics and nutrition rehabilitation centers, where patients seeking treatment for other health problems are screened for symptoms. Active case finding among vulnerable and marginalized populations such as those living in slums, prisons or tribal communities, where people are screened at home or at workplaces, has also gained momentum. One of the key drivers of the new strategy is reaching patients where they live.

Key Objective



To make TB elimination a mass movement that elicits cooperation from all stakeholders



Interventions

Monetary Incentivization for Timely Detection and Patient Support

The TB program has made monetary incentives available for informants, people who support patients receiving treatment and TB patients in tribal areas. For successful completion of the treatment of drug-sensitive TB and for the support of a patient with drug-resistant TB, the treatment supporter is entitled to rewards of INR 1,000 and INR 5,000 per patient, respectively. Rewards have been paid out to 2.4 lakh treatment supporters since April 2018. When a patient is registered for testing and the patient is diagnosed with TB, the informant becomes eligible to receive a reward of INR 500. TB patients in tribal areas receive additional travel assistance of INR 750.

Multisectoral Engagement by Involving Stakeholders

Advocacy, Communications and Social Mobilization (ACSM) has worked towards:

- ⦿ Leveraging existing communication platforms to create awareness via:
 - a. Self-help group (SHG) meetings
 - b. Transport vehicles
 - c. Ration card, electricity/water bill, Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) job card
 - d. Media channels
 - e. Websites
 - f. Social media (Facebook/Meta, Twitter)
- ⦿ Complementing, supplementing and reiterating TB messages from the Health Department (Speak One, Speak Together, Speak Regular)

Community Engagement under National TB Elimination Program (NTEP)



Empowering TB-affected Community as Change Agents **(TB Champions)**



Facilitating Community Participation from Planning to Evaluation **(Multiple Activities)**



Establishing Platforms for Engaging Community **(TB Forums)**



Enhancing Reach, Participation and Effectiveness Through Existing Community Structures and Platforms and Ayushman Bharat – Health and Wellness Centers (AB-HWCs) **(Multiple Activities)**

NATIONAL WORKSHOP ADVOCACY, COMMUNICATIONS AND SOCIAL MOBILISATION

TO END TUBERCULOSIS IN INDIA

8th December
2022, New Delhi

NATIONAL
WORKSHOP
ADVOCACY,
COMMUNICATIONS
AND SOCIAL
MOBILISATION

TO END TUBERCULOSIS IN INDIA



तन करे जीवन का सुचना सफर,
बिना टीबी, बिना डर।

कोविड से बेचारे कमजोर होते हैं,
इसलिए कोविड के बाद टीबी की
जीए अवरुध करावें।

1800-11-6666 (Toll-free)



सहज गरी जीवन की सुरक्षा
टीबी के नेबेटिव टेस्ट के साथ।

क्या जान सकते हैं?

टीबी का खतरा सबसे बेचारे पर रहता है,
इसके अलावा टीबी से साफ सूज जाते हैं।

टीबी के अलावा टीबी से भी खतरा रहता है।

टीबी की टीबी और खतरा खतरा निरूपण करना है।

1800-11-6666 (Toll-free)



सहज गरी जीवन की सुरक्षा,
टीबी के नेबेटिव टेस्ट के साथ।

कोविड से बेचारे कमजोर होते हैं,
इसलिए कोविड के बाद टीबी की
जीए अवरुध करावें।

1800-11-6666 (Toll-free)



कोविड से जीत कर अंग,
टीबी से न हारेंगे हम।

कोविड से बेचारे कमजोर होते हैं,
इसलिए कोविड के बाद टीबी की
जीए अवरुध करावें।

1800-11-6666 (Toll-free)

Impact



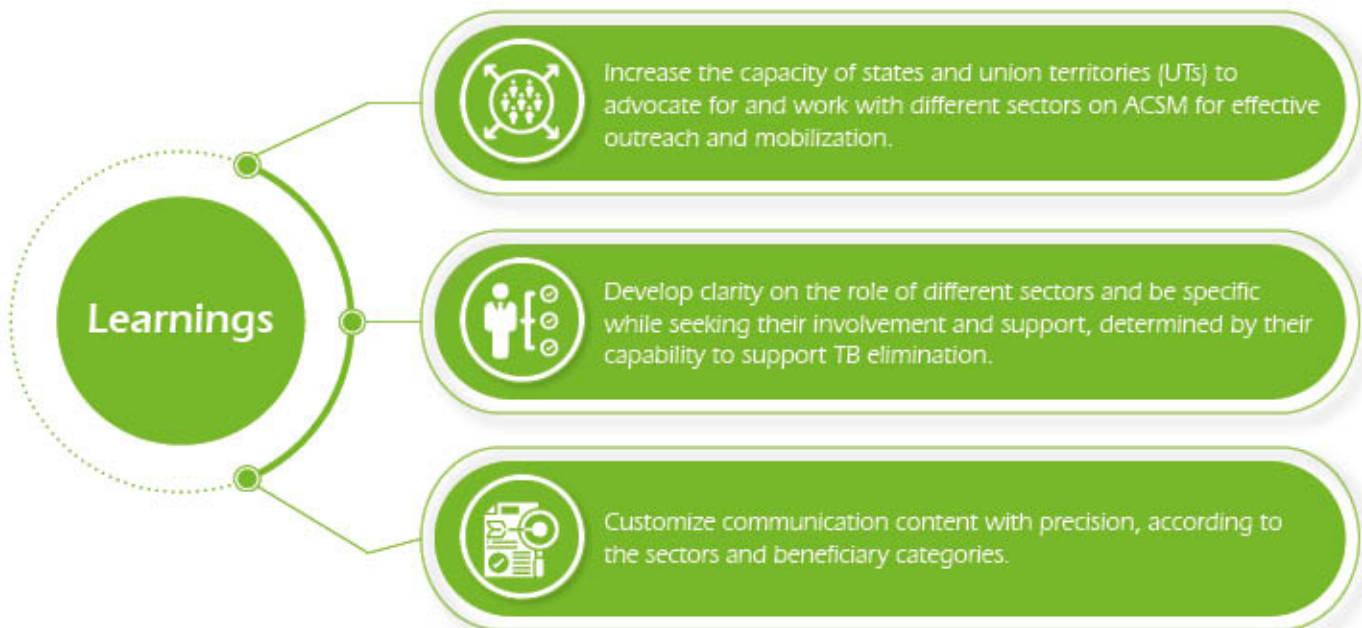
Advocacy for administrative and political commitment and to keep TB elimination high on health and development agenda is crucial, and has been diligently pursued by ACSM.



Communication for demand generation and stigma reduction, audience segmentation, targeted behavior change interventions and community mobilization has led to an increase in demand for varied kinds of communication materials, which ACSM was successful in designing.



Social mobilization for case finding and support for TB patients; on the supply side, multiple stakeholders including various groups of health-care providers, media, policymakers, NGOs, community-based organizations (CBOs), faith-based organizations (FBOs), other vibrant community groups, local self-government bodies, etc., have been targeted and reached for improved provision of TB care.



Corporate TB Pledge Initiative

India continues to have the highest burden of TB and DR-TB in the world. According to Global TB Report 2022, an estimated 10.6 million people fell ill with TB globally in 2021, and India carries an estimated 28% of the global TB burden.¹ India has the world's highest TB burden, with an estimated 26 lakh people contracting the disease and approximately 4 lakh people dying from the disease every year.² The economic burden of TB in terms of loss of lives, income and workdays is also substantial. TB usually affects the most economically productive age group of society, resulting in a significant loss of working days and pushing TB patients further into the vortex of poverty.³



¹ Global TB Report 2022 (<https://www.who.int/publications/i/item/9789240061729>)

² <https://vikaspedia.in/health/health-campaigns/pradhan-mantri-tb-mukt-bharat-abhiyaan>

³ https://tbcindia.gov.in/WriteReadData/1583929709Guidance%20Booklet_02-08-2022.pdf

The Corporate sector, with its extensive reach among workers and communities and vast pool of resources and expertise, is a key stakeholder in TB elimination efforts. The onset of COVID-19 pandemic witnessed a dramatic shift in focus of corporates to the health of their employees and communities.

From undertaking vaccination drives for employees and their families to spreading awareness about cleanliness and hygiene, organizations joined hands with the Government and local bodies to address the inadequacies in the system. A similar momentum must be built by Corporates to ensure TB-free workplaces in their organizations as the country is moving closer to the national goal of eliminating TB by 2025.

Beyond workplaces, corporates can also support hard-to-reach communities by complementing and enhancing Government efforts to improve access to services. In FY 2020-21, a study of CSR trends revealed that health care was only behind the education sector vis-a-vis CSR donations.

Thus, the action calls for initiatives that harness the potential of Corporates and catalyze their engagements to amplify and accelerate efforts toward TB elimination in the country. With this background, the Corporate TB Pledge (CTP) initiative was launched by the MoHFW and USAID/India in 2019 with the aim of galvanizing and engaging the corporate sector in TB elimination efforts in the country. The initiative is being implemented by The International Union against Tuberculosis and Lung Diseases (The Union) as part of the USAID/India-supported iDEFEAT TB Project. The Union hosts the CTP Secretariat, which focuses on mobilizing the corporate sector and providing technical support to them to engage in various activities and programs toward TB elimination.





USAID
FROM THE AMERICAN PEOPLE



Corporate
TBPledge



International Ministry Against
Tuberculosis and Lung Disease

REGIONAL CAPACITY BUILDING WORKSHOP WORKPLACE, CSR MODELS AND NTEP UPDATES

May 31, 2022 | Pune, Maharashtra

USAID TBPledge

REGIONAL CAPACITY BUILDING WORKSHOP
WORKPLACE, CSR MODELS AND NTEP UPDATES

May 31, 2022 | Pune, Maharashtra

Mr. Ravindra Chaudhari

Dr. Ramji Adkekar

Mr. Arvind Kumar

Dr. Rakesh P S

Interventions

Under the leadership of CTD, the CTP initiative has developed numerous innovative corporate-led partnerships addressing a broad spectrum of TB-related issues. A few examples include:

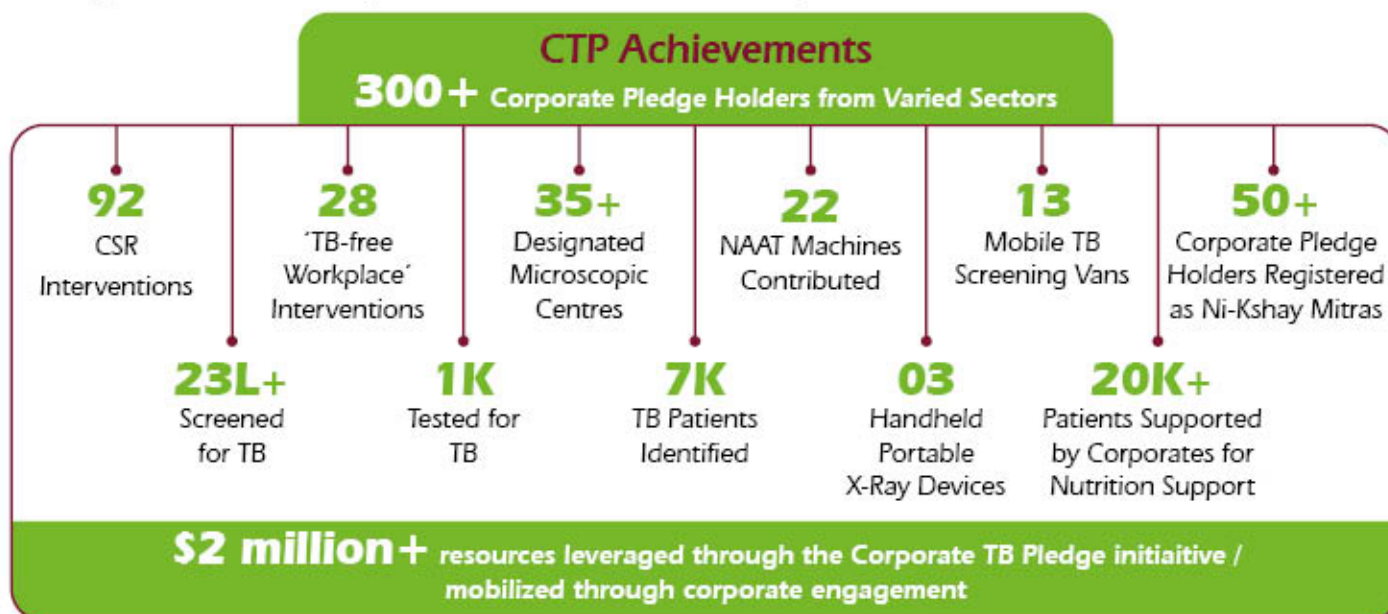
- ◉ **Reaching the unreached:** Apollo Tyres Foundation reached out to difficult-to-reach vulnerable mobile population through 16 DMCs in their health-care set up.
- ◉ **Access to newer drugs:** Viartis pilot project was launched to improve access to newer drugs for patients in the private sector.
- ◉ **Mobile X-ray with NAAT services:** Medanta Hospital increased access to mobile X-ray and NAAT services in Haryana and Uttar Pradesh.
- ◉ **Mobile X-ray with AI:** Fujifilm intervention demonstrated increased access to TB screening for vulnerable population through their portable x-ray device with AI technology.
- ◉ **Mobile X-ray with AI and NAAT:** BD through its 'Project Sankalp' is reaching out to communities through integrated service mechanism of mobile X-ray, AI and NAAT services.
- ◉ **TB-free workplace:** BEST Mumbai, Goodricke Tea and ADANI are few examples of large TB-free workplace interventions, which are catering to effective TB screening and treatment services.
- ◉ **DR-TB centre in private sector:** Medanta Hospital runs a private DR-TB Center in association with NTEP
- ◉ **Nutrition support:** Nayara Energy project focuses on improving treatment outcomes by providing nutrition support to TB/DR-TB patients at the district level. This project demonstrated a partnership model on corporate funding for nutrition, procurement and distribution of nutrition kits at the district level.
- ◉ **Employee engagement:** Jubilant Bhartia Foundation is implementing employee engagement for screening and patient support.
- ◉ **Private-private and public-private partnership:** Fujifilm donated a CBNAAT Machine to Goodricke Tea, which is being operated to cater to remote areas in and around tea gardens in Assam. NTEP is providing training support and consumables to Goodricke.
- ◉ **Skilling project for cured TB patients:** Baptist Trust Church Association demonstrated skilling programme for marginalized cured TB patients.
- ◉ **Youth engagement:** Youth members have been capacitated for working collectively towards TB elimination through universities and media.
- ◉ **Utilization of self-help groups:** Members of self-help groups are being oriented and engaged for working towards TB screening among the remote and vulnerable population in Maharashtra.
- ◉ **CTP online platform:** CTP hosts a robust and comprehensive online platform, which is a one-stop destination for corporate partners to access resources and showcase their work. www.corporatetbpledge.org | Email: ctpsecretariat@theunion.org

Impact

The CTP initiative today boasts over 300 Corporate pledge holders and 15 Business Associations that are engaged in the fight against TB. These corporates are from diverse sectors including PSUs, tea industry, engineering, hospitals, textiles, oil and natural gas, mining, aerospace, banking and automobiles, etc. This diverse pool of Corporate partners has been instrumental in demonstrating intervention models with various sectors and populations. In a prior USAID-funded Challenge TB Project, The Union had also collaborated with ILO. As a result of this engagement, Ministry of Labour and Employment, GoI released a policy framework on TB and workplace in 2019.

CTP holders include the best from the industry such as ADANI, Reliance Industries, GAIL India, Dalmiya Bharat Group, Fujifilm, Medanta Hospital, IOCL, BDL, Mazagon Dock Shipbuilders, Apollo Tyres Foundation, Goodricke Group, GMR Varalakshmi Foundation, Nayara Energy, etc. CTP prides itself on successfully mobilizing a diverse set of Business Associations including ASSOCHAM, FICCI, PHD Chambers, Indian Tea Association, All India Motor Transport Corporation, Federation of Kutch Industries (FOKIA), Ranjangaon Industries Association (RIA), etc.

Through these partnerships, the CTP initiative has been successful in leveraging and capitalizing every effort on-ground towards TB elimination. Both the quantity and quality of TB diagnostics, treatment and care in intervention have been amplified in areas adopted by Corporates. However, given the high number of Corporates registered in India and the current rigor of the TB elimination programme, this number can increase exponentially in the coming year. In the coming times, further collaborations will be forged with professional bodies, industrial/ business associations and other premier institutions to promote investments in India's TB response.



Section **2**

Pradhan Mantri TB Mukta Bharat Abhiyaan: Ni-Kshay Mitra



Pradhan Mantri TB Muk Bharat Abhiyaan

MoHFW, GoI

The Government of India (GoI) has given added impetus and leadership to the fight for TB elimination in the country through the Pradhan Mantri TB Muk Bharat Abhiyaan (PMTBMBA). The Abhiyaan recognizes that the fight against TB requires a multi-pronged, multisectoral response, providing increased access to diagnostic and treatment services as well as improving a wide range of socio-economic parameters such as nutritional support, living and working conditions, and de-stigmatization, among others. It brings focus to the crucial role that communities and institutions can play in filling the gaps and addressing social determinants, thereby supporting the national TB elimination goal.

Interventions

Two key initiatives have been introduced under PMTBMBA



Ni-Kshay 2.0

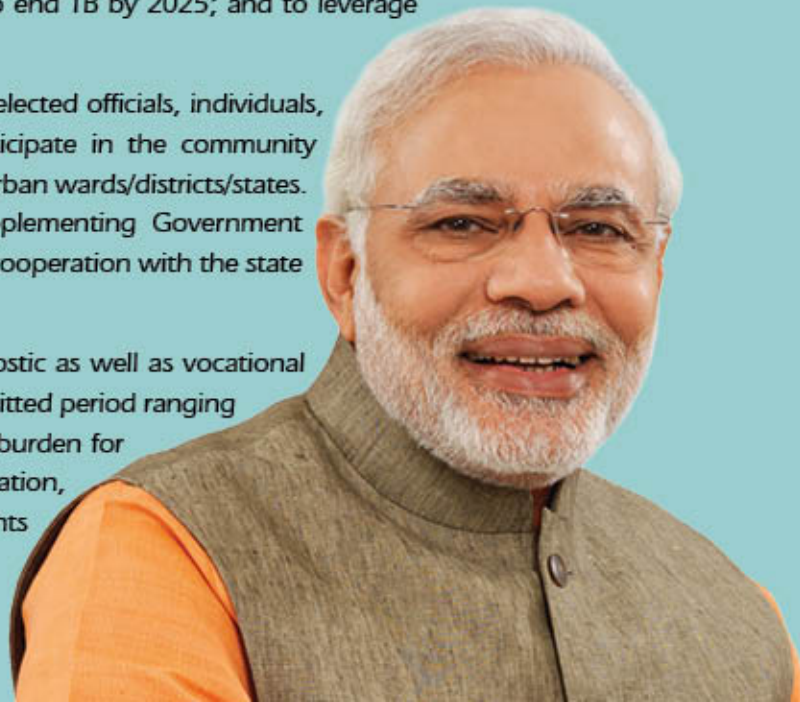


Ni-Kshay Mitras

Ni-Kshay 2.0 is a digital platform providing community support to persons with TB. It has three main objectives: to provide additional patient support to improve the treatment outcome of TB patients; to augment community involvement in meeting India's commitment to end TB by 2025; and to leverage CSR opportunities.

Ni-Kshay Mitras invite cooperative societies, corporates, elected officials, individuals, institutions, NGOs, political parties and partners to participate in the community adoption initiative of TB patients in health facilities, blocks/urban wards/districts/states. This initiative would accelerate the TB response by supplementing Government efforts at local levels as per district-specific requirements in cooperation with the state TB office.

Ni-Kshay Mitras offer on-treatment TB patients with diagnostic as well as vocational support, and additional nutritional supplements for a committed period ranging from 6 months to 3 years. This is significant in easing the burden for patients in need. In agreement with the district administration, the identified donor can provide assistance to notified patients from both public and private sectors.



Impact

PMTBMBA virtual launch event live proceedings witnessed by **2.25 lakh** people

9.71 lakh TB patients consented to receive community support

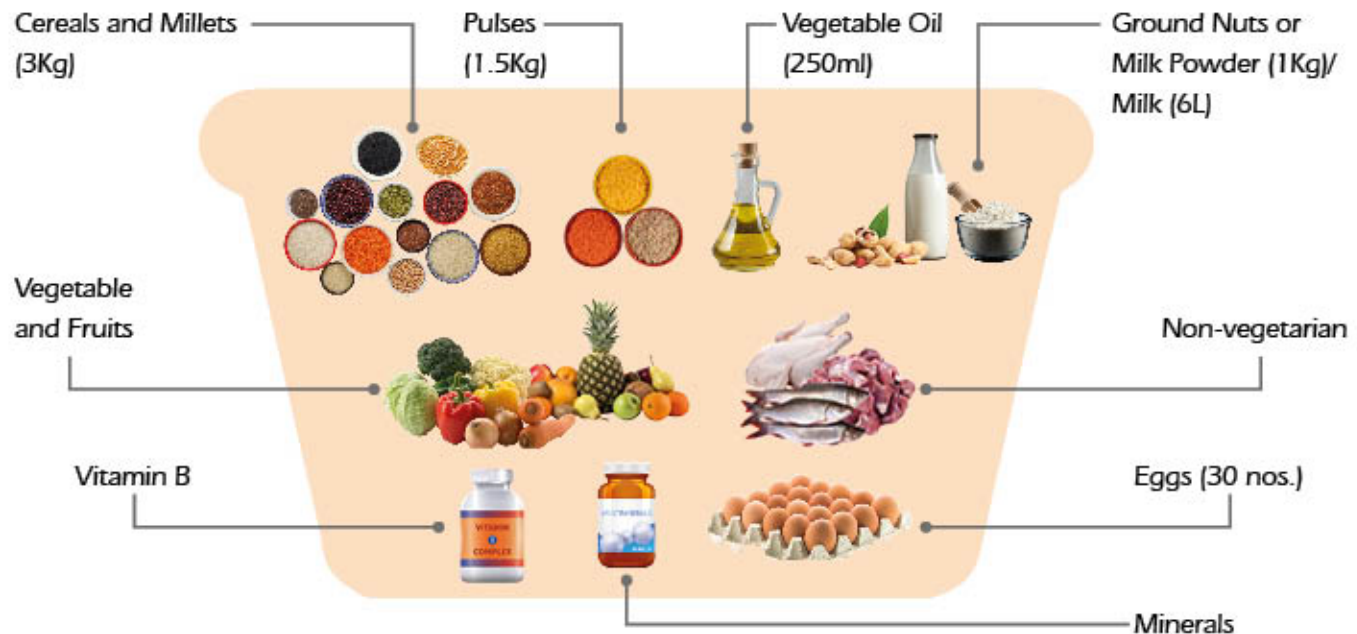
Ni-Kshay Mitra commitments for **9.57 lakh** TB patients

9.14 lakh TB patients supported (linked to) by Ni-Kshay Mitras

71,201 Ni-Kshay Mitras registered

4.26 lakh TB patients received actual food baskets

Recommended Monthly Food Basket



*Source: NIN, Hyderabad

Success Stories from States (PMTBMBA Activities in Different States)

State Governments

PMTBMBA has shown a heartening response across the country, with states taking up initiatives to strengthen the Abhiyaan and accelerate the effort towards ending TB.

Jharkhand

The State Cabinet passed the 'Workplace Policy on TB and its Comorbidities including Occupational Lung Diseases' in December 2019 with the intention of raising awareness about TB prevention, screening, free diagnosis and treatment across workplaces in Jharkhand. With the help of the CTP Secretariat, The Union organized a sensitization meeting with DTOs and corporates to gain their commitment to the cause. Both World Health Organization (WHO) and Resource group for Education and Advocacy for Community Health (REACH) have been instrumental in assisting the State with the initiative. Corporates, including the Tata Steel Foundation, Jindal Steel and Power Limited, Hindalco and Central Coalfields Limited, have come on-board for the PMTBMBA. An MoU was also signed with the Postal Department to facilitate sample transportation, Ni-Kshay Poshan Yojana (NPY) DBT through postal banking, and the delivery of food



baskets from Ni-Kshay Mitras to beneficiaries. An agreement was also established with the Jharkhand State Livelihood Promotional Society for the involvement of TB Champions. To give impetus to the initiative, e-PMTBMBA was launched by the Hon'ble Governor of Jharkhand, Shri Ramesh Bais, on 23 September 2022.

Madhya Pradesh

Along with potential funders and civil society organizations (CSOs), the State and health administration at all levels are urged to participate as Ni-Kshay Mitras. The State has almost complete geographical and patient coverage, thanks to the participation of TB Champions and village leaders (through Jan Arogya Setu) as Ni-Kshay Mitras. In addition, state-level campaigns, involvement of patient provider support agency (PPSA) and accredited social health activists (ASHAs), sharing of IEC materials at various levels, involvement of NTEP development partners, and timely reviews are being undertaken. Commitment to 92,204 TB patients from 3,685 Ni-Kshay Mitras have been registered so far.



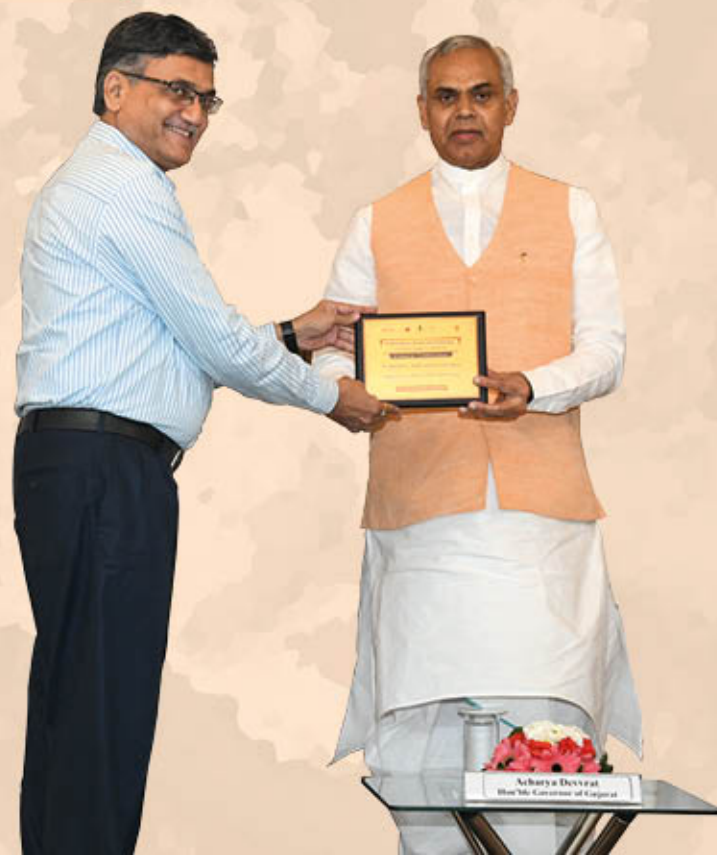
Gujarat

Regular state-level meetings (State TB Forum, State TB Comorbidity Committee, State PMDT Committee) are held. In order to augment community involvement in the campaign, workshops have also been conducted for key stakeholders.

Key Stakeholders



Four different models for delivery of customized food baskets to patients have been proposed, mainly through identified marts with CSR support from donors. The CTP Secretariat at The Union provided technical support in mobilizing corporates for uptake of nutrition support to TB patients. As on October 2022, out of 87,208 TB patients, 62,082 TB patients are linked to Ni-Kshay Mitras across Gujarat.



Uttar Pradesh

The adoption of TB patients has been a focus of efforts since 2019, initially targeting children but subsequently including adults as well. While also identifying and compiling a list of agencies and functionaries willing to adopt TB patients, District TB Officers identify TB patients for adoption and share the list with the agencies. A new list of patients is published after the successful treatment of the adopted TB patients. The nodal officer for this activity is the District Chief Medical Officer, while the District Magistrate oversees this process at the district level. The adopting agencies/ functionaries visit patients at least once a month and give them high-nutritive supplementary food kits.



Corporate Engagement in Ni-Kshay Mitra

Yashoda Super Specialty Hospitals is a group of hospitals (3 units, 700 beds) in Delhi – National Capital Region (NCR) with tertiary care services and accreditation from NABH, NABL & BV-Green.

Yashoda Super Specialty Hospitals has been working on TB elimination through screening and nutrition support to TB patients in Ghaziabad, Uttar Pradesh, since 2019 under the initiative 'Ni-Kshay Mein Poshan ka Nishchay'. The hospital conducts screening through X-rays and tuberculosis polymerase chain reaction (TB-PCR), reporting, monitoring and one-to-one counseling of TB patients, while also providing nutrition supplements at regular intervals. The hospital ensures continuous reporting to district authorities on the data of TB-positive patients, as well as simultaneously updating the information online.

Yashoda Hospitals took the CTP in the gold tier and recently, with the launch of PMTBMA, committed to supporting 5,100 TB patients from Ghaziabad district. CTP is a joint initiative of the Government of India and USAID/India to galvanize corporate support towards the fight against TB. CTP Secretariat hosted under the USAID/India-supported iDEFEAT TB project has been providing necessary technical assistance to Yashoda Hospitals in ensuring implementation of the program and showcasing the intervention at influential forums.



Interventions

Marking the commitment to support 5,100 TB patients in Ghaziabad district, Yashoda Hospitals launched the initiative on 17 September 2022 by providing nutrition support to 72 TB patients in the presence of Gen. (Dr.) Vijay Singh (Retd.), Ministry of Road Transport and Highways, India.

Impact

Implemented in **Ghaziabad, Uttar Pradesh**

72 TB patients provided with nutrition support

Learnings

Mobilizing large corporates and hospitals such as Yashoda Hospitals under the PMTB MBA is effective in ensuring large-scale commitment for the nutrition support program.

“ Further to extending the commitment to support the nation in achieving the SDG targets pertaining to TB by 2025 [TB Mukt Bharat by 2025], we intend to go beyond nutrition support to other TB-related interventions, as well to complement Government efforts. We intend to acquire mobile TB screening vans so as to extend our support to Meerut Mandal (Meerut, Bagpat, Bulandshahr, Ghaziabad, Gautam Budh Nagar and Hapur) of Uttar Pradesh.

– *Dr. Upasana Arora, Director/ CEO,
Yashoda Super Specialty Hospitals, Kaushambi, Ghaziabad*

”



Section **3**

**Sector-based Implementation
Models for Corporate
Engagement**

Making Workplaces TB-free

Goodricke Tea is a subsidiary of Camellia Plc. UK, an international group of diverse companies. They are the second largest tea producer in India and own 29 tea gardens and manufacturing factories in Assam and West Bengal including the Darjeeling hills. Over 1,80,000 workers and their families live within the tea estates in housing provided by the company.

Goodricke Tea believes that their employees are the keystone to the success of their business and therefore ensures the well-being of their employees by providing quality health-care facilities through a strong and dedicated team of doctors and trained paramedical staff that is based in 33 hospitals and 3 dispensaries across their tea estates.

Goodricke Tea has taken the CTP in the diamond tier and is committed to supporting the NTEP by adopting TB-free Workplace Policy and community screening.



Key Objective



To create a TB-free workplace by providing holistic and sustainable support to all employees and their families

The CTP is a joint initiative of the Government of India and USAID/India to galvanize corporate support for the fight against TB. The CTP Secretariat hosted under the USAID/ India-supported iDEFEAT TB project has been providing necessary technical assistance, investing time and resources and thereby complementing NTEP's efforts.

Interventions

Goodricke Tea uses a multi-faceted approach, which includes the development of a workplace TB policy, management and community engagement, awareness generation through peers, screening and early detection, free treatment at company-owned medical facilities, and nutrition support to facilitate a TB-free environment in the tea estates. Non-workers residing in the gardens are also included in the TB elimination program.



360-degree Workplace Initiatives



TB-free Workplace Policy



Leveraging Partnership

360-degree Workplace Initiatives

Awareness generation, advocacy, communication and community engagement have increased demand for early diagnosis and treatment, helped to combat stigma and discrimination, and empowered people affected by TB. Through the inclusion of workers' families, the program has reached those who were previously inaccessible. As a result of free treatment and admission for all TB patients during the initial phase, the number also significantly improved through counseling and nutrition support. Medical officers and health workers are regularly trained, and periodic reviews are held to address challenges.





TB-free Workplace Policy

Goodricke Tea has a TB-free Workplace Policy and a committee to oversee the planning and implementation of TB and workplace activities to minimize the impact of TB among workers, their families and community.

Leveraging Partnership

With support from Fujifilm India, Goodricke Tea also demonstrated a private-private partnership model, establishing a Cartridge Based Nucleic Acid Amplification Test (CBNAAT) facility in one intervention site.

USAID Ministry of Health and Family Welfare **TB Pledge**

Goodricke VS TB

JOIN THE FIGHT TO END TB!

Our TB Policy

- We recognize that TB is a workplace issue and anyone can get TB.
- TB is preventable and curable. Prevention will be our primary focus.
- We commit to treating everyone equally including persons with TB.
- We commit to ensuring gender sensitivity in designing and implementing TB awareness and support activities at our workplace.
- We commit to providing a safe work environment to minimize the risk, spread and impact of TB.
- We will promote cooperation and trust at our workplace by initiating social dialogue.
- Access to personal data relating to a worker's TB status will be bound by the national and organizational rules of confidentiality.
 - TB status will not be the cause for termination of employment.
 - Employees with TB will be offered support to access medical services and benefits provided by the Government of India.
 - We are committed to elimination of TB by 2025

Impact



All **29** estates in Assam and West Bengal including Darjeeling Hills.

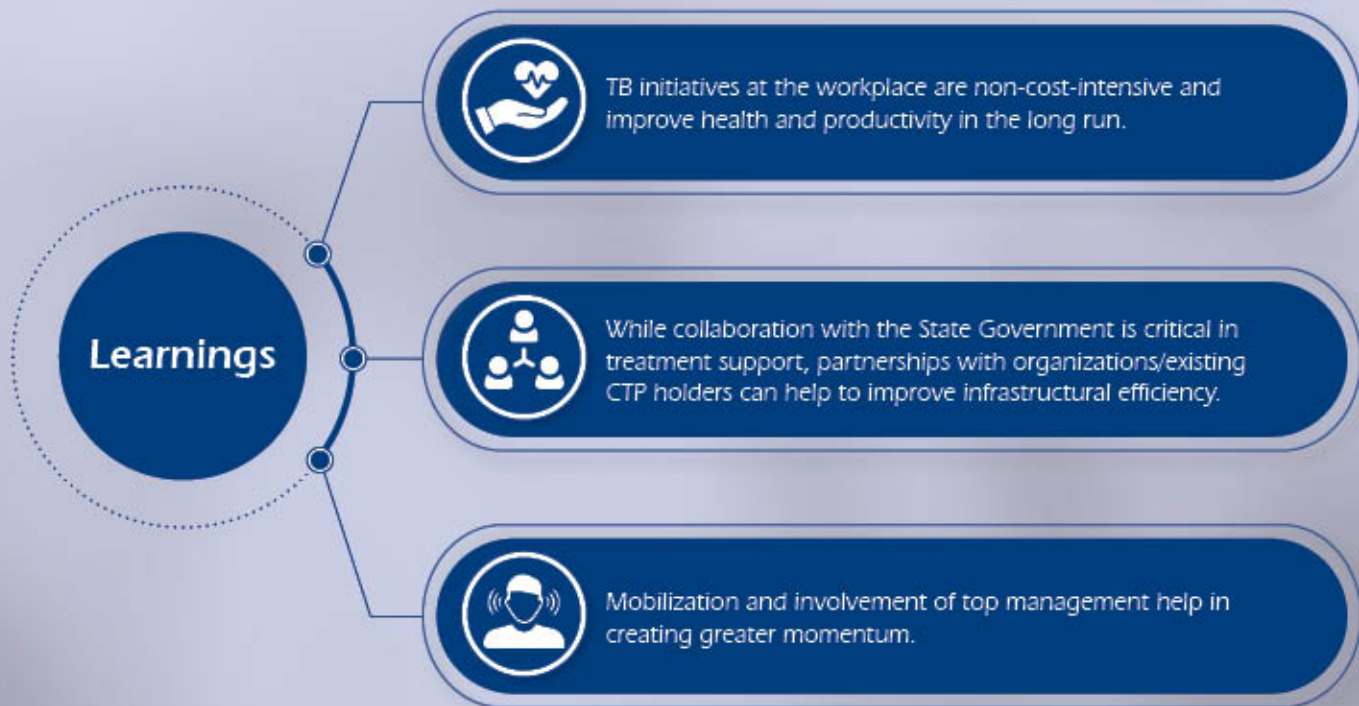
> 1,80,000 populations being screened periodically

44,020 people with symptoms screened (in the last two years), out of which **11,914** were tested for TB

422 patients initiated on TB treatment, including **10** multi-drug resistant (MDR) cases

Linkages with District TB Cell and district diagnostic facilities in **8** districts in Assam & **3** districts in West Bengal





“ We are committed to the National TB Elimination mission and will continue to work towards TB control measures in all our tea estates as well as take up various initiatives, including making our workplace TB-free.
– Dr. O P Prasad, Senior Chief Medical Officer,
Goodricke Tea ”

Engaging Youth and Employees

Jubilant Bhartia Foundation (JBF), established in 2007, is the not-for-profit arm of the Jubilant Bhartia Group. It focuses on conceptualizing and implementing CSR initiatives for the Group. JBF activities include community development work, health-care programs, cultural and sports events, environmental preservation initiatives, vocational training, women's empowerment, educational activities, and promotion of social entrepreneurship.

Jubilant Bhartia Foundation has taken the CTP in the platinum category and has been extensively contributing to the TB elimination initiative through awareness generation, screening, testing and nutrition support at the community level. With technical support from the CTP Secretariat under the USAID/India-supported iDEFEAT TB Project, JBF has undertaken an innovative approach to engaging and training employees and community youth to support TB patients in identified regions.

Key Objective



To reach 1 million people through volunteers and facilitate TB screening and early diagnosis



Interventions

Inspired by government efforts to use all available resources for eliminating TB, JBF has engaged their employees, health volunteers and youth, creating a dedicated cadre for participation in accelerating awareness and detection in all villages of the intervention area.



Training Employees
as Master Trainers



Youth as Community Volunteers



Nutrition Support

Training Employees as Master Trainers

With support from The Union, a team of employees have been trained as master trainers and tasked with creating awareness in their own departments, as well as training volunteers in the field.

Youth as Community Volunteers

JBF collaborates with local colleges to engage students as peer leaders. These student volunteers reach out to the 1,000 villages selected from identified districts to sensitize the community on TB and government initiatives.

They conduct home visits for awareness and screening. Data from household visits, including suspected case information, are uploaded to the Stop TB App.

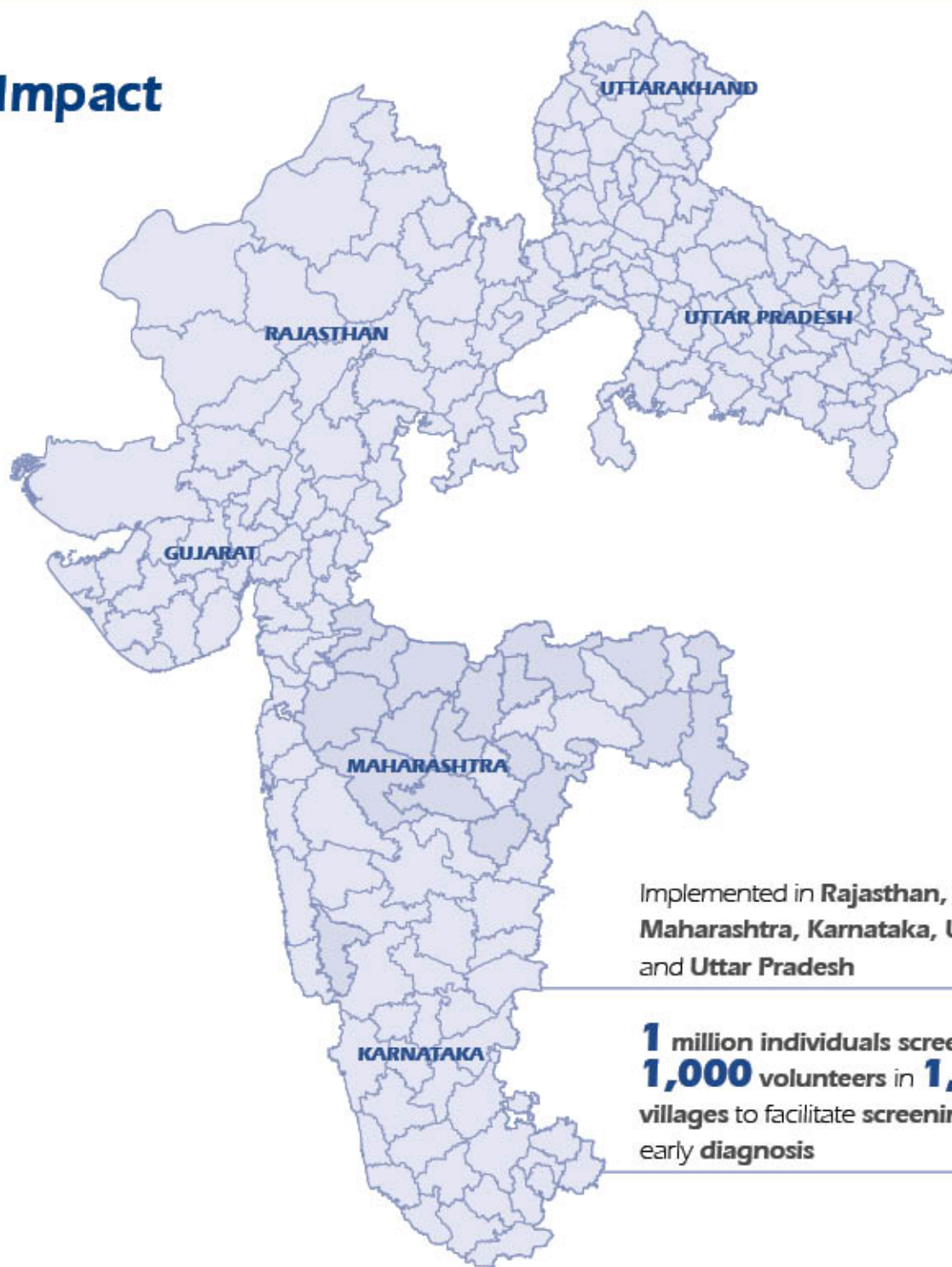
Identified suspected cases are then referred to the nearest government facility or TB center for treatment. Youth volunteers are given certificates and an honorarium of INR 500 for their participation.

Nutrition Support

JBF supports government TB initiatives by providing nutritional support to identified drug-sensitive and/or drug-resistant TB patients for faster recovery.



Impact



Implemented in **Rajasthan, Gujarat, Maharashtra, Karnataka, Uttarakhand, and Uttar Pradesh**

1 million individuals screened by **1,000** volunteers in **1,000** villages to facilitate screening and early diagnosis

Learnings



Commitment and engagement of motivated employees in the cause of TB elimination are beneficial. Employees proactively adopted patients to provide support not only for nutrition but also for counseling services.



Dropout of TB patients under treatment was observed, pointing to the need for greater awareness generation and counseling of patients.



Youth education builds knowledge and creates a pool of future advocates for awareness generation.



Measurable impact is only seen after a period of sustained intervention.



This is the first time that the government is openly taking help from all stakeholders to eliminate TB. We also need to see how our stakeholders can participate as per their capacity and requirement. Taking this into cognizance, we felt that to create a participatory approach, we need to engage youth from the communities for two reasons – first, they will learn about TB and ensure health in the longer run; second, they will learn how to volunteer for the society.

– Vivek Prakash, VP & Head CSR, Jubilant Bhartia Foundation



Mobile X-ray Screening Initiative for TB

Fujifilm, established in 1934, has believed in innovation and creation of new values through cutting-edge and leading proprietary technologies. Beginning as Japan's pioneering photographic film maker, Fujifilm has leveraged its imaging and information technology to achieve a global presence known for innovation in health care, graphic arts, optical devices, highly functional materials and other high-tech areas.

Fujifilm India has joined the CTP in diamond tier to support the NTEP through a mobile X-ray screening initiative that reaches difficult-to-access populations in selected pockets.

Key Objective

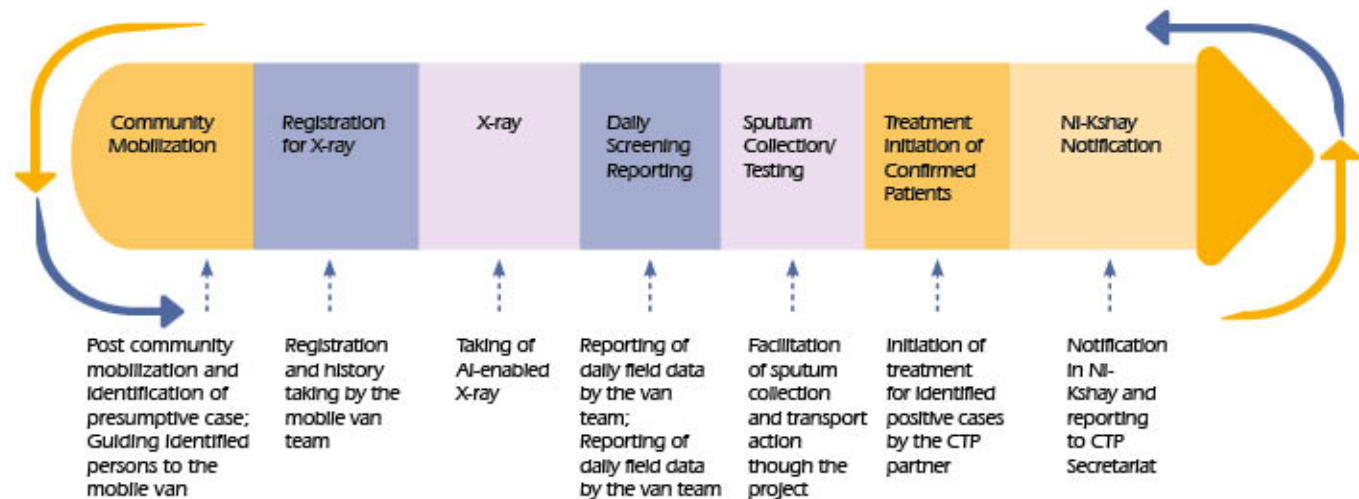


To reach relatively inaccessible geographies and vulnerable populations for screening and early detection of TB cases using hand-held X-ray machines



Interventions

Early detection of cases especially among the hard-to-reach population is always a challenge. It often creates a roadblock in meeting the goals of TB prevention and control in the country. This challenge was recognized by Fujifilm India. Therefore, the project's design and implementation were primarily focused on awareness generation and TB screening at the community level, providing doorstep, mobile X-rays for truckers, migrant workers, slum communities, and rural and semi-urban populations in and around industrial areas in selected pockets of 27 districts across states / union territories.



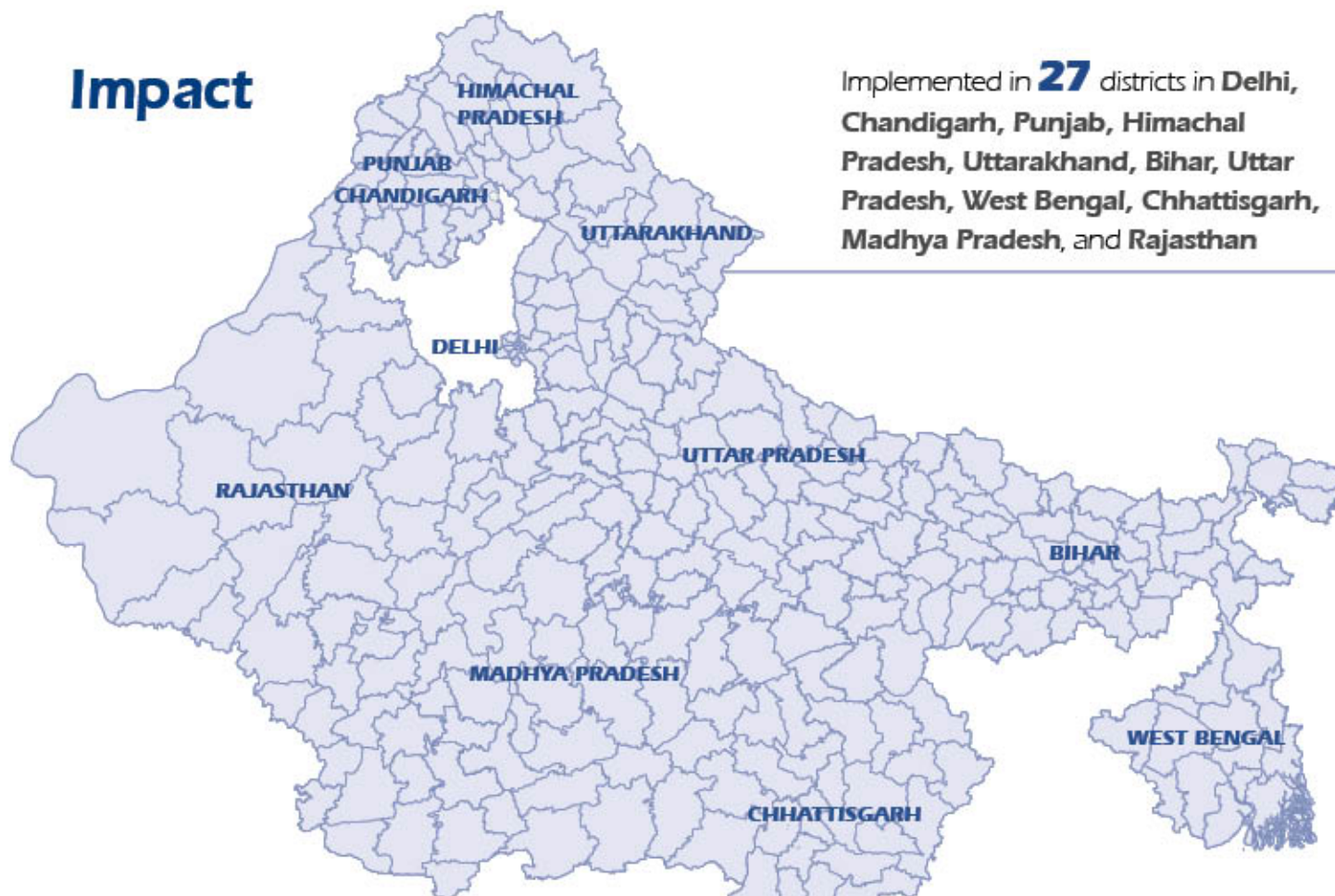
Awareness and Identification

Fujifilm partners with existing CTP holders having a presence in their project area, such as Apollo Tyres Foundation, Ambuja Cement Foundation, Gas Authority of India Limited (GAIL) India, and Transport Corporation of India (TCI) Foundation. This is done to leverage on-ground community awareness and mobilization, sputum collection, transportation and follow-up testing among the hard-to-reach populations. Community volunteers identify presumptive TB cases and direct them to the mobile van for screening.

Screening and Diagnosis

Identified symptomatic individuals are registered for X-rays, and sputum samples are collected and transported for testing. Treatment initiation of confirmed TB patients in coordination with the local DOTS facility and ensured NI-Kshay notification is also undertaken.

Impact



Implemented in **27** districts in Delhi, Chandigarh, Punjab, Himachal Pradesh, Uttarakhand, Bihar, Uttar Pradesh, West Bengal, Chhattisgarh, Madhya Pradesh, and Rajasthan



> 1 million population reached through large-scale mid-media activities

Symptomatic individuals identified for X-rays and subsequent TB testing in **9** months

12,088 x-rays taken

117 new TB patients notified



“

The Government of India has made its mission to make India TB-free by 2025, and our campaign further supports that initiative. With our mission of 'Never Stop', we, together with NTEP, are making sure that facilities reach the last corner of the country.

– Ramesh Satyawali, National Head DR & X-ray

”

Prevention through Nutrition

Nayara Energy is a downstream petrochemicals company based in Mumbai, India. Its activities encompass refining, marketing, production and a network of over 6,000+ retail fuel outlets across the country. Nayara Energy operates India's second-largest oil refinery, which is located in Vadinar, Gujarat.

To complement the Govt's treatment and nutrition support initiatives for TB elimination, Nayara Energy, in partnership with the Government of Gujarat, launched a Nutrition Support Program in 2018 for TB patients in Devbhumi Dwarka, Gujarat, and scaled-up this intervention to Jamnagar district in 2021. Nayara Energy has taken the CTP in the platinum tier. Under this scheme, nutrition kits were provided to TB patients for better treatment outcomes.

Key Objective



To provide a tailor-made sustainable nutrition support solution for TB treatment adherence and to maximize the Government of Gujarat's efforts through support to patients



Interventions

Working with multiple stakeholders, Nayara Energy provides comprehensive support to TB patients and their families through supplementary nutrition, awareness generation, counseling and monitoring of treatment outcomes. By leveraging other Government schemes, Nayara promotes the setting up of kitchen gardens to grow vegetables for TB patients so that they can access products for a healthy and chemical-free diet. The Nayara Energy TB program lays great emphasis on prevention and combating relapses through the following.



Financial Support to District TB Cell



Monitoring Treatment Outcomes



Comprehensive Nutrition

Financial Support to District TB Cell

Treatment of TB requires a long-term investment in medical and nutritional care that can push families deeper into poverty. Although the Government offers INR 500 through the Direct Benefit Transfer (DBT) scheme to TB patients for nutrition, this assistance is not enough, especially if the patient is a woman, who tends to use the money for her family instead of for her own health-related needs. Nayara Energy provides financial support to the District TB Cell for procuring and providing supplementary nutrition kits for families of TB patients as per the Government guidelines. Distribution of kits is done through the District TB Cell, in accordance with the list provided by the District Tuberculosis Officer (DTO).

Monitoring Treatment Outcomes

TB patients and family members are monitored regularly for weight gain and change in body mass index (BMI), adherence to treatment and cure, access to health care, recovery and delay in the onset of the disease in other family members.



Comprehensive Nutrition

Proper nutrition is required for disease prevention as well as for treatment and prevention of relapse among those who are TB-affected. Nutrition kits of high calorific value are developed in collaboration with nutritionists, keeping in consideration the local diet, food availability and preferences. A kit includes rice, multigrain atta, moong dal, chickpeas, groundnut oil, jaggery, and Nutri Choice biscuits. Furthermore, Nayara Energy conducts outreach on sustaining nutrition through backyard kitchen gardens and organic farming, and links families to other CSR programs.

Nutrition Kit

Product	Kg	Calories	Ingredients	Nutrition	
				Kids / Month	Adult / Month
Rice	1	1300	280 gm Carbohydrates, 27gm Protein	3 Kg	3 Kg
Multigrain Atta	1	364	76 gm Carbohydrates	5 Kg	10 Kg
Moong Dal	1	3670	630 gm Carbohydrates, 240 gm Protein	1 Kg	1 Kg
Chickpeas	1	3640	610 gm Carbohydrates, 190 gm Protein	1 Kg	1 Kg
Groundnut Oil	1	8840	15 gm Fat	1 Kg	1 Kg
Jaggery	1	383	98.96 gm Carbohydrates, 0.4 gm Protein	1 Kg	1 Kg
Nutri Choice Biscuits	1	2868	432 gm Carbohydrates, 42 gm Protein	0.6 Kg	—



Nutrition kit was curated in accordance with the **Government nutritionists'** recommendation

Impact



Implemented in **Devbhoomi Dwarka and Jamnagar districts**

100% coverage in **Devbhoomi Dwarka**

600 patients supported with **1,000** nutrition kits in each quarter

77–83% of patients have shown weight gain

68% of patients with increase in BMI (**19%** to **51%**)

1,000 households adopted kitchen gardens

80 farmers growing vegetables & over **100** farmers growing food organically

Learnings



Awareness of TB treatment and management are still low among patients and families. Despite sensitization, TB is still considered a taboo, requiring greater push for awareness and behavior change.



Provision of a nutrition kit sufficing the needs of the family is a good strategy to build the immunity of family members and prevent transmission of disease.



Nutrition support can positively impact treatment adherence, as low-income households are mostly affected. Therefore, their household earning is directly linked with health and treatment.

“ India’s goal of ‘End TB’ demands the amalgamation of efforts and resources from a range of public and private partners. Diet, nutrition and TB management are synchronously linked, and hence is the mainstay of our program. With this approach, we have achieved significant reduction in relapse and spread, and we assertively look forward to the country being TB-free.

– Mr. Deepak Arora, President, Public Affairs, Nayara Energy

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Corporate Hospital Engagement for TB Elimination

As a leading multi-specialty hospital, Medanta has successfully demonstrated an effective model of TB care. Owing to its expertise as a hospital, Medanta was able to strengthen the Government efforts in TB elimination by providing doorstep screening through mobile X-ray vans and selective doorstep nucleic acid amplification test (NAAT), and establishing a drug-resistant TB (DR-TB) centre in the state of Haryana. Medanta Hospital has taken the CTP in the diamond tier. It has stood by its commitment to go beyond the technical aspect and has championed the taking of a multi-stakeholder approach for activities. The CTP Secretariat hosted under the USAID/India-supported iDEFEAT TB project has been providing technical assistance to Medanta for implementing their intervention.

Key Objective



To foster multi-stakeholder partnerships and support NTEP in the TB care cascade by providing mobile X-ray screening services, needs-based NAAT testing and DR-TB services



Interventions

To assist the State in eliminating TB by 2025, Medanta's Corporate Hospital Engagement program has focused on three key components:



Mobile X-ray Project



Multi-stakeholder Partnerships



Medanta DR-TB Center

Mobile X-ray Project

Under the Mission TB-free Haryana, Medanta provides X-ray screening support across 22 districts of Haryana through 3 mobile vans. In some cases, the vans are also equipped with NAAT machines, facilitating TB testing. The vans travel across all districts in accordance with the route and schedule planned by the District TB Officers, spending 6–8 weeks in each district. The van service supports the primary health centers (PHCs) and community health centres (CHCs) by conducting tests for presumptive TB cases identified by frontline health workers in the villages. Through immediate identification, the government health-care system is able to reduce delays in diagnosis and provide necessary point-of-care treatment and counseling on time.

Multi-stakeholder Partnerships

To ensure the sustainability of the program, Medanta forged public–private and private–private partnerships. Medanta collaborated with organizations to seek resources and finance for their mobile van project. Corporates, such as Siemens, Krishna Motors, RJ corps, OBC, etc., have extended their CSR/resource support to the Mission TB-free Haryana program. Medanta increasingly advocates for the cause through consultations and also has influencers, such as Dr Naresh Trehan, reaching out to leadership across corporates in the State. Medanta has successfully identified and activated corporates with similar values to join the initiative. In 2021, this aspect of the project was expanded into the Adopt-A-District program where corporates with a presence in certain districts were encouraged to participate in TB elimination. The initiative was launched by the Chief Minister of Haryana, thereby encouraging corporates in the region to support the initiative. Corporates could also be offered the option of engaging in any aspect of the 360-degree care for TB, such as nutrition, adherence, treatment, awareness, diagnostics, etc., in a district of their choice.

Medanta DR-TB Center

Medanta's DR-TB Center was opened in Gurugram, Haryana in order to deal with the growing problem of DR-TB. As new medicines for DR-TB cases are only available through government hospitals, this public–private partnership allowed people to access treatment at private hospitals as well. Treatment provided at the DR-TB Center is in accordance with government processes and mandates.

Impact



All **22** districts of Haryana covered by **3** mobile vans

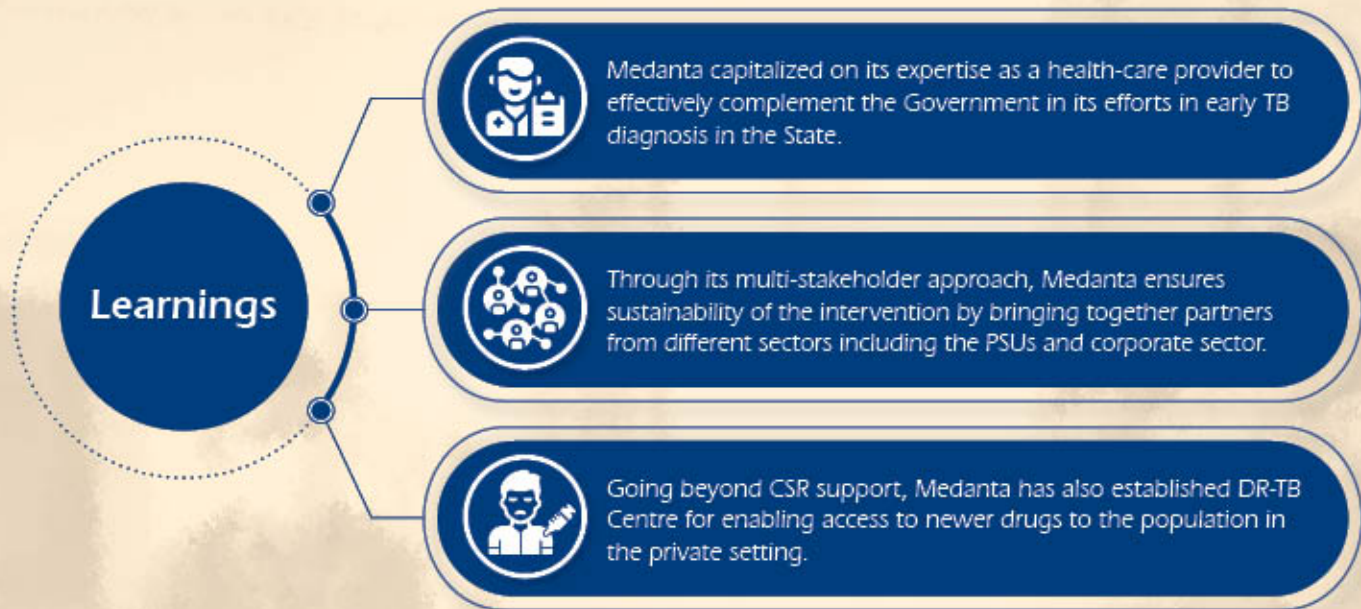
>35,000 people screened (2016–2021)

>5,000 patients diagnosed and started on treatment

8 mobile X-ray vans financed through private-private partnerships

>10 corporates participated in their multi-stakeholder partnership program





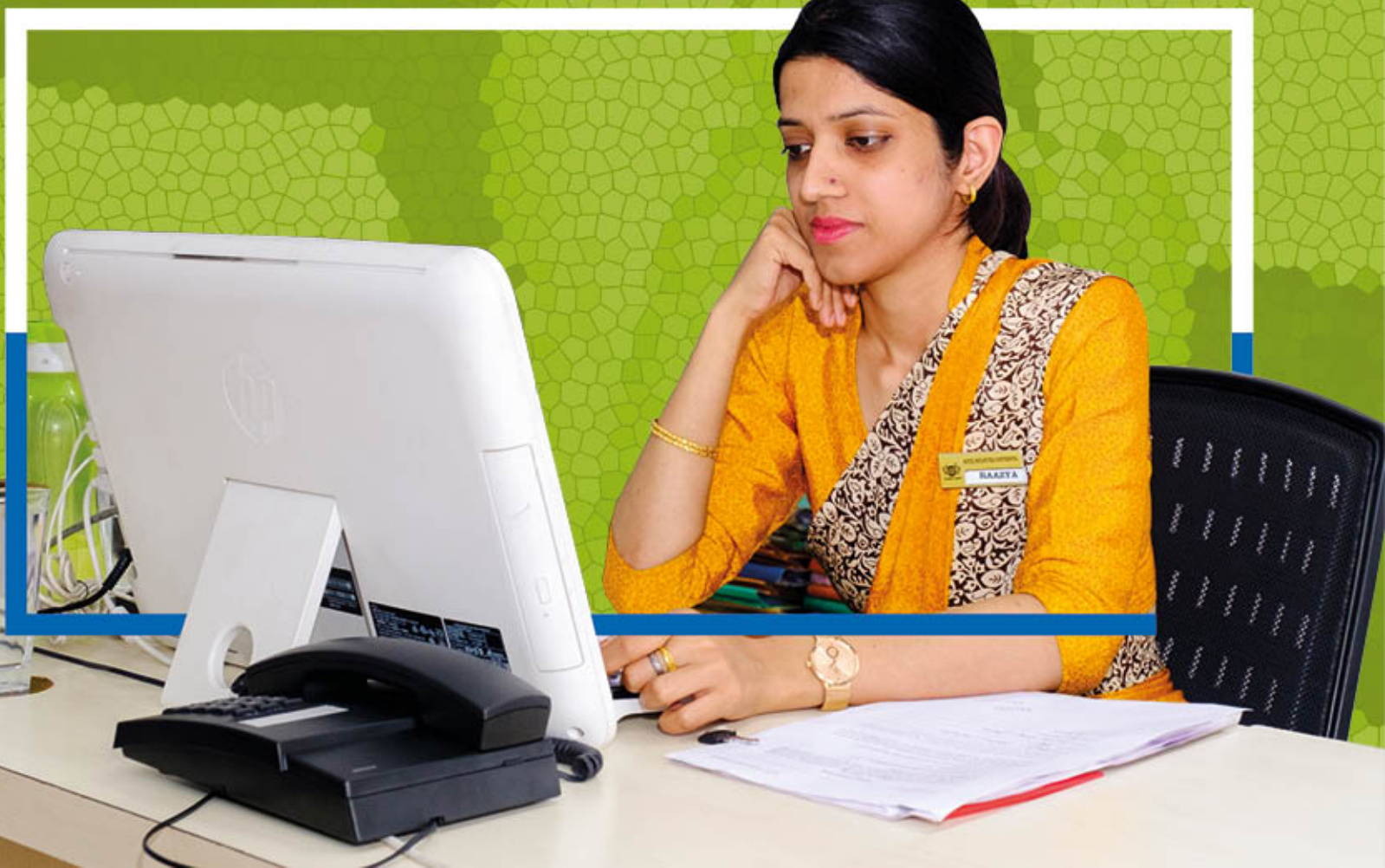
“ Medanta stands committed to support the NTEP in its efforts to eliminate TB by 2025. We are happy to be able to complement the Government efforts to this end. Medanta not only commits to offer its expertise to the country in this mission but affirms to forge more partnerships for reaching the goal faster.

– Dr. Bornali Dutta, Director – Department of Respiratory & Sleep Medicine

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Section **4**

TB-free Workplaces: Reaching the Unreached



Framework for TB-free Workplaces

Central TB Division, MoHFW, GoI

To meet the goal of eliminating TB by 2025, the Central TB Division (CTD) under MoHFW, GoI, has created a framework for implementing workplace policies for a TB-free environment as part of a larger TB program.

Focused workplace interventions are critical because people spend most of their time at work, providing an opportunity to reach a large number of people in a supportive setting. Interventions at the workplace can help reduce stigma, create awareness, and provide the necessary support to complete the required treatment.



Need for TB Interventions in the World of Work

TB is a preventable disease, yet is one of the top 10 causes of death worldwide. In India, more than 1,200 people lose their lives to the disease every day.



Globally due to TB, **9.9 million** people fell ill and **1.3 million** died



India accounted for **26%** of the global TB cases and **31%** of the global deaths due to TB



The economic cost of TB is more than **INR 13,000 crores** in India



170 million workdays are annually lost to TB in India



83% of TB cases in India occur among the most productive age group of 15–60 years

Key Objectives



A TB-free workplace mandates an environment where all employees as well as contractual and other workers can have the following:

- Access to information and services that gives employees the confidence to utilize the services
- Easy access to diagnostic services for employees/workers and their families
- Periodic TB screening for early detection and diagnosis of workers with active TB
- Support for treatment initiation and completion for employees/workers and their family members with active TB
- Measures in place to address TB-related stigma, such as a talk by a TB Champion, the adoption of a statement of commitment to a stigma-free workplace, job security, etc.

What are TB-free Workplaces?

TB-free workplaces have an environment where:



Interventions

Organizations are encouraged to mobilize commitment of the top management, create an operational framework, as well as consistently report to and form linkages with government under the NTEP. This entails:

- ⦿ Commitment by the management to provide sustainable resources and staff time for TB interventions
- ⦿ Nomination of a nodal officer and constitution of a Committee for a 'TB-free workplace'
- ⦿ Meetings of the TB Committee held at regular intervals to strengthen intervention
- ⦿ Activity review undertaken by the company Senior Executive/Board of Directors for TB-free workplace intervention at least twice a year
- ⦿ Display of TB-free workplace related posters and other information, education and communication (IEC) materials at strategic locations at workplace
- ⦿ Designing of a workplace intervention, awareness generation, and TB prevention at workplace
- ⦿ Periodic TB screening among workers
- ⦿ Linkages for diagnosis of symptomatic cases
- ⦿ Linkages for treatment, whereby a person with TB:
 - Receives support for treatment adherence
 - Is provided with nutrition support, if possible
- ⦿ Provision of masks to at-risk workforce, especially in industries like mining, glass, oil and gas, textile, etc.
- ⦿ Coordination with facilities and institutions under NTEP [District Tuberculosis Center (DTC)/ State Tuberculosis Cell (STC)]
- ⦿ Coordination with agencies/partners for technical support
- ⦿ Extension of TB intervention services to families of workers



Essentials of TB Screening for Workers



Line Listing

Workers with co-morbidities
(diabetes, smoking, alcohol
use disorder, HIV)



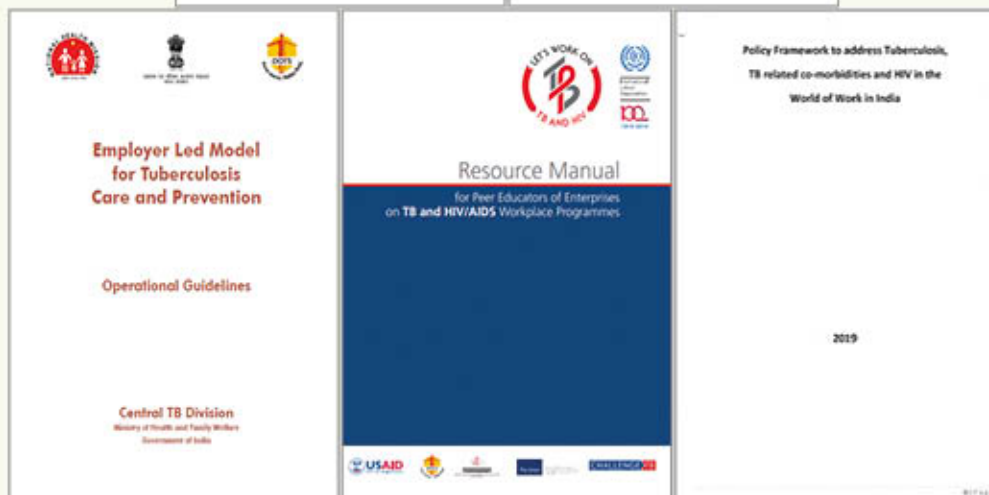
Quarterly

Screening for occupations
such as mining, textiles, etc.



Periodic screening of the
entire workforce for TB

Workplace-related Communication



Learnings



Standardize mechanisms for easy implementation of TB-free workplace interventions and establishment of a monitoring framework.



Mobilize corporates, PSUs/Central Public Sector Enterprises (CPSEs)/Public Sector Enterprises (PSEs) for CSR-led intervention through advocacy meetings.



Identify occupational sectors/hazardous industries to focus on vulnerable population and ensure coverage through TB workplace intervention.



Creating an Enabling Environment for TB-free Workplace

Adani Foundation is the CSR arm of the Adani Group. With the aim of contributing to the holistic development of communities, Adani Foundation works towards the global agenda of meeting the SDGs by facilitating quality education, empowering the youth with income-generating skills, promoting a healthy society and supporting infrastructure development. Driven by information from The Union, TB was recognized as a workplace issue and the Adani Group took the CTP under the gold category. With technical support from CTP Secretariat under the USAID/India-supported iDEFEAT TB Project, their comprehensive TB-free Workplace project was designed and implemented as a pilot intervention at Adani Ports in Mundra, Gujarat.

The intervention prioritizes prevention and ensures sustainability in the long run. The organization has adopted the statement of commitment that aims at ensuring zero stigma and discrimination related to TB disease and minimizing the risk of transmission. This entails creating widespread awareness and screening employees, their family members and contractual workers for TB. The intent is that everyone becomes aware of their rights and responsibilities about TB services.





Key Objective



To implement an effective TB-free workplace intervention

Interventions



Governance



Screening



Awareness

Adani Ports recognizes that, in order to achieve the TB-free workplace status, it is essential to include the families of regular and contractual workers (totalling approximately 800 people) in the intervention. Adani Ports developed an action plan, which is being implemented with the support of the CTP Secretariat at The Union to address this enormous population.

Governance

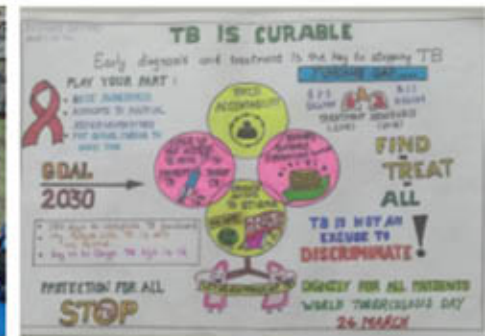
As per the TB-free Workplace Policy, TB Committees have been formed in each department with full commitment from the top management. Training on creating awareness among the workforce has been provided to 45 master trainers and 44 peer educators. TB screening has been made essential for creation of new gate pass for entry to the ports. A statement of commitment has also been adopted.

Screening

Basic screening camps are held to screen the entire workforce for TB and, as a preventive measure, nutrition kits and protein powder distributed to all women in the workforce along with iron and folic tablets.

Awareness

For wider dissemination, various mass awareness activities are conducted in multiple languages, using tools such as posters, quiz and slogan competition banners, and street plays by school children.



Impact



Implemented in **Mundra Port, Gujarat**

226 training camps organized, covering **8,000** workers and their family members



“ Our employees are the key partners in creating awareness and reducing stigma within the workforce. It has now become a part of our employee volunteering program.

– Pankti Shah, Head CSR, Gujarat

”

Focusing on Employee Well-being

Brihanmumbai Electricity Supply and Transport (BEST) Mumbai, a state-run PSU with over 40,000 employees and an entire fleet of buses, has been an essential part of the Mumbai transport system. BEST has always taken an altruistic approach towards its employees' well-being. With TB being one of the major threats, it has been implementing a comprehensive TB-free workplace intervention.

BEST, Mumbai has had a focused TB intervention as part of the employee health and welfare program since 2011, making it a pioneer of implementing a TB-free Workplace Policy. In partnership with Mumbai City TB Office, BEST has been providing comprehensive diagnostic and care facilities to its employees and families. A standard of TB care developed by the organization offers benefits such as paid leave and accommodation, regular awareness sessions, and a stigma-free, supportive work environment.

BEST Mumbai has taken the CTP in the diamond tier, and has stood up to its commitment of demonstrating a comprehensive model of a TB-free workplace.

CTP Secretariat hosted under the USAID/India-supported iDEFEAT TB project has been providing necessary technical assistance to BEST Mumbai. BEST has expanded its intervention beyond screening and treatment support to TB preventive activities. It has initiated TB screening for vulnerable groups including diabetics and tobacco users among employees.



Key Objective



To reduce TB-related morbidity and mortality among employees and families, and create a sensitive and beneficial workplace environment for all

Interventions

BEST's TB-free Workplace Policy was developed and implemented with support from both senior management and trade unions. The standard TB care module that focuses on care and multiple levels of prevention is continuously upgraded, keeping in mind the needs and requirements of employees.

The Best Model for the TB Workplace Intervention



Early Diagnosis

Since employees are reluctant to come forward proactively for TB testing, BEST conducts pre-employment screening and testing, followed by periodic testing during employment through camps and national health campaigns. Further, as a preventive measure, employees are tested for multiple diseases that act as risk factors in the onset of TB.

Care and Treatment Adherence

Employees and family members identified with TB are linked to district health facilities. Treatment is provided to them either at the Directly Observed Treatment Short Course (DOTS) Center nearest to their residence, or at the fully-staffed in-house depot dispensary, or at the Mumbai Central Depot Dispensary. In case of hospitalization, an employee can access any hospital registered with BEST. Families are provided counseling support on treatment adherence. TB patients are also provided with a high-protein diet. All these facilities are provided free of cost and have helped in reducing out-of-pocket treatment expenses of the families.

TB-free Workplace Policy

BEST has developed a comprehensive workplace policy under which employees identified with TB have benefits such as paid leave of up to one year and in some cases up to three years, accommodation for those living in a closed environment in the slums, and alternate job options for those disabled due to the effects of TB, etc. The policy ensures a zero-stigma environment for all employees at the workplace.

Multi-level Prevention

BEST has developed inclusive health programs for all TB-related comorbidities such as diabetes, lack of vitamin D, HIV, chronic kidney disease (CKD), etc. Employees are screened for related diseases and if found positive or deficient, are recommended to be tested for TB. To reduce anxiety and stress, yoga classes and stress management camps are held in collaboration with King Edward Memorial (KEM) Hospital. Medical staff are trained regularly and patients counseled on treatment and recovery. Awareness campaigns are also conducted through peer educators, using tools such as stickers, signage and badges.



Learnings

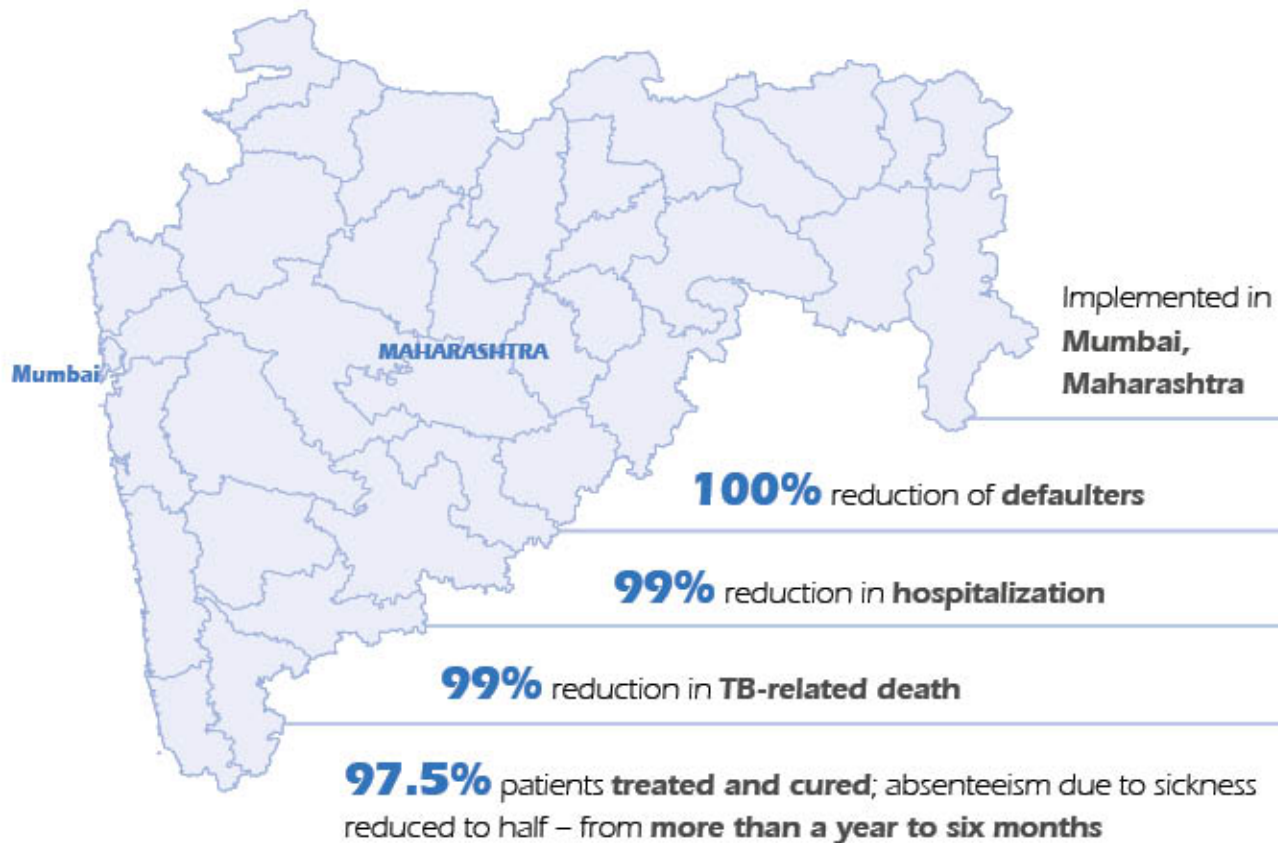


A comprehensive TB Policy – focused on prevention, addressing co-morbidities, and supporting nutrition and cessation of tobacco intake – is successful in reducing incidences of TB at workplace. It reduces delay in diagnosis, loss of patients to treatment and also creates a zero-stigma environment.



Buy-in from senior management and trade unions is necessary for effective implementation and adherence to TB policy.

Impact



“

A conducive working environment has a direct relationship to the overall health of an individual. We can endorse that employee health is an integral part of public health. Being a closed system, a workplace provides a platform to address and control all diseases by focusing on reducing stress, testing and treatment. Good health not only benefits an employee, but the family as well as the whole society.

– Dr. Anil Singhal, Chief Medical Officer

”

Section 5

State-led Multisectoral Initiatives



Corporate Engagement and Multisectoral Response Government of Gujarat

With the Chief Minister of the Gujarat considering TB as one of the key indicators for monitoring state development, TB elimination has attracted the attention of stakeholders including Government, media, state Indian Medical Association (IMA) bodies, chemist associations and corporates. All stakeholders are being engaged and sensitized to strengthen TB health-care services, contribute to prevention, provide socio-economic support and inform people through awareness campaigns.

Key Objective



To leverage multisectoral engagement and response for elimination of TB

Interventions

The Government of Gujarat is focusing on the strategy of Detect, Treat, Prevent and Build using active case finding focusing on preventive measures, addressing TB-related co-morbidities and drug-resistant TB, engaging corporates, inviting other relevant sectors to respond to the program, and creating Information and Communications Technology (ICT) tools for adherence and monitoring.





Political and Administrative
Commitment



Community Engagement
and IEC Messaging



Utilizing CSR and
Other Resources

Political and Administrative Commitment

Workshops and meetings are being held at various levels and with different stakeholders including Members of Legislative Assembly (MLAs), media, religious leaders, State TB Forum, State TB Co-morbidity Committee, State Programmatic Management of Drug-resistant Tuberculosis (PMTD) Committee, State IMA body, and chemist associations to create ownership and synergy. NTEP is also collaborating with line Departments and Ministries, with each fulfilling a specific role, such as Women and Child Department for screening of children and women by health workers; Panchayati Raj for generating



Panchayat-level ownership for TB-free villages; Tribal Department for boosting diagnostic support through tribal sub-plans; Department of Ayush for improving referral of TB patient to appropriate facilities; Labour Department for involving hospitals to ensure standard TB care processes.

Engagement with Government Agencies



Community Engagement and IEC Messaging

Since mass awareness is an important aspect in TB elimination, the State is making tremendous efforts for creating multi-level community engagement. These include engaging existing groups such as Gram Panchayats (GPs), SHGs, Village Health, Sanitation and Nutrition Committees (VHSNCs), youth groups, etc.; involving community representatives in different forums; creating TB forums at state and district levels as platforms for all stakeholders to voice their opinions; creating a cadre of TB Champions through capacity building and mentoring programs; and creating grievance redressal mechanisms. All channels of communication are being used effectively to enhance visibility of TB, such as publishing editorials in print media, organizing talk shows on TV, publishing posts on social media platforms, etc.



Utilizing CSR and Other Resources

To strengthen private sector engagement, consultation workshops and meetings have been held with corporates, industry associations, and international non-governmental organizations (INGOs) with support from the CTP secretariat hosted at the Union. TB-free workplace trainings were organized for various corporates across districts with technical assistance from CTP. Under their CSR initiatives, CTP members provided nutrition support to TB/DR-TB patients and invested in strengthening the infrastructural requirements of NTEP.



Impact



Implemented in **Gujarat**

NHM award for the **best performing state** awarded to Gujarat by **NTEP** in 2013, 2015, 2018 and 2019



Accelerating Convergence

Government of West Bengal

The Government of West Bengal launched the 'TB Mukto Bangla' initiative with the aim of promoting collaboration between various line ministries and sectors other than health, to increase comprehensive involvement as Ni-Kshay Mitra(s), improve notifications of TB cases and promote TB-free Workplace Policies across sectors. The idea was to accelerate the pace of convergence to yield effective results.

Key Objective



To establish and increase convergent actions of ministries and sectors other than health to tackle multifaceted social issues associated with TB

Interventions

Since the inception of NTEP, the Government of West Bengal has collaborated with various organizations in non-health sectors like Railways, Iron and Steel, Port Trusts, Eastern Coal Fields, correctional homes, power plants, missionary hospitals, defence establishments and tea gardens. These sectors have participated in active case finding, building capacity and advocacy, creating linkages with State health-care centers, providing diagnostic services and treatment initiation through their health facilities, updating the Ni-Kshay database, and improving outcomes



Under 'TB Mukto Bangla' campaign, the State Government is working to create mechanisms for engaging various line departments which include the following:

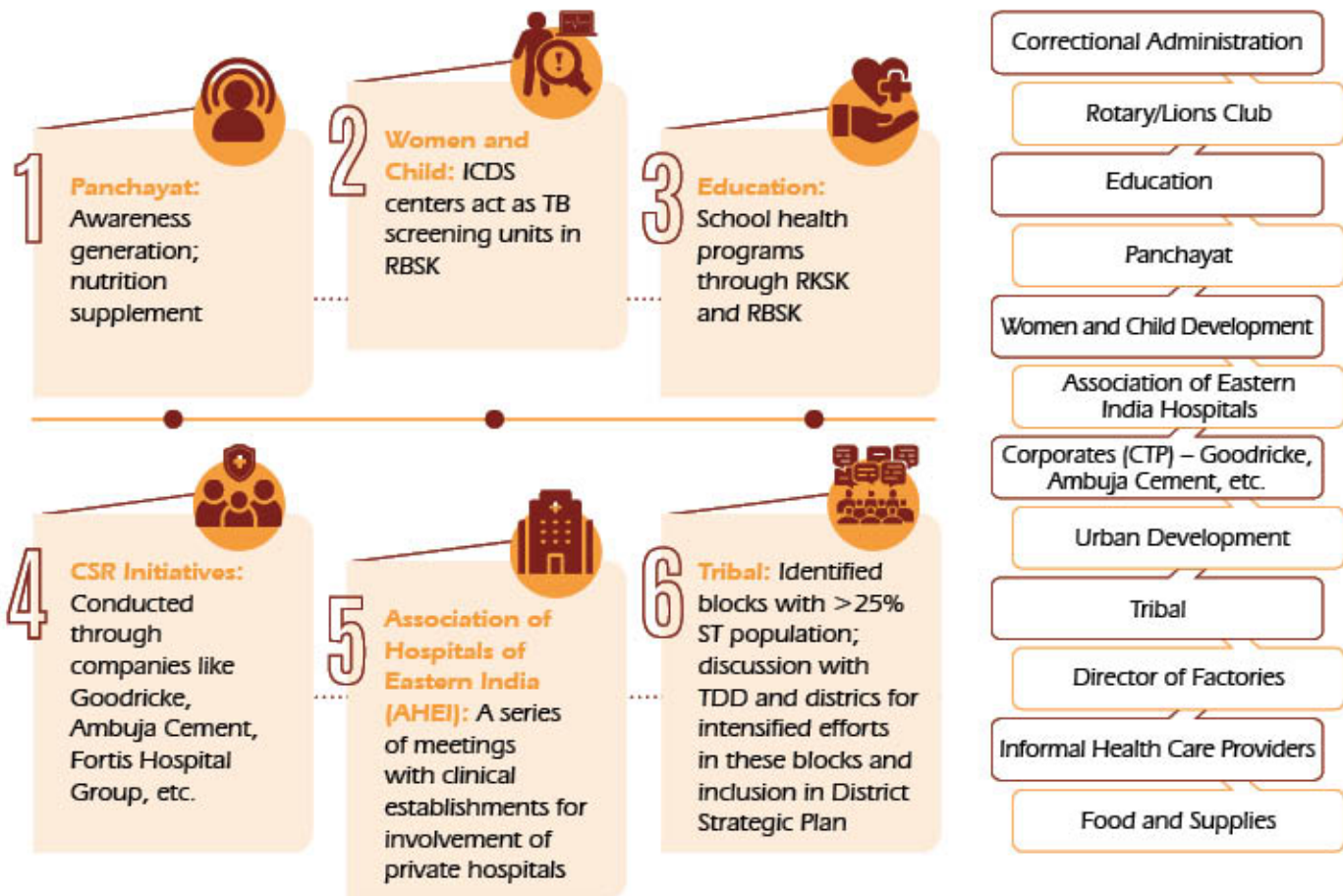
- Panchayati Raj Department is engaged to create awareness and provide nutrition support.
- Women and Child Welfare Department is using Integrated Child Development Scheme (ICDS) centers for TB screening under Rashtriya Bal Swasthya Karyakram (RBSK), and the mobile health teams visit schools periodically.
- Education Department is creating awareness through the school health program under RBSK and Rashtriya Kishore Swasthya Karyakram (RKSK).
- Association of Hospitals of Eastern India supported in organizing training of all big hospitals by State Technical Support Unit (STSU) in collaboration with DTOs to improve notification of TB cases.
- Tribal Development Department (TDD) intensified efforts in identified tribal blocks, created action points and earmarked budget for the TB program in the District Strategic Plans.
- ITB (Informal Healthcare Providers Associations [IHPA] for TB-free Bengal), an apolitical platform, was developed to address challenges arising out of different political affiliations and to work towards TB Mukto Bangla.
- Corporates were roped in through their CSR initiatives, especially in tea gardens and hospitals.



Impact

Various **sector-wide convergence** took **ownership** and ensured **active participation** in **TB elimination** efforts

Involvement of Line Departments and Associations



Learnings



There is urgent need for deepening engagement with the Departments of Labour, Panchayati Raj, Women and Child Development, and Social Welfare.



To bring more synergy and momentum in action, periodic corporate consultations and convergence meetings with all stakeholders should be organized.



PRI Engagement to Build TB-free Panchayats

The Government of Karnataka, in a one-of-its-kind initiative, launched the Gram Panchayat Amrita Arogya Abhiyan (GPA) in 2021 to drive and improve uptake of health-care services under the leadership of Gram Panchayats (GPs). A TB-free GP is one of the mandates of the program.

Key Objective



To drive health and well-being of rural communities, including TB elimination, through GPs

Interventions

GPs are important decision-making bodies at the village level. They understand the demography, local context, available resources and existing challenges of communities as well as the rural health-care systems, and are critical assets in providing proactive ground-level solutions. They implement TB-related policies by taking ownership and ensuring active participation of the elected representatives and effective use of untied funds.

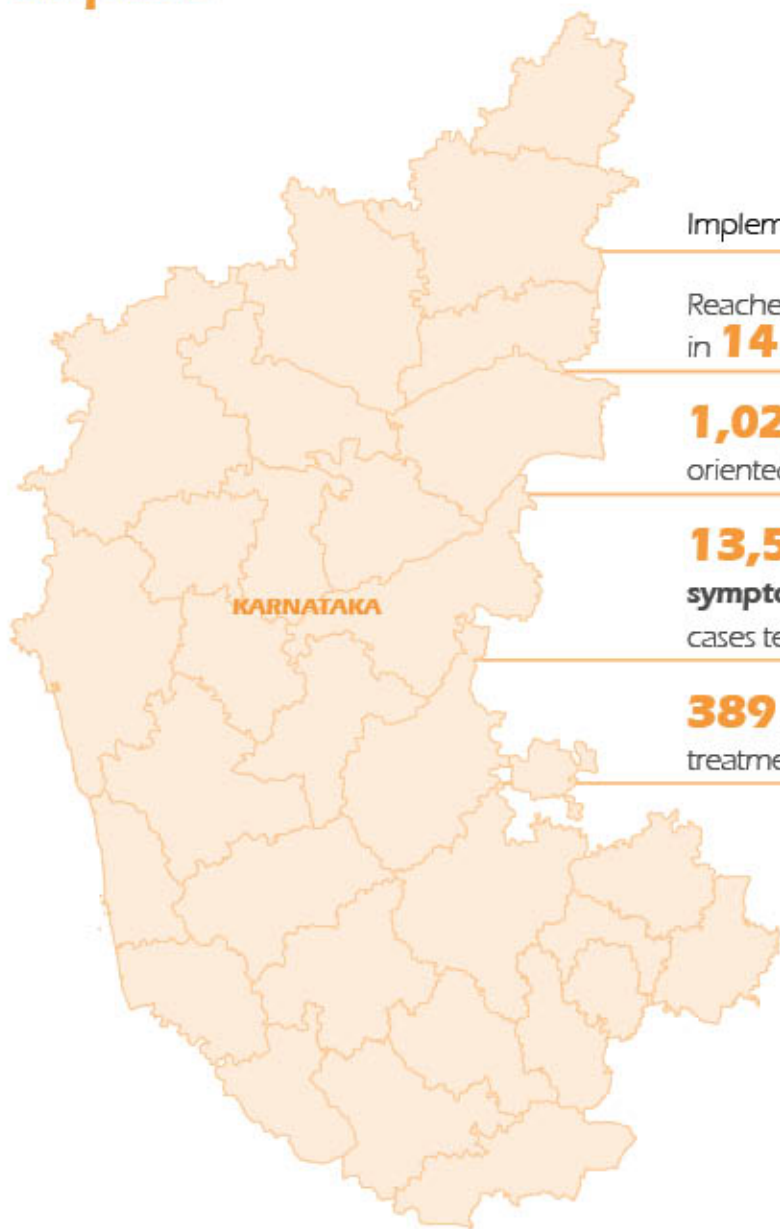
- The GPA initiative builds a synergy between communities, GPs and health-care services in rural areas. It also leverages the strengths of GPs and allied structures to provide health care to all, especially to vulnerable communities such as tribal and Scheduled Caste (SC)/ Scheduled Tribe (ST) communities, elderly, migrant workers, transgenders, HIV-infected people, etc.





- ⦿ As there are over 30 line departments in rural governance that are working in silos, GPAAA was launched with the aim to create convergence between the rural health departments, community structures (youth groups, SHGs, etc.), and numerous mandated committees (VHSNC, MGNREGA, SHG Federations, and Gram Panchayat Task Force [GPTF]). GPAAA is the nodal platform for ensuring decentralized decision-making, effective reach, and ownership of health initiatives within communities.
- ⦿ The focus areas of GPAAA are TB-free GPs, COVID-19 vaccination, tele-counseling services for mental health, addressing child marriage and violence against women, and managing noncommunicable diseases. GPs have been provided with comprehensive health management kits to periodically organize health camps for all and take health care to the doorsteps of vulnerable communities.

Impact



Implemented in **Karnataka**

Reached out to **11,272** villages in **2,816** GPs in **14** districts of Karnataka

1,020 trainings held; **24,752** GP members oriented

13,55,729 people **screened** for TB; **9,963** **symptomatic** cases referred; **5,412** presumptive cases tested

389 tested positive, of which **309** patients' treatment has been initiated

Learnings



There is immense potential to provide decentralized services to improve the health and well-being of rural India and have available, accessible and community-centred TB-free Gram Panchayat program.



GPs present an opportunity to leverage community networks to reach the most vulnerable and difficult-to-reach populations.



Lack of human resource at state, district and peripheral levels needs immediate attention; there are limited numbers of TB Champions trained for participation in the program.



Lack of infrastructure at diagnostic facilities and SCT mechanisms creates delays, which can be mitigated by soliciting support from other stakeholders.



Partnering with Corporates

Government of Maharashtra

With a large presence of corporates and industries in most districts of Maharashtra, it was critical to engage and mobilize them to collaborate on TB elimination efforts. They have enormous potential to invest technical and financial resources to support NTEP.

Key Objective



To mobilize corporates to engage with NTEP

Interventions

Realizing the potential of the corporate sector to support the program, the Government of Maharashtra initiated efforts towards corporate engagement in the state. The state, with technical assistance from The Union, developed a corporate engagement strategy to accelerate TB elimination efforts. The strategy includes district-level mapping of corporates, industries and associations, orientation of DTOs/city tuberculosis officers (CTOs) in engaging with the sector, organizing workshops, meeting potential partners, and preparing and implementing a TB eradication plan with NTEP.



Key Elements of the Intervention



Line Listing of Corporates

All districts in the state undertook line listing of corporates and industries in their district. This enabled the State to identify some focus districts for intensifying corporate engagement.

Internal Capacity Building

All DTOs/CTOs and public–private mix (PPM) coordinators were oriented on multisectoral and corporate engagement on TB through virtual or in-person capacity building programs. The Union provided technical support to the State for the same. Orientation programs on corporate engagement were organized by DTOs and CTOs in Maharashtra.

Stakeholder Partnerships and CTP

The State initiated communication with government authorities such as District Collectors/Commissioners, Mayors, Zila Parishad and GP Presidents on partnering with corporates as Ni-Kshay Mitra(s).

Meetings with the Directorate of Industrial Safety and Health (DISH) were held to initiate the process of engaging district-level officers, and all industry and business associations in Maharashtra. District DISH officers were instructed to develop district-wise industry-specific plans in collaboration with State DTOs/CTOs. Workshops, consultations and meetings were held at the state and district levels to include corporates/industries as CTP members. To accelerate the process, various industry associations were also roped in to reach out to as many corporates/industries as possible in various districts.

Capacity Building and Technical Assistance to Corporates

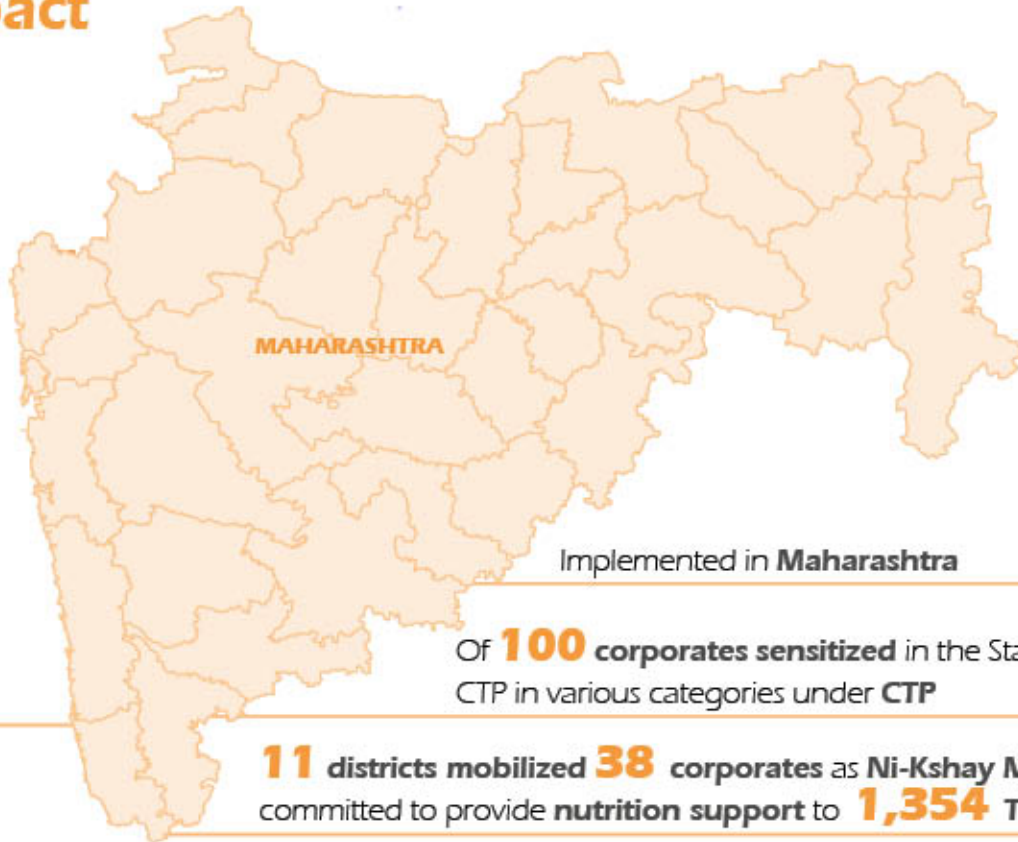
The State has been organizing programs to capacitate corporates in implementing the TB initiative. A regional workshop was also organized in association with The Union. The State holds periodic meetings with corporates to apprise them on various interventions including Ni-Kshay Mitra. It also facilitates trainings and orientation sessions for the corporates on a regular basis.

Recognition of Stakeholders

The Government is creating opportunities to felicitate the efforts of corporate partners and industry associations by highlighting their work and recognizing their contribution in various forums.



Impact



On-field **collaboration** with NTEP initiated by **22** corporates for **awareness generation, community mobilization, screening, diagnostic** and **nutrition support**

Nandurbar adopted by **Mazagaon Dock** as an **aspirational district**, Rs. **1.2** crore released for **digital x-ray vans** and **nutritional support** to **400** TB patients

Support commitment by **Western Coalfields Limited** for **100** TB patients in Nagpur and **22** **healthcare facilities** in Nagpur, Chandrapur and Yavatmal

Screening and notification of TB patients initiated by **JNPT Port**

Screening for identifying TB patients initiated by **Oil And Natural Gas Corporation (ONGC) Uran**

Learnings



Internal capacity building of staff and their continuous support as well as follow-ups are critical in the successful implementation of strategy.



Comprehensive district-wise mapping of corporates and their prior analysis helps in faster decision-making.



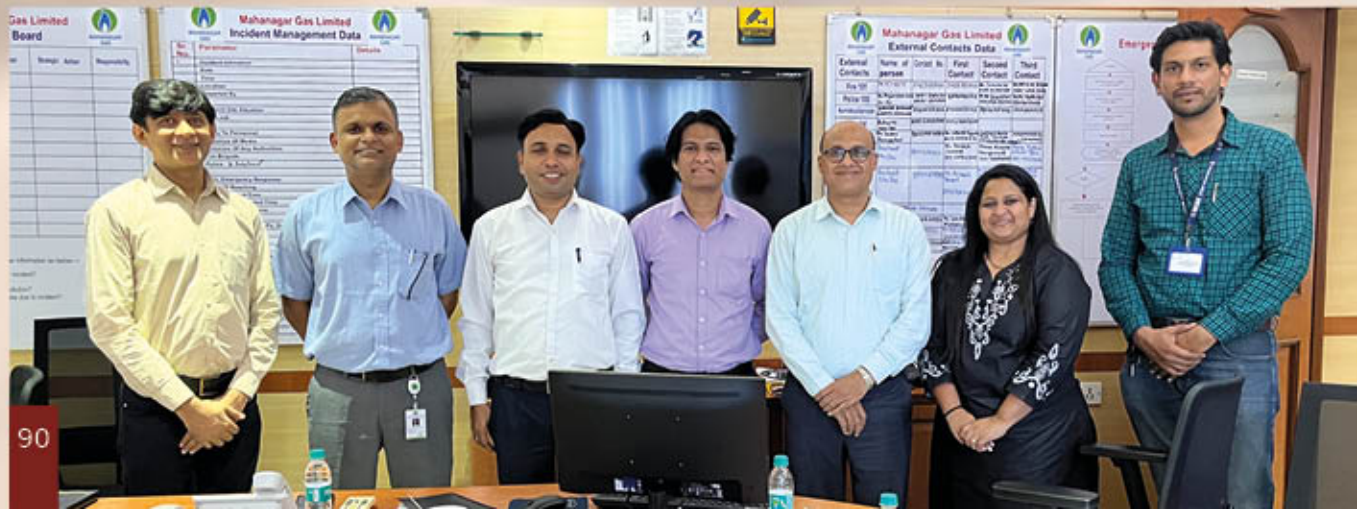
Collaboration with offices like DISH can help accelerate the process of engagement, while involvement of Indian Association of Occupational Health (IAOH) can support initiation of TB screening among corporates.



Different sectors demand different approaches for engagement.

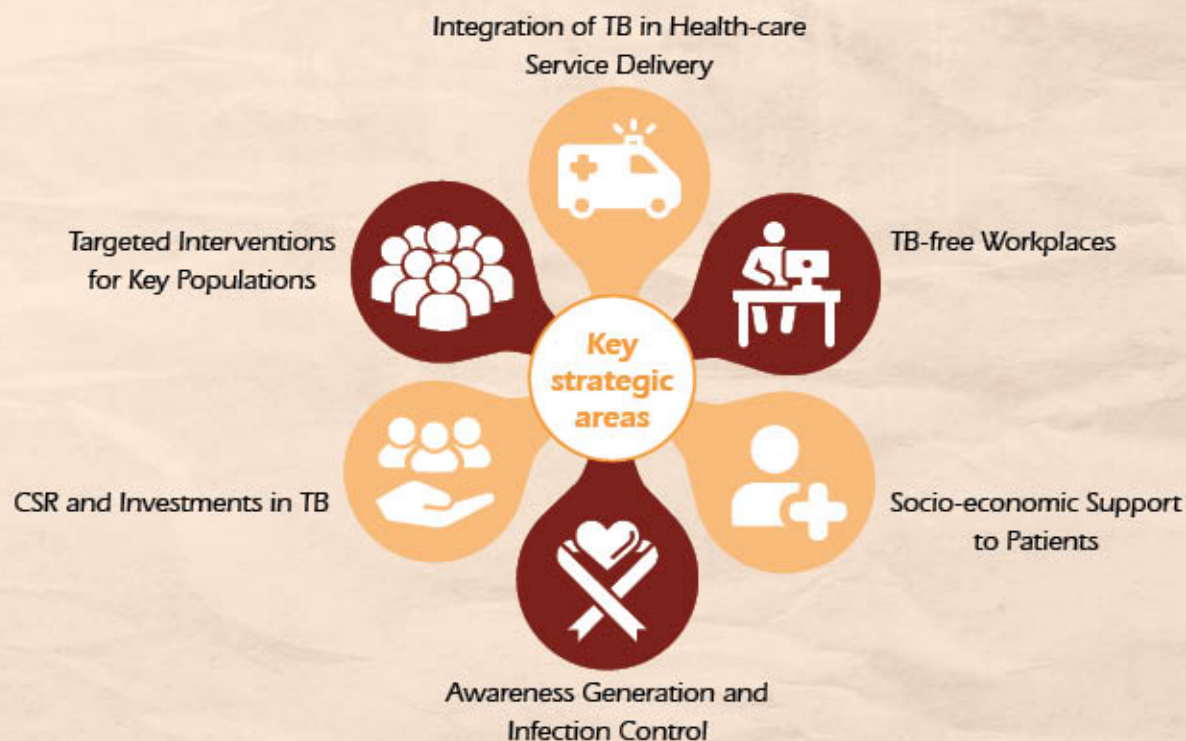


Recognition of corporate efforts is important to keep them motivated.



State-led Engagements

MoHFW has developed a NSP 2017–2025 for the elimination of TB in India by 2025. Through inter-ministerial coordination, it aims to reach key populations such as workers, miners, migrants, tribal populations, women and children, served by various ministries in the following key strategic areas:



The National Technical Support Unit (NTSU) of the CTD is nodal to strengthening this multisectoral engagement.

Key Objective



To enable replication of good practices through sharing and discussion of various multisectoral engagement experiences from the States for different thematic areas, key learnings and success stories

Involving Elected Representatives

Government of Assam

The Government of Assam has engaged representatives of the Rabha Hasong Autonomous Council (RHAC) in order to sensitize local people, foster community engagement, and solicit their active participation in TB elimination. The state also collaborates with corporates, industry bodies, civil society and Government departments to achieve the goal of a TB-free Assam.

Interventions

Goalpara has numerous riverine areas and international as well as inter-state borders. A high population of tribal and migrant workers makes this community vulnerable to exposure and re-exposure to TB. The RHAC was constituted in 1995 for socio-cultural and economic development of the Rabha people in Goalpara district.

The State and District NTEP officials sensitized the RHAC and corporates on the importance of collaboration for TB elimination in Assam, and the RHAC approved a proposal for extending support in this effort. The State involved the elected representatives of the Council in planning, monitoring and allocating a budget for improving health facilities and services; organizing workshops and trainings to improve TB health-care services and reduce stigma; and building community awareness and participation related to health entitlements. This led to an improvement in the community's demand for and access to screening, diagnosis and treatment services for TB.

In other State-wide initiatives, the Government of Assam has leveraged multisectoral and corporate engagements to strengthen diagnostic services, as well as treatment and care of TB patients.





Corporates



Ni-Kshay Mitras



Industry Bodies



Civil Society Organizations



Government Departments



Media

Corporates

A few corporates have taken the CTP in various categories, adopted TB-free workplace interventions, and collaborated on joint action plans for establishing DMCs, providing access to TrueNAT, and providing outreach services. Some corporates have donated TrueNAT machines and mobile medical vans. They have also organized awareness and health camps.

Ni-Kshay Mitras

Some corporates have been on-boarded onto the platform and have adopted TB patients to whom they provide nutrition supplement kits. A third party has also been engaged to strengthen the supply chain for nutritional support.

Industry Bodies

MoUs and joint action plans were signed with the STC and the database was shared.



Civil society organisations (CSOs)

Through various orientation sessions, CSOs were encouraged to become Ni-Kshay Mitras, adopt patients, create awareness campaigns and provide monetary support.

Government Departments

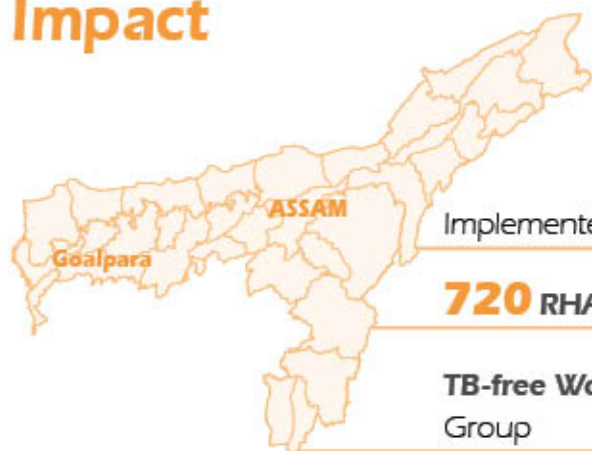
Various Government departments participated in the TB program. Their contributions include the sponsoring of TrueNAT machines by RHAC; resource mobilization, orientation of 246 PRI members and 34 Railway Health Units by Panchayat and Rural Development (P&RD) Department; and adoption of 96 villages by National Service Scheme (NSS).

Media

National and local media were engaged to cover stories on TB.



Impact



Implemented in **Rabha** people of **Goalpara district, Assam**

720 RHAC members sensitized through awareness campaigns

TB-free Workplace Policy initiated by RHAC and the S.R. Deka (SRD) Group

Learnings



Engaging a local body like RHAC is effective in various dimensions:

- It helped in persuading corporates to register as NI-Kshay Mitra(s) for adopting TB patients.
- A stronger network of TB influencers in the State emerged due to the involvement of elected representatives of RHAC in collaborating with media and other PRI members.



Fine-tuning the efforts of STC, State Tuberculosis Officers (STOs), CSOs and other stakeholders towards focused initiatives creates a ripple effect.



The tribal population is very resistant to modern methods of health care. Providing doorstep community support through regular visits by Government officials can help change their behavior and remove stigma.

– Dr. Avijit Basu, STO Assam



Experiences in Multisectoral Engagement from State Government of Karnataka

The Government of Karnataka is engaging with various sectors for awareness generation as well as for nutrition and patient support. It is also collaborating with corporates and district administrations for providing livelihood support to TB patients and the affected family members.

Interventions

The State Government is collaborating with PSUs, corporates, industry associations, CSOs, charitable organizations and ministries for creating visibility and awareness on TB, providing nutrition support and diagnostic services.

Medical camps have been held at beedi-making and other hazardous worksites, and screening and testing of presumptive cases have been conducted. Ministries and organizations are being sensitized to become Ni-Kshay Mitras, while an MoU has been signed with the Airports Authority of India to create awareness among staff and passengers using their premises. Elderly Care Health and Wellness Pvt. Ltd. has agreed to provide jobs for unemployed family



members of TB patients, who will be linked with seven districts that are short listing candidates for this program.

Impact



Implemented in **Karnataka**

Increase in **TB awareness** across the **districts**

Decentralized form of engagement for districts and sub-district for **better logistical support**



Awareness generation is necessary in all PSUs and industrial departments.



Linkages with districts for portable X-ray services need to be created.



A state-level nodal agency is required for Ni-Kshay Mitra.



Regular screening should be undertaken in industrial departments as well as in prisons.

Focused Multisectoral Interventions

Government of Rajasthan

The Government of Rajasthan is collaborating with non-health Ministries, corporates, industry associations and CSOs to create community awareness through IEC material and advocacy, mobilize resources for diagnostic and treatment support, and build capacity of partnering Ministries.

Interventions

Rajasthan has mapped and identified 23 Government departments (19 state-level and 4 central-level) among which collaboration has been initiated with eight departments. These include Railways, Defence/ECHS, Postal, Labour, Education, Geology and Mines, Panchayati Raj, and Central Government Health Scheme (CGHS). NTEP services are being provided by all medical and health facilities registered under them.

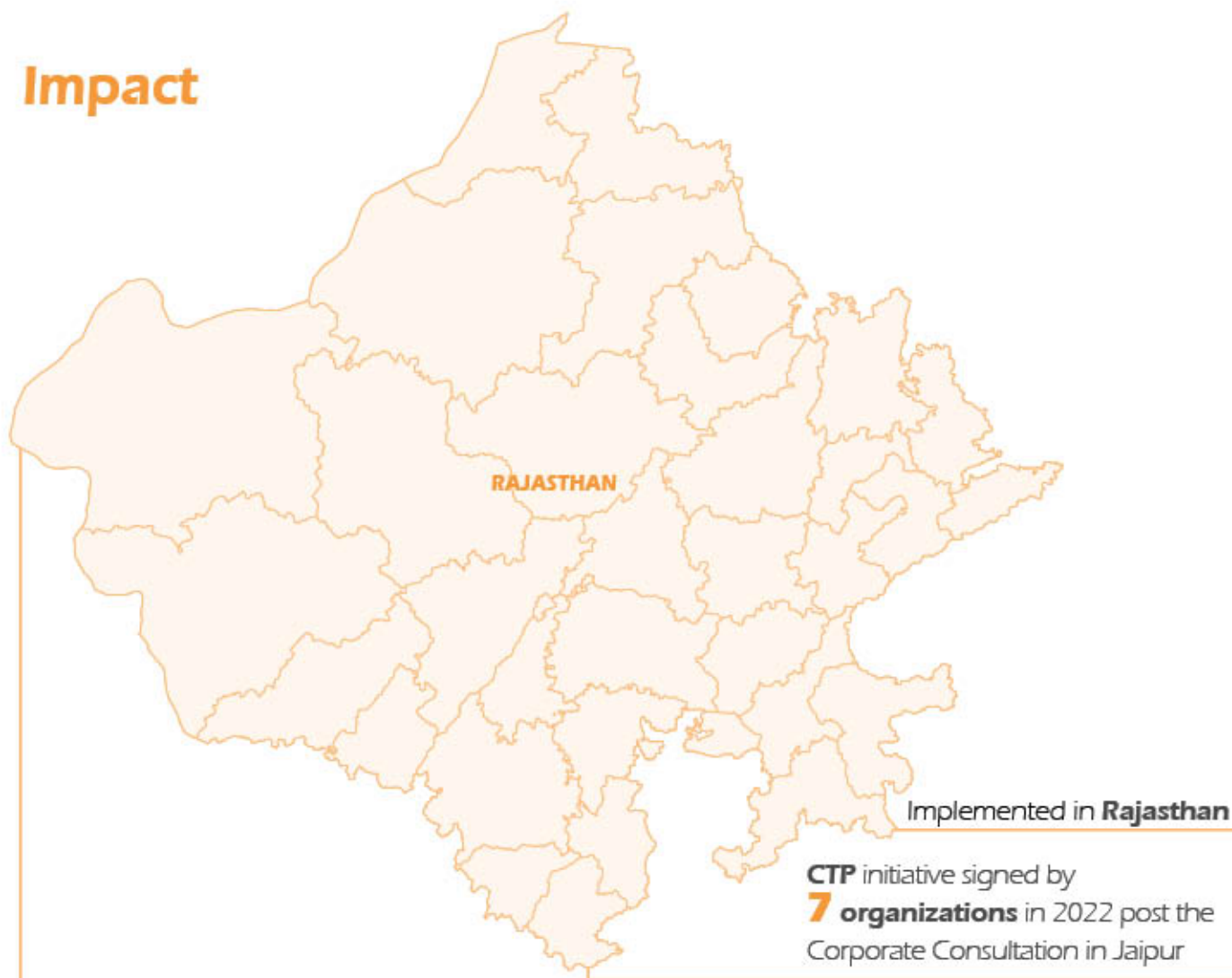
In collaboration with The Union, a corporate consultation on TB was organized in Jaipur, with participation from 108 representatives from corporates, industry associations like Federation of Indian Chambers of Commerce and Industry (FICCI), PHDCCI, ASSOCHAM, CII, etc. Eleven organizations committed their support, and seven signed the CTP. Many of these members have already provided support such as procurement of diagnostic machines, funds, IEC materials for community sensitization, tele-medicine support for diagnosis and treatment, etc. Industries and associations have also been engaged at three levels – center, district, and individual industries.

NGOs and other philanthropic organizations have been mobilized for awareness generation, counseling of patients, promotion of screening and informant incentives, and special projects for TB patients under CSR. With Rajasthan Voluntary Health Association, they are developing integrated projects for vulnerable blocks and supporting women dependents of deceased TB patients. At the district level, NGOs will organize one sensitization meeting in every district. All these organizations are collaborating by providing TrueNAT and CBNAAT machines and mobile vans for screening and transportation of samples.

The state has also engaged the PRI department in the TB-free GP campaign, which was launched in August 2022 with the slogan “Mahro gaon, TB na pasare paon”. In accordance with higher and lower notifications, 1,440 Gram Panchayats (five from each block) have been selected and committees formed. The Department of India Post Payment is supporting the opening of bank accounts for 27,000 TB patients. A state-level committee has been formed to develop a TB-free Workplace Policy for the State.



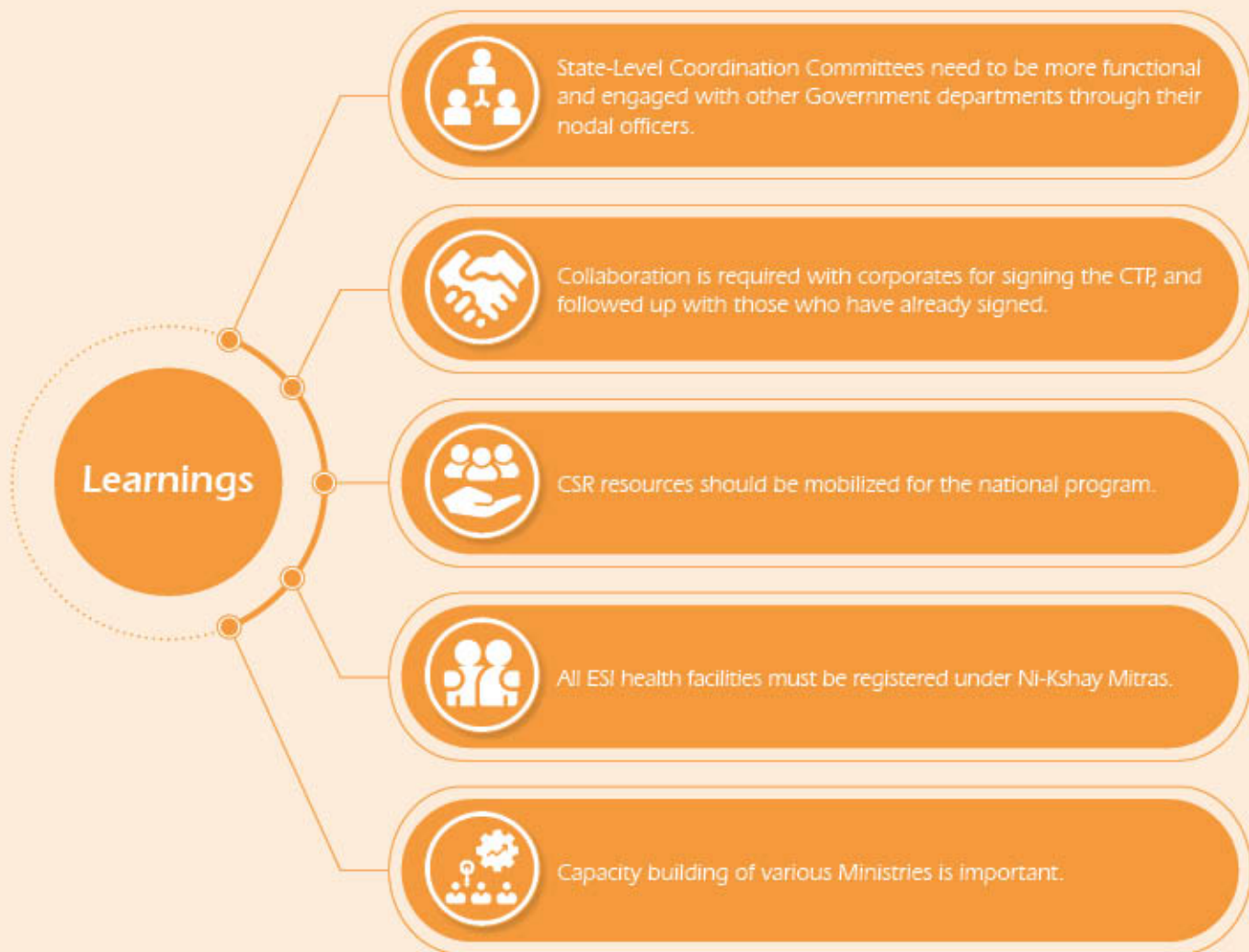
Impact



“Mahro gaon, TB na pasare paon” campaign notified by the PRI department in the TB-free GP area

Opening of bank accounts for 27,000 TB patients supported by the Department of India Post Payment

State-level committee formed to develop a **TB-free Workplace Policy** for the State



“

TB is a social disease with huge mental and financial repercussions, hence it is very important to engage with other sectors, especially non-health, for its elimination. We started with our department to raise awareness during the campaign and found three positives, before taking the campaign elsewhere.

– Dr. Vinod Garg, STO Rajasthan

”

Intersectoral Coordination Government of Himachal Pradesh

The Mukhya Mantri Kshaya Rog Nivaran Samiti was formed in May 2018 to take policy decisions on strategy, operations, resources and timelines for TB elimination in Himachal Pradesh. A framework for multisectoral convergence has been developed and one-on-one meetings with departments have been held to discuss the scope of collaboration.

Interventions

The State has been working on TB elimination under the Mukhya Mantri Kshaya Rog Nivaran Samiti. From an early stage of the intervention, the Samiti had developed a framework for multisectoral engagement. In March 2022, a state-level sensitization workshop was held on multisectoral convergence under the chairmanship of the Hon'ble Governor of Himachal Pradesh. Nodal officers were appointed for the working group committee from various departments, and State orders were sent to the departments for conducting awareness campaigns and screening camps. Initiatives for awareness generation included printing of TB-related messages on products by the State Civil Supplies Corporation as well as conducting of NSS camps, nukkad natak, and sensitization of PRI members.



A joint action plan has been presented by the Department of Ayush and district nodal officers have been appointed for training, implementation and monitoring of activities. The Department has engaged proactively in the TB Mukht Himachal Abhiyaan. It has established 11 DMCs with trained officials, provided a CBNAAT machine to PG Ayurvedic College, and referred 7794 cases from every district. Additionally, an MoU has been signed with the Postal Department, a joint action plan has been drafted with the Industrial Department, and activities have been finalized with nodal officers of the PRIs.

Impact



Implemented in **Himachal Pradesh**

CTP Initiative taken by **3 corporates** in May 2022 as a result of state-level consultation on corporate engagement

Nodal officers appointed for the **working group committee on multisectoral engagement** from various departments

Awareness campaigns held through TB-related messages on products by the **State Civil Supplies Corporation, NSS camps, nukkad natak**s and **PRI members**



Learnings



A baseline assessment should be undertaken to measure the impact of inter-ministerial collaboration.



Potential partners within the line Ministries should be identified and a working group committee should be established to develop joint action plans and implement and monitor activities.

Partnerships and Experiences with the Corporates

Government of Tamil Nadu

The Government of Tamil Nadu is promoting holistic TB care through CSR and other collaborations and investments in TB. The strategies include awareness generation, integrated health-care service delivery, targeted interventions and socio-economic support for beneficiaries.

Interventions

The State Government has been collaborating with other Government departments, corporates and industry associations to build and implement a robust TB care program.



Directorate of Industry Safety and Health



Department of Labour Welfare and Employment



Other Departments and Institutions



Confederation of Indian Industries



Private Organizations

Directorate of Industry Safety and Health

In 2022, the DISH, Labour Welfare Board Secretaries and Commissionerate of Labour held an orientation meeting on the TB-free Workplace Policy and discussed the scope for intersectoral collaboration through NTEP. A mapping of TB Units catering to industries was undertaken for each district.



Other points of discussion included placing IEC boards in all 44,484 industries, and displaying IEC materials in commercial shops, hotels, malls and theatres; pooling CSR funds for NTEP activities; providing nutrition support through industries; and organizing screening camps in organized and unorganized sectors through STC mobile vans.

Department of Labour Welfare and Employment

Meetings were held on the scope of collaboration, orienting employees on TB-free Workplace Policy, and implementing an employer-led TB elimination model.

Other Departments and Institutions

Meetings were held on possible collaborations with various departments and organizations including:

- ⊙ Departments of Rural Development and Panchayat Raj for capacity building and training modules;
- ⊙ Chennai Metro Rail Corporation Ltd. for displaying IEC materials inside and outside of trains;
- ⊙ RBSK for screening and capacity building program; Department of Ayush for training of medical officers;
- ⊙ Department of Postal Service for opening zero-balance accounts for TB patients;
- ⊙ Armed Force Medical Services for strengthening TB service delivery and TB notifications;
- ⊙ Institute of Child Health, e.g., for nutrition support and risk assessment; and
- ⊙ State Institute of Rural Development and Training for incorporating TB curriculum into all their trainings, handbooks, magazines and training materials as well as displaying TB IEC materials inside the training facility.

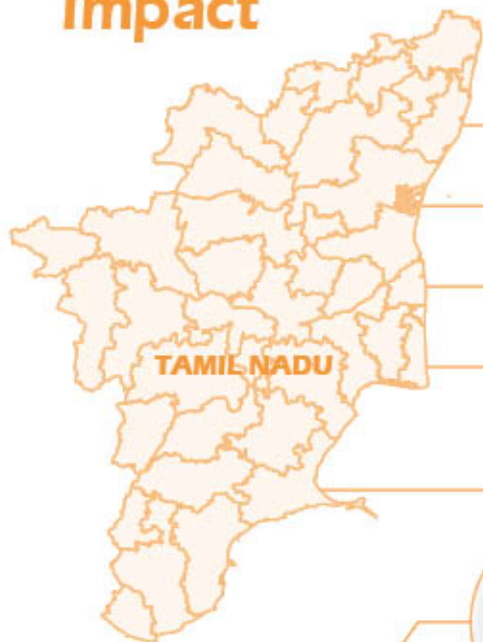
Confederation of Indian Industries

A joint partnership initiative was launched in August 2022 between CII Health-care Panel, State TB Cell and STSU to form SHGs of TB Champions and patients, support TB patients with nutrition and wellness through CII members, facilitate members to take the CTP and build active engagement of industries to scale TB elimination, and sensitize private medical and health-care institutions for early case detection and to notify and provide treatment and care through a well-defined end-to-end TB elimination program.

Private Organizations

- ⊙ An MoU has been signed with Larsen & Toubro (L&T) Constructions.
- ⊙ The first screening of Chennai International Airport staff was held.
- ⊙ A total of 60 human resource (HR) managers were trained by All India Manufacturer's Organisation (AIMO).
- ⊙ CSR support was extended by Murugappa Group for CBNAAT, TB Units and mobile vans.
- ⊙ Many other corporates have been approached for providing the required support through CSR.

Impact



Implemented in **Tamil Nadu**

10 PSUs and **29 Corporates** have been approved for engagement

60 DISH officers have been **sensitized** to guide the team

30 DISH industries medical officers have been **sensitized**

60 HR managers under **AIMO** were trained and approached for **screening** and **CSR support**

Learnings



Multiple sensitizations and trainings should be held with hospitals, clinics, diagnostic centers and private practitioners.



Scaling up and implementation of FAST model; hand holding for self-notification, holistic care and support; and continuous care for successful treatment outcomes are needed.



Mass screening at workplace and branding for TB-free Workplaces are required.



Provisions for holistic TB care and support systems through procurement of diagnostic equipment; socio-economic support through livelihood provision, scholarships and skills training; and technology for monitoring treatment adherence should be created.

Section 6

Business and Medical Associations in Multisectoral and Corporate Engagement



Engagement with Media and Corporate Mobilization

The engagement of Associated Chambers of Commerce and Industry of India (ASSOCHAM) in the effort to eliminate TB is two-pronged. On one hand, ASSOCHAM corporate members have provided care for 10,000 TB patients and on the other hand, ASSOCHAM has leveraged media and outreach to spread awareness regarding the disease, producing videos and highlighting TB awareness campaigns. It also disseminates various types of IEC materials via its member organizations.

Thus, ASSOCHAM is working in slums, where it attempts to raise awareness and effect societal change. Its messaging focuses on reiterating that TB is curable if it is diagnosed and treated properly, and therefore urges TB patients and their families to come forward for treatment and ensure adherence to the treatment regimen. ASSOCHAM is working towards engaging Amitabh Bachchan, who has worked on the TB eradication campaign in the past, as a brand ambassador and influencer to further sharpen the impact of their awareness campaign. ASSOCHAM is also contacting corporations, going beyond those in the health-care industry, to adopt TB patients as part of their CSR commitment.



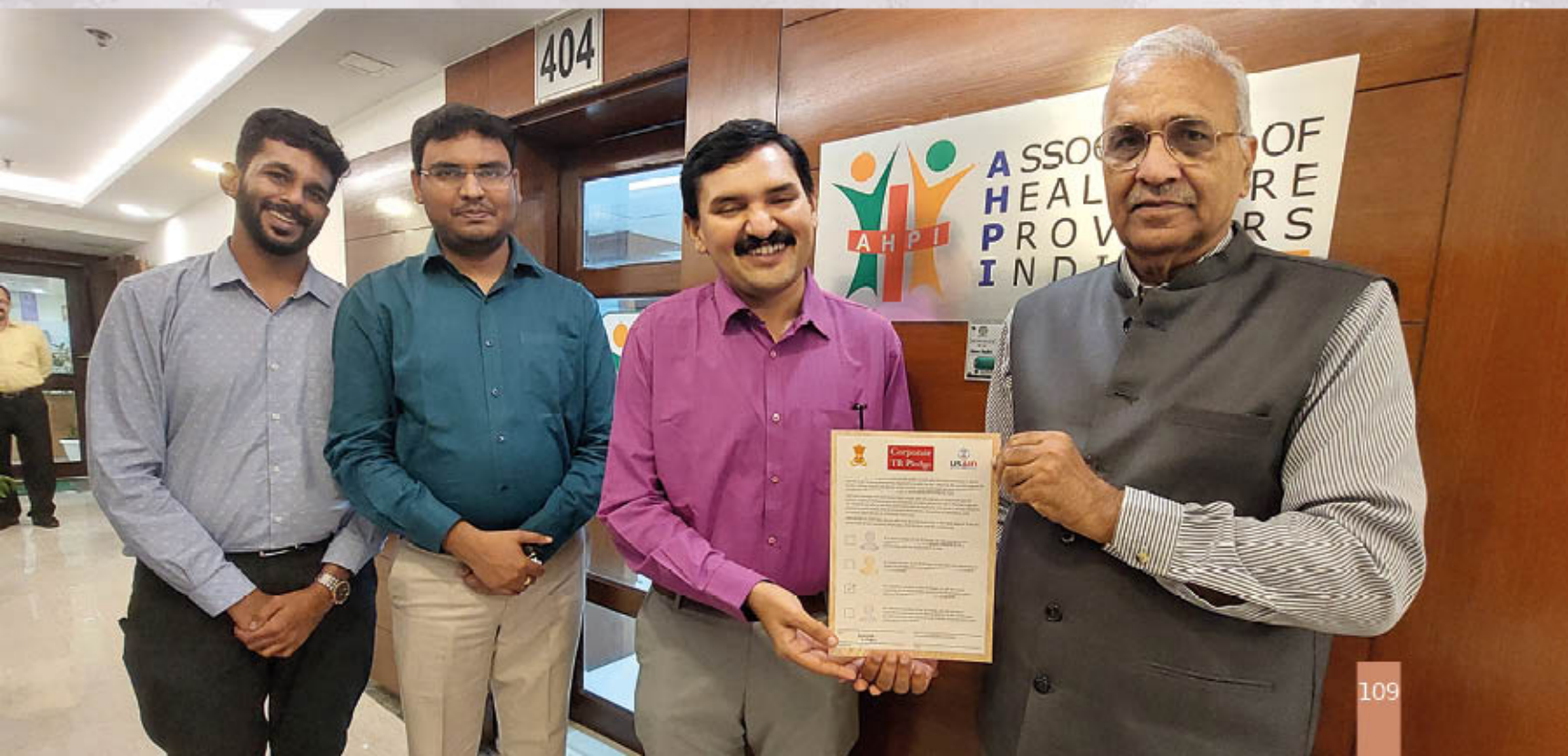
Role of Medical Associations in TB Elimination

The Association of Healthcare Providers in India (AHPI) initiated its endeavor with the vision of a healthy India for all. AHPI works as a 'not-for-profit' organization and advocates with the Government, regulatory bodies and other stakeholders on issues that have a bearing on its member organizations' capacities to deliver appropriate health-care services to the community. With over 20 State chapters and 2,100 active members throughout India, it empowers members to serve society, including remote grassroots communities.

Key Objective



To encourage member health-care providers to implement sustainable systems and ensure uniform high standards of TB care for all citizens of India



Interventions

In addition to providing uniform high standards of TB care in India (STCI) to all patients reaching them, AHPI encourages corporate health-care providers to coordinate their public health actions (Universal Drug Susceptibility Testing, Adherence Monitoring, Treatment Support, Contact Investigation, TB Preventive Therapy, Airborne Infection Control) and link with nutrition and social welfare programs.



Official Communications for Leveraging Partnerships



Facilitation of State Chapters of the Hospital Consortium for TB-free India

Official Communications for Leveraging Partnerships

A formal communication was sent to all AHPI members urging them to take the CTP. It further advocated for them to take part in the nation's mission against TB by initiating projects for a TB-free India and ensuring STCI for all patients.

Facilitation of State Chapters of the Hospital Consortium for TB-free India

AHPI is facilitating the formation of a Consortium of Corporate Hospitals in all major cities for advocacy, policy support and review.



Impact



Currently, **14** corporate health-care providers – who are members of AHPI – are CTP pledge takers

Among these, **4** are actively working towards TB care: **Medanta The Medicity, Yashoda Super Speciality Hospitals, Aster DM Healthcare, Ujala Cygnus Healthcare**

Learnings



Frequent official communication from the association can be effective in creating a focus on TB among the members.



The important work undertaken by some members needs to be highlighted during the periodic meetings of the association.

Business Associations-led Corporate Consultations for TB

PHD Chamber of Commerce & Industry (PHDCCI), founded in 1905, is a national chamber that works at the grassroots level to advance progress, harmony and integrated development of the Indian economy through strong national and international ties. PHDCCI directly influences over 1,50,000 industries, including small, medium and large businesses.

Key Objective



To sensitize member companies about the socio-economic impact of TB, deliberate on the role of the business sector in TB elimination and mobilize corporates to join the CTP initiative



Interventions



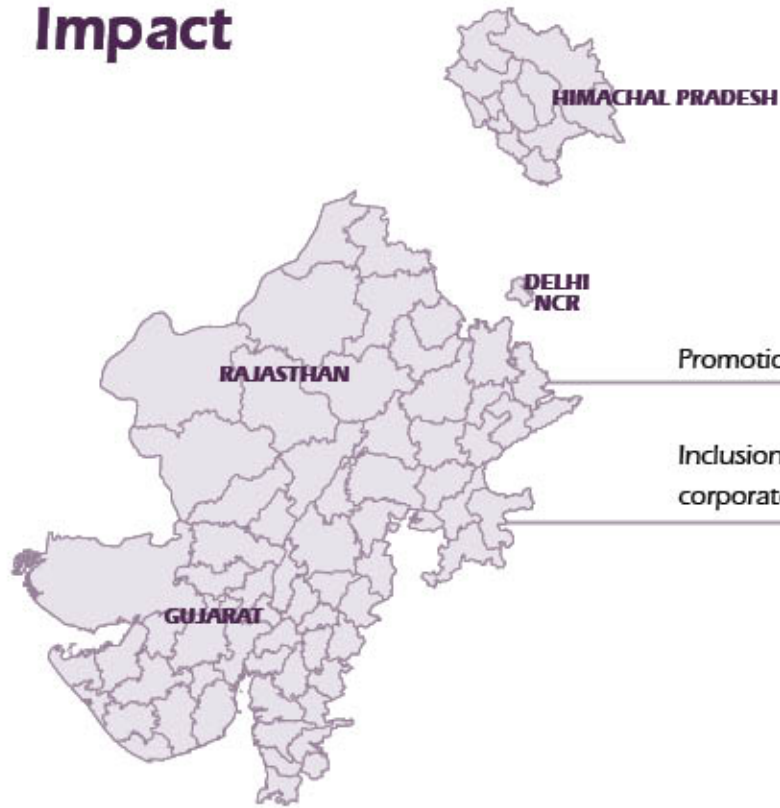
Consultations for Corporate Engagement on TB

State consultations for corporate engagement on TB:

- ⦿ Consultation on UNITE TO END TB IN INDIA held on 21 March 2018 at PHD House, New Delhi
- ⦿ Corporate Consultation on TB held on 5 October 2021 at Ahmedabad, Gujarat
- ⦿ Himachal State Consultation for Corporate Engagement on TB held on 24 May 2022 at Shimla
- ⦿ Rajasthan State Consultation for Corporate Engagement on TB held on 24 June 2022 at Jaipur



Impact



Promotion of workplace **intervention** on TB

Inclusion of TB in **CSR** projects mobilized by corporates



Learnings



Integration of small and medium enterprises (SMEs) requires cluster-based consultations.



Rural IEC on TB Elimination demands involvement of Panchayats.



Sustainability of CSR projects necessitates working on the domino effect.



Leveraging power of cooperatives in the TB-free India campaign can yield great results.



Establishing continuous dialogue among different stakeholders and fostering intersectional collaboration among various platforms is essential.

TB-free Workplaces Campaign

In August 2020, the Confederation of Indian Industry (CII) in collaboration with the CTD launched the 'TB-free workplaces' campaign. The goal was to stimulate industry action, involve business leadership, and provide a forum for convergence of the corporate response to TB. CII actively engaged with communities, businesses, policymakers and health-care professionals to advance this agenda through several interventions, including a pledge agreement, an information/teaching app, a best practices compendium, and a short film. These were provided to each corporate upon signing the pledge.

Key Objective



To catalyze and converge industry action for TB elimination

Interventions

CII has so far convened **State Roundtables** in Uttar Pradesh, Karnataka, Maharashtra, Tamil Nadu, Delhi and Odisha. In order to explore how India might advance in the treatment and management of TB in conjunction with the private sector in each State, discussions were arranged to bring together important policy makers and health-care practitioners at the state level. A total of six sessions with 450 delegates were organized, 42 faculty members brainstormed ideas and captured the best practices, and 30 companies supported the initiative.



Impact



Commitment to adopt **35,000** patients from **designated states**

Agreement to adopt entire districts, e.g., **Tata Steel** will adopt **5** districts in **Jharkhand** and **7** districts in **Odisha**



Adoption of patients from **high disease burden states** such as **Rajasthan, Haryana, Odisha** and **Karnataka** initiated



Undertaking interventions stimulates members of diverse industries to contribute to TB elimination efforts.



Businesses, policymakers and other health-care professionals should be encouraged to engage in TB elimination efforts and advance this agenda.

Role of a Regional Business Association

Federation of Kutch Industries Associations (FOKIA) is an umbrella organization of small, medium and large industries and associations. FOKIA was founded in the year 2000 and was later converted to a Section 8 company under the Government of India's Companies Act. The primary objective of FOKIA is to increase the pace of socio-economic development in Kutch district by giving impetus to industrial, agricultural and service activities in a collaborative manner.

Key Objective



To mobilize corporates/organizations to work on TB elimination



Interventions

FOKIA organized virtual and on-site trainings for CTP members, with technical support from The Union. It organized frequent virtual and physical meetings with CTP members, chaired by the District Collector, to convene action plans to raise awareness about TB elimination. Following an appeal from the DTO for TRUNAAT machines, FOKIA urged all its members to donate TRUNAAT machines as part of their CSR spending. Members gradually stepped forward to donate machines and support DTOs. CTP members also organized screening and awareness camps to contribute towards the cause.

FOKIA, along with more than 150 CSOs, is raising public awareness about TB. A few committed members are Adani Foundation, Coastal Gujarat Power Limited (CGPL) Tata Power, Welspun, Parle, Panasonic, Kutch Sarpanch Association, Kutch District Truck Association, Kutch University, GEC, etc. FOKIA seeks guidance from the MoHFW, Government of Gujarat, The Union and the USAID/India in this endeavour, and is constantly attempting to raise public awareness and mobilize corporates to work towards TB elimination. TB messaging is included in all its events. FOKIA is in talks with the DISH to engage more corporates in the fight against tuberculosis.

List of Members/Corporates Mobilized by FOKIA to Take the Pledge



Impact



Felicitation of FOKIA by MoHFW on **World TB Day** for its remarkable contributions (in 2021 and 2022)

Invitation of FOKIA to various national and state-level **workshops/conferences to present their engagement model**



Section **7**

**PSU-led Initiatives for
TB Elimination**



TB Elimination in Command Areas

Central Coalfields Ltd. (CCL), a subsidiary of Coal India Ltd., has been working on early detection and treatment of TB patients in eight aspirational districts of Jharkhand. Apart from detection and treatment, CCL is supporting research on the effects of nutrition on TB treatment and recovery, and is also supporting the Ramakrishna Mission TB Sanatorium with diagnostic equipment and hospital infrastructure.

Key Objective



To advance research for TB elimination by 2025 and to eliminate TB from the CCL command as well as to provide effective diagnostic services and in-patient facilities



Interventions



Early Detection and Treatment



Research on Nutrition



Infrastructural Support

CCL supports three initiatives as part of its TB elimination program, which are operating DOTs and Designated Microscopy Center (DMCs) in company hospitals; supporting research on effect of nutrition in reduction of TB; and providing infrastructural support to Ramakrishna Mission TB Sanatorium for improving diagnostic services.

Early Detection and Treatment

Lack of awareness about TB had increased prevalence of TB and TB-related deaths among employees, project-affected people and village communities. Senior managers and medical officers in CCL worked with DTOs to develop a TB-free policy in 2019. The State TB Cell provides training to CCL officers and diagnostic support to the company hospitals through their DOTs and DMCs in all eight districts. Early detection through screening and contact tracing is done through multiple awareness campaigns and medical camps. This helps in improving access to early detection and curative treatment resulting in zero dropout rate, zero TB deaths and MDR cases, and increased awareness of TB among employees and communities.

Research on Nutrition

To provide better scientific evidence on the importance of nutrition in prevention and treatment of TB, CCL has provided financial and field support to Yenepoya Medical College, Mangalore, and State TB Cell, Jharkhand, in their research study Reducing Activation of TB through Improvement of Nutritional Support (RATIONS), which was conducted in 28 blocks of Ranchi, Saraikela-Kharsawan, East and West Singhbhum districts in 2020–2021. Approximately INR 54 lakhs were provided to fund the purchase of a flow cytometer that helps in advanced/additional study of immune functions. CCL also provided the researchers access to spaces in their Central Hospital, Ranchi, which was used as a field laboratory.

Infrastructural Support

Ramakrishna Mission TB Sanatorium, Ranchi, has been providing holistic care and treatment to TB patients since the 1950s. It was in dire need of advanced X-ray machines and beds. A financial support of INR 10 lakhs was provided to purchase one 30KW/FC/MT X-ray machine with accessories and 25 semi-fowler beds. This helped in improved and accurate diagnosis of pulmonary TB and reduction of TB deaths and MDR cases.

Impact

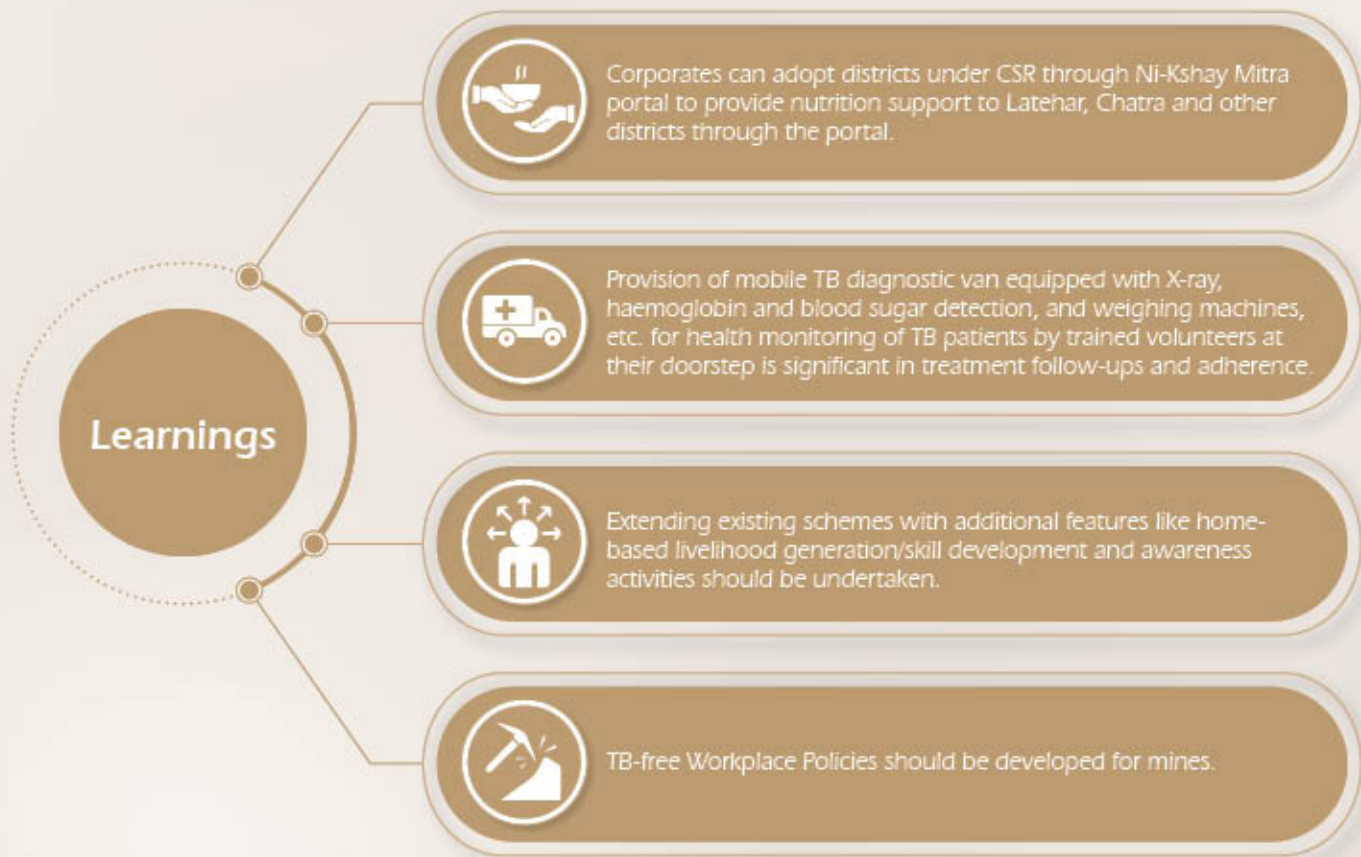


Implemented in **8 districts of Jharkhand** – Ramgarh, Hazaribagh, Giridih, Bokaro, Chatra, Ranchi, Palamu, Latehar

5 DOTS centres and **5** DMCs established in all company **Central Hospitals** and **1** **Regional Hospital**.

Out of **88** detected cases since 2019, **54** TB patients cured and **34** under treatment

Zero MDR cases and dropouts since 2019



“

Jharkhand is a blessed land with the natural gift of immense mineral potential and other natural resources. However, to foster the prosperity, sustaining human development is necessary with inclusive strategies for health care, education, etc. As a responsible organization, we are thus working to support the TB elimination vision of the program and paving the way ahead for a better future.

– Mr. Ladi Balakrishna , General Manager Central Coal Field, Coal India

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Ensuring Holistic Treatment and Care

Gas Authority of India Limited (GAIL) India is partnering with CSOs and government departments to provide 360 degree TB awareness, screening, and diagnostic services to over 1,000 villages in Uttar Pradesh and Assam.

Key Objective



To promote multisectoral approach in TB elimination and behavior change

Interventions

In 2018, GAIL India initiated a pilot project near its petrochemical plants in Pata district of Uttar Pradesh, a first among PSUs in India to support Government efforts in TB elimination. Pata has one of the highest numbers of TB cases in the country. The initiative was further replicated in Firozabad district of Uttar Pradesh and Barpeta district of Assam, with CSOs as implementation partners.

A 360-degree implementation model has been adopted that included awareness generation through community mobilization, collection of data using door-to-door surveys, and recruitment of village health volunteers through the aegis of village heads and social health activists. Regular screenings of presumptive and MDR cases diagnosed through CBNAAT are undertaken. Treatment and nutrition support are provided to all TB patients along with regular follow-ups through the health volunteers. Family members are made aware of the importance of adherence of treatment and nutrition. Integration of TB patients in the society and behavioral change are also prioritized.

Mobile medical units and health camps are used to spread awareness, and presumptive cases are referred to the District TB Hospital.



Pledging Support to NTEP

Indian Oil Corporation Limited (IOCL) has around 450–500 CSR interventions across India covering issues related to health care, sanitation, education, skill development and disaster response, with 47% of CSR funds allocated for health care. Though IOCL has not yet started work on TB elimination, it plans to provide early identification and immediate diagnosis through doorstep diagnostic services and equitable access to free TB treatment in Uttar Pradesh and Chhattisgarh in the immediate future.

Key Objective



To achieve a rapid decline in TB burden, morbidity and mortality



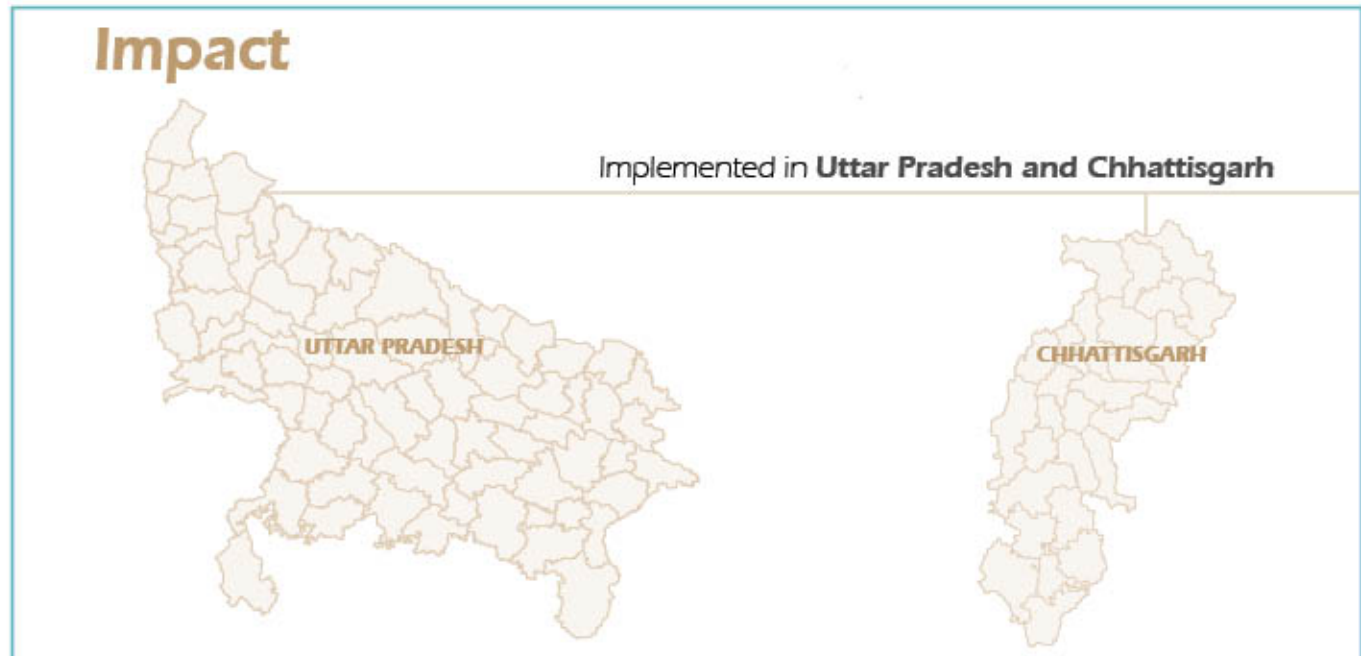
Interventions



Uttar Pradesh and Chhattisgarh account for 25.7% of the total notified TB cases, 44.7% of the total TB-related deaths, and 27% of DR-TB patients in India (in the year 2021). Uttar Pradesh also contributes to the highest number of TB cases in India. IOCL aims to intensify the process of TB elimination in these two States through a multistakeholder approach including State Governments as implementation partners, CTD as the nodal agency, and WHO as the monitoring partner, while funding will be provided by IOCL.

IOCL plans to accelerate detection of active case through awareness campaigns and mobile medical vans in all 75 districts in Uttar Pradesh, and screening and diagnostic support through the use of TruNat and portable digital radiography machines in both the States.

IOCL also aims to improve the annual decline rate of TB prevalence to 15% from the current 3% through interventions in these two States.



Community-based Interventions under NTEP

Numaligarh Refinery Limited (NRL) has been providing TB testing and treatment since 2007 through their multispeciality hospital, Vivekananda Kendra Numaligarh Refinery Limited (VKNRL) Hospital, which was established in 1997 following the signing of an MoU between NRL and Vivekananda Kendra, Kanyakumari. In January 2022, an MoU was signed between NRL, VKNRL and the District TB Cell to continue their TB program under NTEP.

Key Objective



To support NTEP through community-based TB interventions

Interventions



Awareness Generation



Screening Camps



The first DOTS center with a DMC was set up in VKNRL in 2007, which provided sputum testing facilities to patients sent by government hospitals. Medical treatment of TB patients started in 2010. From 2016, NRL started the screening initiative in various locations through medical mobile vans, and suspected cases were sent for blood and sputum testing and chest X-rays to the hospital. Access to the national TB portal was provided in 2017 to upload patient data. Awareness campaigns and screening camps have been held regularly since 2016, and nutritional support has also been provided in the form of vitamins, protein supplements, iron tablets, etc. from the hospital. In 2018, interventions were extended to Letekujan area of Golaghat where the prevalence of TB was very high in the tea gardens.

In 2022, NRL signed an MoU with the District TB Cell to continue their VKNRL TB program under NTEP, and also became a CTP member. Under this program, NRL aims to reach out to all employees and people of 60 adopted villages for:

- ⦿ Creating awareness and sensitizing people about TB
- ⦿ Providing referrals as well as provisions for diagnosis and treatment
- ⦿ Developing a system for referral and support
- ⦿ Designing TB-free Workplace Policies to ensure treatment adherence and complete cure
- ⦿ Providing socio-economic support to TB patients



Impact



60 villages in Golaghat district, Assam

42 awareness programs and
20 screening camps held

6000 sputum microscopy and
217 chest X-rays conducted

187 TB patients cured and **21** under treatment

Learnings



Increase in the number of awareness and screening camps encourages more people to get themselves screened at the camp or hospital.



Implementation of TB-free workplace interventions is essential.

“NRL’s CSR journey thus far has been a process of conceptualizing, implementing, evaluating and learning. Together with support from State Government and The Union, we can continue improving our TB elimination intervention.

– Dr. Diganta Konwar, Chief Medical Officer,
Vivekananda Kendra Numaligarh Refinery Limited

”

Conclusion

Government plays a vital role in health, but corporate and business interests, non-governmental bodies and community organizations also significantly influence it. Their potential for preserving and promoting people's health should be encouraged. Trade unions, commerce and industry, academic associations and religious leaders have many opportunities to act in the interest of the entire community's health. New alliances must be forged to provide the impetus for health action.

Issues around poverty, housing and other aspects can be addressed in a better way by working collaboratively across sectors. In fact, coordinated multisectoral action results in more equitable health, income and social policies.

To address the social determinants of health beyond medical interventions, the NTEP has successfully engaged with other Ministries, Departments, PSUs, corporates, industries, professional associations, medical colleges and institutions, private healthcare providers, development partners and the community in critical areas of the TB care cascade such as treatment, diagnostics, logistics and supply chains, surveillance and monitoring, technology-driven interventions, and operational research etc. The program's hallmark efforts include improved collaboration across sectors and the establishment of an inter-ministerial coordination committee. These engagements are expected to broaden and deepen TB services through the existing health facilities of other Ministries and organizations as well as reach out to more vulnerable populations.

While the benefits of intersectoral, multisectoral and corporate engagement strategies are apparent, information on how to effectively implement the practices – beyond individual studies on specific approaches – is not widely available. Acknowledging that evidence can ignite action, it is crucial to accord deliberate attention to what constitutes evidence. As such, this compendium aims to collate these findings in order to:

- a) Identify how to best implement intersectoral, multisectoral and corporate engagement approaches;
- b) Assist policy-makers, government officials and other relevant stakeholders in implementing intersectoral and multisectoral approaches for eliminating TB by 2025;
- c) Highlight policies and mechanisms in place to aid the shift to healthy spaces; and
- d) Share knowledge on good practices through case studies on creating healthy spaces in terms of early TB diagnosis and treatment in the private sector, and identify barriers to adoption and creation of a promising environment for TB elimination.

It is envisaged that the initiatives showcased in this compendium will energize efforts across all stakeholder groups towards achieving the goal of a TB Mukta India.



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